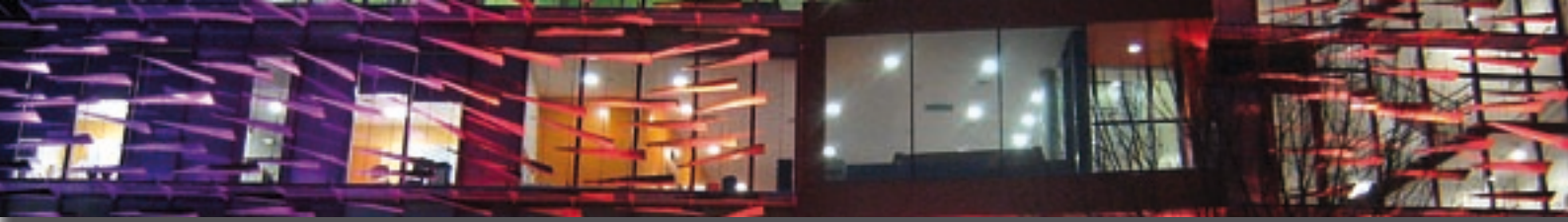


A guide to the NHS for local planning authorities



WHILE THE LINK between planning and health has long been established, expectations of the planning system have changed substantially in recent years. Planning is no longer seen as a relatively narrow regulatory function. Instead, “spatial planning” has a wider, more enabling role – bringing together policies for land use and development, to influence the nature and function of each area. The National Health Service (NHS) modernisation agenda presents planners with great opportunities to engage with the health and social care sector to develop healthy, sustainable communities.

This short guide aims to give local planning authorities an overview of the NHS in England. It aims to outline the key principles of public health and how planners impact on the wider determinants of health; and to point to how local planning authorities can interact with NHS organisations to deliver sustainable health and social care services.

A brief overview of the NHS

The NHS is a significant player in England’s local and regional economy. It is currently undergoing a major period of change and build, giving planners new opportunities to make the NHS modernisation agenda work for local regeneration plans.

Planners need to understand the structure of the NHS so that they can identify who to work with to achieve the best possible outcomes in sustainable development. This document can only give a very brief overview of the NHS, so for more information, consult the NHS Choices website, at www.nhs.uk.

Strategic leadership

The **Department of Health (DH)** has overall responsibility for health and social care in England, and aims to improve people’s health and well-being. Its work includes setting standards and shaping the strategic direction of the NHS and social care services, and promoting healthier living. The Department also develops

new policies in collaboration with stakeholders. For more information see www.dh.gov.uk.

Regional support

A key link between the Department of Health and the NHS, at regional level, is provided by the **strategic health authorities (SHAs)**. SHAs take a strategic overview of the local health economies in their region and work closely with primary care trusts (PCTs). They do not deliver NHS services, but provide strategic leadership; organisational and workforce development; and ensure that the PCT-led health systems operate effectively and deliver improved performance.

There are ten SHAs in England, and their boundaries closely 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 (see map on page 2).

Within each SHA, the NHS is split into various types of trust that take responsibility for running the different types of NHS service.

Location of the Strategic Health Authorities in England



From: www.nhs.uk/aboutnhs/howtheNHSworks/Pages/HowtheNHSworks.aspx

Local delivery

Health and social care services are delivered through the NHS, local authorities and other public and private-sector organisations. The main providers of NHS services include:

- ▶ Primary Care Trusts;
- ▶ Hospital Trusts (also known as Acute Trusts);
- ▶ Mental Health Trusts;
- ▶ Care Trusts;
- ▶ Ambulance Trusts.

How these organisations provide primary and secondary care services and link together is illustrated on page 3.

Primary care focuses on the treatment of minor injuries and illnesses, and deals with minor surgery and the ongoing management of chronic conditions. It also deals with preventive care, such as smoking cessation services. It is the first point of contact most people have with the NHS, and is delivered by a wide range of professionals, including family doctors (GPs), nurses, dentists, pharmacists and opticians.

