

Consultation response from the National Heart Forum

Consultation: Planning Policy Statement 3:
Access, Movement and Parking

Consulting body: Department of the Environment,
Northern Ireland

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31 March 2003

Dear Mr Linden

The National Heart Forum (NHF) is pleased to submit a response to the DoE planning policy statement Access Movement and Parking. Our comments are set out on the following pages.

For further information on the NHF, please visit our website at www.heartforum.org.uk

The NHF, together with the Health Promotion Agency Northern Ireland and the Northern Ireland Chest Heart and Stroke Association, recently presented our new initiative *young@heart* to the chairs and some members of the education and health committees of the Assembly where it was warmly welcomed. *Young@heart* sets out policy proposals to improve and prolong the health and well-being of children and young people in the UK, and includes many recommendations to improve access to schools and facilities, and to improve road safety. The *young@heart* framework document containing the recommendations, *Towards a generation free from coronary heart disease: Policy action for children's and young people's health and well-being* is available from our offices or from our website at www.heartforum.org.uk/young

We look forward to seeing the fruits of your labour.

Yours sincerely

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NATIONAL HEART FORUM
Response to the Department of the Environment's
Planning Policy Statement 3: Access, Movement and Parking

March 2003

INTRODUCTION

The National Heart Forum (NHF) warmly welcomes the priority being afforded to sustainable transport by the Department of the Environment and is pleased to respond to the consultation document on access, movement and parking.

Our towns, cities and countryside continue to be dominated by the car. **We strongly urge you to adopt a more visionary approach to access movement and parking**, to demonstrate strong leadership in this area and to instil in developers a sense of pride at the opportunity to improve the built environment. Northern Ireland can lead the way in the United Kingdom towards the healthy environment nurtured by Finland in the latter half of the twentieth century.

The Northern Ireland Health and Activity Survey published in 1994 found that seven out of 10 men and eight out of 10 women do not do enough physical activity to benefit and protect their health.¹ We estimate that physical inactivity is responsible for 36% of male and 38% of female coronary heart disease cases². If current levels of inactivity are left unchecked, particularly among children and young people, the incidence of coronary heart disease will continue to rise, and rates will increase among younger age groups, causing a burden on the economy and on families.

The NHF is very supportive of the action to encourage a modal shift in transport towards cycling, walking and public transport. Road congestion and safety issues strongly discourage people away from walking and cycling, and raise parents fears for the safety of their children which limits their ability to play. We believe that greater emphasis on public transport and policies to reduce and discourage car use will impact positively to remove these deterrents to active transport.

THE NATIONAL HEART FORUM

The National Heart Forum (NHF) is the UK alliance of over 45 national organisations working to reduce the risk of coronary heart disease, the UK's leading single killer. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.

The purpose of the NHF is to work with and through its members to prevent disability and death from coronary heart disease in the UK. In order to achieve this, the National Heart Forum has four main objectives:

- To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention
- To identify and address areas of consensus and controversy and gaps in research and policy
- To develop policy based on evidence and on the views of member organisations
- To stimulate and promote effective action.

The NHF embraces professional, scientific and policy opinion on current issues in coronary heart disease prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.

¹ MacAuley D, McCrum E et al. 1994. The Northern Ireland Health and Activity Survey. Belfast: HMSO.

² National Heart Forum. 2002. Coronary heart disease: Estimating the impact of changes in risk factors. London: The Stationery Office.

RESPONSE TO THE DRAFT PPS 3

1.0 Introduction

We recommend that the Introduction is made more positive and visionary in order to motivate for change and that a paragraph is included on the broad benefits to individuals and the community of being able to walk and cycle as forms of transport, in terms of health and well-being, social inclusion and community development.

1.2 We recommend that you add cyclists and pedestrians to the list of users reliant on the road network.

1.3 The negative impact that cars have had on towns should not be understated and **we would therefore recommend that this paragraph opens with ‘The use of the car in towns and cities often causes congestion...’ and that the opening phrase is dropped to avoid losing the emphasis (‘the car has brought many benefits particularly in terms of increased mobility’).**

1.4 The opening sentence of this paragraph makes a very valid point which is not followed up directly by the second sentence. **We recommend that the paragraph be reworded to read:**
‘Greater travel choice offered by car ownership is not enjoyed by all. The lack of a car can contribute to social exclusion and reduced accessibility to work opportunities and services, particularly for those in the rural areas and in disadvantaged urban communities. New developments should be planned to take account of accessibility to the site by all transport modes and the need to mitigate adverse transport impacts.’

