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1 Health

1.1 Summary

The planning system has two roles in respect of health. Firstly it has a role in the delivery of new health facilities such as hospital and surgeries in our communities. It also has a role in creating healthy places to live in, ensuring that our towns and villages are attractive and safe, have good quality open spaces and playing fields and where healthy activities such as walking and cycling are encouraged as we go about our daily lives.

Taking into account key messages from the evidence available, the following spatial planning issues have been identified:

Issue H1 – The Core Strategy should consider how to provide for new health care facilities through the planning system.

Issue H2 – The Core Strategy should consider how to create healthy places in which to live and work.

1.2 Purpose

This is one in a series of papers dealing with a specific theme. Each can be read in isolation or together with other papers to gain a wider understanding of issues facing Cornwall. This paper sets out the evidence base and the policy context for issues related to Health and describes how such issues could be taken forward in the Core Strategy. Mention is inevitably made of recreation and sport issues however there is a separate topic paper dealing with those. Other issues papers available in this series include:

- *Housing*
- *Economy*
- *Tourism*
- *Retail & town centres*
- *Education & skills*
- *Social inclusion*
- *Crime & anti-social behaviour*
- *Sport recreation & open space*
- *Transport & accessibility*
- *Energy*
- *Climate change*
- *Soil, air & water quality*
- *Flooding, drought & water consumption*
- *Biodiversity & geodiversity*
- *Landscape & seascape*
- *Historic environment*

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- *Design & efficient use of resources*
- *Agriculture & food*
- *Coast & maritime*
- *Minerals*
- *Waste*

This series of papers is closely linked to the topics of the Sustainability Appraisal (SA) scoping report. The SA scoping report identifies the sustainability objectives, decision making criteria and indicators against which the LDF and other plans in Cornwall should be tested, to examine whether plans are sustainable. The SA scoping report also identifies key messages from national, regional and local plans for the Cornwall Local Development Framework (LDF), a baseline and sustainability issues for each topic. These Core Strategy issue papers largely build on the SA scoping report and start to examine in greater detail the messages from evidence and research, the opportunities and threats and planning issues that need to be considered in the Core Strategy (the SA scoping report can be found at <http://www.cornwall.gov.uk/default.aspx?page=17394>).

1.3 What is Health?

The World Health Organisation (WHO) defines health as:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

There are two main aspects to health:

1. Prevention of illness through the provision of healthy communities and promoting health and well-being.
2. Cure of illness through the provision of health services, through hospitals, the County Health Centres and GP services.

Cornwall Air Ambulance



The Planning system has a role in respect of both of these areas, helping to create environments that are safe and encourage healthy lifestyles, as well as in coordinating new development so that the necessary health facilities are provided in new development.

Well designed places should include a mixture of uses, so that facilities are close by and accessible whilst creating streets that are pedestrian and cyclist friendly. Quality planning should ensure that we create attractive places to live where people do not suffer harm from noise or light pollution.

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1.4 A Health 'portrait' of Cornwall

The responsibility for health provision in Cornwall is distributed among three Trusts: the Primary Care Trust deals with general GP provision and Health Centres, the Royal Cornwall Hospital Trust deals with Acute Services (heart, A and E, Maternity Outpatient Services) and the Cornwall Partnership Trust which provides mental health, learning disabilities, drug and alcohol and eating disorder services to adults and children.

Under reforms proposed by the new government the Primary Care Trusts will be abolished and the bulk of health care commissioning passed over to groups of doctors. The responsibility to promote public health will be taken over by local authorities. New statutory arrangements in local authorities to take on the function of joining up commissioning of local NHS services, social care and health improvement - to be established as "health and wellbeing boards" or in existing strategic partnerships.

The evidence of health issues in Cornwall shows a county where people enjoy a good quality of life with plenty of opportunities for countryside recreation, good air quality and where on average people live longer and suffer less from cancer, heart disease and strokes. This does hide however problem areas perhaps associated with pockets of rural deprivation such as higher levels of mental health related issues, alcohol related problems and hip fractures among older people. Air quality issues can arise in some urban areas, with possible impacts on health and industrial processes can cause problems if not monitored and regulated (there are separate papers covering pollution and waste issues).

Access to health facilities can involve long journeys which can be onerous for the less able.

