



**SOUTH DOWNS  
NATIONAL PARK  
LOCAL PLAN**

# **Health and Wellbeing Topic Paper (Full Report)**

**An appropriate, consistent, and proportionate approach to  
health and wellbeing in the new South Downs Local Plan**

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## Executive Summary

This Paper consolidates and summarises high-level information and guidance on “planning for health” to inform an appropriate, consistent and proportionate approach to health and wellbeing in the new South Downs Local Plan.

The South Downs National Park is an asset which can help improve national and local health and wellbeing by providing access to high-quality, natural, outdoor, and welcoming green and blue spaces – and opportunities for walking, cycling, horse-riding and other formal and informal outdoor activities for recreation and physical activity - close to where people live and work. However, open access is a challenge, recreation impacts can degrade habitats, and there are challenges in maintaining local facilities and services and meeting the needs of an ageing population.

### **Health Profile**

The South Downs National Park stretches across the four public health authorities of Brighton & Hove City Council (BHCC), East Sussex County Council (ESCC), Hampshire County Council (HCC), and West Sussex County Council (WSCC). The South Downs National Park Authority has explored the data, evidence, plans and strategies prepared by the public health authorities – and other publicly available data (i.e., Fingertips, Local Insight, and Nomis) – to produce a high-level health profile of the National Park.

In summary:

- **Life expectancy** is increasing, **healthy life expectancy** is decreasing, and **gaps** between most and least deprived areas is widening, nationally and regionally.
- The National Park is **healthier and less deprived** than England and South East. However, there are issues with connectivity and a lack of access to facilities, services, public transport, and green and blue spaces.
- The National Park has a **higher proportion of residents aged 65 and over** compared with England and South East, and this proportion is projected to increase, accompanied by a corresponding rise in disability, dementia, and mobility support needs.
- The National Park has **lower levels of crime, unemployment, and residents with no qualifications** compared to England and South East
- The National Park has a **higher proportion of people who work mainly from home** compared to England and South East. Of those who commute, most commute by private vehicle. The National Park has a higher proportion of people

who commute longer distances, and a smaller proportion who commute by active travel and public transport, compared to England and South East.

- The National Park has **lower levels of deprivation** compared to England and South East. There are no residents living within the 10% most deprived neighbourhoods in England. However, there are **some areas which have higher levels of deprivation** compared to the rest of the National Park. These include some urban areas within Lewes, Liss, Petersfield, and Petworth, and some rural areas within the Arun and Chichester district areas of the National Park. Of these areas, Lewes Castle has an area within the 20% most deprived neighbourhoods in England and this area is also the most deprived area in the National Park.
- The **coastal communities** outside, but adjacent or in proximity to, the National Park experience poorer health and wellbeing, and are identified as having higher levels of deprivation compared to non-coastal areas.
- The **“rurality”** of the National Park potentially contributes to hidden poverty in rural areas, and may be connected to challenges around accessing amenities, facilities, services, public transport, and opportunities for physical activity.

### **The New South Downs Local Plan**

The South Downs National Park Authority has a duty to seek to foster the economic and social wellbeing of local communities within the National Park, and the planning system can help to shape the built and natural environments to promote, enable, and support individual and community health and wellbeing.

The adopted local plan includes an objective and selected policy criteria which relate to health and wellbeing. The preparation of a new local plan provides an opportunity to better promote health, equity, and sustainability in local planning policies. Evidence – and representations from NHS bodies and public health authorities – highlight the aspects and determinants of the built and natural environments which can promote health and wellbeing. In considering the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework”, these have been refined to five aspects, each with two to six underlying determinants – see Section 6.

The new local plan does not include a strategic health and wellbeing policy because the South Downs National Park Authority does not wish to duplicate thematic policy requirements, and believes it would be more beneficial to consider health and wellbeing throughout the new local plan and its preparation.

In response to NHS and public health authority comments:

- The South Downs National Park Authority has consulted NHS bodies (including ICBs) on an update of the **South Downs Infrastructure Business Plan (IBP)**.
- The preparation of the new local plan has been informed and supported by an **Integrated Impact Assessment (IIA)**. This includes a sustainability objective related to health and wellbeing which has been used in the appraisal of growth options, spatial strategy options, thematic policies, and site allocation policies. The IIA also incorporates **Health Impact Assessment (HIA)** which has been carried out on thematic and site allocation policies.
- **Policy SDC3** (Regenerative Development and Ecosystem Services) highlights “creating healthy and equitable communities” as a regenerative development principle, and the proposed policy criteria and supporting text refer to the five aspects of the built and natural environments.
- **Policy SDC4** (Major Development) - and **allocation policies** for larger scale or strategic developments - require **Health Impact Assessments (HIA)** to demonstrate how development will result in inclusive, healthy and sustainable places which improve health and wellbeing for everyone.
- **Section 6** shows where the aspects and determinants of the built and natural environments have been considered in the policies of the new local plan.

## 1. Introduction

1.1 The purpose of this topic paper (“the Paper” or “this Paper”) is to consolidate and summarise high-level information and guidance on “planning for health” to inform an appropriate, consistent and proportionate approach to health and wellbeing in the new South Downs Local Plan.

1.2 The policies covered in this Paper are:

### **Core Policies**

- SDC2 Development Strategy.
- SDC3 Regenerative Development and Ecosystem Services.
- SDC4 Major Development

### **Landscape and Heritage**

- SDL1 Landscape Character
- SDL2 Design
- SDL3 Safeguarding Views
- SDL4 Relative Tranquillity
- SDL5 Dark Night Skies
- SDL6 Historic Environment and Cultural Heritage
- SDL7 Listed Buildings
- SDL8 Conservation Areas
- SDL9 Archaeology

### **Nature and Climate**

- SDN1 Nature Recovery
- SDN8 Trees, Woodlands, Hedgerows and Scrub
- SDN9 Sustainable Construction.

### **Water and Pollution**

- SDW1 Protection of the Water Environment
- SDW2 Flood Risk Management
- SDW3 Sustainable Drainage
- SDW4 The Open Coast
- SDW5 Pollution and Air Quality
- SDW6 Contaminated Land

### **Housing**

- SDH1 Housing Supply
- SDH2 Mix of Homes
- SDH3 Accessible and Adaptable Homes
- SDH4 Specialist and Older Persons Accommodation
- SDH5 Affordable Housing
- SDH6 Rural Exception Sites

- SDH7 Replacement and Subdivision of Dwellings
- SDH8 Householder Development
- SDH9 New Rural Workers' Dwellings
- SDH10 Gypsies, Travellers, and Travelling Showpeople

#### **Economy**

- SDE1 Economic Development
- SDE2 Agricultural Development, Diversification, Conversion of Rural Buildings.
- SDE3 Winemaking and Wine Tourism
- SDE4 Hierarchy of Town and Village Centres.
- SDE5 Development in Town and Village Centres.
- SDE6 Shops Outside Centres
- SDE7 Regenerative Tourism
- SDE8 Equestrian Development
- SDE9 Shop Fronts and Advertisements.

#### **Green, Blue and Community Spaces**

- SDG1 Community Facilities
- SDG2 Green and Blue Infrastructure.
- SDG3 Public Open Space, Sports and Recreational Facilities.
- SDG4 Local Green Spaces

#### **Transport and Infrastructure**

- SDT1 Vision-Led Transport Approach.
- SDT2 Active Travel Routes.
- SDT3 Highway and Public Realm Design.
- SDT4 Parking Provision.
- SDT5 Infrastructure.

#### **Site Allocations**

- Site Allocation Policies (*as appropriate and relevant*).

## **Public Health**

- 1.3 The need to address health inequalities and improve health and wellbeing are nationally important issues. The health needs of a population can be broadly split into two categories: **Clinical Health** and **Public Health**. In terms of clinical health, this refers to built facilities and services – i.e., general practitioners' (GP) surgeries, health centres and hospitals etc. - and is addressed in the South Downs Infrastructure Business Plan (IBP). As for public health, this is defined by the UK Faculty of Public Health as:

*“The science and art of preventing disease, prolonging life, and promoting health through the organized efforts of society”.*

- 1.4 Public health is the responsibility of society and not just one person or organisation. **This Paper focuses on the opportunities within the planning system and new local plan to support Public Health**, while recognising that such support can also reduce pressures on clinical health facilities and contribute to wider societal benefits.

## Planning for Health

- 1.5 “Planning for health” is the delivery of a conscious and cooperative approach between public health authorities and planning departments to support health and wellbeing, and create sustainable built and natural environments where communities can enjoy healthy lifestyles, life expectancies and places.
- 1.6 The links between planning and health are long established. Town planning originated in the nineteenth century as a response to public health concerns related to sanitation, sub-standard housing and living conditions, and the eradication of diseases like cholera. As of today, it is recognised that the built and natural environments play a key role in shaping the social, economic and environmental circumstances which can influence the behaviours, choices and opportunities of individuals and communities and their health and wellbeing.
- 1.7 The built and natural environments are complex and multi-dimensional systems with a variety of interdependent factors. This means it can be difficult to quantify the exact impacts of environments on health and wellbeing. Nevertheless, the planning system can still help to shape environments to promote, enable and support population health and wellbeing.
- 1.8 The Local Government Association (LGA) – *Empowering Healthy Places (2024)* – highlights weak integration between public health and planning departments, and the need to better integrate health considerations into planning decisions. The Town and Country Planning Association (TCPA) – *Planning for Healthy Places (2024)* – has produced guidance to embed health and wellbeing into planning policies, with the aim to strengthen the role of planning in shaping environments to support health and wellbeing, reduce health inequalities, and create resilient and inclusive communities. In considering this guidance, this Paper highlights:
- Collaboration with public health authorities (Sections 4 and 6);
  - References to key strategies and standards (Sections 2, 3, 4 and 6);
  - Use of local health data (Section 4);
  - Use of health impact assessment (HIA) to consider the health impacts of a local plan and/or development proposal (Section 6); and
  - Preparation of planning policies in relation to healthy neighbourhoods, healthy homes, healthy food environments, natural environments, and transport (Section 6).

## Health in All Policies (HiAP)

1.9 Health in All Policies (HiAP) is a broad, strategic, and collaborative approach that integrates health into decision-making across all sectors to reduce health inequalities and improve population health and wellbeing. It originates from the World Health Organisation's (WHO) Declaration of Alma-Ata in 1978 which expressed the need for urgent action to protect and promote the health of all people. More specifically, the WHO defines HiAP as:

*“An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity”.* (WHO Helsinki Statement, 2013).

1.10 The LGA - and other national agencies and organisations - have drawn on HiAP in providing guidance to the public sector. The guidance acknowledges that no one agency or authority can implement HiAP on its own. It also advises there is “**no right way**” to carry out HiAP and, at its core, HiAP is used to recognise and address determinants of health that are key drivers to support improved health outcomes and create healthy places. The LGA explains that HiAP can be:

- Formal or informal;
- Used to look for synergies between health and other objectives; and
- Used across whole organisations, intersectoral partnerships, and/or specific policies, programmes and strategies.

1.11 The LGA highlights **HiAP general principles** of:

- Promoting health, equity and sustainability;
- Supporting inter-sectoral and partnership working; and
- Creating structural or procedural changes to tackle health inequalities.

1.12 The LGA guidance also highlights **HiAP broad approaches** of focusing on:

- Policy areas with significant health impacts (i.e., transport or housing);
- Specific public health issues (i.e., obesity); and/or
- “Windows of opportunity” (i.e., preparation of a strategic plan).

1.13 The South Downs National Park Authority is operating within the HiAP approaches and contexts of four public health authorities (see Sections 3, 4 and 6). This includes, but is not limited to: memorandums of understanding; formal public consultations; participation in duty-to-cooperate meetings, working groups and workshops; and future statements of common ground. The preparation of a new local plan provides a “window of opportunity” to promote health, equity and sustainability in local planning policies by working with partners and focusing on specific policy areas (or aspects) with significant health impacts.

## Summary 1: Introduction

- This Paper focuses on Public Health (not clinical health).
- The links between planning and health are long established.
- The planning system and the South Downs Local Plan can help shape the built and natural environments to promote, enable and support health and wellbeing.
- This Paper consolidates and summarises high-level information and guidance on “planning for health” to inform an appropriate, consistent and proportionate approach to health and wellbeing in the new South Downs Local Plan within the approaches and contexts of four public health authorities.

## 2. Legislation, National Policy and Guidance

### United Nations Sustainable Development Goals (SDG)

- 2.1 The United Nations Sustainable Development Goals (SDG) are 17 interconnected objectives adopted by member states in 2015. They aim to end poverty, protect the planet, and ensure prosperity for all by 2030. Of relevance to this Paper is the **health and wellbeing objective (SDG3)** to ensure healthy lives and the promotion of wellbeing for all at all ages.

### National Planning Policy Framework (NPPF)

- 2.2 The National Planning Policy Framework (NPPF) sets out the Government’s planning policies for England and how these are expected to be applied. The NPPF was first published in 2012 and has been amended a handful of times; the most recent iteration is dated December 2024. At the time of writing, a revised draft of the NPPF has been published for consultation until 10 March 2026, with a final version anticipated for adoption in Summer 2026. It is anticipated that the new South Downs Local Plan will be submitted to the Secretary of State (Regulation 22) before 31 December 2026 and, therefore, will be examined under the current 2024 NPPF. However, it is still important to be mindful of emerging national policy.

### The Current 2024 NPPF

- 2.3 The NPPF states that the purpose of the planning system is to contribute to the achievement of **sustainable development**. At a high level, this can be summarised as meeting the needs of the present without compromising the ability of future generations to meet their own needs. In achieving sustainable development, the NPPF highlights three overarching and interdependent objectives which need to be pursued in mutually supportive ways. The three objectives are economic, environmental and social. The **social objective** is relevant to this Paper and **2024 NPPF Paragraph 8b** explains that this is:

*“To support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural wellbeing”.*

- 2.4 The emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” identifies the 2024 NPPF chapters and paragraphs that are relevant to health and wellbeing. These are set in Appendix 1 and referred to in Section 6.

## The Emerging 2026 NPPF

2.5 The emerging NPPF revises the **social objective** (2026 NPPF Paragraph 16b) to:

*“To support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible community facilities, public services infrastructure and open spaces that reflect current and future needs and support communities’ health, social and cultural wellbeing”.*

2.6 The emerging NPPF separates thematic policies into plan-making policies and decision-making policies. The former is relevant to the preparation of a local plan and this Paper, while the latter will be used in the determination of planning applications. In terms of emerging plan-making policies, **Policies L1** (planning for effective use of land) and **HC1** (planning for healthy communities) consider and refer to health. These emerging national policies are set out in Appendix 1.

### **Planning Practice Guidance (PPG)**

2.7 The Planning Practice Guidance (PPG) provides advice and information on how to interpret and implement the NPPF and is subject to regular amendments. In terms of healthy and safe communities, the PPG addresses many common questions and can be found online at: <https://www.gov.uk/guidance/health-and-wellbeing>. The following PPG paragraphs (as accessed above and summarised below) are of relevance:

**Paragraph 001 (ref. 53-001-20190722) – How can planning contribute to healthier communities?** The design and use of the built and natural environments – including green infrastructure - are major determinants of health and wellbeing. In terms of public health, planning and health need to be considered together to create environments that support and encourage healthy lifestyles.

**South Downs National Park Authority comment:** *In “planning for health”, Section 6 considers the aspects and determinants of the built and natural environments on public health.*

**Paragraph 002 (ref. 53-002-20190722) – What are the main health organisations that need to be involved in considering planning for health?** Engagement between local planning authorities and relevant organisations will help ensure that local strategies to improve health and wellbeing, and the provision of the required health infrastructure, are supported and considered in plans. The PPG advises local planning authorities to involve directors of public health, NHS England (including clinical commissioning groups, sustainability and transformation partnerships) and local healthwatch organisations.

***South Downs National Park Authority comment:*** *The PPG paragraph is dated July 2019. The structures of organisations have changed – and continue to change - since this time. For example, clinical commissioning groups (CCG) have been replaced by integrated care boards (ICBs). The National Park Authority has liaised with the public health authorities (Sections 4 and 6) who report to their respective health and wellbeing boards and directors of public health, and has consulted the NHS (including ICBs) as part of an update to the South Downs Infrastructure Business Plan and during regulatory public consultations of the new South Downs Local Plan.*

**Paragraph 003 (ref. 53-003-20191101) – What is a healthy place?**

A place which:

- Supports and promotes healthy behaviours and environments;
- Supports a reduction in health inequalities for people of all ages;
- Provides communities with opportunities to improve physical and mental health, and support community engagement and wellbeing;
- Meets the needs of children and young people to grow and develop;
- Is inclusive and promotes social interaction; and
- Is adaptable to the needs of an increasingly ageing elderly population and those with dementia and other sensory or mobility impairments.

***South Downs National Park Authority comment:*** *Section 4 sets out a high-level health profile of the National Park and surrounding areas, and Section 6 considers the aspects and determinants of the built and natural environments on public health.*

**Paragraph 004 (ref. 53-004-20190722) – How can planning create a healthier food environment?** Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities, and local planning authorities can support opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies (where justified) can seek to limit the proliferation of particular uses where evidence demonstrates that this is appropriate and where such uses require planning permission.

***South Downs National Park Authority comment:*** *Section 6 considers the aspects and determinants of the built and natural environments on public health – this includes Aspect 3 (Healthy Food).*

**Paragraph 005 (ref. 53-005-20190722) – How can the need for health facilities and other health and wellbeing impacts be considered in the making of planning policies and decisions?** The PPG advises plan-making bodies to discuss their emerging development strategy at an early stage with NHS England, Clinical Commissioning Groups, Health and Wellbeing Boards, Sustainability and Transformation Partnerships / Integrated Care Systems (depending on local context), and the implications of development on health and care infrastructure.

***South Downs National Park Authority comment:*** *The PPG paragraph is dated July 2019. The structures of organisations have changed – and continue to change - since this time. For example, clinical commissioning groups (CCG) have been replaced by integrated care boards (ICBs). The National Park Authority has liaised with the public health authorities (Sections 4 and 6) who report to their respective health and wellbeing boards and directors of public health, and has consulted the NHS (including ICBs) as part of an update to the South Downs Infrastructure Business Plan and during regulatory public consultations of the new South Downs Local Plan.*

## **Summary 2: Legislation, National Policy and Guidance**

- The United Nations Sustainable Development Goals (SDG) includes a goal around ensuring healthy lives and promoting wellbeing for all ages.
- The NPPF highlights three objectives in relation to achieving sustainable development. The social objectives is relevant to health and wellbeing, and relevant NPPF chapters and paragraphs are set out in Appendix 1.
- The PPG defines a “healthy place”, explains the built and natural environments are major determinants of health and wellbeing, clarifies that planning policies can limit the proliferation of particular uses subject to evidence, and advises on who should be consulted when preparing a local plan.

## 3. National Park Context

### National Parks

3.1 The National Parks and Access to the Countryside Act 1949 (“the 1949 Act”) enabled the creation of National Parks. The 1949 Act, as amended by Section 245 of the Levelling Up and Regeneration Act 2023, requires all relevant authorities to seek to further the statutory purposes of National Parks in England. The Government has also placed a corresponding duty upon National Park Authorities in pursuit of the two statutory purposes:

- **Purpose 1:** To conserve and enhance the natural beauty, wildlife and cultural heritage of the area.
- **Purpose 2:** To promote opportunities for the understanding and enjoyment of the special qualities of the National Park by the public.
- **Duty:** To seek to foster the economic and social wellbeing of the local communities within the National Park.

### Department for Environment, Food and Rural Affairs (DEFRA)

3.2 DEFRA is the government department responsible for the funding and management of National Parks. It has published the following:

- The **Vision and Circular for English National Parks and the Broads (2010)** explains that an identified benefit of creating National Parks is to improve national health.
- The **8 Point Plan for England’s National Parks (2016-20)** includes a priority to promote innovative schemes for National Parks to serve national health, and a priority to realise the potential for outdoor recreation in National Parks.
- The **25 Year Environment Plan (2018)** aims to connect people with the environment to improve health and wellbeing. This includes making sure there are high-quality, accessible, and natural spaces close to where people live and work.
- The **Environmental Improvement Plan (2023)** is the first five-year refresh of the 25 Year Environment Plan (2018).

### National Parks England (NPE)

3.3 The NPE represents all English National Parks. The **Great National Parks Plan (2024)** acknowledges the “health crisis”, explains how the designation of National Parks was intended to play a role in ensuring access to nature and improved health and wellbeing, and explains there is still a need for National Parks to help address the physical and mental health of people.

## South Downs National Park

- 3.4 The South Downs National Park was designated on 31 March 2010 and the South Downs National Park Authority was established on 01 April 2011.

### South Downs People and Nature Network (PANN) (2020)

- 3.5 The PANN – formerly the Green Infrastructure (GI) Framework - includes health and wellbeing as one of six themes and explains how access to green space is very important in areas of poor health and deprivation. It advises that green spaces need to be close to where people live; easy to access; closely connected to residential and commercial areas; attractive, well-maintained and feel safe; and have a wide range of facilities to attract different people.

### South Downs State of the Park Report (2024)

- 3.6 The South Downs is the most populated National Park in the United Kingdom with circa 113,300 people living within its boundary, and significantly more people living in the major urban areas and villages that surround it.
- 3.7 The National Park is unique in hosting the largest market towns of any UK National Park, including Lewes, Petersfield and Midhurst. The National Park comprises 176 parishes, of which 99 (55.9%) have access to at least one of the following key facilities: a cashpoint, GP surgery, post office, primary school, pub, and/or supermarket. Many settlements boast strong and vibrant communities, deeply invested in their future and possessing a strong sense of identity tied to their local area, culture and history.
- 3.8 The National Park offers diverse recreational and educational opportunities for residents, visitors, and lifelong learners. With over 3,300km of public rights of way, the National Park is ideal for walking, cycling and horse riding, alongside activities like paragliding, orienteering and canoeing. Popular spots such as the Queen Elizabeth and Seven Sisters Country Parks provide spaces for walking, picnicking and outdoor play. The National Park's landscapes, wildlife and cultural heritage offer rich learning experiences through museums, historic sites, outdoor education opportunities, and wildlife reserves.
- 3.9 The report also highlights that:
- Open access is a challenge and impacts of recreation can degrade habitats;
  - Maintaining local facilities and services, and addressing impacts of an ageing population on health and social care facilities, is a challenge;
  - Health inequalities have worsened, and social isolation and poor mental health have risen since the COVID-19 pandemic; and
  - There are significant health benefits from accessing (and exercising in) nature – i.e., improved fitness, mental wellbeing, and social interactions.

