Healthy sustainable communities
A spatial planning checklist
About the authors

Ben Cave provides training and policy advice to, and writes for, a range of organisations. He has extensive experience of conducting health and social impact assessments on policies and programmes in the UK and abroad. He is experienced at integrating health into other forms of impact assessment, and recently worked with the London Health Commission to identify ways to address health in Strategic Environmental Assessment. He is developing innovative models of consultation and involvement and is currently working with young people and service providers in the Isle of Wight using art and theatre to evaluate and inform the Children’s Fund programme.

Peter Molyneux is an independent Health and Regeneration Consultant. He has undertaken numerous projects at the interface between health, housing and regeneration and is expert in multi-agency working and partnership development. He has a particular interest in how improvements in the living environment can improve peoples’ health. He is a Non-Executive Director of Southwark Primary Care Trust where he chairs the Audit Committee. He is Chair of the Older Persons’ Advisory Committee for the Housing Associations Charitable Trust. He has served on a number of advisory bodies including the Joseph Rowntree Foundation ‘Lifetime Homes’ Group, the London ‘Leading for Health Programme’ and the Health Sub-Committee of the Energy Savings Trust.
Healthy sustainable communities

A spatial planning checklist
Milton Keynes South Midlands Health and Social Care Group exists to develop proposals with partners towards evolving an appropriate local health and social care infrastructure in support of the Government’s sub regional strategy to help deliver unprecedented population growth in six key areas – Northampton and West Northamptonshire, North Northamptonshire, Milton Keynes, Aylesbury, Bedford, Luton and Dunstable.

Membership comprises representatives from Social Care and Health, Health, Local Government and Voluntary Sector organisations.

The group’s remit includes commissioning research into models of care and receipt of research outputs, pre-consultation and consultation with key stakeholders and their publics, producing recommendations and feeding these back before developing an agreed planning framework for the future provision of health and social care in the Milton Keynes South Midlands sub region.

Ben Cave Associates Ltd provide consultancy services in the following areas

- health and social impact assessment;
- integrated impact assessment (including SEA);
- health and social policy;
- participatory evaluation;
- arts and health; and
- community development.

Ben Cave Associates Ltd work with regional bodies, local authorities, NHS organisations, regeneration partnerships and the voluntary and the private sectors and can be contacted at www.caveconsult.co.uk

Published in 2004 by: Milton Keynes South Midlands Health and Social Care group
Nene House, Isebrook Hospital, Irthlingborough Road, Wellingborough, NN8 1LP

© 2004 Ben Cave and Peter Molyneux

A summary of this publication is available in translation.

All rights reserved, including the right of reproduction in whole or in part in any form

ISBN 0-9548335-0-3 (paperback, without glossary)

Available in hard copy from Milton Keynes South Midlands Health and Social Care Group and in electronic version from www.mksm.nhs.uk

Designed and typeset in Frutiger by Column Communications

Please cite this work as
# Table of contents

<table>
<thead>
<tr>
<th>Section/Part</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foreword</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Acknowledgements</td>
<td>4</td>
</tr>
<tr>
<td>Section 1</td>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Section 2</td>
<td>The new planning system</td>
<td>9</td>
</tr>
<tr>
<td>Sections 3-9</td>
<td>Components of sustainable communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>social and cultural</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>governance</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>environmental</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>housing and the built environment</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>transport and connectivity</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>economy</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>services</td>
<td>41</td>
</tr>
<tr>
<td>Section 10</td>
<td>Spatial planning and public health</td>
<td>45</td>
</tr>
<tr>
<td>Section 11</td>
<td>Glossary</td>
<td>48</td>
</tr>
<tr>
<td>Section 12</td>
<td>Resources and references</td>
<td>62</td>
</tr>
</tbody>
</table>
Foreword

High levels of population growth are projected for Milton Keynes and the South Midlands. Between now and 2031 the population is expected to grow by 750,000 people. We will need an extra 300,000 new jobs and 370,000 new homes in an area stretching from Corby to Northampton, Bedford, Milton Keynes and Luton. Similarly rapid levels of development are anticipated across other major growth areas in the south east with Ashford, the Thames Gateway, and the London-Stansted-Cambridgeshire Corridor each seeing considerable increases in population.

Such unprecedented growth has major implications for the health and wellbeing of both the present and the future communities.

The Office of the Deputy Prime Minister has set out an action plan for meeting these challenges in Sustainable Communities: building for the future. The new spatial planning system is a key mechanism for the delivery of this plan.

Health and wellbeing are central to sustainability. Strategies for sustainability are likely to improve health and the NHS is committed to tackling the underlying determinants of ill health and reducing social exclusion in all its forms. The NHS is also a major landowner, employer and a procurer of goods and services. As both a service provider and a major organisation it is absolutely imperative, therefore, that the health and social care sector plays a full and active role in servicing this substantial population growth over the coming years.

Delivering sustainable communities requires NHS organisations to develop joint approaches with local and regional government and to work across traditional organisational boundaries. Tackling deprivation and social exclusion requires co-ordination and the seamless integration of the planning, commissioning and delivery of new services and infrastructure.

This checklist is designed to support all those involved in the growth areas to ensure that proposed changes in land use are sustainable and health promoting. Overall we want to create places where people want to live and work. Throughout the checklist we pose these two questions:

- What can the health and social care sector provide to the development process?
- What should the health and social care sector ask of the development process?

One size does not fit all – delivery mechanisms, partnership arrangements and other crucial details need to be worked out at a local level. This document outlines those issues to be explored at the different stages of the planning process and particularly at the pre-application stage. This checklist is based on sound evidence and is designed to provide a basis for locating health and sustainability within these discussions.

There are no instant solutions to this opportunity. Meeting today’s demands and tomorrow’s needs requires hard work and depends on a wide and
diverse range of people becoming involved to share a single vision. This checklist explores the potential for establishing common ground between these disparate stakeholders and their different agendas.

As chairman of the MKSM health and social care subgroup overseeing the developments, I am delighted that the regional directors of public health for the four growth areas have joined me in signing and supporting this document.

David Sissling  
Chairman, Milton Keynes, Health and Social Care Group

Sue Atkinson  
Regional Director of Public Health, London

Lindsey Davies  
Regional Director of Public Health, East Midlands

Mike Gill  
Regional Director of Public Health, South East of England

Gina Radford  
Regional Director of Public Health, East of England
Acknowledgements

This project was funded by the Office of the Deputy Prime Minister.

The authors were assisted and guided by a Steering Group consisting of:
- Cheryl France, Public Health Manager, East of England Public Health Group
- Carl Petrokofsky, Senior Public Health Manager, South East Public Health Group
- Chrissie Pickin, Consultant in Public Health, East of England Public Health Group
- Martin Samuels, Project Director, Health and Social Care Group, LNR Strategic Health Authority
- Jackie Spiby, Consultant in Environmental Public Health, South East Regional Public Health Group

We are grateful to the many people from different sectors who contributed to the development of this guide. In particular, we would like to thank:

- those who attended the workshop in Northampton on 12th May 2004 who told us about their work and shared learning and ideas about the role of health in spatial planning;
- those who kindly agreed to take on the role of ‘critical reader’:

  Alan Bond, School of Environmental Sciences, University of East Anglia
  Jane Connor, Head of Improving Health Partnerships, LB Newham, Newham PCT
  Gary Cox, Head, Healthy Urban Development Unit
  Ben Croxford, Bartlett School of Graduate Studies, University College London
  Karen Devenport, Countryside Officer, East Midlands Positive Planning, Countryside Agency
  Mia Davison, English Partnerships
  Teresa Edmans, Health & Regeneration consultant
  Leigh Garraway, Director of Health Improvement, Bedfordshire Heartlands PCT
  Peter Glazebrook, Hallam Land Management
  Peter Gluckman, Regeneration Director, South East London Strategic Health Authority
  Darren Gray, Community Enterprise Officer, Milton Keynes Council
  Caroline Harman, Office of the Deputy Prime Minister
  Clive Harridge, Director, Entec
  Martin Higgins, Public Health and Health Policy, NHS Lothian
  Dean Kerwick-Chrisp, Appraisal Group, Environmental Policy, Highways Agency
  Paul Lemar, Croudace Limited
  Andrew Lockley, Milton Keynes Friends of the Earth
  Catherine Max, London Health Commission
  Richard Nugent, Gallagher Estates Ltd
  Paul Plant, Assistant Regional Director of Public Health, Regional Public Health Group, London
  Ian Slater, Luton Borough Council
  Paul Tomlinson, Centre for Sustainability, TRL Limited
  Chris Watts, Beyond Green
Mike Wilson, Head of Regeneration, North East London Strategic Health Authority

- Verity Kemp of Healthplanning who facilitated the Northampton workshop
- Entec UK provided critical comment and materials for this checklist and prepared the guide to *key elements of the spatial planning system*
- Adam Coutts conducted the literature reviews for *what works? a review of the evidence*
- David Bonnett Associates who advised on *planning for access*
1. Introduction

Delivering healthy and sustainable communities

1.1 Planning has a key role in shaping the environment around us and the places in which we live. Planning authorities are key brokers in the development process. They operate in the public interest to ensure that the use of land meets broad sustainability objectives and that developments are planned and delivered in line with planning guidelines.

1.2 The planning system is in transition between traditional land use planning and newer spatial approaches. Spatial planning provides everyone with the opportunity to think long-term. For the health and social care sector this means looking at the land-use implications of population projections and changes in age profiles and at changing service profiles. It also means ensuring that key principles which promote health and wellbeing are included at all levels of planning eg from national to local and at all times eg from early conceptual discussions to actual implementation and construction.

1.3 Local planning authorities are under considerable pressure to deal with the vast amount of scheduled growth and to process applications within the appropriate timetable. Planning Policy Statement 1 promotes moving to a more consensual system whereby planning authorities and land owners engage in pre-application discussions. Planning is driven by rules and processes and it is important to know when to make representations and interventions in the planning system. It is vital that the NHS engage with their colleagues in the planning authorities and develop a dialogue about health and well-being issues essential to the creation and maintenance of sustainable communities. It is also important that they do this early in the process as they will be less effective if they wait until the time of the statutory consultation.

A new role for the NHS?

1.4 The NHS is not just a planner and provider of health and social care. It is a major purchaser of goods and services. It is a consumer of energy, a creator of waste, a cause of travel and a commissioner of building works. The NHS is a major employer and a major business in virtually every locality. It has a key role to play in tackling health, and other social, inequalities and addressing regeneration through investment in staff and capital, the purchase of services, and the development and regeneration of local economies. The NHS is increasingly committed to participating in joint planning locally to co-ordinate the many different local plans to maximise health gain whilst closing the health gap.

1.5 Until recently NHS bodies played a secondary role in the planning system. However, in the light of new spatial planning requirements this is likely to change. NHS organisations are major players in the local economy and they are key influencers of inward investment. Strategic Health Authorities (SHAs) can have a powerful role linking the NHS to sub-regional development. While SHAs rarely share the same boundaries as sub-regional development frameworks they can provide regional and local planning authorities with named points of contact.
within the NHS. As members of local strategic partnerships Primary Care Trusts are well placed to forge strong relationships and take on a leadership role both for health and the NHS.

1.6 Spatial planning seeks to bring together all policies that have a bearing on development and use of land, whether these originate in local planning documents, economic strategies, regeneration briefs, or elsewhere. As might be expected there are challenges in integrating planning functions across sectors. For example, on the basis of early population projections, health services planning can estimate the need for health care, ranging from large scale hospital developments to primary care centres and shared facilities e.g. with social services or education. However other critical issues become clear much later on, such as the numbers and location of older people, of children or of people who experience complex needs. Transport planning also has a different approach to land-use planning: transport models need ‘land-use’ inputs at the beginning of the process, while the planning process tends only to deliver such detail towards the end; and information about relative accessibility and transport problems (which ought to influence land-use choices) is seldom available until after such choices have been made.

1.7 What role does public health play? The core competencies of public health require practitioners, among other capabilities, to combine surveillance and assessment of the population’s health and well-being with knowledge of collaborative working for health. Public health promotes an evidence-based approach. Regional Public Health Observatories are valuable sources of information for the planners on health profiles of the communities. Understanding, contributing to and valuing the role of local authorities is an important part of the public health function. Public health is well-placed to play the role of conduit and facilitate interaction between the spatial planning process and NHS functioning and to contribute to planning for the new communities, focusing on the outputs and the quality of new development.

1.8 We will see that all parts of the NHS from NHS Estates, to the workforce development confederations and local provider organisations have vital roles to play in achieving and contributing to healthy and sustainable communities. At each stage of the planning process there are benefits for patients, indeed for all residents, in the NHS making a full contribution.

The checklist at a glance

1.9 What is it for?
The checklist is designed to strengthen the involvement of the NHS in spatial planning and to support the development of sustainable communities across the growth areas. In particular, this checklist is designed to enable individuals and agencies to improve their understanding of each other’s perspectives, and to find innovative ways of using that learning to achieve common goals, such as reducing health inequalities and other forms of social exclusion. The checklist is
one part of a series of materials being produced by the MKSM Health and Social Care Group. All the documents are available in electronic format on www.mksm.nhs.uk.

In addition to this checklist there is:

- Healthy sustainable communities: key elements of the spatial planning system;
- Healthy sustainable communities: planning for access; and
- Healthy sustainable communities: what works.

1.10 Where did it come from?
The idea of a spatial planning checklist for the NHS emerged from discussions between the Milton Keynes South Midlands Health and Social Care Group and the Office of the Deputy Prime Minister. It was agreed there was a need for an accessible guide to give a wide range of people, organisations and partnerships the information and encouragement they needed to make the most of a time of real opportunity for change.

A workshop was held in Northampton to look at how NHS organisations could get involved in the spatial planning process. 58 delegates drawn from the statutory sector, the private sector, developers, and the not-for-profit sector attended the event. The delegates came from across the three government office regions covered by the MKSM growth area e.g. GO South East, GO East and GO East Midlands. The discussions and ideas from this event have been fed into this report and the accompanying materials.

1.11 Who is it for?
The guide will be of particular interest to:

- agencies responsible for planning, commissioning and designing services and facilities including regional and local planning authorities, private sector developers, and organisations within the NHS such as Primary Care Trusts and Strategic Health Authorities;
- organisations and partnerships involved in development – such as renewal and regeneration partnerships, voluntary and community organisations, Regional Government Offices and Local Strategic Partnerships;
- other public health champions whether within or outside the NHS; and
- local residents.
2. The new planning system

2.1 Traditional land-use planning demarcates zones of land-use and frames the provision of the physical infrastructure for development eg transport, waste, power etc. Spatial Planning, which is brought in by the Planning and Compulsory Purchase Act 2004, encourages a broader approach. It acknowledges that people live and work within communities. This is a crucial difference to the old system as sustainable communities need a viable social infrastructure that may require planning outside of rigidly defined areas.

2.2 Figure 1 (see page 12) shows some key elements of the new planning system. A key question for this new system is what is the proper contribution of the NHS. What should the NHS be offering and what should the NHS be asking of the system? We look at these issues below. The planning system is described in more detail in Key elements of the spatial planning system.

- **Regional Spatial Strategies**
  At a regional level the key issue is to state outline land requirements. The planners will be dealing with the spatial concepts such as where to deliver new housing. Input at this stage should reflect existing and projected need, and the ability to support housing provision etc with provision of health and social care.

  The NHS, both Government Offices and Strategic Health Authorities can identify their land-use requirements and raise issues of quality. These will be around issues such as major facilities requirements, transport interchanges, energy efficiency.

- **Sub-Regional Strategies**
  Strategic Health Authorities will be able to provide important information about the profile of communities, demographic change, their health needs and the implications for land use. They will provide information about changing models of care. It is important to combine a broad outline of the required facilities with a knowledge of local populations. This will help to identify models of health care delivery. SHAs will also be able to initiate discussions about community facilities, green space, co-sharing of facilities social connectedness and links to facilities that are close but actually outside the described area.

