

# A guide to town planning for NHS staff



**PLANNING IS ABOUT** how we plan for, and make decisions about, the future of our cities, towns and countryside. While links between planning and health have long been established, the recent changes in the planning system offer new opportunities for NHS staff to integrate health into town planning. These changes heighten the need for health service organisations to become actively engaged with local planning authorities. This will enable them to influence the planning system to promote health, as well as to secure the best possible outcomes for their land and buildings.

This document aims to:

- ▶ highlight a number of challenges for health and town planning;
- ▶ outline the town and country planning system in England at regional and local level with reference to issues specific to the NHS;
- ▶ outline the correlation between planning and health;
- ▶ identify some key areas where planning is likely to have an impact on health; and
- ▶ encourage NHS organisations to get involved in the planning process, to ensure that the needs of the health service are taken into consideration, and met, every step of the way, from planning policy through to planning applications.

## *Challenges for health and town planning*

The Department of Health would like to make health a part of people's everyday lives, and they see the built environment as an important component in achieving this goal. Well-designed developments and growth areas can help to promote and support healthier living.

Current policy drivers particularly relevant to health and planning include: moving healthcare from acute to community settings, and partnership working to reduce inequalities in health. There are also more general challenges that will affect healthier living and healthcare provision.

Keeping pace with population growth in the South East, South West, East Midlands and parts of the east of England is a challenge for health professionals and planners alike.

The trend towards more locally-based facilities means that NHS planners will need to work closely with their local planning colleagues if their developments have transport implications, and will need to be aware of congestion and parking issues.

A different type of challenge, but one that is important to consider, is the current lack of understanding between the health and planning sectors. Health professionals and planners often work to different timescales and with different agendas, which makes it hard to communicate and work together.

However, there is enough synergy between the two functions to make the effort worthwhile. Planning's health-promoting role, in terms of regeneration, walking and cycling, tourism and recreation among others, has to be recognised and utilised for the benefit of the local population.

### *Case study: Yorkshire and Humber*

The Yorkshire and Humber region has developed effective partnerships on health and sustainable development with the various regional bodies and the NHS. The Leeds Initiative is the city's local strategic partnership, led by Leeds City Council. One of its key partners is Healthy Leeds, which has produced a Health and Wellbeing Plan for the city.

Christine Farrar is seconded by Leeds Primary Care Trust to make sure that Healthy Leeds operates effectively to deliver the health and wellbeing theme of the Vision for Leeds 2004–2020. This covers the wider determinants of health, targeted health promotion activity, health and social care services, community involvement and development. She sees Health Impact Assessments as key to putting health on the agenda, but admits that "the process is resource-intensive and you need dedicated staff to see it through".

According to Christine, "integrating health into planning is getting easier, but perhaps that's because we've been doing it for a long time. The fact that I'm seconded to the Leeds Initiative means that I get to raise health issues all the time and in all kinds of meetings, even transport ones, and it does help to know people from all sectors."

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## *How planning works*

The planning system in England is "plan-led". "Plan-led" means that the plans preparing and setting out what can be built and where, are then used to determine planning applications for the defined life of the planning document. If an application does not comply with a plan, it may be turned down.

There are two main levels of plan: the **Regional Spatial Strategy (RSS)** and the **Local Development Framework (LDF)**. The Regional Spatial Strategy presents the region's long-term planning vision and acts as an intermediary between national policy and the Local Development Framework. The latter outlines how planning is to be managed at the local level.

Decisions on what can be built and where are taken by local planning authorities through **development control**.

Planning used to be seen as a relatively narrow regulatory function, but the focus has now moved on to a new, more enabling role. This is known as spatial planning, which looks to deliver sustainable communities. Spatial planning demands the effective involvement and engagement of a wide range of stakeholders, including health and social care professionals.

### *Regional Spatial Strategy (RSS)*

Each region (Government Office for the English Regions) has a regional planning framework known as a Regional Spatial Strategy (RSS). The ten Strategic Health Authority (SHA) boundaries mirror those of the Government Regional Offices with the exception of the South Central and South East Coast SHAs, which are included within the boundary of the South East Government Region.

The RSS presents a vision for what the region will look like in 15 to 20 years' time. It looks at a range of issues and priorities, such as areas for regeneration and expansion, housing, the environment, transport and infrastructure (including health) affecting the region. For example, it will assess the number of new homes needed to meet the future needs of people in the region, or whether the region needs a new airport or major shopping centre.



