

## Social, Cultural and Health Dimensions

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### 1. Context & Purpose

- 1.1 Whilst the South East is a predominantly successful region, the pattern of success is not uniform across the region. In parts of the region there are nationally significant areas of deprivation, and problems of exclusion and poor access to services or employment opportunities effect individuals and communities in many parts of the South East due to a combination of factors.
- 1.2 The vision of the South East Plan is for a healthy and socially inclusive region, in which all residents are given the opportunity to share in its economic success. It is a fundamental objective of the South East Plan to strengthen economic and social cohesion and reduce disparities by facilitating appropriate patterns of development and other activity. To achieve this objective the Plan facilitates the development of health, education, cultural and leisure amenities, necessary to meet the needs of a growing population.
- 1.3 There are a wide range of authorities, agencies and organisations with a role in improving the well-being of people in the region. Local Strategic Partnerships (LSPs) play a key role, bringing together at a local level the different parts of the public, private, community and voluntary sectors to tackle deep seated, multi-faceted problems. Priority issues identified by LSPs in the South East include health, education/lifelong learning, housing and transport/infrastructure, and access to social/leisure/cultural activity. The South East Plan sets out to:
- identify where spatial policy can contribute to this agenda; that is especially the focus of this chapter
  - incorporate policies so as to act as a catalyst for improved social well-being for individuals and communities across the region, both those who face exclusion and deprivation in the region, but also the needs of the wider population who need access to good quality health, education and other social facilities (see Box SI).

**Box S1: Examples of policies in other chapters of the South East Plan that contribute to the 'social' agenda**

Chapter			Policies
D1.	Cross-cutting Policies	CC1	Sustainable Development.
		CC11	Supporting an Ageing Population.
D2.	Economy	RE1	Economic Development.
		RE4	Human Resource Development.
		RE5	ICT and Changing Working Practices.
D3.	Housing	H4	Affordable Housing.
		H6	Type and Size of New Housing.
D4.	Communications and Transport	T1	Manage and Invest.
		T2	Rural Transport.
		T6	Mobility Management.
D5.	Sustainable Natural Resource Management	NRM7	Air Quality.
		NRM8	Noise.
D7.	Management of the Built Environment	BE1	Management for an Urban Renaissance.
		BE5	The Role of Small Rural Towns
D8.	Town Centres	TC1	Development of Town Centres.
		TC4	Creating and Supporting Town Centres.
D10.	Tourism and Related Sports and Recreation	TSR1	Coastal Resorts.

## 2. Social Exclusion - A Regional Profile

- 2.1 The South East Region Social Inclusion Statement (2002) defines the term social exclusion as “an inability (of individuals) to participate effectively in economic, social, political and cultural life; alienation and distance from mainstream society”<sup>1</sup>. Although they often coincide it is important to appreciate that social exclusion is not the same as poverty or financial deprivation. It is often caused by poverty but there are people living above the poverty line who can be socially excluded, for example frail older people<sup>2</sup>, or those living in rural areas.
- 2.2 The South East is one of the most successful UK regions, with prosperity built upon a robust and innovative economy with high levels of employment. However the region also contains a considerable number of people experiencing exclusion. Beneath the headlines and averages lie substantial variations in performance and income, wider than in any other UK region outside London. On an absolute basis the region has one of the largest numbers of excluded or deprived people of any UK region. For instance over 1 million adults of working age lack basic skills. Both the concentrations of deprivation (e.g. round the periphery of the region) and the dispersed nature of disadvantage in other areas, create challenging demands for infrastructure and public services.

<sup>1</sup> Definition originally from Duffy, K (1995) 'Social Inclusion and Human Dignity in Europe', Report for the Steering Committee on Social Policy, Council of Europe.

<sup>2</sup> South East Region Social Inclusion Statement. Social Inclusion Partnership South East, June 2002.

