Healthy High Streets Discussion Paper

Public Health, Wider Determinants Team

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Lancashire County Council

www.lancashire.gov.uk

For optimum health promotion, high streets should:

Be inclusive of people from all walks of life

Be easy to navigate, including crossings

Provide shade, shelter and places to stop and rest

Be walkable and provide options for cycling

Have low levels of noise and air pollution

Provide things to see and do

Have a health-promoting retail offer

Ensure people feel relaxed and safe

Consider the local context of the high street, its features and current use, and how all these factors interact with one another[1]

[1] https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

Introduction

Reflecting on the Public Health England and Institute of Health Equity report: *Healthy High Streets, Good place-making in an urban setting*[i], this discussion paper highlights the importance of high streets in promoting health and wellbeing and examines 6 components of high streets that would benefit from consideration across Lancashire. It also highlights the importance of understanding high streets at a community level, introducing the Place Standard Tool as an approach that can assist with this.

The discussion paper does not make specific policy recommendations, but aims to promote discussion to explore how communities, businesses, policy makers and others can collectively work towards creating healthier high streets across Lancashire, highlighting evidence that is available to support them doing so.

The Place Standard

There are a range of indicators available to assist us in understanding the health and wellbeing of populations and communities. However, to accurately understand health and wellbeing at high street level and factors that contribute to this local communities should be engaged.

A tool that is available to help engage communities in improving the quality of places is the Place Standard Tool. This was developed by NHS Health Scotland (NHS HS), Scottish Government (SG) and Architecture and Design Scotland (A&DS). The Place Standard tool provides a framework for place-based conversations to support communities, public, private and third sectors to work together to deliver high quality, sustainable places[2].

The Place Standard is based on 14 different themes that are important for delivering high quality places that support health and wellbeing. In asking a series of questions relating to each of the 14 themes it allows participants to identify strengths and weaknesses and presents these in an engaging and illustrative way. This can be used to develop and prioritise actions that will improve places and the lives of the people that use them.

Further information about the Place Standard and instructions on its use can be found at http://www.healthscotland.scot/tools-and-resources/the-place-standard-tool.

[2] NHS Health Scotland (2017): Place Standard process evaluation: learning from case studies in year one

The evaluation of the Place Standard has identified 6 key facilitators that support the Place Standard implementation[3]. Each of these should be considered prior to this tool being used in Lancashire:

1. Having someone with previous analytical experience, particularly of qualitative analysis.
2. Having previous facilitation experience or community engagement experience.
3. Obtaining good buy-in across senior management, stakeholders and community to implement the Place Standard and deliver on actions.
4. Moving away from traditional engagement techniques, such as open public meetings, in order to maximise engagement.
5. Having existing mechanisms for engagement already in place.
6. Aligning the Place Standard engagement process with strategic or financial decisions to maximise its influence on decision-making.

The Place Standard has the potential to be used to assess highstreets from a health and wellbeing perspective in a consistent manner in Lancashire. However, careful consideration of the afore-mentioned 6 facilitators should be given in advance of this.

Key questions

The Place Standard	Is the Place Standard a framework that should be used in Lancashire to support communities, public, private and third sectors to work together to deliver high quality, sustainable places?

Healthy High Streets

If the Place Standard is used to assess high streets, participants should specifically made aware of the following 6 components.

1. Diversity in the retail offer

Healthy High Streets[ii] makes the case for a diverse retail offer for a number of reasons including the promotion of active travel and social interaction:

> *Mixed-use streets (with a combination of commercial, residential, cultural, leisure and service industries) have been shown to encourage active travel (walking and cycling) and social interaction by providing a diverse range of amenities clustered in one area.*

[3] NHS Health Scotland (2017): Place Standard process evaluation: learning from case studies in year one

One of the main ideas that *Healthy High Streets*[iii] puts forward is the notion that there are some businesses and facilities that promote health and some that have a negative impact. The retail offer can be a cause for concern in areas with higher densities of alcohol, gambling and fast food outlets, particularly in areas of deprivation where they impact more on less mobile populations. The vacancy rate is also often cited as an indication of poor economic health and reduced footfall.

Healthy High Streets[iv] outlines the negative health impacts of lack of diversity in the retail offer as:

> *Increased risk of obesity, diabetes, cardiovascular disease and certain cancers.*
>
> *Higher levels of alcohol addiction and alcohol-related harm and an increased risk of depression, trauma, heart disease and stroke.*
>
> *Increased likelihood of poor mental health, including depression, cognitive impairment and dementia linked to social isolation. Increased levels of stress and poor mental health associated with financial insecurity. Poor mental health of family members, associated with alcohol addiction and gambling addiction.*

In 2014, The Royal Society for Public Health released a report called *Health on the High Street*[v] which identified a Richter scale for health on the high street which scored businesses and facilities from most health promoting (e.g. pharmacies, health clubs and libraries) to least health promoting (e.g. betting shops, takeaways, tanning shops and payday lenders.) Using this system, Preston was deemed to have the unhealthiest high street in Britain.

An emerging data source in this area is the Access to Health Assets and Hazards (AHAH)[vi] index which is designed to enable decision makers to understand which geographic areas have poor environments for health.

As stated on the Public Health Outcomes Framework[vii] website:

> *The AHAH index is comprised of four domains: access to retail services (fast food outlets, gambling outlets, pubs/bars/nightclubs, off licences, tobacconists), access to health services (GP surgeries, A&E hospitals, pharmacies, dentists and leisure centres), the physical environment (access to green spaces, and three air pollutants: NO2 level, PM10 level, SO2 level) and air pollution (NO2 level, PM10 level, SO2 level). The AHAH index provides a summary of an area's relative performance on these indicators (the second and third domains conceptualised as health promoting and the first (access to retail) as health demoting). It therefore provides information on how conducive to good health an area is relative to other areas, for the specific indicators.*

District scores for the overall AHAH index are available from the Public Health Outcomes Framework, and these are defined as the percentage of the population

