

#healthyplanning

Launch event of the *Town & Country Planning* special edition on planning for health

@CulturePlanning



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COUNCIL

Introduction from the Chair and 3 years on for Reuniting Health with Planning, and introducing the *Town & Country Planning* special edition?

Professor Janice Morphet

3 years on for Reuniting Health with Planning

Janice Morphet, Bartlett School of Planning, UCL

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TCPA

1st December 2016

Launch of special edition Town and Country Planning

Introduction

- Health and planning....
- Planning and health...

- What can we learn?
- What more can we do?

Health and Planning

- Many examples in the new special edition of Town and Country Planning and speakers today
- E.g Cooperation, design, access and outcomes
- New research all the time –
 - Open space and well being/mental health
 - Air quality and street design

Planning and health

- New environments
 - Design
 - Public transport access
 - Access to services
 - Funding
 - Maintenance
- Plan making
 - Policies in plans are INPUTS not OUTCOMES
 - Need to deliver as well

Planning and health

- Existing environments
 - Retrofitting
 - Energy consumption
 - Green spaces
 - Food
 - Dependencies
 - Access to services
 - Older people and mental health

Three years on – what can we learn?

- Planning and Health can get crowded out by other pressures
- Has to be absorbed into practice

Where next?

- Need to consider health provision, including research and innovation in more **strategic plans** in new devolved arrangements and Combined authorities
- Some health issues may be usefully addressed in **neighbourhood** plans if they have a delivery components eg Thame and Winsford
- Better use of **evidence** can make arguments stronger
- Health is now a local authority responsibility – need to improve internal working?
- Planners in private practice need to be more aware of the issues

Putting the pieces together in Reuniting Planning and Health

**Laurence Carmichael, Head of WHO Collaborating Centre for
Healthy Urban Environments, University of the West of England**

Launch event of the *Town & Country Planning* special edition on planning for health

1 December 2016, TCPA London

Putting the pieces together in Reuniting Planning and Health – Lessons from an ESRC seminar series

Dr Laurence Carmichael

Head, WHO Collaborating Centre for Healthy Urban Environments
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University of the
West of England

bettertogether



ESRC seminar series

**Re-uniting Planning and Health: tackling the implementation gaps
in evidence, governance and knowledge**

Researchers:

WHO CC for Healthy Urban Environments, LSHTM, Universities of Bristol, Newcastle, Liverpool, Public Health England

Aims:

- considering how public health can contribute to urban planning and the delivery of healthy sustainable communities
- identify workable and economically viable solutions that help deliver health outcomes, wellbeing and equity
- forum for academics and practitioners to discuss the obstacles to reuniting planning and health in the UK

Themes covered in 6 seminars so far:

Nature of the evidence base, Health Impact Assessment, good practice and initiatives from the UK and from overseas, taking forward the agenda with policy-makers in the UK

Key findings in UK context

evidence base, evidence-sharing and integration into planning processes and policies

Demand from planning and public health professionals to improve:

- their mutual understanding of the nature and uses of evidence
 - sharing evidence and good practice that are fit for purpose within an increasingly resource-poor local authority environment
 - the methods and instruments available to achieve this
-



Source: Mark Drane

Mutual understanding of the uses of evidence: discipline tradition, professional backgrounds, processes, governance, legal and policy frameworks influence the conceptualisation and use of evidence

Planning	Public health
Aim: to achieve sustainable development through plan-making and decision-taking	Aim: creating the conditions in which people can live healthy lives for as long as possible
Objectives: Implementing a statutory system of adopted policies and plans	Objectives: Advocating proactive strategies in response to population health needs
Process: understanding and acting with planning practices, vocabularies and stakeholders, and implementing and co-producing outcomes	Process: understanding systems thinking, consider health impacts that may be related to various social, economic or environmental factors
Evidence: case studies, guidance and key laws	Evidence: consideration of current local knowledge, uncertainties, and social and economic issues, research (scientific, multidisciplinary)

Mutual understanding of the uses of evidence

Planning	Public Health
<p>Key factors in planning decisions: case-by-case basis, considering information on <i>local factors</i> relevant to a <i>specific area</i></p>	<p>Key factors in public health: evidence at a <i>broader population level</i>, which may not have direct links to a particular development, or a geographical location</p>

Planners and PH professionals need to work more closely locally to:

- better translate the wider evidence base to a local context
 - and find appropriate ways to evaluate local policies and innovations, thus increasing the 'local evidence base'
-



Source: Mark Drane

Promoting the evidence base at national level: role of a Built Environment Champion 1

ESRC Seminar 6: Exploring recommendations of the HL SC Report Building Better Places

- Chief Built Environment Adviser and small strategic unit: bringing evidence base into planning and urban design?

Assessment of the evidence base - What is the knowledge base needed for built environment champions at national level?

Critique of the existing scientific evidence base

- Research not well enough informed by the types of questions that practitioners were interested
 - Evidence available, not joined up and not in a useful format for decision-making
 - Multi-factorial nature of the evidence makes it difficult for clear conclusions and recommendations
 - Academics: not good enough at presenting their findings in ways that facilitate decision-making
-

Promoting the evidence base at national level: role of a Built Environment Champion 2

Missing evidence:

- call to include people's experience of living in certain places: *you can currently deliver a development that meets all the recommended standards, but still feels like a bad place to live*
- Quantifying the costs of the health and social impacts of design to financially incentivize good design (Wellcome project)

Skills:

- **Multidisciplinary** knowledge and skills: architect, engineering, planning climate change and health.
- Knowledge of designing **new developments** and **retro-fit** existing housing stock
- Budget to be able to commission research to address gaps in evidence





Source: Mark Drane

Chief built environment adviser and small strategic unit: challenges of policy integration

How would a new structure work? What Horizontal integration would be needed?