- 2.3 Levels of exclusion in the South East are exacerbated as a result of this 'relative deprivation'. Given the high levels of wealth of many people in the region and the high cost of living in the South East, those with less may feel excluded from their own or surrounding communities. Other factors (for example relating to geographic location, health or age) may further contribute to the level of exclusion experienced by the individual. Improvements in living standards, health and general prosperity in recent decades have not been evenly distributed. The groups at risk of social exclusion and some of the communities in which they live have not benefited as much as others and, as a result, they have fallen further behind the rest of the population.
- 2.4 Map SI [revised<sup>3</sup>] indicates the levels of ward-level multiple deprivation across the region (those shaded darkest are the most deprived by this measure). The Index of Multiple Deprivation 2004 (IMD, which provides an indication of levels of exclusion based on a number of factors<sup>4</sup>) shows that the South East contains around 4 per cent of the worst 20 per cent of Super Output Areas (SOAs) in England, containing approximately 400,000 people. It will be noted that the worst conditions are very much focused on a number of urban areas, particularly on parts of the coast.
- 2.5 There are however also socially excluded and disadvantaged individuals and groups within rural areas. Government, working with partners in the region, have identified seven rural 'indicator districts'<sup>5</sup> in the South East that require particular attention, building on the identified levels of need that have been recognised in the past through programmes such as the Rural Priority Areas. In addition elsewhere across the region's rural areas there are individuals or communities experiencing deprivation. Identifying those affected and ways to deliver policies to address exclusion in rural areas is a particular challenge, not least due to the dispersed nature of rural communities and is best undertaken at the more local level.
- 2.6 Looking forward, there are some key challenges emerging that may contribute further to the problems of exclusion in the South East, including:
- An ageing population, including a relatively small group of older people – the most excluded – who have different or more intensive needs (covered in more detail in chapter DI Policy CCI I).
  - An enduring risk of persistent poverty among certain groups of the population, with the associated risks this brings including long term unemployment, ill-health, poor housing or homelessness and low educational attainment.
  - The continued polarisation of work – between work-rich and work-poor households and between highly skilled and highly paid and low-skilled and low paid workers often with insecure employment.

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<sup>3</sup> For any maps or diagrams indicated as 'revised' or 'new' see the Annex to this revised version of the Plan. For any maps or diagrams indicated as 'unchanged' see the Draft South East Plan published in January 2005.

<sup>4</sup> The Index of Multiple Deprivation comprises six domains - Income, Employment, Health, Housing, Education, Accessibility and Child Poverty.

<sup>5</sup> These districts are: Shephway, Isle of Wight, Swale, Dover, Rother, New Forest, Wealden.

- Differences in health outcomes - although the region's life expectancy is slightly above the national average there is an increasing polarisation in health outcomes (e.g. male life expectancy in Thanet is 3 years less than the South East average)
- An increasing digital divide i.e. those with or without access and abilities to use technologies such as the Internet.

2.7 Policy has gone some way to addressing these issues and improving the circumstances of the worst off. The gaps and disparities however persist, and in some instances are showing worrying signs of increasing. Increased efforts and travel effects and examples are needed in order to reach the harder to help groups and so prevent increasing disparities and widening social exclusion.

### 3. Addressing Social Needs in the South East

3.1 Both the concentrations of deprivation and the dispersed nature of deprivation in some areas create challenges for spatial planning. The present scale of deprivation should be seen as a scar on the region and a cause for shame.

3.2 The following facts demonstrate the inter-linkages between a number of social issues: children born into social class five are less likely to attain qualifications and to stay on at school and are more at risk of the adverse effects of tobacco, obesity and lack of physical activity. Poor health is then linked to low educational attainment, which is not only bad for the individual but also bad for the economy and well being of the region. Cultural and sporting activity can contribute benefits to the health, education and skills agendas, but access to these types of facilities are limited for many individuals.