1.5 What is the role of the Core Strategy?

The Core Strategy has the role of setting the strategic policy context for the County. In relation to health it can include:

- A policy that ensures that account is taken of the need for local health care provision
- A broad indication of growth and the location of strategic sites, including new health care facilities as appropriate.

1.6 Relevant policy context

When preparing the Core Strategy, the Council does not start with a blank sheet of paper. There is a whole series of policies at national and regional level which have to be followed and the Core Strategy needs to be prepared within the framework set by national and European legislation and national & regional guidance. This section focuses on the most relevant published legislation, plans & strategies and draws out their key messages for the Core Strategy. The key directives, acts, plans and strategies identified and used are:

International / European

- *Healthy Urban Planning and Healthy Cities* -The World Health Organisation (WHO) 1997
- *Together for Health: A Strategic Approach for the EU 2008-2013* 2007

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National

- PPS 12 Local Spatial Planning
- White Paper: Our health, our care, our say: a new direction for community services, Department of Health, 2006
- Marmot Review of Health Inequalities (2009 ongoing)
- PPG 24 Planning and Noise
- RTPI Delivering Healthy Communities: Good Practice Note 5
- 2010 Health White Paper

Regional

- N/A

Local

- Strategic Partnership, 2008
- Cornwall Play Strategy 2007
- Cornwall Joint Strategic Needs Assessment 2008
- Primary Care Trust Strategic Development Plan for Cornwall & Isles of Scilly 2002
- Cornwall Health and Wellbeing Strategy 2008

1.7 Relevant evidence and research

General health and limiting long term illness⁽¹⁾:

Table 1.1

Area	% of people whose health was: ⁽²⁾ was:			% of people with a limiting long term illness	% of working age people with a limiting long term illness
	Good	Fairly Good	Not good		
Caradon	67.2%	23.4%	9.4%	20.1%	14.4%
Carrick	66.6%	23.8%	9.6%	20.8%	14.4%
Kerrier	65.4%	23.8%	10.9%	22%	17.2%
North Cornwall	65.9%	24.3%	9.9%	20.6%	15.3%
Penwith	63.6%	24.6%	11.8%	23.6%	18.1%
Restormel	65.7%	23.9%	10.4%	20.9%	15.7%
Cornwall	65.8%	23.9%	10.3%	21.2%	15.7%