*Each Region will conduct, publish and review its own Regional Spatial Strategy. These documents present a vision of the Region in 15 to 20 years' time*

Regional Spatial Strategies are at various stages in the planning process, and some have already been completed. However, they are subject to five-yearly reviews, so it is worth checking up on them and remaining continuously appraised of their status, as each of these reviews presents an opportunity for engagement.

Regional planning bodies prepare, monitor and update these strategies. These bodies comprise local authority members and representatives from education, business, the unions, the arts, healthcare, voluntary organisations, rural and environmental groups and other regional stakeholders. However, it should be noted that the role of regional planning bodies is under review.

Regional planning is more important for the future of our health than ever before, because:

- ▶ the RSS influences what happens locally, because local development frameworks have to be in line with it;
- ▶ the RSS is part of the local authority's development plan that has to be taken into account when considering planning applications and making planning decisions;
- ▶ the RSS is the one and only layer of planning between national policy and Local Development Frameworks (LDFs);

- ▶ the RSS includes the numbers of new homes to be built per district per annum, strategic locations for new development, and targets for the percentage of new housing that should be built on brownfield sites, or developed as "affordable housing".

SHAs, along with the other NHS organisations in their region, need to engage with their regional planning body and with Department of Health Regional Public Health Groups in the government offices at the earliest opportunity. Early involvement is crucial to influence the vision and make sure that health needs are taken into consideration. It is also much harder to influence the strategy at the LDF stage.

However, engagement does not end with the formulation of the draft Regional Spatial Strategy. The RSS has to be subjected to a Sustainability Appraisal (SA), which considers the social and economic issues of the plan; a Strategic Environmental Assessment (SEA), which exists to provide a high level of protection of the environment with a view to promoting sustainable development; and an Examination in Public (EiP), which ensures the public discussion of major issues of concern and reports on how the draft regional spatial strategy might be improved. Healthcare organisations have a role to play in each of these stages, and in the vital aspect of delivery, planning and monitoring that each RSS must undertake.

## Local Development Framework (LDF)

The Local Development Framework represents the local authority's policy on how and when land will be developed, and how the community can get involved in the planning process. The LDF is a series of documents that outline the local planning strategy. Its purpose is to set out:

- ▶ how the local authority will involve the community in setting the planning agenda, through a Statement of Community Involvement;
- ▶ specific sites they have earmarked for development;
- ▶ areas earmarked for development or conservation;
- ▶ sustainable development and environmental assessments for the area;
- ▶ the long-term vision for the area.

Councils prepare their LDFs in accordance with an agreed timetable called a Local Development Scheme (LDS). The LDS provides the starting point for the local community to find out what each authority's current planning policies are, and sets out the programme and consultation milestones for the preparation of Local Development Documents (LDDs).

A Local Development Framework will include Development Plan Documents (DPDs). These contain the statutory policies of the plan, including a core strategy, statement of community involvement and proposals map, and site-specific allocations of land. DPDs may also contain additional topic-related documents, such as for housing or employment, and optional documents, such as Area Action Plans. The latter outline the key development policies for a specific location, such as a town centre regeneration area.

DPDs are subject to rigorous procedures of community involvement, consultation and independent examination. Once adopted, development control decisions must be made in accordance with these documents unless material considerations indicate otherwise.

DPDs are also subject to a Sustainability Appraisal (SA) and Strategic Environmental Assessment (SEA) to ensure that economic, environmental and social effects of the plan are in line with sustainable development targets. This is a key stage to ensure that the impacts on health are considered. PCTs and SHAs should consider how they can support these impact assessments and

make best use of the data held by their Public Health Observatory. However, the time-intensive nature of the exercise should not be underestimated.

The LDF can also contain Supplementary Planning Documents (SPDs). These could include additional policy interpretation of specific areas such as urban design or recreational strategies, or further guidance on specific sites or locations. Equally, they could include guidance on how the local planning authority may apply its planning contributions or Section 106 agreements (see box on page 5). PCTs should ensure that this meets the healthcare needs of their area.

NHS organisations, individually and collectively (led by the local PCT), should ensure that their health promotion, healthcare and property interests are properly reflected and protected at all stages in the preparation, adoption and revision of Local Development Frameworks.

## Development control

The RSSs and LDFs set out the policies and proposals for the development and use of land in an area. These documents guide and inform day-to-day decisions as to whether or not planning permission should be granted, under the system known as **development control**.

