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Public Health England

planning healthier places –

report from the reuniting health with planning project

Andrew Ross, with Michael Chang

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Planning Healthier Places – Report from the Reuniting Health with Planning Project

By Andrew Ross, with Michael Chang
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foreword

Following the success of the first phase of the Reuniting Health with Planning project, it was decided that the principles it identified should be applied to places. The second phase of the project has covered a variety of localities, and the resulting report offers a number of insights into the challenges and responses that are evident across the regions of England.

As was the case in the first report, the research presented here has involved both theoretical and empirical elements. Most importantly, it has yielded important lessons and messages for policy-makers and practitioners. Chief among these messages are the need to emphasise the importance of health in planning and in the implementation of plans (including the diversion of funds to ensure effective implementation), the desirability of developing integrated health and planning work programmes, and the urgent need to enhance competence and share knowledge.

The first report from the Reuniting Health with Planning research programme has had considerable influence on the work of the new health and wellbeing boards and on the wider health and planning field of activity, and this second report will be equally influential. It offers practical advice, pathways to healthier places, and a real sense of encouragement and common purpose.

This report provides a potent blend of sound evidence and clear thinking. It contains recommendations that are of relevance to all localities and all the actors involved in health and planning.

Professor Peter Roberts
Chair of the Planning Exchange Foundation, and TCPA Vice-President

summary

Knowsley Council

Wildflowers for health, Old Rough Kirkby, Knowsley – the seeds for the meadow were sown by the Great Outdoors Target Wellbeing Project, Landlife National Wildflower Centre

Local authorities are now responsible for public health, planning and related disciplines such as housing, transport planning and regeneration. This gives councils an opportunity to work jointly to improve health and reduce health inequalities locally.

Planning Healthier Places **draws on background research and Reuniting Health with Planning project roundtables held in eight case study areas across England to provide an up-to-date snapshot of how local authorities and partners are putting this agenda into practice, and of the challenges that they are facing.**

It includes a section designed to help local authorities and their partners to identify links between public health objectives and how places can be shaped to respond to them, with reference to the policies of the National Planning Policy Framework (NPPF) and the set of national public health outcomes indicators.

Findings

- Economic growth requires places that promote good health. However, the emphasis on financial viability in planning decisions focuses attention on providing short-term profits for developers and ignores the long-term costs to the public purse that are incurred if populations are unhealthy because of the places where they live.
- To foster health-promoting environments, it is essential that public health practitioners work closely with planners, designers and developers to enure that health is considered at all stages of the development process.
- To help achieve this, public health priorities and evidence must be linked better to places and planning processes.
- Tackling local health inequalities needs to be emphasised more within local planning processes.
- Raising the design quality of developer schemes would create incentives to improve health and wellbeing outcomes – widespread acceptance of the voluntary Building for Life 12 standards could help to achieve this.
- There are extra challenges translating public health into a place-based programme in two-tier authority areas – however, counties are working with districts to establish structures that can help to bridge geographical and organisational divides.
- Local plans should be flexible enough to facilitate place-based innovations that could improve health and wellbeing.

Recommendations

Messages for central government:

- **Provide a consistent message about the importance of health in the planning process:** Government should communicate with a single voice on the purpose and role of planning to ensure that further reforms will not result in wider health and wellbeing outcomes losing out to a focus on short-term financial viability arguments.
- **Provide targeted, place-based support and funding to save national and local health costs:** The public sector, working with private sector partners (including within Local Enterprise Partnerships), has to take the lead in investing in closing the gap between places with the best health and those with the worst, especially given the potential healthcare savings that would accrue over the long term as a result.
- **Provide clarity on the roles and responsibilities of new organisations:** There is confusion among planners and public health professionals about the roles and responsibilities of new organisations established as part of the health and social care reforms, especially clinical commissioning groups (CCGs) and NHS England. The Department of Health should work closely with the Department for Communities and Local Government (DCLG) to ensure that clarification is included in the final version of the National Planning Practice Guidance.
- **Support the development of public health evidence for use in the planning process:** There is an absence of guidance to support National Planning Policy Framework (NPPF) policies on health and wellbeing. Public Health England (PHE) should engage with the Planning Inspectorate to provide clarity on an acceptable evidence base that helps inspectors and practitioners to better evaluate the impact of planning policies and decisions on health and wellbeing.

Messages for localities:

- **Local authorities should drive an integrated work programme to support health-promoting environments:** A coherent and integrated approach focused on places and people, rather than structures and systems, with local government in the driving seat, is the most sustainable way forward. To complement sustainable community strategies, Joint Health and Wellbeing Strategies should help to identify and drive targeted interventions, including through the planning system.
- **Local authority partners should be encouraged to work more closely around shared objectives:** The local plan should be the conduit through which partners engage in local interventions, bring forward health-promoting large-scale development, plan healthcare infrastructure, or target specific health issues such as obesity and a lack of physical activity.
- **Developers must fulfil their role in creating health-promoting environments:** There needs to be a new level of engagement between local authorities and their partners, developers and communities to identify how the evidence-based health benefits of investing for the long term can be factored into development locally.

Messages for planning, public health and relevant practitioners:

- **Think laterally and work collaboratively:** The approach and structures of the project roundtables emphasised and demonstrated the power of working beyond isolated professional boundaries, particularly as public health practitioners have joined local authority colleagues in the same organisation. Collaborating with colleagues on shared health and wellbeing priorities is no longer an optional way of working: it is critical to making progress, especially in light of the cuts to local budgets.
- **Build shared knowledge and competencies on the role of planning:** CCGs have a statutory role in the planning system. The GPs who will represent CCGs in the planning process should be trained so that they can engage effectively. They must recognise the importance of their role and influence on the wider determinants of health beyond commissioning.

1

introduction

In July 2012 the TCPA published the handbook *Reuniting Health with Planning: Healthier Homes, Healthier Communities*.[1] The handbook set out how major reforms to planning and to health and social care created an opportunity for public health practitioners and planners to work more closely together to improve the health of local communities. These reforms are:

- ***The National Planning Policy Framework:* The main guidance document for local planning authorities includes a chapter on promoting healthy communities and other relevant sections that influence health.**
- ***The Health and Social Care Act 2012:* The Act transfers responsibility for public health to local authorities.**
- ***The Localism Act 2011:* The Act strengthens the role of local communities within the planning process, which aligns with the emphasis in the Marmot Review on engaging and empowering communities.[2]**

The intention in highlighting these potential links was to stimulate local authorities to think about how they could incorporate them into their revised structures and into new ways of working. The national seminar series that followed the launch of the handbook confirmed that an appetite exists for tackling aspects of the local environment that impact negatively on people's health, especially in areas of deprivation. Since then, the policy landscape has continued to evolve rapidly, with implications for how practitioners can pursue this joint agenda locally. The TCPA was thus grateful for support, from funders listed in this report's acknowledgements, for a second phase of the Reuniting Health with Planning project to continue to support councils and their partners as they develop ways to build health and wellbeing into local places. This work is one strand of a wider TCPA programme focusing on the planning system and social justice.[3]

1 A. Ross with M. Chang: *Reuniting Health with Planning: Healthier Homes, Healthier Communities*. TCPA, 2012. www.tcpa.org.uk/pages/reuniting-health-with-planning-healthier-homes-healthier-communities.html

2 *Fair Society, Healthy Lives*. Marmot Review (Strategic Review of Health Inequalities in England Post-2010), 2010. www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review. The Government's Public Health White Paper, *Healthy Lives, Healthy People*, endorses the Marmot Review policy objective of creating sustainable and healthy communities

3 See, for example, *Planning Out Poverty: The Reinvention of Social Town Planning*. TCPA, 2013. www.tcpa.org.uk/resources.php?action=resource&id=1168

Phase 2: A place-based approach to improving health and wellbeing

The Government's Public Health White Paper, *Healthy Lives, Healthy People*,[4] cites the 2010 Marmot Review, which states that:

> *'There are gaps of up to 7 years in life expectancy between the richest and poorest neighbourhoods, and up to 17 years in disability-free life expectancy.'*[5]

These differences are exacerbated within local areas.

The conceptual model underpinning this report is that by creating health-promoting environments we can improve the health and wellbeing of people living within them and reduce health inequalities (Fig. 1 illustrates the range of influences on a person's health). On its own this is a laudable goal. As set out in *Review of Social Determinants and the Health Divide in the WHO European Region* from the Institute of Health Equity:

> *'Health inequality, arising from social and economic inequalities, is socially unjust, unnecessary and avoidable, and it offends against the human right to health.'*[6]

However, by taking effective action and investing in prevention we may also be able to reduce costs to health and social care services which, if left unchecked, are projected to increase dramatically. One study found that switching from commuting by car to an active transport mode could create annual health budget savings from £1,121 (cycling) to £1,220 (walking) per person because of the increased health benefits.[7] The Canadian Public Health Association has found that it is 27 times more expensive to achieve a given reduction in cardiovascular mortality by using clinical procedures than through implementing public health interventions.[8]

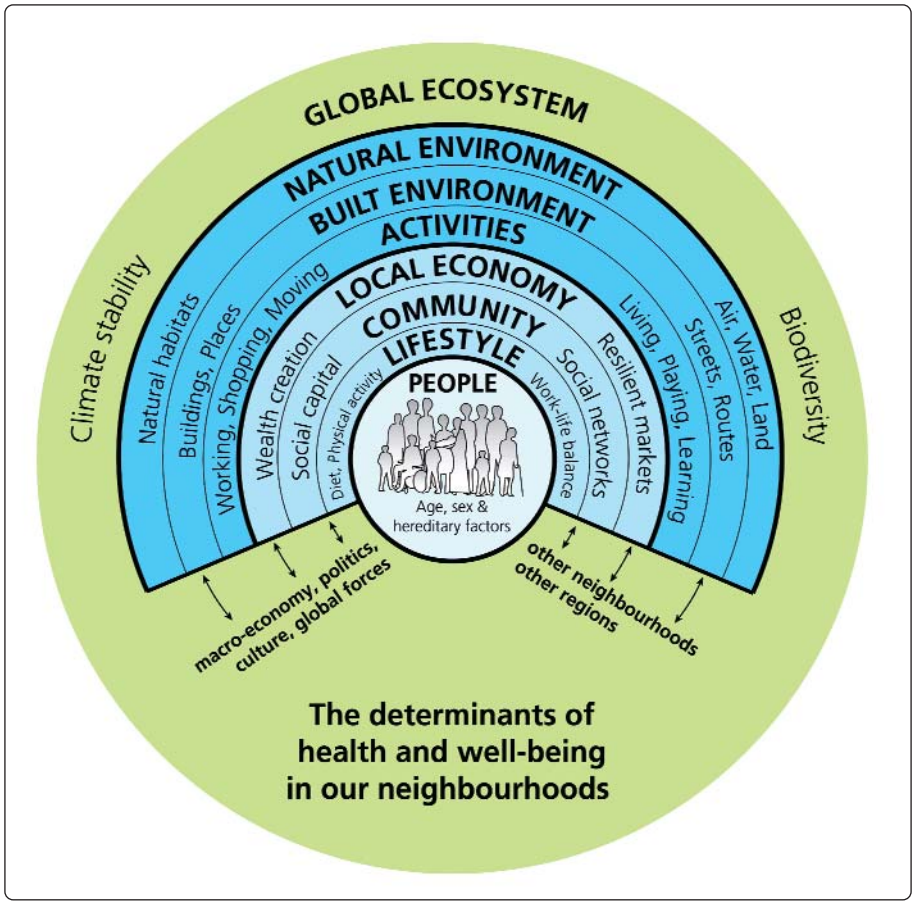

Fig. 1 The Health Map highlights the range of factors that influence our health, including our local environment and community

Source: H. Barton and M. Grant: 'A health map for the local human habitat', *Journal for the Royal Society for the Promotion of Health*, 2006, Vol. 126 (6), 252-3. Developed from 'The main determinants of health' model, formulated by G. Dahlgren and M. Whitehead (1991) – see G. Dahlgren and M. Whitehead: *European Strategies for Tackling Social Inequities in Health: Levelling Up Part 2*. World Health Organization Europe Region, 2007. www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf

4 *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. White Paper. Cm7985. HM Government. TSO, 2010. www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

5 That is, the average number of years a person could expect to live without any limiting long-term illness – managing long-term illnesses has huge implications for future health and social care costs. For data by local authority area, see the Public Health England 'Longer Lives' website, at http://longerlives.phe.org.uk/

6 *Review of Social Determinants and the Health Divide in the WHO European Region*. UCL Institute of Health Equity, for the World Health Organization, 2013. www.instituteofhealthequity.org/projects/who-european-review

7 A. Rabl and A. de Nazelle: 'Benefits of shift from car to active transport', *Transport Policy*, 2012, Vol. 19, 121-31, cited in *Benefits of Shift from Car to Active Travel*. Essential Evidence on a Page No. 76. Bristol City Council, 2011. www.bristol.gov.uk/sites/default/files/documents/transport_and_streets/policies_and_advice/benefits_of_walking_and_cycling/Essential%20Evidence%20No%2076%20Benefits%20of%20shift%20from%20car%20to%20act%E2%80%A6.pdf

8 *Public Health and Landscape: Creating Healthy Places*. Position Statement. Landscape Institute, 2013. www.landscapeinstitute.org/policy/health.php

At scale, the financial benefit of facilitating better health, rather than managing illness, is vast. In 2002 the Wanless Report suggested that the savings to be gained by investing substantially in preventing ill health (the so-called 'fully engaged scenario') could be as much as £30 billion per year by 2022 (based on 2002/03 prices).[9] As one commentator has asked:

> *'Will we be prepared to limit the NHS budget now, or, perhaps more sensibly, increase borrowing now, in order to reduce the NHS budget in the future and to reduce the amount of time we all have to suffer ill health? If we are, the level of resources flowing into planning and regeneration may increase significantly.'*[10]

The 2012 seminar series that accompanied the launch of the *Healthier Homes, Healthier Communities* handbook made it clear that many councils were enthusiastic about improved joint working. But they were unsure about what they were aiming for: what would a health-promoting environment look like locally?

The purpose of phase 2 of the Reuniting Health with Planning project has been to work more closely with a selection of case study areas to identify themes where integrating health and planning in practice could potentially improve health and wellbeing locally. This work has been supported by a roundtable held in each locality to explore themes in detail from a range of local perspectives.

Case studies and roundtables

The phase 2 case studies and roundtables covered a variety of geographical and local authority settings from across the regions of England. The roundtables were held in July and September 2013 in collaboration with:

- **Bristol City Council:** The city has a history of pioneering integration between health, planning and transport. The theme of the Bristol roundtable was embedding health and sustainability into major development proposals, including on sites owned by the City Council. The Council adopted its local plan in June 2011.

- **Hertfordshire County Council:** There are ten districts within Hertfordshire county, containing settlements ranging from urban centres on the periphery of London through to rural villages. The roundtable covered three main themes: promoting health within planning for housing growth, restricting hot-food takeaways, and improving access to high-quality green spaces.

- **Knowsley Council and First Ark Group:** Knowsley Council and First Ark Group – which is the parent company of the social housing provider Knowsley Housing Trust – are working closely to plan high-quality extra care housing schemes to meet a growing demand for housing for older people. They are also collaborating on improving the quality of the existing housing stock. The roundtable provided an opportunity to bring a range of local stakeholders together to discuss the potential for a Knowsley Healthy Homes programme.

- **Lincolnshire County Council and Central Lincolnshire Joint Planning Unit:** The county includes seven districts across a dispersed area with large distances between centres. This makes joint working between the two tiers extra challenging. The roundtable focused on addressing these challenges using three themes: planning for demographic change, planning for good quality housing, and maximising the health benefits of open space. Three districts have formed the Central Lincolnshire Joint Planning Unit, and have recently submitted a local plan for independent examination.

- **Manchester City Council:** The City Council has been at the forefront of urban regeneration, and is seeking to re-engage with its history of close working between public health and planning. The theme of the roundtable was how to deliver health benefits through the planning system when most new development will be predominantly in existing urban areas, small scale, and cumulative. The Council adopted its local plan in July 2012.

- **Newham Council:** As a London 2012 Olympics host borough, Newham Council has worked with its neighbouring authorities to inject health policies into the masterplanning framework for the legacy planning on the Olympic site. The focus now is on delivering schemes that put these policies into practice. To help achieve this, the boroughs have developed a Healthy Urban Planning Checklist, and Newham Council used the roundtable as an opportunity to test this with development management planners. The Council adopted its local plan in January 2012.

- **Stockport Council:** In Stockport there is an established history of joint working between health, planning and transport professionals, which ensures that health is reflected in planning and transport policy. The borough has a series of home zones – streets designed to give priority to people over vehicles – that were installed a decade ago, and the

9 D. Wanless: *Securing Our Future Health: Taking a Long Term View*. HM Treasury, 2002. http://webarchive.nationalarchives.gov.uk/+/http://www.hm-treasury.gov.uk/consult_wanless_final.htm

10 C. Brown: 'NHS budget to fund planning and regeneration?', *Regeneration & Renewal*, 9 Sept. 2013. http://chrisbrown.regen.net/2013/09/09/nhs-budget-to-fund-planning-and-regeneration/

First Ark Group

Bluebell Park Apartments, in Huyton, Knowsley – Knowsley Council has supported this First Ark development by selling the land at below market rate

Council used the roundtable as an opportunity to explore how it might move forward with creating a public realm that facilitates more active travel and public transport use. The Council adopted its core strategy in March 2011.

- **West Midlands Learning for Public Health:** The West Midlands Learning for Public Health network supports public health and other professionals across the West Midlands region by offering seminars, training and online support to help integrate public health across local authorities. The network used the roundtable as an opportunity for members to discuss how they might move forward with integration locally, and what projects would benefit most from joint working.

Involving a range of voices was crucial to the success of the roundtables. More than 200 people attended at least one of the eight roundtables.[11] It was pleasing that participants came from so many professions, including some from the private, voluntary and community sectors – policy and development management planners, transport planners, regeneration and design professionals, environmental health professionals, sustainability and housing officers, developers, elected members and, of course, public health specialists. This echoes the approach called for in the Marmot Review to 'integrate planning, transport, housing and health policies to address the social determinants of health'.

While the main audience for this report is those working in public health and planning, the diversity of participation in the roundtables means that many of the findings will also be relevant for these other audiences.

About this report

This report on the work of phase 2 of the Reuniting Health with Planning project complements the phase 1 handbook, which set out the planning and health reforms, and ways that local practitioners could use them to strengthen links between planning, public health, housing and other departments that are influenced by these reforms. Section 2 of this report updates the policy context and highlights the implications of continuing reforms in both the health and planning areas for joint working.

In Section 3 the roundtable discussions and work on the case studies are used as the starting point in devising a set of national findings.

Section 4 focuses on getting started on planning healthier places. It provides a set of tables which identify place-based influences on the health objectives that were the focus of the roundtables; the 'hooks' within the National Planning Policy Framework that can be used to help develop local policies; and relevant public health outcomes indicators that can drive and measure improvement. The tables also include examples of policy and practice from the case studies. Section 4 also includes a flow diagram setting out the planning process and when and how public health can engage to be most effective. Section 5 presents the recommendations from the project.

