

Glossary

Consultation Bodies: Authorities which because of their environmental responsibilities are likely to be concerned by the effects of implementing plans and programmes and must be consulted at specified stages of the SEA. The Consultation Bodies in England, designated in the SEA Regulations, are:

- Natural England (formerly English Nature and the Countryside Agency);
- English Heritage; and
- the Environment Agency.

However, for UK-wide plans and programmes, where UK regulations will apply, a wider range of Consultation Bodies may need to be consulted.

Environment: For health, the environment covers the sum of the total of the elements, factors and conditions in the surroundings which may have an impact on the development, action or survival of an organism or group of organisms as opposed to genetics.

Environmental appraisal: A form of environmental assessment used in the UK (primarily for development plans) since the early 1990s, supported by *Environmental Appraisal of Development Plans: A Good Practice Guide* (Department of the Environment, 1993); more recently superseded by Sustainability Appraisal. Some aspects of environmental appraisal foreshadow the requirements of the SEA Directive.

Environmental assessment: Generically, a method or procedure for predicting the effects on the environment of a proposal, either for an individual project or a higher-level “strategy” (a policy, plan or programme), with the aim of taking account of these effects in decision-making. The term “Environmental Impact Assessment” (EIA) is used for assessments of projects (see definition below). In the SEA Directive (Article 2(b)), an environmental assessment means “the preparation of an Environmental Report, the carrying out of consultations, the taking into account of the Environmental Report and the results of the consultations in decision-making and the provision of information on the decision”, in accordance with the Directive’s requirements.

Environmental health: Concerned with the health and well-being of communities, individuals and organisations; the condition and sustainability of the places where people live, work and relax; and the safety of food. The Chartered Institute of Environmental Health maintains, enhances and promotes improvements in environmental and public

health through knowledge, understanding and campaigning. Environmental Health Officers (EHOs) are located in local authorities.

Environment and health: The EU Ministerial Conferences on Environment and Health have set up a programme of work to bring the information together through the Environment and Health Action Plan 2004–2010 which involves the World Health Organization (WHO) and EU Member States.

Environmental Impact Assessment (EIA): Generic term used to describe environmental assessment as applied to projects. In this guide, “EIA” is used to refer to the type of assessment required under European Directive 85/337/EEC.

Environmental Report: The report required by the SEA Directive as part of an environmental assessment, which identifies, describes and evaluates the likely significant effects on the environment of implementing a plan or programme.

Health Impact Assessment (HIA): The definition of HIA has recently been updated by the International Association of Impact Assessment, adapted from the *Gothenburg Consensus Paper* (1999). HIA may be defined as a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, programme or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

Health status: The state of health of a person or population assessed with reference to the morbidity, impairments, anthropological measurements, mortality, and indicators of functional status and quality of life.

Health risk: A measure of likelihood that an identified hazard causes harm to a particular group of people at a particular time and place (eg floodwater affecting property may have been contaminated with sewage, animal waste and other contaminants, although infection problems arising from floods in the UK are actually rare).

Health hazard: A situation where harm may result (eg certain chemicals, poor housing, access to resources).

Incidence: The number of cases of specific diseases diagnosed or reported during a defined period of time, divided by the number of persons making up the population in which they occurred.

Indicator: A measure of variables over time often used to measure achievement of objectives.

Local delivery plans: Set out how PCTs intend to achieve national key targets through service improvement plans for the healthcare community and how funding allocations will be used to deliver them.

Mitigation: Used in this guide to refer to measures to avoid, reduce or offset significant adverse effects on the environment.

Morbidity (the burden of disease): Can refer to the degree or severity of a disease, the prevalence of a disease – the total number of cases in a particular population at a particular point in time, the incidence of a disease – the number of new cases in a particular population during a particular time interval, and disability irrespective of cause (eg disability caused by accidents).

Mortality: Death.

Mortality rate: A measure of the number of deaths (in general, or due to a specific cause) in some population, scaled to the size of that population, per unit time.

Obesity: “An excess of body fat frequently resulting in a significant impairment of health and longevity” (House of Commons Health Committee, 2004). Being obese or overweight is associated with a higher likelihood of suffering numerous chronic illnesses, including life-threatening cardiovascular disease, diabetes, certain types of cancer and gallbladder disease (WHO 2003, 2005a; Wanless 2004).

Objective: A statement of what is intended, specifying the desired direction of change in trends.

Output indicator: An indicator that measures progress in achieving plan or programme objectives, targets and policies.

Plan or programme: For the purposes of this guide, the term “plan or programme” covers any plans or programmes to which the Directive applies.

Population health: The assessment of the population’s needs is the responsibility of Directors of Public Health for their area. This includes the quantitative and qualitative assessment, including managing, analysing, interpreting, and communicating information that relates to the determinants and status of health and well-being. The aim is to reduce health inequities amongst population groups by addressing a broad range of factors that impact on the health of the whole population, such as environment, social structure and resource distribution.

Prevalence: The number of people suffering from a specific disease at a particular moment in time in a defined population.

Responsible Authority: The organisation that prepares and/or adopts a plan or programme subject to the Directive and is responsible for the SEA.