3.3 Past experience has shown that these problems are difficult to overcome, and impossible to do so if they are addressed in a partial and piecemeal way. They need a co-ordinated and intelligent approach and a sharper focus of resources and effort in a limited number of priority areas.

### 4. Social Inclusion

4.1 Using key indices of income, wealth, employment and access to services there is clear evidence that the South East is characterised by a relatively wealthy core (a belt around London) and a poor periphery (in coastal areas). Prosperity and exclusion in the South East is highly correlated with distance (travel time) to London, and the location of more traditional and declining industries within the periphery<sup>6</sup>. The region also contains seven 'rural indicator districts' that have been defined by Government as performing poorly compared to national averages<sup>7</sup>. Both the concentrations of deprivation and the dispersed nature of disadvantage in other areas, in urban and rural parts of the region, create challenging demands for infrastructure and public services in policy development and implementation.

<sup>6</sup> Source: 'Structure and Dynamics of the South East Economy – Reducing Intra-regional Disparities'. Arup in association with MSC and Robert Huggins Associates, for SEEDA. December 2003.

<sup>7</sup> Shepway, Isle of Wight, Swale, Dover, Rother, New Forest, Wealden.

- 4.2 The South East Plan seeks to address these issues both in terms of the way in which development is distributed around the region and in the recognition of the differing policy emphasis required depending on economic, social and environmental context. There is need to demonstrate how the significant intra-regional disparities in economic performance will be positively addressed, and provide a more geographically targeted focus on those areas experiencing the most acute levels of social deprivation<sup>8</sup>. However even in areas of economic buoyancy there can be pockets of deprivation and individuals and communities facing exclusion, and there is need for local action supported by regional and national partners to address the underlying causes.

## POLICY S1 – SOCIAL INCLUSION

~~During the period of the Plan the intention is to improve the health of the region's population by at least the same rate of improvement achieved over the period 1991–2001. Poverty and social exclusion, which are so often linked to poor health, will also be a priority for significant improvement (to be measured by reference to SEEDA's Regional Outcome Target related to deprivation). In support of this policy a suite of measures will need to be developed by a wide range of public agencies, including local authorities. The latter will need to introduce positive measures through their Local Development Documents and other strategies and programmes. At the regional level, agencies will need to sharpen the focus of their programmes.~~

When developing strategies, Local Planning Authorities and other public and private sector partners should fully consider the spatial distribution of deprivation in the region.

In particular they should recognise regional priority areas, and more localised pockets of deprivation and exclusion in both urban and rural areas, and ensure policies and programmes are implemented to address these issues at a local level, where necessary in partnership with local communities and other organisations.

## 5. Full Life Costing of Public Service Facilities

- 5.1 When planning the location for services, providers need to consciously ensure that facilities are located in places where they best serve the community. Too often in the past such facilities have been located on an ad hoc basis with too little regard for integrated access.
- 5.2 All bodies delivering public services must also demonstrate that they have considered fully the consequences of their location of facilities, and decision making processes should reflect sustainable development principles. An integrated, long term approach to design, construction, operation and maintenance of facilities can improve sustainability, design quality and reduce maintenance requirements. Whole life costs, demonstrating how account has been taken of these factors should be incorporated in evaluation of location and design options.

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<sup>8</sup> The possible prioritisation of regeneration areas is the subject of further discussion by the Assembly.  
Draft South East Plan – Plenary 13 July 2005

## **POLICY S2: FULL LIFE COSTING OF PUBLIC SERVICE FACILITIES**

The consideration of the whole life costs of goods, works or services (including acquisition, operating and disposal costs), should be a key component of any relevant strategy relating to the delivery of public services, and should be incorporated in the evaluation of location and design options of new facilities, and the improvement of existing facilities.