- **Local Development Frameworks**
  The key documents at local level are the local development frameworks. PCTs will have an opportunity to influence the LDF through their membership of the Local Strategic Partnership and through public consultation. Area Action Plans (AAPS) are an important element of the LDF. These focus on particular areas of change, and through public consultation on AAPS there are significant opportunities to influence the development of the particular area.

  Public Health will have a key role to play in influencing guidance about key issues through the development of Supplementary Planning Documents.
PCTs should have regard to planned growth when preparing the Local Delivery Plan and the Strategic Service Delivery Plan.

Patient Public Involvement leads need to link those responsible for the development and delivery of the Statement of Community Involvement.

- **Master-Planning**
PCTs need good links with planning authorities so they receive early notice of large scale development proposals.

PCTs should have regard to planned growth when stating health care requirements.

PCTs can adopt urban design codes that can be used to influence the design and planning of an area with health issues in mind.

- **Planning Obligations**
PCTs should liaise with planning authorities and developers to maximise the benefits from planning gain and to ensure that facilities are well sited and provided for.

See above for the importance of including planned growth in planning future health service requirements.

2.3 Figure 2 shows the NHS organisations are shown by regional grouping: the boundaries for these regional groupings will not necessarily be the same as in Figure 1. It is also important to note that the inter-relationship between each of the NHS organisations varies subtly from area to area. The same is true for the planning system.

2.4 The **assessment process** provides some checks and balances on the planning system through a series of detailed reports. These aim to present the entire range of significant effects of development proposals to decision makers. There is a broad range of assessment methods: the Government is committed to ‘producing and delivering an integrated system of impact assessment and appraisal tools in support of sustainable development, covering impacts on business, the environment, health and the needs of particular groups in society’. In principle, environmental assessment can be undertaken for individual projects (environmental impact assessment) or for plans, programmes and policies (strategic environmental assessment). EIA and SEA present opportunities to consider the potential health effects of planned development: both are required to have regard to the effects on the population. Human health is an explicit component of the SEA Directive.

2.5 **Strategic Environmental Assessment (SEA)**: under the provisions of the SEA Directive an environmental assessment is required for certain plans and programmes which are likely to have significant effects on the environment. A local authority’s development plan would require SEA because it sets a framework for consent of specific projects (ie obtaining planning permission) which, in themselves, may require
environmental impact assessment. The SEA Directive came into force on 21st July 2004. The specific requirements of the Directive are as follows:

- preparation of an environmental report including details of significant environmental effects of implementing the plan or programme;
- consultation with environmental authorities (these are known as Consultation Bodies and do not include the NHS), and the public during assessment of plans or programmes;
- environmental report and consultation responses to be taken into account during preparation of plan or programme; and
- co-ordinated and joint procedures to be provided where assessments required under other community legislation eg Water Framework Directive.

2.6 There is significant overlap between the processes of Sustainability Appraisal (SA) and SEA (see Glossary for distinction between assessment and appraisal). The former providing an appraisal of sustainability performance (including impact on the environment), the latter focussing more on environmental issues. The SEA Directive will apply to all Local Development Documents (LDDs). Guidance on how to apply the SEA Directive to land use and spatial planning in England makes a direct link between SEA and SA and seeks to integrate the two processes.

2.7 Environmental Impact Assessment (EIA) is carried out to identify likely effects of development projects on the environment and the population. EIA is a statutory requirement for a wide range of developments under the Town and Country Planning Acts. All significant planning applications must have an EIA done before planning consent is given. They are often carried out on behalf of the applicant. An Environmental Statement (ES) is the key output of the EIA process. These must be public documents that can be reviewed by a range of statutory and affected communities. Any and all comments on the development and the implications of the EIA report (environmental statement) must be considered before a planning decision is made.

2.8 Health impact assessment (HIA) is not a statutory requirement but it has been endorsed by international policy and a range of national policies, programmes and guidance. Recent examples include the Select Committee on Health recommending that HIA is carried out on major planning proposals, and the requirement of the London Plan for Boroughs to have regard to the health impacts of development proposals (Policy 3A.20). It is becoming part of good practice to integrate health and social issues into other forms of impact assessment. HIAs provide a key opportunity to address health issues and are likely to have greater effect when they are carried out within the plan-making framework.
The new planning system

Planning Policy Statement (PPSs)
PPSs provide concise practical guidance on planning policies. They cover both general and specific aspects of planning policy.

There is opportunity to influence the content of PPSs when draft PPSs are published for public consultation.

PPSs replace Planning Policy Guidance Notes (PPGs), although individual PPGs will remain in force until specifically superseded by a PPS on the same topic.

Regional Spatial Strategies (RSSs) replace Regional Planning Guidance (RPG)
These are statutory documents which provide a broad development strategy for the region. They provide a spatial framework to inform the preparation of Local Development Frameworks (LDFs), local transport plans and sub-regional strategies. RSSs have a timescale of at least 15 years, although revisions will be required periodically.

There are several opportunities to get involved in the production of RSSs.

The Regional Transport Strategy (RTS) is incorporated within the RSS.

Sub-Regional Strategies
Sub-Regional Strategies are only prepared where there is a clearly recognisable ‘strategic policy deficit’ which cannot be addressed adequately in the general RSS policy. For example, these have been prepared in the Government’s identified growth areas.

Local Development Frameworks (LDF’s)
An LDF is a portfolio of Local Development Document (LDDs) which will deliver the spatial planning strategy for a local planning authority (LPA). It effectively sets out the local planning framework for development in the area. An LDF is made up of DPD’s, SPD’s and SCI’s (see below). At the County level, minerals and waste LDDs are prepared.

There is considerable opportunity to influence the development of a LDF.

• Masterplanning (undertaken by developers and LPAs)
• Planning Applications (submitted by developers)
• Planning Obligations (including Section 106 Agreements)

There are opportunities to get involved in large scale development proposals at the masterplanning stage with the opportunity to influence planning applications and associated planning obligations.

ODPM Circulars
Circulars give advice on legislation and procedures. These often contain the Secretary of State’s views on the meaning and effect of new legislation. They do not however provide an authoritative interpretation of the law.

White Papers and Other Policy Statements
White Papers include the Transport White Paper, the Rural White Paper and the Urban White Paper. Recent Policy Statements include the Communities Plan.

Regional Economic Strategy (RES)
RESs are prepared by Regional Development Agencies and other partners, and aim to set out a long term strategy for economic growth.

Other Regional Strategies
A number of strategies such as Regional Waste Management Strategies, Regional Mineral Strategies, Energy Efficiency and Tourism Strategies are often produced. In most cases these form part of the RSS as individual topic chapters.

Community Strategies
These set out a long term vision for an area focusing on improving the quality of life.

LDFs act as the land-use and development delivery mechanism for the objectives and policies set out in the Community Strategy.

The Local Strategic Partnership (LSP), an umbrella partnership bringing together public, private, community and voluntary sectors will be actively involved in the production and delivery of community strategies.

Development planning

Figure 1 Key elements of the new planning system

prepared by Entec UK Ltd

11
### Figure 2 Key organisations in the NHS

<table>
<thead>
<tr>
<th>National level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Health</strong></td>
</tr>
<tr>
<td>Sets national objectives and standards for development and delivery of health and social care services. Has published NHS Plan and numerous policy documents including National Service Frameworks encouraging more patient focussed and locally accountable NHS.</td>
</tr>
</tbody>
</table>

| Special Health Authorities or Arms Length Bodies |
| such as: |
| - Health Protection Agency |
| - National Patient Safety Agency |
| - NHS Purchasing and Supply Agency |

<table>
<thead>
<tr>
<th>Regional level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Special Health Authorities or Arms Length Bodies</strong></td>
</tr>
<tr>
<td>such as:</td>
</tr>
<tr>
<td>- Health Protection Agency</td>
</tr>
<tr>
<td>- National Patient Safety Agency</td>
</tr>
<tr>
<td>- NHS Purchasing and Supply Agency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Postgraduate Deaneries</strong></td>
</tr>
<tr>
<td>Ensure supply of doctors and dentists appropriate to changing needs and expectations of patients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Development planning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Health Authorities</strong></td>
</tr>
<tr>
<td>SHAs are responsible for: Performance management of NHS Trusts in their area. Consultation on major service reconfigurations. Ensuring that public health surveillance, population screening and needs assessment are carried out (with PCT’s). Developing integrated plans for recruitment and development of staff (often through Workforce Development Confederations).</td>
</tr>
</tbody>
</table>

| Primary Care Trusts |
| Responsible for both commissioning and delivery of local health services. Lead on development of Local Delivery Plan to show pattern of local service provision, a framework for the delivery of primary care and the improvement of health for local people. This will include facilities. PCTs are often member of Local Strategic Partnerships. |

| Shared services and local procurement arrangements |
| Responsible for procurement of goods and services, recycling and waste disposal for groups of PCT’s and Trusts |

| Primary Care |
| General Practitioners and their staff. Dentists Opticians Pharmacists |

| NHS Trusts, NHS Foundation Trusts and PCT’s (where they are direct providers). |
| Provide hospital, mental health and ambulance services. |

| Capital programme and LIFT |
| PCT’s, NHS Trusts and local LIFT Companies (public private partnerships) have a role in master-planning, individual applications and planning obligations in terms of advocating for health care facilities, co-location or close location of key services and health impact of proposals. |

| DH Regional Public Health Groups (co-located Regional Government Offices who are part of ODPM) |
| Responsible for development of cross-government and cross-sector approach to tackling wider determinants of health and ensuring proper health input to Local Strategic Partnerships. |

| Public Health Observatories |
| Monitor health and disease trends and advise on methods for improving health and health inequality as well providing early warning on future health problems. |

<table>
<thead>
<tr>
<th>Local level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DH Regional Public Health Groups</strong> (co-located Regional Government Offices who are part of ODPM)</td>
</tr>
<tr>
<td>Responsible for development of cross-government and cross-sector approach to tackling wider determinants of health and ensuring proper health input to Local Strategic Partnerships.</td>
</tr>
</tbody>
</table>

| Postgraduate Deaneries |
| Ensure supply of doctors and dentists appropriate to changing needs and expectations of patients. |

<table>
<thead>
<tr>
<th>Local level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Health Authorities</strong></td>
</tr>
<tr>
<td>SHAs are responsible for: Performance management of NHS Trusts in their area. Consultation on major service reconfigurations. Ensuring that public health surveillance, population screening and needs assessment are carried out (with PCT’s). Developing integrated plans for recruitment and development of staff (often through Workforce Development Confederations).</td>
</tr>
</tbody>
</table>

| Primary Care Trusts |
| Responsible for both commissioning and delivery of local health services. Lead on development of Local Delivery Plan to show pattern of local service provision, a framework for the delivery of primary care and the improvement of health for local people. This will include facilities. PCTs are often member of Local Strategic Partnerships. |

| Shared services and local procurement arrangements |
| Responsible for procurement of goods and services, recycling and waste disposal for groups of PCT’s and Trusts |

| Primary Care |
| General Practitioners and their staff. Dentists Opticians Pharmacists |

| NHS Trusts, NHS Foundation Trusts and PCT’s (where they are direct providers). |
| Provide hospital, mental health and ambulance services. |

| Capital programme and LIFT |
| PCT’s, NHS Trusts and local LIFT Companies (public private partnerships) have a role in master-planning, individual applications and planning obligations in terms of advocating for health care facilities, co-location or close location of key services and health impact of proposals. |
Sustainable communities

2.9 The Sustainable Communities Plan is a policy statement for managing growth in the south east of England. It will be delivered within the legal framework specified in the Planning and Compulsory Purchase Act. 

2.10 All arms of the public sector, central, regional and local government must work towards achieving and maintaining sustainable development. Good planning is critical to delivering sustainable communities.

2.11 Sustainable development is important for population health and for the NHS as an organisation. The NHS needs to look at what it does through the whole range of its operations eg: hospital incinerators, disposal of clinical and other waste, its waste water generation, its siting policy, its transport demands, the fuel use. The NHS needs to take responsibility for its actions and to ‘walk the talk’. Measures that address these issues will promote sustainability and long-term health gain.

2.12 There are different ways of defining sustainability. The Egan Review looks at the skills needed to deliver sustainable communities within the new planning agenda. They define sustainable communities as ones which:

Figure 3 Components of sustainable communities

from Egan

SUSTAINABLE COMMUNITIES

GOVERNANCE
Effective and inclusive participation, representation and leadership

TRANSPORT AND CONNECTIVITY
Good transport services and communication linking people to jobs, schools, health and other services

SOCIAL AND CULTURAL
Vibrant, harmonious and inclusive communities

SERVICES
A full range of appropriate, accessible public, private, community and voluntary services

HOUSING AND THE BUILT ENVIRONMENT
A quality built and natural environment

ENVIRONMENTAL
Providing places for people to live in an environmentally-friendly way

ECONOMY
A flourishing and diverse local economy

Figure 3 Components of sustainable communities from Egan

2.12 There are different ways of defining sustainability. The Egan Review looks at the skills needed to deliver sustainable communities within the new planning agenda. They define sustainable communities as ones which:
2.13 This definition is backed up by seven components (see Figure 3), which constitute the ‘common goal’. The Egan Review makes no explicit link between sustainability and health; local authorities have the lead role in delivering sustainability and health services are in the second tier with other service providers. The diagram in Figure 3 has many similarities with the social model of health shown in Figure 4. This shows how people’s health is affected by different factors including housing, employment, transport, social support, crime and community safety and education.

![Figure 4 Components of sustainable communities](image)

2.14 The Egan Review suggests that their definition of sustainable communities provides a ‘common goal for everyone involved in planning - central and local government, service providers, communities, the private and the voluntary sectors’ and so we have structured this checklist around their seven components.

2.15 In sections 3-9 we look in turn at each component. We provide some key messages about health and sustainability and sketch issues for consideration. These are based on brief summaries of evidence linking changes in the Egan Review components to changes in health. (The evidence is considered in more depth in what works.) We also ask how health issues may be raised within the planning agenda. How can the health and social care sector play a proactive role within the planning framework? We suggest possible courses of action. The hard
questions for sustainability are always faced at the local level: we ask the reader to consider how links with existing programmes and tie-in’s with local development schemes can be established.

2.16 The timeframe of the planned developments is long eg looking to 2016 and beyond – what does this mean for the experience of people living in the growth areas – a child born today will be twelve by the time some of the developments near completion. The opportunities for health gain are there for the taking but this depends on implementing new ways of working across the system.

2.17 Section 10 is an overarching list which draws out some main themes and suggests how the NHS can contribute to the different levels of the planning process. Many of the themes may be familiar and apply as much to organisational change as to spatial planning. In section 11 we provide a glossary providing some key terms in spatial planning, health and sustainability. Section 12 concludes with links to further information – these are given as websites and also by the list of references that we cite throughout the text.
3. Social and cultural

Introduction

3.1 The Local Government Act 2000 gives councils powers to promote or improve the economic, social or environmental well-being of their area. This is a very important development for local authorities as it means that they are able to take any course of action that is not barred by legislation. In the past local authorities could only take actions that were specified by legislation.

3.2 Egan’s definition of social and cultural embraces identity, social networks, access to sport and leisure activities and crime and community safety. We look in turn at these issues and their relation to health and sustainability. We will see that this section links with the governance section below.

Key messages: health and sustainability

3.3 The relationship between any particular group and the wider society is critically important. A sense of community identity and belonging is important for health and wellbeing. These are often described in terms of social capital and social cohesion. There are issues around how social capital should be defined and measured. This also means that ways of developing social capital are not always clear. Social capital can be defined as those social resources available to a community. How much trust and belonging is there within a community?

- A sense of belonging can be good for health if it provides people with support and confidence to reach out to the wider society.
- Social capital can be bad if people are bound into a group that is at odds with mainstream society: violent behaviour and behaviours such as smoking, excessive drinking, risky sexual activity, and poor diet in these contexts may have serious health consequences.

3.4 Culture, leisure, community, sport and other activities require an infrastructure. These are long-term investments. It is important to identify resources to enable people to run the facilities so that they do not become ‘white elephants’ and symbols of neglect.