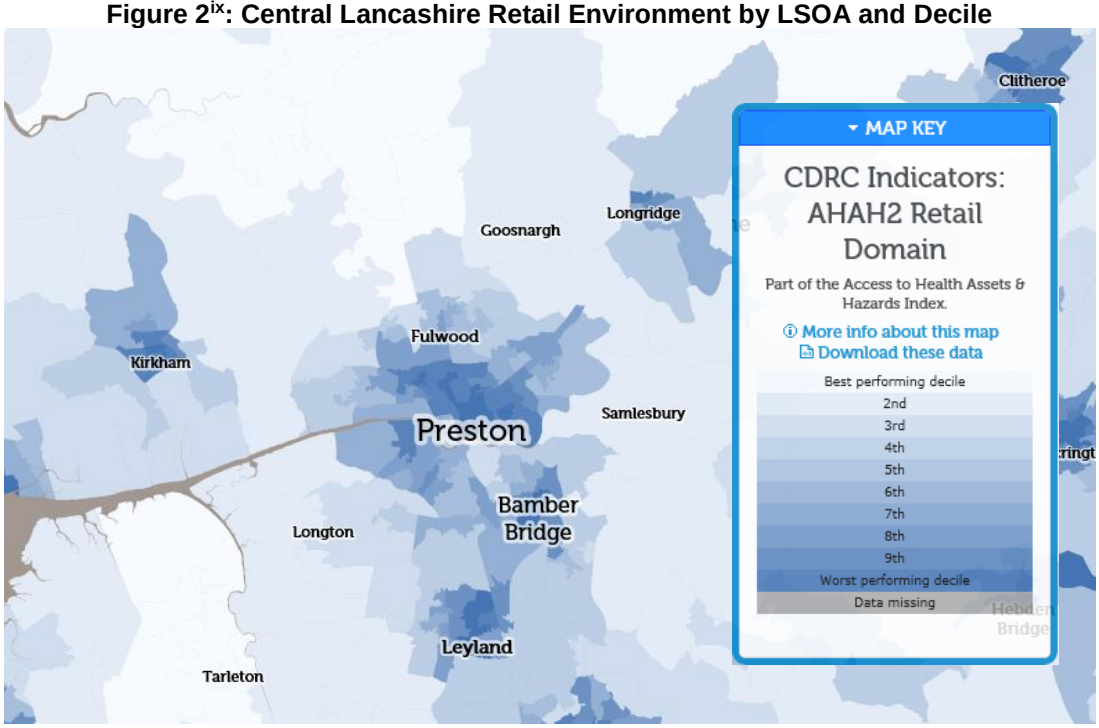
who live in LSOAs which score in the poorest performing 20% on the Access to Healthy Assets & Hazards (AHAH) index. Using the percentage of the population living in LSOAs in the worst quintile as the indicator focusses on the people exposed to the most health demoting environments:

As can be seen in figure 1, Fylde has the highest proportion of their population living in the poorest performing 20%, followed closely by South Ribble. There is little that can be learned from this index at a district level, however the AHAH index is also produced at LSOA level and can be viewed by its individual indicators at https://maps.cdrc.ac.uk. As an example of this figure 2 shows the retail environment from best to worst performing, the latter containing a higher saturation of "health demoting" businesses.

Figure 1[viii]: Access to Healthy Assets & Hazards Index 2019, comparison of Lancashire Districts

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	11,713,616	21.1	-	-
Lancashire	–	-	70,377	5.9	-	-
Burnley	–	-	2,618	3.0	-	-
Chorley	–	-	3,584	3.1	-	-
Fylde	–	-	10,599	13.4	-	-
Hyndburn	–	-	1,581	2.0	-	-
Lancaster	–	-	13,397	9.4	-	-
Pendle	–	-	3,034	3.3	-	-
Preston	–	-	2,144	1.5	-	-
Ribble Valley	–	-	5,265	8.8	-	-
Rossendale	–	-	-	-	-	-
South Ribble	–	-	14,068	12.7	-	-
West Lancashire	–	-	9,499	8.3	-	-
Wyre	–	-	4,588	4.2	-	-

Figure 2[ix]: Central Lancashire Retail Environment by LSOA and Decile



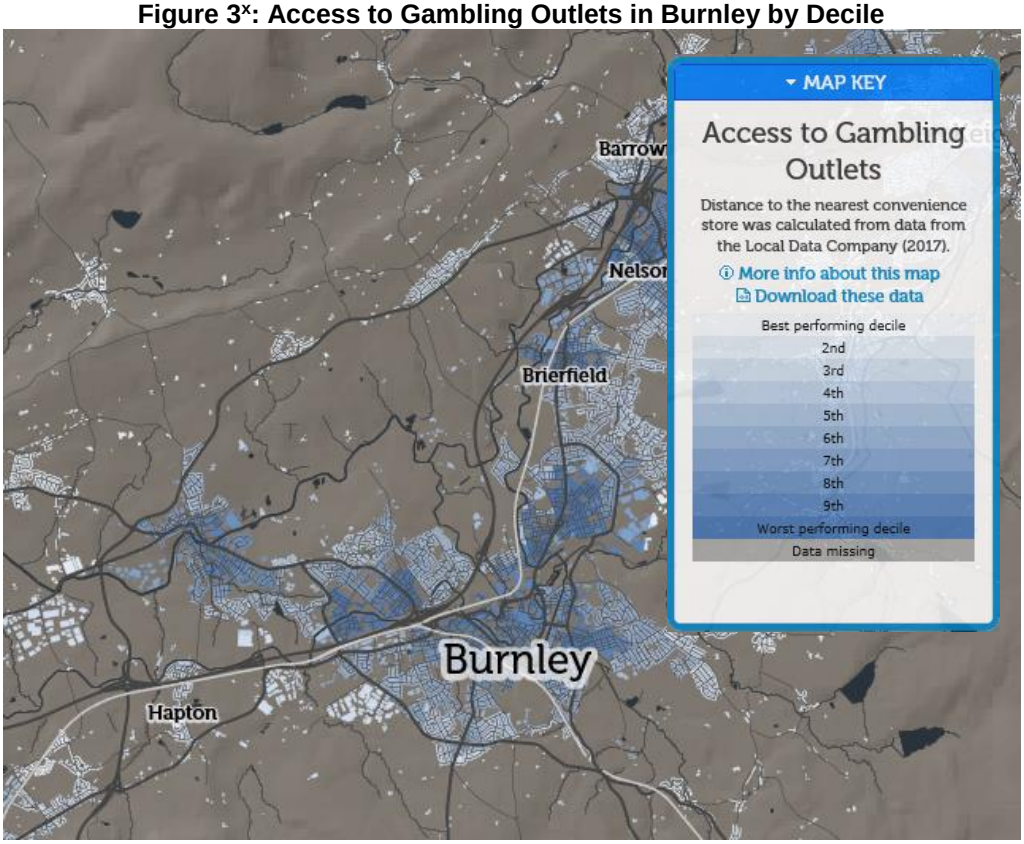
Hot Food Takeaways

The Lancashire County Council Director of Public Health and Wellbeing has provided an advisory note called *Hot Food Takeaways and Spatial planning*, concerning the need to restrict further proliferation of takeaways in areas of high child obesity and near secondary schools. It contains information on excess weight and obesity rates, takeaway density, a review of current evidence and a number of policy recommendations.