Primary care is concerned with a patient's general health needs, although specialist treatments are increasingly being offered alongside mainstream

GP services, in specially commissioned new or refurbished premises closer to home. The trend towards more locally based facilities means that local planners will need to work closely with their NHS counterparts, for example to ensure that transport and parking issues are taken into consideration at an early stage.

Secondary care covers hospital care for conditions that normally cannot be dealt with by primary care trusts. This includes **hospital trusts** (or acute trusts); **mental health trusts**; **foundation trusts**; **care trusts**; and **ambulance trusts** (see "A brief guide to NHS trusts" on page 3 for more information on each type of trust).

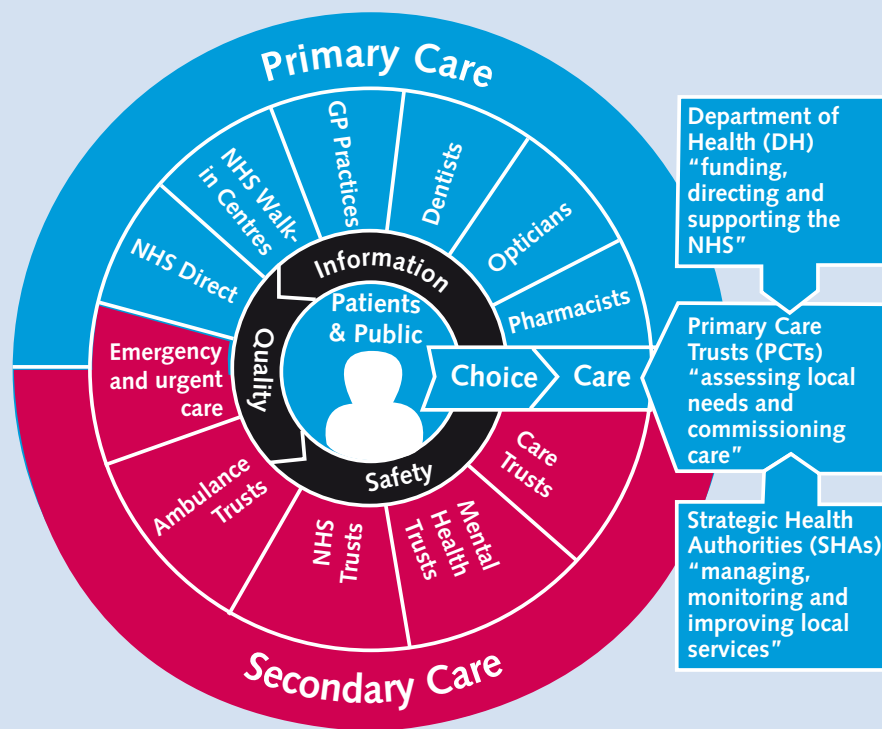
Primary care trusts (PCTs) have three main functions: (1) engaging with its local population to improve their health and well-being; (2) commissioning a comprehensive and equitable range of high-quality, responsive and efficient health services, within allocated resources, across all service sectors; and (3) directly providing high-quality, responsive and efficient services where this gives best value.

PCTs commission primary care services from GP practices, dentists, opticians and pharmacies, and secondary care services from the acute, mental health and care trusts in their area. In addition, when required, they may commission healthcare services from the private and voluntary sectors. PCTs work with local authorities and other agencies that provide health and social care locally to make sure that the local community's needs are being met.



Primary and secondary care services within the NHS

This diagram illustrates the range of NHS services available within primary or secondary care. Primary care relates to local medical services such as those provided by doctors' surgeries, dentists, opticians, pharmacies and preventive care. Secondary care refers to more specialist treatment in hospital environments. Primary care trusts (PCTs) are responsible for commissioning services that meet the needs of their local populations from both primary and secondary care providers listed in the diagram. In addition, some services may be commissioned from the private or voluntary sectors.



