

# Core Strategy

Leeds Local Development Framework



Health Background Topic Paper  
Publication Draft  
February 2012

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(Bengali):-

যদি আপনি ইংরেজীতে কথা বলতে না পারেন এবং এই দলিলটি বুঝতে পারার জন্য সাহায্যের দরকার হয়, তাহলে দয়া করে 0113 247 8092 এই নম্বরে ফোন করে আপনার ভাষাটির নাম বলুন। আমরা তখন আপনাকে লাইনে থাকতে বলে কোন দোভাষীর (ইন্টারপ্রিটার) সাথে যোগাযোগ করব।

(Chinese):-

凡不懂英語又須協助解釋這份資料者，請致電 0113 247 8092 並說明本身所需語言的名稱。當我們聯絡傳譯員時，請勿掛斷電話。

(Hindi):-

यदि आप इंग्लिश नहीं बोलते हैं और इस दस्तावेज़ को समझने में आपको मदद की ज़रूरत है, तो कृपया 0113 247 8092 पर फ़ोन करें और अपनी भाषा का नाम बताएँ। तब हम आपको होल्ड पर रखेंगे (आपको फ़ोन पर कुछ देर के लिए इंतज़ार करना होगा) और उस दौरान हम किसी इंटरप्रिटर (दुभाषिए) से संपर्क करेंगे।

(Punjabi):-

ਅਗਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਅਤੇ ਇਹ ਲੇਖ ਪੱਤਰ ਸਮਝਣ ਲਈ ਤੁਹਾਨੂੰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ 0113 247 8092 'ਤੇ ਟੈਲੀਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਪਣੀ ਭਾਸ਼ਾ ਦਾ ਨਾਮ ਦੱਸੋ। ਅਸੀਂ ਤੁਹਾਨੂੰ ਟੈਲੀਫ਼ੋਨ 'ਤੇ ਹੀ ਰਹਿਣ ਲਈ ਕਹਾਂ ਗੇ, ਜਦ ਤਕ ਅਸੀਂ ਦੁਭਾਸ਼ੀਏ (Interpreter) ਨਾਲ ਸੰਪਰਕ ਬਣਾਵਾਂ ਗੇ।

(Urdu):-

اگر آپ انگریزی نہیں بولتے ہیں اور آپ کو یہ دستاویز سمجھنے کیلئے مدد کی ضرورت ہے تو براہ مہربانی اس نمبر 0113 247 8092 پر فون کریں اور ہمیں اپنی زبان کا نام بتائیں۔ اس کے بعد ہم آپ کو لائن پر ہی انتظار کرنے کیلئے کہیں گے اور خود تترجمان (انٹریپرٹیر) سے رابطہ کریں گے۔

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## **Health background paper**

### **1. Overview**

- 1.1 Economic and environmental issues all impact on the health and well being of the community. The determinants of people's health and well being are wide ranging, they include the built environment, the quality of housing stock, employment, the provision of greenspace, access to food and making healthier choices, to name but a few. Planning has a leading role in determining the character of the environment in which people live, the housing available to them, the location of jobs, shops and community facilities, all of which influence the choices people make in life and consequently their health in terms of mental and physical well being.

### **2. National Policy Framework**

- 2.1 There have been a number of reports written nationally on the topic of health and well being. It is not the purpose of this Background paper to review them all, but instead to 'set the scene' and to provide the background evidence prior to reviewing how the Core Strategy contributes positively towards health and well being at the local level.
- 2.2 The National Institute for Health and Clinical Excellence (NICE) has published a number of guidance notes on public health. Of most relevance to the Core Strategy is NICE public health guidance 8 Promoting and creating built or natural environments that encourage and support physical activity (2008). It recommends that planners planning together with other policy makers plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity. It also recommends that applications for new development should promote physical active as part of people's daily activity.
- 2.3 The Foresight Report (2007) considers the issues surrounding obesity and recommends that the focus is on promoting children's health, promoting healthy food, to build physical activity into our lives, together with supporting health at work and providing effective treatment. These five responses were adopted by the previous government in their report, Healthy Weight, Healthy Lives: A cross-government strategy for England (2008), which supports making healthy choices to reduce obesity. This report champions a number of initiatives that are directed at improving people's health and well being, including investment in cycling infrastructure, encouraging people to walk more and take physical exercise and choose healthier food choices.
- 2.4 Fair Society, Healthy Lives (2010) also known as 'The Marmot Review' was an independent review into health inequalities in England. The Marmot Review argued that climate change could potentially increase health inequalities and that good quality and well designed environments are key to improving the health and wellbeing of a community. It encourages greater physical activity through the provision of well designed green spaces and network of routes which encourage people to walk to shops and services. The review made 3 recommendations that are relevant to spatial planning. They are to prioritise policies and interventions that both reduce health

inequalities and mitigate climate change; fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality and; support locally developed and evidence-based community regeneration programmes.

- 2.5 The findings of this report have been embraced by the current government in the recently published Healthy Lives, Healthy People White Paper (2010). It sets out the government's strategy on empowering local communities to improve the health of their community and reduce health inequalities. Leeds City Council Scrutiny Board for City Development resolved to incorporate the recommendations from the Marmot Review into the Local Area Agreement.

