

FUSE – ESRC seminar “Reuniting Planning and Health”  
7 April 2016, Newcastle-upon-Tyne

# National and local initiatives for closer working between planning and health

Dr Laurence Carmichael

Head, WHO Collaborating Centre for Healthy Urban Environments  
UWE, Bristol

[laurence.carmichael@uwe.ac.uk](mailto:laurence.carmichael@uwe.ac.uk)

[www.uwe.ac.uk/research/who](http://www.uwe.ac.uk/research/who)



University of the  
West of England

**better**together

# Health challenges ahead

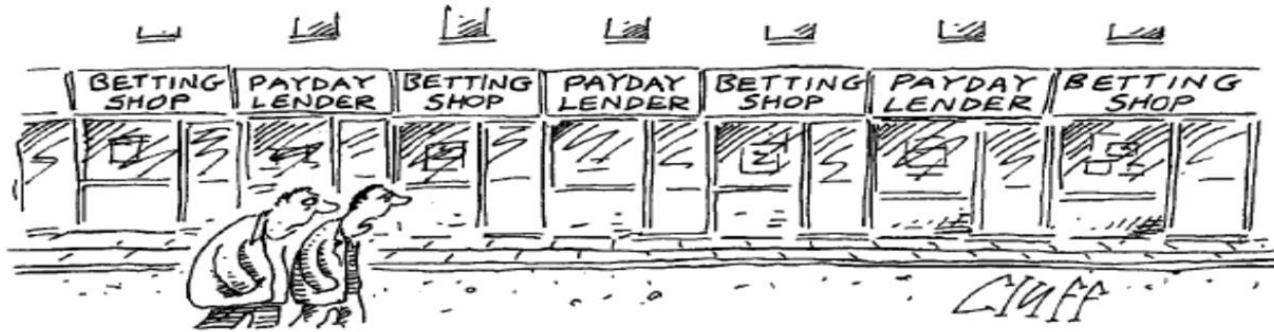


"We're launching a campaign to get people to take up smoking again!"

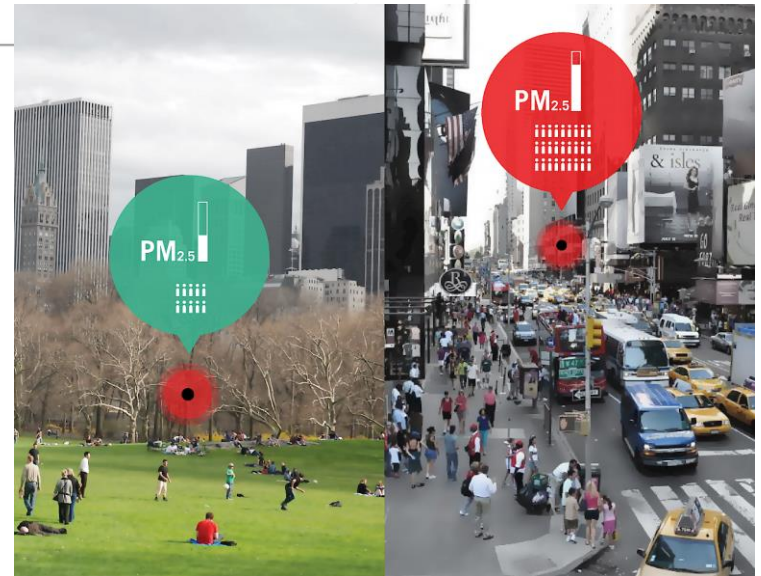
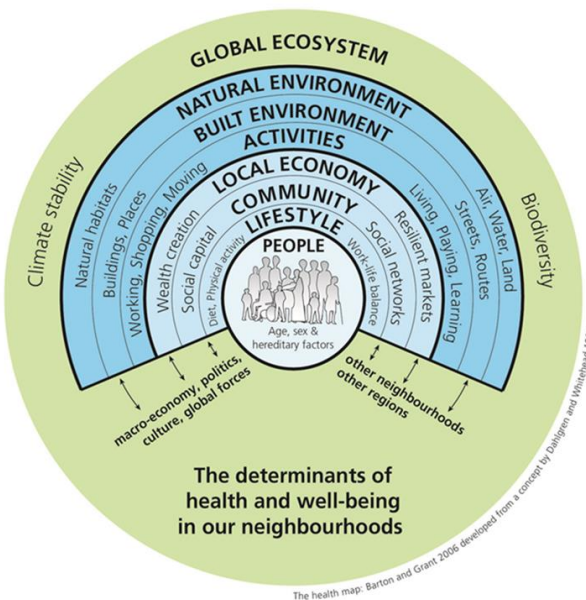


# Built environment, healthy environment and healthy behaviour

Reproduced by kind permission of Private Eye magazine/John



(Townshend, 2016)



SENSEable City Lab, MIT



# Planning challenges ahead



Reproduced by kind permission of Private Eye magazine/Martin Honeysett



"AT LEAST WE STOPPED THEM SELLING OFF  
**ALL** THE PLAYING FIELD".

