



Liverpool
Public Health
Observatory



Top Tips for a Healthy Planned Environment

Final Report

Lyn Winters, Matthew Ashton,
Sophie Grinnell and Alex Scott-Samuel

Observatory Report Series No. 73
Published July 2010

PROVIDING INTELLIGENCE FOR THE PUBLIC HEALTH

Top Tips for a Healthy Planned Environment

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Liverpool Public Health Observatory and Cheshire and
Merseyside Public Health Network ChaMPs

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About this Report

Top Tips for a healthy planned environment is the fifth document in the *Top Tips* series that aims to promote public health. It was commissioned by the ChaMPs¹ Federation of Directors of Public Health from Liverpool Public Health Observatory.

Previous documents in the series were:

- *Top tips for healthier hospitals*, published in November 2006;
- *Top tips for health in local authorities*, published in January 2008;
- *Top tips for healthier workplaces*, published in September 2008
- *Top tips for promoting sexual health*, published in October 2009.

Who should read this?

This research is for local authorities, PCTs and other relevant agencies to enable them to most effectively promote and improve the health and wellbeing of the local population in relation to the internal and external aspects of the planned environment. The advice contained in this report is targeted at the following groups:

- Planners and urban designers
- Architects
- Community groups
- Councillors
- Developers
- Environmental health officers
- Green space managers
- Landscape architects
- Local authorities officers
- Publicly funded agencies
- Healthcare trusts
- Schools
- Students
- Teachers

The key topic areas covered are: history, policy, transport, physical activity, environmental sustainability, wellbeing, crime prevention, alcohol, fast food, sunbeds and tobacco, which feature examples of best practice and “top tips”.

This report will support the integration of the health and planning agendas.

¹ Cheshire and Merseyside Public Health Network

The executive summary and full report of each of the *Top tips* publications can be found on the ChaMPs website at www.nwph.net/champs/Publications and also on the Liverpool Public Health Observatory website at www.liv.ac.uk/PublicHealth/obs. Printed copies can be obtained by contacting Francesca Bailey at the Observatory on 0151 794 5570.

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ChaMPs Public Health Network

Cheshire and Merseyside Partnerships for Health (ChaMPs for Health) is a public health network for primary care trust, academia, local authorities, NHS trusts and wider organisations.

The network's mission is to build partnerships to promote and protect public health and wellbeing, and develop capacity and capability in the public sector.

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Liverpool Public Health Observatory

Liverpool Public Health Observatory is an NHS research and development unit based in, and closely integrated with, the Division of Public Health at the University of Liverpool. The Observatory was founded in 1990 and was the model for the regional public health observatories established across England in 1998. Its staff consists of a part-time director, three researchers, and an administrator.

The principal purpose of the Observatory is the analysis, and interpretation of health relevant information for those who make or influence policies affecting public health whether they be in the public, private, or voluntary sectors.

www.liv.ac.uk/PublicHealth/obs

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1 Executive Summary

Town planning was born out of the public health movement, with a desire to replace slums with well-designed cities and suburbs. It was an answer to infectious diseases such as cholera and tuberculosis caused by poor housing, poor sanitation and overcrowding.

Today we have a greater understanding of the complexities of planned environments and the consequences this has for health and wellbeing. Whilst changes in the planning system seek to create new healthier settlements, we also need to address the historical multiple overlapping burdens unhealthy development has on some of our communities. This coupled with the potential impacts of climate change, pose real challenges in developing sustainable communities. The repositioning of Public Health leaders more firmly within political governance structures goes some way to amend this, as they can influence how health and wellbeing is 'built in' to planning policies, programmes and projects (for example through good building design, streets and neighbourhoods, and parks and green space.)¹

Legislation and Policy

"The changes in the planning system offer new opportunities for NHS staff to integrate health into town planning."

"Local planning authorities and their Local Development Frameworks can significantly influence and contribute to improvements in health and take health inequalities into account, as well as assisting future reconfigurations of healthcare services."

"Using HIA in planning can make a positive contribution to health by mitigating potential negative impacts of developments, such as fear of crime, community severance and road accidents whilst enhancing positive impacts such as social cohesion, a sense of community identity and belonging, access to employment and access to key public services."

Top Tips for healthy planning strategies, programmes and plans

The Royal Town Planning Institute's *"Delivering Healthy Communities"*² recommends:

- Spatial and health planning to be integrated in the early stages of developing plans and programmes. This requires joined-up working between practitioners.
- Plans to be developed with the active involvement of all of those likely to be affected, both existing residents and potential incomers. It is important to involve 'hard to reach' groups, who may be most vulnerable.
- The impact of proposed developments on human health to be explicitly considered when strategies or schemes are being put forward. This is best done by Health Impact Assessment (HIA) as part of the wider environmental assessments that are required for schemes or policies.

Top Tips from report authors:

- Thematic documents to include health in the borough.
- Within the Local Development Framework documents include indications of areas suffering from highest levels of social and economic deprivation and/or ill health.
- If you are required to undertake an Environmental Impact Assessment consider doing a full Health Impact Assessment (HIA).
- Develop local threshold indicators for HIA, as all submitted plans should have a clear statement as to whether there is any possible impact on health inequalities.
- Consider using Supplementary Planning Documents around density of hot food takeaways, location of alcohol premises, healthy design or open spaces
- Agree a threshold size of planning applications that would trigger PCT involvement. Directors of Public Health or their senior representatives to attend local authority planning committee meetings when these planning applications are discussed.³
- Ensure community participation in the sustainable community strategy process as the Local Development Framework should reflect community priorities and aspirations on health and wellbeing.¹
- Agree a mechanism for informing the NHS when a Section 106 agreement is being prepared so they have the opportunity to comment.¹

For the NHS

Primary Care Trusts (PCTs) will have an opportunity to influence the Local Development Framework (LDF) through their membership of the Local Strategic Partnership and through public consultation.⁴ The NHS needs to get involved in the planning system so that it can influence:⁵

- Regional, sub-regional and local policies to improve health and take health inequalities into account.
- planning obligations - to secure any necessary contributions from developers towards the provision or cost of additional healthcare facilities arising from any new development.
- the development potential of their own land and buildings (for health service or alternative uses) by having them included within the local policy framework.
- Influence planning decisions, in relation to major planning applications.

For Local Planning Authorities

It is important to ensure that dialogue is encouraged with the NHS, to better understand respective needs in the planning process. This will enable proposed developments to be discussed and their impact assessed on the health and wellbeing of the local population and on existing healthcare provision. This can feed into Local Development Frameworks (LDFs) and Section 106 agreements (s106). The checklist in Table 2 [in the main report] can help with this process. Also it will enable consideration to be given to how best to tackle health inequality and regenerate the most deprived areas.⁵

- Make contact with your PCT at the highest level.
- Identify whose job it will be to talk to the health and health care sector
- Audit current arrangements jointly and agree a simple protocol for managing communications on planning and health.
- Make sure that the PCT (as well as the Strategic Health Authority) is consulted in the process for producing the LDF and make sure they know the timetable.
- Make sure your Core Strategy reflects the LDF which assesses the impacts of the wider determinants of health and plots the patterns of ill health and inequalities.
- Insist on an up to date assessment of current health services and buildings and plots their location and catchments.
- Explain the future pattern of growth in the Borough and the likely population changes to the PCT.
- Work with the PCT to agree key policies to promote health and prepare a spatial plan to show how the supply of health services matches the projected demand over the next 15 years.
- Agree arrangements and responsibilities for monitoring planning applications that have implications for health.
- Agree with the PCT how s106 agreements could contribute to the provision of new health facilities and insert them into relevant Local Development Documents (LDDs).
- Put in place sound financial procedures for making use of s106 financial contributions.
- Meet with the PCT [regularly] to check how things are going

A good core strategy is the overarching policy document for the Local Development Framework and the delivery strategy for the Sustainable Community Strategy. Every other Local Development Document is built on the principles it sets out, regarding the use of land in a Local Planning Authority's area.

According to the Commission for Architecture and the Built Environment (CABE) a good core strategy will need to⁶:

- Tell a story of the place, explain how it works and highlight its qualities and distinguishing features.
- Set an agenda to say what is wanted for the area, express aspirations and be proactive and positive about the future of the place and say how this will be achieved. Say what is expected in terms of design quality.
- Say it clearly: making the core strategy relevant and understandable to a wide audience, [use diagrams to inform the text].

In addition, a good core strategy should, in accordance with national planning policy¹:

- Have a time horizon of at least 15 years
- Should be kept up to date
- Include a monitoring and implementation framework.

Transport and Physical Activity

“Twice as many trips are made by car as by walking and cycling combined. Yet most car journeys are short enough to be walked or cycled...Better conditions for walking and cycling could make many of these trips health promoting.”

“Places that are relatively dense and well served, with a good mix of facilities and services, attractive buildings, clean and pedestrian friendly streets and green spaces will discourage car use and encourage walking, cycling and socialisation. In a densely populated place public transport becomes ever more efficient and viable.”

Top Tips for promoting physical activity

To promote active travel:

It is important that key decision-makers in local authorities act immediately on the following six principles drawn up by an alliance of partners promoting public health.⁷ In particular, they should be endorsed in new developments:

- *Set ambitious targets for a growth in walking and cycling* – and ensure they are met: publish a coherent strategy for growth in walking and cycling, based on experience of what works; monitor and performance-manage progress through Overview and Scrutiny Committees and within Local area Agreements or equivalents. Local strategic partners, including NHS bodies business and community groups, should hold planners and developers to this.
- *Invest at a realistic level:* commit 10% of transport budgets to walking and cycling immediately.
- *Create safe, attractive walking and cycling conditions*, with coherent high quality networks linking all everyday destinations, so that walking and cycling are faster and more convenient than motor travel, backed up by individualised travel marketing, school and workplace travel plans, practical walking promotion programmes and high quality cycle training.
- *Make 20mph or lower speed limits the norm for residential streets* and those used by shoppers, tourists and others, close to schools or public buildings, or important for walking and cycling or children’s play. In urban areas only the busiest strategic traffic routes should now qualify for higher speed limits
- *Tackle bad driving*, through improved driver training and awareness campaigns.

- *'Health check' every transport and land use decision*, focusing on the potential impact on levels of walking and cycling and other aspects of health; invest public money to the benefit of public health, and reject proposals whose impact on walking and cycling will not be positive.

Developing the network of streets

Factors to consider at the city level and/or town level scale include⁸:

- The linking of public space networks - from civic square to shopping precinct, from station to town centre, from home zone to high street - will provide more coordinated and better quality local walking and cycling environments and so reduce the need to travel by car.
- City centre streets and interchanges have greater footfall and higher density occupancy. They therefore require robust design and management to avoid the need for regular replacement of materials and features and should be allocated greater construction and management resources to reflect their key role in place making.
- Streets should form an attractive environment for walking and cycling. Applying the five Cs (comfortable, connected, conspicuous, convivial and convenient) to all streets as standard can help to improve their performance as walking and cycling routes.
- Scale, type and use across the public realm network can provide for variety and diversity. Streets should be considered and managed as the social and environmental space of the city, not just as traffic routes.

Promoting the use of stairs

Climbing stairs is a means of increasing exercise that can be easily fitted into everyday activities. When regularly used stairs can promote fitness.

- Architects to re-consider the place of stairs within buildings, and investigate innovative approaches, such as creating attractive central stairs, alongside the traditional lift and fire escape.⁹
- Architects, designers and facility managers responsible for public buildings to ensure that staircases are clearly signposted and are attractive to use by being well-lit and decorated.¹⁰
- Stair posters and riser banners on steps can encourage the use of stairs.¹¹

Promoting inclusive environments

The Disabled Persons Transport Advisory Committee has developed the following guidance for the promotion of personal mobility for disabled people.¹²

For local authorities:

- Ensure your staff can demonstrate qualifications and competencies in access issues. Training courses are available.
- Ensure you follow recommended guidelines on access.
- Regularly review access for disabled people, perhaps using the experiences of disabled people with a range of impairments.
- Publish information on what you provide for disabled people.

- Ask disabled people what problems they experience using the streets you are responsible for.
- When approving planning decisions consider the needs of pedestrians with limited mobility ranges, including access for disabled motorists.

The following recommendations are given from the Landscape Trust:¹³

- Where it is proposed to use a different form of separation between the footway and the carriageway (or shared area) other than the recognised kerb or tactile paving, local authorities should be prepared to carry out research before implementation to demonstrate clearly that their design solutions are suitable and effective.
- Local authorities should consult and engage effectively with local disabled people at all stages of street design proposals.

[See also Top Tips for promoting wellbeing: Principles of inclusive design, page 12]

Environmental Sustainability

“Environmental sustainability is the ability to maintain the qualities that are valued in the physical environment that meets the needs of the present without compromising the ability of future generations to meet their needs.”

“A key area to reduce health inequalities will be action to create healthy and sustainable places and communities.”

“Green infrastructure has a vital role to play in environmental sustainability: cleaning the air, promoting better flood protection, countering the urban heat island effect, support for biodiversity, sustainable waste management and renewable energy.”

Top Tips for environmental sustainability

Public Space

The quality of public space plays a major role in the economic, social and environmental sustainability of cities. Directors of service in planning, highway, transport, engineering and parks departments have a key role in public space design and management through the spatial planning of public space across their sectors and disciplines.¹⁴

- **Develop public space strategies** to deal holistically with streets, green spaces and civic spaces. These spatial strategies should support cross-

departmental and partnership working by involving local strategic partnerships.

- **Reduce energy use** through better management, maintenance and design of the public space network.
- **Appoint a public space champion** - a member-level portfolio holder with all-round political responsibility for public space.
- **Create public space design and management documents**, in the form of local guidelines, strategies and policies that address how both new and existing public space is to be designed and managed.
- **Assess the quality and provision of public space** by using the methodology of Planning Policy Guidance 17 and its accompanying good practice guide.
- **Ensure the principles of *Manual for Streets* informs all street design decisions** to create attractive streets for all.

Reducing food miles

If food can be produced locally it cuts down on the miles taken in transportation thus reducing carbon emissions. For small towns to be self-sufficient in growing vegetables and orchard fruits, the following are top ten tips from Incredible Edible Todmorden:

- Build schools for the future that has the living edible world at its heart where the school children get actively involved in the green project through a school orchard, raised growing beds etc.
<http://www.incredible-edible-todmorden.co.uk/projects/growing-in-schools/?c=Schools-Projects>
- Transform health buildings with edible plants and trees as an integral part of the design and workplace.
- All public bodies to release land for food growing.
- Plan for food – Support local food production through the planning system with all local plans identifying places for growing.
- Tick all the boxes – Make growing a performance indicator for ‘wellbeing’ for all Public Services.
- Insist all new homes to have ready-to-grow spaces.
- All social landlords to allocate space for growing.
- Charter for truly local markets – support local food producers and farmers and campaign for the reallocation of subsidies.
- Make sure public bodies like schools and health authorities have as a priority to procure local food.
- Invest in food skills for the future. We need incredible degrees and diplomas, cooks and technologists, farmers and fabulous food producers.

Green Infrastructure

The CABI Grey to Green campaign is calling for changes in the way that we approach and fund green infrastructure (GI). With particular reference to local authorities¹⁵:

- *Landscape institute accreditations each year.* A minimum of 550 new entrants annually on to Landscape Institute accredited courses from 2010 and beyond are required to meet future demand.
- *An urban greening champion in every local authority.* Each local authority to have a cabinet member with a portfolio commitment to championing an urban greening programme.
- *A technical green infrastructure specialist in every local authority.* Each local authority to employ a technical specialist, such as a chartered landscape architect, with access to an existing budget who can ensure that GI awareness and skills to deliver are embedded across the local authority.
- *Regular 'green surgeries' in every ward.* Councillors should organise regular 'green surgeries' in every ward, along the lines of an alternative local Gardeners' Question Time. This would give community groups access to relevant local authority officers' expertise and resources. This should be supported by offering both councillors and officers training on partnership work with communities on green projects.

Sustainable NHS buildings

Healthy Futures: Buildings and Sustainable Development propose that sustainable NHS buildings will:

- Be designed to promote patient recovery and staff retention.
- Be accessible by public transport, walking and cycling.
- Be a brownfield site location.
- Be a site and design that preserves and enhances biodiversity.
- Be adaptable to change e.g. climate, new ways of working, new technology, flexible design to alter function of rooms.
- Engage the local community in the planning process – e.g. Enquiry by Design and Health Impact Assessment.
- Provide community resources e.g. sports, arts, green spaces etc.
- Use local labour and suppliers in construction and service delivery.
- Use resources, such as energy and water, efficiently in its construction and throughout its lifetime.
- Use environmentally sensitive building materials that are not harmful to health.
- Minimise waste by reusing and recycling building and other materials.

Wellbeing and Crime Prevention

“A place where a person lives can affect a person’s reported levels of mental wellbeing. In a recent survey in the North West satisfaction with the local area increased as mental wellbeing increased and decreased as deprivation of an area increased.”

“Surveys of patients show that works of art and design in hospitals are popular with patients and can reduce stress levels, provide enjoyment and help to distract from immediate worries or medical problems.”

“Crime prevention requires planners, designers and crime prevention practitioners to work together.”

Top Tips for promoting wellbeing and prevent crime

To ensure attractive and safe green spaces

To provide attractive safe places that the public wants to use CABE Space recommends¹⁶:

- Restore original designs where possible at sites of heritage importance.
- Ensure all designs are of a high standard, involving relevant professionals (landscape architects and designers) and valuing the contribution of users.
- Manage risk sensibly and retain positive features that attract people to parks: the paddling pool, play area and shrub beds.
- Take advantage of the potential for buildings within parks for natural surveillance, e.g. from cafes, flats and offices.
- Involve the community early in the process and continually.
- Involve ‘problem’ groups as part of the solution where possible and work hard to avoid single-group dominance in the park.
- Build a relationship with community groups that can lead to their achieving external funding and exerting a legitimate authority.
- Provide activities and facilities to ensure young people feel a sense of ownership. Addressing young people’s fear of crime as well as adults.
- Use publicity to let people know that the management believes in the place.
- Ensure that people know how to report damage and incidents.
- Make sure that maintenance budgets are adequate to support after-care.
- Employ ‘target hardening’ measures e.g. CCTV sensitively as part of overall improvements.
- Respond rapidly to vandalism and antisocial behaviour.
- Work in partnership. Others may be trying to manage similar problems and be willing to get involved and share resources.
- Research the range of tools and powers available and use appropriate enforcement where necessary to tackle problems.
- Reintroduce staff and gardeners, who provide a level of authority and a point of community interaction. Ensure they have back-up.
- Ensure that initiatives are part of a coordinated approach.

Principles of inclusive design

Inclusive design is about making places that everyone can use. The following principles will help to make an inclusive design:¹⁷

- *Put people as the heart of the design process.* Ensure that you involve as many people as possible on the design. Wheelchair and pushchair access should not be an optional extra in public buildings. Avoid steps and use a gentle incline between floors and add low window-sills for a better view.
- *Acknowledge diversity and difference.* Identify barriers to inclusion as early as possible within the design process so good design can overcome them. As well as wheelchair users and those mobility impairments understand the barriers experienced by people with learning difficulties, mental ill health, visual impairments and hearing impairments. Ensure that doors are highly visible, lay non-slip mats and where possible have automatic doors.
- *Offer choice where a single design solution cannot accommodate all users.* Ensure the design embraces everyone on equal terms. Have an environment that exceeds minimum technical specifications and inspires users.
- *Provide for flexible use.* Understand how the building or space will be used, so places will be designed so they can be adapted to changing uses and demands.
- *Buildings and environments are convenient and enjoyable to use for everyone.* Making environments easy to use for everyone means considering signage, lighting (particularly encouraging the use of natural light), visual contrast and materials. At the beginning of the design process it is important to analyse the transport patterns to and within a development.

Building houses fit for purpose

Private house builders, until recently, provided two thirds of new homes and therefore set the standards in a competitive market. Research suggests that residents are often unhappy with the amount of space in their homes. Local Authorities (LAs) have the power and the remit to influence space standards, both as funders and through planning policy and development controls. To improve this situation CABE suggests Local Authorities¹⁸:

- Introduce or apply existing minimum space standards through their planning departments.
- Recognise that adequate space in the home has an effect on health, diversity and community cohesion and that insufficient space provision in the local housing stock will impact local services.

In addition, to support the health and social care reform programme to provide convenient, quality services closer to home:¹⁹

- LAs to ensure houses are designed for life by having adaptable/flexible space¹ by promotion of recognised good standards in homes²⁰ such as: Lifetime Homes,²¹ Building for Life²² and/or Code for Sustainable Buildings.²³

Based on the affordable housing survey local authorities have influence, especially over aspects of place making and layout where lower quality was found. Local Planning Authorities could: assert their influence by²⁴:

- Ensuring Registered Social Landlords (RSLs) become involved in projects as early in the design process as possible.
- Local Planning Authorities and RSLs need to strengthen their working relationships to increase design quality, particularly in terms of layout and place making.

Health Service Building design

Health care buildings can be designed to enhance the healing environment. The King's Fund report "*Enhancing the healing environment*"²⁵ highlighted the way in which many projects bring a sense of normality to the hospital environment by ensuring that :

- Finding the building and the main entrance is obvious. It should create a good first impression, creating a sense of welcome and reassurance on arrival. However, there are some sensitive situations where it is advisable that a building does not draw attention to itself and merely blends into the surroundings. Nevertheless it needs to be identifiable, reassuring and dignified.
- Wayfinding: The use of simple colour, innovative lighting, and good signage can be used to enable visitors and patients to find their way around a busy, large hospital whilst transforming its feel. Also intuitive wayfinding can be used that incorporates a clear layout, courtyards, colour schemes and symbols.
- Social spaces: such as gardens and courtyards have ample seating designed so that they provide dignified and comfortable places for meeting relatives and friends. Gardens can also provide a therapeutic environment for rehabilitation, social activities and musical performances.
- Providing views of nature and/or gardens to increase levels of positive feelings.
- Interior spaces such as A&E waiting areas to encourage social interaction by arranging the seating in curves rather than in single rows.
- Private spaces provide both sound and visual privacy. Waiting areas and treatment rooms need to reassure patients that their confidentiality and dignity are being respected, whilst offering a calm setting for personal reflection.
- Providing links with the surrounding neighbourhood through incorporation of verbal and pictorial references to local landmarks, celebrities and history.
- Maintaining multi-sensory environments using colour, light, movement and sound to help users feel calm.
- Clinical areas use bold colours, designs and artwork to make these areas more interesting places to be cared for, and to work in.
- Attention is paid to creating a non-institutional character but at the same time a sense of safety and security.
- Hospitals include kitchen facilities to provide fresh and healthy meals that promote patient recovery.

From the practical experience of the King's Fund pilot programme focusing on environments for care at the end of life²⁶ it recommended that all these settings provide:

- A room where the patient and family can be taken for confidential discussions

- The option of single room accommodation designed to engender a feeling of homeliness (for example the use of art, personal possessions) where patients retain control over their environment, such as lighting, television, music and artwork.
- Informal gathering spaces and places where families can meet, confer and talk with care staff.
- Guest rooms where close family or friends can stay overnight with facilities for catering and internet access.
- Appropriate places for 'viewing' the deceased. For example a garden or room incorporating stained glass, colour and light to provide a sensitive, quiet and private place.

Crime prevention

The following attributes should be considered as prompts to thinking about crime prevention and promoting community safety through the planning system in the local context.

There are seven attributes of sustainable communities that can prevent crime.²⁷

- *Access and movement*: places with well-defined routes, spaces and entrances that provide for convenient movement without compromising security.
- *Structure*: places that are structured so that different uses do not cause conflict.
- *Surveillance*: places where all publicly accessible spaces are overlooked.
- *Ownership*: places that promote a sense of ownership, respect, territorial responsibility and community.
- *Physical protection*: places that include necessary, well-designed security features.
- *Activity*: places where the level of human activity is appropriate to the location and creates a reduced risk of crime and a sense of safety at all times.
- *Management and maintenance*: places that are designed with management and maintenance in mind, to discourage crime in the present and the future.