- Already sub-scientific advisor within each government department: new structure or post would need to work closely with these existing advisors
- Not 'command and control' role but way of bringing people together from different disciplines
- **In or out of government?**
- Departments made it impossible to progress certain issues.
- **Longevity of such position**
- Link up with Smart Cities, Future Cities and the National Infrastructure Commission

Challenges and opportunities of implementing national guidance at local levels

- *Resources exist for vertical integration (BRE, Cambridgeshire Quality Panel eg) but lack of resources at local level, or focus on environmental health because evidence not understood or not convincing enough*
- *Additional layer not necessary, capacity building at local level needed (NHS England HNT)*

How to integrate public health evidence into local planning practice 1

Policy hooks:

- Bristol's DM 14 - HIA for developments likely to have a significant impact on health and wellbeing
- 'Healthy' planning policies – restricting hot-food takeaways in close proximity to schools and youth facilities
- Requiring monitoring by planning consent to assess the success of "healthy" measures (Bicester)

Leadership:

- Leadership at executive level to promote the use of HIA (Conwy County Borough Council) to support local public health advocacy in the field

Partnership - community engagement:

- Strong consortium approach to place-based and proactive planning and design (Bicester)

Policy integration at plan level:

- PHE advocates JSNA and HWS as part of evidence base for local plan
-



Source: Mark Drane

How to integrate public health evidence into planning practice 2

Health indicators:

What is the importance of health indicators in planning processes/policy?

At what stage of policy making should they be used?

- Health indicators important to operationalize the buy-in and help to assess how planners and developers are doing in implementing healthy environments
- Large house builder had recently reported they 'don't do health' because no-one is asking them to
- It was also suggested that targets should be set at the local level
- Many types of indicators and different roles in decision-making process: target, transparency monitoring

How to integrate public health evidence into planning practice 3

Should indicators be set at national or local level and should they be statutory or used as guidance only?

- Planners need to have confidence that decisions in accordance with health recommendations will not be overturned by local politics, (hot food takeaways)
 - NPPF give weight to indicators but vertical integration must be effective to deliver healthy design
 - Added value of indicators into the NPPG when existing tools to drive local practice such as local JSNAs and local HWSs do not reference the importance of the built environment at all or the Local Plan and Local Plan does not use them as evidence; yet they are important to ***align the agendas for place, poverty and inequality***
 - Public Health England to explore better use of the built environment components of existing Public Health Outcomes Framework indicators
-



Source: Sarah Burgess

Integration of health into planning 4: appraisal instruments

- **Health Impact Assessment (HIA):** applied in a wide range of policy, plan and project situations, non statutory instrument
 - **Strategic Environmental Assessment (SEA):** for plans and programmes: local, transport, waste, energy, minerals and other plans - European Directive (Directive 2001/42/EC) explicitly asks for human health to be considered
 - **Environmental Impact Assessment (EIA):** for certain infrastructure/large development projects, statutory - The new EIA Directive (Directive 2014/52/EU) for the first time explicitly requires human health consideration
-

Challenges and opportunities for inter-sectoral integration

Challenges:

- Unlikely that the England planning system will change
- Viability clause in the NPPF: allows sound planning decisions to be circumvented.
- Understanding the long-term impacts of new development on health could help rebalance the meaning and testing of viability, redressing the balance of power

Opportunities:

- need for new approaches to professional training and organisational capacity building in every local authority
 - JSNA and sharing health data to inform Local Plans could support the mainstreaming of systems thinking, inform more complex built environment interventions.
 - Engaging with communities to generate the health evidence base for Local Plans
 - HIA
 - Think of the other actors of the development process
-



Source: Laurence Carmichael

How will your organisation promote the building better places agenda? Responses of stakeholders in ESRC roundtable

- The Cambridgeshire Quality Panel will now put health on the agenda
 - Aim to share more knowledge across sectors
 - Aim to ensure health is on the urbanisation agenda in low and middle income countries as well as in the UK
 - Make the most of the Habitat 3 New Urban Agenda
 - There is an opportunity to raise health as an agenda with the National Construction Board
 - Work with designers and developers to improve the evidence base
 - Test models within the NHS Healthy New Towns, but also share learning more widely
 - Explore new guidance on planning and dementia
 - Consider learning from the USA
 - Engage in the Planning for People campaign
 - Develop a business case for investing in the built environment for health
-



Source: John Parkin

Thank you
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Healthcare insight – addressing place-based challenges in localities

**Nicola Theron, London Area Director
Community Health Partnerships**



Healthcare insight – addressing place-based challenges in localities

Nicola Theron, London Area Director,
Community Health Partnerships



Addressing place-based challenges in localities

Context

- NHS to many – one of proudest achievement of modern society
- A universal commitment to healthcare free at point of delivery
- Values remain, but given changing world, NHS needs to adapt:
 - a more engaged relationship with patients, carers, citizens
 - to actively promote health care and prevent ill health
- NHS is huge & varied
 - £140bn revenue, 1.6m staff, 1.5m daily appointments
 - Complexity of commissioner and provider roles
 - Data rich, information poor
 - Ageing population/co-morbidity and implications on care
 - Huge pressure on funding
- The Five Year Forward View "FYFV" is the response – a shared vision amongst NHS national leadership, patients, clinicians and communities

Key messages from FYFV

- Key focus on public health and preventative agenda
- Recognition - lifestyle, physical, social and economic environments have more of an impact on health outcomes than does the NHS
- Patients will gain far greater control of their own care
- FYFV key step in breaking down barriers in delivery of care, split between primary and secondary, physical and mental health, health and social care
- Locally based delivery model, including emergence of specialist centres organised to support people with multiple health conditions

Key design principles for placed based care*

- Define the population group and the system's boundaries
 - Identify the right partners and services
 - Develop a shared vision and objectives
 - Develop an appropriate governance structure
 - Identify the right leaders and develop a new form of leadership
 - Agree how conflicts will be resolved
 - Develop a sustainable financing model
 - Create a dedicated team
 - Develop systems within systems
 - Develop a single set of measures
-
- * source the Kings Fund “Place Based System of Care”