### **3. Health and Wellbeing in Leeds**

- 3.1 Health and wellbeing is very much at the forefront of national and local policy making. If no action is taken, it is estimated nationally that 60% of adult men, 50% of adult women, and 25% of children will be obese by 2050, with around 35% of adults, and 30% of children overweight<sup>1</sup>. In addition to this, there are widespread concerns about the health inequalities between communities with the most deprived communities suffering the most from poor health and well being (Foresight Report 2007).
- 3.2 Leeds had a population of 755,580 in 2010 (strategic housing market availability assessment), which is estimated to rise to 950,000 by 2033. The demographic make up of the population of Leeds has changed significantly over the years. According to the Joint Strategic Needs Assessment (JSNA 2011) Between 2000/1 -2009/10 the number of births has increased by 35% with 10,202 children born in 2009/10. Leeds has a high proportion of 20-29 year olds living due to Leeds being home to three universities (over 60,000 students), and since 2001 the number of 85+ year olds has increased by 20%. Just over 64,000 people claiming out of work benefits (11.8%) and in June 2011 22,047 people were claiming job seekers allowance (4.1%).
- 3.3 In Leeds, 45 of all the lower super output areas (9.5%) are in the most deprived 10% on the national scale for income deprivation. 33,000 children in Leeds are living in poverty and this is largely concentrated within the inner city areas.
- 3.4 Life expectancy between 2007-2009 was on average 79.91 years in Leeds, but in the deprived communities it was 78.08 years. In Adel and Wharfedale the life expectancy is 83.61 years compared to Hunslet where it is 74.08 years, a difference of 9.53 years across Leeds. This shows there is a significant difference between wards, demonstrating that health inequalities exist between communities in Leeds.
- 3.5 The headlines from the qualitative analysis for the 2011 JSNA on healthy lifestyles are as follows:
- Only half of young people do the recommended amount of exercise a week. Teenagers do not consider there to be enough services for them

and children in general expect parks and play facilities to be local and within walking distance,

- There has been an increase in older children eating unhealthy snacks,
- There is a need to improve leisure services,
- People (in particular older people) prefer to access services locally within their neighbourhood, as there is a reluctance to travel, and would like to see an increase in leisure facilities and amenities.

#### **4. Local Policy Framework**

4.1 The Vision for Leeds 2011-2030 is the Sustainable Community Strategy for Leeds. The Vision for Leeds has three priorities which all seek to have a positive impact on the health and well being of the community. They are:

- People live longer and healthier lives,
- People are supported by high quality services to live full, active and independent lives; and,
- Inequalities in health are reduced e.g. people will not have poorer health because of where they live, what group they belong to or how much money they have.

4.2 Underneath the Vision for Leeds is the City Priority Plan which sets out the Council's aims for the next 5 years to assist it in achieving the Vision. This is split up into sections, the most important to this paper being Health and Wellbeing. The Council is focusing on housing, education, transport, green space, work and poverty and what we can do to help everyone have the best chance to be healthy, to improve health and wellbeing across the city.

#### **5. The Core Strategy**

5.1 The Core Strategy, part of the Local Development Framework (LDF), takes its policy direction from the Vision for Leeds, its supporting documents and consequently its lead on supporting improved health and wellbeing in the community. The Core Strategy sets out the spatial approach to planning up to 2028, for the provision of new housing, transport, employment land, green infrastructure and green space, the role of the city centre, town and local centres, protecting the environment and mitigating against climate change, all of which will contribute towards tackling the wider determinants of health. This spatial approach to planning provides the opportunity to plan long term for changing health service needs, both at strategic and local levels, in response to the increasing population and consequently the increasing demand for housing, employment and city wide physical and social infrastructure to facilitate the increasing population that Leeds is required to support.

5.2 The Core Strategy has three policy tiers to it, which all link back to the Community Strategy. The Core Strategy Vision (and Objectives) set out the aspirations for the city which are linked to the Community Strategy and national guidance, the Broad Development Strategy and headline Spatial Policies which sets out the direction of the vision for Leeds and the strategic themes, which set out Policies based around five interrelated themes. The themed sections relate to, the City Centre, Housing and the Economy, Place Making, Transport (Well Connected City) and Managing Environmental

Resources and Green Infrastructure. Their contribution towards improving health and wellbeing is set out below.