Source: NHS Choices, www.nhs.uk

A brief guide to NHS trusts

Hospital trusts (or acute trusts) provide acute and specialist services. They provide elective care, which includes planned and emergency specialist medical care or surgery. Examples of elective care include a hip replacement operation or kidney dialysis. Patients may be admitted either as in-patients or as day case patients, or they may attend an out-patient consultation or clinic.

Some acute trusts are regional or national centres for more specialised care, for example cancer treatment centres, dental hospitals, healing sick children, and teaching and training children's specialists. Others are attached to universities and help to train health professionals.

Mental health trusts are the same type of organisation as acute trusts except that they specialise in providing health and social care services for people with mental health problems.

Mental health services can be provided through GPs, other primary care services, or through more specialist care. This might include counselling and other psychological therapies, community and family support, or general health screening.

More specialist care is normally provided in purpose-built, possibly "hospital-type" facilities. Services range from psychological therapy through to very specialist medical and training services for people with severe mental health problems.

Foundation trusts are acute and mental health trusts which have been given much more financial and operational freedom than other NHS trusts but otherwise provide the same types of service.

Care trusts are organisations that work in both health and social care. They may carry out a range of services, including social care, mental health services or primary care services. Care trusts are set up when the NHS and local authorities agree to work closely together, usually where it is felt that a closer relationship between health and social care is needed or would benefit local care services. At the moment there are only a small number of care trusts, though more will be set up in the future.

Ambulance trusts provide emergency access to healthcare. There are currently 13 such trusts in England. The NHS is also responsible for providing transport to get patients to hospital for treatment, and in many areas it is the ambulance trust that provides this service. Ambulance trusts frequently operate from conventional offices and garages. Often, they may co-locate with other emergency services.

For listings and further details of all NHS organisations, see www.nhs.uk/aboutnhs/howthenhsworks/authoritiesandtrusts/Pages/Authoritiesandtrusts.aspx.