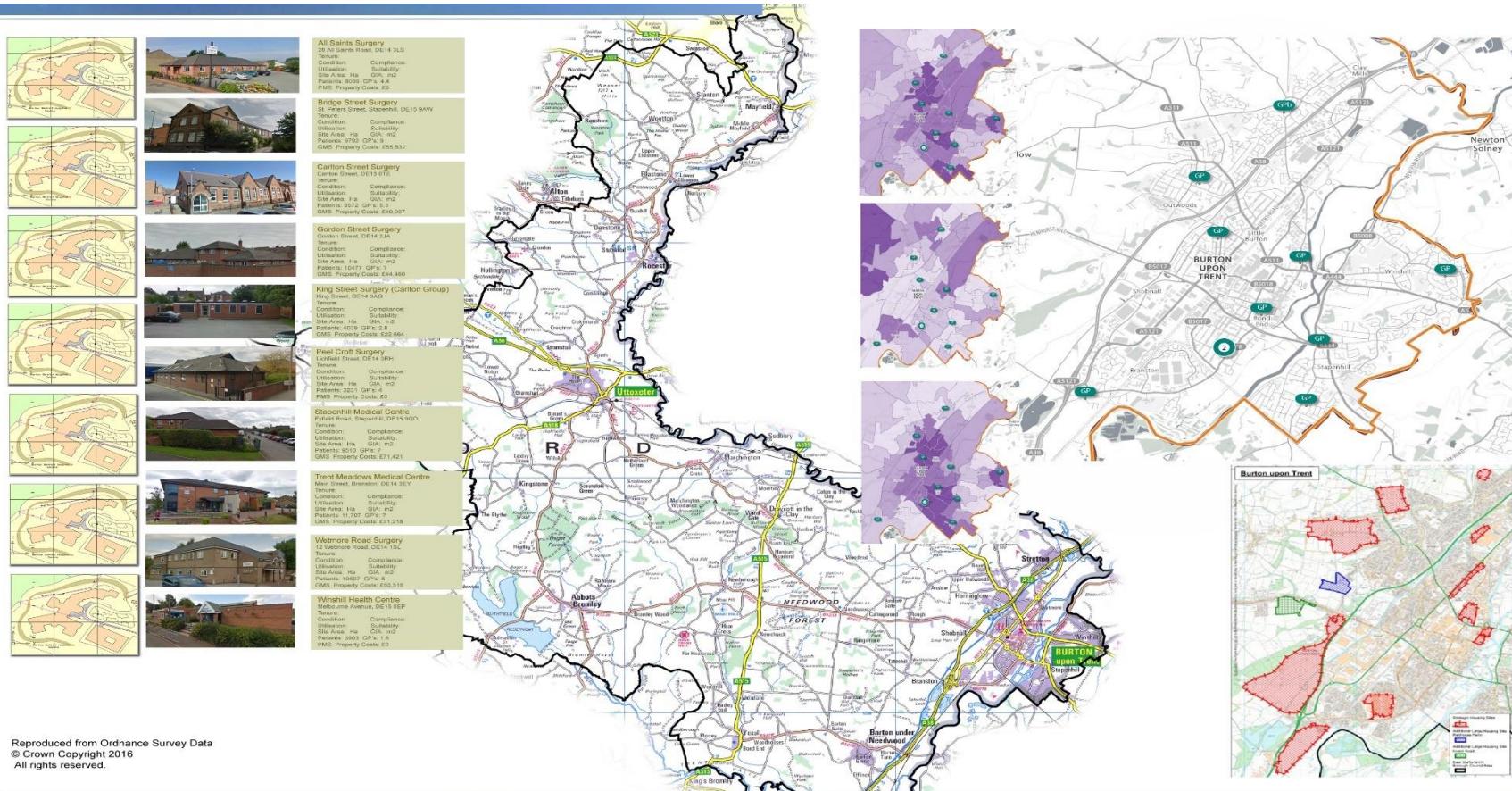
Opportunities arising from delivering place-based care

- Health centres that provide a more integrated offer to better manage health in the community, operating for longer hours
- The emergence of health campuses to better align health, housing, care beds, community assets
- The establishment of new types of housing options – sheltered housing, extra care housing and specialist housing
- New models of commissioning supporting this approach:
 - Social prescribing
 - Joint health and social care
 - Output based commissioning
- More effective use of S106 and CIL to support a new population's health needs
- Re-emergence of key worker housing as a key priority for the NHS

Examples

- Northfield, Stoke on Trent – an innovative scheme which provides a range of housing options and a holistic approach to care, enabling people to continue to live the lifestyle they want in the same familiar locality. Includes preventative services, community hub, a doctors surgery and a specialist dementia home
- Nelson health centre – an integrated health centre bringing primary care at scale, outpatient and diagnostics services and specialist rehabilitation care for elderly patients, adjoining a private sector extra care housing scheme of 50 flats

Northfield, Stoke – the STP evidencing the need for investment



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Strategic property mapping



East Staffs CCG

Pan Staffordshire Strategic Estate Plan
NHS England

Version 001 May 20106

PJB Associates

Innovative Solutions



**NORTHFIELD
VILLAGE**



Nelson health center and extra care housing



Conclusions

- Integration between health and wider social determinants of health recognised as part of the STP
- Locally based mixed use models emerging as very viable options where land, ambition and context meets
- Emerging health and well being work streams and evidence based supports the delivery of these projects
- Opportunities emerge where early ambition and delivery capacity exists, and specifically where opportunities to configure, rationalise estate can support affordability
- However, funding, timing, approvals and capacity/confidence in delivery remain key constraints
- Opportunities exist to shape healthy planning and place based health and wellbeing. Relationships, capacity and patience key!

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Healthy Cities - Masterplanning with human centric outcomes

Eike Sindlinger, Senior Architect and Urban Designer, Arup

Lessons for capturing benefit of healthy development

Helen Pineo, Associate Director – Cities, BRE

The value of healthy development

Helen Pineo, Associate Director – Cities
1 December 2016

@helenpineo



Contents

Development

- The cost of business as usual development
- Carrots for developing healthier places
- Good practice examples

Planning

- The importance of local knowledge
- Tools to gather health and place knowledge
- Tools to achieve healthier design in new developments

Business as usual



New homes within
walking distance to
rail and metro
stations¹

<13%

43%

British people living
in houses which do
not meet Living
Home Standard²

¹Royal Town Planning Institute ²SHELTER

The problem with business as usual



70%
Portion of health and
social care budget spent
on chronic diseases¹

Annual costs to
business and society of
physical inactivity²
£7.4bn

The problem with business as usual



£1.4bn

Annual cost of poor housing to
the NHS¹

Cost of lost productivity in the USA
from chronic diseases²

\$84bn

Healthy neighbourhoods are worth more



5 – 56%

Higher commercial value for homes in
high quality new developments
(RICS, 2016)

Healthy neighbourhoods are worth more



30%

**Homeowners and renters willing to pay
more for homes that don't compromise
health & wellbeing (Saint-Gobain, 2016)**

Healthy neighbourhoods are worth more



\$4k - \$34k

**Increased value of homes in highly walkable
communities in USA (CEOs for Cities, 2009)**

Healthy design need not cost more

- residential density
- mixed land use
- street layout and design
- greenspace
- places to rest
- transition between public / private space
- environmental cues for crime and safety
- local facilities for leisure and recreation
- public transport / public toilets
- places to gather



Healthy design need not cost more

Street layout and design...