Betting Shops

Constructing a Lancashire context for the issue of problem gambling is challenging. As can be seen in figure 3, betting shop density can be presented at a neighbourhood level. However there are no readily available indicators to demonstrate the scale of the problem at a local level; i.e. the number of problem gamblers per 1,000 population.

Figure 3[x]: Access to Gambling Outlets in Burnley by Decile



According to the Gambling Commission's statistics, in 2015 0.8% of the 16+ population in Great Britain were identified as problem gamblers. No localised indicators exist for problem gambling, but if we apply that percentage to population estimates for Lancashire 12 we can approximate that there are 7845 problem gamblers in Lancashire.

Gambling is evidently a leisure activity enjoyed by many, and the majority of gamblers can pursue the activity without displaying any problematic behaviour. However a small percentage do experience significant harm as a result of their gambling. Harm may include higher levels of physical and mental illness, debt problems, relationship breakdown and, in some cases, criminality. Problem gambling is also associated with substance misuse, although it is difficult to attribute it directly.

Restrictions on betting shops may be worth exploring as growing body of research seems to suggest that problem gambling is a significant Public Health issue[4]. However, evidence and appropriate indicators to make a convincing case for restrictions in a specific areas would need thoroughly researching. Consideration should also be given to the fact that the landscape of the gambling industry is changing due to the recent implementation of legislation on Fixed Odds Betting Terminals (FOBTs), with some sources claiming that the new law will result in the closure of up to a quarter of all UK betting shops.

Alcohol

Healthy High Streets also highlights the issue of alcohol outlet density, and the impact this can have on health. Alcohol outlets are licensed as per the Licensing Act 2003. The Licensing Act 2003 has 4 objectives.

- The prevention of crime and disorder;
- Public safety;
- The prevention of public nuisance; and
- The protection of children from harm

Any action taken to reduce the density of alcohol outlets or tackle specific problematic premises must provide evidence that it will address one of the 4 licensing objectives. There is not currently a licensing objective specifically focussed on health.

The Licensing Act defines the role of 'Responsible Authorities' in the licensing process, but it also emphasise the importance of encouraging greater community involvement in licensing decisions and giving local residents the opportunity to have their say regarding licensing decisions that may affect them[xi].

Each of the 12 Licensing Authorities across Lancashire has a Statement of Licensing Policy which outlines their approach to Licensing.

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[4] Gambling related harm as a public health issue – Briefing paper

Gambling Commission (2018)

Out of luck: an exploration of the causes and impacts of problem gambling

Citizens Advice (2018)

Local businesses

Within *Healthy High Streets*, diversity is discussed not just in terms of variety of retail outlets but also the proportion of independent retailers. When the economics of this are discussed, often the issue is seen through the argument of diversity vs homogeneity – i.e. independent retail outlets vs recognisable franchise outlets (as described in the New Economics Foundation report, *Clone Town Britain*[xii]).

Healthy High Streets[xiii] states:

> *It is estimated that for every pound spent in a local independent shop that sources local produce, twice as much money is generated for the local economy compared with money spent in a large national or international company.*

However, this does not address the local and wider economic context. The Department for Business Innovation and Skills published a report in 2014, *Policy Implications of Recent Trends in the High-Street/Retail Sector*[xiv], which took a sample of 50 centres ranging from weaker to stronger economic contexts and from diverse retail offers to more homogeneous centres.

The results were nuanced and some conclusions stood out as being relevant to the argument for more diversity:

> *Across the sample as a whole, over-performing centres tend to be more homogeneous than under-performing centres.*

> *Centres that are thriving despite a weak local economy tend to have a more diverse offer than those thriving in a strong local economic context.*

> *Diversity is also a characteristic of under-performing centres in weak economic contexts.*

> *Thriving centres in a strong economic context tend to be more homogeneous.*

Key questions

Betting shops / Payday Loan Outlets	Are gambling establishments and expensive credit having an impact on the health and wellbeing of the population of Lancashire? What indicators and data sources can we use to evidence this? What policy options are available to control the over proliferation of gambling establishments?

Alcohol	Are Responsible Authorities coordinated in their efforts? Are members of the public aware of their role in Licensing?
Diversity	How can we determine if the high street would benefit from more diversity and independent retail outlets? What policy levers exist to encourage more diversity on our high streets?

2. Green and Blue infrastructure

Healthy High Streets[xv] states:

> *Green and blue infrastructure – such as street trees, parks and ponds – can have positive impacts in a number of ways, including: promoting biodiversity, removing particulate matter from the air, improving flood risk management, encouraging physical activity and benefiting mental health, providing shade and shelter, reducing the risk of heat island effects, and creating a sense of place.*

The document[xvi] lists the following possible advantages to good quality green and blue infrastructure include:

- A positive general effect on Health and wellbeing
- Increased recreation and leisure opportunities
- Higher levels of physical activity and reduced risk of obesity, diabetes and cardiovascular disease
- Reduced pollution, improved air quality and reduced risk of cancer, asthma, heart disease and dementia
- Reduced vulnerability to heat islands
- Increased levels of social interaction and better mental health
- Economic growth and investment
- Tourism
- Flood alleviation and water management
- Promotion of biodiversity

