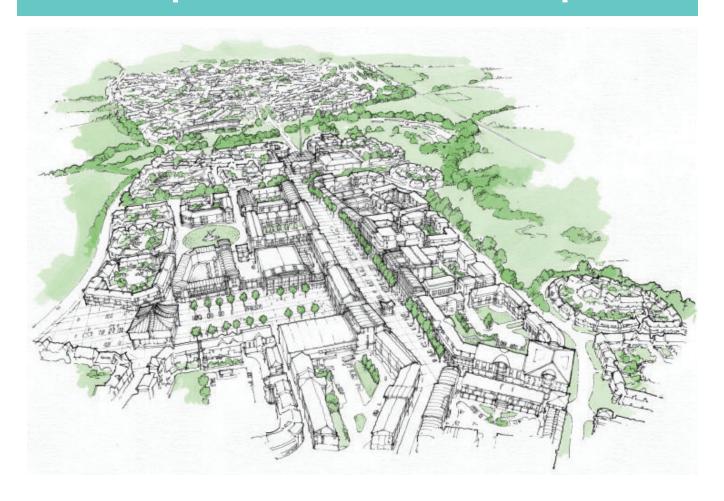
A sustainable new community at Cranbrook

health impact assessment: main report



for Devon County Council, East Devon District Council and Devon Primary Care Trust

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Prepared by	Ben Cave Associates Ltd
	In association with Devon County Council
Commissioned by	Devon County Council
-	East Devon District Council
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Abbreviations and acronyms

ALMT	Active Labour Market Training Programme
BME	Black and Minority Ethnic
DCC	Devon County Council
DCLG	Department of Communities and Local Government
EHOD	Exeter Heart of Devon
EDNCP	East Devon New Community Partners
EIA	Environmental Impact Assessment
FCTC	Framework Convention on Tobacco Control
HIA	Health Impact Assessment
HPA	Health Protection Agency
ICT	Information and Communication Technology
IMRFT	Inter Modal Rail Freight Terminal
MPB	Multi-purpose building
PCT	Primary Care Trust
RSL	Registered Social Landlord
SCI	Statement of Community Involvement
SPD	Supplementary Planning document
SPG	Supplementary Planning Guidance
SRTS	Safe Routes to School
SWRDA	South West Regional Development Agency
ΤΛ	Transport Assassment





Preface from the HIA Steering Group

This Health Impact Assessment (HIA) has been commissioned and funded by East Devon District Council, Devon County Council and in kind by Devon Primary Care Trust.

We recognise that the way in which new communities are designed and built will have a major effect on people's health and well-being. Our aim, in commissioning this HIA, has been to provide evidence and practical guidance to the planning authorities and their partners about the ways in which positive health effects can be maximised and possible negative effects minimised. We asked Ben Cave Associates to consider the ways in which the new community and its neighbouring communities may be affected by the plans, both in the short term and the long term. The work draws on evidence from reviews of the literature on health and the built environment and from consultation with a range of individuals and organisations.

The new spatial planning system aims to secure the best achievable quality of life for all in the community without squandering scarce financial or environmental resources.

Planning a "healthy and sustainable community" is a sensitive undertaking with few prescribed formulae, yet there is a need to translate our shared aspirations into something that is meaningful and practical for policy makers, planners, developers and importantly, for communities.

We welcome the focus on social cohesion as an important component of sustainable development for people in East Devon and the east of Exeter sub-region.

The recommendations in this report build on the work that has already been done to develop a new community at Cranbrook. By agreeing to the shared objectives, and a framework for planners to consult, it is hoped that the elements of a healthy community outlined here can be built explicitly into the plans for Cranbrook.

As a multi-agency group we commit to meeting at six monthly intervals and more frequently if necessary to review progress and to agree and take forward actions that may be needed.

Ian Tearle, Head of Health Policy, Devon Primary Care Trust Rebecca Carmichael, Health Improvement Specialist, Devon Primary Care Trust Kate Little, Head of Planning and Countryside Services, East Devon District Council Janthia Algate, Major Projects Manager, East Devon District Council Peter Jeffs, Corporate Director Communities, East Devon District Council Malcolm Baker, Head of Planning and Transportation, Devon County Council Gareth Bradford, Strategic Implementation Officer, Devon County Council

HIA Steering Group





1. Overview

- 1.1 The East Devon New Community Partners' outline planning application proposes a new community called Cranbrook of 2,900 homes and associated infrastructure. The Devon Structure Plan also indicates that the new community should have the potential to expand further. The Cranbrook New Community will contribute to meeting the housing needs of Exeter and East Devon.
- 1.2 Devon County Council, East Devon District Council and Devon Primary Care Trust convened a steering group and worked together to oversee this Health Impact Assessment (HIA).
- 1.3 Health and wellbeing are central to sustainability. This HIA identifies ways in which the proposed Cranbrook New Community can provide a sustainable, healthy environment for its residents. The effect of the new community on the health and well-being of neighbouring communities is also considered.
- 1.4 The development is being planned according to good design and sustainability practice. Healthy public policy overlaps with and supports sustainable public policy. We support the progress made so far.
- 1.5 This HIA focuses on the way in which the Cranbrook New Community will grow as a community. How will a vibrant, dynamic and socially cohesive community develop?
 - A healthy community is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (1).
- 1.6 Development is a dynamic process and consultees for the HIA were keen to see room for growth and change built into the design. Residents of the new community at Cranbrook will benefit from having social networks. People get support through social networks and people with social support report higher levels of mental and physical health. Social support is also associated with a reduced risk of cardiovascular disease, and people with more support tend to cope with illness better. Better social support is also beneficial to mental health as it is associated with lower levels of anxiety and depression.
- 1.7 Social capital and cohesion within Cranbrook and with the neighbouring villages will contribute to a variety of beneficial health outcomes, including reduced all-cause mortality, cardiovascular disease, sexually transmitted diseases and obesity. Higher levels of social capital are also associated with lower teenage pregnancy rates.
- 1.8 Processes by which residents of Cranbrook can develop a sense of belonging to, and involvement in, the new community are of paramount importance. A range of initiatives will be required to build the social fabric of the community: community development work, formation of shared interest groups and meaningful involvement of a range of people in the design and management of the town.
- 1.9 Consultation and engagement with the surrounding villages and communities is imperative in order to plan for both the residents and the neighbours of Cranbrook.
- 1.10 In the report we present the findings as Health Codes. The HIA partners are committed to refining and working these up into detailed action plans with named personnel and deadlines.
- 1.11 The main findings and suggested actions are summarised below and presented under the following headings:
 - Services:
 - Transport and connectivity;
 - Governance;
 - Housing and the built environment; and
 - Economy.



1.12 These are explored in more detail in the Health Codes (see page 14 ft).

Services

Full health code for Services is on page 14.

- 1.13 Flexibility is key: the social infrastructure must adapt to ensure that service provision is, and continues to be, appropriate to the people that move into Cranbrook.
- 1.14 The process of community consultation and engagement, including with young people, should continue in order to ensure that the design and delivery and location of services and facilities are appropriate to the different needs of different groups.
- 1.15 Health services should be seen as part of this wider social infrastructure: as well as health this can include social care, retail, leisure, education, youth services, emergency services and associated facilities for community welfare. The community will require associated services including social care facilities, acute care, mental health and other non-primary care health services.
- 1.16 The design of key buildings must be flexible to accommodate change. Communication with service providers about the progress of, and opportunities afforded by, Cranbrook is essential.

