prevention is still better than cure
planning for healthy communities
prevention is still better than cure: planning for healthy communities
As concerns mount over current public health challenges such as obesity, cardiovascular diseases and other lifestyle-related health problems, planning has an increasingly high-profile role to play in creating health-promoting environments and contributing to the provision of health facilities. This case study reports on successful initiatives councils are taking in this area. Common themes include:

- sell the benefits of planning for healthy communities: what is planning’s role in delivering healthy outcomes and how can planners and health professionals be equipped to achieve this?
- plan strategically: writing health into planning strategies – and vice versa – is fundamental to promoting healthy living and providing more health facilities
- identify what planning can deliver: the mutual benefits of working together for planners and health professionals can be significant, but both sectors need to be clear about the opportunities and the limitations
- assess health impacts: this can identify how to increase the health benefits of masterplans and planning policies, and minimise the negative aspects for health.

These initiatives are contributing to a number of benefits including:

- better health outcomes
- a robust evidence base
- more resources for health facilities
- more infrastructure to support healthy lifestyles
- effective partnership working
- effective consultation/engagement.
Brighton and Hove
Brighton and Hove is a designated World Health Organization (WHO) Healthy City (for an explanation see ‘more information’ below). There are well-developed links between Brighton and Hove Teaching Primary Care Trust (PCT) and Brighton and Hove City Council. There is a lead officer based within the council who co-ordinates a range of health improvement activities, including promoting health through the planning process. The city has piloted a health impact assessment (HIA) on a large development and has introduced a rapid assessment process to evaluate whether large planning applications require a HIA.

Cambridgeshire
As an important stakeholder Cambridgeshire PCT is keen to ensure that the county’s significant amount of proposed new development promotes good health and provides an appropriate level of health infrastructure. The PCT has appointed a head of new communities who works with local authorities, the county council and developers to influence planning applications for both large- and small-scale development.

Devon
Two new communities – Sherford in South Hams and Cranbrook in East Devon – are proposed in Devon. Both have been subject to HIAs and Devon County Council is working closely with Devon PCT to incorporate health facilities into current infrastructure planning in towns across the county.
Greenwich, London
Members have been instrumental in putting health onto the planning agenda at the London Borough of Greenwich. Planners have worked with Greenwich PCT colleagues to produce a draft healthy urban planning framework to influence and be part of the evidence base for the LDF, encourage developers to consider wider health issues and help the authority assess proposed policies and plans. The council’s healthy communities team has strong links with planning and is facilitating better integration between planning and other parts of the council. The borough has also adopted a supplementary planning document on planning obligations, which includes guidance on planning contributions towards health facilities.

Liverpool
With a strong history of integrating health into public policy and planning, Liverpool City Council has good links with Liverpool PCT and health academics, and is a designated WHO Healthy City. An on-going capacity building project called Making an Impact is currently funding a health impact assessment officer, based in forward planning in the local authority, to work across the PCT, city council and the University of Liverpool. The project is currently piloting a Liverpool-specific integrated screening toolkit to assess whether policies and large developments need an HIA.

Tower Hamlets, London
Tower Hamlets PCT and the London Borough of Tower Hamlets have worked closely together to develop a shared evidence base and a strategic plan for the provision of health facilities. This joint approach has led to the authority now conducting all pre-application and section 106 negotiations on behalf of the PCT, with considerable success: planners have so far secured almost £15 million for health services infrastructure.
sell the benefits of planning for health

Recent policy initiatives, legislation and guidance potentially bring health services and planning closer together. These developments include:

• delivering local area agreement (LAA) targets: many of the most popular LAA targets are health-related. By framing their work in a more corporate context planners can help to deliver a number of these including providing more homes (good housing can improve physical and mental health), reducing obesity (by ensuring that local environments encourage physical activity) and reducing the amount of carbon emissions in a local area (the public health implications of climate change include increases in stress through higher flood risk and health threats to vulnerable groups such as older people and children from hotter summers).

• contributing a coherent story of place to the forthcoming comprehensive area assessment (CAA): from April 2009 the CAA will replace the comprehensive performance assessment (CPA). Local authorities will be assessed alongside primary care trusts (PCTs) and other local public sector providers. Planners have a key corporate role in constructing a coherent story of place and delivering the outcomes that will form part of the CAA. This includes linking with health to establish how place-shaping responds to local health issues and contributing evidence as set out in, for example, a joint strategic needs assessment (see bullet point below).