### **6. Supporting Healthy Communities**

- 6.1 There are some profound differences in health between affluent and deprived communities within the region<sup>9</sup>. The reasons for these differences in health outcomes are complex. They are linked to people's social circumstances, personal behaviour, poor access to services, and the effectiveness with which people use them.
- 6.2 The population of the South East is one of the healthiest in the United Kingdom but sharper differences in health outcomes also persist (often linked to areas of social deprivation) – see for example Figure S1 [new]. Although the region's life expectancy is slightly above the national average (see Figure S2 [Figure S1 from Draft South East Plan January 2005, unchanged]), in Thanet male life expectancy is three years less than the South East average whilst in a clutch of other towns and cities in the regions it is two years less (Brighton & Hove, Hastings, Portsmouth, Slough and Medway Towns). There is a similar differential for female mortality, although the differences are slightly less acute. However, causes of mortality reveal a much greater difference between parts of the region. For example, death caused by circulatory diseases shows that by 2002, towns such as Slough had a mortality rate 49% higher than the regional average – and this differential has worsened since 1997 when it was only 42% higher than the regional average. The incidence of this kind of critical mortality has declined in Slough and overall, but the gap between Slough and the region has widened. In Southampton – which has the second highest incidence after Slough, the gap has widened even further. In 1997, mortality from circulatory disease was 33% of the regional average, and by 2002 it had worsened to 49%.
- 6.3 The living environment has a fundamental impact on the health of a population, often by providing opportunities for healthy lifestyles. There are two main areas where health interfaces with planning:
- The health implications of spatial planning decisions - including impacts such as those of transport planning on physical activity, noise and air pollution, access, climate change, and social networks.
  - The spatial aspects of planning for health services – including the requirement for health services and infrastructure (and related issues such as access).
- 6.4 The public health White Paper, 'Choosing Health' (2004), signals a welcome change in direction by the NHS, away from a focus on treating illness and towards linking health to wider factors such as education, employment, housing,

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<sup>9</sup> Source: ONS Census 2001.

social networks, air and water quality, access to affordable nutritious food, and access to social and public services in addition to health care. This wider agenda explains many of the profound differences in health between affluent and deprived communities in the South East. Real opportunities exist both to re-invigorate neighbourhoods and communities and to plan and develop new communities which are sustainable and health promoting. Success will depend upon strong leadership at a local level, where the social, economic and environmental fabric supports and promotes health and well-being but also supported by this Plan and appropriate regional agencies.

## **POLICY S3 – SUPPORTING HEALTHY COMMUNITIES**

~~Local Development Documents should highlight and respond to the key role the planning system can play in developing and shaping healthy sustainable communities. The documents should:~~

- ~~i) embrace preventative measures and tackle the causes of ill health at the source, for example by providing access to open space or recreational opportunities at an early stage in new developments~~
- ~~ii) take into account health impact assessments and advice on public health in order to maximise the opportunities for tackling the root causes of ill health.~~

Local development documents should embrace preventative measures to address the causes of ill health by reflecting the role the planning system can play in developing and shaping healthy sustainable communities, including:

- i) preventative measures including community access to amenities such as parks, open spaces, physical recreation activity, and cultural facilities
- ii) mixed and cohesive communities, with a particular focus on access to housing for socially excluded groups
- iii) healthier forms of transport, by incorporating cycle lanes and safe footpaths in planned developments.

## **7. Promoting Sustainable Health Services**

7.1 The way in which health and social care services are delivered is likely to change significantly over the course of the South East Plan, with a greater emphasis on:

- A shift from acute based provision to the delivery of care within the community - separating those services that must be provided in highly centralised settings and those that can be provided locally
- Centralisation of specialist acute services - the model of District General Hospitals is being replaced with acute general hospitals designed to serve catchment populations of 500,000 or more
- Access to new technologies and surgical procedures - with a continuing shift towards increasing numbers of operative procedures being undertaken on a day case basis, to achieve shorter waiting times