Appendix 1 sets out a selection of resources and tools (with contact information) by theme; Appendix 2 summarises the roundtable discussions; Appendix 3 provides a glossary of terms; and Appendix 4 lists the members of the Reuniting Health with Planning project stakeholder group.

11 Quotes from participants are included throughout this report – readers should assume that a quote without a reference is drawn from a roundtable

2

updating health and planning policy and practice

Michael Chang

TCPA roundtable in Bristol – public health practitioners, planners and other professionals responsible for improving local environments need to work with elected members, communities, the private and public sectors, and voluntary and community organisations to create healthier places

The *Reuniting Health with Planning* handbook published by the TCPA in 2012 (the key outcome from phase 1 of the Reuniting Planning with Health project) highlighted the potential implications of a number of Government reforms to planning, health and social care. Policy in these areas has continued to evolve rapidly since then. This section includes a brief summary of the reforms included in the phase 1 handbook. It then identifies the latest planning, public health and health service reforms, and describes briefly how they will impact on practitioners as they work to reunite health with planning.

Box 1

Planning and public health – setting the scene

Planning

Planning is a statutory function that relates to the use and development of land. A local planning authority is the local authority responsible for preparing a local development plan and making planning decisions in an area. In two-tier local government areas, the districts have planning responsibilities.

Planning officers in councils can be broadly categorised as policy planners or development management planners, who generally work in separate teams. Policy planners gather evidence to prepare strategic plans to guide development in an area – these plans must conform with the National Planning Policy Framework. Development management is the stage at which developers submit proposals to obtain planning permission to build. Proposals are assessed against national and local policies, so it is vital that these policies robustly spell out the vision for the area.

Public health

Public health is defined as the 'science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society'.[i]

On 1 April 2013, the responsibility for improving public health transferred from the NHS to local authorities. Local authority public health services are based within 'upper-tier' local authorities (county councils and unitary authorities), and teams of public health professionals work under the leadership of the local director of public health. The provision of GPs, community care, and mental health and hospital services remain the responsibility of the NHS.

Public Health England is an executive agency of the Department of Health, providing national leadership for public health.

i The Faculty of Public Health definition – see **www.fph.org.uk/what_is_public_health**

Phase 1 reforms – an overview

A brief summary of the planning, health and social care reforms, as set out in the phase 1 handbook, *Healthier Homes, Healthier Communities*, is given here as background to the updates provided later in this section.

National Planning Policy Framework

The National Planning Policy Framework (NPPF)[12] consolidates and replaces the previous planning policy statements and planning policy guidance notes.[13] The NPPF states that the purpose of planning is to 'contribute to the achievement of sustainable development' (para. 6), and that its social role is 'supporting strong, vibrant and healthy communities' (para. 7).

The NPPF contains a whole section on promoting healthy communities, which states that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. This will include reductions in health inequalities,

Phase 1 of the Reuniting Health with Planning project resulted in the publication of the handbook *Reuniting Health with Planning: Healthier Homes, Healthier Communities*, by Andrew Ross, with Michael Chang (TCPA, July 2012). The handbook can be downloaded free of charge at www.tcpa.org.uk/pages/reuniting-health-with-planning-healthier-homes-healthier-communities.html

improving access to healthy food and reducing obesity, encouraging physical activity, improving mental health and wellbeing, and improving air quality to reduce respiratory diseases.

There are other useful policy 'hooks' for health in the NPPF, including promoting sustainable transport, delivering a wide choice of high-quality housing,

12 *National Planning Policy Framework*. Department for Communities and Local Government, 2012. http://planningguidance.planningportal.gov.uk/blog/policy/

13 A full list of revoked policies list is given in Annex 3 of the NPPF

requiring good design, and providing social infrastructure and other local facilities. The NPPF also requires local planning authorities (LPAs) to work with public health leads and health organisations to develop a robust evidence base that takes into account future changes and barriers to improving health and wellbeing. In two-tier local government areas the public health lead is located at county level, while most of the planning responsibilities are delivered by district councils. This might add a layer of complexity to establishing relationships between the two service areas.

Practitioners need to make sure that the local plan conforms with the NPPF's policies on health and wellbeing outcomes.[14]

Duty to co-operate

Section 110 of the Localism Act 2011 introduced the duty to co-operate, and the NPPF provides further policy guidance. The duty applies where there is likely to be a significant impact across local authority boundaries – for example when providing health, security, community and cultural infrastructure. It is most relevant in two-tier areas, and for authorities that are experiencing significant growth pressures along their boundaries. Both county and district level authorities need to be involved.

LPAs need to demonstrate evidence of co-operation as part of the examination in public of their local plan. This evidence could include a memorandum of understanding with health and wellbeing boards, or the preparation of joint strategies and policies.

Neighbourhood planning

Neighbourhood planning gives communities the opportunity to prepare a neighbourhood plan, which must conform with the strategic policies of the local plan. Parish or town councils, or neighbourhood forums where neither of these exist, can apply to the local authority to prepare a neighbourhood plan. The localism agenda means that communities and organisations have greater statutory support to take positive action to improve their health and wellbeing – for example by identifying new facilities or improving the quality of the design of new buildings. There is considerable overlap between neighbourhood planning and the emphasis in the Marmot Review[15] on engaging and empowering communities as part of an overall approach to creating healthy communities.

Health and wellbeing boards

Health and wellbeing boards are statutory committees of upper-tier (county and unitary) local authorities. Health and wellbeing boards:

- assess the current and future health and social care needs of the local community in Joint Strategic Needs Assessments and develop Joint Health and Wellbeing Strategies to meet those needs and reduce inequalities;
- promote integration and partnership working between the local NHS, local government and other local services;
- provide democratic accountability for the planning of local services; and
- bring oversight and strategic planning to major service redesign.

Health and wellbeing boards have a core membership as laid out in the Health and Social Care Act 2012, of at least one elected councillor, a representative of each clinical commissioning group, the director of public health, the director of adult social services, the director of children's services, and a representative from the local Healthwatch.

In two-tier local government areas the board is a committee of the county council, and there are challenges in adequately and fairly representing all the districts in a county area without creating a board that is too unwieldy to make decisions effectively.

Phase 2 policy update

This section includes brief descriptions of further planning, public health and health service reforms since the publication of the phase 1 *Healthier Homes, Healthier Communities* handbook.

It reviews the following planning reforms:

- the National Planning Practice Guidance;
- the Housing Standards Review;
- the Community Infrastructure Levy;
- development management; and
- the Deregulation Bill.

Changes to public health and health service structures and policy include:

- the formal launch of Public Health England;
- guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies; and
- the authorisation of clinical commissioning groups and the launch of NHS England.

14 See Section 4 of the *Healthier Homes, Healthier Communities* handbook for a checklist for use when testing whether a local plan conforms with the health requirements of the NPPF – available at **www.tcpa.org.uk/pages/reuniting-health-with-planning-healthier-homes-healthier-communities.html**

15 *Fair Society, Healthy Lives*. Marmot Review (Strategic Review of Health Inequalities in England Post-2010), 2010. **www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review**. The Government's Public Health White Paper, *Healthy Lives, Healthy People*, endorses the Marmot Review policy objective of creating sustainable and healthy communities

National Planning Practice Guidance

The Government launched the draft National Planning Practice Guidance (NPPG)[16] in August 2013 as a web-based resource to support the delivery of policies in the NPPF. It slashes the amount of practice guidance that was available previously and, when approved, will replace all existing national planning practice guidance.

The NPPG:

- contains 38 guidance categories, although none on health specifically (it does, however, include categories on the natural environment, design, noise and air quality);
- has a legal status within the planning system and is a material consideration in making local and neighbourhood plans, and in taking planning decisions; and
- makes references and links to guidance from other government departments and agencies, such as Natural England and Sport England.

Implications for health and planning

Because of the legal status of the NPPG within the planning process, it must support the full suite of NPPF policies. There are indirect links to health and wellbeing throughout the NPPG. However, guidance to support key NPPF policies related to health and wellbeing is currently missing – including taking into account local strategies to improve health and wellbeing (NPPF para. 17), assessing the quality and capacity of health infrastructure (NPPF para. 162), and working with public health leads on local population health status and needs (NPPF para. 171). The Government has been encouraged to address these oversights.[17]

Housing Standards Review

The Housing Standards Review[18] is part of the Government's attempts to remove bureaucracy and barriers that hinder the delivery of the number of houses that England requires to meet housing needs. The Government published draft housing standards in summer 2013, which will eventually be incorporated into the Building Regulations. Again, the proposals slash the number of previous standards used by LPAs to fewer than ten. The draft standards:

- apply to the internal layout of dwellings and are designed to be separate from planning standards set out in the NPPG (see above);
- cover a list of nationally prescribed standards on areas such as accessibility, space, security, and indoor environmental standards;
- can be adopted through local and neighbourhood plans if the LPA can demonstrate that there is a local need that has passed a viability test (LPAs will no longer be able to create their own standards); and
- propose the 'winding down' of the Code for Sustainable Homes[19] – the Code is the Government-supported industry standard for sustainable design and construction of new homes and includes a category on health and wellbeing to cover issues such as daylighting, sound insulation, private space, and 'Lifetime Homes' (the draft standards propose abolishing the Lifetime Homes standard and replacing it with a three-tiered approach to housing accessibility).

Box 2
Viability testing in planning policy and development

As well as promoting sustainable development, LPAs are required to undertake a viability test of their proposed policies to assess their 'cumulative burden' on the economic viability of potential development.[i]

Taken together, a local plan's requirements on aspects such as design quality, sustainable transport and affordable housing should not remove the ability of a 'willing landowner and willing developer' to receive 'competitive returns' from their development. For individual applications, developers can submit a viability assessment if they feel the cost of any planning obligations – for example the amount of affordable housing – required by the LPA makes their scheme financially unviable. The NPPF states that developments must be 'acceptable in planning terms'; if not, permission should be refused.

The tension between the metric of evaluating financial viability and the need to invest in public health outcomes to save the public sector money over the long term was raised repeatedly at the roundtables (see Finding 1 in Section 3 and Recommendation 1 in Section 5).

i A fuller description of the role of viability is available within the National Planning Practice Guidance, at **http://planningguidance.planningportal.gov.uk/blog/guidance/#Viability**

16 *National Planning Practice Guidance*. Department for Communities and Local Government, 2013. **http://planningguidance.planningportal.gov.uk**

17 *Response of the Spatial Planning and Health Group to the Government's Review of Planning Practice Guidance*. Spatial Planning and Health Group, 2013. **www.spahg.org.uk/?p=564**

18 *Housing Standards Review: Towards More Sustainable Homes*. Department for Communities and Local Government, 2013. **www.gov.uk/government/publications/housing-standards-review-towards-more-sustainable-homes**

19 The Code for Sustainable Homes is available at **www.planningportal.gov.uk/buildingregulations/greenerbuildings/sustainablehomes**

Implications for health and planning

The quality of housing and the internal housing environment are determinants of health and wellbeing. A lack of access to affordable and high-quality housing can have an adverse impact on people's health and wellbeing. The longer-term issues of accessibility, space standards and other standards for the internal housing environment are crucial to the policy aims of supporting people to remain independent in their own homes and of making homes easily adaptable to meet changing mobility or other needs. Housing that is suitably flexible as people age could help to prevent otherwise unnecessary, and expensive, extended lengths of stay in hospital. However, the short-term viability test that LPAs will have to apply to standards that they wish to adopt threatens to undermine the provision of high-quality housing that can be adapted to changing needs.

Community Infrastructure Levy and Section 106 planning obligations

The Community Infrastructure Levy (CIL) is a development tariff that can be charged on new developments to contribute payments towards a list of local infrastructure projects (known as a Regulation 123 list).

It is not compulsory for LPAs to prepare a CIL charging system. Section 106 planning obligations require developers to make a financial or in-kind contribution to mitigate on-site impacts from new development.

The Government has published guidance on CIL,[20] partly to clarify the relationship between CIL and Section 106:[21]

- CIL and Section 106 charges are differentiated so that developers are not double-charged for the same infrastructure. From April 2015, Section 106 policies will be scaled back to on-site contributions, regardless of whether or not an LPA has a CIL in place.
- LPAs will no longer be able to pool and use more than five Section 106 planning obligations for a particular infrastructure requirement.
- A balance has to be struck between funding infrastructure from CIL and the impact on development viability, to be supported by evidence and tested in examination.
- 15% of contributions received from CIL will be passed directly to the parish or town councils for the area in which development has taken place (25% if they have an adopted neighbourhood plan).
- Recent changes include bringing forward the Regulation 123 list as part of the charging schedule evidence base, extending the restrictions on pooling Section 106 to April 2015, and allowing CIL payments in-kind, in the form of land or infrastructure.

Implications for health and planning

The CIL and Section 106 planning obligations, together with use of planning conditions, offer opportunities for LPAs to work with public health to bring forward health-promoting new developments.

Items on a CIL list need to be justified by evidence, which could include the identification of specific healthcare infrastructure such as GP surgeries or hospitals. The list could also include contributions to wider infrastructure that could improve health or reduce health inequalities, such as green infrastructure, public realm improvements, or cycle paths – providing local need has been demonstrated. It is vital that public health practitioners provide costed evidence of infrastructure needs and gaps when planners prepare a CIL Regulation 123 list, and that this is aligned with the LPA's infrastructure planning process and local plan-making. This collaboration is particularly important in two-tier areas where the county is responsible for strategic infrastructure such as health, education and transport.

LPAs are still permitted to use Section 106 obligations on new development to require site-specific measures such as improving access to and provision of green infrastructure.

Development management

Planning decisions on proposed development are made in accordance with the statutory development plan or the NPPF policies where the development plan is absent or silent or where relevant plan policies are out of date. Development management continues to be reformed incrementally through primary legislation such as the Growth and Infrastructure Act 2013 and amendments to various regulations. Relevant changes include the following:

- Design and access statements are now only required for major development applications, and there is no prescription for what the statement must contain.
- Developers can now apply to an LPA to reduce the affordable housing requirement set out in a

20 *Community Infrastructure Levy: Guidance*. Department for Communities and Local Government, 2013. www.gov.uk/government/publications/community-infrastructure-levy-guidance

21 See *The 2013 Reforms to the Community Infrastructure Levy*. TCPA Briefing Paper 39. TCPA, 2013. www.tcpa.org.uk/data/files/resources/1142/TB39-CIL-Reform.pdf

previously agreed Section 106 obligation if they can demonstrate that this makes the scheme financially unviable.

Implications for health and planning

Design and access statements continue to play an important role in getting developers to think proactively about design early in the development process, although they may need to be explicitly required in local plan policy to give them weight in decision-making. Public health colleagues have used, and continue to use, these statements as the basis for evaluating the health and wellbeing impact of a proposed development. Less prescription can mean more opportunity for public health to engage with policy and development management planners on the contents of these statements, in order to target health issues in the area through design – although there remains a need to evaluate the potential health impact of the proposal (through health impact assessment or another method).

People's health and wellbeing are influenced by their access to, and the affordability and quality of, housing. There are wider issues around the impact on development viability, but there is a case for public health professionals and planners to demonstrate a local need for the benefits of provision – or the costs of non-provision – of affordable housing.

The Deregulation Bill

The draft Deregulation Bill[22] is the latest step in the Government's drive to remove unnecessary bureaucracy, and will be introduced into the parliamentary timetable when time allows.

Relevant changes include:

- the repeal of the duty on local authorities to prepare a sustainable community strategy; and
- the removal of the requirement on local authorities to prepare housing strategies.

Implications for health and planning

The sustainable community strategy is, and should continue to be, a core corporate document for any local authority when exercising its duty to promote wellbeing under the Local Government Act 2000. The strategy provides the framework for policies and objectives set out in the local plan and the housing strategy – on, for example, safer and stronger communities, quality of life, improving healthy living, and providing high-quality housing. Whatever the outcome of the Bill, the duty to promote wellbeing will remain, and it is important that local government officers use this to advocate an integrated approach to planning, development, housing and public health so that they link up effectively to deliver local aspirations and priorities.

Public Health England

Established in April 2013, Public Health England (PHE) is an executive agency of the Department of Health.[23] Its many responsibilities include making the public healthier by supporting action taken by local government. One of its priorities for 2013-14 is promoting the development of place-based public health systems. PHE launched the Healthy People, Healthy Places programme in November 2013. This recognises that the built and natural environment are major determinants of health, and that the design of the built environment and access to natural spaces have an influence on health and wellbeing.

Implications for health and planning

PHE's Healthy People, Healthy Places programme recognises the role that spatial planning plays in shaping healthy places. PHE has been an active partner in the Reuniting Health with Planning project, and its willingness to engage with practitioners offers an opportunity for local authorities and partners to secure national support for local integration. PHE is also publishing a range of new resources to assist this joined-up working locally.

Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies

Local authorities and clinical commissioning groups have joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the health and wellbeing board (health and wellbeing boards took on their statutory functions in April 2013). Statutory guidance was published in March 2013.[24] Key points include the following:

- JSNAs and JHWSs are continuous processes, and they should be kept up to date to inform local decision-making.

22 Draft Deregulation Bill. Cm 8642. HM Government. TSO, 2013. www.gov.uk/government/publications/draft-deregulation-bill

23 The Public Health England website is at www.gov.uk/government/organisations/public-health-england

24 *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. Department of Health, 2013. www.gov.uk/government/consultations/health-and-wellbeing-board-duties

- Local areas are free to undertake JSNAs to suit local circumstances, and there is no template or required format.
- In two-tier local government areas, health and wellbeing boards must involve district councils in preparing JSNAs and must include officers from planning, housing and environment, who should be encouraged to work with them on preparing JHWSs.
- This statutory guidance can be considered to have legal status in the planning system.[25]

Implications for health and planning

The NPPF requires planners to work with public health partners and take account of local health and wellbeing needs and strategies. In practice, this means collaboration on the JSNA and JHWS, although this link is not made explicitly or signposted in the NPPG. It is crucial that both documents focus on meeting a shared set of local objectives.

If the JSNA and JHWS are to inform plan-making – as they should – then it is vital that the information they contain shows the spatial variations across the local authority area, so that planners understand local inequalities and varying health needs.

The JHWS is the strategy that reflects the priorities of health and wellbeing boards, so it is crucial that the links between health needs and potential spatial interventions are highlighted within the strategy as a hook for ongoing collaboration. Without this, there is a danger that health and wellbeing boards will fail to grasp the significance of the wider determinants on health in the local area.

Clinical commissioning groups and NHS England

Clinical commissioning groups (CCGs) are overseen by NHS England (previously the NHS Commissioning Board). CCGs are responsible for the majority of commissioning for hospital services and for supporting GPs to provide primary care practitioner services, although significant elements of both funding and commissioning are provided by NHS England. CCGs and NHS England are statutory consultees in the planning system, which means that they are:

- prescribed bodies for co-operation on strategic issues under the duty to co-operate;
- specific consultees in local plan-making;
- consultees in neighbourhood plan-making; and
- consultees in preparing local development orders.

Implications for health and planning

Although CCGs have a statutory role in the planning system, they may not yet have identified someone who will take on the responsibility of working with planning. Planners can initiate contact and set out the importance of CCG involvement in identifying existing and future healthcare needs that can be fed into the local planning and decision-making processes. The need for this input is urgent: some LPAs are collecting Section 106 planning obligation financial contributions for healthcare facilities but do not yet have a working relationship with the CCG, so the money remains unspent.

Note that there appears to be some confusion locally as to the distinct roles of a CCG and NHS England in planning terms (see Recommendation 3 in Section 5 on clarifying this situation). CCGs should also be working to familiarise themselves with their responsibilities under the duty to co-operate and in neighbourhood planning processes, potentially as part of an action under the Public Health Workforce Strategy.

Finally, planners also need to be aware of the activities of health service providers, such as hospital trusts, and any plans they may have for future development as a consequence of changes in how they provide services.[26] This should also take account of the implications to related services, such as potential changes to bus routes, and so on.

25 According to Section 19 of the Planning and Compulsory Purchase Act 2004

26 Note that NHS Property Services has taken over the property portfolio of the former primary care trusts, and that there will be implications for planning as a result of its policies on the disposal of sites – see the NHS Property Services website, at www.property.nhs.uk/

3

findings

The project roundtables covered a range of topics across a variety of places and political structures (see Appendix 2 for further information). This diversity was one of the strengths of the roundtable series, as it provided an opportunity to identify themes and concerns from across different contexts – including urban, rural and coastal locations, and unitary and two-tier authorities.

This section pulls together the common concerns and experiences of these diverse areas and presents a set of findings that provide an up-to-date picture of the issues that places around England are grappling with as they seek to integrate public health priorities and evidence into local planning processes and place-making.

The findings are as follows:

- **Economic growth requires places that promote good health – the focus on short-term financial viability threatens to undermine this.**
- **Health-promoting environments will not be delivered by public health practitioners, but they will not be produced without them, either.**
- **Public health priorities and evidence must be better linked to places and planning processes.**
- **Tackling local health inequalities needs to be emphasised more strongly in local planning processes.**
- **Raising the design quality of developer schemes would create incentives to improve health and wellbeing outcomes.**
- **There are extra challenges in translating public health into a place-based programme in two-tier authority areas.**
- **Local plans should be flexible enough to facilitate place-based innovations that could improve health and wellbeing.**

Finding 1: Economic growth requires places that promote good health – the focus on short-term financial viability threatens to undermine this

'Developers will argue each thing to the bone. But in the same way that developers quantify and attach value to why they can't do X, Y or Z, we need to quantify and attach value to why they should. What is the long-term costs to UK plc of not doing some of these things? You can let the developer off the private cost of putting these things in, but it will then be a cost to the public purse – what is the estimate of that cost?'
Deirdra Armsby, Head of Planning, Newham Council

One of the aims of the National Planning Policy Framework is the promotion of healthier communities. As well as contributing to building a strong economy, planning needs to:

- create 'a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being'; and
- 'improve biodiversity, use natural resources prudently, minimise waste and pollution, and mitigate and adapt to climate change' (para. 7).

The NPPF (in para. 173) states that:

'Plans should be deliverable... To ensure viability, the costs of any requirements likely to be applied to development... should, when taking account of the normal cost of development and mitigation, provide competitive returns to a willing land owner and willing developer to enable the development to be deliverable.'

Evidence from current practice indicates an emphasis in the planning decision-making process on short-term financial viability assessments – prepared by the developer. This leaves decisions at risk of failing to take account of a broader understanding about what makes a place attractive for growth in the longer term. A senior planner told the West Midlands project roundtable that:

'The emphasis on viability squeezes the added value out of a scheme.'

In one of the North West roundtables a head of development management said that:

'Viability and the need to see housing delivered on the ground [means] we are having to fight much harder for things such as open space provision and affordable housing.'

One response from LPAs to these circumstances must be to ensure that they have trained development management planners to a high level on viability testing, so that they understand the figures that developers present them and are sufficiently confident to question the assumptions underlying the financial assessment. Hugh Ellis, Chief Planner at the TCPA, told one of the roundtables:

'I still see cases where district councils have been taken for a complete ride from what they've got from a development over the long term. It is very important that planners understand property values and viability testing as a skills set.'

First Ark Group

Watchfactory extra care scheme, Prescot – the Knowsley Housing Trust/Knowsley Council development is a good example of investing more upfront to save healthcare costs in the future

Box 3

Costing the benefits of health-promoting environments

Stockport Council's planning team is working with the authority's public health analysts to devise a way of measuring the long-term cost to the public sector when developer viability statements claim local policy cannot be achieved without threatening the short-term financial viability of the development. Part of this work is examining how public health professionals could provide evidence relating to the causality of health impacts in terms that would be acceptable for planning inspectors.

At the Bristol roundtable, public health experts agreed to investigate how they could cost future impacts of adhering to, or ignoring, best practice guidance on designing for health. The average costs of providing healthcare for people in England is known. By combining this data with estimated variations in the rates of major ill-health – heart disease, cancer, mental ill health, and so on – that can be attributed to living conditions, analysts hope to derive reasonable estimates of the future costs or benefits to society of ignoring, or following, good practice in designing for health.

There was a general feeling across the roundtables that the system is currently skewed too heavily in favour of short-term financial viability, as dictated by the developer, to the detriment of achieving environments that promote health and reduce health inequalities.

The 'invest to save' argument is not new, but the transfer of public health responsibilities to local authorities is providing an opportunity for colleagues to work together to assess how they can make a case locally to require a higher standard of development now in order to make savings for the public purse in future.[27] This is particularly relevant within the context of an ageing population and the projected costs to health and social care.[28]

This approach is gaining some traction. The Knowsley roundtable heard that Knowsley Housing Trust, in partnership with Knowsley Council, recently won £2 million from the Department of Health's Care and Support Specialised Housing Fund (administered by the Homes and Communities Agency) towards the development of the £10.8 million Watchfactory extra care scheme in Prescot.

The bid made a compelling case for higher investment in the short term to save healthcare costs in future years. The extra care housing will see a reduction in care costs of £438 per week per resident, which will amount to an annual saving of £1.18 million across the 54 residents who will have the full extra care support package.[29]

Finding 2: Health-promoting environments will not be delivered by public health practitioners, but they will not be produced without them, either

'What we know about healthy place-making needs to be deployed in designing, building, renovating, and operating buildings, neighbourhoods, and metropolitan areas. The implementers are urban planners, architects, landscape architects, developers, builders, building managers, and others.'
Richard J. Jackson, Andrew L. Dannenburg and Howard Frumkin[30]

The design elements that influence whether people living in a place are more likely to experience good health or not – access to green spaces, places to meet, handy shops and services, attractive walking routes, decent housing, a mix of jobs, low pollution – will not be delivered by public health specialists. They will be provided by a combination of private sector developers, social housing providers and (perhaps increasingly) a mix of custom-build and other small-scale developers.

The framework to help them achieve this is managed by LPAs, who have a duty to achieve good design under the Planning and Compulsory Purchase Act 2004 (as amended). More broadly, councils also have a duty to promote wellbeing under the Local Government

27 There are sector-specific models to draw on: the HEAT tool (Health Economic Assessment Tool) developed by the World Health Organization is an example of bringing health costs and benefits into transport decisions – see http://heatwalkingcycling.org/

28 As an example of a methodology commissioned by the Homes and Communities Agency, see *Financial Benefits of Investment in Specialist Housing for Vulnerable and Older People*. Frontier Economics, for the Homes and Communities Agency, 2010. www.frontier-economics.com/_library/pdfs/frontier%20report%20-%20financial%20benefits%20of%20investment.pdf

29 *Care and Specialist Housing Fund: Knowsley Housing Trust Submission*. Knowsley Housing Trust, 2013

30 R.L. Jackson, A.L. Dannenberg and H. Frumkin: 'Health and the built environment: ten years after. Editorial. *American Journal of Public Health*, 2013, Vol. 103 (9), 1542-44

Box 4

The rise of specialist public health and built environment professionals

Prior to the transfer of public health to upper-tier councils, a handful of areas around England – such as Bristol, Coventry, Knowsley, Liverpool, Luton, Newham, and Stockport – experimented with the NHS funding or part-funding posts for a health specialist embedded in a planning, transport or regeneration department. In the past, this was driven by directors of public health who believed that these professions were vital to influencing the wider determinants of health (such as improving the quality of housing, creating environments that encourage physical activity, and improving air quality), even if they did work in a separate organisation. Now the system positively encourages these links. Since 1 April 2013 – when the transfer took place – there does appear to be an increase in the number of councils that are recruiting to this kind of a role. For example, new appointments are in the pipeline in Blackpool, Lincolnshire and Medway.

Long-term post-holders report that their role has been vital in helping public health staff to understand and engage effectively with the planning process and other council regulatory functions, break down language and jargon barriers, increase planners' understanding of health inequalities, and create a shared understanding of what can be achieved by working together more closely. One issue to be resolved is whether designating this role to a specialist post means that these skills and knowledge fail to be spread more widely across the authority.

Act 2000 (note that this is a more complex relationship in two-tier areas – see Finding 6).

Integrating these duties with the public health responsibility for local government is critical. However, councils have taken on their public health responsibilities at the same time as unprecedented cuts to their budgets. It is not a good time to be asking officers to take on new responsibilities: there is no spare capacity. The situation was summed up by one roundtable participant, who reported that the budget deficit in his local authority was so serious that a senior elected member told a public meeting that:

'We don't want green spaces; we want houses, because they make more money.'

Given the emphasis in public health on promoting good health rather than just accepting and treating the medical consequences of physical inactivity, poor nutrition, air pollution, social isolation, and so on, there is a strong case for public health departments to look at how they can invest in providing the support that planners, transport planners, regeneration officers, environmental health officers and others will need if they are to create health-promoting environments that reduce health inequalities and improve health. With public health budgets currently ring-fenced, this provides extra scope to examine the most effective ways to do this, and to invest accordingly in the relevant departments.

Experiments in community budgets, such as Whole Place and Neighbourhood Community Budgeting,[31] and integrated health and social care pilots[32] may signal a shift towards central government allowing councils and communities to pool together money locally to reduce costs and improve effectiveness. If these are rolled out nationally, it would significantly help to reinforce the message of integrated working. It could also provide flexibility to justify spending on environments where the health of the population is poor, to help improve health and wellbeing and reduce health inequalities.

Finding 3: Public health priorities and evidence must be better linked to places and planning processes

'How does the health outcome justify the planning outcome? At the moment, provision of open space might facilitate healthy behaviour, but we know that houses on open space definitely produces houses, so you have to have the debate around what is more important for us as a healthy sustainable city – exercise versus affordable housing. It's a matter of understanding why the council should prioritise differently.'
Planning Manager, North West England

Health and wellbeing boards – which are a statutory function of local authorities – have a duty to prepare a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) (see Section 2).

31 For a review of recent progress, see *Community Budgets*. Third Report of Session 2013-14. Communities and Local Government Select Committee, House of Commons, 2013. www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-government-committee/news/cb-report-substantive/

32 'Integrated pioneers leading the way for health and care reform'. Press Release. Department of Health, 1 Nov. 2013. www.gov.uk/government/news/integration-pioneers-leading-the-way-for-health-and-care-reform—2

Previous work undertaken by the TCPA on JSNAs and planning found that the links were poor.[33] The *Healthier Homes, Healthier Communities* handbook resulting from phase 1 of this project argued that JSNAs should include spatial data. Some areas – for example Lincolnshire and Hertfordshire County Councils – are attempting to map data, and to work with planners and others to do this.

However, these links need to be developed further. Often health and wellbeing strategies do not contain priorities that planners and other built environment professionals consider relevant, or they do not express them in a way that highlights spatial inequalities and the interventions that are required, including from planning. Tomlinson *et al.* argue that:

> *'To better support the spatial planning system, the JSNA [joint strategic needs assessment] should lead to identified, spatially targeted interventions in the HWS [joint health and wellbeing strategy] that can be delivered through the spatial planning or transport planning systems.'*[34]

In reality, place-based public health evidence is being injected into the planning process in a patchy and piecemeal way. The feedback from some of the roundtables is that planners, faced with having to make a choice between competing priorities, are unsure about what would best help to deliver local health priorities. As one district planner put it:

> *'Do you want to see a full, economically active high street or do you want to restrict uses for health reasons that may mean you have vacancies – which of these scenarios is more or less healthy?'*

An added complexity is that any answer is likely to be different across a council area, depending on the level of health inequalities, access to existing services, and so on. What is needed most to improve health in the regeneration of a deprived inner-city area will be different from what an isolated village requires. Planners need evidence at an appropriate spatial scale, provided at the right time in the planning process. Actions set out in the JHWS, based on the JSNA, would help to overcome these uncertainties. Such an approach would create a link to, and potentially drive performance against, the public health outcomes indicators set out in the strategy.

It may also put a spotlight on some of the contradictions in existing policy guidance that generate confusion about how best to create health-promoting environments. For example, the roundtables highlighted the conflicting advice between Secured by Design, which prefers cul-de-sacs to reduce the risk of crime, and national health and walking guidance,[35] which encourages streets where people can walk through neighbourhoods (so-called permeability). Local planning authorities are not the only ones who need clear guidance: developers would welcome clarity too.

The roundtables highlighted that there is a raft of lifestyle-related health concerns that public health practitioners are keen to tackle, but on which planners and associated professionals would welcome more evidence on the influence of the environment. These include:

- **Restricting hot-food takeaways:** A growing number of LPAs are adopting policies to restrict hot-food takeaways, some of which include policies to help reduce obesity – the evidence base that has been used to justify these policies so far is under pressure. Public Health England has recently published an appraisal of what evidence exists and where there are gaps.[36]
- **Controlling alcohol misuse:** To date, planning has had a limited role in controlling the availability of alcohol – the main tool is licensing regulations. However, a recent study identified scope for planning to devise policies that discourage excessive alcohol consumption, especially by young people.[37] There are also links to wider planning policy relating to the night-time economy and reducing crime and the fear of crime.[38]
- **Banning shisha smoking bars:** Public health authorities are keen to restrict opportunities to use shisha pipes, given that smoking remains the leading cause of preventable death and disease in the UK (in a typical hour-long shisha session, smokers can inhale the same amount of smoke as produced by more than a 100 cigarettes). In 2013 Sandwell Council refused a planning application for a shisha

33 *Spatial Planning and Health: A Guide to Embedding the Joint Strategic Needs Assessment in Spatial Planning*. TCPA, 2010. www.tcpa.org.uk/data/files/spatial_planning_for_health.pdf

34 P. Tomlinson, S. Hewitt and N. Blackshaw: 'Joining up health and planning: how Joint Strategic Needs Assessment (JSNA) can inform health and wellbeing strategies and spatial planning', *Perspectives in Public Health*, 2013, Vol. 133 (5), 254-62

35 *Walking and Cycling: Local Measures to Promote Walking and Cycling as Forms of Travel or Recreation*. National Institute for Health and Social Care Excellence, 2013. http://publications.nice.org.uk/walking-and-cycling-local-measures-to-promote-walking-and-cycling-as-forms-of-travel-or-recreation-ph41

36 N. Cavill and H. Rutter: *Obesity and the Environment: Regulating the Growth of Fast Food Outlets*. PHE Healthy People Healthy Places Briefing. Public Health England, 2013. www.gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets

37 M. Roberts, T. Townshend, I. Pappalepore, A. Eldridge and B. Mulyawan: *Local Variations in Youth Drinking Cultures*. Joseph Rowntree Foundation, 2012. www.jrf.org.uk/publications/local-variations-youth-drinking-cultures

38 C. Lightowlers, M. Morleo, C. Harkins, K. Hughes and P. Cook: *Developing Safer Night Time Environments through Effective Implementation of Planning*. Centre for Public Health, Liverpool John Moores University/The Lancashire Partnership/Lancashire County Council, 2007. www.cph.org.uk/wp-content/uploads/2012/08/developing-safer-night-time-environments-through-effective-implementation-of-planning.pdf

bar following opposition from local communities and a joint response from public health, police, the fire service, environmental health, and trading standards. The Planning Inspectorate overturned the decision, arguing that restrictions on smoking were covered in other regulations.[39] This suggests that closer working is needed between public health, environmental health, planning and licensing.

- **Restricting payday lenders and betting shops:** Some local authorities are looking at ways to tighten planning and licensing regulations to restrict these uses, in response to public concerns about their domination of high street shops and their negative impact on people's finances. In June 2013 Newham Council lost an appeal to refuse a licence to a betting shop (having argued that it would attract crime and anti-social behaviour).[40]

Finding 4: Tackling local health inequalities needs to be emphasised more strongly in local planning processes

'The key must be to arrive at interventions that are calculated to ameliorate or improve health and minimise inequities in a cost-effective way.'
Paul Tomlinson, Stephen Hewitt and Neil Blackshaw[41]

Prior to the introduction of the NPPF, national planning policy explicitly included requirements for the planning process to help create places with fewer inequalities. However, the NPPF makes no mention of equality per se, and guidance in the NPPG may actually encourage plans and decisions that increase inequalities. For example, planners are being instructed to relax parking rules in town centres; but more cars will increase pollution and congestion, which tends to affect the health of poorer people, who are more likely to live along busy roads. It will also make the travel options for non-car owners, who are disproportionately on low incomes, less pleasant and convenient.

However, local authorities are required to tackle the wider determinants of health under the duty to improve the health of their population.[42] The Public Health White Paper also endorses the Marmot Review's call for 'proportionate universalism', where the scale of the intervention is 'proportionate to the level of disadvantage'. Allen *et al*. describe this important concept in more detail:

> *'The relationship between deprivation and health is not only relevant for the most and least deprived areas – every small increase in the conditions of someone's life is likely to result in an improvement to their health. This is the social gradient in health and means that everyone below the very top is suffering some degree of health inequality. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.'*[43]

In practice, one way planners can adopt this principle is by engaging meaningfully with communities with poor health about the quality of their environment. The NPPF requires LPAs to use plan-making to empower local people 'to shape their surroundings' (para. 17) – something that the Marmot Review also emphasised as being important for helping to improve the health of the most disadvantaged. This means more than simply consulting with communities within the parameters of the statutory process. The move of public health to local government potentially brings expertise that planners can tap into to achieve this (although there was a warning at one of the roundtables that planners must be careful 'not to hijack the existing community development work that public health practitioners are doing').

