tcpa

reuniting health with planning –

healthier homes, healthier communities

How planning and public health practitioners can work together to implement health and planning reforms in England

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By Andrew Ross, with Michael Chang
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Andrew Ross works at Final Draft Consultancy and is a writer and researcher on planning, public health and sustainability. He wrote the 2011 Local Government Association (LGA) guide *Plugging Health into Planning: Evidence and Practice* and the Planning Advisory Service (PAS) briefing *Prevention is Still Better than Cure: Planning for Healthy Communities*. He is a member of the Spatial Planning and Health Group (SPAHG) and a Local Government Information Unit (LGiU) Planning Associate. He was Policy Officer at the TCPA from 1995 to 1998.

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foreword

Improved planning and better housing provision have long been identified as pre-conditions for enhancing the health of individuals and the communities in which they live. Equally, health interventions can support communities and thereby encourage better lifestyles and extend the opportunities available to residents.

This handbook is important because it deals with many of the hard practical issues that confront us in our everyday lives, and it offers sound advice and guidance on what can be done to improve the health and general wellbeing of both people and places.

The general analysis is supported by detailed case studies which demonstrate that positive progress can be achieved even in adverse local circumstances. Such progress would appear to be based upon developing and applying integrated analysis, promoting partnership working, engaging local citizens and other stakeholders, and innovating in order to maximise the gains from the use of resources.

I commend this handbook to you, and I encourage you to join us in reuniting health with planning in order to create and maintain healthier homes and healthier communities.

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

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introduction

Regeneration in Lyng, Sandwell – this community-led redevelopment includes public spaces, affordable housing and a new college

'Too often we intervene too late in the pathway to ill health and forget that health starts where we live, learn, work and play. Research has shown that the key to foster good health is to build preventative services which address these wider determinants of health and take care of our families, our schools, our workplaces, and our playgrounds and parks.'

***Intervening in the Social Determinants of Health to Improve Priority Public Health Conditions and Reduce Health Inequalities*. Institute for Health Equity, 2012, p.3**

'Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population... including expected future changes, and any information about relevant barriers to improving health and wellbeing.'

***National Planning Policy Framework*. Department for Communities and Local Government, 2012, para. 171**

'By giving local government control of public health resources, we will shift power and accountability to local communities and create healthy places to grow up and grow older in, with new partnerships in important areas, such as housing, planning, schools and transport.'

***Healthy Lives, Healthy People: Our Strategy for Public Health in England*. Department of Health, 2010, p. 32**

This handbook was prompted by the Government's reforms for England in three overlapping areas:

- The National Planning Policy Framework (NPPF), published in March 2012, is the overarching guidance for local authority planners in making plans and assessing development proposals. It requires planners to promote healthy communities, use evidence to assess health and wellbeing needs, and work with public health leads and organisations.

- The Health and Social Care Act 2012 transfers the responsibility for public health to upper-tier local authorities from April 2013. It also requires the creation of health and wellbeing boards to bring together key commissioners from the local NHS and local government to strategically plan local health and social care services.

- The Localism Act 2011 gives more power to neighbourhoods, including provisions for neighbourhood planning. The Act also introduces a raft of other changes that have implications for improving health, although they are largely beyond the scope of this publication. These include changes to how affordable housing is provided and managed, and new mechanisms such as community asset transfer, a community right to bid and a community right to challenge.

These reforms strengthen the argument for recognising and valuing the influence that planning, housing and other environmental functions have on improving health and wellbeing and reducing health inequalities.

However, there is concern that with local areas having to take on so much change at the same time, aspirations to improve joint working might understandably be subsumed by the detail of internal restructuring and the consequences for budgets, jobs, procedures and workload.

This handbook aims to keep the importance of integrated working – specifically between planning and health – on the agenda. Using case studies from around England, it explores how places are using this time of upheaval to push forward their intention to integrate their work, primarily across public health and planning.

Inevitably individual areas are at very different stages: for some, the handbook will provide a chance to check their own work against what others are doing. For many others, it will stimulate some early thinking about how to begin a conversation between health and planning.

This is not a guide about best practice and policies and actions that will achieve healthier communities – for more on this, see the sources of information on practice and policies in Appendix 1. Instead, it is intended to remind readers of what can be achieved if we get the processes right, and is brought to life by photos from the case study areas.

Audience

This handbook is targeted specifically at planners and public health specialists in local authorities and primary care trusts (PCTs) and is aimed at helping them to find ways of working together. It is also intended to prompt them to think about how to engage with other relevant disciplines such as housing, transport, regeneration, community development and environmental sustainability, and with councillors and others on health and wellbeing boards, including representatives of clinical commissioning groups.

Once effective joint working has been established – both in terms of setting up more integrated structures and through style, language, and so on – planning and health practitioners can then begin to address how they convey their integrated approach to the wider world, including developers and other partners with an interest in future development in the area.

Structure

Section 2 describes the reforms on which this handbook is based, and their relevance to integrating health and planning.

Section 3 suggests actions that planners and public health specialists can take to bring their work closer together. There are no rules for what will work where: readers will need to use their knowledge of local priorities, policies and politics, and assess the best ways to influence health outcomes in their area.

Section 4 sets out a checklist intended to prompt planning and public health practitioners to think about the links between health and wellbeing and planning, based on the requirements set out in the NPPF.

Section 5 summarises information from the case studies: Bristol, Gateshead, Knowsley (First Ark Group), Lincolnshire (with Central Lincolnshire Joint Planning Unit), Luton, and Sandwell (other members of the West Midlands Healthy Urban Development Group – Birmingham, Coventry and Stoke-on-Trent – also shared some of their practice and learning).

Section 6 sets out some observations on the factors that lie behind successful joint working in this area.

Appendix 1 provides a list of key resources and indicates where to look for further information. Appendix 2 is a glossary of key generic terms.

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integrating health and planning in the reforms

Elements of the new system and their relevance to health and planning

New housing in Knowsley by First Ark Group – the duty to co-operate will require local authorities and health organisations to collaborate on issues such as housing growth and new services to support healthy communities

This section describes the reforms covered by this handbook, and highlights their relevance for integrating planning and public health.

Those with a planning lead include:
- **the National Planning Policy Framework (NPPF) and local plans;**
- **neighbourhood planning and community involvement; and**
- **housing growth, quality and affordability.**

Those with a health lead are:
- **health and wellbeing boards;**
- **Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs);**
- **clinical commissioning groups (CCGs); and**
- **the Public Health Outcomes Framework.**

National Planning Policy Framework (NPPF) and local plans

'The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities.'
National Planning Policy Framework

The National Planning Policy Framework (NPPF)[1] is the new policy guidance document underpinning planning decisions and policies. Published in March 2012, it consolidates and replaces existing planning policy statements and planning policy guidance notes (although separate planning policy guidance remains for traveller sites).[2]

The NPPF states that the purpose of planning is to 'contribute to the achievement of sustainable development' (para. 6). This includes but is not limited to:

- making it easier for jobs to be created in cities, towns and villages;
- replacing poor design with better design;
- improving the conditions in which people live, work, travel and take leisure; and
- widening the choice of high-quality homes.

In line with the Government's commitment to localism – where decisions are taken as closely as possible to the communities affected – the NPPF says that local plans and planning decisions need to take local circumstances into account.

Bristol Farmers' Market – the planning system can help to improve access to healthy food and reduce obesity

1 *National Planning Policy Framework*. Department for Communities and Local Government. March 2012. http://www.communities.gov.uk/planningandbuilding/planningsystem/planningpolicy/planningpolicyframework/

2 Annex 3 of the NPPF gives a full list of revoked policies

Box 1
The duty to co-operate – why does it matter for health?

Section 110 of the Localism Act introduces the duty to co-operate, and the NPPF provides further policy guidance. The duty means that local planning authorities (LPAs) and other bodies need to show evidence that they have worked with each other when preparing their local plan.