Alcohol

"In developed countries the harm from alcohol has been ranked third, following tobacco and high blood pressure, among 26 risk factors examined in terms of their contribution to disease, disability or mortality."

"The Licensing Act 2003 has provided Planning with the opportunity to become involved in licensing and provided a more flexible approach to managing nightlife: licences can be reviewed whereas planning permissions are final."

Top Tips for preventing alcohol related harm

Developing safer night time environments

The British Medical Association has made the following recommendation to Town planning and licensing authorities:

- Ensure consideration of local density of on-licensed premises and the surrounding infrastructure when evaluating any planning or licensing application.

Recommendations from “*Developing safer night time environments through effective implementation of planning*”²⁸ to improve the understanding and involvement of Planning and Regeneration in the NTE:

- Through involvement in multi-agency visits to licensed premises
- Partnership working to be developed much further between Planning, Community Safety, the Police, Licensing and other relevant bodies
- The PCT to consider organising a workshop with Community Safety, Police teams and Planning officers to share expertise, develop stronger partnership working and establish a shared vision for town centre planning
- Planning departments to be more involved in licensing and use licensing conditions both regarding opening hours and design/layout of venues to work towards the licensing objectives and improve the NTE
- Planning departments to consider whether changes of use for premises from retail to licensed premises are viable by considering the impacts on the local area both in the day and night
- Planning departments should build on the examples of best practice and suggested interventions identified in Box 16 to develop a more sustainable and safer NTE including appropriate CCTV use; improved lighting and street design; late night transport and venue design.
- Planning departments to promote a range of culturally diverse activities which encourage a range of populations to use town centres at night.

Fast Food

“Fast food is loaded with calories from refined sugar and fats. Trans fat, which is considered the most harmful type of fat, is found abundantly in various fast foods.”

“Those on low-incomes purchase calorie dense, nutrient poor foods because they are cheaper than healthier products. A connection has also been found between proximity to ‘fast food’ restaurants and increased risk of overweight and obesity in adults”

“Research by the Food Commission for the British Heart Foundation shows how healthy living messages can be undermined by the lack of nutritious food options available in venues where children go to get active.”

Top Tips for reducing the impact of fast food on health

Controlling the availability of fast food outlets

Evidence suggests that regularly eating energy dense, high salt or sugared fast food can have a detrimental effect on health, particularly in neighbourhoods with a high density of fast food outlets.

Learning from good practice:

- Local Authorities to use their planning and licensing controls to limit the number of fast food takeaways.
- Refuse planning permission to fast food takeaways within 400 metres of a school.
- Trading standards could work with fast food restaurants to improve the provision of healthy foods within fast food takeaways.

As a way to make healthier food more available and affordable, research for ObesCities²⁹ suggests:

- Using land use and planning powers to support supermarkets in poor neighbourhoods
- Support food co-ops, small grocers, farmer’s markets and mobile fruit and vegetable vendors in neighbourhoods where healthy foods are scarce.
- Require the recipients of public subsidies to increase shelf space dedicated to healthier food, reduce promotion of unhealthy foods, offer affordable healthy food options and provide living-wage jobs
- Create green jobs that support local and regional food systems
- Introduce nutritious, free school meals and incorporate healthy eating into the curriculum.

Promoting the availability of healthy food in public leisure facilities

To reverse the current trends in the growth of obesity particularly in children, concerted and joined up action is needed on both nutrition and physical activity.³⁰

- Vending machines in publicly owned leisure facilities to be stocked with healthy products that fit the School Food Trust criteria of permitted items. Publicly owned leisure facilities to sign up for the 'Healthier Food Mark.'

Sunbeds

"Sunbed use in the UK is a public health concern because sunbeds emit ultraviolet radiation that is likely to increase the risk of developing skin cancer, a disease that is almost entirely preventable."

"A comprehensive meta-analysis showed that sunbed use before the age of 35 was associated with an increased relative risk of 75% for developing malignant melanoma."

"51% and 48% of 15-17 year old girls in Liverpool and Sunderland respectively have used sunbeds, with more than 40% using them every week."

"Currently, any individual without qualifications or experience can set up a tanning salon and there are no regulatory restrictions on the type of equipment that can be purchased."

Top Tips for reducing harm from sunbeds

In the absence of government legislation many local authorities are implementing strategies to target the health and safety of establishments and to raise awareness with the public of the risks of sunbeds. From these examples, the following top tips for local authorities are provided from the Save our Skins toolkit³¹:

- Ensure that establishments providing sun tanning facilities meet current health and safety requirements
- Raise awareness of owners and staff of the potential dangers of sunbed usage and of their obligations to ensure customer safety
- Raise public awareness of the potential dangers of sunbed usage, particularly directed to children and young adults³²
- Survey sun tanning establishments in the local area to assess current levels of knowledge of owners and staff
- Produce promotional materials for owners of sun tanning facilities and for distribution to customers
- Run advertising campaigns to highlight the potential dangers of sunbed usage
- Provide staff training and checklists to raise inspection officers' awareness and inspection consistency

- Remove sunbeds from LA run premises
- Develop policies for private companies contracted to manage local authority leisure facilities.
- If possible commissioners should ensure contracted private care providers have no links with sun bed establishments.¹

Tobacco

“Smoking harms nearly every organ of the body, causing many diseases, and reduces quality of life and life expectancy.”

“The dangers of breathing in other people’s tobacco smoke (known as second-hand or passive smoking) are well documented putting people at risk of a number of disorders from minor eye and throat irritation through to heart disease and lung cancer.”

“Cigarette filters are not biodegradable. They are composed of cellulose acetate; a form of plastic. Therefore, cigarette butts can persist in the environment as long as other forms of plastic. The filters in cigarettes are specifically designed to trap toxic chemicals. When littered, these toxic chemicals leak back into the environment.”

Top Tips for tobacco control in the planned environment

Vending machines and retail displays

By October 2011 cigarette vending machines and retail displays of cigarettes will be unlawful, but public bodies can set a good example now in public buildings by:

- Removing all cigarette vending machines
- Stop displaying cigarettes at point of sale

Cigarette litter

Cigarette butts, matches, empty packets and wrappers are England’s biggest litter problem. Cigarette butts are not biodegradable and the toxic chemicals they contain threaten the quality of aquatic ecosystems and wildlife. They also look unsightly.

Councils could follow examples of good practice and:

- Consider conducting anti-cigarette litter campaigns
- Install clearly marked cigarette bins, particularly in town centres and outside municipal buildings.

Smuggling and counterfeit cigarettes

Local Authority staff play an important role in cutting down on cigarettes being smuggled into the country, and on the sales of counterfeit cigarettes. Trading Standards to work with police to deal with:³³

- The smuggling and sale of cheap cigarettes brought into the country
- Counterfeit cigarettes.

2 Introduction

The quality of the planned environment has an impact on all aspects of life. Good design contributes to perceptions of safety, reductions in crime, achieves an inclusive environment that everyone can use and helps to promote physical and mental health. Making places better for people ensures attractive usable, durable and adaptable places. It is a key element in achieving sustainable development: designing places that create social, environmental and economic value.³⁴

Quality places avoid segregation and encourage social interaction through well-planned public spaces that bring people together providing opportunities for physical activity, recreation and customers for local businesses. Good planning and design ensures a place will function well and add to the overall character and quality of an area, not just for the short term but over the lifetime of the development.³⁵

Public places should avoid the dominance of the car and prioritise in the following order: walking, cycling, public transport, service/emergency vehicle access and latterly the car and other forms of private motorised transport. Good urban design is a vital component in the design of streets, public spaces and neighbourhoods making them liveable and attractive.³⁶

Unfortunately, since the Second World War a great deal of extensive development and renewal, in this country, has been classed as “third rate” and sometimes “ugly”: lacking in any “sense of place”. Generally, design has been dominated by the needs of the motorist first. Standard housing types and layouts, “retail boxes” and road layouts have been repeated so many times with little or no regard for local context and heritage until almost everywhere looks like everywhere else.³⁶

Poor design, planning and maintenance encourages crime, deters healthy lifestyles, contributes to poor health, undermines community cohesion, deters investment, spoils the environment and, over time, incurs significant costs.^{37 38} Thus by international standards, English towns and cities generally under-perform in terms of quality of life. Quality design and planning is inextricable linked to the promotion of good health, wellbeing and sustainability.³⁹

3 Background

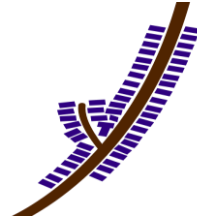
3.1 Historical Links Between Planning and Health

Green and pleasant places promote good health and wellbeing. Therefore local authorities can act as “place shapers”.⁴⁰ Town planning was born out of the public health movement, with a desire to replace slums with well-designed cities and suburbs. It was an answer to infectious diseases such as cholera and tuberculosis caused by poor housing and sanitation and overcrowding.⁴¹

Late 19th - early 20th century



Port Sunlight



Ribbon Development

In the late 19th and early 20th centuries “experimentation in health, planning and architecture was leading to the building of new kinds of communities in Saltaire, Port Sunlight and Bourneville.”⁴² Investigations by public health pioneers Charles Booth and Seebohm Rowntree challenged the prevailing ideology that poverty was part of the natural order and both described the desperate poverty of working classes at the end of the 19th century.⁴³ Ebenezer Howard took public health reform further by developing new principles of town layout and architectural design to create spacious, tree-lined avenues of houses for working people, embodying the best features of both town and countryside.⁴⁴ The Town Planning Act 1909 and Housing Acts (1919 and 1930) continued to improve conditions for the industrial work force. Housing in the 20th century was dominated by state intervention in the mass production of housing for the working class and the prolific suburban expansion of towns and cities. Both emerged when housing provision and quality of life had failed to keep up with the frantic pace of Victorian industrial development.⁴⁵

A precursor to urban sprawl and traffic congestion, ribbon development was one of the most striking expressions of the transport revolution during the interwar years. Those who could afford to moved out of industrial towns for a house with a view of the countryside, but with a link to the industrial towns via their motorcar. This was popular with developers as they did not have to construct roads. However, this uncontrolled development meant people might be remote from shops and other services. The Restriction of Ribbon Development Act 1935 aimed to prevent urban sprawl.⁴⁶

1945-1979



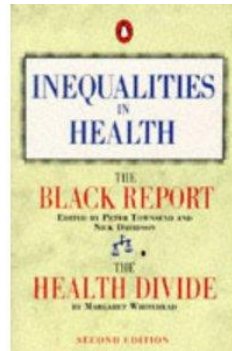
As well as welfare benefits, the Beveridge Report provided the impetus for slum clearance. During 1945-1979 housing was the biggest public health challenge of this era and new forms of untested architecture was used as house building shifted from quality to quantity.⁴³ In the post war reconstruction process, the tower block was seen as a way of quickly and cost-effectively constructing a large number of dwellings which gave benefits of availability to light, ventilation, green spaces, parking, and urban locations.⁴⁷ However, little regard to the psychosocial impact of architecture, relocation of residents, wider issues of social exclusion, or indeed views and needs of communities was made. Furthermore, complicated construction practices were rushed and many tower blocks experienced structural decay as a result and quickly turned to slums. Social problems increased in a degraded and insecure communal environment.⁴⁸

As tower block building reached its peak in the mid-sixties, Parker Morris standards became mandatory for housing design in new towns. By the 1970s local authorities did not have the resources or technical knowledge to regenerate social housing notably in tower blocks. In a government measure to lower public spending in 1980 the standards were dropped.

Prior to 1974 the responsibility for public health had remained in the local authority under the medical officer of health whose role had coordinated environmental hygiene from the 19th century reforms, run infectious disease hospitals and community services led by health visitors and included community midwives and embryonic social services.

After the 1974 reorganisation of the NHS the lead role split from local authorities and for about 10 years after there appeared to be no coherent local responsibility for the health of the population.⁴⁹ The public health movement that developed in the 19th century that emphasised the importance of the environment was eclipsed, in time, by a more individualistic medical approach.⁵⁰ Such an approach tends “to blame the victim” for his or her medical problems by explaining them largely in terms of personal behaviour. It is at odds with the more holistic notion that encompasses the environment, living standards and other structural factors.

1980-1999



However, several factors promoted a new approach to public health. The publication of the Black Report in 1980, Whitehead's the Health Divide in 1987 (published together in 1988⁵¹) and the later Independent Inquiry into Inequalities in Health in 1998⁵² showed the evidence for widespread social inequalities in health, that a socio-economic model of health illustrated was largely outside an individual's control. During the 1980s there was a major renaissance of public health awareness within Local Authorities with the establishment of new health committees and the reporting of local health profiles. At the same time the community health movement was coming of age.⁵³ With the adoption of the WHO's Health for All Targets and the Healthy Cities movement in the UK, a New Public Health Movement started to emerge that embraced social, mental and biological aspects of health.^{50 54}

3.2 Current Context

At the beginning of the 21st century “Public Health is at the crossroads: the choice is between a narrow focus on individual health issues or on the major health determinants and problems.”⁵⁵ The government’s new public health agenda is turning away from traditional concerns with environmental factors to reduce exposure to pollution and infection. Instead behavioural and lifestyle issues, including smoking, the rise in alcohol consumption, “passive drinking”, obesity and heart disease are the targets of the new public health debate.⁵⁶⁻⁵⁷

However, the built environment has a vital part to play particularly in relation to obesity and promoting healthy lifestyles and mental and physical health through good planning, design and maintenance of buildings and public spaces.⁵⁸ Nevertheless, Green Belts are now under threat from the pressure to build new homes, particularly those near major cities and towns.⁵⁹ At the same time the impacts of climate change require consideration of sustainable development and creation of sustainable communities.⁶⁰ According to the recent Marmot Review: “Creating a sustainable future is entirely compatible with action to reduce health inequalities: sustainable local communities, active transport, sustainable food production, and zero-carbon houses will have health benefits across society.”⁶¹ As Regional Directors of Public Health are now co-located in regional Government Offices, they can provide leadership in building a public health component into regional programmes of transport, urban regeneration and the environment.⁶² The changes in the planning system offer new opportunities for NHS staff to integrate health into town planning. They heighten the need for health service organisations to become actively engaged with local planning authorities.⁶³

Table 1: Timeline

1831-32	Cholera Epidemic resulted in 13,000 deaths.
1838	William Farr on appointment to the General Register Office set up a system to routinely record the cause of death. For the first time mortality rates of different occupations could be compared and underlying linkages which might help to prevent disease and suffering in the future could be uncovered.
1842	Edwin Chadwick's Report on the sanitary condition of the Labouring Population of Great Britain. Based on the miasma (bad air) theory of disease he painted a picture of poor living conditions and amenities that aggravated disease.
1844	Fredrich Engles' 'The condition of the working class in England' linked empirical evidence of living and working conditions with inequalities of health by occupational class.
1848	Second Cholera epidemic resulted in 21,000 deaths. Public Health Act. The aim of the act was to improve the sanitary condition of towns and populous places in England and Wales (publicised in Chadwick's report) by placing the supply of water, sewerage, drainage, cleansing and paving under a single local body. Although conditions initially remained unsanitary, the act began a series of legislative measures in which the state became guarantor of standards of health and environmental quality and provided means for local units of government to make the structural changes to meet those standards.
1853	Saltaire in Bradford was founded by Sir Titus Salt a philanthropist industrialist in the Yorkshire woollen industry. The model village contained neat stone houses for his workers, wash-houses, a hospital, as well as an Institute for recreation and education. The village also provided a school for the children of the workers, almshouses, allotments, a park and a boathouse.
1854	John Snow acted as a catalyst for the development of town planning. After an outbreak of cholera he was able to record the location of deaths and plot the source of the disease to a water pump in Broad Street, London where a cluster of deaths were found around. He later asked for the pump to be removed. For his investigations he is considered as one of the founders of modern epidemiology. His study was later recognised as evidence of the germ theory of disease, for which cholera could be caused by contaminated water. His discovery of contaminated water sources led to the sanitation reforms and the beginnings of a sewerage system that is still in use today.
1858	The first Chief Medical Officer's report on the State of the Public Health in England - noted the inequality with which deaths are distributed in different districts of the country.

1865	The Commons Preservation Society was formed a precursor to the National Trust. The CPS was Britain's first national conservation body and enjoyed enormous success in its campaigns to preserve public access to open spaces by insisting on the upholding of ancient common rights.
1886-1888	Charles Booth and the survey into life and labour in London (1886-1903). Port Sunlight on the Wirral, was started by William Lever as a purpose built garden village for the workers of lever brothers soap factory. It houses 800 houses, together with allotments and public buildings including an art gallery, a cottage hospital, schools, a concert hall, open air swimming pool, church, and a temperance hotel. He also introduced schemes for welfare, education and the entertainment of his workers, and encouraged recreation and organisations which promoted art, literature, science or music.
1890	Housing of the working classes Act laid down acceptable standards of housing, and further empowered local authorities to clear slums and build new council houses.
1893	Bourneville model village is where George Cadbury housed his workers from the cocoa and chocolate factory. Here families lived in traditionally designed houses but with large gardens and modern interiors. These designs became a blueprint for many other model village estates around Britain. Research has claimed that it is "one of the nicest places to live in Britain". ⁶⁴
1895	The National Trust was founded by Victorian philanthropists - Octavia Hill, Sir Robert Hunter and Canon Hardwicke Rawnsley. Concerned about the impact of uncontrolled development and industrialisation, they set up the Trust to act as a guardian for the nation in the acquisition and protection of threatened coastline, countryside and buildings.
1898	Garden city movement was founded by Sir Ebenezer Howard.
1899	Seebohm Rowntree's first investigation into poverty in York.
1903	Letchworth in Hertfordshire, was one of the first new towns, and is the world's first Garden City. Many factors underlying British housing design, and also town planning, began in Letchworth. The popularity of Barry Parker and Raymond Unwin's "country" style, plus the success of the Cheap Cottages Exhibitions of 1905 and 1907 in Letchworth, inspired British urban architectural design for many decades.
1909	Town Planning Act 1909 allowed local authorities to prepare schemes of town planning and forbade the building of back-to-back housing, symbolic of the poverty of the industrial cities. Builders were now obligated to build homes to certain standards.
1919	Ministry of Health was established in 1919 and was responsible for most social services. Housing Act 1919 gave the Ministry of Health authority to approve the design of houses. To provide "homes fit for heroes." The Act was known as the 'Addison Act' after its author, Dr Christopher Addison, the Minister of Health. It made housing a national responsibility, and local authorities were given the task of developing new housing and rented accommodation for working people. Central government gave financial help for this between 1919 and 1923.

1930	Housing Act 1930 required all slum housing to be cleared in designated improvement areas. Local authorities were forced to provide housing for those who lost their homes during slum clearance.
1930s	The economic depression left many in poverty and trapped in poor housing as the pace of house building slowed.
1935	Restriction of Ribbon Development Act. The building of houses in a continuous row along a main road caused traffic congestion, houses and resultant towns and cities were difficult to service and countryside spoilt.
1942	Beveridge Report set out a national programme of policies and services to combat ‘the five giants of Want, Disease, Ignorance, Squalor and Idleness’. It became the blueprint for the welfare state whereby the government took on the task of looking after its citizens ‘from the cradle to the grave’, including conquering squalor through new house building and slum clearance.
1946	The New Towns movement and the New Towns Act, grow out of the Garden cities movement. Unfortunately, by the time new towns were being built, the rise of the privately owned motor car had made much of Howard’s vision of fresh air, sunlight, breathing room and playing room, unattainable. With the motorcar and continued industrial development the countryside came under increasing pressure.
1947	The Town and Country Planning Act of 1947 laid down procedures to control urban sprawl into the countryside. All planning was to be subject to planning permission by local councils. Every area of the country was to have a ‘development plan’ showing how each area was either to be developed or preserved. The Town and Country planning system has essentially remained the same since the initial 1947 act, which repealed all previous legislation.
1951	The first residential tower block, "The Lawn" was constructed in Harlow, Essex and is now a Grade II listed building.
1955	The national Green belt system is put in place to prevent urban sprawl (the first Green Belts were designated around London before the Second World War)
1961	Publication of Homes for Today and Tomorrow by visionary planner Parker Morris on standards for housing. The first equivalent of the Modern Decent Homes Standard.
1966	Tower-block building was at its peak.
1967	Parker Morris standards for housing design became mandatory for new towns. In a government measure to lower public spending, the standards stopped being mandatory in 1980. Parker Morris space standards are still widely regarded within the affordable housing sector as a benchmark.
1968	Town and Country Planning Act. County Structure Plans are introduced to co-ordinate and guide local plans. They consisted of a broad framework of policies for 20 years ahead, supported by a "key diagram" showing land use, transport and environmental proposals diagrammatically. Local plans, prepared by district rather than county councils, were required to accord with the overall strategy set out in the structure plan.

1974	Reorganisation of Local Authorities and the NHS
1977	The World Health Organisation's Assembly endorsed a Health for All strategy.
1979-	Unemployment increased, inner city areas declined, social problems and health differentials increased.
1980	Inequalities in Health, known as the Black Report was first published. ⁶⁵ In 1982 it was published by Penguin Books ⁶⁶ and again it was published in 1988 with an update on health inequalities: "The health divide" ⁵¹
1984	Member states of the WHO European region adopted 38 health-related targets (revised in 1991). Taken together these medical and structural targets form what has become known as healthy public policy.
1985-	World Health Organization's Healthy Cities project in Europe was conceived in 1985 and begun in 1986. A New Public Health movement emerged that shifted emphasis from a lifestyle approach focused on people's individual health behaviour to a new focus on political and social action to address underlying issues which affect health such as poverty, employment, discrimination and the environment people live in. ⁶⁷
1998	Acheson Report "Independent inquiry into inequalities in health" ⁵²
1999	Town and Country Planning Environmental Impact Assessment Regulations –Environmental Impact Assessments requires the consideration of specific limited determinants of health. Health is not defined which could lead to a "do least scenario"
2003	Regional Directors of Public Health are co-located with nine government offices for the regions.
2004	The Planning and Compulsory Purchase Act made substantial changes to the English Development Plan system. It placed sustainable development at the heart of the planning process.
2007	White Paper - Planning for a Sustainable Future - Improves the speed and responsiveness and efficiency in land use planning. Proposes reforms of major infrastructure planning.
2010	The Marmot Review: Fair Society, Healthy Lives was published that showed how creating a sustainable future is entirely compatible with action to reduce health inequalities.

4 Legislation and Policy

4.1 Government Policy and Commitments

1999 Creation of **Commission for Architecture and the Built Environment** (CABE)

This is the government's advisor on architecture, urban design and public space. CABE has a remit to promote good standards in these areas to improve quality of life through design. <http://www.cabe.org.uk/#2>

2000 **Better Public Buildings programme** was launched by the Prime Minister to encourage high-quality design in all new public building it included the creation of ministerial design champions, promotion of design champions throughout public services, and introduction of the Prime Minister's better Public Building Award. <http://www.betterpublicbuilding.org.uk/>

2001 The publication of **Historic Environment: A Force for Our Future** emphasises that heritage is all around us and can contribute to achieving objectives across government.

http://www.culture.gov.uk/reference_library/publications/4667.aspx

2003 Licensing Act established a single integrated scheme for the licensing of premises which are used for the sale or supply of alcohol; to supply regulated entertainment; and late night refreshments. It aimed to enable local authorities to be more effective in managing licensed premises through the promotion of four licensing objectives: prevention of crime and disorder; protecting public safety; preventing public nuisance and protecting children from harm. [See section 4.1 Alcohol]

http://www.opsi.gov.uk/acts/acts2003/ukpga_20030017_en_1

2003 Establishment of **Building for Life standards** demanding sustainability and design standards for new homes and neighbourhoods. It is led by CABE and the Home Builders Federation and backed by the Housing Corporation, English partnerships, Design for Homes and the Civic trust. The 20 Building for Life criteria embody the partners' vision of what housing developments should be: attractive, functional and sustainable. These principles are founded on government policy and on guidance developed by CABE in partnership with design for Homes. The Building for Life criteria are used to evaluate the quality of schemes at both the pre-planning and post-construction phases. The criteria covers: environment and community; character; streets, parking and pedestrianisation, design and construction. The Building for Life Awards celebrate well designed housing projects and neighbourhoods in England. <http://www.buildingforlife.org/>

2004 Establishment of **Planning and Compulsory Purchase Act**. The Act introduced a fundamental reform of the planning system. The provisions introduce powers which allow for the reform and speeding up of the plans system and an increase in the predictability of planning decisions, the speeding up of the handling of major infrastructure projects and the need for simplified planning zones to be identified in the strategic plan for a region. The emphasis is on sustainable, inclusive and well designed development. The Act introduced the concept of “spatial planning” – this is more than land use planning, looking at all aspects of place making, including physical and social environmental factors, such as health.

http://www.opsi.gov.uk/acts/acts2004/pdf/ukpga_20040005_en.pdf

2004 Housing Act - Chapter 34. This Act replaces the existing housing fitness standard with the Housing Health and Safety Rating System.

http://www.opsi.gov.uk/acts/acts2004/pdf/ukpga_20040034_en.pdf

2004 **Safer Places: the Planning System and Crime Prevention**. Safer Places focuses on seven attributes of sustainability that are particularly relevant to crime prevention. The attributes are general and descriptive. They are not prescriptive. They are not a set of rules to be applied to all situations. Instead, they should be considered as prompts to thinking about crime prevention and promoting community safety through the planning system.