- Changes in green space policy should be independent of financial or political cycles of administration. Many of the health benefits of open space are long-term. Many of the negative impacts are short-term. Improving exercise levels in a community, contributes to reducing the epidemic of obesity, cardiovascular disease, diabetes and arthritis. Improving social interaction and community activities also contributes to reducing levels of stress-related problems, and to reducing autistic spectrum disorders and attention deficit disorder in children.
- The arts create social capital: both bridging social capital between groups and bonding social capital within groups. Traditionally the arts have done more for bonding than bridging. Many activities are segregated by ethnicity, socioeconomic class and gender. This is, in part, because people seek those who are like them and, in part,
because the system of financing and presenting the arts has traditionally reinforced entrenched patterns of social grouping and so exclusion.

3.5 Low levels of crime and anti-social behaviour are important, as are low levels of fear of crime.

- A drop in crime is not always accompanied by a drop in the fear of crime: sustained reduction in local levels of reported crime may have a more direct effect in reducing local levels of fear of crime than national reductions in crime levels.\(^{26}\)
- The impact of fear of crime is not just upon individual freedoms and activities but is also focused on particular social groups in particular places. These impacts frequently follow and reinforce divisions of social exclusion.\(^{27}\) Poor design creates opportunities for crime and decreases people’s territoriality and willingness to use and defend local space.\(^{28}\)
- The risk of being a victim of crime, including violent crime, is higher among poorer than among richer sections of society.\(^{29,30}\) However, people caught and prosecuted for criminal offences are more likely to come from disadvantaged backgrounds.\(^{31}\)
- Violent injury is a significant public health problem creating substantial health care demands. A UK study of patients with facial injuries caused by assault found that at least 22% of all facial injuries in all age groups were related to alcohol consumption within four hours of the injury. The commonest sites for assault were the street followed by public drinking establishments.\(^{32,33}\)

3.6 Sustainable communities are likely to have high levels of social inclusion and to offer all people similar life opportunities: this suggests links to education and employment which are considered in sections 8 and 9 below. “Employment prospects in poor neighbourhoods will … be significantly improved by action … to improve the infrastructure, resources and opportunities available to these neighbourhoods – for example, to provide … better access to cultural and leisure activities …”.\(^{34}\)

3.7 We should also ask who decides when a development, or a building, is attractive? Different groups within communities have different concepts of a ‘proper’ environment eg by age, ethnicity, or settled and newcomers.

- Good design encourages greater ownership and involvement of communities and can reduce negative effects such as vandalism and the under-use of facilities.\(^{35}\)
- The environmental design and scale of leisure facilities has a direct effect on satisfaction and repeat usage of customers.\(^{36}\)

Key messages: NHS

3.8 Interventions that concentrate on the individual and on individual behaviour need to be carried out in tandem with interventions that create the social and physical framework for healthy and sustainable
behaviour. For example different ways of increasing activity in the community include:37

- community based interventions which target individuals;
- interventions that promote moderate intensity physical activity, particularly walking, and are not facility dependent, eg design of environment;
- incorporating regular contact with an exercise specialist; and
- creating, or improving access to, places for physical activity, combined with distribution of information, including creating and securing a network of green space and improved access to the countryside. (Involving the local community in all stages).

What needs to happen

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

- Maximise opportunities for community ownership of space eg parks, health facilities, recycling centres etc;
- Identify and fund facilities where people can meet eg shared places of worship, community space, community centres etc;
- Involve communities in the commissioning of crime and community safety audits to identify how to address the social factors that propagate criminal and anti-social behaviour while delivering physical solutions to designing out crime;
- Public Health should ensure they are fully involved in the development of social and health elements of needs assessments, environmental assessments and other surveys;
- Publicise points of access in mainstream services;
- Ensure there is an aesthetic identity that is rooted in the collective identity of the area reflecting the characteristics valued by the local community;
- Establish appropriateness of services for the local populations eg age, gender, ethnicity etc.
4. Governance

Introduction

4.1 Effective sustainable development requires communities to be engaged in developing the vision for their areas. It is important that communities are informed about policies and proposals in good time, enabling communities to put forward their own ideas and participate in developing proposals and options (rather than simply comment once these are fixed) as well as consulting on formal proposals and ensuring that there is feedback.

4.2 The purpose of governance is to provide leadership, policy context and effective process. This is not only to prepare and publish strategies and plans, it is to build the strategic capacity of a community and its regeneration agencies to think, plan and behave sustainably in everything they do. Governance empowers communities and individuals.

4.3 Involvement is a priority for all public bodies. Modernisation is a priority for all public bodies. Given the changing nature of local organisations and the relationships between them it is not appropriate to think of local government in terms of a single organisation.38 Increasingly, initiatives to tackle unemployment, to improve health etc are taking place across traditional organisational boundaries. Regional and sub-regional governance in the form of regional assemblies and partnerships are important as locations of local decision making.39

4.4 Planning affects everyone and all those involved in the system have a role to play in delivering effective and inclusive planning. PPS 1 says planning must work as a partnership and involve the community to deliver sustainable development in the right place at the right time.1 Under the Planning and Compulsory Purchase Act,10 local planning authorities are required to prepare a Statement of Community Involvement.

4.5 The SCI sets out the local planning authority’s policy for involving the community in the preparation and revision of Local Development Documents and in significant development control decisions.40, para 1.32 Regulations 25 and 26 for Development Plan Documents and regulation 17 for Supplementary Planning Documents set minimum requirements for public involvement, with which local planning authorities must comply.

4.6 SCI’s are subject to independent examination. They should set out not only how local planning authorities will meet the minimum requirements but exceed them.41 Inspectors, in testing DPDs, will determine whether the SCI has been complied with. If there has been a fundamental failure to comply with the SCI or regulations in a way that undermines the soundness of a policy or proposal, the Inspector will be able to recommend the DPD be withdrawn.40, para 10.4.1
Key messages: health and sustainability

4.7 Regional Public Health Groups are responsible for the development of cross government and cross sector approaches to tackling the wider determinants of health and contributing to regional work on economic regeneration, education, employment and transport. Spatial planning is an essential part of this.

4.8 Some forms of democratic participation may be beneficial for the health and wellbeing of those who take part. Participation may benefit individual health by enhancing one’s sense of empowerment and self-efficacy. People are most likely to take control of their health if they feel they are in control of other aspects of their lives. For example where tenants have been responsible for the management and control of their housing there is evidence that this builds social capital.

4.9 Participation may also contribute positively to health at a more collective level by building social capital in a community. Socially isolated individuals living in less cohesive communities are more likely to experience poor health than those living in more cohesive communities. Higher levels of trust and participation in a community are related to the degree of equity in income distribution and to population health outcomes.

4.10 The likelihood of civic participation depends upon the resources people have at their disposal eg the time to invest, the skills to participate or the opportunity to divert energy from economic activity. Considerable effort and time is needed to develop effective community participation – even though this may run contrary to the timescale of the planning process or development proposal. The development of healthy communities that promote social capital will depend on more than the development or renewal of the physical fabric. It will also be dependent on a series of supportive social networks and associations (but which, crucially, also encourage newcomers to get involved), the provision of a range of meeting places, and interventions that work to reduce any tension between different groups.

4.11 Local governance currently takes place through a shifting network of agencies. The legitimacy of this network is absolutely paramount. Transparency and accountability are as important in community participation as they are in more conventional forms of organisational governance. Legitimacy is important. Despite falling turn-out in national and local elections it continues to underpin the work of local government. In these emerging forms of governance political legitimacy comes from a range of sources ie the ability to mobilise people, from experience and self knowledge, and the ability to build consent. Also critical to these forms of participation are the ways in which dissenting or competing voices are accommodated and the ways in which people’s voices are listened to and acknowledged. If these new forms of government are to be accountable, then their decisions must be transparent and open to scrutiny.
Key messages: NHS

4.12 The view of the patient as grateful recipient has gone. Throughout the 1980’s and 1990’s there was an increasing understanding of the need to treat patients as customers and to adopt consumerist models of performance management and feedback. The goal now is involved, engaged patients with a sense of social justice. The Health & Social Care Act 2001 places a duty on SHAs, PCTs and NHS Trusts to make arrangements to involve and consult patients and the public. Section 11 of the Health and Social Care Act places a wider duty to involve and consult patients and the public

i.) not just when a major change is proposed, but in the ongoing planning of services;
ii.) not just when considering proposals but in developing that proposal; and
iii.) in decisions that may affect the operation of services.

4.13 ‘Involving’ and ‘consulting’ have particular meanings in the context of Section 11 of the HSC. It means discussing with patients and the public their ideas, your plans, their experiences, why services need to change, what they want from services, how to make best use of resources and so on.

4.14 The fully engaged scenario set out in the first Wanless Review, Securing Our Future Health: Taking A long Term View, relies upon an increased level of engagement by local people over the next twenty years (see Figure 5). Public Health has a key role in ensuring that this happens across the whole population.

4.15 There is considerable debate within planning on the need to reach communities that do not normally get involved in local planning issues. The NHS is in a better position than most organisations to reach all communities and could provide a key communication mechanism that empowers such communities.

<table>
<thead>
<tr>
<th>Figure 5 Three scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>The resources required to deliver high quality services will depend on a combination of the health needs and demands of the population, technological developments, workforce issues and productivity. As there is uncertainty around how these cost drivers will change, the Wanless Review built up three scenarios:</td>
</tr>
</tbody>
</table>

**Slow uptake** – there is no change in the present level of public engagement life expectancy rises by the lowest amount in all three scenarios and the health status of the population is constant or deteriorates. The health service is relatively unresponsive with low rates of technology uptake and low productivity.

**Solid progress** – people become more engaged in relation to their health: life expectancy rises considerably, health status improves and
people have confidence in the primary care system and use it more appropriately. The health service is responsive with high rates of technology uptake and more efficient use of resources.

**Fully Engaged** – levels of public engagement in relation to their health are high: life expectancy increases to go beyond current forecasts, health status improves dramatically as people are confident in the health system, and demand high quality of care. The health service is responsive with high rates of technology uptake, particularly in relation to disease prevention. Use of resources is more efficient.

4.16 Egan says that “no manufacturer would set out to deliver a new product without first having designed it carefully and market-tested it in a sample of consumers” yet this does not routinely happen in planning. Community involvement in pre-application discussions between developers and local authorities and other interested parties tends to be ad-hoc. This is arguably true in the NHS where there has been a failure to look forward both at changing population needs and the needs of the estate.

4.17 ‘New Localism’ geared towards delivering greater autonomy at a local level – currently characterised by introducing direct elections to the Boards of NHS Foundation Trusts and devolving financial responsibility to Primary Care Trusts - will create new expectations. There is a greater identification with localities and an increased expectation of a say in how the bodies charged with commissioning and delivering services to these localities are run.

**What needs to happen**

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

- Give consideration to developing a Public Involvement ‘Charter’ across agencies both within the NHS and with other agencies with a responsibility to involve and engage the public;
- Establish a single organisation, or point of contact, with responsibility to develop and maintain a database of community groups;
- Ensure that there are mechanisms for demonstrating how views of the public have impacted in decisions;
- Ensure that all stakeholders understand the changing economic, cultural, political and technological contexts;
- Develop links between Patient and Public Involvement leads and planners;
- Develop links with and between Patients’ Forums across the growth areas;
- Include relevant questions about facilities and services in Patient Surveys.
5. Environmental

Introduction

5.1 The physical environment is often divided into land, water and air. Each of these has different dimensions: for example, we can consider the multi-functional ‘recreational’ aspects of open space, water and woodland, or we can consider remedial aspects, or look at the efficient use of these resources and their sustainable management.

5.2 Egan defines the environment in terms of managing and husbanding physical resources.19 We consider who might enjoy using ‘green’ open spaces and how this might be achieved in the following section Housing and the built environment.

5.3 The timescale for infrastructure associated with environmental management is very long: we are, for example, still depending on Victorian sewers. It is important to get it right. High quality design needs to be carried out within the context of efficient land and water use patterns that create balanced developments and communities.

Key messages: health and sustainability

5.4 Using land at a sustainable population density means developing brownfield sites. In the UK an area the size of Cambridgeshire (approximately 300,000 hectares) is affected by contamination left by industrial activity52 while current activity may continue to contaminate land. Local authorities are required to identify contaminated land and to make sure it is properly investigated and dealt with to protect communities and the environment. The Government also wants to bring damaged land back into use. Both these objectives involve identifying the risks posed by contaminants to human health and to the environment.53

- Elevated levels of heavy metals, oils, pesticides, asbestos or landfill gas are a few examples of substances or materials which could be considered contaminants and which, where not properly managed, can cause harm to health or the environment.54
- CLEA (Contaminated Land Exposure Assessment) looks at particular contaminants and using toxicology reviews and soil guideline values provides a coherent and consistent approach for assessing risks to human health from contaminated soil.53

5.5 Waste management is central to the sustainable development agenda. Economic growth has been matched by increases in the amount of wastes that society produces: current predictions indicate a potential doubling of certain wastes by 2025: the environmental and the socio-economic impacts of waste management can be significant and wide-ranging.55

- Government policy46 encourages a waste hierarchy with the following approaches, in order of preference: reduction, re-use, recycling and composting, energy recovery with heat and power and, lastly, landfill. This approach was endorsed by the Prime Minister’s Strategy Unit57 as the first principle underpinning the
Waste not, want not. The upper levels of the hierarchy reflect more sustainable management of resources. Strategies for waste disposal need to come from higher up the hierarchy.

- A review of environmental and health effects of waste management states that ‘waste management is a very large scale activity which inevitably has consequences for human health and the environment. At the very least it involves transporting waste materials … The various waste management processes such as landfill and incineration are very different in character and give rise to different kinds of human health hazards.’

5.6 The key scientific overview in relation to air is COMEAP. This starts from air quality and its impact. It does not look at the causes of poor air quality. The built environment in its entirety affects air quality: transport (see section 7) also construction, industry, waste.

- The average adult breathes 13,000 litres of air per day; children breathe 50% more air per pound of body weight than adults. Because children’s respiratory systems are still developing, they are more susceptible to environmental threats than healthy adults.
- Exposure to fine particles is associated with increased frequency of childhood illnesses, which are of concern both in the short run, and for the future development of healthy lungs in the affected children. Fine particles are also associated with increased respiratory symptoms and reduced lung function in children, including symptoms such as aggravated coughing and difficulty or pain in breathing. These can result in school absences and limitations in normal childhood activities.
- Dust sources associated with construction processes can be subdivided into two groups: stationary sources eg outdoor stockpiles of loose material, material crushing, screening and segregation plant and the transfer of material along a conveyor belt; and mobile sources eg vehicles travelling over unpaved surfaces and the transport and handling of dry loose materials using loaders, excavators and lorries.

5.7 The provision of clean water is a key public health issue and requires constant vigilance. Water has other areas for consideration eg the need to husband resources, water as a leisure commodity and the risk of flooding.

- Around 5 million people, in 2 million properties, live in flood risk areas in England and Wales. The estimation of future flood risks is difficult due to uncertainties, however, all scenarios point to substantial increases. This includes flooding from rivers and coasts and localised flooding, which is caused by sewer and drainage systems in towns and cities being overwhelmed by sudden downpours. The numbers of properties at high risk of localised flooding could typically increase four-fold.
- Floods in Britain are, at present, usually small-scale, short-lived and shallow but, the health effects that can result from these floods are often very marked. Health effects range from premature death...
and clinical problems, to effects on mental health. The socially disadvantaged are less able to afford flooding insurance and less able to pay for expensive repairs. People who are ill or who have disabilities are more vulnerable to the immediate hazard of a flood and to health risks due to polluted floodwaters.

**Key messages: NHS**

5.8 These are based on the recommendations in *Our urban future*. 68

- **Green space and waterways:** the recommendations of the Urban Green Spaces Task Force 69 should be implemented and integrated with improvement to urban waterways to maximise benefits for regeneration, recreation and wildlife.

- **Development:** when planning estate strategies and models of care the NHS should promote compact, mixed use brownfield developments which, where appropriate, co-locate housing, jobs, amenities and green spaces.

- **Flooding:** increased funding for flood defence and warning should be sustained in the long term and urban areas designed to minimise flood risk, with a presumption against further building on flood plains.

  New developments should minimise the effect they will have on the wider environment through using resources efficiently and limiting pollution.

  The NHS must play a full part in all stages of Flood response plans, such as Major Incident Plans and Local Incident Plans, including preparation, publication and testing through joint exercises. 70

- **Contaminated land:** a comprehensive package of measures should be produced and supported by economic instruments to bring back into use previously developed land and restore contaminated land.

- **Waste:** businesses and industry, including the NHS, should minimise waste, particularly hazardous waste.

  Fly-tipping from all sources should be reduced.

- **Construction and resource use:** sustainable construction practices and sustainable urban drainage techniques should be adopted more widely.

  Water and energy efficiency should be built into new build.

  Environmental protection and improvement can make a significant contribution to the economic and social objectives of urban regeneration:

  - **Air quality and health:** poor air quality in urban areas, which can also be associated with social deprivation, must be tackled so that
human health is protected. Work with local planners, transport authorities and other regulators to achieve air quality objectives.

• **Tackling deprivation**: deprived neighbourhoods should be revitalised by tackling local environmental issues and addressing environmental inequalities alongside social and economic problems.

## What needs to happen

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

- Make sustainability a core strategic aim: develop environmental policies at board level and apply them throughout the organisation.
- Ensure that local and regional NHS organisations have strategies for Green travel, procurement and construction that recognise sustainability through social, economic and environmental objectives.
- Promote strategies that minimise the production of waste, promote re-use and recycling and encourage appropriate and effective waste disposal.
- Producers of waste, such as the NHS, can work with local authorities to include education campaigns within waste management strategies to explain the need for a range of technologies and address the concerns of the public.
- The operators of solid waste management plants, including individual municipal plants and hospital trusts which incinerate waste should enhance their position as *good neighbours*, and concentrate on housekeeping activities such as dust and odour suppression and vehicle routing and effective communication and liaison with people living in the vicinity of the plant.
- Consider the environmental impact, including the cumulative impact, of associated facilities *eg* waste management, renewable energy products.
- Improve the ecological quality and amenity value of rivers and canals, open space and seek more sustainable use of them and also promote sustainable use both among the community and service providers.
6. Housing and the built environment

Introduction

6.1 Housing and a wider built environment which is both well-designed and maintained helps to foster and reinforce a sense of community. The condition, cost and availability of well-designed housing and a well thought out environment are critical to the development of sustainable communities in both rural and urban areas.

6.2 Demand for housing continues to grow. Current projections show there will be 155,000 new households each year. Many of these will be single person households driven primarily by the changing pattern of relationships, rising incomes and people living longer. There has been a slow response to these changes in demand in terms of housing supply. This has, in part led to increasing house prices and volatility in the housing market. The Barker Review estimated that to reduce the trend in house prices by 1.8% there would need to be a further 70,000 private sector homes built per annum.71

6.3 Housing problems are a major factor in the recruitment crisis in both education and the health service. For example, the areas where teacher shortages are most acute correlate strongly with the areas where house prices are highest.

6.4 The amount of social housing built in the UK has fallen from around 42,700 per year in 1994-1995 to around 21,000 in 2002-2003. However, expenditure on social housing has increased, from £800 million in 2001-2002 to over £1.4 billion in 2003-2004. This is due both to the strong rise in land prices and the importance attached to improving the stock of social housing units falling below the decency standard.

6.5 A third of all housing falls below the Decent Homes Standard: a ‘decent home’ is one which is warm, weatherproof and has reasonably modern facilities.72,73 Over one and a half million households live in social homes that are not decent and over one million vulnerable households, especially older people, live in privately owned homes that are not decent, potentially putting their health at risk.

6.6 A number of standards have been developed to encourage greater quality in the design of the domestic environment. Lifetime Homes have been developed to ensure that homes are accessible and visitable and adaptable for people with mobility problems whether they are temporary or permanent. Design Quality Indicators, Housing Quality Indicators and Breeam EcoHomes have been developed to address design and build quality issues (see Section 12 for links to relevant websites).

Key messages: health and sustainability

6.7 A considerable amount of work has been carried out establishing the ways in which housing affects physical and psychological health. The
social role for housing in Britain has fostered the assumption that re-housing can be an effective health intervention and that residential change can alleviate suffering, cure illness, enhance access to care or enhance quality of life.  

6.8 Numerous studies have sought to show the link between poor housing conditions and poor health. The effects of poor housing conditions fall disproportionately on older people and on children. Figure 6 shows some of the key direct and indirect relationships.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Household Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious diseases</td>
<td>Unsafe drinking water, lack of hot water, poor waste disposal, inadequate food storage, overcrowding, building design and materials.</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>Damp, mould, water intrusion, interior moisture, allergens, infestation, toxic substances, air quality, temperature extremes.</td>
</tr>
<tr>
<td>Mental health</td>
<td>Damp, cold, mould, overcrowding, housing tenure, moving home, homelessness, temporary housing, housing design eg high rise.</td>
</tr>
<tr>
<td>Accidents</td>
<td>Exposed heating sources, unprotected upper windows, building design and materials.</td>
</tr>
</tbody>
</table>

6.9 Given that people in the UK spend 90% of their time indoors, the quality of the indoor environment profoundly affects individual perceptions of well being. Indoor pollutant levels are determined by i) infiltration from traffic and industrial emissions; ii) tobacco smoke and carbon monoxide; iii) the breakdown of organic material eg skin cells and food particles and iv) emissions from building materials and especially formaldehyde. Strategies to improve air quality and well-being must therefore address both the ways in which dwellings are ventilated and the materials used in construction.

6.10 The home must offer accessibility and design features that make it flexible and adaptable to meet changing needs eg a teenager with a broken leg, a family member with a serious illness, or parents manhandling heavy shopping and a pushchair. Thermal comfort should be a core consideration of housing design. As well as its immediate impact on quality of life, cold conditions can cause a range of physical and mental health problems, including increases in winter deaths. Construction materials can pose threats to the health of builders, family members and the wider public. Lead paint is a potent source of risk for children. Sources of chemical hazard from building materials include solid materials used in construction eg treated timber; liquid substances eg water from the public supply could be contaminated with hydrocarbons or lead solder may have been used in the water.
tank in the home; and airborne substances such as lead paint and dust from breeze blocks or asbestos.

6.11 Green space, including green space on the urban fringe, can contribute to a range of public priorities eg regeneration, health and well-being, community development, lifelong learning, environment and heritage and culture.\textsuperscript{69,81} For this to work people need to be able to access it, and to feel safe using it.\textsuperscript{82} The concept of a ‘Green Infrastructure’ captures the notion, and suggests the management implications, of a coherent network of green space, across urban and rural locations in existing areas and in planned developments.\textsuperscript{83}

6.12 Many neighbourhood factors are associated with increased levels of physical activity: ease of walking, opportunities for activity for all age groups, and awareness and satisfaction with those opportunities,\textsuperscript{84} and other general aesthetic qualities. People who can see trees or green space, from their dwelling, report higher levels of health and wellbeing.\textsuperscript{85} Children who have access to, or sight of, the natural environment show higher levels of attention than those who do not. Children who live in high rise housing tend to experience restricted access to play areas and to exhibit more behavioural problems, and poorer health, than children living in low rise or single family housing.\textsuperscript{86,87}

Key messages: NHS

6.13 A key area of risk and one over which the NHS has very little control is population size and structure. NHS budgets are particularly sensitive to the numbers of under-5s and over-75s in the population. A failure to provide appropriate health facilities at the same time as new housing is built could have an adverse effect on existing facilities – worsening the service to existing communities – and act as a deterrent to inward investment.

6.14 There is growing evidence that the quality of the built environment has a positive impact on patient outcomes, staff performance and staff and patient safety.\textsuperscript{51} The increasing focus on providing care at home, the self-management of chronic disease and the increasing use of technology makes the quality of peoples’ housing of critical importance and itself has land use implications. Healthcare buildings must be well sited and well connected to other services, and the quality of the internal environment, in both clinical and public spaces, must be good quality and ‘future proofed’ to cope with change.

6.15 The NHS Environmental Assessment Tool (NEAT) places a requirement on all NHS organisations that both new builds and refurbishments are sustainably constructed. Procure 21 is the NHS response to Rethinking Construction\textsuperscript{88} and provides a standardised approach to the procurement of facilities based on long term relationships. Each NHS Trust has a Design Champion to raise awareness about design and support project developments. With a combination of good architectural input, good technical support and a commitment from all levels of the organisation to functionality, build quality and impact a successful outcome can be achieved.
6.16 The construction process can be intensely disruptive for people living and working adjacent to construction sites. The disturbance caused by noise, dust, additional traffic and pavement congestion can have short-term adverse effects on people’s physical and mental health and general levels of wellbeing. Realistic dialogue between development control, site managers and local stakeholders is vital and schemes such as Considerate Constructors® can help ensure that the process is well-managed. These issues, vulnerable groups, and appropriate mitigation measures can be identified through health impact assessment.

6.17 Public health professionals should ensure that plans take account of evidence about the benefits of mixed communities and the need for a range of well-managed facilities. Design codes or supplementary planning guidance can be developed to encourage quality in planning applications eg ensuring that there are safe play areas for children who do not have access to the outside.

6.18 The NHS has a role to play in encouraging excluded groups to become more involved in activities in green spaces and natural areas. This would include making links with organisations working with young people and with black and minority ethnic groups and investigating how projects that the NHS is involved in can incorporate schemes such as the Ethnic Minorities Award Scheme.

6.19 Housing problems are a major factor in the recruitment crisis in both education and the health service. For example, the areas where teacher shortages are most acute correlate strongly with the areas where house prices are highest. The Government’s response has been to launch the £250m starter home initiative, which will help house 10,000 of these ‘key workers’ over the next three years.

What needs to happen

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

- Have SHAs and PCTs developed links, with their Local Planning Authority partners, with organisations who have expertise in promoting sustainability in housing and the built environment?
- Are plans contributing to a socially balanced population with housing types that are appropriate for a range of family types and household incomes and which have regard to the distinctive quality of the local area. What provision is there for key workers? Who is defined as a key worker?
- Are all parts of the locality accessible to essential services eg schools, leisure facilities and health care facilities? Development plans should contain clear and comprehensive inclusive access policies with all housing developments compliant with Lifetime Homes Standards and public buildings compliant with the requirements of the Disability Discrimination Act.
- Has consideration been given to the need for SPGs on key population health issues such as housing quality, open space or...
issues such as thermal comfort and develop local quality criteria (or codes) with key stakeholders?

- Are all new major building developments compliant with Construction Industry Design Quality Indicators and/or BREEAM Eco Homes? Are building developments (whether new build or refurbished) planned to i) reduce water consumption, grey water recycling and sustainable drainage systems; ii) minimise need for artificial heating and cooling and to use CHP (Combined Heat and Power) or renewable energy; and iii) minimise problems of noise.92

- NHS Design Champions need to ensure that Trust Boards understand the argument for investing in good design and the beneficial impact it has on patient outcomes, staff performance and population health.

- Identify a lead agency to integrate with or link policies and plans relating to programmes that improve and encourage access to green spaces and natural areas. Promotion and organising health activities should be the responsibility of this lead agency.93

- Provide opportunities for Black and Minority Ethnic groups and individuals to contribute to the development of green space and parks.94
7. Transport and connectivity

Introduction

7.1 The NHS is a major generator of transport both through the movement of staff and patients and through the movement of goods and supplies for health facilities. Transport has direct, indirect and cumulative effects on people’s health through factors such as noise, air pollution and road traffic injuries.

7.2 Egan defines transport and connectivity as good transport services and communication linking people to jobs, schools, health and other services.19 This includes:

- transport facilities, including public transport, that help people travel within and between communities;
- facilities to encourage safe local walking and cycling;
- accessible and appropriate local parking facilities; and
- widely available and effective telecommunications and internet access.

7.3 The Department for Transport’s overall aim is to ensure ‘transport … works for everyone’. An important underlying objective of the Department’s strategy is to balance the need to travel with the need to improve quality of life. This means seeking solutions that meet long-term economic, social and environmental goals. Achieving this objective will contribute to the objectives of the UK sustainable development strategy.95

7.4 Planning Policy Guidance 13 96 published in 2001 introduced a major development in national policy. It increased the emphasis on the relationship between land use and transport planning so as to reduce the growth in length and number of motorised journeys; encourage alternative means of travel which have less environmental impact; and hence reduce reliance on the private car.

7.5 Spatial planning is a key driver behind the demand for health facilities. Transport planning, in turn, influences factors such as the efficiency with which supplies can be delivered to health facilities and the ability of staff, patients and emergency services to access the facilities. Technological and medical advances enable more options for care to be provided in more places and are altering the land use requirements of the NHS.97

Key messages: health and sustainability

7.6 Formerly compact towns and cities have spread so that most people actually live in suburbia.68 People living in suburban areas are more likely to be satisfied with their locality than people living in urban centres, but they tend to be dissatisfied with public transport and leisure facilities.98

- The quality of suburban environments needs to be improved, while reducing the impact that an increasingly suburban lifestyle has on the wider environment.68
7.7 Linking development to existing and potential transport capacity contributes to reducing congestion and commuting and contributes to improving social inclusion. Linking development to a network of links to multi user green space provides access to the wider countryside.

- Transport enables access to people, goods and services so it promotes health indirectly by enabling people to meet and communicate. Some forms of transport, such as cycling and walking, promote health directly by increased physical activity and reduction of obesity.

7.8 Infrastructure such as broadband that enables business competitiveness is also part of the remit of spatial strategies. Improved information technology such as remote diagnosis and electronic patient records is a key component of the new models of delivery for health care.

7.9 Community severance (see Glossary) is a key issue for transport and for the appraisal or assessment of any transport development.

- Traffic affects social networks on a very local basis: as traffic volumes increase people’s sense of neighbourliness and the geographic density of their friendships decreases.

7.10 Public transport must be safe, accessible and affordable if it is to have any effect on social exclusion.

- The cost of rail and local bus fares rose by nearly one third in real terms from 1980 to 1988, whereas motoring costs have decreased by 5%.
- Lack of access to transport is experienced disproportionately by people in rural areas, women, children and disabled people, people from minority ethnic groups, older people and people with low socio-economic status. These groups find their access is reduced to services such as shops and health care and spend a higher proportion of their resources on transport. The low availability of public transport in rural areas restricts social activities and opportunities for employment and education. The Department for Transport provide guidance on the public transport needs of different groups.

7.11 Disadvantaged urban areas tend to be characterized by high traffic volume, leading to increased levels of air and noise pollution and higher rates of road traffic accidents without the benefits of access to private transport. Significant and sustained reductions in levels of traffic will alter patterns of morbidity and mortality associated with air pollution and road traffic injuries.

- Air pollution has short- and long-term damaging effects on health; it can worsen the condition of those with heart disease or lung disease; it can aggravate but does not appear to cause asthma. In the longer term, it probably has additional effects on individuals including some reduction in average life expectancy. The extent of
this is not fully understood at present.\textsuperscript{60} The relationship between indoor and outdoor air quality is complex (see \textit{Housing and the built environment}) but people who live close to roads can be exposed to vehicle emissions whether they are indoors or outdoors.\textsuperscript{104}

- **Road traffic injuries:** children are among the groups at highest risk of pedestrian injuries, especially when the amount of walking done by children is taken into consideration.\textsuperscript{105} The risk of injury, especially for child pedestrians, increases with traffic volume; a high density of curb parking is associated with increased risk for pedestrians; and risk increases with mean traffic speeds over 40kph.\textsuperscript{106} Between 2002 and 2003 all pedestrian casualties fell by 6%; the number of child pedestrians killed or seriously injured fell by 16%; pedal cyclist casualties remained the same although cycle traffic decreased by an estimated 5\%.\textsuperscript{107} These figures may be due, largely, to a reduction in levels of walking and cycling. Increasing levels of physical activity may therefore serve to increase the risk of road traffic injuries. While interventions are needed at local and regional levels, the jury is out on the effectiveness of these interventions: environmental modifications are relatively easy to design and appear particularly attractive\textsuperscript{108} but the key to general road safety lies in polices that compel motorists to respect non-motorized users of roadways.\textsuperscript{109}

**Key messages: NHS**

7.12 Many NHS trusts do not currently have green travel plans. The NHS generates a lot of travel through the movements of patients and staff and also the delivery of supplies.