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 will be most relevant in two-tier areas and for authorities that are experiencing significant growth pressures along their boundaries. Both county and district level authorities will need to be involved.

Key elements to note:

- **LPAs must co-operate with other organisations, including primary care trusts (PCTs), in plan-making. Regulation 4 of the local planning regulations gives PCTs legitimacy and equal representation alongside agencies such as the Homes and Communities Agency. With the abolition of PCTs from April 2013 under the Health and Social Care Act, clinical commissioning groups or the health and wellbeing boards may take on this function.**
- **In two-tier areas the county council is the responsible local authority for health and needs to be engaged by district councils in relation to strategic matters around health infrastructure.**
- **LPAs need to demonstrate evidence of co-operation as part of the examination in public of the local plan. This evidence could include a memorandum of understanding with health and wellbeing boards, or could be included within JHWSs.**

Relevance for health and planning

The NPPF requires planners to consider health in a range of different ways.

The framework's presumption in favour of sustainable development highlights the importance of achieving social, economic and environmental objectives (health cuts across all three). It has 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 measures aimed at reducing health inequalities, improving access to healthy food and reducing obesity, encouraging physical activity, improving mental health and wellbeing, and improving air quality to reduce the incidence of respiratory diseases.

There are other useful hooks to health in the framework, including promoting sustainable transport, delivering a wide choice of high-quality housing and requiring good design.

A core planning principle in the NPPF is for plan-making and planning decisions to take account of and support local strategies to improve health, social and cultural wellbeing, and to deliver sufficient community and cultural facilities and services to meet local needs. One way to meet these multiple local objectives could be through large-scale development based on the Garden City principles. The NPPF sets out clear recognition of the Garden City principles, and the TCPA has recently defined these in a report entitled *Creating Garden Cities and Suburbs Today*.[3]

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 areas the public health lead will be located at county level, while most of the planning responsibilities will be 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 is updated (if it exists already) and conforms with the NPPF's guidance on health and wellbeing outcomes. Section 4 of this handbook provides a checklist with a set of questions to help with this task.

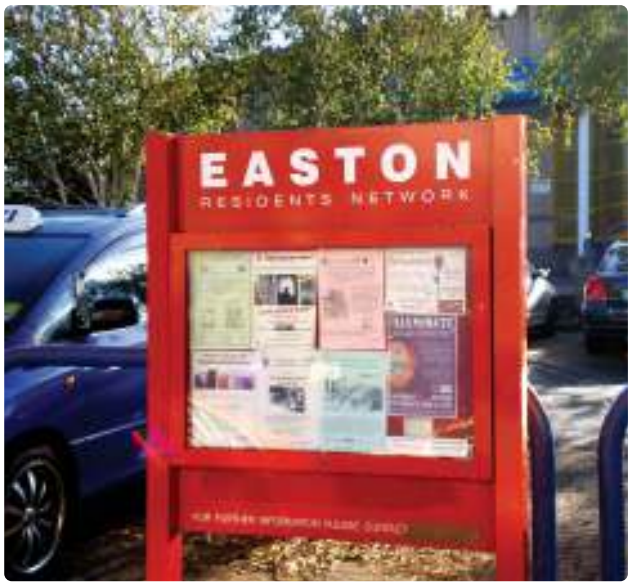
3 *Creating Garden Cities and Suburbs Today*. TCPA, May 2012. http://www.tcpa.org.uk/data/files/Creating_Garden_Cities_and_Suburbs_Today.pdf

Midlands Metro and Sandwell College – the NPPF promotes sustainable transport and high-quality design, which can both improve health outcomes

Neighbourhood planning and community involvement

'If you care about where you live, you should care about planning.'
Your Place, Your Plan[4]

A new level of planning is enshrined in the Localism Act. 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.



Keeping residents informed at Easton, Bristol – neighbourhood planning can help to address a community's health needs and empower people to take decisions about their local area

There are a number of stages to the process, including an independent inspection of the proposed neighbourhood plan and a community referendum on the plan, which must win more than 50% support if it is to be adopted by the local council. Once adopted, it becomes a legal part of the decision-making process for planning applications in the neighbourhood area.

As well as preparing neighbourhood plans, communities can develop:

- Neighbourhood Development Orders – these remove the need for certain developments to require planning permission in the neighbourhood area; and
- Community Right to Build Orders – these remove the need for planning permission for certain developments on a designated site.

There are potentially significant resource implications for local authorities in supporting neighbourhood planning, especially in helping to raise the capacity of communities to participate effectively. It is worth remembering that councils already have other potentially more appropriate and viable tools available to include communities in planning. These include area action plans, parish plans, development briefs, conservation area statements and supplementary planning documents.

Relevance for health and planning

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[5] on engaging and empowering communities as part of an overall approach to creating healthy communities.

Neighbourhood plans must conform with the strategic elements of the local plan, including the provision of health infrastructure and other local facilities. This process guarantees the involvement, or at least the consultation, of health bodies by councils/forums that are preparing neighbourhood plans or orders. They must also consult bodies that represent local interests; these should include disabled people, black and minority ethnic (BME) groups and Healthwatch.

LPAs are obliged to support neighbourhood planning processes, and an obvious way to do this is by sharing information that can inform the plan's evidence base. This should include JSNAs and, when published, JHWSs, to help neighbourhoods understand the existing needs in an area and how they might be tackled.

4 *Your Place, Your Plan*. TCPA, March 2011. http://www.tcpa.org.uk/data/files/your_place_your_plan_guide.pdf

5 *Fair Society, Healthy Lives. The Marmot Review*. Strategic Review of Health Inequalities in England post-2010, February 2010. http://www.instituteofhealthequity.org. The Government's Public Health White Paper – *Healthy Lives, Healthy People* (Department of Health, November 2010. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941) – endorses the Marmot Review policy objective to create sustainable and healthy communities

Housing growth, quality and affordability

'Access to decent and adequate housing is critically important, especially for the very young and the very old in terms of health and wellbeing.'
Watch Out for Health[6]

The Localism Act sets out a range of reforms to social housing, and the Government's Housing Strategy[7] pulls these together with other development incentives and initiatives to stimulate the market and promote better design. The NPPF also sets out policies for housing, including a new definition for affordable housing.

The role of local planning to establish local housing needs is more critical now that there is a decentralised system of housing needs assessment and allocations through the local plan (previously these were allocated through regional strategies).

It is important that the overall impact of the housing and planning reforms, including new incentives such as the New Homes Bonus and changes to housing benefit, do not reinforce existing spatial inequalities.[8]

Relevance for health and planning

The overarching message from the Housing Strategy and relevant housing policies in the NPPF is that access to a wide range of high-quality homes in the social and private sectors is crucial to our health and wellbeing. This is where planning can play a positive role, particularly through pursuing a strategy of both growth and regeneration based on good evidence such as JSNAs.

Requiring that new developments meet certain standards set out in Building for Life, the Code for Sustainable Homes and Lifetime Homes could also help to improve health and wellbeing outcomes.

Another approach is for public health specialists and planners to work through organisations that are closer to local populations – in particular those who are well placed to see at first hand the health impacts of poor housing and poor quality in the wider environment, such as social housing providers.

Health and wellbeing boards

'The health and wellbeing board is where an awful lot of the influence is… you need to identify your route to get to it.'
Paul Southon, Public Health Development Manager, Sandwell PCT

From April 2013 health and wellbeing boards will be a statutory committee of upper-tier local authorities (county and unitary); shadow boards should now be up and running. Health and wellbeing boards will:

- assess the current and future health and social care needs of the local community in JSNAs and develop strategies to meet those needs and reduce inequalities in JHWSs;
- promote integration and partnership working between the local NHS, local government and other local services;
- improve 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 CCG, 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 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.