<http://www.communities.gov.uk/documents/planningandbuilding/pdf/147627.pdf>

2005 **Common Minimum Standards for Procurement of built environments in the public sector**. Intends to ensure investment is cost effective across the whole life of the building and promotes sustainability and good design.

http://www.ogc.gov.uk/documents/Common_Minimum_Standards_PDF.pdf

2006 Introduction of ‘**Biodiversity Duty**’ The **Natural Environment and Rural Communities (NERC) Act** came into force on 1st Oct 2006. Section 40 of the Act requires all public bodies to have regard to biodiversity conservation when carrying out their functions. This is commonly referred to as the ‘biodiversity duty’.

The aim of the biodiversity duty is to raise the profile of biodiversity in England and Wales, so that the conservation of biodiversity becomes properly embedded in all relevant policies and decisions made by public authorities.

2007 In recognition of the key role local authorities play with regard to conserving and enhancing biodiversity, Defra (Department for Environment, Food and Rural Affairs) produced two sets of guidance:

Specific guidance aimed at the needs and requirements of local authorities

http://www.naturalengland.org.uk/Images/dutyguidancelocal_tcm6-9234.pdf

Generic guidance aimed at all public authorities affected

http://www.naturalengland.org.uk/Images/dutyguidancepublic_tcm6-9233.pdf

2007 **A Strategy for England’s Trees, Woods and Forests**. This strategy recognises the need to help people engage with ownership, design, management, maintenance and use of their local trees and woodlands.

<http://dps4.plants.ox.ac.uk/downloads/EnglandForestryStrategy.pdf>

2007 **Manual for Streets** emphasises that streets should be places in which people want to live and spend time in, and are not just transport corridors. In particular, it aims to reduce the impact of vehicles on residential streets by asking practitioners to plan street design intelligently and proactively, and gives a high priority to the needs of pedestrians, cyclists and users of public transport.

<http://www.dft.gov.uk/pgr/sustainable/manforstreets/pdfmanforstreets.pdf>

2007 **Heritage Protection for the 21st Century** aims to set out a more efficient, transparent and flexible approach to protecting our heritage.

<http://www.official-documents.gov.uk/document/cm70/7057/7057.pdf>

2008 **Communities in Control real people, real power** White Paper proposed for increased promotion of public engagement in planning and design, including establishment of a 'duty to involve' and the creation of the Community Involvement in Planning Fund.

<http://www.communities.gov.uk/documents/communities/pdf/886045.pdf>

2008 **Creation of Homes and Communities Agency** Their role is to create opportunity for people to live in high quality, sustainable places. They provide funding for affordable housing, bring land back into productive use and improve quality of life by raising standards for the physical and social environment.

<http://www.homesandcommunities.co.uk/>

2008 **Lifetime Homes, Lifetimes Neighbourhoods: A National Strategy for Housing in an Ageing Society** The ageing of the population will be one of the greatest challenges of the 21st century for housing. This strategy sets out the government's response to this challenge, their plan to create Lifetime Homes in Lifetime Neighbourhoods.

It outlines their plans for making sure that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services.

<http://www.communities.gov.uk/documents/housing/pdf/lifetimehomes.pdf>

2008 **Planning Act** places all planning authorities under an explicit obligation to promote sustainability and good design. The Act introduced the Community Infrastructure Levy, a new system of planning obligations and a partial successor to the Section 106 regime.

http://www.opsi.gov.uk/acts/acts2008/ukpga_20080029_en_1

2009 **Launch of Engaging Places website** supports teaching and learning through buildings and places.

<http://www.engagingplaces.org.uk/home>

2009 **World class places** The Government's strategy for improving quality of place. This strategy lays out why and how quality of place matters and the practical steps the Government will be taking to build on the achievements of recent years and do more to create prosperous, attractive, distinctive, inclusive and sustainable world class places.

<http://www.communities.gov.uk/documents/planningandbuilding/pdf/1229344.pdf>

4.2 Planning Strategies

Under the Planning and Compulsory Purchase Act 2004 planners have a duty to contribute to the delivery of sustainable communities that require the effective involvement and engagement of a wide range of stakeholders including health and social care professionals.

Planning Policy Statements

Planning Policy Statement 1: Delivering Sustainable Development Published: 31 January 2005

The overarching principles of planning in achieving sustainable development are:

- Development plans should ensure that sustainable development is pursued in an integrated manner, in line with the principles for sustainable development set out in the UK strategy.
- Regional planning bodies and local planning authorities should ensure that development plans promote outcomes in which environmental, economic and social objectives are achieved together over time. Regional planning bodies and local planning authorities should ensure that development plans contribute to global sustainability by addressing the causes and potential impacts of climate change – through policies which reduce energy use, reduce emissions (for example, by encouraging patterns of development which reduce the need to travel by private car, or reduce the impact of moving freight), promote the development of renewable energy resources, and take climate change impacts into account in the location and design of development.
- A spatial planning approach should be at the heart of planning for sustainable development.
- Planning policies should promote high quality inclusive design in the layout of new developments and individual buildings in terms of function and impact, not just for the short term but over the lifetime of the development. Design which fails to take the opportunities available for improving the character and quality of an area should not be accepted.
- Development plans should also contain clear, comprehensive and inclusive access policies – in terms of both location and external physical access. Such policies should consider people's diverse needs and aim to break down unnecessary barriers and exclusions in a manner that benefits the entire community.
- Community involvement is an essential element in delivering sustainable development and creating sustainable and safe communities. In developing the vision for their areas, planning authorities should ensure that communities are able to contribute to ideas about how that vision can be achieved, have the opportunity to participate in the process of drawing up the vision, strategy and specific plan policies, and to be involved in development proposals.

Planning Policy Statement 11: Regional Spatial Strategies Published: 7 September 2004

Planning Policy Statement 11 (PPS11) sets out the procedural policy on the nature of Regional Spatial Strategies (RSSs) and focuses on what should happen in preparing revisions to them and explains how this relates to the Planning and Compulsory Purchase Act 2004 and associated regulations. This replaces Planning Policy Guidance 11: Regional Planning (PPG11).

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps11>

Planning Policy Statement 12: Local Spatial Planning Published: 4 June 2008

Planning Policy Statement 12 (PPS12) sets out the Government's policy on local spatial planning, which plays a central role in the overall task of place shaping and in the delivery of land uses and associated activities. This *Planning Policy Statement (PPS)* sets out government policy on local development frameworks.

This replaces Planning Policy Statement 12: Local Development Framework (PPS12) published on 7 September 2004 and Creating Local Development Frameworks: A Companion guide to PPS12 published on 2 November 2004.

This also replaces Planning Policy Guidance 12: Development plans (PPG12) published on 14 December 1999.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps12>

The Planning System

The English planning system is plan-led. Therefore if an application does not comply with a plan, it may be turned down. The Planning and Compulsory Purchase Act introduced a new “two-tiered” plan system, made up of:

- **Regional Spatial Strategy (RSS)** - the regional planning framework for each Government Office for the English Regions. It sets a vision for how a region should look in the next 15-20 years and describes factors affecting the region such as: regeneration and expansion, housing, the environment, transport and infrastructure (including health). It is prepared, updated and monitored by Regional planning bodies. The objective of the RSS is to contribute to the achievement of sustainable development and is therefore subject to Sustainability Appraisal (SA) that takes the form of a Strategic Environmental Assessment (SEA) and an Examination in Public. RSS must set out the Secretary of State's (SoS) policies in relation to the development and use of land in the region. Once signed off by SoS they become legally binding. They can be prescriptive, not solely informative, visionary as well as practical.¹ The RSS policies constitute part of the statutory development plan, and hence can be used in planning decisions at the local level.

The following is a link to the North West RSS:

<http://www.gos.gov.uk/497468/docs/248821/RSSlowresolution>

RSS will be replaced by a new single **integrated Regional Strategy**, which will replace both RSS and the Regional Economic Strategy and the Regional Housing Strategy. The preparation of the Regional Strategy is now underway in the North West – see:

<http://www.nwregionalstrategy.com/>

Local Development Framework (LDF) –has to be in line with the RSS and should also have regard to national planning policy. The Sustainable Community Strategy (SCS) should also inform the local development framework (LDF) and act as an umbrella for all other strategies devised for the area providing a key community input to the preparation of core strategies.⁴⁰ “The SCS is the ‘plan of plans’ in the area. It sits above all the other plans and should be based on evidence and consultation.”⁶⁸

LDF is a folder of local development documents (LDDs) prepared by a local planning authority that outlines how planning will be managed at a local level. The LDF is the delivery vehicle for the SCS. These documents guide and inform day-to-day decisions as to whether or not planning permission should be granted, under a system known as **Development management** also known as **Development Control** and is operational within all local planning authorities.

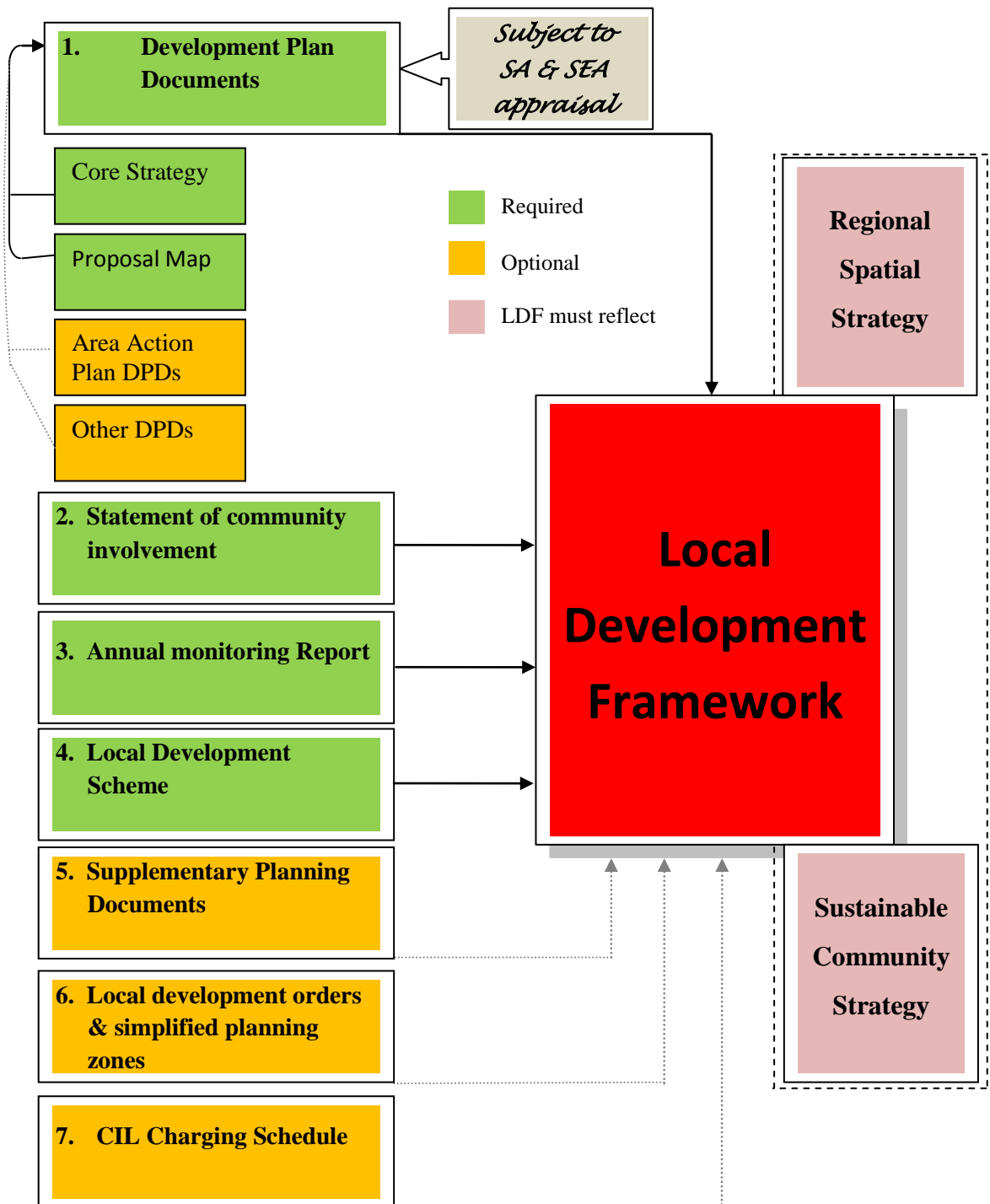
Box 1: Local Development Framework (LDF) Documents

Within the LDF documents identify areas of deprivation and/or ill health

Local Development Framework (LDF) Components

LDF documents fall into two categories: Required and Optional, as shown in figure 1. The following description of the components of the LDF is based on the Planning Portal’s interactive guide.⁶⁹

Figure 1: Components of Local Development Framework



1. Development Plan Documents (DPDs)

A LDF must include a Core Strategy and a Proposals Map. It may also contain additional optional DPDs such as Area Action Plans. These are classed as DPDs and outline the key development goals of the Local Development Framework. The

Planning Act 2008 adds a duty on councils to take action on climate change in their development plans.

DPDs are subject to rigorous procedures of community involvement, consultation and independent examination. Once adopted, development management decisions must be made in accordance with the DPDs unless material considerations indicate otherwise. DPDs are also subject to a SA and SEA ⁷⁰ to ensure economic, environmental and social effects of the plan are in line with sustainable development targets. Larger developments or those in sensitive locations can be required to submit an Environmental Statement (also referred to as an Environmental Impact Assessment).

1.1 Core Strategy - (Required)

The core strategy is the principal development plan document. It sets out the general spatial vision and objectives for delivery of the LDF. It is a crucial part of the LDF in that it positions the council as both a strategy maker and a deliverer of outcomes.

The core strategy also plays a key part in the delivery of the council's **sustainable community strategy** by setting out its spatial aspects and providing a long-term spatial vision for at least 15 years on how a local area will develop. "Unitary and district authorities should align and coordinate the Core Strategy of the LDF with their Sustainable Community Strategies."⁴⁰ The core strategy must be kept up to date and all other DPDs must be in conformity with it and the RSS.

1.2 Adopted Proposals Map (Required)

This illustrates all site-specific policies in all the adopted DPDs in map form. The Adopted Proposals Map should also identify areas of protection such as nationally protected landscape and local nature conservation areas, green belt land and conservation areas. Also include areas of deprivation and ill health. Separate inset maps may be used to show policies for part of the authority's area, such as the policies for Area Action Plans. The Adopted Proposals Map must be revised as each new DPD is adopted and should reflect the up-to-date spatial plan for the area.

1.3 Area Action Plans (Optional)

An Area Action Plan (AAP) is a development plan document focused upon a specific location or an area subject to conservation or significant change. This could include a major regeneration project or a growth area.

The AAP should focus on implementation - providing an important mechanism for ensuring development of an appropriate scale, mix and quality for key areas of opportunity, change or conservation.

An AAP should outline protection for areas sensitive to change and aim to resolve conflicting objectives in areas subject to development pressures.

Through public consultation on AAPs there are significant opportunities to influence the development of the particular area.

1.4 Other Development Plan Documents (Optional)

These can include thematic documents concerned with housing, employment, health in the borough, retail development etc.

Additional Development Plan Documents (i.e. beyond the Core Strategy) should only be produced when truly necessary and where the Core Strategy cannot guide and/or deliver.

However, most authorities include a Site Allocations DPD and/or a Development Management policies DPD. These are needed because the level of detailed policy guidance required to update a Unitary Development Plan or Local Plan cannot be contained in the Core Strategy.⁷¹

Box 2: Thematic Documents

Include health in thematic documents

2. Statement of Community Involvement (SCI) (Required)

The SCI shows how and when planning authorities intend to consult local communities and other stakeholders when preparing documents.

A key outcome of the SCI will be to encourage 'front loading' - meaning that consultation begins at the earliest stages of each document's development so that communities are given the fullest opportunity to participate in plan making and to make a difference.

Every Statement of Community Involvement must provide open access to information, actively encourage the contribution of ideas and representations from the community and provide regular and timely feedback on progress.

3. Annual Monitoring Report (Required)

A report submitted to the government by a local planning authority to assess the progress and the effectiveness of a LDF.

The Annual Monitoring Report will assess:

- are policies achieving their objectives and is sustainable development being delivered?
- have policies had intended consequences?
- are the assumptions and objectives behind policies still relevant?
- are the targets set in the LDF being achieved?

To achieve this goal, the Annual Monitoring Report will include a range of local and standard (Core Output) indicators. It should also highlight if any adjustments to the LDS are required.

4. Local Development Scheme (LDS) (Required)

This is an agreed timetable for which Councils prepares their LDFs. It identifies which local development documents will be produced, in what order and when.

The LDS acts as the starting point for the community and stakeholders to find out about the authority's planning policies in respect of a particular place or issue, and the status of those policies

5. Supplementary Planning Documents (SPDs) (Optional)

SPDs could include additional policy interpretation of specific areas such as urban design or recreational strategies, or further guidance on specific sites or locations. These documents can use illustrations, text and practical examples to expand on how the authority's policies can be taken forward. They could include guidance on how the local planning authority may apply its planning contributions or Section 106 (s106) agreements (after the relevant section of the 1990 Act). This refers to “legal agreements” and

“planning obligations” that relates to monies paid by developers to offset the costs of the external effects of the development. [See Charging Schedule below]

Local planning authorities will still need to screen their SPDs to ensure that legal requirements for a SA are met where there are impacts that have not been covered in the appraisal of the parent DPD or where an assessment is required by the Strategic Environmental Appraisal Directive. Local authorities must involve the community in the preparation of SPDs.

Box 3: Examples of Supplementary Planning Documents

Consider SPDs on:
the density of hot food takeaways;
location of alcohol premises;
healthy design or open spaces.

6. Local Development Orders and Simplified Planning Zones (Optional)

The LDF may also contain Local Development Orders and Simplified Planning Zones.

A Local Development Order is made by a planning authority in order to extend permitted rights for certain forms of development, with regard to a relevant LDD.

A Simplified Planning Zone is an area in which a local planning authority wishes to stimulate development and encourage investment. It operates by granting a specified planning permission in the zone without the need for a formal application or the payment of planning fees.

7. Community Infrastructure Levy Charging Schedule (Optional)

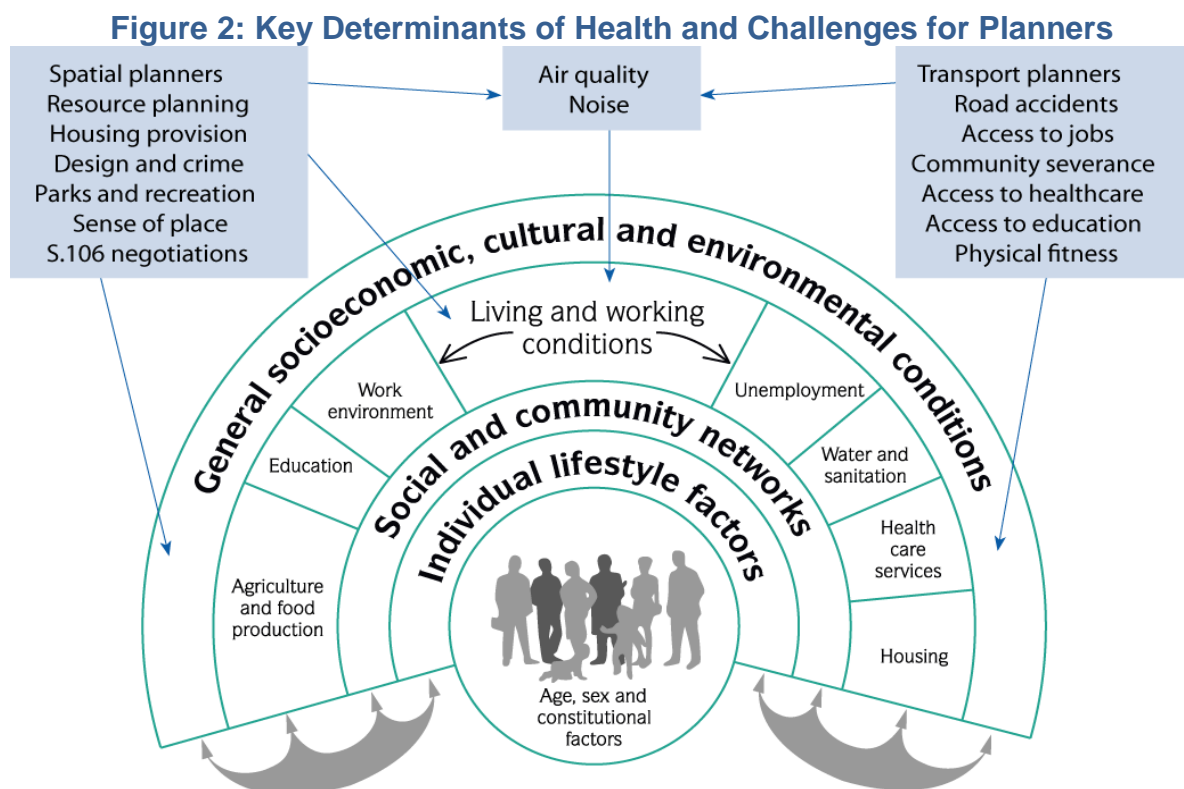
From 6th April 2010, Local Authorities were empowered, but not required, to introduce a new Community Infrastructure Levy (CIL) on new developments for supporting infrastructure such as roads, public transport, schools, health facilities and so forth. The CIL has been described as more transparent, flexible and possibly fairer than s106 agreements.⁷² If a local authority wants to adopt the CIL regime it must produce a “Charging Schedule” setting out the rates of CIL that will operate in their area. The charging schedule is a new type of document within the LDF in England, which will be subject to independent examination and approval before it can take effect, to ensure it is evidence-based and appropriate for the local area. Local authorities will have the freedom to work together to pool contributions for CIL.⁷³

4.3 Joint working between Planning and Health

To facilitate joint understanding and working between the professions, the Department of Health has published two complementary guides aimed at planners and health professionals respectively, outlining the way in which the health and planning systems in England operate^{74 5}

While there is a growing recognition of the role of local government in achieving better health outcomes for communities and individuals, health and planning agencies often work to different timescales and with different agendas, which makes it hard to communicate. Local planning authorities and their LDFs can significantly influence and contribute to improvements in health and take health inequalities into account, as well as assisting future reconfigurations of healthcare services.⁷⁴ Putting health on the planning agenda requires partnership working at all levels: SHAs can play a major part in developing the Regional Spatial Strategies, while PCTs can influence Local Development Frameworks. Partnership working is not easy, and requires both an understanding of the health and planning issues, and meaningful ongoing dialogue between NHS organisations and local planning authorities.^{5 2}

Figure 2 shows the main determinants of health and some of the issues where planning could make a difference. Many of these health determinants relate to aspects of the urban and built environment which could be influenced through urban planning.