Your local planning authority is responsible for deciding whether a development – anything from an extension on a house or doctor's surgery to a new hospital – should go ahead. If the planning application is in line with the approved plan, the applicant can usually expect to receive planning permission within eight weeks. Approval for larger or more complex developments often take longer.

Further information on town planning and the NHS is available in the DH publication, Health Building Note 00-08 – 'Estatecode'.



*Access to safe and convenient recreational facilities is just one of the many topics a Local Development Framework might cover*

## Section 106 agreements

Planning approvals may be subject to legal agreements, also known as Section 106 agreements and “planning obligations”, as referred to in the Planning Acts. A legal agreement is a contract between all those with an interest in the land being developed and the council. It acts as a delivery mechanism to make a development acceptable in planning terms. These legal agreements enable councils to ask developers to contribute towards local services so that they are not overburdened by the new development.



*A new development could have a major impact on the provision of health and social care services*

The Government issued a Circular in July 2005 on legal agreements, making it easier for the NHS to engage with local planning authorities to secure healthcare facilities. Health is identified as an appropriate recipient for planning obligations when a new development directly creates a health need.

The NHS should therefore inform the council if a proposed development is likely to have implications on the existing service and what provisions should be made in the legal agreement to mitigate this impact. For example, it is legitimate to seek contributions, which could be in the form of money, land or buildings, for extra health care facilities, where the existing infrastructure could not cope with the potential increase in population.

Therefore, how local planning authorities apply their planning contributions is crucial for NHS organisations and PCTs more particularly, as they need to influence this policy to best effect for health outcomes. This requires an appropriate development plan policy to be in place, as this would make it clear that any developer unable to meet the cost of all relevant public infrastructure will find their application refused. This is an

important issue to raise with local planning authorities through the preparation of Local Development Frameworks.

There can also be cumulative impacts from smaller developments. The NHS should encourage local authorities to adopt the use of formulae and standard charges that estimate the likely healthcare requirements and associated costs relating to residential developments. This enables contributions to be pooled, providing a community with the infrastructure required, while enabling individual developments to remain economically viable.

NHS organisations should be aware that contributions from new developments are limited and there are many other competing priorities for these funds. Therefore, NHS organisations must be able to justify their claim for a contribution, based on sound evidence that the proposed development would impose burdens on one or more aspects of the local health service. This includes primary care services and can extend to acute services.

To assist NHS organisations as well as Local Planning Authorities in seeking planning contributions, the NHS London Healthy Urban Development Unit (HUDU) has developed a very useful planning contributions and health toolkit. See [www.healthyurbandevelopment.nhs.uk](http://www.healthyurbandevelopment.nhs.uk). This can be adapted to suit the particular circumstances of your NHS organisation, or you could adopt a similar approach to that used by Berkshire Shared Services, as illustrated on page 9.



## The correlation between planning and health

The NHS needs to get involved in the planning system so that they can influence:

- ▶ regional and local policies to take health into account;
- ▶ planning obligations – to secure any necessary contributions from developers towards the cost of additional healthcare facilities arising from a new development;
- ▶ the development potential of their own land and buildings (for health service or alternative uses) by having them included within the local policy framework.

Responsibility for deciding planning matters rests, in the first instance, with local planning authorities. This has several implications for the NHS, both as a landowner and as a service provider, but also as a key player in improving the health of the population and reducing health inequalities.

### Planning to improve the health of the population

The new planning system puts sustainable development at the very heart of town planning. This growing emphasis on sustainability, and the contribution that health can make to sustainable communities, has implications for the NHS as a champion of health, in its mission to reduce inequalities and in its duty of corporate social responsibility.



Almost every planning decision or policy has a potential effect on human health. Some links are obvious: for example, having access to safe and convenient green spaces helps to promote physical activity, and to prevent obesity. Some links require more thought: for example, a significant rise in car traffic in residential streets can lead to reduced neighbourly contact, social isolation and poorer physical and mental health.

The Planning and Compulsory Purchase Act 2004 has widened the role of planning to take account of the environmental, economic and social impacts of development. This is identified in the Local Development Framework's Development Plan Documents.