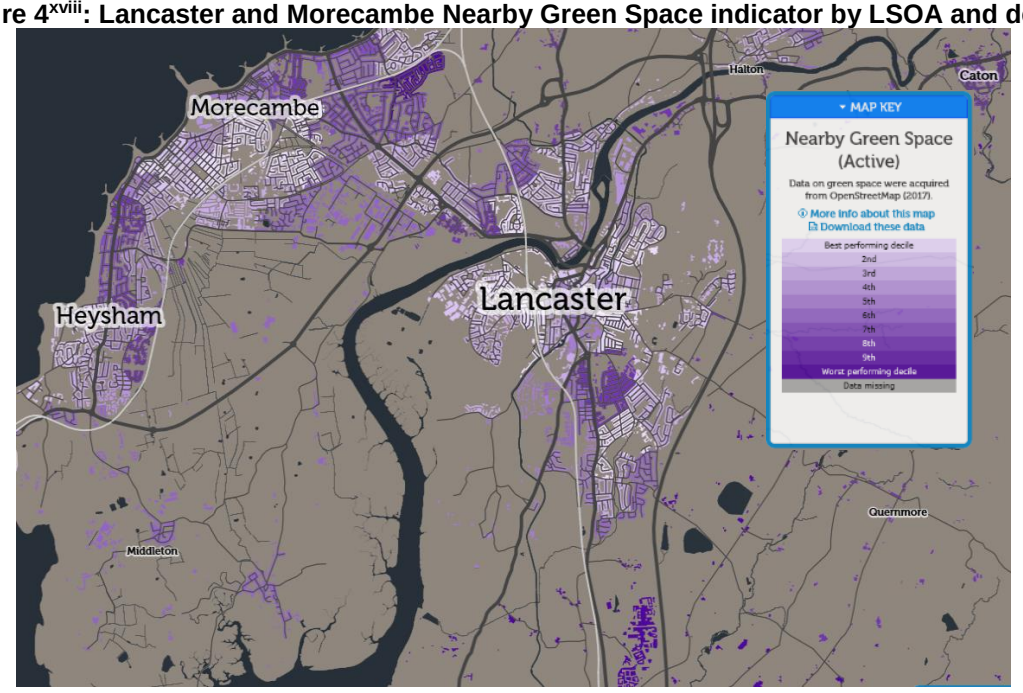
Whilst the benefits are numerous, there is a tension between investment in our green infrastructure and investment in transport infrastructure, commercial and housing developments. As stated in Natural England's Green Infrastructure Guidance[xvii]:

> *The landscape in and around England's cities, towns and villages is rich and varied, valued for its character, biodiversity and the opportunities it affords for public access and recreation. The housing and economic growth agenda, together with the effects of climate change, means that green infrastructure is increasingly important – but also under great pressure…*

Green infrastructure is especially relevant to the housing and economic growth agendas (particularly the Growth Areas and Growth Points) and to the regeneration of urban areas. Here green infrastructure is about development going hand-in- hand with the protection and enhancement of existing environmental assets and the creation of new ones. It's about putting the environment right at the centre of the planning process and producing a strategic and linked, multifunctional network of spaces with benefits for people and wildlife. It's also about underpinning the sustainability of a town or city, including making it resilient to the effects of climate change and enabling local authorities to meet their duty to conserve biodiversity under the Natural Environment and Rural Communities Act (NERC) 2006.

The AHAH index contains an indicator called Nearby Green Space which can be seen in figure 4. The indicator is based on the average amount of green space within 900m of an LSOA. This is a useful indicator when considering open space but unfortunately there are no indicators that allow us to assess other elements of green infrastructure such as smaller areas of amenity grassland, gardens, street trees, wall and roof planting.

Figure 4[xviii]: Lancaster and Morecambe Nearby Green Space indicator by LSOA and decile



Key questions

Strategy	To what extent is green infrastructure strategically planned as a network? Should there be a commitment to integrate green infrastructure at every geographic scale?

	Are there innovative methods of greening the high street that could be incorporated into future development of our town and local centres.
Partnerships	Are there opportunities to look at green infrastructure collaboratively, across the lines of demarcation, with public and private landowners working together for mutual benefit? What partnerships already exist between to promote green infrastructure? Are there further partnerships that could be initiated between: Planners Neighbouring authorities Nature Trusts Communities / friends groups etc. With most district authorities having to cut budgets for the maintenance of parks and amenity green spaces, what solutions exist to ensure we can increase our green infrastructure and protect existing assets.
Evidence	Could the evidence base be stronger? Can we make improvements to the following? • Ecological evidence • Health needs • Information about existing green infrastructure assets • How green infrastructure is distributed across the scale of deprivation
Active Travel	How can we link our strategic aims for green and blue infrastructure with policies that promote and encourage active travel?

3. Noise and air pollution

Healthy High Streets[xix] lays out the concerns of noise and air pollution as the following:

> *Areas of deprivation have a greater exposure to air pollution and noise than wealthier areas.*
>
> *Noise pollution: increased stress hormones linked to cardiovascular disease, and increased blood pressure; impaired cognitive function in children; disrupted sleep. Air pollution: increased risk of cancer, childhood and adult asthma, heart disease and dementia; increased mortality and hospital admissions.*

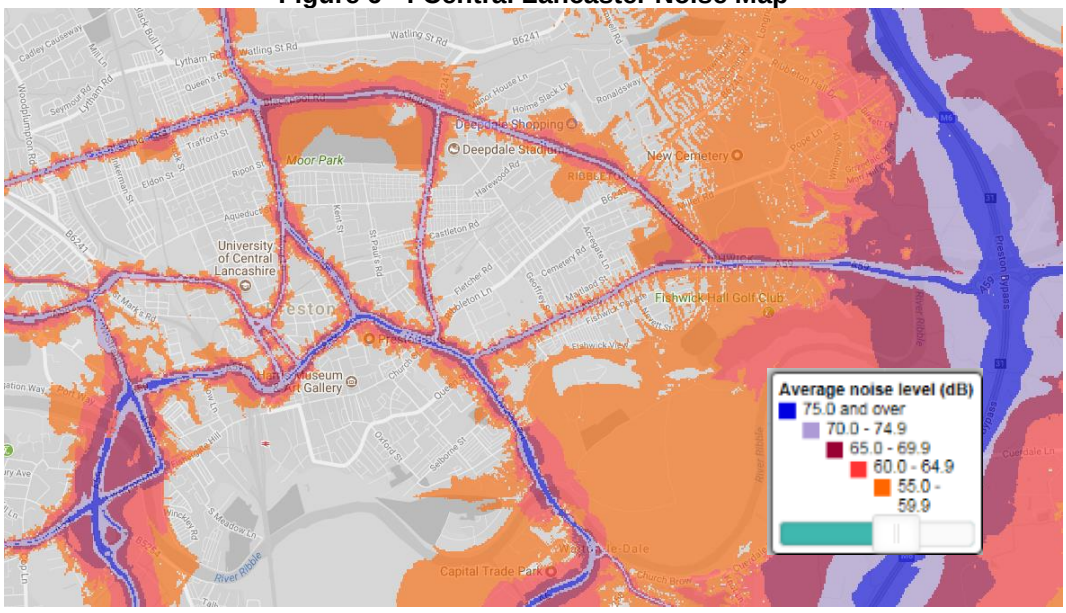
Noise pollution: impaired quality of life leading to poor mental health, physical stress, physical inactivity and behavioural and psychological effects.

