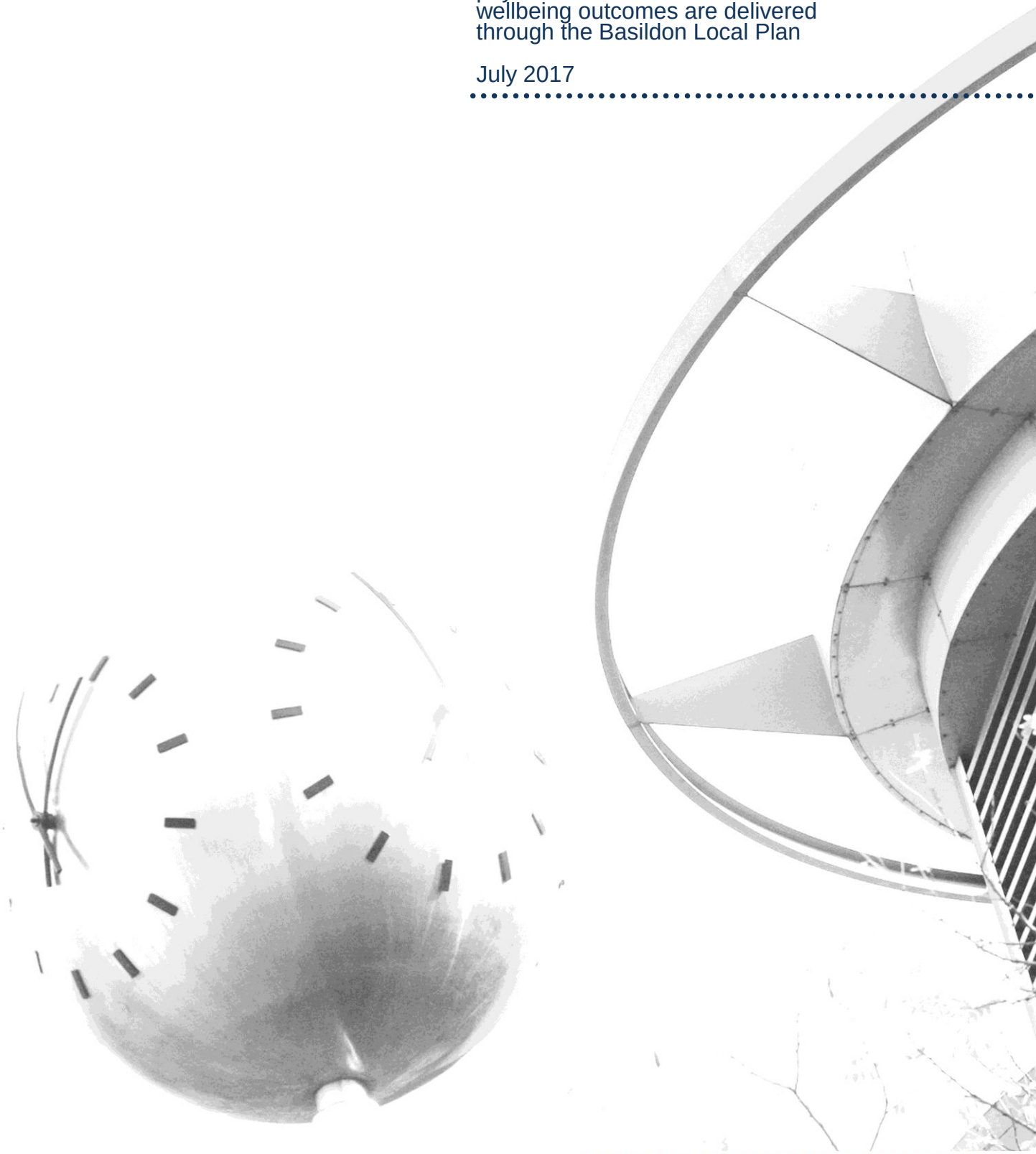
Linking Planning, Health and Wellbeing

A topic paper to ensure that positive physical and mental health and wellbeing outcomes are delivered through the Basildon Local Plan

July 2017



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1 Introduction

1.1 The Constitution of the World Health Organisation, 1948 states that "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition*".

1.2 This challenges the conventional assumption that health policy is solely a matter for health care professionals. Indeed, the environment has been recognised as a key determinant of health and wellbeing since Hippocrates and therefore spatial planning, in its role as a place shaper, has a profound effect on the risks and challenges intrinsic to our health.

1.3 The role of this topic paper is to assess the key health and wellbeing priorities arising in Basildon Borough as evidenced through the latest Essex Insights Basildon Local Area Portrait (Joint Strategic Needs Assessment product 2016) report compiled by the Essex Insights Organisational Intelligence team at ECC. This work captures multi-level data to describe local health and wellbeing needs. These needs underpin locally identified priorities that the Local Plan should consider when developing policies to support health. The key aim is to ensure that the best possible responses to the identified health priorities are fully integrated into the planning process within Basildon Borough.

1.4 Ensuring that spatial planning policies are crafted to deliver health promoting developments allows for those concepts which relate to our health and wellbeing to be considered and built into our environment at the earliest opportunity. In this manner, good health and wellbeing can be 'designed in' to an environment in much the same way as crime can be 'designed out'.

1.5 The Government's Public Health White Paper, '*Healthy Lives, Healthy People*'[1] cites the 2010 Marmot Review, which states that '*There are gaps of up to seven years in life expectancy between the richest and poorest neighbourhoods, and up to 17 years in disability-free life expectancy*'. This review suggests that by addressing deprivation and creating health-promoting environments through appropriate design, we can improve the health and wellbeing of people living within them and subsequently reduce health inequalities. Indeed, the Town and County Planning Association has stated[2] that '*the conditions in which people are born, study, work and grow old form between 60-80% to what creates health. Healthcare is important when disease or disability arise to cure, manage or rehabilitate and*

[1] Healthy Lives, Healthy People: Our Strategy for Public Health in England. White Paper. Cm7985. HM Government. TSO, 2010.
[2] Public Health in Planning Good Practice Guide, TCPA in association with Angie Jukes (Stockport Council) and Chimeme Egbutah (Luton Borough Council), 2015, p3

along with genetics, makes up the remaining contribution'.

1.6 Investing in health-promoting environments which support the health prevention agenda are just as important as investing in traditional healthcare services, if not more so. It is important to note that a high standard of health and wellbeing cannot be delivered through the NHS alone. Traditional healthcare services can largely only *treat the symptoms of poor health*, at a cost to society paid for through taxes, whereas planning for healthy environments can help address many causes of health inequality and poor health. Here, spatial planning contributes as a preventative measure against poor health outcomes, potentially reducing the need for more expensive remediation through increasingly over-burdened traditional health services. Preventable disease and disability create a multitude of costs for the whole of society, and not just financial ones for the NHS. Long term conditions such as diabetes and some specific respiratory diseases can potentially lead to greater dependency on health and social care. Extant research concludes that much of this additional pressure on financial resources is avoidable through good design, as is the personal strain it puts on families and individuals.

1.7 Planning healthy environments requires informed strategic planning such that there is a coherency and sense of purpose when it comes to locating land uses, and that these land uses are delivered to a high standard of design. Good design and good planning can help reduce health care costs over time by preventing ill-health from risks derived from areas that spatial planning can influence, including air pollution, road injuries, worklessness, sedentary behaviour and poor housing. Good design also generates financial, social and environmental value. A well-designed development will see its economic value increase by being more desirable and subsequently producing higher returns on investment.

1.8 By taking effective action and investing in prevention, there will be less demand and cost to our health and social care services which, if left unchecked, are projected to increase dramatically. The NHS and social care system was created after World War II, when life expectancy was 66 for men and 70 for women. The latest data available from the Office for National Statistics (2015) states that life expectancy has risen to 79 for men and 83 for women. This is having a significant impact on the affordability of our health care system. Current estimates suggest that 30p of every £1 spent on all public services goes towards health services, which is nearly treble that spent in the 1950s (*Institute for Fiscal Studies*).

1.9 As such, it is imperative that opportunities to alleviate pressures on the health service are taken, and that developer contributions are appropriately channelled into creating environments which support and facilitate good physical and mental health.

1.10 One recent study highlighted by the TCPA (*Planning Healthier Places, 2013*) found that switching from commuting by car to an active transport mode could create

annual health budget savings of £1,121 per person for those adopting cycle and £1,220 per person for those changing from the car to walking because of the increased health benefits. The Canadian Public Health Association has found that it is 27 times more expensive to achieve a given reduction in cardiovascular mortality by using clinical procedures than through implementing public health interventions.

1.11 A further study carried out by the Royal Institute of British Architects (*RIBA City Health Check, 2013*) state that the NHS could save £900 million annually if everyone exercised as much as the recommended 30 minutes per day, five days a week, which is made more possible when residents are given access to high quality open spaces and can make use of a well-integrated cycling and pedestrian network

1.12 Research carried out by Living Streets (*The Pedestrian Pound, 2013*) noted that the increase in trade when places are made attractive to walk can reach 40%. Work commissioned by the National Institute for Health and Care Excellence (NICE) in 2011 assessed the economic impact of improving walking and cycling infrastructure and it was found that the financial savings in terms of healthcare of improving this infrastructure significantly outweighed the costs of its provision, by 60:1 for walking and 168:1 for cycling.

1.13 There have been numerous attempts to quantify the financial benefits of improved health resulting from urban green spaces, but these are purely based on assumptions or the results of small scale regional projects. However, Defra has estimated that if everyone had access to sufficient green space the benefits associated with increased physical activity could save the health system £2.1bn per year. As well as direct health benefits, analysis from the USA has highlighted additional financial savings from green space benefits, including air pollution mitigation and social cohesion, at a total worth of $16m (*Green Space & Health, Postnote 538, Houses of Parliament – Parliamentary Office of Science & Technology, 2016*).

1.14 A study for the UK National Ecosystem Assessment (*Economic Benefits of Greenspace, Forestry Commission, 2012*) used new geo-located survey data (with 1851 respondents) to estimate the physical and mental health effects associated with UK greenspace. The following monetary estimates (per person per annum) were obtained:

Table 1: Physical and Mental Health Effects associated with UK Greenspace in Pounds per Person

Measure	Potential NHS Cost Saving
Physical exercise (+3 hours of vigorous activity per week	£12–£39
Having a view of greenspace from your house (versus no view): £135–£452	£135–£452
Local broadleaved/mixed woodland land cover (+1% within 1 km of the home)	£8–£27

Source: Economic Benefits of Greenspace, Forestry Commission, 2012

1.15 Recent work carried out by Public Health England (*Making the case for tackling obesity – why invest?, 2015*) states that obesity costs the wider economy £27bn a year, including £6.1bn to the NHS, £352m to social care and £16m attributed to sickness days. Between 2010 – 2030, health care costs associated with obesity are predicted to increase by a further £2bn. There are however strong returns on investment programmes. The 'Glasgow Health Walks' project led to a return on investment of £8 per £1 spent whereas Birmingham's 'Be Active' programme returned up to £23 in benefits for every £1 spent. It is also stated that for every participant on a 12 session commercial weight management programme, the NHS stands to save £230 over a lifetime. Promoting walking over the use of the car also has positive impacts on air pollution reduction and congestion.

1.16 This report will explore how the design and layout of the places where we live and work plays a vital role in supporting us to be physically and mentally healthy and active. Contrary to extant literature setting out how healthy urban environments can be developed, many recent urban development trends promoted by the market and facilitated by planning authorities have resulted in unhealthy, car-dependent lifestyles. The modern planning system is primarily geared towards delivering housing; planning authorities are required to meet ever increasing housing targets and developers naturally seek to maximise returns on their investments. Ancillary development, such as cycle paths, open space and allotments are squeezed out in favour of further dwelling provision. Such an approach may constrain choices for healthy lives, exacerbate inequalities and also have implications for sustainable development, particularly in terms of an ever rising cost of delivering health care.

1.17 The final form of a developed environment can both passively and directly constrain individual behaviour and that of the community and as such spatial planning can play an important role in creating linked, functional environments that improve people's health and wellbeing. It is not being argued that spatial planning is able to solve all health and wellbeing issues but it is clearly a major contributor in influencing many of the wider and more traditionally recognised determinants of health:

- Promoting access to good quality housing;
- Access to and the impact of transport;
- Leisure and physical activity;
- Employment and skills training;
- Access to and provision of services, including education;
- Community safety;
- Access to open space and public realm;
- Air, water and noise quality;
- Access to fresh food; and
- Climate change

1.18 Based on these determinants, the relationship between health and land use is evidently complex. These various aspects of human social and economic activity alongside planning and environmental policy impact on our health and wellbeing in a myriad of inter-connected ways. The determinants listed above draw together the three pillars of sustainable development, the 'golden thread' running through the National Planning Policy Framework (NPPF). A good standard of health is required to maintain a strong economy due to the need to develop a physically and mentally capable workforce who are not dependent on state-funded health interventions. Good health relies on the reduction of inequality, building socially inclusive and supportive communities, whilst healthy developments are also more likely to be environmentally sustainable due to active and sustainable transport modes and open space being key components.

1.19 The variety and breadth of these health and wellbeing determinants creates a clear need for a coherent, shared philosophy to be delivered by a multitude of different agencies, and this is something that the planning system can aid in delivering through the implementation of land use planning policies conducive to maintaining a healthy way of life. The role of some of these agencies will be highlighted through this report as relevant.

1.20 In terms of structure, this paper will focus on four health themes which have been highlighted by the planning policy team at Basildon, as supported by the Public Health Improvement Practitioner of Basildon Borough Council Essex and the Public Health Essex County Council team as being priorities for Basildon Borough. The paper will examine the role that the planning system has to play in mitigating against the impacts of these themes and then present a range of statistics to quantify the extent of issues in relation to that health priority, where existing data allows. Within the appendices, assessments will be made with regard to how the emerging Basildon Local Plan addresses each of these priorities and whether any changes could be made to the policies in the Plan to better realise positive health outcomes.

2 National and Local Policy Context

2.1 The NPPF identifies that the planning system has a key role in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities are expected to promote inclusive and active environments which facilitate opportunities for community cohesion and activity, to enable communities to independently support their own health, social and cultural wellbeing. Promoting health is explicitly highlighted in the NPPF within *Section 8 – Promoting healthy communities.* This chapter focuses on a range of measures and highlights the need to consider the whole community when devising policies and making planning decisions. Paragraph 69 promotes the need for safe, accessible mixed-use environments which facilitate *'opportunities for meetings between members of the community who might not otherwise come into contact with each other'. Paragraph 70 requires 'an integrated approach to considering the location of housing, economic uses and community facilities and services'* whilst paragraph 73 recognises that *'Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and wellbeing of communities'.*

2.2 However, and as befitting the wide range of health determinants highlighted in Section 1 of this report, health issues are also highlighted in paragraphs linked to other traditional planning themes, such as economic development, transport, housing and the environment.

2.3 The NPPF notes in paragraph 7 that the need to promote sustainable development gives rise to the requirement for planning to perform a number of roles, including *'a social role – supporting strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being'*.

2.4 Economic policies within the NPPF state that local planning policies should be positive and promote competitive town centre environments. Paragraph 23 states that policies should '*recognise town centres as the heart of their communities and support their viability and vitality'*, and that local plans are to '*promote competitive town centres that provide customer choice and a diverse retail offer in accessible locations*'. Paragraph 28 focusses on the rural economy, stating the need for a diverse economy and the need for the '*retention and development of local services and community facilities in villages, such as local shops, meeting places, sports venues, cultural buildings, public houses and places of worship'*, all of which promote wellbeing in different ways.

2.5 Chapter 4 of the NPPF is concerned with the promotion of sustainable transport and opens with the following statement at paragraph 29; *'Transport policies have an important role to play in facilitating sustainable development but also in*

contributing to wider sustainability and health objectives'. Throughout the chapter there is a strong emphasis on ensuring that encouragement is given to transport solutions that both reduce greenhouse gas emissions such that local air quality is improved, and that, where it is reasonable to do so, '*development facilitates the use of sustainable modes of transport*' (Paragraph 30). Paragraph 35 states that plans should '*exploit opportunities for the use of sustainable transport modes'*, including '*giving priority to pedestrian and cycle movements' and providing safe and secure layouts which minimise conflict between vehicular traffic and cyclists / pedestrians'*. The needs of disabled residents are also highlighted alongside support for low emission vehicles. Paragraphs 37 and 38 highlight the need for a balance of land uses to reduce journey length and state that key facilities such as schools and local shops should be in walking distance.

2.6 *Chapter 6 – Delivering a wide choice of high quality homes* states at Paragraph 47 that local planning authorities should '*use their evidence base to ensure that their Local Plan meets the full, objectively assessed needs for market and affordable housing in the housing market area, as far as is consistent with the policies set out in this Framework'*. Paragraph 50 recognises that different social groups will have different housing requirements, with older people and those with disabilities being two such groups. *Chapter 7 – Requiring good design* notes at Paragraph 56 that '*good design is a key aspect of sustainable development, is indivisible from good planning, and should contribute positively to making places better for people'*. Paragraph 58 highlights planning's role in creating '*safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion'*.

2.7 *Chapter 11 – Conserving and enhancing the natural environment* directly recognises the role that the natural environment has on human health, including noise pollution, whilst reducing flooding and environmental degradation have clear secondary impacts on human health in terms of quality of life issues and access to quality open space.

2.8 The NPPF concludes with a section on plan making. Paragraph 156 states that local plans must set out the strategic priorities for the area and include strategic policies to deliver (*inter-alia*) '*the provision of health, security, community and cultural infrastructure and other local facilities'*. Under a heading of '*Health and wellbeing*', Paragraph 171 states that *'Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population (such as for sports, recreation and places of worship), including expected future changes, and any information about relevant barriers to improving health and well-being'*.

2.9 The NPPF is supported by Planning Policy Guidance (PPG). This contains 48 separate guidance categories with one relating directly to '*Health and Wellbeing'. This confirms that 'Local planning authorities should ensure that health and*

wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making'. The 'Health and Wellbeing' guidance states that the range of health issues that could be considered through the plan-making and decision process include how:

- *development proposals can support strong, vibrant and healthy communities and help create healthy living environments which should, where possible, include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital;*
- *the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities;*
- *the local plan considers the local health and wellbeing strategy and other relevant health improvement strategies in the area;*
- *the healthcare infrastructure implications of any relevant proposed local development have been considered;*
- *opportunities for healthy lifestyles have been considered (eg 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);*
- *potential pollution and other environmental hazards, which might lead to an adverse impact on human health, are accounted for in the consideration of new development proposals; and*
- *access to the whole community by all sections of the community, whether able-bodied or disabled, has been promoted.*

2.10 The PPG also seeks to define what is meant by a healthy community so that plan makers can be sure of what their emerging plans are expected to deliver. A healthy community is defined as '*a good place to grow up and grow old in. It is one which supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:*

- *Active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities; green open space and safe places for active play and food growing, and is accessible by walking and cycling and public transport.*
- *The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments'.*

2.11 In a similar manner to the NPPF, healthy outcomes would also be delivered as either a direct or secondary impact as a result of an adherence to those planning principles espoused in many of the remaining 47 guidance areas, which cover topics such as the protection of the natural environment, good design and air quality. The PPG also makes reference to guidance from other government departments and agencies, such as Natural England and Sport England which confirms that the delivery of strong health and wellbeing outcomes requires a multi-disciplinary approach.

2.12 In this vein, both the NPPF and the PPG require that, when formulating a Local Plan, the planning department must work in partnership with a host of other government bodies and other agencies. The PPG states that the first point of contact on population health and wellbeing issues should be the relevant Public Health body.

2.13 With Basildon Borough being part of a two-tier area in terms of Local Government, Essex County Council are responsible for Public Health and also have the statutory duty to 'improve the health of their local populations'. However, Basildon Borough Council have a local Health and Wellbeing Board to facilitate and support this duty, alongside the Essex Health and Wellbeing Board. There are a number of Health and Wellbeing Boards in Essex that bring together local authorities, the NHS, communities and wider partners across the health and social care system. They have a duty to encourage integrated working between commissioners of health services, and between the functions of local government, including planning. The Essex Health and Wellbeing Board is responsible for producing a Health and Wellbeing Strategy which is underpinned by local data and evidence. Many Local Authority boards and panels have chosen to develop their own strategies/policies to support local health need. These Health and Wellbeing Strategies should be the driver for a local planning authority to be able to take into account improving health and wellbeing outcomes through a local plan.

2.14 Joint Strategic Needs Assessment (JSNA) has been a statutory duty on Primary Care Trusts and upper tier local authorities since 2007. Aimed at commissioners and policy makers, JSNA provides a comprehensive picture of the current and future health and wellbeing needs of the population and informs commissioning in order to achieve better outcomes and reduce inequalities. The Health and Social Care Act 2012 confirms a much more ambitious and central role for JSNA, including the expectation that JSNA inform new statutory Joint Health and Wellbeing Strategies (JHWS). This has been the case in Essex as the JSNA has been central to the development of the Essex Joint Health and Wellbeing Strategy.

2.15 Basildon Borough is covered by the *Joint Health & Wellbeing Strategy for Essex, 2012* which is supported by a 2016 update developed by Essex Insights. This strategy sets out how the Health and Wellbeing Board partners will work together to improve health and wellbeing over the next five years in Essex, from 2013 to 2018.

The stated vision of the Board is as follows:

'*By 2018 residents and local communities in Essex will have greater choice, control, and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing'*.

2.16 In order to realise this vision, it is stated that the Essex Health and Wellbeing Board will:

- *promote a shift from acute services to the prevention of ill health, to primary health care, and to community-based provision;*
- *support investment in early intervention and the prevention of risks to health and wellbeing to deliver long-term improvements in overall health and wellbeing;*
- *enable local communities to influence and direct local priorities for better health and wellbeing strengthening their resilience and using community assets to reduce demand*

2.17 The *Joint Essex Health and Wellbeing Strategy, 2012* identifies key priorities which are based on evidence from the JSNA and District Health profiles which are up-dated annually from Public Health England. The JSNA is the main source of evidence and related information on the health and wellbeing of the population, the wider determinants of health and the quality of life in the area to which it pertains.

2.18 The JSNA is updated periodically, with the most recent Essex Insight Local Portrait relating to Basildon (2016) and the *Essex Joint Health and Wellbeing strategy, 2012* have been used to select the main health priorities addressed in this topic paper. These are described in Section 3 of this report. Such an approach closely aligns this topic paper with the requirements of the NPPF and PPG in that it has taken account of the work carried out by Public Health leads and Health organisations in the plan area and considers the local Health and Wellbeing strategy. This topic paper includes aspects of work led by the Public Health department and has also been the subject of an internal consultation with the Public Health team of Essex County Council prior to any recommendations being incorporated into the emerging Basildon Local Plan. This is to ensure the robustness of those recommendations made by this topic paper, and the Local Plan itself.

Addressing physical capacity within the Primary care sector

2.19 Access to primary health care services provided by the NHS England and the Department of Health is clearly linked to the overall health and wellbeing of the local population in Basildon Borough. As a result of demographic change and the

growth agenda supported by the Local Plan, demand for such services is increasing significantly.

2.20 In a letter issued by the Basildon and Brentwood Clinical Commissioning Group (CCG) in March 2016 to Basildon Borough Council, it was confirmed that increasing the supply of additional GP facilities to support an increased population and predicted changes in demographic in line with the demands of the current population will not offer a long term solution, and the costs associated with the provision of primary care services continue to rise at a rate that is becoming unsustainable. Rather, a multifunctional approach to primary health care has been identified by the Basildon and Brentwood CCG and NHS England, including:

- Expanding the capacity of existing facilities and increasing workforce;
- Directing care services more effectively, supporting collaboration and joint working within the health care sector;
- Seeking to reduce the need for primary care services through opportunities to address factors which impact on health; and
- Improved use of technology to support access to health care services.

2.21 With respect to the additional infrastructure demands required through the Plan to support planned growth, the Infrastructure Delivery Plan seeks to support the delivery of health care infrastructure in line with an approach identified alongside the CCG and NHS. Therefore this topic paper does not include further commentary on the provision of health care infrastructure.

2.22 The Basildon Local Plan includes a vision to support a vibrant and thriving healthy community. This paper seeks to ensure that the measures included within the Plan will work to reduce the growing pressures on health care services by addressing some of the wider determinants of health, and thus contributes to the third bullet point in the list above.

3 Health and Wellbeing in Basildon Borough – Defining the Priorities

3.1 As highlighted above, Paragraph 171 of the NPPF states that local planning authorities should work with Public Health leads and Health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and wellbeing.

3.2 CCGs were created in 2013 following the *Health and Social Care Act* in 2012, and are clinically-led statutory NHS bodies responsible for the planning and commissioning of some health care services for their local area. The CCG commissions secondary healthcare services, including elective hospital care, rehabilitation care, urgent and emergency care, community health services, mental health servies, and learning disability services. These services are commissioned from local hospitals, community and mental health service providers and other specialist organisations. NHS England commissions Primary Care, specialised services, some Public Health Services, offender healthcare and some services for the armed services. Public Health is placed within Local Authorities.

3.3 Basildon Borough comes under the jurisdiction of the Basildon and Brentwood CCG which covers the same geographic area as the local authority administrative areas of Basildon Borough and Brentwood Borough. The CCG is responsible for ensuring that it's commissioning plans link to the Essex Health and Well-being Board's governance process and plans and to the priorities in the Essex Health and Wellbeing's Joint Health and Wellbeing Strategy for Essex (2012).

3.4 The Essex Insight Local Portrait relating to Basildon (2016) is the principle data source for assessing what the primary health issues are within the Borough of Basildon, whilst the *Joint Essex Health and Wellbeing Strategy, 2012* is the latest available document setting out what the health priorities are for Essex. By basing this topic paper and subsequent updates to the Basildon Local Plan around these publications, there is a clear link between the Basildon Local Plan and the priorities of Public Health leads.

3.5 An assessment of the *Essex Insight Basildon Local Portrait, 2016* and the *Joint Essex Health and Wellbeing Strategy, 2012* identified four key health priorities which the Basildon Local Plan could positively influence through its policies. These are briefly set out below, and covered in more detail in the next four sections of this report. Each of the subsequent four chapters will begin with a review of existing work carried out by national organisations with regard to this health issue as it relates to spatial planning policy. There will then follow an assessment of available data which points to the health issue being a priority within the borough. Appendix A will then present three checklists which cover the issues raised in the review of existing literature across the four health priorities. These will set out potential

modifications where it is considered that there is the potential to more closely align local policy with national best practice.

3.6 An assessment of the *Essex Insight Basildon Local Portrait*, 2016, the health and wellbeing priorities presented in the *Joint Essex Health and Wellbeing Strategy, 2012* and further discussions with Public Health Essex, have given rise to the priorities highlighted in Table 2 which have been selected for this paper.

3.7 As expressed earlier in the report, there are a wide range of determinants relating to good health and well-being, and the majority of these are captured in the table below as 'issues to address' within this report. One important omission from the table is the delivery of an appropriate mix of housing, including affordable housing, to support the multi-faceted needs of the whole community. The *Joint Essex Health and Wellbeing Strategy, 2012* states that '*decent, affordable and appropriate housing is increasingly needed to meet the current and longer term needs of the people of Essex, especially with the rise in older residents, people with a disability and other vulnerable groups'*. However, an assessment into the appropriate level of provision of housing is being undertaken as a separate work stream to this report.

3.8 The assessment described above is being taken forward by the South Essex Planning Group (Basildon Borough Council, Castle Point Borough Council, Rochford District Council, Southend-on-Sea Borough Council and Thurrock Borough Council, alongside Essex County Council). Section 8 of the '*South Essex Strategic Housing Market Assessment. 2016*', as updated by the Addendum 2017, assesses the need for different types of housing, including those needs specific to older people. Issues relating to the specific design of housing however will be highlighted within this report as appropriate, although it is recognised that issues relating to the internal design of buildings is not in the remit of spatial planning.

3.9 Another wider determinant of health is education and 'early life training'. The delivery of a good education has both direct and indirect positive impacts on health and wellbeing. Direct impacts are delivered where people are taught about the importance of a good diet and other health related matters. Additionally, there are also a multitude of indirect impacts relating to higher standards of education leading to improved life opportunities and a subsequent increased ability to experience better health and wellbeing outcomes. However, beyond the provision of sufficient land for schools and an appropriate funding mechanism for their construction and operation, the delivery of a good standard of education is beyond the remit of the planning system and therefore beyond the scope of this report. As such, issues relating to education are not captured in the table below. Additionally, school travel plans can include a package of measures to improve safety and reduce car use, backed by a partnership involving the school, education, health and transport officers from the County Council, and the police. Such travel plans secure benefits for both the school and the children, by improving their health through active travel and reducing congestion caused by school runs, which in turn

helps improve local air quality. There is also the potential to indirectly increase road safety through such traffic plans due to their primary impact of reducing the number of vehicles on the roads around schools.

3.10 Another issue omitted from the table below is 'reducing health inequalities by tackling poverty' which was one of four health priorities submitted by the Public Health Improvement Practitioner of Basildon Borough Council to Public Health England in 2017. The planning system clearly has an impact on poverty in its role as a place shaper, where place has an impact on the life opportunities of residents. This is not solely through affordable housing provision but also through better transport links, access to local services and amenities, the creation of an appropriate mix of jobs and the delivery of safer more inclusive communities. These issues are all important to creating better environments within which economic participation can be increased. However, it is considered for the purposes of this paper that 'poverty' in of itself is not a health 'priority' and is, as stated, an issue that spans the whole planning spectrum. As such, issues relating to poverty will be captured across the selected health priorities where relevant. Further, the Indices of Multiple Deprivation 2015 will be referenced where spatial data relating to any of the health priorities exists to make such a comparison possible.

3.11 The other three health priorities submitted by the Public Health Improvement Practitioner of Basildon Borough Council are 'ageing well', 'reducing the prevalence of adult and child obesity' and 'improving mental health and wellbeing'. These are all captured in the table below along with 'low rates of physical activity within the population' which is a stated Public Health Essex priority. The remaining three Public Health Essex priorities mirror those selected by Public Health Basildon.

Table 2: Health Issues and Priorities for Basildon Borough

Main Health Priority	Issues to address	Link to priorities raised in the Joint Essex Health and Well-being Strategy 2012
Low rates of physical activity within the population	• Promoting pedestrian environments • Promotion of active travel options between locations • Ensuring connectivity between existing and new pedestrian and cycling routes	• Reduce childhood obesity levels by increasing physical activity, improving diet, and delivering more effective education in health and health-related matters. • Increase physical activity and improve diet across all age groups.

Main Health Priority	Issues to address	Link to priorities raised in the Joint Essex Health and Well-being Strategy 2012
	• Access to open space and leisure facilities. • Barriers- time pressures, inconvenience, poor access , poor quality of parks/public spaces and fear of crime	
An ageing population (ageing well)	• Ensure housing stock is appropriately designed using older people home principles and best practice where available, including the provision of social care. • Ensure environments are accessible to all. • Ensure new developments facilitate the notion of community. • Access to open space and physical activity opportunities. • Ensure access to services • Social isolation and loneliness are addressed through measures to ensure community cohesion	• Ensure sufficient supported and adapted housing is available. • Developing integrated pathways for elderly care encompassing provision but also prevention, reducing falls, and ensuring independence is maintained for longer. • Developing of community-based information and support services encompassing voluntary organisations, volunteering and more provision in primary care settings.
Improving mental health and wellbeing	• Ensure housing stock is appropriately designed, including provision of social care.	• Ensure sufficient supported and adapted housing is available. • Increase employment and other opportunities for people suffering

Main Health Priority	Issues to address	Link to priorities raised in the Joint Essex Health and Well-being Strategy 2012
	• Ensure environments do not discriminate against those with mental health issues. • Ensure new developments facilitate the notion of community. • Access to green space and physical activity opportunities. • Access to employment	from mental illness.
Reducing the prevalence of adult and child obesity	• Designing out obesogenic environments. • Access to green space and opportunities for physical activity including pedestrian and cycle routes • Access to healthy food options, including access to allotments. • Proliferation of A5 establishments in proximity to schools and other areas where children socialise such as parks and children centres.	• Reduce childhood obesity levels by increasing physical activity, improving diet, and delivering more effective education in health and health-related matters

3.12 As befits the cross-cutting nature of health and planning issues, any single health priority may share one or more planning issues with any other health priority. The health priorities themselves may also be linked. For example, decreasing levels of physical activity can lead to an increase in obesity issues, but that's not to say that everyone with a low level of physical activity will be obese. Where possible, this report has attempted to separate the issues by health priority for the interests of brevity. For example, the section addressing the health priority of reducing the prevalence of adult and child obesity will focus on the role planning can take in

promoting healthy food choices with all issues relating to active travel being largely confined to the section focused on the health priority of addressing low rates of physical activity within the population. It is recognised that these are artificial distinctions but these are nonetheless required for brevity. The same necessarily holds true for the summaries and ‘Recommendation for Plan Making’ sections where, for example, the summaries and recommendations under the sixth chapter covering an ageing population concentrates only on those issues raised as part of that chapter rather than reiterating accessibility issues covered in the fifth chapter on physical activity.

3.13 Similarly, Appendix A to this report, which set out a range of suggestions to ensure that the emerging Basildon Local Plan encapsulates best practice in terms of delivering health and wellbeing priorities, will not set out a schedule addressing each of the health priorities in turn as this would lead to considerable repetition. For example, promoting an environment that is well connected by well-designed cycleways and pathways with appropriate signage promotes physical activity and can potentially reduce obesity, whilst also creating a more navigable environment for the elderly and those with mental health issues. As such, recommendations will be presented under planning themes.

4 Indices of Multiple Deprivation, 2015

4.1 The Indices of Multiple Deprivation (IMD) are an assessment of deprivation across 38 weighted categories which cover a range of issues including income, employment, health and disability, education, skills and training, housing and access to services. They essentially provide a guide as to which parts of a study area are more or less deprived.

4.2 As previously stated, poverty has been selected as a health priority by the Public Health Improvement Practitioner of Basildon Borough Council and relative levels of poverty are linked to the overall level of deprivation in any given area. The difference in deprivation between areas is a major determinant of health inequality. In part this is because those living in the most deprived neighbourhood are more exposed to environmental conditions which negatively affect health. Transport patterns, access to green space, pollution effects, housing quality, community participation, and social isolation are all measures of social inequality which have an impact on health. These factors underpin both physical and mental health, which can be described as the range of material, social, environmental, psychosocial, behavioural and biological factors that shape wellbeing (*Planning Horizons No. 3: Promoting Healthy Cities, RTPI, 2014*). Further, inequalities that impact on childhood tend to also disadvantage people as they become adults. For example, poor health and social exclusion may be experienced by those children required to care for family members which may subsequently impact on their education, which then potentially leads to poor financial outcomes as an adult and subsequent reduced life choices. Therefore, if deprivation decreases then health inequalities may also decrease across the population.

4.3 The *Essex Insight Basildon Local Portrait, 2016* states that some areas in Basildon Borough display significantly worse outcomes across a number of indicators than the England and Essex averages. There are large differences across the Borough with areas performing significantly above and below the national average but '*the Basildon district as a whole has mostly significantly worse outcomes for wider health determents than the England and Essex averages'* (Basildon Joint Strategic Needs Assessment, 2016).

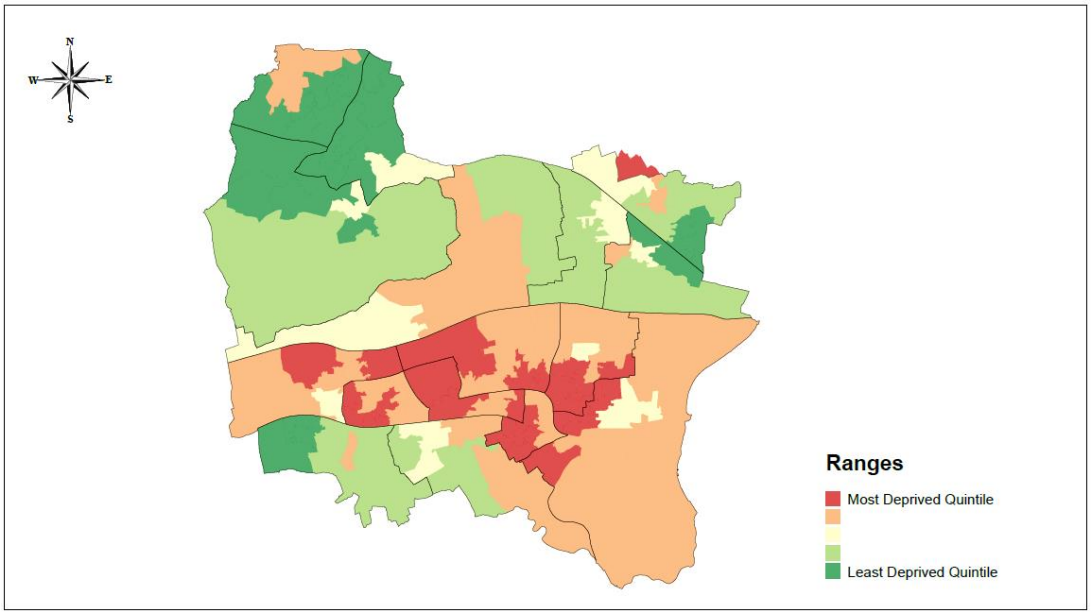
4.4 The *Essex Insight Basildon Local Portrait, 2016* also states that Basildon Borough has a lower than average 65+ population, although this also varies across the Borough. The areas with a higher population of those aged 65+ appear to perform better on wider health determent indicators than areas with a younger population.

