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Planning Policy's Role in Addressing Health Challenges

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The impact of the built environment on health and wellbeing: concepts and evidence base

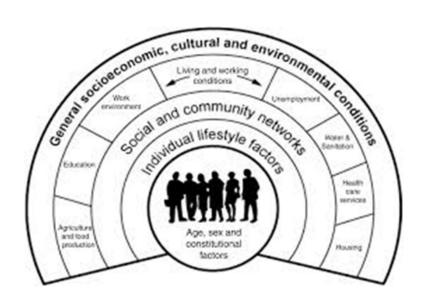
What is health?

WHO definition of Health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946.

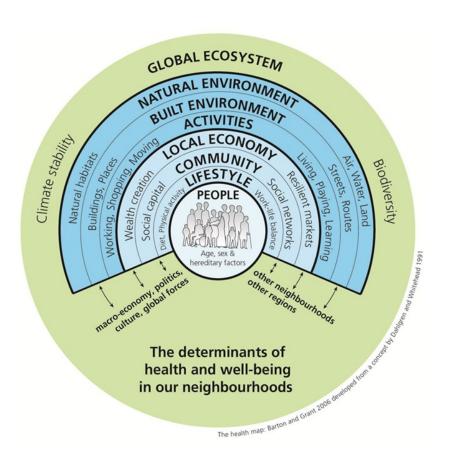
What factors influence our health? The broader determinants of health



Social/ecological theory to health: maps the relationship between the individual, their environment and disease.

Dahlgren and Whitehead (1991)

What role does the built environment play in influencing health and wellbeing?



Physical and social characteristics of communities and neighbourhoods are factors of health and can deliver health outcomes including:

Physical and mental health through:

perception of local area social connections physical activity

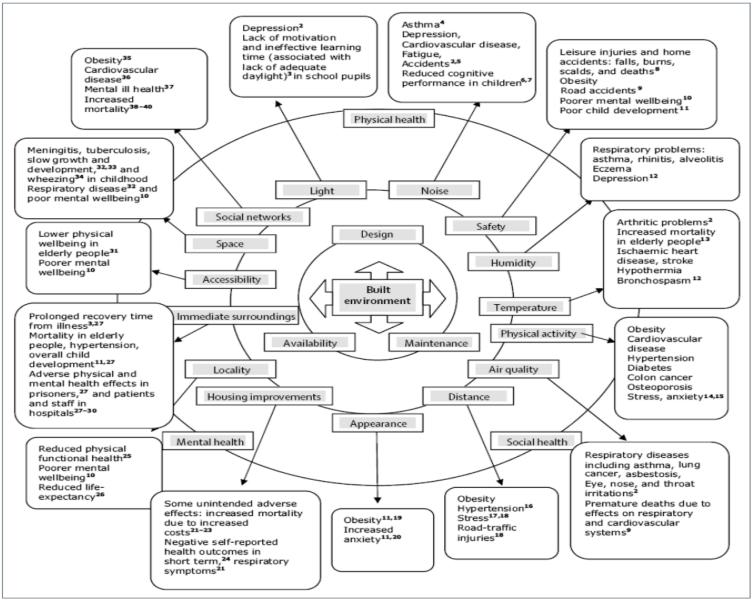
Environmental health:

air quality, water, noise

Safety, security

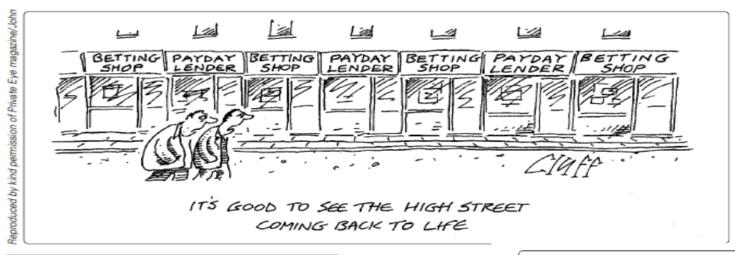
Health equity

Health problems with possible links with the built environment



Webfigure: Built environment and health

Map showing health problems investigated for possible links with built environment. Developed from diagram showing how built environment affects health.1





Reproduced by kind permission of Private Eye magazine/Paul Wood



Ross and Petrokovsky, 2014, Town and Country Planning 83 (11), 468-470.