Scoping: The process of deciding the scope and level of detail of an SEA, including the environmental effects and alternatives which need to be considered, the assessment methods to be used, and the structure and contents of the Environmental Report.

Screening: The process of deciding whether a plan or programme requires SEA.

Spatial planning: Refers to the methods used by the public sector to influence the distribution of people and activities in spaces of various scales. This includes urban (urban planning), regional (regional planning), national and international levels.

Strategic Environmental Assessment (SEA): Generic term used to describe environmental assessment as applied to policies, plans and programmes. In this guide, “SEA” is used to refer to the type of environmental assessment required under the SEA Directive.

SEA Directive: European Directive 2001/42/EC “on the assessment of the effects of certain plans and programmes on the environment”.

SEA Regulations: The Regulations transposing the SEA Directive into UK law.

Significant environmental effects: Effects on the environment which are significant in the context of a plan or programme. Criteria for assessing significance are set out in Annex II of the SEA Directive.

Sustainability Appraisal (SA): A form of assessment used in the UK, particularly for regional and local planning, since the 1990s. It considers social and economic effects as well as environmental ones, and appraises them in relation to the aims of sustainable development. Sustainability Appraisal fully incorporating the requirements of the SEA Directive is required for local development documents and regional spatial strategies in England and local development plans in Wales under the Planning and Compulsory Purchase Act 2004.

Target: The goal intended to be attained (and believed to be attainable) and which can be measured.

Wider determinants of health: The wide range of personal, social, economic and environmental factors that determine the health status of people or communities. These include health behaviours and lifestyles, income, education, employment, working conditions, access to health services, housing and living conditions, and the wider general environment.

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279728 1p 0.5k Mar 07 (RIC)

Produced by COI for the Department of Health

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A black and white photograph of a park path. In the foreground, a person is walking away from the camera on a paved path. The path is lined with trees, and their shadows are cast across the ground. In the background, there are more trees and a building. The overall scene is bright and sunny.

Delivering Healthier Communities in London

NHS
NHS London Healthy Urban Development Unit
Land Use Consultants
and CREH

JULY
2007

This guidance is an output of a contract commissioned by the NHS London Healthy Urban Development Unit (HUDU). It was undertaken by Land Use Consultants in association with the Centre for Research into Environment and Health at the University of Aberystwyth.

The Guidance should be referenced as:

Land Use Consultants in association with the Centre for Research into Environment and Health (2007). Delivering Healthier Communities in London. HUDU, London.

July 2007

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Key

-  Signposts – these provide interactive links to documents or web pages in the text.
-  Links – These provide links between different sections within the guidance document.

EXECUTIVE SUMMARY

This guidance document, Delivering Healthier Communities in London, has been prepared to help integrate health and wellbeing into the planning process. In particular, the guidance provides links to the tests of soundness and how to address these when planning for health, provides evidence supporting the linkages between health and planning, and results in a series of tools to guide practitioners. This includes a policy framework for health, principles to follow to incorporate health into design and indicators to monitor health outcomes.

The guidance is aimed at planners (those involved in the writing of plans and policies; and in reviewing development applications), health practitioners (such as those working within Primary Care Trusts who are involved in the review of plans, policies and development applications and/or the provision of health advice to borough planners and developers) and to developers (involved in the design of development and regeneration schemes).