1 Office for National Statistics (2001) Census 2001 – key statistics

2 Based on what people's own perception of their state of health

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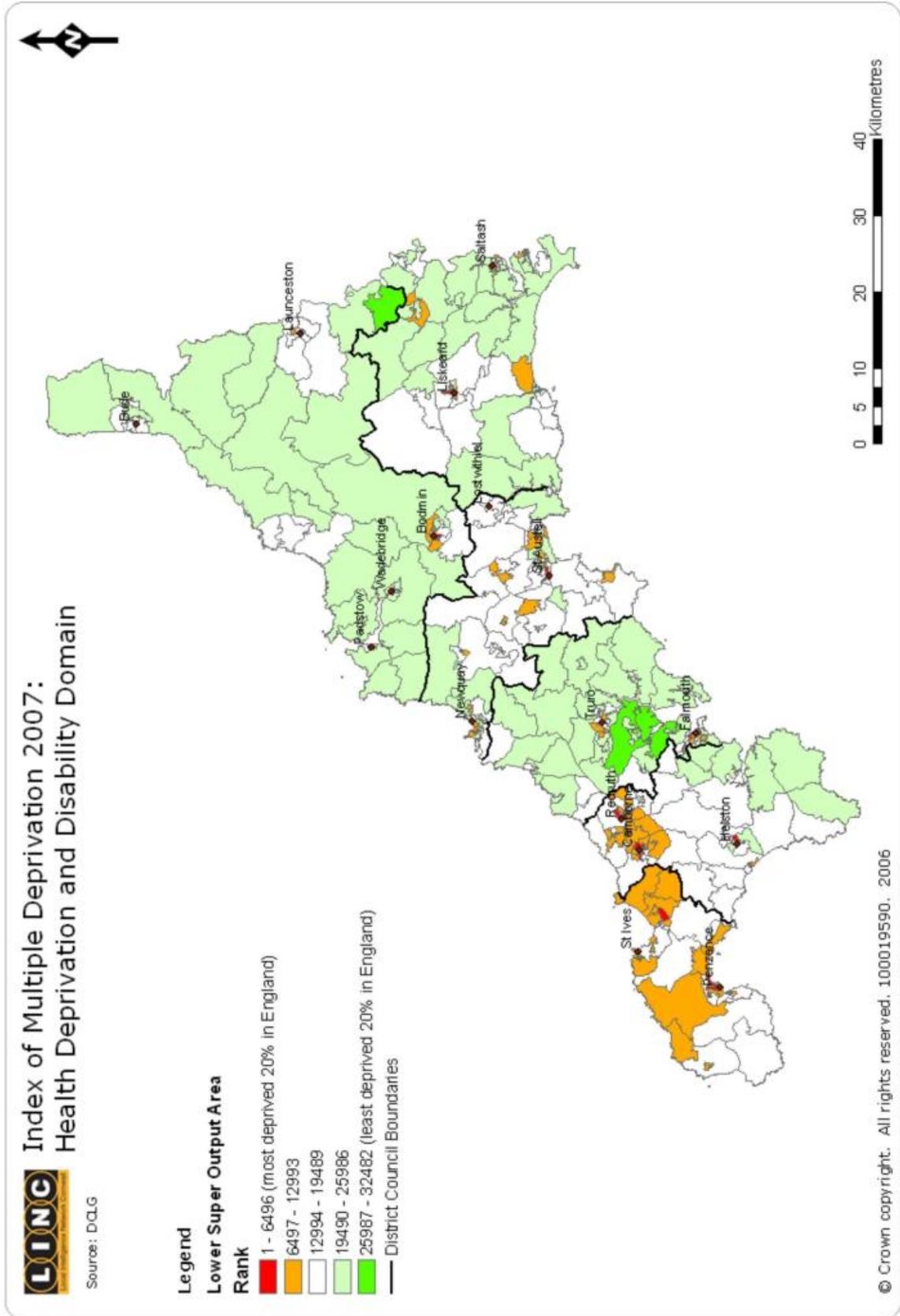
South West	68.9%	22.6%	8.5%	18.1%	12.7%
England	68.8%	22.2%	9%	17.9%	13.3%

English Indices of Deprivation

Generally good across Cornwall but there are small pockets of deprivation – areas in the most deprived 20% in the country - in some of the main towns, particularly Penzance.

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ODPM (2007) English Indices of Deprivation 2007



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Health Profile of Cornwall 2007 key findings:

- On average people in Cornwall live longer than elsewhere in England.
- A high proportion of people (10.5%) rate their health as 'not good' compared to 8.5% in the South West and 9% in England.
- Death rates from cancer, heart disease and strokes are lower than average and falling at a similar rate to England.
- The % of adults who eat healthily is below the England average (this is an estimate based on national surveys).
- Although the death rate from smoking in Cornwall is low, smoking still kills around 1,050 people every year.
- The rate of people claiming sickness benefit because of mental health problems is higher than the England average.
- The rate of admission to hospital for alcohol specific conditions is higher than the England average.
- The rate of hip fracture in people aged over 65 in Cornwall is higher than the England and South West averages.
- Only around 1 in 8 of Cornwall's adults carries out the recommended amounts of physical activity.
- Just over one fifth of the population (20.5%) of Cornwall claims a limiting long-term illness compared to 17.9% nationally. (2001 Census)

The cold affects health by increasing blood pressure, thereby increasing the risk of heart attacks and strokes. The cold lowers resistance to respiratory infections. Mobility is affected and symptoms of arthritis become worse; people are more likely to suffer falls. The elderly and people with existing health problems are particularly vulnerable to the cold and Cornwall has a higher than average number of people over 65 living in a house with no central heating. However generally Cornwall is not as cold as elsewhere in the country.

Cornwall has a teenage pregnancy rate significantly lower than that of England. However, this masks geographical variations

The percentage of people living in Cornwall who smoke (28.5%) is higher than the England average (26%). 50% of the difference in life expectancy between the most and the least income deprived is caused by smoking. Hospital admissions related to heart disease are the most costly of all admissions – and these are strongly associated with smoking and obesity.

The prevalence of inactivity amongst adults is almost three times that of smoking. More than 60% of men and 70% of women are not active enough to benefit their health. The national 'Active People' sport and active recreation survey based on interviews with at least 1,000 people in every district in England identifies that Cornwall has about average levels of participation when compared with England, but lower levels of participation when compared with the rest of the south west. Physically active people have 20-30% reduced risk of premature death and up to 50% reduced risk of major chronic disease.