4.5 The IMD are displayed by Lower Super Output Area (LSOA) which is a geographical unit containing approximately 1,000 people. There are 110 LSOAs in Basildon, 12 of these are amongst the most deprived 10% of LSOAs in England while 15 are in the most affluent 10%. From the figure below it can be seen that there are a number of affluent areas of Basildon but many that are deprived.

Basildon is ranked 98 out of 326 local authorities in England on overall deprivation (where 1 is the highest level of deprivation).

4.6 The IMD 2015 as they apply to Basildon Borough are shown below:

Figure 1: Indices of Multiple Deprivation in Basildon Borough, 2015



Source: Basildon Borough Council, 2017

4.7 Based on the above figure, the least deprived parts of the Borough are in proximity to Billericay and Little Burstead in the north west, Ramsden Bellhouse, and part of Wickford to the north east and Langdon Hills to the south west. The most deprived areas are within the centre of the borough, concentrated around Basildon and Pitsea. It can therefore be argued that those issues which follow in this report are more likely to be keenly felt in the central part of the borough.

5 Addressing the level of physical activity within the population of Basildon Borough

Introduction

5.1 The design and layout of where we live and work plays an intrinsic role in keeping us healthy and active, and these are factors which are strongly determined by the planning system. Taking part in regular physical activity is a major component of the realisation of a good standard of health, yet not enough people are partaking in a level of physical activity at levels sufficient to stay healthy. This could have significant long-term impacts on our populations and the services in place to care for us.

5.2 Alongside a literature review of how the planning system can shape environments which promote physical activity, this chapter will also include statistics relevant to physical activity both at a national and local scale as it assesses the means by which the planning system can play its part in facilitating a more active way of life in the borough. Appendix A of this report then assesses how the emerging Basildon Local Plan aims to facilitate the delivery of environments that promote physical activity.

The Importance of Physical Activity

5.3 Physical inactivity is responsible for 1 in 6 deaths in the UK[3] and according to work published by Public Health England, physical inactivity is the fourth largest cause of disease and disability in the UK. It has negative impacts on health and wellbeing across all ages and parts of society, with the impacts being particularly noticeable amongst older people and those in economically lower social groups. Being physically active helps prevent and manage a range of long-term conditions including cardiovascular disease, type II diabetes, some cancers, back pain, dementia and depression. As stated in *Everybody Active, Every Day* (Public Health England, 2014), physical activity also improves children's educational attainment, improves mental wellbeing, boosts workplace productivity and reduces sickness absence. These gains have not only clear benefits in terms of quality of life, but they also impact strongly on the local economy and act to reduce costly state intervention. The table below provides a summary of the relationship between physical activity and health.

[3] Lee IM, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet 380: 219 – 29 cited in Everybody Active, Every Day (2014), Public Health England, page 8.

Table 3: A Summary of the Relationship between Physical Activity and Health

Health topic	Evidence of the effect of physical activity	Strength of evidence
Overall death rate	Approximately 30% risk reduction for the most active compared with the least active	Strong
Cardiovascular health	20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke	Strong
Metabolic health	30% to 40% lower risk of type 2 diabetes in at least moderately active people compared with those who are sedentary.	Strong
Musculo-skeletal health	36% to 68% risk reduction of hip fracture at the highest level of physical activity.	Moderate
Falls	Older adults who participate in regular physical activity have an approximately 30% lower risk of falls	Strong
Cancer	Approximately 30% lower risk of colon cancer and 20% lower risk of breast cancer for adults participating in daily physical activity	Strong
Mental health	Apporoximately 20% to 30% lower risk for depression and dementia for adults participating in daily physical activity.	Strong

Source: Department of Health, 2011 Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers. London: DH (Table 1, adapted from work by the US Department of Health and Human Services)

5.4 A study carried out by the Royal Institute of British Architects (*RIBA City Health Check, 2013*) state that the NHS could save £900 million annually if everyone exercised as much as the recommended 30 minutes per day, five days a week, whilst research carried out by Living Streets *(The Pedestrian Pound, 2013*) noted that the increase in trade when places are made attractive to walk can reach 40%. Work commissioned by the National Institute for Health and Care Excellence (NICE) in 2011 assessed the economic impact of improving walking and cycling infrastructure and it was found that the financial savings in terms of healthcare of improving this infrastructure significantly outweighed the costs of its provision, by 60:1 for walking and 168:1 for cycling.

5.5 However, despite the almost universal policy support for increased cycling and walking, investment into walking and cycling has historically been much lower than investment into other transport modes. As a result, there appears to be less evidence available on the impact of such investment. The absence of evidence seems, in turn, to make it harder to make the case for investment into walking and cycling which then acts to limit future investment. This then limits the emergence of the evidence that would be necessary to make the case for increased investment. Potentially most challenging is the mis-alignment between costs – which are

typically incurred upfront – and benefits – which typically accrue only slowly and over a long period of time. Furthermore, the calculation of future health benefits is often critically dependent on two numbers in particular – just how much of an increase in physical activity is caused by an investment, and how long that increase lasts. (*The effectiveness and benefits of measures to increase walking and cycling: rapid evidence assessment, Department of Transport, 2017*).

Barriers to Taking Part in Regular Physical Activity

5.6 In their report, *Everybody Active, Every Day (2014),* Public Health England note that modern living has created a number of barriers which stop people taking regular physical exercise. Technology now dominates at home and at work, which are the two places we spend most of our time. This technology typically encourages us to be sedentary for long periods of time – either watching TV, playing video games or using mobile phones and tablets. Directly relevant to the planning system, many features of cities and towns – and even some parks – work against physical activity. The design of schools, public buildings and urban spaces has traditionally not prioritised walking or cycling through the provision of secure storage facilities and showers. Where community shops and services are not conveniently located, the propensity for active travel reduces markedly. Concerns about vandalism and other anti-social behaviours along with poor maintenance have left public spaces without the benches and toilets that allow older or disabled people to venture out. With modern life seemingly making time in short supply, the promotion of physical activity is best met in the first instance by weaving it into our daily routines.

5.7 In a related point, at workshops set up to inform the TCPA / Public Health England imitative of planning healthy environments (2014), a frequent view raised by professionals across a variety of fields was that the point at which someone moves home is a key moment to influence their behaviour in their new environment. From a town planning perspective, it is therefore important to ensure that the elements of a physical activity promoting environment – such as parks, safe and legible walking routes and community facilities are in place from the moment that households move in. This is problematic however as the phasing of most large-scale development schemes is designed so that these kind of elements are installed after a percentage of the homes are already built, for funding purposes, which means that people can have lived in an area for years before the infrastructure and services that might influence how they live are provided.

The Role of the Planning System in Promoting Physical Actvity

5.8 The degree to which physical activity is affected by the built environment rather than being determined by social, economic and cultural factors is contested but there is much evidence which suggests that the design of the built environment has a significant impact on physical health. The location, density and mix of land uses

can have far-reaching effects with regard to how individuals live their lives, including their ability to not only access public services, employment, local fresh food and open green spaces, which are all imperative for healthy lifestyles, but *how* they can access these. The accessibility choices made can be determined by the ease by which access can be achieved.

5.9 It is the planning system which has a direct impact on where services and facilities are located, and largely impacts on the means by which individuals can access them. Planners have an important role to play in establishing appropriate policies that not only enable access to a wide range of community leisure facilities which can impact on physical health, but deliver a wide and inclusive range of access options to these facilities in co-ordination with key transport and other strategic projects. Such community leisure facilities include not only built facilities which could be delivered as part of a large strategic development but also the delivery of parks and other open spaces which provide the opportunity for informal, and largely free, opportunities for physical activity in what can otherwise be dense, urban environments.

5.10 There are three main themes for the planning system in terms of the promotion of physical activity, and these are discussed further in this report. Each of these themes cut across many of the ten principles of 'Active Design', which are a series of initiatives promoted by Sport England through which spatial planning can positively impact on physical activity. Whilst not all of these design principles can be directly influenced by the planning system, for completeness an overview of Active Design is presented below. As stated, additional focus will then be given to those areas which are explicitly planning related.

Promoting Active Design in New Developments

5.11 Sport England is the organisation which provides the strategic lead for sport in the country. The organisation fulfils the function as a statutory consultee for all planning applications which relate to land currently allocated for sport and physical activity, and also provides design guidance for the development of sports facilities. Working within the provisions of the NPPF, Sport England encourages local planning policy to protect, enhance and provide for sports facilities based on robust and up-to-date assessments of need, as well as helping to realise the wider benefits that participation in sport can bring.

5.12 Through their report '*Active Design – Planning for health and wellbeing through sport and physical activity* (2015), Sport England present an evidence-based approach to development that identifies both planning and architectural solutions to develop and then support healthy communities. Ensuring that new developments are planned with Active Design concepts at the forefront ensures that physical activity is 'designed in' as plans for development in existing and new settlements take shape.

5.13 The following table is adapted from the Active Design 2015 report and sets out the ten principles of Active Design:

Table 4: The 10 Principles of Active Design

Design Principle	Description	Purpose
1. Activity for all	Neighbourhoods, facilities and open spaces should be accessible to all users and should support sport and physical activity across all ages.	Enabling those who want to be active, whilst encouraging those who are inactive to become active.
2. Walkable communities	Homes, schools, shops, community facilities, workplaces, open spaces and sports facilities should be within easy reach of each other.	Creating the conditions for active travel between all locations.
3. Connected walking & cycling routes	All destinations should be connected by a direct, legible and integrated network of walking and cycling routes. Routes must be safe, well lit, overlooked, welcoming, well-maintained, durable and clearly signposted. Active travel (walking and cycling) should be prioritised over other modes of transport.	Prioritising active travel through safe, integrated walking and cycling routes.
4. Co-location of community facilities	The co-location and concentration of retail, community and associated uses to support linked trips should be promoted. A mix of land uses and activities should be promoted that avoid the uniform zoning of large areas to single uses.	Creating multiple reasons to visit a destination, minimising the number and length of trips and increasing the awareness and convenience of opportunities to participate in sport and physical activity.
5. Network of multifunctional open space	A network of multifunctional open space should be created across all communities to support a range of activities including sport, recreation and play plus other landscape uses including Sustainable Drainage Systems (SuDS), woodland, wildlife habitat and productive landscapes (allotments, orchards). Facilities for sport, recreation and play should be of an appropriate scale and positioned in prominent locations.	Providing multifunctional spaces opens up opportunities for sport and physical activity and has numerous wider benefits.
6. High quality streets & spaces	Flexible and durable high quality streets and public spaces should be promoted, employing high quality durable materials, street furniture and signage.	Well-designed streets and spaces support and sustain a broader variety of users and community activities.
7. Appropriate	Supporting infrastructure to enable sport and physical	Providing and facilitating access to facilities and other

Design Principle	Description	Purpose
infrastructure	activity to take place should be provided across all contexts including workplaces, sports facilities and public space, to facilitate all forms of activity.	infrastructure to enable all members of society to take part in sport and physical activity.
8. Active buildings	The internal and external layout, design and use of buildings should promote opportunities for physical activity.	Providing opportunities for activity inside and around buildings.
9. Management, maintenance, monitoring & evaluation	The management, long-term maintenance and viability of sports facilities and public spaces should be considered in their design. Monitoring and evaluation should be used to assess the success of Active Design initiatives and to inform future directions to maximise activity outcomes from design interventions.	A high standard of management, maintenance, monitoring and evaluation is essential to ensure the long-term desired functionality of all spaces.
10. Activity promotion & local champions	Promoting the importance of participation in sport and physical activity as a means of improving health and wellbeing should be supported. Health promotion measures and local champions should be supported to inspire participation in sport and physical activity across neighbourhoods, workplaces and facilities.	Physical measures need to be matched by community and stakeholder ambition, leadership and engagement.

Source: Adapted from Active Design – Planning for health and wellbeing through sport and physical activity

The Promotion of Active Travel (Active Design Principles 1, 2, 3, 4 & 7)

5.14 The planning system, from the national level down to the local, should focus on the delivery of developments that can be navigated by those modes of transport that fall under the bracket of 'active travel'. The modes of transport that are termed 'active travel' are essentially those types of travel that rely on physical activity, which are primarily walking and cycling. Encouraging active travel to get to work, school and local facilities is crucial as it introduces physical activity to the standard daily routine. These types of journey are also recognised as being the main way in which groups at risk of poorer health gain their exercise. As previously stated, it is important that new developments are planned with Active Design concepts early within the design stage. For example, new infrastructure networks providing the means to actively travel will need to be connected to existing active travel networks to ensure that the journey between two locations is both viable in the first instance and also easy to undertake. This connectivity is best ensured when active travel infrastructure is factored in at an early stage of the design process.

5.15 The quality and safety of the active travel environment is also important, with the *perception* of quality and safety perhaps being more important still. If an area is perceived as being unsafe, parental consent for children to walk or cycle to school or access formal and informal open space will be significantly reduced. Such a reduction in the desire to access these spaces will also be prevalent in other socially vulnerable groups. This reduces the potential participation in physical exercise meaning that the potential positive impacts of Active Design are themselves reduced.

5.16 The design of places also needs to take account of transport where it has a direct impact on health and safety. Air pollution, noise, traffic and congestion all have a negative impact on people's ability to use their environment. As such, making provision for active travel may include the need to design in separate routes entirely for these modes of transport or consider how priority could be given to pedestrians and cyclists as part of shared routes. Any barriers to pedestrian and cycle movement, such as busy routes or intersections, a lack of dropped kerbs or excessive street clutter should be avoided when designing active travel routes to best accommodate, prioritise and encourage walking and cycling. The layout of routes should also take account of topography and lighting, to ensure that it is suitable for all users. In some cases, this can result in a less direct, but flatter route being created.

5.17 Another major factor with regard to the attractiveness of walking and cycling is that of the physical distance between those destinations where active travel routes are being designed. Neighbourhoods should be designed in the first instance to promote walkable communities. Best practice guidance published by Sport England (*Active Design – Planning for health and wellbeing through sport and physical*

activity, 2015) states that '*a diverse mix of land uses such as homes, schools, shops, jobs, relevant community facilities and open space should all be provided within a comfortable walking distance, generally within 800m. These should be supplemented by a broader range and mix of land uses within 5km cycling distance'*. Places with a mixed land use create multiple reasons to visit that place, which could not only minimise the number and length of trips, which subsequently create positive sustainability impacts even if active travel modes are not utilised to reach that destination. For example, co-locating leisure facilities with other community facilities greatly increases the convenience of participating in physical activity. This principle of co-locating community facilities applies to both major developments and to smaller scale developments, where a new community building could be designed to incorporate multiple uses. Where practicable, multiple sports and recreation facilities should be co-located together to allow for the choice of a range of activities in one location, and promote the efficient shared management of facilities. The Borough currently performs well in this regard, with the 11 minute average travel time by public transport or walking to reach key services being lower than the Essex average of 13 minutes (*Essex Insight Basildon Local Portrait, 2016*).

5.18 School facilities are usually particularly well located in terms of accessibility within local communities and consideration should therefore be given to whether school facilities and grounds could be available for use outside of school hours to increase the potential for the local community to engage in physical activity. Destinations important for a community should be connected by a direct, legible and integrated network of walking and cycling routes. Routes must be safe, well lit, overlooked, welcoming, well-maintained, durable and clearly signposted. In order to promote active travel as part of longer journeys, active travel networks should be integrated with public transport nodes and networks, with appropriate storage facilities provided in safe, secure locations.

5.19 Integrating walking and cycling as part of the daily routine can then inspire active travel as a recreational pursuit, and perhaps encourage participation in sporting endeavours. Such provision can be made as part of the same routes as those facilitating a daily routine through using appropriate signage to create named routes or routes of a particular distance, including looped routes, which may encourage park runs.

5.20 The importance of cycling and walking as a means of travel is recognised by Central Government, with the Infrastructure Act 2015 giving the Secretary of State powers to set Cycling and Walking Investment Strategies in England. These provide funding infrastructure to promote active travel methods. Other transport planning initiatives such as requiring the provision of Travel Plans in new developments provide further opportunities for the direct promotion of walking and cycling.

5.21 It is also worth re-iterating that work commissioned by the National Institute for

Health and Care Excellence (NICE) in 2011 found that the financial savings in terms of healthcare of improving active travel infrastructure significantly outweighed the costs of its provision, by 60:1 for walking and 168:1 for cycling. As such, the provision of walking and cycle paths translates into benefits of both a health and fiscal nature.

5.22 The overall costs to society from road transport are substantial. For example, it has been estimated that half of the UK's £10bn cost per annum of air pollution comes from road transport (*European Environment Agency (2014) Health and environmental costs. Copenhagen: EEA*.). The Cabinet Office has estimated that excess delays, accidents, poor air quality, physical inactivity, greenhouse gas emissions and some of the impacts of noise resulting from motorised road transport costs English urban areas £38-49 billion a year (*Working together to Promote Active Travel, Public Health England, 2016*). Further evidence from the same report suggests that switching to active travel for short motor vehicle trips could save £17bn in NHS costs over a 20-year period, with benefits being accrued within 2 years for some conditions. The largest cost savings would come through reductions in the expected number of cases of type 2 diabetes which has an annual cost to the NHS of £9bn.

5.23 Finally, it is important to consider detailed design matters which can make a big difference to people's ability to make active lifestyle choices. When considering planning applications, supporting infrastructure such as lighting to make the area appear safer to users, public conveniences, drinking fountains, cycle, mobility scooter and pushchair storage, changing rooms, quality of seating, Wi-Fi access, shelter and workplace showers are all elements that can influence physical activity choices and should be provided where appropriate to meet the needs of a range of potential users. Cafés and other local retail amenities can also encourage people to utilise spaces which links back to the earlier themes of co-location.

Providing Access to Open Space (Active Design Principles 1, 2, 3, 5 & 7)

5.24 The second key role that the planning system can play in terms of promoting physical activity is within the delivery and access of open space.

5.25 Evidence suggests that populations that are exposed to the greenest environments have the lowest levels of health inequality which are related to income deprivation, as access to public open space is essentially free. A joint study carried out by the Faculty of Public Health and Natural England (*Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing, 2010*) showed significantly smaller health differences between the highest and lowest income groups in areas with more green space than between these groups in similar areas with less green space. However, research by Sport England states that people living in a deprived community are six times more likely to have had no previous experience of outdoors activity (*Active Design – Planning for health and wellbeing*

through sport and physical activity, 2015).

5.26 The inequality in mortality is also lower in populations living in the greenest areas. However, green space is not available equally to all of the population, and at the national scale, poorer neighbourhoods can often either lack green space or where there is provision, it can sometimes be poorly maintained or vandalised. Research quoted by the RTPI (*Planning Horizons No.3 Promoting Healthy Cities,* 2014) states that the most affluent 20% of wards in England have five times the amount of parks or green space than the most deprived 10% of wards.

5.27 It has also been found that the potential benefits of increased physical activity that can arise where green space is available are only manifested when that green space is of an acceptable quality, accessible and safe. If the community perceives the risk of crime to be high, or the green space is otherwise unattractive to visit, the benefits of green space largely evaporate as these spaces will not be visited. It has also been found that a greater quantity of greenspace can be associated with worse health outcomes in low-income suburban areas. There is evidence[4] presented as part of research carried out into natural capital by Essex County Council which suggests that lower income suburban areas may have a larger proportion of poor-quality greenspace, which is not accessible and is aesthetically poor, and which subsequently acts to inhibit people's feeling of safety in their immediate environment.

5.28 However, even though it is the quality and not just the quantity of public parks and spaces that encourages people to be active, evidence shows just having ease of access to open space that residents are prepared to use makes a crucial difference. One study highlighted by Public Health England *(Everybody Active, Every Day, 2014)* showed that respondents living closest to parks were more likely to achieve recommended physical activity levels and less likely to be overweight or obese. Those with close access to green space live longer than those without it, even adjusting for factors such as social class, employment and smoking.

5.29 Research has also found that people keep exercising longer in natural surroundings and that this effect is particularly marked in children. Children who have easy access to safe green spaces (parks, playgrounds, kick-about areas) are more likely to be physically active than those who are not so close. Establishing physical activity patterns in early years can set a precedent for the rest of a person's life. Further, when children are engaged in physical activity it can encourage the wider family to get involved in activities too, bringing intergenerational benefits through activity that extends beyond the children through to parents, grandparents and a wider circle of family and friends. Research carried

[4] Mitchell R, Popham F. Greenspace, urbanity and health: relationships in England. Journal of Epidemiology and Community Health 2007

out for the Scottish Government[5] suggests that a key predictor of whether someone uses green space in adulthood is whether they did so in childhood. It is understood that there are socio-economic inequalities in children's use of green space, but also that, when children are introduced to such places, it kindles a lasting desire to re-visit. This suggested that there is an opportunity for an enduring, intergenerational effect. In other words, helping people to become users of green space in their early years, and providing the facilities to make them regular users throughout the life cycle could be a useful additional means of protecting and enhancing health and wellbeing. As such, networks of well-linked open spaces provide key opportunities for the promotion of physical activity, be they as part of formal spaces that can be used by local sport clubs or more informal spaces.

5.30 Therefore, new development should provide appropriate well-designed green space as an attractive and accessible setting for development which enhances the built form whilst also providing a high quality resource for people to utilise. Consideration will however be required to be given as to how the open space relates to any adjacent residential uses, whereby measures may need to be taken to minimising disturbance from noise, but such proximity also maximises the opportunity for natural surveillance which will positively impact on the perception of the area being safe.

5.31 It is noted that whilst this section has concentrated on the benefits of providing 'open space' as a means to increase physical activity, this is to underestimate the multi-faceted opportunities that arise when there is the ability to provide or manage 'open space' provision as part of new developments. When open space is considered in light of the multi-functional purposes it can deliver, it forms part of the wider concept of 'green infrastructure', defined in the NPPF as '*A network of multi-functional green space, urban and rural, which is capable of delivering a wide range of environmental and quality of life benefits for local communities'* (NPPF, Annex 2).

5.32 At its largest scale, the principles of green infrastructure can be used to create multi-functioning country parks incorporating biodiversity priority habitats, river corridors, ecological networks and provide routes to connect these spaces. Even at the smallest scale of provision, an early consideration of green infrastructure can ensure that networks of pathways and cycle lanes link new developments to these larger, multi-functioning spaces.

5.33 Alongside the more immediate positive impacts of green infrastructure, such as its ability to act as a flood alleviation measure, the provision of localised urban cooling and improvements in air quality, and offering connectivity between habitats to strengthen local biodiversity, effectively delivered green infrastructure offers a

[5] Contribution of Green and Open Space to Public Health and Wellbeing, James Hutton Institute, OPENSpace Edinburgh University, University of Glasgow, Heriot-Watt University, Biomathematics and Statistics Scotland, 2014

multitude of synergistic impacts. As previously mentioned the use of sustainable modes of transport can be encouraged by ensuring that new cycle lanes and footpaths are integrated into these open spaces and connect to proximal, existing developments. Such routes are more likely to be attractive and removed from vehicular infrastructure, increasing the likelihood of their use. This uptake of cycling and walking then subsequently facilitates improvements in resident health. Well managed green spaces also afford healthy educational opportunities, both formal and informal, allowing the general public to embrace their local environment and strengthen community pride and spirit. Previous initiatives suggest that this can have a subsequent positive impact on crime and social disorder. Well managed green infrastructure has also been shown to raise land values by increasing the desirability of a place, which subsequently makes these places more attractive to potential investors.

5.34 The delivery of open space as part of a development should therefore not be seen simply as providing an area free of development. The more effective the design and the increased functionality that can be offered as part of that design, the more reason there will be for people to use that space and the greater the holistic benefit that can be realised.

The Delivery of High Quality Pedestrianised Streets and Areas (Active Design Principles 1, 2, 3, 4, 6 & 7)

5.35 Effectively designed pedestrianised streets and areas not only encourage active travel, but they have significant positive impacts on the general sense of mental health and wellbeing of communities. These mental health and wellbeing benefits are accrued when residents feel comfortable navigating their communities on foot.

5.36 In order to realise these benefits however, neighbourhoods should be accessible to all users and not discriminate against members of society irrespective of their age, ability, gender or culture.

5.37 Much of the theory in relation to promoting active travel is relevant to the notion of delivering high quality pedestrian streets as it is about making the routes themselves attractive and viable to use. Streets should be promoted to be more than vehicular through-routes. The health impacts of motorised vehicles are clearly established in terms of reducing air quality and having safety and noise impacts to users of other modes of transport, but increasing the convenience of car use can also affect the relative attraction and viability of walking and cycling.

5.38 Consideration should therefore be given to prioritising the role of streets as ‘places’ rather than movement corridors. Pedestrian routes must be safe, well lit, overlooked, welcoming, and well maintained. Pedestrian routes should be designed such that visibility is maintained and blind corners or areas that are not well lit or over-looked are avoided. It is essential that routes are perceived as being safe in

order to encourage their use. Of particular importance to the older person and other vulnerable groups is that detailed design and maintenance measures are introduced to provide level street surfaces, to avoid clutter, to control planting and to promote an attractive high quality environment. In a Residents Survey undertaken in 2015, 52% of Basildon residents agreed with the notion that they have a high quality environment, below the Essex average of 75% although it was noted that 71% are satisfied with the local area as a place to live. This was however still below the county average of 82%.

5.39 A consideration of a mixed land use is also important in creating high quality pedestrian areas. The more mixed the land use, the more reason there is to visit a space, increasing footfall and the notion of safety. Consideration should also be given to uses that promote activity across multiple time zones whilst remaining sympathetic to the locality. Large, single purpose land uses can lengthen journeys which may make walking less practicable, and they do not sustain a mix of activity and users across the day. This could act to make these areas less desirable places to access, particularly via active travel, which has implications for the effective linking of places by these routes.

5.40 There are opportunities to create public spaces that encourage a sense of destination and which allow users to interact by designing seating areas and making effective use of landscaping. When the streetscape is well designed, '*people don't leave work and hurry home – they leave work, walk slowly and socialise with others. They stop and talk to people and as a result they improve their wellbeing'* (Building for Health in South Essex, South Essex Health, Wellbeing and Planning Summit, 2016). Effective design can also enable streets and other public spaces to support a range of civic, cultural and community functions such as markets, public art and open-air performances. These functions provide ever-changing reasons for people to come together and be active within their community, which is increasingly important in our culture where people can be isolated. Social interaction is proven to have significant health benefits both physically and mentally. Poorly designed urban space on the other hand can be a focus for crime and anti-social behaviour.

5.41 It is worth noting that whist much of this section is focussed around the provision of new development, regenerating existing areas can afford the same opportunities to design in many of those beneficial features of places that accrue physical and mental health and wellbeing gains. There are multiple opportunities to re-shape the communities we live in by unlocking the potential of existing resources such as disused railways and river paths. Through good design, both psychological and physical barriers to using spaces can be reduced or removed. For example, an assessment of the need to provide street furniture in existing areas such as benches and toilets unlocks the opportunity for more vulnerable groups to utilise spaces and links between those spaces. In terms of perception, creating pleasant,

well-lit walkways in neglected spaces increases the perception of safety in those spaces.

Quantifying Opportunities for Physical Activity in Basildon Borough

5.42 This section will present broad statistical data pertaining to Basildon Borough in order to provide an insight into the baseline of the issues and themes identified above. Through this assessment of available data, any potential barriers to physical activity will be highlighted which will then provide an indication to where the focus should be when considering how to promote physical activity in the borough.

Proportion of Physically Active Residents across Essex

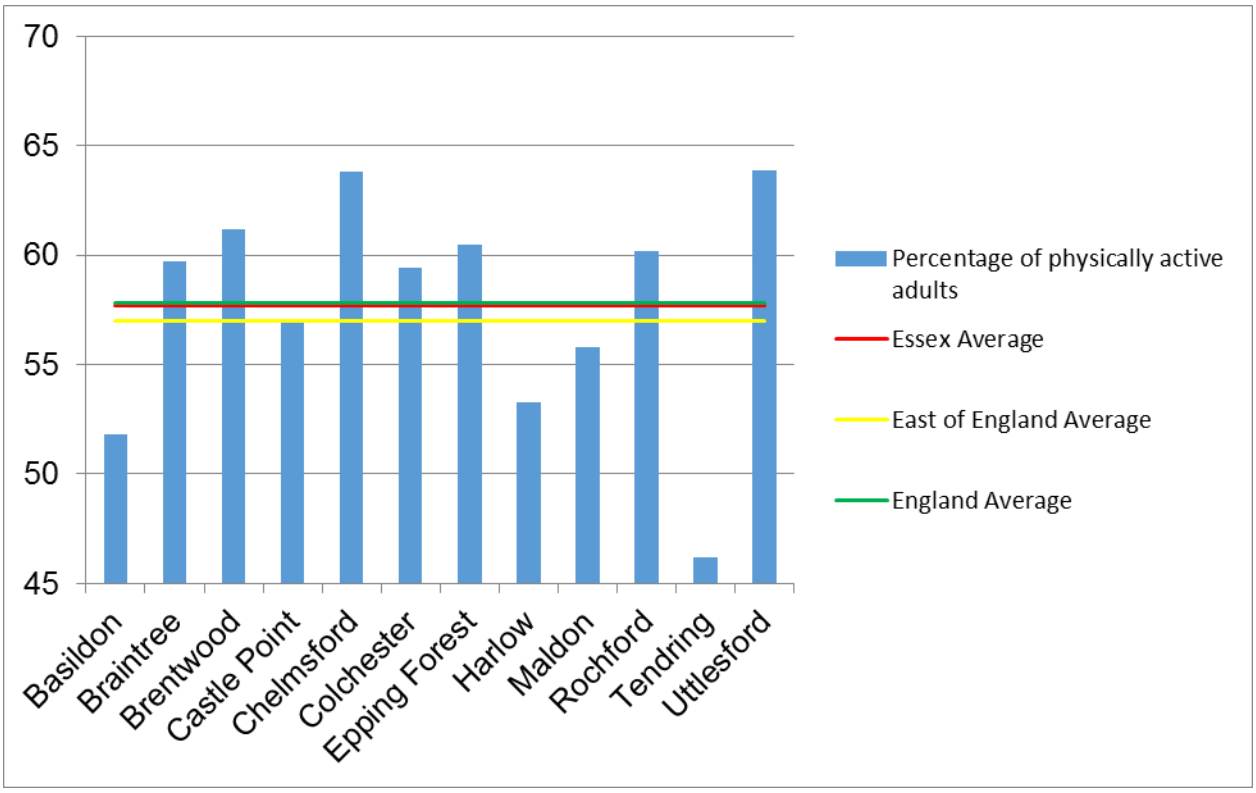
5.43 The following table and graph assess the proportion of adult residents who are physically active across the county in comparison with the regional and national average.

Table 5: Proportion of Physically Active Residents across Essex, 2015

	Basildon	Braintree	Brentwood	Essex	East of England	England
Percentage of Physically Active Adults	51.8%	59.7%	61.2%	58.8%	57%	57.8%
	Castle Point	**Chelmsford**	**Colchester**			
	56.9%	63.9%	59.4%			
	Epping Forest	**Harlow**	**Maldon**			
	60.5%	53.3%	55.8%			
	Rochford	**Tendring**	**Uttlesford**			
	60.2%	46.2%	63.9%			

Source: Public Health Outcomes Framework, 2017

Figure 2: Proportion of Physically Active Residents across Essex, 2015



Source: Public Health Outcomes Framework, 2017

5.44 Physically active residents are defined as those adult respondents (aged 16+) to the Active People Survey 2015 carried out by Sport England who achieve at least 150 minutes of physical activity per week in accordance with the UK Chief Medical Officer (CMO) recommended guidelines on physical activity. The activities included for this purpose are sport, recreational cycling and walking, walking and cycling for active travel purposes, dance and gardening. At 51.8%, the proportion of the adult population in Basildon qualifying as physically active is below the Essex average of 58.8% as well as below the regional and national averages, of 57% and 57.8% respectively.

5.45 With a rate of physical activity which is the second lowest in the county, it becomes necessary to ascertain whether there are any obvious barriers to such participation.

Open Space Provision in Basildon Borough

5.46 As identified earlier, evidence suggests that populations that are exposed to the greenest environments have the lowest levels of health inequality, with a study highlighted by Public Health England (*Everybody Active, Every Day, 2014*) stating that respondents living closest to parks were more likely to achieve recommended physical activity levels and less likely to be overweight or obese.

5.47 The following table sets out changes to open space provision within the Borough

between 2010 and 2015, by 1,000 population.

Table 6: Open Space Provision by Typology and per 1,000 Population

Typology	2010 Site Area (hectares)	2015 Site Area (hectares)	Change between 2010 and 2015 (hectares)	2010 Area (ha) / 1,000 population	2015 Area (ha) / 1,000 population	Change between 2010 and 2015 (hectares) / per 1'000 population	Percentage change between 2010 and 2015 (hectares) / per 1'000 population
Urban Parks and Gardens	301.4	302.1	0.7	1.82	1.67	-0.15	-8.24%
Natural and semi-natural open space	434.45	445.8	11.35	2.62	2.47	-0.15	-5.73%
Amenity Green Space	220.93	214.8	-6.13	1.33	1.19	-0.14	-10.53%
Outdoor Sports Facilities	262.43	260.9	-1.53	1.58	1.45	-0.13	-8.23%
Allotments and community gardens	8.9	8.9	0	0.054	0.049	-0.005	-9.26%
Cemeteries and churchyards	19.9	19.9	0	0.12	0.11	-0.01	-8.33%
Education Fields	129.5	129.5	0	0.78	0.72	-0.06	-7.69%
Civic Space	4.03	4.03	0	0.024	0.022	-0.002	-8.33%
Total Open Space	1381.54	1385.93	4.39	8.328	7.681	-0.647	-7.77%

Source: Basildon Borough Council – Open Space Assessment Gap Analysis, 2015

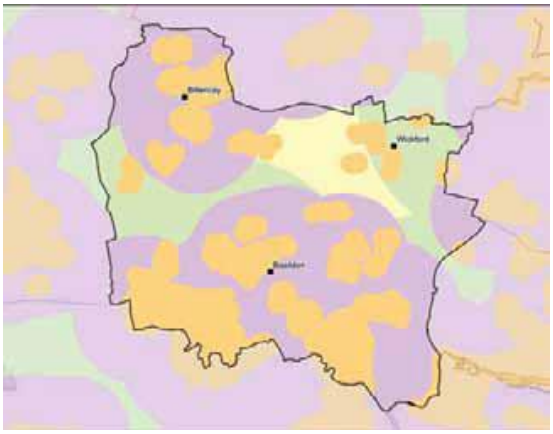
5.48 There has been an overall physical increase in open space when assessed in general terms but this masks a number of issues. The vast majority of the increase in open space has been of the 'Natural and semi-natural open space' typology whilst there has been a real terms decrease in both 'amenity green space' and 'outdoor sports facilities'. Amenity green space is most commonly found in residential areas and includes informal recreation spaces and green spaces in and around housing, with a primary purpose of providing opportunities for informal activities close to home or work. Therefore a loss of 'amenity green space' and 'outdoor sports facilities' may have the result of reducing the more accessible typologies of green space with a consequential reduction in the identified benefits that open space brings, despite the net gain in all types of open space across the Borough. Whilst it must be qualified that the net losses that have been realised across the borough between 2010 and 2015 amount to a few percent, there is an established understanding, as evidenced through literature and touched on within this report, that green space is of high value across a number of Quality of Life measures and its loss should be avoided where possible.

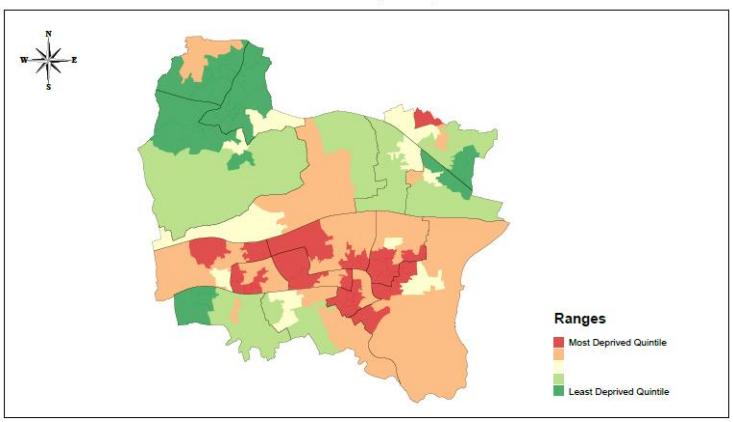
5.49 These losses become more pronounced when the areas of the various open space typologies are assessed on a per 1,000 population basis. Here, the amount of open space available per head of population has reduced across all typologies between 2010 and 2015. Due to the growing population, there has been a proportional reduction per 1,000 population of between 5.73% (natural and semi-natural open space) and 10.53% (amenity green space) across the typologies, with the remaining typologies showing reductions between 7.77% and 9.26%.