- Local councils look at the wider implications of configuration changes for local economies and the potential for regeneration. Transport is often a major issue. The NHS needs to engage fully with local councils and work both with the executive, (which is the decision-making body and responsible for provision of services), and with the overview and scrutiny committee, (who scrutinise both local councils and local health organisations, and make recommendations).\textsuperscript{97}

7.13 Transport and improved access to services can make a valuable contribution to reducing health inequalities and working towards the Department of Health’s PSA target for 2010 to reduce the gap in infant mortality across social groups and raise life expectancy in the most disadvantaged areas faster than elsewhere.

- The local NHS, with Primary Care Trusts in the lead, support the new process of accessibility planning.\textsuperscript{101} Accessibility planning provides the framework for transport authorities and other agencies to resolve accessibility problems and it will be incorporated into all local authority Second Local Transport Plans (LTP) due in 2005.\textsuperscript{110}
- The effectiveness of accessibility planning will rely on the partnerships that are developed between local authority transport planners, land use planners, representatives of the key local service providers (Primary Care Trusts, Jobcentre Plus, Local Education
Authorities etc) and other local bodies. Local transport planners will take the lead role in accessibility but planning the most effective solutions to these needs may not be, or may not solely be, transport-based. For example solutions such as co-ordination of opening times, or relocation of services might prove to be a more effective solution than the alteration of bus-routes and timetables. Therefore the active engagement of the appropriate sectors and partners will be an important part of the success of accessibility planning.111

7.14 The Select Committee on Health have called on the Department of Health to provide strategic input into transport policy and recommended that health impact assessment is carried out on major planning proposals.17

- Most transport strategies require strategic environmental assessment (SEA), while most transport projects will require environmental impact assessment (EIA).

7.15 On transport plans, programmes and projects of a certain class appraisal will be carried to inform the prioritisation of investment proposals.95 The New Approach To Appraisal (NATA) ensures a consistent approach and looks across a range of economic, environmental and social issues. It is key to the efficient delivery of the integrated transport policy.112

- The strands of health effects of a strategy or project appraisal (national, regional and local investments) that NATA attempts to put before investment decision makers includes: environment; noise, local air quality, physical fitness, journey ambience: safety; accidents, security. While the public health champion may have to ‘construct’ the health impact from the NATA data outlined above, there is a framework in existence for anyone to use. Furthermore, in so doing, the weight and significance of these issues may be raised which would be beneficial, especially for non-monetised sub-objectives.

What needs to happen

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

- Ensure the NHS is part of regional and local authorities plans to deliver integrated transport and land-use management strategies and contribute to the design and delivery of transport initiatives?
- Adopt green travel plans that promote travel by public transport, walking and cycling. Have incentives been developed for sharing cars, using bicycles, walking etc. Provide facilities for cyclists and walkers provided eg secure cycle storage and showers and changing rooms?
- NHS organisations should emphasis how travel plans will be effective in implementing measures such as limitations on car-parking (and controls on off-site parking), in identifying clear and
measurable outcomes and/or using modal split or modal shift targets.\textsuperscript{113}

- Identify how the transport requirements of the health and social care sector can be made as efficient as possible with minimum detriment to the environment. Consider the delivery of supplies as well as the movement of clients and staff.

- Are the nature and timing of regional and local transport requirements clearly stipulated, with the delivery of appropriate infrastructure co-ordinated with other key components such as housing and employment opportunities?

- Are NHS organisations, contributing to assessments and appraisals of transport plans, programmes and projects? Are NHS organisations, including ambulance trusts, consulted on transport implications of development plans?

- Is accessibility factored into decisions on the location and delivery of healthcare, and into the performance framework for the NHS organisations?\textsuperscript{101} Are healthcare facilities best located within residential developments or close to key transport nodes?

- Are services, such as primary health care, provided at times when people can use public transport?

- Does the criteria for eligibility for Patient Transport Services include medical, mobility, public transport and financial grounds?\textsuperscript{101}
8. Economy

Introduction

8.1 Figure 7 shows how Planning Policy Statement 1 sees spatial planning facilitating a sustainable economic growth which allows for change over time. Economic development must be supported by regional and local strategies that provide a sensitive and flexible framework of land use. The Regional Development Agencies prepare regional economic strategies (RES) in conjunction with other partners. The RES sets out a long-term strategy for economic growth.

8.2 Linking land use with employment is known as job coupling: who will live in the new developments, what type of work will people do, where will they do it and how will they travel between home and work? People need jobs, homes and social facilities and it is important that these are combined in any new green- or brownfield settlements to prevent the new developments becoming isolated. The provision of affordable homes for key workers has important implications for economic development (see Housing and the built environment).

Figure 7 Sustainable economic development

Para 1.15 The Government is committed to promoting a strong, stable, productive and competitive economy that ensures prosperity for all. The planning system has an important role in delivering this. Planning authorities should have regard to the importance of encouraging industrial, commercial and retail development if the economy is to prosper and provide for improved productivity, choice and competition, particularly when technological and other requirements of modern business are changing rapidly. All local economies are subject to change and planning authorities should be sensitive to these changes and the implications for development and growth. Planning authorities should actively promote and facilitate good quality development, which is sustainable and consistent with their plans.

Para 1.17 Continuing economic growth requires an efficient system for managing development. Fundamental to this are up to date and relevant regional and local plans which can adapt to change. These should take account of the regional economic strategies of Regional Development Agencies and of the local authority Community Strategies respectively. They should identify opportunities for future investment to deliver economic objectives.

Key messages: health and sustainability

8.3 Economic strategies must do more than simply get people into work for people’s health to improve.

- Employment strategies are often intended to act on key attributes of the jobs available eg pay, job security, job control, worker involvement, support at work, reward/effort ratio, prestige, physical
working conditions and equality of opportunities. These attributes, and their effect on people’s health, are positive for high-grade jobs and negative for low-grade jobs.116,117

• The health consequences for people changing employment status, moving either into employment or unemployment, are directly contingent upon the quality of the work people are entering or leaving respectively.118

• Job creation does not necessarily ‘trickle down’ as job opportunities for the long-term unemployed, and is neither a sufficient, nor necessary, condition for reducing long-term unemployment.119

8.4 Deprivation and poverty are associated with poor health outcomes. Employment is an obvious source of income and so a route out of poverty. Employment also provides social status, social networks and a structure to people’s time.

• All cause mortality in the population increases as unemployment rises, suicide increases within a year of increased job loss and cardiovascular mortality increases within 3 years of job loss.120

Poverty leading to poor nutrition; low housing standards; psychological stress, loss of self esteem, social isolation and family discord; behavioural changes such as increased alcohol and tobacco consumption.

8.5 Economic development needs to be targeted to ensure that it reduces, and does not exacerbate, social inequalities.

• The groups which face the highest risk of experiencing the adverse effects of unemployment appear to be middle-aged men, youth who have recently left school, the economically marginal such as women attempting re-entry to the labour force and children in families in which the primary earner is unemployed.121

8.6 Employment policy should include measures to tackle possible discrimination by employers and better targeting of vacancies to long-term unemployed people. Ethnic minority unemployment is more than double that of comparable White sub-populations.122

Key messages: NHS

8.7 The NHS can contribute to regional and local economic development through supporting the delivery of economic development strategies. As an organisation that commissions goods and services and which has human resource needs the NHS can examine how its procurement strategies and employment strategies contribute to regional and local economies.

Procurement strategies

• The NHS in England spends about £11 billion every year on buying goods and services that allow it to provide effective health care. Its purchases range from food to electricity and fuel, from syringes to ultrasound equipment and from transport services to agency nursing staff.2
Employment strategies

- The NHS is the largest employer in the country but it cannot get the staff it needs. It operates in areas of high unemployment, where poverty makes people more vulnerable to illness. NHS organisations can develop links with local education providers and provide opportunities for training, transferable qualifications and structured career pathways in the range of occupations needed to maintain and operate health services e.g. medical professions, professions allied to medicine, building trades and hotel services.

What needs to happen

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

- Adopt a long-term view of workforce needs: use profiles of local communities and identify how training routes can be opened up for local people.
- Ensure that Trust Boards provide leadership in the use of local sources of labour and supplies.
- Identify what is in place to attract and develop local long-term unemployed people – and promote adoption of appropriate policies inside the organisation and elsewhere.
- The NHS should consider its potential to contribute to regeneration and renewal through the siting of staff and facilities.
- Make full use of the economic development functions within local and district councils, and the Regional Development Agencies, for opportunities to commission local services.
- Make sure that a wide audience has access to information on NHS initiatives for employment and commissioning of services.
- Develop an integrated approach to planning career paths for all staff, including those who do not have professional qualifications (covering recruitment, training and sponsorship) – a key aim being to improve retention rates for these staff.
- Prepare an investment plan for counteracting staff turnover by a systematic approach to recruiting and training staff from local communities.
- Set appropriate skills thresholds for job vacancies within the NHS and identify entry points for which unemployed people could be trained.
- Develop a co-ordinated public relations (PR) and promotional strategy for NHS organisations as good employers – and make sure that the Employment Service receives all relevant material.
- Encourage local suppliers to bid for contracts and ensure that procurement officers identify barriers that make it difficult for local, usually small, businesses to bid for contracts.
- Use whole-life costing, and where appropriate, cost-benefit analyses.
9. Services

Introduction

9.1 Good local services are essential for quality of life and the willingness of people to stay and invest in an area. They are central to sustainable local communities. The Egan Review\(^{19}\) includes education and lifelong learning and health and social care services. They include the accessibility and affordability of all services and the ways in which service providers link with service providers in neighbouring areas.

Key messages: health and sustainability

9.2 Improved educational attainment in childhood is linked to a range of improved adult health outcomes\(^{124}\) while low school attainment is, in turn, linked to an imposing array of life outcomes from lower occupational status to lower income to lower health.\(^{125}\)

- Learning and the acquisition of skills and knowledge takes place from birth to death: this is known as lifelong learning. The economic importance of knowledge and skills is growing, and the social impact of learning is as significant as the economic impact.\(^{126}\)
- Social networks are important for learning. Educational attainment is not an individual pursuit. The importance which a child’s parents and wider social network attach to learning have a profound influence on children’s attitudes and behaviour.\(^{126}\) Young people need a surrounding community of adults who provide different types of supportive social relations eg help with homework, out of school activities and direct parental involvement in school activities.\(^{127}\) Strong neighbourhood connections can provide an environment which reinforces achievements in school.\(^{128}\)

9.3 Whilst underlying determinants of ill health need to be addressed, high quality, local health care and social services provide vital sources of support, treatment and preventative services.

- Communities most at risk of ill health tend to experience the least satisfactory access to the full range of preventative services: these preventative services include cancer screening programmes, health promotion and immunisation. Differences are most notable between socio-economic groups: there are also differences and inequalities within groups. For example, a lack of access to a female GP or nurse. The use of psychiatric, and especially inpatient hospital services, is positively correlated with high levels of deprivation and unemployment.\(^{129}\)
- Communities in rural areas across the growth areas need to have access to opportunities for services. Service deprivation is a key component of disadvantage in rural areas: rural authorities spend less on social care services and direct provision. Accessibility problems, self-reliance, lower expectations of services and a lack of anonymity also combine to ensure that service needs are not explicitly registered.\(^{129}\)
- The amount of money each PCT receives is calculated by a funding formula, known as the target allocation. PCTs do not necessarily receive their target allocations. PCTs with allocations over target
tend to serve relatively well off areas, while those under target are likely to have more deprived populations. PCTs that are under target tend, for example, to have fewer GPs and may find it harder to offer health services that are as good as those of PCTs with allocations at, or above, target. Given that the under-target PCTs serve more deprived populations with more ill health and higher consultation rates, they might be expected to need more, rather than fewer, GPs when compared to the less deprived areas.131

9.4 Changes to service configuration will tend to mean larger, multi-disciplinary primary care teams and changes to the boundaries between primary and secondary care: this may be particularly marked in more rural areas where primary care doctors can be keen to play an active part in local hospital care. Some primary care teams will work out of traditional health centres, while others may move to more community-based facilities. These may be part of larger, integrated community resources that provide health, social and education services.97

9.5 The Egan Review19 states that all services, whether they are public, community, voluntary or private need to be accessible and affordable. These services include retail outlets, food outlets, commercial services, and utilities. It is likely that there will be greater demand for property within the rural areas surrounding the main areas of concentrated urban growth so placing greater pressure on already limited key services.

- Supporting facilities, including small retail outlets, within large and small residential schemes can improve food access and contributes to the vitality of an area.132 Planning instruments which improve security of tenure for small retail outlets will enhance their viability.133
- Access to cheap, fresh and nutritious food has important health implications and is conventionally viewed as the domain of the health sector but it has important economic aspects which can be supported by RDAs and within RESs eg innovation, small businesses, employment for BME communities.134

9.6 Service providers must think and act long term and beyond their own immediate geographical and interest boundaries.

- Integrating and co-locating facilities and human service delivery has a wide range of benefits. These range from major long term health benefits from early years education, to service synergies between primary health care and social care services, to more cost effective one stop shop models. Co-location models are already being adopted. Extended and full service schools (a concept borrowed from the USA) are being developed across the UK, together with new Children's Centres.135
- Human services might include education, social services, police, fire, library, leisure and religious facilities. The central issue is to both form viable service catchments which also integrate with adjoining communities.135
Key messages: NHS

9.7 Egan\textsuperscript{19} states that generic skills are important to the planning process: development practitioners need to know the legislative framework of their own and partner organisations. They need also to be able to lead, communicate, to develop vision and listen, understand and deliver what people and communities require. This can also be applied to health and social care organisations.

9.8 Increases in staff numbers in health and social care are essential and planned. They are not, however, the only solution to improving services. The Healthcare Commission note other changes that may limit the benefits of any staff increase:\textsuperscript{131} for example the European Working Time Directive caps the number of hours junior doctors can work and will have a knock-on effect for hospitals; and the profile of NHS staff is changing – one third of qualified nurses, midwives and health visitors are over 45 and so an increasing proportion of the workforce will begin to consider retirement. The Healthcare Commission call for staff and resources to be organised and services to be delivered more efficiently from the points of view of both the patient and the service provider.\textsuperscript{131}

9.9 Health services planning projects the demographic structure of the population to establish service requirements. Local Delivery Plans, which replace Health Improvement Plans, reflect the priorities and planning framework. The information used to project the service needs and resource allocation includes routinely available national and local health indicators, health service and local authority data, front line staff profiles of community health needs and resources and community views. Changes to the size and make up of the population have significant impact on the need for health services and projections must be checked regularly and plans revised accordingly.\textsuperscript{5} Department of Health funding allocations, can also lag significantly behind population growth creating an imbalance in service provision.

9.10 The Police Reform Act 2002 gave Primary Care Trusts responsible authority status in relation to Crime and Disorder Reduction Partnerships (CDRPs). Crime and health are linked both directly and indirectly so there are a number of reasons why health services should be more closely engaged in the work of their local crime and disorder reduction partnerships.\textsuperscript{136} They include:

- reducing crime improves public health;
- reducing fear of crime among elderly people can reduce isolation and improve their mental health, as well as saving long-term care beds;
- early intervention with victims of hate crime and domestic violence reduces long-term physical rehabilitation costs and mental health costs, especially if it targets and prevents repeat victimisation; and
- violence related injury is expensive to treat: an alcohol related glass
injury can cost up to £180,000 to treat, involving as many as 48 different professionals.

What needs to happen

The following actions and questions may not be direct responsibilities of your agency – are they happening? Who will make them happen?