There are approximately 700 sports clubs in Cornwall which are voluntarily run and there are 14 local authority run leisure centres.

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Cornwall's natural environment is an important part of its creative, cultural and physical activity. There are strong links between quality open and green space and the health agenda, for example good open space provision and management can help reduce stress levels, provide formal and informal recreational and sporting facilities and offer alternative networks for walking and cycling. The Cornwall Quality of Life Survey (2007) found that:

- 60.8% of respondents felt the natural environment was important to them for active recreation and outdoor pursuits.
- 39.2% of respondents did not feel it was easy to access sports and leisure facilities.
- 48.2% felt the same about cultural or recreational facilities.

The Active People Survey 2 took place between October 2007 and October 2008. The data for Cornwall and the Isles of Scilly indicated that 22% participated in sport with a similar number members of a club nearly 70% got satisfaction from sport related activities: Planning, sport and recreation issues are explored in further detail in a separate paper.

Mental Health

The Cornwall Health and Wellbeing Strategy sets out an overview analysis of mental health problems: -

- A half of all women and a quarter of men will be affected by depression at some time in their life and 15% experience a disabling depression.
- At any one time about 10% of young people experience mental health problems which impact on their thoughts, their feelings, their behaviour, their learning and their relationships on a day-to-day basis.
- The first few years are extremely important in setting the foundations for good mental health & well-being and if mental health problems in children are not responded to they are likely to continue through into adulthood.
- Suicide is in the top five causes of lost years of life nationally and the rate in Cornwall is above the national average. The highest risk age group in Cornwall are those aged 75 years and over, and in England and Wales those aged 35-64.
- Stress in the workplace is the largest single reported cause of sickness absence and the rate of people claiming sickness benefits because of poor emotional health problems is high.
- Stigma and shame are barriers to engagement and employment of people with mental illness, negative media images contribute to this discrimination.

Nationally the gap between the health of the rich and the poor is widening by 4% among men and 11% among women (Commons Health Select Committee). MPs have called for a PPS on health to help create a built environment that encourages walking a cycling and it also wants to enable Planning authorities to restrict the number of fast food outlets.

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1.8 Emerging Evidence and Policy

The gathering of evidence is an iterative process and must be continued throughout the preparation of the Core Strategy. Additional evidence should be considered right up to the 'submission' stage in the process. Listed below are the known emerging relevant guidance & studies, which will be taken into account if available before the submission of the Core Strategy:

- Draft PPS: Planning for a Natural and Healthy Environment (2010).
- New Government Reforms - ongoing.

1.9 Gaps in evidence

It will be important to identify where in the county new hospital and other health facilities will need to be built to meet future needs.

Social residential and nursing home requirements - is there enough to cope with rising populations?

1.10 Key Messages from Policy and Evidence Review

Table 1.2

Message	Relevant Document(s)
Care to be provided as close as possible to people's homes and in their own communities.	White Paper 'Our health, our care, our say' (2006)
Tackling Inequality	White Paper 'Our health, our care, our say' (2006)
Local Authorities to be responsible for: - Promoting integration and partnership working between NHS, social care, public health and other local services and strategies; - Leading joint strategic needs assessments, and promoting collaboration on local commissioning plans, including by supporting joint commissioning arrangements where each party so wishes; and	White Paper '(Equity & Excellence - Liberating the NHS) 2010