Access to Open Space in Basildon Borough

5.50 Whilst the reduction of green space is to be avoided where practicable, when assessed purely in terms of promoting physical and mental health and wellbeing, it is important to understand a community's ability to actually access that green space which is available. In August 2009, the Essex Wildlife Trust and Natural England produced a study of how the County of Essex performs in relation to Natural England's Accessible Natural Greenspace Standards (ANGSt). These standards provide a method of assessing access to specific sized areas of greenspace (including urban parks and country parks), within certain distances. The 2009 results remain the latest available. The results of the ANGSt study are shown alongside a further map highlighting Indices of Multiple Deprivation (IMD) (2015) by Lower Super Output Area. This comparison is made to test the national assumption that less affluent areas have less accessibility to open space:

Figure 3: Accessible Natural Greenspace Standards within Basildon Borough (2009) compared with Indices of Multiple Deprivation (2015)





Key

- A minimum 2ha site within 300m (Orange)
- A minimum 20ha site within 2km (Purple)
- A minimum 100ha site within 5km (Green)
- A minimum 500ha site within 10km (Pink (none shown))
- Areas with no accessible greenspace provision (Yellow)

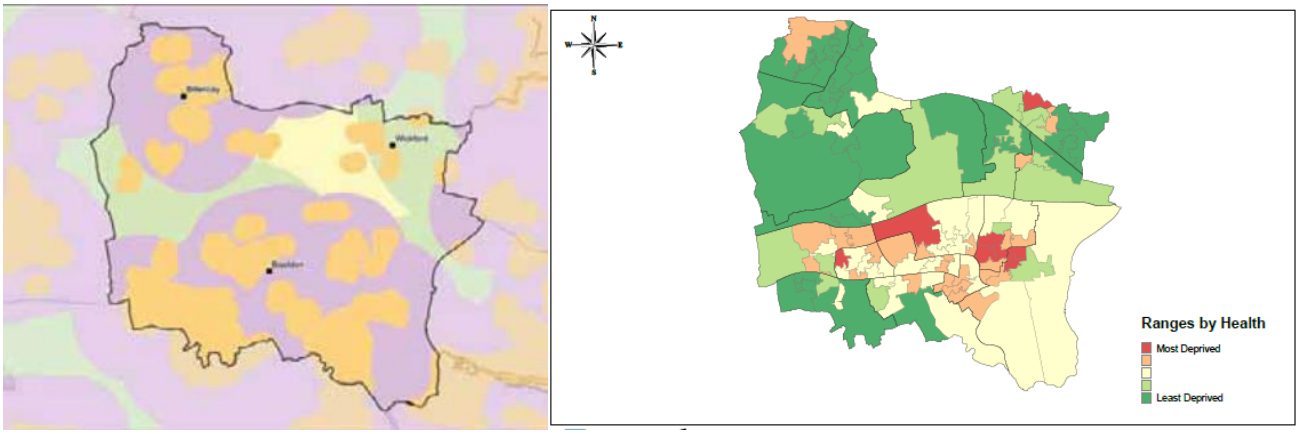
Source: Analysis of Accessible Natural Greenspace Provision for Essex, including Southend-on-Sea and Thurrock Unitary Authorities, 2009 & Basildon Borough Council, 2017

5.51 The majority of natural green space is concentrated in the west of the Borough, in Langdon Hills and Billericay, reflecting the natural geography of these areas. It should be noted that this assessment does not consider the open countryside or areas such as the Pitsea Marshes as, irrespective of their visual and biodiversity benefits, they do not provide the form of recreational space for people which this assessment is concerned with identifying. In addition, the typology of 'accessible natural green space' covered by this assessment does not include Country Parks, two of which are in Wickford and Pitsea, and these are areas that subsequently appear deficient in the study above. Although Country Parks provide some elements of a natural environment, guidance classifies them closer to urban parks due to the array of facilities, features, accessibility and general upkeep required to manage such areas for use by a wide range of people. This is very different to natural open spaces that are, if at all, managed to maintain their natural setting. Nonetheless, it should be recognised that they do provide benefits in areas that are deficient in natural green space.

5.52 In terms of access to a form of natural green space, the Borough is generally well covered and there is not a strong relationship between deprivation and access to open space across the Borough. Areas of poor access are apparent in the less populated north and north east parts of the borough, namely Ramsden Bellhouse and Nevendon / North Benfleet, and yet the Ramsden and Nevendon areas are amongst the most affluent in the Borough. This is however tempered by the omission of The Wick Country Park within the assessment which subsequently creates a more negative impression than is the reality. The north west of the

borough around Billericay is also amongst the most affluent and has a mix of the top two ranks of accessibility to natural open space. Large parts of the centre and south east of the borough, such as Basildon and Vange, are amongst the most deprived in the borough and yet display an access to natural open space rank which is not significantly different to Billericay. As such, across the borough there is no strong link between deprivation and the ability to access open space.

Figure 4: Accessible Natural Greenspace Standards within Basildon Borough (2009) compared with Health related Indices of Multiple Deprivation (2015)



Key
• A minimum 2ha site within 300m (Orange)
• A minimum 20ha site within 2km (Purple)
• A minimum 100ha site within 5km (Green)
• A minimum 500ha site within 10km (Pink (none shown))
• Areas with no accessible greenspace provision (Yellow)
Source: Analysis of Accessible Natural Greenspace Provision for Essex, including Southend-on-Sea and Thurrock Unitary Authorities, 2009 & Basildon Borough Council, 2017

5.53 When the Health component of the Indices of Deprivation 2015 is assessed separately, there is still no clear link between health deprivation and access to open space. Determinants of health are at their strongest across the north of the borough where there are instances of both good and poor access to open space. In some of the most deprived wards in terms of health, located centrally in the borough, there is also some of the best access to open space. This suggests that there is little link within Basildon between health outcomes and access to open space.

5.54 In terms of safety, a Residents Survey carried out in 2015 stated that:

- 76% of adults in Basildon say they feel safe during the day, the second lowest district / borough figure and well below the Essex average of 85%.
- Just 36% say they feel safe after dark, also the second lowest district / borough figure and considerably lower than the county average of 49%.
- 43% of adults are satisfied with safety on the roads, near the county average of 42%.

With safety concerns being higher than the Essex average, there is the potential that the level of access to green spaces is being suppressed. There is therefore a clear need for the Basildon Local Plan to deliver environments within which the perception of safety is improved.

The Quality of Open Space in Basildon Borough

5.55 It has also been established that if proximal open space is unattractive to visit, the benefits of being located near that open space largely evaporate as these spaces will not be visited.

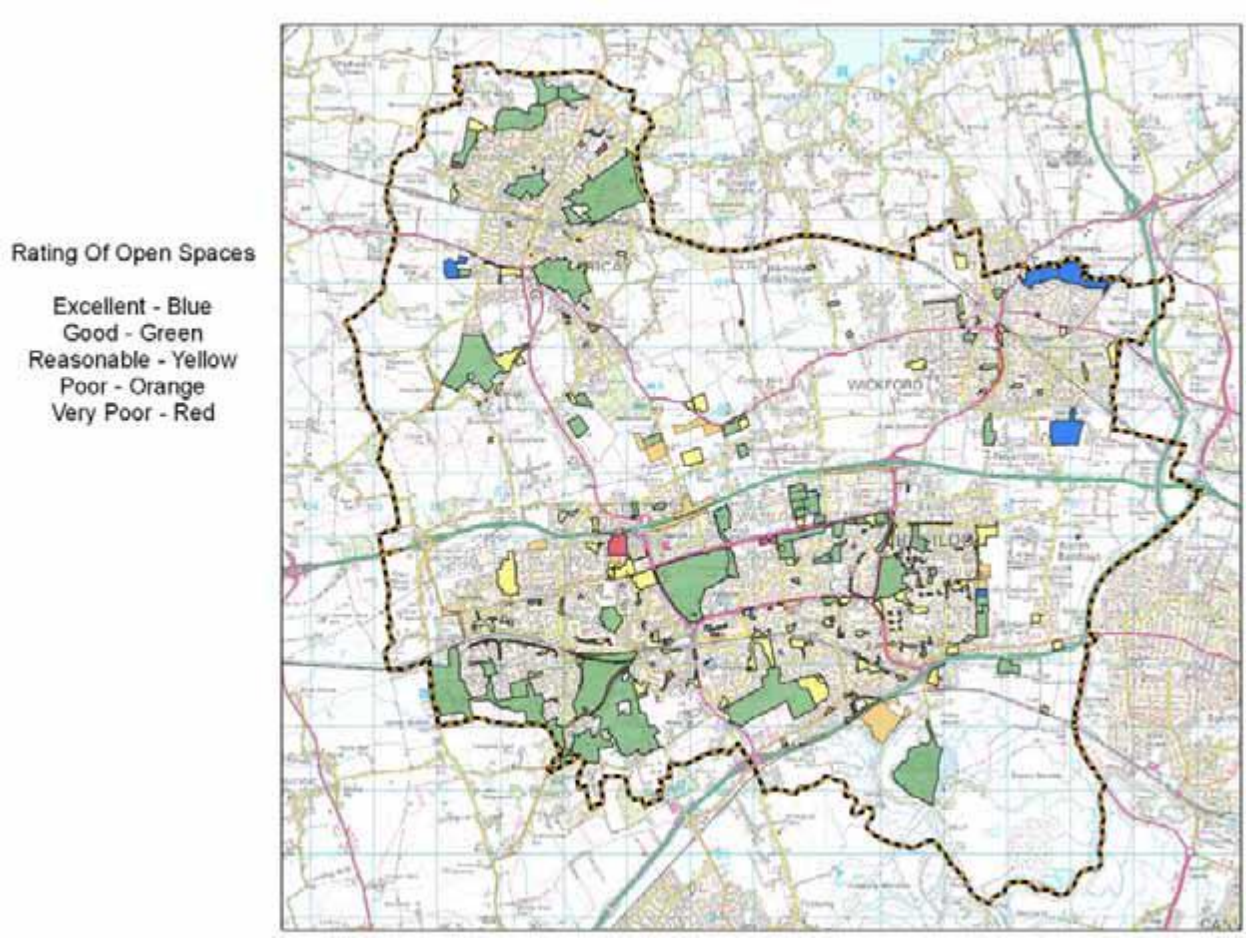
5.56 Within *PPG17 Open Space Assessment Part I (Basildon Council, 2010)*, a quality standard was introduced in order to quantify the quality of open space that was available within the borough. This open space audit provided a robust scoring system for each parcel of open space and has been verified by an independent advisor. Features or facilities that are relevant to a typology (whether they are present or not), and the factors that are relevant to each open space, were included in this assessment. All open space was therefore measured for the quality of what it offers, compared to what it could offer, in order to reflect the nature and use of each of these open spaces. This avoids assessing a parcel of open space in terms of an idealised open space, the principles of which may not be appropriate for an area. Although this study is now somewhat dated, it is still considered to be of relevance. The results of this open space audit are presented below:

Table 7: Opens Space Quality Audit in Basildon Borough

Quality	Number of Areas of Open Space	Proportion of Areas of Open Space
Excellent	5	1.87%
Good	64	23.97%
Reasonable	150	56.18%
Poor	40	14.98%
Very Poor	8	3%

Source: PPG17 Open Space Assessment Part I (Basildon Council, 2010)

Figure 5: Open Space Quality Audit in Basildon Borough



Source: PPG17 Open Space Assessment Part I (Basildon Council, 2010)

5.57 Over half of the total open space within the borough is categorised as being 'reasonable', with a further 23.97% being categorised as 'good'. With less than 20% of the borough's open space being categorised as 'poor' or 'very poor', whilst there are evidently improvements that can be made, the above assessment suggests that the quality of open space available is not a significant barrier across the borough to unlocking the health and wellbeing potential that these spaces can offer. However, it is reasonable to suggest that there are potential benefits to be accrued if these spaces were to be better managed to ensure they were all of a good or excellent standard.

5.58 It is noted in the *Open Space Assessment* that every individual open space parcel is not visible on the above plan but that the larger, more prominent spaces such as the Urban Parks & Gardens (including Country Parks) and the significant areas of 'Natural and Semi Natural Green Space' are generally of a higher quality than the smaller, less conspicuous, open spaces. In terms of the larger spaces, the link between deprivation and open space quality is not particularly pronounced although it is more prominent than any potential correlation between deprivation and proximity. There is a relatively strong correlation between the least deprived

areas and the highest quality open space, with those more affluent areas in the north east and north west containing the highest quality open space. Conversely, the centre and south central parts of the borough are amongst the most deprived areas and also, broadly speaking, contain the lowest performing areas of open space. Whilst this does need to be weighed in the balance of the more deprived areas also having the most visible open space on the above map, it does highlight those areas where improvements to public space provision could be better directed due to the size of these areas offering the greatest potential return.

5.59 It is noted that levels of physical activity are not just dictated by the proximity of residents to green spaces, and their quality, as there are other influences such as the quality of the wider surrounding environment and ease of access in terms of connectivity by differing modes of transport, but the proximity and quality of green spaces have been established as strong indicators.

Access to Indoor Sports Facilities within Basildon Borough

5.60 Sport facility provision is another important factor in giving communities opportunities to factor physically active recreation into their lives. Sufficient facilities need to be provided in areas that are easily accessible in order to maximise the benefit sport facility provision can bring. Sport England research cited in the *Basildon Local Development Framework Indoor Sports and Recreational Study, 2012* suggests that approximately 58% of all users travel up to 10 minutes to a swimming pool or sports hall, 29% of users travel between 10 minutes and 20 minutes, 8% of users travel between 20 and 30 minutes and only about 5% of users travel more than 30 minutes. As such, it could be said that without access to a car, few people who live more than 20 minutes away from a facility will access formalised physical activity provision.

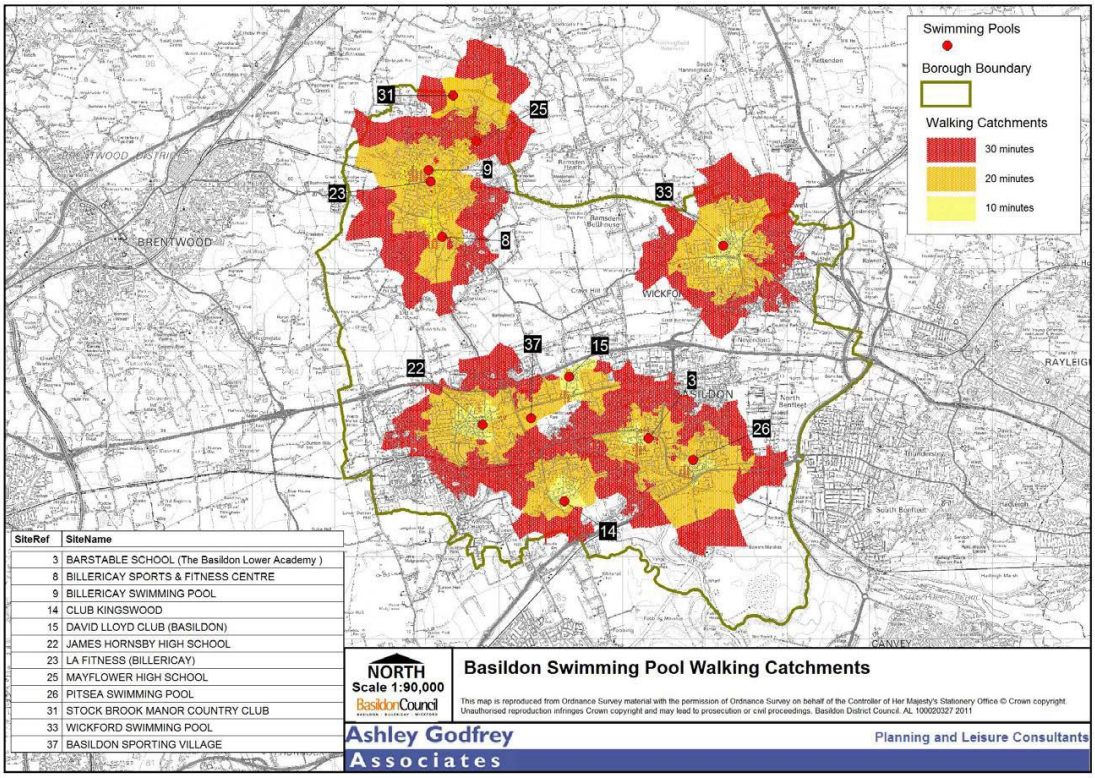
5.61 The *Essex Insight Basildon Local Portrait*, *2016* states that, compared to the county average, Basildon has a lower rate of physical activity levels in terms of organised sport participation (32.5% compared to 35.4%) and as part of a club membership (18.7% against 22.9%).

5.62 The *Basildon Local Development Framework Indoor Sports and Recreational Study, 2012* provides accessibility data for two types of built leisure facility; swimming pools and indoor sports halls. The results are presented below.

Access to Swimming Pool in Basildon Borough

5.63 Please note that the following figure does not include three swimming pools located in the borough by virtue of the fact that they are not accessible to the general public.

Figure 6: Basildon Swimming Pool Walking Catchments



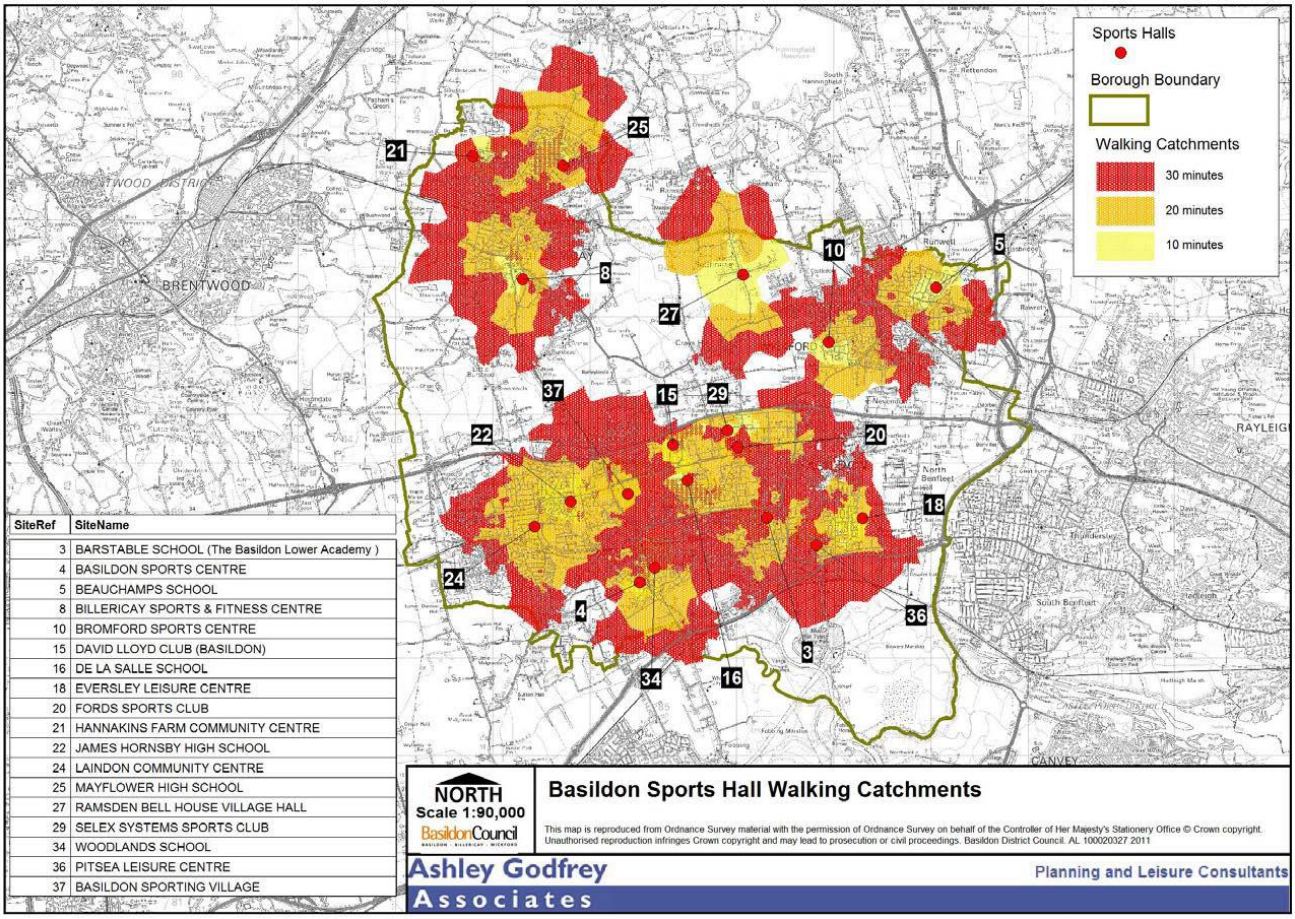
Source: The Basildon Local Development Framework Indoor Sports and Recreational Study (Ashley Godfrey Associates, 2012)

5.64 The above figure shows that a relatively large proportion of the population of the borough can access a pool within 20 minutes walking time. When access by car is also considered, it can be said that the majority of those living in the three main population centres of Billericay, Basildon and Wickford can access a swimming pool within 20 minutes' drive.

5.65 The Indoor Sports and Recreational Study also considered the supply/demand balance for this facility type and concludes that '*the current level of provision can meet demand. However by 2021, taking attractiveness factors into account, there will be a relatively small shortfall'*. It notes that whilst the Basildon Sporting Village is a new facility, most of the other swimming pools in Basildon are between 40 and 50 years old. This ageing stock comprises three pools owned by Basildon Borough Council, three school swimming pools and two private swimming pools. The Study recommended to the Council that they undertake a review of options for the future of swimming pool provision including refurbishment, replacement or rationalisation of provision. The 'do nothing' option was not considered a viable option beyond the short term as it was considered clear that all three council owned pools were struggling to meet the demands and expectations of customers. The condition of all three buildings was considered such that it will become increasingly difficult to maintain service standards.

Access to Indoor Sports Halls in Basildon Borough

Figure 7: Basildon Sports Hall Walking Catchments



Source: The Basildon Local Development Framework Indoor Sports and Recreational Study (Ashley Godfrey Associates, 2012)

5.66 Similar to that seen with swimming pools, there is a strong coverage of facilities within 20 minutes' walk of the main population centres within the borough. Again, when access by car is also considered, it can be said that the majority of those living in the three main population centres of Billericay, Basildon and Wickford can access an indoor sports hall within 20 minutes' drive. However, forecasts presented in the study state that by 2031, capacity needs could be such that a further 15 sports halls, of a size able to accommodate four badminton courts each (the unit of measurement used for the study) will need to be developed in order to accommodate the potential demands of an increased population.

5.67 A sport facility user survey was undertaken in 2010 and a street survey was undertaken in 2011 to ascertain the opinions of residents of Basildon, Billericay and Wickford with regard to the provision and quality of sports facilities within their local area. The results of this survey were originally analysed in *The Basildon Local Development Framework Indoor Sports and Recreational Study, 2012.* Overall, the balance of opinion suggested that there were about the right number of indoor

sports facilities in the Borough. Half of those who used facilities considered that there were too few facilities but two in five thought the provision was about right. This was counterbalanced by the views expressed in the non-user street survey where the balance of opinion was that provision was about right.

5.68 There is a consensus about the quality of provision with three in five of both the users and non-users considering the quality of provision to be good or excellent. It was however found that 71% of respondents to the surveys 'never' visited a leisure centre or indoor sports facility. There was local variation, with a higher proportion of people living in Wickford stating that they never visited indoor sports facilities (76.2%) compared with those in Basildon (67.5%).

5.69 The following reasons were given for people not accessing facilities:

Table 8: Reasons for not visiting an Indoor Sports Centre

Reason	Basildon	Billericay	Wickford	Total
No time	28.0%	24.4%	31.7%	28.1%
Don't know	16.1%	11.5%	12.2%	13.7%
I'm too old	11.0%	10.3%	18.3%	12.9%
Don't like indoor sports	7.6%	20.5%	9.8%	11.9%
Too expensive	14.4%	9.0%	3.7%	9.7%
Too lazy/Not interested/Too busy	10.2%	3.8%	4.9%	6.8%
Disability	4.2%	9.0%	3.7%	5.4%
Nearest one too far away	6.8%	3.8%	2.4%	4.7%
Play football/outdoor sports	0.8%	3.8%	4.9%	2.9%
Exercise at home	0.8%	1.3%	4.9%	2.2%
Health reasons	0.8%	2.6%	2.4%	1.8%
Journey too difficult/ awkward	2.5%	0.0%	0.0%	1.1%
Facilities are in poor condition	0.0%	1.3%	2.4%	1.1%
Water too cold in pool/facilities not good	0.0%	1.3%	2.4%	1.1%

Source: The Basildon Local Development Framework Indoor Sports and Recreational Study, 2012

5.70 Overall accessibility to facilities was not cited as a significant reason as to why residents did not access facilities although this reason was of greater concern to respondents living in Basildon. Very few residents had an issue with the lack of quality of facilities which broadly contradicts some of the reports' findings with regard to swimming pools. These responses do however suggest that there is little

need to be concerned about a lack of supply of indoor sports facilities in the first instance, or a lack of quality in that supply.

5.71 The main reason given for non-attendance across all three of the main population centres in the borough was that of lacking time, which corroborates strongly with the *Everybody Active, Every Day (2014)* report published by Public Health England which states that modern life seemingly makes time in short supply. Simply being 'too lazy' was another commonly given reason. This strengthens the need to promote physical activity by weaving it into our daily routines by creating environments that support physical activity by, for example, designing in active travel opportunities.

5.72 As highlighted in the emerging *Basildon Local Plan 2016*, the level of uptake of sport and physical activities by local residents remains particularly low, with the Borough having the second lowest adult physical activity rates in Essex. Data collected for the *Essex Insight Basildon Local Portrait, 2016* which looks at health outcomes identifies a higher proportion of obese adults (69.1%) when compared to the national average (64.6%), and has a lower rate of physical activity levels in terms of organised sport participation compared to the county average (32.5% compared to 35.4%)

Method of Travel to Work in Basildon, 2011

5.73 The following table sets out the means by which Basildon residents travel to work. As previously stated, encouraging active travel to get to work is of high importance as it introduces physical activity into the standard daily routine, and may be the only opportunity to introduce such activity into significant numbers of the population.

Table 9: Method of Travel to Work of Working Age Population in Urban and Rural Basildon, 2011

	Total	Urban (total)	Urban major conurbation	Urban minor conurbation	Urban city and town	Urban city and town in a sparse setting	Rural (total)	Rural town and fringe	Rural town and fringe in a sparse setting	Rural village	Rural village in a sparse setting	Rural hamlet and isolated dwellings	Rural hamlet and isolated dwellings in a sparse setting
Total Working Age Population	125,795	125,126	0	0	125,126	0	669	177	0	0	0	492	0
Work mainly at or from home	2,997	2,970	0	0	2,970	0	27	0	0	0	0	27	0
Underground, metro, light rail, tram	580	576	0	0	576	0	4	1	0	0	0	3	0
Train	13,737	13,701	0	0	13,701	0	36	6	0	0	0	30	0
Bus, minibus or coach	2,806	2,800	0	0	2,800	0	6	0	0	0	0	6	0
Taxi	728	725	0	0	725	0	3	2	0	0	0	1	0
Motorcycle, scooter or moped	598	594	0	0	594	0	4	0	0	0	0	4	0
Driving a car or van	47,782	47,544	0	0	47,544	0	238	56	0	0	0	182	0
Passenger in a car or van	4,621	4,609	0	0	4,609	0	12	3	0	0	0	9	0
Bicycle	1,441	1,439	0	0	1,439	0	2	1	0	0	0	1	0
On foot	7,279	7,252	0	0	7,252	0	27	8	0	0	0	19	0
Other method of travel to work	437	430	0	0	430	0	7	0	0	0	0	7	0
Not in employment	42,789	42,486	0	0	42,486	0	303	100	0	0	0	203	0

Source: Nomis, 2017

Table 10: Method of Travel to Work by Proportion of the Employed Population in Urban and Rural Basildon, 2011

	Total	Urban city and town	Rural town and fringe	Rural hamlet and isolated dwellings
Total Employed Population of Working Age	83,006	82,640	77	289
Work mainly at or from home	3.6%	3.6%	0.0%	9.3%
Underground, metro, light rail, tram	0.7%	0.7%	1.3%	1.0%
Train	16.5%	16.6%	7.8%	10.4%
Bus, minibus or coach	3.4%	3.4%	0.0%	2.1%
Taxi	0.9%	0.9%	2.6%	0.3%
Motorcycle, scooter or moped	0.7%	0.7%	0.0%	1.4%
Driving a car or van	57.6%	57.5%	72.7%	63.0%
Passenger in a car or van	5.6%	5.6%	3.9%	3.1%
Bicycle	1.7%	1.7%	1.3%	0.3%
On foot	8.8%	8.8%	10.4%	6.6%
Other method of travel to work	0.5%	0.5%	0.0%	2.4%

Source: Nomis, 2017 (Please note that those not in employment have been excluded from this table)

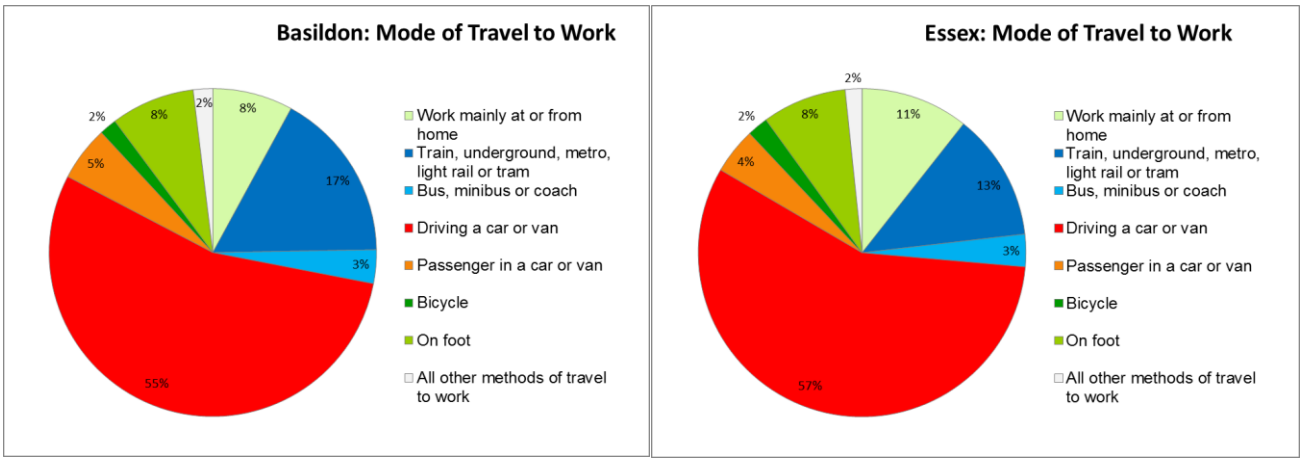
5.74 From the above table it can be seen that there is a relatively low proportion of Basildon residents in both urban and rural parts of the Borough making use of active modes of transport as a means to access the workplace. 8.8% of urban respondents travelled to work on foot, increases to 10.4% in residents from rural towns and fringes but reducing to 6.6% of respondents from rural hamlets and isolated dwellings. A further 1.7% of urban dwellers reported that they cycled to work, compared to 1.3% of those living in rural towns and fringes and 0.3% of those living in rural hamlets and isolated dwellings. Of those in employment, access by private car or van was by far the most popular way of travelling to work, equating to over half of urban residents and those from rural hamlets and isolated dwellings, and just under three quarters of residents of rural towns and fringes. When the two Active Travel modes of cycling and walking are combined, there is a higher prevalence of these travel methods in those who live in rural towns and at the fringes, with the lowest being those living in rural hamlets and isolated dwellings.

Table 11: Method of Travel to Work by Proportion of the Employed Population in Essex, 2011

2011 census merged local authority district	All categories: Method of travel to work (2001 specification)	Work mainly at or from home	Train, underground, metro, light rail or tram	Bus, minibus or coach	Driving a car or van	Passenger in a car or van	Bicycle	On foot	All other methods of travel to work
Basildon	83490	7.9%	16.8%	3.3%	54.6%	5.4%	1.7%	8.3%	1.9%
Braintree	74572	11.6%	8.5%	2.2%	61.5%	4.8%	1.4%	8.7%	1.3%
Brentwood	36621	11.7%	24.2%	1.8%	49.6%	3.3%	0.9%	7.0%	1.6%
Castle Point	41711	8.8%	13.9%	3.5%	60.2%	4.6%	1.5%	5.7%	1.8%
Chelmsford	86925	10.4%	13.2%	3.8%	54.9%	4.1%	2.9%	9.4%	1.3%
Colchester	86075	10.2%	7.7%	5.6%	54.7%	4.8%	3.9%	11.5%	1.5%
Epping Forest	62256	11.8%	22.7%	2.1%	51.8%	3.1%	0.8%	5.2%	2.5%
Harlow	40562	6.9%	7.1%	5.3%	59.3%	6.7%	2.5%	10.1%	2.1%
Maldon	30543	13.8%	7.7%	1.5%	63.0%	4.1%	1.8%	6.8%	1.3%
Rochford	40878	10.1%	15.7%	3.2%	59.1%	4.2%	1.2%	5.1%	1.5%
Tendring	55406	11.6%	5.2%	2.3%	60.8%	5.3%	3.1%	9.9%	1.8%
Uttlesford	41144	15.6%	8.9%	1.4%	60.7%	3.5%	1.1%	7.7%	1.2%
Essex	680183	10.6%	12.5%	3.2%	57.0%	4.5%	2.1%	8.3%	1.7%

Source: Essex County Council Analysis of Census 2011 data (Please note that in order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies).

Figure 8: Method of Travel to Work by Proportion of the Employed Population in Essex, 2011



Source: Essex County Council Analysis of Census 2011 data (Please note that in order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies).

5.75 The travel to work modes employed by residents of Basildon Borough are broadly similar to that seen across Essex. Use of a private car or van to travel to work accounts for 54.6% of the employed population in Basildon compared to 57% across the County. The proportion attributed to all other categorised methods is also broadly similar, with the larger differences being within those who work at home (7.9% in Basildon, 10.6% in Essex) and those who travel by train, underground, metro, light rail or tram (16.8% in Basildon, 12.5% in Essex).

Proportion of Residents Travelling to Work via Active Travel Methods in Essex, 2011

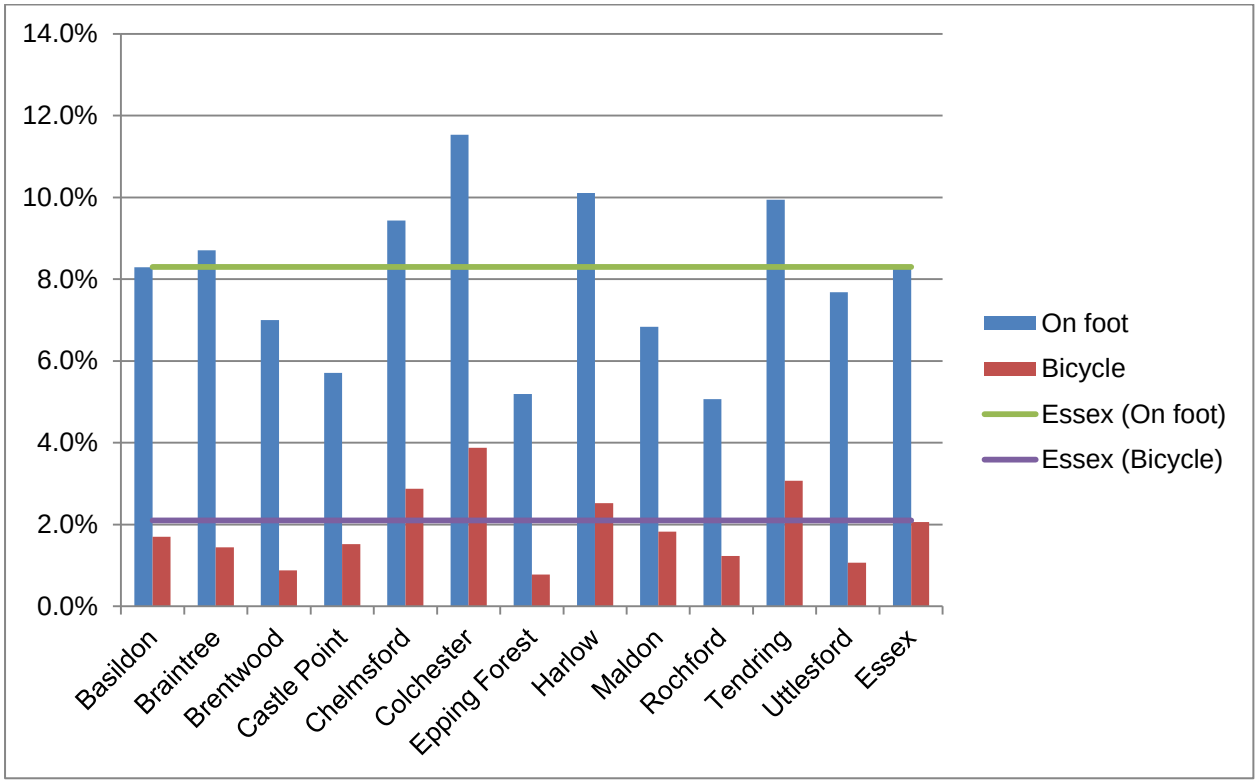
5.76 The following table compares the proportion of all residents travelling to work via Active Travel methods in each district of Essex against the Essex average.