• Develop a clear storyline about what needs to be done and the benefits involved – promote an understanding of how the different agendas (eg workforce development, recruitment and retention, service delivery, quality and diversity) link together and can help them in their work.
• Ensure that funding for capital and revenue is available to be drawn down as new housing or other developments are coming on stream.
• Identify who is responsible for key services (eg convenient shopping (including affordable nutritious and fresh food), green space, play areas, education, community facilities, cultural activities, sporting activities, leisure activities, spiritual services, burial services) and how strategies can be developed so that they contribute to health and well-being.
• Ensure that strategies for key services are delivered so that they contribute to health and wellbeing.
• Frame planning instruments and conditions to ensure security of tenure for small businesses.
• Promote Local Business Links that help local companies. Develop strategies to overcome barriers to entering the health service market.
• The NHS could hold workshops on preparing effective bids, encourage working relationships between suppliers and act as a central co-ordinating point for local public sector contracts. The promotion of multi-use facilities in rural areas is often the only financially viable way of achieving service provision.
10. Spatial planning and public health

10.1 Many of the messages coming through will not be new to you. If you are reading this it is likely you are a champion for public health and already involved in and affected by change in the growth areas. A core challenge for both the short-term and the long-term lies in pulling a range of different agendas together. This needs to be done in a way that makes sense for you, for your organisation and institutional partners and for people living and working in the growth areas.

10.2 How can public health champions encourage healthy and sustainable communities through the spatial planning process? ‘One size does not fit all’ so we suggest a series of questions and actions to be answered within each organisation or each partnership. These are aimed at NHS organisations but apply to all organisations across the private and public sector. They are grouped under the following headings:

- **Get buy-in to the ideas**: the range of NHS organisations must follow a coherent strategy and ‘speak with one voice’.
- **Go for partnership where possible**: sustainable development requires partnership.
- **Keep the information flowing**: many organisations collect population data – how can this be shared? Things change – development proposals are adapted, delivery is behind or ahead of schedule – what implications does this have?
- **Involve key people in planning next moves**: how widely are the action plans owned?
- **Develop promotional packages that publicise strategies**: let people know what is going on.

What needs to happen

10.3 Get buy-in to the ideas by:

- developing a clear understanding of the benefits of co-operation between health agencies and planning agencies and help people to understand how the different agendas link together in terms of quality and supply;
- ensuring that Estates Strategies take account of demographic change and changing patterns of service delivery;
- linking Estates Strategies and service plans with, and ensuring that they contribute to, local and regional development frameworks;
- ensuring that NHS organisations maintain links with appropriate equivalent officers within local planning authorities;
- encouraging Boards of local NHS trusts to develop and adopt strategies for sustainable development with plans for their implementation;
- adopting policies to ensure that NHS purchasing and procurement is consistent with environmental sustainability;
- ensuring that the image of the NHS contributes to the attractiveness of the area for developers, residents and investors;
- being clear that developing strong links to local communities is a
core part of everyone’s business – and be explicit about how managers and supervisors across the organisation will be judged on their performance;

• ensuring that community leaders and developers appreciate the benefits of sustainability to the attractiveness of an area and demand that the NHS plays a full role in demonstrating that sustainability is more than “one-eyed environmentalism”.

10.4 Go for partnership where possible to ensure that:

• the outputs from the developments provide a consistently high quality of life for existing and future communities;
• areas of mutual interest – especially between education, social services and health – are identified;
• access is provided to Patients’ Forums and other patient groups – especially hard to reach groups or those traditionally excluded from the planning system;
• community members been fully involved in the development of options relating to spatial planning decisions and not just in commenting on decisions that have already been made;
• there are mechanisms in place to demonstrate that the public have been consulted on options and how this has impacted on the plans and proposals;
• that health agencies play a full part in the planning process;
• links are strong with sectors with access, recreation and green space eg Countryside Agency, Sport England, English Nature, local authorities, Groundwork Trust.

10.5 Keep the information flowing by ensuring that:

• NHS organisations are aware of proposed developments;
• the NHS is aware of changing needs and aspirations of key client groups;
• there is a dialogue about the changing needs and aspirations of different populations and the implications of changing patterns of service;
• local surveys and needs assessments take account of issues of concern to health care and public health professionals;
• there are mechanisms for demonstrating how views of the public have impacted on decisions;
• robust data on demographic change and proposed large scale developments is produced and disseminated;
• the NHS has developed a coherent strategy for its own land and estate in a given area and that this is communicated to planners;
• the NHS, and other public sector providers, have identified and stated their land requirements.
10.6 Involve key people in planning next moves by:

- establishing networks of key NHS personnel to identify implications of spatial planning proposals and ensure that resources are delivered in a timely way;
- ensuring that patient groups are involved in the planning process.

10.7 Develop promotional packages that publicise strategies including:

- providing access to databases of key personnel at all levels of the health economy to planners;
- facilitating access to Patients Forums and other patient groups.
11. Glossary

Accessibility

**Building regulation definition:**
People, regardless of disability, age or gender should be able to:

a. gain access to buildings and to gain access within buildings and use their facilities, both as visitors and as people who live or work in them;

b. use sanitary conveniences in the ground floor of a new dwelling

**Planning definition:**
The ease with which a building, place or facility can be reached by people and/or goods and services. Accessibility can be shown on a plan or described in terms of pedestrian and vehicle movements, walking distance from public transport, travel time or population distribution.

Acute trust

a legal entity formed to provide health services in a Secondary Care setting.

Adoption

the final confirmation of a plan as a statutory document by the local planning authority.

Amenity

something that contributes to an area's environmental, social, economic or cultural needs. The precise definition is at the planners' discretion, rather than being defined in law.

Ancillary use

a subsidiary use connected to the main use of a building or piece of land.

Appeal

the process whereby an applicant can challenge an adverse decision on an application by means of written representations, an informal hearing or formal inquiry proceedings.

Applicant

one who applies for something; one who makes request; a petitioner

Appraisal

the provision of certain pre-defined information to Ministers for decision making

Area of outstanding natural beauty

(AONB) area designated by the Countryside Agency where the primary purpose is the conservation and enhancement of natural beauty including flora, fauna, geology and landscape.

Article 4 direction

an order requiring a planning application to be made where normally permitted development rights would apply.

Article 14 direction

issued by the Secretary of State to restrict the grant of planning permission by a local planning authority, either indefinitely or for a specified period, normally to give the Department time to decide whether to call in the application (see called-in application).

Assessment

a report which details the entire range of significant effects to decision makers; this can be a legal requirement in the case of EIA or SEA.

B1-B8 employment land

employment land-use classes are set out under the Use Classes Order made by the Secretary of State. Classes B1-B8 consist of light/general industry also warehousing and storage.

Background building

a building that is not a distinctive landmark.

Backland development

the development of sites at the back of existing development, such as back gardens.

Barrier

an obstacle to movement.
Best value  the process through which local authorities work for continuous improvement in the services they provide. Councils are subject to independent best value audits by the Best Value Inspectorate.

Betterment  the amount by which the value of land is increased by development or by the grant of planning permission, or because of the development of neighbouring land.

Biodiversity  a measure of the number and range of species and their relative abundance in a community.

Bio-diversity action plan  sets out detailed action on how biodiversity will be conserved or enhanced, either nationally or locally.

Block  The area bounded by a set of streets and undivided by any other significant streets.

BPEO (best possible environmental option)  provides the most benefits or the least damage for the environment, as a whole, at acceptable cost, in the long term as well as the short term.

Brownfield sites  a subset of previously developed land (PDL). Brownfield sites are likely to require remedial works prior to redevelopment.

Building element  a feature (such as a door, window or cornice) that contributes to the overall design of a building.

Building envelope guidelines  diagram(s) with dimensions showing the possible site and massing of a building.

Building preservation order  a notice under Section 3 of the Planning (Listed Buildings and Conservation Areas) Act 1990 to protect buildings of special architectural or historic interest from demolition or alterations that would affect their interest.

Built environment  the entire ensemble of buildings, neighbourhoods and cities with their infrastructure.

Built form  buildings and structures.

Business clusters  geographic concentration of interconnected companies, specialised suppliers, service providers, related industries, associated research and other institutions.

Called-in application  a planning application referred to the Secretary of State for determination by virtue of the powers contained in section 77 of the Town and Country Planning Act 1990.

Change of use  more correctly referred to as a ‘material change of use’. A change in the use of land or buildings that is of significance for planning purposes, often requiring planning permission.

Character area  an area with a distinct character, identified as such so that it can be protected or enhanced by planning policy. The degree of protection is less strong than in a conservation area.

Circular  guidance, including policy, issued by a government department usually, but not always, in support of legislation.
<p>| <strong>CLEA</strong> | Contaminated land exposure assessment: framework that facilitates the rapid identification of sites that pose a significant risk to human health and help avoid blight on other sites. |
| <strong>Commitments</strong> | all land with current planning permission or allocated in local plans. |
| <strong>Community forests</strong> | a joint initiative between the Countryside Agency and the Forestry Commission to promote the creation, regeneration of well-wooded landscapes around major towns and cities. |
| <strong>Comparison goods</strong> | 'non perishable' goods for retail sale which are often stocked in a wide range of sizes, styles, colours and qualities, including furniture, carpets, televisions etc. |
| <strong>Compulsory Purchase Orders</strong> | (CPOs) notice issued by the government or a local authority to acquire land or buildings for public interest purposes. |
| <strong>Conditions</strong> | stipulations attached to a planning permission to limit or direct the manner in which a development is carried out. |
| <strong>Conservation area</strong> | an area given statutory protection under the Planning Acts, in order to preserve and enhance its character and townscape. |
| <strong>Consultation</strong> | procedures for assessing public opinion about a plan or major development proposal, or in the case of a planning application, the means of obtaining the views of affected neighbours or others with an interest in the proposal. |
| <strong>Contaminated land</strong> | land which has been polluted or harmed in some way rendering it unfit for safe development and most practical uses. |
| <strong>Context (or site and area) appraisal</strong> | a detailed analysis of the features of a site or area (including land uses, built and natural environment, and social and physical characteristics) which serves as the basis for an urban design framework, development brief, design guide, or other policy or guidance. |
| <strong>Controlled Parking Zone</strong> | (CPZ) an area in which all kerbside space is controlled by either waiting or loading restrictions or by designated parking spaces. |
| <strong>Convenience goods</strong> | goods which tend to be purchased regularly and which are usually sold by supermarket, grocers, newsagents, confectioners, tobacconists, off-licences. |
| <strong>Countryside Agency</strong> | organisation responsible for advising government and taking action on issues affecting the social, economic and environmental well-being of the English countryside. |
| <strong>Defensible space</strong> | public and semi-public space that is surveyed, demarcated or maintained by somebody. Defensibility is also dependent upon the existence of escape routes and the level of anonymity that can be anticipated by the users of space. |
| <strong>Density</strong> | the mass or floorspace of a building or buildings in relation to an area of land. Density can be expressed in terms of plot ratio (for commercial development); homes or habitable rooms per hectare (for residential development); site coverage plus the number of floors or a maximum building height; space standards; or a combination of these. |
| <strong>Departure</strong> | a proposed development which is not in accordance with a local plan but which due to exceptional circumstances the local planning authority proposes to accept after due publicity and possible referral to the Secretary of State or the National Assembly for Wales. |
| <strong>Deposit draft</strong> | the first full version of the updated Local Plan/Structure Plan which details proposals for future strategic planning guidance and full explanatory text. The Deposit Draft plan will be subject to a six week consultation period. |
| <strong>Derelict land</strong> | land so damaged by industrial or other development that it is incapable of beneficial use without treatment. |
| <strong>Design and build</strong> | an arrangement whereby a single contractor designs and builds a development, rather than a contractor building it to the design of an independent architect. |
| <strong>Design champion</strong> | a person responsible for ensuring that a particular organisation – a local authority, regional development agency, health agency or government department, for example – promotes high standards of design throughout its work. |
| <strong>Design code</strong> | a document (usually with detailed drawings or diagrams) setting out with some precision the design and planning principles that will apply to development in a particular place. |
| <strong>Design guidance</strong> | a generic term for documents providing guidance on how development can be carried out in accordance with the planning and design policies of a local authority or other organisation. |
| <strong>Design policy</strong> | relates to the form and appearance of development, rather than the land use. |
| <strong>Design standards</strong> | produced by districts and unitary authorities, usually to quantify measures of health and safety in residential areas. |
| <strong>Detailed/full application</strong> | the most common type of planning application is one that seeks full or detailed planning permission. Whilst, it should contain all the information needed for the LPA to reach its decision, the LPA may seek further information. |
| <strong>Determination</strong> | local planning authority process to decide whether a proposed development requires planning permission. |
| <strong>Development</strong> | statutorily defined under the Town and Country Planning Act 1990 as ‘the carrying out of building, engineering, mining or other operation in, on, over or under land, or the making of any material change in the use of any building or other land’. Most forms of development require planning permission. |
| <strong>Development area</strong> | a priority area for environmental, social or economic regeneration or a combination of these. |
| <strong>Development brief</strong> | a document providing guidance on how a specific site of significant size or sensitivity should be developed in line with the relevant planning and design policies. |
| <strong>Development control</strong> | the process through which a local authority determines whether (and with what conditions) a proposal for development should be granted planning permission. |
| <strong>Development plan</strong> | prepared by a local authority to describe the intended use of land in an area and provide a basis for considering planning applications. Every area is covered either by a Local Development Framework or by a development plan comprising more than one document (a structure plan and a local plan, and sometimes also other plans relating to minerals and waste). |</p>
<table>
<thead>
<tr>
<th>Glossary</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Edge-of-centre</strong></td>
<td>for shopping, a location within easy walking distance of the primary shopping area, often with parking and a main store; for offices or leisure purposes, the term may refer to something more extensive a little further out but at a still walkable distance from a public transport hub.</td>
</tr>
<tr>
<td><strong>Elevation</strong></td>
<td>(i) An external face of a building. (ii) A diagrammatic drawing of this. (iii) The height of a site above sea level.</td>
</tr>
<tr>
<td><strong>Enabling development</strong></td>
<td>(i) Commercial development whose profitability makes possible a related development or restoration of social, historic or environmental value. (ii) Development (such as building an access road) that is necessary for carrying out another development.</td>
</tr>
<tr>
<td><strong>Energy efficiency</strong></td>
<td>the result of minimising the use of energy through the way in which buildings are constructed and arranged on site.</td>
</tr>
<tr>
<td><strong>Enforcement</strong></td>
<td>procedures by a local planning authority to ensure that the terms and conditions of a planning decision are carried out, or that development carried out without planning permission is brought under control.</td>
</tr>
<tr>
<td><strong>English Heritage</strong></td>
<td>a national body funded by the government to promote and give advice on building conservation matters.</td>
</tr>
<tr>
<td><strong>English Nature</strong></td>
<td>a national body funded by the government to promote and give advice on the conservation of England’s wildlife and natural features.</td>
</tr>
<tr>
<td><strong>Environment Agency</strong></td>
<td>the leading public body for protecting and improving the environment in England and Wales.</td>
</tr>
<tr>
<td><strong>Environmental appraisal</strong></td>
<td>the process of weighing all the policies in a development plan for their global, national and local implications.</td>
</tr>
<tr>
<td><strong>Environmental health</strong></td>
<td>covers areas including air, water and land contamination and quality, waste management, pest control, energy usage and production, transport issues, emergency planning, electromagnetic radiation risks all within the framework of sustainable development.</td>
</tr>
<tr>
<td><strong>Environmental impact assessment</strong></td>
<td>(EIA) under the Town and Country Planning (Assessment of Environmental Effects) Regulations 1988, proposers of certain scheduled developments are required to submit a planning application with an accompanying environmental statement, evaluating the likely environmental impacts of the development, together with an assessment of how the severity of the impacts could be reduced.</td>
</tr>
<tr>
<td><strong>Established use</strong></td>
<td>a use which does not conform to a plan but against which enforcement proceedings cannot be taken, often because of the length of time a use has been in operation.</td>
</tr>
<tr>
<td>** Examination in public**</td>
<td>(EIP) consideration of public views on a draft structure plan or proposed changes to it, held before an independent panel.</td>
</tr>
<tr>
<td><strong>Feasibility</strong></td>
<td>the appropriateness of development in relation to economic and market conditions.</td>
</tr>
<tr>
<td><strong>Fine grain</strong></td>
<td>the quality of an area's layout of building blocks and plots having small and frequent subdivisions.</td>
</tr>
<tr>
<td><strong>Form</strong></td>
<td>the layout (structure and urban grain), density, scale (height and massing), appearance (materials and details) and landscape of development.</td>
</tr>
<tr>
<td><strong>General permitted development order</strong></td>
<td>(GPDO) the Town and Country Planning (General Permitted Development) Order 1995 grants rights (known as permitted development rights) to carry out certain limited forms of development without the need to make an application for planning permission.</td>
</tr>
<tr>
<td><strong>Green belt</strong></td>
<td>an area of land designated in Development Plans within which development is strictly controlled for the purpose of curbing the outward expansion of large urban areas and preventing the coalescence of smaller settlements.</td>
</tr>
<tr>
<td><strong>Green industries</strong></td>
<td>companies or organisations that produce environmentally related goods and/or services, also companies that function in an environmentally sustainable manner.</td>
</tr>
<tr>
<td><strong>Greenfield land/sites</strong></td>
<td>land or sites that have not been previously developed.</td>
</tr>
<tr>
<td><strong>Green infrastructure</strong></td>
<td>network of multi-functional green space</td>
</tr>
<tr>
<td><strong>Green space</strong></td>
<td>the outdoor environment of habitats, public access areas, formal and informal recreational facilities, historic sites and areas, woodlands and urban landscaping.</td>
</tr>
<tr>
<td><strong>Habitable room</strong></td>
<td>all living rooms and bedrooms, but not kitchens, bathrooms, WCs or circulation space, are normally regarded as habitable for the purposes of density calculations.</td>
</tr>
<tr>
<td><strong>Health impact assessment</strong></td>
<td>a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population.</td>
</tr>
<tr>
<td><strong>Higher density housing development</strong></td>
<td>PPG3 encourages housing development which makes more efficient use of land, which is classed as being between 30 and 50 dwellings per hectare net. Higher densities than this are encouraged in certain more accessible locations and in main urban areas.</td>
</tr>
<tr>
<td><strong>Highways Agency</strong></td>
<td>an Executive Agency of the Department for Transport (DfT): responsible for operating, maintaining and improving the strategic road network in England on behalf of the Secretary of State for Transport.</td>
</tr>
<tr>
<td><strong>Housing commitments</strong></td>
<td>comprise outstanding planning permissions for housing together with housing sites identified in Local Plans.</td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td>permanent resources serving society’s needs, including public transport provision, roads, sewers, electricity, gas and water supplies as well as community facilities, schools, hospitals, railways, communication networks etc.</td>
</tr>
<tr>
<td><strong>Integrated transport strategy</strong></td>
<td>the integration of land-use and transportation planning to allow transport provision and the demand for travel to be planned and managed together, balancing the use of different modes of transport to encourage easy transfer between them and reduced reliance on the private car.</td>
</tr>
<tr>
<td><strong>Key worker</strong></td>
<td>can be defined according to income or, more commonly, according to occupation.</td>
</tr>
<tr>
<td><strong>Land compensation</strong></td>
<td>concerns the assessment of compensation where land, or some other interest in land, is being acquired, either compulsorily, or by agreement, by an authority possessing compulsory purchase powers.</td>
</tr>
<tr>
<td>Glossary</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Landmark</td>
<td>a building or structure that stands out from the background buildings.</td>
</tr>
<tr>
<td>Layout</td>
<td>the way buildings, routes and open spaces are placed in relation to each</td>
</tr>
<tr>
<td></td>
<td>other.</td>
</tr>
<tr>
<td>Legibility</td>
<td>the degree to which a place can be easily understood by its users and the</td>
</tr>
<tr>
<td></td>
<td>clarity of the image it presents to the wider world.</td>
</tr>
<tr>
<td>Lifetime homes</td>
<td>a set of design features which make the home flexible enough to cope with</td>
</tr>
<tr>
<td></td>
<td>whatever comes along in life. Part M of the Building Regulations goes some</td>
</tr>
<tr>
<td></td>
<td>way to meeting the requirements of Lifetime Homes.</td>
</tr>
<tr>
<td>Listed building</td>
<td>building or other structure of special architectural or historic interest</td>
</tr>
<tr>
<td></td>
<td>included on a statutory list and assigned a grade (I, II* or II).</td>
</tr>
<tr>
<td>Live edge</td>
<td>provided by a building or other feature whose use is directly accessible</td>
</tr>
<tr>
<td></td>
<td>from the street or space which it faces; the opposite effect to a blank</td>
</tr>
<tr>
<td></td>
<td>wall.</td>
</tr>
<tr>
<td>Local Delivery</td>
<td>(LDP) every PCT has developed a three-year local development plan. The LDP</td>
</tr>
<tr>
<td>Plan</td>
<td>identifies the resources available and how these will be used to improve</td>
</tr>
<tr>
<td></td>
<td>the health of the local population and local health services.</td>
</tr>
<tr>
<td>Local delivery</td>
<td>delivery mechanisms which co-ordinate, focus and bring forward major new</td>
</tr>
<tr>
<td>vehicles</td>
<td>developments. The key delivery mechanisms are Urban Development</td>
</tr>
<tr>
<td></td>
<td>Corporation (UDC); Urban Development Area (UDA); Urban Regeneration</td>
</tr>
<tr>
<td></td>
<td>Company (URC); and Limited Liability Partnership (LLP).</td>
</tr>
<tr>
<td>Local development</td>
<td>a portfolio of Local Development Documents (LDDs) which will deliver the</td>
</tr>
<tr>
<td>framework</td>
<td>spatial planning strategy for a local planning authority (LPA).</td>
</tr>
<tr>
<td>Local distinctiveness</td>
<td>the positive features of a place and its communities which contribute to</td>
</tr>
<tr>
<td></td>
<td>its special character and sense of place.</td>
</tr>
<tr>
<td>Local Improvement</td>
<td>(LIFT) joint venture between the Department of Health, the local health</td>
</tr>
<tr>
<td>Finance Trust</td>
<td>community (including individual practitioners) and the private sector.</td>
</tr>
<tr>
<td></td>
<td>The local LIFT Company will have a long term partnering agreement to deliver</td>
</tr>
<tr>
<td></td>
<td>investment and services in local care facilities.</td>
</tr>
<tr>
<td>Local plan</td>
<td>statutory development plan prepared by a local planning authority setting</td>
</tr>
<tr>
<td></td>
<td>out detailed policies for environmental protection and development.</td>
</tr>
<tr>
<td>Local planning</td>
<td>the local authority or council that is empowered by law to exercise planning</td>
</tr>
<tr>
<td>authority</td>
<td>functions. This is normally the local borough or district council, but in</td>
</tr>
<tr>
<td></td>
<td>some other areas there is a different arrangement.</td>
</tr>
<tr>
<td>Local transport</td>
<td>a statutory five-year strategy for sustainable transport and a safe and</td>
</tr>
<tr>
<td>plan</td>
<td>integrated transport network which, in turn, helps achieve wider and</td>
</tr>
<tr>
<td></td>
<td>longer-term objectives.</td>
</tr>
<tr>
<td>Massing</td>
<td>the combined effect of the arrangement, volume and shape of a building or</td>
</tr>
<tr>
<td></td>
<td>group of buildings. This is also called bulk.</td>
</tr>
<tr>
<td>Material</td>
<td>a matter which should be taken into account in deciding on a planning</td>
</tr>
<tr>
<td>consideration</td>
<td>application or on an appeal against a planning decision.</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>constituting a large urban area, usually including a city, its suburbs</td>
</tr>
<tr>
<td></td>
<td>and outlying areas.</td>
</tr>
</tbody>
</table>
### Mineral planning guidance notes
(MPGs) a series of documents issued by the Office of the Deputy Prime Minister setting out government policy and advice on planning issues relating to mineral resources.