• tackling public health concerns: these include obesity, cardiovascular disease and mental health. For example, the cross-government strategy Healthy Weight, Healthy Lives sets out the important role of planning to literally build in opportunities for people to be physically active through walking and cycling. The National
Institute for Health and Clinical Excellence (NICE) has also published guidance on physical activity which is based on a rigorous assessment of current evidence. NICE is an influential organisation within the health sector and health professionals will be keen to implement its guidance. Most of the NICE findings on how to encourage physical activity are aimed at planners: the guidelines will therefore be impossible for primary care trust (PCTs) and other health services to deliver without working closely with planning.

- delivering health facilities and health-promoting infrastructure: by securing developer contributions through a collaborative process with PCTs, planning can ensure that necessary health facilities – GP surgeries, integrated health centres and so on – are provided to meet the needs of growing populations. This can reduce the strain on health service budgets. Planners can also require contributions for health-promoting infrastructure, such as accessible open spaces, cycle route networks and sports facilities. The community infrastructure levy is designed to allow planners to better address the ‘cumulative impact of small developments’ and ensure that infrastructure – including for health – is well planned across an area.

- producing a joint strategic needs assessment (JSNA): PCTs and local authorities have a duty to prepare a JSNA of the health and wellbeing of their community (as set out in the Local Government and Public Involvement in Health Act 2007). Planners have valuable information to contribute about the spatial aspects of health and wellbeing – in fact, the Improvement and Development Agency (IDeA) regards it as ‘essential’ that planners are included in the scoping of a JSNA.
In practice, these links often do not occur because of differences in language, structure and priorities. However, some of the case study planning authorities have successfully persuaded health services about the need to work more closely with planners.

For example, Brighton and Hove organised a masterclass series on health and planning for council officers from planning, transport, economic development and sustainability, as well as public health officials from the PCT. The series included half-day sessions on healthy urban planning, transport and health, and understanding how HIA integrates into other impact assessment processes. The council and PCT then matched public health officials with planners from the council to undertake two days of in-depth training on HIA.

According to Terry Blair-Stevens, Public Health Programme Manager at Brighton & Hove City Council, planners are now ‘much more literate in health’. He has observed that health is becoming more embedded in planning strategies without PCT colleagues having to push to have it included. He also believes that public health colleagues are now ‘much more conversant with planning language and processes’.

Phil Atkinson, former Head of Healthier Communities at the London Borough of Greenwich, says that the process of developing a healthy urban planning framework has been ‘incredibly useful in getting people to start talking with one another and helping to ensure that planners and [PCT officials]… develop a shared understanding and a common purpose’.

Sophie Grinnell is Health Impact Assessment Officer at Liverpool City Council, a post which is funded by Liverpool PCT. She explains that the last four years has required a focus on helping the different professions to understand each other: ‘the two organisations use the same jargon to describe different things – even the term ‘health’ – in the council it can refer to a medical model of health [doctors and hospitals]
whereas in the PCT they do see it as public health’. She has observed that her work in bringing the two together is making a difference: ‘the big change is that health is not an afterthought among the planning team now… it [health] is very well recognised’.
plan strategically

Local development frameworks (LDFs) which fail to adequately consider health – from the evidence base through to planned provision of health infrastructure – will not be considered sound. It is therefore vital that councils establish good links with health services colleagues to help create a shared evidence base (which can also be used to help prepare the JSNA – see above – and other strategic documents such as the sustainable community strategy), to understand and tackle existing health issues, and to analyse what the likely future health requirements will be and how they can be incorporated.

‘It’s more effective to work strategically to get health policies into the core strategy than going in at the sharp end.’

Neil Blackshaw, Head, NHS London Healthy Urban Development Unit (HUDU)

Tower Hamlets is well known for its success in securing significant section 106 (S106) contributions for health facilities. However, Andrew Ridley, Director of Primary Care Commissioning at Tower Hamlets PCT, argues that this was an unexpected by-product of the joint commitment by the PCT and local authority to plan strategically. The motivations for the PCT to work with council planners included a projected rapid increase in population in the borough and uncertainty about how it would be able to meet the health needs of this expansion, a lack of existing facilities that were ‘fit for purpose’, and the identification of suitable sites for new premises in a dense urban environment with high land values.