1.17 Actions

- Ensure that services and facilities are provided in step with the arrival of the population.
- Commission needs assessments, and ongoing monitoring and evaluation, of the social infrastructure requirements for the Cranbrook new community and neighbouring villages.
- Engage and involve the new community in identifying needs.
- Support start-up and innovation funding for small businesses especially retail businesses.

Transport and connectivity (for the full 'health code' see page X)

Full health code for Transport and connectivity is on page 17.

- 1.18 Public transport, including bus, train and taxis can create essential links between Cranbrook, the surrounding villages, Exeter and employment sites.
- 1.19 The bus service is critical and will need to be reliable, affordable, high-quality and popular. The routes and the timing of services must meet the needs of all population and age groups.
- 1.20 While cars are an integral part of life today the aim must be to prioritise pedestrians and cyclists and reduce the need for use and ownership of cars. The design and subsequent operation of Cranbrook must ensure that the alternatives to car use are viable.
- 1.21 The country park creates a degree of severance between the east and western end of the new community. The multi-purpose building and the train station are located in the West of the community making these facilities less easily accessible to residents in the East.

1.22 Actions

- Full support for affordable, high frequency and high quality public transport and ambitious modal shift.
- Full support for walking and cycling as the dominant mode of travel within the new community.
- Conduct Personalised Travel Planning with new residents.
- Install infrastructure to enable real-time information and smart card ticketing for Cranbrook and beyond.
- · Commission a Travel Survey to monitor travel behaviour
- Ensure multi-purpose building is accessible to all age groups from all parts of Cranbrook.



Governance

Full health code for Governance is on page 21.

- 1.23 Cranbrook needs strong political support and leadership to realize the whole vision of a sustainable new community. Transport, especially car use, ownership and accommodation are highly emotive and contentious issues.
- 1.24 Local democratic structures and social networks will manage initial stages of development and tensions between residents' needs and demands.
- 1.25 The progression of Cranbrook from a development with informal governance mechanisms to elected representatives via town or parish council is critical to ensure local ownership and engagement. Structures for representing young people's views should be considered.
- 1.26 The funding, management and use of the Multi-Purpose Building will all play an important role in ensuring equity of access for all members of the community.

1.27 Actions

- Full commitment to community driven development process: engage and consult with existing and new community
- Capital and revenue for community facilities eg spaces for public meetings and informal social interaction available and accessible to all members of the community.
- Capacity building for local elected members and for youth governance to ensure strong political support to achieve the vision of a sustainable new community.
- Establish grievance and compensation mechanisms during construction process
- Running of facilities, for example the Multi-Purpose Building, to be open to scrutiny
- Establish effective health services, including mental health service provision.
- Establish secure funding and high-level political support for Community Development Worker and events and resources to welcome new residents and to foster a sense of ownership and local identity.
- Monitor social cohesion and social networks at each phase of development and feed lessons into next phase.

Housing and the built environment

Full health code for Housing and the built environment is on page 26.

- 1.28 The design of the community must facilitate interaction between residents and a sense of ownership of the new community. Cranbrook's design should allow space for *appropriation* as the community grows into Cranbrook.
- 1.29 The design of the new community must enable physical activity and informal and formal social interaction.
- 1.30 A housing strategy is important in understanding how the developers plan to ensure an equitable and tenure blind distribution of housing throughout the development. This is still outstanding at time of publication of this report.
- 1.31 Future proofing of the proposals, to ensure that the community can grow to meet the demands of the Regional Spatial Strategy is needed.

1.32 Actions

- Creative input to the design process, facilitated by community artists, could encourage local ownership.
- Space should be left for appropriation as the Cranbrook new community grows.
- Prepare a housing strategy.
- Equitable and tenure-blind distribution of affordable housing units throughout the development and family and housing support to reduce residential instability and family disruption
- Design focus on housing unit complemented with design focus on the neighbourhood to ensure inclusive public spaces and community safety is incorporated into the design.



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Ensure buildings and the public realm (including green space) are designed to
encourage people to be more physically active, for example making stairs and walkways
prominent and sign-posting walking and cycling times to facilities and places of interest.

Economy

Full health code for Economy is on page 29.

- 1.33 Health is a major contributor to economic growth. In a buoyant local economy the needs of employers are met by local employment supply.
- 1.34 The quality of employment on offer at Skypark and the Inter Modal Freight Terminal is critical: employment should be secure, and offer a sustainable living wage in order to help promote social mobility and social inclusion. Cranbrook and its employment strategies should not exacerbate social and economic inequalities amongst the local population or between towns and villages within the sub-region.
- 1.35 We suggest finding ways to favour local employees: examples cited below include training programmes and capacity building.

1.36 Actions

- Develop a clear and robust economic strategy that fits into the wider sub-regional economic strategy
- Active Labour Market Training programmes developed in the Exeter sub-region to support those who require basic skills and qualifications in order to be able to take up the opportunities as and when they arise in and around Cranbrook.
- Ensure that the public sector, including the NHS, and other major employers fulfill their Corporate Social Responsibility
- Training and capacity building for childcare workers in Cranbrook.
- Local employment and procurement to be defined and prioritized.



2. Introduction

- 2.1 The East Devon New Community Partners' outline planning application proposes a new community called Cranbrook of 2,900 homes and associated infrastructure. The Devon Structure Plan also indicates that the new community should have the potential to expand further. The Cranbrook New Community will contribute to meeting the housing needs of Exeter and East Devon.
- 2.2 Health and wellbeing are absolutely central to sustainability. This Health Impact Assessment (HIA) is one of the ways in which Devon County Council, East Devon District Council and Devon PCT are working together to identify how the proposed Cranbrook New Community and the existing population will be as healthy and as sustainable as possible.
- 2.3 The reader is referred to the *Technical Report* which accompanies this report for the complete analysis and a full list of references.
- 2.4 Health and wellbeing are considered in the broadest sense. Good transport, good housing and education, training and skills and employment all contribute to maintaining and improving health. Low income and poverty, poor housing and poor access to health and other mainstream services contribute to poor health and health inequalities. Prejudice and inequity of service provision further affect some groups. The Cranbrook New Community is explicitly aiming to address and prevent many of these negative issues for its resident population.
- 2.5 Cranbrook will be built over a period of at least 15 and more likely 20 years. The development will not grow organically but will take place in large steps as tranches of housing become available. *Social cohesion* is a key issue for the viability of the Cranbrook New Community. What is a cohesive community? How can it be achieved? How will the new community at Cranbrook develop as a community? How will the new population interact with the existing population? A consultee for the HIA describes how the social and the physical infrastructure must work in tandem:
 - ... a good neighbourhood is a balanced neighbourhood! The word 'balance' is fundamental to neighbourhood cohesion and social sustainability. A good neighbourhood is one where there is an appropriate balance of different socio-economic groups, there are places to meet and exchange, most daily needs are within walking distance of people's homes, there is a strong sense of identity and place, there are large areas of well-managed sport and recreational facilities and open space and there are excellent public transport links to the main urban centres ...
- 2.6 The same consultee goes on to describe how this links into the needs of each individual within the community
 - ... Overall a good neighbourhood is one in which everyone feels 'ownership' towards that neighbourhood and which encourages the adoption of more healthy, sustainable lifestyles.
- 2.7 The White Paper, *Choosing Health*, stresses the importance of providing the right social and economic context for health while also emphasising the role, and responsibility, that individuals have in determining their own health (2). People, as individuals, as families and as communities need to be *fully engaged* and to take responsibility for their own health in order for public health to improve and for demands on the health service to be contained (3).
- 2.8 This report focuses on social cohesion and shows it as a vital aspect of sustainable development and of public policy which is not explicitly addressed in any of the studies commissioned for Cranbrook. This is a common omission: the Town and Country Planning Association's recent examples of good practice in urban extensions and new settlements concentrate on the built form and provide little guidance on creating communities (4). The Egan Review places the onus on creating sustainable communities squarely on the shoulders of local government (5) and so East Devon District Council and Devon County Council have important leadership roles in creating the new community at Cranbrook. Devon County Council require social cohesion and health and well-being to be designed into



