

## **Health and Well Being Partnership Board**

### **Spatial planning and the development of Health and Social and Community Services**

#### **Introduction**

This paper summarizes the key issues facing local government and the NHS in the development and provision of services that meet pressing but complex service, financial, land use and spatial planning issues. The changes in the planning system to manage developments in towns and the countryside, offer new opportunities for Councils with Social Service Responsibilities and the NHS to work effectively in the spatial planning processes.

In practical terms, this means that Oxfordshire the County Council and the PCT should become actively engaged with the District and City Councils (as the planning and housing authorities) in order to work with the planning system to promote healthy communities and develop services that will secure:

- the best possible outcomes for people in Oxfordshire
- effective use of land and assets
- effective partnership working across the private and public sectors.

A key responsibility for Social Service Authorities is the enabling of service developments and provision for the whole population and not only those who would be eligible for services from the local authority. The PCT has a responsibility to ensure that the health needs of the population are taken into due consideration in all development planning. A joint approach - as suggested in this paper - is endorsed in the discussion paper 'Towards Lifetime Neighbourhoods: Designing sustainable communities for all' (Dept. for Communities and Local Government Nov. 2007) the summary of which is attached. It promotes the concept of lifetime neighbourhoods where planning and development reflects an awareness of the need to provide inclusive, well designed built environments for all ages which offer people the best chance of health, well being and social, economic and civic engagement.

The purpose of this paper is to highlight the opportunities and challenges offered through the new planning system. It will summarise the pressures that are on the social care and NHS systems; the service developments that are seen to be particularly important (in broad terms); the joint work that is developing and propose a way forward.

#### **Service pressures**

The service pressures that the NHS and local government face, and in particular the demographic pressures outlined below, also impact on the pressures experienced by planning and housing authorities. For all of the relevant authorities in Oxfordshire – the County and District Councils and the NHS – to meet their responsibilities in a number of key areas joint working is essential.

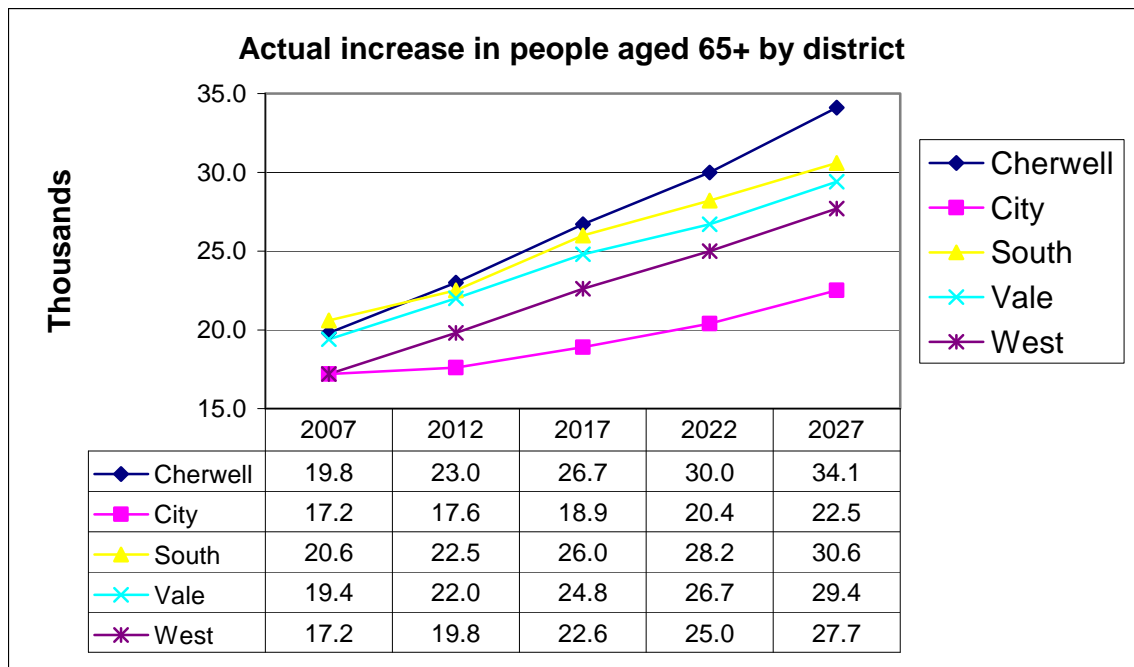
Social and health care are amongst the key elements in the continued development of stable and prosperous communities that foster and support independence and sustainability. In terms of the workforce alone it is estimated that from now on 15% of the school leaving population is required for work in social care if service pressures are to be met. The County Council alone spends £172 million on social care services in Oxfordshire.

### Demography

The overall population is predicted to increase by 12% in the next 20 years creating demand for public services in all areas. Population change has implications for housing, transport, the environment and open spaces, the delivery of health and social care such as GP services, pharmacies, day services, libraries and other facilities. There is major growth predicted in the older population that has major implications for planning, NHS and social care services.

### Older people

Older people are differentially affected by life limiting conditions such as dementia, chronic respiratory disease and physical disability. As people age they are more likely to need care and specialist accommodation. To meet this change significant development will have to be targeted at older people.



Source: 2003 Sub national based population projections, ONS

The number of older people in Oxfordshire is predicted to increase from 94,800 in 2007 to 146,000 in 2027, an increase of 54%. This increase will be most pronounced in Cherwell and West Oxfordshire, with Oxford City seeing the smallest increase.

## **People with disabilities**

The number of people with physical and or learning disability is also increasing with both groups having requirements for support and specialist accommodation. There are 2000 people with a learning disability known to health and social services in Oxfordshire with a further 10 000 managing without our direct support. The number of people with a learning disability is increasing by 80 per year due to the survival of young people with complex needs and increasing longevity.

In the UK 21% of the adult population are disabled, with 5% reporting severe disability. The number of people with a physical disability is increasing in line with population growth. The number of people in Oxfordshire with a serious physical disability is expected to rise by 1,070 people between 2007 and 2027.

The number of people with long term conditions living in the community is increasing.

## **Impact on services**

The pressures described above will have a profound impact on how we need to plan our future services, both in terms of how services are delivered and where they are located. The County Council's objective, in partnership with the PCT and the Health & Well Being Partnership Board is to promote thriving communities where local people are involved in this 'place-shaping' process. Whilst this objective seeks to benefit the whole population it is increasingly relevant to consumers of health and social care services where 'care in the community' initiatives aim to support people in their own homes rather than institutions. Modern services should not just support vulnerable people in their own homes but strive to involve them in their local community. For the minority who do need periods of short or permanent care away from home there will be a demand for new and specialist services built to modern care standards.

In order to achieve these objectives the health, care and community services need to be fully engaged with spatial planning systems. As a broad typology there are three areas where these services needs should influence the spatial planning process;

- i) Supported Housing with Care Services: Care in the community requires planning for a range of supported accommodation for people with various health and care needs. By far the largest group will be older people many of whom will be assisted by aids, adaptations and 'tele-care' technology. However, a significant number will still feel isolated and vulnerable hence the County Councils recent 'Extra Care Housing Strategy. This seeks to build a significant number of new schemes that combine access to on-site care and support services to older people who remain 'at home' and not 'in a home'. Supported housing for all vulnerable groups will need to be planned within both existing and new developments, much of which will need to be 'affordable' with a mixed tenure approach.

- ii) **Community Services;** In order to promote strong, sustainable localities there will need to be a range of supportive community services that complement 'free-market' services. The provision of libraries, adult learning and other cultural services traditionally serve the whole community but they are increasingly significant in helping prevent vulnerable groups from becoming more isolated. Equally important to the success of 'care in the community' programmes are day centres, care homes offering respite care and expanded primary health care facilities including GP surgeries and day treatment or day hospital facilities. The benefits of such services can be increased further by being planned together, sometimes on the same site, rather than in isolation. A good example of this is the Bicester Resource Centre, a multi-agency super centre which supports older people in a variety of ways.
  
- iii) **Specialist Services;** Alongside the development of community services there will need to be development of specialist services across health and social care to support the community services and to provide treatment and care for people who cannot be properly supported in the community. In social care these more specialist services will include new nursing homes for people with dementia plus purpose-built housing for people with very high dependency needs arising from, for example, physical disability, acquired brain injury.

### **Joining up – partnerships and cross-sector working**

Social care and health services are delivered through a significant level of involvement by the voluntary, not for profit and for profit sectors. These arrangements are integral to how services will be delivered in the future and are one of the ways in which individual choice is achieved. In social care it means, for example, that older people and their families can have options about where they live and how they use their own capital and other assets separately from how they receive their care and support.

The voluntary sector is core to how preventative services can be delivered and how people are involved in their own communities through the use of community facilities such as libraries, adult learning centers, community centers and village halls. The development of multi-purpose facilities is seen as a very effective way of providing services.

### **Joining up – involving Spatial Planning**

There is a shared responsibility across the tiers of local government and the NHS to ensure that services are developed and provided in an integrated and joined-up manner. The current planning framework provides a clear and comprehensive basis for this responsibility to be met.

There are a number of issues emerging from this agenda and that need to be teased out and taken forward:

- a) ensure that there is the development of specific planning and policy guidance for health and social care and the wider public health and wellbeing needs.
- b) Ensure that the above is input into spatial planning processes and the preparation of the LDFs,
- c) long term planning for the health and social care estate and how this might feed into the development of the PCT Strategic Services Development Plan and Estates Strategy and the County Council's asset management strategy .

The PCT has initiated a process which brings together planning officers from the District Councils, Social and Community Care staff from the County Council and public health , planning and community health staff from the PCT to deliver this joint agenda.

In the light of the proposals outlined in this paper the PCT will invite housing officers to join this meeting, and will ensure that this group meets several times a year. Its work has already resulted in a series of partnership meetings being set up with each District Council to discuss the emerging LDF for each area and to ensure that health and social care needs are appropriately reflected in those documents.

### **Recommendations**

The Health and Well being Partnership Board is recommended to:

1. Support the closer joint work working between the PCT, Social and Community Services with the Planning and Housing Authorities in Oxfordshire;
2. Request that officers from the PCT , Social and Community Services and Environment and Economy continue to meet jointly with housing and planning officers from each of the City and District Councils to agree on the key issues and requirements to be covered in the respective Local Delivery Frameworks documents and to consider any strategic sites developments that are impacting ahead of this process;
3. Request that officers from the PCT and Social and Community Services continue to meet separately and/or in partnership with relevant officers from individual district councils on specific development issues as they arise.
4. Request that the PCT ensures that the regular spatial planning partnership meetings that it has established continue and that it ensures that the agendas for this meeting address the planning needs of both the NHS and Social and Community Services.
5. Request that Social and Community Services and the PCT prepare a joint report back to the next meeting of this committee on these various spatial planning workstreams.

# Towards Lifetime Neighbourhoods: Designing sustainable communities for all

## A discussion paper

Available at Department of Communities and Local Government (2007)  
[www.communities.gov.uk](http://www.communities.gov.uk)

### Section 2: Executive summary

- **Lifetime neighbourhoods are those which offer everyone the best possible chance of health, wellbeing, and social, economic and civic engagement regardless of age.** They provide the built environment, infrastructure, housing, services and shared social space that allow us to pursue our own ambitions for a high quality of life. They do not exclude us as we age, nor as we become frail or disabled.
- **The concept of Lifetime Neighbourhoods is not a new one, but has yet to make a significant impact on planning and neighbourhood design.** The concept has originated over the last decade through work by the Joseph Rowntree Foundation, Habinteg Housing Association and other commentators. Yet all too often important opportunities for development and regeneration go ahead with little consideration of age in their planning, creating neighbourhoods that will fail many residents in future.
- **Most features of lifetime neighbourhoods will benefit all generations.** For example, limited public transport will impede access to amenities at all ages. However it may be particularly damaging to older people who are most reliant on it.
- **Older people play a major social, economic and civic role alongside other generations.** Lifetime neighbourhoods will reap an 'age dividend' of improved health, inclusion and participation. Those that do not risk a downward spiral of ill health, disability and dependency in older populations. Given that we now have more people aged 65+ than we do aged 0-16, planning for lifetime neighbourhoods will help us work towards truly sustainable communities.
- **Older people are not just beneficiaries of Lifetime Neighbourhoods, they also have a key role to play in their creation.** Our desire to participate does not decrease with age. Consultation is essential in identifying best practice and challenging negative design. In addition, the act of consultation and engagement itself will confer greater self-esteem, satisfaction and wellbeing.
- **Sustainable planning of the human environment is interdependent with the development of healthier and wealthier communities.** The World Health Organisation assertion that *'health equals wealth'* is widely recognised across different sectors, yet is still to make significant inroads into the realities of day-to-day planning.

**Cross-sectoral engagement in planning is essential for lifetime neighbourhoods.** Planners must engage with service providers to ensure the built environment offers 'age-proofed' communities. For example, by

including provision for accessible local amenities such as civic and community centres, shops, and the transport, street environment and aesthetic environment that will encourage older people to participate.

- **Urban and rural areas will present different challenges.** For example, urban areas may more frequently suffer poor access to space, low social cohesion and intergenerational conflict. Rural areas may have difficulty in providing access to services over more dispersed residential areas, for example, public transport and shops.

- **Better representation of the issues of Lifetime Neighbourhoods and an ageing population must be made in local and regional strategies.** Regional Housing and Planning Boards must ensure that statutory guidance, for example the Regional Spatial Strategy, makes a strong priority of the needs of an ageing population. In addition, supporting non-statutory guidance should reinforce and expand on best practice, for example, via the Regional Housing Strategy. Local Authorities should be obliged and encouraged to ensure the concerns of population ageing are strongly represented in planning policy, for example the Local Development Framework and the Local Area Agreement, linked to the longer-term and wider ranging aims of the Sustainable Community Strategy.

- **Planners must be ready to seize strategic opportunities to plan for an ageing population as and when they occur, whether for new communities or existing ones.** This should involve better and more imaginative uses of mechanisms such as Section 106 Agreements. A 2004 Study by the Royal Town Planning Institute was unable to find any examples of Agreements that were aimed at providing an ‘age-proofed’ community resources or amenities.

- **Intellectual leadership is needed to explore the issue of lifetime neighbourhoods.** Planning for tomorrow raises significant issues we must continue to investigate. For example, how can neighbourhoods minimise inter-generational conflict and yet still provide integrated neighbourhoods for all to enjoy?