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<p>- Building partnership for service changes and priorities - there will be an escalation process to the NHS Commissioning Board and the SoS, which will retain accountability for NHS commissioning decisions.</p>	
<p>New development should include, or contribute to the provision of new health facilities such as GP surgeries.</p>	<p>PPS1, PPS12</p>
<p>New development should be designed to encourage healthy lifestyles creating safe attractive places that encourage walking and cycling for instance.</p>	<p>PPS1</p>
<p>New development should be designed so as not to cause harm to health from noise pollution</p>	<p>PPG24</p>
<p>People should be enabled to stay in their own homes as they get older</p>	<p>White Paper 'Our health, our care, our say' (2006)</p>
<p>Addressing health inequalities requires multifaceted solutions that take account of people's broader social, cultural, economic, political and physical environments. Priorities for local action include:</p> <ul style="list-style-type: none"> ● Community engagement –getting people engaged and involved in things that matter to them ● Better quality homes – addressing the quality of housing and fuel poverty ● Education – investing in early child years and in the quality of schooling ● Community safety – reducing crime and violence ● Spatial planning – designing in physical activity ● Food and nutrition – ensuring availability and access to food for all, now and in the future. 	<p>Marmot Review (2009), White Paper (2005)</p>
<p>RTPI Recommendations on health planning related to: -</p> <p>Society and culture</p> <p>Healthy neighbourhoods</p> <p>Providing services</p> <p>Economy</p> <p>Planning for active lifestyles</p> <p>The environment</p>	<p>RTPI Good Practice Guidance Note 5 (2009)</p>

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Design for safety and well-being Transport and road safety (see attached annex for full list)	
Everyone should have access to a natural space within 300 metres or 5 minutes walk.	Cornwall Health and Wellbeing Strategy (2008)
The accessibility of health facilities should inform spatial planning decisions – e.g. location of new hospital or surgeries, the provision of public transport and the location of new housing.	PPS1, PPS3, PPG13, Cornwall Health and Wellbeing Strategy (2008)

1.11 SWOT Analysis

Table 1.3

Strengths	Weaknesses
<ul style="list-style-type: none"> • Good Quality of Life /Environment • Low crime • Good countryside recreation opportunities 	<ul style="list-style-type: none"> • Dispersed population /rurality • Ageing population • Hilly topography discourages cycling • Lack of transport • Too much commuter car parking • Too many 'school run' journeys
Opportunities	Threats
<ul style="list-style-type: none"> • To deliver new facilities as integral part of development • Developer contributions • To create new places that encourage healthy lifestyles • Undertake Health Impact Assessment of plan / key proposals • Create Lifetime Homes 	<ul style="list-style-type: none"> • Reduced public spending • Failure to ensure development and new infrastructure are co-ordinated • Pressure to develop on open space • Trend towards unhealthy lifestyles including lack of exercise and overeating will increase health issues such as obesity

1.12 Climate Change Considerations

There will be health implications from climate change, which could include greater incidences of heat related problems and other extreme weather events as well as possibly diseases not currently prevalent in Britain. Warmer weather might reduce the incidences of problems related to fuel poverty.

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Climate change is expected to bring an increased risk of heat related illnesses and deaths (especially for more vulnerable sectors of society e.g. the very young and the elderly) new development needs to be designed to avoid overheating, there is also likely to be an increased need for outside shading. Changes in weather patterns are also expected to lead to lifestyle changes with potential greater use of parks, and other outdoor activities.

1.13 Main Spatial Planning Issues

Taking into account the key messages from the current evidence available, the following spatial planning issues are identified.

Issue H 1

The Core Strategy should consider how to provide for new health care facilities through the planning system.

Issue H 2

The Core Strategy should consider how to create healthy places in which to live and work.

These issues will work towards achieving the following long term objectives for Cornwall as set out in the Sustainable Community Strategy - 'Future Cornwall':

- To promote equality of opportunity and well-being, improve access to quality services, increase participation in influencing local decision making and encouraging individuals to engage in shaping and delivering services in their communities
- To make it easier for people to lead healthy, active lifestyles and to get involved in their local community

This paper summarises the evidence on health and planning issues brought together to inform the Cornwall Core Strategy. However, it will be added to and kept up-to-date as other relevant evidence becomes available. In updating these papers all previous versions will be archived to ensure it is clear what evidence was available at each stage.

1.14 Appendix A

Appendix A

Consultation to date:

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The Issues papers were first published for stakeholder consultation in September 2009. The papers were amended to take into account consultee responses and were then circulated to Planning Policy Advisory Panel members in November 2009. They were also given to all members at a series of three area based consultation events in March 2010.

Revisions to Issues Papers:

In writing the draft Issues and Options report in March 2010 it was clear that it was necessary to revise the issues identified in some of the topic based issues papers. Some issues were requirements under other legislation or procedural matters, and therefore options could not be set against them (e.g. *The Core Strategy should work with other plans and programmes...*) Others were in fact options and needed to be set as options under an overarching issue (e.g. *The Core Strategy has a role in supporting the growth and sustainability of the micro and small business economy*). There was also some repetition between different topics and these issues could be amalgamated.