Table 12: Proportion of Residents Travelling to Work via Active Travel Methods in Essex, 2011

2011 census merged local authority district	All usual residents aged 16 and over in employment	On foot	Bicycle	Bicycle and on Foot
Basildon	83490	8.3%	1.7%	10.0%
Braintree	74572	8.7%	1.4%	10.1%
Brentwood	36621	7.0%	0.9%	7.9%
Castle Point	41711	5.7%	1.5%	7.2%
Chelmsford	86925	9.4%	2.9%	12.3%
Colchester	86075	11.5%	3.9%	15.4%
Epping Forest	62256	5.2%	0.8%	6.0%
Harlow	40562	10.1%	2.5%	12.6%
Maldon	30543	6.8%	1.8%	8.7%
Rochford	40878	5.1%	1.2%	6.3%
Tendring	55406	9.9%	3.1%	13.0%
Uttlesford	41144	7.7%	1.1%	8.7%
Essex	680183	8.3%	2.1%	10.4%

Source: Essex County Council Analysis of Census 2011 data (Please note that in order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies).

Figure 9: Proportion of Residents Travelling to Work via Active Travel Methods in Essex, 2011



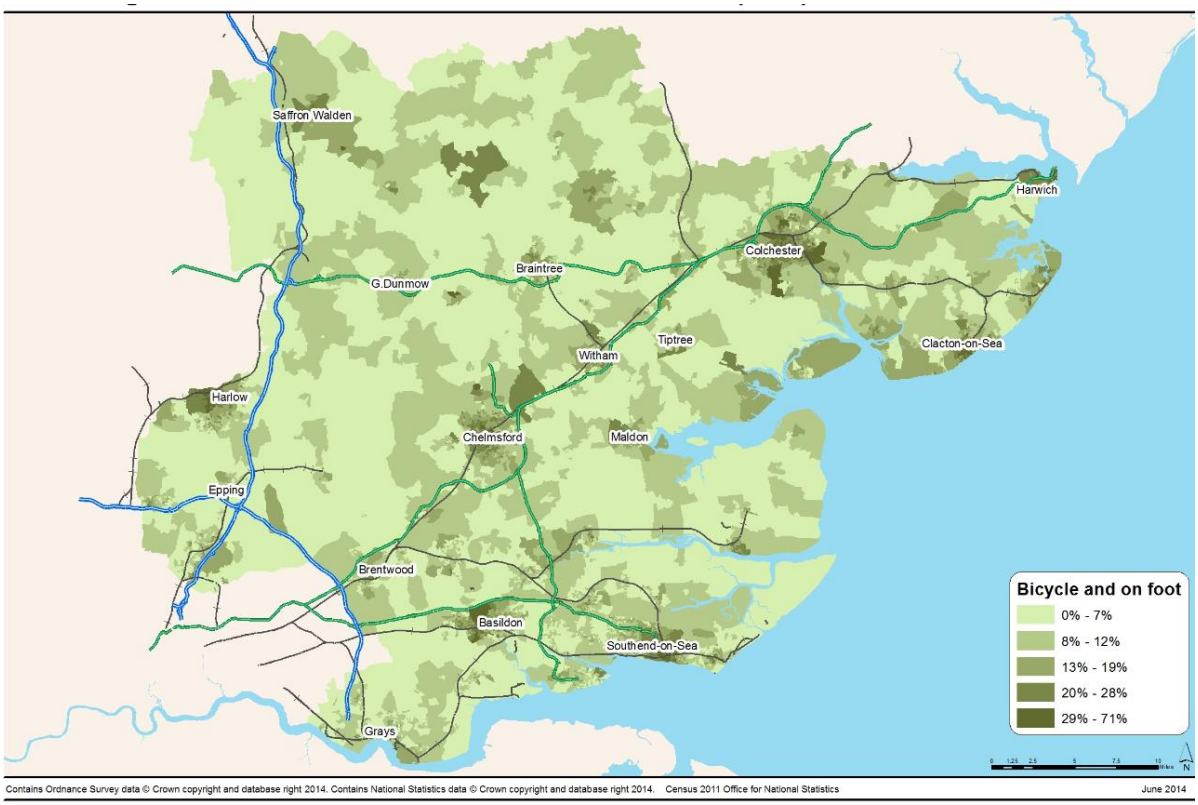
Source: Essex County Council Analysis of Census 2011 data (Please note that in order to protect against disclosure of personal information, records have been swapped between different geographic areas. Some counts will be affected, particularly small counts at the lowest geographies).

5.77 At 8.3%, the proportion of Basildon residents who walk to work is the sixth highest in the county and equal to the Essex average. Colchester reports the highest proportion of those who walk to work at 11.5% with Rochford the lowest at 5.1%. In terms of cycling, the Basildon proportion of 1.7% of residents using this method of travel to get to work is again the sixth highest in the county but below the Essex average of 2.1%The greatest prevalence of cycling as a proportion of the total working population was also reported in Colchester with the lowest in Epping Forest at 0.8%. When the walking and cycling are combined, at 10%, Basildon Borough reports the seventh proportion of residents actively travelling to work across both methods.

Intra-District Variance in the Prevalence of Walking and Cycling to Work

5.78 It is recognised that presenting data at the district tier can mask important localised differences. The following map assesses the proportion of the working age population who travel to work by bicycle or foot across Essex by geographical output area.

Figure 10: Percentage of Essex Residents who Travel to Work by Bicycle or on Foot, 2011



Source: Essex County Council, 2014

5.79 From the above map it can be seen that there is a high level of variance in the proportion of people who walk or cycle to work at the ward level in both Basildon and Essex. Across Essex as a whole, there is generally a higher proportion of people walking and cycling to work in the main urban centres. This is to be expected, with urban areas providing higher densities of both residential areas and employment opportunities meaning that travel distances to work will be shorter and more viable by active travel modes, whilst the infrastructure to support such travel is likely to be more suitable.

5.80 In terms of the variance within Basildon, parts of wards such as Fryerns, Nethermayne, Lee Chapel North and St Martin's have over 20% of residents actively travel to work, with part of Nethermayne recording the highest figure across the district of 47.2%. All those wards with over 20% of residents actively travelling are classified as being part of an 'urban city and town' although all but four of the 561 separate geographical output areas pertaining to Basildon Borough are classified as being of this type. Other output areas show a significantly lower prevalence of walking and cycling, with a number of output areas within the wards of Crouch, Langdon Hills, Pitsea South East and Wickford Park reporting active travel to work rates of less than 3%. These output areas are also all classified as

being of an ‘urban city and town’ nature.

5.81 Of the four output areas not classified as being of an ‘urban city and town’, one was considered to represent a ‘rural town and fringe’. This output area is part of Laindon Park and reported that 11.69% of residents walked or cycled to work. The remaining output areas were classified as being rural hamlets and isolated dwellings and were part of the wards of Langdon Hills, Nethermayne and Pitsea South East. Residents from these wards reported walking and cycling to work proportions of 6.19%, 8.34% and 5.95% respectively.

Assessing the Prevalence of Active Travel to Work in the Urban Area of Basildon versus Similar Areas in Essex

5.82 It was previously found that Basildon Borough reported the sixth highest proportions of residents walking and residents cycling to work across Essex, and the seventh highest when these are combined. Comparing the proportion of all Basildon Borough residents who actively travel against the rest of the districts and boroughs in Essex is not however an entirely viable comparison due to the differing geographies of each borough or district.

5.83 The following table compares active travel to work statistics for the urban area of Basildon with those in the urban areas of Braintree, Colchester and Chelmsford as these are considered to be those urban areas in Essex which are most similar to the urban area of Basildon in terms of size. Comparisons are also drawn with Harlow due to it being a newer town.

Table 13: Travel to Work Methods for Residents in Essex Urban Areas Comparative to the Urban Area of Basildon, 2011

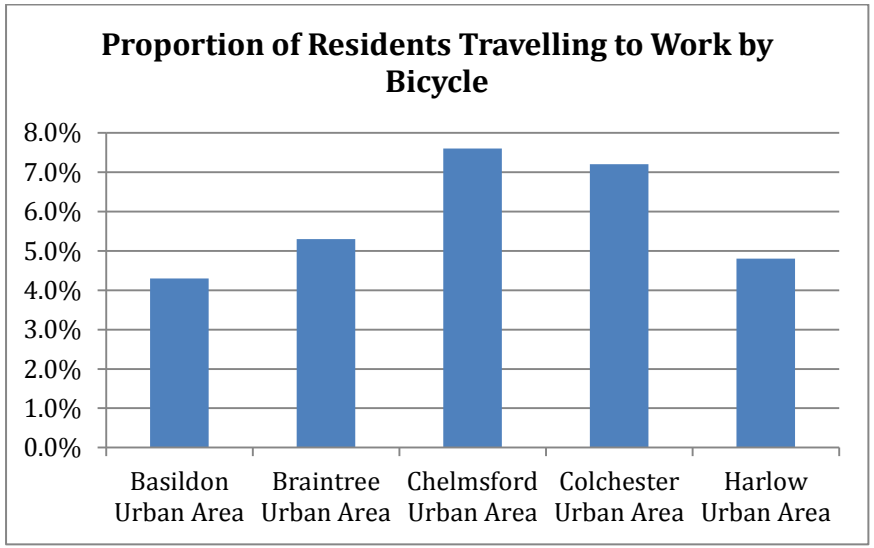
2011 census merged local authority district	Underground, metro, light rail or tram	Train	Bus, minibus or coach	Driving a car or van	Passenger in a car or van	Taxi	Motorcycle, scooter or moped	Bicycle	On foot	All other methods of travel to work
Basildon Urban Area	0.1%	1.9%	7.2%	53.1%	9.1%	1.8%	0.6%	4.3%	21.4%	0.3%
Braintree Urban Area	0%	0.8%	3.3%	49.8%	6.9%	0.6%	0.6%	5.3%	32.8%	0.1%
Chelmsford Urban Area	0.1%	1.1%	8.8%	50.5%	5.8%	0.2%	0.7%	7.6%	25.2%	0.2%
Colchester Urban Area	0%	0.9%	10.1%	49.4%	6.2%	0.4%	1.1%	7.2%	24.4%	0.2%
Harlow Urban Area	0.2%	0.5%	7.9%	53.8%	9.3%	1.3%	0.5%	4.8%	21.3%	0.3%

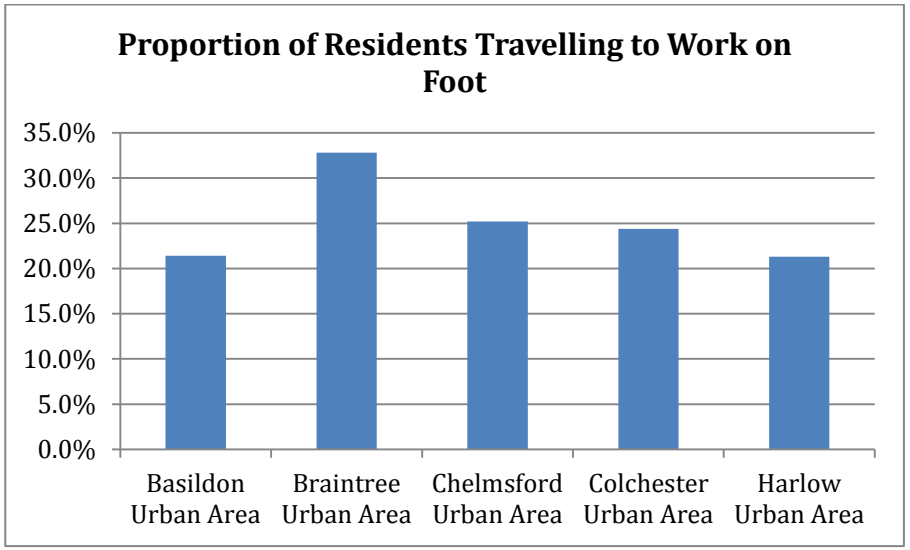
Source: Essex County Council Analysis of Census 2011 data

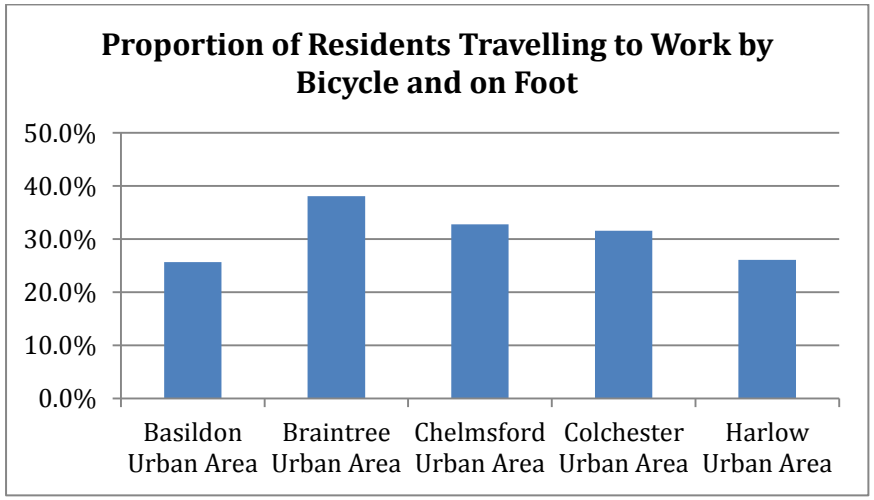
	Proportion of Residents Travelling to Work by Bicycle and on Foot
Basildon Urban Area	25.7%
Braintree Urban Area	38.1%
Chelmsford Urban Area	32.8%
Colchester Urban Area	31.6%
Harlow Urban Area	26.1%

Source: Essex County Council Analysis of Census 2011 data

Figure 11: Proportion of Residents in Essex Urban Areas Comparative to the Urban Area of Basildon who Travel to Work by Bicycle, on Foot and by Bicycle and Foot, 2011







Source: Essex County Council Analysis of Census 2011 data

5.84 At 4.3%, the proportion of employed residents in the urban area of Basildon who cycle to work is lower than the proportions reported in Essex areas considered comparable with the urban area of Basildon. With regard to those who walk to work in the Basildon urban area, the proportion of 21.4% is the second lowest and just 0.1% above the lowest proportion of 21.3% reported in Harlow. When the proportion of those who walk and those who cycle to work are combined, the urban area of Basildon reports the lowest incidence at 25.7%, with the urban area of Braintree the highest at 38.1%. Both Chelmsford and Colchester also report a figure over 30% for the proportion of employed residents living in the urban area travelling to work by bicycle or on foot.

5.85 With the proportion of residents making use of active travel methods as part of their working day in the Basildon area being lower than that in comparative areas, and active travel to work being an important potential contributor to physical activity for significant numbers of the population, it would clearly be desirable to raise the numbers making use of such methods. However, a closer assessment of further data shows that it is not likely that it is a lack of active travel opportunities which are acting as a barrier to their uptake, and this is a position currently supported by Basildon Borough Council.

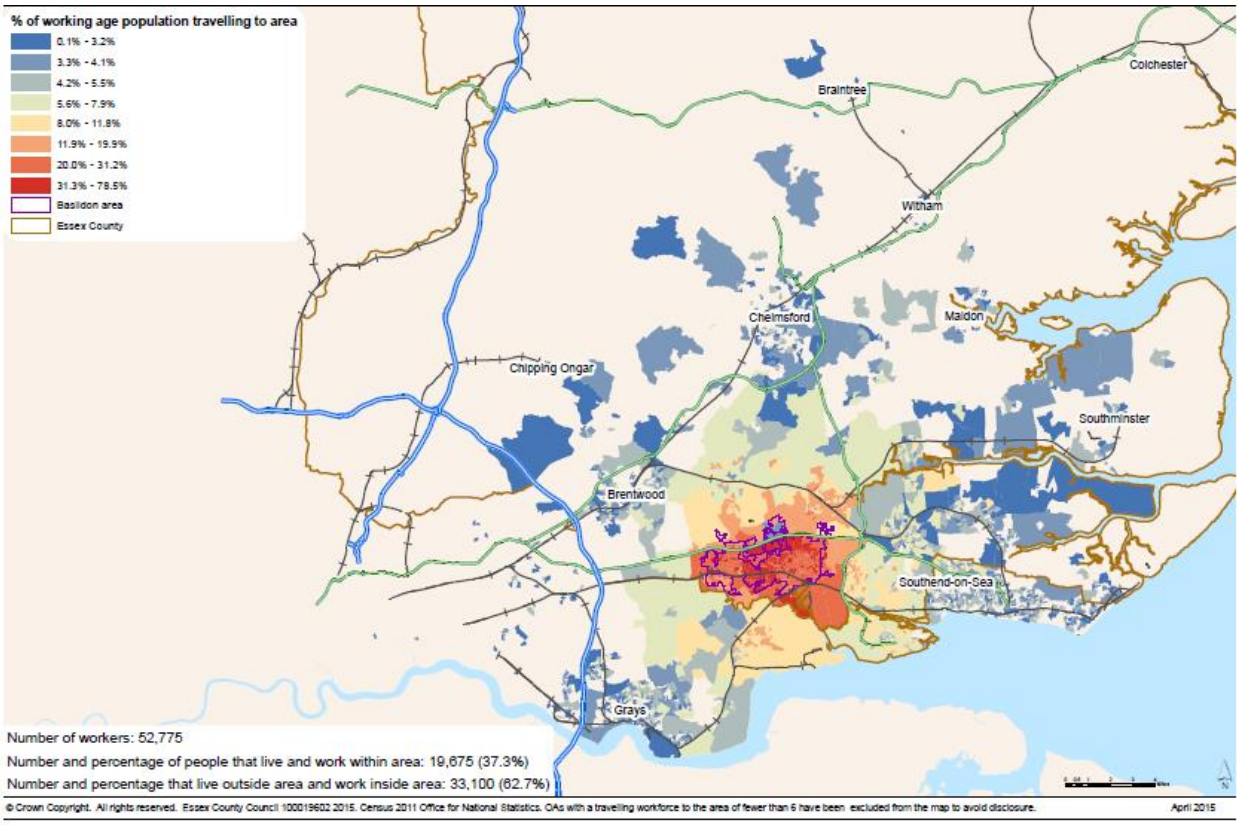
5.86 The following table details employment self-containment within the urban areas assessed above:

Table 14: Employment Self-containment in Essex Urban Areas Comparative with the Basildon Urban Area, 2011

Urban Area	Work in Urban Area	Live and work in area	Travel to urban area from outside
Basildon	52,775	37.3%	62.7%
Braintree	13,943	45.7%	54.3%
Chelmsford	52,314	45.4%	54.6%
Colchester	54,965	53.7%	46.3%
Harlow	33,511	52.2%	47.8%

Source: Essex County Council Analysis of Census 2011 data

Figure 12: Origin of those Working in the Basildon Urban Area



Source: Essex County Council Analysis of Census 2011 data

5.87 The proportion of people who both live and work in the Basildon urban area is lower than the other comparative urban areas. 37.3% of those who work in the urban area of Basildon also live there whereas the proportion of those who live and work in the other urban areas is approximately half in all other cases. This suggests that urban Basildon residents are, on the whole, travelling further to access work than their counterparts in comparative urban areas. Longer distances act to reduce the viability of active travel methods both by the time it would take to commute and the potential absence of viable infrastructure routes for these modes of travel.

5.88 This lower instance of employment self-containment may result from an imbalance between the skills of residents living in Basildon urban areas and those required by local employers, which to address would require appropriate training and skills programmes or the need to attract employment opportunities that better fit the existing population. As such, this evidence suggests that increasing the proportion of those who actively travel may not be an issue that could be resolved through a purely transport based solution. However, there may be the potential to increase active travel rates throughout the borough by increasing opportunities to actively travel to bus and train stations from which an onwards commute could be continued. Increasing the ease and viability of such journeys through the provision of attractive pedestrian and cycle routes, as well as providing cycle storage

facilities at transport hubs, may act to reduce the current usage rates of private vehicles.

Summary of Physical Activity Issues in Basildon Borough

- The degree to which physical activity is affected by the built environment rather than being determined by social, economic and cultural factors is contested but there is much evidence which suggests that the design of the built environment has a significant impact on physical health. The location, density and mix of land uses can have far-reaching effects with regard to how individuals live their lives, including their ability to not only access public services, employment, local fresh food and open green spaces, which are all imperative for healthy lifestyles, but how they can access these.
- There has been a real terms decrease in the open space typologies of 'amenity green space' and 'outdoor sports facilities' between 2010 and 2015 although as a proportion of original stock this is small. However, the amount of open space available per head of population has reduced across all typologies. Due to the growing population, there has been a percentage reduction of between 5.73% (natural and semi-natural open space) and 10.53% (amenity green space) across the typologies between 2010 and 2015.
- In terms of access to a form of natural green space, the Borough is generally well covered and there is not a strong relationship between deprivation and access to open space across the Borough.
- Over half of the total open space within the borough is categorised as being 'reasonable', with a further 23.97% being categorised as 'good'. With less than 20% of the borough's open space being categorised as 'poor' or 'very poor', whilst there are evidently improvements that can be made, the quality of open space available is not assessed as being a significant barrier to unlocking the health and wellbeing potential that these spaces can offer.
- A relatively large proportion of the population of the borough can access a swimming pool or indoor sports facility within 20 minutes walking time. When access by car is also considered, it can be said that the majority of those living in the three main population centres of Billericay, Basildon and Wickford can access these facilities within 20 minutes' drive.
- Across the borough, 71% of respondents to surveys carried out in 2010 and 2011 never accessed sports facilities. Overall accessibility to facilities was not cited as a significant reason for this and very few residents had an issue with the lack of quality of facilities.
- The main reason given for non-attendance across all three of the main population centres in the borough was that of lacking time or being too lazy.
- At 8.3%, the proportion of Basildon residents who walk to work is the sixth highest in the county and equal to the Essex average. In terms of cycling, the Basildon proportion of 1.7% of residents using this method of travel to

get to work is again the sixth highest in the county but below the Essex average of 2.1%.

- There is however a high level of variance in the proportion of people who walk or cycle to work at the ward level in Basildon, with some areas reporting over 20% of residents actively travelling and others less than 3%.
- When the proportion of those who walk and cycle to work are combined in the Basildon urban area and compared to other similar urban areas across Essex, the urban area of Basildon reports the lowest incidence compared to the urban areas of Braintree, Colchester, Chelmsford and Harlow.
- The proportion of people who both live and work in the Basildon urban area is lower than the other comparative urban areas. This suggests that urban Basildon residents are, on the whole, travelling further to access work than their counterparts in comparative urban areas. Longer distances act to reduce the viability of active travel methods both by the time it would take to commute and the potential absence of viable infrastructure routes for these modes of travel.
- This lower instance of employment self-containment may result from an imbalance between the skills of Basildon urban area residents and those required by local employers which suggests that this is not an issue which could be addressed through a transport solution.

Recommendations for Plan Making

5.89 The conclusion to be drawn from the above is that in order to increase physical activity amongst the population of Basildon Borough in a holistic sense, the focus should be on ensuring that new developments and regeneration projects incorporate elements of active design where practicable, rather than focus in the first instance on the provision of more formal facilities that promote physical activity. As part of this, planning policy should focus on halting or reversing the decline in those open space typologies that offer the most opportunity for physical activity, particularly within the ‘amenity green spaces’ category in close proximity to residential areas. It is important to note however that this isn’t to say that built facilities do not have a role to play in promoting physical and mental health and well-being. Indeed, these facilities have an important role to play in promoting the physical and mental wellbeing of harder to reach social groups, as discussed later in this report, and further facilities will be required to support the planned growth over the period covered by the emerging Local Plan.

5.90 It is also important that the emerging Basildon Local Plan supports new developments which are planned with Active Design concepts early within their design stages. For example, Master Plans should show how new infrastructure networks providing the means to actively travel will connect to existing active travel networks to ensure that the journey between two locations is both viable in the first instance and also easy to undertake.

5.91 Making provision for active travel may also include the need to design in separate routes entirely for these modes of transport or consider how priority could be given to pedestrians and cyclists as part of shared routes. Any barriers to pedestrian and cycle movement, such as busy routes or intersections, a lack of dropped kerbs or excessive street clutter should be avoided when designing active travel routes to best accommodate, prioritise and encourage walking and cycling. The layout of routes should also take account of topography and lighting, to ensure that it is suitable for all users. In some cases, this can result in a less direct, but flatter route being created. Again, success is more likely to be realised when active travel infrastructure is planned at an early stage of the design process.

5.92 Integrating walking and cycling as part of the daily routine can then inspire active travel as a recreational pursuit, and perhaps encourage participation in sporting endeavours. Such provision can be made as part of the same routes as those facilitating a daily routine through using appropriate signage to create named routes or routes of a particular distance, including looped routes. As such the emerging Plan should support the creation of legible routes with appropriate signage.

5.93 It is important that the emerging Basildon Local Plan supports active travel as it is not just health benefits that can be realised through appropriate provision of active travel infrastructure. Studies have found that the financial savings realised by reducing the burden on healthcare services as a result of improving active travel infrastructure significantly outweighed the costs of providing that infrastructure, by 60:1 for walking and 168:1 for cycling.

5.94 It has also been estimated that excess delays, accidents, poor air quality, physical inactivity, greenhouse gas emissions and some of the impacts of noise resulting from motorised road transport costs English urban areas £38-49 billion a year (*Working together to Promote Active Travel, Public Health England, 2016*). Further evidence from the same report suggests that switching to active travel for short motor vehicle trips could save £17bn in NHS costs over a 20-year period, with benefits being accrued within 2 years for some conditions.

5.95 As such, the provision of walking and cycle routes translates directly into benefits of both a health and fiscal nature and the provision of such routes should be strongly considered as part of larger developments. Of particular relevance, the Essex Cycling Strategy (Essex County Council / Ringway Jacobs, 2016) sets out a strategy to create a significant and sustained increase in cycling in Essex.

6 Future Proofing Basildon Borough – creating an environment where we can age well

Introduction

6.1 Across the country, local authorities are facing a challenge to accommodate the needs of an increasingly ageing population as financial resources become ever scarcer. This is a major challenge for health and care systems typically geared to treating short-term sickness, not preventing and managing long-term mental and physical conditions in later life. As individuals grow older, key moments such as retirement or bereavement can be a catalyst to decline (*Healthy Lives, Healthy People – Our Strategy for Public Health in England, HM Government, 2010*). The challenge for the planning system with regard to this ageing population is to create environments that promote health and independence through accessibility. Positive health and wellbeing benefits can be accrued through this independence, which then result in a reduction of the pressures exerted on the NHS and social care provision.

6.2 As previously, this chapter will set out those measures that the planning system can take to better support the health priority in question, which in this case is that of accommodating an ageing population. Statistics relevant to Basildon Borough will then be presented such that the scope of the issue can be quantified. Finally, Appendix A of this report then assesses how the emerging Basildon Local Plan aims to facilitate the delivery of environments that are conducive to the promotion of health and wellbeing within an ageing population.

An Ageing Population – The Current Picture in the UK

6.3 The *'Overview of the UK Population'* report issued by the Office for National Statistics in March 2017 notes that the percentage of the UK population that is 65 years or older is growing. It increased between 1975 and 2015, from 14.1% of the population to 17.8% and is projected to continue to grow to nearly a quarter of the population by 2045. There has also been an increase in life expectancy within the UK; males have seen an increase in life expectancy from 73.4 years in 1991 to 79.1 years in 2015 whereas females have seen an increase from 78.8 years to 82.8 years. This is an important consideration for the provision of health and social care services.

6.4 It is stated within '*Planning for an ageing population, 2004* (RTPI) that demographic projections indicate that the proportion of population under 16 will fall to below 17% by 2041 and the proportion of population aged over 75 will increase to over 14% by the same date. More recently, the Office for National Statistics (2017) state that the proportion of the UK population who could be described as "traditional working age" (16 to 64 years old) has remained relatively stable over the last 40 years but is projected to decline in future years as a result of the growth of the ageing

population. This increase means that there will be fewer people of working age to support a larger population over State Pension age.

6.5 This increase also represents an increase in the proportion of the population whose residential location will no longer be primarily influenced by employment location, or indeed influenced by this measure at all. For this growing cohort, residential location may be influenced more by the cost of living and quality of life measures than by any workplace concerns.

Planning for an Increase in the Ageing Population

6.6 There has been great debate with regard to the degree to which the planning system should seek a specialised response to the issues raised by an ageing population in terms of planning's role as the determinant of land use. Proposed measures to benefit only older people have been classified by some as being socially exclusive. Such thinking is borne out of the fact that people are living generally longer disability free lives, and that this could increase with future gains in medical science.

6.7 It is held that it is easy to inappropriately generalise the needs of the elderly population. As elderly cohorts approach a third of the total population, these groups will become increasingly diverse in their characteristics, aspirations and attitudes. The argument here is that planning should focus on making environments as inclusive as possible to people regardless of age and ability, rather than seek to make specific interventions based around an assumption of the health outcomes of an ageing future population.

6.8 Many planning measures which are considered to be 'sustainable' are likely to be relevant to an ageing population and realise positive impacts when implemented appropriately. Many of those design elements considered in the previous chapter, such as ensuring closely integrated mixed land uses and the development of environments that promote walking, will almost always lead to environments that promote activity and wellbeing in an ageing population. This theme is picked up within the checklists presented in Appendix A which do not seek to make recommendations on the basis of a particular health priority but instead address measures in a more holistic fashion.

6.9 When designing new environments, consideration still needs to be given to the various demographic groups that will use that environment to ensure that all potential needs are met. This includes both infrastructure links within the new environment and those connecting outside, but also the range of facilities which are provided within the new environment and whether these offer services which can be accessed by older people, both specifically and otherwise.

6.10 However, whilst the sentiment of that stated above is not disagreed with, there is

likely to be a significant number of elderly people whose health and physical/mental infirmity will require highly specialised responses. Within their '*Planning for an ageing population*' (2014) report, the RTPI state that there will be a generally more healthy and active lifestyle seen in people aged 60-80 but increasing numbers of frailer elderly people aged over 80. Environments therefore have to be designed in such a manner as to accommodate the ability and needs of an increasing number of frail residents.

The Demographic Implications of an Ageing Population

6.11 The impact of an ageing population in terms of demography has implications for planning, in terms of population, age structure and household formation rates / demand.

6.12 As previously stated, as the proportion of older people in society increases, there will be an increase in the population whose residential location will no longer be constrained by employment location and whose outlook on life may instead be influenced more by cost of living and quality of life than by workplace issues. The elderly are already heavily concentrated in coastal districts / boroughs, particularly in the South of England and there is some evidence of a proportion of the retired population spending large parts, if not all, of the year in warmer climates overseas (*Planning for an Ageing Population, RTPI, 2004*).

6.13 The above RTPI report also states that improved life expectancies have resulted in a smaller proportion of the elderly being widowed. Consequently, an increasingly higher proportion of the elderly is projected to remain married and living in couples than was able to do so in the past. Whilst this may act to reduce the requirement for state administered care in some instances if married couples are able to manage their care needs in their home, it may also increase the need for larger care-led housing to allow couples to remain living together. However, the elderly are relatively immobile in terms of moving house and the longer the elderly can remain in couples, the more likely it is that they will be financially able and socially motivated to stay in the "family home", should they so desire it.

6.14 Irrespective of the forecasted trend for there to be more elderly married couples as a proportion, the growth in the size of the elderly population means that more elderly are projected to be living in one person households. It is this cohort which is particularly susceptible to relocation to communal establishments when support (health or otherwise) is needed.

6.15 The predicted changes in the demographic profile will have land use planning impacts beyond catering for the needs of an increasing proportion of older people. As older cohorts increase, the proportion of some age groups will contract as a proportion of the total population. This results in a proportional reduction in demand for certain land uses and facilities. Consideration will need to be given to the use of

land that may have previously been developed to serve demographic groups that are now contracting to meet the needs and demands of those groups which are expanding.

6.16 It should also be considered how facilities and other land uses could adapt to accommodate a variety of ages where previously that land may have provided a function for a very narrow age band. For example, schools, universities, sports and recreation facilities, health and community facilities originally planned and designed to serve children or young adults may experience under usage by those age groups as the groups reduce in size as a proportion of the total population. Consideration should also be given to whether facilities or environments could facilitate uses by different age groups at different times of the day. Planning conditions relating to access and security may allow for the use of facilities by a greater range of the population than otherwise.

6.17 Planning obligations are commonly focussed towards making provision for school places or play facilities in connection with large residential schemes. Such an approach may need to be reconsidered based on the projected demographics for the planning area. It may be more appropriate to request a developer to provide training facilities for more mature people rather than younger people in an area where there are more middle-aged than younger people forecasted to be unemployed. Other obligations could be the provision of day care centres for elderly or otherwise more vulnerable groups rather than school places, and leisure facilities that cater for a more mature age group than children's playgrounds.

6.18 In this sense, planning policies should be developed that respect projected demographics but also promote the concept of the 'lifetime neighbourhood', where development provision, including housing and community facilities are capable of supporting all stages in the life cycle. In terms of more rural communities, emphasis should in particular be placed on accessibility through appropriate public transport provision and inclusively designed pedestrian routes, whilst development should include local convenience stores and other important amenities such as those which foster the notion of a community. The population of rural England is ageing faster than that of urban areas and poor access to services is a key cause of socio-economic exclusion which has strong negative impacts on mental health and wellbeing of some of the older population. It has been observed (*Department for Transport / Department for Health's Active Travel Strategy, 2013*) that a '*lack of access to transport is experienced disproportionately by women, children, disabled people, people from minority ethnic groups, older people and people with low socio-economic status, especially those living in remote rural areas'*.

6.19 Whilst this report accepts the principle that the goal of planning policy is to deliver an inclusive environment able to support people across the full life cycle, it is held that part of this delivery is to understand what this environment would need to design-in such that the potential needs of an elderly person are accommodated,

irrespective of whether any of those needs are unique to older people cohorts.

6.20 As previously stated, many of the measures highlighted above relating to the promotion of physical activity have positive impacts on the physical and mental health of older people. The provision of well-designed pedestrian networks linking mixed land uses and green space better facilitates the mobility of older people than an environment which is reliant on the use of a private vehicle. Indeed, the existence of good pedestrian networks and accessible local facilities has been considered a good predictor of physical activity amongst older people through research quoted by Barton (*Land use planning and health and well-being, Barton, Land Use Policy 265, 2009*)

6.21 In order to avoid repetition, the next few sections of this report will identify issues other than facilitating active, inclusive, sustainable travel, which are linked to the needs of older people, and which the planning system can positively influence.

Providing Suitable Housing for Older People

6.22 The delivery of appropriate housing is typically the most prominent issue when the needs of an increasingly older population are considered in light of the planning system. The NPPG states that '*The need to provide housing for older people is critical given the projected increase in the number of households aged 65 and over accounts for over half of the new households…Plan makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish'* (Reference ID: 2a-021-20160401).

6.23 *Planning Healthier Places* (TCPA / Public Health England, 2013) states that '*Planning has a responsibility to locate specialist housing where older people want to live'*. It further states that building the right accommodation in the right places can reduce long-term health costs and that Public Health has a role in providing evidence to inform site selection, and should be involved in pre-application meetings to maximise health benefits. *Laying the Foundations: A Housing Strategy for England* (DCLG, 2011) highlights that good quality accessible housing for older people can enable independence, promote good health and prevent costs to the NHS and social care. It outlines a commitment to encourage the provision of a range of housing types across all tenures to provide diversity and choice that will meet long-term needs.

6.24 An increase in the number, quality and accessibility of older people's housing will enable older people to maintain their independence for longer. Such housing is expected to achieve improved levels of independence and quality of life whilst allowing older people to remain in contact with existing social circles (Homes for our old age – independent living by design, CABE, 2009). Such an increase will

also promote increased mobility in the housing market, where downsizing into more appropriate accommodation frees up under-occupied family sized dwellings. More appropriately designed housing will also result in reductions in residential care and a reduction in the cost of adapting inaccessible and under-occupied accommodation. *Healthy Lives, Healthy People* (HM Government, 2010) notes that around 76,000 hip fractures occur in the UK each year, costing the NHS £1.4 billion, and numbers may double by 2050. Many such injuries are considered preventable if housing was appropriately designed.

6.25 However, detailed considerations with regard to the design of housing appropriate for older people is considered outside of the scope of this report as this report is concerned with the interaction between land use and health rather than housing design, which is subject to Building Regulations and outside of the immediate land use planning system. However, appropriate design has important health and wellbeing ramifications and as such warrants a degree of inclusion.