- Crossings / pedestrian priority
- cues of crime / disrepair / lighting
- legibility/wayfinding
- accessibility
- traffic speeds
- maintenance
- pavement width / materials
- aesthetic quality / greenery



King's Cross, London



Bicester Eco Village, Oxfordshire



Southwark & Lambeth Healthy Planning

- Which **policies and design approaches** can be implemented through planning and regeneration to support the 3 focus health issues?
- Which **methodologies** have been used by similar social research studies or planning studies into these topics (e.g. participatory mapping) and what were the key findings/lessons learned?



Three health themes:

1. Social interaction and isolation
2. Obesity (inactivity and healthy eating)
3. Health service provision

Engagement example: Healthy Eating

Built environment features which matter

- concentration of unhealthy food outlets in deprived neighbourhoods
- proximity of fast food outlets to schools
- local availability/affordability of healthy food outlets (perceived availability is important)



Engagement example: Physical (in)activity

Built environment features which matter

- residential density
- mixed land use
- street layout and design
- greenspace
- intersection density (short blocks)
- environmental cues for crime and safety
- local facilities for leisure and recreation
- public transport



Gathering local knowledge

- Participatory Community Mapping Workshop
- Participatory Photo Mapping
- Photo-survey
- Community Street Audit
- Food mapping
- Digital tools: Commonplace and Place Standard

[Place Standard](http://www.placestandard.scot/#/home)
How Good Is Our Place?

The Place Standard tool provides a simple framework to structure conversations about place. It allows you to think about the physical elements of a place (e.g. its buildings, spaces, and transport links) as well as the social aspects (e.g. whether people feel they have a say in decision making).

The tool provides prompts for discussions, allowing you to consider all the elements of place in a methodical way. The tool pinpoints the assets of a place as well as areas where a place could improve.

[Place Standard Guide](#) [Start Assessment](#)

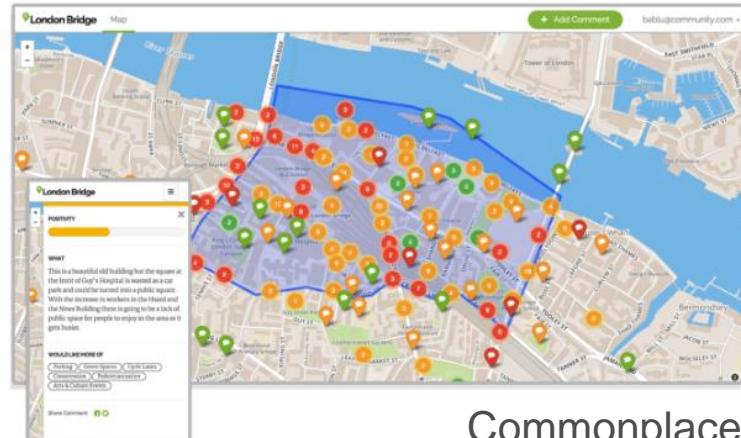
[Download Paper Version >](#)

Architecture & Design Scotland
Altereachd is Designheit na h-Alba

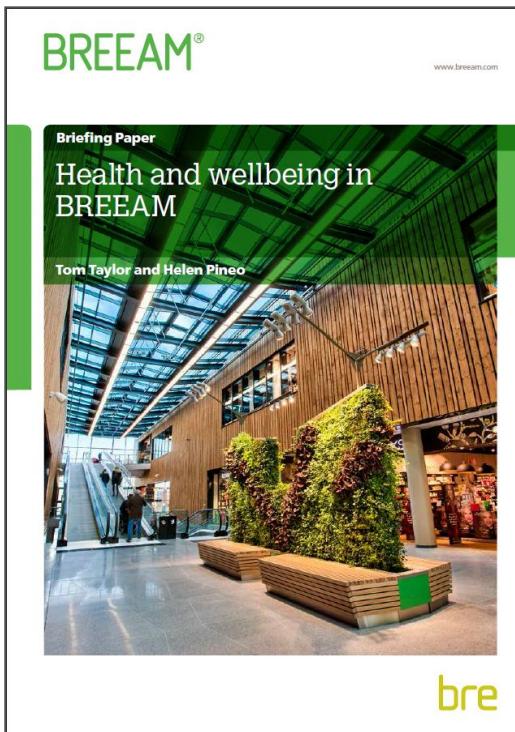
NHS Health Scotland

The Scottish Government
Ragairas ùr na h-Alba

<http://www.placestandard.scot/#/home>



Health & Wellbeing in BRE sustainability standards



	BREEAM Communities	BREEAM NC / RFO	Home Quality Mark*
Indoor environment (Health and Wellbeing)	<ul style="list-style-type: none"> – Sustainable buildings 	<ul style="list-style-type: none"> – Visual comfort – Indoor air quality – Thermal comfort – Acoustic performance – Water quality 	<ul style="list-style-type: none"> – Indoor pollutants (VOCs) – Temperature – Ventilation – Daylight – Sound insulation
Ecology and outdoor space	<ul style="list-style-type: none"> – Ecology strategy – Public realm – Microclimate – Green infrastructure – Enhancement of ecological value 	<ul style="list-style-type: none"> – Various ecology issues seeking to maintain / enhance ecological value 	<ul style="list-style-type: none"> – Various ecology issues seeking to maintain / enhance ecological value – Recreational space
Active / Healthy Lifestyle	<ul style="list-style-type: none"> – Transport assessment – Cycling network – Cycling facilities – Delivery of services, facilities and amenities 	<ul style="list-style-type: none"> – Cyclist facilities – Travel plan 	<ul style="list-style-type: none"> – Alternative sustainable transport options – Growing space
Safety and security	<ul style="list-style-type: none"> – Flood risk assessment – Noise pollution – Land use (contaminated land) – Adapting to climate change – Flood risk management – Safe and appealing streets – Inclusive design 	<ul style="list-style-type: none"> – Safety and security (safe access) – Site selection (contaminated land) 	<ul style="list-style-type: none"> – Flood risk – Security
Health and wellbeing of users in surrounding area (Pollution)	<ul style="list-style-type: none"> – Light pollution – Water pollution – Flood risk management 	<ul style="list-style-type: none"> – NOx emissions – Surface water run off – Reduction of night time pollution – Noise attenuation 	<ul style="list-style-type: none"> – Managing the impact of rainfall – Impact on local air quality
Management / Consultation / Handover	<ul style="list-style-type: none"> – Consultation and Engagement – Design Review – Delivery of services – Community management of facilities 	<ul style="list-style-type: none"> – Project brief and design – Commissioning and handover – Aftercare 	<ul style="list-style-type: none"> – Commissioning and performance – Aftercare / home information – Smart homes – Post occupancy evaluation