- 5.3 A Sustainability Appraisal (SA) is required to accompany the Core Strategy. The SA assesses all the policies within the document against sustainability criteria. The most relevant objective for health and wellbeing is SA objective 4 to 'Improve conditions and services that engender good health and reduce disparities in health across Leeds.' All the policies within the Core Strategy have been assessed against health objectives within the SA. A copy of this objective, including the decision making criteria, indicators and targets from other plans, policies and programmes is in Appendix A of this report.
- 5.4 The Core Strategy Vision is set out in a number of bullet points. It is based on supporting Leeds' role within the city region, delivering development in a sustainable way and creating successful communities, all of which make a contribution towards health and wellbeing at a local level.
- 5.5 The Broad Development Strategy outlines the key strategic policies that the Core Strategy aims to deliver. These Spatial Policies focus on the location and quantity of housing and employment land; supporting centres, regeneration areas; the Aire Valley eco settlement; conducting a selective green belt review; transport infrastructure investment priorities; managing the growth of Leeds Bradford airport; and strategic green infrastructure.
- 5.6 The strategic location and amount of housing and employment provision has an impact on the health and wellbeing of people. Both need to be accessible. Housing should be well located in relation to shopping and service facilities, jobs and green space and employment land should be located in accessible locations to enable people to walk, cycle or take public transport and to not have to rely on private transport, which in turn helps mitigate against climate change. Leeds will have to conduct a selective green belt review to assist allocating sufficient land for housing and employment to meet the projected household numbers for the plan period. This will have a positive impact strategically on the provision, availability and type of housing and employment opportunities.
- 5.7 Regeneration areas and the Aire Valley eco settlement, which is also identified as a regeneration area, are two strategic policies that focus on improving neighbourhoods that are within the country's 10% most deprived areas. They both focus on the provision of new housing, environmental improvements, and in the case of the Aire Valley (an eco-settlement) delivering a significant number of new jobs and projects. Regeneration areas are areas that have been chosen not only because they are some of the most deprived locations in Leeds but also because of the potential they have for delivering positive change to housing provision, the environment and job opportunities. Access to housing that meets the needs of the user, a good quality environment within which to live, useable green space and access to jobs, all affect the health and wellbeing of a community as supported by national guidance on health.

- 5.8 The strategic transport policy supports the objectives of the West Yorkshire Local Transport Plan 3 and the Leeds City Region Transport Strategy (2009). Spatial priorities broadly focus on improving public transport, the cycle network and accessibility, concepts that are supported by the national documentation reviewed earlier in this paper.
- 5.9 Green Infrastructure is a network of multi-functional green spaces. The Core Strategy seeks to maintain and improve the quality and provision of green infrastructure which will have a positive impact on health and wellbeing by improving access to green space, which helps in promoting physical activity, the provision of allotments to encourage people to be resourceful and grow their own fruit and vegetables and climate change through increasing the amount distribution and accessibility of green infrastructure.

## **6. Core Strategy Themed Sections**

### **The City Centre**

- 6.1 The city centre is the focus for economic growth and employment, a transport hub, and a regional destination for shopping and cultural facilities. It also has a large residential population following significant flat building between 1995 and 2010, which is continuing to grow. The purpose of this chapter is to support the economic growth of the city centre as the focal centre for the city and the region, whilst improving amenities for city centre residents, improving connectivity between the city centre and the inner city communities and supporting development, including new green space provision and linkages between the north and south sides of the city.
- 6.2 The policies for the city centre have a positive contribution on people's health and wellbeing by supporting the provision of jobs, facilities and services, green space, and improving accessibility to them, all of which are supported by national guidance. The improvements in connectivity between the city centre and the inner city communities, where the majority of Leeds' deprived communities are located, will have a positive impact on these communities through better access to jobs, facilities and services.

### **Housing**

- 6.3 The housing section seeks to control the release of land for housing development to ensure that brown field land is redeveloped first to assist in regenerating areas. Housing is to be sited in accessible locations, which have good access to public transport, jobs and amenities. The chapter also focuses on the mix of house types to ensure that development sites provide for a range of housing sizes to accommodate the difference in household size and specialist housing provision in terms of affordable housing, houses in multiple occupation, student accommodation, flat conversions, accommodation for gypsies, travellers and travelling show people and housing for independent living.
- 6.4 The Core Strategy plans for a range of housing needs, including those that require affordable housing or specialist housing, which will contribute towards reducing health inequalities and support improved health and wellbeing.

### **Supporting Economic Opportunities**

- 6.5 The purpose of this section is to ensure that there is a sufficient supply of employment land available in accessible locations to meet demand within the plan period and beyond. This contributes towards the economy and job creation important to the health and wellbeing of people, in particular during a time when the number of people on job seekers allowance has increased.

### **Place making**

- 6.6 Place making focuses on the provision of accessible shopping, services and facilities within town and local centres and neighbourhood parades, the provision and accessibility of community facilities, good design, conservation and landscape. The JSNA 2011 found that people preferred to access shops, services and facilities locally and this chapter supports this.
- 6.7 The accessibility of food, in particular healthy food is of key importance to promoting healthy lifestyles. The JSNA 2011 found that there has been a rise in teenagers eating unhealthily and nationally obesity is on the rise as cited in the Foresight Report. The Core Strategy seeks to protect allotments from redevelopment and supports the provision of new allotments which encourages healthy eating. The Core Strategy also acknowledges that the over exposure to hot food takeaways and alcohol can have an adverse on health, which is now a material planning consideration.
- 6.8 Being able to access shops, services and facilities locally is important to improving people's health and wellbeing and this is what the chapter promotes. The Marmot Review states that the design of buildings and the quality of the environment are key to improving the health and wellbeing of a community. It also states that the ability to encourage people to walk to shops and services would have a positive impact on health and wellbeing, a concept supported in this section through promoting centres, local shopping on neighbourhood parades and locating community services within the community.

### **Transport (Well Connected City)**

- 6.9 Transport management and accessibility are the focus of this section. These policies support sustainable transport proposals and development in accessible locations, advise on car parking, support the use of transport assessments and travel plans; and give guidance on developer contributions towards road infrastructure improvements.
- 6.10 Locating development in accessible locations encourages walking, cycling and the use of public transport which promotes physical activity as championed by national guidance, thereby reducing the use of the car and mitigating against climate change as acknowledged in the Marmot Review as a potential contributor to health inequalities.

