Planning healthier places: an update on integrating public health and planning

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Summary

• Public Health England has launched a new programme called Healthy People, Healthy Places designed to ensure that ‘health, wellbeing and inequalities are addressed in planning and development of the built environment’.

• The Landscape Institute has published Public Health and Landscape, its position statement on integrating green infrastructure into efforts to improve public health.

• The Town and Country Planning Association (TCPA) has launched Planning Healthier Places, a guide for local authorities on how to better integrate public health into planning and a range of other built environment professions.

• Cumulatively, these initiatives suggest that there is momentum behind efforts to create health-promoting environments that can reduce health and care costs over the long-term – but barriers remain, especially to more effective collaboration.

• This briefing will be of interest to elected members, especially portfolio holders for health, social care, planning, transport, regeneration and housing, and officers working in these and related disciplines.

Briefing in full

November 2013 was a hectic month for the health and planning agenda:

• Public Health England launched its Healthy People, Healthy Places programme and two new obesity briefings aimed at local government – regulating the growth of fast food outlets and increasing physical activity and active travel.

• The Landscape Institute published its position statement called Public Health and Landscape: creating healthy places.

• The Town and Country Planning Association (TCPA) launched Planning Healthier Places, the next report in its ongoing Reuniting Health With Planning project.

Learning for Public Health West Midlands also unveiled its new website designed to provide up-to-date information, training and resources to a range of practitioners in the region, including planners and other environmental professionals. The network is funded and governed by a collaboration across the West Midlands (WM) that includes Directors of Public Health WM, Public Health England WM, and Health Education West Midlands.
Healthy People, Healthy Places

On 13 November Public Health England (PHE) launched Healthy People, Healthy Places. The programme aims to ensure that:

‘health, wellbeing and inequalities are addressed in planning and development of the built environment.’

PHE has set out four tools for achieving this:

- leadership, advocacy and influence
- partnerships and networks
- evidence base, information and tools
- capacity building through learning, training and development

Speaking at the launch PHE’s Director of Health and Wellbeing, Kevin Fenton, highlighted the importance of planning and other built environment professions for influencing the public’s health:

‘Spatial planning and the design of homes, buildings, public spaces, neighbourhoods and transport routes can help promote or hinder upstream health activities. It enables us to move upstream to tackle the wider determinants of health and in a far more integrated fashion.’

For example, he highlighted the links between a number of PHE’s health and wellbeing priorities, the burden of disease attributable to 20 leading risk factors, and the spatial environment, including access to healthy food, physical activity/active travel and exposure to lead (see graph below).

At the programme launch, PHE also published its first two briefings in the Healthy People, Healthy Places Obesity and the Environment series, which are targeted at local authorities:

- Increasing physical activity and active travel
- Regulating the growth of fast food outlets

Both briefings include ideas for action for councils, working with health and wellbeing boards and other partners.
Landscape Institute position statement on public health and landscape

The Landscape Institute’s position statement on public health and landscape sets out five principles of healthy places and puts forward ten recommendations for exploiting the public health and wellbeing benefits of well-designed landscapes. Where recommendations relate specifically to local action they have been carefully worded so they can be woven into the work that councils are doing already:

1. a bigger role for public health in placemaking: the public health sector needs to be more closely involved in guiding the planning, design and management of new and existing settlements
2. a resource commitment: public health should be granted the same long-term budgetary commitment that primary care, transport and other public services receive
3. realise national requirements at the local level: local planning policy needs to adopt the requirements that have been set out in national planning policy across the UK to include the promotion of public health and wellbeing as an essential part of creating sustainable communities
4. recognise landscape as an asset: the role of landscape in promoting public health and wellbeing should be a central consideration in joint strategic needs assessments and joint health and wellbeing strategies and through the functions of health and wellbeing boards
5. use landscape in performance indicators for public health (that is, relevant indicators set out in the Public Health Outcomes Framework for England)
6. collaborate: professionals responsible for public health, landscape and planning should work together on the creation and assessment of schemes in both the public and private sector
7. recognise the multifunctional benefits that landscape offers
8. Use health impact assessments (HIAs)
9. Ensure community buy-in
10. Generate more evidence (such as post-occupancy evaluations)

Planning Healthier Places – report from Town and Country Planning Association (TCPA)

Planning Healthier Places is the report from phase 2 of the TCPA’s Reuniting Health With Planning project (declaration of interest – I am the lead author). The report is endorsed by a range of organisations including Public Health England, the District Councils’ Network, the UK Healthy Cities Network and the Spatial Planning and Health Group (SPAHG).

The report is based on a series of roundtables held in eight case study areas. Each of these areas selected at least one topic that their roundtable could use as a focus for discussions around how to integrate health and planning better in practice in these actual places.

The places and themes were:

- Bristol City Council: embedding health and sustainability into major development proposals, including on sites owned by the City Council
- Hertfordshire County Council: promoting health within planning for housing growth, restricting hot food takeaways, and improving access to high-quality green spaces
- Knowsley Council and First Ark Group: improving housing quality through a Knowsley Healthy Homes programme
- Lincolnshire County Council and Central Lincolnshire Joint Planning Unit: planning for demographic change, planning for good quality housing, and maximising the health benefits of open space
- Manchester City Council: delivering health benefits through the planning system when most new development will be predominantly in existing urban areas, small scale, and cumulative
- Newham Council: evaluating a draft Healthy Urban Planning Checklist
- Stockport Council: creating a public realm that facilitates more active travel and public transport use
- West Midlands Learning for Public Health: identifying opportunities for joint working via local projects throughout the region.