Road traffic noise is associated with increased cardiovascular morbidity and mortality and all-cause mortality in London Halonen et al.. (2015)



High quality Green space in Cities provides Opportunities for Physical activity

Mytton et al. (2012) found a positive association between green space and physical activity levels

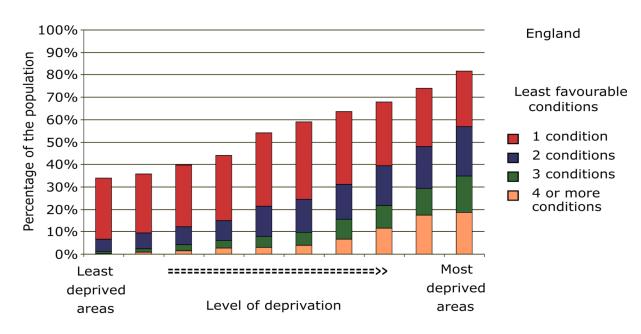
Ward-Thompson et al. (2012) showed that more green space is linked to less stress in deprived communities. Evidence is particularly strong for positive associations between experience of natural environments and mental health.



Researchers reported that changing and improving park signs can increase physical activity by seven to 12 percent. (Photo: Eduardo Munoz/Reuters)

http://www.counselheal.com/articles/7242/20131018/study-finds-better-park-signs-can-increase-exercise.htm#ixzz3lEroJ32c

Health inequalities and the built environment



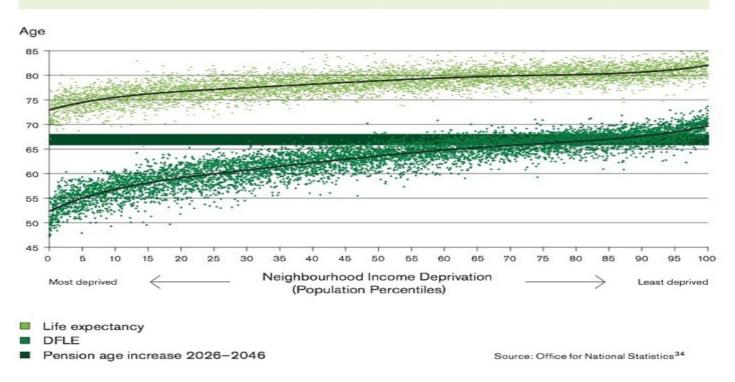
Note: Level of deprivation is determined by the Index of Multiple of Deprivation. Eleven environmental conditions or characteristics have been included: river water quality, air quality, green space, habitat favourable to biodiversity, flood risk, litter, housing conditions, road accidents, and presence of 'regulated sites' (e.g. waste management, industrial, or landfill sites, or sewage treatment works). For each of these conditions the population living in areas with, in relative terms, the 10 per cent least favourable conditions have been determined. Data range mainly from 2005 to 2008.

Source: Defra, Environment Agency, CLG

20% of most affluent neighbourhoods in England have 5 times the amount of greenspace than the most deprived 10% neighbourhoods.

Health inequalities and the built environment

Figure 1.1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

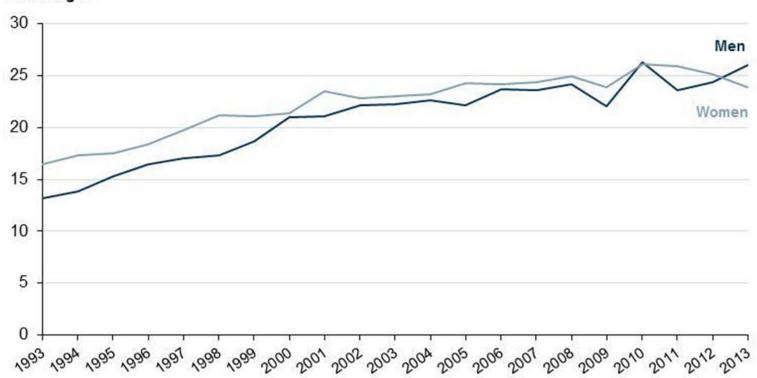


Obesity and healthy weight environments



Figure 2.3 - Obesity prevalence of adults (16+) in England 1993 to 2013

Percentages



Source: Health Survey for England 2014. Health and Social Care Information Centre

Costs of obesity

Calculating the future costs of elevated BMI (£ billion /year) Source: Foresight report on Tackling Obesity, 2007	2007	2015	2025	2050
Total cost to the NHS of stroke, heart disease, diabetes and related diseases	17.4	19.5	21.5	22.9
NHS costs attributable to elevated BMI	4.2	6.3	8.3	9.7
Wider costs of elevated BMI (through lower productivity, etc)	16	27	37	50