Key principles of public health

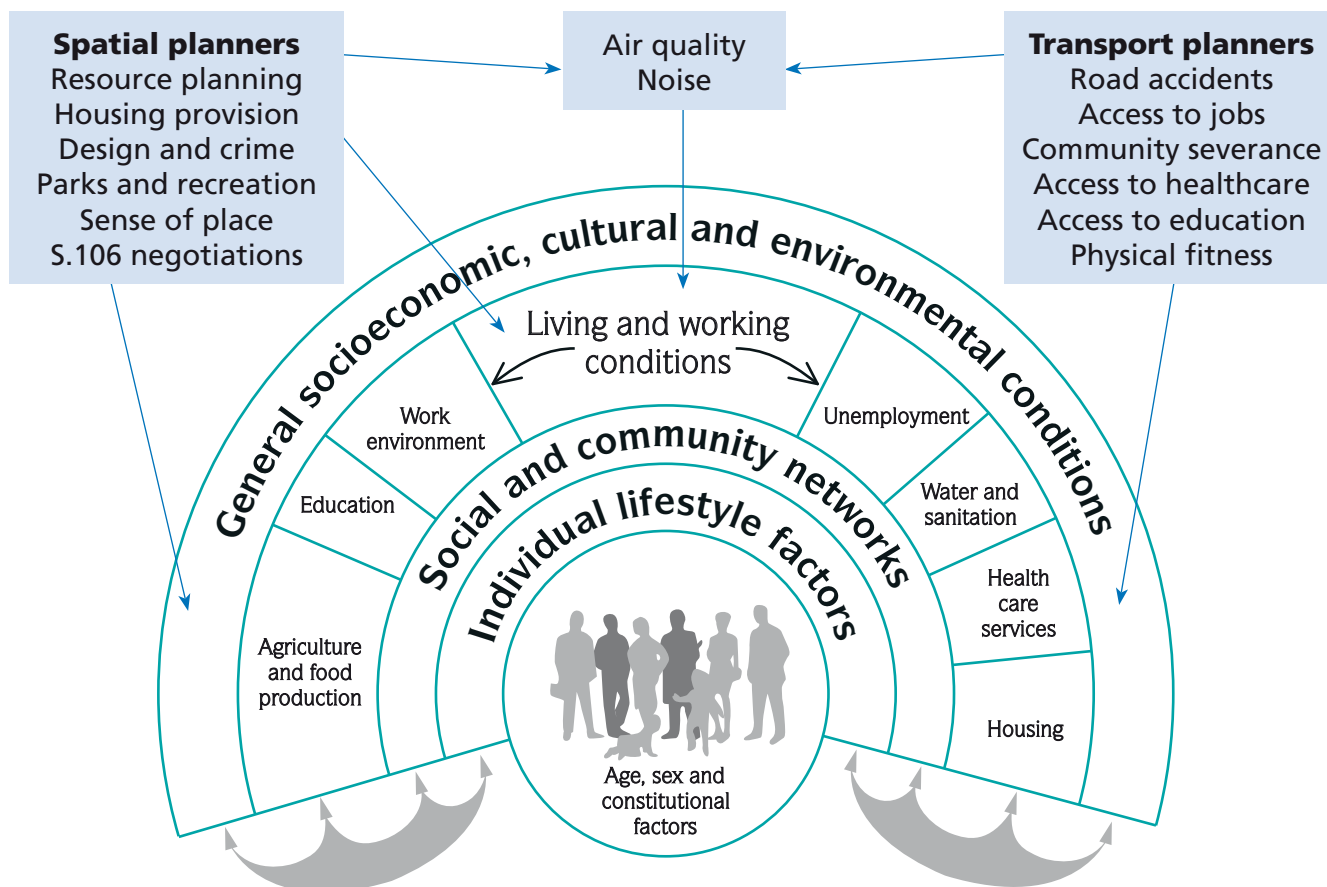
Public health is concerned with the health of the community as a whole and the status of the population's health. The Department of Health (DH) sees the built environment as an important component in improving the health and well-being of people in England. DH acknowledges that well-designed developments can contribute to promoting and supporting healthier living, and that good urban planning can contribute to reducing health inequalities. At strategic health authority and primary care trust level, the re-modelling of health services is also strongly aligned to local regeneration programmes. So while local planning and NHS staff may work to different agendas, they also share much common ground. It is those correlations between planning and health that need to be brought to the fore, and this is where good communication between local planning authorities, strategic health authorities and primary care trusts can make a positive contribution to sustainable, healthy communities.

A graphic way to represent the way in which health is affected by a wider range of factors than purely genetic make-up is the Dahlgren and Whitehead "rainbow" model of health.

At the centre of the diagram are individuals, each with a "given" set of factors, such as age, sex and constitution. Surrounding the individuals are layers of influence that – in theory – can be modified. Some of the key factors that affect

health include employment, education, housing and healthcare services, all of which are intrinsic to spatial planning.

While there is a growing recognition of the role of local government in achieving better health outcomes for communities and individuals, health and planning agencies often work to different timescales and with different agendas, which makes it hard to communicate.



Dahlgren and Whitehead model of health, based on Dahlgren, G (1995) European Health Policy Conference: Opportunities for the future. Vol II – Intersectoral Action for Health. Copenhagen: WHO Regional Office for Europe. Adapted by the RTPi.

A key message from research carried out by the NHS London Healthy Urban Development Unit (HUDU for short), in respect of local planning authorities and primary care trusts, is the need for each organisation to better understand their roles, responsibilities, strategies and systems. This mutual understanding is key to making true engagement happen, as this is where planners have a great opportunity to develop robust spatial frameworks that take on board deprivation and health inequalities.

To help this process of greater understanding, HUDU has developed an engagement toolkit, which is a simple written agreement. See www.healthyurbandevelopment.nhs.uk.