1.5 We recommend that the emphasis in this paragraph should be on making all places (existing and new) that the public wishes to travel to accessible by all means of transport as a commitment towards reducing car use and thus the need for parking (as per your paragraph 4.4). The final sentence should be deleted (‘However, in less accessible locations it will still be important that developments provide adequate facilities to cater for the parking demands which they can be expected to generate’) as this appears to endorse land development in locations that are only accessible by car. By committing to ensuring adequate, efficient public transport links, there will be no need to ‘cater for the parking demands’, except those of the disabled and of parents.

2.0 Policy Context

We recommend that this document should reference all the other Northern Ireland Assembly policies and initiatives to promote walking and cycling, since PPS 3 should be seen to be in synergy with these. In particular we suggest that you include:

- Investing for Health
- NI Cycling Strategy
- The physical activity strategy Be Active – Be Healthy
- Road Safety Strategic Plan
- Walk in to work out
- NHS Transport Plans
- National Healthy School Standard and Safe Routes to Schools

By linking this paper to other policies and initiatives, you will be facilitating the establishment of partnerships to support the planning proposals.

The realisation of a modal shift towards more sustainable forms of transport will require that people can access existing developments, not just new ones, by public transport, bicycle or on foot. **We recommend that specific reference be made in this section to any PPS or other document that sets out plans to improve existing buildings’ facilities and their access.**

3.0 Policy Objectives

We support the policy objectives.

4.0 Development Plans

4.4 We suggest that you add Education to the list of establishments.

5.0 Planning Policies

With reference to the second paragraph, **we recommend that the planning policies should also be read in conjunction with the policy documents mentioned above under section 2 Policy Context.** If these are not highlighted throughout, it will not be apparent that there are other departments working to achieve the same outcomes through different goals: there is a need for departments to work together to minimise conflicts of interest and maximise effort.

5.3 **We recommend that this paragraph states the need to avoid the issues that are commonly cited as barriers to walking.** These include street furniture (signage, lampposts, telecommunication exchange boxes), poor consideration of desire lines, overuse of subways, poor street-lighting, high kerbs, and overuse of pedestrian barriers.

Policy AMP 6: Transport Assessment

5.31 **We recommend that this paragraph should place stronger emphasis on the importance of assessing the potential impact of traffic. In particular, we recommend that the last sentence of this paragraph be reworded to read** *'Accordingly, developers will be required to submit a Transport Assessment to accompany development proposals unless there are appropriate grounds for exemption.'*

How will the quality of the Transport Assessment be judged and who will take the final decision? There is a danger that as long as a cursory attempt has been made, this will be enough to secure planning permission. **We recommend the insertion of a paragraph here emphasising that Transport Assessments will be regarded seriously.**

5.37 **We urge the Department to make use of health impact assessments alongside environmental impact assessments when considering the transport implications of planning applications.** Methodology for conducting a health impact assessment of a transport policy has been developed by the Transport and Health Study Group of the Faculty of Public Health Medicine and was applied by the DRD to their draft regional transportation strategy. Further details are available from the DRD website:

http://www.drni.gov.uk/rts/pdf_files/final_pdfs/Health_impact.pdf

Policy AMP 7: Parking and servicing in new development

The Department should work with the relevant bodies to ensure that planning permission for car parking on developments for use by a known organisation e.g. NHS is only granted subject to that organisation demonstrating that the parking plans fall within their own targets and obligations.

5.38 **We recommend that the opening line of this paragraph is reworded to read** *'The availability of car parking has a major influence on the means of transport....'*

5.40 This paragraph does not support earlier pledges in the document to reduce dependence on the car and encourage alternative forms of transport. As per our response to paragraph 5.31 **we recommend that you state categorically that Transport Assessments will always be required unless there are appropriate grounds for exemption and that permission to develop land will not be granted unless public transport, walking and cycling are made viable options for**

the majority. A modal shift in transportation will only be realised if concerted efforts are made to encourage it at every opportunity. Allowing developments to spring up, with no firm limitation on car parking and no requirement to improve access by other means will not achieve this. There should be no discrimination on the grounds of lack of existing public transport infrastructure (as is implied in paragraph 5.41) since paragraph 5.35 states that developers should contribute to the establishment of this infrastructure.

5.41 Transport Assessments should always be required unless there are appropriate grounds for exemption. **Therefore we recommend that this paragraph should be deleted.**

5.50 **This paragraph should also include provision for cyclists.**

Policy AMP 8: Cycle provision in new development

We recommend the addition of education establishment to the opening statement.