## South Downs Partnership Management Plan (PMP) (2026-31)

3.10 The South Downs Partnership Management Plan (PMP) [December 2025] is the main policy document for the South Downs National Park Authority. It outlines shared goals and strategies across various organisations to fulfil the National Park’s statutory purposes. The PMP sets out aims, objectives, and principles related to nature recovery, climate action, clean water, young people, welcome and access, arts and heritage, and a thriving greener place. In terms of health and wellbeing, the PMP highlights opportunities in relation to accessing nature and green spaces; supporting the needs of local communities through affordable, accessible and low-carbon homes; and engaging and taking positive actions in relation to nature, climate and cultural heritage. The following PMP aims and principles are of relevance to this Paper (please note, the planning principles have been used as objectives in the new South Downs Local Plan):

- **Aim 5:** A valued South Downs National Park is welcoming and accessible to all.
  - **General Principle 7:** We will promote and encourage the responsible use of the National Park to enhance the health and wellbeing of residents and visitors.
  - **Planning Principle 9:** We will support development that improves the accessibility of the National Park, reduces car travel and facilitates sustainable modes of transport including active travel through better and new public rights of way and access land, safe and attractive pedestrian, equestrian and cycle routes and improved public transport.
- **Aim 7:** A thriving rural economy and local communities sit at the heart of South Downs National Park.
  - **Planning Principle 13:** We will support development that provides visitor experiences and access that benefit our communities inside and outside the National Park, and enhances the landscape, encourages the use of the National Park as a place for healthy outdoor activity and relaxation and supports a regenerative visitor economy.
  - **Planning Principle 16:** We will support new homes that increase the stock of smaller dwellings, support essential local workers, improve people’s health and opportunities, are accessible and adaptable, and meet the diverse needs of our communities throughout all life stages.

## Public Health Authorities (PHAs)

- 3.11 The health and wellbeing system across the National Park is complex. The National Park currently stretches across four public health authorities and two integrated care boards (ICBs). Each have different resources and priorities, and further changes are anticipated due to political influences, financial constraints, and local government reorganisation.
- 3.12 The Health and Social Care Act 2012 places the duty of improving population health and wellbeing to upper tier and unitary authorities. In the case of the South Downs National Park, these are the four public health authorities of Brighton & Hove City Council, East Sussex County Council, Hampshire County Council and West Sussex County Council – see Figure 3.1 below.

## Summary 3: National Park Context

- The South Downs National Park Authority has a duty to seek to foster the economic and social wellbeing of local communities within the National Park.
- National Parks are assets which can help improve national health and wellbeing by providing access to high-quality, natural, outdoor, and welcoming green and blue spaces for activities and recreation.
- The National Park is ideal for walking, cycling, horse-riding, and accessing a variety of other formal and informal outdoor activities in nature. However, open access is a challenge and recreational impacts can degrade habitats.
- The National Park includes 176 parishes, of which over half have access to at least one key facility. There are challenges in maintaining local facilities and services, and addressing impacts of an ageing population on facilities.
- The aims and principles of the South Downs Partnership Management Plan (PMP) (2026-31) which are relevant to this Paper are Aims 5 and 7, General Principle 7, and Planning Principles 9, 13, and 16.
- The National Park stretches across the four public health authorities of Brighton & Hove City Council, East Sussex County Council, Hampshire County Council, and West Sussex County Council.

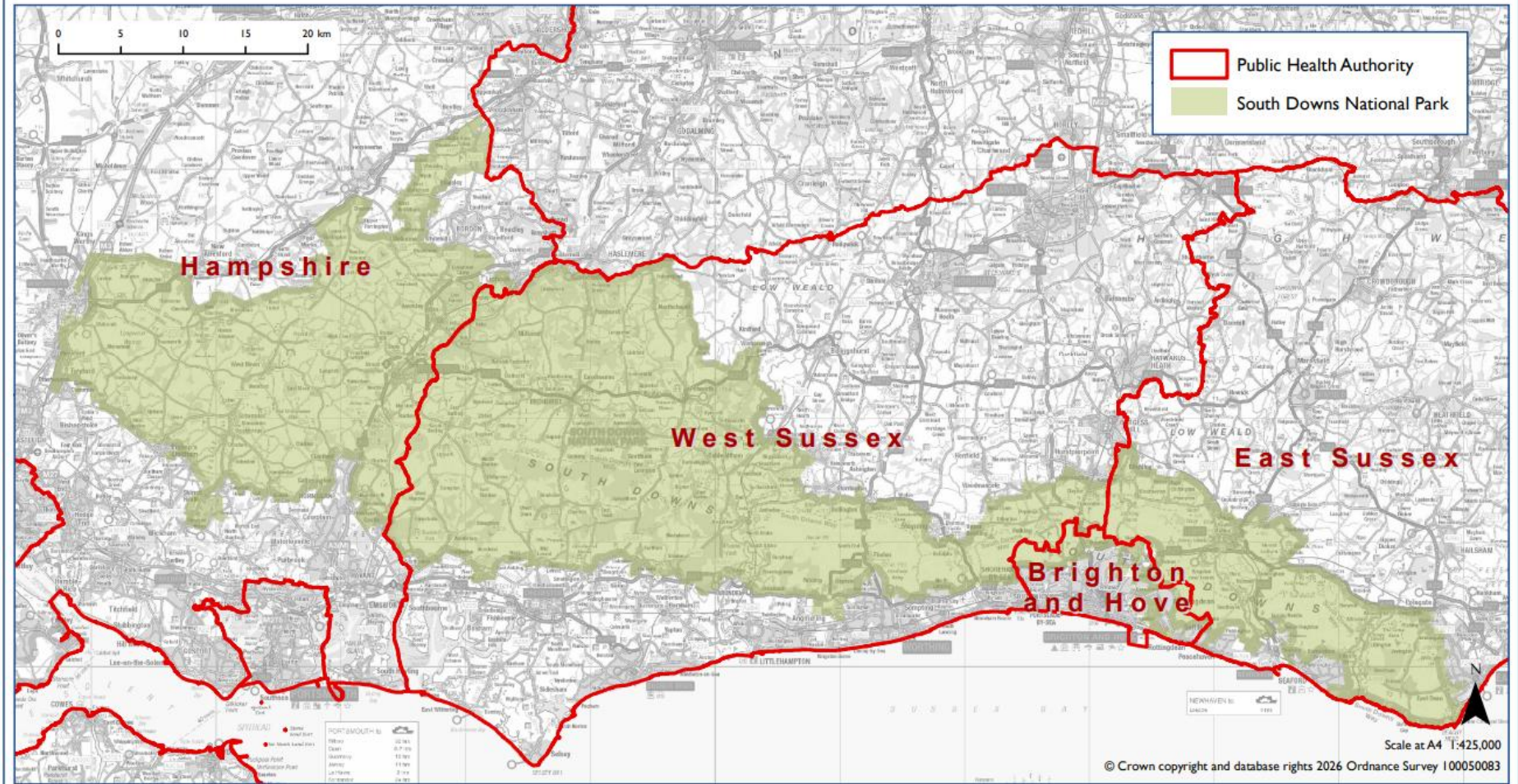


Figure 3.1 – The public health authorities of the South Downs National Park.

## 4. Evidence

- 4.1 The public health authorities collate and prepare data and evidence to inform joint strategic needs assessments (JSNAs) and various health and wellbeing strategies for their respective administrative areas. These are generally framed around local authority (rather than local planning authority) areas – i.e., the administrative areas of borough, city, county, and district councils – and other geographies which do not align with National Park boundaries.
- 4.2 The South Downs National Park Authority has liaised with the public health authorities about bespoke health profiles or reports for their respective areas of the National Park. Due to resourcing and difficulties of collating and extracting data from different sources and geographies, such profiles or reports have not progressed. However, some of the public health authorities have provided other helpful data and information - and the South Downs National Park Authority has collated publicly available data (see Fingertips, Local Insight and Nomis below) and explored the publications and strategies of each public health authority - to prepare a high-level health profile of the South Downs National Park.

### Fingertips

- 4.3 Fingertips is a large public health data collection hosted by the Department of Health and Social Care. It is split into **health trends** and **public health profiles**. The former has been explored, while the latter has not been explored, in this Paper. This is because the latter has been superseded by the data and information in the recent JSNAs of the public health authorities.
- 4.4 The **health trends** show data at the national (England) and regional (South East) levels. The extracted data ranges from 2022 to 2024 and is summarised in Appendix 2. In short, life expectancy is increasing both nationally and regionally, but “healthy life expectancy” (HLE) – the average number of years a person can expect to live in good health - is decreasing and the gap between the most and least deprived areas is widening. In terms of specific health conditions, the South East appears to follow the same trends as England but is, overall, healthier. The exceptions are stroke prevalence (both are the same), 4-5 year old children living with obesity (although still better than England, it is increasing in the South East), cancer prevalence (higher in South East), high anxiety prevalence (slightly higher in South East), and hospital admissions for self-harm (higher in South East).

### Summary 4a: National and Regional Health Profile

The South East appears to follow the same trends as England but is, overall, healthier. In short, life expectancy is increasing, but “healthy life expectancy” (HLE) is decreasing and the gap between the most and least deprived areas is widening.

## Local Insight

- 4.5 Local Insight has been developed by Oxford Consultants for Social Inclusion Ltd. It brings together small-area social and demographic data into one easy to use and intuitive platform, utilising data from the Office for National Statistics (ONS), Ministry of Housing, Communities and Local Government (MHCLG), Department for Work and Pensions (DWP), Department for Transport (DfT), Land Registry, Police UK, Business Register and Employment Survey (BRES), and other publicly available data sources. A local insight summary report for the whole of the South Downs National Park has been extracted with the assistance of Public Health Officers at Brighton & Hove City Council (BHCC).

### Population

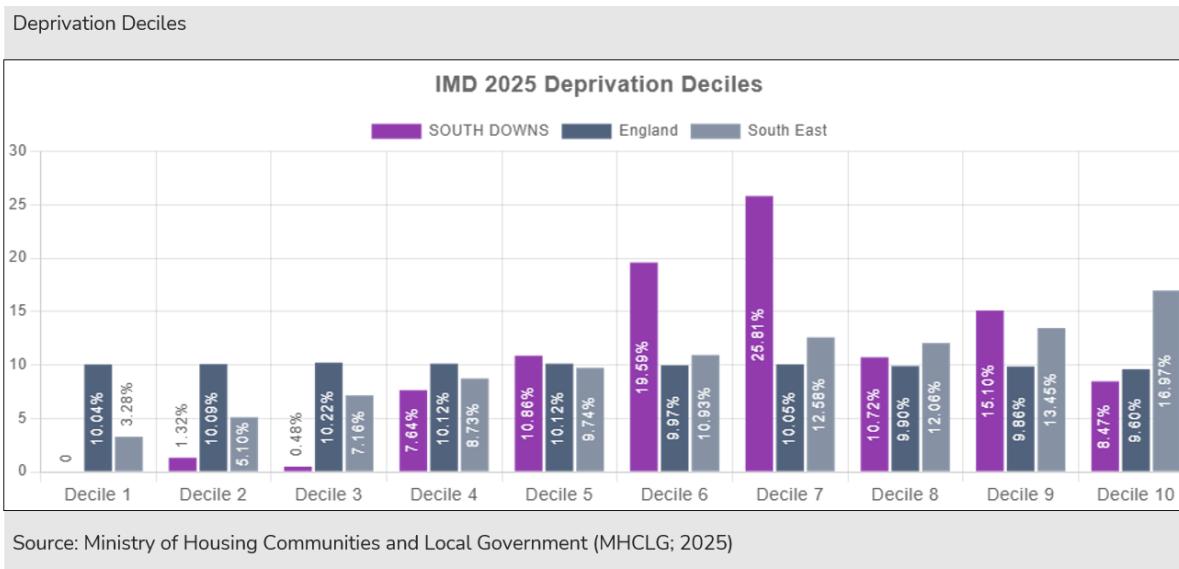
- 4.6 The data from the ONS 2024 Mid-Year Population Estimates shows the ratio of male and female residents in the National Park to be broadly similar to England and South East, but with a higher proportion of residents aged 65 and over (27.98%) compared to England (18.73%) and South East (19.81%).

### Indices of Multiple Deprivation

- 4.7 The Indices of Multiple Deprivation (“the 2025 IMD”) combine information from seven domains (three domains have “sub-domains”, and all domains have a number of “indicators”) to produce an overall relative measure of deprivation. Further information about the IMD – and its domains, sub-domains, and indicators - is available online:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025/english-indices-of-deprivation-2025-statistical-release#technical-notes>

- 4.8 The 2025 IMD shows the National Park to have an overall IMD rank of 21,635 indicating lower levels of deprivation compared to England (16,746) and South East (20,605).
- 4.9 All neighbourhoods in England are grouped into ten equal sized groups referred to as “Deciles.” Neighbourhoods in Decile 1 fall within the 10% most deprived neighbourhoods, while those in Decile 10 fall within the 10% least deprived neighbourhoods, nationally. Figure 4.1 compares the National Park with England and South East in terms of IMD Deprivation Deciles.



**Figure 4.1** - A comparison of the South Downs National Park to England and South East in terms of Deprivation Deciles.

- 4.10 Figure 4.1 shows there are no residents in the National Park who are living in Decile 1 – i.e., within the 10% most deprived neighbourhoods nationally.
- 4.11 Table 4.1 highlights the areas / neighbourhoods in the National Park in Deciles 2 to 4. The table shows that an area within Lewes Castle is the only neighbourhood wholly within the National Park that is in Decile 2 (i.e., within the 20% most deprived neighbourhoods nationally), while the area around Beddingham, West Fittle, South Glynde and Tarring Neville (between Lewes and Newhaven, East Sussex) is understood to be in Decile 3, and all other identified areas are understood to be in Decile 4. This includes urban areas within Liss, Petersfield and Petworth, as well as rural areas around Clapham, Findon, and Patching in Arun District (West Sussex) and between Compton and Earham in Chichester District (West Sussex).

<b>LSOA Reference</b>	<b>LSOA Name</b>	<b>National Park Area</b>	<b>IMD Overall Rank</b>	<b>IMD Quintile</b>	<b>IMD Decile</b>
Arun 002A	Angmering North, Patching & Findon	<b>North Angmering and Patching</b>	12,957	2	4
Arun 002D	Angmering North, Patching & Findon	<b>Clapham, Patching, North Findon, and areas surrounding Findon</b>	11,823	2	4
Chichester 005E	Easebourne & Petworth	<b>Petworth (not East Petworth)</b>	11,777	2	4
Chichester 006A	Dean, Lavant & Summersdale	<b>Area around Eartham, East Dean, Singleton and West Dean</b>	12,550	2	4
Chichester 007B	Westbourne & Funtington	<b>Area around Compton, Marden and West Ashling</b>	13,031	2	4
East Hampshire 010A	Liss & Hawkley	<b>Liss (not Liss Forest and West Liss)</b>	12,862	2	4
East Hampshire 012B	Petersfield South	<b>South Petersfield</b>	11,321	2	4
Lewes 003E	Lewes Central & East	<b>Lewes Castle</b>	4,204	1	2
Lewes 004D	Ringmer, Glynde & South Heighton	<b>Area around Beddingham, West Firle, South Glynde and Tarring Neville</b>	6,885	2	3

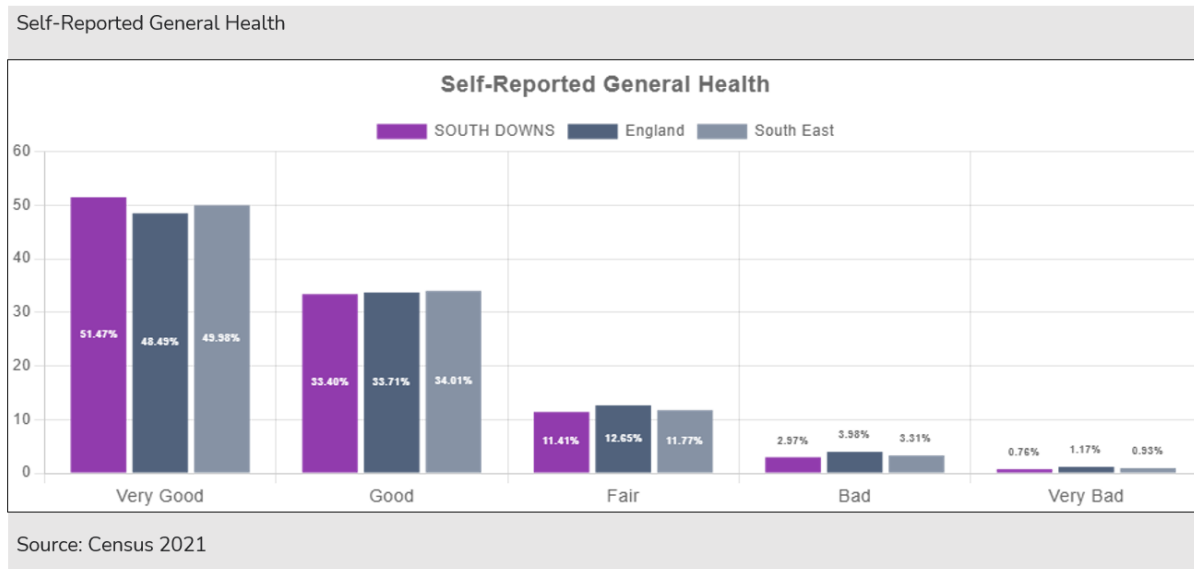
**Table 4.1** - The areas / neighbourhoods either wholly or mostly in the South Downs National Park with an overall IMD rank within Deciles 2-4.

\*IMD – Indices of Multiple Deprivation.

\*LSOA – Lower Super Output Area.

## Self-Reported Health

4.12 Figure 4.2 shows self-reported general health across the National Park (compared to England and South East). Please note, further information and interpretation is in the “Nomis” sub-section below and Appendix 3.

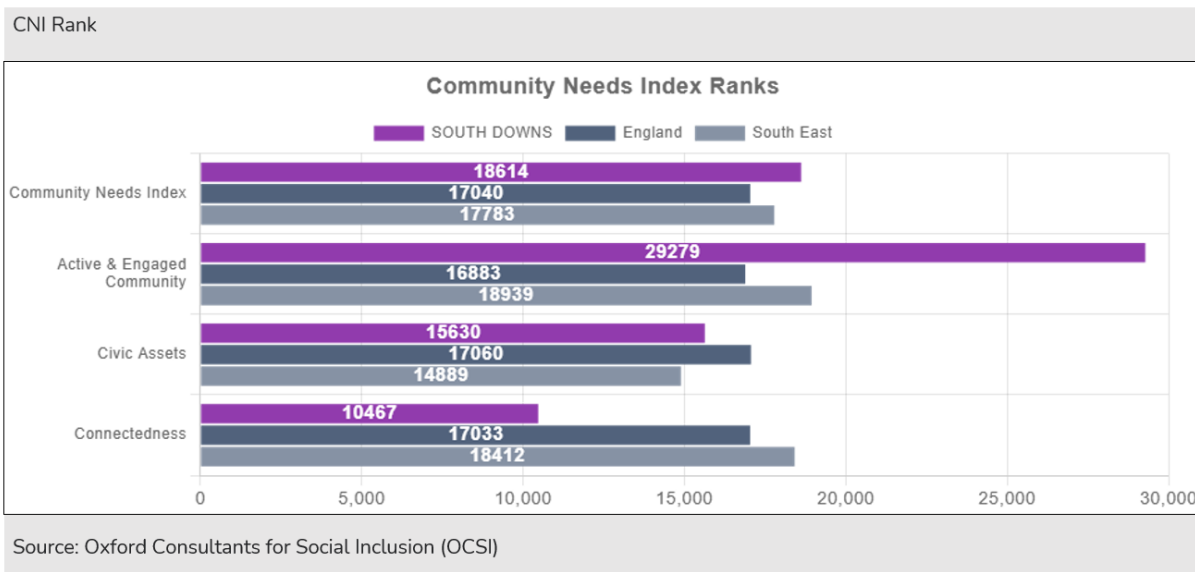


**Figure 4.2** - The self-reported general health of residents in the South Downs National Park compared to England and South East.

## Civic Assets and Connectivity

4.13 The 2023 Community Needs Index (CNI) identifies areas experiencing poor community and civic infrastructure, relative isolation, and low levels of participation in community life. It has been created by combining a series of indicators conceptualised under three domains: civic assets, connectedness, and active and engaged community. A lower rank indicates that an area has relatively higher levels of need. The South Downs National Park has an overall CNI rank of 18,614 which means it has lower levels of community need than England (17,040) and South East (17,783). However, when ranked separately against the three domains, the National Park has a higher level of civic asset need compared to England, and a higher level of connectedness need compared to England and South East – see Figure 4.3. For clarity:

- The **civic assets** domain measures the presence of key community, civic, educational and cultural assets in close proximity of an area. These include pubs, libraries, green spaces, community centres, swimming pools etc. – i.e., facilities providing activities, at no or little cost, which are important to how positive a community feels about its area.
- The **connectedness** domain measures connectivity to key services, digital infrastructure, isolation and the local jobs market. It looks at whether residents have access to key services within a reasonable travel distance.



**Figure 4.3** - The community needs index (CNI) rank of the South Downs National Park compared to England and South East.

4.14 Similarly, the Department for Transport connectivity score – which represents ease of access to services and ranges from 0 to 100, where a higher score represents higher levels of connectivity – shows the National Park (41.54) to have lower levels of connectivity compared to England (64.81) and South East (60.45).

#### Car Ownership, Crime, Education, Disability and Employment

4.15 The local insight summary report for the National Park also highlights:

- The **total unemployment rate** in the National Park has increased from 1.32% (January 2020) to 2.34% (December 2025) but remains lower than England (3.94%) and South East (3.06%). Youth (18-24 years) and older persons (50 years and over) unemployment is also lower than England and South East.
- The **proportion of full-time jobs** (compared to part-time jobs) is lower in the National Park compared to England and South East.
- The **overall crime rate** in the National Park has decreased from 70.4 per 1,000 population (September 2018 to August 2019) to 56.8 (December 2024 to November 2025) and remains lower than England (91.0) and South East (79.8).
- The proportion of residents and households in the National Park receiving some form of **disability benefit** is lower than England and South East.
- The proportion of residents with **no qualifications** in the National Park has decreased from 16.66% (2011) to 12.66% (2021) and is lower than England (18.08%) and South East (15.38%).
- The proportion of households with **access to at least one car** is higher in the National Park (88.25%) compared to England (76.46%) and South East (83.14%).