6.26 The RTPI (*Dementia in Town Planning, 2017*) state that 95% of the national housing stock is not fully accessible and that there are considerable challenges involved in retrofitting existing stock to allow people to live independently as they age. Good design inside the home is of extreme importance, irrespective of whether the primary use is a family home or one with a care packaged attached specifically or delivered. Often small changes can be enough to help vulnerable groups be more independent by providing an environment that is clearly defined, easy to navigate and feels safe.

6.27 Again, the internal layout of buildings is beyond the scope of the role of planners, but the key principles are worth highlighting for completeness. The following principles have been taken from *Dementia in Town Planning* (RTPI, 2017) and apply to both an ageing population and mental health, which is the focus for the next chapter of this report. These features of good design reflect the Housing our Ageing Population Panel for Innovation (HAPPI) principles, also shown below, which are based on ten key design criteria. Many are recognisable from good design generally, but again they have particular relevance to older persons' housing which needs to be able to adapt over time to meet changing needs. Through policy, Basildon Borough Council could request that a statement accompanies relevant planning applications setting out how each of the HAPPI or RTPI design principles has been considered by the applicant.

Table 15: Design Principles to facilitate home living in older people and those with mental health issues

Dementia in Town Planning (RTPI, 2017)	HAPPI Design Principles
Safe environment – avoid trip hazards, provide handrails and good lighting.	New retirement homes should have generous internal space standards, with the potential for three habitable rooms and designed to accommodate flexible layouts.
Visual clues – clear signage, sightlines and routes around the building; Clearly defined rooms – so the activities that take place there can be easily understood.	Care is taken in the design of homes and shared spaces with the placement, size, detail of windows ensuring plenty of natural light, and to allow daylight into circulation spaces.
Interior design – avoid reflective surfaces and confusing patterns. Use age and culturally appropriate designs.	Building layouts maximise natural light and ventilation by avoiding internal corridors and single-aspect flats and apartments have balconies, patios or terraces with enough spaces for tables and chairs as well as plants.
Noise – reduce noise through location of activities and soundproofing. Provide quiet areas as people with dementia can be hyper-sensitive to noise.	In the implementation of measures to ensure adaptability, homes are designed to be 'care ready' so that new and emerging technologies such as telecare and community equipment can be readily installed.
Natural light or stronger artificial light – many people with dementia have visual impairment or problems interpreting what they see.	Building layouts promote circulation areas as shared spaces that offer connections to the wider context, encouraging interaction, supporting independence and avoiding an 'institutional feel', including the imaginative use of shared balcony access to front doors and thresholds, promoting natural surveillance and providing for 'defensible space'.
Outside space – access to safe outside space, with good views from inside the building as daily exposure to daylight improves health.	In all but the smallest developments (or those very close to existing community facilities), multi-purpose space is available for residents to meet, with facilities designed to support an appropriate range of activities – perhaps serving the wider community as a community hub, as well as guest rooms for visiting friends and families.
	In giving thought to the public realm, design measures ensure that homes

Dementia in Town Planning (RTPI, 2017)	HAPPI Design Principles
	engage positively with the street and that the natural environment is nurtured through new trees and hedges, the preservation of mature planting, and providing wildlife habitats as well as colour, shade and shelter.
	Homes are energy efficient and well insulated, but also well ventilated and able to avoid overheating, by, for example, passive solar design, the use of native deciduous planting supplemented by external blinds or shutters, easily operated awnings over balconies, green roofs and cooling chimneys.
	Adequate storage is available outside the home together with provision for cycles and mobility aids, and that storage inside the home meets the needs of the occupier.
	Shared external surfaces, such as 'home zones' that give priority to pedestrians rather than cars, and which are proving successful in other countries, become more common, with due regard to the kinds of navigation difficulties that some visually impaired people may experience in such environments.

Source: Dementia in Town Planning (RTPI, 2017) and Housing our Ageing Population Panel for Innovation (HAPPI)

6.28 Climatic impacts are also of importance in the design of older people housing. *Health, Wellbeing, and the Older People Housing Agenda* (Housing Learning & Improvement Network, 2012) notes that older people living in cold, damp, poorly designed homes with low air quality are more at risk from arthritis and rheumatism, as well as social isolation and mental health problems. A particular problem for Public Health departments in relation to older people, and which is currently becoming more common in both urban and rural areas as energy costs rise, is fuel poverty. Houses which are poorly insulated, draughty, and with inadequate or expensive heating systems, are frequently occupied by those least able to cope with these conditions. The result is 'spatial shrink', where people live in their one heated room, vulnerability to illness, and hypothermia (*Land use planning and health and well-being, Barton, Land Use Policy 265, 2009*). Between 2013 - 2014 there were 96 excess winter deaths in Basildon, amounting to 20.8% additional deaths which is nearly twice the national average of 11.6% (*Basildon JSNA, 2016*).

6.29 Overheating is however also a risk, which could be a combined result of many factors including air-tight construction and increased glazing areas with inadequate ventilation. Older people are at an increased risk of heat related illness, especially if their health is already deteriorating, and older people will often be at home for most of the day and therefore exposed to peak day temperatures within their home. To avoid overheating, buildings should be tested by an appropriate consultant at the design stage, and the results included as part of a planning application. Further, as older people tend to spend long periods of time at home in the absence of fresh air; this may lead to higher risks from poor air quality. Building design, including the location of windows, ventilation intakes and exhausts in relation to external sources of air pollution should be carefully planned and closely aligned with the ventilation, lighting and overheating strategies proposed for the building. Individual dwellings aimed at those requiring care should be located towards the quieter areas of a development site, with clear focal points such as trees, bird tables or views of street life. Dwellings and principal communal spaces should be orientated to ensure sunlight for part of the day to create a balance of natural and artificial light. Ensuring green amenities are orientated to make best use of the sun will encourage residents to venture out and use outside spaces.

6.30 Whilst any further examination of design aspects are considered to be outside of the scope of this paper, it is important to articulate how an ageing population will likely impact on the type and location of housing that will be required to support their needs.

How an Ageing Population May Impact on Housing Needs

6.31 The RTPI (*Planning for an ageing population, 2014*) consider that there will be an increase in demand for homes that can support variable levels of assisted living as well as bungalows and various forms of sheltered housing schemes. This proportional increase in demand will see a relative fall in demand for smaller starter homes and accommodation types which are inherently more problematic to access such as apartments on multiple storeys.

6.32 More speculatively, demand for housing may move from commuter belt and inner city locations to destinations with more leisure characteristics such as coastal areas and historic towns. Whilst good planning practice is to create inclusive, non-segregated communities, older people without dependants may look to live in neighbourhoods that provide them with specific lifestyle, social networks, support and facility provision. This could lead to niche developments and a neighbourhood targeted towards the older resident in the way that most of the successful city centre living is currently targeted to the relatively affluent younger generations. There may also be a growth in demand for forms of co-housing where people can share facilities, as well as homes with lower maintenance requirements, such as smaller or no private gardens, but delivered in locations with plenty of accessible communal green space.

6.33 Another important consideration is the potential change in the financial status of older people in the future. National modelling carried out by the Joseph Rowntree Foundation (*Where next for pensioner living standards, 2015*) states that the standard of living for older people is likely to rise in the near future due to more people in older age groups continuing well paid work, benefitting from better pensions and having the ability to sell family homes in a buoyant housing market. However this is expected to change, with those born after 1960 being less well-off due to weak economic / income growth, higher lifetime spending, lower levels of home ownership and less generous pensions. Whilst inheritance may offset some of these impending issues for those born after 1960, there are additional issues with regard to reductions in social care budgets, which could result in rising unmet needs alongside uncertainty around the affordability of state pensions.

Delivering Older People Communities

6.34 In terms of delivering older people specific communities, the *Essex County Council* (ECC) *Independent Living Programme Position Statement* (2016) states that Independent Living (defined in the 2015 Position Statement as '*attractive, self-contained housing that is designed to enable people to retain their independence in their own home for as long as possible*') should be available to people aged 55+ who have a connection to the area local to the development. Depending on the scale, location, and stated purpose of individual Independent Living communities, further eligibility requirements based on care and support needs that are necessary to make the required 24/7 emergency care and support service affordable and viable could be defined. Independent Living can work for people with a care and support need, including people with dementia. A provision of 24/7 care and support is based on the site. This is to ensure that emergencies and any planned care required outside of normal working hours can be delivered. There are different approaches to delivery of this service depending on the scale, location and stated purpose of discrete Independent Living communities. Other features could be the provision of communal space for social activities, a dining room and meal service, amenities such as hair dresser, fitness suite, GP or other health services, shops and social care services.

6.35 The ECC statement further suggests that Independent Living communities should offer a range of tenures in order to appeal to the high number of older owner occupiers in Essex and meet the needs of those who need or prefer to rent. Tenure mix will be dependent on development viability, local planning requirements and other issues such as whether the scheme has received any grant funding from ECC. The size and location of Independent Living communities will be determined by site availability and local demand. It is suggested that communities should be no smaller than 60 units for reasons of affordability and ability to create and support an active community. Within the 2015 Position Statement, site requirements are also set out, including the need for lifts if development is above

one storey, for the site to be in close proximity to public transport and in a large town or village for good amenity access as well as having dedicated parking and open space provision. The need for staff accommodation is also promoted.

6.36 The Independent Living programme is being progressed in part because it is recognised that the growth of the older cohorts will make the current delivery model of care financially untenable. ECC's long term objective is to move from a model of approximately 60% residential care and 40% domiciliary care, to 45% domiciliary care, 50% independent living and 5% residential care. It is noted that the absolute size of the residential care market is not expected to contract significantly, but to stabilise with the proportional shift away from residential care offset by the significant growth in the older persons cohort.

6.37 ECC is taking an active role in scoping the market for independent living housing and promoting an increase in the supply of independent living units. In 2015 ECC endorsed capital investment of around £27 million to facilitate the delivery of around 2,730 units of independent living across Essex over a 5-7 year period. As stated in the *Joint Essex Health and Wellbeing Strategy, 2012*, the population in Essex aged over 75 years is expected to increase significantly over the next 20 years and if the need for supported housing units follows this trend it is estimated there will be a potential deficit of over 22,000 units by 2030.

6.38 With respect to the provision of mixed tenure developments, *Mixed Tenure in Extra Care Housing Technical Brief* (Housing Learning & Improvement Network, 2014) sets out three different approaches to the design of mixed tenure developments:

- Integrated - Mixed tenure options are dispersed throughout the development with no obvious indication as to the difference in tenures.
- Segregated - Different tenures are physically separated
- Hybrid - The same site includes elements of both of the above

6.39 Mixed tenures promote inclusivity which is an overriding goal of the planning system but it is further noted that mixed tenure extra care housing, with shared communal facilities and care, requires careful consideration of legal/financial issues, management and marketing.

6.40 Please note that assessments into the appropriate level of housing to be delivered in the Plan Area are being taken forward by the South Essex Strategic Planning Group (Basildon Borough Council, Castle Point Borough Council, Rochford District Council, Southend-on-Sea Borough Council and Thurrock Borough Council, alongside Essex County Council). Section 8 of the South Essex Strategic Housing Market Assessment 2016, as updated by the Addendum 2017, assesses the need for different types of housing, including those needs specific to older people. As such, information relative to numerical need in Basildon Borough is not provided as part of this report as it is still emerging. This report does however highlight the

importance of providing homes capable of accommodating the needs that may be associated with an older population in addition to strategic level planning issues that will need to be considered when delivering viable housing schemes in the right location.

6.41 In terms of specific impacts to land use planning, the changes in housing needs and requirements will change the nature of the type of housing that is in demand and thus what might be an appropriate typology to deliver at specific land allocations. Small inner city brownfield sites that may traditionally have been developed into high density mainstream housing to support the young affluent resident, may be more suitable for high density sheltered accommodation due to the central location meaning that a range of shops and services are more easily accessible. The location of housing where care is provided also has implications for the resident's family and carers. Edge of town development, badly served by public transport can cause issues for staff who are often low paid and work unsociable hours, as well as visitor access in terms of having to use a car and there being sufficient space to park.

6.42 Due to the length of time that older people spend in their accommodation, other suitable sites include those which overlook outdoor spaces to provide a stimulating view for residents, but again, these types of sites can attract a premium when developed as new apartments to cater for more affluent cohorts.

Potential Changes under the General Permitted Development Order, CIL, s106 and Policy Requirements related to Older People Housing

6.43 How the provision of different types of housing is treated with regard to their status under The Town and Country Planning (General Permitted Development) (England) Order 2015 can also have relevance in terms of the viability of its provision. Planning applications for extra care housing may fall into either Use Class C2 which covers "residential institutions" or Class C3 which are "dwelling houses". If extra care housing is considered as Use Class C3, the developer may be required to include an amount of affordable housing in the scheme. This in turn could have consequences for financial viability. Changing the use class from C3 to C2 is an option pursued by a number of local authorities as it has perceived as essential to promote the growth and expansion of extra care housing. Applications for C3 use also have to be tested against the housing development plans and policies for the area, in particular the location of new housing development. If classed as C3 use, extra care housing schemes must meet the location requirements for general housing. However, C2 applications may be regarded more flexibly and may be able to be approved outside of established settlement boundaries. Under Use Class C2, the local authority will however lose the financial contribution which comes to the local authority through planning consent for dwelling houses, which may also take the form of providing other facilities required by the authority (*Planning Use Classes and Extra Care Housing, Housing Learning & Improvement Network*, 2011)

6.44 It is further noted within *HAPPI3 – Making Retirement Living a Positive Choice* (The All Party Parliamentary Group on Housing and Care for Older People, 2016) that the current planning system and recent government initiatives incentivise housebuilders to focus on the delivery of high density housing which is unsuitable for various subsets of society and that there should be an element of de-regulation to ensure a planning environment that proactively encourages and assists the delivery of a greater range of well-located, well-designed and well-managed retirement housing models, across all tenures. It is stated that '*the current planning system has disincentives to providing accessible homes as currently it doesn't make financial sense for housebuilders to build larger, more accessible homes with some communal space because they can make a greater profit getting more homes, with a smaller floor plan, onto the same site'*. Reflecting the issues raised by the Housing Learning & Improvement Network, the HAPPI3 paper notes that retirement housing falls into the same planning class as general use housing, despite the wider social benefits it brings. This results in retirement housing developers facing the same Section 106 charges to fund affordable housing as developers of general housing. It is however recognised that modifying use classes may limit the ability to achieve affordable tenures which may then act to limit accessibility to housing for other sub-sections of the community. Additionally it was reported that retirement housing developers have to pay the same per-square metre rate of Community Infrastructure Levy (CIL) as developers of general use housing, despite the fact that retirement housing tends to have common amenities or communal spaces on site that cannot be sold.

6.45 In the long-term, it may be appropriate to quantify existing housing stock and consider whether there is appropriate provision of the type of housing required to support a gradational shift in the age of the population, and whether it is in the correct location. Current development management standards such as car park provision may need to be reviewed to ensure that they are still relevant to the housing requirements of an ageing population. As previously mentioned, traditional planning obligations should also be reviewed to ensure that they result in gains appropriate to what might be a changing community demographic. Planning departments may also be required to be more sympathetic to the cost implications of developing housing schemes with major communal elements and associated management support in terms of the other obligations that might be negotiated or imposed via s106 and CIL agreements.

6.46 Finally in terms of housing issues specific to an ageing population, Central Government has introduced two new access standards into the Building Regulations as 'Optional Requirements' which broadly reflect the out-going Lifetime Home Standard (which sought to deliver accessible and adaptable housing across the life cycle) and, for the first time, a national wheelchair housing standard. These access standards are available for local authorities to require through their local planning policies and it would be appropriate that these options are considered by

Basildon Borough Council as part of the emerging Local Plan.

6.47 The Town and Country Planning Association (TCPA) (Planning Healthier Places, 2013) also make a valid point regarding viability which has far reaching consequences for promoting health and wellbeing across the whole community and not just older people. The TCPA state that it is established that people's health and wellbeing are influenced by their access to, and the affordability and quality of, housing but they also acknowledge that there are wider issues around the impact on development viability. As such they state that there is a case for public health professionals and planners to demonstrate a local need for the benefits of provision – or the costs of non-provision – of affordable housing.

6.48 They further state that design and access statements continue to play an important role in getting developers to think proactively about design early in the development process, but that they may need to be explicitly required in local plan policy to give them weight in decision-making. They further state that public health colleagues use these statements as the basis for evaluating the health and wellbeing impact of a proposed development.

6.49 Whilst the need for these statements may be required to be prescribed in policy, less prescription in what is required within a design and access statement can mean more opportunity for public health to engage with policy and development management planners on the contents of these statements. This allows health issues specific to the area to be considered through design – although there remains a need to evaluate the potential health impact of the proposal itself through health impact assessment or another method.

The Implications for Leisure and Retail Provision of an Ageing Population

6.50 *Planning for an ageing population* (RTPI, 2014) concludes that a major shift in leisure and retail as a result of an ageing population cannot currently be forecasted as 'tomorrow's third agers' will be a different kind of consumer than today's older people. Common sense dictates that an increasingly elderly population will require more local, walkable shopping and leisure provision and it is considered that there may be a rise in more local convenience stores over the provision of much larger stores serving larger catchment areas. However this might be tempered in part by what will by then be a familiarity amongst the elderly with internet shopping.

6.51 The main focus for changes in provision may be within the centres of cities, towns and villages. The future viability of these centres may be enhanced by offering a package of measures to ensure their inclusiveness. Such measures could include convenient parking, public transport links, attractive seating areas, public conveniences and security. These all however have expenditure implications for local authorities and will require commitments to effective local centre management, but all will act to combat the very real issue of isolation amongst the elderly

community which can have strong impacts on a person's sense of wellbeing.

Combating Isolation through Accessibility and Progressive Privacy

6.52 Many people have social networks which are numerous, varied and geographically widespread, with a basis in a range of shared interests, some of which can be virtual. However, the social networks of vulnerable groups, such as the elderly or disabled, are often very local. For them the local social networks in their own neighbourhood are particularly critical, in a time when families are increasingly living ever more spread out lives. *Healthy Lives, Healthy People* (HM Government, 2010) states that 1 in 4 older people have symptoms of depression requiring professional intervention. Better treatment for this group could improve their health outcomes considerably. Estimates suggest that around 1 in 10 older people experience chronic loneliness, which is closely associated with depression. Those people living in deprived areas are found to experience much higher rates of loneliness. Loneliness is far from an 'older-person-only' problem however, with a survey carried out by the Mental Health Foundation stating that only 22% of people have never felt lonely and 48% people suggested that people are getting lonelier in general (The Lonely Society?, 2010).

6.53 Older men are considered to be those having amongst the highest risk of social isolation due to the growing number who live alone and their tendency to have less contact with family and friends (*Isolation: The emerging crisis for older men, International Longevity Centre – UK, October 2014*). This increases the chances of feelings of loneliness which can have subsequent negative impacts on physical and mental health, which can then impact on health and social care services. This creates a vicious circle, with rising mental health problems then reducing opportunities or desire for social interaction. Loneliness in general has been found to increase with age and with the deterioration of an individual's health as this reduces chances to leave the home, and how far that individual can travel outside of the home. The chances of experiencing loneliness and a resultant potential decline in physical and mental health can increase in those older people on low incomes, living alone, living in rural areas, and those without a car.

6.54 The immediate local environment can therefore be a fundamental factor contributing to the quality of life of older people, it can either be enabling or disabling, and therefore promote or reduce loneliness and isolation. *Walkability Assessment for Healthy Ageing* was a pilot study conducted in 2014 as part of Belfast's successful application to become a World Health Organization age-friendly city. It developed an assessment tool to gauge how accessible the built environment is for older people. Through short walks around neighbourhoods followed by questionnaires and interviews, it was possible for those conducting the assessment to appreciate the navigability of the environments within which older people live.

6.55 The results for just one neighbourhood noted a large number of issues that could be a barrier to those with limited mobility. Those features recorded included a lack of dropped kerbs, uneven pavements, raised man holes, cars parked on pavements leaving it too narrow to pass in places, further obstructions on pavements include lamp posts positioned at differing points along route, tree roots sticking up through tarmac, pot holes and a bus shelter in the middle of the footpath. A lack of seating and railings along a route contributed to older walkers feeling less safe and they were forced to use potentially unsafe fences of private properties for support or resting spots. Further issues raised were a lack of safe crossings, not enough time to cross at pedestrian light and heavy traffic on the main road. Poor lighting led to a fear among participants to go out in the dark whilst the route was not commonly used by the wider community, increased fear for personal safety. Leaves on the pavement and dog fouling further increased concern about falls. Consideration will need to be given at the design stage of any new development or regeneration proposal to minimise those issues described above.

6.56 A sense of community can also be fostered as part of the provision of older people appropriate housing. As previously mentioned, mixed tenures promote inclusivity and residential developments aimed primarily at older residents can encourage links with the wider community, which may even act to improve the financial viability of these developments. Whilst different tenure types will offer a variance in the ability to attract the wider community, such as there being a greater opportunity within extra care housing rather than retirement housing due to the availability of shared communal facilities, progressive privacy policies can be introduced to open up facilities to the wider community.

6.57 The term ‘progressive privacy’ describes the policy of zoning a housing scheme according to the degree of access allowed to those other than residents. For example, some areas will only be accessible to residents and invited guests, the semi-private zone comprises those circulation areas and communal spaces (assisted bathroom, residents-only lounge, etc.) that only residents and their invited guests may use, whilst another zone can comprise any circulation areas and communal spaces (restaurant, activity space, and convenience shop, for example) to which the public have access at certain times.

6.58 Whilst requiring careful management, enabling a development ostensibly for older people to become a community hub affords both a service to the residents while also ensuring a regular point of contact between those residents and members of the local population.

The Current and Future Demographic in Basildon Borough

6.59 An important role of the emerging Basildon Local Plan is to understand not only the future demographic makeup of the area, whether and to what degree this represents a change in the current demographic and how the needs of the

community might subsequently evolve, but also to ensure that the impact of overall growth and its spatial distribution does not unduly prejudice the needs of the more vulnerable older members of the population.

6.60 The following tables and figures assess the current demographic of Basildon Borough, how this compares to the county and national average, and how this is forecasted to change.

Table 16: Proportion of the population aged over 65 years of age in Basildon Borough, 2015

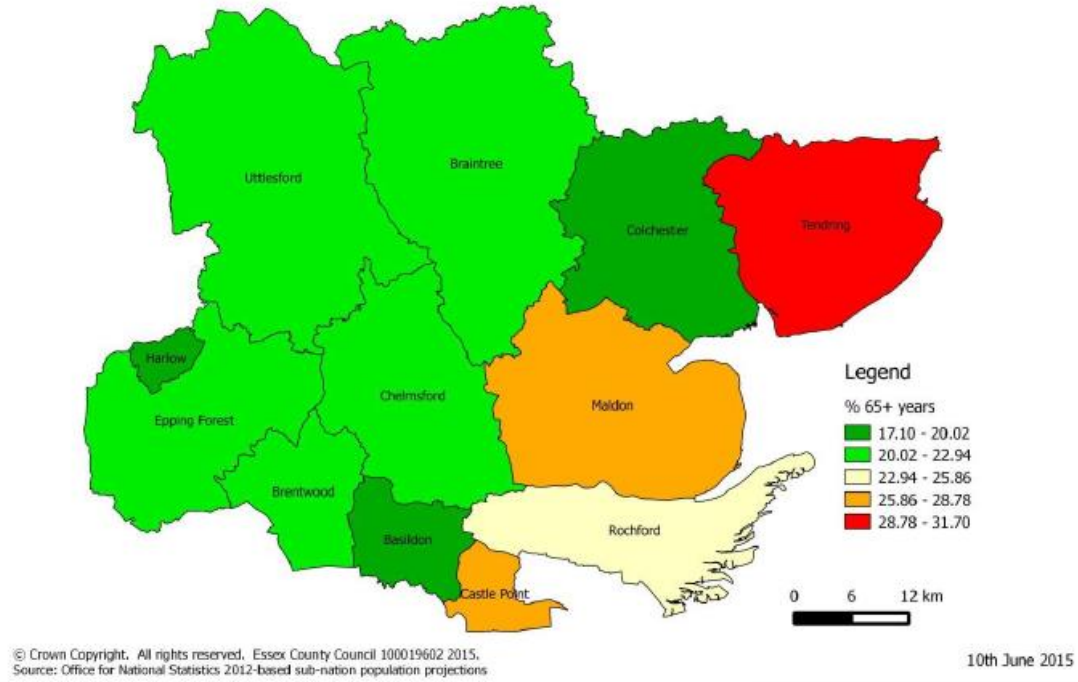
	Basildon Borough	Essex	Great Britain
All People	181,700	1,443,200	63,258,400
Percentage of All People Aged Over 65 Years	22.30%	25.90%	23.30%
Percentage of All Males Aged Over 65 Years	20.50%	24.30%	21.70%
Percentage of All Females Aged Over 65 Years	23.80%	27.40%	24.70%

Source: Nomis Official Labour Market Statistics – Labour Market Profile – Basildon, 2017 (data Office for National Statistics, 2015)

6.61 Basildon Borough contains a smaller proportion of its population being 65 years or over than Essex, which itself is above the national proportion. The results for Basildon show more similarity with those nationally but are again smaller, at 22.3% of the whole population being aged over 65 years in the Borough compared to 23.3% in Great Britain as a whole. In each of the three geographical reporting tiers above, there are higher proportions of females aged over 65 than males.

6.62 The following map highlights the proportion of residents expected to be aged over 65 years in each district / borough across Essex by 2024. Please note that the following map was informed by data projected forward from the ONS 2012-based sub-national population projections whereas Table 16 is based on the ONS 2015 projections. As such the two are not directly comparable.

Figure 13: Percentage of Older People Aged Over 65 Years by District / Borough, 2024



Source: Essex Local Authority Portraits – A profile of people living in Basildon, 2016

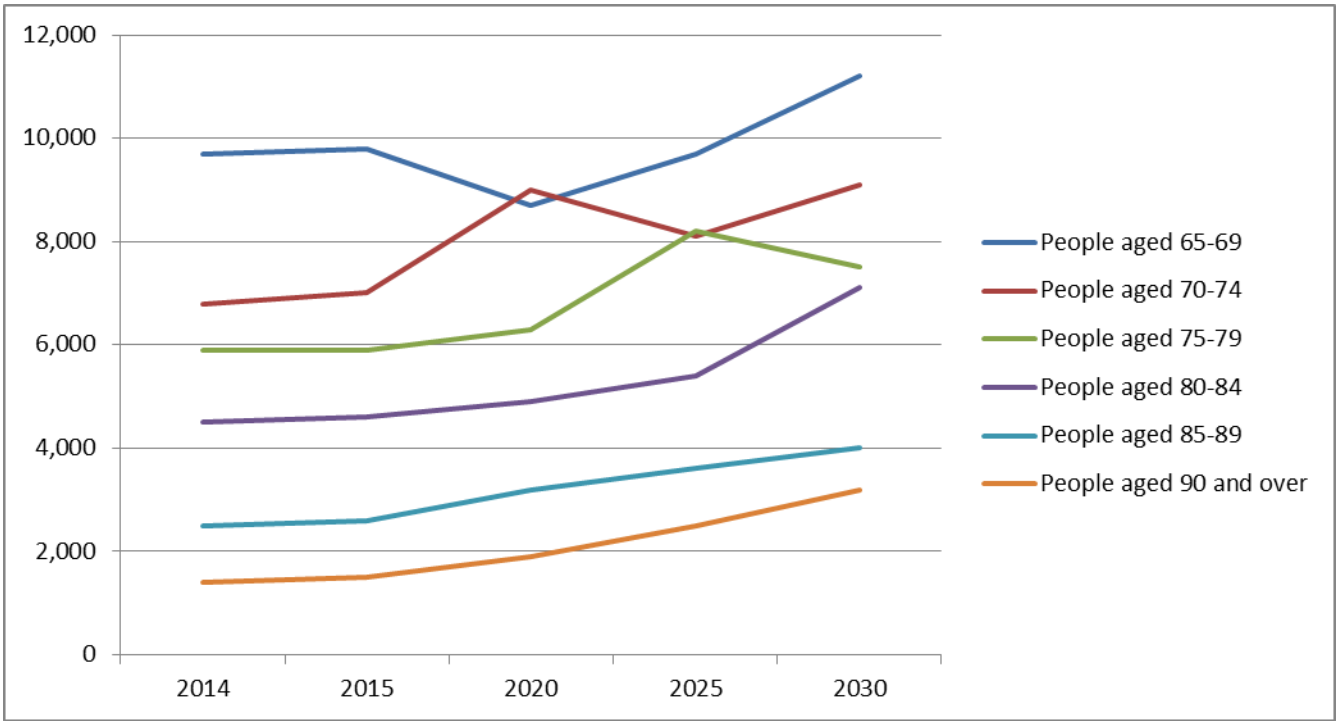
6.63 Along with the administrative areas of Harlow and Colchester, Basildon Borough is predicted to have the smallest proportion of its population being aged 65 years or over by 2024. Tendring has the highest proportion, forecasted to be between 28.78 - 31.7% by 2024 based on the ONS 2012 sub-national population projections, with no other administrative area being within this bracket. The most common population distribution, of 20.02 – 22.94% is forecasted for five authorities. In terms of spatial distribution, the coastal districts / boroughs are forecasted to have a higher proportion of older people as a part of their total population in 2024 although this trend is bucked by Colchester which is forecasted to have amongst the lowest. It is however recognised that the demographic of Colchester is skewed by virtue of the presence of a university and army barracks.

Table 17: Change in Population of Older People by Age Cohort in Basildon, 2014 - 2030

	2014	2015	2020	2025	2030	Percentage Increase 2014 - 2030
People aged 65-69	9,700	9,800	8,700	9,700	11,200	15.46%
People aged 70-74	6,800	7,000	9,000	8,100	9,100	33.82%
People aged 75-79	5,900	5,900	6,300	8,200	7,500	27.12%
People aged 80-84	4,500	4,600	4,900	5,400	7,100	57.78%
People aged 85-89	2,500	2,600	3,200	3,600	4,000	60%
People aged 90 and over	1,400	1,500	1,900	2,500	3,200	128.57%
Total population 65 and over	30,800	31,400	34,000	37,500	42,100	36.69%

Source: Projecting Older People Population Information System, 2017 (based on ONS, 2012)

Figure 14: Change in Population of Older People by Age Cohort in Basildon, 2014 - 2011



Source: Projecting Older People Population Information System, 2017 (based on ONS, 2012)

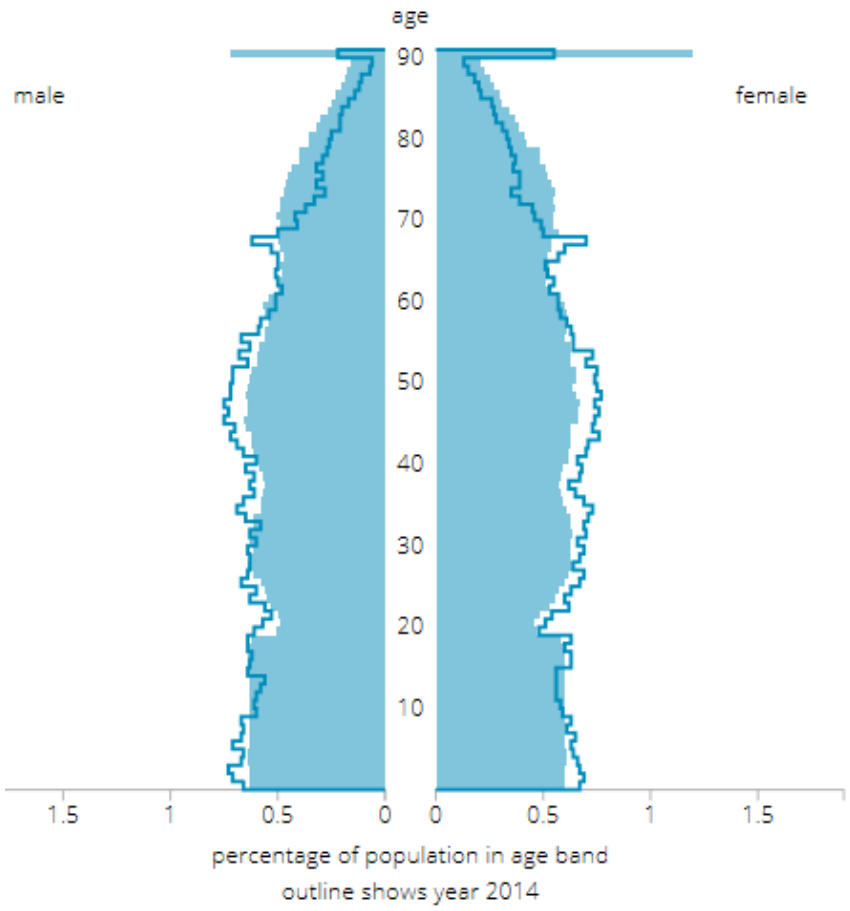
6.64 Whilst there is a drop in the number of people aged in the youngest three cohorts, which can be progressively traced through the graph across the different years assessed, the remaining three age cohorts can be seen to increase year on year. Across the period 2014 – 2030, there is an increase in the number of people within each of the older age cohorts whilst the proportional increase shown in Table 17 which is predicted across each cohort varies but generally increases with age. There is forecasted to be a 36.69% increase in all people aged 65 and over but the

proportional increase in the older cohorts is significantly over this, with an increase of 60% expected in those aged between 85 and 89, and a 128.57% increase in those aged over 90.

6.65 As previously mentioned, this does not necessarily mean that additional housing specifically suited to the potential needs of older people need be developed in line with current proportions of residencies versus the number of older people, as advances in medicine are giving people longer but healthier lives. However, increasing the numbers of older people is likely to give rise to some increase in demand for suitable housing, or potentially the implementation of assisted living technology retro-fitted into existing homes. The potential for this need is likely to increase in the most elderly age cohorts, which are also those which are predicted to see the greatest proportional growth.

6.66 The following figure sets out how the proportions of residents of a particular age are expected to change in Basildon Borough from 2014 – 2039.

Figure 15: Basildon Borough Change in Proportion of Age vs Total Population, 2014 – 2039



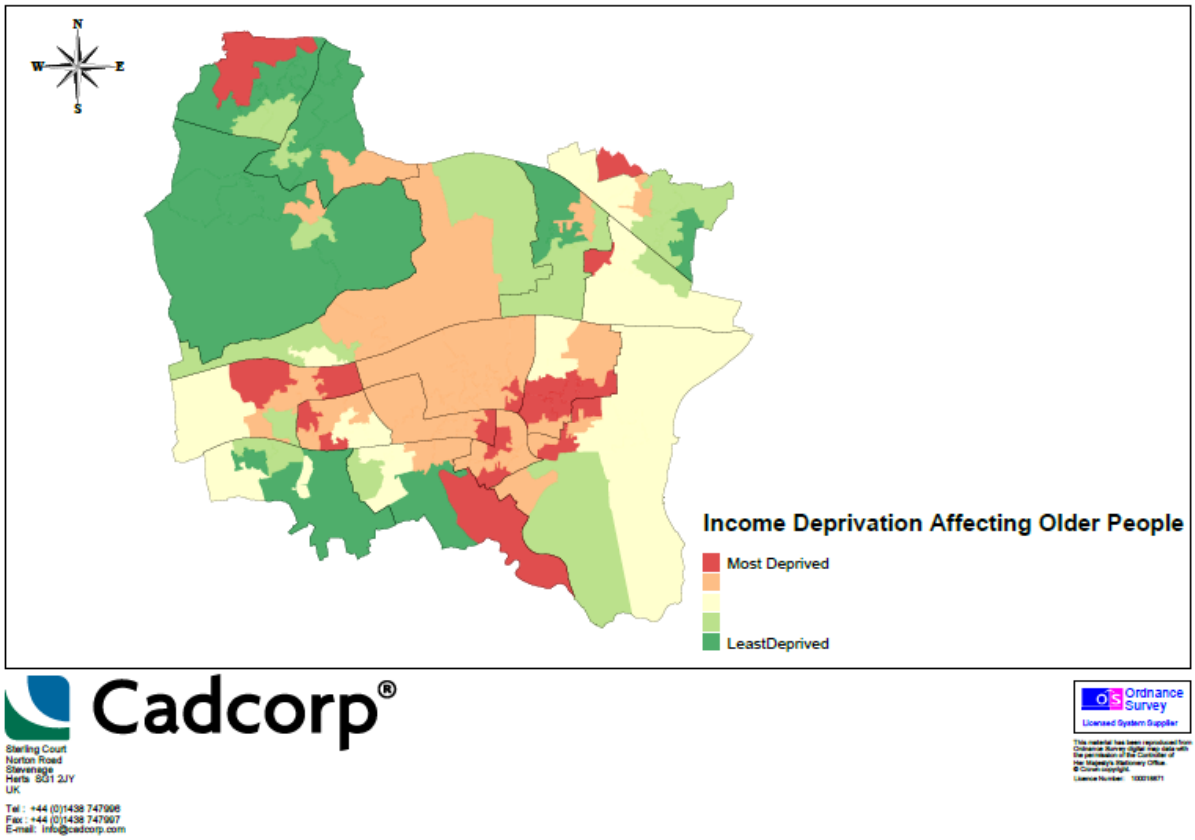
Source: Office for National Statistics, 2017 (2014-based population projections)

6.67 A comparison between the proportions each age makes up of the total population

in 2014 and 2039 shows clear increases in the proportion of those in the older age groups and reductions in those aged 20 – 55. Whilst the proportion of those aged 65 is not expected to change significantly, as the age increases from this figure, there is a greater deviation between that recorded in 2014 and forecasted for 2039. Those aged 75 represented 0.7% of the population in 2014 (1,234 people) and are forecasted to represent 1% (2,108) in 2039. There are expected to be approximately double the number of people aged 85 (635 to 1,150 people) by 2039 whilst those aged 90+ will increase from 0.8% (1,381) to 1.9% (4,172), or approximately three times the number of people. Again, it stands to reason that the older a person is, the more likely they are to have specific requirements in order to facilitate a high quality of life. As such, whilst Basildon may have a lower proportion of its residents currently and predicted to be in the older age cohorts compared to the rest of Essex, the proportional and numerical changes in its own relative demographic are sufficiently statistically significant to warrant a consideration in terms of how the emerging Basildon Local Plan can accommodate this shifting demographic.

