

TRUUD response to consultation on [National Planning Policy Framework](#) consultation (September 2024)

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Question 3: Do you agree that we should reverse the December 2023 changes made on the urban uplift by deleting paragraph 62?

YES

Excessively high housing need figures can result in too much focus on housing numbers at the expense of housing quality, and ensuring new homes are in sustainable locations. Therefore, removing the uplift should provide these urban areas with more opportunity to ensure the right type of development occurs in the right places. Furthermore, the uplift was not applicable to neighbouring local authorities which presented excessive pressure to deliver housing on some LPAs but not on neighbouring authorities.

Question 4: Do you agree that we should reverse the December 2023 changes made on character and density and delete paragraph 130?

YES

Increasing density can achieve health benefits by following 15-minute neighbourhood concepts. This can help to remedy historic low-density neighbourhoods that result in car-dependency. By in-filling with higher density, if done well, it can support compact neighbourhoods, increase physical activity, economic opportunities, quality green and open spaces, and community connectiveness (which can result in physical and mental health benefits).

We note the importance of ensuring LPAs are adequately resourced to produce localised design codes, masterplans and guides for areas of change to ensure they meet the needs of local people. A recent example in Bristol City Council, working with health researchers on the 'Tackling root causes upstream of unhealthy urban development' (TRUUD) project, showed that the framework approach for the Frome Gateway regeneration area can lead to £80-£100 million of health economic benefit due to reduction in ill-health.

Find out more here: <https://truud.ac.uk/wp-content/uploads/2024/03/Using-health-evidence-to-influence-urban-regeneration-in-Bristol-1.pdf>

Question 5: Do you agree that the focus of design codes should move towards supporting spatial visions in local plans and areas that provide the greatest opportunities for change such as greater density, in particular the development of large new communities?

YES

Public health inputs should be included when creating design codes (e.g. involving joint public health and urban planning roles in LPAs) so that health and wellbeing issues are embedded from the outset. This will increase likelihood of creating healthy places.

Question 6: Do you agree that the presumption in favour of sustainable development should be amended as proposed?

NO

There is a need for some mechanism that protects, or at least considers, the public health impact of a given development.

We have concerns that low quality, unsustainable development can result from the presumption. If local plans are out of date, then locational and design policies are likely also out of date, which can reduce health and wellbeing outcomes because newer local plans are more likely to include healthier policies. We suggest decoupling policies around quality of from locational policies in the local plan so that they can be updated more regularly.

We also note that the presumption can undermine local decision-making. This can reduce trust between the public and local authorities which in turn reduces community involvement in urban development and can lead to lower quality environments and not meet local needs.

Question 7: Do you agree that all local planning authorities should be required to continually demonstrate 5 years of specific, deliverable sites for decision making purposes, regardless of plan status?

NO

This may undermine local authority control since they are reliant on the private sector to bring forward land for development. This also undermines community involvement, reducing trust between the public and local authority, which can lead to less healthy urban development as local needs are less likely to be met. Quantity of development should not come to the detriment of quality, otherwise homes will be built in unsustainable locations and lock in poor quality for generations, harming health outcomes for communities.

Question 12: Do you agree that the NPPF should be amended to further support effective co-operation on cross boundary and strategic planning matters?

YES

We welcome the proposed universal coverage of Spatial Development Strategies (SDS) and the empowerment of metro mayors in their delivery. This will significantly improve attempts to address spatial issues, "including meeting housing needs, delivering strategic infrastructure, growing the economy, and improving climate resilience".

However, there are two important caveats here. The first is that public health needs to be considered part of these spatial issues, so that SDSs are required to reflect on their variously negative, positive, and negligible impact on public health. Therefore, there should be a duty on Mayoral Combined Authorities (MCAs) and equivalent authorities to consider public health throughout their SDS.

Secondly, it needs to be recognised that many - perhaps even most - areas do not have sufficient policymaking capacity and effective governance arrangements to make the most of SDSs. This includes ineffective MCAs and the many areas without equivalent institutions. These structural challenges need addressing alongside plans to implement SDSs across the country.

See our policy brief on 'What needs to happen to 'level up' public health?':

<https://truud.ac.uk/wp-content/uploads/2023/11/What-needs-to-happen-to-level-up-public-health.pdf>

And see our policy brief on 'Empowering mayors for preventative health':

<https://truud.ac.uk/wp-content/uploads/2024/09/Empowering-mayors-for-preventative-health.pdf>

Question 14: Do you have any other suggestions relating to the proposals in this chapter?

YES

Tackling health inequalities requires homes that meet the needs of underserved groups, including low-cost family homes (at least 3 bedrooms) and disabled people. Focusing on number of units through the standard method can result in under provision of accessible and affordable homes. This can widen health inequalities.