## Nomis

4.16 Nomis is a service provided by the Office for National Statistics (ONS) to publish statistics related to population, society and the labour market at national, regional and local levels. This includes data from current and previous censuses. There are limited indicators that are reported for National Parks. Of these indicators, the ones relevant to “planning for health” are set out in Appendix 3 in comparison to national (England) and regional (South East) data. In summary:

- The National Park is generally less deprived, and in better health, compared to England and South East; and
- The National Park has a higher proportion of people who work mainly from home compared to England and South East. Of those who commute to work, most commute by private vehicle, and the National Park has a higher proportion of people who commute longer distances, and a smaller proportion who commute by active travel and public transport options, compared to England and South East.

## South Downs Health and Wellbeing Strategy (2020-25)

4.17 The strategy explains the National Park is an underutilised and under-recognised asset for improving health and wellbeing. The National Park provides a universal offer of inspiring landscapes rich in culture and wildlife, and includes visitor services, access routes, and opportunities for volunteering and learning. The strategy summarises evidence about the positive effects of green spaces on physical and mental health and wellbeing, including reductions in anxiety, depression, fatigue, loneliness, social isolation and stress; improvements in cognitive functioning and frequency of physical exercise; and how spending time in green spaces is good for attention deficit hyperactivity disorder and dementia. The strategy identifies the following key issues in the National Park:

- Lack of access to, and deficit in, natural green spaces;
- Lack of access to facilities and services in local towns and villages;
- Lack of access to public transport into and around the National Park;
- Issues with accessibility and infrastructure for people with disabilities;
- Impacts of climate change (i.e., air pollution, flooding, heat, water quality and lack of access to healthy food); and
- Severance and connectivity issues (i.e., major roads) preventing many communities from easily accessing the National Park.

## South Downs Housing & Economic Development Needs Assessment (2023)

4.18 The assessment shows that the National Park has a significantly older population (26.5% aged 65 and over) compared with England (18.4%) and South East (19.4%). Although these figures are slightly lower than ONS 2024 Mid-Year Population Estimates (see above), the overall pattern remains the same: the National Park has an older population and this trend is set to continue. By 2033, the proportion of residents aged 65 and over is projected to increase by up to 20%, with those aged 85 and over increasing by 47%. This demographic trend is likely to drive substantial increases in disability, dementia, and mobility issues, with the number of people aged 65 and over living with dementia and mobility problems expected to rise by 27% and 25%, respectively.

### Summary 4b: South Downs Health Profile

- The National Park is generally **less deprived and in better health** compared to England and South East. However, there are issues with connectivity and a lack of access to facilities, services, public transport, and green and blue spaces.
- The National Park has a **higher proportion of older residents** (aged 65 and over) compared to England and South East, and this proportion is projected to increase, accompanied by a corresponding rise in disability, dementia, and mobility support needs.
- The National Park has **lower levels of crime, unemployment, and residents with no qualifications** compared to England and South East.
- The National Park has overall **lower levels of community needs**, but it also has lower levels of connectivity, and higher levels of households with access to at least one car, compared to England and South East.
- The National Park has a **higher proportion of people who work mainly from home** compared to England and South East. Of those who commute, most commute by private vehicle. The National Park has a higher proportion of people who commute longer distances, and a smaller proportion who commute by active travel and public transport, compared to England and South East.
- The National Park has **lower levels of deprivation** compared to England and South East. There are no residents living within the 10% most deprived neighbourhoods in England. However, there are **some areas which have higher levels of deprivation** compared to the rest of the National Park. These include some urban areas within Lewes, Liss, Petersfield, and Petworth, and some rural areas within the Arun and Chichester district areas of the National Park. Of these areas, Lewes Castle has an area within the 20% most deprived neighbourhoods in England and this area is also the most deprived area in the National Park.

## Public Health Authorities (PHAs)

- 4.19 The South Downs National Park stretches across the four public health authorities of Brighton & Hove City Council, East Sussex County Council, Hampshire County Council, and West Sussex County Council – see Figure 3.1.
- 4.20 The health and wellbeing boards of each public health authority have been established under the Health and Social Care Act 2012. The boards are forums in which key leaders from the local health and care system can work together to improve the health and wellbeing of their population. The boards have prepared and published a myriad of data, evidence, plans and strategies which have been summarised below. Of particular note are the joint strategic needs assessments (JSNAs) that are produced to understand current and future health, social care and wellbeing needs. The JSNAs use census data and other sources to inform health and wellbeing strategies and emerging local plans.

## Brighton & Hove City Council (BHCC)

- 4.21 The South Downs National Park stretches across the remote downland area of Brighton & Hove City Council. This area is home to circa 498 residents, equivalent of 0.4% of the National Park's population. The following paragraphs relate to the whole of the city council's administrative area and, therefore, predominantly relate to areas outside of the National Park unless otherwise specified.

### Brighton & Hove Joint Health and Wellbeing Strategy (2019-30)

- 4.22 The strategy sets out a vision for everyone to have the best opportunity to live a healthy, happy and fulfilling life, and focuses on improving health and wellbeing outcomes so that residents start, live, age, and die well. The strategy highlights the currently younger age profile and its predicted ageing, the significant health inequalities between the most and least deprived areas, and the falling of healthy life expectancy (HLE). The ambition is that:
- People will live more years in good health (reversing the current trend); and
  - The gap in HLE between the most and least deprived areas will be reduced.
- 4.23 In terms of planning, the strategy highlights the following key areas for action:
- Developments and transport schemes to promote health and wellbeing.
  - Air quality to be improved, and walking and cycling to be prioritised.
  - Residents to be supported to be safe, warm and well in their homes.
  - Arts, culture, libraries and community spaces to improve wellbeing.
  - Green open spaces, and sports and leisure facilities, to be used effectively.
  - The needs of an ageing population to be considered in the design of the physical environment and in planning new developments.

#### Brighton & Hove City Council Plan (2023-27)

- 4.24 The plan aims to create “a better Brighton & Hove for all” by being a city that is: proud of its environment and economy; fair and inclusive; and healthy with opportunities for all to thrive. In terms of the latter, it sets out commitments to reduce health inequalities, promote physical activity, and support mental health.

#### Brighton & Hove Physical Activity and Sports Strategy (2024-2034)

- 4.25 The strategy sets out a comprehensive and long-term plan to make the city one of the most active in England, where everyone can move more, live well, and be healthy. It aims to ensure everyone – regardless of age, background, ability or circumstance – has the opportunity, encouragement and environment to be physically active. The strategy responds to health inequalities, rising inactivity, and the need for prevention-focused public health, highlighting that 1 in 10 adults do less than 30 minutes per week of physical activity and less than half of children meet daily activity guidelines.

#### Brighton & Hove Public Health Annual Report 2024 – Whole City Healthy Weight

- 4.26 The report presents a comprehensive and city-wide strategy to tackle unhealthy weight by reshaping environments, systems and policies. It emphasises how obesity is the result of complex social, economic, environmental and cultural factors, and focuses on how healthy eating and active living should be easy and accessible choices for everyone. Examples and recommendations include promoting active design, active travel and play, and provision of (and access to) allotments, community gardens, and green and blue spaces.
- 4.27 The report highlights how healthy weight levels in the city are declining (over two thirds of adults are overweight or obese, and only two-thirds of children leave primary school at a healthy weight) and that, due to health inequalities, children in the most deprived areas are less likely to be a healthy weight. The drivers of unhealthy weight include a high density of fast-food outlets in deprived areas, declining physical activity, and barriers to active travel.

#### Brighton & Hove Joint Strategic Needs Assessment (JSNA) (2025)

- 4.28 The Brighton & Hove JSNA 2025 highlights:
- The city has some of the most densely populated neighbourhoods in England.
  - The **population** is younger than – and life expectancy and HLE is the same as - England and South East. However, residents are living longer in ill health and there are differences (up to 9 years) in life expectancy and HLE. Although the city has a similar life expectancy to England, it has higher deaths from cancer, drugs and suicide (one of the highest rates in England), and significant issues around mental health and homelessness.

- **Cancer** is the leading cause of death for those aged under-75, and under-75 mortalities from preventable cancers is higher than England. Of note, obesity is identified as the second-largest preventable cancer risk factor, and mortality from some types of cancers is higher in more deprived areas.
- The city has a relatively large proportion of **older people** living alone, and higher rates of anxiety, dementia, depression, and income deprivation in older people compared to England. There are also gaps in care homes and nursing homes which puts pressure on the health and care systems, and risks falls, isolation and poverty amongst older people.
- The city has an estimated **11,000 children and young people who are overweight or obese**, along with **a number of adults who are overweight or obese (61%) and physically inactive (12%)**. However, 61% of adults do walk or cycle at least once a week for leisure.
- There are a number of residents who have **long-term conditions**, with 8% having mental and physical health conditions (increasing to 15% if mild depression is included) and 22% having two or more physical or mental health conditions. The above is reported as having a strong link with deprivation and obesity, and the likelihood of having a mental health condition increases as the number of physical health conditions increases.
- There are a number of residents (19%) who are **disabled** under the Equality Act, of whom most are concentrated in more deprived areas.
- The city reports identified issues around **air pollution** (slightly higher mortality attributable to particulate pollution compared to England), community and road **safety**, and **housing and homelessness**.
- On a positive note, the city has a **strong community** with higher rates of neighbourhood belonging, pulling together, and formal volunteering.

4.29 The city is the 131<sup>st</sup> (out of 317) most deprived local authority area in England, with 17% of the population living in one of the 20% most deprived areas in England. In relation to the National Park, deprivation is highlighted around the areas of Bexhill Road, Cowley Drive and Warren Road in the ward of Woodingdean, Downlands Drive in the ward of Hangleton & Knoll, and a number of estates in the wards of Hollingdean & Fiveways and Moulsecoomb & Bevendean. These built up areas are outside, albeit adjacent or in proximity to, the National Park.

### East Sussex County Council (ESCC)

4.30 The following paragraphs relate to borough, county or district level data rather than specific areas of the National Park unless otherwise specified.

#### East Sussex Memorandum of Understanding

4.31 A Memorandum of Understanding between East Sussex County Council and the local planning authorities of East Sussex (including the South Downs National Park Authority) was signed in August 2022. The Memorandum provides an overarching agreement to work together to improve the health and wellbeing of county residents. This includes being part of the “East Sussex Planning for Health

Working Group” and ensuring health and wellbeing principles are considered in plan-making and decision-making. The details of how the South Downs National Park Authority and East Sussex County Council will work to deliver on the Memorandum was agreed through an Engagement & Process Protocol (EPP) which was signed in August 2024 and became effective in July 2025.

- 4.32 The “East Sussex Planning for Health Working Group” has mapped the most deprived neighbourhoods across the county. In terms of the National Park, the wards of Lewes Castle and Newhaven South include areas within the 20% most deprived neighborhoods in England. The National Park area of the latter is rural with built development limited to agricultural buildings and related homes.

#### East Sussex Whole-System Healthy Weight Plan (2021-26)

- 4.33 The healthy weight plan outlines that living with excess weight is a well-established risk factor for a range of chronic diseases – i.e., type II diabetes, cardiovascular disease, liver and respiratory diseases, and many cancers. The plan sets out the need to work with partners to increase the number of people who have a healthier weight and are completing recommended levels of physical activity. Amongst a number of considerations, this includes ensuring planning prioritises physical activity and making outdoor spaces safe and accessible. Moreover, the four priority areas for action are: increasing physical activity, increasing healthy eating, creating environments which promote healthy weight, and working as a unified system to improve health and wellbeing outcomes, especially for the most vulnerable.

#### East Sussex Health and Wellbeing Board Strategy - “Healthy Lives, Healthy People” (2022-27)

- 4.34 The strategy includes a vision to protect and improve health and wellbeing and reduce health inequalities so that everyone has the opportunity to have a life that is as safe, healthy, happy, and fulfilling as possible. The strategy provides an overall framework for partnership working and is driven by the following factors:
- The county has a growing and ageing population.
  - The gap in life expectancy between most and least deprived areas is 10 years.
  - A person’s chance of good health and longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age;
  - By 2026, 28% of residents will be aged over 65, higher than England (20%);
  - By 2028, 20,000 more people will be living with two or more long-term health conditions than was the case a decade earlier; and
  - There are patterns of inequality and poverty in coastal communities, and hidden poverty in rural areas.

## East Sussex Joint Strategy Needs Assessment (JSNA) (2025)

4.35 The priorities of the JSNA are summarised as follows:

- **Building Blocks for Good Health**; the social determinants of health.
- **Importance of a Life Course Approach**; support for people at every life stage - i.e., a good start in life, living well, ageing well, and a good end in life.
- **Reducing health inequalities**;
- **Improving healthy life expectancy (HLE)**; there is currently a circa 10-year age gap between the most and least deprived areas, increasing to a 19-to-20-year age gap between the highest and lowest HLEs within the county.
- **Mental health and wellbeing**; emphasis on prevention and early support as mental illness is the largest single burden of disease with 1 in 4 people experiencing mental ill-health.

4.36 The East Sussex JSNA 2025 highlights:

- **Health inequalities** are significant, persistent and linked to deprivation.
- The **coastal towns** show significantly worse health than non-coastal towns.
- The **population** is older than the national average, with HLE stalling (mirroring national trends) and more residents having a long-term illness or disability which affects their daily activities compared to England. Lower HLE is associated with obesity, physical inactivity, and poor diet.
- **Deprivation** has increased since 2015 and there is significant variation between the most and least deprived areas, with 14% of the population living in the 20% most deprived areas of England. The highest concentrations are in Eastbourne and Hastings (outside the National Park), while deprived areas are identified in Lewes Castle (inside the National Park) and Newhaven South (partially in the National Park, but rural).
- The conditions associated with **poor self-reported health** are diabetes, heart and circulatory diseases, mental health disorders, musculoskeletal disorders (i.e., chronic pain and arthritis), neurological conditions (i.e., migraines and dementia), and respiratory conditions. The above also account for a large share of years lived with disability.
- The leading causes of **premature mortality** are cardiovascular disease and cancer.

## **Hampshire County Council (HCC)**

4.37 The following paragraphs relate to borough, county or district level data rather than specific areas of the National Park unless otherwise specified.

## Hampshire Planning and Public Health Position Statement

4.38 The statement was prepared by the Hampshire and Isle of Wight Planning Officer's Group (HIPOG) in conjunction with borough, county and district planning officers. It explains that land-use planning is integral in improving physical and mental

health and wellbeing. It sets out actions for both tiers of local government to deliver on the county council's statutory public health responsibilities, and the local planning authorities' duty to deliver the NPPF. In terms of plan-making, the actions are focused on the development of local plan policies which address and support public health and wellbeing principles and objectives.

#### Hampshire Healthy Weight Strategy (2022-26)

- 4.39 The strategy has a vision to encourage, promote and support all residents to achieve a healthier weight, and an aim to reduce or level-off the prevalence of overweight and obesity. The strategy confirms that tackling overweight and obesity is a public health priority and that, to achieve this, a whole-systems approach is required. The strategy includes three strategic objectives for a whole-systems approach. The first objective is relevant to plan-making and explains that HCC (and its partners) will support places and communities to make it easier for residents to achieve and sustain a healthier weight. The strategy includes priorities to: embed healthy environments in new and existing places; promote accessible active travel; improve access and availability of healthier food; and ensure spatial planning decisions minimise less healthy options and maximise opportunities to create healthy weight environments.

#### Hampshire Mental Wellbeing Strategy (2023-28)

- 4.40 The strategy focuses on the mental wellbeing of adults and recognises that mental and physical health should be given equal importance, and that social, economic and environmental factors impact people's mental health. The strategy includes a two-pronged approach for its vision to support individuals in achieving and maintaining the best mental health and wellbeing that they can. In doing so, the strategy sets out six priority outcomes, of which the second (i.e., wider determinants of health) is relevant to plan-making. This priority outcome includes "now" (short-term) and "next" (longer-term) actions to: promote and increase the range and offer of green, blue, and natural outdoor spaces; support people to obtain and retain employment; ensure safe, suitable, secure, and healthy homes; develop and enhance community and social connections through planning decisions; and utilise existing structures to ensure health is at the forefront of local transport planning, including active travel.

#### Hampshire Public Health Strategy (2023-26)

- 4.41 The strategy sets out the following two ambitions to create a healthier Hampshire:
- To increase the number of years one can expect to live in good health; and
  - To reduce the gap in HLE between the most and least healthy.
- 4.42 The strategy includes three themes: healthy places; healthy people; and healthy lives. The former explains that good health starts with the environment in which we live, learn, work and play, and that good urban design, planning, and transport

can help to encourage a more active lifestyle, increase positive social interactions, and improve health. The areas of focus under “healthy places” that are relevant to planning include:

- Considering healthy streets, active travel, and air quality through active travel and climate change adaptation and mitigation; and
- Building healthy new places that encourage healthier choices, and ensure town centres and places that people live in are accessible, safe and sustainable.

#### Hampshire Joint Strategic Needs Assessment (JSNA) (2024-25)

##### 4.43 The Hampshire JSNA 2024-25 highlights:

- The **population** is older, continuing to age (a growing proportion of residents are aged 65 and over), and lives longer than the national average.
- Health outcomes correlate strongly with **deprivation** – i.e., poorer areas show higher rates of chronic illness, mental-health conditions, and unemployment.
- **“Rurality”** is a defining feature, creating challenges in accessing services, public transport, and opportunities for physical activity.
- The demand for **mental health** support is rising, particularly for young people (anxiety and depression) and older adults (loneliness and dementia).
- On a more positive note, there are high levels of civic participation, strong community networks and volunteer groups, and good access to the countryside and green spaces.

##### 4.44 In terms of the **East Hampshire Area** of the National Park, the JSNA highlights:

- The district (as a whole) is affluent but hides pockets of deprivation within urban areas, including some areas in Petersfield which have lower incomes.
- The district (as a whole) has a higher proportion of people who are physically active and meet “5-a-day” fruit and vegetable consumption, and a lower proportion of people who are overweight compared to the rest of Hampshire.
- The National Park area has a higher proportion of people aged 65 and over (25%) - compared to the areas outside the National Park (22.5%) – with greater issues around connectivity and access to amenities and services.
- The mental health and wellbeing index suggests a slight vulnerability to poorer mental health and wellbeing in Petersfield.
- There are areas of fuel poverty around the rural areas of Petersfield and East Meon, and areas of food insecurity in and around Petersfield and east Liss.
- There are areas of higher crime rates around Petersfield Town Centre.
- There are areas with greater social isolation around Liphook and Petersfield, and, when considering those aged over 65, around East Meon and Hill Brow.

4.45 In terms of the **Winchester Area** of the National Park, the JSNA highlights:

- The district (as a whole) is affluent but there are pockets of deprivation.
- The district (as a whole) has a higher proportion of people who are physically active and meet “5-a-day” fruit and vegetable consumption, and a lower proportion who are overweight, compared to the rest of Hampshire.
- The National Park area has a higher proportion of people aged over 65 (25%) - compared to the areas outside the National Park (20%) - with slightly poorer internet infrastructure, some issues of connectivity and access to amenities and services, homes which are not as healthy or energy efficient, and a relatively higher risk of social isolation, compared to other areas of the district.
- There are areas within the National Park which are understood to have higher levels of fuel poverty (Bramdean and Meonstoke).
- There are areas outside, but adjacent to, the National Park that are understood to have higher levels of deprivation (Winnall), food insecurity (Bishops Waltham, New Alresford, and Winnall), heat vulnerability (Winnall), lower household incomes (Bishops Waltham and Winnall), poor mental health (Winnall), social isolation (Denmead, New Alresford, and Winnall), and reduced sports facilities (Bishops Waltham).

#### Hampshire Draft Health and Wellbeing Strategy (2025-35)

4.46 The draft strategy sets out two overarching themes of inequalities and the “building blocks of health”, and includes core themes around starting and growing well, climate change, employment, health and work. The draft strategy also explains that men and women spend 15 years and 18 years of their lives in poor health, respectively, and that there is a difference of 4-to-5 years in life expectancy between the most and least deprived areas, increasing to a difference of 12-to-13 years for healthy life expectancy (HLE).

#### **West Sussex County Council (WSCC)**

4.47 The following paragraphs relate to borough, county or district level data rather than specific areas of the National Park unless otherwise specified.

#### West Sussex Creating Healthy and Sustainable Places Framework (2021)

4.48 The framework serves as a toolkit for various stakeholders involved in community development and explains that a whole systems approach is necessary to address complex health and environmental challenges. In terms of planning, the framework promotes sustainable transport, good design, and public open space (including play space); highlights health and wellbeing impacts from climate change; and provides advice and guidance on health impact assessment (HIA) – including timings, types, and stages. The framework also outlines the following six characteristics of a healthy and sustainable place:

- Social cohesion and participation;
- Healthy and quality housing options;
- Resilient public infrastructure and services;
- Safe and sustainable travel options;
- A prosperous and sustainable economy; and
- A thriving natural and accessible environment.

#### West Sussex Joint Strategic Needs Assessment (JSNA) (2024-25)

##### 4.49 The West Sussex JSNA 2024-25 highlights:

- The county is relatively affluent and overall health and wellbeing is good, but there are local differences and COVID-19 has highlighted health inequalities.
- The **population** is ageing and growing, with a declining fertility rate suggesting inward migration.
- **Life expectancy** has increased over the last 20 years and remains higher than England. However, this increase has started to stall and HLE has fallen, with residents spending more years in poor health (circa 3-4 years). There is a 6-year age gap in life expectancy between the most and least deprived areas.
- The **lead causes of death and disability** are cancer, cardiovascular disease, respiratory infection, neurological disorders, and chronic respiratory disease.
- The **lead risk factors** are tobacco, dietary risks, obesity and inactivity, alcohol and drug misuse, and high blood pressure. Of these, cardiovascular diseases is the largest contributor to the life expectancy gap, followed by cancer.
- The **groups at higher risk of poor mental health** are those with severe mental illness, children in care, care leavers, people experiencing homelessness, people with multiple complex needs, and trauma or adverse life events.
- The **determinants** of health include **housing** (availability and affordability), **poverty** (child and older adult poverty, and neighbourhoods with higher deprivation), **employment and education** (workforce shortages in health and social care, and variations in educational outcomes), and **environment and community safety**.
- **Mental health in children and young people** has worsened nationally and locally, continuing a pre-COVID-19 pandemic trend.
- **Social care** demand will rise due to increased disability prevalence.
- **Key considerations for an ageing population** include dementia, sensory impairment, musculoskeletal conditions, falls, and mental health.
- **Priority themes to improve life expectancy, reduce inequalities, and prepare for demographic change** include improving diet and physical activity, improving blood pressure control, planning for rising demand in older adult care, and addressing housing, poverty, and education inequalities.