6.68 The population pyramid above also highlights why it is imperative that increasing levels of passive health and wellbeing gains be delivered by virtue of a well-designed environment. An ageing population has been statistically proven to increase demand on health services and yet the proportion of much of the working age population, who would contribute to funding these health services, can be seen to decrease between 2014 and 2039.

Table 18: Income Deprivation Affecting Older People Index, 2015



Source: Basildon Borough Council, 2017

6.69 The supplementary Income Deprivation Affecting Older People Index (IDAOPI) is a subset of the Income Deprivation Domain which forms part of the Indices of Multiple Deprivation. The IDAOPI is based on the percentage of the population aged 60 and over who receive income support, income based job seekers allowance, pension credit or child tax credit claimants. There is no strong spatial correlation within levels of older people deprivation but it can be said that the central portion and much of the town of Basildon is amongst the most deprived, and those areas around Billericay, Little Burstead and Wickford are amongst the least deprived. There are also however isolated areas which are the most deprived in close proximity to Billericay in the north west and Wickford in the north east.

6.70 Whilst the IDAOPI is comprised of a number of different economic measures that makes ascertaining the cause of income deprivation difficult based on the IDAOPI alone, it is these most deprived areas where those issues relating to an ageing population described above may be more keenly felt. Research has shown clear links between higher income deprivation equating to lower quality of life and as such development proposals in those areas with higher levels of older people income deprivation should be assessed more keenly with regard to how they might impact on the quality of life of older people. The lifelong effects of lower educational achievement, disrupted, low-paid, insecure and poor-quality work, and reliance on

social security payments has the effect of reducing the ability to acquire the material resources necessary for maintaining physical and mental health and wellbeing into old age, such as appropriate housing and adequate savings to maintain a decent quality of life standard.

Assessing the Appropriate Level and Tenure of Housing Provision for Older People

6.71 As previously stated, an assessment into the appropriate level of housing provision is being taken forward by the South Essex Planning Group as a separate work stream. Section 8 of the South Essex Strategic Housing Market Assessment 2016, as updated by the Addendum 2017, assesses the need for different types of housing, including those needs specific to older people. It is therefore not considered appropriate to reproduce the work of the South Essex Strategic Planning Group within this report.

Summary of Ageing Population Issues

- Across the country, local authorities are facing a challenge to accommodate the needs of an increasingly ageing population as financial resources become ever scarcer.
- The Office for National Statistics (2017) state that the proportion of the UK population who could be described as “traditional working age” (16 to 64 years old) has remained relatively stable over the last 40 years but is projected to decline in future years as a result of the growth of the ageing population. This increase means that there will be fewer people of working age to support a larger population over State Pension age.
- It is held that it is easy to inappropriately generalise the needs of the elderly population. Such thinking is borne out of the fact that people are increasingly living generally healthier lives and are able to more actively pursue their individual interests, and that this resultant diversity in needs and interests amongst the older population could increase with future gains in medical science.
- Many planning measures which are considered to be ‘sustainable’ are likely to be relevant to an ageing population and realise positive impacts when implemented appropriately.
- The RTPI (Dementia in Town Planning, 2017) state that 95% of the national housing stock is not fully accessible and that there are considerable challenges involved in retrofitting existing stock to allow people to live independently as they age. Often small changes can be enough to help vulnerable groups be more independent by providing an environment that is clearly defined, easy to navigate, and feels safe.
- Mixed tenures promote inclusivity and residential developments aimed primarily at older residents can encourage links with the wider community by providing local shops and services, which may even act to improve the

financial viability of these developments.

- Basildon Borough contains a smaller proportion of its population being 65 years or over than Essex, which itself is above the national proportion. However, the proportional and numerical changes in its demographic between 2014 and 2039, such as a trebling of the number of residents over 90, are statistically significant to warrant a consideration in terms of how the emerging Basildon Local Plan can accommodate this shifting demographic.
- An assessment into the appropriate level of housing provision is being taken forward by the South Essex Planning Group as a separate work stream. Section 8 of the South Essex Strategic Housing Market Assessment 2016, as updated by the Addendum 2017, assesses the need for different types of housing, including those needs specific to older people.

Recommendations for Plan Making

6.72 The challenge for the planning system with regard to an ageing population is to create environments and deliver housing that promote health and independence through accessibility. Ensuring closely integrated mixed land uses and the development of environments that promote walking will almost always lead to environments that promote activity and wellbeing in an ageing population.

6.73 However, the predicted changes in the demographic profile will have land use planning impacts beyond catering for the needs of an increasing proportion of older people. As older cohorts increase, the proportion of some age groups will contract as a proportion of the total population. This results in a proportional reduction in demand for certain land uses and facilities. Planning obligations are commonly focussed towards making provision for school places or play facilities in connection with large residential schemes. Such an approach may need to be reconsidered based on the projected demographics for the planning area. For example, it may be more appropriate to request a developer to provide training facilities for more mature people rather than younger people in an area where there are forecasted to be more middle-aged than younger people unemployed.

6.74 The RTPI (Planning for an ageing population, 2014) consider that there will be an increase in demand for homes that can support variable levels of assisted living as well as bungalows and various forms of sheltered housing schemes. This proportional increase in demand will see a relative fall in demand for smaller starter homes and accommodation types which are inherently more problematic to access such as apartments on multiple storeys.

6.75 In the long-term, it may be appropriate to quantify existing housing stock and consider whether there is appropriate provision of the type of housing required to support a gradational shift in the age of the population, and whether it is in the correct location. Current development management standards such as car park provision or CIL schedules may need to be reviewed to ensure that they are still

relevant to the housing requirements of an ageing population.

6.76 Central Government have introduced two new access standards into the Building Regulations as ‘Optional Requirements’ which broadly reflect the out-going Lifetime Home Standard (which sought to deliver accessible and adaptable housing across the life cycle) and, for the first time, a national wheelchair housing standard. These access standards are available for local authorities to require through their local planning policies and it would be appropriate that these options are considered by Basildon Borough Council as part of the emerging Local Plan. Basildon Borough Council should also consider the design principles advocated within Dementia in Town Planning (RTPI, 2017) and Housing our Ageing Population Panel for Innovation (HAPPI)

6.77 Further to the above, Chapter 5 which addresses the role that plan making can have in promoting physical activity, discusses the design of walking and cycling routes. It is stated that any barriers to pedestrian and cycle movement, such as busy routes or intersections, a lack of dropped kerbs or excessive street clutter should be avoided when designing active travel routes to best accommodate, prioritise and encourage walking and cycling. The layout of routes should also take account of topography and lighting, to ensure that it is suitable for all users. In some cases, this can result in a less direct but flatter route being created. Such issues would clearly impact on the ability of older people to make appropriate use their local environment.

6.78 Chapter 5 also states that an assessment of the need to provide street furniture in existing areas such as benches and toilets unlocks the opportunity for more vulnerable groups to utilise spaces and links between those spaces. There are opportunities to create public spaces that encourage a sense of destination and which allow users to interact by designing in communal seating areas and making effective use of landscaping. Effective design can also enable streets and other public spaces to support a range of civic, cultural and community functions such as markets, public art and open-air performances. These functions provide ever-changing reasons for people to come together and be active within their community, which is increasingly important in our culture where older people in particular can become isolated.

7 Improving Mental Health and Wellbeing through Town Planning

Introduction

7.1 Nationally, approximately 2% of the population are in contact with specialist mental health services at any time (*Mental Health Intelligence Report, NHS Benchmarking Network, 2016*). One in four adults and one in ten children experience mental health problems in any given year and the impacts can be far reaching as they ripple through a person's social network. Mental health problems are not marginal experiences of a separate group in society: anyone can experience them over their lifetime, and as such the specific nature of the problem and the preventative measures that need to be employed will change over time (*Poverty and Mental Health, Joseph Rowntree Foundation, 2016*).

7.2 Good mental health can improve people's enjoyment, coping skills, and relationships, educational achievement, employment, housing and economic potential, help reduce physical health problems, ease healthcare and social care costs, build social capital, and decrease suicides (*UD/MH – How the City Affects Mental Health, web reference*[6]). As stated in the *Basildon Joint Strategic Needs Assessment, 2016*, poor child emotional well-being and mental health can have a lasting effect into adulthood. Research has shown that early intervention, preventative strategies and resilience building are effective to improve emotional wellbeing and mental health and are most effective when they take a holistic, family centred approach. People with a serious mental illness have mortality rates 2-3 times higher than the total population and that is largely due to undiagnosed or untreated physical illness as there had been a focus on the mental illness.

7.3 When the role of town planning is considered in the light of promoting health and wellbeing, it is typically the physical component of health that is prioritised to the detriment of a consideration and understanding of how the built environment can impact on mental health. When mental health issues are discussed in the context of cities, the focus has traditionally been on access to therapy and medication or getting people with depression to play sports, rather than the design of the city itself (*How to Support Mental Health Through Urban Planning, Citylab, 2016*).

7.4 Whilst Basildon Borough does not contain any cities, much of the borough is urbanised and those issues relating to mental health which have been articulated as being a part of city living can be said to be relevant to urbanised living with a degree of confidence. Many parts of the borough are also rural in nature, containing natural open space, managed open spaces such as country parks and numerous play facilities, as highlighted in the physical activity chapter. All these, being part of our environment, also have impacts on our mental health. It has been

[6] http://www.urbandesignmentalhealth.com/mind-the-gaps-framework.html

said by the RTPI (*Dementia and Town Planning, 2017)* that '*if you get an area right for people with dementia, you get it right for older people, for young disabled people, for families with small children, and ultimately for everyone*'.

7.5 Please note that the cause, effect, type and treatment of mental health issues is a complex, overlapping subject area. This section of this report concentrates solely on the role that town planning can play to minimise mental health issues in general. It does not pertain to be a multi-functional analysis of mental health issues themselves, nor the wide variety of potential intervention measures, of which there is considerable, cross-cutting literature available. Appendix A will then address the themes raised in this section as they pertain to the emerging Basildon Local Plan.

How Urban Environments can lead to Poor Mental Health

7.6 Whilst living in an urban environment can lead to numerous mental health benefits, such as the increased opportunities for taking part in economic, cultural and educational pursuits that keep the mind active, there are many aspects of urban living which are considered to have the potential to poorly impact on mental health. The Centre of Urban Design and Mental Health (UD/MH) categorise these potential impacts into two groups – those which relate to increased stimuli and those which act to strip away those factors or activities which have positive mental health associations.

7.7 Factors which create a mental imbalance as a consequence of increased stimuli include a general feeling of density and lack of open space, overcrowding, noise, smells, constantly changing visual stimuli, a sense of disarray and pollution. All these stimuli trigger a latent level of awareness which comes with an associated internal coping strategy. However, the more potent and long the exposure to different stimuli, the more difficult it is to 'cope' with these competing messages. This can overload an individual, creating heightened feelings of stress and tension which then drives that person to seek relief from these stimuli. The individual seeks out quiet, private spaces they can control and over time this may have the unintended consequence of evolving into a more permanent social isolation which can then manifest feelings of depression and anxiety.

7.8 The urban environment can also act to remove factors that maintain mental health and wellbeing. A commonly recognised issue is the reductions in opportunity to access open green space that comes with a more urbanised living environment. Commuting in less than ideal conditions can also have a negative impact, both in terms of the mental stress that comes with commuting itself as well as its consequent impact on time available to devote to both leisure and exercise which are associated with positive mental benefits. Factors such as increased pedestrian footfall, light and noise are more likely to be issues that lead to sleep deprivation in urban environments over those which are more rural. Further, and whilst this is accepted as a generalisation, urban environments are potentially less likely to give

rise to strong social networks of friends and family due to their more dispersed nature compared to smaller, more rural communities.

The Links between Poverty, Employment and Mental Health

7.9 Research has established that poverty increases the risk of mental health problems, with poverty having the ability to both be a cause and a consequence of mental health issues (*Poverty and Mental Health, Joseph Rowntree Foundation, 2016*). With this link made, and it known that poverty manifests as a result of wide-ranging issues across the whole spectrum of the social, economic and physical environment in which we live, planning's role as a place shaper and community builder can therefore be said to have the potential to have a significant impact on mental health.

7.10 Paragraph 18 of the NPPF states, inter-alia, that 'The Government is committed to securing economic growth in order to create jobs and prosperity'. Paragraph 20 of the same document sets out that 'local planning authorities should plan proactively to meet the development needs of business' whilst paragraph 21 states that 'local planning authorities should set out a clear economic vision and strategy for their area which positively and proactively encourages sustainable economic growth' and 'set criteria, or identify strategic sites, for local and inward investment to match the strategy and to meet anticipated needs over the plan period'. Clearly, spatial planning has a key role in the delivery of economic opportunities which translate into the provision of an appropriate range of employment opportunities that could be accessed by local residents.

7.11 Research published by the Joseph Rowntree Foundation (JRF) has found that across the UK, both men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on average incomes. Employment is the most reliable and sustainable means by which a person can accrue the economic resources that are necessary for material wellbeing and full participation in society (*Poverty and Mental Health, Joseph Rowntree Foundation, 2016*). However, the provision of 'employment' alone does not necessarily have positive mental health benefits. It is only 'good work' with sufficient remuneration, rather than a 'job', which is associated with good mental health. Doing work that satisfies a person builds up identity and social status in societies where working is the norm. There is therefore a clear role for the emerging Basildon Local Plan in creating the opportunities for the delivery of an appropriate range and number of jobs to support its overall ambitions for growth.

7.12 A person's employment status can also have significant negative impacts on mental health. Those with no previous history of mental health problems may develop them as a consequence of having to cope with the ongoing stress of job insecurity, sudden and unexpected redundancy and the impacts of the loss of employment which can be financial, social and psychological. The loss of, or a

decreased level of income can itself lead to the creation of mental health issues and a slide into a less healthy lifestyle as life opportunities and choices, which one may have took for granted, reduce.

7.13 Jobs which offer a poor standard of work, pay or supervision can also be associated with poorer mental health issues such as psychological distress, poorer general health, lengthy illness, higher rates of medical consultation and hospital admission, and higher mortality. Whilst it is not possible to draw a meaningful conclusion with regard to mental health issues that may arise from poor standards of employment from the following figures alone, for information purposes it can be stated that weekly earnings by place of residence (i.e. the earnings of people who live within Basildon irrespective of where they work) were recorded as £569.20 for full-time employed in Basildon in 2016, which is above the Great Britain average of £541. However, when the gross weekly wage of people who work in Basildon is assessed, at £523.70 in 2016, this is below the national average of £540.20 (Nomis, 2016). Basildon had an unemployment rate between January – December 2016 of 4.9% which is broadly similar to the national average of 4.8% (Nomis, 2017).

7.14 The costs to the public purse of people with mental health problems being unemployed and in receipt of social security, health, social care and housing (and not contributing through taxation), was reported on in a 2014 study by the Organisation for Economic Co-operation and Development and quoted by the JRF (*Poverty and Mental Health, 2016*) . This report costed mental health problems at 4.5% of GDP (£70 billion) each year due to productivity losses, benefit payments and costs to the NHS. The study also reported that mental health was the cause of 40% of new disability benefit claims each year (representing 1% of the working-age population)

7.15 Another important consideration highlighted by the JRF (*Poverty and Mental Health, 2016*) is that the majority of people with mental health problems are already in work. They may have had a pre-existing problem before getting a job or develop a problem while they are in work. The costs of mental health problems to UK workplaces are estimated to be £26 billion across the economy, or £1,000 per employee per year. The main costs are from presenteeism (when people are at work, but are underperforming), with sickness absence accounting for just under a third.

7.16 However, work is very important for people with mental health problems. It provides income, social status, a sense of achievement and a means of structuring one's time. Participating in work for people with poor mental health has a therapeutic value, as it can be viewed as helping the recovery of an ordinary life. Whilst there is limited evidence regarding the reversibility of mental health issues through employment, where those mental health issues are as a direct result of unemployment, there are clear advantages to the person and the state of providing sufficient employment opportunities through the planning system.

How the Planning System can Manage the Built Environment to Deliver Better Mental Health Outcomes

7.17 This section has already discussed how the sensory overload that can be associated with urban living can create or exacerbate mental health issues. The planning system can respond to some of these by ensuring that dwellings are appropriately located, designed and screened to reduce impacts from street noise, rapidly changing visual dynamics, light and air pollution.

7.18 People suffering from mental health issues that exacerbate confusion are less likely to become frustrated if they are able to clearly see and understand their surroundings. This is often referred to as providing a 'visually accessible' environment. Around 850,000 people are living with dementia in the UK today, with the figure forecasted to rise to 1 million by 2025 and to 2 million by 2051. The estimated cost of dementia to the UK economy is £26 billion a year, with an estimated 25% of all hospital beds occupied by people with dementia in 2013. However, research has shown that if appropriate housing can be located in community hubs within a 5 -10 minute, well signposted walk to local shops and services, this will allow people living with mental health problems such as dementia to live well and remain independent for longer (*Good planning key to controlling dementia cost, 2017, quoting Oxford Institute for Sustainable Development, Oxford Brookes University and Alzheimers Society*)

7.19 Orientation and familiarity both contribute to an accessible environment for people with dementia and so a distinctive environment is important. A variety of landmarks, with architectural features in a variety of styles and materials greatly aid in this pursuit and there is a variety of practical features such as trees and street furniture which can be used for this. Using benches and public toilets in this manner provide other obvious benefits in allowing the more vulnerable to independently traverse their local environment whilst providing a useful function for other members of society. Another positive measure is a reduction in unnecessary clutter and potentially disorienting visual and auditory stimuli which can be screened through planting. The RTPI have suggested that planners should consult people with dementia, asking them to explain how they make decisions about where to go and how clearly they understand the environment.

7.20 Reports from the Sustainable Development Commission referenced by the JRF (*Poverty and Mental Health, 2016*) have evidenced how people with mental health problems experience area inequalities. The populations of deprived areas are characterised by concentrations of disabled people, including people with mental health problems, and studies have found that the prevalence of mental illnesses maps closely with deprivation. Poor housing rarely exists in isolation; it is often located in areas of social deprivation with associated high levels of unemployment, poverty, crime, poor transport and other inadequate infrastructure such as access to green spaces.

7.21 Improving public transport and walking and cycling conditions has also been shown to improve people's mental health by increasing physical activity and community cohesion. As previously highlighted, high-quality walking environments create the opportunities for people to walk for transport or pleasure. Areas that encourage passive physical activity the most are characterised by higher density land-use mixes including local shops and services, and safety (*Planning Horizons No.3 Promoting Healthy Cities, 2014*). Further, access to transport that enables residents to move outside of their own community has been shown to positively correlate with a reduced fear of social isolation and positive mental health (*More Than Shelter, Mental Health Foundation, 2016*)

7.22 However, having somewhere to live in which we feel secure is essential to our physical and mental health, and for people who have experienced mental health problems, it is key to their long-term independence, stability and recovery. Homes can provide a sense of security, comfort, pride, status and a place in the community. They can provide a stabilising force and counteract those stimuli identified earlier which can have negative impacts on mental health. The links between housing and mental health provide an important basis on which to build a picture of the type of supported accommodation and housing support that people with mental health problems should be offered. However, house prices across Essex have been increasing year on year and these prices are outstripping wages, making home ownership less and less affordable for a large proportion of the Essex community. The 14.3% rise in house prices within Basildon since 2011 is higher than most other districts / boroughs in Essex (*Essex Insight Basildon Local Portrait, 2016*).

7.23 People with mental health problems are more likely than average to experience difficulties with their accommodation and are therefore more likely to be reliant on the planning system to deliver appropriate types of housing in their local area. Without appropriate tenure provision and/or support to maintain their properties, pay their rent, manage their finances and apply for and receive appropriate social security benefits, people with mental health issues are more likely to become homeless, get into rent or mortgage difficulties, live in poor quality properties in need of repair, live in deprived neighbourhoods, experience crime and become isolated (*More Than Shelter, Mental Health Foundation, 2016*).

7.24 Almost all people with common mental health problems (such as depression or anxiety) and four out of five people with severe mental problems live in mainstream housing. The remainder live in supported housing or other specialist accommodation, and half of those with their own home or tenancy live alone. People with severe mental health problems are unlikely to own their own homes and will be reliant on social housing owned by local authorities or registered social landlords for stability.

7.25 Research cited by the Mental Health Foundation states that people with severe

mental health problems often cite income and housing as the most important factors in their recovery. However, people with mental health problems such as dementia are going into residential care homes earlier, because their own homes are not designed to enable them to live independently and can be difficult to adapt to meet their needs. This is despite people with dementia saying they would prefer to stay in their own home for as long as possible. (*Dementia and Town Planning, RTPI, 2017*). Staying in familiar surroundings with the right support can help people living with dementia continue to lead an active and independent life for longer. It also reduces the costs for health and social care and ensures that the provision of residential care homes that are available can be targeted to those most in need.

7.26 The NPPF states at Paragraph 50 that 'local planning authorities should plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community'.

The Impacts of Green Space on Mental Health

7.27 As previously mentioned, there is a wealth of evidence which shows that an active life is essential for physical and mental health and wellbeing (*Everybody Active, Every Day, Public Health England, 2014*), and access to green space has strong impacts on the opportunity for physical activity. Whilst local evidence highlighted in this report didn't show a strong correlation between the opportunity to access open space and the relative level of deprivation across the Borough, it was found that there was a relatively strong correlation between the least deprived areas and the highest quality open space. The quality of open space is important as if an area isn't desirable to access, the potential health benefits that could be accrued from its use will not be realised.

7.28 Aside from physical health considerations, access to green space is also found to have therapeutic benefits. Mental health benefits that have been attributed to interactions with green spaces and natural environments include reduced anxiety, increased self-esteem and psychological wellbeing, improved mood, improved academic performance and improved cognitive functions. Research by the UNESCO UK Man and Biosphere (MAB) Urban Forum has shown that colourful and interesting urban green spaces help build a sense of pride. Nature-based therapy has also been suggested as a treatment to relieve mental and physical illness and improve recovery time from stressful situations or medical procedures. A study showed that views of trees reduced the amount of moderate to strong analgesics needed by patients' post-surgery and the number of days in hospital compared to those whose view comprised of a brick wall (*Green Space and Health Postnote 538, Houses of Parliament – Parliamentary Office of Science & Technology, 2016*).

7.29 Promoting social cohesion through green spaces (and other communal areas) is also known to increase resilience to stress. As previously highlighted, accessible

green space creates a meeting space for all age groups and positively affects social interaction and cohesion. Nearby open space has been related to crime reduction and increased neighbourliness which also have positive mental health impacts. Building communities through participation in local nature schemes or community gardens increases a sense of community spirit and strength which fosters a sense of identity and alleviates mental issues derived from loneliness and a perceived absence of purpose.

7.30 Such impacts are important across the whole life cycle. Those of school age have their attitudes and behaviours affected by the quality of the environment within which they find themselves. The lack of outdoor play opportunities has been found to be a causative factor in increased mental health problems among children and young people. It then follows that increased level of stress and mental health imbalance in children will have a consequential negative impact on the adults charged with looking after them, as well as the children themselves in later life.

Statistical Evidence Linking Improvements in Mental Health to Access to Green Spaces

7.31 There are numerous reports, of which some are detailed above, which promote the idea that access to nature is intrinsically 'good for us'. However, it is usually not practical to conduct experiments to test the effects of green space on health so researchers often rely on observations. As a result, the evidence is statistically less certain than would be expected for medical treatments, and is typically qualitative in nature. For example, *Living with Dementia and connecting to nature – looking back and stepping forwards* (Dementia Adventure, 2011) collects over 15 years of qualitative research in the form of interviews, narratives and even poems which all point to access to green spaces and nature as having positive impacts on dementia, allowing people to live independently and be less reliant on formalised care for longer. A survey of field experts carried out to support the qualitative compendium found that 82.2% of those experts surveyed agreed, or strongly agreed, with the statement '*Human well-being depends on contact with nature*' thought it was also agreed that '*Larger more scientifically robust studies are needed which demonstrate the efficacy of green exercise in promoting well-being and extending the period of independent living for people with dementia'*.

7.32 Essex County Council is working to consider how to make effective use of their green spaces to better support the broad needs of Essex residents, including mental health, through the Green Care project. Using green assets such as country parks to support the health and wellbeing of residents is a new concept for the County Council. It is recognised that the opportunities to improve health and wellbeing in respect of both mental and physical health could be significant. The Green Care project started in Spring 2017 and will involve reviewing evidence, mapping current assets, scoping and establishing pilot schemes and establishing a vision and intended outcomes.

7.33 This project is being taken forward under the Greater Greener Essex principles which seek to establish multifunctional priorities for green spaces across the County. Although this work is at an early stage of development, it is clear that potential outcomes are linked to those of the Basildon Local Plan, in recognising and maximising the value of green spaces for health and wellbeing. Whilst Essex County Council are in the process of conducting research into the positive benefits that access to green space can have on mental health, the results of that research are not currently available. There are however a number of further published studies at the national level which are able to provide qualitative evidence into the positive benefits.

7.34 Research carried out by Mind (*Go Green to Beat the Blues, 2007*) stated that when comparing a walk in a country park to a walk in an indoor shopping centre, 71% reported decreased levels of depression after the green walk, with 90% also reporting increased self-esteem after the country park walk. A research study of those regularly taking part in green activities run by Mind showed that 90% said it was the combination of nature and exercise that had the greatest effect on them.

7.35 The Chartered Association of Built Engineers (*Community Green, 2010*) reported that clinical evidence suggests that exposure to an outdoor green environment can considerably reduce stress. It was suggested that simply being able to view nature can produce significant recovery or restoration from stress within three to five minutes. 48% of people interviewed for the study thought designing pleasant local green spaces would improve their mental health.

7.36 Natural England (*Greening Dementia, 2012*) highlighted that research has shown that Alzheimer's patients with regular access to a garden are often less troubled by negative reactions and fits of anger than those without access to a garden. However, the benefits for people living with dementia from access to the natural environment is generally short term, stopping once the activity ceases, and it is not known what the potential benefits and cost savings could be from a longer term more regular connection with nature. The same report found that on-going studies within care home settings suggest a variety of interventions such as developing dementia friendly garden spaces and facilitating organised park and woodland walks have positive benefits for people living with dementia.

7.37 There is however limited evidence focusing on specific barriers facing people living with dementia in accessing the natural environment, although research by Essex County Council as part of the Green Care project found that barriers included concerns about how they will be perceived, a lack of awareness of the needs of people living with dementia among greenspace organisations and their staff, the costs of resourcing visits, including transport and carer costs; and the impact of risk aversion among people living with dementia, their carers and service providers. The research currently being carried out by Essex County Council seeks to address these issues.

7.38 In 2007, Mind called for a new green agenda for mental health using ecotherapy interventions to supplement existing provision. Ecotherapy initiatives usually consist of a facilitated specific intervention rather than simply an experience of nature.

7.39 Through the management of Ecominds (a £7.5 million Big Lottery Fund supported open grant scheme) Mind funded 130 ecotherapy projects ranging from horticultural and agricultural schemes, through to walking groups and regeneration initiatives in local parks. Ecominds helped 12,071 people nationally living with mental health problems to get involved in green activities to improve confidence, self-esteem, and their physical and mental health. Initiatives included *Healthy Minds, Happy Parks*, an environmental conservation project for people with severe and enduring mental health problems. Feedback from participants showed that the scheme enabled them to connect with others, be more active, take notice of the world and to keep learning and give to others.

7.40 An evaluation of these initiatives carried out by the University of Essex showed that for the majority of participants both their wellbeing and self-esteem scores showed a statistically significant increase from the beginning to the end of their involvement with Ecominds, indicating an improvement in participant wellbeing over the duration off the Ecominds scheme. On average a participant experienced increases in wellbeing of 17% and an 11% increase in self-esteem. For this potential to be unlocked in Basildon Borough, there must clearly be the provision of suitable green spaces to facilitate Ecomind type schemes.

Forecasting the Prevalence of Mental Health Issues in Basildon Borough

7.41 The *Essex Insight Basildon Local Portrait, 2016* states that the proportion of people with a mental health problem in the Basildon and Brentwood CCG area (0.79%) is better than the national figure. This indicator shows the prevalence of schizophrenia, bipolar affective disorder and other psychoses. This figure is much lower than the 4.5% of those completing a GP survey who report they have a long term mental health problem, which may be due to an under recording of diagnosis or the increased likelihood of people with mental or physical health problems completing GP surveys.

7.42 A large proportion of older people diagnosed with mental health problems are often related to dementia. The following tables and graphs set out the current position with regard to depression and dementia within the borough and projects these out to 2030. Unfortunately due to the way the data is collected, it is not possible to amalgamate issues across all age groups and as such the information is presented separately.

Table 19: People aged 18-64 Predicted to have a Common Mental Disorder or Personality Disorder in Basildon, 2014 - 2030

	2014	2015	2020	2025	2030	Percentage Increase 2014 - 2030
People aged 18-64 predicted to have a common mental disorder	17,365	17,390	17,637	17,804	17,977	3.52%
People aged 18-64 predicted to have a borderline personality disorder	487	487	494	499	504	3.49%
People aged 18-64 predicted to have an antisocial personality disorder	369	371	374	379	383	3.79%
People aged 18-64 predicted to have psychotic disorder	432	432	439	443	447	3.47%
People aged 18-64 predicted to have two or more psychiatric disorders	7,733	7,747	7,850	7,928	8,007	3.54%

Source: Projecting Adult Needs and Service Information (PANSI), based on ONS Projections, 2017

7.43 Across the range of common mental disorders and personality disorders assessed in the above table, there is not predicted to be a significant increase in prevalence in those aged 18 to 64. The provision of further facilities, assuming no advances are made in the way that these issues are managed, would therefore need to moderately increase above that required to accommodate current needs.

Table 20: People aged 30 – 64 Predicted to have Early Onset Dementia in Basildon, 2014 - 2030

	2014	2015	2020	2025	2030	Percentage Increase 2014 - 2030
People aged 30-39 predicted to have early onset dementia	2	2	2	2	2	0%
People aged 40-49 predicted to have early onset dementia	6	6	5	5	5	-16.67%
People aged 50-59 predicted to have early onset dementia	22	22	25	25	23	4.55%
People aged 60-64 predicted to have early onset dementia	15	15	16	18	19	26.67%
Total people aged 30-64 predicted to have early onset dementia	44	45	48	50	50	13.64%

Source: Projecting Adult Needs and Service Information (PANSI), based on ONS Projections, 2017

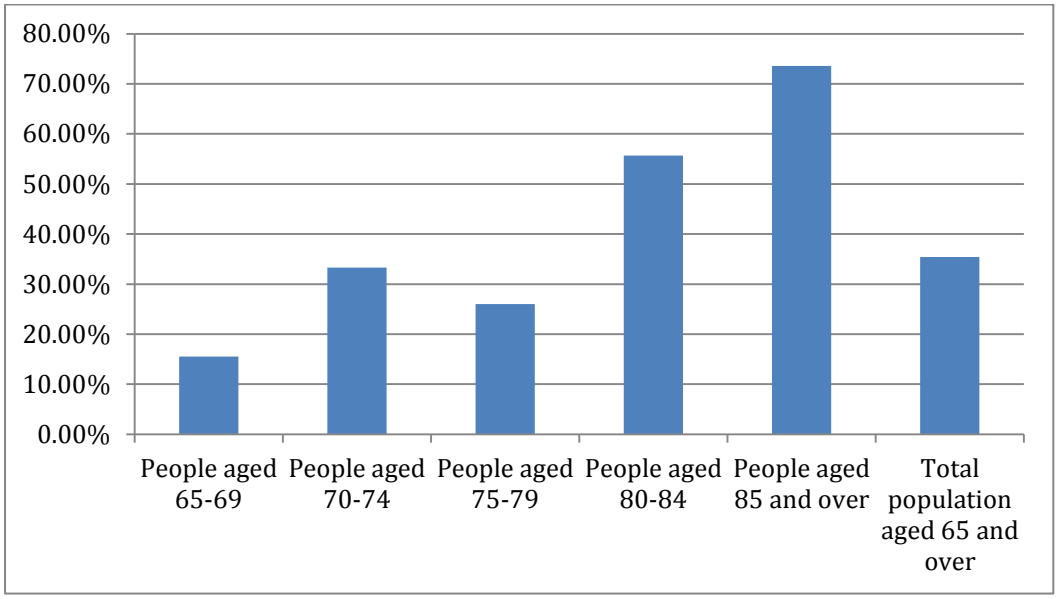
7.44 From the above table it can be seen that the number of people expected to demonstrate early onset dementia increases for every cohort aged 50-59 and upwards. However, whilst in some cases the proportional increases may seem significant, the number of people in actual terms often displays a very small increase and therefore the rates of provision needed to accommodate these increases is relatively small in physical terms. The percentage increase also needs to be considered in light of the changing demographic over the period 2014 – 2030. As the number of people in the older cohorts increases over time, it could be expected that there would be an increase in the number of people experiencing mental health issues that can be associated with older age groups. Such analysis, to explicitly link the prevalence of mental health issues relative to the changing demographic, is however considered to be outside of the scope of this report.

Table 21: People aged 65 and over Predicted to Have Depression in Basildon, 2014 - 2030

	2014	2015	2020	2025	2030	Percentage Increase 2014 - 2030
People aged 65-69 predicted to have depression	823	829	739	829	951	15.55%
People aged 70-74 predicted to have depression	565	582	746	664	753	33.27%
People aged 75-79 predicted to have depression	507	507	540	706	639	26.04%
People aged 80-84 predicted to have depression	424	424	471	508	660	55.66%
People aged 85 and over predicted to have depression	360	376	441	533	625	73.61%
Total population aged 65 and over predicted to have depression	2,678	2,717	2,936	3,239	3,627	35.44%

Source: Projecting Older People Population Information (POPPI), based on ONS Projections, 2017

Figure 16: Proportional Increase of People aged 65 and over Predicted to Have Depression in Basildon, 2014 - 2030



Source: Projecting Older People Population Information (POPPI), based on ONS Projections, 2017

7.45 There is a forecasted rise in the number of people who are predicted to have depression in each of the age cohorts covered in the above assessment. When the total population over 65 is assessed over the period 2014 – 2030, there is a predicted rise of 35.44%, which translates into an increase of nearly 1,000 people. The single biggest rise is within those aged over 85, which show an increase of 73.61%, amounting to an increase to 625 people from 360. From Table 17 it can be seen that the rise is likely to be attributable to the proportional increase of people in that particular age cohort rather than a rise in prevalence of depression itself. For example there is a forecasted proportional increase in those aged 80 – 84 of 57.78% and a proportional increase in the number of people aged 80 – 84 with dementia of 55.56%. The similarity in proportion between the forecasted increasing proportion of people and the forecasted proportional increase in those with depression can be seen across all those age cohorts where direct comparisons are possible. Nonetheless, these increases in need are statistically significant and give rise to the requirement to consider how provision can be made to address these needs. This includes design, green space initiatives and community building opportunities that the emerging Basildon Local Plan can bring forward to combat issues like loneliness which contribute to depression, as a way to reduce strain on state supported health services.