Dahlgren and Whitehead model of health.⁷⁵ Adapted by the RTPi⁷⁴

Another adaptation of the Dahlgren and Whitehead model is the health map.

Figure 3: Health Map



This map includes the elements of the original Whitehead and Dahlgren diagram,⁷⁶ spread out to reflect the ecosystem of the local human habitat.

It provides a tool for investigating the impacts of the natural and built environment on public health, developed in association with the UKPHA Strategic Interest Group and the World Health Organisation Healthy Cities Programme.

Based on the Whitehead and Dahlgren (1991) diagram as amended by Barton and Grant (2006) and the UKPHA Strategic Interest Group (2006)

Tools and Techniques:

The NHS London Healthy Urban Development Unit (HUDU) has developed some useful resources:

- A checklist *'Watch out for health'*⁷⁷ to help to ensure that health is properly considered when planning policies and planning proposals are being assessed. It should enable users to focus on the key elements of the policy/proposal under consideration. <http://tinyurl.com/yjvdknd>
- *'Health and urban planning toolkit'*⁷⁸ is a useful guide on how to develop effective, ongoing dialogue between health and planning authorities. http://www.healthyurbandevelopment.nhs.uk/pages/hudu_model/hudu_model.html
- The *'HUDU Model'* responds to Government's Sustainable Communities agenda by enabling a full appreciation of health service requirements resulting from a new residential or mixed use development. http://www.healthyurbandevelopment.nhs.uk/pages/hudu_model/hudu_model.html
- *'Integrating health into the core strategy'*: A guide for primary care trusts in London. This guide demonstrates to PCTs how they can get involved in and influence the spatial plans that the local authority needs to prepare. It can also be used by the local authority to check if they are getting the best from the health sector in order to produce a sound plan. <http://tinyurl.com/nxgk9l>

Lay participation in both planning and health agendas

Increasing Government encouragement for public involvement in planning and community empowerment is evident in policy statements and legislation.⁷⁹ Public participation in decision-making has been found to have a beneficial effect on health and wellbeing.⁸⁰



**Community participation using
Enquiry by Design**

Other public bodies such as the NHS are also required to seek wider community involvement in the decision-making process therefore, there is a case for improved co-ordination so joint consultations can take place to seek views on similar or overlapping issues, to avoid consultation fatigue.⁸¹ How the public should be involved and empowered is mostly left to local decision makers and practitioners. This has resulted in a wealth of innovative approaches led by practitioners, community organisations, local authorities and national and local agencies.⁷⁹ Methods for public involvement, guidance and assistance with examples of good practice are detailed at: <http://www.communityplanning.net/>

Box 4: Examples of Good Practice in Strategic Planning

A Scrapbook Project to facilitate community involvement in the East End of Glasgow's Development Strategy

The Local Development Strategy for the East End of Glasgow sets out the Council's vision and detailed guidance for development in the East End. It has been prepared in a highly consultative manner – using some very innovative techniques such as the Scrapbook Project, which was originally conceived by residents attending The Bridgeton Community Learning Centre.

In this project the Local East End residents took part in the Active Communities Programme by collating scrapbooks which highlight local journeys and environmental issues within each of the three main Local Place Change areas. This is a novel consultation process in which local people used disposable cameras to take photographs and then record anecdotal statements to comment on their environmental experiences on the journey to school, shopping, visiting friends etc. They created “Scrapbooks” which are collections of personal responses to living in the East End, from which planners and other service providers could use, which created a common language to communicate concerns and ideas for change, and which acted as a resource for exhibition work, communication material and so forth.⁸²

For Further information contact: Tim Mitchell, Principal Development Officer, Glasgow City Council, Tel: 0141 287 8613. Tim.mitchell@drs.glasgow.gov.uk or his colleagues: etive.currie@drs.glasgow.gov.uk and michael.ward@drs.glasgow.gov.uk Tel: 0141 287 8662
Rosey Robertson from the Bridgeton Community Learning Centre can be contacted at: rosemary.robertson@bclc.org.uk

4.4 Health Impact Assessment (HIA)

HIAs use a socio-environmental model of health that describes the key influences on health and is more explicit and wider than that found in other impact assessments. The coverage of human health aspects in Environmental Impact Assessment (EIA) still tends to be incomplete,⁸³ favouring a bio-medical model. Ideally health should be viewed holistically not just as the absence of disease but as a “complete state of physical, mental and social wellbeing.”⁸⁴ Increasingly, HIAs are being used to inform spatial planning decisions either as a standalone exercise or as part of an EIA.² The model of health used in HIA is explicitly shown in Figure 2, where the main determinants of health are illustrated. The proposition that policies, programs and projects have the potential to change these key determinants of health underpins HIA's use. Changes to health determinants then leads to changes in health outcomes or the health status of individuals and communities.

HIA is not a statutory requirement, although there is a requirement for HIAs to be submitted within development proposals that are 'likely to have significant impact on health' (significant by virtue of size, location, nature or sensitivity of local population groups as determined by a HIA screening tool). However, using HIA in planning can make a positive contribution to health by mitigating potential negative impacts of developments, such as fear of crime, community severance and road accidents whilst enhancing positive impacts such as social cohesion, a sense of community identity and belonging, access to employment and access to key public services. If HIA is written into the LDF or RSS as a mechanism then once signed off by the Secretary of State it becomes legally binding with implications for the public health workforce.¹

The following are three examples of HIA methodologies other methodologies and screening tools can be found on the HIA Gateway site:

<http://www.hiagateway.org.uk/>

*The Merseyside Guidelines for Health Impact Assessment*⁸⁵ These Guidelines have been written for those who wish to commission or to carry out a health impact assessment (HIA). They will be of use to those working in central or local government, the health sector, the voluntary sector, and other bodies whose work influences (or is influenced by) public policy.

<http://www.apho.org.uk/resource/item.aspx?RID=44256>

*European Policy HIA*⁷⁰ is similar the Merseyside Guidelines but it is more consistent with contemporary practice of HIA.

http://www.liv.ac.uk/ihia/IMPACT%20Reports/EPHIA_A_Guide.pdf

Box 4: HIAs

It is recommended that if you have to do an Environment Impact Assessment consider doing a full HIA.

*Equity Focused Health Impact Assessment Framework*⁸⁶ This includes an equity dimension into HIA to enable Local Authorities and PCTs to:

- Improve the health of the most disadvantaged
- Close the gap between the most disadvantaged and the better off groups
- Address the relationship between socioeconomic position and health across the population.

Box 5: Example of Good Practice: Health Impact Assessment

A Prospective Rapid Health Impact Assessment of the proposed Sports Stadium and Retail Development in Kirkby



IMPACT (The International Health Impact Assessment Consortium) carried out a rapid HIA involving secondary (existing) and some primary (new) data collection and analysis. Their terms of reference were: 'To identify the potential health effects of the new sports stadium and associated retail development within the Kirkby Town Centre (the proposals), including their differential distribution, on the population of Knowsley by undertaking a HIA of these proposals using a validated generic HIA methodology'.⁸⁷

IMPACT concluded that overall this development could result in a number of positive health impacts, however, the design as it stands does not maximise the positives and may potentially result in some negative health impacts. For instance: It was identified that although there were possible health benefits from employment, economic growth and the range and availability of more healthy food there were possible negative health impacts from the proposed urban design. This could impact on safety with the possible increase in road traffic accidents and casualties; air pollution and reduction in physical activity/active travel. Some aspects of urban design (including access and use after dark) could negatively impact on crime and fear of crime thus impacting on health and wellbeing. Also, the reduction in green space and green networks could negatively impact on physical and mental health. Stakeholders identified the current town centre and existing green space as key elements of community pride and sense of community. It is possible that the proposals will have a detrimental effect on community pride and local identity. It is also possible that forced relocation of residential housing will negatively impact on existing social networks and cause stress and anxiety for those residents.

It was recommended that the design of the proposals should be reviewed and amended to address the identified potential health impacts.⁸⁸ The HIA was submitted as part of the planning application by proponents.⁸⁹

Top Tips for developing healthy planning strategies, programmes and plans:

The Royal Town Planning Institute's "*Delivering Healthy Communities*"² recommends:

- Spatial and health planning to be integrated in the early stages of developing plans and programmes. This requires joined-up working between practitioners.
- Plans to be developed with the active involvement of all of those likely to be affected, both existing residents and potential incomers. It is important to involve 'hard to reach' groups, who may be most vulnerable.
- The impact of proposed developments on human health to be explicitly considered when strategies or schemes are being put forward. This is best done by HIA as part of the wider environmental assessments that are required for schemes or policies.

Top Tips from report authors:

- Thematic documents to include health in the borough.
- Within the Local Development Framework documents include indications of areas suffering from highest levels of social and economic deprivation and/or ill health.
- If you are required to undertake an Environmental Impact Assessment consider doing a full Health Impact Assessment (HIA).
- Develop local threshold indicators for HIA, as all submitted plans should have a clear statement as to whether there is any possible impact on health inequalities.
- Consider using SPDs around density of hot food takeaways, location of alcohol premises, healthy design or open spaces
- Agree a threshold size of planning applications that would trigger PCT involvement. Directors of Public Health or their senior representatives to attend local authority planning committee meetings when these planning applications are discussed.³
- Ensure community participation in the sustainable community strategy process as the Local Development Framework should reflect community priorities and aspirations on health and wellbeing.¹
- Agree a mechanism for informing the NHS when a Section 106 agreement is being prepared so they have the opportunity to comment.¹

For the NHS

PCTs will have an opportunity to influence the LDF through their membership of the Local Strategic Partnership and through public consultation.⁴ The NHS needs to get involved in the planning system so that it can influence:⁵

- Regional and local policies to improve health and take health inequalities into account.
- Planning obligations - to secure any necessary contributions from developers towards the provision or cost of additional healthcare facilities arising from any new development.

- The development potential of their own land and buildings (for health service or alternative uses) by having them included within the local policy framework.
- Influence planning decisions, in relation to major planning applications.

For Local Planning Authorities

It is important to ensure that dialogue is encouraged with the NHS, to better understand respective needs in the planning process. This will enable proposed developments to be discussed and their impact assessed on the health and wellbeing of the local population and on existing healthcare provision. This can feed into LDFs and s106 agreements. The checklist in Table 2 below can help with this process. Also it will enable consideration to be given to how best to tackle health inequality and regenerate the most deprived areas.⁵ The following are recommendations from Healthy Urban Development Unit.⁷⁸

- Make contact with your PCT at the highest level
- Identify whose job it will be to talk to the health and health care sector
- Audit current arrangements jointly and agree a simple protocol for managing communications on planning and health
- Make sure that the PCT (as well as the Strategic Health Authority) is consulted in the process for producing the LDF and make sure they know the timetable
- Make sure your Core Strategy reflects the wider LDF assessing the impacts of the wider determinants of health and plots the patterns of ill health and inequalities
- Insist on an up to date assessment of current health services and buildings and plots their location and catchments
- Explain the future pattern of growth in the Borough and the likely population changes to the PCT
- Work with the PCT to agree key policies to promote health and prepare a spatial plan to show how the supply of health services matches the projected demand over the next 15 years
- Agree arrangements and responsibilities for monitoring planning applications that have implications for health
- Agree with the PCT how s106 agreements will contribute to the provision of new health facilities and insert them into relevant LDDs
- Put in place sound financial procedures for making use of s106 financial contributions
- Meet with the PCT [regularly] to check how things are going

A good core strategy is the overarching policy document for the Local Development Framework and the delivery strategy for the Sustainable Community Strategy. Every other Local Development Document is built on the principles it sets out, regarding the use of land in a Local Planning Authority's area.

According to the Commission for Architecture and the Built Environment (CABE) a good core strategy will need to⁶:

- Tell a story of the place, explain how it works and highlight its qualities and distinguishing features.

- Set an agenda to say what is wanted for the area, express aspirations and be proactive and positive about the future of the place and say how this will be achieved. Say what is expected in terms of design quality.
- Say it clearly: making the core strategy relevant and understandable to a wide audience, [use diagrams to inform the text].

In addition, a good core strategy should, in accordance with national planning policy¹:

- Have a time horizon of at least 15 years;
- Should be kept up to date;
- Include a monitoring and implementation framework.

Table 2: Aide Memoire for Planning Case Officers: Healthcare

Has the local PCT been informed of the proposed development and subsequent increase in patient population?	
<i>1. The Proposed development</i>	✓
How many additional dwellings are to be developed?	
What size are the proposed dwellings (e.g. number of bedrooms – whether 1, 2, 3 or more)?	
What are the timescale and phasing of the development?	
Have the distances and access routes from the development to the nearest primary care facility been established and agreed with the PCT?	
Has the PCT confirmed that the nearest primary care facility has sufficient capacity to accommodate the additional population?	
Has the need for additional health facilities been discussed with the PCT?	
Have discussions taken place with the developer regarding S.106 contributions?	
<i>2. The new population</i>	✓
What is the anticipated population increase from the proposed development?	
What is the likely age profile and ethnic structure of the additional population?	
Is the additional population likely to be significantly different from the existing population in terms of:	
(i) Income	
(ii) Employment	
(iii) Access to transport	
(iv) Special Needs	

Further details from Jeff Jackson, Head of Facilities, Berkshire Shared Services, tel. 01753 638795, jeff.jackson@berkshire.nhs.uk Primary Care Adviser, Berkshire Shared Services, tel. 01753 638606 email andrea.Johnson@berkshire.nhs.uk

5 Health Concerns in the Planned Environment

5.1 Transport and Physical Activity

The need for active travel

British cities which are regarded highly for their urban design (e.g. Oxford, Cambridge, Bath and York) were laid out when walking was a primary means of travel and have retained their basic plan ever since. In all these cities the pedestrian can easily walk through a sequence of attractive streets and spaces of varying shapes and sizes.⁹⁰

Walking is very good for health. Just three ten minute walks a day can reduce the risk of heart disease, strokes and other serious illnesses.⁹¹ It is the easiest way for most people to integrate activity into their daily lives.⁹² Nevertheless, The National Travel Surveys show that walking is on the decline. For the average resident only 11 minutes each day is spent walking. Time spent walking or cycling fell by 8% between 1995/1997 and 2006 while the time spent travelling by car increased by 4%.⁹³ In the North West only 30% of adults confirmed that they were achieving the Government's recommended guidelines for physical activity of 30 minutes a day.⁹⁴ Twice as many trips are made by car as by walking and cycling combined. Yet most car journeys are short enough to be walked or cycled. Research for the Department of Transport has found that more than half of all car trips in three English towns could be walked.⁹⁵ Better conditions for walking and cycling could make many of these trips health promoting.⁷ Research has linked reductions in long-term health outlooks and obesity with the decline in active travel.⁹

Effects of prioritising the motorist

In the 1960s car ownership increased placing street design firmly in the hands of traffic engineers. In the interests of safety they adopted the practice of segregation of vehicles and pedestrians and the standardisation of street design to enhance vehicle flow.⁹⁶ This design preference was formalised in the 1960s through reports such as Buchanan's influential *Traffic in towns*, that established the key policy framework for streets.⁹⁷ Unfortunately, there have been unintended consequences of segregation and prioritising the motorist:

- Streets are less safe. Chances of a child between 10 and 14 dying on the roads doubled between 1955 and 1990.³⁸ Pedestrian casualty and killed or serious injury rates per 100,000 are highest for 12-15 year olds.⁹⁸ A quarter of all accidents happen in the tenth most deprived areas with children in these areas being three times more likely to be hit by a car.⁹⁹ There is now a greater use of cars to transport children even on short journeys. Parental reluctance to even allow children to play outdoors may have increased through perceived dangers with the physical environment, such as heavy traffic or stranger danger.⁹¹ Older pedestrians are more likely to be killed in

road traffic accidents. Over a third of pedestrian fatalities are aged 70 and over.⁹⁸ Crossing a road within the time allowed on traffic light controlled crossings requires an average walking speed that is higher than that achievable by most 70 year olds.¹⁰⁰

- Most streets give few opportunities for children to play.⁹⁶
- Walking has become ever more unpleasant and leads to streets that all look the same. Important streets have become such offensive environments that pedestrians are discouraged from using them resulting in a decline in walking.³⁸ This has an impact on physical and mental health.
- The quality of the public realm has declined. The centre or focal point of almost any neighbourhood, town or village is likely to be dominated by the standardised features associated with conventional traffic engineering.⁹ Major motorways and inner ring roads have “smashed through” beautiful cities demolishing historic buildings¹⁰¹ and caused community severance.
- Street design does not work in the way it was intended as the design bears little relationship to how pedestrians use the space. Observational studies of pedestrians show they ignore the design that attempts to control them. For instance: walking on the red man, jumping over barriers, ignoring underpasses, weaving through traffic, walking outside railings.³⁸
- Out-of-town shopping and leisure centres have been designed to be reached by car and are inaccessible to pedestrians.¹⁰¹
- New housing developments are built on the edge of towns with densities that are too low to support local services.¹⁰¹ This urban sprawl is associated with higher car use and less active travel.⁹

Methods to reduce traffic speed and improve safety

Around 80% of England’s public space in urban areas is in the form of streets.¹⁰² Therefore it is important that they are pleasant areas that do not impede walking and cycling. It is generally agreed that the reduction in the speed of traffic is the single most important measure to permit the use of streets and public spaces for multiple purposes. Empirical evidence suggests that journey times for vehicles improve at lower speeds, due to greater efficiencies at intersections.⁹

Shared Space

Evidence suggests that one of the best ways of civilising streets, reducing traffic speed as well as making streets pleasant and safe is to apply the principles of shared space. This removes the traditional segregation of pedestrians and motorists. Essentially it requires the removal of all unnecessary street clutter: signs, markings, signals, bollards and barriers associated with traffic engineering so pedestrians can cross where they wish. In its extreme form there is the removal of the kerb and the street can include seating and planting. In the absence of rules, predictability and certainty, drivers have to rely on cultural signals and informal social protocols. Thus it respects the driver’s intelligence. A well designed shared space will substantially improve spatial quality. It will retain navigational clues for visually impaired people including ‘safe zones’ which are demarcated areas located near building lines to help visually impaired people navigate shared spaces without fear.¹⁰³

The principles of shared space is supported by findings from the fields of behavioural and environmental psychology and in particular the development of risk compensation theory.¹⁰⁴ Risk compensation is an effect whereby people adjust their behaviour in response to perceived changes in risk. They will behave more cautiously if perception of risk is increased, thus 'dangerous is very safe' and this argument is substantiated by accident statistics. The few accidents that do happen are less severe.¹⁰⁵ Shared space is also supported by extensive observations by many practitioners, combined with case studies and monitoring reports from innovative schemes. Whereas most street planning is based on traffic assumptions that are not based in research or observations.¹⁰⁶

Early experiments in integration started in The Netherlands in the late 1960s and early 1970s with “woonerfs” or woonerven where pedestrians and cyclists have legal priority over motorists. Shared space was pioneered and promoted by a Dutch traffic engineer Hans Monderman, initially in Friesland in the north of the Netherlands, after growing concern about rising child pedestrian casualties. The influence of his work in the UK can be seen in schemes such as Kensington High Street in London, New Road in Brighton, Hope Street in Liverpool and many other urban regeneration projects. Policy and practice is now moving away from segregation of traffic and civic functions towards a more integrated urban design. Many highway authorities are introducing shared space as a key policy component to bring together aspirations for combining efficient traffic circulation, a shift of modes of transport to walking and cycling, enhancement to the public realm and improved health.⁹

Disability Equality Duty

Shared space designs have a good safety record, but despite this many disabled people have raised major concerns, particularly those with sight loss, about safety. The Disability Equality Duty introduced under the Disability Discrimination Act 2005 requires government and local authorities to use their influence over the built and pedestrian environment to promote equality for disabled people. Disability equality must be addressed within local authority policies and decision making and the involvement of disabled people in the decision making process is a key requirement of the duty. Disabled Persons Transport Advisory Committee expects local authorities to engage with disabled people and their representative organisations in the development of streetscape schemes in line with their obligations under the Disability Equality Duty. Until there is an acceptable alternative delineator, they urge the retention of kerbed footways with dropped kerbs at appropriate crossing points as an essential element of streetscape in shared surface areas.¹⁰⁷

Home Zones

These are a form of shared space in residential streets or group of streets where people come before vehicles and the aim is to meet the social needs of the local community. Encouraging children’s play is an important function. They were modelled on the “Woonerfs” in Netherland and Flanders where pedestrians and cyclists enjoy legal priority over motorists. The Institute for Highway Engineers provides guidance for designers and others involved in planning.

http://www.homezones.org.uk/public/downloads/Home_Zones_Ch1.pdf

Discouraging car use

Evidence suggests that places that are relatively dense and well served, with a good mix of facilities and services, attractive buildings, clean and pedestrian friendly streets and green spaces will discourage car use and encourage walking, cycling and socialisation. In a densely populated place public transport becomes ever more efficient and viable.³⁷

Green Spaces, green and blue infrastructure

Green infrastructure refers to a network of living green spaces that can include blue infrastructure that is water environments such as: rivers, lakes and canals. The promotion of green space within urban environments has always been strongly linked to promoting good health. Public parks account for one-third of green space in urban areas of England. Playing fields, nature reserves, allotments, gardens, cemeteries and green roofs are other examples.⁹ Research supports the health promoting effects of well designed and maintained green spaces as shown in Box 6. The evidence demonstrates a clear positive relationship between green spaces and health, although the mechanisms which generate these positive effects are not always clear. [See 5.3 Wellbeing and crime prevention: sections on green space]

Box 6: Evidence for the Health Benefits of Green Spaces

For physical exercise, the value of green spaces as places to exercise is unquestionable. However, although people who use parks regularly appear to take more exercise, access to green space does not appear to be the key variable for explaining levels of physical exercise. The attractiveness or quality of green space is an important determination of green space use and provides an additional incentive to continue to exercise. Evidence indicates that green space is most valuable as a resource for physical activity when used by high volumes of people: therefore spaces need to be accessible, of sufficient size, and connected to residential areas. Access to safe green spaces is particularly important for children and young people.¹⁰⁸ Furthermore, easy access to green space is particularly beneficial to areas of highest deprivation. Research shows that “populations exposed to greener environments also enjoy lower levels of income-related health inequality.”¹⁰⁹

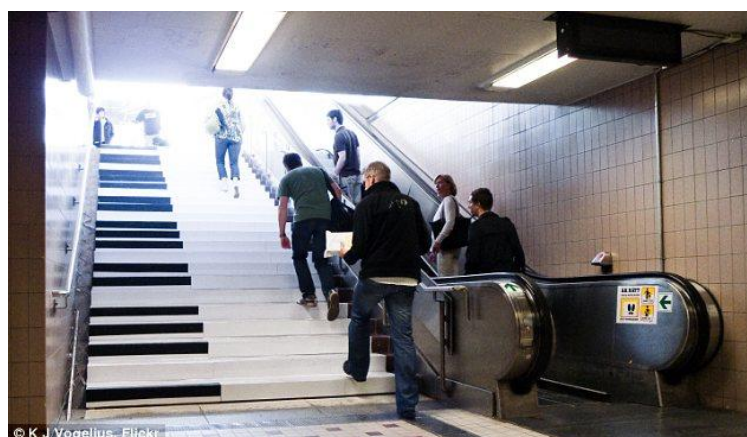
[See Box 12: Examples of Good Practice for Green Space]

Promoting the use of stairs

It is a public health priority to increase physical activity amongst a largely sedentary population. Stair climbing can provide health benefits whilst fitting easily into daily routines.¹¹⁰ Unfortunately, they may not always be visible or attractive. In line with the Disability Discrimination Act legislation lifts are usually prominently placed in public buildings. This can often be at the detriment of stairwells. This is not helped by the fact that stairwells are the statutory means of escape under fire regulations. This requires them to be placed remotely from the main entrance to provide an

alternative means of escape and design is determined by fireproofed materials. In buildings of four storeys or fewer there is an incentive to promote the stairs as the main form of access, as it is reasonable to suppose this might become habitual behaviour for occupants. An attractive central staircase can encourage people to be more active.⁹ In shopping centres stair-riser banners are twice as effective as posters in encouraging stair climbing.¹¹¹ However, in stations where pedestrian traffic volume is high the visibility of banners is obscured, posters encouraging the use of stairs for health reasons acts as a more effective point-of-choice prompt.¹¹²

Box 7: An Example of Good Practice in Promoting the Use of the Stairs



To encourage more people to exercise by climbing the stairs out of Stockholm's Odenplan subway, engineers transformed them overnight into piano keys that sound like piano notes. It is claimed that 66% more people now prefer to use the musical stairs rather than the escalator. A video showing commuters having fun using the piano stairway has been a hit on YouTube.