Planning a new community provides a more obvious opportunity to work strategically from the beginning. Planners for the proposed town of Sherford in South Hams in Devon have exploited this potential and included the PCT in both infrastructure planning and
building health into the design of the physical environment. Sue Scrivener, Capital Planning Manager at Devon PCT, points out that the PCT’s early involvement ensured that the trend towards minimising the amount of hospital care has been factored in by planners: ‘There is a huge drive to support people in their own homes and a huge thrust in healthcare towards day care and a downward use of overnight beds for more minor procedures’.

The county council is keen to build on this experience and develop infrastructure plans for towns throughout the county. Gareth Bradford, Senior Planning Officer at Devon County Council, says that the authority is engaging with the PCT to understand its likely infrastructure requirements as background to setting the community infrastructure levy (CIL), and so that it can maximise S106 contributions to health facilities. The PCT supports this, although Gareth points out that it is a learning process: ‘It is a massive change [for the PCT] to have a planner coming along and asking what health services you will need in 20 years when you are used to responding to immediate customer need’.

Huntingdonshire District Council is also working closely with Cambridgeshire PCT to produce a local infrastructure plan that will be used as background to setting its CIL. Richard Probyn, Planning Policy and Implementation Manager, describes the PCT as the council’s ‘principal partner’ in this work, which is being conducted through the local strategic partnership (LSP).

‘The PCT now understands that once a core strategy is adopted then that is policy – and we need to influence it.’

Ian Burns, Head of New Communities, Cambridgeshire Primary Care Trust, 2008
At Greenwich, the council’s Healthy Communities and Older People’s Scrutiny Panel successfully applied for funding from the Centre for Public Scrutiny to undertake an action research project on developing healthy urban environments. According to the committee’s chair, Councillor Janet Gillman, the prompt for this was the projected ‘unprecedented levels of housing development [in the borough]… These developments provide an opportunity to build health into Greenwich’s future’.

The result of the project is a draft healthy urban planning framework for use by planners and developers to help ‘promote and enhance public health within the planning process’ (see ‘identify what planning can deliver’ below). Steve Tyler, Policy and Environment Manager at the London Borough of Greenwich, says that the framework ‘is about designing the environment, such as access to open spaces, and access to walking and cycling. These are the key drivers to a healthy environment’.
identify what planning can deliver

Health professionals in the case study areas were very enthusiastic about the role of planning in helping to solve some current public health concerns, such as high levels of obesity, cardiovascular disease and even mental health. Planners have worked with them to clarify what planning can deliver, and over what timeframe.

At Greenwich, the critique of existing planning policies as part of the preparation of a healthy urban planning framework revealed that good provision was being made for how the environment could provide opportunities for people to improve their physical health. However, PCT colleagues were keen for planning to help improve mental wellbeing too. For example, they wanted planning policies that would ‘create communities’ in new developments and in so doing avoid some of the mental health problems that can arise from isolation and a lack of networks. Steve Tyler reports that there was an open discussion about what planning could and couldn’t deliver – as he points out it is ‘difficult for an S106 to stipulate that a development should hold a carnival’. However, they were able to agree that planning can influence design in ways that make it easier for other sections of the council – such as community development, healthier communities – to then lead on their own programmes to promote health. For example, requiring well-designed civic spaces in new development can create opportunities to facilitate other activities that build and support local communities.

In Cambridgeshire, a similar debate occurred between public health professionals, planners and the voluntary sector as part of the critique of the masterplan for the new community of Northstowe. Through the project Building Communities That Are Healthy and Well in Cambridgeshire representatives from the local Improving Health
Partnership argued that the masterplan failed to capture the complexity of people’s various responsibilities and the consequent spatial and social implications of this. To try and address this perceived shortcoming they created ten imaginary residents and life scenarios, and tested whether the proposed design would help or hinder their circumstances. They then developed a simple checklist – including statements such as ‘I can meet with people I know’ and ‘I know who to go for help with…’ – which could be used to test the extent to which people feel their mental wellbeing is being nurtured in a new community.

The health impact assessment (see ‘assess health impacts’ below) of the proposed new community in Sherford in Devon helped health professionals and planners to understand in what ways planning could contribute to better health. For each policy area – for example, transport and connectivity – it stipulated the relevant strategic principles, what the developer contribution should be to achieving this, what the relevant design and management requirements were, and how these should be monitored and reviewed. This helped to identify the jurisdiction of planning and the responsibilities of other organisations and departments.

‘Some of the things planners are already doing – whether recognised explicitly or not – contribute to health.’