Table 22: People aged 65 and over Predicted to Have Dementia in Basildon, 2014 - 2030

	2014	2015	2020	2025	2030	Percentage Increase 2014 - 2030
People aged 65-69 predicted to have dementia	120	122	108	122	139	15.83%
People aged 70-74 predicted to have dementia	185	190	245	218	249	34.59%
People aged 75-79 predicted to have dementia	347	347	370	486	440	26.80%
People aged 80-84 predicted to have dementia	540	540	600	647	835	54.63%
People aged 85-89 predicted to have dementia	506	522	639	700	817	61.46%
People aged 90 and over predicted to have dementia	419	447	564	742	918	119.09%
Total population aged 65 and over predicted to have dementia	2,116	2,167	2,526	2,915	3,397	60.54%

Source: Projecting Older People Population Information (POPPI), based on ONS Projections, 2017

7.46 The forecasted situation with regard to the prevalence of dementia in the older population is similar to that detailed for depression above. Each age cohort is expected to witness a proportional increase in terms of the number of people forecasted to have dementia, but this rise is in line with the proportional increase in the number of people expected to be in that age cohort. As such the increase is not attributable to a rise in the prevalence of dementia itself. Again however, the impact of the proportional increase is significant, translating into an increase of approximately 1,200 people over the age of 65 predicted to have dementia between 2014 – 2030, which is more than double (60.54%). Also of importance is the fact that people over the age of 90 with dementia, who could be considered to be the cohort with the greatest likelihood of being the most in need, is forecasted to increase by 119.09%, or from 419 to 918 people. Increasing numbers of people with dementia will have an impact on health services including training of staff, support for unpaid carers, and the available housing stock as more places in supported and sheltered housing and care homes will be needed. However, as previously highlighted throughout this report, increasing the level of state funded health provision in line with increased forecasted need at the current rate of provision is not considered to be a viable way forward and as such it is crucial that environments which can best support these needs are delivered through

appropriately managed development and green space provision.

Summary of Mental Health Issues

- Nationally, approximately 2% of the population are in contact with specialist mental health services at any time (Mental Health Intelligence Report, NHS Benchmarking Network, 2016). One in four adults and one in ten children experience mental health problems in any given year and the impacts can be far reaching as they ripple through a person's social network.
- When the role of town planning is considered in the light of promoting health and wellbeing, it is typically the physical component of health that is prioritised to the detriment of a consideration and understanding of how the built environment can impact on mental health. When mental health issues are discussed in the context of the urban environment, the focus has traditionally been on access to therapy and medication or getting people with depression to play sports, rather than the design of the urban environment itself.
- Research has established that poverty increases the risk of mental health problems, with poverty having the ability to both be a cause and a consequence of mental health issues. With this link made, and it known that poverty manifests as a result of wide-ranging issues across the whole spectrum of the social, economic and physical environment in which we live, planning's role as a place shaper and community builder can therefore be said to have the potential to have a significant impact on mental health.
- Having somewhere to live in which we feel secure is essential to our physical and mental health and for people who have experienced mental health problems, it is a key to their long-term independence, stability and recovery. Homes can provide a sense of security, comfort, pride, status and a place in the community. They can provide a stabilising force and counteract those stimuli identified earlier which can have negative impacts on mental health. The links between housing and mental health provide an important basis on which to build a picture of the type of supported accommodation and housing support that people with mental health problems should be offered. However, house prices across Essex have been increasing year on year and these prices are outstripping wages, making home ownership less and less affordable for a large proportion of the Essex community.
- There are numerous reports which promote the idea that access to nature is intrinsically 'good for us'. However, it is usually not practical to conduct experiments to test the effects of green space on health, so researchers often rely on observations. As a result, the evidence is statistically less certain than would be expected for medical treatments, and is typically qualitative in nature.
- There is a forecasted rise in the number of people who are predicted to

have depression over the period 2014 – 2030. When the total population over 65 is assessed over this period, there is a predicted rise of 35.44%, which translates into an increase of nearly 1,000 people. The single biggest rise is within those aged over 85, which show an increase of 73.61%, amounting to an increase of 625 people.

- There is a forecasted increase in the number of people predicted to have dementia over the period 2014 – 2030, equating to over 1,200 people over the age of 65, which is more than double the current number (60.54%). Also of importance is the fact that people over the age of 90 with dementia, who could be considered to be the cohort with the greatest likelihood of being the most in need, is forecasted to increase by 119.09%, or from 419 to 918 people.
- There is a similarity in proportion between the forecasted increasing proportion of people in a particular older age cohort and the forecasted proportional increase in those with depression can be seen across all those age cohorts where direct comparisons are possible. As such there is no suggestion that the proportion of people forecasted to suffer from mental illness is likely to increase but nonetheless, these real-term increases in need are statistically significant and give rise to the requirement to consider how provisions can be made to address these rising needs.

Recommendations for Plan Making

7.47 Factors which create a mental imbalance as a consequence of increased stimuli include a general feeling of density and lack of open space, overcrowding, noise, smells, constantly changing visual stimuli, a sense of disarray and pollution. The Basildon Local Plan therefore needs to ensure that the application of existing policies which relate to pollution control and residential amenity result in development where external impacts on residents are minimised.

7.48 People suffering from mental health issues that exacerbate confusion are less likely to become frustrated if they are able to clearly see and understand their surroundings. This is often referred to as providing a ‘visually accessible’ environment. If policies can facilitate appropriate housing located in proximity to community hubs within a 5-10 minute, well signposted walk of local shops and services, this will allow people living with mental health problems such as dementia the ability to live well and remain independent for longer.

7.49 Orientation and familiarity also contribute to an accessible environment for people with dementia and so a distinctive environment is important. A variety of landmarks, with architectural features in a variety of styles and materials greatly aid in this pursuit and there is a variety of practical features such as trees and street furniture which can be used for this.

7.50 Access to green space is also found to have therapeutic benefits. Mental health

benefits that have been attributed to interactions with green spaces and natural environments include reduced anxiety, increased self-esteem and psychological wellbeing, improved mood, improved academic performance and improved cognitive functions. It is therefore important that the Basildon Local Plan includes policies which enhance access to existing green space and promotes the provision and maintenance of new green spaces as part of development.

7.51 Chapter 5 highlights that there are opportunities to create public spaces that encourage a sense of destination and which allow users to interact by designing in seating areas and making effective use of landscaping. When the streetscape is well designed, '*people don't leave work and hurry home – they leave work, walk slowly and socialise with others. They stop and talk to people and as a result they improve their wellbeing*' (Building for Health in South Essex, South Essex Health, Wellbeing and Planning Summit, 2016). Effective design can also enable streets and other public spaces to support a range of civic, cultural and community functions such as markets, public art and open-air performances. These functions provide ever-changing reasons for people to come together and be active within their community, which is increasingly important in our culture where people can be isolated. Social interaction is proven to have significant health benefits both physically and mentally. Poorly designed urban space on the other hand can be a focus for crime and anti-social behaviour. Chapter 6 and Chapter 8 also briefly highlight how features such as community hubs and allotments can help to combat isolation.

8 The Role of Town Planning in Reducing Obesity

Introduction

8.1 Obesity is a public health crisis and occurs when a person's 'energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat' (*Tackling Obesities: Future Choices. Foresight. Government Office for Science, 2007*).

8.2 Unless we improve on current trends, it is estimated that one in three people in England will be obese by 2034 and one in ten will develop type 2 diabetes (*Planning Healthy Weight Environments, TCPA / Public Health England, 2014*). More recent studies state that obesity levels in the UK have more than trebled in the last 30 years and, on current estimates, more than half the population could be obese by 2050 (*NHS Choices, 2017*). The cause of the rapid rise in obesity is incredibly complex and linked to over 120 separate causes (Foresight, 2007) including our reliance on the car, TVs, computers, desk-bound jobs and high-calorie food.

8.3 Public Health England have set out specific actions to combat obesity, ranging from campaigns to promote healthier eating and combat inactivity, to supporting local authorities in delivering whole-systems approaches to reduce obesity. It is now widely acknowledged that the unhealthy habits and lifestyles that contribute to obesity do not exist in a vacuum. They are shaped by a web of interrelated factors relating to how we live and work, where we live and our social networks. As previously stated, the degree to which physical activity is affected by the built environment rather than being determined by social, economic and cultural factors is contested, as levels of physical activity vary between different types of people, places and culture. Public Health professionals use the phrase 'obesogenic environments' to highlight the links between the environment and obesity.

8.4 Whilst there is currently no national planning policy guidance that focuses specifically on reducing obesity, planning policy guidance states that local authority planners should engage with Health and Wellbeing boards and notes obesity and healthy eating strategies as being a focus of that engagement (*Reference ID: 53-003-20140306*). Section 8 of the NPPF, *'Promoting healthy communities',* also requires that town planners facilitate the creation of a healthy environment. With regard to the Essex Health and Wellbeing Strategy 2013 – 2018 (2012), a key priority is '*Starting and developing well: ensuring every child in Essex has the best start in life*' of which a stated area of focus is to '*Reduce childhood obesity levels by increasing physical activity, improving diet, and delivering more effective education in health and health-related matters*'. There is also a vast amount of grey literature that supports the evidence base that reducing obesity can and should be supported via spatial planning including that issued by the Town and Country Planning

Association, Public Health England and the Local Government Association.

8.5 Town planners therefore have a key role in combating obesity by creating places that enable people to achieve and maintain a healthy weight. Whilst effective town planning can never solve issues relating to obesity itself, as participation in healthy pursuits is the choice of the individual, the opportunity to lead a more active lifestyle is more effectively delivered when environments are created which follow Active Design principles, for example by including safe and accessible green spaces of a high quality, and cycle paths connecting residential areas with employment centres. Appendix A addresses issues relating to obesogenic environments in the emerging Basildon Local Plan.

Designing out Obesity Through Effective Town Planning

8.6 It is accepted that regular physical activity is a key contributor to energy balance, helping to prevent obesity and excess weight. With the promotion of physical activity being a key focus of Section 4 of this report however, it is considered that there is little value in repeating the information found there although the planning concepts raised as part of the Public Health Basildon priority of increasing physical activity in Section 4 have direct impacts on the Public Health Basildon priority of reducing obesity. Further, in the checklists within Appendix A there is a range of criteria which actively support the promotion of healthy weight environments but these won't necessarily be set out as such explicitly in the headings used by the checklist. Such criteria include those promoting open space, active travel, play and leisure provision and good design as a means to avoid creating environments which encourage sedentary behaviour. These criteria work alongside those that are more obviously linked to obesity and diet such as promoting opportunities for growing your own food.

8.7 As such, to avoid repetition this section will concentrate primarily on the main component which exacerbates obesity which has not yet been focussed on, which are those issues linked to diet. However for context it is worth reiterating that the town planning system has a crucial influence over whether planning applications for new developments prioritise the need for people to be physically active as part of their daily life, and that people are more likely to walk and cycle if there are destinations (such as shops and employment) within walking and cycling distance. Further, accessible and outdoor spaces of a high quality can enhance children's active outdoor play and bring long lasting inter-generational benefits.

8.8 The factors that increase the chances of obesity can be intensified in deprived areas. For example, children living in the most deprived areas are twice as likely to be obese as children living the least deprived areas (*Changes in children's body mass index between 2006/07 and 2011/12, Public Health England, 2013*). Those living in deprived areas are ten times less likely to live in the greenest areas compared with people in the least deprived areas and are more likely to live near to

fast-food outlets, which contribute towards the disparity in levels of obesity across the population. Public Health England's obesity knowledge and information team (formerly the National Obesity Observatory) have found a strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others (*Obesity and the environment: regulating the growth of fast food outlets, Public Health England / Local Government Association, 2014*).

8.9 More deprived areas have also been found to be more likely to feel unsafe which establishes a reluctance to take even basic exercise such as walking to nearby destinations (*Planning Healthy Weight Environments, TCPA / Public Health England, 2014*). Regeneration schemes in more deprived areas should therefore consider how the existing environment may be contributing to obesity and focus on designing out these features. There are opportunities to raise the elements of a healthy-weight environment with developers as early as possible as part of the pre-application process, especially where data is suggesting potential links with obesity and the environment. Whilst there can often be concerns regarding the extra costs involved to a developer of requiring the sorts of facilities that might reduce the prevalence of obesity, when such measures are considered at the design stage, this could reduce the developer contributions required for such measures as part of future planning obligations. As previously mentioned, relatively minor design elements such as secure bike storage, appropriate signage and benches can influence people's propensity to be active. The key is to help make the healthy choice the easy choice via environmental change and action at population and individual levels *(Obesity and the Environment, Public Health England, 2013)*.

How the Planning System can Impact on Diet

8.10 There has been speculation with regard to just how much spatial planning impacts on diet when true dietary choices are offered, but it is inescapable that town planning can have a negative impact on food choices and access. Initiatives to encourage low-income consumers to eat more healthily will have a reduced impact if their environment has inadequate local food suppliers and if those shops which do offer a choice are located inconveniently for socially disadvantaged groups such as single parents, women, the elderly, disabled individuals and the poor who tend to have the poorest access to cars and transport. As reported by the Department of Transport (*Road Use Statistics, Great Britain, 2016*), almost half of the households in the lowest income quintile have no access to a car.

8.11 The increasing tendency for the development of large, out-of-town supermarkets has led to the creation of 'food deserts' in some larger urban areas, where cheap and varied food is only accessible to those who have private transport or who are able to pay the costs of public transport where this is available. Car-less residents and those who are time-poor due to other commitments may be unable to reach out-of-town supermarkets and therefore depend on the corner shop where prices

are high, products are processed and fresh fruit and vegetables options are poor or non-existent[7] This may however be counter-acted by the recent upsurge in the development of more 'locally' sized convenience stores and internet shopping for those with such access.

8.12 A further means by which the planning system can improve access to fresh fruit and vegetables and contribute to physical activity and mental well-being is to facilitate the release and use of land for community allotments as part of a wider strategy for healthy urban living, retailing, green infrastructure planning and regeneration.

8.13 Over recent years there has been a renaissance in 'grow-your-own' gardening as we increasingly appreciate both the health and environmental benefits that come with growing food locally. Here, health improvements are not just linked to diet but also to the positive mental benefits of community cohesion. The escalating popularity of 'grow-your-own' has meant that waiting lists for allotment plots have soared, leaving local authorities struggling to meet demand. The majority of allotment authorities (e.g. parish, town, district or borough councils) will have one or more allotment sites in their area and will maintain their own waiting lists of people wanting a site.

8.14 Through local and neighbourhood plans, local communities are able to identify green areas of particular importance to them for special protection such as allotments. By designating land as Local Green Space, local communities will be able to rule out new development other than in very special circumstances. Assuming that the value of physical activity and healthy food choices for maintaining a healthy weight becomes increasingly recognised, it is possible that demand will grow for spaces that can be used for a variety of different activities. Including flexible and temporary-use spaces is one response to the uncertainties of the future, although this is challenging for urban sites where land is limited and profitability is the key driver. Green infrastructure strategies could help to identify flexible spaces in a local area that developers of smaller-scale development could contribute to and which could be managed by Community Trusts responsive to local needs (*Planning Healthy Weight Environments, TCPA / Public Health England, 2014*).

8.15 Household choice on whether to grow fruit and vegetables is however naturally affected by the options presented by the built environment. Many places, including most modern housing estates, have been built at relatively high densities with small gardens or none at all for flats. This militates against home food production. Allotments are often at an inconvenient distance from home. Few recent housing developments have provided accessible allotments, and over the past few decades

[7] Guy, Clarke & Eyre, "Food retail change and the growth of food deserts: a case study of Cardiff", International Journal of Retail & Distribution Volume 32, Issue 2, 2004

some allotments have been sold off for housing. As such, and even ignoring what is likely to be a high proportion of people who consider themselves too time-poor to grow their own food, allotment provision may simply not be a viable method by which the planning system can help facilitate a healthier lifestyle in many areas. However, the provision of allotments is nonetheless a design consideration that could be promoted as part of some developments.

Regulating the Provision of Fast Food Establishments through the Planning System

8.16 One of the dietary trends in recent years has been an increase in the proportion of food eaten outside or prepared outside of the home, and this food has been found to be more likely to be high in calories, fats, sugar and salt. The findings of the Foresight report '*Tackling Obesities: Future Choices on food and drink accessibility and availability'* (Government Office for Science and Department of Health, 2007) also noted that as eating habits become more unstructured, the availability of, and access to, 'food on the go' is an ever-growing consideration. The follow-up work from Local Government Improvement and Development analysed the implications of the report for local government. Both identified the importance of the built environment and the ability planning has to improve access to healthier lifestyles.

8.17 Of particular concern are hot food takeaways, whose sole purpose is to sell convenience food which tends to be high energy dense. As noted in *Obesity and the Environment: regulating the growth of fast food restaurants* (Local Government Association / Public Health England, 2014), research into the link between food availability and obesity is still emerging as it is only recently that local authorities have started to use the legal and planning systems to regulate hot food takeaway establishments. However, a US study quoted in the above Public Health England document has found evidence of elevated levels of obesity in communities with high concentrations of fast food outlets. Nonetheless, there are strong theoretical arguments for the value of restricting the growth in fast food outlets and, in any event, the complex nature of obesity is such that it is unlikely any single intervention would make a measurable difference to outcomes on its own.

8.18 One of the ten recommendations of the Academy of Medical Royal Colleges' 2013 report on obesity was that "*Public Health England should, in its first 18 months of operation, undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather*". The Food environment assessment tool (Feat) has since been developed by the University of Cambridge and published in 2017. It allows for detailed exploration of the geography of food retail access across England. It has the ability to map, measure and monitor access to food outlets at a neighbourhood level, including changes over time.

8.19 Improving the quality of the food environment around schools has the potential to influence children's food-purchasing habits and like other habitual activities, potentially influencing their future food-purchasing habits. The risk of becoming obese is thought to start at an early age and obesity in a parent increases the risk of childhood obesity by 10% (NHS Choices, 2017). Whilst it is noted that focussing on hot food takeaways does not address sweets and other high-calorie food that children can buy in shops near schools, such a focus on hot foot takeaway establishments is considered justified as sweets are typically a portion of a shop's business rather than being the sole aim of the business.

8.20 Under The Town and Country Planning (General Permitted Development) (England) Order 2015, fast food takeaways are defined as Class A5, "*where the existing primary purpose is the sale of hot food to take away*". The issue is however made more complicated where restaurants (Class A3 – "*premises where the primary purpose is the sale and consumption of food and light refreshment on the premises*") can have an A5 ancillary use where a restaurant also permits takeaways. Additionally, before 2005 all hot food takeaways were also included within Class A3. Such nuances will need to be reflected in any policy that a local authority may wish to develop and will also impact on any evidence base created to justify that policy.

8.21 As previously mentioned, Section 8 of the NPPF requires that town planners deliver healthy communities and planning policy guidance states that town planners are required to adhere to healthy eating strategies published by their Health and Wellbeing Board. A number of local authorities have drawn up Supplementary Planning Documents (SPDs) to restrict the development of new fast food premises near schools. However, SPDs must also relate to a policy in an adopted Local Plan, so the priority is to make sure the issue is addressed within the local plan in the first place. The emerging Basildon Local Plan contains such a policy. Policy R16 – *Hot Food Takeaways* has been informed by the *Basildon Borough Hot Food Takeaway Assessment, 2015* (discussed later). The policy seeks to prevent the development of any further hot food takeaway establishments within 400m of a school and also sets a limit on the number of units that will be given planning permission for an A5 use within any single retail area. Most authorities have used a distance of 400m to define the boundaries of their fast food exclusion zone, as this is thought to equate to a walking time of approximately five minutes. However, in Brighton and Hove this was found to be inadequate to cover the areas actually used by pupils and instead an 800m radius was incorporated into the policy (*Obesity and the Environment: regulating the growth of fast food restaurants, Local Government Association / Public Health England, 2014*). In terms of limiting the proportion of A5 units as part of the retail offer in both small and larger retail areas, such a course of action will avoid an over-concentration of A5 uses limiting food options and thereby facilitating the creation of 'food deserts' as mentioned above.

Quantifying the Level of Obesity within Basildon Borough

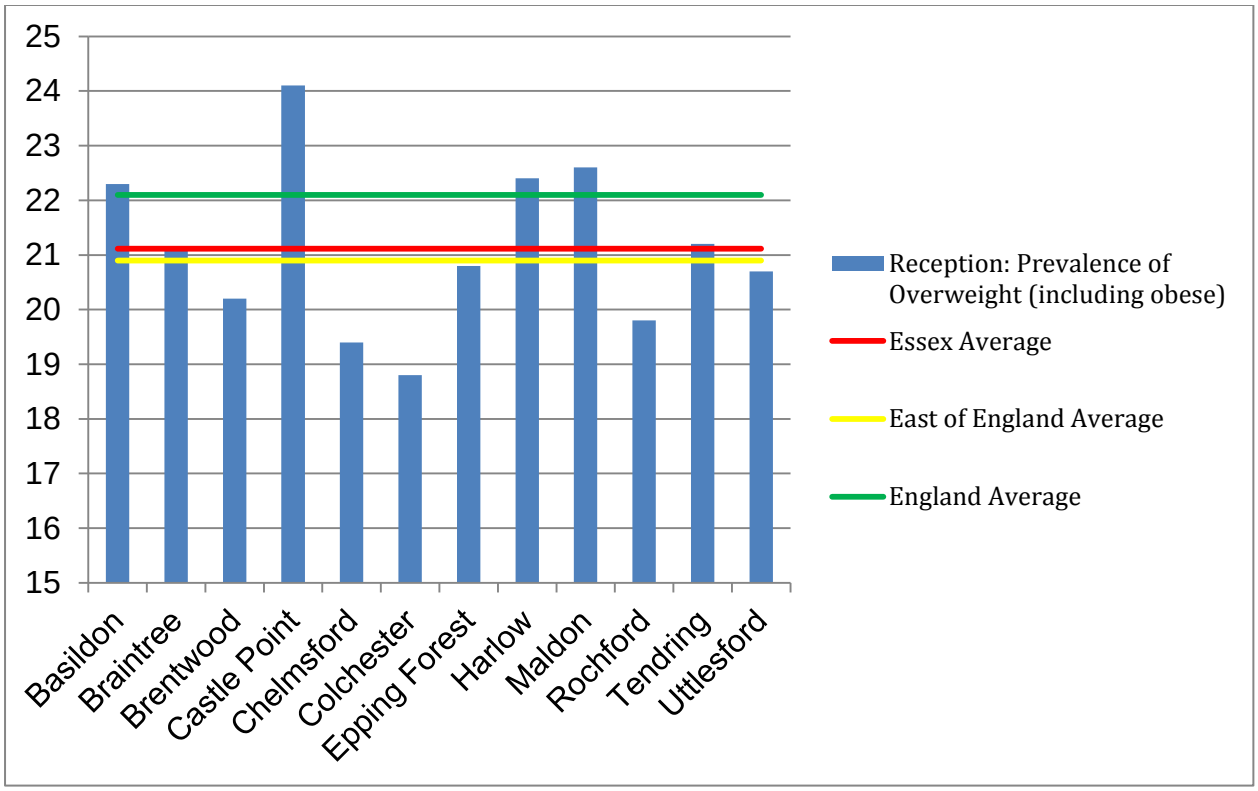
8.22 Three of the four following datasets compare the proportion of the population considered to be of excess weight across the county, by district / borough, against a county, regional and national average across three age groups. The final dataset focuses on diet and examines the proportion of the residential population meeting the recommended five-a-day intake of fruit and vegetables. To avoid confusion, the indicators are given the same title as used by Public Health England.

Table 23: Reception: Prevalence of Overweight (including obese), 2015 - 2016

	Basildon	Braintree	Brentwood	Essex	East of England	England
Reception: Prevalence of Overweight (including obese)	22.3%	21.1%	20.2%	21.1%	20.9%	22.1%
	Castle Point	**Chelmsford**	**Colchester**			
	24.1%	19.4%	18.8%			
	Epping Forest	**Harlow**	**Maldon**			
	20.8%	22.4%	22.6%			
	Rochford	**Tendring**	**Uttlesford**			
	19.8%	21.2%	20.7%			

Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

Figure 17: Reception: Prevalence of Overweight (including obese), 2015 - 2016



Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

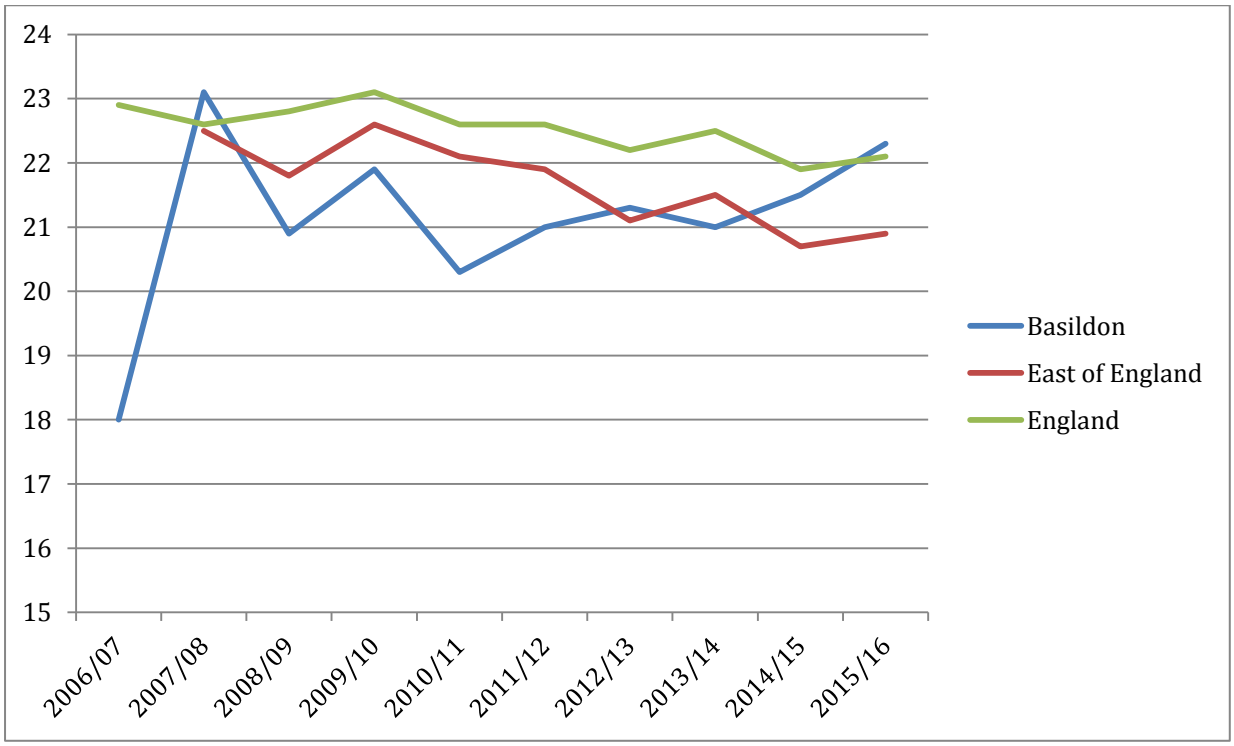
8.23 This indicator is defined as the proportion of children aged 4-5 years classified as overweight or obese and is informed by the National Child Measurement Programme which is carried out in participating state maintained schools. At 22.3%, Basildon has a higher prevalence of residents aged 4 – 5 years who are classified as overweight or obese than Essex (21%), the East of England (20.9%) and England (22.1%).

Table 24: Reception: Prevalence of Overweight (including obese), 2006 – 2015

Period	Basildon	East of England	England
2006/07	18%	*	22.9%
2007/08	23.1%	22.5%**	22.6%
2008/09	20.9%	21.8%	22.8%
2009/10	21.9%	22.6%	23.1%
2010/11	20.3%	22.1%	22.6%
2011/12	21%	21.9%	22.6%
2012/13	21.3%	21.1%	22.2%
2013/14	21%	21.5%	22.5%
2014/15	21.5%	20.7%	21.9%
2015/16	22.3%	20.9%	22.1%

Note: * - Value not published for data quality reasons
** - Disclosure control applied
Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

Figure 18: Reception: Prevalence of Overweight (including obese), 2006 – 2015



Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

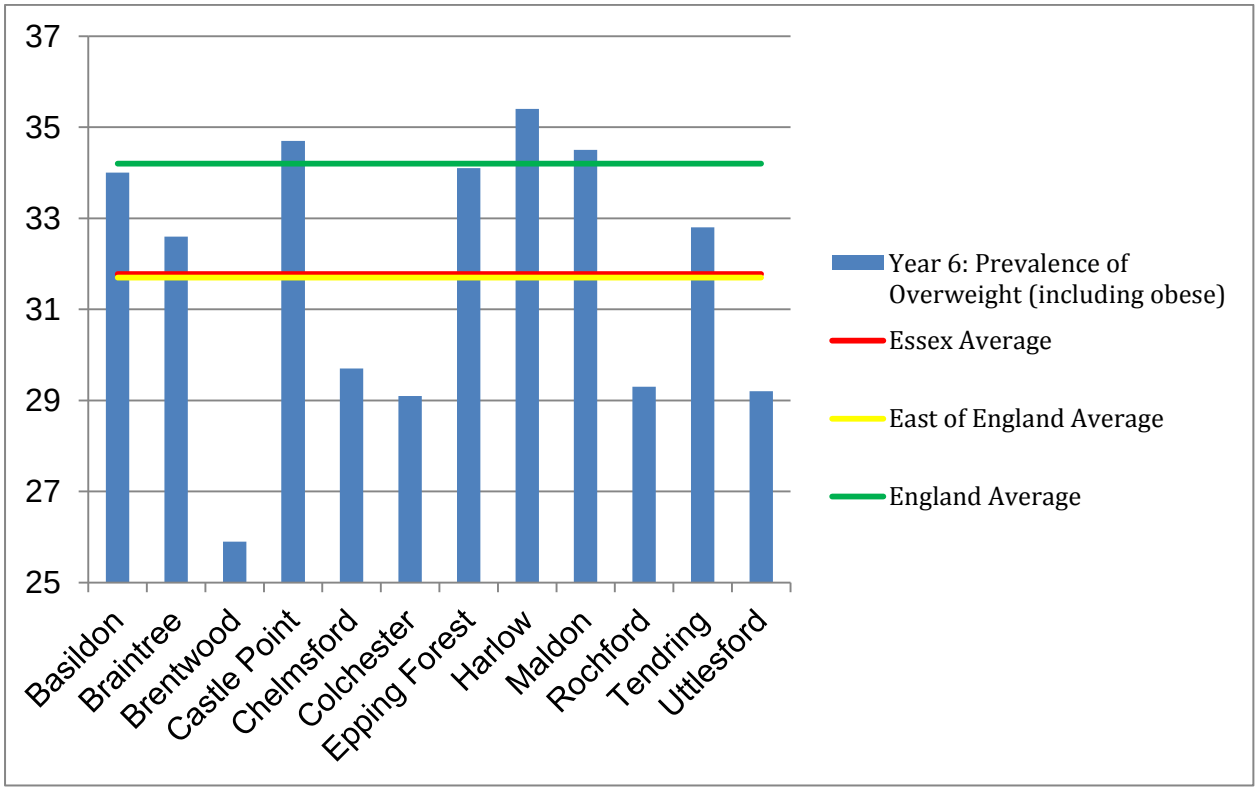
8.24 Across the period of study, the prevalence of 4 – 5 year olds classified as overweight has increased in Basildon, from 18% to 22.3% and fallen in both the East of England and England over this time. However, the figure of 18% is an outlier, with the year immediately following recording 23% of reception aged children being classed as overweight in Basildon, which is above the latest figure. Nonetheless, the recent trend in the prevalence of overweight pupils of reception age in Basildon is one of an increasing amount, with the latest value of 22.3% being the highest recorded since 2008/09. Both the East of England and England display a reducing trend over the period 2006 - 2015.

Table 25: Year 6: Prevalence of Overweight (including obese), 2015 - 2016

	Basildon	Braintree	Brentwood	Essex	East of England	England
Proportion of children in Y6 of excess weight	34%	32.6%	25.9%	31.8%	31.7%	34.2%
	Castle Point	**Chelmsford**	**Colchester**			
	34.7%	29.7%	29.1%			
	Epping Forest	**Harlow**	**Maldon**			
	34.1%	35.4%	34.5%			
	Rochford	**Tendring**	**Uttlesford**			
	29.3%	32.8%	29.2%			

Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

Figure 19: Year 6: Prevalence of Overweight (including obese), 2015 - 2016



Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

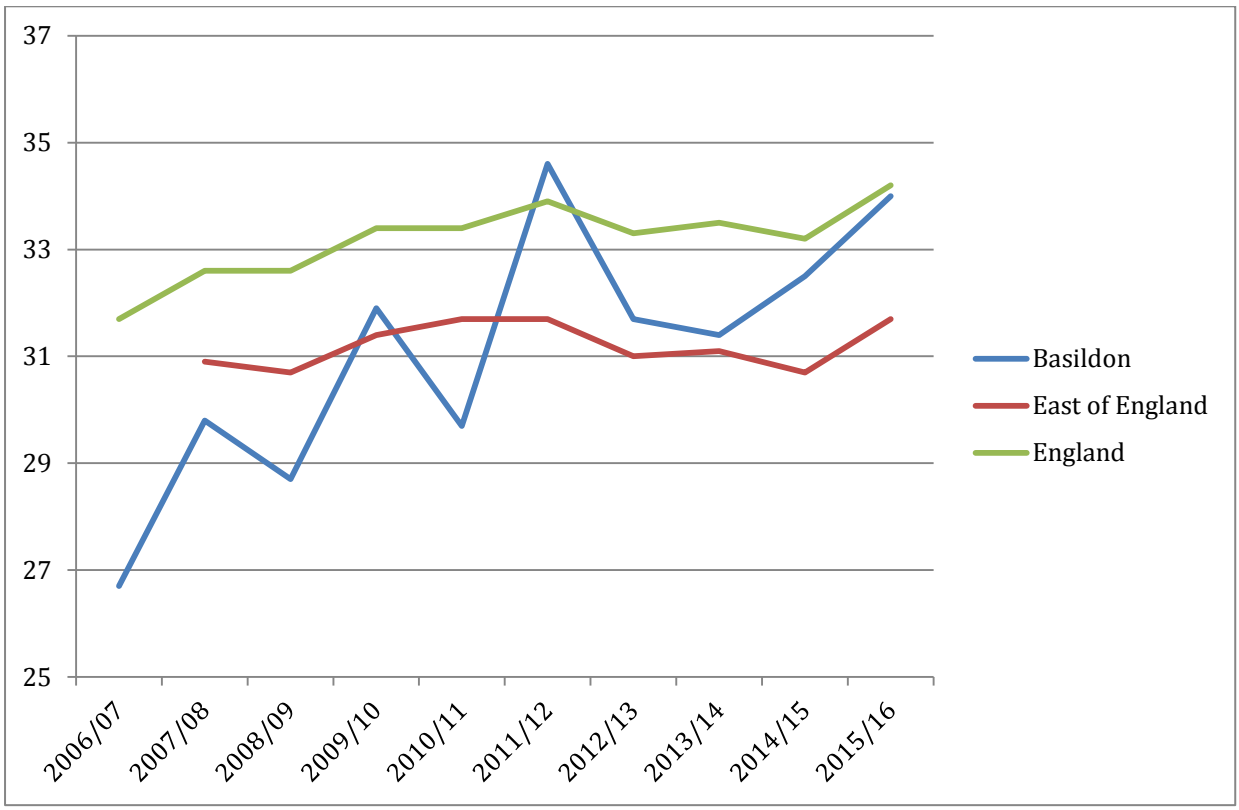
8.25 The above data sets out the proportion of children aged 10 -11 who were classified as overweight or obese, with the data sourced from the National Child Measurement Programme which is carried out in participating state maintained schools. At 34%, Basildon has a higher prevalence of residents aged 10 - 11 years who are classified as overweight or obese than Essex (31.8%) and the East of England (31.7%) but a prevalence below the national average of 34.2%.