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- new community proposals (6). The Commission on Integration and Cohesion have recently issued a detailed report on practical proposals to build integration and cohesion (7).
- 2.9 The report does not focus on environmental health issues, such as air quality and noise pollution, as these have already been examined as part of the statutory environmental impact assessment.
- 2.10 It is very important that a good partnership exists between East Devon District Council, Exeter City Council and Devon County Council for the planning and ongoing development and management of Cranbrook. Cranbrook will need to be autonomous but also well-connected to, and serviced by, the district, city and county councils.
- 2.11 It will be important that authorities work together to ensure that all sections of their communities are catered for and that development does not lead to a further increase in inequalities.



3. Cranbrook New Community

Devon: summary health status

- Devon is a predominantly rural county. Around 11% of Devon County's population are over 75 years of age. East Devon has the greatest proportion of residents over the age of 75 (14.1%) and Exeter has the lowest (7.8%). The population of all districts in Devon rose between 2002-2005, with those districts in the Exeter sub region (also known as Exeter in the Heart of Devon (EHOD) which is made up of Exeter City Council East Devon, Mid Devon and Teignbridge district councils) growing faster than the England and Wales average.
- 3.2 Devon is often seen as an area where quality of life is high and health is good. Indeed, on many objective measures of health and well-being the population of Devon is in good health; people live longer in Devon compared to England and Wales, mortality from many causes of premature death, including coronary heart disease and cancer, are lower than the England average, teenage conceptions are reducing and importantly the people who live in Devon consider their health to be better than average.
- 3.3 However, this masks the fact that within the population there are communities and groups whose experience is persistently worse than the general population. The list of factors that can contribute to poor health includes poor access to education, training and skills, inability to secure employment, low income and poverty, poor housing and poor access to health and other mainstream services. Prejudice and inequity of service provision further affect some groups (8). The Cranbrook development aims to address many of these issues for its resident population.

Projected population at Cranbrook New Community

- 3.4 The demographic, social and economic characteristics of the new community will depend largely on the balance of tenure. In the *Technical Report* we look at a number of scenarios for the population profile and explore some demographic and socio-economic assumptions. The scenarios which we consider are:
 - East Devon towns;
 - East Devon;
 - Exeter;
 - Priory; and
 - Whipton.
- 3.5 There is a high level of uncertainly around the specific estimates but this demographic analysis provides a foundation for further work, particularly once the housing strategy is finalised.
 - At 2,900 households there are likely to be between 5,500 and 7,000 people in the new community, with a best estimate of approximately 6,000 people.
 - The population age structure is likely to be younger than that of East Devon this is in keeping with the age profile of other new developments.
- 3.6 Devon County Council's policy ST12 states that a New Community should include provision for at least 3,000 dwellings and that the potential for a significantly expanded new community in the range of 5,000-6,500 dwellings should be clearly addressed in all the developer strategies (9).
 - At 6,500 households there are likely to be between 13,500 and 14,000 people.
- 3.7 Cranbrook will be part of the east of Exeter sub-region but it will play a large part in meeting Exeter's housing needs. Exeter is a city with a relatively thriving economy but limited physical development opportunities and despite increased affluence overall it has

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¹ We are indebted to Simon Chant of Devon PCT for providing these population projections.



pressing social and wellbeing needs (eg rising levels of homelessness and inadequate social housing provision) and some enduring inequalities eg health/income. The scenarios which model the Cranbrook population on particular wards in Exeter (Priory and Whipton) show the youngest populations. The balance of tenure will impact on the demographic, social and economic characteristics of the new community.

Conclusions - a balanced community?

- 3.8 There is no agreement or prescribed formula as to what constitutes a "balanced" age structure for a new community. Across the country significant variations in demographic structures exist within communities that could be described as balanced.
- 3.9 Extremes in any population structure, such a large number of young families, single people or older people, bring unique problems. These include:
 - Uneven demand for schools as the community develops and age structure evolves over time
 - Demand for services such as public transport, health centres
 - Building social capital in a very young and transient population

A description of the proposed development for Cranbrook New Community

3.10 Devon County Council's policy ST12 states that a New Community should include provision for at least 3,000 dwellings, associated employment land and a range of community and other associated facilities (9). East Devon's Local Plan policy PUA1 provides more detailed parameters for a development up to 2,900 homes (10) which are also described in detail in the Supplementary Planning Guidance (11).

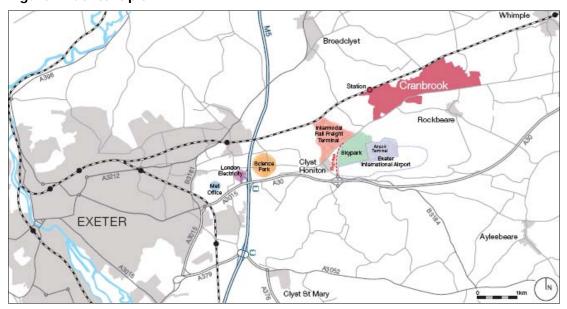
The new community will be a healthy, attractive and sustainable place to live; well designed and well thought out, with the services and facilities one would expect in a small town. The town will have an urban character but will be set within a "green framework" of open spaces, trees and hedges, which will provide a natural backdrop. High priority will be given to the pedestrian and cyclist, and the majority of streets and public places will not be dominated by motor vehicles. The new community will be economically active, both within its boundaries and in relation to nearby major employment sites. Overall, the intention is to create a modern market town. An exemplar development of which everyone can be proud. Its design and development will seek to meet the high standards set and will challenge the conventional approach, where necessary, in order to achieve this.

From East Devon District Council (11).

3.11 Figure 1 shows how the site for the Cranbrook new community is on the southern side of the long-distance line from Exeter to London Waterloo. A new railway station will be built to capitalise on this. The station will have parking of up to 70 spaces, cycle storage facilities and associated facilities and a retail outlet.



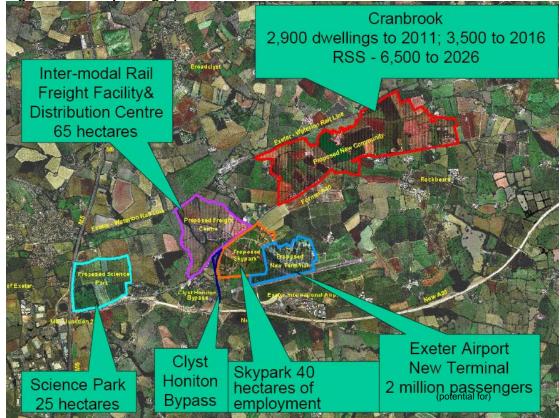
Figure 1: Context plan



From David Lock Associates (12, p8).

3.12 Figure 2 also shows the site in relation to the employment opportunities in the locality. It shows that Cranbrook new community will be built on green field land and that it will be within a short distance of some 130 hectares of employment space. This employment space will be between Cranbrook and Exeter.