Neighbourhood planning is another mechanism for communities to influence local development. However, it relies on capacity and skills that are distributed unevenly across the country. The community engagement expert Jeff Bishop writes that:

> *'All the experience to date is that those coming forward to start neighbourhood plans are mainly wealthy, professional types in mainly rural communities. Less advantaged communities cannot even get off the starting blocks.'*[44]

One study compared the location of applications to prepare a neighbourhood plan with levels of disadvantage in local authority areas. It found that only

39 B. Cook: 'Hubble bubble trouble', *Planning*, 31 May 2013. www.planningresource.co.uk/article/1184163/hubble-bubble-trouble

40 C. Philby: 'Newham Council loses fight to stop spread of betting shops as court upholds appeal by Paddy Power', *The Independent*, 17 Jun. 2013. www.independent.co.uk/news/uk/home-news/newham-council-loses-fight-to-stop-spread-of-betting-shops-as-court-upholds-appeal-by-paddy-power-8662466.html

41 P. Tomlinson, S. Hewitt and N. Blackshaw: 'Joining up health and planning: how Joint Strategic Needs Assessment (JSNA) can inform health and wellbeing strategies and spatial planning', *Perspectives in Public Health*, 2013, Vol.133 (5), 254-62

42 *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. White Paper. Cm7985. HM Government, 2010. www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

43 I. Geddes, J. Allen, M. Allen and L. Morrisey: *The Marmot Review: Implications for Spatial Planning*. Marmot Review Team, for National Institute for Health and Care Excellence. www.nice.org.uk/nicemedia/live/12111/53895/53895.pdf

44 J. Bishop: 'Localism push does little for disadvantaged', *Planning*, 25 Mar. 2013. www.planningresource.co.uk/news/1175763/Localism-push-does-little-disadvantaged/?DCMP=ILC-SEARCH

Newham Council

Newham, London – planners must take actions that are universal, but with a scale and intensity that is proportionate to the level of disadvantage

10% (45) of applications had been made in the 20% of authorities facing most disadvantage (as defined by the 2010 Indices of Multiple Deprivation). In contrast, the 20% of authorities with least disadvantage received 92 applications – more than double.[45] This is an important issue given that neighbourhood plans are a powerful part of the local development plan, but are resource intensive and include stringent legal processes for adoption within a local plan. There are organisations that support neighbourhood planning processes, but it will take effort on behalf of planners and public health practitioners to link up the disadvantaged areas in their localities with this help.[46]

At the very least, neighbourhood planning should be including local health needs as part of the process. Kathy MacEwen, Head of Planning and Enabling at Design Council Cabe, told one of the roundtables that:

> *'Quite a lot of neighbourhood planning isn't having health in the conversation – but there is great potential when people do get involved in real sites and places.'*

Finding 5: Raising the design quality of developer schemes would create incentives to improve health and wellbeing outcomes

'We have to start to engage with the way the development industry thinks. If a house in a home zone area sells for £5,000 more than a house not in one, why does any developer not think they have a commercial interest in building a home zone?'
Dr Stephen Watkins, Director of Public Health, Stockport Council

Bearing in mind the context of financial viability considerations discussed above, what levers exist to persuade developers to design and build health-promoting schemes, especially if this is likely to involve higher upfront costs? Building for Life 12 (BfL12) is a voluntary industry standard that is designed to help developers build 'better quality homes that have a real sense of place'.[47] It sets out 12 questions that planners

45 J. Geoghegan: 'Poorer areas see few neighbourhood plan applications', *Planning*, 25 Mar. 2013. www.planningresource.co.uk/article/1175787/poorer-areas-few-neighbourhood-plan-applications

46 The Government's Supporting Communities in Neighbourhood Planning fund is managed by Locality in association with a range of other partners – see http://locality.org.uk/news/launch-neighbourhood-planning-fund/

47 Further information on Building for Life 12 is available from www.designcouncil.org.uk/our-work/CABE/Our-big-projects/Building-for-Life/

Box 5
Building for Life 12 criteria

Integrating into the neighbourhood

1 **Connections:** Does the scheme integrate into its surroundings by reinforcing existing connections and creating new ones; while also respecting existing buildings and land uses along the boundaries of the development site?

2 **Facilities and services:** Does the development provide (or is it close to) community facilities, such as shops, schools, workplaces, parks, play areas, pubs or cafes?

3 **Public transport:** Does the scheme have good access to public transport to help reduce car dependency?

4 **Meeting local housing requirements:** Does the development have a mix of housing types and tenures that suit local requirements?

Creating a place

5 **Character:** Does the scheme create a place with a locally inspired or otherwise distinctive character?

6 **Working with the site and its context:** Does the scheme take advantage of existing topography, landscape features (including water courses), wildlife habitats, existing buildings, site orientation and microclimates?

7 **Creating well defined streets and spaces:** Are buildings designed and positioned with landscaping to define and enhance streets and spaces, and are buildings designed to turn street corners well?

8 **Easy to find your way around:** Is the scheme designed to make it easy to find your way around?

Street and home

9 **Streets for all:** Are streets designed in a way that encourage low vehicle speeds and allow them to function as social spaces?

10 **Car parking:** Is resident and visitor parking sufficient and well integrated so that it does not dominate the street?

11 **Public and private spaces:** Will public and private spaces be clearly defined and designed to be attractive, well managed and safe?

12 **External storage and amenity space:** Is there adequate external storage space for bins and recycling as well as vehicles and cycles?

and developers can use to assess the design quality of a scheme, and emphasises the need for developers and LPAs to engage with each other well before a scheme is submitted for planning permission.

Design Council Cabe, one of the champions of BfL12, reports strong buy-in from a number of well known developers, including Taylor Wimpey, Barratt, Miller Homes and Crest Nicholson (which is using the BfL12 standard for all its developments). The Government is interested in developing a 'design league table' for developers based on their BfL12 scores across all developments, to help drive widespread take-up of the scheme.[48] This will require planners to understand how to assess development applications against BfL12.

Kathy MacEwen, Head of Planning and Enabling at Design Council Cabe, suggests that widespread uptake of BfL12 by developers would also help to achieve design that takes more account of health considerations. In the absence of an explicit requirement on developers to assess the health impacts of their development, this would be a good start.[49]

The attention paid to the health benefits that could be achieved within BfL12 could be strengthened by involving public health practitioners in pre-application meetings – something that Stockport Council is looking to trial.

48 J. Geoghegan: 'Boles: being planning minister is a 'wonderful job'', *Planning*, 2 Oct. 2013. www.planningresource.co.uk/article/1214541/conservatives-2013-boles-planning-minister-wonderful-job

49 Some local authorities, such as Bristol, Stoke-on-Trent, Central Lincolnshire, Knowsley and Newham, require health impact assessments for development applications over a certain scale or size; Stockport covers health in its sustainability appraisal of major applications

Box 6

Can local authorities be exemplar developers?

What if the developer, or the landowner, is the local authority or another public sector body? This presents an opportunity to promote exemplar development and show in practice what the local authority would like to see from other developers. This is not an easy argument to make at a time when many councils are trying to sell land at market rates as a source of revenue.

However, there are precedents. For example, the Bristol roundtable focused on one site owned by Bristol City Council (it also considered sites owned by the University of the West of England and City of Bristol College). The theme of the session was how to create healthy and sustainable urban development, drawing on best practice from places such as Freiburg. The roundtable was an opportunity to bring together a range of senior officers from across the council and outside experts to discuss how they could use their skills and influence to get the local authority to commit to developing best-practice healthy urban places, rather than disposing of the sites for the highest short-term economic return. Zoe Willcox, Director of Planning and Sustainable Development at Bristol City Council, said that the roundtable process helped her to 're-energise myself to the task of taking this forward positively'.

Knowsley Council supported a £14.4 million extra care housing scheme in Huyton, developed by First Ark. The local authority sold the land to the housing provider at below market rate, which has enabled First Ark to develop a scheme – Bluebell Park – that significantly increases the quality of housing in the area and helps to meet pressing housing need. The scheme includes 122 apartments and nine bungalows, with a range of communal facilities, for people over 55, which will be available for the residents of scheme and the wider community. The objective is to create a hub for residents, ensuring that the scheme is an integral part of the wider community.

Finding 6: There are extra challenges in translating public health into a place-based programme in two-tier authority areas

'District councils are faced with managing massive cuts over the next couple of years. This risks building in tensions between county public health practitioners and district planners because public health will say to the planners: 'Why aren't you delivering?'
District officer, at the Lincolnshire roundtable

The transfer of public health responsibilities was to upper-tier and unitary local authorities: in two-tier local government council areas – i.e. places that have both county and district authorities – public health responsibilities now lie with county council; most planning and other environmental functions lie within the districts.

Phase 1 of the Reuniting Health with Planning project highlighted the structural challenges that are particular to two-tier areas. How, for example, can a health and wellbeing board legitimately represent the interests of multiple district areas without ballooning into an unworkably large group? Cultivating relationships between people working in different organisations, with different responsibilities, across large areas, is difficult and costly.

The districts involved in the roundtables were acutely aware of the difficulty they were having in managing the funding cuts to local authorities, and could foresee tensions developing between district and county levels on a lack of investment/management in things that are important for good health, such as green infrastructure. The roundtables also revealed that the public health discourse often assumes an urban context. As one participant asked: 'How do we do rural public health?' (The specific challenges of coastal towns were also highlighted.) Again, this is predominantly a challenge for two-tier areas.

Given these extra challenges, it is perhaps all the more heartening to note that the two-tier case studies examined in this project are making real progress in building relationships and networks as the first step in creating a planning and public health agenda that responds to the complex spatial settings, and sometimes hidden health problems, that often exist within these areas. For example, Hertfordshire County Council has set up a public health board as a sub-committee of the health and wellbeing board; it also reports to the county's Chief Executive's Co-ordinating Group. The board acts as a multi-agency forum to enable all parts of the public health system in the county – such as Public Health England, district and county councils, the Police and Crime Commissioner, NHS bodies, and other agencies – to work effectively together. It is the lead group for co-ordinating public health strategies and approaches across the county.

Finding 7: Local plans should be flexible enough to facilitate place-based innovations that could improve health and wellbeing

'Planning has lost its nerve a bit, and I would encourage a lot more self-confidence in practitioners.'
Hugh Ellis, Chief Planner, TCPA

The best local plans contain an element of flexibility so they can, as the NPPF puts it, 'adapt to rapid change' (para. 14). The most recent at-scale example of this has been the near collapse of the global banking system, and the desirability of having a plan in place that is flexible enough to shift investment priorities during the long, slow recovery that continues.[50]

There are many smaller-scale examples of where flexibility is needed so that plans can welcome unanticipated budding initiatives which could be harbingers of change for improving health and wellbeing locally. For example, the rapid increase in urban food-growing has put pressures on LPAs to provide more land for allotments, where previously many places had vacant sites. One response to this has been Newham's core strategy, adopted in 2012, which supports 'meanwhile' use for community food-growing on appropriate sites, providing it would not prejudice the longer-term regeneration aspirations for the site. This is similar to pop-up policies being pursued by some local authorities to revitalise local high streets.

There was concern at some of the roundtables that the focus on short-term financial viability would squeeze out opportunities for planners to promote flexible uses that could help to achieve the health and wellbeing aspirations in the local plan. This is especially pertinent given the list of topics set out in Finding 3 on which public health and planning are collaborating, often for the first time. Some of the flexibilities introduced by the Localism Act may also influence the capacity of people to improve their own health – for example Community Asset Transfer.[51]

Even if they are not involved directly in these interventions, planners have a role in using the local plan as the policy framework to pull together the range of actions going on in a place and identify duplication, conflicts and opportunities. Planning departments have very limited budgets, but could use their expertise of shaping places and identifying what is required to project-manage the interventions of departments who do have money to spend – such as public health, housing, regeneration, and transport and highways.

Box 7
Health-promoting development – go fly a kite?

One proposed incentive for developers to take health and wellbeing considerations more seriously is the accreditation of a kitemark that recognises design which meets minimum standards.[i]

The idea is the brainchild of Libby Brookes, Professor of Sustainable Building Design and Wellbeing at the University of Warwick's School of Health and Social Studies.

Having established a rationale for the kitemark, Professor Brookes is on the cusp of appointing an advisory group and researcher to develop a preliminary version. The kitemark would be based on current evidence and would need continual updating, along with training in using and assessing it.

Professor Brookes says that:

'What will differentiate [the kitemark] from other rating systems is that it will be focused entirely on wellbeing and based on research evidence.' [ii]

i See 'Warwick researcher suggests new design kitemark for homes that make us healthier and happier'. Press Release, Warwick University, 10 Jan. 2012. **www2.warwick.ac.uk/newsandevents/pressreleases/warwick_researcher_suggests**
ii Personal communication, 11 Sept. 2013

50 For a discussion on the benefits of building flexibility into a local plan, see A. Ross: *From Aspirations to Action: How an Adopted Local Plan Can Help*. Planning Advisory Service, 2013. **www.pas.gov.uk/c/document_library/get_file?uuid=37e50463-cc83-4a2d-82dc-3d92982c480d&groupId=332612**

51 Under Community Assert Transfer, local authorities are empowered to transfer the ownership of land and buildings to communities for less than their market value – see **http://mycommunityrights.org.uk/community-asset-transfer/#sthash.bDDHu4kT.pdf**

4

planning healthier places – getting started

Stockport Council

Newham Council (centre and right-hand pictures)

Planning healthier places – open spaces, healthy food and spaces to socialise are all important aspects of healthy places to live

This section packages the project roundtable background information and discussions, and a selection of policy and practice examples from the case studies, into a series of tables to help public health practitioners translate health priorities into a place-based context. The tables will also help planners and other local authority professionals focused on the built and natural environment to identify the links between their work and public health objectives. Finally, the information set out here provides an excellent starting point for engaging with the development industry on the sorts of places that support good health and reduce health inequalities. Ideally, engagement should occur as early as possible for proposals on individual sites. More broadly, local authorities should be proactive in influencing developer thinking: is there an opportunity to run a session on health and planning at the local developer forum, or to set up a seminar with developers that are active locally specifically for this purpose?

BDP

Piccadilly Basin, Manchester, before, during and after – the Manchester Garden City project has worked with local residents to convert a section of a car park on an otherwise vacant urban site into food-growing spaces

The tables draw on previous research that pulls together links between public health objectives, the built environment and proposed interventions,[52-54] actions being proposed in the case study areas, and discussions with the project's stakeholder group. They include links to relevant sections of the National Planning Policy Framework (NPPF)[55] and the public health outcomes indicators.[56] The health objectives cover a number of public health priorities but are not exhaustive as they draw on the themes put forward by the case studies for discussion at the project roundtables.[57] They are:

- reduce obesity, diabetes, and heart and circulatory disease;
- promote mental health and wellbeing;
- reduce health inequalities;
- improve the health of an ageing population;
- reduce the incidence of respiratory diseases; and
- reduce traffic-related injuries.

There is also a table on improving the provision of convenient and good-quality healthcare facilities.

Use this background information to:

- understand the relevant NPPF drivers that planners are working to;
- identify the links between public health outcomes indicators and planning policy as background to developing actions;
- check existing health and planning work against the place-based suggestions put forward here;
- determine who to collaborate with to take action to improve health and tackle health inequalities, including developers; and
- draw on examples of local policy and practice to inform local work.

Appendix 1 provides a selection of resources by topic as a starting point for developing an evidence base.

This section concludes with a series of flow diagrams setting out the stages of the planning process (policy and development management), and highlighting how and when public health (and other professions) should engage to most effectively influence policy-making and decision-taking.[58] Note that planners will already be incorporating health considerations into local plans and development application decisions through their efforts to promote sustainable development, and through associated statutory requirements such as environmental impact assessment (EIA) and strategic environmental assessment (SEA). Part of building relationships between planning and public health should be establishing where the evidence, policy and assessment gaps lie, to avoid duplicating what planners are doing already.

52 T. Boyce and S. Patel: *The Health Impacts of Spatial Planning Decisions*. The King's Fund and NHS London Healthy Urban Development Unit, 2009. **www.apho.org.uk/resource/item.aspx?RID=77518**

53 *Integrating Health Into the Core Strategy*. London Healthy Urban Development Unit, 2009. **www.healthyurbandevelopment.nhs.uk/documents/integrating_health/Integrating_Health_into_the_Core_Strategy.pdf**

54 A. Ross: *Plugging Health Into Planning: Evidence and Practice*. Local Government Association, 2011. **www.apho.org.uk/resource/item.aspx?RID=105840**

55 See Section 2 of this report for an explanation of the National Planning Policy Framework

56 Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see **www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency**

57 For example, because of the roundtable themes, improving the life chances of 0-5 year olds is not an explicit objective; however, there are indirect links throughout the tables, especially 'reduce health inequalities' and 'reduce traffic-related injuries'

58 The phase 1 handbook, *Healthy Homes, Healthy Communities*, also provides useful information for undertaking these tasks

Place-based responses to health objectives

	Reduce obesity, diabetes, and heart and circulatory disease (Table 1)	Promote good mental health and wellbeing (Table 2)	Reduce health inequalities (Table 3)	Improve the health of an ageing population (Table 4)	Reduce the incidence of respiratory diseases (Table 5)	Reduce traffic-related injuries (Table 6)	Improve the provision of, and access to, healthcare facilities (Table 7)
Economically active places							
Accessible and fulfilling local employment and training opportunities.	✓✓	✓✓	✓✓	✓✓			
Town centres that have vitality and viability.	✓	✓	✓	✓			✓
Sociable places							
Opportunities for people to meet others, socialise and organise together.	✓	✓	✓	✓			✓
Environmentally sustainable places							
Neighbourhoods with low levels of air and water pollution, noise and contamination.	✓✓	✓✓	✓✓	✓✓	✓✓		
Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features.	✓✓	✓✓	✓✓	✓✓	✓✓	✓	
Neighbourhoods/homes that are adapted to the impacts of a changing climate, such as flooding and excessive heat and cold.		✓	✓	✓	✓		
Homes that are dry and energy efficient.		✓	✓	✓	✓		
Well designed places							
A public realm that is attractive and safe.	✓	✓✓	✓✓	✓✓	✓✓	✓	✓
Good-quality homes that can be adapted to people's changing circumstances.		✓✓		✓✓			
Places that are locally distinctive and foster a strong identity of place.	✓	✓✓		✓		✓	✓
Step-free pedestrian routes with benches and public toilets.		✓					✓
Well designed healthcare facilities that have views onto/connections to green infrastructure networks.							
Accessible and active places							
Well connected, active and sustainable travel options to local facilities and services.	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
New, large-scale, mixed-use development based around public transport, cycling and walking.	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	
Child-friendly 20 mph urban environments with convenient access to schools and play opportunities.	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	
Street patterns and layout in which walking and cycling are the easy, default choices.	✓	✓✓	✓	✓✓	✓✓	✓	✓
Convenient access to healthcare, which may include co-locating facilities with other services.		✓✓		✓✓			
Inclusive places							
Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment.	✓	✓	✓	✓	✓	✓	✓
Availability of healthy food and opportunities to grow one's own food.	✓✓	✓✓	✓✓				
Restrictions on unhealthy uses that are disproportionately located in deprived areas, such as payday lenders, betting shops and hot-food takeaways.	✓✓	✓✓	✓✓				

Table 1 Reduce obesity, diabetes, and heart and circulatory disease

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Economically active places Accessible and fulfilling local employment and training opportunities. Town centres that have vitality and viability.	**Section 1: Building a strong competitive economy** ● Para. 21, 5th bullet point – Priority areas for economic development. **Section 2: Ensuring the vitality of town centres** ● Para. 23, 1st bullet point – Recognise town centres as the heart of communities.	● 1.5 – 16-18 year olds not in education, employment or training. ● 1.8 – Employment for those with long-term health conditions, including adults with a learning disability or who are in contact with secondary mental health services.	Planning policy Development management Transport planning Urban design Economic development and regeneration Environmental health Sustainability/climate change Open space and parks
Sociable places Opportunities for people to meet others, socialise and organise together.	**Section 8: Promoting healthy communities** ● Para. 69 – Social interaction. ● Para. 73 – Access to open space.	● 1.18 – Social isolation. ● 2.23 – Self-reported wellbeing.	
Environmentally sustainable places Neighbourhoods with low levels of air and water pollution, noise and contamination. Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features.	**Section 11: Conserving and enhancing the natural environment** ● Para. 114 – Networks of green infrastructure. ● Para. 109, 4th bullet point – Pollution.	● 1.14 –The percentage of the population affected by noise. ● 1.16 – Use of outdoor space for exercise/ health reasons. ● 3.1 – Fraction of mortality attributable to particulate air pollution.	
Well designed places A public realm that is attractive and safe. Step-free pedestrian routes with benches and public toilets.	**Section 7: Requiring good design** ● Para, 58, 5th bullet point – Safe and accessible environments.	● 1.19 – Older people's perception of community safety.	
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking.	**Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 2.6 – Excess weight in 4-5 and 10-11 year olds. ● 2.12 – Excess weight in adults. ● 2.13 – Proportion of physically active and inactive adults.	

cont...