### **Managing Environmental Resources and Green Infrastructure**

- 6.11 Access to good quality green infrastructure and green space is considered to be an important contributor to improving health and wellbeing. The policies relating to this section are focused on standards for green and open space



with detail on protection of existing new provision and redevelopment where there is an over supply.

- 6.12 The section on managing environmental resources is wide ranging with policies on habitat and biodiversity protection and improvements, waste management and mineral extraction, and mitigating climate change. The Marmot Review recognised that climate change could potentially increase health inequalities and that physical activity should be encouraged through the provision of well designed green space. This is echoed by the NICE guidance and the Foresight Report which promote physical activity and a network of routes for walking and cycling. The JSNA 2011 found that teenagers were not doing the recommended levels of physical exercise and that young people wanted green space and play facilities to be located locally. The Core Strategy seeks to improve accessibility, quality and provision of green space locally where there is a deficiency and mitigate against climate change.

#### **Infrastructure Delivery Plan**

- 6.13 The infrastructure delivery plan accompanies the Core Strategy, setting out how and when new infrastructure facilities will be delivered in a coordinated approach.

### **7. Rapid Health Impact Assessment of the Local Delivery Framework Core Strategy**

- 7.1 To accompany the SA, the City Council conducted a rapid health impact assessment (HIA) in July 2011 facilitated by the Leeds Initiative. The session involved a wide range of stakeholder including representatives from the NHS, health professionals City Council officers (including community based health and wellbeing officers), and members.
- 7.2 A Health Impact Assessment (HIA) is a tool for determining the likely effects of a particular policy or programme on people's health. This process aims to identify the potential health consequences of a proposal on a given population in order to maximise the positive health benefits and minimise potential adverse effect on health and inequalities. Many kinds of planning and decision making influence health and as mentioned previously in this paper, it is widely recognised that the economic, physical, social and cultural environment affects the health and wellbeing of individuals and populations. A whole range of agencies and organisations have an important role to play in maintaining and enhancing the health of the population. At a local level these include local government, businesses and the voluntary sector, as well as the NHS.
- 7.3 At local level, one of the values of a HIA is that it provides a way of thinking about both the intended and unintended consequences of actions. A HIA is especially useful for developing partnership work because it enables partners or people affected to identify any concerns.
- 7.4 There are different types of HIA and they can be carried out before, during or after a programme or policy has been developed. They can also be carried

out at different levels of detail. Given that Leeds did not have the resources or timescales to deliver a comprehensive HIA, it was proposed that a rapid HIA was carried out on the LDF core strategy.

- 7.5 A workshop was held to bring together a wide range stakeholders to participate in a rapid Health Impact Assessment. It also gave the opportunity to test out and agree our approach to HIA in Leeds that could be applied to future policies or plans and help develop the important links between planning and public health. From the workshop following this key messages were produced to feed in to the Core Strategy.

## **8. Key messages from the Rapid Health Impact Assessment**

- 8.1 Health recommendations for the Core Strategy as a consequence of the HIA are in Appendix B. Many of the recommendations that were made were already included within the Core Strategy, which demonstrates that health has been an integral consideration in policy making for the Core Strategy from the outset. Broadly speaking, the recommendations made focused on providing a mix of house types in the city centre, good access to health facilities, jobs, education, green space, public transport, healthy food, health facilities and shops. Other key messages included the promotion of community cohesion and the development of mixed and diverse communities, sustainable design and construction and addressing the needs of people with poorer health and long term illness.

- 8.2 Changes that have been made to Core Strategy policies as a result of the HIA are;

- Promoting a mix of house sizes within the city centre,
- Improve opportunities for local people to get jobs through S106 employment agreements,
- Supporting the development of infrastructure to serve new low carbon vehicles,
- Acknowledging that the proliferation of hot food takeaways, restaurants and pubs/bars can have an effect on people's health which is now a material planning consideration.

- 8.3 A number of recommendations were not relevant to planning or could not be addressed by planning policy and explanations have been given in the table within Appendix B.

## **9. Overall Conclusions**

- 9.1 Key health messages have now been incorporated into the Core Strategy and closer links built between the planning department at Leeds City Council Planning and public health. It is acknowledged that planning does already influence health and that there are pockets of good practice for health and planning partnership working but it may be that this needs to be more clearly articulated for Leeds. A number of proposed LDF documents will facilitate on-going dialogue to enable health to be considered in planning decisions and these should be utilised in order to work smartly on this agenda. A follow on action from the HIA workshop will be to develop a Health and Planning

Reference Group. This group would be consulted on planning policies arising from the LDF process and ways to consult health colleagues more widely on planning matters will be explored.

- 9.2 The move of the Health Improvement function into the Local Authority (as part of the NHS Reforms) will help to develop closer working between planning and health. The development of Clinical Commissioning Groups (CCGs) through the Reforms may also have implications for spatial planning in terms of buildings and new services that may be commissioned, possibly necessitating dialogue between CCGs and planning.
- 9.3 The Health and Wellbeing Partnership Board which will operate from April 2012 will provide strategic leadership, direction and vision for the city in determining, shaping, implementing and monitoring key priorities and strategies to improve the wider determinants of health that drive poor health outcomes especially in the most deprived areas.
- 9.4 The development of a new Health Improvement Board will work in partnership to focus on strategic actions that lead to health improvement. Through this there is the potential to better link in spatial planning and develop relevant work streams to help create healthy communities.