Relevance for health and planning

Every health and wellbeing board will identify the needs of the local population through JSNAs and will develop priorities for action through JHWSs. Health and wellbeing boards may choose to incorporate social determinants of health (see the glossary in Appendix 2) into these priorities, and this will be of particular interest to planning.

How they do this is for local places to decide. For example, Knowsley and Sandwell have appointed their Head of Place (or equivalent) to the health and wellbeing board. In other places, such as Gateshead and Bristol, the health and wellbeing board will be advised on environmental inequalities by a subgroup.

6 *Watch Out for Health: A Checklist for Assessing the Impact of Planning Proposals*. NHS London Healthy Urban Development Unit, 2009, p.6. http://www.healthyurbandevelopment.nhs.uk/documents/integrating_health/HUDU_Watch_Out_For_Health.pdf

7 *Laying the Foundations: A Housing Strategy for England*. HM Government, November 2011. http://www.communities.gov.uk/publications/housing/housingstrategy2011

8 *Policy Analysis of Housing and Planning Reform*. TCPA, March 2011. http://www.tcpa.org.uk/data/files/tcpa_jrfpolicyanalysis_final_report.pdf

Residential community garden, Knowsley – planners should use health needs information to inform both local plans and infrastructure planning

Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)

One of the core planning principles is to 'take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.'
National Planning Policy Framework

Clinical commissioning groups (CCGs) and upper-tier local authorities are required to prepare an assessment of the relevant health and social care needs of the area through the health and wellbeing board – these are Joint Strategic Needs Assessments (JSNAs). The Health and Social Care Act 2012 requires that JSNA processes involve district councils and anyone who lives and works in the area.

The priorities within Joint Health and Wellbeing Strategies (JHWSs) will be based on the needs identified in JSNAs, and will be shaped by views gained from involving the community. Alyson Learmonth, Director of Public Health at Gateshead (until May 2012), notes that data and statistics are important but that you need to add your understanding about 'what works locally, local opinion and councillor views'.

Relevance for health and planning

The TCPA's *Spatial Planning for Health* guide[9] identified a number of areas where evidence used in JSNAs and, now JHWSs, can be useful in planning:

- housing quality and design;
- transport;
- economic regeneration, employment and skills training;
- access to and provision of local services;
- community safety and crime;
- access to fresh food; and
- risk and vulnerabilities to climate change impacts.

The JSNAs can be useful in helping to meet the evidence base requirements in the NPPF under health and wellbeing.

9 *Spatial Planning for Health: A Guide to Embedding the Joint Strategic Needs Assessment in Spatial Planning.* TCPA and the Hyde Group, November 2010. http://www.tcpa.org.uk/pages/spatial-planning-for-health-guide.html

Clinical commissioning groups (CCGs)

'It needs to be clear to GPs how planning relates to their locality and to their patients, but it's important to understand that currently this isn't at the top of their list of things to worry about.'
Liz McDougall, Health Improvement Coordinator, Bristol City Council

From April 2013 the majority of local health services will be commissioned by newly formed clinical commissioning groups (CCGs), made up of a number of local general practices. Each CCG will have a governing body that will also include at least one nurse and one doctor who is a secondary care specialist, and two lay members.

This change is part of the Government's vision of bringing decision-making about services closer to the people who use them. It is based on the view that GPs are best placed to understand the services that their patients need, and should therefore be responsible for allocating local budgets to reflect those needs.

CCGs will be authorised by the NHS Commissioning Board (NHS CB). There is a phased timetable for this process: by April 2013 all of England will be covered by a CCG, even if not all of them are authorised to act independently from the NHS CB by then.

Relevance for health and planning

As part of the authorisation process, each CCG needs to demonstrate that it is engaged with the health and wellbeing board. This includes participating in both a refresh of its JSNA, preparation of a JHWS, and ensuring that its own commissioning plan takes account of the JHWS to develop integrated local commissioning based on agreed priorities. In two-tier areas, it also means taking account of the different responsibilities for both levels of local authority – county and district (note that in some places, for example Lincolnshire, not all districts sit on the health and wellbeing board).

It is still early days, and the case study representatives accept that developing actions to tackle the social determinants of health is unlikely to be a priority while CCGs are deep in their authorisation process. But engaging with JHWSs may prompt CCGs to consider the role that they have in addressing the social determinants of health – for example by contributing funds to the renovation of a local park to include an outdoor gym.

South Bristol Skills Academy – health services need to be involved in the local authority's infrastructure planning process

Public Health Outcomes Framework

'There are many factors that influence public health… They all need to be understood and acted upon. Integrating public health into local government will allow that to happen.'
Public Health Outcomes Framework for England 2013-16 [10]

The Public Health Outcomes Framework sets the context for local areas to decide what public health interventions they will make. It sets out two overarching outcomes:

- increased healthy life expectancy; and
- reduced differences in life expectancy and healthy life expectancy between communities.

The body responsible for improving the health and wellbeing of the population and reducing inequalities in health and wellbeing outcomes is Public Health England (PHE). Its role will include 'delivering, supporting and enabling' improvements in health and wellbeing set out in the Public Health Outcomes Framework.[11] PHE does not begin its role officially until April 2013, although it is already establishing structures for how it will operate and work with partners, including local government.

Relevance for health and planning

The framework has four domains with supporting indicators, as shown in Table 1; the influence of planning cuts across all four domains.

Table 1
Public Health Outcomes Framework domains

Domain	Indicators relevant to planning
Improving the wider determinants of health	• Killed or seriously injured casualties on England's roads • Utilisation of green space for exercise/health reasons • Fuel poverty • Older people's perception of community safety (this is a 'placeholder' indicator, which means that major work is still required to develop the rationale and technical information)
Health improvement	• Excess weight in 4-5 and 10-11 year olds • Excess weight in adults • Proportion of physically active and inactive adults • Self-reported wellbeing
Health protection	• Air pollution • Public sector organisations with board-approved sustainable development management plan
Healthcare public health and preventing premature mortality	• Mortality from respiratory diseases

10 *Improving Outcomes and Supporting Transparency. A Public Health Outcomes Framework for England 2013-16.* Department of Health, January 2012. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

11 *Building a People Transition Policy for Public Health England.* Department of Health, February 2012. http://www.dh.gov.uk/health/2012/02/phe-transition/

3

getting started

Ideas to help planners and public health specialists to integrate their work to implement the NPPF and other reforms

High-quality public space, St Jude's, Bristol – public health and planning are rooted in a shared history of improving the places where people live

One of the overwhelming messages to come from the case studies and conversations that form the basis of this handbook is: 'Do something to get started, however small.'

Knowing where to start can be daunting when change seems to be everywhere. This section includes examples of actions that are led by planners, by public health specialists, and by both professions working together. Each action is supported by a brief explanation of why it is important and examples from the case studies on how to do it.

There are no rules for what will work where: readers will need to use their knowledge of local priorities, policies and politics and assess the best ways to influence health outcomes in their area.

Remember the shared origins of public health and planning

Public health specialists interviewed for the handbook were united on one piece of advice: don't suggest to planners that health is a new thing for them to consider.

Public health and planning were joined at the statutory hip a century ago. And it remains true that much of the role of planning is to promote health and wellbeing, even if that has not been made so explicit in recent decades.

So talking to planners as if this is new territory is unlikely to go down well. Alyson Learmonth, former Director of Public Health at Gateshead, recalled an early meeting with senior planners where afterwards one of them said to her that planners do get 'a bit fed up with people from public health thinking we haven't thought about any of this'. Said Alyson: 'I have borne that in mind ever since. People in planning have been trained to think about health impacts – it might not be called that but it is part of what you do when you're a town planner.'

Nonetheless, one of the good outcomes of working more closely with public health colleagues is that it can give planners a renewed sense of what planning is for. Chris Pagdin, Head of Planning and Transportation at Luton, says that: 'Sometimes planners can get rather downtrodden… [working with health] can re-awaken that sense of standing up for the wider objectives of the planning system.'