Based on these roundtable discussions, the report includes a new resource called ‘Getting started’. This includes a series of explanatory tables that pull together links between public health objectives and potential spatial interventions (see table below for overview). They include links to relevant sections of the National Planning Policy Framework (NPPF) and the Public Health Outcomes Framework for England, and are brought to life by numerous policy and practice examples from the case study areas. Practitioners and elected members can use this resource to:

- Understand the relevant NPPF drivers that planners are working to
- Identify the links between public health outcomes indicators and planning policy as background to developing actions
- Check existing health and planning work against the case study examples
• determine who to collaborate with to take action to improve health and tackle health inequalities, including developers
• draw on examples of local policy and practice to inform local work.

The resource concludes with a series of flow diagrams setting out the stages of the planning process (policy and development management), which highlight how and when public health (and other professions) should engage to most effectively influence policy-making and decision-taking.

Table setting out some of the ways that planners and other local authority professionals can respond to public health objectives to create health-promoting environments

Caption: Table setting out some of the ways that planners and other local authority professionals can respond to public health objectives to create health-promoting environments
The report also found that there is confusion among planners and public health professionals about the roles and responsibilities of new organisations established as part of the health and social care reforms, especially clinical commissioning groups (CCGs) and NHS England. There also needs to be clarification on the sort of evidence that will help planning inspectors and practitioners to better evaluate the impact of planning policy and decisions on health and wellbeing.

At the local level the report suggests that councils should drive an integrated work programme to support health-promoting environments, focused around using the local plan to achieve corporate priorities. The local plan should be the conduit through which partners:

- engage in local interventions
- bring forward health-promoting large-scale development
- plan healthcare infrastructure
- target specific health issues such as obesity and a lack of physical activity.

Comment

At the launch of the TCPA report at the Houses of Parliament the Shadow Housing Minister, Emma Reynolds MP, was asked to respond. She said that what struck her most about the report was the concern it raised about the planning system failing to help achieve better public health over the long-term because of the current emphasis on short-term financial profitability for developers. For example, LPAs are required to renegotiate previously agreed levels of affordable housing for a scheme if the developer says that this requirement no longer makes the scheme viable. She discussed the situation with planners in her constituency of Wolverhampton and discovered that they had recently approved a 315 dwelling development that contained only 15 affordable houses. “This”, she said, “is simply not good enough”.

The conflict between short-term profits and long-term public health outcomes troubled many people who participated in the TCPA project roundtables. Dr Angela E. Raffle, Consultant in Public Health at Bristol City Council and a roundtable participant, summed up these concerns:

‘Real future costs are seldom accounted for at the time that buildings and places are planned. Instead, we tend to aim to reduce immediate costs and increase immediate profit. We leave it to the future residents and landlords to pay the long-term price of expensive heating, cooling and maintenance; and to pay the price of poor physical health, mental health, isolation and crime resulting from poorly designed dwellings, places, spaces, and connections.’

The National Planning Policy Framework (NPPF) sets out that local planning authorities should promote healthier communities. But the incentives and guidance that support the NPPF could undermine this aspiration. In response, the TCPA report recommends that the Departments of Health and Communities and Local Government speak with ‘one voice’ so that health and wellbeing outcomes don’t lose out over the long term.
Reynolds reflected that political parties are perhaps better geared to work collaboratively when in opposition rather than in government. Without the support of the civil service shadow ministers have little option but to work more closely together and build a shared agenda (currently housing is a shadow cabinet post). She said she speaks often with, for example, the shadow Health Secretary Andy Burnham.

It’s an interesting point: when was the last time Jeremy Hunt, Secretary of State for Health, sat around a table with Kris Hopkins, the Housing Minister, to talk about the health impacts of poor housing? Or with the Planning Minister Nick Boles to debate the long-term impact of the NPPF on health inequalities? My guess is that these conversations aren’t happening, despite the best efforts of some civil servants to write these links into guidance.

This is not a party political statement; to be fair, Nick Boles said recently at the TCPA’s annual conference that he would like to encourage a focus on the long term in the planning process. But given that he is currently in power, Boles needs to back up these words with action to address the barriers that exist centrally to more effective collaborative working locally, such as departmental spending silos.

Why does this matter?

First, while the overall health of the population has improved, the current approach is failing to reduce the inequities between the health of people living in different areas. The variation in the number of years a person can expect to live without a disability is scandalous: up to 17 years between the richest and poorest neighbourhoods according to the government’s public health white paper published in 2010. As Duncan Selbie, Chief Executive of PHE, pointed out recently at a conference in Hertfordshire, too many people are “living with misery”.

This ‘misery’ should be enough reason to act. But poor health has a negative impact on the government’s current raison d’etre: promoting economic growth. In the global marketplace high quality environments attract the best employees. Companies need healthy workers. Healthy workers tend to live in healthy environments. It’s a virtuous circle.

Finally, the cliché that prevention is better than cure continues to ring true. By taking effective action and investing in prevention we may also be able to reduce costs to health and social care services which, if left unchecked, are projected to increase dramatically.

For example, the PHE briefing on physical activity and active travel cites research from Glasgow which found that the mean annual benefit of cycling levels in the city was conservatively estimated at just over £3 million in 2009, increasing to over £4 million by 2012. The Landscape Institute position statement cites research from the Canadian Public Health Association, which found that it is 27 times more expensive to achieve a given reduction in cardiovascular mortality by using clinical procedures than through implementing public health interventions.

At a time when the parlous state of NHS and local government finances is rarely out of the news, this latest clutch of reports urging a collaborative and preventative approach to creating health-promoting environments deserves close attention from local and national decision-makers.
For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk