Guest Editors **Marcus Grant** and **Caroline Brown** introduce the special issue of *Town & Country Planning* on health and planning

Planning for healthy communities

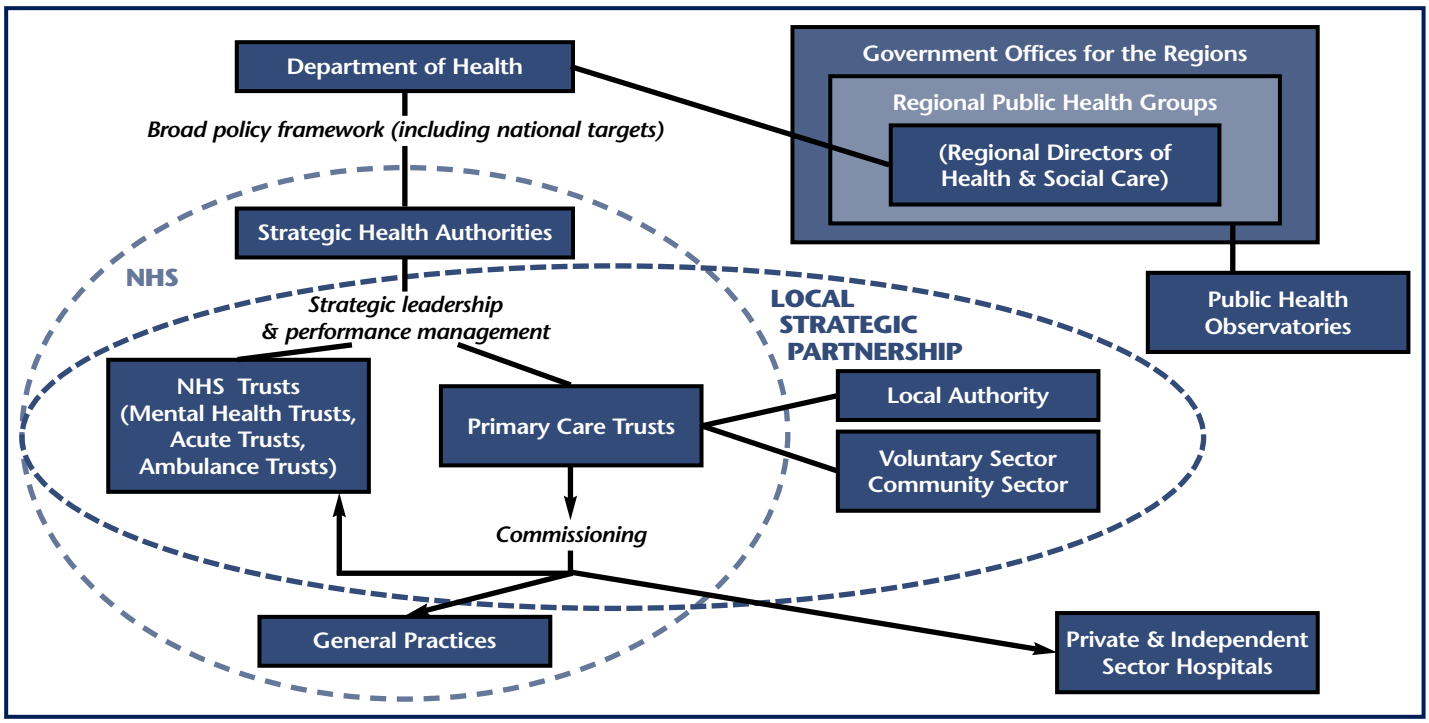
THE TERM 'HEALTH' has a range of meanings and associated methods of measure in different professional and lay sectors. The medical and health service sector mainly see health as an absence of disease. Indicators here attempt to measure health through factors such as infant mortality, life expectation and the incidence of diseases such as cancer. Defining health in this way has commonly been referred to as a negative definition.

Over the past decade or so there has been a shift in the meaning and ownership of the term 'health', partly stimulated the United Nations Environment Programme's Agenda 21, adopted at the Rio 'Earth Summit' in 1992.[1] The trend is towards a broadening of the definition of health, with a wider subscription to a holistic definition, such as that offered half a century ago by the original Charter of the World Health Organisation (WHO) in 1946: *'Health is not only the absence of disease but a state of physical, mental and social well-being. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief or economic and social conditions.'*[2]

This special issue of *Town & Country Planning* starts from the position that if planning is a 'means', then the lofty WHO ambition of 'health for all' must be planning's ultimate 'end'. There can be no more important overarching *rasion d'être* for planning. This was recognised at planning's birth, with the emphasis on ridding us of the diseases associated with water contamination, poor air and slum dwellings. Yet planning has seemingly lost this core purpose. The emphasis on planning for efficiencies, whether in transport, the economy, energy or even land use, must all be recognised as just intermediate goals. Surely they are just supports for a healthy and sustainable society? But to what extent did public health even feature in the training of today's planners?

