

Levelling Up & Regeneration Bill: Briefing for Lords committee – health & wellbeing amendments

Key points

- The [Better Planning Coalition](#) brings together 34 organisations who want a planning system fit for people, nature and the climate. We're supporting **amendment 241** in the names of Lord Young of Cookham, Lord Hunt of Kings Heath, Lord Stevens of Birmingham and Lord Foster of Bath, “**Duty to reduce health inequalities and improve wellbeing**”.¹ **This new clause is also supported by Professor Sir Michael Marmot.**
- Local authorities can support delivery of the Government's levelling up missions on health (7) and wellbeing (8) through exercising their planning functions. The new clause addresses a significant gap in the Bill, which includes no measures to address these missions and enable this use of planning functions.
- The levelling up agenda has been defined as ensuring that “geography is not destiny”.² This clause will ensure authorities are using the powerful levelling up tools at their disposal, to the benefit of the communities they represent.

Levelling up by reducing health inequalities

Health inequalities are entrenched across the UK – and present a clear levelling up challenge. In the words of the Health Foundation, “generally, the areas with the highest life expectancy at birth tend to be in London, the South of England and mid-Wales.”³ The North East and Yorkshire and the Humber have the lowest life expectancies. These health inequalities have grown over recent years.⁴

The Government has recognised the scale of the challenge. The February 2022 Levelling Up White Paper acknowledged that “one of the gravest inequalities faced by our most disadvantaged communities is poor health”.⁵

The role of planning in reducing health inequalities

Research shows that the unequal distribution of high-quality built environments and access to nature contributes to health inequalities. As described by Public Health England, “An ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health across the life course. For example,

¹ House of Lords, [Levelling Up and Regeneration Bill: marshalled list of all amendments in committee of the whole house](#), 104.

² 10 Downing Street, 2021. [The Prime Minister's Levelling Up Speech](#).

³ Health Foundation, [Map of healthy life expectancy at birth \(2022\)](#).

⁴ Michael Marmot, [Health Equity in England: The Marmot Review 10 Years On](#) (Health Foundation, 2020), 6, 35.

⁵ Department for Levelling Up, Housing and Communities, [Levelling Up the United Kingdom](#) (2022), xxiii.

the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.”⁶

Using the planning system to provide more high-quality built environments and well-designed homes will improve health outcomes and reduce health inequalities.

Planning for healthy neighbourhoods can be a powerful levelling-up tool.

A new clause to realise levelling up potential

The new clause would create a new statutory objective to reduce health inequalities and improve people’s wellbeing, and require local authorities to include policies to meet this objective in their local development plan. They would also need to assess how individual planning decisions would impact on the delivery of the objective. **The clause would require local planning authorities to have special regard to:**

Delivering mixed-use walkable neighbourhoods

Research shows that people are generally happy to walk for 20 minutes⁷ to get to and from the places they need to go and 65% of UK adults agree that people should be able to meet most of their everyday needs within a 20 minute walk of their home.⁸ Creating places with amenities close at hand and a variety of types of housing will increase physical activity, reduce pollution and combat isolation.

Creating further opportunities to enable everyday physical activity

According to the Chief Medical Officers, “if physical activity were a drug, we would refer to it as a miracle cure”.⁹ Road transport is the largest contributor to poor air quality, and the health problems this inflicts are disproportionately borne by ethnic minorities and deprived communities.¹⁰ Walking, wheeling and cycling improves physical and mental health and reduces air pollution, so helping people being physically active is an effective way to improve health outcomes.¹¹

Increasing access to high quality natural spaces

There is strong scientific evidence of the health and wellbeing benefits of having access to nature. A 2014 review found that people “who are more connected to nature tended to experience more positive affect, vitality, and life satisfaction

⁶ Public Health England, [Spatial planning for health](#) (2017), 6.

⁷ 80% of journeys under a mile are made on foot, which usually equates to around a 20-minute walk, according to Department for Transport, [‘National Travel Survey: England 2018’](#) (2019), 19.

⁸ Sustrans-commissioned YouGov Survey, 2019.

⁹ Department for Health and Social Care, [‘UK Chief Medical Officers’ Physical Activity Guidelines’](#) (2019), 3.

¹⁰ Sam Wong, [Ethnic minorities and deprived communities hardest hit by air pollution](#) (Imperial College London, 2015).

¹¹ A De Nazelle et al, ‘Improving health through policies that promote active travel’, *Environ Int.*, 37(4) (2011), 766–77.

compared to those less connected to nature”.¹² A 2016 review concluded that “living in areas with higher amounts of green spaces reduces mortality”.¹³ This combination of mental and physical health benefits improves health outcomes – increasing access to nature across more communities will help to reduce NHS pressures.¹⁴ The new clause establishing an access to a healthy environment mission, tabled by Baroness Willis of Summertown and others, would also increase access to nature.

Creating a new duty on local authorities to reduce health inequalities and improve wellbeing through this clause would encourage greater application of these tools to reduce health inequalities. We would recommend the funding commensurate with the demands of administering the new duty be made available to local authorities.

The need for the new clause

In the Commons, Rachael Maskell made the case for measures to encourage local authorities to tackle health inequalities through exercise of their planning functions.¹⁵

In response to these arguments, the Bill Minister pointed towards a range of non-planning documents which encourage active travel. She suggested that provisions in the National Planning Policy Framework concerning healthy and safe communities could suffice for new health and wellbeing measures. **As welcome as these documents and provisions are, they have not been sufficient** to arrest growing health inequalities over recent years. Between 2010 and 2020 the health gap grew between wealthy and deprived areas, with life expectancy for women falling in the most deprived 10% of areas.¹⁶ New, more effective measures are needed.

Cycling, walking and rights of way plans: incorporation in development plans

The Coalition also supports **amendment 240**, tabled by Lord Berkeley, Lord Young of Cookham, Lord Hunt of Kings Heath, and Baroness Randerson. It would require development plans to incorporate policies and proposals for cycling and walking infrastructure plans and rights of way improvement plans. This would align active travel plans and development plans, helping to provide the infrastructure required to increase physical activity. We hope that this new clause, which would also serve to reduce health inequalities, can be supported. [The Walking and Cycling Alliance’s briefing](#) has more detail on this.

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¹² C Capaldi et al, ‘The relationship between nature connectedness and happiness: a meta-analysis’, *Front Psychol.*, 8:5:976 (2014).

¹³ Mireia Gascon et al, ‘Residential green spaces and mortality: A systematic review’, *Environ Int.* 86:60-7 (2016).

¹⁴ Fields in Trust, *Revaluing*.

¹⁵ House of Commons, *Levelling Up and Regeneration Bill: Twenty Sixth sitting* (20 October 2022).

¹⁶ Michael Marmot, ‘*Health Equity in England*’, 13.