<http://www.thefuntheory.com/node?page=1>

Top tips for promoting physical activity

To promote active travel:

It is important that key decision-makers in local authorities act immediately on the following six principles drawn up by an alliance of partners promoting public health.⁷ In particular, they should be endorsed in new developments:

- *Set ambitious targets for a growth in walking and cycling* – and ensure they are met: publish a coherent strategy for growth in walking and cycling, based on experience of what works; monitor and performance-manage progress through Overview and Scrutiny Committees and within Local area Agreements or equivalents. Local strategic partners, NHS bodies business and community groups, should hold planners and developers to this.

- *Invest at a realistic level:* commit 10% of transport budgets to walking and cycling immediately.
- *Create safe, attractive walking and cycling conditions*, with coherent high quality networks linking all everyday destinations, so that walking and cycling are faster and more convenient than motor travel, backed up by individualised travel marketing, school and workplace travel plans, practical walking promotion programmes and high quality cycle training
- *Make 20mph or lower speed limits the norm for residential streets* and those used by shoppers, tourists and others, close to schools or public buildings, or important for walking and cycling or children's play. In urban areas only the busiest strategic traffic routes should now qualify for higher speed limits
- *Tackle bad driving*, through improved driver training and awareness campaigns
- *'Health check' every transport and land use decision*, focusing on the potential impact on levels of walking and cycling and other aspects of health; invest public money to the benefit of public health, and reject proposals whose impact on walking and cycling will not be positive.

Developing the network of streets

Factors to consider at the city level and/or town level scale include⁸:

- the linking of public space networks - from civic square to shopping precinct, from station to town centre, from home zone to high street - will provide more coordinated and better quality local walking and cycling environments and so reduce the need to travel by car
- city centre streets and interchanges have greater footfall and higher density occupancy. They therefore require robust design and management to avoid the need for regular replacement of materials and features and should be allocated greater construction and management resources to reflect their key role in place making.
- streets should form an attractive environment for walking and cycling. Applying the five Cs (comfortable, connected, conspicuous, convivial and convenient) to all streets as standard can help to improve their performance as walking and cycling routes.
- scale, type and use across the public realm network can provide for variety and diversity. Streets should be considered and managed as the social and environmental space of the city, not just as traffic routes.

Promoting the use of stairs

Climbing stairs is a means of increasing exercise that can be easily fitted into everyday activities. When regularly used stairs can promote fitness.

- Architects to re-consider the place of stairs within buildings, and investigate innovative approaches, such as creating attractive central stairs, alongside the traditional lift and fire escape.⁹
- Architects, designers and facility managers responsible for public buildings to ensure that staircases are clearly signposted and are attractive to use by being well-lit and decorated.¹⁰
- Stair posters and riser banners on steps can encourage the use of stairs.¹¹

Promoting inclusive environments

The Disabled Persons Transport Advisory Committee has developed the following guidance for the promotion of personal mobility for disabled people.¹²

For local authorities:

- Ensure your staff can demonstrate qualifications and competencies in access issues. Training courses are available;
- Ensure you follow recommended guidelines on access;
- Regularly review access for disabled people, perhaps using the experiences of disabled people with a range of impairments;
- Publish information on what you provide for disabled people;
- Ask disabled people what problems they experience using the streets you are responsible for;
- When approving planning decisions consider the needs of pedestrians with limited mobility ranges, including access for disabled motorists.

The following recommendations are given from the Landscape Trust¹³

- Where it is proposed to use a different form of separation between the footway and the carriageway (or shared area) other than the recognised kerb or tactile paving, local authorities should be prepared to carry out research before implementation to demonstrate clearly that their design solutions are suitable and effective.
- Local authorities should consult and engage effectively with local disabled people at all stages of street design proposals

[See also Top Tips for promoting wellbeing: Principles of inclusive design pages 79-80]

5.2 Environmental Sustainability

Environmental sustainability is the ability to maintain the qualities that are valued in the physical environment that meets the needs of the present without compromising the ability of future generations to meet their needs.

For instance to sustain (maintain)¹¹³:

- the capabilities that the natural environment has to maintain the living conditions
- for people and other species (e.g. clean water and air, a suitable climate)
- the aspects of the environment that produce renewable resources such as water, timber, fish, solar energy
- the functioning of society, despite non-renewable resource depletion
- the quality of life for all people, the liveability and beauty of the environment
- Threats to these aspects of the environment mean that there is a risk that these things will not be maintained.

The deterioration of the physical environment has implications for economic and social development.¹¹⁴ A key area to reduce health inequalities will be action to create healthy and sustainable places and communities.⁶¹

Planning Policy Statements

Planning Policy Statement 1 (PPS1) Delivering Sustainable Development

Published on 31 January 2005.

PPS1 sets out the Government's overarching planning policies on the delivery of sustainable development through the planning system.

This replaces *Planning Policy Guidance 1: General Policies and Principles* published in February 1997.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps1/>

Planning Policy Statement: Planning and Climate Change – Supplement to Planning Policy Statement 1 Published: 17 December 2007

This Planning Policy Statement sets out how planning, in providing for the new homes, jobs and infrastructure needed by communities, should help shape places with lower carbon emissions and resilient to the climate change now accepted as inevitable.

<http://www.communities.gov.uk/publications/planningandbuilding/ppsclimatechange>

Planning Policy Statement: Eco-towns - A supplement to Planning Policy Statement 1 published 16 July 2009

This Planning Policy Statement (PPS) provides the standards any eco-town will have to adhere to and the list of locations identified with the potential for an eco-town.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/ppsecotowns/>

Planning Policy Statement 4: Planning for Sustainable Economic Growth

Published 29 December 2009

Planning Policy Statement 4 (PPS4) sets out the Government's comprehensive policy framework for planning for sustainable economic development in urban and rural areas.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps4/>

Planning Policy Statement 7: Sustainable Development in Rural Areas

Published: 3 August 2004

Planning Policy Statement 7 (PPS7) sets out the Government's planning policies for rural areas, including country towns and villages and the wider, largely undeveloped countryside up to the fringes of larger urban areas.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps7>

Planning Policy Statement 9: Biodiversity and Geological Conservation

Published 16 August 2005

Planning Policy Statement 9 (PPS9) sets out planning policies on protection of biodiversity and geological conservation through the planning system.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps9>

Planning Policy Statement 10: Planning for Sustainable Waste Management

Published: 21 July 2005

Planning Policy Statement 10 (PPS10) sets out the Government's policy to be taken into account by waste planning authorities and forms part of the national waste management plan.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps10>

Planning Policy Statement 22: Renewable Energy Published: 10 August 2004

Planning Policy Statement 22 (PPS22) sets out the Government's policies for renewable energy, which planning authorities should have regard to when preparing local development documents and when taking planning decisions.

This replaces Planning Policy Guidance 22.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps22/>

Planning Policy Statement 23: Planning and Pollution Control Published: 3 November 2004

Planning Policy Statement 23 (PPS23) is intended to complement the pollution control framework under the Pollution Prevention and Control Act 1999 and the PPC Regulations 2000.

This replaces Planning Policy Guidance Note 23: Planning and Pollution Control published in 1994.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps23/>

PPS 25: Development and Flood Risk Published 7th December 2006

Planning Policy Statement 25 (PPS25) sets out Government policy on development and flood risk. Its aims are to ensure that flood risk is taken into account at all stages in the planning process to avoid inappropriate development in areas at risk of flooding, and to direct development away from areas of highest risk. Where new development is, exceptionally, necessary in such areas, policy aims to make it safe, without increasing flood risk elsewhere, and, where possible, reducing flood risk overall. This replaces Planning Policy Guidance 25: Development and Flood Risk published in July 2001.

<http://www.communities.gov.uk/planningandbuilding/planning/planningpolicyguidance/planningpolicystatements/planningpolicystatements/pps25/>

Road Traffic

Motorised traffic is not good for the environment. Road traffic in Great Britain has grown by 87% since 1980, and this has resulted in a 54% increase in carbon dioxide emissions from domestic transport sources.¹¹⁵ [See section on Transport and Physical Activity]

Public Space

Public space is publicly accessible open space which includes streets, civic spaces and parks. Well-designed and managed public space is an integral part of the character, economic attractiveness and uniqueness of a place. The quality of public space plays a major role in the economic, social and environmental sustainability of cities.¹⁴ For instance, economic decline has been increasingly linked to the quality and accessibility of streetscapes.¹¹⁶ It is qualities of distinctiveness that appear to attract the attention of commercial investors.¹¹⁷ Improving the streetscape can enhance the image of an area leading to increased footfall in local shops.¹¹⁶ [See section on Transport and physical activity].

Todmorden, in West Yorkshire, has made sustainable use of public space in the local production of food. [See Box 8]

Green infrastructure (GI)

GI has a vital role to play in environmental sustainability: cleaning the air, promoting better flood protection, countering the urban heat island effect, support for biodiversity, sustainable waste management and renewable energy. Well planned green spaces can also promote a sustainable economy: living near a well maintained park can increase property values by 5-7% and improvements to public spaces can boost commercial trading by 40%, by attracting people into the area.^{16 15} The potential for GI to mitigate and adapt to climate change impacts in North West England is being explored by Community Forests North West through the North West Climate Change Action Plan. The stages to this work will be informed by an expert advisory panel and stakeholder workshops. One of the challenges is protecting and enhancing green sites to mitigate some of the effects of climate change rather than selling them off to developers as Local Authority budgets are squeezed and services become stretched.¹

<http://www.climatechangenorthwest.co.uk/climate-change-action-plan.html>

Box 8: An Example of Sustainable Food Production



The Incredible Edible Todmorden website (see below) has all the details of the considerable progress that this small township has made by involving schools, businesses, farmers, churches and the local community in growing food locally, as well as many of the background steps that are necessary, particularly if public land is involved.

There's useful, transferable experience to do with the relationship to public bodies, such as the railway and fire stations, churches and housing associations as well as the Council, with successful attempts to define legal boundaries, establish public liability cover and test the soil. Through the Council a licence can be granted to plant food on any spare bits of public land. For Incredible Edible, plants and seeds are largely donated by private gardens and through swapping and sharing.

The result is herb gardens, vegetables in among flower beds and previously grassed open land, with fruit trees wherever possible. There's watercress in local streams, new polytunnels in the schools and raised beds and planters dotted about made from demolition timber. To cap all this, there are maps showing where surplus eggs can be found and there is even some 'guerrilla' planting on land where the ownership is not clear.

The ideas are now spreading, with Clitheroe, Haslingden and Bacup all involved with a proposal being considered by the local councils to grow purple-sprouting broccoli, red-flowered runner beans and the like in hanging baskets and herbaceous borders. It could be 'pick your own' on the high street.

<http://www.incredible-edible-todmorden.co.uk/>

Sustainable Buildings

These are also known as eco-homes, green construction or green buildings that are designed to be energy, water, waste and material-efficient structures with low carbon emissions.¹¹⁸ The objective is to reduce the impact of the built environment on human health and the natural environment. Emissions of greenhouse gases,

particularly carbon dioxide, are the main cause of climate change. In the UK buildings are responsible for around 40% of CO² emissions and domestic housing accounts for 27% used to heat, light and run homes.^{119 120} The Climate Change Act means CO² emissions must be cut by 80 per cent from 1990 levels by 2050. This will require both a massive reduction in energy use and a massive increase in low carbon and renewable energy production. Many of the measures needed to cut carbon emissions to address climate change also contribute to creating a healthy diversity of energy supply, and address fuel poverty through lower bills for householders.¹²⁰ Sustainable buildings can also reduce cold and damp in houses that are a source of poor health and generally boost indoor comfort.¹¹⁸ Furthermore, high density residences can benefit the environment as flats and terrace homes are cheaper to heat thus, producing less greenhouse gases than detached houses.¹²¹ Inadequate space found in many homes means they are not adaptable, so will be unsustainable in the future.¹⁸

Several tools exist for improving the sustainability of new buildings:

Code for Sustainable homes. The Code is the national standard for the sustainable design and construction of new homes. The Code aims to reduce our carbon emissions and create homes that are more sustainable. It is now mandatory for all new homes to be rated against the Code and include a Code or nil-rated certificate within the Home Information Pack.

<http://www.planningportal.gov.uk/cymru/government/buildingregs/sustainablehomes/>

BREEAM (BRE Environmental Assessment Method) is the leading and most widely used environmental assessment method for buildings. It sets the standard for best practice in sustainable design and has become the de facto measure used to describe a building's environmental performance.

<http://www.breeam.org/page.jsp?id=66>

Building for Life criteria for sustainable buildings consists of a series of 20 questions which are used to evaluate the design quality of new housing developments. It looks at the environment, character of a scheme, streets, parking and pedestrianisation, design and construction.

<http://www.buildingforlife.org/criteria>

Royal Institute of British Architects' Climate change Toolkit provides architects with guidance on the principles, tools and techniques necessary to design and build low carbon buildings, and adaptive, flood resilient design, and to advise clients on what is possible.

<http://www.architecture.com/FindOutAbout/Sustainabilityandclimatechange/ClimateChange/Toolkits.aspx>

Health Service Building Design

NHS buildings should be sustainable, conserving energy and water, and reducing waste production. Ideally new premises should be located so as to reduce journey times for users with ease of access via public transport. The co-location of primary, community and social care services is important in terms of reducing the transport needs of patients, and hence the polluting effects of vehicles. Staff cyclists' interests should be a priority with the provision of secure cycle storage and changing facilities

including showers. Decisions about the use of materials should take account of whole life-cycle costs – including environmental impacts.¹²² A sustainable building will be designed to accommodate a changing healthcare system, allowing adaptation for future use and maximising long-term value.¹²³

The NHS Environmental Assessment Tool (NEAT) from NHS Estates measures the environment impact of new and existing buildings and refurbishments. It enables an appraisal of the building in terms of energy performance, water consumption and waste and transport management.

http://www.nhsestates.gov.uk/sustainable_development/index.asp

Box 9: Example of Good Practice: Sustainable Building

The Halewood Centre: Knowsley-Halewood LIFT programme



The Halewood Centre opened in January 2009 is a unique public services building which houses a range of Council, NHS and partner services in the heart of the community, bringing with it a host of regeneration benefits. Residents can access a wide range of services at the Halewood Centre comprising:

- A Council One Stop Shop, with space available for partner agencies
- 3 GP surgeries
- A library and learning resource centre
- Community Dentist
- Integrated Council payment & Post Office counters
- NHS treatment rooms to host a variety of services including: sexual health, phlebotomy, speech and language therapy and weight management
- Knowsley Housing Trust
- Halewood Credit Union
- Halewood Town Council
- Knowsley Citizens Advice Bureau
- Meeting rooms for use by community groups
- Office space for business start-ups
- Knowsley Works Plus
- Creche facilities
- Pharmacy services

The new One Stop Shop has space available for other surgeries, including the Police, Department for Works and Pensions and local MP's. Through the services Halewood Centre supports many of the objectives outlined in Knowsley's Sustainable Community Strategy.

The £8m Halewood Centre is an inclusive, sustainable building designed to a high standard. The Centre is the result of a public private partnership between Knowsley Council, NHS Knowsley, developers Renova and the Halton, St Helens, Knowsley and Warrington LIFT Team. The development is managed by a joint project team and was born out of a long standing formal agreement between Knowsley Council and NHS Knowsley, (Section 75 of the National Health Service Act 2006) to pool budgets and share resources. The Halewood Centre is the embodiment of this integrated approach. For example, if a resident visits their GP suffering from stress due to debt problems, the GP will refer them on to the One Stop Shop, where their benefit entitlement is checked and further advice and guidance offered by Halewood Credit Union and Knowsley Citizens Advice Bureau.

http://admin.localgov.co.uk/his_localgov/view/images/uploaded/Image/PPPKnowsley.PDF

School Building Design

In May 2009 the government formally announced that a minimum design standard would come into force in early 2010. This new measure will mean that when designs are reviewed at bidding stage, those that do not meet the required standard must be improved. Under the Building Schools for the Future Programme (BSF) every secondary school in England will be rebuilt or refurbished by 2020. A key priority of the BSF programme is that service users, including school children and school staff are engaged in the design and development of school buildings. The Government is now working towards establishing and then applying a similar design threshold to all public building programmes, securing the best possible value from public expenditure on capital programmes.

Design panels will be run by CABI to assess school design. The views of teachers, pupils and other stakeholders will also now be fed into panel discussions. These will be gathered through a series of exercises using the design quality indicator tool for schools (DQI). The DQI tool helps the users of the school building, including teachers and pupils, to develop and record their hopes and ideas for the new or refurbished school building. <http://www.dqi.org.uk/website/default.aspx>

CABI believes that there are 10 essential criteria for a well-designed school. Its schools design panel uses these to assess if a proposal is good enough:

1. Identity and context: making a school the students and community can be proud of
2. Site plan: making the best use of the site
3. School grounds: making assets of the outdoor spaces
4. Organisation: creating a clear layout for the buildings
5. Buildings: making form, massing and appearance work together
6. Interiors: creating excellent spaces for learning and teaching
7. Resources: establishing an environmental strategy
8. Feeling safe: creating a secure and welcoming place
9. Long life, loose fit: creating a school that can adapt and evolve
10. Successful whole: making a design that works in the round.

Top Tips for environmental sustainability

Public Space

The quality of public space plays a major role in the economic, social and environmental sustainability of cities. Directors of service in planning, highway, transport, engineering and parks departments have a key role in public space design and management through the spatial planning of public space across their sectors and disciplines.¹⁴

- **Develop public space strategies** to deal holistically with streets, green spaces and civic spaces. These spatial strategies should support cross-departmental and partnership working by involving local strategic partnerships.
- **Reduce energy use** through better management, maintenance and design of the public space network.

- **Appoint a public space champion** - a member-level portfolio holder with all-round political responsibility for public space.
- **Create public space design and management documents**, in the form of local guidelines, strategies and policies that address how both new and existing public space is to be designed and managed.
- **Assess the quality and provision of public space** by using the methodology of Planning Policy Guidance 17 and its accompanying good practice guide.
- **Ensure the principles of *Manual for Streets* informs all street design decisions** to create attractive streets for all.

Reducing food miles

If food can be produced locally it cuts down on the miles taken in transportation thus reducing carbon emissions. For small towns to be self-sufficient in growing vegetables and orchard fruits, the following are top ten tips from Incredible Edible Todmorden:

- Build schools for the future that has the living edible world at its heart where the school children get actively involved in the green project through a school orchard, raised growing beds etc.
<http://www.incredible-edible-todmorden.co.uk/projects/growing-in-schools/?c=Schools-Projects>
- Transform health buildings with edible plants and trees as an integral part of the design and workplace.
- All public bodies to release land for food growing.
- Plan for food – Support local food production through the planning system with all local plans identifying places for growing.
- Tick all the boxes – Make growing a performance indicator for ‘wellbeing’ for all Public Services.
- Insist all new homes to have ready-to-grow spaces.
- All social landlords to allocate space for growing.
- Charter for truly local markets – support local food producers and farmers and campaign for the reallocation of subsidies.
- Make sure public bodies like schools and health authorities have as a priority to procure local food.
- Invest in food skills for the future. We need incredible degrees and diplomas, cooks and technologists, farmers and fabulous food producers.

Green Infrastructure

The CABI Grey to Green campaign is calling for changes in the way that we approach and fund green infrastructure (GI). With particular reference to local authorities¹⁵:

- *Landscape institute accreditations each year.* A minimum of 550 new entrants annually on to Landscape Institute accredited courses from 2010 and beyond are required to meet future demand.
- *An urban greening champion in every local authority.* Each local authority to have a cabinet member with a portfolio commitment to championing an urban greening programme.

- *A technical green infrastructure specialist in every local authority.* Each local authority to employ a technical specialist, such as a chartered landscape architect, with access to an existing budget who can ensure that GI awareness and skills to deliver are embedded across the local authority.
- *Regular 'green surgeries' in every ward.* Councillors should organise regular 'green surgeries' in every ward, along the lines of an alternative local Gardeners' Question Time. This would give community groups access to relevant local authority officers' expertise and resources. This should be supported by offering both councillors and officers training on partnership work with communities on green projects.

Sustainable NHS buildings

Healthy Futures: Buildings and Sustainable Development propose that sustainable NHS buildings will:

- Be designed to promote patient recovery and staff retention
- Be accessible by public transport, walking and cycling
- Be a brownfield site location
- Be a site and design that preserves and enhances biodiversity
- Be adaptable to change e.g. climate, new ways of working, new technology, flexible design to alter function of rooms
- Engage the local community in the planning process – e.g. Enquiry by Design and Health Impact Assessment
- Provide community resources e.g. sports, arts, green spaces etc.
- Use local labour and suppliers in construction and service delivery
- Use resources, such as energy and water, efficiently in its construction and throughout its lifetime
- Use environmentally sensitive building materials that are not harmful to health
- Minimises waste by reusing and recycling building and other materials.

5.3 Wellbeing and Crime Prevention

A place where a person lives can affect a person's reported levels of mental wellbeing. In a recent survey in the North West⁹⁴ satisfaction with the local area increased as mental wellbeing increased and decreased as deprivation of an area increased. Living in more deprived communities was strongly associated with lower levels of mental wellbeing. Furthermore, people with low mental wellbeing were far more likely (4.5 times) than those with high mental wellbeing to feel very unsafe outside after dark.

Planning Policy Statement 3 (Housing) Published 29 November 2006 creates a positive obligation on all planning authorities to promote the achievement of high quality homes and neighbourhoods. It underpins the delivery of the Government's strategic housing policy objectives and their goal to ensure that everyone has the opportunity to live in a decent home, which they can afford in a community where they want to live. This replaces Planning Policy Guidance 3: Housing published in March 2000.

<http://www.communities.gov.uk/documents/planningandbuilding/pdf/planningpolicystatement3.pdf>

Public Spaces

Public spaces can promote wellbeing if they are safe and promote interaction with others. Unfortunately, the design of streets tends to ignore the purpose of streets as places for social life, not just to pass through. Streets are places for people to stop in, interact with others in, buy things in, and so forth.³⁸ [See sections on crime prevention; transport and physical activity]

Box 10: Evidence for the Wellbeing Benefits of Green Spaces

A literature review for Greenspace Scotland,¹⁰⁸ offers an overview of the links between green space and wellbeing.

- On mental health, there is compelling evidence for the restorative effects of green spaces. The more time people spend in outdoor green spaces, the less stressed they feel, regardless of age, gender, and socio-economic status. While the particular features of green spaces that reduce stress are less well-understood, authors suggest that various factors may in isolation or combination impact on stress. Such factors include outdoor activity and exercise, natural daylight, stimulation of the senses, and the aesthetic experience.
- In terms of social health, the review shows that green spaces are one of the few remaining spaces that are available to all. They are neutral spaces where people from different communities and backgrounds come together. Green spaces are frequently noted as places of attachment and affection for individuals and communities, and as a distinct feature of localities. They are seen to improve local neighbourhoods, boost community pride, and offer opportunities for exercise and recreation.

Box 11: Therapeutic use of Allotments and gardens

Family Refugee Support Project (FRSP)



The FRSP is a registered charity, working with refugee and asylum-seeking families who are struggling to deal with their experiences of persecution and exile. It grew out of concern among local health professionals about the plight of asylum seekers and refugees locally. The project's aims are to improve the mental and physical health of families, to increase their levels of physical activity, their independence, their social networks and integration and to establish themselves as autonomous community allotment groups. After assessment by a psychotherapist, each family is provided with a piece of land, tools and practical support from their horticulturists.

Horticulture provides an innovative medium for the task of offering psychotherapy to refugee and asylum seeking families. It helps to overcome the language and cultural barriers which bar their clients from using conventional therapy. Transcending the need for words, gardening provides a myriad of metaphors: Parents recognise that tending seedlings and putting down roots parallels the need to nurture their children and provide them with stability. The vigorous and the gentle work of tending the earth affects clients: calming agitated minds, providing a space for reflection, fostering friendships and healing damaged bodies through physical labour and fresh air. The allotment sites provide land where displaced people make their mark and are encouraged by their gardener, to grow something for themselves. At the same time they replace the horror and trauma with sound mental health.

There are also children's activities and family trips, a women's group, regular family reviews, group meetings, signposting to other services and practical help.

http://www.familyrefugeesupportproject.org.uk/p_Home.ikml

The Haven Project

The Haven Project is a school based mental health project for refugee and asylum seeking children run by Alder Hey Children's Hospital. Creative therapies are used such as art, drama and horticulture to work with children, both individually and in groups and with both local and refugee children to aid integration and mutual understanding. Working in the school gardens can bring children from different groups together on a joint project and teach them about plants, flowers and growing food as well as learning about how things grow in other countries and how the children have been brought up in very different environments. A film showing this work was made by the children called A Safe Haven.¹²⁴



Academy of St Francis School, 2009

For further information, please contact Haven Project, John Archer Hall, 68 Upper Hill St, Liverpool L8 Tel: 0151 708 5036

Green space: personal safety and fear of crime

There have been some aspects of green space reported that can negatively affect health. Personal safety and fear of crime feature as a key concern of green space users. Women are more likely to prefer the presence of park managers, and open spaces with a high degree of visual access. It is thought this most likely reflects concerns about personal safety.¹²⁵ For women the presence of others in green spaces promoted feelings of safety and enjoyment. Apart from fear of assault or violence, incivilities (debris from drug use, dog fouling, litter, graffiti, vandalism, poor maintenance, and in country parks and woodlands, fly tipping, use of off-road motorbikes and 4X4 vehicles) are also frequently reported as negative aspects of green space.¹²⁶ Surveys of park use consistently indicate that people rarely use parks alone (unless they are walking a dog), and that women in particular are highly unlikely to visit green spaces unless they are accompanied by other people.¹²⁷ Parents frequently express concerns about allowing children to go to green spaces alone or unsupervised by an adult.¹⁰⁸

CABE Space has been researching ways to improve design so that green spaces are maintained and are attractive and safe places to visit. Essentially green spaces, like any public space, needs to be kept clean and tidy, visibly maintained incorporating good standards of maintenance; involve the community in their development; have clear sight lines and exits, without dense vegetation; warden patrolled and where possible, overlooked by surrounding buildings.

Box 12: Examples of Good Practice for Green Space & Public Space

Safer Woodlands in Murdishaw Project



Murdishaw Valley



Murdishaw Woods

The dark woodland paths in Murdishaw near Runcorn that link housing areas, schools, shops and community facilities, were identified by local residents as unsafe which encouraged anti-social behaviour.

The landowner, Liverpool Housing Trust, sought advice from Groundwork Mersey Valley who secured £200K funding for the project (from the local authority, a Home Office scheme and private trusts) and helped to set up a partners' group, including the Murdishaw Community Forum. This group ran a series of events to give local people a chance to discuss the future of the woodland, and conducted a survey of attitudes and opinions about the site. As a result the woods were thinned and some trees removed to make the area appear less threatening and dark, then existing pathways were improved and cycle routes constructed. A new access path was built, with lighting and signs installed.

<http://merseyside.groundworknw.org.uk/project.asp?action=view&id=136>

Transforming alleyways into green spaces



Regeneration officers from Riverside are working with communities in Picton, Bootle, Rock Ferry and Tranmere to identify alleyways to transform into recreational spaces for barbeques and neighbourhood get-togethers.

<http://www.riverside.org.uk/riverside/corporate/news.asp?id=1532>

Riverside has allocated £224,281 towards a project from Green Spaces for People scheme, paid for by the Big Lottery Fund's Changing Spaces programme. The cash was secured by a consortium of housing associations including Riverside, Places for People and Peabody and is set to transform 75 neighbourhoods across England.

The aim is to develop 18 Merseyside alleycourts in Rock Ferry, Tranmere and parts of Liverpool. Groundwork Merseyside, Riverside's Clean Team and Green Apprentices are providing training in horticulture and support. The streets being worked on are mostly densely-packed pre-1919 terraces without gardens or green spaces. The idea is based on the successful transformation of GAVA alleyway (includes Grosvenor, Ashfield, Victor and Alderson Streets) in Picton.

Butts Green, Kingswood, Warrington



View through window onto public space at Butts Green

Building for Life 2005 silver award winner

- * *Public spaces are well overlooked*
- * *Opportunities for children to play on adjacent green*
- * *Butts Green provides a communal area for all residents.*

The medieval hamlet theme gives Butts Green the ambience of an established settlement.

There is a clear understanding of the need for all areas to be overlooked. Public spaces are well overlooked by housing although the parking courts are less so, being generally overlooked from bedrooms only.

The parking courts are well finished and illuminated and as low speed areas the courts offer places for play. There is also opportunity for children's play on Kingswood Green adjacent to the scheme. The block-paved surfaces for junctions within the development promote shared-surface use. The formal open space at the heart of Butts Green provides a communal area to be enjoyed by all residents.

Getting around on foot or by car is easy within the development. Covered cycle ports are provided behind two large terraces. Public routes are enlivened by buildings and their access. Access to the front doors of the houses on the Crescent is via an access path from the rear parking court. These two and a half storey houses overlook and are also accessible from the roadside footpath.

<http://www.cabe.org.uk/case-studies/butts-green/evaluation>

The Role of Culture and Sport



The Albert Dock, Liverpool

© English Heritage

The dock was closed to shipping in 1972 and lay derelict until the early 1980s. The careful refurbishment of its hugely important collection of historic buildings has combined with the wide range of new uses, to draw in visitors to a previously under-used part of the city.

Culture and sport offer places for people to come together, find common interest and a sense of shared identity. They provide children and young people with the chance to enhance their understanding of the world, and develop new skills and knowledge. They make places more pleasant, providing attractive environments that improve the day-to-day experiences of all who live and work there.

It is not only physical health that is improved through sport and culture, painting, dance, music and story-telling can measurably increase psychological wellbeing and lower levels of anxiety and depression.¹²⁸

Healthy Settings

High quality and inclusive design (e.g. taking account of the needs of disabled, older and less mobile people) should create well-mixed and integrated developments. That is: integrated into the existing urban form and the natural and built environment.³⁵ These developments should have a good choice of homes with variable tenure, catering for different income levels and age.¹¹⁸ They should be within walkable reach of services: shops, healthcare, schools and public transport. Indeed, a key element of the health and social care reform programme is to provide convenient, quality services closer to home. This has implications for housing design so that it can be adapted to support present or future health and social care needs.¹⁹

A mix of uses is required to make successful places; this in turn will attract a mix of users to contribute to vitality. A stream of different uses throughout the day and evening helps to make bustling, diverse and safe places.³⁴

[See Box 13: Examples of good practice in building/urban design – Tarporley and the Old Haymarket, Liverpool]

Box 13 Examples of Good Practice in Building/Urban Design

The following schemes fulfilled over 70 per cent of the Building for Life criteria for functional, attractive and sustainable housing, thus qualifying for a silver award.²²

Tarporley

Cheshire



All of Tarporley's nine developments are remarkably different in style, yet unmistakably belong to the village of Tarporley. An attempt has been made, with some success, to mimic the gradual accumulation of buildings over more than a century, in a relatively short space of time. The bespoke period style developments sit easily together because attention has been paid to their location as well as their detailing.

Attention and care has been carried through to car parking that employs many different treatments. There are twice as many parking spaces as dwellings: one in each garage, one to the side or in front of it. Even though there are so many, the garages are not over emphasised. The design quality invested in the character of the buildings has not been overturned by poor consideration of the impact of cars.

Most remarkable about Tarporley is the very high quality of traditional materials and finishes throughout the sites. Unable to source the desired quality it wanted, Bell Meadow Pulford Ltd set up its own joinery business to produce custom designed fenestration, fences and gates. Their success can be measured by the fact that they were also contracted by commercial clients in adjacent properties who wanted some of the attention to detail that they had brought to their own developments.

The distinctive character of the village has been maintained. Care has been taken to fit into the local vernacular, as well as trying to reference earlier building styles. The kerb sets and pavement designs, for instance, and the lower courses of stone on some buildings, follow on naturally from Tarporley's existing architecture. From 1990 to 2002 Bell Meadow Pulford Ltd successfully redeveloped the fading commercial centre in this conservation area, revitalising it with mixed use buildings that retain much of the predominant Victorian and Georgian vernacular.



Building for Life 2003 winner

- * *The distinctive character of the village has remained.*
- * *Very high quality traditional materials and finishes used.*
- * *Fading commercial centre revitalised with mixed use buildings that retain much of the predominant Victorian and Georgian vernacular.*

<http://www.cabe.org.uk/case-studies/tarporley/evaluation>

Old Haymarket, Liverpool



Building for Life 2004 winner

- ✧ *A mixed-use building attracting a variety of people to the area at all times of day.*
- ✧ *Brings new hope to a run-down area with a reputation for being dangerous after dark.*
- ✧ *Emphasises the buildings character & original use as a warehouse.*
- ✧ *Affordable housing included.*

<http://www.cabe.org.uk/case-studies/old-haymarket/evaluation>

The redevelopment of this site has been described as a 'textbook approach to urban renewal', and earned the developer, Urban Splash, a RIBA Client of the Year Award in 2001.

The site is located in Liverpool city centre. The development has excellent access to all central shops, offices, hotels and leisure facilities. It consists of three refurbished buildings and one new building, created on the site of buildings which were demolished due to irreparable decay. There are 12 retail units at ground floor level which underpin 27 new private dwellings of varying specifications, entered through a secluded and secure courtyard. The aim was to create a mixed-use building that would attract a variety of people to the area at all times of day, not only regenerating the buildings, but bringing new hope to a run-down area with a reputation for being dangerous after dark. The site has been sensitively designed to make the most of the existing features, particularly the red brick elevations.

The spacious apartment interiors have fairfaced brickwork and exposed steel support girders emphasising the buildings character and original use as a warehouse. Unusual paving and high quality materials have lifted the standard of the urban environment. Affordable housing has been included as a number of apartments have been sold on a shared-ownership basis.

Buildings that are fit for purpose

The results of an audit showed that the design quality of new-build affordable housing is mixed.²⁴ Based on the Building for Life criteria,¹²⁹ only 18% of schemes were found to be either good or very good. Nearly two-thirds (61%) were judged average and a fifth of schemes (21%) were assessed as poor.²⁴ The findings from a

recent survey reveals that many new homes are not fit for purpose.¹⁸ Many residents in new private homes do not have sufficient space, even for basic daily activities and needs. Many households lack space for the furniture they need, to store personal possessions, to prepare food conveniently or to socialise with friends and family. The findings show that the pressures of space impact disproportionately on those who are more economically disadvantaged. Inadequate space means many homes are not adaptable, so will be unsustainable in the future.¹⁸

Design Quality Indicators

There are a number of approaches that can be used that can enable a structured, rational assessment of design quality that can involve local people thus promoting wellbeing:

Spaceshaper This design quality indicator is for anyone who is keen to improve their local park, square or street. It's a practical way to measure the quality of a public space, so that it can be improved or to see how well improvements are working. It brings those who use the space together with those who manage and care for it.
<http://www.cabe.org.uk/public-space/spaceshaper>

Enquiry by Design (EbD) The EbD process is a planning tool that brings together key stakeholders including the local community to collaborate on a vision for a new or revived community. This is developed through a workshop facilitated by The Prince's Foundation for the Built Environment. The process lasts several days where problems can be aired as they arise and every issue tested by being drawn.
<http://www.princes-foundation.org/index.php?id=33>

Post-occupancy surveys/evaluations. They are a useful measure of design quality from which much can be learnt to inform future projects and to improve the quality and sustainability of buildings.
<http://www.smg.ac.uk/documents/POEBrochureFinal06.pdf>

A comprehensive detailed list of other tools to measure quality and set standards for buildings and public spaces can be found on the CABE website.
<http://www.cabe.org.uk/tools>

Health Service Building Design

To promote quicker patient recovery, higher staff retention rates and reduced recruitment costs, well-designed buildings will have good natural light and ventilation, and access to and views of green spaces. Gardens and courtyards can distract from worries and stimulate positive emotions, enabling social connections: a retreat that gives contrast to the pressured internal space of the hospital.

Good use of colour, artwork, light boxes and commissioned glass panels or windows can transform a dull outlook, as well as lifting the eye and spirit. Such sensitive design features can enhance buildings making them welcoming and attractive, whilst also providing a calming effect.²⁵ For End of Life care there is a need for the design of health care settings that make patients feel cared for, friends and family to be supported and staff to feel valued.²⁶

Design Tools

Enhancing the Healing Environment. A Guide for NHS Trusts. This is a practical guide based on learning from the King's Fund programme – Enhancing the Healing Environment through medium-sized design projects planned and delivered by nurse-led teams. It offers a step-by-step guide to planning and delivering a design project to improve a health care environment. It can be purchased from the King's Fund.

http://www.kingsfund.org.uk/research/publications/enhancing_the.html

Department of Health has developed *Achieving Excellence Design Evaluation Toolkit (AEDET)* to ensure the quality of new developments, with a framework covering: functionality, impact and building standard.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/document/s/digitalasset/dh_082085.pdf

School Building Design

Schools should be designed to promote learning and staff wellbeing. Secure, comfortable, inspiring, adaptable and innovative architecture will enhance learning experiences and serve generations to come.¹³⁰ School buildings need to create an environment that's conducive to successful education. This means that, above all, the design should be functional. It should allow teachers to deliver the curriculum in an imaginative and stimulating way, and help pupils to learn effectively. Indeed, design quality has a strong influence on staff morale, pupil motivation and effective learning time.¹³¹ [See section on environmental sustainability]

Box 14: The Therapeutic Effect of Good Design

Observations of patients with a room with a view of a natural scene show quicker recovery times, have fewer problems or complications, and reduced need for pain-killers.¹³²

Surveys of patients show that works of art and design in hospitals are popular with patients and can reduce stress levels, provide enjoyment and help to distract from immediate worries or medical problems.¹³³

Hospital patients can be more positive about their treatment in environments that they rate more highly, also expressing greater approval of the staff responsible for their treatment.¹³⁴

A review of the literature²⁶ identified a number of factors that are repeatedly reported as encouraging wellbeing and likely to be important to people at the end of their lives. The characteristics of a therapeutic environment at the end of life are: home-like environments, single rooms, facilities for family members, natural light, design that incorporates elements of nature, soothing colours and artwork, windows with views, being able to enjoy pleasant sounds, and having access to outside space and gardens.

Environmental Crime

Environmental crime has a huge impact on our communities and how happy people feel in them. It can ruin public spaces and is expensive to clean up. Environmental crime can include:

- fly-tipping - dumping household or commercial rubbish in private or communal areas
- littering - deliberately dropping litter on the streets
- graffiti - spray-painting or otherwise marking private property or communal areas like the sides of bus-shelters and houses
- vandalism - damaging private property or communal facilities like telephone boxes or play-ground equipment.¹³⁵

Police have the many tools at their disposal, including:

- warning letters and interviews, contracts and agreements
- fixed penalty notices and penalty notices for disorder
- parenting orders
- individual support orders
- noise abatement notices
- injunctions
- dispersal powers
- anti-social behaviour orders
- 'crack house' closure orders and premises closure orders

- possession proceedings
- arrest and jail sentences.¹³⁶

Crime Prevention

Crime prevention requires planners, designers and crime prevention practitioners to work together. The following attributes should be considered as prompts to thinking about crime prevention and promoting community safety through the planning system in the local context.

There are seven attributes of sustainable communities that can prevent crime.²⁷

- **Access and movement:** places with well-defined routes, spaces and entrances that provide for convenient movement without compromising security

Crime and anti-social behaviour are more likely to occur if:

- pedestrian routes are poorly lit, indirect and away from traffic;
- Streets, footpaths and alleyways provide access to the rear of buildings – residents' alley gates can prevent this;
- there are several ways into and out of an area — providing potential escape routes for criminal activity;
- it is easy for people to become lost or disorientated;
- Streets and spaces are unwelcoming or underused by capable guardians.

- **Structure:** places that are structured so that different uses do not cause conflict

Crime and anti-social behaviour are more likely to occur if:

- buildings and private and communal spaces have a large number of sides exposed to the public realm;
- the way that buildings, streets and spaces are laid out allow criminals to move around and operate undetected;
- a place tends to bring together people who are likely to offend and suitable targets;
- capable guardians are not present;
- places become derelict or underused;
- under- and unused buildings and spaces that have become vulnerable to crime are not remodelled or removed.

- **Surveillance:** places where all publicly accessible spaces are overlooked

Crime and anti-social behaviour are more likely to occur if:

- criminals can operate, including travelling to and from the location, without fear of being seen;
- criminals or their activities do not attract attention —or they are confident that no one will take any action;
- all sides of buildings and all parts of spaces are not overlooked by surrounding users or passers-by;
- buildings and spaces are not designed to allow surveillance 'outside' from 'inside' and vice versa.

- **Ownership:** places that promote a sense of ownership, respect, territorial responsibility and community

Crime and anti-social behaviour are more likely to occur if:

- it is unclear whether space is public or private, and what behaviour is expected in each;

- private space is easily accessible to people who have no right to be there;
- an offender's presence in the area does not attract attention;
- a place feels like it is not under the supervision of local residents, businesses, organisations or other users.
- **Physical protection:** places that include necessary, well-designed security features
 Crime and anti-social behaviour are more likely to occur if:
 - the target hardening measures, for example for doors, windows and gates, set out by Secured by Design are not selected to be appropriate to the building and to the crime risk faced: not integrated; not properly installed; and not properly used;
 - it is easy to enter and exit properties illegitimately;
 - it is easy to remove property.
- **Activity:** places where the level of human activity is appropriate to the location and creates a reduced risk of crime and a sense of safety at all times.
 Crime and anti-social behaviour are more likely to occur if:
 - an area is either very quiet or very busy, depending on the local context and the type of crime; different groups of people feel that there is nothing to do;
 - criminals can go about their business unnoticed;
 - places become devoid of activity at certain times of the day or night, whilst remaining accessible to offenders;
 - potential offenders and/or victims are concentrated in the same place at the same time, such as bus stops, taxi ranks or fast food outlets after pubs close, or areas of the town centre throughout the evening.
- **Management and maintenance:** places that are designed with management and maintenance in mind, to discourage crime in the present and the future
 - places are untidy or unattractive, giving the impression of not being cared for or that crime and disorder is tolerated;
 - signs of disorder and neglect, such as broken windows, abandoned vehicles or graffiti, are not removed at the earliest opportunity;
 - an organised human presence, such as police, security guards, street wardens or concierges, is absent.

Box 15: Example of Design to Prevent Crime and Anti-social Behaviour



Birkenhead Bus Station creates cover and enclosure without losing visibility by extensive use of glass.



High standards of design give the impression of a place where crime and anti-social behaviour is not tolerated.



A facilities office within the bus station provides 24 hour security.

The 'loop' design, uncluttered interior and transparent walls contribute to excellent visibility into, out of and through the structure. The levels of lighting both by day and night deter criminal activities. Transport interchanges have been identified as the location for 30% of muggings. This structure indicates how design can contribute to solving the problem.

The bus station also has the following security features:

- * *CCTV, monitored in the facilities office*
- * *Audio warnings*
- * *High intensity lighting*
- * *Maximum visibility*
- * *Lockable waiting areas*
- * *Alarm buttons in sales areas*

In addition, security at the bus station is provided by a range of management measures, including:

- * *Security staff*
- * *Security link to retailers*
- * *Use of Exclusion Orders*
- * *Contract cleaners trained to deal with drug users' needles*

There are an average of 5.7 incidents of crime and anti-social behaviour per 100,000 users, compared with 20 for Bootle bus station and 16.4 at Huyton – two comparable Merseyside locations. Vandalism and graffiti have not occurred.²⁷

<http://www.communities.gov.uk/documents/planningandbuilding/pdf/147627.pdf>

Top tips to promote wellbeing and prevent crime

To ensure attractive and safe green spaces

To provide attractive safe places that the public wants to use CAGE Space recommends¹⁶:

- Restore original designs where possible at sites of heritage importance.
- Ensure all designs are of a high standard, involving relevant professionals (landscape architects and designers) and valuing the contribution of users.
- Manage risk sensibly and retain positive features that attract people to parks: the paddling pool, play area and shrub beds.
- Take advantage of the potential for buildings within parks for natural surveillance, e.g. from cafes, flats and offices.
- Involve the community early in the process and continually.
- Involve 'problem' groups as part of the solution where possible and work hard to avoid single-group dominance in the park.
- Build a relationship with community groups that can lead to their achieving external funding and exerting a legitimate authority.
- Provide activities and facilities to ensure young people feel a sense of ownership. Addressing young people's fear of crime as well as adults.
- Use publicity to let people know that the management believes in the place.
- Ensure that people know how to report damage and incidents.
- Make sure that maintenance budgets are adequate to support after-care.
- Employ 'target hardening' measures e.g. CCTV sensitively as part of overall improvements.
- Respond rapidly to vandalism and antisocial behaviour.
- Work in partnership. Others may be trying to manage similar problems and be willing to get involved and share resources.
- Research the range of tools and powers available and use appropriate enforcement where necessary to tackle problems.
- Reintroduce staff and gardeners, who provide a level of authority and a point of community interaction. Ensure they have back-up.
- Ensure that initiatives are part of a coordinated approach.

Principles of inclusive design

Inclusive design is about making places that everyone can use. The following principles will help to make an inclusive design:¹⁷

- *Put people as the heart of the design process.* Ensure that you involve as many people as possible on the design. Wheelchair and pushchair access should not be an optional extra in public buildings. Avoid steps and use a gentle incline between floors and add low window-sills for a better view.
- *Acknowledge diversity and difference.* Identify barriers to inclusion as early as possible within the design process so good design can overcome them. As well as wheelchair users and those mobility impairments understand the barriers experienced by people with learning difficulties, mental ill health, visual impairments and hearing impairments. Ensure that doors are highly visible, lay non-slip mats and where possible have automatic doors.

- *Offer choice where a single design solution cannot accommodate all users.* Ensure the design embraces everyone on equal terms. Have an environment that exceeds minimum technical specifications and inspires users.
- *Provide for flexible use.* Understand how the building or space will be used, so places will be designed so they can be adapted to changing uses and demands.
- *Buildings and environments are convenient and enjoyable to use for everyone.* Making environments easy to use for everyone means considering signage, lighting (particularly encouraging the use of natural light), visual contrast and materials. At the beginning of the design process it is important to analyse the transport patterns to and within a development.

Building houses fit for purpose

Private house builders, until recently, provided two thirds of new homes and therefore set the standards in a competitive market. Research suggests that residents are often unhappy with the amount of space in their homes. Local Authorities (LAs) have the power and the remit to influence space standards, both as funders and through planning policy and development controls. To improve this situation CABA suggests Local Authorities¹⁸:

- Introduce or apply existing minimum space standards through their planning departments.
- Recognise that adequate space in the home has an effect on health, diversity and community cohesion and that insufficient space provision in the local housing stock will impact local services.

In addition, to support the health and social care reform programme to provide convenient, quality services closer to home, or in people's homes:¹⁹

- LAs to ensure houses are designed for life by having adaptable/flexible space¹ by promotion of recognised good standards in homes²⁰ such as: Lifetime Homes,²¹ Building for Life²² and/or Code for Sustainable Buildings.²³

Based on the affordable housing survey local authorities have influence, especially only aspects of place making and layout where lower quality was found. Local Planning Authorities could: assert their influence by²⁴:

- Ensuring Registered Social Landlords (RSLs) become involved in projects as early in the design process as possible.
- Local Planning Authorities and RSLs need to strengthen their working relationships to increase design quality, particularly in terms of layout and place making.