# Incorporating health in land use plans and development decisions

---

National Planning Policy Framework (DCLG 2012):

- the planning system must create healthy communities
  - **local planning authorities must work with public health colleagues to develop robust evidence that addresses barriers to improving future health and well-being.**
  - Viability test: *Plan makers should consider the range of costs on development. This can include costs imposed through **national and local standards, local policies and the Community Infrastructure Levy. Their cumulative cost should not cause development types or strategic sites to be unviable.** Emerging policy requirements may need to be **adjusted** to ensure that the plan is able to deliver sustainable development (DCLG, 2014).*
-

# Best practice in England to integrate health in planning (pre 2012 research)

---

Best practice in England depends not so much on the planning system per se, as on:

- leadership
- commitment
- knowledge of politicians and practitioners involved.

The barriers to health integration:

- organizational and professional silos, ignorance, resources
- reactive planning regime

(Carmichael et al., 2013)

---

# Lessons for practice

---

1. **Planning agencies need to forge good partnerships with public health, transport, housing and economic development decision- makers, and develop proactive, healthy plans;**
2. **Design criteria** could offer more comprehensive guidance to plan healthy developments;
3. The **annual monitoring** of progress against a wide range of indicators in the English planning system has offered so far an important mechanism for promoting healthier environments.

(Carmichael et al., 2013)

---

# What direction for healthy planning?

---

- Restrictive planning policies: e.g. fast food takeaways?
  - Finance: health cost of bad urban design, finance/viability of the land?
  - Design: innovation, learning from good practice, co-benefit?
  - Multi-level strategies: regional/local?
  - Assessing potential health effects of plans and projects: HIA?
  - Education of planners: shared knowledge base with public health?
  - **Partnerships: closer working between planning and health at all levels?**
-





# How to promote closer working between planning and health? National policy examples

---

- ✓ NPPF/ Health and Social Care (England, 2012)
  - ✓ National Urban Policy (Commonwealth of Australia, 2011): liveable cities, healthy planning
  - ✓ Health in all policies (South Australia): safe communities, healthy neighbourhoods, HIA methods
  - ✓ Planning legislation: integrating health as a planning objective (NSW)
-

# How to promote closer working between planning and health? Government agencies

---

- ✓ NHS England, Five Year Forward View (2014): improve population health within context of 200,000 new homes every year
  - ✓ Healthy New Towns programme: 10 demonstrator sites, strong health/planning partnerships with vision and priorities
  - ✓ Public Health England: developing place-based approach to improve health outcomes and address wider determinants of health, tackle childhood obesity, promote integration of public health into planning strategies and teams.
-

# How to promote closer working between planning and health ? Non government sector

---

- ✓ National Health Foundation of Australia: Healthy by Design Guidelines 2004
  - ✓ Planning Institute of Australia: Healthy Spaces and Places 2009
  - ✓ The Cancer Council of Australia (eg shade guidelines)
  - ✓ Faculty of Public Health and Royal Town Planning Institute (Joint statement on joint training)
  - ✓ Design Council, TCPA...
  - ✓ WHO Healthy Cities programme and WHO guidelines (eg HIA)
  - ✓ Wellcome Trust's Our Planet Our Health funding programme
-

# How to promote closer working between planning and health ? Local level

---

- ✓ Healthy planning indicators in annual monitoring (England)
  - ✓ Joining WHO Healthy Cities (Belfast, Stoke-on-Trent): strategic partnerships, shared learning
  - ✓ Development of health action zones (housing transport and economic units as well as health and planning) (Belfast)
  - ✓ Preparation of best practice guidelines, policies (SPD design, hot food takeaway, HIA) (Bristol, South Glos, Stoke-on-Trent)
  - ✓ Embedding of public health expertise in planning units and of planning in public health units /joint appointment
-

# How to promote closer working between planning and health? Local level

---

- Planning for wellbeing and quality of life, integration between transport and spatial planning (Kuopio)
  - Health integrated planning network(WMHPG): shared learning/issues
  - City influence/authority over land ownership, infrastructure provision and the detailed pattern of development (Freiburg)
  - Leadership/Community engagement
  - Diversity of private, community, market and social housing development (Freiburg)
-



# How to promote closer working between planning and health? Local level

	Local (Spatial) Plan development	Development management
Role of local public health teams	<p>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</p> <p>Ensure that appropriate references are made in plans from other statutory local (health) strategies – Joint Health and Wellbeing Strategy</p> <p>Undertake a Health Impact Assessment on the emerging policies and plan</p> <p>Support planners to prepare for/present evidence at an examination in public</p>	<p>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</p> <p>Assess or prepare a Health Impact Assessment</p> <p>Support local planners in any planning appeals which may arise</p>
Public Health England (PHE)	<p>Work with local public health teams to advise and support (usually at PHE Centre level and only if requested)</p> <p>Provide national guidance and support (for example Obesity and the Environment briefings)</p>	<p>Work with local public health teams to advise and support (usually at PHE Centre level and only if requested)</p>

Fig. 1 An overview of public health involvement in planning

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

# References

---

- Carmichael, L., Barton, H., Gray, S. and Lease, H. (2013) Health-integrated planning at the local level in England: Impediments and opportunities. *Land Use Policy*, 31. pp. 259-266. ISSN 0264-8377 Available from: <http://eprints.uwe.ac.uk/17002>
  - Townshend, T. (2016): Toxic high streets, *Journal of Urban Design*, DOI: 10.1080/13574809.2015.1106916 available from: <http://dx.doi.org/10.1080/13574809.2015.1106916>
  - Barton, H., Thompson, S., Burgess, S. and Grant, M (2015). *The Routledge Handbook of Planning for Health and Well-Being*, London: Routledge.
-