

National Institute for Health and Clinical Excellence

PUBLIC HEALTH PROGRAMME GUIDANCE – SPATIAL PLANNING FOR HEALTH

Consultation on the Draft Scope from
 16th April – 15th May 2009 Comments on the Draft Scope to be submitted
 no later than 5pm on Friday 15th May 2009

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column

Name:	Rebecca Coates
Organisation:	Royal Town Planning Institute
Section number Indicate section number or ' general ' if your comment relates to the whole document	Comments Please insert each new comment in a new row.
General	<p>The Royal Town Planning Institute (RTPI) is the leading professional body for spatial planners in the United Kingdom. It is a charity with the purpose to develop the art and science of town planning for the benefit of the public as a whole. It has over 22,000 members who serve in government, local government and as advisors in the private sector.</p> <p>The RTPI welcomes the draft Guidance and acknowledges that this is the scope for the NHS to develop more detailed guidance for health and planning professionals. The RTPI is currently preparing a good practice note for spatial and health planners to provide best practice tools for promoting health in the planning system.</p>
2d	The audience is wide-ranging and rightly highlights policy makers and planners as a key audience. It is also important to include architects and urban designers, who are responsible for the design of the built environment.
3b	While this section highlights the importance for spatial plans to ensure they improve health and wellbeing, in practice this is not often the case. The RTPI supports a more proactive approach from both the health and planning sector on the assessment of the effects on health derived from the spatial planning process.
3b	Planning and environmental assessment do take human health into consideration. The focus is upon health protection: for example, ensuring that aspects of the physical environment such as air, noise, water etc do not do harm to health.

Please add extra rows as needed

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3c	The RTPI policy is to encourage the consideration of health in the spatial planning process integrated within other assessments in order to improve effectiveness, reduce duplication and save resources for the health sector.
3c	The RTPI notes that PCTs (health authorities) will become statutory consultees to the SEA process when the Kiew Protocol is ratified. There is currently no preparation or capacity building regarding training public health specialists in commenting on, or contributing to, SEAs. The RTPI calls on the NHS and the CLG to ensure the health sector can provide sound evidence to deliver this initiative.
3d	The RTPI suggests that housing (as the largest element of the built environment) is the major contributor to how planning decisions influence health outcomes, particularly where they are developed without adequate open space and local amenities and perhaps impacted upon by existing major roads and the health consequence of this.
4.1.1	The RTPI notes that disadvantaged communities are the section of the community least likely to engage in plan making, reviewing EIAs/HIAs, or in the design of development proposals. The RTPI itself hosts Planning Aid, a mechanism that enables professional planners to volunteer to assist disadvantaged communities to access professional advice without charge.
4.2.1a	There needs to be clarity on what is meant by development plans as local development plans are prepared by local planning authorities and are subject to SEA/SA, while project plans including master plans are generally undertaken by the private sector or public utilities and subject to EIA.
4.2.1a	The range of topics involve a range of plans not all of which are subject to SEA
4.2.2	Is the focus on how health issues are communicated to and thus affect planning decisions?
4.2.3	It will be difficult to compare the effectiveness of SEA/SA as they are essentially a single packaged product.
4.2.3	It is not helpful to compare the effectiveness of SEA/SA to that of EIA since they operate at different spatial scales with different levels of data and different levels of technical input.
4.3	We consider that the key question in section 4.3 is 'how can we integrate health considerations in the day to day practice of planners working across the full spectrum of the profession?' The RTPI is currently preparing a good practice note for spatial and health planners to provide best practice tools for promoting health in the planning system.

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4.3.2	Depends upon the spatial scale, but health profiles and DPH reports are of value, but not universally used by those preparing SEA/SAs.
4.3.2	There are no readily available predictive tools for health impact assessment to forecast the future baseline or future with the plan or project.
4.3.5	The adoption statement for the plan should describe the issues that have been taken into account in plan adoption. As these are not subject to any quality control, they will be very variable and unlikely to provide a robust analysis of the issues considered in plan formulation.
General	<p><u>Content:</u> The scope is focused on the scientific evidence. However, many of the requirements are already obvious. The challenge is that developers and local planning authorities are not required to comply. We feel that this would be improved by:</p> <ul style="list-style-type: none"> ▪ Ensuring that the PCT is a statutory consultee for major planning decisions from the outline planning stage onwards. ▪ Requiring the developer to produce a health impact assessment for approval by the PCT. ▪ Availability of guidelines indicating healthy design principles that can be used to guide the development, the impact assessment and other review process. <p>The question then arises as to what changes are needed in the planning process in order to achieve the 3 steps above.</p>
General	<p><u>Use of terminology and references to planning process:</u> Although it is a well constructed document, the draft scope contains many points for potential misunderstanding on the scope and utility of the exercise being proposed. This is principally due to use of terminology relating to the planning system, which could be improved. The Institute is keen to help provide sharper focus to this work in order that it provides a meaningful contribution to the debate.</p>

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