Air pollution: lower levels of physical exercise leading to higher risk of obesity, diabetes, cardiovascular disease and certain cancers.

There is an indicator in Public Health Outcomes Framework which provides the rate of complaints about noise at a district level[xx], Lancaster and Preston stand out as being significantly worse than the England average. Unfortunately the indicator does not allow us to view the rate of complaints around more specific geographies and we cannot localise rates to high streets and local centres. Also, it does not break down the complaints into categories of noise (domestic, traffic, industrial).

Figure 6 is a noise map showing estimated levels of road traffic and railway noise according to strategic noise mapping within agglomerations and along major transport routes. Whilst the data that was used to produce this map is not recent (2012), it does serve to illustrate the volume and reach of noise generated by major transport corridors.

Figure 6[xxi]: Central Lancaster Noise Map



A 2016 study by Imperial College London[xxii] states people living with an average of 55-80 decibels a day are more likely to suffer from high-blood pressure and cardiovascular ailments due to stress. Noise over 45 decibels at night can interfere with sleep patterns, resulting in reduced ability to function during the day.

Roads, railways and airports are sources of ambient transport noise. Socially disadvantaged people are more likely to live near busy roads, and are at greater risk

of the negative effects of noise pollution. Sustainable forms of transport, such as active travel and electric vehicles, do not contribute to noise pollution levels[5].

Transport is a predominant noise exposure source within urban areas, and is associated with a range non-auditory health outcomes, including:

- Annoyance
- Stress anxiety and mental health
- Cardiovascular and physiological
- Cognitive function in children
- Night time effects (sleep disturbance)[6]

There are two main ways to reduce noise pollution. Noise can be reduced at source, through measures relating to vehicles, tyres, road surfaces and traffic management. Alternatively, noise can be abated by anti-propagation methods, such as policy measures that increase the distance between the source and recipient, or hampering noise propagation by insulating buildings or constructing noise barriers. At source measures are generally preferred to anti-propagation policy measures. This is, in part because anti-propagation methods are not cost-effective, especially if implemented without also taking action to reduce at source noise[7].

Healthy High Streets has this to say on the subject of air pollution:

> *Air pollution has a detrimental impact on health, particularly cardio-respiratory mortality and morbidity, and has been linked to cancer, childhood and adult asthma and heart disease. Emerging outcomes include obesity, diabetes and an increased risk of dementia. However, more research is needed in those areas. Public Health England estimates that 25,000 deaths every year are attributable to fine particulate matter in England.*

Air pollution is harmful to all, but has a disproportionate impact on the young and old, the sick and the poor. It has harmful effects on human health, the economy and the environment. It contributes to cardiovascular disease, lung cancer and respiratory diseases.

Whilst there are many sources of air pollution, road transport is a significant source of primary Particulate Matter (PM) and Nitrogen Dioxide (NO_2).

[5] British Medical Association (2012): Healthy transport = Healthy lives
[6] Department of Health (2011): Transport and Health Resource. Delivering Healthy Local Transport Plans
[7] British Medical Association (2012): Healthy transport = Healthy lives

Figure 7: Level of Nitrogen Dioxide (NO_2) in Lancashire by LSOA and Decile

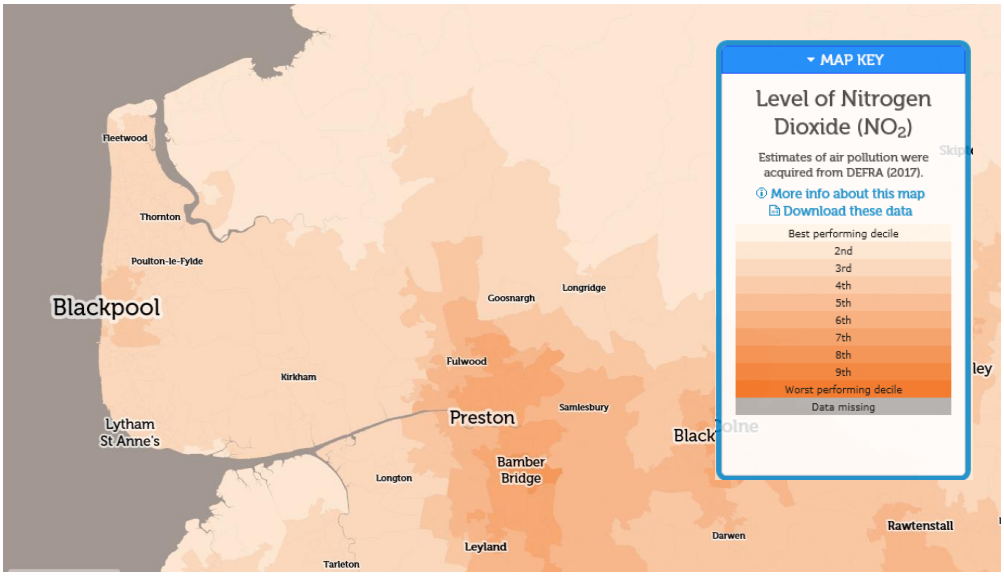


Figure 7 shows the level of Nitrogen Dioxide by deciles modelled across LSOAs. It's one of three indicators (along with sulphur dioxide and particulate matter) that feature within the AHAH index. Even at this geographic level, this information cannot be localised to high streets and local centres. In relation to high streets, a more relevant piece of intelligence might be the proximity of Air Quality Management Areas. Where a local authority identifies an area that is exceeding statutory air quality limits and there is relevant public exposure, it is required to declare the geographic extent of exceedance as an Air Quality Management Area (AQMA). It must then draw up an action plan detailing remedial measures to address the problem. At the time of writing there were 27 declared AQMAs in Lancashire.