What planners and public health specialists can do

This section outlines actions that planners and public health specialists can take, separately and working together.

What planners can do:
- Review the local plan for compliance with NPPF health policies
- Engage public health on major planning applications
- Involve health in infrastructure planning
- Conduct health impact assessments (HIAs)
- Measure planning's influence on health and wellbeing outcomes

What public health specialists can do:
- Focus on topics that matter locally
- Understand the role of elected members
- Engage a variety of stakeholders

What planners and public health specialists working together can do:
- Encourage your directors
- Help elected members to understand the links between planning and public health
- Develop a collaborative evidence base
- Engage clinical commissioning groups (CCGs)
- Improve how you communicate

planners

Review the local plan for compliance with NPPF health policies

'The NPPF has made it a bit easier to plug health into our draft local plan… it is making a difference.'
Angela Hands, Public Health Practitioner, Coventry City Council

Why?

The NPPF reinforces the plan-led system as the starting point for decision-making, and emphasises the need for an up-to-date local plan as the basis for approving proposed developments without delay. From April 2013 development proposals will be approved in areas where plan policies are absent, silent or out of date unless the impacts would significantly and demonstrably outweigh the benefits. If a local plan does not have any health-oriented policies or is inconsistent with NPPF policies, then the NPPF will have greater weight. This is both an opportunity and a challenge.

Understanding the quality and capacity of health and social care infrastructure is now enshrined in the NPPF and is an important part of getting a local plan adopted.

Heads of planning need to make sure their local plan conforms with the NPPF, including the requirement that it promotes healthy communities and takes into account and supports the JHWS.

In two-tier areas this will mean districts collaborating closely with the county council, which is responsible for relevant services such as waste, minerals, transport, education and social care, and the county level public health service (which from April 2013 will become the responsibility of the county council).

How?

A checklist to help practitioners assess whether they have adequately considered the NPPF's health and wellbeing elements is presented in Section 4 of this handbook.

The authors have also selected a list of examples of recent and forthcoming local plans (also called core strategies) that include health-specific policies. This is available as an online resource on the TCPA website, at **http://www.tcpa.org.uk**.

Three Acre Market Garden, Sandwell – Sandwell's Black Country core strategy considers access to fresh food when assessing housing proposals

For example, **Gateshead and Newcastle's** joint draft core strategy requires that:

- development promotes and positively contributes to creating a healthy and equitable living environment;
- the roles of allotments, garden plots and farmers' markets in providing access to healthy, affordable locally produced food are recognised and safeguarded and, where appropriate, opportunities for unhealthy eating are restricted; and
- a health impact assessment is prepared as part of the sustainability appraisal of development plan documents and neighbourhood plans.

Bristol's core strategy (local plan) has an objective to create 'a pattern of development and urban design that promotes good health and wellbeing and provides good places and communities to live in'. Its draft *Development Management Policies* document states that 'development should contribute to reducing the causes of ill-health, improving health and reducing health inequalities within the city… developments that will have an unacceptable impact on health and wellbeing will not be permitted.'

The local plan for **Sandwell** is the Black Country core strategy. This plan is unique in that it contains a measure that includes access to fresh food as a consideration in assessing housing proposals.

Engage public health on major planning applications

'Policy links between health and planning inevitably need to be translated into physical development if they are to effect change.'
Plugging Health into Planning[12]

Why?

The NPPF instructs local authorities to consider the scale and impact of a development when investing in the assessment of the application (taking a 'proportionate' approach). Deciding what is proportionate is made more challenging by the widespread cuts to planning budgets. One way to fulfil this requirement is to concentrate resources on development proposals that could make the best contribution to achieving the local vision and objectives, or to clearly set out approaches for different scales of development. A local plan will need to set out how an area will improve health and wellbeing, and this is a reason to involve public health specialists in helping to assess planning applications, especially major ones. Note that in two-tier areas the public health expertise will be at county level. The county's capacity to respond to requests to assess planning applications will depend on a range of factors, including the number of applications they may receive from the multiple districts in the county area.

How?

In **Bristol** the city council and NHS Bristol signed a development management protocol in May 2011. As a result the Public Health Directorate is included in pre-application discussions on 'super' major developments (for 100 or more dwellings, or 10,000 square metres of floorspace) and is formally consulted on all planning applications for major residential (10 or more dwellings) and non-residential (1,000 square metres of floorspace and above) developments, proposals that would result in the loss of public open space, and all applications for the establishment of A5 (food and drink) uses.

Coventry has a public health practitioner funded by NHS Coventry located within the City Services and Development Directorate (which includes planning). One of her first tasks was to set up a system so that the public health team comments on planning applications, especially major ones.

Involve health in infrastructure planning

'The local infrastructure plan is really important because it is about the whole range of funding opportunities – Community Infrastructure Levy, section 106, mainstream funding programmes. Health services should be around the table.'
Tim Chapman, Spatial Planning Manager, ATLAS

Why?

An infrastructure plan should set out objectively assessed development and infrastructure requirements, costs, funding sources and responsibilities for delivery. The infrastructure planning process will identify various public and private sector sources of funding and investment. Some sources will be available through the planning system, including the Community Infrastructure Levy (CIL). CIL is a charge on most new development at pounds per square metre of the specified development, to contribute towards a specified list of infrastructure items.

It is important for health to be represented when local authorities are identifying infrastructure needs and preparing their CIL charging schedules. There are potential opportunities as CIL can be used to help to provide new health facilities needed as a result of new development. For example, Huntingdonshire District Council is one of the few councils to have its CIL up and running. It is charging an £85 standard rate for all development types, which includes a contribution towards Hinchingbrooke Hospital's Critical Care Centre (estimated to cost £7.5 million).

Historically, section 106 planning obligations or developer contributions have been a valuable funding source for new or improved infrastructure. However, the process for securing contributions to offset the impact of a development, such as the need it creates for a new GP practice, is changing. The changes limit the use of planning obligations on site-specific mitigation measures (in line with the introduction of CIL), clarify what new development will contribute towards, and avoid double-charging for infrastructure in areas where a CIL schedule is in place.

Although the local infrastructure plan is the place where investment from a range of partners and

12 A. Ross: *Plugging Health into Planning: Evidence and Practice*. Local Government Group, June 2011, p.25. http://www.idea.gov.uk/idk/aio/28692849

planners

sources should be pulled together, it is unclear for some of the case study partners how the process of putting this plan together will involve new stakeholders such as clinical commissioning groups (CCGs). This process may also need to include negotiation over the spatial implications of decommissioning some services or of shifting their location – for example from a hospital into community-based settings.

How?

In **Knowsley** the health sector is represented on the Joint Strategy Unit, which is preparing the CIL.

Birmingham's public health team has responded to the LPA's consultation on the city's CIL. Kyle Stott, Health Improvement Specialist at Birmingham Public Health, points out that the requirement to agree on a fixed levy before development has even been mooted is in some ways at odds with the way that public health would prefer to work: 'It's OK asking us what we think we might like generically, but it's not very easy to answer because we are evidence-based and we are reactive as well. So ideally we would like to know more about a development first; then and only then would we look at that area and work out what the priorities are.'

Knowsley and **Luton** are both working with their local enterprise partnerships to identify ways of attracting more funding for a key objective for both councils, with significant impacts for health: providing more affordable housing.

In Bermondsey Spa, **Hyde Housing Association** is working with the London Borough of Southwark to deliver over 900 new homes by 2013, two doctors' surgeries, a dentist's surgery, a pharmacy and several re-landscaped open spaces. The council and Hyde agreed to a framework to allow Hyde to respond to market changes to make the scheme commercially viable while ensuring the facilities and new affordable homes were delivered. For example, Hyde was able to renegotiate with the PCT on size, access, layout and parking at a site earmarked for a health centre at the new development, to accommodate the PCT's new space requirements and keep the centre on-site. The scheme's design, space standards and sustainability also put Bermondsey Spa ahead of other developments for health and wellbeing outcomes. Despite its high density (over 1,000 habitable rooms per hectare), the scheme boasts a large amount of amenity space and substantial open spaces, with larger and better laid out homes.