4.50 The JSNA predominantly presents data and trends for the county as a whole and does not differentiate between National Park and non-National Park areas, nor focus on specific areas, parishes, and/or settlements. In reviewing the JSNA, the following is noted in relation to districts which the National Park stretches across:

- Mid Sussex district is the least deprived district in the county;
- Horsham and Mid Sussex districts have more areas in the 20% least deprived neighbourhoods, while Arun district has more areas in the 10% most deprived neighbourhoods, in the county; and
- Arun and Chichester districts have the highest proportions of older residents as a ratio of working age people, and this may mean fewer friends and family members to provide unpaid care.

#### West Sussex Health and Wellbeing of Coastal Communities (2024)

- 4.51 The framework – like the JSNA – highlights that coastal communities experience poorer health and wellbeing outcomes than non-coastal communities. The coastal communities of Lancing, Shoreham-by-Sea, Southwick and Worthing are of relevance given their proximity to the National Park. The framework explains that these areas are characterised by older populations, more deprived areas, higher prevalence of chronic conditions, lower levels of healthy weight among 10-11 year olds, declining availability of care home beds, and higher levels of long-term sickness or disability. In terms of the public health approach and priority areas for action that are related to planning, the framework identifies the need to strengthen place-based working with communities, target major contributors to ill health (i.e., physical inactivity), and improve neighbourhood design, housing, food access, natural spaces, and transport to support the population.
- 4.52 The West Sussex JSNA Summary Report highlights an area of the National Park around Ferring (a parish and ward within Arun District) and Northbrook (a ward within Worthing Borough) that is within the most deprived areas of England. The National Park area is predominantly in agricultural and woodland uses with no defined settlements. As such, it is assumed that deprivation is related to the communities outside, but adjacent to, the National Park.

#### West Sussex Joint Health and Wellbeing Strategy (2025-30)

- 4.53 The strategy presents the vision, priorities, and principles for improving health and wellbeing, and addressing identified population needs in the West Sussex JSNA. In terms of planning, the priorities and principles of relevance are reducing health inequalities (i.e., tackling determinants of health), and building resilience and connected communities (i.e., addressing loneliness and social isolation).
- 4.54 The strategy highlights that the population is growing from inward migration, and that the county has an older age profile compared to England, with predictions of increases and decreases in older and younger age groups, respectively. The strategy explains that the top five risk factors for poor health in West Sussex are tobacco, high body mass index [BMI], dietary risk, diabetes, and high systolic blood pressure. It also states there is a 14.5-year gap in life expectancy between most and least deprived areas, and that circulatory diseases (or cardiovascular diseases) account for the largest proportion of this gap, followed by cancer.

## Summary 4c: Public Health Authority Profiles

- The public health authorities have published data, evidence, plans, and strategies which identify similar priorities and actions around “**starting, living, ageing and dying well**”, and creating “**healthy places, people, and lives**”.
- The above broadly explain that the design and layout of the built and natural environments – including access to amenities, services, facilities and green and blue spaces, and planning for demand in older persons accommodation and care – can provide opportunities for physical activity, social interaction, and a healthy food environment. This connects to the **aspects and determinants of the built and natural environment** (see Section 6).
- The **population** is older (except in Brighton & Hove) and continues to grow and age, with a higher proportion of older residents living in the National Park. Life expectancy continues to increase, but healthy life expectancy (HLE) has stalled or is decreasing, and gaps between most and least deprived areas is increasing.
- **Health inequalities** have widened since the COVID-19 pandemic.
- Demand for **mental health** support is increasing.
- The **leading causes of death** are cancer and cardiovascular diseases and preventable risks are diet, high blood pressure, obesity, and physical inactivity.
- The **coastal communities** outside, but adjacent or in proximity to, the National Park experience poorer health and wellbeing outcomes, and are identified as having higher levels of deprivation compared to non-coastal areas.
- The “**rurality**” of the National Park potentially contributes to hidden poverty in rural areas, and may be connected to challenges around accessing amenities, facilities, services, public transport, and opportunities for physical activity.
- There are **deprived areas** adjacent, or in proximity to, the National Park:
  - **Brighton & Hove:** The areas of Bexhill Road, Cowley Drive and Warren Road in the ward of Woodingdean; Downlands Drive in the ward of Hangleton & Knoll; and a number of estates in the wards of Hollingdean & Fiveways and Moulsecoomb & Bevendean.
  - **East Sussex:** Newhaven, and some areas of Peacehaven and Seaford.
  - **Hampshire:** Winnall in Winchester City.
  - **West Sussex:** Lancing, Shoreham, Southwick, and Worthing, as well as an area around Ferring (Arun district) and Northbrook (Worthing borough).

## 5. The Adopted South Downs Local Plan (2014-33)

- 5.1 The South Downs Local Plan (2014-33) - “the adopted local plan” - was adopted on 02 July 2019. The adopted local plan does not include a thematic policy on health and wellbeing but, instead, considers health and wellbeing in the following objective and planning policies:

**Objective 4** – To achieve a sustainable use of ecosystem services thus enhancing natural capital across the landscapes of the National Park and contributing to wealth and human health and wellbeing.

**Criterion 1j) of Policy SD2 (Ecosystem Services)** – Development proposals will be permitted where they have an overall positive impact on the ability of the natural environment to contribute goods and services. This will be achieved through the use of high-quality design, and by delivering all opportunities to improve opportunities for peoples’ health and wellbeing.

**Criterion 2) of Policy SD2 (Ecosystem Services)** – Development proposals must be supported by a statement that sets out how the development proposal impacts, both positively and negatively, on ecosystem services.

**Criterion 3) of Policy SD3 (Major Development)** – If it is considered that exceptional circumstances exist and development would be in the public interest, all opportunities to conserve and enhance the special qualities should be sought. Development proposals should be sustainable as measured against listed factors, one of which is health and wellbeing. The associated supporting text explains that development proposals should promote healthy lifestyles and physical, mental and spiritual wellbeing through design and community engagement.

**Criterion 3) of Policy SD27 (Mix of Homes)** - Development proposals will be permitted for residential development that provides flexible and adaptable accommodation to meet the needs of people who are less mobile, or have adult homecare requirements. Development proposals of 5 or more homes will be permitted where it is clearly demonstrated that evidence of local need for older people’s or specialist housing is reflected in the types of homes proposed.

**Criterion 2e) of Policy SD45 (Green Infrastructure)** – Green infrastructure must contribute to multifunctional landscapes which support health and wellbeing and improve opportunities for understanding and enjoyment of the National Park and its special qualities.

**Criterion 1) of Policy SD55 (Contaminated Land)** – Development proposals for sites with either known or suspected contamination or the potential to contaminate land either on site or in the vicinity, will require the submission of robust evidence regarding investigations and remedial measures sufficient to ensure that any unacceptable risk to human health or the health of the environment is removed prior to development proceeding.

- 5.2 The supporting text of the adopted local plan also explains how relative tranquillity (Policy SD7) helps to promote health and wellbeing, and how allocated strategic sites can present opportunities to support and enhance local communities, for example, by improving health and wellbeing through providing walking and cycling routes.

### **Summary 5: The South Downs Local Plan (2014-33)**

The adopted local plan includes an objective and selected policy criteria which relate to health and wellbeing. Of particular note, the adopted local plan requires all planning applications to be supported by an Ecosystem Service Statement which sets out how a development proposal will impact on ecosystem services, including opportunities to improve people's health and wellbeing (see Policy SD2, Criteria 1j and 2).

## 6. Approach in the New South Downs Local Plan (2024-42)

- 6.1 The new South Downs Local Plan (2024-42) – “the new local plan” – is being prepared to capture legislation and regulation changes, capture national planning policy updates, and ensure the local plan is up-to-date and addresses important issues such as nature recovery, climate change, affordable housing, and helping local communities to thrive.

### Regulation 18 Public Consultation

- 6.2 A Regulation 18 public consultation was carried out between 20 January and 17 March 2025. The representations from NHS bodies and public health authorities (PHAs) – beyond requests for specific wording changes - are summarised below:

#### NHS England

No representation received.

#### NHS Hampshire and Isle of Wight Integrated Care Board (ICB)

The ICB explained the NHS is not funded to increase infrastructure capacity to meet additional demands from new housing; identified GP surgery catchment areas for each of the proposed allocations in the Hampshire Area; highlighted needs for developer contributions or community infrastructure levy (CIL) to mitigate additional pressures arising from new developments; and confirmed there are no plans to bring forward a new surgery in Liphook.

#### NHS Property Services

The service commented that NHS properties could benefit from carbon offset funds; requested that surplus NHS properties should not be required to retain any part in an alternative community use; requested health infrastructure to be identified as essential infrastructure; highlighted affordable housing needs of NHS and other healthcare staff; suggested healthcare costs are factored into viability and contributions towards healthcare infrastructure; recommended preparation of an infrastructure delivery plan; and suggested requirements in relation to active travel, climate change, health impact assessment (HIA), healthy foods, housing affordability and mix, pollution, sustainable drainage, and provision of high-quality green and blue spaces.

#### NHS Sussex Partnership

The partnership confirmed availability of “Midhurst Community Hospital and 1-2 Rotherfield Mews” for redevelopment. The partnership supported the principle of thematic policies in relation to affordable housing and community facilities, but requested references to key worker accommodation, appropriate balance between providing affordable housing and wider local infrastructure, and NHS service transformation plans and release of surplus land for alternative uses.

PHA - Brighton & Hove City Council (BHCC)

No representation received.

PHA - East Sussex County Council (ESCC)

ESCC commented that the plan does not communicate health and wellbeing as a key priority in its structure and content, nor does it provide a strong thread in creating healthy places and environments. ESCC would like to see a stronger demonstration of a commitment to creating healthy places through a strategic health and wellbeing policy, and a requirement for certain developments to be informed by a health impact assessment (HIA) to demonstrate how health and wellbeing have been / will be considered and implemented in site delivery.

PHA - Hampshire County Council (HCC)

HCC explained that places where we live affect our health and wellbeing, and that a strong health focused policy approach is required. Data and evidence from the JSNA will help identify what the priority issues relating to health and wellbeing are, and may enable some thinking about how future planning and development could help to address health issues. HCC felt it important to include an overarching strategic health and wellbeing policy or, alternatively, suggested a strengthening of the health and wellbeing aspects in adopted Policies SD2 (Ecosystem Services) and SD3 (Major Development). To ensure health and wellbeing are further considered, HCC also felt that health impact assessments (HIAs) should be required for larger scale or strategic developments.

PHA - West Sussex County Council (WSCC)

WSCC commented that the proposed “planning for health in all relevant policies approach” reflects the approach in the West Sussex Healthy Sustainable Places Framework, and health and wellbeing strategy. There is a need for more emphasis on measures to improve road safety and reduce traffic flow, especially in urban areas and areas close to care homes, hospitals and schools. WSCC would like to see infrastructure and resilience plans for extreme weather events considered.

## Summary 6a: Response to NHS and PHA Regulation 18 representations

NHS comments in relation to **specific sites** have been noted.

NHS comments in relation to **specific thematic policies** – i.e., affordable housing, community facilities, infrastructure, and sustainable construction - have been responded to in the South Downs Regulation 18 Consultation Report (February 2026) under the respective thematic policy.

NHS comments in relation to active travel, climate change, healthy foods, housing affordability and mix, pollution, sustainable drainage, and provision of high-quality green and blue spaces are addressed in later sub-sections of this Paper – see **aspects and determinants of the built and natural environments**.

The South Downs National Park Authority has consulted NHS bodies (including ICBs) on an update of the **South Downs Infrastructure Business Plan (IBP)**.

In response to ESCC and HCC wishes to see health and wellbeing strengthened in the new local plan, **a new strategic policy has not been considered** as the South Downs National Park Authority does not wish to duplicate thematic policy requirements, and believes **it would be more beneficial to consider health and wellbeing throughout the new local plan** both in its preparation (see IIA sub-section below) and in relevant planning policies (see regenerative design sub-section, and built and natural environments sub-section, below).

In response to NHS Property Services, ESCC, and HCC wishes to see a requirement for **health impact assessment (HIA)**, a HIA of the new local plan has been carried out (see IIA sub-section below) and HIA is a requirement in Policy SDC4 (Major Development) and in allocation policies for larger scale and strategic developments.

### Regenerative Development

- 6.3 The new local plan considers the movement of regenerative development which seeks to move beyond sustainable development into restoring, and creating new, ecosystems to support planetary health and climate crises. The purpose of **Policy SDC3** (Regenerative Development and Ecosystems Services) is to embed a holistic and regenerative approach to development for the benefit of nature, climate, people and place. The policy highlights “creating healthy and equitable communities” as a regenerative design principle, and its policy criteria and supporting text refer to the five aspects of the built and natural environments.

## Summary 6b: Regenerative Development

The new local plan includes Policy SDC3 (Regenerative Development and Ecosystem Services) which highlights “creating healthy and equitable communities” as a regenerative development principle. The proposed policy criteria and supporting text refer to the five aspects of the built and natural environments.

### Health Impact Assessment (HIA)

6.4 Health Impact Assessment (HIA) is a tool to identify and optimise the health and wellbeing impacts of development. The International Association of Impact Assessments defines it as:

*“A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.”*

6.5 The PPG explains that:

- **Paragraph 005 (ref. 53-005-20190722) - How can the need for health facilities and other health and wellbeing impacts be considered in making planning policies and decisions?** A Health Impact Assessment is a useful tool to use where there are expected to be significant impacts.

6.6 The South Downs Integrated Impact Assessment (IIA) has been prepared to support the preparation of the new local plan and incorporates HIA in the **plan-making process** (see IIA below). In terms of HIA in the **decision-making process**, the approach in the new local plan is set out below.

#### HIA to support “major developments” and larger scale or strategic developments

6.7 A HIA, if prepared, should commence at the start of the planning process – i.e., at or before the pre-application stage. HIA provides an opportunity to amend a development proposal so that it protects and/or improves health and wellbeing. Moreover, a HIA should:

- Identify potential positive and negative health and wellbeing impacts;
- Highlight differences in health impacts on sub-population groups; and

- Make recommendations to address or mitigate against any negative health impacts, and maximise any positive health impacts, considering the most affected vulnerable groups were possible.

6.8 A HIA has four main stages as follows:

- **Screening** – To decide whether or not a HIA is needed.
- **Scoping** – To outline the aims and objectives of a HIA, define the geographic scope, identify the different sub-populations (including vulnerable groups), define the timescales of potential impacts, and decide the type of HIA (i.e., desktop, rapid, or comprehensive).
- **Assessment** – To develop the local population profile and appraise the development proposal against identified health impacts.
- **Recommendations** – To address or mitigate any negative health impacts, and enhance any positive health impacts, of the development proposal.

6.9 The four public health authorities provide the following guidance on HIA:

- **Brighton & Hove City Council (BHCC)** require HIA for strategic developments (defined as development area proposals in the city plan, and developments requiring environmental impact assessment), while larger developments (defined as 100 homes or more, or 1000sqm commercial floorspace or more) are required to submit a lighter touch “health statement”. BHCC do not have a HIA template, but the BHCC HIA Guidance Note includes a checklist to support the HIA process.
- **East Sussex County Council (ESCC)** is preparing HIA guidance and templates through the “East Sussex Planning for Health Working Group”, and has explained that HIA thresholds should be set out in local plans for when a HIA may be required to support a planning application.
- **Hampshire County Council (HCC)** does not have HIA guidance or templates, but explains in the Hampshire Planning and Public Health Position Statement (see Section 4) that local planning authorities should require – and consult HCC on – HIAs for proposals of 100 homes or more.
- **West Sussex County Council (WSCC)** does not have a HIA template, but the West Sussex Creating Healthy and Sustainable Places Framework (see Section 4) provides HIA advice and guidance. In their Regulation 18 representation, and through further correspondence in 2025, WSCC has confirmed that they shall provide support in reviewing HIAs for major residential developments or redevelopments of 100 homes or more.

## Summary 6c: Health Impact Assessment (HIA)

- A HIA of the new local plan has been incorporated into the IIA (see below).
- The public health authorities have different advice, guidance, thresholds and templates (if any) on HIA.
- If HIA is to be required, then it must be set out in local plan policies. In capturing advice and guidance of public health authorities, the South Downs National Park Authority has required HIA for “major developments” for the purposes of 2024 NPPF Paragraph 190 in **Policy SDC4 (Major Development)**, and for the following larger scale or strategic developments, in the new local plan:
  - **SDA1** North Street Quarter, Phoenix Area, Lewes (*existing allocation*).
  - **SDA2** Land at Old Malling Farm, Lewes (*existing allocation*).
  - **SDA3** Malling Brooks, Lewes (*existing allocation*).
  - **SDA4** County Hall, St Anne’s Crescent, Lewes (*new allocation*).
  - **SDA5** East Sussex College, Mountfield Road, Lewes (*new allocation*).
  - **SDA25** Land south of Herbert Shiner School, Petworth (*new allocation*).
  - **SDA30** Shoreham Cement Works (*existing allocation*).
  - **SDA31** Land west of Liphook, Liphook (*new allocation*).

## Integrated Impact Assessment (IIA)

- 6.10 An Integrated Impact Assessment (IIA) has been prepared to inform, appraise and support the new local plan. The IIA incorporates:
- Strategic Environmental Assessment (SEA);
  - Sustainability Appraisal (SA);
  - **Health Impact Assessment (HIA)** [*emphasis added*]; and
  - Equalities Impact Assessment (EqIA).
- 6.11 There is no statutory requirement to undertake a HIA as part of the plan-making process. However, the South Downs National Park Authority incorporated HIA into the IIA in 2024 to ensure a wider definition of potential impacts is considered in the plan-making process, and so the new local plan and its policies minimise negative, and maximise positive, health impacts.
- 6.12 The IIA Scoping Report (October 2024) was amended and updated following consultation in 2023 (SEA/SA Scoping Report) and 2024 (IIA Scoping Report) with the Environment Agency, Historic England, and Natural England, as well as water companies and borough, city, county, district, and unitary councils (please note, the county and unitary councils include the public health authorities). The scoping report includes eleven sustainability objectives in relation to landscape, biodiversity, heritage, climate change, use of resources, employment and economy, equal opportunities and elimination of discrimination, health and

wellbeing, transport, housing, and character and design. The most relevant to this Paper is **Sustainability Objective No.8:**

*“Contribute towards improving the holistic health and wellbeing of the population and surrounding area and towards reducing inequalities. To create and sustain healthy and sustainable vibrant communities within the National Park and helps towards improving accessibility for all to all services and facilities.”*

- 6.13 The objective has been expanded into sub-objectives and decision-aiding questions (see Table 6.1) and used in the appraisal of growth options, spatial strategy options, thematic policies, and site allocation policies of the new local plan – see IIA Main Report (March 2026). In addition to the above, a HIA has been carried out on all thematic policies and site allocation policies within the IIA. This includes HIA screening and – if the answer is “yes” to any of the screening questions - a detailed HIA (see Table 6.2). In doing so, direct and indirect health and wellbeing impacts have been identified and, in some instances, recommendations have been made for thematic policies and site allocation policies in relation to health and wellbeing – see IIA Main Report (March 2026). Similarly, the EqIA in the IIA has highlighted and considered impacts on individuals and groups with protected characteristics (in terms of equality).
- 6.14 The IIA Main Report (March 2026) explains that the new local plan includes several policies – both thematic policies and site allocation policies – which are likely to support improvements in public health. These include, but are not limited to, policies related to access, active travel, design, and green and blue infrastructure.

<b>Sustainability Objective 8</b>	
<b>Sub Objectives</b>	<b>Questions</b>
<p>8.1 Optimise the benefits that the natural environment offers to contribute to the holistic health and well-being of local communities within and surrounding the National Park.</p> <p>8.2 Use environmental and building standards to ensure that places promote health and wellbeing.</p> <p>8.3 Improve the well-being of local communities by providing a safe environment through the design and layout of development.</p> <p>8.4 Achieve healthy living opportunities by supporting access to open spaces, public rights of way, walking and cycling opportunities and outdoor leisure activities.</p> <p>8.5 Support mixed communities where children can play freely, and social isolation is the exception.</p> <p>8.6 Encourage the establishment of appropriate services and facilities in development schemes, based upon local plan evidence.</p> <p>8.7 Support the health and wellbeing needs of an aging population through access to services and facilities and appropriate design.</p>	<p>Will it provide, help, create and sustain healthy and sustainable communities?</p> <p>Will it increase the opportunities to enjoy healthy and active lifestyles which increase physical activity and connectivity?</p> <p>Will it discourage crime?</p> <p>Will it support local services, community facilities and community enterprises for all of the population?</p> <p>Will it focus development in settlements with adequate infrastructure and access and where a range of services and employment reduce the need to travel by car?</p> <p>Will it help to maintain, connect, improve or increase green infrastructure for the benefit of all sections of the local communities?</p> <p>Will it improve safe access for all to the countryside and encourage walking, cycling and other healthy outdoor activities?</p> <p>Will it maintain and improve safe access to the countryside and to nature and encourage walking, cycling and other healthy outdoor activities?</p> <p>Will it support healthy eating and lifestyles through increasing food growing opportunities and access to healthy food choices?</p>

**Table 6.1** - The sub-objectives and decision-aiding questions of Sustainability Objective 8 in the IIA Scoping Report (October 2024) and IIA Main Report (March 2026).