The toolkit aims to strengthen the common understanding of the ways in which the wider determinants of health can be enhanced through effective spatial planning policies. It highlights the ways in which planning for health services and plans for the physical development of council areas can be integrated, and the very real benefits that can be achieved. The toolkit also covers all aspects of the planning process.

Engaging with the NHS

There are some practical ways in which planners can – and do – engage with the NHS. These include devising suitable and flexible policies for developments by and for the NHS; impact planning and the use of planning obligations (Section 106 agreements) for health; Strategic Environmental Assessments (SEAs); and Environmental Impact Assessments (EIAs).

As explained earlier, a function of the PCT is to engage with its local population to improve their health and well-being and to reduce health inequalities. This requires partnership working with the local Council, especially their planning department. This also includes contributing to sustainable community development.

Therefore, PCTs can play an important role with the local planning authority, in relating to local planning policies and development control where they affect public health and healthcare services. Other NHS trusts, especially the larger acute and mental health trusts, will be affected by the development of LDFs, and their input needs to be obtained by the LPA. PCTs can help in this instance.



In addition, the NHS is moving more care and specialist services into the local community, which will have spatial planning implications. This will affect service providers in both the secondary and primary care sectors.

Local planning authorities and their development frameworks (LDFs) can significantly influence and contribute to improvements in health and take health inequalities into account, as well as assisting future reconfigurations of healthcare services.

LDFs are expected to link to the community strategy, so where local planning authorities work in partnership with the NHS locally, they will be able to produce the required documents for the LDFs which:

- ▶ are both positive and flexible;
- ▶ improve the health of the population and reduce health inequalities;
- ▶ ensure the smooth processing of NHS proposals through the planning system;
- ▶ provide a sufficient level of evidence and content to enable NHS proposals to be brought forward with confidence; and
- ▶ supply guidance on the contributions that may be available under planning obligations (Section 106 agreements) in respect of the provision of healthcare facilities in new developments.

PCTs, in conjunction with other trusts, have much to offer to local planning authorities, through making timely, detailed contributions to the formulation and review of LDF documents. For example, the LDF needs to address the health

aspirations set out in the local Community Strategy that have spatial implications. LPAs should work with PCTs to source the health evidence base and take their strategies and programmes into account.

Development plans are also subject to a Strategic Environmental Assessment/Sustainability Appraisal. The guidance on this issue makes it clear that health must be thoroughly considered as part of the Appraisal. Therefore, LPAs need to understand and take account of health issues if they are to satisfy the Appraisal and produce a sound Development Plan.

PCTs and other trusts may also give LPAs an insight into the foreseeable impacts of any local NHS modernisation plans. This could include notifying them of the handling of sites that have or will become surplus to requirements and are or will become available for sale and possible redevelopment.

In respect of larger developments, Local Development Documents should set out the policy to deal with the timely and effective resolution of infrastructure issues. This has important implications for health.

Therefore, dialogue between planning authorities and their local PCT at a very early stage of the planning process is considered crucial for the formulation of policies for this particular type of infrastructure.

Local primary care trusts (Chief Executive's office) should be the first point of contact for LDF matters, although other local NHS trusts (Chief Executive's office) may also prove useful contacts as major employers and landowners.

Key contacts within SHAs and PCTs

Regional Directors of Public Health (RDPH) are based within the Government Offices and SHAs. They can play a major part in supporting health and well-being. They are supported by Public Health Observatories (PHOs), which provide a range of health intelligence functions for each of the RDPHs. PHOs provide valuable local health information, data and intelligence for practitioners, policy makers and the public; they provide data to support health impact studies; and they publish community health profiles for each local authority. These health profiles describe the health of local populations using key indicators to enable consistent and comparable comparisons to be made over time.

PCTs can play a significant part in shaping Local Development Frameworks (LDFs), as their boundaries mirror those of most planning authorities, and there are joint appointments between PCTs and Councils, for example in public health. The first point of contact for LDF matters should be the Chief Executive's office in your local PCT, who can refer you to the most appropriate contact within the PCT – whether the public health function, service planning or the estates function.