** At the time of writing, the issues listed were subject to confirmation and final approval.

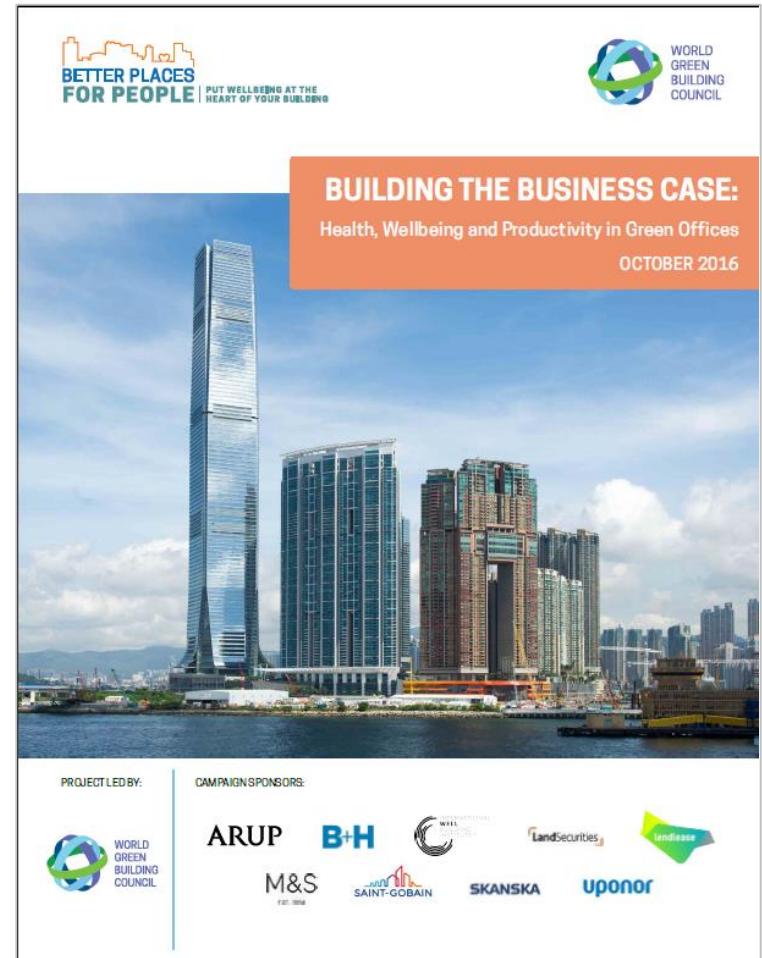
Focus on office buildings

Skanska's new Northern Hub in Doncaster 'BREEAM Outstanding'

- £28,000 savings in 2015
- Shortened payback from 11 to 8 years

Heereme Marine Contractors HQ in the Netherlands

- £42m net present value over 20 years due to increased productivity, staff retention, and reduced absenteeism (KPMG)



BETTER PLACES FOR PEOPLE PUT WELLBEING AT THE HEART OF YOUR BUILDING

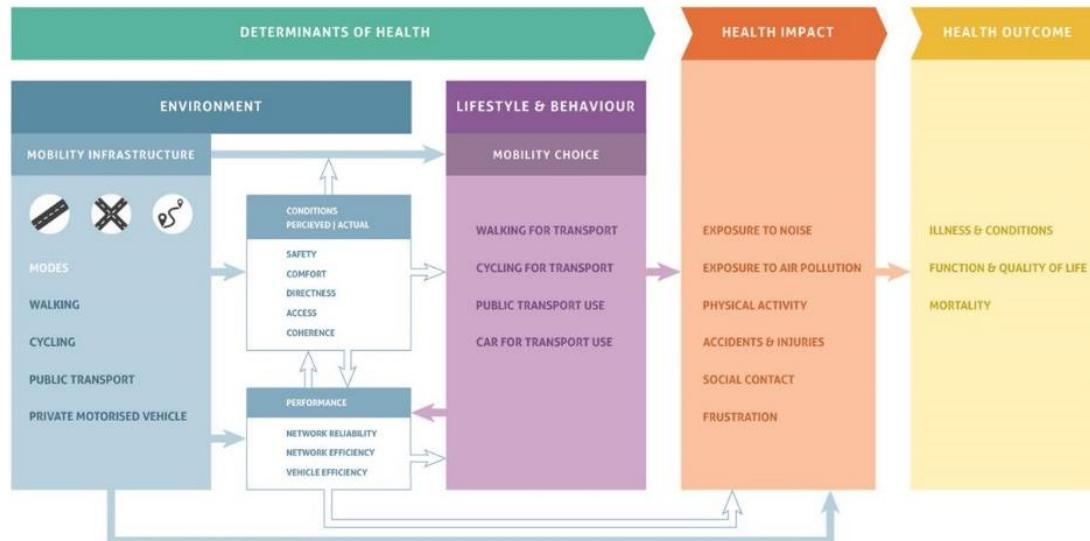
WORLD GREEN BUILDING COUNCIL

BUILDING THE BUSINESS CASE:
Health, Wellbeing and Productivity in Green Offices
OCTOBER 2016

PROJECTED BY: ARUP B+H M&S SAINT-GOBAIN SKANSKA uponor

CAMPAIN SPONSORS: LandSecurites Indasec

A design protocol for Health + Mobility



DIAGNOSIS

SYMPOTMS
AND
ASSESSMENT



BENCHMARKING

IDENTIFYING SYMPTOMS

How is the area currently performing?
What vital signs could be improved?



OPPORTUNITIES & CONSTRAINTS

SYMPOTMS ASSESSMENT

Why is the area performing like this?
What are the opportunities and constraints?



SCENARIO TESTING

INTERVENTIONS AND PRESCRIPTION

What are the design options?
What should be prioritised?



FOLLOW UP

CHECK UP

How is the area performing after implementation?
Are there further areas to improve?

TREATMENT

PREScription
AND
CHECK UP

Can we expect better design?