The IIA 2-Staged HIA Process	
Stage 1: HIA Screening	Stage 2: HIA Detailed
<p>Will the policy have a direct impact on health, mental health and wellbeing?</p> <p>Will the policy have an impact on social, economic and environmental living conditions that would indirectly affect health?</p> <p>Will the policy affect an individual's ability to improve their own health and wellbeing?</p>	<p>What are the direct impacts on health, mental health and wellbeing? (e.g. ill health, social exclusion, isolation, non-participation, safety).</p> <p>What are the indirect impacts on health, mental health and wellbeing? (e.g. housing, transport, child development, education, employment opportunities, green space/nature, accessibility, air/noise/light quality and climate change adaptation).</p> <p>What are the opportunities for self-improvement? (e.g. active, healthy food, access to services, employment etc).</p> <p>Who will it effect? Will there be impacts on certain vulnerable groups? (older people, young people, those on low income, disabled etc)</p> <p>How will negative impacts be mitigated? How will positive impacts be improved?</p> <p>Any recommendation to amend the policy.</p>

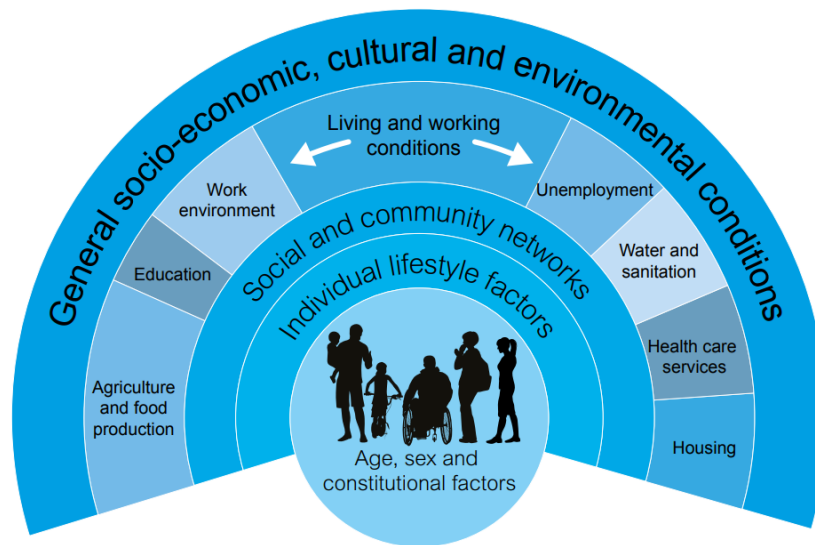
**Table 6.2** - The 2-staged HIA process in the South Downs Local Plan IIA (March 2026).

### Summary 6d: Integrated Impact Assessment (IIA)

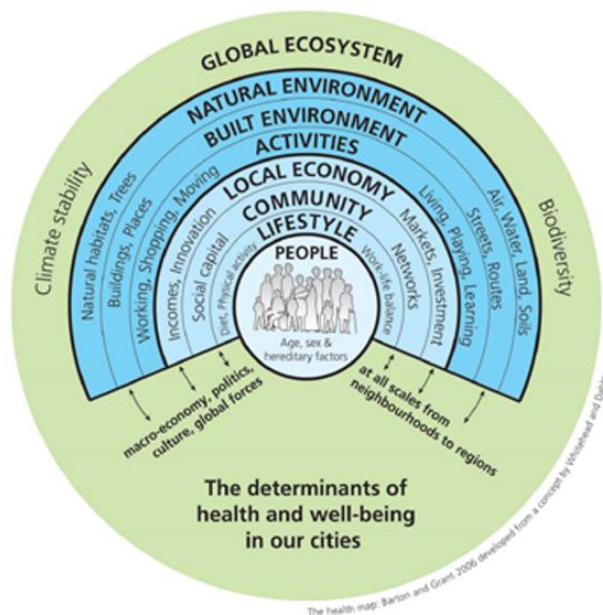
The new local plan has been informed by an Integrated Impact Assessment (IIA). This includes a sustainability objective related to health and wellbeing which has been used in the appraisal of growth options, spatial strategy options, thematic policies, and site allocation policies. In addition, a Health Impact Assessment (HIA) has been carried out on all thematic policies and site allocation policies of the new local plan.

## The Built and Natural Environments – Aspects and Determinants of Health and Wellbeing

6.15 The built and natural environments include wider aspects and determinants of health and wellbeing. As set out in Sections 1, 2 and 4, it is recognised that individual and community behaviours can be influenced by the environments in which we interact. The planning system can shape these environments to promote, enable and support health and wellbeing. The layers of influence of the wider aspects and determinants of health and wellbeing were conceptualised by Dahlgren and Whitehead in 1991 (Figure 6.1) and adapted into a health map by Barton and Grant in 2006 (Figure 6.2).



**Figure 6.1** - The layers of influence of the wider determinants of health.  
**Source** - Local Government Association (LGA) (2016).



**Figure 6.2** – The health map developed by Barton and Grant (2006).  
**Source** – WSCC Creating Healthy and Sustainable Places Framework (2021).

- 6.16 Public Health England - replaced by the UK Health Security Agency and Office for Health Improvement and Disparities in October 2021 - published its “spatial planning resource” in 2017, taking inspiration from Figures 6.1 and 6.2. This identified five aspects of the built and natural environments which can promote positive health and wellbeing. The 2024 LGA “empowering healthy places” – and public health authority JSNAs, plans, and strategies (Section 4) - highlight similar aspects. In working with the East Sussex Planning for Health Working Group – and considering the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” - these five aspects (and their underlying determinants) have been refined as follows:

**Aspect 1: Neighbourhood Design**

Determinant 1a: Provision and Access to Local Services and Facilities.

Determinant 1b: Provision and Access to Local Employment.

Determinant 1c: Inclusive Design.

Determinant 1d: Safety and Security.

Determinant 1e: Social Cohesion and Interaction.

Determinant 1f: Attractive and Distinctive Places (incl. Arts, Culture & Heritage).

**Aspect 2: Housing Design**

Determinant 2a: Housing Quality.

Determinant 2b: Affordable, Accessible and Adaptable Homes.

**Aspect 3: Healthy Food**

Determinant 3a: Access to Healthy Food.

Determinant 3b: Food Growing.

**Aspect 4: Natural and Sustainable Environments**

Determinant 4a: Environmental Hazards (Air, Noise, Light & Odour Pollution).

Determinant 4b: Provision and Access to Public Open Green and Blue Spaces.

Determinant 4c: Outdoor Play and Recreation.

Determinant 4d: Climate Change, Flood Risk and Extreme Temperatures.

**Aspect 5: Transport**

Determinant 5a: Connectivity.

Determinant 5b: Mobility and Accessibility.

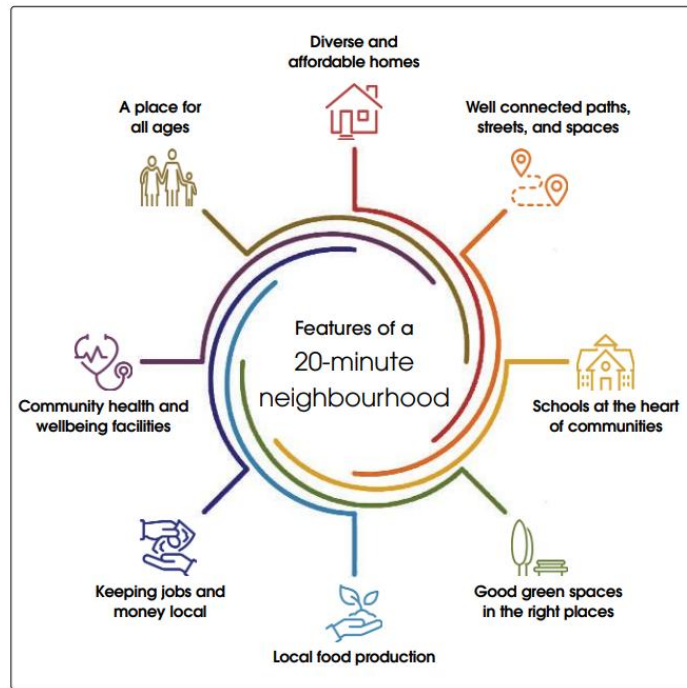
Determinant 5c: Active Travel.

Determinant 5d: Public Transport.

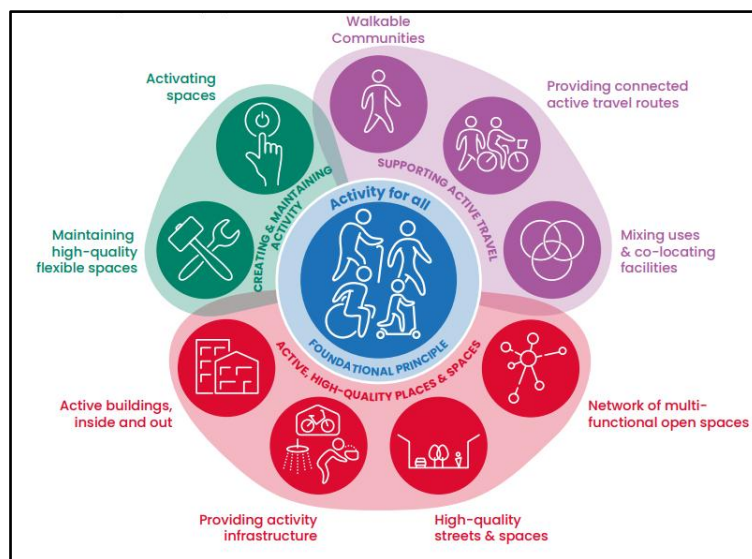
- 6.17 The South Downs National Park Authority has considered the above aspects and determinants in the preparation of the new local plan – see remainder of this section. It is important to remember that some aspects and determinants may interrelate, and/or may be more relevant than others depending on the location, landscape, scale, and potential impact of a proposed development.

## Aspect 1: Neighbourhood Design

- 6.18 Neighbourhoods are places where people live, work, and play and provide a sense of collective belonging and identity. The accessibility, attractiveness, design, layout and safety of – and land uses within – a neighbourhood can influence an individual’s behaviours, decisions and travel patterns, and provide opportunities for social interactions and reducing loneliness.
- 6.19 Neighbourhoods can support positive health outcomes which encompass all other aspects (see following sub-sections) and should be **compact, walkable, and co-locate** a mix of facilities, services, and uses to provide opportunities for greater levels of physical activity. The UK Chief Medical Officer’s guidance for adults recommends participation in 150 minutes (2.5 hours) of moderate intensity physical activity per week, and states the easiest way to achieve this is through daily activities such as walking and cycling.
- 6.20 The provision of walking and cycling – or “active travel” - routes can improve access to public transport and reduce perceptions of long distance trips to amenities, destinations, facilities, employment, and services. Research has shown that most people will choose to walk to a destination if it is less than 1 mile away, with 800m being a typical catchment area. Access to, and provision and linking of, active travel routes can encourage improved levels of physical activity, air quality, and social interactions which, in turn, can help improve mental health and community cohesion, and reduce the risk of type II diabetes, cardiovascular diseases, stroke, musculoskeletal conditions, and some cancers.
- 6.21 The concept of a **compact, walkable and connected neighbourhood** has been more recently termed the “20-minute neighbourhood” (or “15 minute city” or “livable neighbourhood”) – see Figure 6.3. It has roots in the garden city model devised in the late nineteenth century by Ebenezer Howard, and has gained recent traction since the COVID-19 pandemic, with the concept more recently promoted by the Design Council, Fields in Trust, Sport England, Sustrans, and Town and Country Planning Association (TCPA). In terms of Sports England, their ten principles of active design (Figure 6.4) include synergies with the concept.



**Figure 6.3** - The features of a 20-minute neighbourhood. **Source** - TCPA (2021).



**Figure 6.4** - The Ten Principles of Active Design. **Source** - Sports England (2023).

6.22 The 20-minute neighbourhood is a simple idea, but recognised as not always practical for delivery in every community, especially in rural communities. It is a holistic concept requiring many stakeholders beyond planning. Key factors to enable positive health outcomes include:

- Improved accessibility, attractiveness, connectivity, and safety;
- Improved provision of, and network links to, outdoor spaces;
- Improved active travel routes and wayfinding / navigation;

- Provision of accessible and direct links to key facilities and services;
- Strong local identity;
- Removal of barriers and severance; and
- Climate change adaptation and mitigation.

6.23 The emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” has divided Aspect 1 (Neighbourhood Design) into six determinants as set out below.

#### Determinant 1a: Provision and Access to Local Services and Facilities

6.24 Healthy neighbourhoods require a range and variety of accessible and local services and facilities within walking distance to support everyday life and create active and vibrant spaces. The above can include community, cultural, education, employment, health, recreational, sports, and leisure uses, and shops and public spaces for community and social interactions.

#### Determinant 1b: Provision and Access to Local Employment

6.25 Provision and access to a variety of quality local employment options provides opportunities for local communities to find work and achieve a stable income. Access to employment can improve mental health by providing financial stability, social interaction, and sense of identity, purpose, and self-esteem.

#### Determinant 1c: Inclusive Design

6.26 Inclusive design looks holistically at how places are, and can be, used with all in mind. It is an approach that aims to create mixed-use environments which are accessible, active, connected, inclusive, welcoming and usable by many people, regardless of ability, age, background or other characteristics. It pulls together elements covered under other determinants, such as a sense of belonging, prioritisation of active travel and physical activity, accessibility and adaptability of housing, and accessibility and mobility of transport.

#### Determinant 1d: Safety and Security

6.27 A safe and secure neighbourhood - which provides natural surveillance and is free from (and perception of) crime and violence - is important for physical and mental wellbeing. It enables people to feel secure and confident to access and engage with their neighbourhood, increasing physical activity, social contact, sense of community, and community cohesion.

### Determinant 1e: Social Cohesion and Interaction

- 6.28 Social cohesion refers to the strength of relationships, and a sense of solidarity, amongst members of a community. It can help to reduce anxiety, depression, loneliness, and social isolation.

### Determinant 1f: Attractive and Distinctive Places (including Arts, Culture & Heritage)

- 6.29 Well-designed, attractive and distinctive places with a strong identity and local character gives users, occupiers and owners a sense of belonging, community, identity, place, and pride, helping to create and sustain communities and neighbourhoods and improve wellbeing. Places that are memorable can help people navigate their way around and encourage people to spend more time outdoors. All the above can be shaped by local culture, heritage, and public art, encouraging positive emotional connections.

### The New South Downs Local Plan

- 6.30 The determinants – including their National Planning Policy Framework (NPPF) context and planning opportunities – are summarised in Table 6.3 below. The table has been informed by the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” and shows where the new local plan has considered Aspect 1 (Neighbourhood Design).

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
1a: Provision and Access to Local Services and Facilities.	83, 88, 96a, 98a, 98c, 98d, 98e, 100, 101, and 111.	<p>Creation of complete, compact, and connected neighbourhoods where:</p> <ul style="list-style-type: none"> <li>• There are opportunities for social interactions and strong communities;</li> <li>• People are physically active and can meet their day-to-day needs within a short walk/wheel or cycle;</li> <li>• Car dependency is reduced and air quality and walkability are improved;</li> <li>• Community facilities are protected and enhanced;</li> <li>• Places are vibrant, inclusive and accessible, and services and social infrastructure are co-located; and</li> <li>• Residential developments are close to existing and new services – i.e., education, employment, retail, training, and health facilities etc.</li> </ul>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Economic Profile, Employment Land Review (ELR), Infrastructure Business Plan (IBP), Integrated Impact Assessment (IIA), Land Availability Assessment (LAA) and Site Selection and Major Development Paper (<i>re site allocations</i>), Open Space Study, Parish Priorities Statements, Settlement Facilities Study, and Transport Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2-3 Development Strategy, and Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDH3 Accessible and Adaptable Homes.</li> <li>• SDH4 Specialist and Older Persons Accommodation.</li> <li>• SDE1 Economic Development.</li> <li>• SDE4-6 Retail Centres and Shops Outside Centres.</li> <li>• SDG1 Community Facilities.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDT1-3 Vision-Led Transport Approach, Active Travel Routes, and Highway and Public Realm Design.</li> <li>• SDT5 Infrastructure.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
1b: Provision and Access to Local Employment.	85, 88a, 88b, 88c, 88d, 89, and 98e.	<p>Allocate, provide and retain employment sites with necessary infrastructure to attract a wide range of business types, meet healthy workplace standards (i.e., BREEAM), and provide job opportunities close to where people live. Sites should be in areas well served by active travel routes, public transport, and access to green and open spaces.</p> <p>Prevent conflicts with sensitive land uses by avoiding industrial uses near sensitive land uses, and by applying appropriate design, layout and buffer zones to minimise air quality, noise, odour and light pollution.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Economic Profile, Employment Land Review (ELR), Housing and Economic Development Needs Assessment (HEDNA), Infrastructure Business Plan (IBP), Integrated Impact Assessment (IIA), Land Availability Assessment (LAA) and Site Selection and Major Development Paper (<i>re site allocations</i>), Open Space Study, and Transport Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2-3 Development Strategy, and Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDN1-9 Nature and Climate (including Sustainable Construction).</li> <li>• SDW5-6 Pollution, Air Quality and Contaminated Land.</li> <li>• SDE1-8 All economy policies.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDT1-3 Vision-Led Transport Approach, Active Travel Routes, and Highway and Public Realm Design.</li> <li>• SDT5 Infrastructure.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide and Sustainable Construction SPDs.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
1c: Inclusive Design.	96, 131, and 135f.	<p><u>General:</u> People and community centred and inclusive design of buildings and spaces, including considerations for disabled, neurodiverse, older and young people.</p> <p><u>Design measures:</u> Inclusive design which support active travel and wayfinding (incl. removal of physical barriers to access and mobility); support children, neurodiverse and dementia friendly design (i.e., accessibility, distinctiveness, familiarity, legibility and safety); provide supportive infrastructure (i.e., accessible toilets, drinking fountains and seating); creates places that are distinctive and memorable; and considers the maintenance and longevity of places.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Infrastructure Business Plan (IBP), Integrated Impact Assessment (IIA), Open Space Study, and Transport Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDH3 Accessible and Adaptable Homes.</li> <li>• SDH4 Specialist and Older Persons Accommodation.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD, and Parish and Village Design Statements.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
1d: Safety and Security	96b, 102a, and 135f.	Create well designed places, active frontages and clear and legible routes – which apply “secure by design” principles, including natural surveillance – to avoid intimidating environments and reduce opportunities for crime.	<p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design</li> <li>• SDL5 Dark Night Skies.</li> <li>• SDE9 Shop Fronts and Advertisements.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDT2 Active Travel Routes.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD, and Parish and Village Design Statements.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
1e: Social Cohesion and Interaction	96a and PPG Paragraph 3	<p><u>Design of spaces:</u> Create public spaces and buildings that are well designed, attractive, adaptable, inclusive, visible, and safe to allow people to gather, socialise and interact. This includes improving access to community facilities, integrating seating, and reducing physical and visual severances between areas.</p> <p><u>Movement:</u> Create attractive, inclusive, and safe active travel routes and environments that allow and encourage people to meet informally and link to key destinations. This should avoid disruption, severance and barriers to established connections and links.</p>	<p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDG1 Community Facilities.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD, and Parish and Village Design Statements.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
1f: Attractive and Distinctive Places (including Arts, Culture & Heritage).	129, 131, 134, 135a, 135b, 135c, and 135d.	Create attractive, distinctive and memorable places, buildings, and environments with coherent identities that connect to local culture and history, incorporate public art, use appropriate materials, retain and integrate existing site features, and ensure sensitive transitions between old and new.	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Conservation Area Appraisal and Management Plans (CAAMPs) and Landscape Character Assessment.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL1-9 All landscape and heritage policies.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SDPs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD, and Parish and Village Design Statements.</li> </ul>

**Table 6.3** - A table to show where the new South Downs Local Plan has considered Aspect 1 (Neighbourhood Design).

## Aspect 2: Housing Design

6.31 The 2010 Marmot Review found “fuel poverty” to be associated with excess winter deaths and increased prevalences of chronic conditions and poor mental health which – exacerbated by overcrowding and lack of internal space - can increase risks of accidents, cold, condensation, damp, inadequate ventilation, infectious diseases, mold, and respiratory problems. Reports from Building Research Establishment (BRE), National Health Service (NHS) and Public Health England highlight a cost of £1-2.5 billion to the NHS to care and treat patients for asthma, injuries and illnesses attributed to poor quality housing. The emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” has divided Aspect 2 (Housing Design) into two determinants as set out below.

### Determinant 2a: Housing Quality

6.32 An energy efficient, tenure-neutral, and hazard-free property – with acceptable levels of daylight, indoor air quality, humidity, noise, temperature, indoor and outdoor space, and ventilation - can reduce energy costs and improve general health outcomes. This includes improving comfort, productivity, and mental health and wellbeing, while reducing cardiovascular diseases, lung and other cancers, respiratory conditions and symptoms, sensory irritation, stress, unintentional injuries, and mortality.

### Determinant 2b: Affordable, Accessible and Adaptable Homes

6.33 Accessible, adaptable, and affordable homes enable everyone to enjoy and live independently in their own homes, accommodating changing health, disability, or mobility needs with comfort, dignity, security and continuity, and reducing risk of accidents and reliance on institutional care. Research shows the provision of such housing – especially for more vulnerable groups – can help increase life quality, employment opportunities, and engagement with healthcare services, while also improving mental health and wellbeing and reducing risky health-related behaviours.

### The New South Downs Local Plan

6.34 The determinants – including their National Planning Policy Framework (NPPF) context and planning opportunities – are summarised in Table 6.4 below. The table has been informed by the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” and shows where the new local plan has considered Aspect 2 (Housing Design).

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>2a:</b> Housing Quality</p>	<p>167</p>	<p>Provide safe and sustainably designed and constructed (i.e., energy efficient and well-ventilated etc.) homes which have a tenure neutral design, secure cycle storage, comfortable temperatures, and adequate internal and outdoor spaces, natural light and good outlooks.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Gypsy and Traveller Accommodation Evidence, Housing and Economic Development Needs Assessment (HEDNA), Land Availability Assessment (LAA) and Site Selection and Major Development Paper (<i>re site allocations</i>), Parish Priorities Statements, and Supporting Evidence for Policy SDN9 Sustainable Construction.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2 Development Strategy</li> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDN9 Sustainable Construction.</li> <li>• SDH1-10 All housing policies.</li> <li>• SDT4 Parking Provision.</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Affordable Housing, Design Guide, Parking, and Sustainable Construction SPDs.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>2b:</b> Affordable, Accessible and Adaptable Homes</p>	<p>63 and 135f</p>	<p>Provide for a diverse range of residential tenures to meet local needs for accessible, adaptable, and affordable homes which support independent living and include adequate storage space.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Gypsy and Traveller Accommodation Evidence, Housing and Economic Development Needs Assessment (HEDNA), Land Availability Assessment (LAA) and Site Selection and Major Development Paper (<i>re site allocations</i>), Parish Priorities Statements, and Supporting Evidence for Policy SDN9 Sustainable Construction.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2 Development Strategy</li> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDN9 Sustainable Construction.</li> <li>• SDH1-10 All housing policies.</li> <li>• SDT4 Parking Provision.</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Affordable Housing, Design Guide, Parking, and Sustainable Construction SPDs.</li> </ul>

**Table 6.4** - A table to show where the new South Downs Local Plan has considered Aspect 2 (Housing Design).

### Aspect 3: Healthy Food

- 6.35 A balanced, nutritional and healthy diet is essential to a healthy lifestyle.
- 6.36 Obesity is a leading cause of reduced life expectancy and mortality. It negatively affects mental health and is linked to a range of health conditions including type II diabetes, cardiovascular disease, liver and respiratory diseases, raised blood pressure, osteoarthritis, coronary heart disease, and several cancers.
- 6.37 Access and provision of healthier foods is a multi-faceted issue – i.e., cost, proximity, source, and type of food - requiring a whole system approach beyond planning. The built and natural environments can play an important role in helping to reduce obesity by promoting access to healthier foods and food growing. The emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” has divided Aspect 3 (Healthy Food) into two determinants as set out below.