Steve Tyler, Policy and Environment Manager, London Borough of Greenwich, 2008
assess health impacts

Health impact assessment (HIA) is currently a non-statutory process that some authorities are using as an additional part of the planning process to identify potential health gains and consequences that a development or policy might bring (note that HIA can be applied to any policy area, not just planning). Other councils are experimenting with integrating the assessment of health benefits and costs into statutory processes such as environmental impact assessment (EIA) and sustainability appraisal (SA).

Paul Tyler is the Major Projects Planner at South Hams District Council which is the host authority for Sherford. He says that a HIA, initiated by Devon County Council, was a ‘useful check… if we had made any serious mistakes it would have pointed them out’. Gareth Bradford from the county council enthuses that the ‘joy of HIA is that if it is done early enough it can influence every stage of the planning process if you set it out in the right way’.

The council is encouraging district authorities to include a commitment to some kind of health assessment for developments over a certain size.

Brighton and Hove undertook a pilot HIA of a major mixed use development (see ‘better health outcomes’ under ‘benefits’ below). In light of this experience Rob Fraser, Head of Planning Strategy at Brighton & Hove City Council, stresses that the focus for HIA should be on obtaining results in a form that are ‘useable’ by developers so that the process adds value by highlighting the positive health impacts and proposing measures to address any negative health impacts of proposed designs. The council now carries out an initial health screening of all new major development proposals to determine whether they need a full HIA.

Liverpool has a HIA officer who is funded by the PCT but sits in the forward planning section of Liverpool City Council. The council is currently piloting an integrated screening toolkit which will help officers in
both the local authority and
the PCT to determine whether
or not a strategy or policy
requires a HIA. It has also
integrated the principles of
health into its sustainability
appraisal process.

Most of the case study areas
that have considered assessing
health impacts have done so
using a HIA process. However,
there is some debate as to
whether the health impacts
of a proposed development
or policy should be assessed
separately or by existing
and statutory processes
(environmental impact
assessment for development
proposals and sustainability
appraisal for policies). Ian
Burns from Cambridgeshire
PCT argues that ‘a completely
separate assessment can
have inconsistencies – we
are concluding that it is far
gooder to combine HIA with
EIA [environmental impact
assessment]’. They are doing
this through the ‘human
health’ element of an EIA.
better health outcomes

At Cambourne, the new community west of Cambridge, S106 contributions have been used for what Ian Burns calls ‘softer infrastructure’ to help fund a community chest and community workers who can support a range of initiatives to get local organisations started, with the overall aim of improving mental wellbeing. Lessons from this work and the Building Communities that are Healthy and Well project have been applied to S106-funded community involvement in the proposed town of Northstowe (see ‘identify what planning can deliver’ above).

Cambridgeshire has also used collaborative working to facilitate co-location of health and council services to provide easier access, especially for people with health needs. For example, Cambourne’s health facilities and local library are co-located in the town centre. The findings of the HIA for Sherford in South Hams have helped to justify S106 negotiations with developers for community development workers, and welcome packs about travel, waste and recycling to encourage sustainable behaviour from the outset.

In Liverpool, sustainability appraisal incorporates health criteria. When undertaking the sustainability appraisal of the draft core strategy officers discovered that there was gap in the strategy regarding access to quality local fresh food. Although the core strategy is not able to deal with site specific issues, officers used this feedback to include support for more imaginative use of the city’s open spaces through green infrastructure policies, for example, encouraging an expansion of local food growing projects.

Officers in Brighton and Hove used the pilot HIA of a large mixed development proposal to work with the developer to improve cycle and pedestrian access. The HIA also emphasised the health benefits of approving a supermarket in this area as it would bring fresh food to an area which was poorly served.
Planners in all the case study areas agreed that collaborating with health professionals (within the council and the PCT) is crucial to assembling a robust evidence base, which is a statutory requirement for any LDF to be sound. In fact, Gareth Bradford states that the planning inspector who undertook the Sherford Area Action Plan (AAP) inquiry in 2007 was ‘impressed by the fact that the HIA was taking place as part of developing a robust evidence base’.

Planners at Greenwich, Brighton and Hove, Tower Hamlets and Liverpool highlighted the expertise that health colleagues have on inequalities, which have obvious spatial implications such as access to services and employment, and the opportunities that people have to be physically active.

At Tower Hamlets the PCT and the borough have worked closely to develop a detailed evidence base of likely future demand for health services. David Williams, Development Manager at the council, explains that ‘it cost a lot of money to map infrastructure demand, but we now have a good spatial understanding of where facilities are needed, and we have been able to feed that into the LSP’s health and wellbeing strategy.’