## **References**

1. **'Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2011'** Professor Sir Michael Marmot, University College London (2011)
2. **'Healthy lives, healthy people White Paper: Our Strategy for public health in England'** Department of Health, 2010
3. **'Healthy weight, Healthy lives: A Cross-Government Strategy for England'** Department of Health, 2008
4. **'Leeds 2030, Our vision to be the best city in the UK, Vision for Leeds, 2011 to 2030'** the Leeds Initiative, 2011
5. **'Promoting and creating built or natural environments that encourage and support physical activity, Nice public health guidance 8'** NHS National Institute for Health and Clinical Excellence, 2008
6. **'Tackling Obesities: future choices' Foresight, Government Office for Science, 2nd Edition, 2007**
7. **'Leeds JSNA 2011, Embedding JSNA In Our Future'** Leeds City Council and NHS Leeds: [www.slideshare.net/robq/Leeds-joint-strategic-needs-assessment-presentation](http://www.slideshare.net/robq/Leeds-joint-strategic-needs-assessment-presentation).

## Appendix A

| SA OBJECTIVES  | DECISION MAKING CRITERIA  | INDICATORS   | TARGETS FROM OTHER PPPs (Key to abbreviations at end of table.)   |
|--|---|--|---|
| <b>SOCIAL OBJECTIVES</b>   |   |  |   |
| 4. Improve conditions and services that engender good health and reduce disparities in health across Leeds | a. Will it promote healthy life-styles, and help prevent ill-health?<br>b. Will it improve access to high quality, health facilities?<br>c. Will it address health inequalities across Leeds? | 1. Life expectancy<br>2. Mortality rates from coronary heart disease and cancer<br>3. % of people of working age population with limiting long-term illness<br>4. % of people whose health was not good<br>5. Estimate of obesity %<br>6. No of people on incapacity benefits and severe disability allowance<br>% of SOAs in the 20% most deprived nationally in the IMD Health deprivation & disability domain | <ul style="list-style-type: none"> <li>• Reduce mortality from heart disease by at least 40% in the under 75s and cancer by at least 20% by 2010 (UK)</li> <li>• By 2005, reduce by 20% the gap between the ward with the highest level of Coronary Heart Disease and the ward with the lowest (based on a 3 year aggregate), and by 50% by 2010. (LNRS &amp; LHS))</li> <li>• Halt the year-on-year rise in obesity among children under 11 by 2010. (UK)</li> </ul> |

## Appendix B

| Recommendation  | Recommendation was already included.   | Now incorporated into Core Strategy   | Not included because....  | Signposted to relevant other forum   |
|---|--|---|---|--|
| <p><b>City Centre</b><br/>A major issue relates to the inequalities between people living in expensive city apartments and those in the surrounding, deprived urban areas. A range of recommendations were made to suggest how this could be addressed and how social cohesion could be improved. These included: having more affordable housing; breaking down physical barriers between city centre and inner city neighbourhoods; having a mix of housing sizes and communal areas (gardens, seating, car free zones etc.) to encourage different age groups to live in city centre; having natural surveillance through better design; promoting more diversity in centre; and improving opportunities for local people to get jobs through S106 Employment Agreements.</p> | <p>The following measures for addressing inequality issues form part of the Core Strategy:<br/>i) affordable housing is sought under Policy H5<br/>ii) connections between city centre and inner city neighbourhoods will be addressed through Policies SP3 and CC3 helping to overcome barriers;<br/>iii) Policies CC1, G5 and G6 will help to encourage different age groups to live in city centre by seeking new open spaces and communal areas and protecting existing<br/>iv) Policy P10 promotes the creation of a safe and secure environment through better design;</p> | <p>Policy H3 will help to encourage different age groups to live in city centre by having a mix of housing sizes in the city centre. It was originally drafted not to apply to the city centre.</p> <p>An addition to Policy SP9 will improve opportunities for local people to get jobs through S106 Employment Agreements</p> |   |  |
| <p>Better planning together to make sure health facilities are provided for new and existing residents of city centre. This would mean better communication and closer working between Leeds City Council, the NHS and GPs. This would also include access to dentists, optometrists and pharmacists. This would cut down inappropriate use of A&amp;E services at the hospital.</p>  | <p>Policy CC1 will help by planning to accommodate the range of “supporting services” that are needed for housing development. This includes health facilities.</p>  |   |   |  |
| <p>Access to health promoting facilities and activity particularly in relation to: enhancing public spaces and green space including roof gardens; cycling and walking; standard set of facilities in new development (e.g. pram and bike storage space); clearer links to active travel and public transport; shops and markets selling affordable healthy food and limiting number of takeaways; spaces for young people to use in new developments (indoor play areas as well as outdoor); sport facilities and activities that are free or low</p>  | <p>Access to health promoting facilities will be enhanced by<br/>i) Policies CC1, G5 and G6 which will improve quantity and quality of public spaces and green space including spaces for young people to use,<br/>ii) Policies SP3, SP11, CC3 and T2 will help improve routes and</p>   | <p>Policy P3 seeks to control the number of hot food takeaways (hftas) on neighbourhood parades. Text within the Place making chapter also refers to hftas and that a proliferation of these can undermine the shopping</p>   | <p>It is beyond the scope of planning to control the price and healthiness of food sold by outlets and the price of sports facilities</p> | <p>Clearer links to active travel and public transport – will be improved through the Leeds Legibility Project</p> |