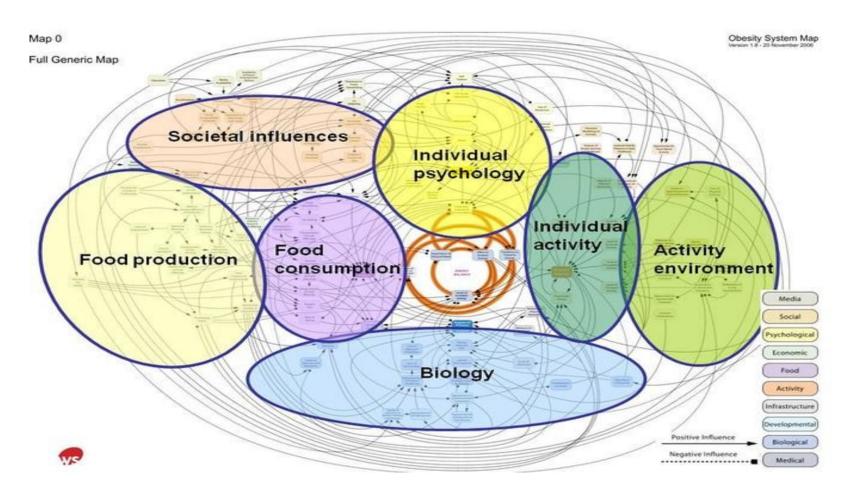
Cost of obesity for local authorities

 Care of house-bound residents suffering from obesity related illnesses (eg arthritis, heart disease, diabetes) and those requiring help towards walking aids and home adaptations may be considerable - and likely to increase in line with national predictions for obesity prevalence.

 PHE (work in progress, 2014) suggests that local authorities spend an estimated extra £352 million per year on providing formal care for severely obese people compared to healthy weight people.

Public Health England (online www.noo.org.uk/LA/impact/economic)

Obesity: the activity environment, part of the problem and the solution?



http://hdvchpediatricobesity.wikispaces.com/About+child+obesity

Built environment and physical activity

Physical activity:

- Physical activity = lifestyle factor for long-term health and to tackle obesity.
- people who regularly use active transport gain health benefits

Characteristics of neighbourhood design can influence **individual behaviour** and take up of physical activity, for instance:

- High connectivity
- mixed neighbourhoods
- Land use mixture
- public transport, pedestrian facilities or proximity
- Green spaces, signage
- Neighbourhood aesthetics used to design-in walking and cycling in our daily lives

•

(Saelens, Sallis and Frank, 2003; Booth, Pinkston and Carlos Poston, 2005; Warburton Nicol and Bredin 2006; Lake and Townshend, 2006; Andersen, Wedderkopp, Pucher, Buehler, Bassett and Dannenberg, 2010; Kristensen, Moller, Froberg, and Cooper, 2011; Rhodes and Nasuti, 2011; de Nazelle et al., 2011; DoH, 2011; Mytton, Townsend, Rutter and Foster, 2012; Audrey, Procter and Cooper, 2014; White et al., 2013)

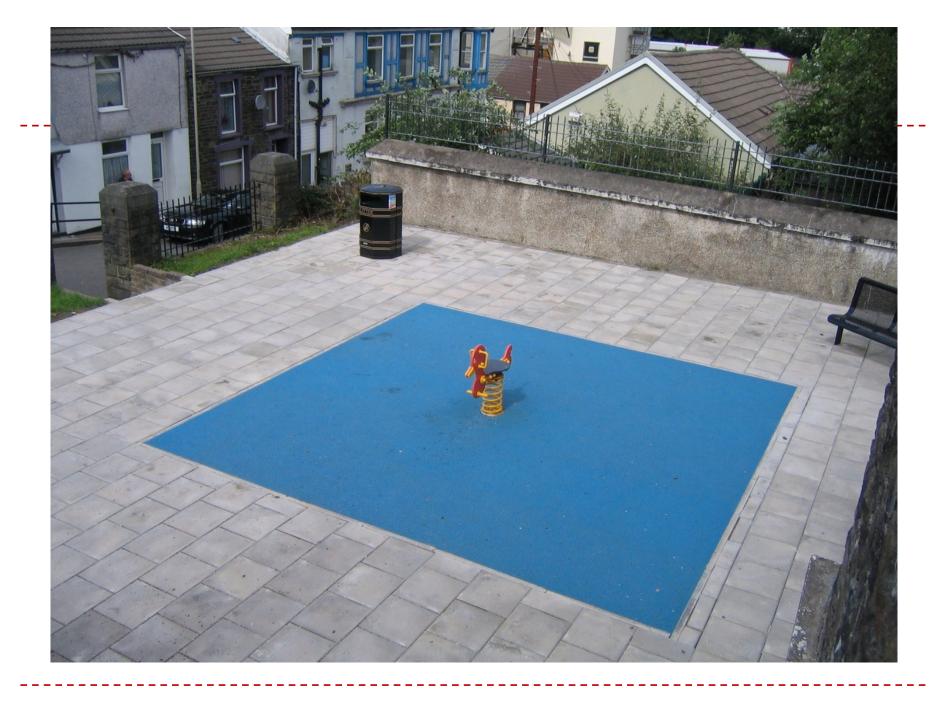
Built environment and physical activity: warning