References

- See article for most facts and figures.
- Moore G, Croxford B, Adams M, Refaei M, Cox T, Sharples S. The photo-survey research method: capturing life in the city. *Visual Studies*. 2008 Apr;23(1):50–62.
- Royal Town Planning Institute. The location of development: Mapping planning permissions for housing in twelve English city-regions. RTPI; 2016. Available from: <http://www.rtpi.org.uk/media/1747858/LocationofDevelopment.pdf>
- Shelter. Living Home Standard. 2016. <http://www.shelter.org.uk/livinghomestandard>
- Dennis Jr. SF, Gauloche S, Carpiano RM, Brown D. Participatory photo mapping (PPM): Exploring an integrated method for health and place research with young people. *Health & Place*. 2009 Jun;15(2):466–73
- Corbett J. Good practices in participatory mapping: A review prepared for the International Fund for Agricultural Development (IFAD). International Fund for Agricultural Development; 2009. Available from: <https://www.ifad.org/documents/10180/d1383979-4976-4c8e-ba5d-53419e37cbcc>

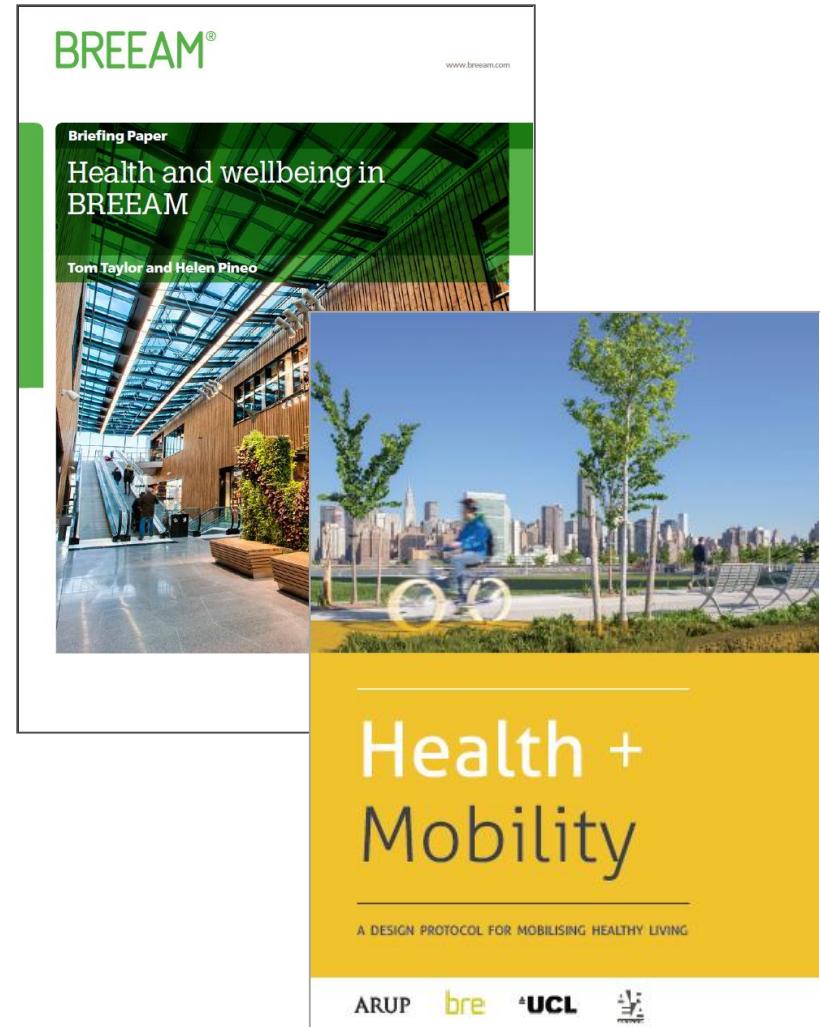
Thank you

<http://www.breeam.com/resources>

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http://publications.arup.com/publications/h/health_and_mobility

What it all really means for Reuniting health with planning in local areas

**Dr Dan Masterson, Healthy Urban Planning Officer
Stoke-on-Trent City Council**

Uniting Health (Psychology) in Planning

What it all really means in local areas



Dr Daniel Masterson Cpsychol
Healthy Urban Planning Officer

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Blog: www.happia.me

What will you gain from this session?

- Learn from issues experienced and what worked well in Stoke-on-Trent
- Preliminary findings from research which shaped my role
- Applying Health Impact Assessment in practice
- Working with developers to address health
- Take home message to apply in practice:

Three pillars of healthy urban planning



“Man shapes himself through decisions that shape his environment”

~ Rene Dubos

A little about me

- HCPC registered Health Psychologist
- Aug 2008 - Senior Researcher at Staffordshire University, physical activity interventions and Public health research
- January 2012 - Research into environment and health (e.g. PHENOTYPE) and Health Impact Assessment
- Dec 2014 – Seconded to S-o-T City Council as a Healthy Urban Planning Officer



City of
Stoke-on-Trent

Previous work in S-o-T

- Designated as a Healthy City (1998)
- Task and Finish Group – Hot Food Takeaways (2009)
- Health Proofing Masterplan (2010)
- Healthy Urban Planning SPD (2012)
 - HIA for large-scale planning applications (200+ houses, 10k m²)
 - Joint working between public health and planning
 - SPD feeds into our core strategy policy to “contribute positively to healthy lifestyles”
- Draft Hot Food Takeaway SPD (2013)



City of
Stoke-on-Trent

In 2014...

Efforts had been made...

- Legacy of Cycle Stoke - improved cycle ways and greenways



- Stoke-on-Trent was about to become a City of Sport



...but 'health' was still not engrained in planning decisions

- No dedicated resource for Healthy Urban Planning
- Public Health and Planning were not communicating effectively
- HUP SPD was simply not being followed (No HIAs)



City of
Stoke-on-Trent

Where to start?

We need psychology in planning (Dr. Hugh Ellis, TCPA - Planning out Poverty, 2014)

- Understand how individuals interact with their environment
- Shaping decision - Individual behaviour, choices & how to change

The Stoke Approach

- Health Psychologist based in Planning (F/T) to engrain health in the Local Plan

Listened, learned and explored

- Read best practice & research
- Guidance on Healthy Urban Planning (TCPA, RTPI, SPAHG, SUSTRANS etc.)
- Networking - established what had(n't) worked elsewhere
- Listened to planners (Interviews, n = 9 – analysed using IPA)
- Systematic review into A5 appeal decisions by the planning inspectorate



City of
Stoke-on-Trent

Embedding health in policy alone is not sufficient...