Criteria for Changes:

The issues have been rationalised against the following criteria:

- Is this a Spatial Planning Issue?
- Is the issue covered by other legislation?
- Can options be generated against each issue?
- Is this an issue and not an option?
- Is the issue rooted in evidence?
- Is there potential to amalgamate issues?

Issues in Consultation Version:

Issue H1 – Explore ways to deliver new healthcare facilities as part of major development proposals.

Issue H2 – Accessibility of Health facilities.

Issue H3 – Consider the appropriate level of contributions which should be sought towards new health provision from development proposals.

Issue H4 – How best to create healthy places in which to live and work.

Issue H5 – In preparing the Core Strategy consider undertaking a Health Impact Assessment and explore the possibility of its use in specific development proposals.

Revised Issues:

Issue H1 – The Core Strategy should consider how to provide for new health care facilities through the planning system.

Issue H2 – The Core Strategy should consider how to create healthy places in which to live and work.

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1.14.1 RTPI Health Good Practice Guide Recommendations

Society and culture

- Communities should be planned with a range of employment, services, infrastructure, and tenures to meet the needs of the community.
- Developments should be designed to ensure areas are permeable and accessible by all parts of society.
- Provision of facilities either on- or off-site should be made for communities or groups whose activities are displaced by development.
- Neighbourhoods should include well-designed places where all sectors of the community can gather, interact, and be physically active: for example shared places of worship, community centres, sports facilities and community spaces. The community should be involved in their design and management.
- Consider the designation of home zones or similar environments in suitable residential areas which may benefit from enhanced pedestrian priority, providing opportunities for community contact and play.
- Work collaboratively with other organisations and government departments to provide services for children, and support the provision of well-located play areas. Ensure local caregivers and children are involved in the design process.

Governance

- Spatial and health planning should be integrated in the early stages of developing plans and programmes. This will require joined-up working between practitioners.
- Plans should 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. This needs to be properly resourced. See the RTPI Good Practice Note 1: Effective Community Involvement and Consultation for specific tools for achieving this.
- The impact of proposed developments on human health should 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.

Healthy neighbourhoods

- Neighbourhoods should be designed to promote walking and cycling, with easy access to well-managed formal and informal green spaces and play areas, and to shops, services, schools and employment areas.
- Design homes and neighbourhoods that are flexible and adaptable to meet the needs of the local community as well as people's changing needs. This should include considering the needs of the aging population¹⁰ recognising the contribution of older residents to communities.
- Provide adequate levels of purpose built, specialised extra care housing, in which varying amounts of care and support can be offered and where some services are shared.

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- Design all homes to reduce environmental effects such as hazardous noise and the adverse reliance of heating/cooling leading to unsustainable and expensive energy use.
- Use existing plan making and development management processes to promote access to a diverse range of healthy foods.

Providing services

- Local facilities should be clustered within centralised areas that are well located in relation to walking, cycling and public transport routes. This is often ideally located within town centres as they are usually highly accessible by public transport and road infrastructure.
- Co-location and integration of services including health, education, social services, arts and leisure should be considered. 'Healthy Living Centre' approaches should be considered.
- Ensure that there are facilities for sports, including indoor and outdoor facilities for all ages that encourage social interaction and physical activity.
- Communities should be planned to include local markets to provide opportunities for buying local fresh produce.
- Communities should be planned to include space for allotments, market gardens and small scale food production.
- Facilities for primary medical care and dentistry should be identified and planned for when developing new neighbourhoods and funding sought from government, developers and other funding sources through the infrastructure plan. The impact of the development on secondary care and ambulance services should be explicitly addressed.
- Education facilities, with strong neighbourhood connections, should be planned into developments from the start. Schools should be accessible by safe cycling and walking. Schools should have good access to facilities for sport and exercise, such as playing fields and creative playing areas, and take account of differing needs of genders.
- Capital and revenue funding should be phased with developments so that service infrastructure is available and functioning at the same time as housing and other developments are brought forward.
- New development should contribute to facilities to support new residents without decreasing the provision for the existing community. Where the development is focused on aging citizens, on-site facilities or easy access to centralised facilities should be considered.

