



Cross-sector collaboration for healthy urban environments

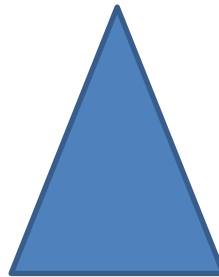
Evaluating the protocol between Bristol City Council's planning department and the local public health authority

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The Bristol model for healthy planning

Since 2007: knowledge sharing collaboration



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Theoretical and policy background

- Physical environment has a direct impact on health
 - Evidence of built environment contributing to lack of physical activity, social isolation, poor diets =obesity, type 2 diabetes, strokes => rising NHS costs
 - Evidence of built environment can have impact on healthy behaviours: walking, cycling, perception of safety
- Planning practice has side-lined public health in 20th century
- Planning literature: promoting social model of public health and wider determinants of health

Policy recognition of the built environment as determinant of health

- Marmot review/Health and Social Care Act: health sector to influence planning system to support healthier lives and healthier lifestyles
- *Creating healthy places to grow up and grow old in* (Healthy people, Healthy Lives, 2010)
- Planners when drawing up their development plans should...work with public health leads...to understand and take account of the health status and needs of the local population (National Planning Policy Framework, 2012)
- *...a place where all who live, work or learn in the city lead healthy, safe and fulfilling lives, now and in the future* (Vision in Bristol's draft joint health and wellbeing strategy, 2013)
- *A safe and healthy city made up of thriving neighbourhoods with a high quality of life* (Core strategy of the Bristol Local Plan, 2011)

Problem:

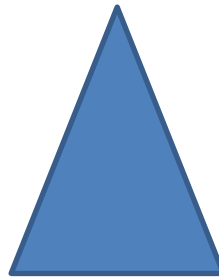
- How to operationalise high level policy/evidence at level of specific physical development?

Operationalising evidence on the impact of built environment on health

- Quality guidance with design criteria for planning and design
- Health impact of good development not often highlighted
- Gaps: accessibility, walkability to facilities, access to jobs without a car, integrated strategic planning, socially inclusive environments
- WHO Healthy cities programme, healthy urban planning theme supports interaction between theory and practice

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Development of a consultation protocol

NHS Bristol asked to assess planning applications susceptible to impact on health



Identifying consultation threshold (+10 dwellings, +1,000m², transport/highway infrastructure, loss of public space, hot food takeaways)



Adoption of a protocol between Bristol City Council and NHS Bristol (09/2011)

Research questions and methodology

Research questions:

1. Influence of the protocol on planning decisions and planners' knowledge base?
2. Impact of the new policy and institutional context?

Methods used:

Before and after surveys, interviews and document analysis

Findings: capacity of NHS Bristol to respond and quality of responses

Resources: 84 consultations/ 52 responses = 11% staff resource

Health outcomes: wide range identified in NHS Bristol responses

Substance of comments: request for HIA, for developers' contribution to NHS resources, changes in design and other aspects of new developments

Evidence base: research, advocacy, local evidence, policy

Use of wide evidence base by NHS Bristol

- **Research:** e.g. NICE guidance, CABE (space standards)
- **Think Tank/Advocacy:** e.g. Sustrans, School Food Trust
- **Local evidence:** HIA/Spectrum
- **Policy:** standards and guidance embedded in local policies
- **National and local planning policy hooks**

Findings: planners' knowledge of health

- Consideration of evidence for a range of health determinants and health outcomes improved
- Protocol has little impact on final decisions, BUT
- Health awareness raised for pre-applications and major developments
- Quality of NHS Bristol responses as seen by planners: issue with formatting but

“health impact assessment reminds us why we do things”

Conclusions for Bristol City Council

- Protocol process works (resources/referral) but needs reinforced
- Protocol has brought extensive health and wellbeing expertise into development management:
 - Protocol has raised planners' awareness , influenced some developments
 - PH need to adapt to development management system
 - Planners need to recognise value of robust public health evidence
- Role for Public health at strategic level/planning policy level

Conclusions for local authorities in the new institutional setting

1. Councils need to redesign ways to integrate health into:
 - **council policies:** urban design, transport, housing, green and blue infrastructure, community safety, sustainability
 - **Regulatory regimes:** licensing, food safety and trading standards
2. Health and Wellbeing Boards/Health and Wellbeing strategies are fundamental to promote cross-sector working for considering wider determinants of health:
 - Joint Strategic Needs Assessment
 - broad evidence base for planners/shared knowledge
 - developers contribution through community infrastructure levy
 - HIA

Finally, Bristol Protocol meets objectives of Healthy People, Healthy Places Programme (HPPH)

Bristol protocol offers best practice backed by evidence:

- ✓ **Supports closer partnership working** between planning, housing and PH
- ✓ Supports development of **joint evidence and knowledge base** of the impact on health of the built environment
- ✓ Supports development of **assessment tools**
- ✓ Supports identification of **training needs**



Thank you

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