Planning applications – assessing impacts on health

It is recognised that health is affected by a range of factors, including the provision of safe, secure and sustainable environments, low pollution levels, adequate housing provision, access to leisure and recreation, a sense of community and improved employment opportunities.

LPAs should consider the impact of new developments on the health of local communities, taking advice from the appropriate public health experts in the strategic health authority or PCTs. This also ties in with the Government's goals to reduce health inequalities and promote sustainable developments.

This is particularly relevant to Environmental Impact Assessments (EIAs), where the health and well-being of the local community is likely to be affected by major developments. The NHS, especially PCTs, needs to work closely with LPAs at the early stages of this process to identify possible health issues, and make recommendations on how they can be properly addressed. Health impact assessments (HIAs) can be a useful tool, in the right circumstances, to help to ensure that the wide range of factors influencing health and equity are properly considered and addressed.

It is important to ensure that local PCTs comment on applications that may impact on the delivery of the health service. For example, a large

residential development could have an impact on GP services, which may need to be extended or reconfigured in new facilities.

Any queries in respect of planning applications for GP or local healthcare premises should be directed to the local PCT for that area. The trusts are likely to have been consulted by the relevant practices in respect of their business plans for any new or refurbished accommodation, as well as possibly leading on the provision of new healthcare centres. This type of knowledge can be harnessed into contributing to the formulation and review of the Local Development Framework documents.

It is, of course, difficult to prescribe what types of planning application the PCTs should be consulted on. As a minimum, this should include all "major applications" and residential proposals, but LPAs should agree with the local PCTs what a reasonable threshold might be. LPAs should also be aware that impacts can be cumulative from smaller developments. However, LPAs should explain to PCTs the timescales within which they have to consider these applications and for the receipt of comments on these matters by third parties. The implications for PCTs of the potential volume of health consultations, particularly in growth areas, should be carefully considered. This aspect is dealt with in more detail in the following section.

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. In 2006, Yorkshire and Humber conducted a Health Impact Assessment for the Regional Economic Strategy. Mike Simpkin, Public Health Strategy Manager at Leeds City Council took part. Mike is based in the Local Authority, but works closely with PCT public health colleagues. 'Getting the right people involved from the PCT meant that the strategy was underpinned by the latest thinking and national policy on health.' According to him, it is now easier to put health on the planning agenda: 'HIAs and sustainability assessments are helping to put health on the planning map; and the introduction of Local Development Frameworks gives public health people plenty of opportunities to get involved.' He cites Public Health Observatories as being a key source of data for Local Area Agreements, and as being able to lead on multi-disciplinary, multi-agency HIAs at a regional level. The Yorkshire and Humber Regional Economic Strategy includes aims on health, social inclusion and communities.

For more information, contact Mike Simpkin, Public Health Strategy Manager, Leeds City Council; tel. (0113) 247 4306; email mike.simpkin@leeds.gov.uk

Integrating health and social care in development control

A critical issue for the NHS that impacts on Local Development Frameworks is the scale and location of new developments, particularly residential ones. This can impact directly on the level of healthcare services required, and may over-burden existing facilities if provision is not made to meet the increased demand from new residents. This principle of “impact planning” is well established in relation to, for example, the number of new households and provision of open spaces or new schools, but it is not always considered for health and social care.

Evaluating the ratio of new developments to healthcare services – and the additional requirements placed on the local authority to serve new residents – should help to shape a planning obligations policy. This will in turn help to formulate clear guidelines for health and social care in the Local Development Framework. This is especially important in relation to the *form* of contributions needed to provide for health and social care. LPAs should discuss these issues with PCTs in the preparation of their planning obligation policy. This should help developers estimate at an early stage the cost of fulfilling such obligations (under a Section 106 agreement), and avoid objections to a proposal due to inadequate infrastructure provision.