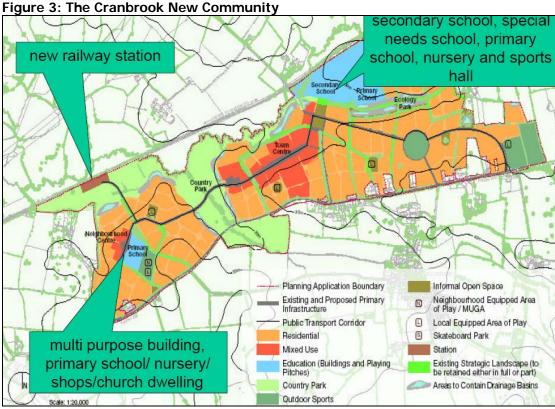
Figure 2: Aerial photograph of the Cranbrook site



NB extra passengers for Exeter Airport indicates potential for expansion not actual expansion Adapted from Hassan (13)



- 3.13 Figure 3 shows the proposed layout of the site: there will be two primary schools, one special needs school and one secondary school and associated playing fields including all weather pitch(es) with floodlighting and associated parking of up to 70 spaces plus cycle storage facilities and associated facilities
- 3.14 Cranbrook will include sport facilities and pitches and children's play facilities comprising equipped areas of play, multi-use games areas and civic space. Cranbrook will have a Country Park which straddles the flood plain and will include features such as shared surface walking and cycling route, interpretation features, and creation of new areas of habitat of wildlife value. While it bisects the development it will also provide important open space. Other open space commitments include retaining hedgerows identified on the Development Framework Plan, providing other informal open spaces and planting copses.
- 3.15 Primary road / public transport corridor and associated access roads onto the old A30 as identified on the Development Framework Plan, footpaths and cycleways. Associated infrastructure, roads, lighting, drainage systems for foul and surface water and floodplain compensation.



From Hassan (13)



4. Methodology

- 4.1 The HIA draws on a review of the planning documents prepared for the development. It also draws on established research about health, sustainable development and health change. This information has been supplemented and at times critiqued through interviews and a web-based survey.
- 4.2 The scoping stage for the HIA identified close overlaps with the Environmental Statement on issues concerning the physical environment. The HIA does not look at these issues but asks how health and social cohesion can be developed and maintained.
- 4.3 The planning and design stages provide a framework within which the new community will develop. This is an important opportunity for creating the right framework for improving and protecting health and wellbeing. The management and governance of the new community is of key importance.
- 4.4 A full description of the methodology is provided in the *Technical Report*.
- 4.5 Figure 4 provides a detailed definition of social cohesion: generally speaking *social cohesion* is about the ability of a society and community to function well together around a set of common values. At the local level, cohesive communities are ones in which people trust and get along with each other and have a sense of belonging; respect diversity and are tolerant; and promote fairness to ensure that community members have similar life chances. This definition draws on established research (14) but has been devised for this HIA.

Figure 4: Social cohesion: definition and indicators

Social cohesion is a context in which individuals have opportunities and capabilities which allow them to participate socially and economically within their neighbourhood, community and society at large.

Social cohesion is made up of a variety of interdependent factors concerning how individuals 'get along' with one another.

Cranbrook needs to create the social environment for this to take place.

Cohesion can be measured using a number of proxy indicators such as

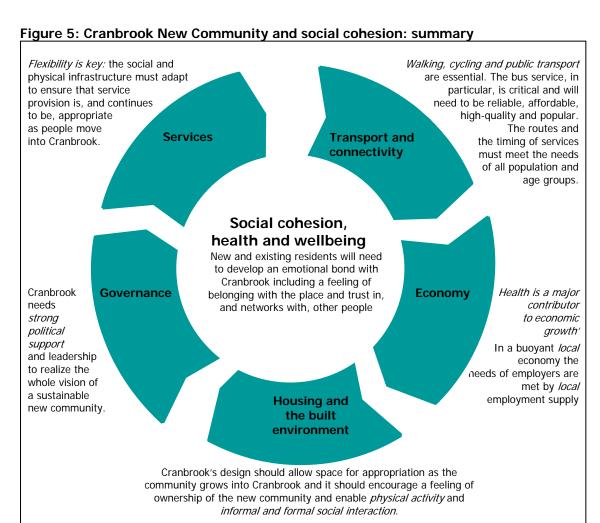
- local crime rates;
- the health status of the local population; and
- degree of economic inequality within an area.

Typically areas which are characterised by income inequality, high rates of crime and poor health of the resident population are less cohesive communities.

- 4.6 Each section of this report looks at a component of a sustainable community. These components were first outlined in Egan's review of the skills needed to deliver sustainable communities (5). Following the scoping exercise for this HIA we have adapted Egan's components to fit the requirements of this HIA of the new community at Cranbrook. The components we consider are as follows:
 - services;
 - transport and connectivity;
 - governance: social and cultural;
 - housing and the built environment; and
 - economy and employment.
- 4.7 Figure 5 summarises the key relationships between social cohesion, health and wellbeing for the new community at Cranbrook. As with the HIA these conclusions draw on information provided by the consultees, academic evidence and the wealth of studies conducted for Cranbrook New Community.



4.8 It is clear that there are many overlaps and inter-relationships. Social cohesion is an elusive concept with many constituent parts and this HIA does not provide quantified, or even definitive, conclusions for some of the sections.



- 4.9 The recommendations of the HIA are presented as Health Codes. This format, and the health codes themselves, were developed in consultation with the steering group. They are similar to the design codes that establish the parameters for future development. The health codes suggest ways in which the public health effects of the development can be addressed and managed as the development proceeds. The steering group members have undertaken to develop these health codes as detailed action plans with named personnel responsible for the tasks.
- 4.10 We have sought to make the health codes clear, unambiguous and directive. The recommendations are taken through five stages that correspond to stages of the planning and design process. In this way the health codes can also be used as a checklist for assessing proposals or as a guide for producing masterplans. The five stages are:
 - Strategic principles: enshrines the overarching vision for the development;
 - Developer contribution: states the resources required to enable any mitigation actions to be implemented;
 - Design requirement: explains how the physical infrastructure and facilities will be embedded into the development;



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- Management requirement: to an extent this stage runs parallel to the Design requirement and lays out the management arrangements that will be required to ensure the maximum benefit is derived from the physical infrastructure; and
- Monitoring and review: this is a critical phase whereby the delivery of each phase of the
 development and the section 106 agreements are monitored and which provides an
 opportunity to evaluate the effectiveness of the mitigation and feed those lessons back
 into the delivery of subsequent phases. The indicators relate to both outputs and
 outcomes.
- 4.11 The monitoring and review process inherent in s106 is an opportunity for monitoring and evaluating the outcomes of each phase and for these lessons to inform the next stage of planning application for these 2,900 dwellings and for any further expansion of Cranbrook.
- 4.12 The Health Codes are provided below.



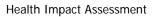
5. Health codes

Services

- 5.1 The health code for services has considerable overlap with other sections.
- 5.2 The important principles to stress are sensitivity to local needs and flexibility. Youth provision came up as a priority in consultation. The population profiles suggest that the population will be younger than that in East Devon.
- A population requires one GP for every 1,700 to 1,900 people. At 2,900 households the new community will require between three and four GPs. At 6,500 households the new community will require at least seven GPs. The community will also require associated services including social care facilities, acute care, mental health and other non-primary care health services.
- Health services should be seen as part of a wider social infrastructure: as well as health this can include social care, retail, leisure, education and emergency services and associated facilities for community welfare. A full Social Infrastructure Needs Assessment should be conducted.

Health code 1: services

Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
A full social infrastructure,	Resources to fund services and	Services and facilities to be	Full and ongoing assessment of	Provision of services and
health, social care, retail,	facilities will be identified prior	provided at locations	service needs to inform	facilities in phase with the
leisure, education and	to the arrival of the population	accessible by sustainable	provision	development.
emergency services and	to enable services and	transport initiatives and based		Levels of uptake of services
associated facilities for	facilities to be provided in	upon a 'walkable community		by new community
community welfare and self	phase with the development.			residents and by residents
sufficiency appropriate to all				from neighbouring villages.
population age groups in a				Levels of satisfaction with
town of at least 6,000 people				services.
and future proofed for later				Access needs of all
expansion to a community of				population groups are
5,000 to 6,000 dwellings.				considered
	Resources for a full social	Site allocation required	Involvement of statutory and	Completion and
	infrastructure needs		voluntary sectors and the	implementation of social
	assessment		public in East Devon and East	infrastructure needs
			of Exeter sub-region	assessment.





Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	Start-up and innovation funding for small businesses especially retail	Space for small business retailers	Preferential tenancy agreements for small local businesses Support for small businesses through successful and unsuccessful business cycles	Long-term viability of local businesses.
A sense of cohesion amongst the youth population and strengthening youth service provision	Specific facilities and services geared towards young people are provided for. Other community facilities (libraries, health, leisure services etc) also consider the needs of young people.	Principle of youth services provided at central and accessible location. Space is allocated for youth provision. Flexibility in design.	Early and ongoing consultation with young people to establish the most appropriate form of school and community provision. Services (school and community based) provide the context in which children interact and bond with their peer groups. Full and ongoing assessment of service needs to inform provision Community Development Worker to run intergenerational projects to reduce potential for conflict between generations.	 Identify the service needs of particular age groups such as 0-4, 5-11, 12-16, 16-18 year olds. Identify the service needs of all age groups. intergenerational projects Satisfaction of all age groups Sense of attachment to Cranbrook



Transport and connectivity

- Transport has effects on physical and psychological health and wellbeing and on health inequalities. It provides access to goods and services and so is vital for the successful development of new communities. Transport infrastructure can also impact negatively on health through pollution, accidental injury, severance of communities and reduction in some forms of travel which are healthy and sustainable, such as walking and cycling. Socially and economically disadvantaged communities are particularly at risk of these detrimental effects.
- Transport has a crucial role to play across the board. It is important for generating a sense of social cohesion within Cranbrook and across the wider geographical area. Effective, affordable and reliable transport routes and services will help to ensure that residents are able to access education and employment opportunities, goods and services in the wider region. They will also help to connect Cranbrook and its residents to the surrounding towns and villages which will reduce any social isolation that could lead to the new community, or the surrounding communities becoming geographically and socially isolated settlements.
- 5.7 The design for Cranbrook aims to make it an exemplar of sustainable travel with high quality, high frequency public transport provided into Exeter City Centre from the commencement of development through both bus rapid transit and a new railway station and shared surfaces that encourage walking and cycling for all short journeys. Provision for and delivery of a high quality public transport link from Cranbrook to the airport, Skypark and the Intermodal Rail Freight terminal (IMRFT) is outlined in the Planning Statement.
- Questions were raised in the steering group about the health code which requires the provision of incentives for exceeding the modal split (see row three on page 17 below). The notion of an incentive was included to provide a balance to the real threat of a fine for failing to achieve the modal split. Discussion was had about the type of incentive which should be provided. It was suggested that an appropriate incentive would be for the local planning authority to agree to a greater degree of flexibility in subsequent phases if the required modal split was exceeded.
- As noted in para 4.2 on page 11 this HIA does not focus on issues covered by the Environmental Statement (15). While air quality and noise are two important areas of potential health impact they have not been considered in any detail for this HIA. The Environmental Statement does not predict any significant decrease in air quality nor does it predict an increase in noise that would be above noise limits or that would be considered unacceptable for a small town. The question was raised late in the HIA process as to whether the modelling conducted for the environmental studies took into account the potential expansion of Cranbrook to 6,000 homes. It is not clear from the non-technical summaries of the Environmental Statement whether these calculations have been made. Additional protective measures such as noise insulation and air quality monitoring might be considered along the spine road through Cranbrook if residents begin to identify noise and air quality as issues of concern.
- 5.10 We do not look at Information Communication Technology. This does however offer a range of benefits for residents and it is supported. ICT can also link into emerging models of service delivery whereby care and diagnosis are available online.

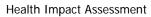


Health code 2: transport and connectivity

Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
The Cranbrook New Community will deliver an ambitious modal split from the outset in favour of sustainable modes of transport.	Resources to fund and support the preparation of a Community Travel Plan and the employment of an officer to oversee implementation of the travel plans. Resources for monitoring/Travel Survey.	Distance of houses from bus stops. The potential for conflict between the need for fast moving bus service and frequent bus stops. Will this service require a wider catchment area than 400 metres? Placement, and number, of bus stops – accessibility.	Personalised Travel Planning to assist people to access the public transport NB different access needs of Cranbrook residents (NB role of Community Travel Officer).	Travel surveys automatic, electronic and traditional methods noting, for example: Trip rate on public transport, Modal shift to active transport Breakdown of transport/journey type (noting the legs of each trip eg walking, public transport, walking etc) Amount of walking (pedometers?)
A holistic approach to travel planning	Resources for capacity building programme for residents to conduct travel surveys.	Provision for training facilities	Role of Community Travel officer. Training to enable residents to design, to conduct and/or to interpret travel surveys	Number of residents taking training/involved in design of survey
Strong political leadership is required to systematically reduce the demand for car ownership and car use and to find answers to problems that are politically sensitive and to make Cranbrook sustainable	Identify/agree sanctions for failing to achieve the required modal split (eg fines) and incentives for exceeding the modal split.	Use a design hierarchy headed by pedestrians and cyclists and public transport. Ensure parking does not reduce visibility and movement for pedestrians. Design cycle routes for everyday commuting & market them as such, & to work in partnership to join these routes up with the main centres, from the outset	Car share network, Car Club and Travel Forum. Personalised Travel Planning Cycle routes for everyday commuting.	Travel surveys Proportion of streets that are shared surface Parking strategy implemented and enforced



Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	Car Club operator subsidised for start-up period	Parking spaces for Car Club cars identified	Publicity and advice about benefits of Car Clubs disseminated throughout Cranbrook.	 Business plan for Car Club operator Membership of Car Club Use of cars
		Traffic calming as part of design including integral provision for cyclists.	All road users obey the rules of the road.	Road traffic incidentsQualitative survey of cyclistsand pedestrians
	Resources for organizations in Cranbrook to develop and implement Travel Plans.	Infrastructure for cycle provision and storage as well as showers and changing rooms in <i>destination</i> buildings etc	Travel Plans	Number of travel plans in preparation Indicator to check implementation of travel plans
	Resources supporting the high frequency public transport including soft initiatives such as real-time information and Personalised Travel Planning, and smart card ticketing infrastructure	Infrastructure to enable Cranbrook-wide, and beyond, technology for real-time information and smart card ticketing infrastructure	Dependent on the financial/management model chosen to operate the high frequency public transport	Monitoring high frequency public transport including Affordability Reliability Comfort Sensitivity to needs of residents of Cranbrook (eg relevance of route, frequency of service, length of service – night-bus?) Image of service – high status/quality
The Cranbrook development should be permeable, safe and slow.	Resources for schools to implement Safe Routes to School (SRTS) initiatives.	Minimize the number and size of roads that children must cross to get to nearest school.	Safe Routes to School (SRTS)	 Number of SRTS User/volunteer/childsurveys of their efficacy
Cranbrook should be designed to encourage moderate physical activity, including walking and cycling, as part of everyday life. It should be pedestrian oriented.	Resources for a programme of Personalised Travel Planning with new residents to increase awareness of active and sustainable modes of transport, to explore the options for travel and to encourage and assist use of these different options.	Identify organisation to employ and manage the resources for the Community Travel officer Personalised Travel planning as part of brief.	Community Travel officer to be appointed and work plan to include number of homes and businesses to be supported over specified period of time.	Audit of organisations and people involved in developing travel planning





Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	Resources for secure cycle	Secure cycle parking and	Maintenance and upkeep of	Number of secure cycle
	parking and notification of	notification of cycling and	secure cycle parking facilities.	parking facilities
	cycling and walking routes.	walking routes as integral part	Link with Community Travel	Use of secure cycle parking
	Washing facilities at key	of design.	Officer to ensure cycling and	facilities.
	destination points		walking routes with	Measure of security
			Personalised Travel Planning	Levels of walking and
				cycling
	Resources to develop a Car	Locate parking away from	Include explicit choices for	Travel survey
	Parking Management Plan and	buildings – zone employee	physical activity as one of the	Travel Plans
	Green Travel Plans.	parking at some distance from	core aims for the Car Parking	
		office and commercial	Management Plan and the	
		developments.	Green Travel Plan	



Governance

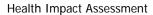
"A good neighbourhood is one where people feel they belong, where there is a culture of tolerance and acceptance of differences ... a place where you feel safe to walk the streets, free from prejudice and one which provides the social and economic opportunities and meets the needs of its residents both young and old" (Questionnaire survey respondent).

- 5.11 Social cohesion should allow everyone to achieve the opportunity, responsibility and capability to participate socially and economically in society.
- 5.12 Consultees felt that the development of a community centre where people can meet informally and formally will be a key mechanism which cohesion can be generated. Consultees were also concerned that the new community should have enhanced youth services. The creation of a town council over the course of the development was deemed essential.
- 5.13 As an initial source of governance which would eventually be replaced by a town council consultees expressed the need for the community to develop *community activators* to work with initial residents and manage the process of development in order that residents feel and perceive they have some control over how the community develops. In combination with this consultees stated that the new community must consider that in order to develop effective governance structures the competing needs and personalities of various individuals and groups need to be included and managed over the course of the new community development, i.e., from the initial inception stages to the final stages of building.



Health code 3: governance

Strategic po		Davidonar contribution	Design requirement	Managament requirement	Monitoring and review
Commitment		·	i	-	
driven dev	to community relopment process	Developer contribution Long-term revenue support for community facilities eg spaces for public meetings and for informal social interaction in Town Hall and/or Community Centre.	Provision of space for public meetings and for informal social interaction in Town Hall and/or Community Centre.	Establish election to town council, constitution, principal of involvement in management and day to day running Capacity building for local elected members and for youth governance to ensure strong political support to achieve sustainable new community. Engage and consult with existing and new community Empower population to contribute to decision making processes Establish grievance and compensation mechanisms during the construction process The running of facilities, for example the Multi-Purpose Building, should be open to scrutiny. Early identification and	Monitoring and review Scrutiny of the political mechanisms. Processes for community participation Grievance and compensation mechanisms Access to mental health services Measures of Institutional Maturity (see 16) of management of the Multi-Purpose Building eg participatory group processes; extent of dependence on East Devon District Council; management capacity for planning, finance, and conflict resolution; links with other agencies; and adoption of new technologies.

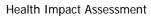




Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	Resources for Community Development Worker	Space in the MPB	Job requirement to acknowledge evolving/changing role as Cranbrook develops Identify high-level support within East Devon and Devon County Council for CDW in post	 How will the changing role be planned and accommodated? How supported/isolated is the CDW?
	Resources to develop and foster youth governance	Town centre sites allocated for youth facilities	Youth facilities: outreach worker and budget – consultation process	Number of youth service User satisfaction with youth services
There should be well-designed places available where people and groups can gather such as places of worship, community centres, sports facilities, and community spaces. The community should be involved in the design and management of such places.	Resources to foster and to monitor the development of social networks throughout the phases of Cranbrook New Community (e.g. community development worker).	Ensure that the physical infrastructure for attractive community facilities and meeting places is established throughout the development. Ensure open spaces within the development are inclusive public spaces i.e. are safe mixed use public spaces.	Ensure that the mechanisms and personnel are in place to manage the community facilities and meeting places. Programme of events to welcome new residents and to provide information about resources, services and organisations available within Cranbrook. Develop a local/social history of Cranbrook, the place, and of the new residents to help foster identity	 Number of clubs, resident associations, etc in Cranbrook Membership of Cranbrook residents of clubs, associations etc Age, gender and ethnicity profile of clubs and associations (and of their governing bodies). Socio-economic and ethnic profile of Cranbrook Residents Measures of community ownership, and shared identity, and individual and collective efficacy²

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² Collective efficacy can be measured by asking 'how much impact do you think people like you can have in making your community a better place to live - no impact at all, a small impact, a moderate impact, or a big impact?'





Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
	Resources to design build and manage the community facilities.	Ensure that the physical infrastructure for attractive community facilities and meeting places is established throughout the development.	Ensure that the mechanisms and personnel are in place to manage the community facilities and meeting places.	 Who has been involved in developing guidelines and governance arrangements? Are the facilities and services accessible and appropriate for all ages, all genders and all socioeconomic groups?
	Identify resources to convert the MPB from its initial use as a temporary school, and then as temporary accommodation for public services, to become a community facility	Flexible design of MPB	Partnership working to use, fund and operate MPB	
	Agreement that development of social cohesion and social networks should be subject to review at each phase of the development and that lessons from the evaluation should be used in allocating the resources in subsequent phases.		Review of social networks	What are the lessons for the next phase (critical feedback loop to design and the opportunities offered by phasing – how can the lessons from 1st phase inform the 2nd phase and so on?).



Housing and the built environment

- 5.14 Consultees cited various examples of successful new communities and the need to ensure that the housing development is 'pepper potted', i.e., mixed housing tenure which will help to prevent ghettos or a 'them and us' situation from developing which will would not help to generate a social cohesive community.
- 5.15 In terms of *urban design* consultees stated that a built environment which is walkable, which has shared use of space and good natural surveillance will play an important role in facilitating informal and safe social interaction amongst the local residents. This will help generate a more cohesive community and it will also indirectly improve rates of physical activity. For instance consultees noted how the urban physical and social environment will allow residents to engage in physical activity. This will be complemented by ensuring that residents feel safe and have a low perception of crime. Public health evidence tells us that areas with high levels of fear of crime are associated with a low resident usage of physical spaces: this therefore limits the opportunities and potential for social interaction and individuals to engage in physical activities.
- 5.16 The design of the built environment must facilitate walking and cycling. Building design and location, and pricing, of parking facilities can also encourage walking. The actions in this HIA comply with the National Institute of Health and Clinical Excellence's draft 'guidance on the promotion and creation of physical environments that support increased levels of physical activity' (17).
- 5.17 A review of teenagers and public space (18) describes how a 1970's survey of teenagers' experience of growing up was repeated in the 1990s. All the environmental and social features that the 1970's teenagers saw as good were re-stated by teenagers in the nineties (19):
 - a feeling of social integration and acceptance;
 - varied, interesting activity settings;
 - peer gathering places;
 - a general sense of safety and freedom of movement;
 - identity; and
 - where available, green areas for informal play and exploration as well as organised sports.
- 5.18 It is notable that consultees for this HIA mention each of these issues. It is also notable that these issues are important across all age groups.
- 5.19 Consultees expressed concern that there has been no demographic survey or projections of the likely household mix of Cranbrook in order to ensure that the provision of housing tenures, types and mix are appropriate to meet the local housing market profile. Without this information there are not adequate assurances either that the services at Cranbrook will be appropriate for the households who will live there, or secondly that Cranbrook is actually meeting the housing needs in East Devon and Exeter.
- 5.20 We argue for a design process which encourages local ownership and which allows for a dynamic growth process leaving space for residents to make Cranbrook their own as the new community grows. We focus on neighbourhood design as opposed to the design of individual housing units.