Conduct health impact assessments (HIAs)

'Testing out an HIA together is really useful. Everyone here has benefited from that.'
Judy Kurth, Healthy Cities Programme Manager, Stoke-on-Trent City Council

Why?

Health impact assessments (HIAs) are designed to consider the health impacts of a policy or development proposal/masterplan. The earlier it is commissioned, the more influence it can have. HIAs are not compulsory, but the case study areas report that they are a good way of getting traction between planning and public health because of their potential to foster better working relationships and a shared understanding. Some councils already set out a local plan requirement that planning applications for a certain size of development are accompanied by an HIA. Cumulatively, HIAs may help to improve health outcomes in a locality.

Publishing information and guidance on HIA requirements to support LPA policies will provide applicants and the development industry with more certainty about what is required earlier in the process.

How?

Sandwell has undertaken six 'table top' HIAs on spatial masterplans. There is a cross-agency working group for these HIAs which includes public health, planning, economy and jobs, and anti-poverty specialists. This has helped to develop a shared understanding of the issues.

Planners at **Stoke** have prepared a draft *Healthy Urban Planning* supplementary planning document, which requires HIAs for large-scale major planning applications. This proposal builds on a history of joint working between public health and planning. Planners requested a supporting HIA review service to check that HIAs that are submitted with applications are of a high standard. Public health has commissioned this service.

In **Gateshead** early meetings between planners and the Director of Public Health led to public health officers commissioning a rapid HIA of a proposed major retail development. The authority, as landowner, used the findings of the HIA when negotiating the final approval. This experience spurred planners and public health specialists to include in the draft core strategy

The Derwent Walk, Gateshead – conducting an HIA can be a practical way of encouraging planners and public health practitioners to work together

the option for them to require an HIA for major developments.

The **Central Lincolnshire Joint Planning Unit** (JPU) – which develops joint planning policy for West Lindsey, North Kesteven and City of Lincoln District Councils, with Lincolnshire County Council – has developed an integrated impact assessment (IIA) that expands the scope of a (statutory) sustainability appraisal to include health and equalities impacts. Officers from the JPU undertake the IIA on draft policies. These assessments are then reviewed by an independent IIA panel established by the JPU, which includes a representative from the neighbouring county area of South East Lincolnshire (South Holland and Boston Councils), from NHS Lincolnshire (a public health specialist), and from one of the equalities teams at West Lindsey, North Kesteven or City of Lincoln Councils (on rotation). The IIA approach has been welcomed by NHS Lincolnshire for improving health considerations. The Central Lincolnshire Joint Strategic Planning Committee – which includes councillors from the county and the three district councils – also feels it is more user-friendly compared with receiving multiple impact reports, and is a more efficient use of officer time.

Measure planning's influence on health and wellbeing outcomes

'Monitoring and review is a vital component of effective strategic planning and for understanding 'what works'.'
Sarah Davis, Senior Policy and Practice Officer,
Chartered Institute of Housing

Why?

Planners should work with health authorities to monitor the individual and cumulative impact of, and positive outcomes from, development proposals, which can then feed back into the policy-making process. Although the NPPF does not mention monitoring and review, this will help to inform the next round of plan-making, and could form part of the evidence base. It will also help to identify how development management services could be improved and made more effective.

How?

This is an area that needs further development at local level. The Spatial Planning and Health Group (SPAHG)[13] suggests four ways that local areas can improve how they monitor the influence of planning on health:

- use the annual monitoring review process to assess progress on meeting health-related spatial objectives set out in the local plan;
- use the monitoring mechanisms set out in the strategic environmental assessment (SEA) process;
- ensure the health and wellbeing board considers the effectiveness of work to link planning and health; and
- ensure that scrutiny committees agree a protocol for integrated scrutiny of planning and health issues.

The TCPA's *Spatial Planning for Health* guide includes an example from the London Borough of Brent, which uses an indicator to monitor the amount of floorspace for GPs secured through planning agreements for every increase of 1,500 people in the population. It also highlights the previous government's guide to monitoring local development frameworks,[14] which suggested that LPAs report policies against the percentage of new residential development within 30 minutes by public transport of a GP, hospital and a major health centre. Both indicators are appropriate for NPPF policies for health infrastructure provision and access.

13 *Steps to Healthy Planning: Proposals for Action*. Spatial Planning and Health Group, June 2011. http://www.spahg.org.uk/
14 *Local Development Framework Monitoring: A Good Practice Guide*. Office of the Deputy Prime Minister, March 2005. http://www.communities.gov.uk/documents/planningandbuilding/pdf/147438.pdf

public health specialists

Focus on topics that matter locally

'The data from the public health intelligence team has excited planners because they have never had this level of information before… they just weren't aware it existed.'
Kyle Stott, Health Improvement Specialist, Birmingham Health

Why?

The case study areas stress that each place will have different priorities. But these may not necessarily be topics that have a strong evidence base, either nationally or locally.

To have influence it will be important to demonstrate how you can help to address the issues that matter most to elected members and local communities.

With the inclusion of health in the NPPF, assembling robust evidence to inform policies to improve health and wellbeing will now be important in justifying the soundness of local plans and other planning documents.

How?

Public health officials at **Birmingham** took an innovative approach to finding out what mattered locally. They monitored the local press closely to see what topics came up repeatedly, and which of those they felt they could influence. They eventually chose the proliferation of hot-food takeaways, based on complaints that they caused litter, anti-social behaviour, noise, and so on. This led to updated guidance on hot-food takeaways in a new shopping and local centres supplementary planning document (SPD). Adopted in March 2012, the SPD includes a policy that no more than 10% of units in a set of shops should be hot-food takeaways. In the first month after adoption, the council refused two applications based on this policy.

In **Bristol**, community health workers have worked with strategic policy-makers on a series of healthy neighbourhood checks. These explore with the local community those factors in their built environment that support health and those that limit choices for a healthier lifestyle – and identify opportunities for associated actions. They consist of a half-day walkabout with local residents, workers and councillors and a plenary session based around three simple questions:

- What promotes health?
- What detracts from health?
- What are the opportunities for improvement?

St Jude's healthy neighbourhood walkabout, Bristol – NHS Bristol's healthy neighbourhood checks involve residents in identifying opportunities to improve health locally

There has been interest from public health practitioners in the food industry in **Sandwell** since the 1980s. The area has a long history of food growing and supporting community agriculture, which ties into work on anti-poverty and sustainable development. By continuing to focus on this important local issue, public health practitioners have intertwined public health principles into waves of successful project work and food policy development. Sandwell has achieved this by creating practical processes within existing structures. However, it is now developing transformational change by adopting a food systems approach to achieve multiple outcomes at all scales – community level, businesses and institutions (including planners).

Understand the role of elected members

'We can encourage people to exercise properly but if they haven't got a decent green space or the right 20 mph zones they're not going to do it… the decisions that councillors make have a massive impact.'
Paul Southon, Public Health Development Manager, Sandwell PCT

Why?

Within local authorities, public health specialists will be operating in an environment where elected members are democratically accountable for the decisions they make.

Elected members influence planning decision-making in a range of different settings. Councils have different structures, but most are likely to have an executive member for planning, housing, transport and (now) public health. They will also have regulatory committees, including one or more for planning, which make decisions about planning applications. Some councillors are also members of scrutiny committees, which investigate how local authorities and partners can improve what they do. All councillors represent a ward and have an advocacy role for health and wellbeing in their local area.

In two-tier areas (county and district), there is the added complexity of influencing councillors at both levels, and in multiple authorities. It is possible that tensions may exist between county and district councillors given different political complexions and responsibilities. Public health specialists may find that they need to spend time understanding these tensions as they will become county council staff from April 2013; there may be a perception at district level that this will compromise their previously 'independent' view.