#### Determinant 3a: Access to Healthy Food

- 6.38 The national proportion of meals consumed outside the home is increasing with up to a quarter of adults and children eating from out-of-home food outlets at least once per week. These meals are energy-dense, large in portions, low in price and micronutrients, and high in fat, salt and sugar. Increased consumption of such meals can cause weight gain and the proportion of hot food takeaways (HFTs) has been found to be disproportionately greater in more deprived areas – reinforcing long-term health inequalities - due to demand for cheap food, availability of cheap land, and the need to fill vacant units.

#### Determinant 3b: Food Growing

- 6.39 Community food growing (i.e., allotments, community gardens, and community farms) can have many health benefits in terms of reducing stress and food costs, and increasing physical activity, consumption of fruits and vegetables, and opportunities for improved moods and social interactions and connections.

#### The New South Downs Local Plan

- 6.40 The determinants – including their National Planning Policy Framework (NPPF) context and planning opportunities – are summarised in Table 6.6, with the exception of hot food takeaways (HFTs) which are addressed in the preceding paragraphs. Table 6.6 has been informed by the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” and shows where the new local plan has considered Aspect 3 (Healthy Food).

## Hot Food Takeaways (HFTs)

- 6.41 The definition of a HFT refers to a business that sells hot food quickly such as, but not limited to, burger bars, chicken shops, kebabs, and chip shops. For the purposes of planning, a HFT is “*sui generis*” – i.e., it does not belong to a specific land use class and does not benefit from permitted development rights - with any hot food sold being consumed mostly off the premises. Beyond the above, Class E includes a variety of sub-uses - including retail and restaurant uses - which are not restricted by the types of food and drink that they sell.
- 6.42 PPG Paragraph 004 (ref. 53-004-20190722) explains that planning policies (where justified) can seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate and where planning permission is required. The PPG advises that evidence and guidance may be relevant, and that planning policies may need to have particular regard to listed issues – see Table 6.5 below.

PPG Issue	Comment
(1) Proximity to locations where children and young people congregate, such as schools, community centres, and playgrounds.	Addressed in 2024 NPPF Paragraph 97, and emerging 2026 NPPF Policy HC5.
(2) Evidence indicating high levels of obesity, deprivation, health inequalities, and general poor health in specific locations.	Addressed in 2024 NPPF Paragraph 97, and emerging 2026 NPPF Policy HC5.
(3) Over-concentration of certain uses within a specified area.	Addressed in Table 6.7 and Paragraphs 6.43-44 below.
(4) Traffic impact.	No evidence raised.
(5) Refuse and litter.	No evidence raised.

**Table 6.5** – The South Downs National Park Authority’s comments to the issues listed in PPG Paragraph 004 in relation to limiting the proliferation of hot food takeaways.

- 6.43 The South Downs National Park Authority has considered the PPG’s listed issues in Table 6.5. In terms of the third issue, the Food Environment Assessment Tool (FEAT) and East Sussex Public Health HFT Guidance (2024) have been explored. FEAT is a tool developed by the Centre of Diet and Activity Research and the MRC Epidemiology Unit at the University of Cambridge. It uses data from the Food Standards Agency’s Food Hygiene Rating Scheme (FHRS) to locate food outlets and shows data at country, district and ward levels, as well as middle super output areas (MSOA) and lower super output areas (LSOA).

6.44 FEAT shows **59,055 HFTs in England, equivalent of 1.04 per 1000 population.** Table 6.7 lists the defined town and village centres in the South Downs National Park and shows HFT proportions (per 1000 population) in the district and ward(s) areas of the defined centres. The table shows that for each defined centre, the HFT proportions are lower than the country proportion (1.04 per 1000 people) and, in most cases, are lower than the district proportions, except for Lewes and Petersfield Town Centres which have higher HFT proportions compared to their wider district areas. The South Downs National Park Authority is of the view that this is not sufficient evidence to justify limiting HFTs in the new local plan – either as a whole or for these two specific defined centres. This is because:

- The National Park is generally healthier than England and South East (see Section 4);
- The 2024 NPPF Paragraph 97 and emerging 2026 NPPF Policy HC5 limit HFT locations;
- The HFT proportions in Lewes and Petersfield Town Centres are less than HFT proportions in England;
- Although within walking distance, HFTs in Lewes and Petersfield Town Centres are not located in the more deprived areas / neighbourhoods within Lewes Castle and South Petersfield;
- Policies SDE4-6 focus main town centre uses (except for small convenience stores) to defined centres and protect the loss of Class E and Class F2(a) uses in these defined centres subject to market demand and viability; and
- The new local plan includes strategic policies, while HFT proportions in Lewes and Petersfield Town Centres are local issues which may be better addressed in neighbourhood plan reviews (as appropriate and relevant).

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>3a:</b> Access to Healthy Food</p>	<p>96c and 97</p>	<p>Promote and enable a broader mix of local shopping facilities, improve access to healthy food options, and consider inclusion of grocery stores in mixed-use developments.</p> <p><i>(Note: The South Downs National Park Authority’s considerations about restricting hot food takeaways is set out in Paragraphs 6.43-44).</i></p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Local Green Space Assessment, Open Space Study, Parish Priorities Statements, and Settlement Facilities Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDG3 Regenerative Development and Ecosystem Services.</li> <li>• SDL1 Landscape Character.</li> <li>• SDL2 Design.</li> <li>• SDN8 Trees, Woodlands, Hedgerows and Scrub.</li> <li>• SDE4 Hierarchy of Town and Village Centres.</li> <li>• SDE5 Development in Town and Village Centres.</li> <li>• SDE6 Shops Outside Centres.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDG4 Local Green Spaces.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• Site allocation policies <i>(as appropriate and relevant)</i>.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<b>3b:</b> Food Growing	96c	Promote fruit tree planting and provide and design for, and protect existing, accessible allotments, gardens and orchards to support food growing. As part of the above, ensure long-term maintenance plans are in place.	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Local Green Space Assessment, Open Space Study, Parish Priorities Statements, and Settlement Facilities Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDG3 Regenerative Development and Ecosystem Services.</li> <li>• SDL1 Landscape Character.</li> <li>• SDL2 Design.</li> <li>• SDN8 Trees, Woodlands, Hedgerows and Scrub.</li> <li>• SDE4 Hierarchy of Town and Village Centres.</li> <li>• SDE5 Development in Town and Village Centres.</li> <li>• SDE6 Shops Outside Centres.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDG4 Local Green Spaces.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul>

**Table 6.6** - A table to show where the new South Downs Local Plan has considered Aspect 3 (Healthy Food).

Centre	District	Proportion of Hot Food Takeaways (HFTs) in District	Wards	Proportion of Hot Food Takeaways (HFTs) in Wards	Commentary
Market Town - <b>Lewes</b>	Lewes	56 HFTs, equivalent of 0.54 per 1000 population.	Lewes Bridge, Castle and Priory	15 HFTs, equivalent of 0.84 per 1000 population.	Less than country, more than district
Market Town - <b>Midhurst</b>	Chichester	77 HFTs, equivalent of 0.63 per 1000 population.	Midhurst	4 HFTs, equivalent of 0.55 per 1000 population.	Less than country and district.
Market Town - <b>Petersfield</b>	East Hampshire	80 HFTs, equivalent of 0.65 per 1000 population.	Petersfield Bell Hill, Causeway, Heath and St Peters	14 HFTs, equivalent of 0.95 per population.	Less than country, more than district.
Market Town - <b>Petworth</b>	Chichester	77 HFTs, equivalent of 0.63 per 1000 population.	Petworth	2 HFTs, equivalent of 0.55 per 1000 population.	Less than country and district.
Larger Village - <b>Liss</b>	East Hampshire	80 HFTs, equivalent of 0.65 per 1000 population.	Liss	3 HFTs, equivalent of 0.47 per 1000 population.	Less than country and district.
Smaller Village - <b>Alfriston</b>	Wealden	87 HFTs, equivalent of 0.53 per 1000 population.	South Downs	0	Less than country and district.
Smaller Village - <b>Ditchling</b>	Lewes	56 HFTs, equivalent of 0.54 per 1000 population.	Ditchling and Westmeston	1 HFT, equivalent of 0.4 per 1000 population.	Less than country and district.
Smaller Village - <b>Fernhurst</b>	Chichester	77 HFTs, equivalent of 0.63 per 1000 population.	Fernhurst	2 HFTs, equivalent of 0.3 per 1000 population.	Less than country and district.

Centre	District	Proportion of Hot Food Takeaways (HFTs) in District	Wards	Proportion of Hot Food Takeaways (HFTs) in Wards	Commentary
Smaller Village - <b>Findon</b>	Arun	140 HFTs, equivalent of 0.87 per 1000 population.	Angmering and Findon	4 HFT, equivalent of 0.42 per 1000 population.	Less than country and district, and ward includes village outside the National Park.

**Table 6.7** – The defined town and village centres in the South Downs National Park, and the proportion of hot food takeaways (HFTs) in these defined centres in comparison to England and their respective local authority district areas.

## Aspect 4: Natural and Sustainable Environments

6.45 There is strong evidence linking contact and exposure to natural environments with improved health and wellbeing. The provision and access of green and blue spaces provides increased opportunities for physical activity, exercise, play, and recreation, while addressing pollution and climate change. The emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” has divided Aspect 4 (Natural and Sustainable Environments) into four determinants as set out below.

### Determinant 4a: Environmental Hazards (Air, Noise, Light & Odour Pollution)

6.46 Environmental hazards - such as air, dust, noise, light, odour, and vibrations - can negatively impact on health and wellbeing, local amenity and quality of life. The short and long-term exposure to pollutants can increase the risk of poor health – especially in children and older persons - through a range of adverse effects including asthma, anxiety, cardiovascular diseases, depression, high blood pressure, respiratory problems, sleep disturbance, stress, stroke, and some cancers, and impact on cognitive function and perinatal health.

### Determinant 4b: Provision and Access to Public Open Green and Blue Spaces

6.47 The proximity and accessibility of high-quality and well-designed green, blue and recreational spaces can provide opportunities for many types of social activities - such as events, play, and sports – while relaxing in nature. In terms of physical health, such spaces encourage active travel and physical activity, improving cardiovascular health and reducing risks of obesity, heart diseases, stroke, and mortality. As for mental health, participation in physical activity in a natural (as opposed to indoor) setting can reduce anxiety, depression, fatigue, loneliness, and stress, and improve cognitive function, social skills and self-confidence, and perceived better general health.

### Determinant 4c: Outdoor Play and Recreation

6.48 Access to spaces for play and other outdoor recreation encourages people to be more physically active. Regular physical activity helps to maintain a healthy weight and is essential in preventing long-term health conditions such as cardiovascular disease, type II diabetes, and some cancers. In addition, outdoor play and recreation can reduce symptoms of anxiety, depression, and stress by providing opportunities for fun, relaxation, and building a sense of belonging and social confidence. Access to play is critical in child development, especially in terms of emotional resilience, fitness, mental wellbeing, physical coordination, self-confidence, social interactions and teamwork, and the development of communication, motor and social skills.

#### Determinant 4d: Climate Change, Flood Risk and Extreme Temperatures

- 6.49 The planning system has a key part to play in building climate resilient places and communities. The impacts of climate change have direct and indirect impacts on health and wellbeing, particularly in relation to anxiety, cardiovascular and respiratory conditions, dehydration, depression, heat stroke, hypothermia, irritability, overheating, pollution, sleep disruption, wildfires, vector-borne diseases, and mortality. In conjunction, poor building design can lead to overheating in the summer and excessive heat loss in the winter, with the older population being disproportionately vulnerable to both extreme heat and cold.

#### The New South Downs Local Plan

- 6.50 The determinants – including their National Planning Policy Framework (NPPF) context and planning opportunities – are summarised in Table 6.8. The table has been informed by the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” and shows where the new local plan has considered Aspect 4 (Natural and Sustainable Environments).

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>4a:</b> Environmental Hazards (Air, Noise, Light, and Odour Pollution).</p>	<p>198a, 198b, 198c, and 199</p>	<p>Allocate sites and use land in ways that minimise emissions and reduce public exposure to pollution, and use buffer zones to create safe distances from pollution sources.</p> <p>Ensure developments are designed with adequate insulation, ventilation and landscape buffers, orientated to reduce pollution and other impacts, and include long-term strategies to manage emissions and pollution during construction and operation.</p> <p>Maximise provision, improvements and links to active travel and public transport to reduce traffic emissions.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Land Availability Assessment (LAA) and Site Selection and Major Development Paper (re site allocations).</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL2 Design.</li> <li>• SDL4 Safeguarding Tranquillity.</li> <li>• SDL5 Dark Night Skies.</li> <li>• SDN9 Sustainable Construction.</li> <li>• SDW1-6 All water and pollution policies.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide and Sustainable Construction SPDs.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>4b:</b> Provision and Access to Public Open Green and Blue Spaces.</p>	<p>96c, 103, 104, 105, 136, 188, and 199</p>	<p>Provide new, and protect existing, accessible and inclusive green and blue spaces which encourage physical activity and recreation, and are well maintained, welcoming, safe, and linked to the active travel network and wider green and blue infrastructure network. The above should consider tree cover, supporting features (i.e., seating), and pollen load from selected vegetation and trees.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Local Green Space Assessment, and Open Space Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL1 Landscape Character.</li> <li>• SDL2 Design.</li> <li>• SDW4 The Open Coast.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDG4 Local Green Spaces.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>4c:</b> Outdoor Play and Recreation.</p>	<p>103 and 104</p>	<p>Provide accessible, inclusive, and safe formal and informal outdoor play spaces appropriate for all abilities, ages, and genders with supporting infrastructure (i.e., seating and shaded areas) and passive surveillance. As part of the above, plan for the ongoing maintenance of play and recreational facilities to ensure they remain safe and useable.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Local Green Space Assessment, and Open Space Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL1 Landscape Character.</li> <li>• SDL2 Design.</li> <li>• SDW4 The Open Coast.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDG4 Local Green Spaces.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide SPD.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>4d:</b> Climate Change, Flood Risk and Extreme Temperatures.</p>	<p>136, 161, 162, 164a, and 170.</p>	<p>Design buildings and spaces with thermal comfort in mind which can adapt to, and mitigate, the impacts of climate change by considering drought and flood resilient planting, flood barriers, fenestration, green and blue infrastructure, insulation, internal layout, minimising habitat creation for disease vectors, orientation, raised utilities, solar reflection, shading, water resistant materials, and ventilation, as well as buffer zones between community and residential uses and areas that may be at risk of wildfires. In addition, locate development away from flood risk areas and incorporate sustainable drainage systems.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Land Availability Assessment (LAA) and Site Selection and Major Development Paper (re site allocations), Strategic Flood Risk Assessment (SFRA), and Water Cycle Study.</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDL1 Landscape Character.</li> <li>• SDL2 Design.</li> <li>• SDN1 Nature Recovery.</li> <li>• SDN8 Trees, Woodland, Hedgerows and Scrub.</li> <li>• SDN9 Sustainable Construction.</li> <li>• SDW1-4 All water, flooding and drainage policies.</li> <li>• SDG2 Green and Blue Infrastructure.</li> <li>• SDG3 Public Open Space, Sports and Recreation.</li> <li>• SDG4 Local Green Spaces.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide and Sustainable Construction SPDs.</li> </ul>

**Table 6.8** - A table to show where the new South Downs Local Plan has considered Aspect 4 (Natural and Sustainable Environments).

## Aspect 5: Transport

6.51 Transport and movement are fundamental aspects of people's lives and daily activities, affecting how and where people live, work, interact and experience places. Active travel and public transport can improve health and wellbeing by increasing physical activity, improving sleep quality, and preventing or reducing conditions and risks associated with cardiovascular disease, dementia, heart disease, type II diabetes, obesity, respiratory disease, and some cancers. Prioritisation and improvement of active travel and public transport can reduce reliance on private vehicles, improving air quality and reducing road emissions and injuries. The emerging "East Sussex Planning for Health, Wellbeing and Sustainability Framework" has divided Aspect 5 (Transport) into four determinants as set out below.

### Determinant 5a: Connectivity

6.52 Connectivity is about the ease and efficiency in which people can move between locations. Places with poor connectivity – i.e., those experiencing severance and barriers to movement from roads and railway lines, and lack of safe crossing points - can become isolated and difficult to move around and navigate to access amenities, facilities and services. This can discourage shorter journeys being completed by active travel and can have a particular impact on older residents and those without car access.

### Determinant 5b: Accessibility and Mobility

6.53 Accessibility is the level of ease in which destinations can be reached (i.e., availability of, and distance to, amenities, facilities, and services), while mobility refers to the physical ability of an individual to move, travel or navigate their environment. The integration of active travel and public transport – and removal of barriers which prevent movement - is essential for enhancing accessibility and mobility, increasing physical activity and access to services, supporting independence, and reducing isolation and car dependency.

### Determinant 5c: Active Travel

6.54 Active travel refers to journeys made by physically active means such as walking/wheeling, cycling, and horse riding. Active travel has health and wellbeing benefits by increasing physical activity, encouraging regular exercise, and creating social cohesion. It also - as an alternative to motorised transport - has benefits to air quality, noise reduction, road safety and emissions.

#### Determinant 5d: Public Transport

- 6.55 Accessible, affordable, high-quality, and reliable public transport is associated with active travel at either end of a journey, reductions in isolation and health disparities, and improvements in access to facilities and services. It is crucial in enabling access to essential services (particularly for more vulnerable groups) and provides opportunities for social interaction, physical activity and reductions in car dependency, contributing to safer roads, cleaner air, and quieter streets.

#### The New South Downs Local Plan

- 6.56 The determinants – including their National Planning Policy Framework (NPPF) context and planning opportunities – are summarised in Table 6.9 below. The table has been informed by the emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” and shows where the new local plan has considered Aspect 5 (Transport).

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>5a:</b> Connectivity</p>	<p>96a and 117</p>	<p>Ensure developments are well integrated by avoiding isolation and disconnected layouts; creating permeable streets, paths and active travel routes (connecting to key destinations); and prioritising active travel and crossings.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Parish Priorities Statements, Settlement Facilities Study, Transport Study, and Land Availability Assessment (LAA) and Site Selection and Major Development Paper (re site allocations).</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2 Development Strategy.</li> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• SDT4 Parking Provision.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide and Parking SPDs, and Parish and Village Design Statements.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>5b:</b> Accessibility and mobility</p>	<p>96b</p>	<p>Design transport options that are accessible and safe to all with particular consideration for ages, disabilities and/or long-term health conditions. This can include dementia friendly-design, DDA compliance, convenient and direct crossing points, resting points, and ensuring active travel routes are usable by people with pushchairs, wheelchairs and other mobility aids.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Parish Priorities Statements, Settlement Facilities Study, Transport Study, and Land Availability Assessment (LAA) and Site Selection and Major Development Paper (re site allocations).</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2 Development Strategy.</li> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• SDT4 Parking Provision.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide and Parking SPDs, and Parish and Village Design Statements.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<p><b>5c:</b> Active Travel.</p>	<p>96c, 109e, 110, and 111.</p>	<p>Promote, enable, and prioritise active travel by creating and connecting accessible, safe and welcoming active travel routes to wider network.</p>	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>• Parish Priorities Statements, Settlement Facilities Study, Transport Study, and Land Availability Assessment (LAA) and Site Selection and Major Development Paper (re site allocations).</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>• SDC2 Development Strategy.</li> <li>• SDC3 Regenerative Development and Ecosystem Services.</li> <li>• SDT1 Vision-Led Transport Approach.</li> <li>• SDT2 Active Travel Routes.</li> <li>• SDT3 Highway and Public Realm Design.</li> <li>• SDT4 Parking Provision.</li> <li>• Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>• Design Guide and Parking SPDs, and Parish and Village Design Statements.</li> </ul>

Determinant	2024 NPPF	Opportunities in Planning	The New South Downs Local Plan
<b>5d:</b> Public Transport.	89, and 109e	Ensure developments are well-connected to public transport networks and provide accessible, inclusive, safe and well-designed access and waiting spaces.	<p><u>Local Plan Evidence:</u></p> <ul style="list-style-type: none"> <li>Parish Priorities Statements, Settlement Facilities Study, Transport Study, and Land Availability Assessment (LAA) and Site Selection and Major Development Paper (re site allocations).</li> </ul> <p><u>Local Plan Policies:</u></p> <ul style="list-style-type: none"> <li>SDC2 Development Strategy.</li> <li>SDC3 Regenerative Development and Ecosystem Services.</li> <li>SDT1 Vision-Led Transport Approach.</li> <li>SDT2 Active Travel Routes.</li> <li>SDT3 Highway and Public Realm Design.</li> <li>SDT4 Parking Provision.</li> <li>Site allocation policies (<i>as appropriate and relevant</i>).</li> </ul> <p><u>Supplementary Planning Documents (SPDs):</u></p> <ul style="list-style-type: none"> <li>Design Guide and Parking SPDs, and Parish and Village Design Statements.</li> </ul>

**Table 6.9** - A table to show where the new South Downs Local Plan has considered Aspect 5 (Transport).

## References

- Brighton & Hove City Council [BHCC] (2019)., Brighton & Hove Joint Health and Wellbeing Strategy 2019 to 2030. Available at: <https://www.brighton-hove.gov.uk/health-and-wellbeing/about-public-health/brighton-hove-joint-health-and-wellbeing-strategy-2019-2030> [Accessed 27 October 2025].
- Brighton & Hove City Council [BHCC] (2021)., Health Impact Assessment Guidance Note. Available at: <https://www.brighton-hove.gov.uk/planning/planning-policy/health-impact-assessment-guidance/health-impact-assessment-guidance-note> [Accessed 02 November 2025].
- Brighton & Hove City Council [BHCC] (2023)., Brighton & Hove City Council Plan 2023 to 2027: A better Brighton & Hove for all. Available at: <https://www.brighton-hove.gov.uk/brighton-hove-city-council-plan-2023-2027-refresh-2025/brighton-hove-city-council-plan-2023-2027> [Accessed 10 February 2026].
- Brighton & Hove City Council [BHCC] (2024)., Brighton & Hove Physical Activity and Sport Strategy 2024 to 2034: Let's Get Moving. Available at: <https://www.brighton-hove.gov.uk/health-and-wellbeing/support-be-active/lets-get-moving> [Accessed 10 February 2026].
- Brighton & Hove City Council [BHCC] (2024)., Public Health Annual Report: Whole City Healthy Weight – Annual Report of the Director of Public Health. Available at: <https://www.brighton-hove.gov.uk/health-and-wellbeing/about-public-health/public-health-annual-report-2024> [Accessed 10 February 2026].
- Brighton & Hove City Council [BHCC] (2025)., Joint Strategic Needs Assessment (JSNA). Available at: <https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna> [Accessed 11 February 2026].
- Department for Environment, Food and Rural Affairs [DEFRA] (2010)., UK Government Vision and Circular for English National Parks and the Boards. Available at: <https://www.gov.uk/government/publications/english-national-parks-and-the-broads-uk-government-vision-and-circular-2010> [Accessed 29 October 2025].
- Department for Environment, Food and Rural Affairs [DEFRA] (2016)., 8 Point Plan for England's National Parks (2016-20). Available at: <https://www.gov.uk/government/publications/national-parks-8-point-plan-for-england-2016-to-2020> [Accessed 29 October 2025].
- Department for Environment, Food and Rural Affairs [DEFRA] (2018)., 25 Year Environment Plan. Available at: <https://www.gov.uk/government/publications/25-year-environment-plan> [Accessed 29 October 2025].
- Department for Environment, Food and Rural Affairs [DEFRA] (2023)., Environmental Improvement Plan (EIP). Available at:

<https://www.gov.uk/government/publications/environmental-improvement-plan>  
[Accessed 10 February 2026].