Caroline Brown and Paul Tomlinson's article serves as an introduction to the relationship between planning and health. Some of the material was used as a briefing paper for an RPTI (Royal Town Planning Institute) conference on health and planning in 2006, and the article provides an update on policy development at the Institute.

This introduction is followed by a diary piece by Marcus Grant of the WHO



The organisational framework for health

Collaborating Centre for Healthy Cities and Urban Policy. The idea for this special issue has been stimulated by an upsurge of activity and interest in health and planning, both nationally and internationally. The articles commissioned and published here provide only a small window onto that activity – the diary of the WHO Collaborating Centre embeds these articles within a wider circle of activity involving many other actors and agents.

This is followed by three articles commissioned from the NHS and public health sector. These give examples from London, South West England and Lothian, Scotland of health groups realising the potential that planning has in shaping the health of the population. Each of the three groups has explored a different route to engagement in the planning process.

The article on health planning in London by Paul Plant, Nannerl Herriot and Sue Atkinson demonstrates what the health sector – in this case the London Regional Public Health Group – can achieve. Having spotted the need for a group of planners to work for and be employed by the NHS, the group's focus has been on capacity-building with the primary care trusts – the results speak for themselves. The Local Government Unit in the South West Regional Public Health Group has adopted a different approach, and Pamela Akerman from the Unit describes her work with local authorities in using local area agreements (LAAs) to improve the population's health. She gives examples of how planners and health professionals can work together to promote healthier lifestyles and healthier environments. Martin Higgins gives an overview of planning and health and reports on policy in Scotland, focusing on activity in NHS Lothian.

The three NHS articles are followed by Hugh Barton's article presenting a 'health map' for planners. Hugh and the WHO Collaborating Centre for Healthy Cities and Urban Policy, of which he is a Director, have been working in the field of healthy urban planning for almost a decade. His article describes a tool being used to engage the gamut of built environment professionals in considering how their actions may affect human health.

Following the holistic model proposed in the health map, the article by Ben Cave, Alan Bond and Adam Coutts provides advocacy from the front line for embedding health within the strategic environmental assessment (SEA) process. They conclude that we currently have a window of opportunity to strengthen the way in which human health and health improvement are addressed.

The linkage between physical urban form and health, as embodied in the health map, is being put under scrutiny by Tim Townsend and Amelia Lake. Empirical studies of this type are only just starting in the UK, and their article reports on the early stages of research at Newcastle University which aims to explore cause and effect between obesity and what they coin as Sloburbia! The health map is again invoked in the article by Angela Mawle and Jenny Griffiths of the UK Public Health Association (UKPHA). The map is designed to link human health interests and sustainable development goals into a single model – and their article further examines this concept, which is arguably central to the new spatial planning approach. It also introduces those readers new to the UKPHA to this important grass-roots organisation, while also reviewing visions and actions for health and sustainability.

The final article, by Caroline Brown and Marcus Grant, outlines an immediate win-win area for planners: how to use nature itself as an urban medicine. This is an area in which planners can play doctor and administer some healing themselves!

So where does all this leave us? We all know that planners sometimes preside over decisions that reduce well-being, diminish social capital or create isolated communities, without even acknowledging the associated negative impacts on health. The new spatial planning agenda demands a more holistic approach – and that means integration of sectoral goals. Addressing health through planning is one example where there are clear benefits from better co-ordination.

The recent Wanless Report into health provision for HM Treasury[1] concluded that there could be an increasing funding gap between the demands for health-related services and the ability to meet those demands. Wanless examined different scenarios for the future, but an inevitable conclusion coming from the report, and repeated in other quarters, is the vital importance of reducing the need for health services in the first place by promoting a healthier population. Of course, health promotion campaigns have their role. But at a deeper level, the message that is not yet really being heard in the Department of Health and the NHS[2] is the potential of a *positive* role for planning. It is only through putting health back into planning that we can provide the settings and infrastructure for healthier choices, healthier lifestyles and a healthier society. ■

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Notes

1 Derek Wanless: *Securing Our Future Health: Taking a Long-Term View*. HM Treasury, 2002

2 *Choosing Health: Making Healthy Choices Easier*. Department of Health. TSO, 2004