“I can write **policies** until I’m blue in the face ... but somewhere along the line **we needed to bring a health perspective into the development management process** if we are going to make **real changes** to the physical environment that lead to improvements in people’s health and wellbeing.”

Stephen Hewitt
Specialist Professional Planner,
Bristol City Council



City of
Stoke-on-Trent

Healthy Urban Planning Officer role

- Engrave health from the very beginning (before pre-application)
- Provide **evidence** for the inclusion of health in planning
- Incorporate a **health perspective** into our Local Plan and other policy
- Act as a planning ‘specialist’ & **consultant** throughout the DM process
- Work across the board and **act as a point of contact** (overcome silo working)
- Conduct **research** to explore barriers and how to overcome them
- Document and **report best practice** (Developer Tool kit)



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Health Impact Assessment (HIA): too little, too late?

- HIAs can be seen as ‘tick box’ exercises
 - Developers felt HIAs didn’t add value to a scheme
 - Noise and air quality assessment seen as HIA
-
- The further down the line HIA is undertaken, the harder it is to implement recommendations
 - Engage at pre-application stage: developer toolkit



City of
Stoke-on-Trent

Creating Healthy Communities

- Tie in with obligations set out in NPPF
 - Delivering sustainable development (Para. 18 to 219)
 - Supporting strong, vibrant and healthy communities (para. 7)
 - Engage and consult with local communities (para. 66)
 - Green space (para. 73, 76-78), sports and recreation(para. 73)
 - National trails and rights of way (Para. 75)
 - Active travel (Para. 35, 69.3, 70)
 - Community cohesion (Para. 69.2),
 - Education (Para. 72)

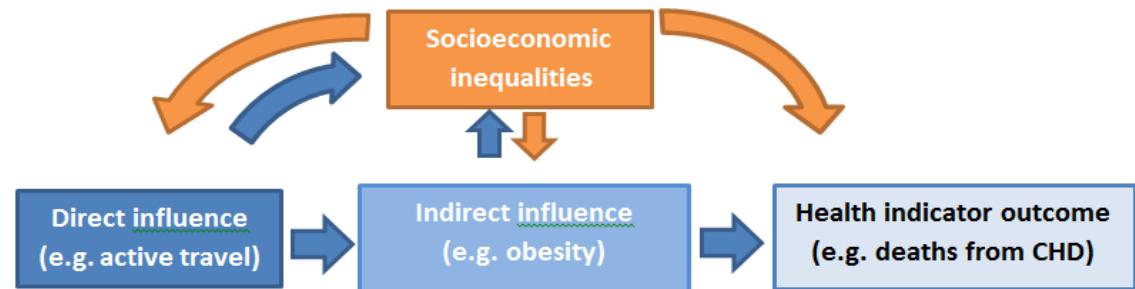
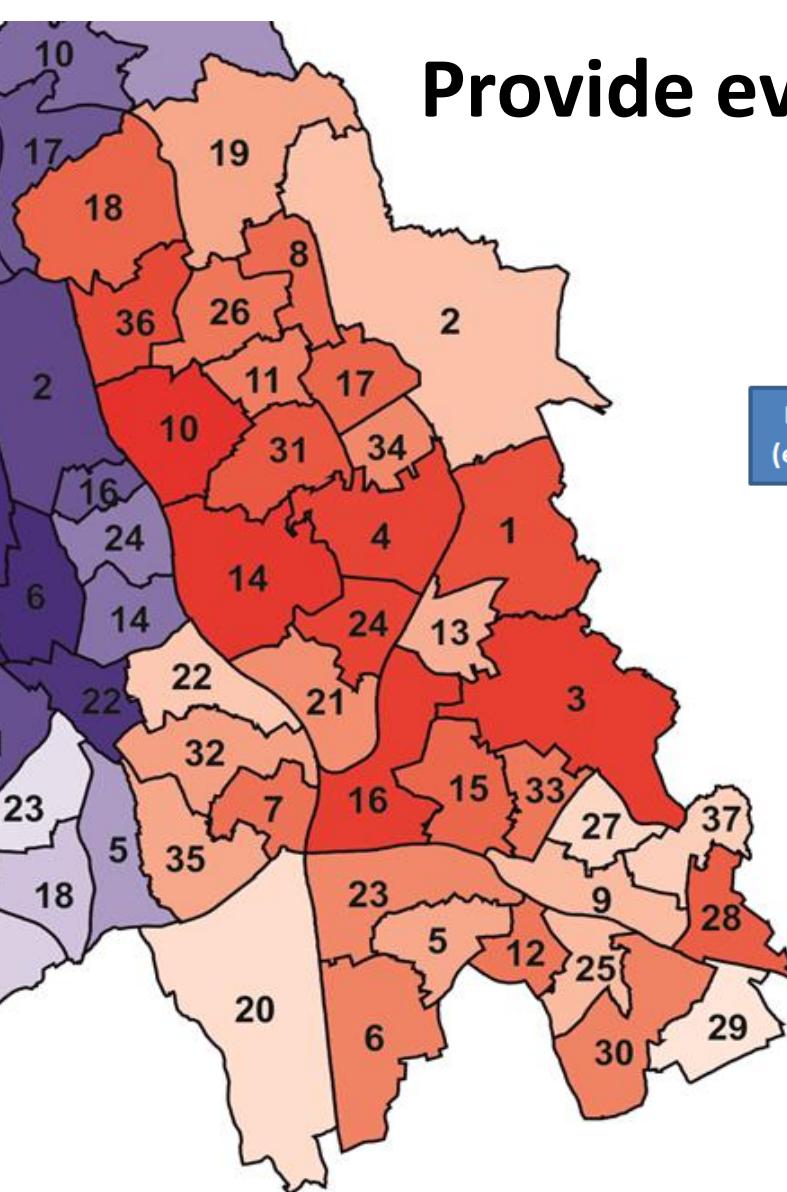


Highlight benefits for developers

- HIA facilitates stakeholder involvement to identify potential concerns and address them **BEFORE** they become a problem
- Provides a structured framework for engagement and **evidence** of consultation with communities (NPPF, Para. 66)
- Proactively identify and mitigate issues that may be raised by officers and/or decision makers
- Creates a health ‘premium’
- Demonstrate delivery of sustainable development
- Local Authorities using ‘all the levers at their disposal to improve health and reduce health inequalities’
(Health and Social Care Act, 2012)
- Cumulative impact considered
- HIA makes achieving these benefits **easier and transparent**



Provide evidence & relevant information



- Liaised with planners to identify and agree health indicators which can be influenced by planning
- Healthy Urban Planning indicators identified
- Useful for informing issues for Local Plan
- Useful for developers to consider



Provide comments & guidance

- Highlight benefits of involvement at pre-application stage (or as soon as possible)
 - Easier and less costly to make amendments early on
 - Comments are likely to be raised by HIA
 - If acted upon, can evidence they have addressed concerns alongside application
- Continue to review and provide comment with each amendment (they may cut back on costs...)



