

The County Durham Settlement Study (September 2012)

1. This is an updated version of the document submitted by our Chairman, Roger Cornwell (August 2010) in response to the Consultation Draft version of this study. We regret that the issues he identified have not been addressed in this version of the study, and indeed there is no acknowledgement that any responses were received. By way of contrast, the *Preferred Options* document has sections headed *You told us...*
2. Our comments are grouped under the same sub-headings as used in the study.

1 Context

3. This states that “The main reason for establishing a settlement hierarchy is to promote sustainable communities by locating new development in proximity to services and facilities. It makes sense for most of our new housing to be built in larger settlements which have a better range of facilities and services, because then more people have easy access to shops, schools and public transport.” We agree in principle but disagree with the study in its definition of both *proximity* and *settlement*.
4. It also asserts “The “social cohesion” elements of leadership, engagement and participation, and local culture fall outside the remit of this study”. No justification is offered and indeed the inclusion of community centres among the facilities assessed, which we welcome, runs counter to this exclusion.

2 Methodology

5. The list should be broadened to include cultural facilities. This would include theatres, cinemas, live music venues and museums. The context mentions a “diverse, vibrant and creative local culture.” Adding these facilities to the list would help achieve this key requirement.
6. We would widen “pubs” to “pubs, cafés and restaurants”. Whilst many pubs have become more diverse in their offering, the presence of a good café or restaurant is a benefit to the community which needs to be recognised in this list. The serious health problems in the County caused by over-consumption of alcohol are another reason not to restrict this category to licensed premises.
7. The importance of physical recreation has been recognised by including built sports facilities in the list. However, the proximity of open countryside and the extensive rights of way network and permissive paths (like the railway walks) is another benefit and contributes to the aim of making the population of the county Altogether Healthier. This should also be recognised in the list of facilities.
8. The study notes that “built sports facilities are less common than other facilities and therefore might be expected to attract people from a wider area, [consequently] an

additional 3km outer catchment area has been applied to them.” The same is true, and to a greater extent, of hospitals but they have not been given a wider catchment area.

3 Scoring Matrix

9. The major problem with the scoring matrix is that it gives undue weight to facilities in the larger towns as opposed to the satellite villages. This leads to so many anomalies that we conclude that a different approach is necessary. For example, Belmont is classed as being in the Durham City area and so scores the maximum on many features including health, as University Hospital is in the same settlement. But to reach the hospital takes at least 24 minutes¹. Sacriston, on the other hand, is 6 minutes from University Hospital by direct bus, but only counts as having a larger GP surgery within the centre. Shincliffe Village is 10 minutes from Durham Bus Station but the city centre facilities do not count towards its score, which appears to be due to the presence of two pubs and the primary school in High Shincliffe. Were a housing estate to be built over the playing fields of Houghall College and Maiden Castle² and bring it into the Durham City settlement, the score would triple but the quality of life would diminish.
10. The map on page 7 depicting clustering is a contrivance and does not really resolve the problem. Why should the scoring of villages like those in this example depend on whether or not the fields between them and the adjacent village have been built over? In the 1970s there were fields between Pity Me and Framwellgate Moor, now both are in the Durham City settlement.
11. A better approach would be to determine an appropriate catchment area for each facility and then see which settlements *or parts of settlements* fell within it. The larger settlements need to be broken into sub-districts and scored separately. The current approach gives the same score to the Sherburn Road Estate and Newton Hall.
12. Each facility needs to have an appropriate catchment area determined, rather than the almost universal 800 metres. For example in the employment section, the distances could be greater, perhaps 3km. The County Durham Plan puts industrial and residential areas in different zones and deliberately keeps them separate. By making quite close proximity to employment a plus factor, the scoring runs counter to the thinking behind the Plan.
13. The scoring needs to be more nuanced. Facilities which are beyond the chosen distance (eg 800 metres) but still quite close should have a reduced score rather than zero. This is the approach adopted in the SHLAA.
14. The scoring in the health category needs to be revisited. Most people will expect to travel further to hospital than to their doctor's surgery and indeed their GP may not refer them

1 Sample timings Belmont Vicarage to University Hospital were between 24 and 33 minutes. Source: traveline north east and cumbria <http://jplanner.travelinenortheast.info/planner>

2 We are not advocating this as an option.

to the nearest hospital anyway. The NHS is organised to ensure people are treated at the hospital best suited for their condition, not the nearest one. An informal survey of our Trustees and their families, all of whom live in Durham City, shows they have received elective treatment at Bishop Auckland, Sunderland, Washington and Newcastle. An advertisement for the new 111 phone number in the *Durham Advertiser* (25 October 2012) cites a man in Newton Hall who was diagnosed with a potential heart problem and taken urgently by ambulance to the James Cook Hospital in Middlesbrough. The ambulance would have passed the main entrance to University Hospital Durham.

15. Also, people will visit their GP much more frequently than the hospital, so proximity to a doctor's surgery should be rated above how far away the nearest hospital is.

4.2 Policy implications

16. Because the scoring matrix is rigged in favour of the main towns and against the smaller settlements, particularly those that are quite near, but not near enough, to a main town, the policy concentrates development on those main towns to the detriment of their hinterland. A fairer scoring system would result in development being spread more widely than is proposed.