‘Generally planners are aware of health problems in the locality but they don’t have the evidence to back this up. They need to collaborate with health expertise to help address the wider determinants of health.’

Neil Blackshaw, Head, NHS London Healthy Urban Development Unit, 2008
more resources for health facilities

Andrew Ridley from Tower Hamlets PCT says that developing a strategic plan has provided the trust with a ‘clear sense of direction’ which has strengthened the negotiating position of planners when they secure S106 deals. It’s a process that has worked: using an adapted version of the Healthy Urban Development Unit (HUDU) toolkit on planning obligations, Tower Hamlets has so far secured around £15 million for health services infrastructure.

Greenwich has an approved supplementary planning document on planning obligations, which includes a section on health based on the council’s extensive experience – it also refers to the HUDU toolkit (see ‘more information’ below).

The involvement of Cambridgeshire PCT in S106 negotiations has led to an increase in contributions for health facilities and money for community development. Figures range from £50,000 for smaller developments through to £2 million for a new community.
effective partnership working

Investing in good working relations with health is likely to lead to opportunities to foster effective joint working elsewhere because of the networking qualities that many health professionals bring to their role. Ideally, these relationships should be built into formalised partnership arrangements, such as health improvement boards, so that joint working doesn’t rely on individual relationships but is built into how organisations work together.

Phil Atkinson acknowledges that ‘nine times out of ten my role is seeing the potential for partnership working… The key thing for us is bringing people together and getting them to talk as this is the first stage in developing an effective joined-up approach’.

Sophie Grinnell from Liverpool agrees that one of the benefits of her role is that there is ‘a lot of networking and a lot of partnership building. I will be doing work on one strategy and then think “oh, they could work with the people who are writing that strategy”’.

The level of trust that has developed between Tower Hamlets PCT and council planners means that the PCT now directs all developer enquiries to the council. David Williams explains that the PCT ‘tells us that it is a fantastic release not to be pestered by developers’.
effective consultation/engagement

Explicitly linking community involvement to health provides a useful ‘hook’ for planners to engage local people.

Rob Fraser from Brighton enthuses that this has been a ‘fantastic way of approaching consultation and is particularly good for younger, older and BME communities who are harder to reach. For example, older people realise that if they can’t get to the bus stop, library and so on that affects their quality of life – these are terrific planning issues’.

Liverpool has targeted consultation processes to ensure that a range of groups contribute, including schoolchildren, black and minority ethnic communities, older people and people with disabilities. This has helped to reveal local health concerns that planning can help to address. For example, the council’s consultation with the various subgroups of the Liverpool Community Network around health and wellbeing issues highlighted the need for children’s play spaces in new housing areas, which will now be addressed through the LDF.

‘Instead of asking people what do they think of a proposal we instead get them to think about how it would affect their opportunity to have a healthier lifestyle – it can be like a light bulb turning on.’

Rob Fraser, Head of Planning Strategy, Brighton & Hove City Council, 2008
foster good relations between chief officers in council and PCT

Some of the case study interviewees have observed that this seemingly obvious point is often overlooked. Sell the benefits for both organisations of working more closely together – without this neither party will be meeting their statutory obligations or providing a good foundation to actually improve health for citizens.

be strategic

This is perhaps the most important piece of advice to come from councils that are already integrating health into planning. Without strategic links between organisations and within documents, little actual progress will be possible. The earlier these links are developed, the more they will benefit all stages of the planning process.

learn the language of health

Health terminology and structures can seem bewildering, but probably no more so than the planning system seems from the outside. Get to know how the health structures work in your area and who is responsible within the PCT for strategic planning and its estate. Work with health colleagues to help them respond to planning consultations so that their feedback can be incorporated more formally into amended policies and plans.

exploit the links

Integrating health into planning shouldn’t just be about aligning strategic plans and ensuring that your core strategy has a health and wellbeing theme – it must make a difference to what health services are trying to achieve and help deliver those outcomes. Use joint processes such as the CAA, LAA and the JSNA as a basis to work together effectively.
The Improvement and Development Agency (IDeA) has a Healthy Communities team which works across different sections of local government including planning. It has a page on its website dedicated to health and the built environment. www.idea.gov.uk/health

The NHS London Healthy Urban Development Unit (HUDU) is a team of planners funded by the Department of Health to offer support and advice to the health sector on planning and regeneration in London. However, it has published a range of guidance and toolkits that are of national interest, including Watch Out For Health, and the Health and Urban Planning Toolkit which won the 2007 RTPI Award for Planning Process.

www.healthyurbandevelopment.nhs.uk/


The Milton Keynes and South Midlands Health and Social Care Group commissioned several toolkits to help health and social care planners and local authority planners understand each other’s agendas. These include a checklist and guide to developing healthy and sustainable communities. www.mksm.nhs.uk/publichealth.aspx

The World Health Organization (WHO) accredits so-called healthy cities via a European Network of Healthy Cities. This does not mean that a city has achieved a certain level of health for its population, but that it is conscious of health as a factor and striving to improve it. The most recent phase of the Healthy Cities programme has had healthy urban planning and health impact assessment as two of its three
core themes. The accredited healthy cities in England are Brighton and Hove, Camden in London, Liverpool, Manchester, Newcastle, Sunderland and Stoke-on-Trent.

www.euro.who.int/healthy-cities

In early 2009 the Royal Town Planning Institute (RTPI) will publish a good practice note entitled Delivering Healthy Communities. This will highlight the interrelationship between planning and health. It will be supported by a webpage with links to key sources of information and case studies, and a series of awareness-raising events.

www.rtpi.org.uk/item/1795/23/5/3

joint strategic planning and using planning to deliver health targets in LAAs

In January 2007, CLG and RTPI published Planning Together: Local Strategic Partnerships and Spatial Planning – a Practical Guide to show how planning should be integrated with wider strategic planning reflected in, for example, the sustainable community strategy. The guide also highlights how planning can help to deliver health and wellbeing targets in a local area agreement (LAA). This document is currently being updated to reflect recent guidance.

www.communities.gov.uk/publications/localgovernment/planningtogetherlocal

The Improving Health and Wellbeing Strategy at the London Borough of Tower Hamlets includes a section outlining the locations of proposed new health and wellbeing facilities which have arisen from ‘detailed discussions between the PCT and local regeneration and town planning officers’.

www.thpct.nhs.uk/about-us/who-we-are/corporate-teams/strategic-commissioning/?entryid4=1216
joint strategic needs assessment (JSNA)
The IDeA has a dedicated web page for information on the joint strategic needs assessment (JSNA).
www.idea.gov.uk/idk/core/page.do?pagId=7942796
You can find out more about JSNA and download the guidance on the Department of Health website.

health impact assessment (HIA)
The HIA Gateway is a website that collects policy, evidence and practice relating to HIA. It is a national resource hosted by the West Midlands Public Health Observatory. The ‘quick guide’ provides users with an overview of the use of HIA, why it is important and how it can be integrated into existing statutory process (such as environmental impact assessment). The site also includes examples of HIAs that have been completed (some relating to planning) and provides a list of contacts.
The Sherford Health Impact Assessment is available to download at
www.bcahealth.co.uk/download/sherford_hia_tech_dec.pdf
Essex Planning Officers’ Society has produced a guidance note on health impact assessment for use by planners. This includes a screening toolkit to undertake an initial assessment of the health and wellbeing implications of a policy, project or programme. The note is available to download at www.anglia.ac.uk/ruskin/en/home/faculties/fst/departments/builtenv/planning_skills_short/epoa_planning_skills/epoa_and_related_initiatives.html

physical activity
Healthy Weight, Healthy Lives is a cross-government strategy which aims to ‘reverse the rising tide of obesity and overweight on the population by ensuring that everyone is able to achieve and maintain a healthy weight’. It includes a section on ‘a supportive built environment’.

The National Institute for Health and Clinical Excellence (NICE) has published guidance called Physical Activity and the Environment. This is the first national, evidence-based recommendations on how to improve the physical environment to encourage physical activity.
www.nice.org.uk/PH008

Complementing this guidance, the Centre for Public Scrutiny has published a checklist to help overview and scrutiny committees to scrutinise how physical activity can be promoted through the built environment. The guide is called Ten Questions to Ask if You Are… Scrutinising How Physical Activity Can be Promoted Through Planning, Transport and the Physical Environment.

Sport England has produced a publication called Active Design, which is a set of guidelines to promote opportunities for sport and physical activity in the design and layout of developments.
www.sportengland.org/print/planning_active_design.htm
mental health
The report Building Communities that are Healthy and Well in Cambridgeshire is available to download at www.cambridgeshire.nhs.uk/default.asp?id=656 (scroll to ‘other public health reports’).

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