Therefore we should be particularly concerned where AQMAs are located within or close to high streets and local centres. For example figure 7 shows the AQMA located in Chapel Street, a shopping area in the centre of Poulton-le-Fylde.

Figure 7 AQMA on Chapel Street, Poulton-le-Fylde

Bacup Road in Rossendale, Ribbleton Lane in Preston and Moor Street in Ormskirk are other examples of AQMA's in local centres.

The National Institute for Health and Care Excellence (NICE) have produced a guidance paper (NG70[xxiii]) which includes a range of broad recommendations, considerations and strategic aims that are applicable to all kinds of organisations. For example, providing charge points for electric vehicles or supporting car sharing schemes could be actions for public organisations, voluntary organisations, developers and commercial businesses. The paper also puts forward the following considerations for planners:

- siting and designing new buildings, facilities and estates to reduce the need for motorised travel
- minimising the exposure of vulnerable groups to air pollution by not siting buildings (such as schools, nurseries and care homes) in areas where pollution levels will be high
- siting living accommodation away from roadsides
- avoiding the creation of street and building configurations (such as deep street canyons) that encourage pollution to build up where people spend time
- including landscape features such as trees and vegetation in open spaces or as 'green'
- walls or roofs where this does not restrict ventilation
- Including information in the plan about how structures such as buildings and other physical barriers will affect the distribution of air pollutants.

Key Questions

- Reducing vehicle use is an obvious measure to reduce exposure to both noise and air pollution in our local centres. Do we engage communities in discussion regarding this?
- What other mitigation measures can we use to reduce exposure to noise and air pollution?
- How can we introduce Clear Air Zones within our local centres?
- What role can local authorities and their partners play in encouraging electric vehicle ownership?
- What opportunities exist to incorporate adequate charging point infrastructure into all new residential and commercial developments?
- Are there opportunities for the use of green infrastructure as a barrier to particulate matter in areas of high concentrations?
- Reduction in car use could have multiple benefits from reductions in air/noise pollution, to climate change, to increased physical activity. What is the current uptake of bike and car-share schemes and how could this be improved?

4. Road traffic accidents

In the Lancashire-14 area, the police dealt with 22,868 road traffic collisions during 2016. There were a total of 3,940 casualties in the Lancashire-12 area, plus 552 in Blackburn with Darwen and 563 in Blackpool, giving a total in Lancashire-14 of 5,055. *Healthy High Streets*[xxiv] lists the negative impacts of road traffic accidents as:

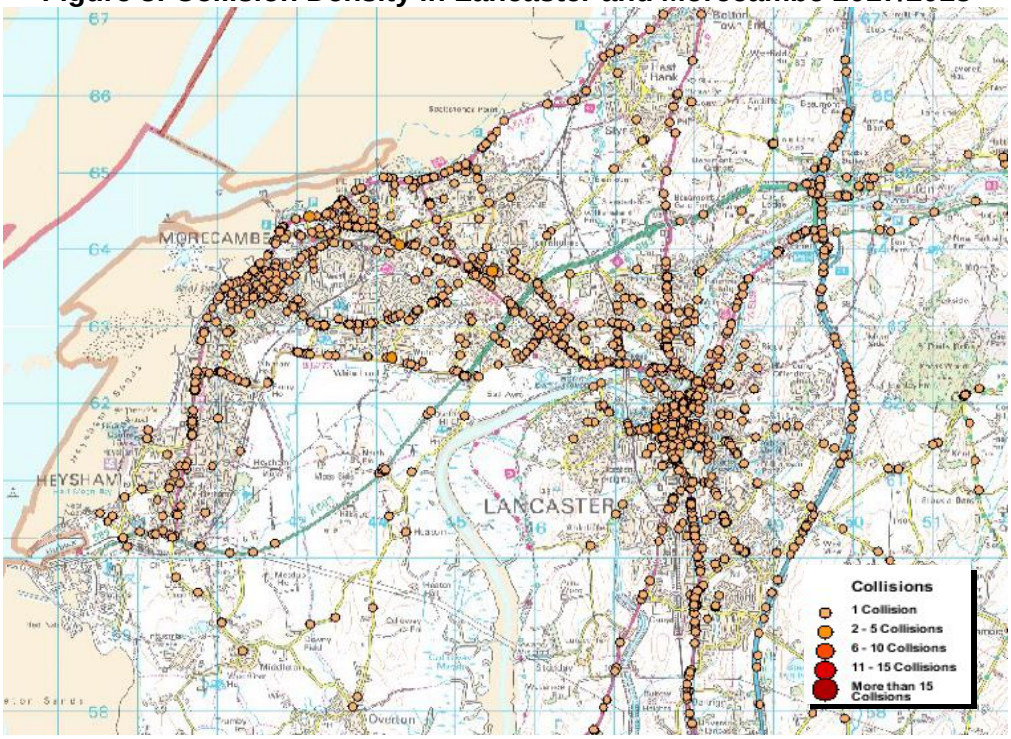
> *Rates of fatal and serious injuries for 5–9 year olds are nine times higher than average in the 20% most deprived areas.*
>
> *Cycling fatalities are higher in the 20% most deprived wards. Risk of injury varies depending on employment status and ethnicity of parents, creating inequalities.*
>
> *Direct negative outcomes include death and physical injury.*
>
> *Indirect negative outcomes include poor mental health including post-traumatic stress disorder.*

Figure 7: Killed and seriously injured (KSI) casualties on England's roads 2014-2016

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	67,654	40.8	40.5	41.1
Lancashire	–	-	1,960	54.7	52.3	57.1
Burnley	–	-	157	59.8	50.8	69.9
Chorley	–	-	154	44.9	38.1	52.6
Fylde	–	-	147	62.7	53.0	73.7
Hyndburn	–	-	107	44.4	36.4	53.6
Lancaster	–	-	301	70.8	63.0	79.3
Pendle	–	-	142	52.3	44.0	61.6
Preston	–	-	232	54.8	48.0	62.4
Ribble Valley	–	-	125	70.8	58.9	84.3
Rossendale	–	-	91	43.5	35.0	53.4
South Ribble	–	-	160	48.4	41.2	56.5
West Lancashire	–	-	168	49.5	42.3	57.6
Wyre	–	-	176	53.3	45.7	61.8

As can be seen in Figure 7, Lancashire overall and the majority of its districts are significantly worse than the England average for deaths and casualties as a result of road accidents. More detailed information is available on the Lancashire Insight pages of the Lancashire County Council website[xxv].