How?

Luton is running development sessions with its health and wellbeing board to help relevant councillors understand the new reforms and to increase the links to the wider work of the council. The sessions also provide an opportunity for public health staff to hear the views of members. The council has a portfolio-holder for public health who acts as a champion for getting councillors to address the social determinants of health.

Engage a variety of stakeholders

'A public health specialist can help to create a dialogue with a variety of different stakeholders around health and wellbeing, which is often quite difficult for people from within planning to do.'
Alyson Learmonth, Director of Public Health (until May 2012), Gateshead Council

Why?

Making direct connections between a single planning intervention and an improvement in health is very difficult to do. However, the evidence of the links between environmental quality and people's health continues to grow. To create healthier environments, public health specialists will also need to engage with all the relevant service areas – including housing, transport, regeneration, environmental health, climate change and sustainability.

Because of their broad role, public health teams are ideally placed to connect them all, but may not have exploited these links in the past because they were located in a different organisation. By 2013 public health will be an upper-tier local authority responsibility; in some places, such as Luton and Stoke, these teams have already transferred to the council.

How?

Knowsley has identified that housing associations are well placed to help the local authority to commission a range of services that affect health. They already have a key role in the lives of many of the people with the worst health, and have a network of housing officers and community involvement processes established. However, it is challenging to find a way to channel the multiplicity of landlord views via one representative organisation. Lisa Harris, Service Director for Regeneration, Knowsley Metropolitan Borough Council, hopes that locating public health within the council will build capacity in this area.

In **Bristol** a memorandum of understanding was signed in 2010 between the four local authorities and the health sector in the West of England to promote effective co-ordination and co-operation between the organisations in relation to transport and health. This has led to the creation of the West of England Health and Transport Forum which brings together public health, hospital trusts, a mental health trust, the ambulance service and transport planners.

planners and public health specialists working together

Encourage your directors

'People who are leading the directorates of public health, planning, and environment need to understand that there are mutual benefits of working together. If you don't have that then it is always difficult.'
Chris Pagdin, Head of Planning and Transportation, Luton Borough Council

Why?

From April 2013 the director of public health will be a statutory role within upper-tier authorities (unitary authorities and county councils), and will report directly to the chief executive. Directors of public health will therefore be influential individuals within a council. They should already have an understanding of the role of planning and how it can help to influence the health and wellbeing of the local population. Directors of public health should also be expecting to hear from planning directors: the NPPF says that LPAs should 'work with public health leads and health organisations to understand and take account of the health status and needs of the local population' (para. 171). Note that the public health function will be incorporated into the structures of upper-tier authorities in different ways. For example, Gateshead's public health team is located within the Community Based Services Directorate, while in Luton there is a distinct Department of Public Health. It is too early to say what model will be the most effective for integrating public health and planning.

In two-tier areas public health specialists sit at county level, as do functions for social care and education. However, planning responsibilities are divided between the county and districts: districts are responsible for preparing plans and making planning decisions on most matters, while counties are responsible for local plans on waste and minerals, and for planning decisions relating to these matters and their other strategic responsibilities (such as transport). This has potentially significant implications for the workload and capacity of public health specialists if all districts and the county are to be engaged adequately.

How?

To help embed public health priorities for action into planning, **Birmingham** has recently established its Healthy Urban Development Group. The group is facilitated by a public health specialist and includes senior managers from public health, planning and regeneration.

The **Sandwell** Healthy Urban Development Unit (SHUDU) was set up to improve joint working between spatial planners, transport planners and public health specialists – over time this remit has expanded to include issues such as community agriculture, food and the role of public health in economic development. Members include the cabinet member for jobs and economy, the PCT chair and officers from across the council and the PCT.

To improve co-ordination and raise the profile of the food agenda, a cross-departmental Food Interests Group was set up in **Bristol**, including health representatives. Planning issues that have come up include land for food growing, markets, hot-food takeaways, access to food, retailing, and protecting local centres. It has led to the *Who Feeds Bristol* report and the setting up of the Bristol Food Policy Council.

Local centre in Sandwell – planning and public health can bring a cross-cutting focus to issues such as access to healthy food

Help elected members to understand the links between planning and public health

'Better housing, employment, education, social care and environment are not only important in themselves, but are essential – perhaps the most important – factors in improving the health of the community.'
Councillor Martin Gannon, Deputy Leader,
Gateshead Council

Why?

Creating healthy places in which to live does not happen by accident. Such places need advocates and champions. As local representatives, no-one is better placed than elected members to make the connections between healthy environments and improvements in health and wellbeing, and between decisions made by CCGs and others and their wider implications.

Councillors will be only too aware of the health problems in their locality, even if they aren't using the same language to describe what they encounter. Paul Southon, Public Health Development Manager at Sandwell PCT, reflects that the term 'health inequalities' doesn't resonate for councillors in his area. However, Sandwell's elected members are passionate about increasing the amount of paid work locally and understand the value of a community-based asset approach to developing resilient places. Public health and planning can use these hooks to achieve the same health outcomes.

How?

Gateshead's health and wellbeing board has adopted place-shaping as one of its three priority work areas. The theme is supported by a Place-shaping for Wellbeing group, chaired by the council's Group Director of Development and Enterprise, which reports back to the health and wellbeing board. One of the board's members, Deputy Leader Councillor Martin Gannon, says that the key to keeping this on the board's agenda will be to develop a 'tight set of objectives that, whilst challenging, are achievable and clearly demonstrate the positive health impacts that can be achieved'.

Sandwell's health and wellbeing board has used the Marmot objectives as its framework for setting priorities. The board includes the council's Corporate Director for Place – a role that includes planning, transport and other environmental responsibilities. This provides a direct link between planning and the priorities of the health and wellbeing board. This emphasis on the links between health and the wider environment is a result of the long-term influence of the Director of Public Health.

Lincolnshire has seven district councils that are at different stages of integrating health and planning. Enthusiasm for HIA varies across the councils, and there is some concern about the impact on developers of adding further assessments and about the extra workload for development management planners. In response, **NHS Lincolnshire** and the **Central Lincolnshire Joint Planning Unit** have decided to raise member and officer awareness of the potential for planning to influence health outcomes by organising a county-wide conference to highlight the work going on both in the county and beyond.

As part of his work on hot-food takeaways, the public health specialist at **Birmingham** contacted an elected member who he knew was concerned about the number of premises and impacts such as litter, parking problems and anti-social behaviour. The member agreed to the public health intelligence team assessing the scale of the issue. Member support has since been key to pushing the agenda on restricting the number of hot-food takeaways in the city.

Planners at **Luton** try to get member support by highlighting how policies meet a range of corporate objectives, one of which is to improve health and wellbeing. This makes sense in planning terms and indirectly helps members to understand how improving the quality of the environment contributes to a range of outcomes, including better health.

planners and public health specialists working together

Windmill Hill City Farm Allotments, Bristol – local plans can help to secure access to green and food-growing spaces

Develop a collaborative evidence base

'Planners know about evidence because of the nature of their job, so that is a common understanding; mapping is a common understanding; so it's about what you share and about learning the language so you can talk both.'
Paul Southon, Public Health Development Manager, Sandwell PCT

Why?

The Department of Health will be producing statutory guidance on JSNAs and JHWSs. It will not prescribe what should be presented in JSNAs or how JSNAs should be formatted. However, in order to be a useful and robust evidence base on environmental factors that impact on health and wellbeing, a JSNA should include spatial data.

Information presented spatially in JSNAs by maps can underpin area-based planning policies and decisions. The NPPF makes reference to the requirement for evidence around health and wellbeing needs. Planners can use JSNAs as part of their proportionate evidence base without needing to commission separate and further studies.

How?