This chapter prioritises housing delivery, and although proposals should consider quality and design policies, there is a risk of over-intensification and poor health outcomes such as with access to light, overheating and noise if developments are not designed with health impacts in mind.

The duty to cooperate currently requires councils to engage with the NHS on health infrastructure. However, the involvement of public health teams should become a statutory obligation for strategic planning. This will require adequate resourcing for local authorities.

See our academic paper on ‘Understanding how to create healthier places’:

<https://doi.org/10.1016/j.healthplace.2023.103023>

Question 19: Do you have any additional comments on the proposed method for assessing housing needs?

YES

It appears that the new standard method will mean councils will need to plan for and support delivery of more homes. While delivering more homes may help meet local need, including for affordable housing, this is not guaranteed as the market may not be able to deliver sufficient housing for people on low incomes and greater public subsidy may be needed support to deliver new social housing.

There is a risk that planning significantly more homes will have the effect of building in unsustainable locations or compromised housing quality. Local authorities may be more hesitant to include policy requirements for health which they consider not to be mandatory. Therefore, national policy should specify greater minimum standards for quality, as well as inclusion of public health expertise to ensure homes are healthy and sustainable.

Question 20: Do you agree that we should make the proposed change set out in paragraph 124c, as a first step towards brownfield passports?

NO

Not all Brownfield land is lacking in value, therefore it should not be a default 'yes' as this risks omitting considerations of quality. Instead, brownfield development should be subject to tests on whether the land has existing public benefits, including those relating to health and wellbeing, with consideration about whether it could be more valuable as green space. The Health Appraisal of Urban Systems (HAUS) model developed by the TRUUD project could be particularly useful for determining this value.

There should also be measures to avoid unhealthy urban sprawl as a result of release of grey belt land. Sufficient densities, mixed-uses, and active travel options are needed to avoid car-oriented development which has negative health impacts.

Read more about the HAUS tool here: <https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Question 23: Do you agree with our proposed definition of grey belt land? If not, what changes would you recommend?

NO

In identifying grey belt land, it is necessary to consider the extent to which the land has existing public amenity and health and wellbeing benefits to local communities. The HAUS model developed by the TRUUD project could be useful for determining and quantifying the health benefits. There is a range of existing evidence about understanding the value of green space to local people.

There should also be an emphasis on avoiding urban sprawl, which may require consideration of density, sustainable transport links, or mixed-use development, for example.

Read more about the HAUS tool here: <https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Question 24: Are any additional measures needed to ensure that high performing Green Belt land is not degraded to meet grey belt criteria?

YES

When considering the extent to which a piece of land has public value, it is necessary to consider the impact it has on local health. The HAUS model developed by the TRUUD project could be useful for determining and quantifying these benefits.

Read more about the HAUS tool here: <https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Question 26: Do you have any views on whether our proposed guidance sets out appropriate considerations for determining whether land makes a limited contribution to Green Belt purposes?

YES

The missing factor here is public health. Question 70 asks for how to ensure that the NPPF contributes towards healthy communities. Here is an important opportunity for embedding public health in the planning process. Green Belt purposes do not currently mention health and wellbeing, but this addition could make a significant difference to protecting land that has positive physical and mental health impacts on local communities. The HAUS model developed by the TRUUD project could be useful for determining and quantifying these benefits.

Read more about the HAUS tool here: <https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Question 31: Do you have any comments on our proposals to allow the release of grey belt land to meet commercial and other development needs through plan-making and decision-making, including the triggers for release?

YES

Public health considerations should include the existing health and wellbeing value of the land, and also potential health and wellbeing impacts for proposed commercial development. A negative impact may not justify halting a development, but it should be considered as part of the decision-making process. For such decisions, it is valuable to be able to quantify public health impacts. The HAUS model development by the TRUUD project can provide such estimates.

Sustainable transport options are required for commercial and other development needs, for employees and customers, for example.

Read more about the HAUS tool here: <https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Question 34: Do you agree with our proposed approach to the affordable housing tenure mix?

YES

We support a target of at least 50% affordable homes, but this needs to be monitored closely and evaluated to determine whether it is actually met. Where it is not met, due to viability and other constraints, there is a risk that the policy will create low density sprawl on the greenbelt. This will have negative impacts for health and wellbeing.

Where high levels of affordable housing are delivered it is important to ensure low-cost travel options are provided at the same time so that people in low-income households can access employment and education, and local affordable healthy food is available i.e. through mixed-use neighbourhoods.

Local authorities should have more powers to be able to provide social rent, which is the most affordable type of 'affordable' housing, however this may require public subsidy.

Question 36: Do you agree with the proposed approach to securing benefits for nature and public access to green space where Green Belt release occurs?