Table 26: Year 6: Prevalence of Overweight (including obese), 2006 – 2016

Period	Basildon	East of England	England
2006/07	26.7%	*	31.7%
2007/08	29.8%	30.9%**	32.6%
2008/09	28.7%	30.7%	32.6%
2009/10	31.9%	31.4%	33.4%
2010/11	29.7%	31.7%	33.4%
2011/12	34.6%	31.7%	33.9%
2012/13	31.7%	31%	33.3%
2013/14	31.4%	31.1%	33.5%
2014/15	32.5%	30.7%	33.2%
2015/16	34%	31.7%	34.2%

Note: * - Value not published for data quality reasons
** - Disclosure control applied
Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

Figure 20: Year 6: Prevalence of Overweight (including obese), 2015 – 2016



Source: Public Health Outcomes Framework, 2017 (via NHS Digital, National Child Measurement Programme)

8.26 Across the period of study, the prevalence of children aged 10 - 11 classified as overweight has increased in Basildon, from 26.7% to 34%. Both the East of England and England have also reported an increase in the prevalence of overweight children in this age group. Although below for much of the preceding

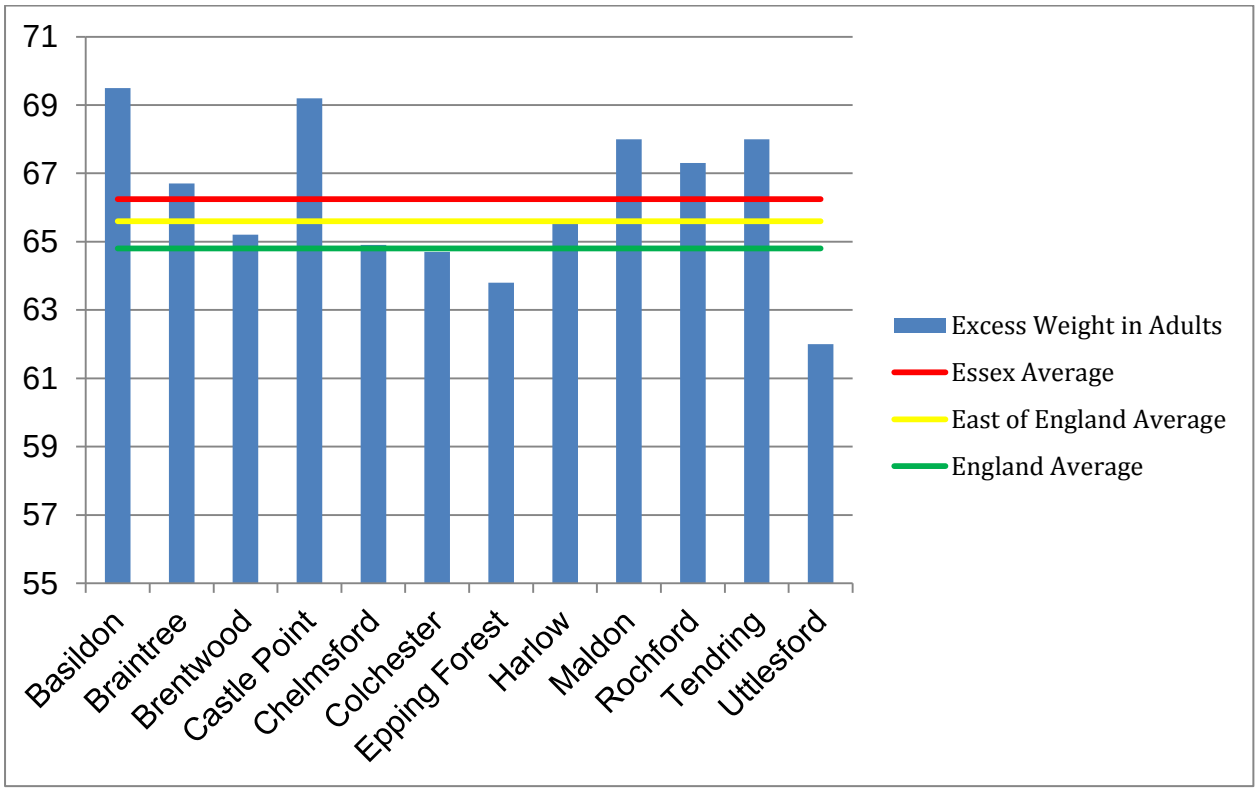
period, since 2011/12, the prevalence of overweight children aged 10 – 11 in Basildon has been above that reported in the East of England although it has remained below the national average for all years other than 2011/12.

Table 27: Excess Weight in Adults, 2013 - 2015

	Basildon	Braintree	Brentwood	Essex	East of England	England
Proportion of adults of excess weight	69.5%	66.7%	65.2%	66.7%	65.6%	64.8%
	Castle Point	**Chelmsford**	**Colchester**			
	69.2%	64.9%	64.7%			
	Epping Forest	**Harlow**	**Maldon**			
	63.8%	65.6%	68%			
	Rochford	**Tendring**	**Uttlesford**			
	67.3%	68%	62%			

Source: Public Health Outcomes Framework, 2017

Figure 21: Excess Weight in Adults, 2013 - 2015



Source: Public Health Outcomes Framework, 2017

8.27 Questions on self-reported height and weight were added to the Active People Survey for the first time in January 2012 to provide data for monitoring excess weight in adults at local authority level for the Public Health Outcomes Framework. It is known that adults tend to underestimate their weight and overestimate their height when providing self-reported measurements and the amount to which this occurs can differ between gender and age cohorts. As such, corrective formulae

were applied which were derived from the Health Survey for England 2011, where people were asked to self-report height and weight and were then measured.

8.28 At 69.5%, the proportion of adults with excess weight is above the Essex (66.7%), East of England (65.6%) and England (64.8%) averages. In a reverse of the two datasets above, the England average is below that of the East of England and Essex averages. This means that whilst the adult population of the county and region are on average less healthy than the national average, the opposite is true for younger generations.

8.29 Since January 2012 when this information was first recorded, the Active People Survey has been published twice so there is limited information available for comparative purposes. It can however be said that between the two surveys, the proportion of adults with excess weight in Basildon has increased from 69.1% to 69.5%, remained at 65.6% in the East of England and increased from 64.6% to 64.8% in England.

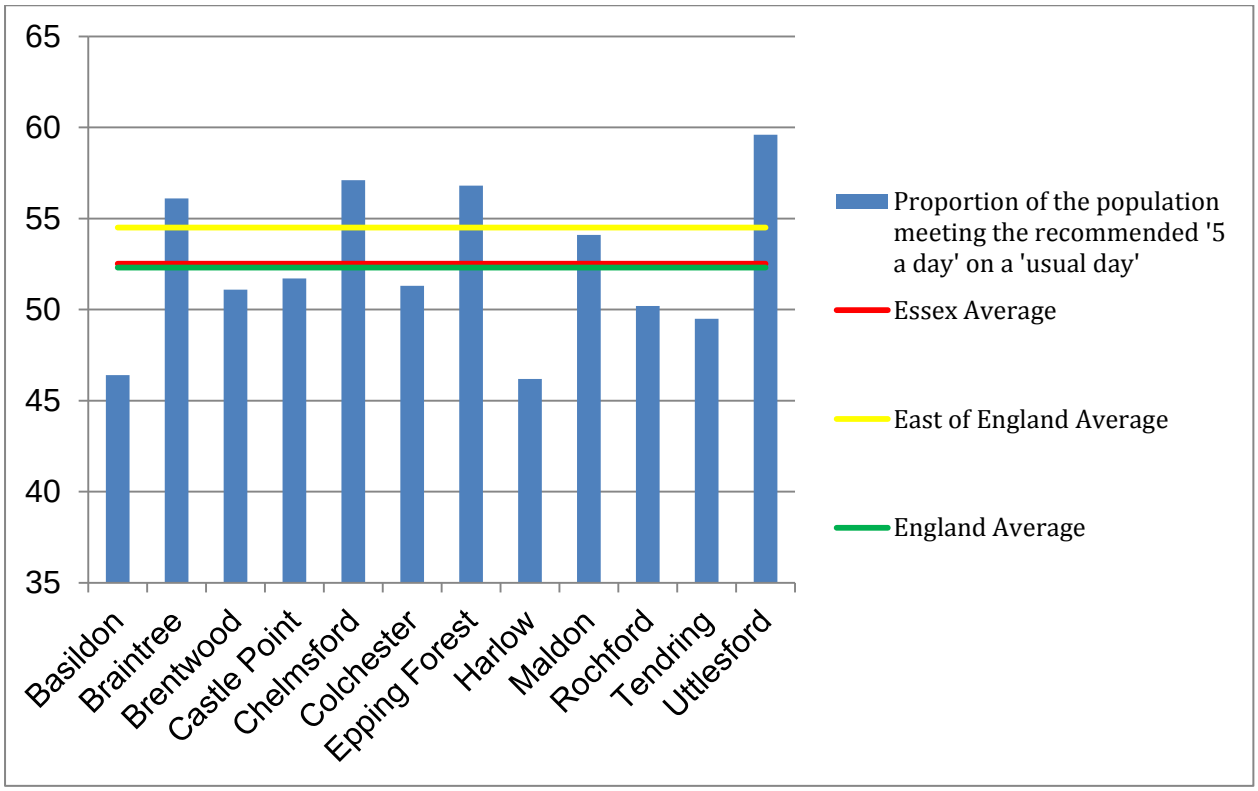
8.30 In terms of Basildon Borough residents across the three datasets, the prevalence of obesity in those aged 4 – 5 and 10 – 11 is close to the national average, being two tenths of a percent above and below respectively. However, in terms of adult obesity, Basildon Borough has a proportion of adults with excess weight 4.7% above the national average. The Borough also demonstrates obesity levels above the county and regional averages across all age groups.

Table 28: Proportion of the Population Meeting the Recommended Five a Day, 2015

	Basildon	Braintree	Brentwood	Essex	East of England	England
Proportion of the population meeting the recommended '5 a day' on a 'usual day'	46.4%	56.1%	51.1%	52.3%	54.5%	52.3%
	Castle Point	**Chelmsford**	**Colchester**			
	51.7%	57.1%	51.3%			
	Epping Forest	**Harlow**	**Maldon**			
	56.8%	46.2%	54.1%			
	Rochford	**Tendring**	**Uttlesford**			
	50.2%	49.5%	59.6%			

Source: Public Health Outcomes Framework, 2017

Figure 22: Proportion of the Population Meeting the Recommended Five a Day, 2015



Source: Public Health Outcomes Framework, 2017

8.31 This indicator is defined as the proportion of the population who, when surveyed by the Sport England Active People Survey, reported that they had eaten the recommended five portions of fruit and vegetables on the previous day. At 46.4%, the proportion of Basildon residents meeting the recommended amount of five portions a day of fruit and vegetables was below the Essex (52.3%), East of England (54.5%) and England (52.3%) averages.

Regulating the Provision of Fast Food Outlets in Basildon Borough

8.32 As highlighted above, the emerging Basildon Local Plan contains Policy R16 – *Hot Food Takeaways*. This policy is reproduced below:

Policy R 16 - Hot Food Takeaways

1. Applications for new hot food takeaways falling within the A5 use class will be supported, subject to compliance with all other relevant policies of this plan, where the following thresholds are not exceeded:

a. Within town centres, no more than 10% of shop units should comprise hot food takeaways;
b. Within local centres comprising 6 or less shop units, no more than 50% of the shop units should comprise hot food takeaways;
c. Within local centres comprising 7 to 14 shop units, no more than 30% of the shop units should comprise hot food takeaways; and
d. Within local centres comprising 15 or more units, no more than 20% of the shop units should comprise hot food takeaways.

2. Hot food takeaway shops that fall within 400 metres of the boundary of schools, colleges, and youth centres, or are adjacent to the boundary of any open space allocated within this plan will not be permitted.

3. This policy will also apply to applications to relax or vary conditions to allow hot food takeaway facilities in conjunction with existing restaurants, cafés and other hospitality uses.

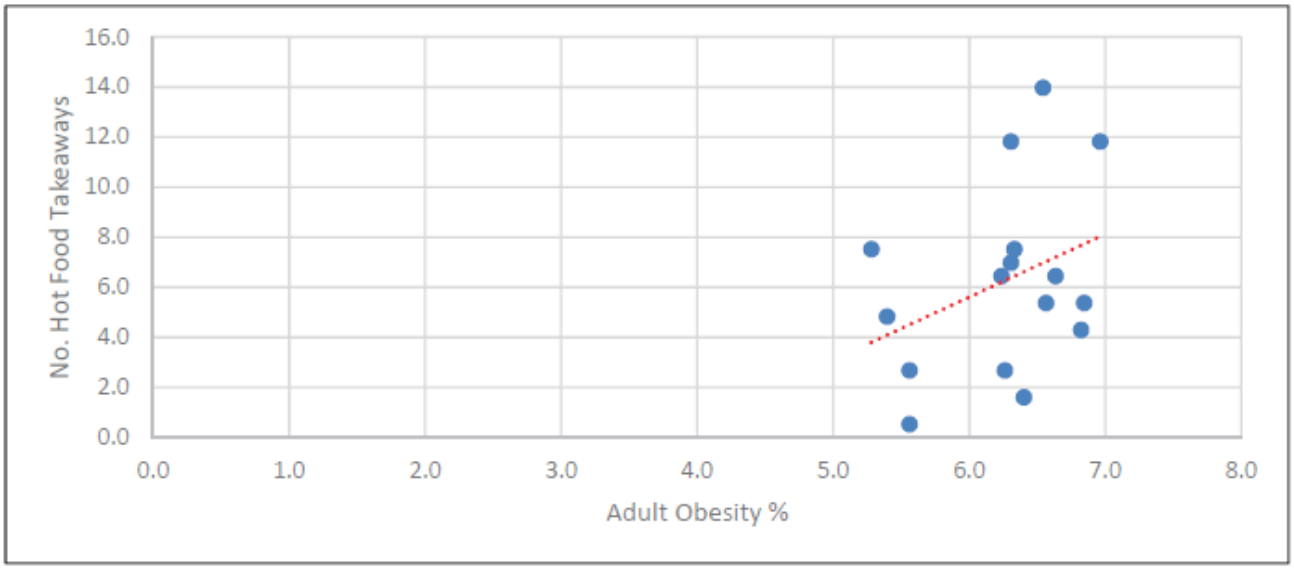
8.33 This policy is supported by the *Basildon Borough Council Hot Food Takeaway Assessment, 2015*. It notes that local authorities are now developing policies and guidance to control hot food takeaways in response to local concerns about a proliferation of takeaways and the effect on diets, health outcomes, eating behaviour and obesity, and in particular childhood obesity. The aim of the study is to undertake an assessment of the location of hot food takeaways in Basildon Borough to understand whether there is a clustering of such facilities, and to also compare these locations with data regarding obesity, health outcomes and deprivation levels in order to determine whether there are any correlations which justify a policy to control the use of buildings as hot food takeaways.

8.34 The report found that there was a wide range in the distribution of hot food takeaway premises in the borough. Concentrations ranged from 14% of the total takeaway units being located in Fryerns Ward and 11.8% in Pitsea South East and Wickford North, down to 0.5% in Langdon Hills and 1.6% in the Crouch Ward. When the figures were given context through a comparison with population density, these areas still had the highest and lowest proliferation of hot food takeaway premises.

8.35 Literature informing this report has suggested that although research into the link between takeaway food availability and obesity is still emerging, the following figures drawn from the *Basildon Hot Food Takeaway Assessment, 2015* corroborate this suggested positive correlation. Whilst there are outliers, with some areas having high obesity levels but a relatively lower number of takeaways, this is considered to be a reflection of the fact that there are many complex behavioural

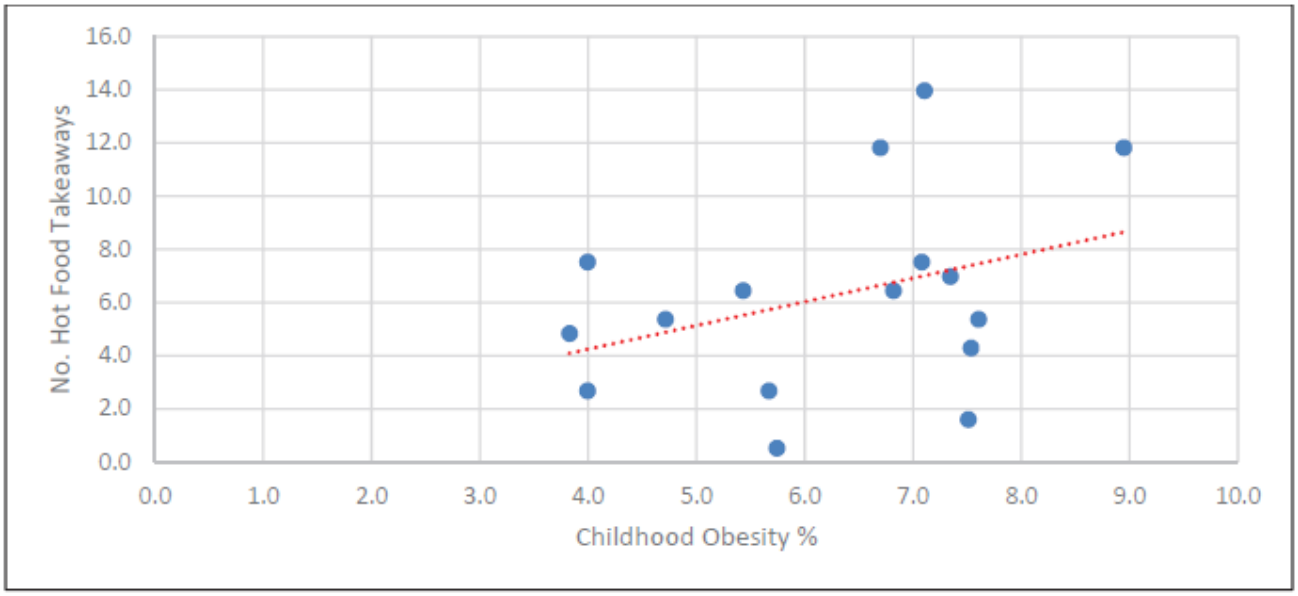
and societal factors that combine to contribute to the causes of obesity. For example one of these outliers is Vange, which is amongst the most deprived wards in the borough, and there are numerous ways in which deprivation can impact on weight.

Figure 23: Scatter Graph Comparing Adult Obesity Levels with the Number of Hot Food Takeaways by Ward



Source: Basildon Borough Council, Hot Food Takeaway Assessment, 2015

Figure 24: Scatter Graph Comparing Childhood Obesity Levels with the Number of Hot Food Takeaways by Ward

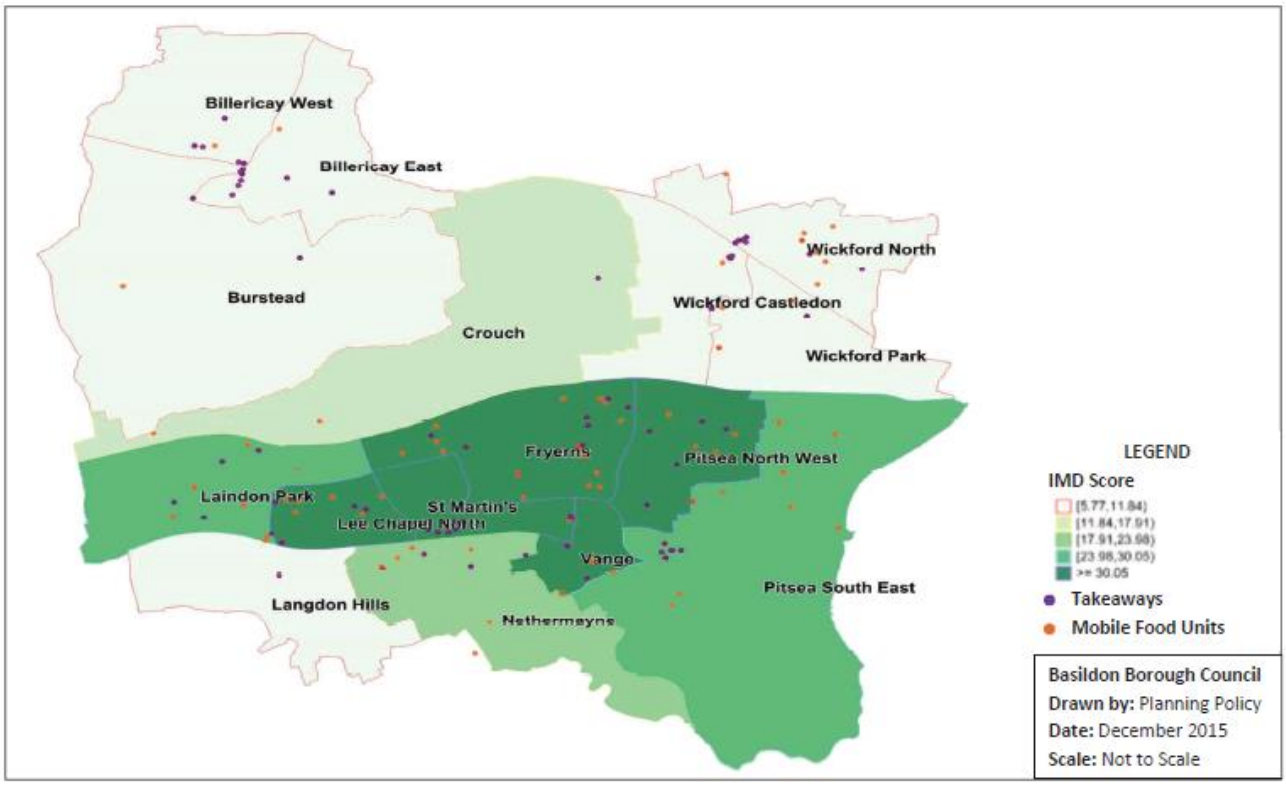


Source: Basildon Borough Council, Hot Food Takeaway Assessment, 2015

8.36 As previously stated, Public Health England's obesity knowledge and information

team (formerly the National Obesity Observatory) have found a strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others. This has been broadly corroborated by the Hot Food Takeaway Assessment, as shown below:

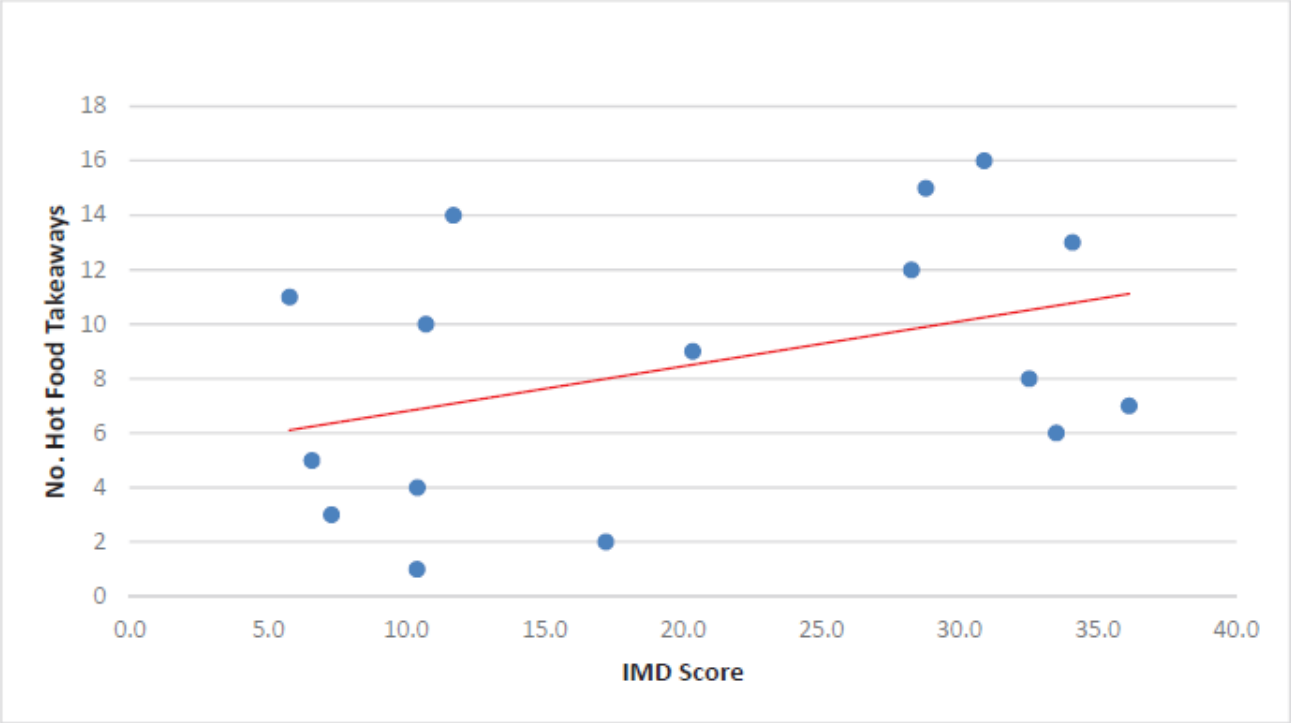
Figure 25: Map showing the Relationship between Deprivation Levels and the Locations of Takeaway Premises



Source: Basildon Borough Council, Hot Food Takeaway Assessment, 2015

8.37 The above figure shows that there would appear to be a relationship between ward deprivation and the proliferation of hot food takeaway premises in the borough. In general, hot food takeaway premises are concentrated in the centre of the borough in those areas which are most deprived although there are also concentrations within the main towns of Billericay and Wickford. As main towns however, there will be a higher number of residents in these locations which could reasonably be expected to increase potential demand. They are also more likely to have a night time economy, drawing in people from further afield than their immediate ward and as such there may be an increase in the number of hot food takeaways to facilitate this night time demand which isn't immediately directly related to residents.

Figure 26: Scatter graph showing the Relationship between the Number of Hot Food Takeaways and Deprivation Levels by Ward



Source: Basildon Borough Council, Hot Food Takeaway Assessment, 2015

8.38 Whilst the correlation between the number of hot food takeaways and ward deprivation levels isn't strong, there is still a broad correlation, which equates to the notion that obesity is a complex issue with many potential variables.

8.39 Basildon Borough Council have received objections to their intended policy of restricting hot food takeaway establishments as it was considered, amongst other concerns, that it is not positive towards growth, there is no adequate evidence to justify the underlying assumption that locating any A5 use within certain distances of schools causes adverse health consequences and that no consideration has been given to other A class uses and their contribution or impact on daily diet or wellbeing. It is further noted that by putting such a policy restricting location in place, all A5 development would likely have to be directed away from major, district and local centres as this is where schools are found – contrary to the sequential test. It was also considered that there was no need to create exclusionary zones around primary schools as children were not allowed to leave school grounds during the day and as such any trips would be conducted with parents.

8.40 The objection also stated that the intended policy is also considered to be contrary to the NPPF Paragraph 19 ('Planning should operate to encourage and not act as an impediment to sustainable growth. Therefore significant weight should be placed on the need to support economic growth through the planning system') and

Paragraph 21 (‘Investment in business should not be over-burdened by the combined requirements of planning policy expectations’). Paragraph 158 is also highlights the requirement that policy decisions are based on ‘adequate, up-to-date and relevant evidence’.

8.41 Despite these objections it is considered that the proposed policy is appropriate. Whilst it is noted that, broadly speaking, evidence is only currently emerging which suggests that there is a link between obesity and the prevalence of hot food takeaways, research at the local level presented in the Basildon Borough Council Hot Food Takeaway Assessment has shown broad positive correlations between the two variables. Whilst it is reiterated that the causes of obesity are complex and as such it is unlikely that any single intervention would make a measurable difference to outcomes on its own, the positive correlations between obesity and the prevalence of takeaways are supported by Public Health England and other Public Health Bodies which, under Paragraph 171 it is stated that the Local Planning Authority should work with in order to deliver healthy communities. As such it is considered that the recent evidence used to support the policy is adequate, up-to-date and relevant in its conclusions.

8.42 Further, it has been evidenced through the Public Health Outcomes Framework that there is an obesity issue within the borough, both relative to the county and nationally, as well as issues with regard to dietary habits. With fast food generally being recognised to be high in fat and salt and high energy dense, and the sole purpose of A5 premises being to dispense this food, it seems appropriate that restricting their concentration is an appropriate response to growing obesity issues, particularly in the necessity to offer choice in close proximity to residential areas in those parts of the borough which are most deprived. With regard to the consideration that there was no need to restrict the growth of A5 uses in close proximity to primary schools on the basis that pupils cannot leave school grounds without their parents, research published in the British Medical Journal (*Burgoine, Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study, 2014*) found that ‘*exposure to takeaway food outlets was positively associated with consumption of takeaway food’*. The research concluded that ‘*Exposure to takeaway food outlets in home, work, and commuting environments combined was associated with marginally higher consumption of takeaway food, greater body mass index, and greater odds of obesity. Government strategies to promote healthier diets through planning restrictions for takeaway food could be most effective if focused around the workplace’*. Whilst the research was focussed on the adult population, it is established that children are more susceptible to exposure to advertising, with fast food long being banned from being shown in-between programmes for children. As such, limiting exposure to fast food as part of the daily routine would seem appropriate.

Summary of Obesity Issues

- Obesity is a public health crisis and occurs when a person's 'energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. Obesity levels in the UK have more than trebled in the last 30 years and, on current estimates, more than half the population could be obese by 2050.
- It is now widely acknowledged that the unhealthy habits and lifestyles that contribute to obesity do not exist in a vacuum. They are shaped by a web of interrelated factors relating to how we live and work, where we live and our social networks.
- The factors that increase the chances of obesity can be intensified in deprived areas. For example, children living in the most deprived areas are twice as likely to be obese as children living the least deprived areas. Those living in deprived areas are ten times less likely to live in the greenest areas compared with people in the least deprived areas and are more likely to live near to fast-food outlets, which contribute towards the disparity in levels of obesity across the population. More deprived areas have also been found to be more likely to feel unsafe which establishes a reluctance to take even basic exercise such as walking to nearby destinations.
- The increasing tendency for the development of large, out-of-town supermarkets has led to the creation of 'food deserts' in some larger urban areas, where cheap and varied food is only accessible to those who have private transport or are able to pay the costs of public transport, where this is available, to access these supermarkets.
- Over recent years there has been a renaissance in 'grow-your-own' gardening as we increasingly appreciate both the health and environmental benefits that come with growing food locally. Here, health improvements are not just linked to diet but also to the positive mental benefits of social cohesion provided through community run allotments, although such provision is challenging for urban sites where land is limited and profitability is the key driver.
- However, one of the dietary trends in recent years has been an increase in the proportion of food eaten outside or prepared outside of the home, which is more likely to be high in calories. One of the ten recommendations of the Academy of Medical Royal Colleges' 2013 report on obesity was that "Public Health England should, in its first 18 months of operation, undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather"
- The prevalence of obesity in those aged 4 – 5 and 10 – 11 within Basildon Borough is close to the national average, being two tenths of a percent

above and below respectively. However, in terms of adult obesity, Basildon has a proportion of adults with excess weight 4.7% above the national average. The Borough also demonstrates obesity levels above the county and national averages across all age groups.

- The recent trend in the prevalence of overweight pupils of reception age in Basildon is one of an increasing amount, with the latest value of 22.3% being the highest recorded since 2008/09. Both the East of England and England display a reducing trend over the period 2006 - 2015.
- Since 2011/12, the prevalence of overweight children aged 10 – 11 in Basildon has been above that reported in the East of England although it has remained below the national average for all years other than 2011/12. Basildon, the East of England and England have reported a general increase in prevalence over the period 2006 – 2015.
- The Basildon Borough Hot Food Takeaway Assessment, 2015 found broadly positive correlations between obesity and the prevalence of hot food takeaways and levels of deprivation and the prevalence of hot food takeaways in line with the position articulated at a national level.

Recommendations for Plan Making

8.43 There has been speculation with regard to just how much spatial planning impacts on diet when true dietary choices are offered, but it is inescapable that town planning can have a negative impact on food choices. There is little point in encouraging low-income consumers to eat more healthily if their district has inadequate local food suppliers and if shops which do offer a choice are located inconveniently.

8.44 Whilst there is currently no national planning policy guidance that focuses specifically on reducing obesity, Section 8 of the NPPF requires that town planners deliver healthy communities and planning policy guidance states that town planners are required to adhere to healthy eating strategies published by their Health and Wellbeing Board. The emerging Basildon Local Plan contains Policy R16 – Hot Food Takeaways which seeks to regulate the proliferation of hot food takeaway premises and which has been informed by the Basildon Borough Hot Food Takeaway Assessment, 2015

8.45 Basildon Borough Council have received objections to their intended policy of restricting hot food takeaway establishments as it was considered, amongst other concerns, that it is not positive towards growth, there is no adequate evidence to justify the underlying assumption that locating any A5 use within certain distances of schools causes adverse health consequences and that no consideration has been given to other A class uses and their contribution or impact on daily diet or wellbeing.

8.46 Despite these objections it is considered that the proposed policy is appropriate.

Whilst it is noted that, broadly speaking, evidence is only emerging which suggests that there is a link between obesity and the prevalence of hot food takeaways, research carried out by Basildon and other local areas has shown positive correlations between the two variables. Whilst it is reiterated that the causes of obesity are complex and as such it is unlikely that any single intervention would make a measurable difference to outcomes on its own, the correlations made between obesity and the prevalence of takeaways are supported by Public Health England and other Public Health Bodies which, under Paragraph 171 it is stated that the Local Planning Authority should work with in order to deliver healthy communities. It should also be stated that in general, the prevalence of those overweight is increasing in Basildon residents aged 4 – 5 and 10 – 11 as well as those in adulthood. Such a trend is considered to justify taking action.

8.47 Over recent years there has been a renaissance in 'grow-your-own' gardening as we increasingly appreciate both the health and environmental benefits that come with growing food locally. The Basildon Local Plan should promote opportunities for households to own or have access to space to grow food through, for example, roof or communal gardens, or allotments, where practicable.

9 Conclusion

9.1 The relationship between the determinants of health and land use, especially urban land use, is hugely complex. The various aspects of human social and economic activity, development patterns, planning and environmental policy and health and well-being interact in a myriad of ways. Inevitably, many different agencies need to be involved in co-operating to create a healthy environment. This highlights the strong need for a coherent, shared philosophy to better understand the role of the built and natural environment as a determinant of health and its relationship with health inequalities.

9.2 Investing in health-promoting environments is just as important as investing in traditional healthcare services, if not more so. The role of delivering an environment which promotes health and wellbeing becomes crucial when considered in the light of the increasing strains being put on our health service by not only an increasing population, but an increasingly aging population, which together are becoming financially unsustainable.

9.3 It is important to note that a high standard of health and wellbeing cannot be delivered through the NHS alone. Traditional healthcare services can largely only treat the symptoms of poor health, at a cost to the tax payer, whereas planning for healthy environments can help address the causes of health inequality and poor health. Here, spatial planning acts as a preventative measure against poor health, reducing the need for more expensive remediation through increasingly over-burdened traditional health services.

9.4 Health-promoting environments will not be delivered by public health practitioners, but they will not be produced without them either. As the deliverer of the built environment, the spatial planning system has an intrinsic role in promoting and creating healthy, sustainable communities, as recognised by the NPPF, and Public Health priorities and evidence must become better linked to places and planning processes.

9.5 The World Health Organisation defines a healthy city as one that '*supports health, recreation and wellbeing, safety, social interaction, easy mobility, a sense of pride and cultural identity and … is accessible to the needs of all its citizens*'. Whilst Basildon Borough does not include any cities, the same principles clearly apply to villages, towns and communities of all shapes and sizes, rural and urban

9.6 A key aim would be to have health issues fully integrated into the planning process. Whilst Health Impact Assessments can seek to ensure that health outcomes are delivered as part of individual planning applications, this report evidences a strong call for health and wellbeing considerations to be captured by local plan policies that shape development proposals in the first instance. Planning for health and well-being then becomes a fundamental purpose of plans at the local level. Such

integration should be strongly aided by the integration of human health into Environmental Impact Assessments (EIA) as part of the changes to the EIA Regulations which came into effect in May 2017.

9.7 The design elements that influence whether people living in a place are more likely to experience good health or not, such as access to green spaces, active travel opportunities well linked to shops and services, an appropriate mix of jobs and tenures and low pollution will not be provided by local authority planners or public health officers. Such elements will be provided by a combination of private sector developers, social housing providers and, potentially, an increase in custom-build and other small scale developers given the support for these in the Housing and Planning Act, 2016. The framework within which development is bought forward is however managed by Local Planning Authorities. Given the emphasis in public health on promoting good health rather than just accepting and treating the medical consequences of physical inactivity, poor nutrition, air pollution and social isolation, there is a strong case for public health departments to look at how they can invest in providing the support that planners will need if they are to create health-promoting environments that reduce health inequalities and improve health (*Planning Healthier Places, TCPA / Public Health England, 2013*).

9.8 Creating environments which promote physical activity, personal independence and community cohesion will pay back. This is not just in terms of alleviating stresses on state funded health and social care services but a healthy population is more active and productive which stimulates the potential for economic growth. A person in good physical and mental health will see their earning potential increase, businesses with active workforces have been evidenced to be more productive, have lower sickness rates and lower staff turnover whilst further research has concluded that the increase in trade when places are made attractive to walk can reach 40%.

9.9 In order to better facilitate the delivery of healthy outcomes, local plans should be flexible enough to facilitate place-based innovations that could improve health and wellbeing. There is also scope for Local Planning Authorities to work more closely with colleagues in Public Health to better understand the financial impacts of ill health at the local level and use this information in viability negotiations with the developer of major schemes. Developers are well versed in costing the numerous elements of a major development proposal and the public sector will need to ensure they have similarly costed evidence to support the implementation of the type of design and physical features that promote healthy communities. This ensures that the impact of a development on the public purse is minimised so far as is practicable.

9.10 It is considered that the real future cost is seldom accounted for at the time that buildings and places are planned (*Planning Healthier Places, TCPA / Public Health England, 2013*). Instead the state pays the price of poor physical health, mental

health, isolation and crime resulting from poorly designed dwellings, places, spaces, and connections. Areas of poor health are likely to be areas with marginal future development viability. Places that most need investment are least likely to secure this investment through meaningful contributions from new development, especially in areas of low demand and low development value. It therefore becomes vital that Local Planning Authorities and their Public Health counterparts are able to develop shared evidence bases in order to better inform both the planning policies which are devised and the decisions that are made on planning applications that are put before them.

9.11 Finally, Appendix A of this report contains three checklists sourced from existing literature and best practice which aim to ensure that the emerging Basildon Local Plan accounts for the issues raised in this report and therefore help to deliver appropriate health and wellbeing outcomes through its policies. More work is however required at the strategic level to ensure that a suite of shared objectives can be agreed between the Local Planning Authority and Public Health bodies so that mutually useful data is collected to inform both the successes realised and potential areas where further intervention is required.