'Better planning – design a healthy city with green space and less congestion and pollution to improve people's health and wellbeing' is one of the 12 priority areas identified in **Bristol's** JSNA. Reciprocal links are being made between the JSNA and the local plan's annual monitoring review.

Sandwell has established the first environmental public health tracking system in Europe. This is a combination of surveillance, horizon scanning, exposure assessment, research and the integration of data and intelligence on hazards, exposures and outcomes. It includes routine background surveillance of environmental hazards and environmentally related disease. Work to date includes analysis of public health nuisance, the efficacy of local authority practice, local horizon scanning, and the use of industrial quality control methods to target interventions to tackle environmental hazards.

Engage clinical commissioning groups (CCGs)

'GPs are now much more aware that they need to get out into the local community and talk to local people and understand their needs; they realise that they can't do everything sitting in their GP practices.'
Morag Stewart, Deputy Director of Public Health, NHS Luton

Why?

CCGs will need to demonstrate that they are making connections to JSNAs and JHWSs, which are likely to include aspirations to improve the local environment.

In due course CCGs will need to make decisions about how and where they will provide services in the future. Opening up the lines of communication now may mean that there is some shared history when they begin to think about the practical implications of these spatial decisions later on. It should both smooth the path to planning permission for CCGs and also lead to beneficial conversations on matters such as co-location of health services with other services, and how primary health facilities can contribute to the regeneration of town and district centres.

How?

To help engage CCGs in the social determinants of health, **Gateshead** ran a workshop with GPs to discuss what wider measures could have the biggest benefits for improving health. The group identified housing quality (which had already been highlighted in the JSNA, including some financial modelling to demonstrate how investing in better housing could save the NHS money by preventing hospital admissions). This led to the strategic health authority funding some improvements to local housing stock: by the end of May 2012, hazards had been removed from 385 homes to reduce the risk of falls. Excellent feedback has been received from residents who have benefited, and early indications are that Accident and Emergency admissions for the over-50s in the priority neighbourhood have decreased in early 2012.

Planners at **Luton** are working with health services staff around Luton and Dunstable Hospital as they identify what services could potentially be relocated away from the congested hospital site to other parts of the town. Planners hope that by engaging early they might be able to influence hospital managers to provide some services in areas that the local plan may designate as district and neighbourhood centres. This would make it easier for people to travel to them by public transport and would help to stimulate further growth and activity in these centres.

As part of its regular scanning of planning applications, **Sandwell** PCT identified an application for a new nursing home. It used this as an opportunity to contact local GPs to see if they had been consulted on the application by the developers (they hadn't). Having made this contact with the GPs, the public health team and planners are keen to maintain it.

planners and public health specialists working together

Improve how you communicate

'Good writing is where the meaning is so clear that no reader can possibly misunderstand you or be puzzled.'
Mind the Gaffe[15]

Why?

It is no secret that both planning and health come with their own sets of jargon and working practices (see the glossary in Appendix 2 for an outline of key planning and public health terms). In the past, these differences have made it daunting for many individuals to tell where to begin. But there are examples of places that are learning how to bridge this divide. As public health moves to local authorities there is more incentive to make sure that people understand each other.

Improving how you communicate and present information is not just about using plain English: the story goes that in some local authorities councillors are banning staff from using graphs and pie charts in presentations because they don't like or understand them. They prefer pictures.

While there is no need to abandon Excel completely, supplementing data with maps, pictures and images can convey some aspects of what healthy places look like, and could perhaps help to inspire people who find data intimidating or difficult to interpret.

A fast-food outlet – in some places, for example Birmingham, planners and public health specialists have collaborated to produce guidance on restricting hot-food takeaways

How?

Gateshead's Director of Public Health organised a workshop as part of the consultation on the preparation of the city's joint core strategy with Newcastle. This included providing funding for the participation of a health and planning specialist who was skilled at bridging these different areas. It was followed up with workshops around particular areas of concern attended by urban designers, planners, regeneration officers and public health professionals.

Birmingham's public health intelligence team generated a map of all the hot-food takeaways in the city. It identified more than 1,000 premises; other versions show the proximity of schools to these shops. Feedback from councillors and officers is that this was a very powerful way of demonstrating the level of saturation that existed.

Lincolnshire's JSNA has recently been turned into an interactive website, hosting data for all seven districts. The user-friendly format presents data on maps wherever possible and gives a very strong indication of the spatial distribution of different needs. It also includes full qualitative interpretation of the datasets to help users to understand what they are viewing.

Since 2000 the health service in **Luton** has employed a health specialist who works with the regeneration and planning teams at the council. This link has been important for raising the awareness of health specialists about what can and cannot be considered by the planning process, and about when is the best time to influence planning decision-making (answer: as early as possible). It has also helped planners to realise that they need to use plain English when talking to non-planners.

15 R.L. Trask: *Mind the Gaffe: The Penguin Guide to Common Errors in English*. Penguin Books, 2001

4

NPPF and health and wellbeing checklist

Links between the National Planning Policy Framework and opportunities to improve health and wellbeing

This checklist focuses on the key operational policies in the NPPF and Planning Policy for Traveller Sites. It will help users of the planning system to consider opportunities to improve health and wellbeing through key NPPF policies as they relate, primarily, to plan-making, but also to planning decisions. Decisions should also consider the NPPF as a whole.

Use the questions in the checklist as a starting point for developing policy, gathering evidence and/or conducting pre-application discussions, depending on the stages of the local plan process you are involved in.

The degree of influence and your capacity to contribute will depend on the stage the local plan is at. Engagement earlier on in the preparation process will be of more benefit than simply responding to consultation at the draft plan stage or at the examination in public.

When considering the questions in the checklist, first answer the following:

- **What stage is your local plan at (review, issues and options, preferred options, publication draft, examination in public)?**
- **How can you positively and appropriately influence your local plan at its current stage?**
- **Are there existing corporate or informal joint structures or processes already set up that you can tap into?**
- **What existing evidence do you have, does it need updating, and/or do you need new evidence?**

NPPF policies	Questions with a planning lead	Questions with a public health lead
Achieving sustainable development Planning system to perform a social role, supporting strong, vibrant and healthy communities, and creating a high-quality built environment, with local services to support health, social and cultural wellbeing (para. 7, second bullet point).	• Does your local plan reflect this as a key vision, objective or planning priority? • How does your plan help to create healthy places to grow up and grow old in, for everybody?	• Is the local authority planning team aware of the need to plan for healthy communities?
Core planning principles Planning which takes account of and supports local strategies to improve health, social and cultural wellbeing for all, and delivers sufficient facilities and services to meet local needs (para. 17, final bullet point).	• What are the local strategies for health and wellbeing, and how will your local plan take them into account? • How will your local plan address the current and future health and social care needs and challenges of your area identified in the JSNA?	• How are you involving the planning team in the development and implementation of the local health and wellbeing strategy? • Do you have an understanding of how planning can help to deliver local public health priorities?
Promoting sustainable transport Local plans and policies should protect and exploit opportunities for the use of sustainable transport modes (para. 35).	• Does your plan provide a network of routes for walking and cycling that make this the easiest, safest and most pleasant option for short journeys (20-25 minutes or about 2 kilometres walking or 8 kilometres cycling)?	• What conversations are you having with planning colleagues through the Local Transport Plan process?
Requiring good design Policies and decisions to ensure that developments consider the lifetime quality of the area, create safe and accessible environments, and incorporate green spaces (para. 58, first, third and fifth bullet points).	• Does your plan promote the use of Design Review Panels using CABE's ten principles? • How does your plan promote patterns of development, street layouts, permeability, connectivity and urban design quality that support active travel, physical activity and mental wellbeing? • Does your local plan ensure good design in new development by promoting 'safety in numbers' and Secured by Design principles?	• What conversations are you having with colleagues in the urban design and community safety teams?
Promoting healthy communities Local planning authorities should create a shared vision with communities, and aim to involve all sections of the community in the development of local plans and in planning decisions (para. 69). To deliver the social, recreational and cultural facilities and services the community needs (para. 70). Planning policies for open space, sport and recreation based on assessment of need and provision (para. 73).	• Does your local plan reflect the need to support and improve health and wellbeing as part of a vision, objective or planning priority? • Does your plan create an environment that supports people in making healthy choices, and that makes these choices easier? • What processes do you have to involve residents, professionals and people who work locally? • What viable requirements for play facilities and open spaces can be provided through new development? • Is the provision of open space advised by the evidence base demonstrating benefits associated with physical health and mental wellbeing?	• How can the health and wellbeing board and public health leads be better engaged and involved in the local plan process to ensure that these policies are embedded?