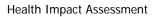


- 5.21 A housing strategy is important in understanding how the developers plan to ensure an equitable and tenure blind distribution of housing throughout the development. This is still outstanding at time of publication of this report.
- 5.22 Future proofing of the proposals, to ensure that the community can grow to meet the demands of the Regional Spatial Strategy is needed.



Health code 4: housing and the built environment

Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
Up to 50% provision of affordable housing	Provision of affordable housing units Resources to enable Registered Social Landlords (RSLs) to provide support to tenants spread throughout Cranbrook New Community	Lifetime homes providing flexible housing units. 10% of homes built to Wheelchair Design Standards Buildings to be adaptable and flexible Equal size (floorspace) in affordable and market properties	Family and housing support to reduce residential instability and family disruption Enhanced management for RSLs	 Percentage of affordable housing delivered in each development phase Profile of people moving into the housing units; Reduced (community) turnover, Comparative analysis of rates of turnover for owner-occupiers and for residents in affordable housing; Enhanced ability of community members to cope with unanticipated family sickness, and Good (improved) measures of community health and wellbeing
Tenure blind policy for allocation of units for affordable housing	Affordable housing will be subject to the same design and environmental standards as private housing and will not be zoned or isolated from the rest of development	Equitable distribution of affordable housing units throughout the development	Family and housing support to reduce residential instability and family disruption	 Did the provision of affordable housing, type and tenure, in the current phase meet the housing needs of East Devon District and Exeter City? What alterations are required to the provision of affordable housing, type and tenure, in the subsequent phase to ensure that the Cranbrook New Community meets the housing needs of East Devon District and Exeter City?





Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
Functional and aesthetic neighbourhoods and housing for all Cranbrook residents with areas that encourage and allow people to mix and to move about the community using the hierarchy of transport modes (walking, cycling, public transport, car)	Resources for environmental features and inclusive public spaces and management of environmental features / inclusive public spaces	Design focus on housing unit complemented with design focus on the neighbourhood to ensure inclusive public spaces are incorporated into the design. Design focus on active streets Design focus on accessibility of walking and cycling routes from homes and cycle storage within homes Ensure buildings and the public realm are designed to encourage people to be more physically active, for example making stairs and walkways prominent ³ and sign-posting walking and cycling times to facilities and places of interest. Ensure all public buildings are wholly smoke-free and do not include ventilated rooms for smokers.	Surveys of aesthetics of Cranbrook and physical activity. NB link to travel survey	environmental factors and physical activity in adults accessibility of facilities, opportunities for activity, and aesthetic qualities of the area the presence of enjoyable scenery and the frequency of seeing others exercise Links to Travel Survey Environmental factors such as the distance between houses, access to facilities such as parks, the density of the child population, and safety all influence measures of children's behaviour.
Creative input to design process which encourages local ownership and which leaves space for appropriation as the Cranbrook new community grows	Resources for community arts projects and design features which give Cranbrook a sense of place Developer should produce a public realm strategy	Elements of phasing that could involve artistic design / community involvement identified Space left within the Cranbrook new community which leaves space for appropriation Artistic input seen as integral to design	Artist employed. Community involved in projects. Artist employed. Community involved in projects.	 Numbers of people involved in projects People's view of design and art features in landscape Artist employed. Numbers of people involved

³ NB potential conflict with requirement for accessible development.

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Economy

- 5.23 Employment is one of the most important determinants of health and has a considerable influence on poverty reduction. Income is one of the strongest and most consistent predictors of health and disease in public health research literature. The strong relationship between income and health is not limited to a single illness or disease (20). Significant health improvements and gains can be made via economic development and in particular providing sustainable living wage employment for individuals and communities. While the mix and composition of employment is important for the whole population it is particularly important to ensure that the benefits reach people who are usually excluded from the employment market.
- 5.24 The development will generate approximately 1,200 jobs through its range of employment space. Significant employment opportunities exist already. n order to prevent a mismatch between local skill and education levels and the employment that will become available at and around Cranbrook, consultees suggested linking up Job Centre plus and local employers. The suggestion is run relevant education and Active Labour Market Training programmes in the Exeter subregion so that as the employment opportunities linked to Cranbrook arise they can be made use of by people in the sub-region. NB important to minimise the need for people to commute, either in to or out of, Cranbrook. This economic growth and development will benefit the sub-regional economy in terms of job creation which will, in turn, generate opportunities for social inclusion of deprived individuals and communities.
- 5.25 The majority of consultees agreed that the local economy of the new community will be a major influence on how cohesion and quality of life develop within the context of Cranbrook. Important issues highlighted were that consideration should be given to the types of jobs provided within the new community in terms of their quality wage, sustainability and security. In order to facilitate the social and economic inclusion of deprived individuals within the community efforts should be made to ensure that the employment opportunities created by the development contain attributes noted above such as a living wage and job security. It was stated that a buoyant local economy in terms of high rates of resident employment is an important influence on the cohesiveness and equality of the community.
- 5.26 Questions were also raised as to whether the new local residents of Cranbrook will possess the necessary skills and education to access these jobs? And also that employment opportunities may be taken up by non Cranbrook residents thereby reducing the likelihood of Cranbrook residents benefiting from economic growth within and around the new community? In order to ensure to prevent a mismatch between local skill and education levels, consultees felt that links should be initiated with local employers and employment agencies such as Sky Park business area and Job Centre Plus to enable education and active labour market training programmes within the Cranbrook development to meet local employment demand.
- 5.27 The economic development of the new community should also be seen and work in a 'joined up' fashion with the other social and economic change mechanisms embodied within the development proposals. This is particularly relevant in terms of transport and connectivity as well as service provision as it will allow individuals to access employment opportunities outside Cranbrook but also enable them to access the information and resources required to conduct job search activities and therefore take up employment opportunities.

There is a need to think about the range and mix of employment that might be needed and to work with Job centre plus and to ensure training is being provided. For instance it would be good to have training providers on industrial sites to provide a service for all industries there.

Also need training for people in the new communities to help them take up community development / social enterprise initiatives.