NO

The public value of green space is vague and no methods of measurement are supplied. This risks underestimating the public value of green space in the NPPF and in individual planning decisions (there is evidence that health benefits result from safe, accessible greenspaces, with multiple uses, places to rest, and serenity). There is also no explicit mention of public health, one of the key public goods that comes from green space. Definitions of good quality greenspace may be needed.

Question 46: Do you have any other suggestions relating to the proposals in this chapter?

YES

The Golden Rules need to include some consideration of the impact of development on public health. Question 70 asks where in the NPPF public health can be embedded, and this is a clear opportunity.

Question 47: Do you agree with setting the expectation that local planning authorities should consider the particular needs of those who require Social Rent when undertaking needs assessments and setting policies on affordable housing requirements?

YES

This should be considered as truly affordable housing is associated with good health and wellbeing.

Question 48: Do you agree with removing the requirement to deliver 10% of housing on major sites as affordable home ownership?

YES

The priority should be on affordable homes, not on ownership. This should benefit those in greatest housing need, which can bring greatest health and wellbeing benefits.

Question 49: Do you agree with removing the minimum 25% First Homes requirement?

YES

This should allow local authorities to increase provision of social rent, therefore benefiting those in greatest need, which may provide the greater health and wellbeing benefits.

Question 51: Do you agree with introducing a policy to promote developments that have a mix of tenures and types?

YES

This should meet local housing needs and improve living conditions for people, therefore benefiting health and wellbeing. However, it needs to ensure community infrastructure and local amenities are also present to create healthy communities.

Question 59: Do you agree with the proposals to retain references to well-designed buildings and places, but remove references to ‘beauty’ and ‘beautiful’ and to amend paragraph 138 of the existing Framework?

YES

Additional references to healthy design guidance could also be helpful. This should highlight and signpost to resources to understand how to achieve creation of healthy places e.g. for physical activity, climate resilience, safe, cohesive, quiet, good air quality, good access to employment and amenities etc. Public health support can help, e.g. via the Office for Health Improvement and Disparities (OHID).

We suggest replacing the term ‘beauty’ with ‘healthy’.

Question 62: Do you agree with the changes proposed to paragraphs 86 b) and 87 of the existing NPPF?

NO

It is important that these major developments entail a consideration of their impact on public health. Although other benefits may outweigh negative impacts on public health, this needs to be considered at the planning stage. It is therefore necessary to develop economic valuation of public health impacts.

Read more about TRUUD’s health economic valuation tool here:

<https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Question 70: How could national planning policy better support local authorities in (a) promoting healthy communities and (b) tackling childhood obesity?

There are opportunities throughout the NPPF to embed public health into the planning process. Realising these opportunities necessitates a shift away from considering public health as a separate issue from planning or as an 'add-on'. Instead, public health needs to be considered as one of the core outcomes of planning decisions. There is a strong body of evidence pointing towards the importance of the built environment on public health, and especially the prevalence of non-communicable diseases, which account for a significant proportion of the UK's preventable deaths. However, there is inadequate mention of health impacts in this consultation e.g. it is notably absent from the 'golden rules'.

We propose requirements to signpost to local public health data in local plans so that it addresses local needs.

Health Impact Assessments (HIAs) should be required for major applications (or other relevant trigger). This may require more support for HIAs processes so that design teams value this approach, and so local authorities are able to understand recommendations arising from HIAs. Public health teams should be integral in this process.

In order to ensure that public health impacts are effectively accounted for, we propose using health economic valuation tools. There are several such tools available that could make an important contribution here. The TRUUD project has developed the HAUS model, which provides economic costings of public health impacts of major developments. The use of such tools in the planning process will ensure that health can be embedded in decision-making and local plans.

Read more about the HAUS tool here: <https://truud.ac.uk/wp-content/uploads/2023/12/Valuing-the-external-social-costs-of-unhealthy-urban-developments-1.pdf>

Read our policy briefs on public health and planning policy:

Developing a healthy planning framework: <https://truud.ac.uk/wp-content/uploads/2024/07/Developing-a-healthy-planning-framework.pdf>

Planning reform and public health: <https://truud.ac.uk/wp-content/uploads/2024/09/Planning-reform-and-public-health.pdf>

Revealing the health costs of the urban planning environment <https://truud.ac.uk/wp-content/uploads/2023/11/Revealing-the-health-costs-of-the-urban-planning-policy-environment.pdf>

Question 78: In what specific, deliverable ways could national planning policy do more to address climate change mitigation and adaptation?

Heat vulnerability should be a factor to consider in development, demonstrating how it can be mitigated and improved in areas that are likely to overheat in hot weather e.g. through shading and green infrastructure. Tools such as the Keep Bristol Cool mapping tool can be used to support this.