The local development planning process should take into account health and social care issues. To help LPAs and PCTs (as well as trusts) to take account of the needs of health facilities in development plan proposals and planning application assessment, one useful toolkit is that developed by HUDU. It provides a simple means for LPAs to work with PCTs to determine a mutually acceptable method of assessing the impact of any specific development, or cumulative effects of a number of developments.

You can find the HUDU toolkit at: www.healthyurbandevelopment.nhs.uk/pages/s106_for_health/planning_contribution_tool.htm

The toolkit can be adapted by users to best represent the needs of their particular area, local data and the cumulative effect of small residential developments.

Conclusion

Spatial planning that takes health and social care into account can help to deliver:

- ▶ **a cohesive approach to planning:** proposed developments can be discussed, and their impact assessed on the health and wellbeing of the local population, as well as on existing healthcare provision. This, in turn, can feed into Local Development Frameworks (LDFs), and policies for planning obligations and Section 106 agreements;
- ▶ **a positive framework for tackling health inequality:** consideration can be given to how best to tackle health inequality and regenerate the most deprived areas, which have the poorest health;
- ▶ **land development opportunities:** just as important as the timely delivery of new buildings is the handling of sites that have become surplus to requirements and are available for sale and possible redevelopment.

It is vital that dialogue is encouraged between LPAs and the NHS, so that they develop a better understanding of their respective needs in the planning process.

It should be noted that guidance is also being issued to all NHS organisations to encourage engagement with their local planning authority, and to consider the issues which 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

Department of Health (DH)

The DH website provides health and social care policy, guidance and publications.

www.dh.gov.uk/en/index.htm

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

NHS Choices

NHS Choices is the first port of call for information about the NHS. The site currently covers: healthy living, conditions and treatments, and NHS services.

www.nhs.uk/Pages/index.html

NHS London Healthy Urban Development Unit (HUDU)

HUDU helps London's health community to respond to the challenges of the forecasted population growth across the capital. In particular, it provides the useful Health and Planning Toolkit, developed for planners and health professionals.

www.healthyurbandevlopment.nhs.uk/

Royal Town Planning Institute (RTPI)

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

www.rtpi.org.uk/

Further reading

Department for Communities and Local Government (2007) **Housing Green Paper: Homes for the future: more affordable, more sustainable.**

http://communities.gov.uk/pub/967/homesforthe futuremoreaffordablemoresustainable Housing GreenPaper_id1511967.pdf

Department for Communities and Local Government (2007) **Planning Together – Local Strategic Partnerships (LSPs) and Spatial Planning: a practical guide.**

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Department for Communities and Local Government (2006) **Strong and Prosperous Communities: The Local Government White Paper** (summary).

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Department of Health (2007) **Draft Guidance on Health in Strategic Environmental Assessment – a consultation.**

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IdeA, Local Government Association and Department of Health (2006) **A tale of twelve pathfinders: successes, innovations and learning from the shared priority programme to improve health and tackle inequality.**

www.lga.gov.uk/Documents/Briefing/projects/A%20Tale%20of%20Twelve%20pathfinders.pdf

Lyons, Sir Michael (2007) **Lyons Enquiry into Local Government: Place-shaping: a shared ambition for the future of local government.**

www.webarchive.org.uk/pan/15454/20070428/www.lyonsinquiry.org.uk/docs/final-exec.pdf

NHS London Healthy Urban Development Unit (2007) **Health and Urban Planning Toolkit.**

www.healthyurbandevlopment.nhs.uk/documents/improving_engagement/HUDU_London_Health_and_Urban_Planning_Engagement_Toolkit_FINAL_27.2.07.pdf

Office of the Deputy Prime Minister (OPDM) and Department of Health (DH) (2005) **Creating Healthier Communities: a resource pack for local partnerships.**

www.neighbourhood.gov.uk/publications.asp?did=1382

Office of the Deputy Prime Minister (OPDM) (2003) **Sustainable communities: building for the future**

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