Economy

- Employment, housing and social facilities (including health) should be located with good access between them, ideally clustered in and around town centres to provide good access to shopping, education and public transport opportunities.
- Employment should be accessible by sustainable means (walking, cycling, public transport), and sustainable transport plans should be required where new development is proposed.
- Employment profiles of the local community should be assembled and used to identify the needs of more vulnerable groups.
- Facilities for families such as child care should be available in close proximity to employment and residential areas to reduce or combine trips.

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- Communities should have access to up-to-date technology together with the provision of space for home offices, local affordable office space, internet cafes, and new-start incubator units.
- Training routes should be developed to ensure that local people and marginal groups can compete for future employment opportunities, particularly for access to local employment.

Planning for active lifestyles

- Provide local open spaces: this means providing a variety of spaces for people to use and observe. Views from buildings can have a positive health benefit, so consideration needs to be given to the environment surrounding workplaces as well as homes.
- Promote local community interaction with their open spaces to improve and maintain their quality through partnerships (such as local authorities and local community groups) e.g. tree planting, cleaning of graffiti, etc.
- Design transport routes that include trees and greenery which are aesthetically pleasing, as well as contributing to health by providing shade and opportunity for wildlife. Simple design policies can establish street trees as an important feature in all new development (for example along transport routes).
- Plan strategically for overall greenness across the local authority area: the balance of land uses between hard and soft, brown and green will affect temperature, air quality and flooding, and is particularly important in the context of climate change. If the overall level of green cover is low, policies can be used to increase the proportion of accessible green space and soft surfaces.
- Where green space is limited, look for ways to improve the quality of existing spaces and implement creative ways to include green spaces such as converting disused railways, sustainable urban drainage, rooftop gardens etc.
- Promoting good design as green design: encourage developers and designers to incorporate plants, trees, open spaces and soft surfaces into new development wherever possible.

The environment

- Ensure that contaminated land exposure assessment is carried out on brownfield development sites.
- Ensure waste management encourages the reduction, recycling and reuse of waste at household and development sites.
- Minimise exposure to air pollution through the separation of noisy and polluting industrial areas from residential and service areas, and promote 'good neighbour' policies.
- Promote clean and green industries and identify ways to better integrate employment uses with residential development to provide good access between uses.
- Design and construction methods should minimise the ingress of dust and fumes, provide good ventilation, and minimise the use of volatile organic compounds and allergenic materials. Ensure developers minimise the potential adverse impacts of construction through adherence to appropriate codes of construction practice.
- Ensure new development is designed to reduce the risk of flooding, including reducing the use of non-permeable hard surfaces.
- Minimise the use of non-renewable and maximise the use of renewable energy sources, materials and modes of transport.

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- Reduce carbon emissions by location, siting and design of new developments. This can also be relevant for new or upgrading public transport routes. Opportunities to use micro-generation technology should also be pursued.
- Aim for 'carbon neutrality and on site renewable energy generation.

Design for safety and wellbeing

- Design well defined and located routes, public spaces and parks that allow direct, convenient and safe movement and use.
- Provide an appropriate mix of land uses and environments that have a clear distinction between private space and public areas.
- Ensure that all publicly accessible spaces such as streets, paths, parks, car parks and public squares provide opportunities for passive surveillance.
- Promote a sense of ownership, respect, territorial responsibility and community.
- Include well-designed security features where necessary and appropriate.
- Consider the long-term management and maintenance of public areas as part of the design process.

Transport and road safety

- Give the highest priority to pedestrians, cyclists and other 'active travel' modes when developing or maintaining streets and roads.
- Plan and provide a comprehensive network of routes for walking and cycling which offer convenient, safe and attractive access to employment, homes, schools and other public facilities.
- Ensure the integration of public transport and active travel networks (i.e. walking and cycling with buses, trams and rail).
- Promote 'active travel' for example ensuring new developments have adequate bicycle provision, including safe storage, or that new workplaces contain showers and clothes drying areas which will facilitate walking and cycling to work.
- Ensure transport systems are designed to guarantee access to essential services that reduce total car travel or create a more diverse transport system.
- Plan for the provision of park and ride schemes to provide access, particularly for people who live in more car dependent, rural locations.
- Identify and implement measures to reduce transport severance, noise levels and air pollution.
- Recognise the needs and responses of different social groups, particularly those experiencing health inequalities, to transport policies, projects and services.