Figure 8: Collision Density in Lancaster and Morecambe 2017/2018



Lancashire County Council has precise geographic mapping of collisions within the last 12 months. As can be seen in figure 8, the density of collisions is far higher in urban areas and along the main transport corridors.

'Towards Zero Lancashire: Road Safety Strategy for Lancashire[8]*'* sets out the partnership response to improving road safety in Lancashire. The strategy is built on the belief that no one should be killed or seriously injured as a result of using the road. The strategy has the following aims:

1. Reduce road traffic fatalities by user group and age
2. Reduce severity and numbers of road traffic injuries by user group and age
3. Improve outcomes for vulnerable road users
4. Improve and change road safety attitudes and behaviours

The strategy identifies the following priorities:

1. Coordinated and evidence based response to road safety (Evidence)
2. Enabling, engaging and educating individuals and communities to influence road user attitudes and behaviour (Education & Engagement)
3. Intelligence led enforcement (Enforcement)
4. Engineering for safety (Engineering)

[8] http://www.saferlancashire.co.uk/2011/road/index.asp

Key Questions

What good practice can we share and adopt more widely in terms of preventative measures?
In our local centres, particularly those with the highest pedestrian footfall, what further traffic calming measures can be adopted?
How do we engage communities in identifying and addressing defined road safety issues?

5. Crime and fear of crime

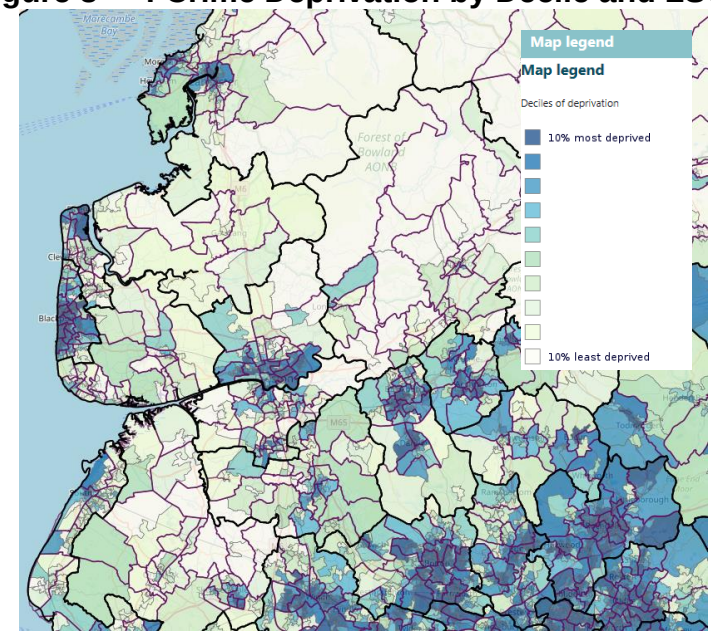
Healthy High Streets[xxvi] states that higher levels of crime are found in poorer areas and fear of crime in inner city areas. Greater fear of crime is found in black and minority ethnic communities, young people, older people and women. Disproportionate victimisation is experienced by young black men, people with disabilities, and LGBT people.

Negative health impacts include:

> *Substantial and long-lasting physical injury and psychological distress. Depression, anxiety and toxic stress associated with hypertension, cardiovascular disease, stroke, asthma, overweight and obesity. Increase in poor health behaviours linked to cancer, depressive disorders, heart disease, stroke and physical trauma.*

> *All-cause mortality, coronary health disease, pre-term birth, low birth weight and poorer health behaviours such as lower levels of physical activity mediated through psychosocial pathways.*

Figure 8[xxvii]: Crime Deprivation by Decile and LSOA



The mapping of crime by ward and LSOA can tell us the areas of highest reporting, however as with all deprivation mapping, deciles can only tell us how areas are performing relative to each other. Town and local centres generally have higher levels of crime than rural and suburban areas.

As regards fear of crime, Lancashire County Council's panel of customers, *Living in Lancashire*, was asked about community safety in June 2015. The survey found that:

- Around nine out of ten respondents (87%) consider their local area to be safe while one in ten (10%) consider their local area to be unsafe.
- For respondents who consider their area to be safe, the most common reason given is a sense of community spirit or that neighbours look out for each other (24%). For respondents who consider their area to be unsafe, the most common reason given is that there is anti-social behaviour or gangs of young people in the area (25%).
- Around a third of respondents (35%) think that rubbish or litter is at least a fairly big problem in their local area while around a quarter of respondents (26%) think that vehicle anti-social behaviour is at least a fairly big problem.
- Around three-fifths of respondents (56%) are dissatisfied with dog fouling in their local area.
- The most common response for the biggest community safety problems in respondents' local area is theft from garden, grounds, shed, garage etc. (63%) followed by drug dealing (39%), vehicle damage (38%) and burglary in the home (37%).
- Around three-fifths of respondents feel that the level of crime in their area is better than that in other areas of Lancashire (61%) and better than the UK (59%).
- In relation to the root causes of crime, around three-quarters of respondents (74%) think that drugs are at least a fairly big problem. Around two-thirds (68%) think that alcohol is at least a fairly big problem and around three-fifths (61%) think that unemployment is at least a fairly big problem.
- Around three-fifths of respondents (63%) agree that the police and other local public services are successfully dealing with crime in their local area, while a slightly lower proportion (56%) agree that they are dealing with anti-social behaviour.
- Around nine out of ten respondents (89%) would report crime and/or anti-social behaviour to the police and around half (53%) would report it to their local authority.