|   |   |  |   |  |
|---|---|--|---|--|
| <p>cost.</p>  | <p>facilities for cycling and walking in the city centre;<br/> iii) Policy P10 expecting storage space for cycles<br/> iv) Policy CC1 expecting supporting services, including shops and markets and sport facilities (gyms).</p> | <p>function and overexposure can lead to poor health which is a material planning consideration.</p>   |   |  |
| <p>A key health issue for the city centre is alcohol. There needs to be better liaison between: planners, licensing, police and community safety, alcohol advisory services and public health. Better controls of bars, shops and takaways. Make city centre more family friendly and encourage broader responsibility for drinking behaviour.</p>  |   | <p>Text has now been included referring to the need to ensure that non retail uses do not dominate shopping parades or shopping frontages. In particular to prevent a proliferation of use classes A3, A4 and A5, which through overexposure to could result in poor health. This will be addressed in more detail in further LDF documents where more policy on retail and non retail uses will be set out.</p> | <p>It is beyond the scope of planning to control the sale of alcohol. Also, the City Centre is a good location for pubs, bars, cafes and night-clubs that sell alcohol.</p> |  |
| <p><b><u>Housing and the Economy</u></b><br/> The policies in this theme are concerned with planning for housing needs, longer term growth, retain existing job opportunities and to plan for economic recovery and sustainable growth. Policies include, location the broad locations for housing and economic development (including supporting the role of the city centre &amp; the pattern of settlements across the Leeds District), a strategy for the allocation &amp; phasing of housing development, the provision of housing allocations for gypsies, travellers, affordable housing, student accommodation, housing for older people and planning for a sufficient mix of dwelling types.</p> <p>Policies for the economy include, the economic role of the City Centre and Aire Valley Leeds for longer term job growth, the need to support job opportunities within regeneration priority areas, identifying broad locations for</p> |   |  |   |  |

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| <p>office development, local employment and promoting the rural economy.</p>   |  |  |  |  |
| <p>The location of housing and economic development should ensure there is access to green space and facilities: education, jobs, local authority and voluntary sector services shops, health and primary care(GPs). Access to healthy, affordable food and growing spaces</p> | <p>POLICY G4 ensures that housing development and POLICY G5 ensures that commercial development in the city centre will contribute toward provision of green space and civic space. POLICY P9 seeks to ensure that sufficient social, education and health facilities are accessible to people who need them. Allotments for growing food are addressed through POLICIES G3, G4 and G6. Where there is local need, existing allotments will be protected and new space negotiated in appropriate new developments. POLICY SP1 recognises the role and the provision of new and existing green infrastructure can bring to support communities and economic activities.</p> |  |  |  |
| <p>promote social interactions through providing opportunities for communication with neighbours and community activities. Build in opportunities for people to come together and promote community cohesion and support. Development of mixed and diverse communities.</p>    | <p>The section “Social and Community Facilities” emphasises the importance of social and community facilities and open spaces being available to help strengthen communities. POLICY P8 expects facilities to be accessible to communities and replaced if they are lost through redevelopment.</p>  |  |  |  |



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| <p>Ensure healthy and sustainable design of individual buildings – need for choice, good design, remove overcrowding; and communities – freedom of movement, making healthier choice the easier one, ‘village green style’ and importance of green infrastructure, safety issues.</p> | <p>POLICY P10 seeks to ensure that the design of new development takes account of the need for sustainable construction, recycling and renewable energy. Housing growth planned through SPATIAL POLICIES 6 &amp; 7 to meet Leeds’ future housing needs will help reduce pressure for overcrowding of existing housing. POLICY CC3 is about connecting communities in and around the city centre. POLICY G4 will offer potential for new green space in new developments to make attractive routes and connections for pedestrians.</p>   |  |  |  |
| <p>Development of scope for job creation and positive dialogue with private sector. Access to lifelong learning and skills development.</p>   | <p>Policies SP9 supports job retention and creation. Through promoting the need for a skilled workforce, education attainment is considered to be a key driver to help reduce barriers to employment opportunities. Policies SP10 and EC1 sets out the employment land requirements for a wide range of different employment sectors for example industrial, knowledge base, professional services and manufacturing. In order to enable job opportunities which are accessible to people living across the whole district it is there essential to provide sufficient employment land in appropriate locations.</p> |  |  |  |

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| <p>Addressing the needs of specific groups who have poorer health e.g. people with disabilities, gypsy and traveller communities, people with long term conditions, etc.</p>  | <p>POLICIES H5, H7 and H8 make provision for accommodation to meet the needs of specific groups including those with less money (affordable housing), Gypsies and Travellers and the elderly. POLICIES P9 and T2 expect new development to be accessible to people with disabilities.</p>  |  |  |  |
| <p>Encourage walking and cycling as modes of movement.</p>  | <p>POLICY T2 expects new development to incorporate access for cyclists and pedestrians, including cycle parking. POLICY CC3 is about connecting communities in and around the city centre.</p>  |  |  |  |
| <p><b>Place making</b><br/>Access to facilities in local communities needs to be part of the infrastructure planning: this would include shops, health and leisure facilities as well as green space and community facilities. Within walking distance?</p> | <p>Core Strategy Policy SP2 seeks to provide shops at four levels, city centre, town centres and local centres. Policy P1 supports town and local centres and Policy P2 directs appropriate uses to these centres. Policy P3 supports the corner shops/neighbourhood parade, local centre, town centre and city centre. Policy P9 supports the provision of community facilities including education, health and other services within the local community. Greenspace provision is covered in policies G3 – G6, which set out green space standards across the city, the requirements for green space as a result of new development, protects greenspace from redevelopment where it is not in</p> |  |  |  |