5.55 (and 5.73) **We recommend that weather protection should not be limited to where 5 or more cycle spaces are provided, but provided according to how the space is used.** Weather protection is more important for long-term cycle parking (e.g. parking at major transport terminals such as stations and workplace cycle parking) than for developments where cycle parking use is short-term. Short-term cycle storage is likely to be affected by weather conditions such that people will choose not to make a trip by bicycle or to delay the trip if the weather is bad. However, those people using long-term cycle storage should be able to return to their bicycle and find it dry.

5.57 We applaud this move and urge the Department to ensure that such facilities are always provided in adequate numbers and to a high standard.

We are concerned about facilities at existing developments. How will the Department encourage existing developments to provide facilities for cyclists? We will not see a modal shift in transportation unless cyclists can be certain of being able to securely store their bicycle at every destination.

5.65 It is difficult to justify any need for long-term parking in town and city centres, given this document's and other policies' intention to increase use of public transport and journeys on foot and by bicycle. **We recommend that this paragraph proposes that planning provision for long-term parking will be granted only in exceptional circumstances in town and city centres.**

5.66 Use of public transport and Park and Ride initiatives rely on good will. **We recommend that the Department looks at measures that will deter car use such as congestion charging.**

Annex A: Parking standards for new development

In general, the cycle parking standards are inadequate and, in terms of the minimum number that should be provided, lack vision for what could be. Modal shift will only occur if every action is taken to encourage it and if the Department demonstrates clear leadership in this area. **We recommend that the approach to setting the standards be revised** to take account both of what the future might hold if we are successful in achieving a modal shift, and of the lives that people currently and might wish to lead.

We recommend that the standards set out in Annex A state clearly how they have been arrived at and where necessary, are revised to reflect policy, guidance and best practice in the relevant sector (see our comments on use class 13 for example).

It is not clear that both the needs of the workforce and the public have been taken account of when suggesting minimum cycle parking standards. For example, provision of one cycle parking

standard per 500 m² GFA is very low if meant to cater for both the workforce and customers of a food retail outlet.

We recommend that where possible spaces should always be allocated per number of staff or customers, as has been done for car parking allocations instead of suggesting spaces per venue or per GFA.

We have some specific comments on parking standards as follows:

Use class 3 A minimum of 1 cycle parking space per 20 staff for a call centre sounds extremely low. Many of the employees are likely to be local to the centre and therefore able to cycle if incentives are put in place for them to do so. **We recommend that this number be increased.**

Use class 12 **We recommend that there should be greater cycle parking provision made at guest houses and hostels, for both employee and customer use.**

Use class 13 **We recommend that hospitals should be required to provide more cycle parking than is suggested here** and reference should be made to the requirement of hospitals to implement Transport Plans. The number suggested here makes little provision for the workforce and no provision for able outpatients or for visitors.

The provision of car parking for hospital staff is too high. Every NHS trust is required to demonstrate that it has implemented a transport plan and that it is actively reducing the dependence on the car of employees, patients and visitors. The standard set out under Use Class 13 clearly does not correspond to the aims of NHS Estates. one of which is that the NHS workforce should be setting an example to the public by actively commuting to the workplace. There are no grounds on which to suggest that there is a need for one space per consultant or doctor, particularly when one considers how many are employed by each hospital.

Use class 15 **We recommend that numbers of cycle parking spaces be increased dramatically from those suggested for education establishments.** Children and young people enjoy cycling and should be encouraged to do so. The NHSS and school travel action plans both encourage cycling. The suggested number also makes no provision for staff.

We question the need to provide every member of teaching staff in teaching establishments with a car parking space and **recommend that numbers should be reduced, or at the very least reduced in urban schools.**

We recommend that numbers of cycle parking spaces should be increased for assembly and leisure places, particularly for pitches, leisure centres, and swimming pools.

We query the statement that cycle parking is not applicable for campsites. Young people in particular often take cycling holidays and camp to save money. **We recommend that they should therefore be entitled to store their cycles safely.**

We query the statement that it is not necessary to put cycle parking in public open spaces. It cannot be assumed that cyclists only cycle through public open spaces and never want to get off their bikes and park them. **We recommend that provision is made for cycle parking in public spaces.**

The lack of vision in setting these standards can be illustrated by the example of car showrooms. No provision is made for people who don't have a car and are looking to buy one, or for employees who might wish to cycle to work. **We recommend that this standard is amended.**