One existing set of design principles to address crime and the fear of crime is called CPTED (Crime Prevention Through Environmental Design). CPTED comprises five principles:

1. Physical security: the measures which are used on individual dwellings to ensure that they withstand attack.

2. Surveillance: design ensuring that residents are able to observe the areas surrounding their home. Surveillance can be facilitated by ensuring that front

doors face onto the street; that areas are well illuminated and blank walls are avoided.

3. Movement control: the restriction of access, egress and through movement. High levels of through movement allow offenders to access and egress an area; permits identification of targets and increases anonymity.

4. Management and maintenance: the processes are in place to ensure that a development is free from signs of disorder. This signals that the area is cared for.

5. Defensible space: the ownership of space in a neighbourhood should be clearly defined. For example: public (e.g. pavement); semi-public (e.g. front garden); semi-private (e.g. rear garden) and private (e.g. inside the home).

Community Safety Partnerships are multi agency bodies that seek to share intelligence create strategies to prevent crime at a district level.

Other methods of improving safety on the high street include partnerships such as BIDs (business improvement districts). Although usually managed and operated by private sector non-profit organisations, most BIDs are public entities regulated by local councils or chambers of commerce. BID services can be directed towards the security of common public spaces.

Key Questions

Can our existing public spaces be audited and judged by the CPTED principles?
To what extent are Community Safety Partnerships consulted as part of the planning process?
What intelligence would benefit the partnerships most?
Could fear of crime be addressed by focusing on specific aspects of local centres (e.g. the night time economy)?

6. Cluttered pavements and non-inclusive design

Healthy High Streets[xxviii] states that

> *Older people, people with physical disabilities, people with reduced mobility and parents with young children are affected the most by cluttered pavements and non-inclusive design reducing opportunities for physical exercise, social interaction and access to health promoting goods and services…*

Decluttering streets by removing unnecessary street furniture, alongside introducing distinctive landmarks, accessible toilets, pedestrian crossings, seating areas and well-maintained pavements, can improve the experience for many high street users, particularly those who are vulnerable to exclusion. 'Play on the way' interventions, which introduce equipment and spaces designed for children, as well as sensitively used art and symbols, can also contribute to inclusion and community cohesion.

Inclusive design is a concept that has been promoted by the Design Council[xxix] and is vital to the functioning of the high street and local centres. Islington Council published an SPD on inclusive design for housing in 2014[xxx] and an urban design guide in 2017[xxxi]. They based their policies on the following principles:

Ease of use and versatility *are important features of an Inclusive Design. "Ease of use" means that access to, and enjoyment of, an environment should require minimal strength stress and effort and should be achievable in comfort; independently and/or with assistance delivered on the users' terms. "Versatility" suggests a lack of prescription in a design and as a result, flexibility in use. Versatile solutions take into account diverse and evolving needs, whilst minimising the need for structural adaptation - an essential aspect of sustainability.*

Logic, safety and legibility *are essential aspects of an Inclusive Design because logical layouts and clear sightlines enable spaces and places to be understood without recourse to excessive text based signage. They inspire a sense of security and promote confidence, minimising the need for active surveillance and/or personal support.*

Places and spaces that are convenient and enjoyable for all to use*, must be designed with diversity in mind; addressing the specific and potentially conflicting physical, sensory, cognitive and social needs of people protected by current equalities legislation. This will ensure that barriers are designed out and flexibility built in. The provision of accessible, essential and appropriate services to support a development will also provide for and will enhance independence and contribute to the cohesion and sustainability of the community.*

The success of an Inclusive Design will often be affected as much by its management as by its physical form*. Shortcomings in the latter frequently place unreasonable and unsustainable demands on the former, and vice versa. Implications for the management of spaces and places, particularly when considering diverse and changing needs, should be considered and resolved at the earliest design stages.*

The accessibility of our high streets can only be judged by those who use them, therefore when seeking to develop our high streets we must consult users from all backgrounds and seek to understand those aspects of the environment that could be potential barriers.

Key questions

How can we audit our high streets and make a judgement on whether or not they are accessible enough.

[i] https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[ii] https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[iii] https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[iv] https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[v] https://www.rsph.org.uk/our-work/campaigns/health-on-the-high-street-.html

[vi] https://data.cdrc.ac.uk/dataset/access-to-healthy-assets-and-hazards-ahah

[vii] https://fingertips.phe.org.uk/search/AHAH#page/6/gid/1/pat/102/par/E10000017/ati/101/are/E07000126/iid/93074/age/1/sex/4

[viii] https://fingertips.phe.org.uk/search/AHAH#page/3/gid/1/pat/102/par/E10000017/ati/101/are/E07000122/iid/93074/age/1/sex/4

[ix] https://maps.cdrc.ac.uk/

[x] https://maps.cdrc.ac.uk/#/indicators/ahah_gamb/default/BTFTFFT/12/-2.6999/53.7793/

[xi] Home Office (2018): Revised Guidance issued under section 182 of the Licensing Act 2003

[xii] http://neweconomics.org/2007/06/clone-town-britain/

[xiii]https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xiv]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389385/bis-14-1124_Research_paper_188_Policy_implications_of_recent_trends_in_the_high_street-_retail_sector.pdf

[xv]https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xvi]https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xvii] http://publications.naturalengland.org.uk/publication/35033

[xviii] https://maps.cdrc.ac.uk/

[xix]https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xx]https://fingertips.phe.org.uk/search/noise#page/3/gid/1/pat/102/par/E10000017/ati/101/are/E07000126/iid/11401/age/1/sex/4

[xxi] http://extrium.co.uk/noiseviewer.html

[xxii] http://www.imperial.ac.uk/news/179722/noise-from-busy-roads-might-increase/

[xxiii] https://www.nice.org.uk/guidance/ng70

[xxiv]https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xxv] http://www.lancashire.gov.uk/lancashire-insight/community-safety/road-collisions/

[xxvi]https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xxvii] http://dashboards.instantatlas.com/viewer/report?appid=f0a67bbccd9c41349a53cb6e3f1c038c&authid=6ZAJsrc5WqcfbIfj

[xxviii] https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

[xxix] https://www.designcouncil.org.uk/sites/default/files/asset/document/the-principles-of-inclusive-design.pdf

[xxx] https://www.islington.gov.uk//~/media/sharepoint-lists/public-records/planningandbuildingcontrol/publicity/publicconsultation/20132014/20140314inclusivedesignspdadopted

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