Glossary of health for planners

Drawn from J.Orme, J. Powell, P. Taylor, T. Harrison and M. Grey (Eds): ***Public Health in the 21st Century: New Perspectives on Policy, Participation and Practice.*** **Open University Press & McGraw-Hill Education, 2003**
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Terms in semi-bold italic are defined within this glossary

Boards: The governing bodies of many organisations, including the ***NHS hospital trusts*** and ***primary care trusts***. A board decides on the overall strategic direction of the organisation and ensures that it meets its statutory financial and legal obligations. Boards are usually made up of executive and non-executive directors. The board is answerable for the actions of the organisation.

Care trust: An NHS organisation which provides ***health and social care services***, formed by the merger of local authority social care services with NHS ***primary and community health services***. Care trusts started to be set up in 2002. They work under one roof to provide seamless health and social care services, particularly for older people.

Choosing Health: Making Healthy Choices Easier: Published in 2004, this White Paper sets out the current health strategy for England – a strategy in which the Government is an enabler and partner in what is seen as multi-level collaboration for health. The partnership approach calls on all sectors, including industry, and all levels, including each individual citizen, to respond for a healthier future. The delivery of the various targets is set out in an action framework published in 2006 – called *Our Health, Our Care, Our Say: Making it Happen*.

Community health services/community services: Health services provided in people's homes or from premises in the community such as GP surgeries, health centres, clinics and small community hospitals (as distinct from services provided in major hospitals).

Director of Public Health (DPH): Currently describes the role of an individual who has responsibility for the health of the local population covered by the ***primary care trust*** he/she is appointed to. Each year the DPH is legally required to produce an annual report addressing the local population's health concerns. Situated both in primary care trusts and regionally, DPHs are a good first point of contact for planners wanting to make links with health interests.

Health Act 1999: The Act gave powers to health and local authorities, ***primary care trusts*** and ***NHS trusts*** to make arrangements to pool funds, have a lead organisation commission services, and/or provide integrated services. The Act also allows ***health authorities*** and ***primary care trusts*** to

transfer money to local authorities or the voluntary sector for any health-related local authority function. Local authorities can transfer funds to health authorities and primary care trusts to improve the health of people in their areas.

Health action zones (HAZs): Established to provide a framework for the NHS, local authorities and other partners to work together in reducing local health inequalities, HAZs vary in size and the type of area they cover. They are areas of high health need selected by the Government for special funding and health programmes.

Health alliance: A partnership of two or more organisations working together to promote health. Often also called a health 'partnership'.

Health and social care services: A wide range of services to meet people's health and social needs. Health care tends to mean services provided by the NHS, and social care usually refers to services provided by local authorities, especially by social services departments. In many instances, services are provided by both. They may also be provided by the voluntary sector.

Health authority: The statutory NHS organisation responsible for health services for a defined population until abolished in 2002, when its responsibilities were largely taken on (in England) by ***primary care trusts*** and ***care trusts***.

Health Development Agency: A National public body that was established in 2000 as a resource for public health work in England. Its remit included maintaining a database of research evidence about what works to improve health, and providing information about the effectiveness of ***health improvement programmes*** (see ***health improvement and modernisation plan***). There are comparable bodies in Scotland (NHS Health Scotland is the national agency that holds an improving health remit – it is a Special Health Board of NHS Scotland, and runs an inter-disciplinary Healthy Environment Network), in Wales (the Health Promotion Division of the National Assembly for Wales), and in Northern Ireland (the Health Promotion Agency for Northern Ireland). As a result of the Department of Health's 2004 review of its 'arm's length bodies', the functions of the Health Development Agency were transferred to the ***National Institute for Health and Clinical Excellence*** on 1 April 2005.

Health improvement and modernisation plan (HIMP): A three-year, local rolling plan of action to improve health and services for health and social care, led by local NHS organisations such as ***primary care trusts*** (formerly known as a health improvement programme).

Healthy Cities: A ***World Health Organization*** initiative started in 1987 to improve health in urban areas. Involves collaborative work between local government, health services, local businesses, community organisations and citizens.

Healthy living centres (HLCs): Centres or networks of activity which aim to promote good health, developed by partnerships with local participation. Funded from the National Lottery. HLCs are more people-centred than resource-centred and are based on programmes of activities which can be held in existing premises. Examples are health and fitness screening in pubs and betting shops, health promotion in schools, linking arts and health, and fitness for people with chronic conditions.