### Mixed uses
a mix of complementary uses within a building, on a site or within a particular area.

### Mobility
the ability of people to move round an area, including carers of young children, older people, people with mobility or sensory impairments, or those encumbered with luggage or shopping.

### Multi-modal studies
a programme of studies of transport options in key corridors across the country.

### National park
tract of predominantly open and attractive countryside designated under the National Parks and Access to the Countryside Act 1949 with its own administration and management role and function as a local planning authority.

### National Service Frameworks
(NSFs) these set national standards and define service models for a particular service or care group, for example, NSFs for Older People, Mental Health and Coronary Heart Disease.

### National waste strategy
document resulting from EU legislation that details the Government’s vision for improving the management of waste and resources.

### Natural surveillance
the discouragement to wrong-doing by the presence of passers-by or the ability of people to see out of windows. Also known as passive surveillance (or supervision).

### Nature conservation
the preservation, management and enhancement of natural plant and animal communities, and occasionally modified vegetation, as representative samples of their kind.

### New town
free-standing new settlement designated and planned under the New Towns Act 1946 and subsequent legislation.

### NHS Estates
an executive agency of the Department of Health. They manage the public sector estate and facilities management (efm) services – from strategic estate strategies and the planning of buildings to meet the modernisation of clinical services, through to the concept of the well-serviced hospital. The Agency works closely with Strategic Health Authorities.

### NHS Purchasing and Supply Agency
an executive agency of the Department of Health. The agency is a centre of expertise, knowledge and excellence in purchasing and supply matters for the health service.

### NHS Trusts
responsible for providing high quality and accessible patient centred services within a framework of national standards and local agreements. They work with PCTs, Strategic Health Authorities and other partners to meet the health care needs of communities. This includes NHS Foundation Trusts.