- Department of Health and Social Care (2025)., Fingertips. Available at: <https://fingertips.phe.org.uk/> [Accessed 01 November 2025].
- Department of Health and Social Care (2025)., Fingertips – Health trends in England. Available at: <https://fingertips.phe.org.uk/static-reports/health-trends-in-england/England/overview.html> [Accessed 01 November 2025].
- Department of Health and Social Care (2025)., Fingertips – Public health profiles. Available at: <https://fingertips.phe.org.uk/profiles> [Accessed 01 November 2025].
- East Sussex County Council [ESCC] (2024)., Public Health Hot Food Takeaway (HFT) Guidance. Available at: <https://www.eastsussexjsna.org.uk/public-health-hot-food-takeaway-guidance> [Accessed 01 November 2025].
- East Sussex County Council [ESCC] (2025)., Joint Strategic Needs Assessment. Available at: <https://www.eastsussexjsna.org.uk/> [Accessed 11 February 2026].
- East Sussex County Council [ESCC] (2025)., Healthy lives, healthy people: East Sussex Health and Wellbeing Board Strategy. Available at: <https://www.eastsussex.gov.uk/social-care/policies/health-wellbeing-strategy> [Accessed 27 October 2025].
- Hampshire County Council (HCC) (2020)., Hampshire Planning and Public Health Position Statement. Available at: <https://documents.hants.gov.uk/public-health/PublicHealthandPlanninginHampshirePositionStatement.pdf> [Accessed 23 December 2024].
- Hampshire County Council (HCC) (2022)., Hampshire Healthy Weight Strategy (2022-26). Available at: <https://documents.hants.gov.uk/public-health/HampshireHealthyWeightStrategy2022-2026.pdf> [Accessed 23 December 2024].
- Hampshire County Council (HCC) (2023)., Hampshire Mental Wellbeing Strategy (2023-28). Available at: <https://documents.hants.gov.uk/public-health/Mental-Wellbeing-Strategy.pdf> [Accessed 23 December 2024].
- Hampshire County Council [HCC] (2023)., Hampshire Public Health Strategy 2023-2026. Available at: <https://www.hants.gov.uk/socialcareandhealth/publichealth/publichealthstrategy> [Accessed 27 October 2025].
- Hampshire County Council [HCC] (2024)., Joint Strategic Needs Assessment. Available at: <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna> [Accessed 13 February 2026].
- Hampshire County Council [HCC] (2025)., Hampshire Draft Health and Wellbeing Strategy 2025-2035. Available at: <https://democracy.hants.gov.uk/documents/s131901/Draft+Hampshire+Health+and+Wellbeing+Strategy+2025-+2035.pdf> [Accessed 27 October 2025].
- Institute of Health Equity (2010)., The Marmot Review: Strategic Review of Health Inequalities in England – post 2010. Available at:

<https://www.instituteofhealthequity.org/resources-reports/strategic-review-of-health-inequalities-in-england-post-2010-presentation-of-findings> [Accessed 27 December 2023].

- Local Government Association (LGA) (2016)., Health in All Policies: A Manual for Local Government. Available at: <https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf> [Accessed 16 February 2026].
- Local Government Association (LGA) and Public Health England (PHE) (2016)., Implementing Health in All Policies – Local wellbeing, local growth: overview. Available at: [https://assets.publishing.service.gov.uk/media/5a806d9840f0b62302693733/Health\\_in\\_All\\_Policies\\_overview\\_paper.pdf](https://assets.publishing.service.gov.uk/media/5a806d9840f0b62302693733/Health_in_All_Policies_overview_paper.pdf) [Accessed 16 February 2026].
- Local Government Association (LGA) (2019)., Public health transformation six years on: partnership and prevention. Available at: [https://www.local.gov.uk/sites/default/files/documents/22.38%20Public%20health%20transformation%20six%20years%20on\\_web\\_1%20WEB.pdf](https://www.local.gov.uk/sites/default/files/documents/22.38%20Public%20health%20transformation%20six%20years%20on_web_1%20WEB.pdf) [Accessed 16 February 2026].
- Local Government Association (LGA) (2020)., A councillor’s workbook on Health in All Policies and COVID-19. Available at: [https://www.local.gov.uk/sites/default/files/documents/25.171%20HIAP%20Workbook%20\\_v03\\_2.pdf](https://www.local.gov.uk/sites/default/files/documents/25.171%20HIAP%20Workbook%20_v03_2.pdf) [Accessed 16 February 2026].
- Local Government Association (LGA) (2024)., Empowering healthy spaces: unveiling the powers and practices of local councils in fostering healthy neighbourhoods. Available at: <https://www.local.gov.uk/publications/empowering-healthy-places-unveiling-powers-and-practices-local-councils-fostering> [Accessed 13 February 2026].
- Ministry of Housing, Communities & Local Government (2014) Planning Practice Guidance on open space, sports, recreational facilities, public rights of way, and local green space: <https://www.gov.uk/guidance/open-space-sports-and-recreation-facilities-public-rights-of-way-and-local-green-space> [Accessed December 2023].
- Ministry of Housing, Communities and Local Government [MHCLG] (2024)., National Planning Policy Framework. Available at: <https://www.gov.uk/government/publications/national-planning-policy-framework--2> [Accessed 02 November 2025].
- Ministry of Housing, Communities and Local Government [MHCLG] (2025)., National Planning Policy Framework: proposed reforms and other changes to the planning system. Available at: <https://www.gov.uk/government/consultations/national-planning-policy-framework-proposed-reforms-and-other-changes-to-the-planning-system> [Accessed 06 March 2026].
- National Parks England (2024)., The Great National Parks Plan, National Parks: Beacons for a Sustainable Future. Available at:

<https://nationalparksengland.org.uk/the-great-national-parks-plan> [Accessed 02 November 2025].

- Office for Health Improvement and Disparities (2025)., Wider determinants of health: Statistical commentary on the location of fast food outlets. Available at: <https://www.gov.uk/government/statistics/wider-determinants-of-health-february-2025-update/wider-determinants-of-health-statistical-commentary-february-2025#:~:text=fast%20food%20outlets%20per%20100%2C000%20population%20in%20the%20most%20deprived,chart%20in%20the%20Fingertips%20profile> [Accessed 02 November 2025].
- Office for National Statistics [ONS]., Nomis: official census and labour market statistics. Available at: <https://www.nomisweb.co.uk/> [Accessed 26 February 2025].
- Office for National Statistics [ONS] (2023)., Age standardizing data: What does this mean and why does it matter? Available at: <https://blog.ons.gov.uk/2023/01/19/age-standardising-data-what-does-this-mean-and-why-does-it-matter/> [Accessed 02 November 2025].
- Public Health England [PHE] (2014)., Obesity and the environment briefing: regulating the growth of fast food outlets. Available at: <https://www.gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets> [Accessed 28 December 2023].
- Public Health England [PHE] (2017a)., Health matters: obesity and the food environment. Available at: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2> [Accessed 28 December 2023].
- Public Health England [PHE] (2017b)., Spatial planning for health: an evidence resource for planning and designing healthier places. Available at: <https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review> [Accessed 27 December 2023].
- South Downs National Park Authority [SDNPA] (2020)., South Downs People and Nature Network (PANN). Available at: <https://www.southdowns.gov.uk/national-park-authority/our-work/people-and-nature-network-pann/> [Accessed 29 October 2025].
- South Downs National Park Authority [SDNPA] (2021)., South Downs Health and Wellbeing Strategy 2020-25. Available at: <https://www.southdowns.gov.uk/health-and-wellbeing/> [Accessed 29 October 2025].
- South Downs National Park Authority [SDNPA] (2024)., State of the Park Report. Available at: <https://www.southdowns.gov.uk/national-park-authority/our-work/partnership-management/state-of-the-park-report-2024/> [Accessed 18 February 2026].

- Sport England (2023)., Active Design; creating active environments through planning and design. Available at: <https://www.sportengland.org/guidance-and-support/facilities-and-planning/design-and-cost-guidance/active-design> [Accessed 28 December 2023].
- Town and Country Planning Association [TCPA] (2021)., The 20-Minute Neighbourhood Guide. Available at: <https://www.tcpa.org.uk/resources/the-20-minute-neighbourhood/> [Accessed on 28 December 2023].
- Town and Country Planning Association [TCPA] (2024)., Planning for healthy places – a guide on embedding health in local plans and planning policy in England. Available at: <https://www.tcpa.org.uk/resources/planning-for-healthy-places-a-guide-on-embedding-health-in-local-plans-and-planning-policy-in-england/> [Accessed 13 February 2026].
- Warwickshire County Council (2022)., Health in All Policies (HiAP). Available at: <https://www.warwickshire.gov.uk/strategy-governance-health-wellbeing/health-policies> [Accessed 16 February 2026].
- West Sussex County Council [WSSCC] (2021)., Creating healthy and sustainable places: a public health and sustainability framework for West Sussex. Available at: [https://www.westsussex.gov.uk/media/15845/creating\\_healthy\\_and\\_sustainable\\_places\\_ws.pdf](https://www.westsussex.gov.uk/media/15845/creating_healthy_and_sustainable_places_ws.pdf) [Accessed 02 November 2025].
- West Sussex County Council [WSSCC] (2024)., Health and Wellbeing of West Sussex Coastal Communities. Available at: <https://jsna.westsussex.gov.uk/reports/subject-specific-needs-assessments/coastal-health-inequalities/> [Accessed 10 February 2026].
- West Sussex County Council [WSSCC] (2024)., West Sussex JSNA Reports. Available at: <https://jsna.westsussex.gov.uk/reports/jsna-reports/> [Accessed 10 February 2026].
- West Sussex County Council [WSSCC] (2025)., West Sussex Joint Local Health and Wellbeing Strategy 2025-2030. Available at: <https://www.westsussex.gov.uk/social-care-and-health/publications-policies-and-reports/social-care-and-health-policy-and-reports/joint-local-health-and-wellbeing-strategy-2025-to-2030/> [Accessed 27 October 2025].

## Appendix 1 – National Planning Policy Framework (NPPF)

### The Current 2024 NPPF

The emerging “East Sussex Planning for Health, Wellbeing and Sustainability Framework” identifies the following 2024 NPPF chapters and paragraphs as relevant to health and wellbeing.

<b>The Current 2024 NPPF</b>	
<b>Chapter 5</b>	<b>Delivering a Sufficient Supply of Homes</b>
Para 63	The size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies. These groups should include (but are not limited to) those who require affordable housing (including Social Rent); families with children; looked after children; older people (including those who require retirement housing, housing-with-care and care homes); students; people with disabilities; service families; travellers; people who rent their homes and people wishing to commission or build their own homes.
Para 83	To promote sustainable development in rural areas, housing should be located where it will enhance or maintain the vitality of rural communities. Planning policies should identify opportunities for villages to grow and thrive, especially where this will support local services. Where there are groups of smaller settlements, development in one village may support services in a village nearby.
<b>Chapter 6</b>	<b>Building a Strong and Competitive Economy</b>
Para 85	Planning policies should help create the conditions in which businesses can invest, expand and adapt. Significant weight should be placed on the need to support economic growth and productivity, taking into account both local business needs and wider opportunities for development. The approach taken should allow each area to build on its strengths, counter any weaknesses and address the challenges of the future. This is particularly important where Britain can be a global leader in driving innovation, and in areas with high levels of productivity, which should be able to capitalise on their performance and potential.
Para 88d	Planning policies should enable the retention and development of accessible local services and community facilities, such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship.

**The Current 2024 NPPF**

Para 89 Planning policies should recognise that sites to meet local business and community needs in rural areas may have to be found adjacent to or beyond existing settlements, and in locations that are not well served by public transport. In these circumstances it will be important to ensure that development is sensitive to its surroundings, does not have an unacceptable impact on local roads and exploits any opportunities to make a location more sustainable (for example by improving the scope for access on foot, by cycling or by public transport). The use of previously developed land, and sites that are physically well-related to existing settlements, should be encouraged where suitable opportunities exist.

**Chapter 8 Promoting Health and Safe Communities**

Para 96 Planning policies should aim to achieve healthy, inclusive and safe places which:

- (a) **promote social interaction**, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;
- (b) **are safe and accessible**, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and
- (c) **enable and support healthy lives**, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling

## The Current 2024 NPPF

Para 97	<p>Local planning authorities should refuse applications for hot food takeaways and fast food outlets:</p> <ul style="list-style-type: none"><li>(a) within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre; or</li><li>(b) in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social-behaviour.</li></ul>
Para 98	<p>To provide the social, recreational and cultural facilities and services the community needs, planning policies should:</p> <ul style="list-style-type: none"><li>(a) 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;</li><li>(b) take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;</li><li>(c) guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;</li><li>(d) ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and</li><li>(e) ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.</li></ul>
Para 100	<p>It is important that a sufficient choice of early years, school and post-16 places are available to meet the needs of existing and new communities. Local planning authorities should take a proactive, positive and collaborative approach to meeting this requirement, and to development that will widen choice in education. They should:</p> <ul style="list-style-type: none"><li>(a) give great weight to the need to create, expand or alter early years, schools and post-16 facilities through the preparation of plans and decisions on applications; and</li><li>(b) work with early years, school and post-16 promoters, delivery partners and statutory bodies to identify and resolve key planning issues before applications are submitted.</li></ul>

## The Current 2024 NPPF

Para 101	To ensure faster delivery of other public service infrastructure such as health, blue light, library, adult education, university and criminal justice facilities, local planning authorities should also work proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted. Significant weight should be placed on the importance of new, expanded or upgraded public service infrastructure when considering proposals for development.
Para 102a	Planning policies should promote public safety and take into account wider security and defence requirements by anticipating and addressing possible malicious threats and other hazards (whether natural or man-made), especially in locations where large numbers of people are expected to congregate. Policies for relevant areas (such as town centre and regeneration frameworks), and the layout and design of developments, should be informed by the most up-to-date information available from the police and other agencies about the nature of potential threats and their implications. This includes appropriate and proportionate steps that can be taken to reduce vulnerability, increase resilience and ensure public safety and security. The safety of children and other vulnerable users in proximity to open water, railways and other potential hazards should be considered in planning and assessing proposals for development.
Para 103	Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities, and can deliver wider benefits for nature and support efforts to address climate change. Planning policies should be based on robust and up-to-date assessments of the need for open space, sport and recreation facilities (including quantitative or qualitative deficits or surpluses) and opportunities for new provision. Information gained from the assessments should be used to determine what open space, sport and recreational provision is needed, which plans should then seek to accommodate.

<b>The Current 2024 NPPF</b>	
Para 104	<p>Existing open space, sports and recreational buildings and land, including playing fields and formal play spaces, should not be built on unless:</p> <ul style="list-style-type: none"> <li>(a) an assessment has been undertaken which has clearly shown the open space, buildings or land to be surplus to requirements; or</li> <li>(b) the loss resulting from the proposed development would be replaced by equivalent or better provision in terms of quantity and quality in a suitable location; or</li> <li>(c) the development is for alternative sports and recreational provision, the benefits of which clearly outweigh the loss of the current or former use.</li> </ul>
Para 105	<p>Planning policies should protect and enhance public rights of way and access, including taking opportunities to provide better facilities for users, for example by adding links to existing rights of way networks including National Trails.</p>
<b>Chapter 9</b>	<b>Promoting Sustainable Transport</b>
Para 109e	<p>Transport issues should be considered from the earliest stages of plan-making, using a vision-led approach to identify transport solutions that deliver well-designed, sustainable and popular places. This should involve identifying and pursuing opportunities to promote walking, cycling and public transport use.</p>
Para 110	<p>The planning system should actively manage patterns of growth in support of these objectives. Significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes. This can help to reduce congestion and emissions, and improve air quality and public health. However, opportunities to maximise sustainable transport solutions will vary between urban and rural areas, and this should be taken into account in plan-making.</p>
Para 111a	<p>Planning policies should support an appropriate mix of uses across an area, and within larger scale sites, to minimise the number and length of journeys needed for employment, shopping, leisure, education and other activities.</p>

<b>The Current 2024 NPPF</b>	
Para 111d	Planning policies should provide for attractive and well-designed walking and cycling networks with supporting facilities such as secure cycle parking (drawing on Local Cycling and Walking Infrastructure Plans).
Para 117	<p>Within this context, applications for development should:</p> <ul style="list-style-type: none"> <li>(a) give priority first to pedestrian and cycle movements, both within the scheme and with neighbouring areas; and second – so far as possible – to facilitating access to high quality public transport, with layouts that maximise the catchment area for bus or other public transport services, and appropriate facilities that encourage public transport use.</li> <li>(b) address the needs of people with disabilities and reduced mobility in relation to all modes of transport.</li> <li>(c) create places that are safe, secure and attractive – which minimise the scope for conflicts between pedestrians, cyclists and vehicles, avoid unnecessary street clutter, and respond to local character and design standards.</li> <li>(e) be designed to enable charging of plug-in and other ultra-low emission vehicles in safe, accessible and convenient locations.</li> </ul>
<b>Chapter 11</b>	<b>Making Effective Use of Land</b>
Para 129d	Planning policies should support development that makes efficient use of land, taking into account the desirability of maintaining an area’s prevailing character and setting (including residential gardens), or of promoting regeneration and change.
Para 129e	Planning policies should support development that makes efficient use of land, taking into account the importance of securing well-designed, attractive and healthy places.
<b>Chapter 12</b>	<b>Achieving Well Designed Places</b>
Para 131	The creation of high quality, beautiful and sustainable buildings and places is fundamental to what the planning and development process should achieve. Good design is a key aspect of sustainable development, creates better places in which to live and work and helps make development acceptable to communities. Being clear about design expectations, and how these will be tested, is essential for achieving this. So too is effective engagement between applicants, communities, local planning authorities and other interests throughout the process.

**The Current 2024 NPPF**

<p>Para 134</p>	<p>Design guides and codes can be prepared at an area-wide, neighbourhood or site-specific scale, and to carry weight in decision-making should be produced either as part of a plan or as supplementary planning documents. Landowners and developers may contribute to these exercises, but may also choose to prepare design codes in support of a planning application for sites they wish to develop. Whoever prepares them, all guides and codes should be based on effective community engagement and reflect local aspirations for the development of their area, taking into account the guidance contained in the National Design Guide and the National Model Design Code. These national documents should be used to guide decisions on applications in the absence of locally produced design guides or design codes.</p>
<p>Para 135</p>	<p>Planning policies should ensure that developments:</p> <ul style="list-style-type: none"> <li>(a) will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development;</li> <li>(b) are visually attractive as a result of good architecture, layout and appropriate and effective landscaping;</li> <li>(c) are sympathetic to local character and history, including the surrounding built environment and landscape setting, while not preventing or discouraging appropriate innovation or change (such as increased densities);</li> <li>(d) establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit;</li> <li>(e) optimise the potential of the site to accommodate and sustain an appropriate amount and mix of development (including green and other public space) and support local facilities and transport networks; and</li> <li>(f) create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users (Footnote 51); and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.</li> </ul>
<p>Footnote 51</p>	<p>Planning policies for housing should make use of the Government’s optional technical standards for accessible and adaptable housing, where this would address an identified need for such properties. Policies may also make use of the nationally described space standard, where the need for an internal space standard can be justified.</p>

<b>The Current 2024 NPPF</b>	
Para 136	Trees make an important contribution to the character and quality of urban environments, and can also help mitigate and adapt to climate change. Planning policies should ensure that new streets are tree-lined, that opportunities are taken to incorporate trees elsewhere in developments (such as parks and community orchards), that appropriate measures are in place to secure the long-term maintenance of newly-planted trees, and that existing trees are retained wherever possible. Local planning authorities should work with highways officers and tree officers to ensure that the right trees are planted in the right places, and solutions are found that are compatible with highways standards and the needs of different users.
<b>Chapter 14</b>	<b>Meeting the Challenge of Climate Change, Flooding and Coastal Change.</b>
Para 161	The planning system should support the transition to net zero by 2050 and take full account of all climate impacts including overheating, water scarcity, storm and flood risks and coastal change. It should help to: shape places in ways that contribute to radical reductions in greenhouse gas emissions, minimise vulnerability and improve resilience; encourage the reuse of existing resources, including the conversion of existing buildings; and support renewable and low carbon energy and associated infrastructure.
Para 162	Plans should take a proactive approach to mitigating and adapting to climate change, taking into account the long-term implications for flood risk, coastal change, water supply, biodiversity and landscapes, and the risk of overheating and drought from rising temperatures. Policies should support appropriate measures to ensure the future health and resilience of communities and infrastructure to climate change impacts, such as providing space for physical protection measures, or making provision for the possible future relocation of vulnerable development and infrastructure.
Para 164a	New development should be planned for in ways that avoid increased vulnerability to the range of impacts arising from climate change. When new development is brought forward in areas which are vulnerable, care should be taken to ensure that risks can be managed through suitable adaptation measures, including through incorporating green infrastructure and sustainable drainage systems.