Health code 5: economy

Health code 5: economy	T	1	T	_
Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
The Cranbrook New Community will have a distribution of different types of employment and a sufficient quantity of employment for its population.	Clear and robust economic strategy that fits into the wider sub-regional economic strategy Active Labour Market Training programmes in the subregion targeted at those who require basic skills and qualifications in order to take up employment opportunities in and around Cranbrook	Community facilities adaptable for training needs provided within Cranbrook.	Links to employment sites such as Sky Park and the Science Park Major employers (including public sector) should recruit and employ within Cranbrook where possible Occupational health services need to recognise and address mental health needs Invest in community development Ensure that the public sector, including the NHS, and other major employers fulfill their Corporate Social Responsibility	Policy of local recruitment Percentage of residents living and working in the new community Number of disadvantaged individuals accessing the economic opportunities generated within Cranbrook Processes for community consultation Mix and variety of jobs available Presence of mental health services
	Facilities and resources for childcare facilities	Facilities (space) for childcare	Training and capacity building for childcare workers	 Training programmes for childcare workers Number of children 0-13 years and capacity of licensed child care (centres and family homes)
The built environment will support a mixed use throughout the lifetime of the development.	Funding for business startups Provision of favourable rents and incubator units	Are buildings designed so that they can be adapted to meet changing needs of market. Dwellings should include offices or rooms capable of being adapted to offices (eg full ICT capability). Do the structures span living and work space?	Support for social enterprises, small businesses and Black and Minority Ethnic (BME) small businesses.	 Active Labour Market Training (ALMT) programmes, business start ups, role of MPB to ensure employment spread Monitor income and employment rates of the residents as compared to the surrounding districts, sub-region and region.



Health Impact Assessment

Strategic principle	Developer contribution	Design requirement	Management requirement	Monitoring and review
Cranbrook should not contribute to increasing income inequalities within the subregion.	Local procurement to be defined and prioritized <i>eg</i> building materials to be sourced locally where possible and workforce recruited locally.	Local building materials to be used in the construction of Cranbrook.	Consult local providers and education providers Involvement of local stakeholders such as Job Centre Plus to incorporate basic skills training and educational qualifications Support through early stages of employment to ensure that ALMT programme and the employment does not conflict with other responsibilities eg childcare.	 Number of disadvantaged individuals accessing the ALMT programmes Number of disadvantaged individuals accessing the economic opportunities generated within Cranbrook Percentage of materials sourced locally



6. Conclusions

- 6.1 It is clear that there are many overlaps and inter-relationships between the different health codes outlined here. Social cohesion is an elusive concept with many constituent parts and this HIA does not provide quantified, or even definitive, conclusions for some of the sections.
- 6.2 Some of the key decisions fall outside the jurisdiction of the planning process. The *process* of development is critical. The *process* of managing the new community and its relations with surrounding towns and villages is critical. The systems to design, deliver, service and manage the new community must recognise that the community will keep developing, growing and changing.
- 6.3 While partners, such as the District and the County Councils, the East Devon New Community Partners and the Primary Care Trust, have differing agendas it is clear that all partners are also working towards the sustainability of Cranbrook. There are large overlaps between healthy public policy and sustainable development.
- 6.4 Consultation, engagement and involvement are key. Flexibility as the new community develops is paramount as is allowing space for appropriation and change.
- 6.5 Enagagement of, and consultation with, representative groups and a wide range of service providers will be important in ensuring that the community is not isolated, but becomes part of East Devon. Engagement and consultation will also be important in ensuring that the new community develops as a community that is part of East Devon and which contributes to the life of Whimple, Rockbeare, Broadclyst and Clyst Honiton and other surrounding villages and towns.
- 6.6 All development is a matter of negotiation. This is especially true of community development. The consultees for the HIA were clear that the long-term success of Cranbrook depends on a balance being struck between the needs of each population group, a balance that will need to be adjusted as the requirements of Cranbrook's residents shift and change over time.



7. List of references

- International Healthy Cities Foundation. Launching a healthy communities project. http://www.healthycities.org/launching.html . 2007.
- Department of Health. Choosing health: making healthier choices easier. CM 6374 2004. Available at www.dh.gov.uk
- Wanless, D., Beck, M., Black, J., Blue, I., Brindle, S., Bucht, C., Dunn, S., Fairweather, M., Ghazi-Tabatabai, Y., Innes, D., Lewis, L., Patel, V, and York, N. Securing our future health: taking a longterm view. Final Report 2002 Health Trends Review team at HM Treasury. Available at http://www.hm-treasury.gov.uk/wanless
- Town and Country Planning Association.
 Best practice in urban extensions and new settlements. A report on emerging good practice 2007 TCPA and Department for Communities and Local Government.

 Available at www.communities.gov.uk
- Egan, J. and others. Skills for sustainable communities. The Egan Review 2004 Office of the Deputy Prime Minister. Available at www.communities.gov.uk
- Devon County Council. New communities and strategic urban extensions. Local Development Framework Briefing Paper 2006. Available at http://www.devon.gov.uk/ldf-briefing-papers
- Commission on Integration and Cohesion. Our shared future. 2007. Available at www.integrationandcohesion.org.uk
- Devon Primary Care Trust. Health in Devon. The Annual Report of the Devon Directors of Public Health 2006.
- Devon County Council. A sustainable strategy for Devon. Devon Structure Plan 2001 to 2016, Explanatory memorandum. Adopted October. 2004. Available at www.devon.gov.uk
- East Devon District Council. East Devon Local Plan. 1995 to 2011 (adopted 2006) 2006. Available at www.eastdevon.gov.uk
- East Devon District Council. New Community Supplementary Planning Guidance. 2005. Available at http://www.eastdevon.gov.uk/plg-new_community_spg_adopted.pdf

- David Lock Associates Ltd, Cole Jarman Associates, Cooper Partnership, CPM, Ecology Solutions, and WSP. Cranbrook: the East Devon New Community. Revised Planning Statement - March 2005 Hallam Land Management, Persimmon Homes, Redrow Homes, Westbury Homes, Taylor Woodrow.
- Hassan, K. Cranbrook: a new community for East Devon. 2007 East Devon County Council. Available at www.tcpa.org.uk/conferencepapers-files/sustainable-development-mar07/20070306-CNT-Hassan.pdf
- Coutts, A., Ramos-Pinto, P., Cave, B., and Kawachi, I. Social capital indicators in the UK. A research project for the Commission for Racial Equality 2007 Ben Cave Associates Ltd for the CRE.
- 15. David Lock Associates Ltd, Cole Jarman Associates, Cooper Partnership, CPM, Ecology Solutions, and WSP. Cranbrook: the East Devon New Community. Updated Non-Technical Summary to Environmental Statement (July 2003) 2005 Hallam Land Management, Persimmon Homes, Redrow Homes, Westbury Homes, Taylor Woodrow. Available at www.eastdevon.gov.uk
- un Nabi R. The process of organizational change in the Aga Khan Rural Support Programme, Pakistan: lessons for rural development NGOs. International Journal of Rural Studies 2005. Available at http://www.ivcs.org.uk/ijrs/#Oct2005
- NICE. Promoting and creating built or natural environments that encourage and support physical activity. 2006. Consultation draft. Available http://guidance.nice.org.uk/topic/publichea
 - Full guidance is scheduled for release in January 2008
- Travlou, P. Teenagers and public space: literature review. 2003 OPENspace: the research centre for inclusive access to outdoor environments. Edinburgh College of Art and Heriot-Watt University. Available at http://www.openspace.eca.ac.uk/rtf/teenagerslitrev.rtf
- 19. Chawla L. Putting young old ideas into action: the relevance of growing up in

Health Impact Assessment



cities to local Agenda 21. Local Environment 2001;6(1):13-25.

20. Yen, I. H. and Bhatia, R. How increasing the minimum wage might affect the health status of San Francisco residents: a discussion of the links between income and health, , February. Working Paper 2002.