Health Service Building design

Health care buildings can be designed to enhance the healing environment. The King's Fund report "*Enhancing the healing environment*"²⁵ highlighted the way in which many projects bring a sense of normality to the hospital environment by ensuring that :

- Finding the building and the main entrance is obvious. It should create a good first impression, creating a sense of welcome and reassurance on arrival. However, there are some sensitive situations where it is advisable that a building does not draw attention to itself and merely blends into the

surroundings. Nevertheless it needs to be identifiable, reassuring and dignified.

- Wayfinding: The use of simple colour, innovative lighting, and good signage can be used to enable visitors and patients to find their way around a busy, large hospital whilst transforming its feel. Also intuitive wayfinding can be used that incorporates a clear layout, courtyards, colour schemes and symbols.
- Social spaces: such as gardens and courtyards have ample seating designed so that they provide dignified and comfortable places for meeting relatives and friends. Gardens can also provide a therapeutic environment for rehabilitation, social activities and musical performances.
- Providing views of nature and/or gardens to increase levels of positive feelings.
- Interior spaces such as A&E waiting areas to encourage social interaction by arranging the seating in curves rather than in single rows.
- Private spaces provide both sound and visual privacy. Waiting areas and treatment rooms need to reassure patients that their confidentiality and dignity are being respected, whilst offering a calm setting for personal reflection.
- Providing links with the surrounding neighbourhood through incorporation of verbal and pictorial references to local landmarks, celebrities and history.
- Maintaining multi-sensory environments using colour, light, movement and sound to help users feel calm.
- Clinical areas use bold colours, designs and artwork to make these areas more interesting places to be cared for, and to work in.
- Attention is paid to creating a non-institutional character but at the same time a sense of safety and security.
- Hospitals include kitchen facilities to provide fresh and healthy meals that promote patient recovery.

From the practical experience of the King's Fund pilot programme focusing on environments for care at the end of life²⁶ it recommended that all these settings provide:

- A room where the patient and family can be taken for confidential discussions
- The option of single room accommodation designed to engender a feeling of homeliness (for example the use of art, personal possessions) where patients retain control over their environment, such as lighting, television, music and artwork.
- Informal gathering spaces and places where families can meet, confer and talk with care staff
- Guest rooms where close family or friends can stay overnight with facilities for catering and internet access
- Appropriate places for 'viewing' the deceased. For example a garden or room incorporating stained glass, colour and light to provide a sensitive, quiet and private place.

Crime prevention

The following attributes should be considered as prompts to thinking about crime prevention and promoting community safety through the planning system in the local context.

There are seven attributes of sustainable communities that can prevent crime.²⁷

- *Access and movement*: places with well-defined routes, spaces and entrances that provide for convenient movement without compromising security
- *Structure*: places that are structured so that different uses do not cause conflict
- *Surveillance*: places where all publicly accessible spaces are overlooked
- *Ownership*: places that promote a sense of ownership, respect, territorial responsibility and community
- *Physical protection*: places that include necessary, well-designed security features
- *Activity*: places where the level of human activity is appropriate to the location and creates a reduced risk of crime and a sense of safety at all times
- *Management and maintenance*: places that are designed with management and maintenance in mind, to discourage crime in the present and the future

[See also transport and Physical Activity: Promoting inclusive environments]

5.1 Alcohol

Licensing Act 2003

The Act was introduced into England and Wales on 24th November 2005 amidst growing concerns over problems of alcohol-related violence, especially in town and city centres in and around licensed premises.¹³⁷

The main measures of the Act are summarised below.¹³⁸

The Act established a simpler single integrated scheme for licensing premises, which are used for:

- The sale or supply of alcohol
- To provide regulated entertainment (including music, dance, film, theatre, indoor sport; and
- Late night refreshments (hot food and drink sold after 23:00 and 05:00

The above licensable activities are now contained in the **premises licence**.

The Act made the council the local licensing authority, responsible for the new licensing regime. This transferred alcohol licensing from the courts. Along with simplifying licensing, it aimed to enable local authorities to be more effective in managing licensed premises through promoting four **licensing objectives**:

- Preventing crime and disorder
- Protecting public safety – physical safety not public health
- Preventing public nuisance
- Protecting children from harm

Licensing conditions and operating schedules are used to work towards ensuring the licensing objectives.

Licensing conditions which are attached to a premises licence must be tailored to the individual style and characteristics of the premises and events concerned so that they are appropriate and achievable. Conditions can relate, for example, to: installing CCTV; capacity limits; door supervisors, dedicated text or pager links between management teams and local police stations; equipment safety; maximum noise levels etc.

Operating schedules is part of the application form for a premises licence. It details the applicant's proposals for the operation and management of the premises. These include the proposed opening hours, licensable activities, capacity and so forth. It should also include a statement on how the licensing objectives are to be met.

Flexible opening hours were introduced under the Act, for licensed premises with the potential for up to 24 opening, every day. The aim was to stagger closing times in nightlife areas to reduce related violence and anti-social behaviour through

crowding and binge-drinking thus, encouraging a more relaxed Continental approach to the sale and consumption of alcohol.

A personal licence is required by all licensees. All licensed premises authorised to supply alcohol must have an identified personal license holder known as the designated premises supervisor.

Responsible authorities: are the public bodies that must be fully notified of premise licence applications. These include: police, fire service, healthy and safety; Environment Health; Planning, trading standards and social services. These can make representation concerning an application if it is considered to negatively affect one or more of the licensing objectives.

Cumulative impact / saturation policies were an important provision. A local authority in consultation with others can identify areas where a concentration of licensed premises is considered to be causing a cumulative impact on one or more of the licensing objectives. In such circumstances, where representations are made (that is objections), the licensing authority can refuse applications for new licences, or variations to existing ones, unless the applicant can demonstrate that they do not add to the cumulative impact. In other words, it still requires one of the responsible authorities or one or more local residents to lodge representations about an application with the local licensing authority. Once this happens, the policy comes into effect. If no representation is received then it remains that a licence must be granted that is consistent with the terms of the operating schedule. The aim is to ensure that new or developing businesses do not add to current local concerns and to encourage a more mixed and diverse night time economy by encouraging other types of businesses to open.

In a recent review a link has been found between alcohol outlet density and alcohol related harm such as rates of binge-drinking, alcohol related injuries, sexually transmitted disease, violence and neighbourhood amenity problems.¹³⁹ Increased alcohol density leads to an increasingly competitive alcohol market-place that can result in cheap drinks promotions, less stringent admission policies and lower management standards.¹⁴⁰

The relationship with town and country planning

There have been changes to the town and country planning Use Classes Order which came into force on the 21st April 2005 under which it is possible to question whether the applicant should also have to apply for planning permission to change the use of the premises.

Most licensed premises previously were all part of one use class defined as A3. From 21st April 2005 these are now divided into 3 separate use classes:

- A3: Restaurant and cafes
The primary use is for the sale of food and drink on the premises
- A4: Drinking establishments
A use class defined specifically for pubs and bars where the primary use is for the purchase and consumption of liquor
- A5: Hot food takeaways

The primary purpose is for the sale of hot food to takeaway

Where there are combined uses that have more than one primary element then they are to be treated as 'sui generis' which means in a class of their own and will need a specific planning consent which defines what is authorised.

Managing the night time economy

Places where alcohol is sold have been linked, for many centuries, to alcohol-related harm.¹⁴¹ In a number of countries, liberalised and expanded night-time economies have been associated with violence.¹⁴² In England and Wales, extended alcohol sales times have not been linked to increased violence, but rather to a shift in the timing of violence to later in the night.¹⁴³ There is no evidence of 24 hour drinking, with only a minority of premises securing 24 hour licences and very few actually utilising those hours. There have been only limited changes to actual opening hours. Data suggests that the average closing times across all on-licensed premises in England and Wales increased by only 21 minutes.¹⁴³

In developed countries the harm from alcohol has been ranked third, following tobacco and high blood pressure, among 26 risk factors examined in terms of their contribution to disease, disability or mortality.¹⁴⁴ The Licensing Act 2003 has provided Planning with the opportunity to become involved in licensing and provided a more flexible approach to managing nightlife: licences can be reviewed whereas planning permissions are final. However, whilst Planning and Regeneration departments would like to focus more on the night time economy (NTE) a large number of barriers to their involvement have been identified²⁸:

- Potential lack of understanding and knowledge of the NTE as they are a new concern for planning departments and they rarely attend multi-agency visits
- Barriers to partnership working (such as lack of guidance and awareness)
- Working practicalities (such as the difference working patterns of Planning and Police)
- Different needs from public spaces between the police and planning
- Lack of resources and piecemeal funding
- Core administrative functions that require significant resources
- The influence of the industry can make it difficult to exercise control.

Box 16: Evidence on the Effectiveness of Interventions to Reduced Harm in Night-time Economies (NTE)

A review conducted by Liverpool Centre for Public Health²⁸ has found evidence for the effectiveness of the following strategies:

CCTV coverage can help in crime reduction, aid assailant identification, reduce fear, provide information on accidents and provide surveillance of less well observed streets and alleys. However, CCTV cameras are less likely to reduce impulse-related crimes such as alcohol-related violence.

Diversity in activities: By offering a variety of cultural activities, more age groups including older people and families, will use the NTE later into the evening thus diluting the potential negative effects of a NTE based solely around young people and alcohol consumption. For example, in Liverpool, under the “Alive After Five initiative (developed by the Liverpool alcohol Strategy Group), shops stay open until 9pm on Thursday evenings.

<http://www.visitliverpool.com/site/what-to-do/thursdays-alive-after-five-p126001>

Improved Lighting helps to illuminate public space, thus increasing the possibility for surveillance, helping to reduce violence, vulnerability and fear. However, too much glare can also aid crime.

Lighting can be used to illuminate public and civic features and buildings, creating a more pleasant feel to city and town centres in the evening. For example a “City of Light” architectural lighting scheme focusing on sixty-two Liverpool city centre landmark buildings, has transformed the city by lighting. This has significantly improved the quality and appearance of the city centre environment, thus it has positively contributed to visitors’ experience of the city, residents’ quality of life and the regional economy.¹⁴⁵

<http://www.nwda.co.uk/news--events/press-releases/200701/liverpool-takes-shine-to-light.aspx>

Street design especially in relation to the location of licensed premises, can help dispersal in the NTE as well as providing safe and effective ways to travel between venues.

Locating pubs or clubs on main roads can contribute to road traffic accidents when intoxicated individuals step out onto the roads.

Pedestrianisation can also help to minimise road traffic accidents; however consideration needs to be given to issues such as how far people have to walk to get transport (and their safety whilst they are doing so). Thus providing easily accessible taxi ranks or bus stops that can be reached without crossing roads. Badly lit, unobserved alleyways should be avoided, or blocked off, and paving quality to avoid trips and accidents should be ensured.

Street drinking bans. Banning drinking on the streets is associated with reducing both the potential for glass-related injury and/or assault as well as alcohol-related disorder.

Street facilities and furniture. Advertising space that may influence consumption of alcohol should be avoided near schools and on public transport.

Providing bins in suitable places (such as outside takeaways) can prevent litter and provide a safe place to dispose of glass to avoid injury and/or assault. Secure bottle bins provide a safe repository for individuals to discard bottles and glasses.

Late night transport. Transport strategies ensuring adequate supply and appropriate location of taxi ranks and public transport pick-ups can reduce the risk of violence and disorder through competition for resources and preventing large crowds of intoxicated individuals congregating in small areas.

Venue design smaller pubs with comfortable seating are associated with lower levels of alcohol consumption and associated violence and disorder. Other provisions in alcohol venues can reduce disorder and accidents including: improved lighting, proper ventilation and chill out areas to help reduce the impacts of excessive noise

Top Tips for interventions to reduce alcohol related harm

Developing safer night time environments

The British Medical Association has made the following recommendation to Town planning and licensing authorities:

- Ensure consideration of local density of on-licensed premises and the surrounding infrastructure when evaluating any planning or licensing application.

Recommendations from “*Developing safer night time environments through effective implementation of planning*”²⁸ to improve the understanding and involvement of Planning and Regeneration in the NTE:

- Through involvement in multi-agency visits to licensed premises
- Partnership working to be developed much further between Planning, Community Safety, the Police, Licensing and other relevant bodies
- The PCT to consider organising a workshop with Community Safety, Police teams and Planning officers to share expertise, develop stronger partnership working and establish a shared vision for town centre planning
- Planning departments to be more involved in licensing and use licensing conditions both regarding opening hours and design/layout of venues to work towards the licensing objectives and improve the NTE
- Planning departments to consider whether changes of use for premises from retail to licensed premises are viable by considering the impacts on the local area both in the day and night
- Planning departments should build on the examples of best practice and suggested interventions identified in Box 16 to develop a more sustainable and safer NTE including appropriate CCTV use; improved lighting and street design; late night transport and venue design.
- Planning departments to promote a range of culturally diverse activities which encourage a range of populations to use town centres at night.

5.2 Fast Food

Fast Food does not refer to all foods that can be consumed immediately or quickly such as fruits. In general, the term refers to readily available, energy-dense meals, snacks, foods, and drinks. These tend to be consumed often and are frequently offered in large portion sizes.¹⁴⁶

Indeed, fast food is loaded with calories from refined sugar and fats.¹⁴⁷ Trans fat, which is considered the most harmful type of fat, is found abundantly in various fast foods. The amount found can vary from one country to another from less than 1g in Denmark and Germany to 10g in New York and 24g in Hungary. Up to 15g was found in the UK.¹⁴⁸ Denmark introduced legislation restricting the use of industrially produced trans fatty acids to a maximum of 2 percent of the fat in any food product.¹⁴⁸ The daily intake of about 5g of trans fat is associated with a 25 percent increase in the risk of ischemic heart disease.¹⁴⁹ Trans fat not only increases the 'bad cholesterol' (low density lipoprotein) levels but also reduces the 'good cholesterol' (High density lipoprotein) levels.¹⁵⁰ Reheating oil, even healthy fat, modifies its molecular structure, making the fat more likely to stick to artery walls as it releases a fatty acid-derived toxin HNE. Restaurants and takeaways repeatedly re-using the same oil to cook food has been linked to increased risk of cancer, strokes, Parkinson's, Alzheimer's and liver diseases.¹⁵¹⁻¹⁵² Fast food is also very high in salt and other additives, but deficient in dietary fibre and essential micro-nutrients like vitamins and minerals.¹⁵³

Several human clinical studies have shown that high energy-dense diets can undermine normal appetite regulation — a process that has been termed 'passive overconsumption'.¹⁵⁴⁻¹⁵⁵ By eating energy-dense fast food the body consumes almost twice as many calories than eating the same weight of healthy food. Not surprisingly, research studies show an association between the consumption of 'fast foods', as defined here, and a higher risk of weight gain and obesity.¹⁵⁶⁻¹⁵⁸ It is now generally agreed that the rapid rise in the incidence of overweight and obesity is a public health nutrition emergency worldwide. The global rise in obesity levels is contributing to a particular epidemic of type 2 diabetes as well as other non-communicable diseases.¹⁵⁹ Meanwhile during the economic recession more cheap, fast food takeaways and restaurants are opening up.¹⁶⁰ A significant association has been found in South Texas between the density of fast food restaurants and stroke risk. The association suggested that the risk of stroke in a neighbourhood increased by 1% for every fast food restaurant, after controlling for demographic and socio-economic status. Stroke risk factors that may be linked to fast food consumption include hypertension, obesity, diabetes and hyperlipidemia.¹⁶¹

Obesity/overweight and the Density of Fast Food Outlets

There is evidence within the USA that 'fast-food' restaurants cluster in lower-income neighbourhoods.¹⁴⁶ Also, such neighbourhoods have fewer supermarkets or other retail outlets that sell fruits and vegetables. Furthermore, those on low-incomes purchase calorie dense, nutrient poor foods because they are cheaper than healthier

products.^{29 162} A connection has also been found between proximity to ‘fast food’ restaurants and increased risk of overweight and obesity in adults, though not in children.¹⁴⁶ A recent large multilevel study linked individual data from the US Behavioural Risk Factor Surveillance System with restaurant data from the 2002 U.S. Economic Census Fast-food and full-service restaurant density, along with restaurant mix (the ratio of fast-food to full-service restaurants). Fast-food restaurant density and a higher ratio of fast-food to full-service restaurants were associated with higher individual-level weight status (BMI and the risk of being obese). In contrast, a higher density of full-service restaurants was associated with lower weight status.¹⁶³ Prospective studies are required to establish causality. In California where fast-food restaurants are located within one half mile of a school it has been found that students were heavier and more likely to be overweight or obese after controlling for student and demographic characteristics, school characteristics, and detailed controls for the type of community in which the school was located.¹⁶⁴

Provision of healthy food in leisure centres and hospitals

Research by the Food Commission for the British Heart Foundation shows how healthy living messages can be undermined by the lack of nutritious food options available in venues where children go to get active.³⁰ Researchers found children’s meal deals in leisure venues are dominated by chips, nuggets, sausages and burgers. Only one park cafe had fruit integrated into the menu. Healthy options were simply not widely available and where they were, there was nothing to mark them out as such. Nutritional analysis of vending machines found they contained products classed as high in fat, sugar or salt (HFSS). HFSS food branding was regularly sited alongside healthy living messages. None of the companies had formal healthy eating policies or schemes.

The presence in hospitals of fast food outlets offering meals that are high in salt, saturated fat and sugar sits uncomfortably with the NHS’s own messages on healthy eating.¹⁶⁵

The Healthier Food Mark

‘Healthier Food Mark’ is being developed by the Food Standards Agency to show where healthier food is available in the public sector. Thus the public sector is to lead by example. The new mark will be awarded to catering companies that serve the public sector, if they meet certain criteria. The criteria will include: the design of menus – providing nutritionally balanced, appetising and enjoyable menus built around choice and variety; sourcing ingredients that are lower in saturated fat, salt and added sugar, preparation and presentation of food including portion sizes, and procuring environmentally sustainable food. The Healthier Food Mark aims to support those public sector institutions that wish to provide healthier, nutritionally balanced food. The approach encourages catering businesses to commit to activities that will help their customers make healthier choices.¹⁶⁵ It is being piloted on a voluntary basis in central and local government, but there are currently no public sector leisure agencies taking part in the scheme.³⁰ As the scheme progresses, all public bodies in England will eventually be encouraged to sign up – ensuring a minimum standard of healthier food across the public sector.¹⁶⁵

Box 17: Examples of Best Practice in Controlling the Availability of 'Fast Food'

Use of planning controls

In March 2009, Waltham Forest Council pioneered the **use of planning controls to restrict the growth of fast food takeaways** in the Borough.¹⁶⁶ A supplementary planning document has been developed to provide guidance on permitting hot food takeaways that aims to reduce their negative impact.²⁹ The policy is being actively implemented, including enforcement action against illegal establishments. The planning rules stipulate that no more than one in 20 retail units in town centres should be used for hot food takeaways. Outside town centres no two venues should be within 400 metres of each other or within 400 metres of a park or school. Planning permission will be refused if people are living nearby, or if there are fears an outlet could lead to an increase in antisocial or criminal behaviour. There are also **tougher rules on extraction systems to decrease air pollution and stricter waste storage requirements to prevent fly-tipping. Owners are required to have bins, empty them regularly and keep their frontages clean.** Its policy has already gained national recognition and has the full support of the UK Public Health Association, both as a means to reduce child obesity, and to improve public spaces.¹⁶⁶

Tax and Restrictions on Fast Food Businesses

Barking and Dagenham Council in Essex is considering levying a £1,000 a year tax on fast food businesses after planning permission is granted and to use this levy exclusively on initiatives to combat obesity. Other plans include **refusing planning permission for hot food takeaways within 400 metres of a school and preventing further concentration of hot food takeaways in town centres and shopping parades.**¹⁶⁷

Eatright Liverpool: The Trading Standards Department, in collaboration with Liverpool John Moores University, is developing a programme towards takeaways, including the **nutritional improvement of the basic products.** . Eatright was launched in December 2008 after a £1.5 investment in Liverpool Trading Standards to target fifty takeaway outlets during the next three years. The scheme which is backed by the Food Standard Agency will eventually be rolled out to include restaurants.¹⁶⁸

Eat Well Do Well (EWDW) was a 3-year **nutritious free school meal trial** conducted by Kingston-Upon-Hull City Council in partnership with two Primary Care Trusts to develop and implement the initiative. The innovative programme started in April 2004 and was **provided to all primary aged school children.** Meals may have included a healthy breakfasts, hot lunches/dinners, fruit and an after school snack. **The discussion of food and health were integrated into the curriculum.** These interventions were rolled out systematically into schools at different times and in different ways. During the trial, **fewer students reported skipping breakfast or eating breakfast on the way to school, going to bed hungry, and drinking soda for breakfast.** After three years, **more students reported: eating school meals, feeling healthy, and making healthier food choices even outside of school.** Teachers reported that EWDW has had an important impact on children as they were **calmer and better behaved** creating learning environments in which students have the opportunity to reach their potential. The stigma was removed that was associated with qualifying for or eating free meals, and there were fewer differences in the diets of students who would be eligible for free meals and those who would not.¹⁶⁹

School Food Trust Guidelines

The information in the table below details foods that are and are not permitted to be sold in vending machines in schools and served at lunchtimes. These examples of permitted food could be provided in publicly owned leisure facilities.³⁰

Table 3: School Trust Guidelines

	Permitted	Not- Permitted
Vending Machines	<ul style="list-style-type: none"> • Combination of dried fruit, nuts and seeds without added fat, sugar, salt or honey. • Plain popcorn (no added fat, sugar, salt or honey) • Fruit, nut and seed bars that contain no added fat, sugar, salt or honey. 	<ul style="list-style-type: none"> • Any type of confectionery, e.g. chocolate products, sweets and sugar free chewing gum • Cereal bars • Processed fruit bars • Crisps and crisp-like products, • Japanese rice crackers • Pretzels • Bombay mix
School Lunches	<ul style="list-style-type: none"> • At least one serving of fruit and one serving of vegetables or salad every day. • Oily fish such as mackerel or salmon at least every three weeks. • Bread with no added fat or oil every day • Nuts, seeds, vegetables and fruit with no added salt, sugar or fat • Savoury crackers and breadsticks can be provided at lunchtime as part of a meal when served with fruit, vegetables or dairy food • Condiments in sachets or individual portions of not more than 10g or 1 teaspoonful • Filled sandwiches, bagels, baguettes, pitta breads, rolls, wraps: tahini and salad; tuna and sweetcorn; salmon and cucumber; chicken tikka, yoghurt and salad • Pasta salads or salad pot: tuna; tomato, basil and mozzarella; ham or cheese. 	<ul style="list-style-type: none"> • Nuts with added fat, sugar, salt or honey • Confectionery such as chocolate bars, chocolate-coated biscuits and sweets • Salt at lunch tables or at service counters, • No more than two deep-fried foods, such as chips and batter-coated products, in a single week. • A meat product from each of the four groups below may be provided no more than once per fortnight: <ol style="list-style-type: none"> 1) burger, hamburger, chopped meat, corned meat; 2) sausage, sausage meat, luncheon meat; 3) individual meat pie, meat pudding, Melton Mowbray pie, game pie, Scottish pie pasty 4) any other shaped or coated meat product.

More information is available from the school Food Trust: www.scholfoodtrust.org.uk

Top Tips for reducing the impact of Fast Food on health

Controlling the availability of fast food outlets

Evidence suggests that regularly eating energy dense, high salt or sugared fast food can have a detrimental effect on health, particularly in neighbourhoods with a high density of fast food outlets.

Learning from the achievements of the examples of good practices:

- Local Authorities to use their planning and licensing controls to limit the number of fast food takeaways.
- Refuse planning permission to fast food takeaways within 400 metres of a school.
- Trading standards could work with fast food restaurants to improve the provision of healthy foods within fast food takeaways.

As a way to make healthier food more available and affordable, research for ObesCities²⁹ suggests:

- Using land use and planning powers to support supermarkets in poor neighbourhoods
- Support food co-ops, small grocers, farmer's markets and mobile fruit and vegetable vendors in neighbourhoods where healthy foods are scarce.
- Require the recipients of public subsidies to increase shelf space dedicated to healthier food, reduce promotion of unhealthy foods, offer affordable healthy food options and provide living-wage jobs
- Create green jobs that support local and regional food systems
- Introduce nutritious free school meals and incorporate healthy eating into the curriculum.