- Supportive built environment is **not enough** on its own to ensure physical activity but it does facilitate it
- But note: an unsupportive built environment is an effective deterrent of physical activity and exacerbates social exclusion

Source: (TRB, 2005)

Inactivity 'kills more than obesity' http://www.bbc.co.uk/news/health-30812439







Re-emergence of planning to promote healthier environments and behaviour change

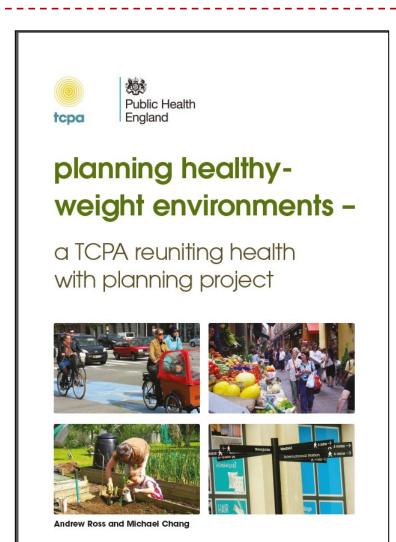
Re-emergence of the planning process to promote healthy weight environment

Have we got the right national and local policies, processes, guidance and partnerships?

- Section 8 of the National Planning Policy Framework (NPPF) includes creating healthy communities.
- Joint Health and Wellbeing Strategies and obesity strategies provide evidence on obesity to planners.
- Obesity evidence can be used to strengthen the argument for achieving a range of existing planning policy objectives (sustainable transport, climate change adaptation/mitigation, sustainable design, local economic growth and better-designed places).

But: no national planning policy guidance focusing specifically on reducing obesity and creating healthy weight environments.

Planning Healthy Weight Environments – TCPA Guidance



Planning Healthy-Weight Environments Components of a healthy weight environment: an illustration



Movement and Access

- Clearly signposted and direct walking and cycling networks
- Safe and accessible networks and public realm for all
- Well-designed buildings with passive surveillance
- Walking prioritised over motor vehicles, and vehicle speed managed
- Area-wide walking and cycling infrastructure provided
 Use and monitoring of travel plans

Open spaces, play and recreation

- Planned network of multi-functional green and blue spaces to achieve multiple benefits
- House Benefits

 Easy to get to natural green open spaces of different sizes from dwellings

 Safe and easy to get to play spaces for all with passive surveillance

 Sports and leisure facilities designed and maintained for everyone to use

C Food

- Development maintains or enhances existing opportunities for food growing
- Development avoids over-concentration of hot food takeaways (A5 use) and restricts proximity to schools or other facilities aimed at children and young people
- Shops/food markets sell a diverse offer of food choices and are easy to get to by bike, walking or public transport

D Neighbourhood spaces

- Community and healthcare facilities provided early as a part of new development
- Services and facilities co-located within buildings where feasible
- Public spaces are attractive, easy to get to and designed for a variety of uses

Buildings

- Dwellings have adequate internal spaces for bike storage, dining and kitchen facilities
- Development indudes adequate private or semi-private outdoor space per dwelling
- Car parking spaces are minimised across the development
 Development indudes a travel plan that promotes sustainable transport

Local economy

- Development enhances vitality of local centre through providing more diverse retail and food offer
- retail and food offer

 Centres and places of employment are
 easy to get to by public transport, and
 on walking and cycling networks