The NHS London Healthy Urban Development Unit (HUDU) have developed a checklist to help to ensure that health is properly considered when planning policies and planning proposals are being assessed. It should enable users to focus on the key elements of the policy/proposal under consideration. The table below highlights the main categories. See [www.healthyurbandevelopment.nhs.uk](http://www.healthyurbandevelopment.nhs.uk) for more information on each of the categories, and the issues associated with each one.

WATCH OUT FOR HEALTH – A GUIDE TO HEALTHY SUSTAINABLE COMMUNITIES	
✓	Healthy lifestyles
✓	Housing
✓	Access to work
✓	Accessibility
✓	Food access
✓	Crime reduction and community
✓	Air quality and neighbourhood amenity
✓	Social cohesion and social capital
✓	Public services
✓	Resource minimisation
✓	Climate

Source: The NHS London Healthy Urban Development Unit (HUDU) – Watch Out for Health – Planning Checklist

## *The NHS as a landowner and service provider*

There are some very practical gains to be had from developing a good relationship with planning authorities. The following list is by no means exhaustive, but highlights the key reasons why the NHS should get involved in local planning issues.

- ▶ The preparation of new planning policy documents at national, regional and local level is based on the principle that draft policy will be approved unless objected to. So if you do not engage in the planning process at the prescribed time, your chance to influence the process, or object to it, is lost.
- ▶ Specific development proposals and their likely impact on the health of the population need to be addressed, and comments or “representations” made. For development proposals, there is a limited amount of time (normally 21 days) in which to send comments to the local planning authority. It is very important to meet any deadline, or your submission may not be taken into account. A failure to act at this stage, to object to a proposal or to make a case for financial contributions to new facilities to serve the new development, will be an opportunity lost.
- ▶ NHS organisations often need to obtain planning consent for change of use to their surplus properties, so as to enhance their sales income. Some surplus properties may be listed, or the grounds contaminated due to the clinical nature of many properties. Such issues put a premium on maintaining good contact with local planning authorities.
- ▶ When selling surplus property, it makes sense for the NHS organisations to be part of local development plans, as this may result in

reaching agreement on a range of planning obligations, summed up in Section 106 agreements. The case study on page 8 is a good example of what can be achieved.

- ▶ NHS organisations may also have other long-term goals for new or enlarged facilities, which need to be flagged in advance and promoted through the LDF process and planning policy reviews. Making use of the systems in place can significantly influence the success and speed of delivery of the NHS modernisation programme.

By working in partnership with local planning authorities, NHS organisations, especially PCTs, can produce documents that:

- ▶ are both positive and flexible;
- ▶ ensure the smooth processing of NHS proposals through the planning system; and
- ▶ provide a sufficient level of evidence and content to enable NHS proposals to be brought forward with confidence.

PCTs and other trusts can help in achieving these aims by providing the local planning authority with an insight into the foreseeable local impacts of NHS modernisation plans. They can do so by making timely detailed contributions to the formulation and review of the LDF documents. This will include identifying surplus land and buildings for sale so that they can be included as development sites.

- ▶ Planning proposals submitted by third parties may have a knock-on effect on local services, including health. So while a major new residential development would put pressure on local services, early NHS involvement in the planning process would help PCTs and other



trusts take steps to minimise any impact on health generally and to seek solutions to the provision of new or additional healthcare facilities. This may involve seeking financial contributions for proposed new facilities from the developers of these schemes.

- ▶ Larger developments, or those in sensitive locations, can be required to submit an Environmental Statement (also referred to as an Environmental Impact Assessment) with their planning application. These statements set out in considerable detail the “impacts” of the development on a range of environmental issues, such as noise, pollution, nature conservation and transport.

There is a very strong need for those involved in healthcare provision to take an active role in considering the implications of Environmental Statements. Schemes subject to them tend to be large ones, and are therefore most likely to impact on the health and well-being of the local population, and on the provision of health and social care services.

NHS organisations should consult their local Public Health Observatory, which provides a range of health intelligence functions for the regional Directors of Public Health, for data that may help in assessing these statements.

### *Engaging with the planning process*

The need for engagement is not only between PCTs and their local Council, but also with NHS organisations collectively across a region with planning bodies, and at national level in policy formulation.

It is vital for NHS organisations to be involved in the planning process and to liaise with Council planning officers in order to stay fully conversant with new developments and impending changes before it can become too late to influence decisions.

To do this effectively requires pro-active monitoring and direct involvement with Regional and Local Planning Authorities, particularly with senior planning officers, to be aware of what is happening, and be able to put across views and representations. The key is to be selective and to prioritise those matters that most directly affect the general health of the population and your service provision. This will achieve more than being a mere consultee in the process.