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Examples within S-o-T

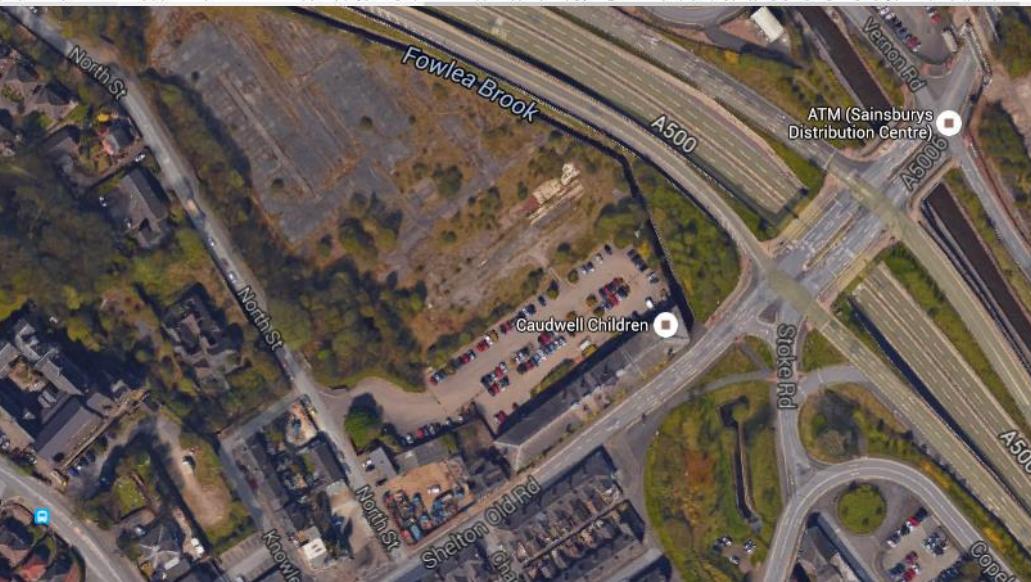


Student accommodation

- 1600 units (gradually increased)
- Initial designs promising
- Pre-app comments came up in HIA (were already addressed!)
- E.g. All 36 accessible rooms in one building (7 floors)
- HIA undertaken with consultation

BUT

- Ecology barrier gradually reduced with each amendment
- Trees not suitable eco- barrier
- Unclear cycle storage figures
- Gated community vs. safety
- Access to Hartshill park removed
- Fowlea brook bridge request



Examples within S-o-T



- Before HUP role
 - Benches not age friendly
 - Little consultation
 - Access for All not followed
 - Trees = maintenance cost
 - Cycle racks minimal
 - Health an add-on

- Most concept designs have:
 - Trees & greenery
 - Cyclists
 - Cycle racks
 - Gradually cut back



Recent concept designs in S-o-T City Centre

- Tying together projects (e.g. wayfinding) and overcome silo working
- Consultation takes place before designs
- Access for All (e.g. raised and contrasted curbs)
- Age friendly benches
- Trees have a designated purpose (e.g. shade, reduce flood risk)
- Permeability emphasized



Thank you for listening

Take home message

Capacity

Political Will

Engrain health into policy

Communicate HUP agenda on all levels

Dr Daniel Masterson CPsychol

Twitter: @Dr_Masterson

Blog: www.happia.me



City of
Stoke-on-Trent

#healthyplanning

TCPA 'Reuniting Health with Planning' initiative

**Michael Chang MRTPI, Project and Policy Manager
Town and Country Planning Association (TCPA)**

@CulturePlanning





'REUNITING HEALTH WITH PLANNING' INITIATIVE

Since 2010

tcpa

Capacity building

Planning for health locality workshops

In 2012 - 2016, 37 workshops delivered across UK

2017

- Healthcare
- Developers
- Health in New Towns Renewal

Guidance

JSNA in planning (2010)

Reuniting health with Planning (2012)

Belfast Reuniting Planning and Health resource (2014)

Planning healthy weight environments (2014)

Public health involvement in planning guide (2015)

Wales Planning for health briefing (2016)

Research

Health in Garden Cities (1938)

Planning healthier places (2013)

Planning for health in Scotland (2014)

London Boroughs Policy Review (2015)

Building the Foundations (2016)

Raising awareness

Town & Country Planning special edition journals - 2007, 2014

Town & Country Planning special edition 2016

Twitter @CulturePlanning

Speaking at external events

2017 #healthyplanning project 1



tcpa

**Developers and Well-being:
gaining a business perspective on building
healthy places**

TCPA Project Proposal

- **People:** How developers pursue health-sustainability objectives?
- **Place:** What has the local housing market response been in terms of local value creation and level of sales?
- **Process:** How have the TCPA '6 healthy weight environments elements' been considered in actual developments and how have developers measured post-development success?
- **Politics:** What does an effective collaboration between developers, planners and public health look like during the development process?
- **Deliverables:** Local workshops with site visits, development profiles, interviews and publication of messages, advice and development profiles with developers.
- **Partners:** PHE, NHS England + others tbc

2017 #healthyplanning project 2



15-Year Forward View:

Healthcare needs in planning and development

tcpa

TCPA Project Proposal

- To help demystify the new healthcare planning and commissioning landscape for the purpose of spatial and strategic planning functions of local areas,
- To facilitate planning arrangements to match make CCGs and LPAs, and LA Public Health in relation to spatial, healthcare planning and commissioning processes, and
- To facilitate active conversations between CCGs and LPAs in meeting Duty to Cooperate requirements.
- **Deliverables:** Local roundtables, practitioner survey and planning guidance



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See TCPA website for more details of the Planning
and Health activities and publications

www.tcpa.org.uk/Pages/Category/health

@CulturePlanning



Closing remarks

Professor Janice Morphet



University
of the
West of
England