### Node
a place where activity and routes are concentrated.

### Non-conforming use
a use which does not conform to the general provisions of the development plan for the area in which it is located.
<table>
<thead>
<tr>
<th><strong>Non-fossil fuel obligation</strong></th>
<th>(NFFO) a provision of the Electricity Act 1989 requiring regional electricity companies to take a proportion of their electricity from energy sources other than fossil fuels.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline application</strong></td>
<td>application for planning permission to establish that a development is acceptable in principle, subject to approval of detailed matters.</td>
</tr>
<tr>
<td><strong>Out-of-centre</strong></td>
<td>a location that is separated from a town centre but is not necessarily outside the built-up area.</td>
</tr>
<tr>
<td><strong>Out-of-town</strong></td>
<td>an out-of-centre development on a green-field site or on land not clearly within the current urban boundary.</td>
</tr>
<tr>
<td><strong>Overview and Scrutiny Committees</strong></td>
<td>Local authority Overview and Scrutiny Committees (OSCs) have powers to scrutinise local health services. The NHS has a legal duty to consult the OSC at an early stage on any substantial change to health services. All meetings of the OSC are held in public.</td>
</tr>
<tr>
<td><strong>Park and ride</strong></td>
<td>scheme enabling motorists to leave their vehicles at edge-of-town car parks and travel into town centres by public transport.</td>
</tr>
<tr>
<td><strong>Parks &amp; gardens of special historic interest</strong></td>
<td>parks and gardens containing historic features dating from 1939 or earlier and registered by English Heritage in three grades as with historic buildings (GSHI).</td>
</tr>
<tr>
<td><strong>Performance criterion/criteria</strong></td>
<td>a means of assessing the extent to which a development achieves a particular functional requirement (such as maintaining privacy). This compares with a standard, which specifies more precisely how a development is to be designed (by setting out minimum distances between buildings, for example).</td>
</tr>
<tr>
<td><strong>Permeability</strong></td>
<td>the degree to which a place has a variety of pleasant, convenient and safe routes through it.</td>
</tr>
<tr>
<td><strong>Perspective</strong></td>
<td>a drawing showing the view from a particular point as it would be seen by the human eye.</td>
</tr>
<tr>
<td><strong>Plan monitor and manage</strong></td>
<td>advocated in PPG3, an approach to the provision of housing requirements whereby continual monitoring is undertaken in order to maintain accurate records of requirements thereby being able to adjust provision accordingly.</td>
</tr>
<tr>
<td><strong>Planning gain</strong></td>
<td>the principle of a developer agreeing to provide additional benefits or safeguards, often for the benefit of the community, usually in the form of related development supplied at the developer’s expense.</td>
</tr>
<tr>
<td><strong>Planning inspectorate</strong></td>
<td>Government agency which administers the Planning Appeals system.</td>
</tr>
<tr>
<td><strong>Planning obligations and agreements</strong></td>
<td>legal agreements between a planning authority and a developer, or offered unilaterally by a developer, ensuring that certain extra works related to a development are undertaken, usually under Section 106 of the Town and Country Planning Act 1990.</td>
</tr>
<tr>
<td><strong>Planning policy guidance notes</strong></td>
<td>(PPGs) a series of documents issued by ODPM setting out government policy and advice on planning issues. Replaced by PPSs.</td>
</tr>
<tr>
<td><strong>Planning policy statements</strong></td>
<td>(PPSs) provide national planning policy guidance on a range of specific planning issues.</td>
</tr>
<tr>
<td><strong>Plot ratio</strong></td>
<td>a measurement of density expressed as gross floor area divided by the net site area.</td>
</tr>
<tr>
<td><strong>Previously developed land</strong></td>
<td>(PDL) Land that is or was occupied by a permanent structure (excluding agricultural or forestry buildings).</td>
</tr>
<tr>
<td><strong>Primary care</strong></td>
<td>first contact, continuous, comprehensive and co-ordinated care provided to individuals and population undifferentiated by age, gender, disease or organ system.</td>
</tr>
<tr>
<td><strong>Primary care trusts</strong></td>
<td>PCTs are responsible for assessing the health needs of their local community, preparing plans for health improvement and commissioning local health care services. They are the lead NHS organisation for partnership working with local authorities and other partners.</td>
</tr>
<tr>
<td><strong>Priority area for economic regeneration</strong></td>
<td>(PAER) identified in Regional Planning Guidance 9, PAER’s are areas featuring deprivation of regional significance for which tailored regeneration strategies are produced and implemented through a range of partnership and funding approaches.</td>
</tr>
<tr>
<td><strong>Proactive development control</strong></td>
<td>any process by which a local authority works with planning applicants to improve the quality of development proposals as early as possible in period before a planning application is submitted.</td>
</tr>
<tr>
<td><strong>Proximity principle</strong></td>
<td>suggests that waste should generally be disposed of as near to its place of production as possible.</td>
</tr>
<tr>
<td><strong>Public health</strong></td>
<td>concerned with improving the health of the population and with the underlying determinants of ill-health, rather than treating the diseases of individual patients.</td>
</tr>
<tr>
<td><strong>Public Health Observatory</strong></td>
<td>based in each of the nine government office regions they monitor health and disease trends and advise on methods for improving health and health inequality as well providing early warning on future health problems.</td>
</tr>
<tr>
<td><strong>Public realm</strong></td>
<td>the parts of a village, town or city (whether publicly or privately owned) that are available, without charge, for everyone to use or see, including streets, squares and parks. Also called public domain.</td>
</tr>
<tr>
<td><strong>Public right of way</strong></td>
<td>a way where the public has a right to walk, and in some cases ride horses, bicycles, motorcycles or drive motor vehicles, which will be designated either as a footpath, a bridleway, a road used as a public path (RUPP) or a byway.</td>
</tr>
<tr>
<td><strong>Purchase notice</strong></td>
<td>requires a local planning authority to purchase an interest in land where a planning decision conflicts with the private interests of landowners.</td>
</tr>
<tr>
<td><strong>Recycling</strong></td>
<td>the use of wastes including domestic and industrial wastes either for the generation of energy or for the development of new products.</td>
</tr>
<tr>
<td><strong>Regional Economic Strategy</strong></td>
<td>a regional framework for economic development, skills and regeneration which will ensure better strategic focus for and co-ordination of activity in the region whether by the Regional Development Agency or by other regional, sub-regional or local organisations.</td>
</tr>
<tr>
<td><strong>Regional public health group</strong></td>
<td>co-located in each of the nine regional Government Offices. They are responsible for the development of an integrated multi-sectoral approach to tackling the wider determinants of health; informing regional work on economic regeneration, education, employment and transport; ensuring that there is proper health contribution to local strategic partnerships; ensuring the quality of the performance management of the public health function; emergency and disaster planning and management (including communicable diseases and environmental hazards); and being the main point of contact on serious concerns about clinical standards (and associated enquiries).</td>
</tr>
<tr>
<td><strong>Regional shopping centre</strong></td>
<td>out-of-town concentration of shops, usually containing over 50,000 square metres gross retail area, typically offering a wide range of comparison goods.</td>
</tr>
<tr>
<td><strong>Regional Transport Strategy</strong></td>
<td>ensure that land-use planning and transport planning are fully integrated in order to steer new development to more sustainable locations.</td>
</tr>
<tr>
<td><strong>Renewable energy</strong></td>
<td>energy generated from resources that are unlimited, rapidly replenished or naturally renewable such as wind, water, sun, wave and refuse, and not from the combustion of fossil fuels.</td>
</tr>
<tr>
<td><strong>Ribbon development</strong></td>
<td>a narrow band of development extending along one or both sides of a road.</td>
</tr>
<tr>
<td><strong>RIGS</strong></td>
<td>Regionally Important Geological/Geomorphological Sites are non-statutory sites of regional importance recognised by English Nature and local authorities.</td>
</tr>
<tr>
<td><strong>Rural development area</strong></td>
<td>priority area for economic and social development.</td>
</tr>
<tr>
<td><strong>Rural diversification</strong></td>
<td>activities undertaken on surplus land to support farming incomes, including, for example, forestry, leisure and tourism.</td>
</tr>
<tr>
<td><strong>Scale</strong></td>
<td>the size of a building in relation to its surroundings, or the size of parts of a building or its details, particularly in relation to the size of a person.</td>
</tr>
<tr>
<td><strong>Secondary care</strong></td>
<td>specialist care, traditionally provided from a hospital setting in support of the Primary Care team; eg, surgery or specialist medical services, including old age medicine and mental health services. Also exists in other settings; eg, in mental health and community settings</td>
</tr>
<tr>
<td><strong>Section</strong></td>
<td>A drawing showing a slice through a building or site.</td>
</tr>
<tr>
<td><strong>Section 106 agreement</strong></td>
<td>(see planning obligation) an agreement related to the grant of a planning permission which places restrictions or requirements on those with an interest in the land to which the permission relates.</td>
</tr>
<tr>
<td><strong>Sequential approach</strong></td>
<td>locational strategy by which the first preference for development should be PDL within town centres, followed by edge-of-centre sites i.e urban extensions, and lastly out-of-centre sites in locations that are widely accessible by public transport.</td>
</tr>
<tr>
<td><strong>Settlement pattern</strong></td>
<td>the distinctive way that the roads, paths and buildings are laid out in a particular place.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Severance</td>
<td>caused by transport infrastructure, eg roads or rail, being built through a community, with a proportion of local residents being cut off not only from safe and easy access to shops, schools and other facilities but also from their social networks.</td>
</tr>
<tr>
<td>Site of special scientific interest</td>
<td>(SSSI) area identified by English Nature or Countryside Council for Wales for protection by reason of the rarity of its nature conservation or wildlife features.</td>
</tr>
<tr>
<td>Social exclusion</td>
<td>a situation suffered either by individuals or areas resulting from a combination of linked problems such as unemployment, poor skills, low income, poor housing, high crime environments, bad health and family breakdown.</td>
</tr>
<tr>
<td>Spatial planning</td>
<td>brings together all policies that have a bearing on development and use of land, whether these originate in local planning documents, economic strategies, regeneration briefs, or elsewhere.</td>
</tr>
<tr>
<td>Special needs</td>
<td>those sectors of the population, who may require specialised facilities or access arrangements. For example: the young, the elderly, those with restricted mobility and those with no access to a car.</td>
</tr>
<tr>
<td>Statutory</td>
<td>required by law (statute), usually through an Act of Parliament.</td>
</tr>
<tr>
<td>Statutory undertakers/statutory utilities</td>
<td>providers of essential services such as gas, electricity, water or telecommunications.</td>
</tr>
<tr>
<td>Strategic corridors</td>
<td>forming part of the County Council Development Strategy two specific corridors are identified as areas of search to accommodate development which cannot be provided within the urban areas over the Plan period.</td>
</tr>
<tr>
<td>Strategic environmental assessment</td>
<td>(SEA) a process to ensure that significant environmental effects arising from policies, plans and programmes are identified, assessed, mitigated, communicated to decision-makers, monitored and that opportunities for public involvement are provided.</td>
</tr>
<tr>
<td>Strategic health authority</td>
<td>(SHA) ensure the delivery of improvements in health and health services locally by PCTs and NHS Trusts within the national framework of developing a patient-centred NHS. SHAs must consider the overall needs of the health economy across primary, community, secondary and tertiary care, and work with PCTs and NHS trusts to deliver a programme to meet these needs.</td>
</tr>
<tr>
<td>Strategic service development plan</td>
<td>(SSDP) a whole health systems approach in relation to capacity planning for primary care, acute care and related services. This should be based on the Local Development Plans and provide a framework reflecting local and joint aspirations between health, social services and other stakeholders for 5-10 years, eg voluntary sector, to develop integrated services and ultimately the design and development of a modern primary care estate.</td>
</tr>
<tr>
<td>Strategic view</td>
<td>the line of sight from a particular point to an important landmark or skyline.</td>
</tr>
<tr>
<td>Structure plan</td>
<td>a statutory Plan for the future environment and development of a County covering a 15 year period. The Plan contains written policies and a Key Diagram. See also Development Plans.</td>
</tr>
<tr>
<td>Sui generis</td>
<td>uses of land or buildings which do not fall into any of the use classes identified by the Use Classes Order, for example theatres, laundrettes, car showrooms and filling stations.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Supplementary planning guidance</strong></td>
<td>additional advice issued by a local planning authority expanding upon its statutory policies.</td>
</tr>
<tr>
<td><strong>Sustainable development</strong></td>
<td>‘meets the needs of the present generation without compromising the ability of future generations to meet their own needs’.</td>
</tr>
<tr>
<td><strong>Tariff</strong></td>
<td>fixed fee/charges/formula (see planning obligation)</td>
</tr>
<tr>
<td><strong>Tertiary care</strong></td>
<td>specialised consultative care, usually on referral from primary or secondary medical care personnel, by specialists working in a centre.</td>
</tr>
<tr>
<td><strong>Topography</strong></td>
<td>a description or representation of artificial or natural features on or of the ground.</td>
</tr>
<tr>
<td><strong>Town centre</strong></td>
<td>describes city, town and traditional suburban centres that provide a broad range of facilities and services and which fulfil a function as a focus for a community and for public transport.</td>
</tr>
<tr>
<td><strong>Town centre management</strong></td>
<td>partnership of local organisations, businesses and individuals to promote the common good of a town by developing, managing, promoting and improving facilities, the useful resources, the economy and the environment of a town centre.</td>
</tr>
<tr>
<td><strong>Townscape</strong></td>
<td>the appearance and character of buildings and all other features of an urban area taken together as a whole.</td>
</tr>
<tr>
<td><strong>Traffic calming</strong></td>
<td>management measures designed to lower traffic speeds or redirect traffic to alternative routes to avoid congestion, reduce accidents and injuries and prevent excess levels of pollution.</td>
</tr>
<tr>
<td><strong>Transport development areas</strong></td>
<td>(TDA’s) highly accessible locations within which development and transport objectives are integrated thereby ensuring efficient use of land, i.e. promoting the location of travel intensive land uses adjacent to major transportation interchanges.</td>
</tr>
<tr>
<td><strong>Transport nodes</strong></td>
<td>identified locations that provide greater integration of land uses with transportation requirements, particularly focusing on public transport networks.</td>
</tr>
<tr>
<td><strong>Travel plan</strong></td>
<td>a package of practical measures to encourage alternatives to single occupancy car use and to reduce the need to travel at all for work/business.</td>
</tr>
<tr>
<td><strong>Unitary development plan</strong></td>
<td>produced by certain unitary district authorities and London boroughs which have responsibility for the full range of local authority services. Replaced by Local Development Frameworks.</td>
</tr>
<tr>
<td><strong>Urban capacity study</strong></td>
<td>a study aimed at the accurate assessment of the total housing capacity for an urban area.</td>
</tr>
<tr>
<td><strong>Urban design</strong></td>
<td>the art of making places. Urban design involves the design of buildings, groups of buildings, spaces and landscapes, in villages, towns and cities, and the establishment of frameworks and processes that facilitate successful development.</td>
</tr>
<tr>
<td><strong>Urban design framework</strong></td>
<td>a document setting out how development plan policies should be implemented in a particular area where there is a need to control, guide and promote change.</td>
</tr>
<tr>
<td><strong>Urban extension</strong></td>
<td>development that occurs on edge of town sites.</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Urban fringe</strong></td>
<td>predominantly open land on the edge of an existing urban area.</td>
</tr>
<tr>
<td><strong>Urban regeneration</strong></td>
<td>re-use or redevelopment of decaying or run-down parts of older urban areas to bring them new life and economic vitality.</td>
</tr>
<tr>
<td><strong>Urban renaissance</strong></td>
<td>a vision for urban regeneration founded on the principles of design excellence, social well being, and environmental responsibility within a viable economic and legislative framework.</td>
</tr>
<tr>
<td><strong>Urban structure</strong></td>
<td>the framework of routes and spaces that connect locally and more widely, and the way developments, routes and open spaces relate to one another.</td>
</tr>
<tr>
<td><strong>Use classes order</strong></td>
<td>the Town and Country Planning (Use Classes) Order 1987 puts uses of land and buildings into various categories, planning permission not being required for changes of use within the same use class.</td>
</tr>
<tr>
<td><strong>Vernacular</strong></td>
<td>the way in which ordinary buildings were built in a particular place before local styles, techniques and materials were superseded by imports.</td>
</tr>
<tr>
<td><strong>Visual clutter</strong></td>
<td>the uncoordinated arrangement of street furniture, signs and other features.</td>
</tr>
<tr>
<td><strong>Walk band</strong></td>
<td>a line on a map or plan showing the furthest distance that can be walked from a particular point at an average pace in a certain time (usually five or ten minutes).</td>
</tr>
<tr>
<td><strong>Waste planning authorities</strong></td>
<td>prepare waste development plans that take account of national and regional planning policy guidance. They also determine planning applications for waste management facilities.</td>
</tr>
<tr>
<td><strong>Wildlife corridor</strong></td>
<td>a continuous area facilitating the movement of wildlife through rural or urban environments.</td>
</tr>
<tr>
<td><strong>Wind farm</strong></td>
<td>large open site where wind speeds are consistently high on which a number of wind turbines generate electricity for private or commercial use.</td>
</tr>
<tr>
<td><strong>Workforce development confederations</strong></td>
<td>bring together local NHS and non-NHS employers to plan and develop the health and social care workforce. The NHS is not the only employer of healthcare staff: local authorities, private and voluntary sector providers and others need to work together if workforce planning and development is to be effective and meet the healthcare needs of local populations.</td>
</tr>
<tr>
<td><strong>Written statement</strong></td>
<td>documentary statement of policy, forming part of a development plan submitted by a local planning authority and requiring formal approval.</td>
</tr>
</tbody>
</table>

Compiled and adopted from sources within the main body of the document and

- [www.eppingforestdc.gov.uk](http://www.eppingforestdc.gov.uk), [www.bedfordshire.gov.uk](http://www.bedfordshire.gov.uk) and
- [CABE138](http://www.cabe.gov.uk)
12. Resources and references

**Resources**

The websites listed below provide valuable sources of information. The list is not exhaustive - these websites also contain up to date links to issues associated with urban and rural development and the planning process.

### Social and cultural
- Information and resources for crime reduction: www.crimereduction.gov.uk
- Joseph Rowntree Foundation: www.jrf.org.uk
- National Statistics: www.statistics.gov.uk

### Governance
- Local Government Association: www.lga.gov.uk
- Planning Advice - Planning Aid Services: www.rtpi.org.uk/planning-advice/pa-paid.html
- Planning Inspectorate: www.planning-inspectorate.gov.uk
- Planning Portal: www.planningportal.gov.uk
- Social Exclusion Unit: www.socialexclusionunit.gov.uk

### Environmental
- Countryside Agency: www.countryside.gov.uk
- English Nature: www.english-nature.org.uk
- English Partnerships: www.englishpartnerships.co.uk
- Environment Agency: www.environment-agency.gov.uk
- UK National Air Quality Information Archive: www.airquality.co.uk

### Housing and the built environment
- Commission for Architecture and the Built Environment: www.cabe.org.uk
- BRE Environmental Assessment Method (BREEAM): www.bre.co.uk/breeam/ecohomes
- Department for Environment, Food and Rural Affairs: www.defra.gov.uk
- Design Quality Indicators: www.dqi.org.uk
- English Heritage: www.english-heritage.org.uk
- Future Healthcare Network: www.fhn.org.uk
- Housing Quality Indicators: www.hqiuk.com
- Modernising procurement, operation and disposal of the NHS Estate: www.soldonhealth.gov.uk
- National Playing Fields Association: www.npfa.co.uk
- NHS Estates: www.nhsestates.gov.uk
- Office of the Deputy Prime Minister: www.odpm.gov.uk
- Sport England: www.sportengland.org
- Sustainable Development Commission: www.sd-commission.gov.uk

### Transport and connectivity
- Department for Transport: www.dft.gov.uk
- Highways Agency: www.highways.gov.uk
- Road traffic accidents statistics: www.dft.gov.uk/stellent/groups/dft_transstats/documents/sectionhomepage/dft_transstats_page.hcsp
- Transport Analysis Guidance: www.webtag.org.uk

### Economy
- Department for Trade and Industry: www.dti.gov.uk
- National Workforce Group: www.nationalworkforce.nhs.uk
- NHS Purchasing and Supply Agency: www.pasa.doh.gov.uk
Reference list

27. Pain, R. Place, social relations and the fear of crime: a review. Progress in Human Geography, 24 (3) pp.365-387, 2000
35. Evans, G. and Shaw, P. A study into the impact of Lottery Good Cause spending in the UK. draft final report. 2001. Centre for Leisure and Tourism Studies, University of North London for the Department for Culture, Media and Sport.

65.
86. Ineichen B and Hooper D. Wives' mental health and children’s behavior problems in contrasting residential areas. Social Science and Medicine, 8 pp.369-374, 1974


94. Ling Wong, J. How to increase ethnic participation in National Parks and develop a model to change management structures of countryside authorities and agencies. Ethnic Environmental Participation, 3 pp.23-25, 2000


138. CABE. The councillor’s guide to urban design. 2003. www.cabe.org.uk
The health and social care sector must play a full and active role across the growth areas identified in the Sustainable Communities Plan.

This checklist is part of a suite of materials funded by the ODPM to promote flexible and effective partnership working. The other materials are available on www.mksm.nhs.uk and include:
- key elements of the spatial planning system
- what works? a structured review of evidence linking urban and rural development with health change
- planning for access – how to integrate accessibility into masterplans

Key messages
• Spatial planning brings together all policies that have a bearing on development and the use of land. This includes providing for physical and social infrastructures.
• NHS organisations can promote sustainability through their own policies on waste, transport, investment in staff and capital and purchase of goods and services.
• The health and social care sector needs to look to the long-term and identify the land-use implications of changing patterns of care and of projected changes in the size and profile of populations.
• The health and social care sector needs to engage with colleagues in the planning system, bringing their expertise to the dialogue about sustainability and contributing to ensuring the quality of regeneration and new development from early conceptual stages through to service provision.
• The assessment and appraisal processes provide key opportunities for addressing health-related issues. Health impact assessment should be carried out within the plan-making process.
• The health and social care sector should play a full part, with others, in ensuring that all its stakeholders are engaged in the planning process and able to contribute meaningfully at each stage.
• All those with an interest in health and sustainability will want to ensure that: green spaces, public transport and community facilities are high quality, easily available and well located; services are provided seamlessly across communities; and green spaces and the built environment are designed with accessibility in mind.

‘The Spatial Planning Checklist provides a sound basis for taking a more holistic and integrated approach to planning’
Jane Hamilton, Milton Keynes Partnership

‘This is a worthwhile and valuable document, in which many key messages and actions have linkages to the Countryside Agency’s own remit.’
Countryside Agency