Promoting the availability of healthy food in public leisure facilities

To reverse the current trends in the growth of obesity particularly in children, concerted and joined up action is needed on both nutrition and physical activity.³⁰

- Vending machines in publicly owned leisure facilities to be stocked with healthy products that fit the School Food Trust criteria of permitted items.
- Publicly owned leisure facilities to sign up for the 'Healthier Food Mark Scheme'

5.3 Sunbeds

Sunbed use in the UK is a public health concern because sunbeds emit ultraviolet radiation that is likely to increase the risk of developing skin cancer, a disease that is almost entirely preventable.¹⁷⁰ Skin cancer is now the most common form of cancer in the UK, with over 10,400 malignant melanoma cases (most serious form of skin cancer) and at least 81,500 non-melanoma skin cancers recorded in 2006.³²

Sunbeds have also been linked to a variety of poor health conditions including eye damage, photodermatosis, photosensitivity and premature skin ageing.¹⁷¹ The number of commercial sunbed outlets in the UK is growing and there is a common misconception that sunbeds offer a safe way to get a tan. However, the intensity of some UV rays from sunbeds can be as much as 15 times higher than that of the midday sun.¹⁷² Evidence shows the increasing use of sunbeds by children and young adults in the UK in both supervised and unstaffed commercial outlets.³² There is now general consensus among experts that sunbeds are likely to increase the risk of skin cancer and should be avoided for cosmetic use. Where sunbeds are used they should be closely monitored.^{32 173-176}

Currently, any individual without qualifications or experience can set up a tanning salon and there are no regulatory restrictions on the type of equipment that can be purchased.¹⁷⁷ The responsibility lies with the supplier to provide sufficient information to the user to allow them to make an informed decision about whether to use the sunbed or not. The Health and Safety Executive, together with the Department of Health, produced initial guidance on sunbed use in the 1990s. Since this guidance was first published there have been considerable technological changes in the sunbed industry as well as an expansion of the use of sunbeds, so an updated version of this guidance was published in April 2009.¹⁷⁸

In Scotland the growing incidence of skin cancer prompted the Scottish parliament to include sunbed controls in the Public Health etc (Scotland) Act 2008¹⁷⁹ which came into force in December 2009. Under this legislation under-18s are banned from using or hiring sunbeds, unsupervised salons are outlawed and operators have to provide customers with information on safe use. A particular problem has been the unmanned, coin operated salons. Without appropriate guidance and supervision the intensity of the sunbeds could be dangerous.

Following Scotland's lead, a private member's Sunbeds (Regulation) Bill has been put forward in England and Wales and recently passed by Parliament, to make it a criminal offence for a sunbed operator to allow anyone under the age of 18 to use a sunbed. It places a duty on salon operators to prevent the use of sunbeds by under-18s and gives local enforcement officers the power to inspect the businesses and penalise owners who breach the ban. It would also allow ministers in England and Wales to regulate to stop children hiring or buying sunbeds and ban unmanned automatic tanning salons. Clear information would also be required in salons, setting out the dangers of sunbed use.¹⁸⁰ The legislation comes into force next year, and local authorities will need extra funds to maintain regular inspections of salons.^{181 182}

Evidence of a link with skin cancer

The South West Public Health Observatory, the lead cancer registry for skin cancer, which has mapped the location and density of UK sunbed outlets. Researchers found double the number of salons in areas of the highest deprivation. Urban areas in the north-east and north-west have the highest concentration of salons, which raises questions about health inequality. However, a properly maintained National Register of Sunbed salons would facilitate the identification of locations enabling robust empirical research. Areas of highest competition have prices sometimes as low as £1 a session.¹⁷⁰

A comprehensive meta-analysis showed that sunbed use before the age of 35 was associated with an increased relative risk of 75% for developing malignant melanoma.¹⁸³ In June 2009, the International Agency for Research on Cancer (IARC) strengthened its classification of sunbeds from “probably carcinogenic” to “carcinogenic”.¹⁸⁴

Cancer Research UK recently carried out two large, face to face surveys of sunbed use in over 9000 children aged 11-17 in England.¹⁸⁵ It was found that 6% had used a sunbed and in some areas of the country 40% of teenagers used them every week. The research showed teenagers were on average 14 years old when they first experimented with sunbeds. Girls, older age groups and those living in deprived communities were most likely to use them. Results from surveys in six cities, suggested that 51% and 48% of 15-17 year old girls in Liverpool and Sunderland respectively have used sunbeds, with more than 40% using them every week. Furthermore, supervision of sunbed use was poor. The report confirms that voluntary action by the industry is not protecting young people, and points to the need to introduce legislation. The younger the person is when they develop Melanoma the more aggressive the cancer will be.¹⁷²

The British Medical Association estimates that the risk of skin cancer may rise by up to 20% for each decade of sunbed use before the age of 56 years.¹⁷⁰ It has been estimated that 100 deaths from skin cancer every year in the UK are thought to be linked to the use of sunbeds.¹⁸⁶

Reducing harm from sunbed use

In the UK very few local authorities have licensing in place. A number of London local authorities have adopted licensing powers under the London Local Authority Act 1991 and similar legislation enables licensing in Nottinghamshire, Birmingham, Dorset and Essex. Where licensing does occur, local authorities can create registers of the numbers and locations of commercial outlets in their area. However, even in these areas there is no legal requirement to keep records of clients, doses, skin type, etc.³² Liverpool, where there is one of the highest concentrations of cut-price salons, is discussing introducing a voluntary code restricting under-18 sunbed use. The rest of England, Wales and Northern Ireland is unprotected. However, new Legislation that will come into force next year will ban under 18s from tanning sessions. Tanning salons will also have to be manned, meaning that coin-operated booths will be outlawed after several children suffered serious burns after using them without supervision. It brings England and Wales into line with Scotland, where a ban on under-18s has already been accepted.¹⁸²

The Save Our Skins toolkit

The aim of this toolkit is to help professionals working in local authorities, primary care trusts (PCTs), local health boards, cancer networks and their partner agencies to develop strategies and campaign programmes to tackle the increasing incidence of skin cancer. The toolkit provides an evidence base to support action, signposts where information and promotional materials can be obtained, provides information and advice on running successful campaigns and includes a comprehensive listing of local interventions across a range of community settings. Whilst the information contained in the tool kit is comprehensive, it is neither exhaustive nor exclusive, and local authorities could add and use any further information that they feel may be of assistance.

Box 18: Example of Best Practice on Sunbed Use

Warrington Borough Council Project on Health Risks in Solaria

The health and safety enforcement team at Warrington BC undertook a project looking at the health risks in solaria during 2004. The aim was to assess the quality of information and guidance provided by solaria staff to prospective customers. A two stage approach was taken; initially officers visited premises posing as paying customers and noted the adequacy of information and advice given to them as new users during the visit. Areas of concern were recorded and discussed during a second, formal inspection of the solaria by prearranged appointment.

Forty two establishments were visited and none complied adequately with expected health and safety requirements. More than half the salons scored less than 30 out of a hundred. Failings identified included lack of basic cleanliness and provision of protective goggles, poor or nonexistent assessments of skin type and exposure times, the unsafe use of equipment and a lack of warning notices and staff training. Results of the survey formed the basis of a press campaign to raise awareness amongst the general public of the potential dangers of sunbed use.

<http://tinyurl.com/yfx6boc>

Top Tips for reducing harm from sunbeds

In the absence of government legislation many local authorities are implementing strategies to target the health and safety of establishments and to raise awareness with the public of the risks of sunbeds. From these examples, the following top tips for local authorities are provided from the Save our Skins toolkit³¹:

- Ensure that establishments providing sun tanning facilities meet current health and safety requirements

- Raise awareness of owners and staff of the potential dangers of sunbed usage and of their obligations to ensure customer safety
- Raise public awareness of the potential dangers of sunbed usage, particularly directed to children and young adults³²
- Survey sun tanning establishments in the local area to assess current levels of knowledge of owners and staff
- Produce promotional materials for owners of sun tanning facilities and for distribution to customers
- Run advertising campaigns to highlight the potential dangers of sunbed usage
- Provide staff training and checklists to raise inspection officers' awareness and inspection consistency
- Remove sunbeds from LA run premises
- Develop policies for private companies contracted to manage local authority leisure facilities.
- If possible commissioners should ensure contracted private care providers have no links with sun bed establishments.¹

5.7 Tobacco

Smoking is the single greatest cause of preventable illness and premature death in the UK.¹⁸⁷ Smoking harms nearly every organ of the body, causing many diseases, and reduces quality of life and life expectancy. Smoking causes lung cancer, bronchitis, emphysema, heart disease, and cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.¹⁸⁸ Counterfeit cigarettes are even more dangerous to health and have been found to have 75% more tar, 28% more nicotine and about 63% more carbon monoxide.¹⁸⁹ Tobacco smuggling seriously affects public health because it brings tobacco onto the market cheaply. This is especially important to poorer smokers, who generally smoke for longer and find it harder to quit. It also removes or weakens the price incentive for smokers to quit.³³

The dangers of breathing in other people's tobacco smoke (known as second-hand or passive smoking) are well documented putting people at risk of a number of disorders from minor eye and throat irritation through to heart disease and lung cancer.¹⁹⁰ Children are particularly susceptible and exposure, even at very low levels can increase the risk of glue ear, cot deaths, asthma and other respiratory problems.^{191 192} Health experts in the North West are pressing for a ban on smoking in cars to protect non-smokers and in particular children.¹⁹³

In the North West a wellbeing survey found that 30% of adults said they were currently smokers and a further 21% were ex-smokers. Those living in the most deprived areas were more than twice as likely to smoke as those living in the least deprived areas.⁹⁴ In the UK approximately 450 children start smoking each day and 225 of them will die prematurely from smoking. By the age of 11, one third of children have experimented with smoking. At 15 around one in four teenagers are regular smokers. It's young people who start smoking and as a result 320 adults die each day from its effects.¹⁹⁴

Smoke-free legislation in the Health Act 2006 came into force in England at 6am on Sunday 1 July 2007. It aimed to create smoke-free places, and to protect workers and the public from the harmful effects of passive or second-hand smoke.¹⁹⁵

Under Smoke-free legislation there is no requirement to provide smoking shelters. If employers decide to provide an outside smoking shelter or area, it should not be 'enclosed' or 'substantially enclosed' under the definitions set out in the Smokefree (Premises and Enforcement) Regulations. Employees need to consider other issues such as planning, licensing and building control, noise and litter - the local council can provide advice.¹⁹⁶

Vending machine and retail display of tobacco ban

MPs and the Lords recently voted in favour of a backbench amendment to outlaw cigarette vending machines in England, Wales and Northern Ireland, as part of the Government's Health Bill, which has now become law and will be implemented in October 2011. This concluded a successful campaign by leading health

organisations, including Cancer Research UK¹⁹⁷ and the British Heart Foundation who estimated that as many as 23,000 11-15 year old regular smokers get their cigarettes from vending machines in England and Wales.¹⁹⁸ Also included in the 2009 Health Act is a ban on the retail display of tobacco products and a requirement for them to be sold instead from under the counter. These measures are aimed at protecting children from taking up the habit, but they have been fiercely opposed not only by the tobacco industry but also by small shopkeepers who rely on tobacco sales to entice customers into their stores. Imperial Tobacco, the UK's leading cigarette manufacturer, is seeking a judicial review of the Government's plan.¹⁹⁹

Cigarette Litter

Cigarette filters are not biodegradable. They are composed of cellulose acetate; a form of plastic. Therefore, cigarette butts can persist in the environment as long as other forms of plastic. The filters in cigarettes are specifically designed to trap toxic chemicals. When littered, these toxic chemicals leak back into the environment. After being discarded on the ground the wind and rain can carry them into the water supply, where the toxic chemicals the cigarette filter was designed to trap leak out into aquatic ecosystems, threatening the quality of the water and many aquatic life forms. Cigarette filters have been found in the stomachs of fish, birds, whales and other marine creatures who mistake them for food. As several trillion butts are littered every year, the toxic chemicals soon add up.²⁰⁰ The accumulation of cigarette litter can also mar the countryside, beauty spots, parks and gardens. Cigarette butts, matches, empty packets and their wrappers are England's biggest litter problem and are found on 79% of our streets.²⁰¹ Following smoking bans, the evidence from across the world is showing that the problem is at its worst outside buildings where people are no longer allowed to smoke – restaurants, bars, entertainment venues, public buildings, shops, offices and more.²⁰²

Careless smoking is estimated to be the number one cause of fire related death and injury. Although the majority of these cases involve indoor smoking and careless extinguishing of smoking materials, many fires are the result of littered cigarettes, whether tossed out of a car or thrown on the ground by pedestrians and bystanders. Not enough attention has been given to this problem and many fire departments have remained silent about cigarette litter.²⁰³

It has been suggested that it would be helpful if councils provided street bins where butt ends can be safely put into a metal container in the top.²⁰⁴ Keeping litter hotspots clean, especially around ashtrays and signage, leads to less littering and more binning.²⁰⁵ Street Litter Control Notices may be issued by local authorities where there is a significant problem with litter on the street. They can be used to place requirements on the occupiers (or owners) of premises to take steps to reduce litter outside their premises, such as the installation of litter bins or clean-up of the litter.²⁰¹ Cigarette littering is against the law, carrying an on the spot fine of £50-£80, with most councils charging £75.

Box 19: Examples of Good Practice in Reducing Cigarette Litter

Anti-cigarette litter campaigns

Colchester Council, one of more than 200 local authorities to have run specific anti-cigarette litter campaigns, orchestrated a tremendously successful campaign with the participation and support of over 650 local businesses and retailers.

They concentrated on encouraging smokers to change their littering behaviour, with a programme combining a mix of public information and the resources needed to enable change – resources like more disposal options and easy, cost-effective access to personal ashtrays. Having raised awareness, and with disposal options being made available, the use of sanctions was more readily legitimised and enabled the message that littering is unacceptable to be reinforced. A staggering 86.6% reduction in levels of cigarette litter was achieved.²⁰²

Ashtray bins



Knowsley Council's has achieved a top quality award: ISO 9001:2008 quality standard, in its bid to keep the Borough clean and green. The accolade coincides with the installation of new eco-friendly litter bins in Huyton town centre. The new state-of-the-art bins include a recycling section, as well as ashtrays to reduce cigarette butt litter.

The International Organisation for Standardisation accreditation followed a rigorous audit by independent inspectors who assessed the procedures, systems of work, equipment and performance of the street scene teams based at council depots.²⁰⁶

Top Tips for tobacco control in the planned environment

Vending machines and retail displays

By October 2011 cigarette vending machines and retail displays of cigarettes will be unlawful, but public bodies can set a good example now in public buildings by:

- Removing all cigarette vending machines
- Stop displaying cigarettes at point of sale

Cigarette litter

Cigarette butts, matches, empty packets and wrappers are England's biggest litter problem. Cigarette butts are not biodegradable and the toxic chemicals they contain threaten the quality of aquatic ecosystems and wildlife. They also look unsightly.

Councils could follow examples of good practice and:

- Consider conducting anti-cigarette litter campaigns
- Install clearly marked cigarette bins, particularly in town centres and outside municipal buildings.

Smuggling and counterfeit cigarettes

Local Authority staff play an important role in cutting down on cigarettes being smuggled into the country, and on the sales of counterfeit cigarettes. Trading Standards to work with police to deal with:³³

- The smuggling and sale of cheap cigarettes brought into the country
- Counterfeit cigarettes.

6 Glossary

Biodiversity	The number and variety of organisms found within a specified geographic region.
Blue Infrastructure	This term is sometimes used to describe riverine and coastal environments with a green infrastructure network.
Civilised Streets	Streets that successfully manage place and movement functions so that all people can enjoy using them and being in them. ¹⁰³
Community Severance	Reduced access to local amenities and disruption of local social networks caused by a physical barrier running through a community. ²⁰⁷
Development Control	Involves the controlling of building and engineering operations or changes in the use of land and buildings. The process whereby the Council decides on planning applications. This control operates within a set of rules supplied by the government but also relies heavily upon precedence and case law established since 1947 when the modern day system commenced. This system is gradually being replaced by Development management during 2010 to suggest a more proactive approach ²⁰⁸
Development Management	Development management is the term that has been coined to include the range of activities and interactions that together transform the 'control of development and the use of land' into a more positive and proactive process that: <ul style="list-style-type: none"> • fits better with the ethos of spatial planning and • better supports local authorities in their role as place shapers. Development management uses the familiar apparatus of planning applications and planning enforcement. It uses these not just to control the effects of unrestricted development, but as a proactive tool for managing development opportunities. This is done to optimise the benefits for the community of inward investment in development. ²⁰⁹
Environmental Impact Assessment (EIA)	The technique and process of evaluating the likely environmental consequences of a proposed major action significantly affecting the natural and man-made environment and taken into account by the planning authority. EIA should lead to proposals which are likely to have any significant adverse effects on the environment being abandoned or modified. ²¹⁰

Environmental sustainability	Environment sustainability requires meeting the needs of the present without compromising the ability of future generations to meet their needs. ¹¹⁴ It encompasses, keeping population densities below the carrying capacity of a region, facilitating the renewal of renewable resources, conserving and establishing priorities for the use of non-renewable resources, and keeping environmental impact below the level required to allow affected systems to recover and continue to evolve.
Green Belts	A green belt or greenbelt is a policy and land use designation used in land use planning to retain areas of largely undeveloped, wild, or agricultural land surrounding or neighbouring urban areas.
Green Infrastructure	Green infrastructure is the physical environment within and between our cities, towns and villages. It is a network of multi-functional open spaces, including formal parks, gardens, woodlands, green corridors, waterways, street trees and open countryside. It comprises all environmental resources, and thus a green infrastructure approach also contributes towards sustainable resource management.
Health Impact Assessment (HIA)	A combination of procedures or methods by which a policy, programme or project may be judged as to the effects it may have on the health of a population. ²¹¹
Home Zones	Residential streets in which the road space is shared between drivers of motor vehicles and other road users, with the wider needs of residents (including people who walk and cycle, and children) in mind. The aim is to use design and layout to change the way that streets are used and to improve the quality of life in residential streets by making them places for people, not just for traffic. ¹⁰³
Inclusive design	Based on the social model of disability – that people are disabled or disadvantaged by society’s failure to recognise and meet their needs, not an inherent lack of capability. Inclusive design aims to remove the barriers that create undue effort and separation. It enables physical, intellectual and emotional access by everyone to buildings, spaces or services. ¹⁰³
LIFT programme	Refers to the nationwide NHS Lift programme (Local Improvement Finance Trusts). The whole country has been divided into 42 areas, each targeting priority schemes set to revolutionise local healthcare facilities. As well as commissioning new buildings the one-stop-shop principle is an important component. The NHS is bringing more practitioners, such as dentists, school nurses, alternative therapists and social services under one roof with GPs and establishing better working practices between them.

New Public Health	Many contemporary health problems are seen as being social rather than solely individual problems. Underlying them are concrete issues of local and national public policy, and what is needed to address these problems are ‘Healthy Public Policies’ — policies in many fields which support the promotion of health. In the <i>New Public Health</i> the environment is social and psychological as well as physical. ²¹²
Health Inequalities	This describes differences in health status or in the distribution of health determinants between different population groups. Where health inequalities are attributable to the external environment and conditions mainly outside the control of the individuals concerned they are viewed as unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health. ²¹⁰
Planning Aid	Planning Aid is a non-governmental organisation that provides free, independent and professional town planning advice and support to communities and individuals who cannot afford to pay planning consultant fees. It complements the work of local planning authorities, but is wholly independent of them.
Passive Drinking	Refers to the “collateral damage” caused by regular excessive alcohol consumption, as the impact of drinking can go far beyond the individual’s health and wellbeing. “It causes crime and violence in the home and on the street, sexual assault and rape, damage to the unborn baby, road accidents, and the excessive consumption of NHS resources.” ⁵⁶
Planning Policy Statements (PPSs)	PPSs are prepared by the government after public consultation to explain statutory provisions and provide guidance to local authorities and others on planning policy and the operation of the planning system. They replace Planning Policy Guidance.
Section 106 Agreements (s106)	S106 of the Town and Country Planning Act 1990 allows a local planning authority to enter into a legally-binding agreement or planning obligation with a developer in association with the granting of planning permission. The obligation is termed a Section 106 Agreement. They are increasingly used to support the provision of services and infrastructure such as highways, recreational facilities, education, health and affordable housing.
Shared space	Space where different street users have equal entitlement and priority to the space. Shared space strives to combine rather than separate the functions of streets. It seeks to improve the living environment for people, without having to restrict or banish motorised traffic, by reducing traffic speeds through design. ¹⁰³

Shared surface	A shared surface is one that is used by everyone: there is no physical distinction, such as a kerb or change of level, to keep traffic in one place and the other users in another. Such schemes aim to encourage low vehicle speeds, create an environment in which pedestrians can walk or stop and chat without feeling intimidated by motor traffic, make it easier for people to move around and promote social interaction. ¹⁰³
Spatial planning	Refers to the methods used to influence the distribution of people and activities in spaces of various scales. Spatial planning includes all levels of land use planning including urban planning, regional planning, environmental planning and national spatial plans.
Sustainable community strategy (SCS)	SCS formerly known as the community strategy is prepared by local strategic partnerships as a set of goals and actions which they, in representing the residential, business, statutory and voluntary interests of an area, wish to promote. The SCS should inform the local development framework (LDF) and act as an umbrella for all other strategies devised for the area. The local area agreement is the mechanism for making the vision contained in the SCS a reality. It is a statutory requirement to produce a SCS and it is subject to a sustainability appraisal.
Sustainable Development	Intended to provide sustainable changes – to bring: benefits for the future as well as the present. Or in other words, is a development which meets the needs of the present generation without compromising the ability of future generations to meet their own needs. ²¹⁰
Strategic Environmental Assessment (SEA)	This refers to the environmental assessment of a strategic action: a policy, plan or programme. SEA developed out of the recognition that the environmental impact assessment is of specific projects, whilst an extremely valuable device, does not allow sufficient scope for the examination of the effect of a combination of projects. A commitment to sustainable development requires that a strategic approach to the environment be adopted.
Urban Design	Concerns the arrangement, appearance and functionality of towns and cities, and in particular the shaping and uses of urban public space. An aspect of urban planning that focuses on creating a desirable environment in which to live, work and play. The art of making places in urban environments.
Urban Heat Island Effect	Air in urban areas can be warmer than its surrounding areas due to the absorption of heat by the built environment and the lack of plants and trees, which usually cool the air.

Urban planning	It is the organization of all elements of a town or other urban environment. It integrates land use planning and transport planning to improve the built and social environments of communities it can include urban renewal by adapting urban planning methods to existing cities suffering from decay and lack of investment.
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7 List of Abbreviations

AAP	Area Action Plan
AEDET	Achieving Excellence Design Evaluation Toolkit
BREEAM	BRE Environmental Assessment Method
BMI	Body Mass Index
BSF	Building Schools for the Future Programme
CABE	Commission for Architecture and the Built Environment
CIL	Community Infrastructure Levy
DPD	Development Planning Document
DQI	Design Quality Indicator
EbD	Enquiry by Design
EIA	Environmental Impact Assessment
EWDW	Eat Well Do Well
FRSP	Family Refugee Support Project
GI	Green Infrastructure
HFSS	High in Fat Sugar and Salt
HIA	Health Impact Assessment
IARC	International Agency for Research on Cancer
LDS	Local Development Scheme
LDD	local development document
LDF	Local Development Framework
NEAT	NHS Environmental Assessment Tool
NHS	National Health Service
NTE	Night Time Economy
PCT	Primary Care Trust
PPS	Planning Policy Statement
RSS	Regional Spatial Strategy
SA	Sustainability Appraisal
S106	Section 106 Agreement
SCS	Sustainable Community Strategy
SCI	Statement of Community involvement
SEA	Strategic Environmental Assessment
SoS	Secretary of State
SPD	Supplementary Planning Document
RSL	Registered Social Landlord

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