- 7.2 These changes provide real opportunities to evolve spatial patterns of care in a manner that can both improve the quality of care and access and address the sustainable development objectives of the Plan.
- 7.3 A shift from acute based provision to the delivery of care within the community and closer to the patient's home will separate those services that must be provided in highly centralised settings and those that can be provided locally. This change is facilitated by new technology that allows diagnostic and operative techniques to be carried out away from acute care centres. This 'care closer to home' scenario is characterised by one in which primary, community and social services are substantially expanded thereby reducing dependence on more physically remote acute hospitals. Central to this shift is the development of intermediate care as a means of avoiding emergency hospital admissions and reducing lengths of hospital stays by providing integrated community based services such as hospital-at-home teams, rapid response teams and increased day care provision. This shift is promoting a wide range of new models of care that include primary care multi-centres, walk-in centres and minor injury units within the community, primary care-led chronic disease management, NHS Direct and intermediate care.
- 7.4 Following the publication of the NHS Plan, 'A Plan for Investment. A Plan for Reform' (2000) there has been a renewed focus on Local Delivery Plans providing the vision and actions needed at the local level to modernise services, improve the health of the local population and narrow inequalities in health. This approach offers scope for a more sustainable pattern of service allocation and provision, and it is therefore vital that the NHS works more closely with local authorities to ensure that changes to the configuration of health and social care provision is delivered in a sustainable manner.

## **POLICY S4 – PROMOTING SUSTAINABLE HEALTH SERVICES**

~~In developing or renewing health facilities, locations should be developed which accord with sustainable development principles and the policies of this Plan and meet the following criteria:~~

~~i be accessible for clients and staff by public transport services~~

~~ii have minimal impact on the environment through green travel plans, more efficient supply chains and sustainable procurement and sustainable procurement.~~

Local Planning Authorities should ensure the provision of additional and reconfigured health and social care facilities to meet the anticipated primary care needs of communities, working closely with the Primary Care Trusts. Where need is identified, land should be made available for additional community and primary care facilities.

Local authorities and the NHS should work closely together to facilitate joint planning and to influence NHS estate strategies. Health Impact Assessments (HIAs) should become an integral part of the decision-making process.

## **8. Educations and Skills**

- 8.1 Education has a vital role to play in equalising life chances and potentially reducing social exclusion and deprivation, and should be seen as more than a

mechanism for producing human capital and preparing people for the labour market<sup>10</sup> (see Policy RE4 for more on workforce skills and their contribution to economic growth and productivity). Access to a high quality education, at an early age but also throughout life, is fundamental to an individual's life chances and the economic and social well being of the region. Whilst the qualification profile of the South East workforce is higher than in many other English regions, it remains lower than that of international competitors, particularly in terms of intermediate (level 2-3) skills and qualifications. In order to extend the success of the region, the South East will have to work smarter, improving productivity through raising skills and qualification levels especially among relatively unskilled and deprived groups.

- 8.2 Levels of educational attainment within schools in the region are one of the key determinants of future qualification levels within the South East workforce, and there is a close connection between areas with low attainment at GCSE level and areas with a high proportion of working age population without satisfactory basic skills e.g. literacy and numerical skills. The proportion of 16 year olds achieving at least five GCSEs at grades A\*- C in 2002 varied from around 60 per cent in areas such as Buckinghamshire and Surrey, to less than 50 per cent in areas such as Medway and Portsmouth. The areas with the highest proportions of individuals without basic skills tend to be concentrated in the Thames Gateway and along the coast but with some exceptions such as Slough and Crawley<sup>11</sup>. However, it is important to remember that even in the higher achieving areas there are still considerable numbers of individuals lacking basic skills (many of whom may be in employment) – see Figure S3 [Figure S2 from Draft South East Plan January 2005, unchanged]. Currently the gap in educational attainment between children from different socio economic groups is widest at the point of entry to higher education.
- 8.3 Achieving a substantial increase in qualifications for both adults and young people will require an increased focus on reducing basic skills problems, which affect more than one in five (22%) people in the South East, and this is being topped up by approximately 6,000 young people each year leaving schools in the South East lacking basic skills<sup>12</sup>. Poor basic skills in the current and potential workforce significantly restrict the supply of people into intermediate level training and education.
- 8.4 A real step change in delivery is required and local authorities and others responsible for these services need to increase efforts to break through the barriers to delivery, which will require adequate resources and effective flexible delivery mechanisms. The South East regional labour market is not just about demand and supply. In an environment where there may be bottlenecks within the market mechanism, it is also about the infrastructure facilitating interaction and exchanges between employers and individuals, as well as with Higher Education, Further Education and private training providers<sup>13</sup> which in turn can

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<sup>10</sup> South East England Regional Assembly Workforce Skills Select Committee – Executive Committee Report 24 October 2003.

<sup>11</sup> Skills Insight Annual Skills Review 2003/2004 (Skills Insight).

<sup>12</sup> Spending Review 2004: South East Regional Emphasis Document.

<sup>13</sup> Skills Insight Annual Skills Review 2003/2004 (Skills Insight).

help address social exclusion and assist individuals who seek more rewarding employment opportunities.

- 8.5 In spatial terms Government departments, local authorities and other public landowners should also recognise the need for additional schools and colleges at an early stage when major new development is planned. The phased provision of primary and secondary education, along with early years and lifelong learning, will be needed throughout the region, to meet the demands associated with the expected increase in population or other changes caused by demography or behavioural shifts. Demand for additional pre school facilities for example will increase because of changing work and lifestyle patterns. The identification of suitable locations, as with health provision, must be carried out taking into account their ready accessibility to the communities they serve. Consideration should be given to the use of school and college buildings after hours, to support learning among the wider community.

## POLICY S5 – EDUCATION AND SKILLS

~~Local Planning Authorities, taking into account demographic projections, should work with partners to ensure the adequate provision of pre-school, school and community learning facilities. Policies should advocate the widening and deepening of participation through better accessibility, reflecting the role the planning system can play in developing and shaping healthy sustainable communities. Policies should: In developing or renewing education facilities, at whatever level and age group, locations should be chosen which reflect the principles of sustainable development and the following criteria:~~

- i) take account of the future development needs of the economy and the community sector, ~~including the provision of new facilities and potential for expansion of existing provision~~
- ii) encourage a 'mixed ~~economy~~' ~~use approaches~~, that includes community facilities alongside 'formal' education facilities
- iii) seek to ensure access for all sections of society ~~to education facilities at~~ ~~with encouragement for~~ locations with good public transport access.

~~Working with partners (including the local Learning and Skills Councils), policies should advocate the widening and deepening of participation through better accessibility and a strategic increase of education and skills provision.~~

## 9. Higher and Further Education

- 9.1 The Higher and Further Education sector in the region are critical to the South East's productive capacity and are powerful drivers of technological change. They are central to local and regional economic development and produce people with knowledge and skills (also see Policy RE4).
- 9.2 In 2005 there were 25 Universities or HE Colleges in the South East region. These cover the full range of types of institution from the most heavily research intensive universities to specialist institutions. These host some 200,000 full-

time students, and employ about 64,000 staff. Although in many parts of the region participation levels in higher education are above the national average, reflecting the social mix, there remain significant pockets of low participation where the full potential of an area's young people is not being realised and where the opportunities for those wishing to return to education on a full-time or part-time basis are not fully developed. Widening and deepening participation is important for both the economic and social development of the region.

9.3 However, the sector is much more than just a provider of education and training. The Higher and Further Education sector is also:

- An important economic entity in its own right - a major source of high quality and stimulating employment, bringing a substantial and stable stream of national funding into the region, with an associated local expenditure, which has a strong economic multiplier effect on the local economy
- A direct support to the development of industry and the regional economy - attracting national and regional funding to provide a direct service to industry, improving the competitiveness and effectiveness of businesses and public services in the region
- A cultural and recreational resource - resources are often available to the wider public, with libraries, galleries and other facilities open to the community as audience and for participation

9.4 Since the late 1980s, Universities and Colleges have been actively encouraged to increase their student intake. This has inevitably placed great pressure on these institutions to make a number of changes and adaptations to their building stock. In many instances, they have also had to acquire additional buildings, or sites on which to construct buildings. Regional and local partners should work flexibly with Higher Education funding providers to address the expected increase in demand for Higher Education places in the region arising as a result of the growing propensity for students to live in the parental home whilst studying.

## **POLICY S6 – HIGHER AND FURTHER EDUCATION**

[Local Authorities should work with the Learning and Skills Council, HEFCE, SEEDA and the higher and further education sectors to ensure that these sectors' needs are addressed in Local Development Frameworks.](#)

## **10. Cultural and Sporting Activity**

10.1 The cultural agenda in the region runs broad and deep. It includes, for example, the arts, sport and physical activity, libraries, museums and galleries, the built heritage. The activities of the cultural and creative sectors permeate many of the key concerns of the South East Plan. 13 % of the region's workforce is employed in cultural and creative industries (with the sector experiencing significant growth over recent years). Within the cultural sector, sport's-related activities alone employ around 75,000 people in the region (a higher proportion than for England as a whole), and residents spend £2.1bn

annually on sports-related goods and services. Around 863,000 people participate in organised sports clubs, which have an annual income of around £550m<sup>14</sup>.

- 10.2 Significantly, cultural activities are in the forefront of ‘smart growth’, with job increases likely to be accompanied by minimal adverse environmental consequences. A rich and varied cultural ‘landscape’ is essential to delivering a competitive information-led economy. Research has shown that successful cultural policies can also help regeneration and urban renaissance. They can improve and enrich the daily lives of those living in the Growth Areas. They can protect the unique sense of place that has attracted firms and people to the region for many years. At a personal level, cultural activities promote health, including physical and mental well-being. To successfully engage people in cultural activities it is vital that a wide range of opportunities are available and easily accessible, for example in one mixed-use location.
- 10.3 Although the South East has high levels of participation in cultural activities and in sport (see Figure S4 [new]), there are also groups and communities cut off from these opportunities by poor provision of education, transport and other resources. For example, for men and women and in all age groups, low educational attainment predicates higher levels of inactivity. Outside work, people of higher socio-economic status take part in more physical activity (i.e. leisure activity). Rates of walking are 67% higher in social class one compared with social class five. Despite substantial achievements much of the region’s cultural potential goes untapped<sup>15</sup>, and unlocking some of the unrealised possibilities would have benefits for improved health and wider social inclusion.
- 10.4 Cultural and community facilities – such as libraries, community and sports centres along with village halls – can provide lifelong learning and skills development in an environment that may be more suitable to groups excluded from, or less able to access, mainstream services. The provision of mixed use facilities (encompassing sport and cultural activity) and the activities they support offer a method of bringing together existing and new communities in areas of growth.
- 10.5 The South East Plan supports Sport England’s national strategy, Framework for Sport (2004), and the target of increasing participation by 1% annually during the period of the plan. Consequently there is a need for local authorities to support the promotion of health and well being by increasing physical activity in their areas, with this support consistent with:
- the Governments White Paper ‘Choosing Health: Making Healthy Choices Easier’ (2004);
  - the publication by the South East Physical Activity Co-ordinating Team (SEPACT) entitled A Framework for Physical Activity in the South East (2004) which makes links between the health and physical activity agendas in the region;

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<sup>14</sup> Source: The Value of the Sports Economy in the Regions – A Study on Behalf of Sport England by Cambridge Econometrics: The Case of the South East. June 2003.

<sup>15</sup> The Cultural Agenda – Realising the Cultural Strategy of the South East Cultural Consortium (South East England Cultural Consortium, November 2002).

- the need for good physical accessibility to cultural and sports facilities, reflecting statements in the regional cultural strategy, the Cultural Cornerstone.