Table 1 *cont.*

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Accessible and active places ***cont.*** Child-friendly 20 mph urban environments with convenient access to schools and play opportunities. Street patterns and layout in which walking and cycling are the easy, default choices.			
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment. Availability of healthy food and opportunities to grow one's own food. Restrictions on unhealthy uses that are disproportionately located in deprived areas, such as payday lenders, betting shops and hot-food takeaways.	**Core planning principles** ● Para. 17, 9th bullet point – Food production.	● 0.2 – Differences in life expectancy and healthy life expectancy between communities. ● 2.11 – Diet.	

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at http://planningguidance.planningportal.gov.uk/blog/policy/

b Taken from *The Public Health Outcomes Framework for England, 2013-2016.* Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

cont...

Table 1 *cont.*

Roundtable examples of policies/actions/approaches

Local plan policies

Newham Core Strategy

- Promote healthy eating by taking into consideration the cumulative impact of A5 uses (hot-food takeaways).
- Promote local access to health and other community facilities and employment, including sources of fresh, healthy food.
- Facilitate and promote walking and cycling to increase people's activity rates.
- Plan for new or improved inclusive open space and sports facilities to encourage greater participation in physical activity.

Central Lincolnshire Joint Core Strategy (publication version, not yet examined)

- Provide high-quality and accessible open spaces, sports and recreational facilities.
- Provide a safe and attractive walking and cycling network that is integrated with public transport.
- Promote and safeguard the role of local food growing spaces – including garden plots, community gardens and allotments – and local markets.
- Seek to reduce the over-concentration of any use type that detracts from the ability to adopt healthy lifestyles.

Hertsmere Core Strategy

- Promote recreational access to open spaces and the countryside and promote greenways – a largely car-free network of paths within and between urban destinations and the countryside.

Dudley Planning for Health Supplementary Planning Document

- Has a set of policies on planning for active lifestyles, including a requirement that major new development links to Dudley's green corridors, and that applications should explore creative ways to introduce new green areas into communities – for example through shared spaces and rooftop gardens.
- Includes policies to promote allotments and resist development on existing sites, and to restrict hot-food takeaways.

Health and wellbeing strategies

Hertfordshire Joint Health and Wellbeing Strategy

- Undertakes to develop a whole-system approach to maintaining a healthy weight, which includes planning and transport.

Manchester Joint Health and Wellbeing Strategy

- Manchester City Council will work with local communities to create new urban spaces that support people's health and wellbeing, protect and enhance existing green space, and encourage development and urban design that is accessible and promotes physical activity.

Project

ENABLE (Examining Neighbourhood Activities in Built Living Environments)

- ENABLE London is a controlled longitudinal study investigating the impact of where people live on their health – in particular, levels of physical activity.
- The study aims to report on whether and how changes to the surrounding environment influence levels of physical activity.
- It measures changes in physical activity in residents moving into the London 2012 Athletes' Village in Newham, which has been converted into a new residential area with a range of local facilities adjacent to high-quality green space (the E20 postcode).

Table 2 Promote good mental health and wellbeing

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Economically active places Accessible and fulfilling local employment and training opportunities. Town centres that have vitality and viability.	**Plan-making (evidence base – business)** ● Para. 161, 5th bullet point – Planned action in deprived areas. **Section 1: Building a strong competitive economy** ● Para. 21, 5th bullet point – Priority areas for economic development. **Section 2: Ensuring the vitality of town centres** ● Para. 23, 1st bullet point – Recognise town centres as the heart of communities.	● 1.5 – 16-18 year olds not in education, employment or training. ● 1.8 – Employment for those with long-term health conditions, including adults with a learning disability or who are in contact with secondary mental health services.	Planning policy Development management Housing strategy Transport planning Urban design Economic development and regeneration Environmental health Sustainability/climate change Open space and parks Community development
Sociable places Opportunities for people to meet others, socialise and organise together.	**Section 8: Promoting healthy communities** ● Para. 69 – Social interaction. ● Para. 73 – Access to open space.	● 1.18 – Social isolation. ● 2.23 – Self-reported wellbeing.	
Environmentally sustainable places Neighbourhoods with low levels of air and water pollution, noise and contamination. Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features. Neighbourhoods/homes that are adapted to the impacts of a changing climate, such as flooding and excessive heat and cold. Homes that are dry and energy efficient.	**Section 11: Conserving and enhancing the natural environment** ● Para. 114 – Networks of green infrastructure. ● Para. 109, 4th bullet point – Pollution.	● 1.14 –The percentage of the population affected by noise. ● 1.16 – Use of outdoor space for exercise/ health reasons.	
Well designed places A public realm that is attractive and safe. Good-quality homes that can be adapted to people's changing circumstances. Places that are locally distinctive and foster a strong identity of place.	**Section 7: Requiring good design** ● Para, 58, 5th bullet point – Safe and accessible environments.	● 1.19 – Older people's perception of community safety. ● 1.6 – Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation.	

cont...

Table 2 *cont.*

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Well designed places ***cont.*** Well designed healthcare facilities that have views onto/connections to green infrastructure networks.			
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking. Child-friendly 20mph urban environments with convenient access to schools and play opportunities. Street patterns and layout in which walking and cycling are the easy, default choices. Convenient access to healthcare, which may include co-locating facilities with other services.	**Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 2.6 – Excess weight in 4-5 and 10-11 year olds. ● 2.12 – Excess weight in adults. ● 2.13 – Proportion of physically active and inactive adults.	
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment. Availability of healthy food and opportunities to grow one's own food. Restrictions on unhealthy uses that are disproportionately located in deprived areas, such as payday lenders, betting shops and hot-food takeaways.	**Core planning principles** ● Para. 17, 9th bullet point – Food production.	● 0.2 – Differences in life expectancy and healthy life expectancy between communities. ● 2.11 – Diet.	

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at http://planningguidance.planningportal.gov.uk/blog/policy/

b Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

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Table 2 *cont.*

Roundtable examples of policies/actions/approaches

Local plan policies

Newham Core Strategy

- Council will support proposals that improve housing quality and inclusion through better design, and that reduce crime, insecurity and stress.

Health and wellbeing strategies

Hertfordshire Joint Health and Wellbeing Strategy

- Highlights that improving mental health and emotional wellbeing requires services working with all partners to ensure that there is a supportive, stable and safe environment to aid recovery – this means good-quality housing, and joined-up planning and education and leisure opportunities.

Manchester Joint Health and Wellbeing Strategy

- Notes that strong communities are able to take action themselves in support of their own health and wellbeing – these communities are built on a high-quality physical environment, and supported by appropriate universal services.

Knowsley Health and Wellbeing Strategy

- Maintaining good health and wellbeing means having the right social, economic and environmental factors in place – these include suitable housing, steady employment, family and extended networks of support, good education, less fear of crime, and an attractive environment that supports and encourages healthy lifestyles.

Projects

Manchester Garden City

- A joint initiative between design practice BDP and CityCo, Manchester's city centre management company.
- Project delivering a greener, healthier and more vibrant Manchester, which includes creating opportunities for community gardening and food production.
- Has facilitated a number of projects, including creating a set of grow boxes on an under-used car park in Piccadilly, and transforming the concreted side of Piccadilly Basin into a wildflower meadow.
- One project aim is to demonstrate how small connected spaces could deliver wide-ranging benefits, but that they need to be pulled together by strategic green infrastructure planning policies (see the illustrations on page 28).

Table 3 Reduce health inequalities

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Economically active places Accessible and fulfilling local employment and training opportunities. Town centres that have vitality and viability.	**Plan-making (Evidence base – business)** ● Para. 161, 5th bullet point – Planned action in deprived areas. **Section 1: Building a strong competitive economy** ● Para. 21, 5th bullet point – Priority areas for economic development. **Section 2: Ensuring the vitality of town centres** ● Para. 23, 1st bullet point – Recognise town centres as the heart of communities.	● 1.5 – 16-18 year olds not in education, employment or training. ● 1.8 – Employment for those with long-term health conditions, including adults with a learning disability or who are in contact with secondary mental health services.	Planning policy Development management Transport planning Urban design Economic development and regeneration Environmental health Sustainability/climate change Open space and parks Community development
Sociable places Opportunities for people to meet others, socialise and organise together.	**Section 8: Promoting healthy communities** ● Para. 69 – Social interaction. ● Para. 73 – Access to open space.	● 1.18 – Social isolation. ● 2.23 – Self-reported wellbeing.	
Environmentally sustainable places Neighbourhoods with low levels of air and water pollution, noise and contamination. Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features. Neighbourhoods/homes that are adapted to the impacts of a changing climate, such as flooding and excessive heat and cold. Homes that are dry and energy efficient.	**Section 10: Meeting the challenge of climate change, flooding and coastal change** ● Para. 99 – Avoid vulnerability from climate change impacts. **Section 11: Conserving and enhancing the natural environment** ● Para. 114 – Networks of green infrastructure. ● Para. 109, 4th bullet point – Pollution.	● 1.14 –The percentage of the population affected by noise. ● 1.16 – Use of outdoor space for exercise/ health reasons. ● 1.17 – Fuel poverty. ● 3.1 – Fraction of mortality attributable to particulate air pollution.	
Well designed places A public realm that is attractive and safe. Good-quality homes that can be adapted to people's changing circumstances.	**Section 6: Delivering a wide choice of high-quality homes** ● Para. 50, 1st bullet point – High-quality homes and housing need. **Section 7: Requiring good design** ● Para, 58, 5th bullet point – Safe and accessible environments.	● 1.6 – Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation. ● 1.19 – Older people's perception of community safety.	

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Table 3 *cont.*

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking. Child-friendly 20mph urban environments with convenient access to schools and play opportunities. Street patterns and layout in which walking and cycling are the easy, default choices.	**Plan-making** ● Para. 156, 4th bullet point – Access to facilities. **Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 2.6 – Excess weight in 4-5 and 10-11 year olds. ● 2.12 – Excess weight in adults. ● 2.13 – Proportion of physically active and inactive adults.	
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment. Availability of healthy food and opportunities to grow one's own food. Restrictions on unhealthy uses that are disproportionately located in deprived areas, such as payday lenders, betting shops and hot-food takeaways.	**Core Planning Principles** ● Para. 17, 9th bullet point – Food production.	● 0.2 – Differences in life expectancy and healthy life expectancy between communities. ● 2.11 – Diet.	

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at http://planningguidance.planningportal.gov.uk/blog/policy/

b Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

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Table 3 *cont.*

Roundtable examples of policies/actions/approaches

Local plan policies

Knowsley Local Plan (submission version, not yet examined)

- Objective focusing on tackling health problems and inequalities in Knowsley by encouraging new development to have a positive impact on the health and wellbeing of both individuals and population groups, by providing a health-promoting environment and opportunities for healthy lifestyle options for those living and working in the borough.

Newham Core Strategy

- Objective to improve employment levels and reduce poverty, while attending to the environmental impacts of economic development, including community/public safety, noise, vibrations and odour, and the legacy of contaminated land.

Stockport Core Strategy

- Seeks to address disparities in social equity between pockets of deprivation and areas of affluence, resulting in inequalities, especially in health.

Bristol Site Allocations and Development Management Policies (publication version, not yet examined)

- Development should contribute to reducing the causes of ill health, improving health and reducing health inequalities within the city, through:
  - addressing adverse health impacts;
  - providing a healthy living environment;
  - promoting and enabling healthy lifestyles as the normal, easy choice; and
  - providing good access to health facilities and services.

Health and wellbeing strategies

Manchester Health and Wellbeing Strategy (draft)

- The city will tackle anti-health forces that make it more difficult for people to take responsibility for their own wellbeing.

Lincolnshire Health and Wellbeing Strategy

- Public health will work with local housing and planning authorities to ensure that due consideration is given in Strategic Housing Market Assessments, Local Development Frameworks and Local Housing Strategies to the underlying housing conditions that contribute to health inequalities.

Projects

Job creation in Sandwell

- Public health, planning and regeneration are working together on how to foster business development as part of the regeneration of the town.

Bristol SHINE (Supporting Healthy Inclusive Neighbourhood Environments)

- The goal of SHINE is to use sound science, community voices and innovation to establish Bristol as a healthy city, reduce health inequities, and better align city development with health, wellbeing, social inclusion and green city aspirations.
- Funding this type of innovative research activity will help to ensure that budgets spent on city renewal, renovation and transport align with positive outcomes for people's health and community cohesion.

Table 4 Improve the health of an ageing population

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Economically active places Accessible and fulfilling local employment and training opportunities. Town centres that have vitality and viability.	**Section 1: Building a strong competitive economy** ● Para. 21, 5th bullet point – Priority areas for economic development. **Section 2: Ensuring the vitality of town centres** ● Para. 23, 1st bullet point – Recognise town centres as the heart of communities.	● 1.8 – Employment for those with long-term health conditions, including adults with a learning disability or who are in contact with secondary mental health services.	Planning policy Development management Building control Transport planning Urban design Economic development and regeneration Sustainability/climate change Open space and parks Affordable warmth
Sociable places Opportunities for people to meet others, socialise and organise together.	**Section 8: Promoting healthy communities** ● Para. 69, 3rd bullet point – Safe and accessible environments. ● Para. 73 – Access to open space.	● 1.18 – Social isolation. ● 2.23 – Self-reported wellbeing. ● 4.13 – Health-related quality of life for older people.	
Environmentally sustainable places Neighbourhoods with low levels of air and water pollution, noise and contamination. Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features. Neighbourhoods/homes that are adapted to the impacts of a changing climate, such as flooding and excessive heat and cold. Homes that are dry and energy efficient.	**Section 10: Meeting the challenge of climate change, flooding and coastal change** ● Para. 95 – Energy-efficient housing. **Section 11: Conserving and enhancing the natural environment** ● Para. 114 – Networks of green infrastructure. ● Para. 109, 4th bullet point – Pollution.	● 1.14 –The percentage of the population affected by noise. ● 1.16 – Use of outdoor space for exercise/ health reasons. ● 1.17 – Fuel poverty. ● 4.15 – Excess winter deaths. ● 4.7 – Under-75 mortality rate from respiratory diseases.	
Well designed places A public realm that is attractive and safe. Good-quality homes that can be adapted to people's changing circumstances.	**Section 6: Delivering a wide choice of high-quality homes** ● Para. 50, 1st bullet point – High-quality homes and housing need.	● 1.19 – Older people's perception of community safety.	

cont...

Table 4 *cont.*

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Well designed places ***cont.*** Step-free pedestrian routes with benches and public toilets.	**Section 7: Requiring good design** ● Para. 58, 5th bullet point – Safe and accessible environments.		
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New large-scale, mixed-use development based around public transport, cycling and walking. Street patterns and layout in which walking and cycling are the easy, default choices. Convenient access to healthcare, which may include co-locating facilities with other services.	**Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 2.12 – Excess weight in adults. ● 2.13 – Proportion of physically active and inactive adults. ● 2.24 – Injuries due to falls in people aged 65 and over.	
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment.		● 0.2 – Differences in life expectancy and healthy life expectancy between communities.	

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at **http://planningguidance.planningportal.gov.uk/blog/policy/**

b Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see **www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency**

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Table 4 *cont.*

Roundtable examples of policies/actions/approaches

Local plan policies

Knowsley Local Plan (submission version, not yet examined)

- The strategy's policy on specialist and supported accommodation (CS 16) has three actions:
  - Make better use of the current housing stock through improvements to its quality, remodelling or replacing existing accommodation to meet changing needs.
  - Support non-accommodation-based interventions, intended to achieve sustainable independence for individuals.
  - Develop integrated social wellbeing, housing and planning strategies which seek to holistically address specialist housing needs and demands.

Central Lincolnshire Joint Core Strategy (publication version)

- Makes links to Lincolnshire Extra Care Strategy and Central Lincolnshire Housing Growth Strategy and includes a policy to meet the specific housing needs of older people.

Projects

Knowsley Housing for Health

- Knowsley Public Health team conducted an evidence review to identify the local authority activities that have the greatest positive impact on health and wellbeing: one of the most important was housing.
- Knowsley Council, along with partners including First Ark Group, used the TCPA roundtable as an opportunity to test the development of a Knowsley Healthy Homes programme based on best practice from elsewhere.
- The aim from the outset is to include planners in the development of the programme to ensure that attempts to meet current demand are co-ordinated with programmes to improve existing stock.

Knowsley Housing Trust/Knowsley Council extra care housing schemes

- Two leading-edge extra care facilities with design at the heart, with an emphasis on connecting the schemes with the communities in which they are located, by providing facilities that will also be used by the wider community.
- Bluebell Park in Huyton is under construction, and funding has been agreed for Watchfactory site in Prescot (see Box 6 on page 25 for further information).

Bristol SHINE

- A priority area for this programme (see the description in Table 3) is providing accessible and supportive neighbourhoods for frail older people, to reduce social isolation and promote an active lifestyle.
- This could include good-quality pavements, benches as resting places, clear signage, safe open space, and access to local facilities.

Table 5 Reduce the incidence of respiratory diseases

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Environmentally sustainable places Neighbourhoods with low levels of air and water pollution, noise and contamination. Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features. Neighbourhoods/homes that are adapted to the impacts of a changing climate, such as flooding and excessive heat and cold. Homes that are dry and energy efficient.	**Section 10: Meeting the challenge of climate change, flooding and coastal change** ● Para. 95 – Energy-efficient housing. **Section 11: Conserving and enhancing the natural environment** ● Para. 114 – Networks of green infrastructure. ● Para. 109, 4th bullet point – Pollution.	● 1.16 – Use of outdoor space for exercise/ health reasons. ● 3.1 – Fraction of mortality attributable to particulate air pollution. ● 4.7 – Under-75 mortality rate from respiratory diseases.	Planning policy Development management Building control Transport planning Urban design Economic development and regeneration Environmental health Sustainability/climate change Open space and parks Pollution control
Well designed places A public realm that is attractive and safe. Good-quality homes that can be adapted to people's changing circumstances.	**Section 6: Delivering a wide choice of high-quality homes** ● Para. 50, 1st bullet point – High-quality homes and housing need. **Section 7: Requiring good design** ● Para. 58, 5th bullet point – Safe and accessible environments.	● 1.19 – Older people's perception of community safety.	
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking. Child-friendly 20 mph urban environments with convenient access to schools and play opportunities. Street patterns and layout in which walking and cycling are the easy, default choices.	**Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 2.6 – Excess weight in 4-5 and 10-11 year olds. ● 2.12 – Excess weight in adults. ● 2.13 – Proportion of physically active and inactive adults.	