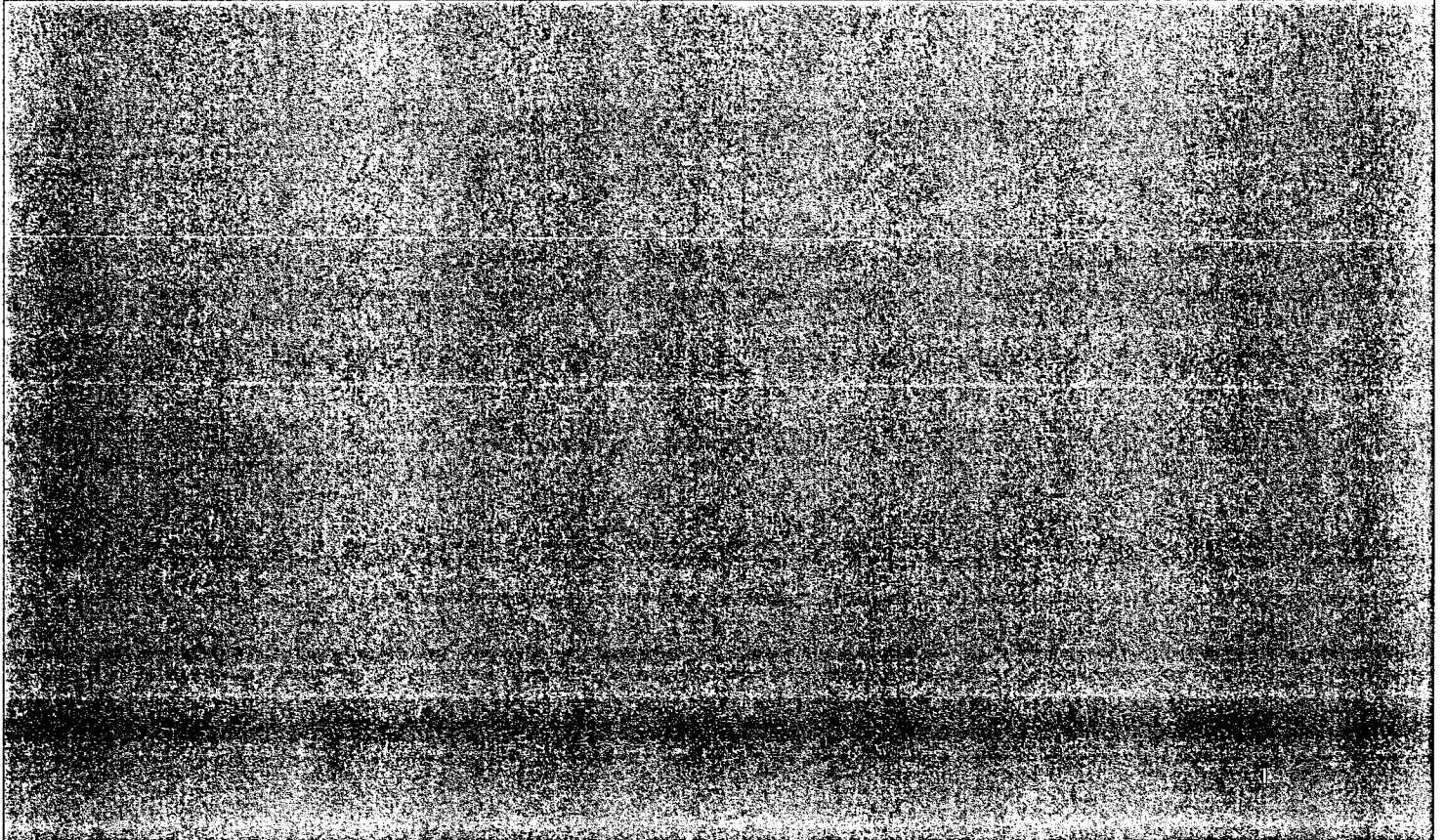
The document has been health led to emphasise the importance of public health issues and hence demonstrate the need to plan for healthier outcomes and avoid negative health impacts at the earliest possible opportunity. The final section of the document provides 'A Spatial Plan for Health' with health driving the selection and formulation of policy.

Five public health issues were chosen: mental health, obesity and cardiovascular disease, respiratory disease, excess summer and winter mortality and injuries. The public health issues were chosen taking account of the significance of the public health impact and the likely influence of spatial planning in modifying health risk factors. There are of course other major public health issues (e.g. cancer), however, the document is not intended to address every possible public health issue and was restricted to those most likely to be influenced by spatial planning.

A detailed evidence base is provided identifying links between spatial planning and the public health issues (for example encouraging physical activity is strongly linked to a reduction in obesity). Case studies were then selected to explore how planning can achieve more favourable healthier outcomes (for example, physical activity can be encouraged through the provision of good quality, accessible green spaces, combined with initiatives to support the ongoing use of such spaces). Case studies have also been used to illustrate the application of policy or to demonstrate changes in the physical and built environment as a means to promote healthier outcomes.

Finally, 'A Spatial Plan for Health' is prepared which addresses the recommendations and lessons learnt from the case studies, aiming to move towards better practice. The Spatial Plan sets out a health policy framework for those writing and reviewing health policies within Local Development Frameworks. The framework is intended to be cherry picked by practitioners and adapted as appropriate to their local circumstances.

1 - INTRODUCTION



1.1 APPROACH TO THE GUIDANCE

1 - INTRODUCTION

Part 1 sets out the aims of the guidance and provides the context for considering health and healthier communities.

2 - WHY PLAN FOR HEALTH

Part 2 sets out the plans, policies and other factors driving the consideration of health in the planning process.

3 - HEALTH AND PLANNING

Part 3 provides evidence linking public health issues and spatial planning. Case studies provide examples of how public health issues can be addressed through the planning process.



4 - A SPATIAL PLAN FOR HEALTH

Part 4 provides planning 'tools' to help practitioners integrate health at all stages of the planning process.

1.2 NAVIGATION

HEALTH PRACTITIONERS

SHOULD

Understand why it's important to plan for mental health – see:

- Part 2: Why plan for health
- Section 3.2: Mental health

Understand why it's important to plan for obesity and cardiovascular disease – see:

- Part 2: Why plan for health
- Section 3.3: Obesity and Cardiovascular disease

Understand why it's important to plan for respiratory disease – see:

- Part 2: Why plan for health
- Section 3.4: Respiratory disease

Understand why it's important to plan for excess winter and summer mortality – see:

- Part 2: Why plan for health
- Section 3.5: Excess winter and summer mortality

Understand why it's important to plan to reduce injuries – see:

- Part 2: Why plan for health
- Section 3.6: Injuries

PUBLIC HEALTH ISSUES

Mental health

Obesity and cardiovascular disease

Respiratory disease

Excess winter and summer mortality

Injuries

