

Health & Wellbeing

Social Infrastructure – Our Considerations

1. Issues and Opportunities

- 1.1. We envisage that the SDS would protect and support the delivery of facilities that promote health, wellbeing and social cohesion and that these facilities would be defined as ‘social infrastructure’. The suggested SDS definition of social infrastructure would include community, education, health, indoor and outdoor sport and leisure facilities, and communal/public buildings/places where people can meet.
- 1.2. We will be further developing our evidence base on existing and planned social infrastructure in the City Region. But 2017 evidence suggests that travel times to general health practices are generally good across most of the City Region; especially for those who have access to a car, though in some areas the nearest GP is over 20 minutes away for those without car access¹. Hospital accessibility in the City Region in some areas can involve a 45-minute journey by foot or public transport, or roughly a 30-minute journey by car².
- 1.3. Owing to health inequalities in the City Region, the need to ensure sufficient social infrastructure is pressing. The Government’s 2019 English Indices of Deprivation show that almost a third of the City Region’s neighbourhoods are within the top 10% most deprived in England. As such the City Region is significantly more deprived than the national average. Furthermore, based on these indices, almost half of the City Region’s neighbourhoods are within the top 10% most health deprived within England, with areas of high health deprivation tending to be those also affected by high levels of multiple deprivation.
- 1.4. Healthy life expectancy at birth is [defined](#) by Public Health England as the estimate of the average number of years that babies born in a given time period will live in a state of ‘good’ general health. This is dependent on average mortality levels at each age, and the level of good health at each age, remaining constant in the future. Within most areas of Liverpool City Region healthy life expectancy is below the national average for males and females and is particularly low within areas impacted by high levels of deprivation³. The prevalence of common mental health disorders is at or above national levels

¹ LCRCA Evidence Research & Intelligence.

² LCRCA Evidence Research & Intelligence.

³ LCRCA Evidence Research & Intelligence.

across the six boroughs of the City Region, whilst severe mental health disorders are more prevalent within the City Region than nationally⁴.

2. Why does the Spatial Development Strategy need to address this?

- 2.1. The SDS has a statutory duty to address health and health inequalities.
- 2.2. Paragraph 20 of the [National Planning Policy Framework](#) (NPPF) sets out that strategic policies should make sufficient provision for infrastructure and community facilities. To provide the social, recreational and cultural facilities and services the community needs, paragraph 92 of the NPPF sets out that planning policies should: plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments; take into account and support delivery of local strategies to improve health, social and cultural well-being; guard against the unnecessary loss of valued facilities and services; ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.
- 2.3. Paragraph 94 of the NPPF sets out that it is important that a sufficient choice of school places are available to meet the needs of existing and new communities. At paragraphs 96- 97 the NPPF then notes the evidential requirements and importance of opportunities for sports and physical activity for the health and well-being of communities, and how sports and recreations facilities should be protected. The [National Design Guide](#) is also of relevance, and notes the role that schools, nurseries, community facilities, parks, other open spaces, health, and religious or cultural facilities can have in promoting social interaction and integration, and helping combat loneliness.

⁴ LCRCA Evidence Research & Intelligence.

3. What is being done by the Combined Authority?

3.1. Health forms part of the Metro Mayor's Manifesto, wherein he identifies that he will tackle City Region health issues by:

- Delivering joined-up initiatives with Local Authorities and NHS Trusts that encourage healthy and active lifestyles across the City Region as part of an integrated public health strategy.
- Being an advocate for people impacted by poor mental health and dementia, tackling the stigma and championing the services they need.

3.2 The Combined Authority have also produced a number of plans and strategies to help improve health and address health inequalities across the City Region. The City Region already has a number of initiatives and strategies that support social infrastructure including the [Liverpool City Region Combined Authority Cycling and Walking Infrastructure Plan](#) and the [Liverpool City Region Combined Authority Local Journeys Strategy](#), both of which will help increase physical activity and reduce use of vehicular transport, with associated reductions in emissions. Based on the critical mass of scientific assets within the City Region, open health innovation is recognised as a transformational opportunity in the [draft Local Industrial Strategy](#).

4. What you told us

4.1. Of relevance to social infrastructure, responses to our previous SDS engagement highlighted:

- That health matters and that more could be done across the City Region to improve this.
- That access to health and social services is a major issue that contributed to poor life expectancy and quality of life.
- Services should be more 'joined up' and not require a car to access.
- Parks and green spaces should be protected and enjoyed for leisure purposes.
- There is not enough sports pitch or facility provision to meet current and future demand.

5. How we could respond

- 5.1. To help address health and health inequalities in the City Region, a suggested social infrastructure SDS policy approach is set out below:

Existing strategic social infrastructure would be identified and protected, and support would be given to the growth of strategic social infrastructure in locations that are highly accessible by walking, cycling, public transport and to all of the community.

- 5.2. We note that the [Government's Planning White Paper](#) proposes a move towards a map and rule based approach as opposed to vague statements of policy, and use of renewal, growth and protection areas. Furthermore, the White Paper proposes the introduction of a national levy to replace the Community Infrastructure Levy and planning obligations. The suggested policy approach above could be further developed to be consistent with these proposals. We will review and refine the suggested policy approach in response to any further details that emerge on the White Paper and as we develop our evidence base.

6. Which Objectives will this approach help to achieve?

- 6.1. The suggested policy approach will help support the following SDS objectives:



Addressing health inequalities and creating a healthier City Region



Creating high quality buildings and places that allow our communities to flourish



Delivering an Inclusive Economy



Embedding Social Value in all aspects of development

7. How can we make sure this approach would work?

7.1. Data sets around the following areas could be used to monitor the effectiveness of the suggested policy:

- Population projections;
- Mapping of social infrastructure facilities;
- Travel time/accessibility; and
- Levels of physical activity/obesity levels.