Local area agreements (LAAs): Government schemes giving local authorities more control over their finances and more freedom to work in innovative ways to benefit their communities.

Local Strategic Partnership (LSP): A partnership of local NHS, local authority and other agencies working together to develop and implement a local strategy for neighbourhood renewal.

National Institute for Health and Clinical Excellence (NICE): The national body providing patients, health professionals and the public with authoritative, robust and reliable guidance on 'best practice' in relation to drugs, treatments and services across the NHS.

National strategies for health: Government strategies to improve the health of national populations. The current strategies are:

- England: ***Choosing Health: Making Healthy Choices Easier***
- Northern Ireland: *Investing for Health* – an inter-departmental health approach
- Scotland: *Towards a Healthier Scotland*
- Wales: *Improving Health in Wales: A Summary Plan for the NHS with its Partners* and an action plan, *Promoting Health and Wellbeing: Implementing the National Health Promotion Strategy*.

NHS trust: An independent body within the NHS which provides health services in hospitals. Some NHS trusts provide specialised services such as ambulance services or mental health services.

Our Healthier Nation: A Government Green Paper published in 1998. It was the first Government health strategy document in recent years to acknowledge the link between poverty and ill health and the need to do something about the social causes of ill health. It introduced ***health improvement programmes*** (now – and see – ***health improvement and modernisation plans***) and the idea of local authorities having a new duty to promote economic, social and environmental well-being in their areas.

Partnership boards/forums: There is a partnership board/forum in each of the local authority areas. Partnership boards replaced joint consultative committees. They have wide membership, with representatives from the ***strategic health authority***, the local authority (a range of departments), ***primary care organisations*** and ***NHS trusts*** as well as the voluntary sector, service users and carers. Partnership boards aim to work together to develop a joint understanding of the need for health and social services within each area, and to plan services from different agencies.

Primary care: Services which are people's first point of contact with the NHS, for example services provided by GPs, practice nurses, district nurses and health visitors (as distinct from ***secondary care*** provided in hospitals).

Primary care organisation: A term used to describe ***care trusts, primary care*** groups and ***primary care trusts***. Since 1997 there have been different initiatives in England, Northern Ireland, Scotland and Wales. In England the development of primary care has been focused on primary care groups and trusts (PCGs/PCTs), who have gradually taken on the majority of ***health care services*** and ***public health*** functions. In Northern Ireland, health ***boards*** currently retain most commissioning and public health functions, although there are proposals to develop English-type PCTs. In Scotland, non-commissioning PCTs have been developed, with health boards retaining commissioning and strategic public health roles. In Wales, there are local health groups that have a wider voluntary sector and local authority representation than in England, with the Welsh Assembly playing a strong strategic public health role.

Primary care trust (PCT): An NHS body whose main tasks are to assess local health needs, develop and implement ***health improvement and modernisation plans***, provide ***primary care*** services, and commission ***secondary care*** services from hospitals and specialised services run by ***NHS trusts***. PCTs have a ***board*** with a majority of non-executives and a separate professional executive committee whose members include GPs, nurses and a representatives from local authority social services. In 2006 a re-organisation of primary care reduced the number of PCTs in England.

Public health: Preventing disease, prolonging life and promoting health through work focused on the population as a whole.

Public health observatories: Regional public health observatories aim to improve the health of the population through the collection, monitoring and analysis of data. They produce evidence to inform decision-making on health issues at local, regional and national levels.

Regional public health group: Regional public health groups work in partnership with other regional government departments, public sector organisations and community and voluntary organisations to raise health awareness and show how positive steps can be taken to make each region a healthier place in which to live and work. Each has a regional ***Director of Public Health***.

Saving Lives: Our Healthier Nation: The national strategy for health in England, published in 1999, which sets out priority areas (cancer; heart disease and stroke; accidents; and mental health) and sets national targets.

Secondary care: Specialised ***health care services*** provided by hospital in-patient and out-patient services.

Strategic health authority (SHA): In 2002, 30 new strategic health authorities replaced 95 former ***health authorities*** They aim to be a bridge between the Department of Health and local NHS services and to provide strategic leadership to ensure the delivery of improvements in health, well-being and health services locally.

Tertiary care services: Very specialised NHS services which cannot be provided within every health authority area – for example a unit for treating eating disorders or a specialist cancer clinic. Access is through GPs or local hospital consultants.

World Health Organization (WHO): An inter-governmental organisation within the United Nations system whose purpose is to help all people attain the highest possible level of health through public health programmes. The WHO headquarters are in Geneva, Switzerland. ■