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Table 5 *cont.*

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment.		● 0.2 – Differences in life expectancy and healthy life expectancy between communities.	

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at http://planningguidance.planningportal.gov.uk/blog/policy/

b Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

Roundtable examples of policies/actions/approaches

Local plan policies

Newham Core Strategy

- Includes a policy to improve Newham's air quality, reduce exposure to airborne pollutants, and secure the implementation of the Air Quality Action Plan, having regard to national and international obligations.

Projects

Hertfordshire County Council JSNA

- Hertfordshire is revising its JSNA to include health evidence that is relevant to county and district built environment professionals.
- Includes working with environmental health officers to develop a section on air quality, and collaborating with planners to make sure that the JSNA has evidence on healthy place priorities, such as creating more green space and reducing congestion and pollution.

Central Lincolnshire Witham Valley Country Park Project

- A multi-agency partnership has been formed to create a sub-regional country park that improves and increases activity and connectivity between green spaces from the centre of Lincoln into the surrounding countryside.
- The country park covers over 10,500 hectares, with cycling and walking links to other recreational areas to improve accessibility to nature and green space and to provide opportunities for physical activity.

Table 6 Reduce traffic-related injuries

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Environmentally sustainable places Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features.	**Section 11: Conserving and enhancing the natural environment** ● Para. 114 – Networks of green infrastructure.	● 1.16 – Use of outdoor space for exercise/ health reasons.	Planning policy Development management Transport planning Traffic services Urban design Economic development and regeneration Sustainability/climate change Open space and parks Community development
Well designed places A public realm that is attractive and safe. Step-free pedestrian routes with benches and public toilets.	**Section 7: Requiring good design** ● Para. 58, 5th bullet point – Safe and accessible environments. **Section 8: Promoting healthy communities** ● Para. 69, 3rd bullet point – Safe and accessible environments.	● 1.10 – Killed and seriously injured casualties on England's roads. ● 1.19 – Older people's perception of community safety.	
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking. Child-friendly 20 mph urban environments with convenient access to schools and play opportunities. Street patterns and layout in which walking and cycling are the easy, default choices.	**Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 2.6 – Excess weight in 4-5 and 10-11 year olds. ● 2.12 – Excess weight in adults. ● 2.13 – Proportion of physically active and inactive adults.	
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment		● 0.2 – Differences in life expectancy and healthy life expectancy between communities.	

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at http://planningguidance.planningportal.gov.uk/blog/policy/

b Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

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Table 6 *cont.*

Roundtable examples of policies/actions/approaches

Local plan policies

Stockport Core Strategy

- A focus on facilitating cycle-friendly neighbourhoods.
- Layout of new developments should favour more 'people-friendly' streets and reduced vehicle speeds.
- Includes a policy to protect, develop and enhance an integrated network of high-quality multi-functional green infrastructure.
- Currently working to include public realm improvements within the Community Infrastructure Levy.

Projects

Sustrans DIY Streets

- An affordable, community-led alternative to the home zones design concept.
- Residents work alongside a designer to come up with low-cost changes to their street that improve it for people.
- One scheme in Haringey led to an increase of 61% of residents who felt their street was attractive, and a 34% increase in residents who felt their street was now a place in which to socialise.

Cycle Coventry

- A three-year, £6 million project funded by Coventry City Council and the transport operator Centro to create a network of cycle routes that will link residential areas with jobs, education and local services.
- Coventry City Council is working with a local university to devise ways of evaluating the health outcomes of the project.

Bristol 20 mph pilots and roll-out

- Bristol City Council and partners piloted two 20 mph zones in areas with high health inequalities.
- The results included a small but important reduction in daytime (average) vehicle speeds, an increase in walking and cycling counts, especially at weekends, a strengthening of public support for 20 mph limits, and bus journey times and reliability maintained.
- Bristol City Council is now rolling out the 20 mph speed limit across the city in six phases, at a cost of £2.3 million.

Table 7 Improve provision of, and access to, healthcare facilities

Place-based responses	Hooks in the National Planning Policy Framework (NPPF)[a]	Relevant public health outcomes indicators[b]	Who to involve in the local authority?
Sociable places Opportunities for people to meet others, socialise and organise together.	**Section 8: Promoting healthy communities** ● Para. 69 – Social interaction. ● Para. 73 – Access to open space.	● 1.18 – Social isolation. ● 2.23 – Self-reported wellbeing.	Planning policy Development management Housing strategy Transport planning Urban design Economic development and regeneration Sustainability/climate change Culture and leisure
Well designed places A public realm that is attractive and safe. Well designed healthcare facilities that have views onto/connections to green infrastructure networks.	**Plan-making** ● Para. 156, 1st bullet point – Local homes and jobs. ● Para. 156, 4th bullet point – Access to facilities. ● Para. 171 – Working with health leads on health and wellbeing.	● 2.22 –Take-up of the NHS Health Check programme, by those eligible.	
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking. Convenient access to healthcare, which may include co-locating facilities with other services.	**Section 4: Promoting sustainable transport** ● Para. 32, 2nd bullet point – Safe access. ● Para. 35, 3rd bullet point – Home zones. ● Para. 38 – Walking distance.	● 0.2 – Differences in life expectancy and healthy life expectancy between communities.	
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment.			

a See Section 2 of this report for an explanation of the National Planning Policy Framework – the NPPF is available at http://planningguidance.planningportal.gov.uk/blog/policy/

b Taken from *The Public Health Outcomes Framework for England, 2013-2016*. Department of Health, 2012. The framework is divided into four domains, and local authorities choose a selection from this core set to measure progress – see www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

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Table 7 *cont.*

Roundtable examples of policies/actions/approaches

Local plan policies

Central Lincolnshire Joint Core Strategy (publication version)

- LPAs will work with Lincolnshire County Council and CCGs to deliver a high-quality network of health facilities.
- These will be accessible by sustainable modes of transport where possible, and will reflect the needs of the existing and future population.
- Includes considering opportunities for the integration and co-location of health facilities with other services and facilities.

Newham Core Strategy

- Identifies the need for new or improved health facilities, and the need to protect existing ones.
- Identifies the role of Newham University Hospital as a key provider of clinical care and expertise, employment and training provision.

Projects

Wellspring Healthy Living Centre, Bristol

- Founded in 2004 by a group of local residents in one of the 'most vibrant but deprived communities in England'.
- The Wellspring Health Living Centre hosts a range of health and wellbeing services, including a GP surgery, a dentist, complementary therapies, an arts project, and a learning kitchen and garden.
- Located within the community it serves and is convenient to get to by bike, walking and public transport.

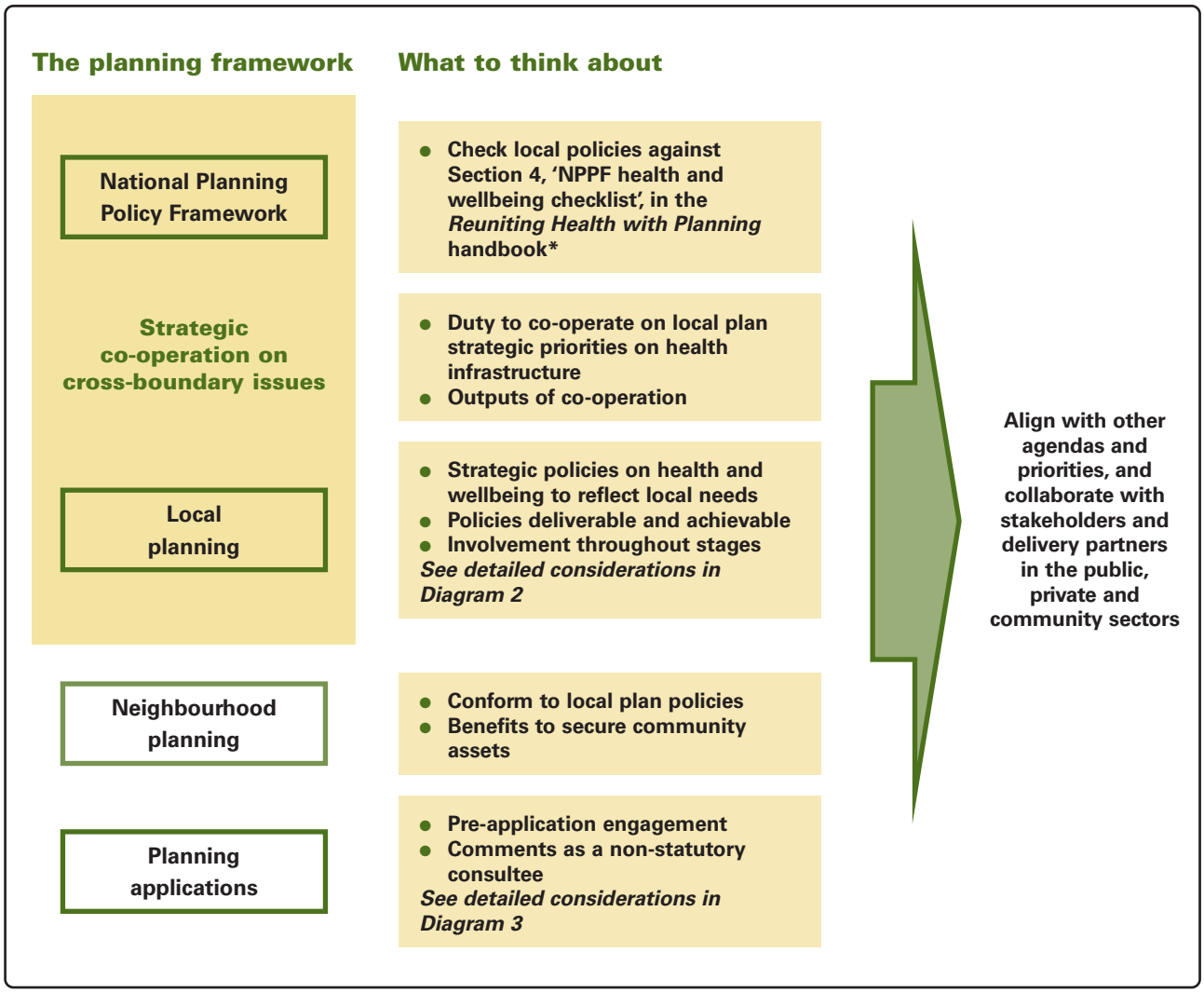

Diagram 1 Opportunities to influence positive planning for health and wellbeing

* *Reuniting Health with Planning – Healthier Homes, Healthier Communities.* TCPA, 2012. www.tcpa.org.uk/pages/reuniting-health-with-planning-healthier-homes-healthier-communities.html

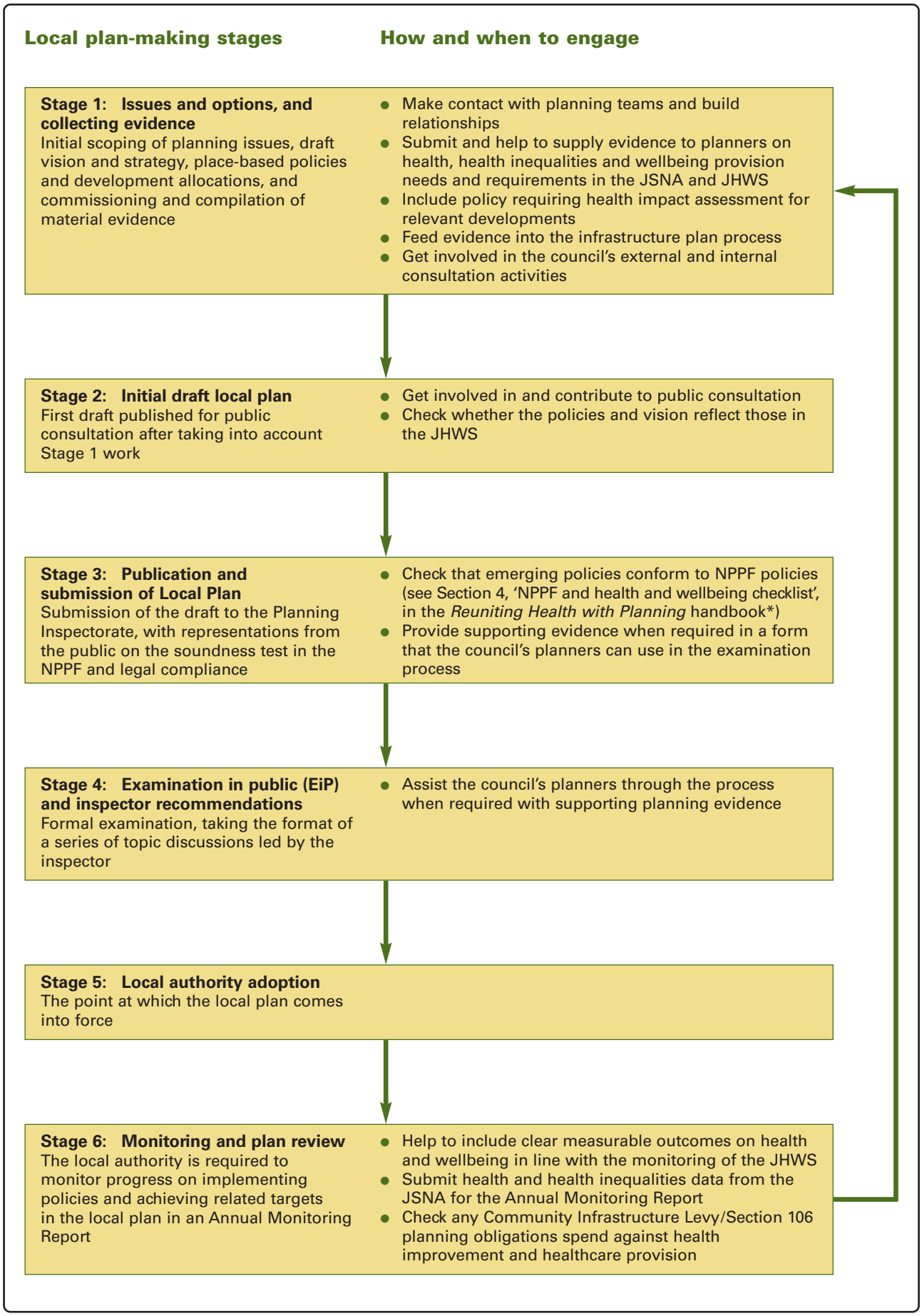

Diagram 2 Integrating health and wellbeing outcomes into preparation of local planning documents

* *Reuniting Health with Planning – Healthier Homes, Healthier Communities.* TCPA, 2012. www.tcpa.org.uk/pages/reuniting-health-with-planning-healthier-homes-healthier-communities.html

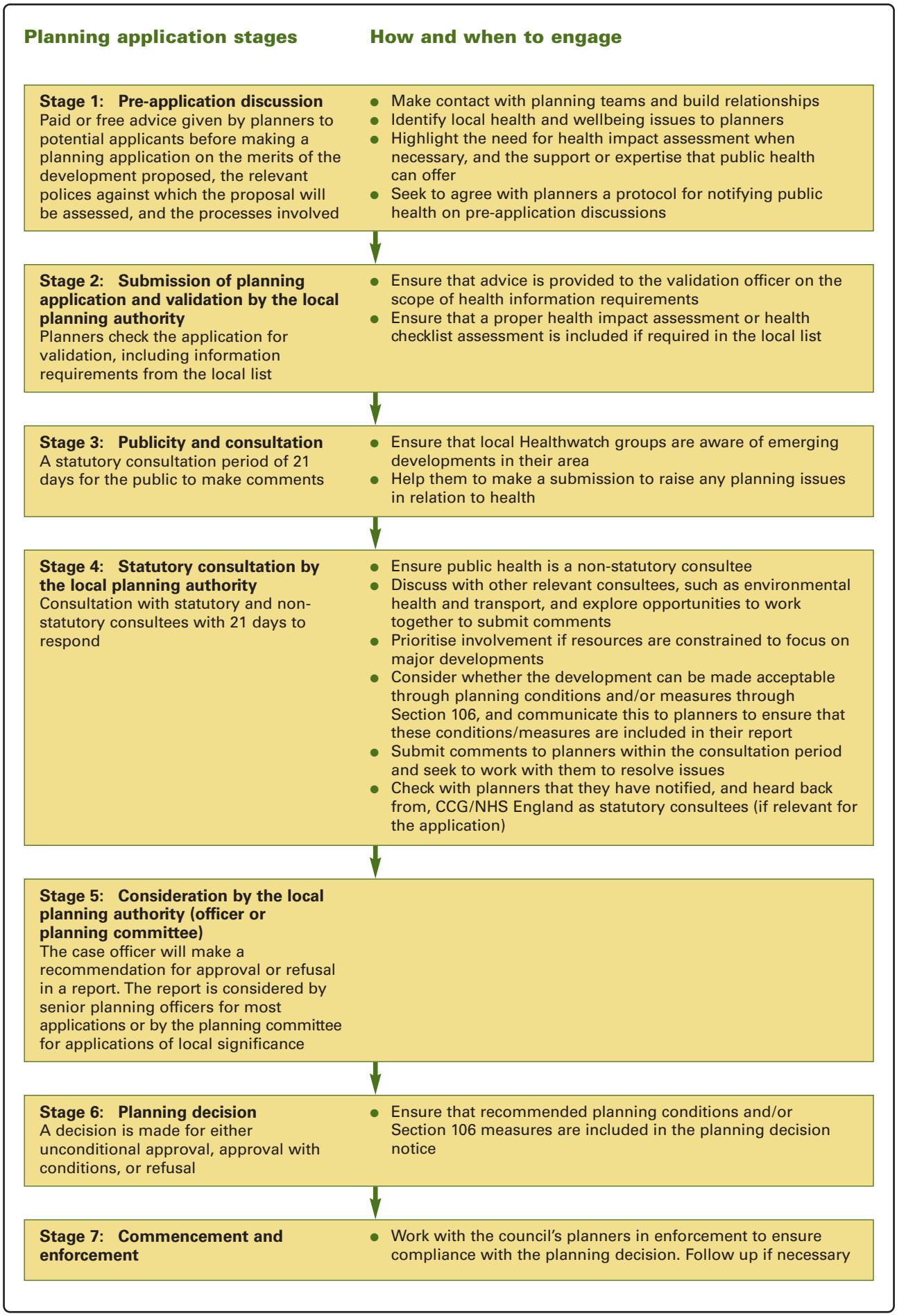

Diagram 3 Integrating health and wellbeing outcomes into consideration of a planning application for a development

5

national recommendations

Newham Council

Moving forward – actions are needed at a range of levels to keep up the momentum for joint working to achieve healthier places

The Reuniting Health with Planning project has provided an invaluable opportunity to work with local authorities and their partners on driving the public health agenda forward at the local level. The recommendations set out in this section draw on the project's roundtable discussions, on engagement with partners across the public and private sectors, and on the project findings. They are aimed at those working in government departments and local authorities, including practitioners, who will take this agenda forward.

Messages for national government

Recommendation 1: Provide a consistent message about the importance of health in the planning process

'Viability testing calls into question the very purpose of planning, which is to think medium to long term in the public interest, not in the short-term private interest of landowners and developers.'
Professor Allan Cochrane, Dr Bob Colenutt and Dr Martin Field[59]

It is clear that the Government recognises the importance of the planning for health agenda. This is evident from the language used in the Health and Social Care Act 2012 and in the Public Health White Paper, from the important policy hooks in the National Planning Policy Framework, and through engagement with the Department of Health and Public Health England.

The involvement of Public Health England in phase 2 of the Reuniting Health with Planning project has been extremely useful, and demonstrates a clear commitment to engage expertise locally, and an understanding of the importance of so doing. With the establishment of Public Health England's Healthy People, Healthy Places programme, there is now a greater sense of direction and purpose to take forward work on the wider determinants of health and the important role of the planning process.

However, this report demonstrates that further planning deregulation and changes will continue to complicate, and potentially frustrate, local action to improve health and reduce health inequalities. Government departments, especially the Department for Communities and Local Government and the Department of Health, should communicate with a single voice on the purpose and role of planning to ensure that further reforms will not result in wider health and wellbeing outcomes losing out to a focus on short-term financial viability arguments. Sustainable development requires both economic development and health-promoting environments.

Recommendation 2: Provide targeted, place-based support and funding to save national and local health costs

'Real future costs are seldom accounted for at the time that buildings and places are planned. Instead, we tend to aim to reduce immediate costs and increase immediate profit. We leave it to the future residents and landlords to pay the long-term price of expensive heating, cooling and maintenance; and to pay the price of poor physical health, mental health, isolation and crime resulting from poorly designed dwellings, places, spaces, and connections.'
Dr Angela E. Raffle, Consultant in Public Health, Bristol City Council

Focusing the planning system on short-term economic viability and profitability for the private sector risks exacerbating spatial inequalities, both within and between places.[60] Areas of poor health are likely to be areas with marginal development viability. Places that most need investment are least likely to get it through meaningful contributions from new development, especially in areas of low demand and low development value.

The public sector, working with private sector partners (including within Local Enterprise Partnerships), has to take the lead in these places, to invest in closing the gap between places with the best health and those with the worst – especially given the potential healthcare savings that would arise from such action over the long term. This can be done by recognising and factoring in the long-term benefits of health-promoting development, and by government delivery agencies providing much needed central support in targeted areas of poor health and wellbeing.

59 *The Tyranny of Viability.* Briefing Note 3. Tensions and Future Prospects for Sustainable Housing Growth project. Open University/University of Northampton, 2012. www.open.ac.uk/researchprojects/tensionsandprospects/communication-outputs/briefing-notes/briefing-note-3

60 This recommendation is consistent with Recommendation 7 of the TCPA's *Planning Out Poverty* report – see www.tcpa.org.uk/data/files/Planning_out_Poverty.pdf

Recommendation 3: Provide clarity on the roles and responsibilities of new organisations

'Some of the CCGs are saying: 'Don't contact us about planning matters, it's NHS England.' And then I'm getting it the other way around, with NHS England saying: 'Why are you contacting us? It's the CCGs that make the decisions.''
Peter Wright, Public Health Manager, Hertfordshire County Council

The Reuniting Health with Planning project roundtables identified confusion among planners and public health professionals about the roles and responsibilities of new organisations established as part of the health and social care reforms, especially clinical commissioning groups (CCGs) and NHS England. This confusion is compounded by a lack of understanding of the roles and capacity of these organisations and their relationship to the planning process, even though they are named in secondary planning regulations. The involvement of these organisations is crucial in the infrastructure planning process, to identify the quantitative and qualitative needs for health facilities and services, and to feed into the development of Community Infrastructure Levy schedules. This will help to provide clarity for developers on what local planning authorities expect. The Department of Health should work closely with Department for Communities and Local Government to ensure that clarification is included in the National Planning Practice Guidance.

Recommendation 4: Support the development of public health evidence for use in the planning process

'It's critical we have detailed public health evidence in our local plan-making process that will stand up in examination, so that planners can justify including health issues.'
Dr Hugh Ellis, Chief Planner, TCPA

Producing a robust health evidence base that links to places as much as possible is critical for local planning authorities if they are to develop policy or make decisions that will be accepted by an inquiry or at appeal. Through Reuniting Health with Planning project roundtables, practitioners have expressed concern about uncertainty until legal precedents are established. Both Public Health England and the Local Government Association have already begun to develop tools to help local authorities to identify key health issues in their localities. It is acknowledged that developing a firm evidence base in relation to policy and practice in the fields of the built environment, spatial planning and health is a complex undertaking. However, practitioners identified that the absence of guidance to support the National Planning Policy Framework policies on health makes it harder for planners to have confidence as to what that evidence should look like to support planning decisions made on health and wellbeing grounds.

Public Health England should include engagement with the Planning Inspectorate in its work programme on the built environment, to provide clarity on an acceptable evidence base that helps inspectors and practitioners to better evaluate the impact of planning policy and decisions on health. This work can be strengthened by engaging with the Planning Advisory Service (PAS) to push for health to be included in its work programme.

Messages for localities

Recommendation 5: Local authorities should drive an integrated work programme to support health-promoting environments

'It's not so much about educating planners to get them to do things differently; it's about getting the whole narrative of the city to change, because that's what changes the intrinsic priorities that all of us, not just planners, are asked to drive forward.'
Colin Cox, Deputy Director of Public Health, Manchester City Council

Consistent with recommendation 4, a coherent and integrated approach focused on places and people, rather than structures and systems, with local government in the driving seat, is the most sustainable way forward. The TCPA's *Planning Out Poverty* report[61] goes as far as recommending a single integrated department based on community boundaries, something this project also supports. The Government has significantly devolved responsibility and powers to the local level to deliver local priorities – for example, through the Localism Act's general power of competence. Local authorities are now in a stronger position to support health-promoting environments. Sustainable community strategies (many of which cite improvement to health and addressing health inequalities as strategic priorities) should remain in place as the overarching, long-term corporate plan for local areas. To complement sustainable community strategies, Joint Health and Wellbeing Strategies should now help to identify and drive targeted interventions, including through the planning system.

Recommendation 6: Local authority partners should be encouraged to work more closely together around shared objectives

'A key pitfall is to think that planning is something that just planners do – everybody's doing it, and we all have to work together in that respect, and see the spatial implications of everyone's decisions.'
Michael Braithwaite, Head, Central Lincolnshire Joint Planning Unit (until October 2013)

The phase 1 handbook, *Healthy Homes, Healthy Communities*, highlighted the importance of joint working to this agenda. This message is now even more important when targeting place-based interventions as health issues do not recognise professional and administrative boundaries. With new partners involved in the planning process, there is now an impetus for local partners to think more laterally and proactively on how to work collaboratively. The Reuniting Health with Planning project argues that the local plan – the key long-term spatial development document – should be the conduit through which partners engage in local interventions, bring forward health-promoting large-scale development, plan healthcare infrastructure, or target specific health issues such as obesity and a lack of physical activity. This joint working could be further reinforced by involving health colleagues in the statutory annual monitoring of local planning policies.

Recommendation 7: Developers must fulfil their role in creating health-promoting environments

'It is developers who will deliver health-promoting environments.'
Stephen Hewitt, Specialist Professional Planner (Healthy Living/Health Improvement), Bristol City Council

New developments are important local economic drivers and are often the catalyst to improving local employment markets and access to new and high-quality services. However, they will also have an impact on the existing environment, and the development industry must work more closely with local planning authorities and communities to achieve sustainable development. The private sector development industry should be acting with the same awareness of social responsibility as housing associations in taking great care to ensure that development proposals result in outcomes that enable households to enjoy healthy lifestyles in a high-quality built environment. This can be achieved by positively engaging in the planning process around promoting healthy communities and by factoring long-term benefits into a broader viability assessment of development proposals. It also needs a new level of engagement between local authorities and their partners, developers and communities, to identify how the evidence-based health benefits of investing for the long term can be factored into development locally.

61 *Planning Out Poverty: The Reinvention of Social Town Planning*. TCPA. 2013. www.tcpa.org.uk/data/files/Planning_out_Poverty.pdf

Messages for planning, public health and relevant practitioners

Recommendation 8: Think laterally and work collaboratively

'We would not have been successful with our bid for funding if we didn't have housing, health and planning working closely together.'
Ian Thomson, Executive Director of Customer Excellence, First Ark Group

The approach and structures of the Reuniting Health with Planning roundtables emphasised and demonstrated the power of working beyond isolated professional boundaries, particularly as public health practitioners have joined local authority colleagues in the same organisation. Practitioners from a variety of professions and sectors participated and contributed to discussions, and in some roundtables sought to agree actions. For example, Knowsley Council is exploring the development of a Healthy Homes programme after using the roundtable held in Huyton to bring the relevant stakeholders together to debate the merits of this proposal. This could not have moved forward without common agreement among planners, housing officers, environmental health officers, public health officers and fire service officers from the council and partner organisations who were in attendance on the day. Joint working and collaboration is a theme which runs through the NPPF, in particular on plan-making on strategic issues around health provision and on developing an evidence base. Collaborating with colleagues on shared priorities set out in corporate strategies is no longer an optional way of working: it is critical to making progress, especially in light of the cuts to local budgets.

Recommendation 9: Build shared knowledge and competencies on the role of planning

'One thing the new – if fiendishly complex – system seems to be doing is spurring people to relationships, not structures as a way of building public health strategies and systems.'
Jim McManus, Director of Public Health, Hertfordshire County Council[62]

There are new partners, professions and organisations in the planning for health landscape. Clinical commissioning groups, not health and wellbeing boards, now have a statutory role in the planning system, and the GPs who sit on the CCGs should be trained so that they can engage effectively in the planning process. They must recognise the importance of their role and influence on the wider determinants of health beyond just commissioning. Nationally, Public Health England and NHS England and, locally, directors of public health should play an active role in bringing new groupings into conversations about place-based planning interventions. Practitioners should be encouraged to actively participate in existing national and regional practitioners' networks to share and exchange information, knowledge, experience and good practice.

62 J. McManus: 'Public health faces fresh start', *The Guardian*, 25 Sept. 2013. www.theguardian.com/local-government-network/2013/sep/25/public-health-transfer-councils (Jim McManus was a presenter at the Hertfordshire roundtable)

appendix 1
resources and tools

Good places to start

- Spatial Planning and Health Group (SPAHG)
  www.spahg.org.uk/
- UK Healthy Cities Network
  www.healthycities.org.uk/
- Local Health website (managed by Public Health England)
  www.localhealth.org.uk
- Royal Town Planning Institute health webpages
  www.rtpi.org.uk/knowledge/topics/health/
- *Fair Society, Healthy Lives* (Marmot Review, 2010)
  www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
- *District Action on Public Health* (District Councils' Network, 2013)
  http://districtcouncils.info/2013/02/11/district-action-on-public-health/
- *Shaping Neighbourhoods for Health and Global Sustainability* (H. Barton, M. Grant and R. Guise, Routledge, 2010)
  www1.uwe.ac.uk/et/research/who/resourcesandtools/shapingneighbourhoods.aspx

Planning and health checklists

- *Spatial Planning and Health Group Checklist* (SPAHG, 2011)
  www.spahg.org.uk/?page_id=299
- *Healthy Urban Planning Checklist* (NHS London Healthy Urban Development Unit, 2013)
  www.apho.org.uk/resource/item.aspx?RID=127882

Topics

Access to healthy food:

- Sustain: The Alliance for Better Food and Farming
  www.sustainweb.org/localactiononfood/food_and_planning/
- Healthy Places website (managed by UK Health Forum)
  www.healthyplaces.org.uk/
- Sustainable Food Cities
  http://sustainablefoodcities.org/

Active travel:

- *Walking and Cycling: Local Measures to Promote Walking and Cycling as Forms of Travel or Recreation* (NICE, 2012)
  http://publications.nice.org.uk/walking-and-cycling-local-measures-to-promote-walking-and-cycling-as-forms-of-travel-or-recreation-ph41
- *Obesity and the Environment: Increasing Physical Activity and Active Travel* (Public Health England/Local Government Association, 2013)
  www.gov.uk/government/uploads/system/uploads/attachment_data/file/256796/Briefing_Obesity_and_active_travel_final.pdf
- Health Economic Assessment Tool (HEAT), to assess benefits of walking and cycling (World Health Organization, 2011)
  www.heatwalkingcycling.org/
- *Walking Works* (The Ramblers and Macmillan Cancer Support, 2013)
  www.walkingforhealth.org.uk/get-walking/walking-works

Air pollution:

- Low Emission Strategies Partnership
  http://lowemissionstrategies.org/

Alcohol control:

- Healthy Places website (managed by UK Health Forum)
  www.healthyplaces.org.uk/

Climate change:

- *Planning for Climate Change – Guidance for Local Authorities* (TCPA, 2012)
  www.tcpa.org.uk/pages/planning-for-climate-change-guidance-for-local-authorities-2012.html
- *Climate Change and Health: A Tool to Estimate Health and Adaptation Costs* (WHO, 2013)
  www.euro.who.int/en/what-we-do/health-topics/environment-and-health/Climate-change/publications/2013/climate-change-and-health-a-tool-to-estimate-health-and-adaptation-costs

Community engagement:

- My Community Rights webpage (Locality)
  http://mycommunityrights.org.uk/

Culture and the arts:

- *Improving Culture, Arts and Sporting Opportunities through Planning: A Good Practice Guide* (TCPA, 2013)
  http://cultureandsportplanningtoolkit.org.uk/about-the-toolkit.html

Cycling:

See 'Active travel'

Design:

- *Building for Life 12* (Design Council Cabe/Design for Homes/Home Builders Federation, 2013)
  www.designcouncil.org.uk/our-work/CABE/Our-big-projects/Building-for-Life/

- **Design Network (local and regional design review panels and support)**
  www.designnetwork.org.uk/

Green infrastructure:

- ***Planning Naturally: Spatial Planning with Nature in Mind*** **(RSPB, 2013)**
  www.rspb.org.uk/ourwork/policy/planning/planningnaturally.aspx
- ***Public Health and Landscape: Creating Healthy Places*** **(Landscape Institute, 2013)**
  www.landscapeinstitute.org/policy/health.php
- ***Planning for a Healthy Environment: Good Practice for Green Infrastructure and Biodiversity*** **(TCPA and The Wildlife Trusts, 2012)**
  www.tcpa.org.uk/pages/planning-for-a-healthy-environment-good-practice-for-green-infrastructure-and-biodiversity.html

Health impact assessment:

- **HIA Gateway**
  www.hiagateway.org.uk

Hot-food takeaways:

See 'Restricting access to unhealthy food'

Housing:

- ***Developing Your Local Housing Offer for Health and Care*** **(Chartered Institute of Housing, 2013)**
  www.cih.org/publication-free/display/vpathDCR/templatedata/ cih/publication-free/data/Developing_your_local_housing_offer_for_health_and_care
- ***The Health Impacts of Cold Homes and Fuel Poverty*** **(UCL Institute of Health Equity, 2011)**
  www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty
- ***A Foot in the Door: a Guide to Engaging Housing and Health*** **(Northern Housing Consortium, 2011)**
  www.northern-consortium.org.uk/Afootinthedoor
- **Housing Learning and Improvement Network (LIN)**
  www.housinglin.org.uk/

Mental health and wellbeing:

- ***Feel Better Outside, Feel Better Inside: Ecotherapy for Mental Wellbeing, Resilience and Recovery*** **(Mind, 2013)**
  www.mind.org.uk/about-us/policies-issues/ecotherapy/resources/

Neighbourhood planning:

- **Neighbourhood Planning website (managed by Locality)**
  http://mycommunityrights.org.uk/neighbourhood-planning/

Open space:

See 'Green infrastructure'

Physical activity:

- **Active Planning Toolkit (Gloucestershire Conference, 2011)**
  www.apho.org.uk/resource/item.aspx?RID=119976
- ***Active Design*** **(Sport England, 2008)**
  www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/
- ***Planning for Sport: Forward Planning*** **(Sport England, 2013)**
  www.sportengland.org/media/162422/planning-for-sport_forward-planning-june-2013.pdf
- ***Active Design Guidelines*** **(New York City, 2010)**
  www.nyc.gov/html/ddc/html/design/active_design.shtml
- ***Design for Play: A Guide to Creating Successful Play Spaces*** **(Play England, 2008)**
  www.playengland.org.uk/resources/design-for-play.aspx
- ***Guidance on How to Design for Physical Activity*** **(Design Council Cabe, forthcoming 2014)**
  www.designcouncil.org.uk/our-work/cabe/our-big-projects/health-/

Poverty:

- ***Planning Out Poverty: The Reinvention of Social Planning*** **(TCPA, 2013)**
  www.tcpa.org.uk/resources.php?action=resource&id=1168

Regeneration and growth:

- ***Coastal Regeneration Handbook*** **(Coastal Communities Alliance, 2010)**
  www.coastalcommunities.co.uk/regeneration-handbook/english-seaside-towns-past-present-and-future
- ***The London Health Inequalities Strategy*** **(Mayor of London/Greater London Authority 2010)**
  www.london.gov.uk/priorities/health/health-inequalities-strategy
- ***Creating Garden Cities and Suburbs Today: A Guide for Councils*** **(TCPA, 2013)**
  www.tcpa.org.uk/pages/creating-garden-cities-and-suburbs-today-a-guide-for-councils.html

Respiratory disease:

- **Inhale website (managed by Public Health England)**
  www.inhale.nhs.uk/

Restricting access to unhealthy food:

- ***Obesity and the Environment: Regulating the Growth of Fast Food Outlets*** **(Public Health England/Chartered Institute of Environmental Health/Local Government Association, 2013)**
  www.gov.uk/government/uploads/system/uploads/attachment_data/file/256655/Briefing_Obesity_and_fast_food_final.pdf
- ***Takeaway Toolkit*** **(Greater London Authority, 2012)**
  www.london.gov.uk/priorities/health/publications/takeaways-toolkit
- **Healthy Places website (managed by UK Health Forum)**
  www.healthyplaces.org.uk/

Town centres and high streets:

- ***The Pedestrian Pound: The Business Case for Better Streets and Places*** **(Living Streets, 2013)**
  www.livingstreets.org.uk/make-a-change/library/the-pedestrian-pound-the-business-case-for-better-streets-and-places

Walking:

See 'Active travel'

appendix 2
roundtable summaries

A summary of the eight roundtable discussions that informed this report. Roundtable presentations are available to download at www.tcpa.org.uk

West Midlands
12 July 2013, Birmingham

Locality context
- Through the Learning for Public Health network, local authorities in the region have established the West Midlands Healthy Urban Development Group, a valuable forum for exchanging information across health, planning, housing, food, community development, regeneration and other related disciplines.
- The region includes the Birmingham conurbation, Solihull, Dudley, Sandwell, Walsall, Wolverhampton, Coventry, Telford and Wrekin, Stoke-on-Trent, and the counties of Herefordshire, Shropshire, Staffordshire, Warwickshire and Worcestershire and their districts.
- The region is very spatially diverse, and the topics that the authorities are tackling cover the full range of health inequalities and associated determinants of health.
- The network has supported the region's authorities through the significant changes resulting from the planning and health reforms, and now wants to push forward to consider the sorts of project that can make better-integrated working a reality.

Theme: Identify practical place-based projects to take forward integration between planning and public health.

Summary
- These is a complex interplay between the planning system and bylaws when addressing lifestyle issues such as alcohol use and hot-food takeaways – use a public health focus to get together people who know what they are talking about across the different areas of regulatory responsibility that councils have.
- Engaging better with development management and developers will be key to this – how can public health help development managers to do their job?
- Is it possible to produce a shopping list for health and planning decisions, and what would evidence-based prioritisation of this list look like?
- Quantifying the cost/benefit of health and planning over the long term in terms of the benefits of physical activity, healthier eating, etc. – how to quantify the health impact of planning decisions over the long term, and what can public health do to assist in that?
- The health implications of transport must be addressed – but problems vary across urban and rural areas.
- Public health and housing are not as well integrated as they could be: how can planners and public health practitioners work to improve the health aspects of new housing, especially within existing areas? Housing officers will need to be on board.
- Where will the money come from? CCGs a possibility, but they need to be engaged. Other parts of councils with a stake, such as economic regeneration?

Key contact: Ginder Narle, West Midlands Learning for Public Health Network Manager

Hertfordshire, East of England
17 July 2013, Stevenage

Locality context
- Hertfordshire is a large county with ten districts.
- Health inequalities and other socio-economic indicators vary across the county, with affluent parts in Dacorum and St Albans and more deprived communities in Broxbourne.
- Much of the county is covered by green belts, with challenges to accommodate projected growth.
- Public health has been effective in starting dialogue with planners through regular meetings of the county's planning officers grouping.

Theme: Develop planning responses: promoting health within planning for housing growth, restricting hot-food takeaways, and improving access to high-quality green space.

Summary

Restricting hot-food takeaways:
- No one-size-fits-all approach; actions need to be based on evidence.
- Policies on hot-food takeaways should be part of a holistic examination by local authorities of corporate priorities for high streets and the local economy.
- Links between planning and licensing are key.

Accessing open space:
- New Local Nature Partnerships would be effective in providing a health input into guidance.
- The existing local plan's green infrastructure policies may need revision to reflect the local public health agenda and needs.
- Cuts to district council budgets impact on the quality of open spaces, particularly local parks.
- Organised activities can be a good way of encouraging people to use public spaces and become more active – might this be supported by the public health team at county level?

Promoting health while meeting housing growth:
- What is the demographic profile of new residents, and what housing types will they need (including for older people)?
- There is a need to consider infrastructure requirements arising from new housing growth.
- The Community Infrastructure Levy (CIL) presents opportunities to engage local people on infrastructure needs (a number of districts are preparing a CIL).
- The Local Enterprise Partnership has an interest in strategic infrastructure and may need to widen its remit to consider health alongside economic development issues.

Key contact: Peter Wright, Public Health Partnership Manager, Hertfordshire County Council

Stockport, North West
18 July 2013, Stockport

Locality context
- Stockport is located in the south-eastern part of the Greater Manchester conurbation.
- Over 46% of the borough is designated as green belt; however, green space is not distributed evenly throughout the borough.
- The borough ranks reasonably well in the Index of Multiple Deprivation, at 161 out of 354, but it does have some areas which fall within the 5% most deprived in England, and there is a significant gap between poorer and wealthier areas.
- *A Country City: Towards a Greener Stockport*, written by Stockport's Director of Public Health, Dr Stephen Watkins (first published 2000), recommends that Stockport develop a strategy for implementing home zones across three existing areas, within a wider aspiration of creating sustainable neighbourhoods and transport networks.
- Stockport's core strategy (adopted March 2011) commits to delivering improvements to facilitate cycle-friendly neighbourhoods, which may feature traffic-calmed roads, home zones, 20 mph zones, and cycle storage provision.

Theme: Take forward local transport planning initiatives and small-scale development, such as home zones, to improve health and sustainability.

Summary
- Stockport installed three home zones around ten years ago – while local communities were involved, the design interventions were not universally welcomed, and some of them were vandalised in a bid to reinstate lost parking spaces.
- Learning from this experience includes devising more collaborative ways of engaging local people ('consultation is a one-night stand; co-production is a marriage'), identifying the real issues, and devising the most appropriate solutions – which may not be home zone designs, especially given constraints posed by viability testing and cuts to local authority budgets.
- Measures to improve the public realm need to be targeted interventions in places that have road safety concerns and/or local health inequalities, and not limited to well-off neighbourhoods.
- Development management has proactively encouraged the redesign of schemes to embrace shared-space principles in a selection of large developments (200-600 units), but viability statements are making negotiating these kind of changes much more difficult.
- There is potential for shared-space/public-realm improvements to be included as part of Stockport's Regulation 123 infrastructure list (preparation for the Community Infrastructure Levy).
- Stockport Council is looking at options for an evidence-based method of calculating the long-term financial benefit to the public sector in terms of health savings from developments that are compliant with policies on transport, open space and affordable housing.
- Evidence that can support development management planners in refusing applications that do not provide this kind of infrastructure is critical if long-term health savings are to be realised.

Key contact: Angie Jukes, Health & Environment Advisor (Planning), Stockport Council

Knowsley, North West
24 July 2013, Huyton

Locality context
- The number of people aged 65 and over in Knowsley is projected to rise by more than 10,000 by 2031.
- Although house prices are generally low compared with other places, in 2011 the average price for housing was over 5.3 times the average income level.
- The Knowsley Public Health team evidence review identified housing as one of the local authority activities that has the greatest positive impact on health and wellbeing.
- Knowsley Council, along with partners including First Ark Group, is considering a Healthy Homes programme.
- Knowsley's draft local plan recommends that the Council work with partners to make better use of the existing housing stock and provide or support the provision of new specialist and supported residential accommodation.

Theme: Take a co-ordinated approach to housing and health interventions across new and existing properties in Knowsley, especially for an ageing population.

Summary

Planning, public health and housing provision:
- First Ark Group is delivering a number of extra care housing schemes as part of its commitment to better connect people, housing and services.
- Planning has a responsibility to locate specialist housing where older people want to live or are already living. These schemes should be 'outward looking' – for example by requiring some kind of community space in their design.
- Public health has a role in providing evidence to inform site selection, and should be involved in pre-application meetings to maximise health benefits.
- Building the right accommodation in the right places can reduce long-term health costs (illustrated by First Ark's Prescot scheme).
- There is a funding gap for building specialist accommodation in low-value places such as Knowsley – but more high-quality schemes are needed, and investment could help to attract other types of housing offers and a mix of population.

The proposed Knowsley Healthy Homes initiative:
- There is strong support for a Knowsley Healthy Homes initiative.
- Interventions should be spatially linked to existing databases, such as from the Fire and Rescue Service, and should respond to existing priorities in the JSNA.
- Support existing services and help them to deliver their own outcomes where possible rather than starting a completely new service.
- More needs to be done to engage GPs/CCGs – they could be key points of referral.
- There is a need to speak with communities – where do they want Healthy Homes to be targeted, and what sort of services do they need?

Key contacts: Cath Taylor, Principal Health Promoting Environments Officer, Knowsley Council; and Ian Thomson, Executive Director of Customer Excellence, First Ark Group

Bristol, South West
4 September 2013, Bristol

Locality context
- Bristol is the largest city in the South West region, with the population projected to reach 472,900 by 2021 – a 10.5% increase.
- The core strategy (adopted June 2011) includes 30,600 new homes to be provided by 2026.
- More under-16s live in Bristol than people aged 65 and over.
- Bristol has more green spaces than any other British city, but is one of the most traffic-congested cities in Britain.
- The roundtable used real development opportunities identified in the site allocation development plan document as the basis for the discussion: 900 homes on a cluster of sites in Fishponds, to the north east of the central area; and 1,300 homes on two sites to the south of the central area (Hengrove Park and Hartcliffe Campus).
- These sites are owned by Bristol City Council, University of the West of England, or City of Bristol College.

Theme: Embedding health and sustainability in major development proposals.

Summary
- The focus of the group discussions was on the potential for Bristol to create exemplar developments for health and sustainability, partly on land owned by the Council.
- This will require strong leadership and commitment to a vision of both what the place will look like and the process for getting there – these sites (especially Hengrove Park) have a history of visions and schemes that have not got off the ground.
- There is an opportunity to show leadership – Bristol now has an elected mayor with strong credentials on high-quality urban design, and is in a strong position with the European Green Capital designation for 2015, a City Deal, and the Bristol Property Board.
- The sites present opportunities and challenges, but it will be important for the designs to integrate these potential 'little utopias' into the existing neighbourhoods – there is a need to factor this into masterplanning.
- A business case needs to be made – what is the total cost over time to the public purse, in health terms, of a poorly designed housing estate compared with one that has health and sustainability at the heart of its design? Investing in good design, infrastructure and procurement of high-quality development can bring long-term savings and benefits compared with the traditional model of land disposal to the highest bidder.
- A number of planning tools and mechanisms are available to enable health issues to be considered in the development process, but imagination is required too.
- There is a need to develop new models of procurement to ensure a diversity of development (community land trusts, housing co-operatives, self-build, small- and medium-scale builders), rather use a single large-volume developer.
- Design, access and open space are not the solution to all health issues – there are challenges about how these elements interact with other community facilities, including housing for older people.

Key contact: Stephen Hewitt, Specialist Professional Planner (Healthy Living/Health Improvement), Bristol City Council

Manchester, North West
5 September 2013, Manchester

Locality context
- With the redevelopment of the city and the rising popularity of city centre living, Manchester's population has been rising more rapidly.
- City centre regeneration has enhanced both the economy and the vitality of the city; however, Manchester remains the fourth most deprived district in the country.
- Manchester has relatively high levels of green space within the north and east of the city and in Wythenshawe; however, there are areas of the city, in particular the central area, where there is less green space.
- Manchester City Council's adopted local plan (July 2012) includes an objective to 'use new development to improve health'.

Theme: How to deliver health benefits through regeneration when most new development will be predominantly in existing urban areas, small scale and cumulative?

Summary
- Planning, transport and regeneration are not always closely connected in the system – there is a need to re-establish the links.
- Difficulties occur when funding streams are separate and bids may conflict – a real concern is the lack of public money for regeneration.
- Tie integration into engaging, rather than consulting, communities – public health could be an asset here, but respect their own community work.
- Manchester Garden City is a good example of a bottom-up project with multiple health benefits – how can these kind of initiatives be better connected with relevant strategies such as those for green infrastructure? Can planners be proactive about linking with projects that can deliver strategies? There are concerns that planners are seen as a potential barrier.
- One difficulty with promoting public health through development management is that sometimes requirements are in conflict – for example a crime reduction statement and a travel plan.
- Health impact assessment could help to make these policy conflicts visible, but it is difficult to require another complex assessment, and rapid methods are not necessarily robust.
- Another difficulty is that things that were part of an approval may not be implemented (bits of green space, a cycle path), or if they are, they may not be delivered to the standard that had been expected – this is about maintaining a dialogue with developers and their partners who are doing the work.
- It is important for planners to understand health priorities, and have evidence to back them up; but remember that these priorities are competing with existing pressures on the system to deliver housing targets.
- The importance of good health needs to be tied more strongly to the economic growth benefits it would bring – more productive workforce, less pressure on the NHS.
- As well as practical actions, there is a need to change the political narrative so that everyone in the local authority is influencing public health.

Key contact: Colin Cox, Deputy Director of Public Health, Manchester City Council

Lincolnshire, East Midlands
13 September 2013, Sleaford

Locality context
- Lincolnshire is a large county, with seven districts.
- It is made up of urban, rural and coastal areas, each with health and health inequality challenges, including unemployment, access to open space, child obesity, poor housing quality, and an ageing population.
- The number of people aged 65 and over living in Lincolnshire is expected to double by 2030.
- Of the county's seven districts, three have formed the Central Lincolnshire Joint Planning Unit to prepare a joint local plan, and two others are preparing a South East Lincolnshire joint plan.

Theme: Improve joint working between health and planning in two-tier areas by focusing on three themes: incorporating health into housing growth, planning for good-quality housing, and maximising the health benefits of open space.

Summary

Planning for demographic change:
- As the average age of the population increases, the working-age percentage will shrink dramatically, with some areas more affected than others – for example, South East Lincolnshire has experienced a rise in migration from Eastern Europe and Portugal.
- There is likely to be a major economic impact, with significant implications for transport, services and so on.

Providing high-quality housing:
- There is a range of existing poor-quality housing, from terrace housing in Lincoln and Gainsborough that does not meet Decent Home standards through to caravans in more rural and coastal parts of the county.
- There are opportunities to link up and target evidence-based interventions through regeneration projects or sustainable urban extensions, to take advantage of economies of scale.
- Viability is a concern in areas such as Boston and South Holland.

Access to quality open space:
- It is challenging for district councils to maintain and manage parks and open spaces with tough budget cuts.
- There are fears that one outcome will be that the public health value of parks will diminish.
- There are no obvious solutions to this problem, but there is a need to engage parish councils and neighbourhood planning processes and argue the case that county-level public health could contribute to maintaining green spaces because of potential health benefits.

Key contact: Chris Weston, Consultant in Public Health, Lincolnshire County Council

Newham, London
19 September 2013, Newham

Locality context
- Newham is an inner East London borough, and was one of six London 2012 Olympics host boroughs.
- The borough has a high level of deprivation, with unemployment and low skills among the working-age population, and concerns about poverty and obesity.
- Newham's local plan was adopted in January 2012.
- There is already a good working relationship between public health and planning policy, and now the focus is on understanding fully how development management planners can apply policies when assessing the health impacts of planning applications.
- A potential resource is the London Healthy Urban Planning Checklist developed for and by representatives from all the London 2012 Olympics host boroughs and the NHS London Healthy Urban Development Unit (HUDU).

Theme: What are the best ways to promote better health outcomes through development management decisions (with a focus on the London Healthy Urban Planning Checklist)?

Summary
- Participants worked in groups to assess two past planning applications (one mixed use, one residential) using the checklist.
- The checklist provided planners with prompts for questions or for requests for further information to support an application on health and wellbeing grounds.
- In general, there was support for the checklist – discussions helped planners to realise that health arguments could provide 'power to their elbow' that they perhaps had not yet exploited.
- The checklist also allowed planners to understand and identify where the health-related impacts from development may be, and the extent to which they can be mitigated through planning conditions or obligations on development granted planning permission.
- On large applications it would be useful to have other professionals around the table, including those in environmental health and public health, or allow planners the opportunity to consult relevant colleagues.
- Development management planners need more information about the cost to the public purse of not providing health-related aspects of development.
- Developers should be required or encouraged to include their own responses to the checklist as part of pre-application process, or as accompaniments to the planning application – is there an incentive that can be developed to encourage them to do this?
- Roll-out of the checklist should include being posted on the local authority's website, and should be accompanied by training for development management planners.

Key contact: Andre Pinto, Regeneration Manager, Newham Council

appendix 3
glossary of terms

This glossary is, in large part, reprinted from the handbook *Reuniting Health with Planning: Healthier Homes, Healthier Communities*, published by the TCPA in July 2012. It defines some key generic terms to help promote a shared understanding of agendas. For descriptions of specific elements of the reforms (such as health and wellbeing board), refer either to the relevant sections of this publication or see the glossary in the Public Health White Paper (for health terms) or in the National Planning Policy Framework (for planning).

Commissioning
Commissioning is a process of assessing needs for local health services and facilities, prioritising those needs and how to meet them, and managing demand with capacity. There are some similarities between this process and the responsibility on planners to undertake infrastructure planning and delivery.

Development management
Development management is the stage at which developers submit proposals to obtain planning permission to build. Proposals are assessed against local plans and policies, so it is vital that these robustly spell out the vision for the area.

Local authority
Local authority refers to all tiers of local government: unitary councils, district councils, London boroughs, metropolitan district councils and county councils. In two-tier areas (i.e. where county and district levels have different responsibilities in the same area), practitioners will need to align the statutory role of county councils regarding public health (which includes things such as the need to prepare JSNAs and JHWSs) with planning, which is primarily the responsibility of district authorities.

Local planning authority (LPA)
An LPA is the local authority responsible for making planning decisions in an area. Planning officers in councils can be broadly categorised as policy planners or development management planners, and they generally work in separate teams. LPAs are district councils, London borough councils, metropolitan district councils, county councils where there are no districts, the Broads Authority, and National Park authorities.

Localism
Localism is the generic term for the aspiration to devolve decision-making and delivery through a more decentralised system. It includes handing more responsibility to local authorities and elected members, GPs and to some extent local communities. One consequence for planning is likely to be an increase in tension between local and neighbourhood aspirations. This marks a shift from recent years, where the primary tension has been between regional and local levels.

Material consideration
Material considerations are factors considered in the determination of applications for planning permission and other consents, alongside the statutory development plan. They vary with the issues in individual planning applications. They include central government policies and guidance, non-statutory plans, and the relevant planning comments made by consultees.

Public health
Public health is defined in the Government's 2010 Public Health White Paper as 'the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society'. There are three domains: health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health), health protection (including infectious diseases, environmental hazards and emergency preparedness), and health services (including service planning, efficiency, audit and evaluation).

Social determinants of health
Also referred to as the wider determinants of health, the social determinants of health describe a range of factors that influence an individual's health. The World Health Organization defines them as 'the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.'

Soundness
Before all statutory local planning documents – such as a new local plan (or previously core strategies), site allocation policies, area action plans and Community Infrastructure Levy charging schedules – are adopted by a local authority, they must go through a formal process of inquiry to test their 'soundness'. This means being tested against the criteria set out in the NPPF: does the plan positively promote sustainable development, and is it justified, effective and consistent with national policy?

Wellbeing
The Government Office for Science defines wellbeing as 'a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community'.

appendix 4
project stakeholder group

Mike Braithwaite	Head of the Central Lincolnshire Joint Planning Unit (until October 2013)
Tim Chapman	Spatial Planning Manager, HCA-ATLAS; and Chair, Spatial Planning and Health Group (SPAHG)
Colin Cox	Deputy Director of Public Health, Manchester City Council
Stephen Hewitt	Specialist Professional Planner, Bristol City Council
Angie Jukes	Health and Environment Advisor (Planning), Stockport Council
Kathy MacEwen	Head of Planning and Enabling, Design Council Cabe
Ginder Narle	Manager, Learning for Public Health West Midlands
Carl Petrokofsky	Health Equity and Impact Division, Public Health England
Andre Pinto	Regeneration Manager, Newham Council
Charlotte Robinson	Principal Planning Officer, Central Lincolnshire Joint Planning Unit
Paul Southon	Public Health Development Manager, Sandwell Council
Ian Thomson	Executive Director of Customer Excellence, First Ark Group
Chris Weston	Consultant in Public Health, Lincolnshire County Council
Peter Wright	Public Health Partnership Manager, Hertfordshire County Council

About the TCPA

Founded in 1899, the Town and Country Planning Association (TCPA) is the UK's oldest independent charity focused on planning and sustainable development. Through its work over the last century, the Association has improved the art and science of planning both in the UK and abroad. The TCPA puts social justice and the environment at the heart of policy debate, and seeks to inspire government, industry and campaigners to take a fresh perspective on major issues, including planning policy, housing, regeneration and climate change.

The TCPA's objectives are:

- To secure a decent, well designed home for everyone, in a human-scale environment combining the best features of town and country.
- To empower people and communities to influence decisions that affect them.
- To improve the planning system in accordance with the principles of sustainable development.

Planning Healthier Places – Report from the Reuniting Health with Planning Project
By Andrew Ross, with Michael Chang
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