The engagement process is best managed through a simple protocol or memorandum of agreement with the relevant planning authority. This should lead to a better understanding of each organisation’s roles, responsibilities, strategies and systems. These agreements would probably be for all major applications and residential proposals. For the latter, the LPA and PCT should agree a reasonable threshold – the implications for PCTs of the potential volume of consultations, particularly in growth areas, should be carefully considered.

It should be noted that it is possible to attend committee meetings dealing with planning applications. In many cases interested parties can speak briefly to ensure that the committee is aware of their views. However, only elected members of the Council can vote on the application decision itself.

## *Making the case for Section 106 agreements*

**Jeff Jackson’s team from Berkshire Shared Services and colleagues from Berkshire West PCT have forged good links with Reading Borough Council over the years. Having identified an opportunity to negotiate a Section 106 agreement for health in 2005, the teams’ hard work has paid off. Berkshire West PCT has recently entered into a development agreement with Kings Oak Thames Valley to build the “shell and core” of a health resource centre totally funded from a Section 106 agreement. This new centre will be built on the site of an old hospital in Reading, to a specification drawn up by the PCT and Reading Borough Council. It will be an integral part of a new housing and superstore development, with an anticipated new population of 1250. The 2000 square metre “shell and core” will cost approximately £1.5 million and will eventually accommodate health and social services, who will share the fit-out costs. This agreement is the culmination of negotiations between the developers, the NHS and Reading Borough Council, and is regarded as an excellent example of the NHS and local government working together for the benefit of the local population.**

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## Recommendations

**THE NHS** needs to get involved in the planning system so that it can influence:

- ▶ regional and local policies to improve health and take health inequalities into account, as well as to assist future reconfigurations of healthcare services;
- ▶ the development of the local planning authority's policy on planning contributions and obligations. This is in order to secure any necessary contributions from developers towards the provision or cost of additional healthcare facilities arising from any new development (the checklist below can be a useful reminder);
- ▶ the development potential of their own land and buildings by having them included within the local policy framework.

From a practical point of view, when considering the submission of planning applications, NHS organisations (and PCTs in particular) need to:

- ▶ be pro-active and yet selective, to protect their service provision, the health and well-being of the public, and their property holdings;
- ▶ consider whether proposals for new developments will have a detrimental impact on healthcare services or the value of their land and buildings. For the former, negotiations would have to be held with the local planning authority to quantify the contributions for any additional healthcare facilities arising from the development through a Section 106 agreement.

Overall, this should ensure that health-related policies are included throughout the planning process to secure optimum health outcomes for the population and reduce the demands on the health service in the long term.

**JEFF JACKSON'S TEAM** at Berkshire Shared Services has developed an aide mémoire, or checklist, for planning case officers. "Our experience is that some of the policy documents do not always filter down to the individual case officers, and opportunities can be lost. This aide mémoire reminds our planning case officers to ask some very practical questions and cover all bases."

### AIDE MEMOIRE FOR PLANNERS: HEALTHCARE

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

For more details, contact Jeff Jackson, Head of Facilities, Berkshire Shared Services, tel. 01753 638795, email [jeff.jackson@berkshire.nhs.uk](mailto:jeff.jackson@berkshire.nhs.uk); or Andrea Johnson, Primary Care Premises Adviser, Berkshire Shared Services, tel. 01753 638606, email [andrea.Johnson@berkshire.nhs.uk](mailto:andrea.Johnson@berkshire.nhs.uk)



Putting health on the planning agenda requires partnership working at all levels: SHAs can play a major part in developing Regional Economic Strategies and Regional Spatial Strategies, while PCTs can influence Local Development Frameworks.

Partnership working is not easy, and requires both an understanding of the health and planning issues, and meaningful dialogue between NHS organisations and local planning authorities.

Your next steps after reading this document should be to:

- ▶ find out who in your organisation deals with town planning matters. This is a key role for the future provision of adequate health services, and needs to be recognised as such;
- ▶ find out who you need to talk to in your local planning authority and make contact with them;
- ▶ make use of your regional Public Health Observatory;
- ▶ use the highlighted webpages, toolkits and case studies to help in further understanding the planning process;
- ▶ work with your local planning authority to find solutions that are beneficial to both parties;
- ▶ remember that organisations such as the Royal Town Planning Institute and the Royal Institution of Chartered Surveyors can provide access to independent experts if you need any more help on planning issues.