10.6 Local Authorities should consider developing Supplementary Planning Documents for providing cultural and sporting infrastructure, to meet existing needs and those arising from new development.

10.7 If the social and economic benefits of sport and recreation are to be realised it is essential that it is promoted within the workplace in order to make it easier to fit such activity into people's daily lifestyles. There is also a responsibility here for businesses in the region to address.

## **POLICY S7 – CULTURAL AND SPORTING ACTIVITY**

Increased and sustainable participation in sport, recreation and cultural activity should be encouraged by local authorities, public agencies and their partners through Local Development Documents and other measures in order to improve the overall standard of fitness, enhance cultural diversity and enrich the overall quality of life.

Provision for cultural and sporting activity should be based on an up to date strategy for the selected provision (e.g. Sports Facility Strategy or Playing Pitch Strategy), which includes an audit of current supply and assesses this supply against estimated demand/growth. The audits should cover the quantitative, qualitative and accessible nature of provision. Authorities should encourage formal partnership working to put in place effective programmes of provision and management.

Local Development Documents should include policies relevant to local needs designed to:

- i) encourage participation by disadvantaged and socially excluded persons/groups
- ii) make joint service provisions in facilities accessible by a variety of modes of transport
- iii) give special attention to cultural provision in areas of urban regeneration, which may be the subject of Area Action Plans
- iv) include policies encouraging workplace and other everyday provision for increased physical activity.

## **11. Community Infrastructure**

11.1 Sustainable communities depend upon the effective delivery of community infrastructure. Given the expected growth in the region's population, there will inevitably be a need for additional investment in community infrastructure - childcare; community centres; village halls; fire and rescue stations; leisure centres; libraries; police stations; social services facilities; and waste and recycling facilities.

- 11.2 There are a variety of mechanisms to ensure and enhance community infrastructure in addition to traditional 'single use building' approach (for example, cultural hubs, multi sports clubs and healthy living centres). Many are buildings and spaces which can be readily adapted to changing requirements, and which can respond to community wishes. Others combine a number of services in one building, such as finding a job and developing a leisure time skill. Provision is essentially a matter for local action and local assessments of need should be utilised where appropriate to identify gaps in the provision of community infrastructure that the development process can then seek to address. The issue is however also of regional significance, and a framework of support is therefore provided in this Plan.
- 11.3 Access to this community infrastructure is also vital. For those who are reliant on the availability of key services, access can mean the difference between a mere existence and a fulfilling life, between poverty and a decent standard of living. However many factors can affect access to services, for the individual travelling to get to services, including health issues and the time and cost involved (and reliability of public transport for those without access to a car).
- 11.4 Although a major consideration for all parts of the South East, accessibility to community infrastructure and services is of particular concern for those living in rural areas where the dispersed nature of the resident population, combined with a broad reliance on use of the private car, can lead to difficulties for service delivery.

## **POLICY S8 - COMMUNITY INFRASTRUCTURE**

The Assembly and regional partners, including SEEDA, will work with Government and other agencies to increase investment in physical and social infrastructure and secure co-ordination between development and essential infrastructure provision.

The mixed use of community facilities should be encouraged by local authorities, public agencies and other providers, through Local Development Documents and other measures in order to make effective use of resources and reduce travel and other impacts. ~~Policies should seek to ensure that~~

Local Planning Authorities will ensure facilities are located and designed appropriately, taking account of local needs and the Whole Life Costing approach.

Policies should also ensure that:

- i) community infrastructure supports economic growth and regeneration, with particular priority for health and education provision;
- ii) creative thinking and action on new mixes of cultural and community facilities is encouraged
- iii) appropriate facilities are ~~provided made,~~ accessible to all sections of the community, in both urban and rural settlements—including rural communities,

~~iii all sectors of the community are encouraged to participate.~~

Adequate provision for these facilities is particularly important in major areas of new development and regeneration.

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