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| To promote healthy eating, the number of fast food takeaways should be limited particularly around schools and local shopping areas. Access to shops supplying health food and the development of allotments and space for growing healthy food should be a priority.  | Policy P8 requires a sequential assessment to be carried out to direct hftas uses to town and local centres or neighbourhood parades                              | Policy P4 seeks to retain the shopping function of neighbourhood parades and prevent a proliferation of hftas. Text has now been included referring to the need to ensure that non retail uses do not shopping frontages. In particular to prevent a proliferation of use classes A3, A4 and A5, which through overexposure to could result in poor health. This will be addressed in more detail in further LDF documents where more policy on retail and non retail uses will be set out. |  | Planning cannot control what retail shops (class A1) sell. |
| A key factor in people staying healthy is the social contacts and networks that people are involved in. Planning needs to consider building in opportunities for social interaction to reduce isolation and promote community activities. Spaces should be useable by different groups and multi-functional. Existing local facilities should be available for the community to use such as schools and libraries and new facilities should have rooms for communities to use. Local community centres should support outreach services to encourage people to use them. | Policy P8 seeks to promote community facilities being available to the local community. The Core Strategy cannot require existing developments to make provision. |   | The building schools for the future and PFI schools projects made requirements for the schools to make the facilities available for the community to use when the school is not using them. Existing community facilities do have rooms for communities to use and many have a variety of sized rooms which cater for different sized events as that is their purpose. |  |

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| <p>Safety and feeling safe are important to people's wellbeing. Good planning and design needs to address how to minimise crime and open up areas to natural surveillance.</p>  | <p>Policy P10 includes the need to design out crime.</p>   |  |   |   |
| <p>Improve quality of existing spaces making it greener and opening up more routes to open space. Consideration should be given to greening of all areas for example streetscapes by increasing trees and verges, seating areas, gardens, play areas, etc.</p>  | <p>Policy SP4 and SP5 support the regeneration of priority regeneration areas and smaller local schemes.<br/>Policy G4 and G5 seeks green space contributions both on site to improve green space provision and as a financial contribution towards the new provision and improvement of existing green space facilities.</p> <p>Policy G2 seeks to increase tree cover both woodland cover and in the urban city environment.</p> <p>Policy G1 seeks to enhance and extend Leeds' green infrastructure.</p> |  |   | <p>Environments and neighbourhoods service lead on regeneration projects. Could approach them about increasing tree cover in hard environments. Leisure Services have a budget for maintaining and developing green spaces. Many verges are owned by highways. Probably unlikely that new verges can be created due to existing street pattern.</p> |
| <p>Planning can also help support the building of community capacity and resources for example community transport schemes, effective involvement of local communities in decision making and planning in their local areas. The community engagement needs to be carried out in an effective way, with clear messages and timescales, and be an ongoing process. Examples of master planning which has effectively involved the local community. Protecting local community identity and minimises the coalescence of communities.</p> | <p>Policy SP1 seeks to locate the majority of development within urban areas. Development in settlements should be located on brownfield land suitable infill sites or key locations that are identified as sustainable extensions. Development should reflect and enhance the local character and identity of places and neighbourhoods as supported in policies P10, P11 and P12.</p>  |  | <p>The statement of community involvement sets out how and when planning consults with the community. Master planning is a big part of the planning process especially in regeneration projects. The Localism Bill proposes to introduce neighbourhood planning and to give communities greater control. However this must be done in</p> | <p>Area management might be better placed to support community transport schemes.</p>   |

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|  |   |   | conformity with the development plan. Therefore communities cannot refuse planning permission for developments that conform with the proposals map. The aim of neighbourhood planning is to encourage development not discourage it. |  |
| <p><b><u>Transport</u></b></p> <p>Active travel is one of the key areas to support health improvement – both physical and mental. Ensuring that cycling and walking opportunities are given priority. Expand the cycle network and reallocation of road space.</p> | <p>SP11 - Expansion of the Leeds Core Cycle Network to improve local connectivity. T1 refers to the expansion of the cycle network and to encourage sustainable transport, including walking and cycling.</p> |   |  |  |
| <p>Road safety should be promoted through use of measures such as 'home zones' and traffic calming.</p>  | <p>SP11 - Measures to deliver safer roads.</p>  |   |  |  |
| <p>Air quality affects particular vulnerable groups. Action to reduce car usage and increase public transport use along with the switch to low emission vehicles. Similar issues for noise pollution.</p>  |   | <p>Air quality in Leeds is dominated by transport emissions, especially from road transport. In recent decades air quality has improved in Leeds due the introduction of cleaner fuels and the use of exhaust after treatments<sup>1</sup>. Since around the year 2000, air quality in Leeds has remained static and is now showing signs of deterioration. The main pollutants of concern in</p> |  |  |