It should be noted that guidance is also being issued to local planning authorities to encourage their engagement with the NHS, and to consider the issues that are of direct concern to them.

## *Further information*

### *Association of Public Health Observatories (APHO)*

This is the umbrella site for the UK's Public Health Observatories.

[www.apho.org.uk/apho/index.htm](http://www.apho.org.uk/apho/index.htm)

### *Department for Communities and Local Government – Planning, Building and the Environment*

This part of the site deals with building regulations and planning in England.

[www.communities.gov.uk/planningandbuilding/](http://www.communities.gov.uk/planningandbuilding/)

### *Department of Health Estates and Facilities – Knowledge and Information Portal*

This part of the DH website is aimed at users with an interest in land, property, equipment and facilities. The website also covers sustainable development issues, and links to the Sustainable Development Commission/NHS website, highlighting good corporate citizenship.

<http://estatesknowledge.dh.gov.uk/>

### *London.gov.uk*

The website for the Mayor of London, the London Assembly and the Greater London Authority includes a helpful document entitled 'Health issues in planning – best practice guidance, June 2007'. For details see:

[www.london.gov.uk/mayor/strategies/sds/bpg-health.jsp](http://www.london.gov.uk/mayor/strategies/sds/bpg-health.jsp)

### *Milton Keynes South Midlands (MKSM)*

The public health section on this site provides some useful documents relating to health and the planning process.

[www.mksm.nhs.uk](http://www.mksm.nhs.uk)

### *NHS London Healthy Urban Development Unit (HUDU)*

HUDU is made up of a small team of town planners who support the health sector to engage more effectively with the urban planning agenda in London. They have developed a range of tools (some of which are described in this document). Check their range of services at:

[www.healthyurbandevelopment.nhs.uk/pages/home.htm](http://www.healthyurbandevelopment.nhs.uk/pages/home.htm)

### ***Royal Institution of Chartered Surveyors (RICS)***

RICS provides access to consultants who can advise on a wide range of planning issues.

[www.rics.org](http://www.rics.org)

### ***Planning portal***

The Planning Portal is the UK Government's online planning and building regulations resource. It is an excellent reference point for the latest information in planning policy and research – use it to keep track of the Government's planning reform agenda.

[www.planningportal.gov.uk/england/genpub/en/1115314175501.html](http://www.planningportal.gov.uk/england/genpub/en/1115314175501.html)

### ***Royal Town Planning Institute (RTPI)***

The RTPI provides access to planning research, planning consultants, and to a variety of networks and task forces, including one on climate change, health and planning.

[www.rtpi.org.uk/](http://www.rtpi.org.uk/)

### ***Further reading***

Department for Communities and Local Government (2007) **Planning together – Local strategic partnerships (LSPs) and spatial planning: a practical guide**

[www.communities.gov.uk/documents/localgovernment/pdf/154326](http://www.communities.gov.uk/documents/localgovernment/pdf/154326)

Department of Health (2007) **Core elements – Health Building Note 00-08: Estatecode.** TSO

<http://estatesknowledge.dh.gov.uk>

Department of Health (2004) **National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06–2007/08**

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4086057](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086057)

Health Development Agency (2005) **Making the case: improving health through transport**

[www.nice.org.uk/page.aspx?o=503416](http://www.nice.org.uk/page.aspx?o=503416)

HUDD (2007) **Health and Urban Planning Toolkit**

[www.healthyurbandevelopment.nhs.uk/documents/improving\\_engagement/HUDD\\_London\\_Health\\_and\\_Urban\\_Planning\\_Engagement\\_Toolkit\\_FINAL\\_27.2.07.pdf](http://www.healthyurbandevelopment.nhs.uk/documents/improving_engagement/HUDD_London_Health_and_Urban_Planning_Engagement_Toolkit_FINAL_27.2.07.pdf)

National Institute for Health and Clinical Excellence (2007) **Physical activity and environment: draft guidance**

<http://guidance.nice.org.uk/page.aspx?o=439338>

National Institute for Health and Clinical Excellence (2006) **Healthier planning: spatial strategies and beyond – Report on a one-day symposium held on 11 March 2005**

[www.nice.org.uk/page.aspx?o=305624](http://www.nice.org.uk/page.aspx?o=305624)

