

# The County Durham Settlement Study (Consultation Draft)

## Comments from the City of Durham Trust

1. The document would benefit from a glossary: it took us some time to discover that the SHLAA is the Strategic Housing Land Availability Assessment. A reference to the location of this document would also be useful.
2. We feel that the methodology described at paragraph 4.1 and based on the preceding sections 2 and 3 pays insufficient attention to the pattern of settlement in County Durham east of the A68, where villages and hamlets may be quite close together and share some facilities. The consequences are described below.
3. **Question 1:** We feel that the list should be broadened to include cultural facilities. This would include theatres, cinemas, live music venues and museums. Paragraph 2.2 mentions a “diverse, vibrant and creative local culture.” Adding these facilities to the list would help achieve this key requirement.
4. **Question 1:** 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.
5. **Question 1:** 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.
6. **Question 2:** 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 it is necessary to catch a bus to the bus station (25 minutes) and connect to a further bus up to the hospital (3 minutes) – a 30 minute journey if the connection works. 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 Castle<sup>1</sup> and bring it into the Durham City settlement, the score would triple but the quality of life would diminish.
7. **Question 2:** The Arc Map described in paragraphs 6.3 and 6.4 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.
8. **Question 2:** 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.
9. **Question 2:** Each facility needs to have an appropriate catchment area determined, rather

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<sup>1</sup> We are not advocating this as an option.

than the almost universal 800 metres. For example in the employment section, the distances could be greater, perhaps 3km. The Local Development Framework 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 Local Development Framework.

- 10. Question 2:** 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 and is illustrated in our next point.
- 11. Question 2:** 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 to the nearest hospital anyway. Also, people will visit their GP much more frequently than the hospital, so we would revise the scoring here to something along these lines:
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|---|----------|
| Health centre or larger GP surgery within 2km:                      | 4 points |
| GP surgery within 2km:  | 3 points |
| both of the above reducing by 1 point/km for more remote facilities |          |
| General hospital within 5km   | 3 points |
| reducing by 1 point for every 2km further away.                     |          |
- As an example, a health centre that was 2 miles (3.2km) away would score 2 points. This matrix has been guided by one of our Trustees who is a local GP.
- 12. Question 2:** Given the shortcomings described above, we do not feel it would be useful to give a detailed critique of the remainder of the scoring matrix.
- 13.** Given that we have comprehensive criticisms of the methodology, we feel the appropriate course of action has to be to withdraw the study and to redo it following the approach that we have suggested which would reduce the glaring anomalies that we have identified.