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|  |  | <p>Leeds are nitrogen dioxide (NO2) and fine particulate matter (Pm10). Poor air quality is generally restricted to the city centre, resulting from high background concentrations of traffic emissions, or close to emission hotspots, adjacent to heavily trafficked road junctions. According to DEFRA, existing levels of urban air quality cause significant health related problems, including a reduction in average life expectancy. At present there are 6 declared AQMA's and up to 35 Areas of Concern (AoC), where health related air quality standards are breached, or in danger of exceeding air quality limit values.</p> <p><sup>1</sup> Retrofitting of vehicles to reduce harmful exhaust emissions</p> <p>sentence be added to SP11'Support the development of infrastructure to serve new low carbon vehicles'</p> |  |  |
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| <p>Reducing the need to travel should be addressed by providing locally accessible facilities rather than ones in the city centre.</p>   | <p>Policies P1 to P9 address the need to locate facilities locally – shopping, leisure, services, culture, education and community facilities. Policy SP2 directs town centre uses to the appropriate level on the centres hierarchy.</p>  |  |  |  |
| <p>Address needs of disabled people</p>  | <p>Policy P10 addresses the needs of disabled people on new developments.<br/>Policy T2 on accessibility requirements and new development require development to be safe and accessible for people with impaired mobility.</p>   |  |  | <p>Building control standards.</p>   |
| <p>Recognition of the conflict of interest between economic growth and health – for example promotion of the airport.<br/>Need to look at ways to minimise negative effects.</p> | <p>The airport is addressed in policy SP12 and support is given to its growth as a regional airport subject to.....environmental assessment and agreed plans to mitigate adverse environmental effects; and the preparation of detailed planning guidance to manage any local impacts and implementation issues.</p> |  |  | <p>The natural resources and waste ddp states that unless air passenger numbers grow from currently 3million per annum to beyond 5 million, the most immediate impact of the airport on air quality is the road traffic emissions due to limited public transport accessibility.</p> |

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| <p><b><u>Environment</u></b></p> <p>Access to quality green space is essential to mental health and wellbeing as well as physical health. The distribution of green space needs to ensure that areas with poorer health have equal access and that any deficiencies are addressed for example through Section 106/Community Infrastructure Levy from development within or near to communities.</p> | <p>Policy G3, G4, G5 and G6 in the Core Strategy address green space. G3 sets the standards for existing supply and appropriate provision of new open space. G4 and G5 set the standards for provision of new green space as part of development proposals. G6 seeks to protect existing green space unless it can be demonstrated that there is a surplus of all green space types or the green space can be relocated.</p>   |  |  |  |
| <p>Access for schools to adequate green space for play and physical activity also needs to be addressed. Also developing green infrastructure around schools to encourage walking and cycling. Travel plans for schools should include details of walking and cycling to school.</p>  | <p>Policy T1 refers to transport management and sustainable travel proposals stating that the council will support sustainable travel proposals including travel planning measures for schools with further detail provided in the Travel Plan SPD and the Sustainable Education Travel Strategy. New schools or schools that are extended are required to submit Travel Plans and this includes details on walking and cycling to school. Policy G3 on green space standards includes standards for school playing pitch provision.</p> |  |  | <p>Education have their own requirements for providing green space on their school sites. Education is also promoting the Leeds sustainable schools framework which is an accredited self-review toolkit that supports schools to equip children for a lifetime of sustainable living.</p> |
| <p>Harness the corporate social responsibility of businesses to contribute to green space provision. New development needs to be sustainably designed and constructed and this will contribute to reducing carbon emissions and combating climate change.</p>   | <p>Policy G5 refers to the requirement of commercial/mixed use development to provide on site open space. Policy EN2 states that developments of 1,000 sqm or 10 dwellings or more are required to meet BREEAM standard excellent or Code for Sustainable Homes standards level 6 by 2016.</p>   |  |  |  |



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| <p>Health officers should have an input to policy development such as on air quality and waste.</p> |  | <p>The Natural resources and waste development plan document sets local standards for waste, which health officers were consulted on.</p> | <p>Standards for waste are set at the EU level, at national level and also at local level (in the Integrated Waste Strategy), the NRWDPD provides enough sites to ensure that we can meet our targets. Standards for air quality are set at the EU level and the national level, we don't go any tougher than that because the EU targets themselves are quite tough. We don't have any say in the targets. We carry out air monitoring and if we exceed the limits we have to formally declare an Air Quality Management Area – we have to report regularly to DEFRA on what actions we are taking to address air quality.</p> <p>According to our consultee list we consulted the Department of Health, Leeds PCT, the Health and Safety Executive, the North East PCT, the North West PCT and the Yorkshire and</p> |  |
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|   |  |  | Humber Strategic Health Authority. |  |
| Energy efficient homes would play a big role in reducing the number of preventable winter deaths. Particularly need to look at older properties and areas where more at risk people live. | Policy EN2 states that 10 dwellings or more are required to meet Code for Sustainable Homes standards level 6 by 2016, with lower targets prior to then. |  |                                    |  |

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## Core Strategy

Leeds Local Development Framework

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Health Background Topic Paper

Publication Draft

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