 Facilities provided for people who are
 walking and cycling to local centres and
 high streets such as benches, toilets
 and secure bike storage

For full description of the elements please see Part 1

Themes of a Healthy Weight Environment

- **Movement and access**: Walking and cycling environmenst; local transport services. (How is the use of walking, cycling and public transport services made easier than driving a car?)
- **Open spaces, recreation and play**: Open spaces; natural environment; leisure and recreational spaces; play spaces. (How will new open spaces (and facilities such as playgrounds, food-growing schemes and nature walks) be managed and maintained? How will maintenance be funded?)
- **Food**: Food retail (including production, supply and diversity); food growing; access. (What is the proposed retail/food mix, and is it likely to make healthier choices easier for residents?)
- **Neighbourhood spaces**: Community and social infrastructure; public spaces. (Will there be spaces that enable people to meet each other and that are suitable for a range of uses, depending on community priorities?)
- **Building design**: Homes; other buildings. (Does the design of the buildings encourage physical activity?)
- **Local economy**: Town centres and high streets; job opportunities and access. (Does the proposal include employment, and does it prioritise creating infrastructure links to local areas of high unemployment?)

The dilemma of ensuring viability and deliverability

Key issue: ability for developers and land owners to receive 'competitive returns' from their development as they "suffer" the cumulative burden of national and local design standards and policies (NPPF, para. 173-174).

Could a healthy-weight environment create more economically thriving spaces that add value to developments, as well as fulfilling national and local health policies? TCPA refers to evidence but more needed

- Retailers report an increase in trade of up to 40% when places are made more attractive for walking.
- Places that are easier and more attractive to walk around (designed for so-called 'walkability') do better commercially (with an 80% increase in retail sales) and have higher housing values.
 (BUT be careful – could contribute to inequalities!)

Partnerships: how can public health teams support planners?

	Local (Spatial) Plan development	Development management		
Role of local public health teams	Work with planners to advise on drafting of Local Plans and policies on how to maximise health gain (for example promote active travel; access to green space; etc). Work with local NHS to ensure NHS infrastructure requirements are identified	Work with planners (and developers) – especially at pre-application stage to influence emerging masterplan designs to ensure key local health issues are addressed, and outline requirements for section 106/CIL to support health and health infrastructure requirements		
mad (hea	Ensure that appropriate references are made in plans from other statutory local	Assess or prepare a Health Impact Assessment		
	health) strategies – Joint Health and Wellbeing Strategy	Support local planners in any planning appeals which may arise		
	Undertake a Health Impact Assessment on the emerging policies and plan			
	Support planners to prepare for/present evidence at an examination in public			
Public Health England (PHE)	Work with local public health teams to advise and support (usually at PHE Centre level and only if requested)	Work with local public health teams to advise and support (usually at PHE Centre level and only if requested)		
	Provide national guidance and support (for example Obesity and the Environment briefings)			

Fig. 1 An overview of public health involvement in planning

Source: Public Health England's Healthy People, Healthy Places programme

How are local authorities promoting healthy living environments?

- Sandwell and West Midlands Healthy Urban Group Partnership working
- Bristol protocol HIA process
- Plymotion Integrated transport/active travel
- Waltham Forest Healthy eating
- Torbay Greenspace Strategy
- Let's Walk Bedminster Community project

Conclusion: few issues to consider for health and built environment policy-making (planning policy/planning decisions)

Evidence base (for academics and research councils)

- Methodological challenges to ensure robustness of the evidence
- Generalisability vs local relevance to inform local plans, planning decisions
- Change the way research priorities are set, to challenge medical paradigms and the instrumental mindset of cost effectiveness
- Ensure that planners inform scope of research questions, projects
- Translate the evidence so it can be material consideration in planning decisions

Delivery mechanisms for spatial planning

- NPPF needs to give planning for health a higher priority
- develop integrated policy-making across professions at local level
- Local plan: address the issue of viability (long term impact of new development on health)
- Joint Strategic Needs Assessments/ Health and Wellbeing strategies to inform local plan and vice versa
- Consider health impact assessment in other forms of assessments

Politics

- Public health seen as left of centre/health diplomacy needed
- Leadership at local level
- Realise the co-benefit of health agenda (transport, housing, education, sustainable development)

Useful resource: Barton, Thompson, Burgess and Grant (eds) (2015). The Routledge Handbook of Planning for Health and Well-being, London: Routledge.

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