

West Midlands@2021

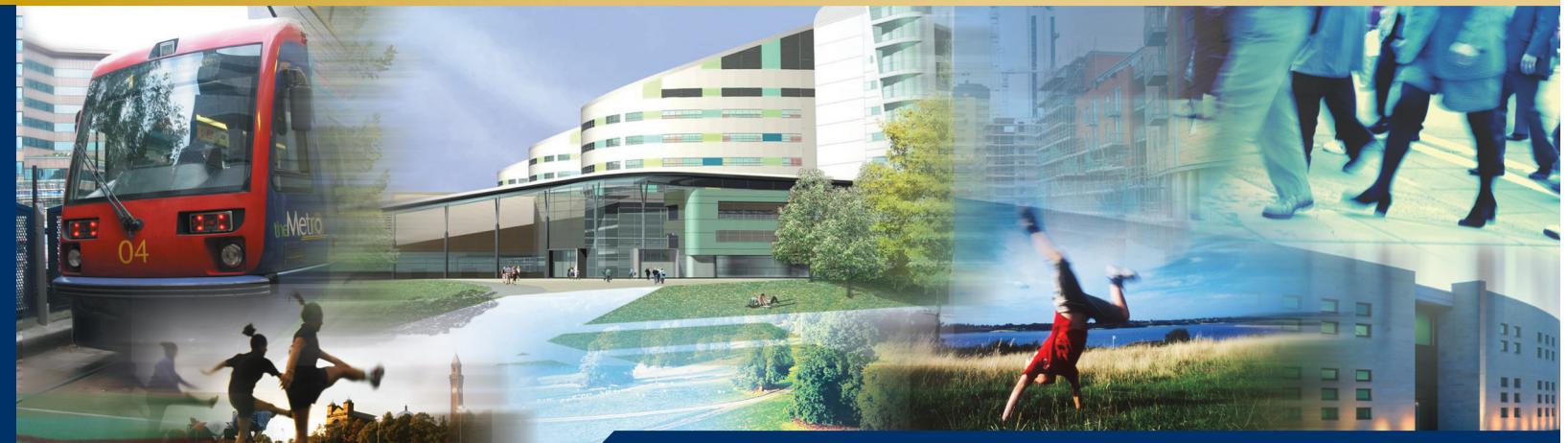
Planning for a Healthier West Midlands

Where can I get more information?

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Health and Planning working together

Do you make strategic policy or investment decisions affecting the location of health facilities or defining action areas?

Are you involved in joining-up service delivery with other organisations' initiatives and objectives?

Introduction

Town and country planning as we know it arose largely from concerns about unhealthy living conditions. Planning decisions almost always have some impact on human health and there are now more opportunities to influence planning proposals to bring greater health benefits.



The UK health sector is now one of the world's largest employers and a major developer. As such it has a vital role to play in supporting the **Regional Spatial Strategy**¹ through unlocking the benefits of NHS spending².

The Spatial Strategy is about more than where to put new buildings; it aims to join-up public sector investment and services to create places that people want to live and work in.

Addressing inequalities in health, modernising local health services, providing better facilities, improving accessibility and innovation are key issues for the health sector and ones that could be used to support the Spatial Strategy's regeneration and renaissance objectives.

The West Midlands Spatial Strategy:

- Sets out statutory planning policy to 2021;
- Aims to halt the drift of people and investment away from our major urban areas;
- Aims to make significant improvements to the quality of the places we live and work;
- Sets out where new development will be focused;
- Plans large scale physical change for many parts of our major urban areas.

Planning and Health

Long Term Service Planning:

Broadly speaking Urban and Rural Renaissance will mean more people in urban areas, less social polarisation and more balanced communities across the Region. The result will be a significant change in the distribution and social make up of our population.

Location of Facilities:

The Spatial Strategy sets out where social infra-structure, including health facilities, should be located. This will largely be in or on the edge of appropriate town or city centres, making sure they are in sustainable locations, accessible by walking and public transport.

Service Delivery/Accessibility:

Service delivery needs to be tailored to the circumstances and needs of different communities, making sure that they are in accessible places or use more innovative methods of delivery, such as mobile services or shared premises.

Redevelopment:

The RSS Urban and Rural Renaissance policies will mean significantly fewer opportunities to redevelop redundant health facilities for other purposes in many parts of the Region.

Using the Planning System:

Early engagement with local authorities and local strategic partnerships on their **Local Development Frameworks** and **Community Strategies** will ensure long term aspirations for health facilities and services, which take into account **PFI's** and **patient choice**, are built into their plans.

New buildings and developments mean more people and more pressure on local services. Where local authorities are aware of future health plans, in some cases they can negotiate with developers to contribute to new facilities and services to meet these additional pressures through **Section 106 Agreements**.

Section 106 agreements, or planning obligations, are negotiated between local authorities and developers. They are used to secure contributions to infrastructure, facilities and services needed to meet the direct impacts of new development on the wider community - particularly when they are identified in relevant plans or policies.

Developing **new health facilities** in line with the Spatial Strategy and local authority planning policies will smooth the route for planning applications. Conversely, late engagement with the planning system can add time and expense and may result, for example, in having to make financial contributions for bus services or road improvements to off-set negative effects.

Public Health:

Choosing Health:

Linking the **Choosing Health** agenda with the RSS will create opportunities to ensure that new developments help people to make healthy choices. For example by improving the quality of our public and open spaces, providing opportunities to walk or cycle or providing well located places for informal and formal recreation.

Health Impact Assessments:

The changes to our urban and rural areas promoted by the RSS, must contribute to broader public health. To this end, local authorities and Strategic Health Authorities should work together to assess health impacts and ensure new development promotes public health and contributes to the Choosing Health agenda.

Health as a business, employer and developer:

The health sector is a public service provider, a business, an employer and a developer. Its **Corporate Citizen** agenda promotes an outward looking sector, aware of its inter-linkages and responsibilities to the wider community. Through these responsibilities it can contribute to the objectives of the Spatial Strategy by:

- employing and training local people
- using local goods and services
- developing the joint use of community buildings
- using less energy to assist climate change targets
- producing less waste
- using building investment to support urban and rural renaissance objectives

1. GOWM Regional Planning Guidance for the West Midlands, RPG 11, June 2004

2. Kings Fund, Claiming the Health Dividend, Unlocking the Benefits of NHS Spending 2002.