<b>The Current 2024 NPPF</b>	
Para 167	Local planning authorities should also give significant weight to the need to support energy efficiency and low carbon heating improvements to existing buildings, both domestic and non-domestic (including through installation of heat pumps and solar panels where these do not already benefit from permitted development rights). Where the proposals would affect conservation areas, listed buildings or other relevant designated heritage assets, local planning authorities should also apply the policies set out in NPPF Chapter 16.
Para 170	Inappropriate development in areas at risk of flooding should be avoided by directing development away from areas at highest risk (whether existing or future). Where development is necessary in such areas, the development should be made safe for its lifetime without increasing flood risk elsewhere.
<b>Chapter 15</b>	<b>Conserving and Enhancing Natural Environments</b>
Para 188	Plans should: distinguish between the hierarchy of international, national and locally designated sites; allocate land with the least environmental or amenity value, where consistent with other policies in this Framework; take a strategic approach to maintaining and enhancing networks of habitats and green infrastructure; and plan for the enhancement of natural capital at a catchment or landscape scale across local authority boundaries.
Para 198	<p>Planning policies should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development. In doing so they should:</p> <ul style="list-style-type: none"> <li>(a) mitigate and reduce to a minimum potential adverse impact resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and the quality of life;</li> <li>(b) identify and protect tranquil areas which have remained relatively undisturbed by noise and are prized for their recreational and amenity value for this reason; and</li> <li>(c) limit the impact of light pollution from artificial light on local amenity, intrinsically dark landscapes and nature conservation.</li> </ul>

**The Current 2024 NPPF**

Para 199	<p>Planning policies should sustain and contribute towards compliance with relevant limit values or national objectives for pollutants, taking into account the presence of Air Quality Management Areas and Clean Air Zones, and the cumulative impacts from individual sites in local areas. Opportunities to improve air quality or mitigate impacts should be identified, such as through traffic and travel management, and green infrastructure provision and enhancement. So far as possible these opportunities should be considered at the plan-making stage, to ensure a strategic approach and limit the need for issues to be reconsidered when determining individual applications.</p>
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**The Emerging 2026 NPPF**

The emerging NPPF separates thematic policies into plan-making and decision-making policies. The former is relevant to the preparation of a local plan and this Paper, while the latter will be used in the determination of planning applications. In terms of plan-making policies, emerging **Policies L1** and **HC1** consider health and are set out below.

**The Emerging 2026 NPPF**

<b>Chapter 12</b>	<p><b>Making Effective Use of Land.</b> The objective of the policies in this chapter is to promote the effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions.</p>
<p><b>Policy L1(a)(iv)</b> (Planning for an effective use of land)</p>	<p>To support the effective and efficient use of land the development plan should, at the most appropriate level identify ways of accommodating as much as possible of the development required in the area on previously developed land, including by identifying whether minimum density standards should be set for other parts of the plan area, especially where there are opportunities for intensification. It may be appropriate to set out a range of densities that reflect the identified need for different types of housing, local market conditions, the availability of infrastructure and its scope for improvement, the importance of securing well-designed, attractive and healthy places, and the desirability of maintaining an area’s prevailing character or of promoting regeneration and change.</p>

**The Emerging 2026 NPPF**

**Chapter 16**

**Promoting Healthy Communities.** The objective of the policies in this chapter is to promote the creation of healthy and inclusive places and support the provision of appropriate public services, by enabling development which can support this aim and seeking to retain, improve and deliver new facilities which are important for community wellbeing and minimising inequalities.

**Policy HC1**  
(Planning for healthy communities)

**(1)** To promote the creation of healthy and inclusive places, and the provision, retention and enhancement of appropriate community facilities and public service infrastructure, development plans should, at the most appropriate level:

- (a)** Be informed, through engagement with relevant service providers, by an understanding of any existing deficits in the availability of community facilities and public service infrastructure, and additional requirements expected over the plan period, arising from proposed development and wider changes in the local population and public service provision. In doing so, they should take into account both quantitative and qualitative aspects of provision, identified local health needs and opportunities to reduce inequalities through the availability of facilities;
- (b)** Set out the facilities and contributions expected from development, including as part of allocations for major housing and mixed-use sites;
- (c)** Allocate land specifically for community facilities and public service infrastructure where it is appropriate to do so, and assess whether any land is suitable to designate as Local Green Space in accordance with policy HC2;
- (d)** Set local standards for the provision of different types of outdoor recreational land, including for play, sport, informal recreation and allotments. In doing so they should draw upon relevant national standards and best practice, tailoring these as necessary to local circumstances and evidence<sup>58</sup>. Policies for play and informal recreation should aim to secure a connected network of high quality, inclusive and accessible opportunities as part of the wider

## The Emerging 2026 NPPF

network of green space provision, secured through both on-site provision in conjunction with land allocated for development and through other contributions and investment; and

- (e)** Identify wider opportunities to promote good health, prevent ill-health and support social interaction through their spatial strategy and land allocations, including through policies for strengthening town centres, locating development where it will support walking and cycling and promoting mixed-use developments.

**(2)** In planning for community facilities and public service infrastructure, authorities should engage proactively with local communities and service providers, taking into account relevant strategies to improve health, address inequalities and foster social and cultural well-being for all sections of the community. They should attach considerable importance to providing for sufficient education facilities (including early years, school and post-16 provision), health care provision and other essential community facilities and public service infrastructure over the plan period, in a way that aligns with the needs of the local population and any wider requirements for improvements in public service infrastructure identified by the government or public agencies (recognising that some public service infrastructure serves a larger than local population).

**Footnote 58** - These include the suite of Green Infrastructure Standards for England published by Natural England, the standards for open space, outdoor sport and play recommended by Fields in Trust (<https://fieldsintrust.org/insights/standards>) and published Sport England Guidance (including Assessing Needs and Playing Pitch Strategy guidance | Sport England).

## Appendix 2 – National and Regional Health Trends

Fingertips is a large public health data collection hosted by the Department of Health and Social Care. It is split into health trends and public health profiles. In terms of health trends, the extracted data ranges from 2022 to 2024 and is summarised below.

In short, life expectancy is increasing both nationally and regionally, but healthy life expectancy (HLE) – the average number of years a person can expect to live in good health - is decreasing, and the gap between the most and least deprived is widening. In terms of specific health conditions, South East appears to follow the same trends as England but is, overall, healthier. The exceptions are stroke prevalence (both the same), 4-5 year old children living with obesity (although better than England, it is increasing in South East), cancer prevalence (higher in South East), high anxiety prevalence (slightly higher in South East), and hospital admissions for self-harm (higher in South East).

Indicator	South East	Trend	England	Trend
Life Expectancy	80.5 years (males) 84.3 years (females)	↑	79 years (males) 83 years (females)	↑
Life Expectancy (Differences between most and least deprived areas)	8.5 years (males) 6.6 years (females)	↑	10.5 years (males) 8.3 years (females)	↑
Healthy Life Expectancy	63.5 years (males) 64.4 years (females)	↓	61.5 years (males) 61.9 years (females)	↓
Children living with obesity (aged 10-11)	22.1%	↑	19.2%	↑
Children living with obesity (aged 4-5 years)	8.6%	↑	9.6%	↓
People living with obesity (aged 16+)	28.2%	↑	28.9%	↑
Children who meet activity recommendation (aged 5-16)	48.2%	↑	47.8%	↑
Adults who are physically active (aged 19+)	70.5%	↑	67.4%	↑
People who eat five portion of fruit and vegetables per day (aged 16+)	34.6%	↓	31.3%	↓
Deaths (aged <75) from cardiovascular disease considered preventable	23.3 per 100,000	↓	30.5 per 100,000	↓

Indicator	South East	Trend	England	Trend
Coronary heart disease prevalence (all ages)	2.8%	↓	3%	↓
Diabetes prevalence (aged 17+)	7.1%	↑	7.7%	↑
Stroke prevalence (all ages)	1.9%	↑	1.9%	↑
Deaths from stroke (aged <75)	10.0 per 100,000	↓	12.8 per 100,000	↓
Deaths from heart diseases (aged <75)	30.1 per 100,000	↓	41.0 per 100,000	↓
Deaths from respiratory disease (aged <75)	16.6 per 100,000	↓	20.2 per 100,000	↓
Asthma prevalence (aged 6+)	6.4%	↑	6.5%	↑
Emergency hospital admissions for asthma (aged 0-18)	110.3 per 100,000	↓	148.6 per 100,000	↓
Chronic obstructive pulmonary disease (COPD) prevalence (all ages)	1.7%	↑	1.9%	↑
Emergency hospital admissions for COPD (aged 35+)	260 per 100,000	↓	357 per 100,000	↓
Deaths from COPD (all ages)	40.8 per 100,000	↓	47.3 per 100,000	↓
Deaths from pneumonia	30.7 per 100,000	↓	33.4 per 100,000	↓
Deaths from cancer considered preventable (aged <75)	42.4 per 100,000	↓	48.8 per 100,000	↓
Cancer prevalence	4.2%	↑	3.6%	↑
Deaths from lung cancer (aged <75)	20.6 per 100,000	↓	24.5%	↓
Long-term musculoskeletal problems prevalence (aged 16+)	17.4%	↓	18.4%	↓
High anxiety prevalence (aged 16+)	24%	↑	23.3%	↑
Low happiness prevalence (aged 16+)	8.6%	↓	8.8%	↓
Mental health conditions prevalence (all ages)	0.88%	↑	0.96%	↑

Indicator	South East	Trend	England	Trend
Hospital admissions for self-harm (ages 10-24 years)	308 per 100,000	↓	267 per 100,000	↓
Emergency hospital admissions for self-harm (all ages)	125.4 per 100,000	↓	117 per 100,000	↓
Premature mortality in adults with severe mental illness (aged 18-74 years)	90.3 per 100,000	↑	110.8	↑
Suicide rate (aged 10+)	10.4 per 100,000	↑	10.9 per 100,000	↑

## Appendix 3 – Census Data for South Downs National Park

Nomis is a service provided by the Office for National Statistics (ONS) to publish statistics related to population, society and the labour market at national, regional and local levels. This includes data from current and previous censuses. There are limited indicators that are reported for the South Downs National Park. Of these indicators, the ones relevant to “planning for health” are shown below in comparison to England and South East.

### Age-Standardised Proportions (ASP)

Health and disability are closely related to the age of a population. The ONS explains that in older populations, one would expect poorer health and more disability. It is important to understand if a finding of poor health is directly due to a decline in health, or a reflection of an ageing population. To enable meaningful comparisons of health and disability over different ages, geographies and/or times, the ONS age standardise the data to take both population size and age structure into consideration, essentially evening them out so that one can compare like with like.

### Geojsons

The South Downs National Park stretches over 12 district areas. In some instances, it is possible to extract information for each district area of the National Park (with the exceptions of the Eastbourne and Worthing areas because the populations in these areas of the National Park are too small) by creating geojsons. This is useful to understand if there are any differences across the National Park.

### TS011 - Households by Deprivation Dimensions

Household Deprivation	South Downs	England	South East
Household is not deprived in any dimension	57.1	48.4	52.0
Household is deprived in one dimension	31.5	33.5	32.8
Household is deprived in two dimensions	9.4	14.2	12.2
Household is deprived in three dimensions	1.8	3.7	2.8
Household is deprived in four dimensions	0.1	0.2	0.2

**Title** – The percentage (%) of households in deprivation in the South Downs, England, and South East.

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

Household Deprivation	Adur	Arun	Brighton & Hove	Chichester	East Hampshire	Horsham	Lewes	Mid Sussex	Wealden	Winchester	England	South East
Household is not deprived in any dimension	57.1	52.6	69	56.7	58.4	58.3	53.5	57.8	57.1	63.4	48.4	52.0
Household is deprived in one dimension	35.7	34.8	26.8	32.2	30.8	31.2	32.3	29.3	34.8	28.2	33.5	32.8
Household is deprived in two dimensions	5.4	10.6	4.2	9.4	9	8.1	11.2	10.9	7.1	7.5	14.2	12.2
Household is deprived in three dimensions	1.8	1.7	n/a	1.7	1.6	2.2	2.8	2	0.9	0.9	3.7	2.8
Household is deprived in four dimensions	n/a	0.2	n/a	0.1	0.1	0.2	0.2	n/a	n/a	n/a	0.2	0.2

**Title** – The percentage (%) of households in deprivation in each district area of the South Downs National Park.

**Source** - 2021 Census [Accessed from Nomis on 03 November 2025].

The National Park appears to be less deprived than England and South East as it has more households that are not deprived in any dimension, both across the whole National Park and when considering each district area of the National Park. In general, the National Park has less households in deprivation up to four dimensions compared to England and South East, although there are some exceptions in relation to households which are deprived in one dimension in the Adur, Arun and Wealden areas of the National Park.

### TS037 - General Health

<b>General Health</b>	<b>South Downs</b> (% population)	<b>England</b> (% population)	<b>South East</b> (% population)
Very good health	51.4	48.5	50.0
Good health	33.4	33.7	34.0
Fair health	11.5	12.7	11.8
Bad health	3.0	4.0	3.3
Very bad health	0.8	1.2	0.9
<b>General Health</b>	<b>South Downs</b> (Age Standardised Proportion)	<b>England</b> (Age Standardised Proportion)	<b>South East</b> (Age Standardised Proportion)
Very good health	54.6	47.5	49.6
Good health	32.2	34.2	34.4
Fair health	10.0	13.0	11.8
Bad health	2.6	4.1	3.3
Very bad health	0.7	1.2	0.9

**Title** – The general health of residents in the South Downs, England, and South East as shown by percentage (%) of the population and age standardised proportions (ASP).

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

General Health	Adur	Arun	Brighton & Hove	Chichester	East Hampshire	Horsham	Lewes	Mid Sussex	Wealden	Winchester	England	South East
Very good health	60.8	46.2	47.2	50.9	52.1	54.2	48.8	56.1	45.8	57.7	48.5	50.0
Good health	30.2	35.4	35.2	33.5	33.5	31.7	34.2	29	36.6	30.8	33.7	34.0
Fair health	6.9	12.9	11.8	11.8	11.1	10.5	12.4	11.2	12.5	9.2	12.7	11.8
Bad health	1.4	4.3	5.4	3	2.7	2.7	3.7	3	4.1	1.8	4	3.3
Very bad health	0.7	1.2	0.4	0.8	0.6	0.8	0.9	0.7	1	0.5	1.2	0.9

**Title** – The general health of residents in each district area of the South Downs National Park as shown by percentage (%) of the population.

**Source** - 2021 Census [Accessed from Nomis on 03 November 2025].

The National Park (as a whole) appears to have more people in “very good” health – and less people in “good to very bad” health – compared to England and South East. The above remains the same when the data is age-standardised. In terms of each district area of the National Park, the above is broadly mirrored, although not quite as positively in the Arun, Brighton & Hove, Lewes and Wealden areas of the National Park where there is slightly less “very good” health and slightly more “bad” health compared to England and/or South East.

### TS038: Disability

<b>Disability</b>	<b>South Downs</b> (% population)	<b>England</b> (% population)	<b>South East</b> (% population)
Disabled under the Equality Act	16.1	17.3	16.1
Disabled under the Equality Act: Day-to-day activities limited a lot	5.8	7.3	6.3
Disabled under the Equality Act: Day-to-day activities limited a little	10.3	10.0	9.9
<b>Disability</b>	<b>South Downs</b> (Age Standardised Proportion)	<b>England</b> (Age Standardised Proportion)	<b>South East</b> (Age Standardised Proportion)
Disabled under the Equality Act: Day-to-day activities limited a lot	5.1	7.5	6.2
Disabled under the Equality Act: Day-to-day activities limited a little	9.7	10.2	9.9

**Title** - The disability status of residents in the South Downs, England, and South East as shown by percentage (%) of the population and age standardised proportions (ASP).

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

Disability	Adur	Arun	Brighton & Hove	Chichester	East Hampshire	Horsham	Lewes	Mid Sussex	Wealden	Winchester	England	South East
Disabled under the Equality Act (% population)	13.2	18.7	22.1	15.4	15.3	13.8	19	14.9	19	12.4	17.3	16.1

**Title** - The disability status of residents in each district area of the South Downs National Park as shown by percentage (%) of the population.

**Source** - 2021 Census [Accessed from Nomis on 03 November 2025].

The National Park appears to have a smaller proportion of people who are disabled under the Equality Act compared to England, but has about the same proportion when compared to South East. Of the proportion who are disabled under the Equality Act, the National Park has a lower proportion whose day-to-day activities are “limited a lot”, but more whose day-to-day activities are “limited a little”. When age standardised proportions are applied, the National Park figures are lower than England and South East. In terms of each district area of the National Park, there appears to be a higher proportion of people who are disabled under the Equality Act in the Arun, Brighton & Hove, Lewes and Wealden areas of the National Park compared to England and South East.

## TS046 – Central Heating

Type of Central Heating in Household	South Downs	England	South East
No central heating	1.4	1.5	1.3
Mains gas only	52.7	74.0	74.6
Tank or bottled gas only	3.6	1.0	1.1
Electric only	9.5	8.7	9.2
Oil only	16.7	3.2	3.2
Wood only	0.6	0.1	0.1
Solid fuel only	0.3	0.2	0.1
Renewable energy only	1.7	0.4	0.4
District or communal heat networks only	0.3	0.9	0.5
Other central heating only	0.4	0.9	0.6
Two or more types of central heating (not including renewable energy)	11.6	8.5	8.1
Two or more types of central heating (including renewable energy)	1.3	0.5	0.7

**Title** – The percentage (%) of households using different types of central heating in the South Downs, England, and South East.

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

The National Park appears to have less households who use either only mains gas or district / communal heat networks – and more households who use either only electric, oil, wood, solid fuel, or renewable energy - as a type of central heating compared to England and South East.

## TS058 – Distance Travelled to Work

Distance travelled to work	South Downs	England	South East
Less than 2km	7.3	11.0	10.7
2km to less than 5km	4.4	12.6	10.7
5km to less than 10km	7.0	11.7	9.5
10km to less than 20km	11.4	10.4	9.2
20km to less than 30km	5.8	4.0	4.3
30km to less than 40km	2.5	1.7	1.9
40km to less than 60km	1.5	1.3	1.6
60km and over	2.0	1.3	1.4
Works mainly from home	43.4	31.5	35.8
Works mainly at an offshore installation, in no fixed place, or outside the UK	14.8	14.5	14.8

**Title** – The percentage (%) of employed residents (aged 16+) by distance travelled to work in the South Downs, England, and South East.

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

Distance travelled to work	Adur	Arun	Brighton & Hove	Chichester	East Hampshire	Horsham	Lewes	Mid Sussex	Wealden	Winchester	England	South East
Less than 10km	37.1	22.7	13.1	17.9	18.9	13.6	21.4	22.3	21.3	13.8	35.4	30.9
10km to less than 30km	8.9	17.9	4.7	18.6	17.4	19.5	15.4	11	12.5	17.8	14.4	13.5
30km and over	8.1	5.9	3.7	6.7	6.8	6.8	3.9	4.4	6.2	5.2	4.3	4.9
Works mainly from home	38.7	37.8	66.4	39.2	42.1	45	46.7	46.3	47	50.6	31.5	35.8
Other	7.3	15.7	12.1	17.6	14.8	15.1	12.6	16	13.1	12.7	14.5	14.8

**Title** - The percentage (%) of employed residents (aged 16+) by distance travelled to work in each district area of the South Downs National Park.

**Source** - 2021 Census [Accessed from Nomis on 03 November 2025].

The National Park appears to have a higher proportion of residents who work mainly from home compared to England and South East, and the above does not change when looking at each district area of the National Park. Of the proportion who commute to work, it appears the National Park generally has a higher proportion of residents who commute longer distances compared to England and South East, although there are some differences when looking at each district area of the National Park.

### TS061 – Method Used to Travel to Work

Method of travel to workplace	South Downs	England	South East
Work mainly at or from home	43.4	31.5	35.8
Underground, metro, light rail, tram	0.1	1.9	0.2
Train	1.7	2.0	2.2
Bus, minibus or coach	0.9	4.3	2.5
Taxi	0.1	0.7	0.5
Motorcycle, scooter or moped	0.3	0.5	0.5
Driving a car or van	41.5	44.5	44.2
Passenger in a car or van	2.6	3.9	3.5
Bicycle	1.2	2.1	1.9
On foot	7.0	7.6	7.6
Other method of travel to work	1.1	1.0	1.0

**Title** - The percentage (%) of employed residents (aged 16+) by their method of travel to work in the South Downs, England, and South East.

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

Method of travel to workplace	Adur	Arun	Brighton & Hove	Chichester	East Hampshire	Horsham	Lewes	Mid Sussex	Wealden	Winchester	England	South East
Work mainly at or from home	38.4	37.9	65.7	39.2	42	45.1	46.7	46	46.7	50.6	31.5	35.8
Underground, metro, light rail, tram	n/a	0.1	n/a	0.1	0.1	n/a	0.2	0.1	0.2	0.1	1.9	0.2
Train	0.8	1.1	1.9	1.2	1.7	1	3.4	0.9	1.3	0.8	2	2.2
Bus, minibus or coach	0.8	0.8	2.8	0.7	0.4	0.4	2.2	0.5	0.6	0.4	4.3	2.5
Taxi	n/a	0.1	n/a	0.1	0.2	n/a	0.2	0.1	0.3	n/a	0.7	0.5
Motorcycle, scooter or moped	0.8	0.5	n/a	0.3	0.3	0.6	0.4	0.7	0.1	0.2	0.5	0.5
Driving a car or van	33.6	49.4	19.4	47.1	43.2	45.4	31.4	42.3	43.7	39.7	44.5	44.2
Passenger in a car or van	0.8	3	0.9	3	2.8	1.1	2.2	2.6	1.6	2	3.9	3.5
Bicycle	4	1.6	1.9	1.1	1	0.4	1.8	0.7	0.9	0.8	2.1	1.9
On foot	20.8	4.5	4.6	6	7.2	4.5	10.6	4.1	3.1	4.2	7.6	7.6
Other method of travel to work	0.8	1.2	2.8	1.1	1	1.4	0.9	2	1.5	1	1	1

**Title** - The percentage (%) of employed residents (aged 16+) by their method of travel to work in each district area of the South Downs National Park.

**Source** - 2021 Census [Accessed from Nomis on 26 February 2025].

The National Park appears to have a higher proportion of residents who work mainly from home compared to England and South East, and the above does not change when looking at each district area of the National Park. Of the proportion who commute to work, the majority appear to drive a car or a van, and the proportion using active travel and public transport options is less when compared to England and South East. However – when looking at each district area of the National Park - it appears that a higher proportion of residents in the Adur area of the National Park commute via bicycle and on foot – and a higher proportion in the Lewes area of the National Park commute via train and on foot – compared to England and South East.