NPPF policies	Questions with a planning lead	Questions with a public health lead
Meeting the challenge of climate change, flooding and coastal change Local plans should take account of climate change over the longer term. New development should be planned to avoid increased vulnerability to climate change impacts (para. 99).	• Do you have a climate change strategy? • What, where and for whom are the risks and vulnerabilities to climate change impacts (people, places and buildings)? • Does your local plan have specific area policies to help address or mitigate the range of local climate change impacts, and implications for health and wellbeing?	• How are you working to embed the health and wellbeing risks identified locally and regionally through the climate change risk assessment in the local plan?
Conserving and enhancing the natural environment Planning policies and decisions should ensure that new development is appropriate for its location, taking into account effects of pollution on health (para. 120), and should avoid the adverse impact of noise on health and quality of life (para. 123, first and second bullet points).	• What, where and for whom are the risks and vulnerabilities to significant impacts from pollution and noise (people and places)? • Does your local plan have specific area policies to prevent or mitigate the impacts?	• How can you raise better awareness or present evidence to planning colleagues to enable them to develop policies and make informed judgements on appropriate land use activities?
Plan-making: using a proportionate evidence base The strategic housing market assessment (SHMA) should identify the scale, mix of housing and the range of tenures (para. 159, first bullet point). Local planning authorities should work with other authorities and providers to assess the quality and capacity of health and social care infrastructure and its ability to meet forecast demands (para. 162, first bullet point). Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and relevant barriers (para. 171).	• What existing evidence base is still valid, including from regional strategies? • Does your SHMA reflect the existing and future housing needs of your population? • What are the infrastructure requirements for health and social care for your area, and are they reflected in planning obligations/Community Infrastructure Levy policies? • How can you make better use of JSNAs in plan-making and development management decisions to account for local health needs, changes and barriers?	• How can you be involved in the development of the council's Community Infrastructure Levy charging schedules and infrastructure assessments, and what supporting evidence can you bring to the table? • How are you involving the planning team in the development and implementation of JSNAs? • Do your JSNAs include the evidence needs highlighted in this checklist, and is the evidence in a format that can be used by your planning colleagues? • How can your JSNAs be developed so that they can be used by your planning colleagues as part of the evidence base?
Planning strategically across boundaries Local planning authorities should work collaboratively with other bodies to ensure that strategic priorities across local boundaries are properly co-ordinated and clearly reflected in individual local plans (para. 179).	• Are you co-operating with the relevant health bodies in your local plan on the strategic priority of health and community infrastructure provision? • What will be the product or evidence of your co-operation: a joint plan or policy, a memorandum of understanding, or a jointly prepared strategy? • What mechanisms or structures do you have to continue the process of co-operation?	

NPPF policies	Questions with a planning lead	Questions with a public health lead
Neighbourhood plans Neighbourhood plans should reflect the local plan strategic policies, and neighbourhoods should plan positively to support them (para. 184).	• Can the parish/town council or neighbourhood forum demonstrate how it is seeking the views of the wider community? • How will neighbourhood plans positively contribute to local health and wellbeing?	• Is public health represented in steering groups for the development of neighbourhood planning documents?
Decision-taking Local planning authorities should consider using Local Development Orders to relax planning controls, or the use of Article 4 directions to remove national permitted development rights to protect local amenity or the wellbeing of the area (paras 199 and 200). Local planning authorities should consider whether otherwise unacceptable development could be made acceptable through the use of conditions or planning obligations (para. 203).	• Is there scope to relax or restrict certain uses or developments to help to reduce health inequalities? • Will planning obligations as part of planning permissions place unnecessary financial burdens on development? • Will planning obligations meet the key tests of necessity and direct relationship to the scale and kind of development?	• How can you raise awareness or present evidence to planning colleagues to enable them to develop policies and make informed judgements on planning applications?

Planning Policy for Traveller Sites	Questions with a planning lead	Questions with a public health lead
Local planning authorities should ensure that policies promote, in collaboration with commissioners of health services, access to appropriate health services (para. 11, point b). In decisions on applications, weight should be attached to promoting opportunities for healthy lifestyles (para. 24, point c).	• In co-operating with the relevant health bodies when preparing the local plan, are you discussing relevant traveller issues? • What level of engagement and involvement do you have with the traveller community? • Is there scope to include travellers in the assessments of needs, changes and barriers required in the NPPF?	• Are you working with planning colleagues to engage travellers and assess their specific needs for access to local services? • Do JSNAs reflect the specific needs of travellers?

5

case studies

Background information on how six different localities are integrating health and planning

This handbook is based on experiences gained in six case study areas (as at June 2012):

- **Bristol;**
- **Gateshead;**
- **Knowsley (First Ark Group);**
- **Lincolnshire (with Central Lincolnshire Joint Planning Unit);**
- **Luton; and**
- **Sandwell (the handbook also includes experiences from other members of the West Midlands Public Health Learning Network – Birmingham, Coventry and Stoke-on-Trent).**

The case studies were chosen because of the willingness of the organisations concerned to share their emerging stories as they develop their response to the reforms set out above. They also have some history of joint working and so have valuable lessons to pass on to other areas that may only now be starting out.

Work in five of the areas is led by the local authority and the health service. In the sixth, First Ark Group – a group of four businesses, including Knowsley Housing Trust – is taking the lead. It sees itself as an organisation that provides housing but also invests in the wider community to help make a positive difference, including improving health and wellbeing. The group's model provides an insight into the future of registered social landlords, using an approach that blends the traditional public, private and voluntary sector roles. It is an interesting perspective on starting with the needs of a local community when thinking about how to improve health and wellbeing.

Bristol

Progress towards 2013

- The health and wellbeing board has 15 members.
- Bristol's Health Improvement Partnership – a subgroup of the local strategic partnership – is still active, and the health and wellbeing board is currently determining how to manage the relationship between the two groups.
- The draft structure for the transition of public health staff (120) into the local authority has been published.
- The health and wellbeing board is deciding on how it will manage the large number of organisations and interest groups that want to inform its decision-making on the social determinants of health.
- The JHWS is being prepared.
- The core strategy was adopted in June 2011.

Integration of public health with planning/housing and other built environment service areas

- A task and finish group has prepared a paper called *Narrowing the Health Gap in Bristol: How to Make Sure we Impact on the Social Determinants of Health* – the paper is informing the health and wellbeing board's deliberations on how best to manage its work to tackle health determinants.
- This group is led by the Head of Strategic Housing and includes representatives from health policy, economic regeneration, transport, planning, children and young people, and health and social care.
- The 2012 JSNA includes a section on healthy cities and the determinants of health that are affected by the built environment.
- Bristol has a Specialist Professional Planner (Healthy Living/Health Improvement) who is located in the Planning Department and a part-time health and transport specialist in the Transport Department.

Learning and challenges

- How to include the large number of organisations that want to contribute to the work of the health and wellbeing board in a way that is productive and useful?
- Without careful management of information, the health and wellbeing board will 'drown in detail'.
- There is a complex set of relationships between the existing strategic bodies – such as the local strategic partnership and the local enterprise partnership – and the health and wellbeing board.
- Bristol's track record of integrating public health strategically in the council has helped to foster culture change.

Interviews:

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

Liz McDougall, Health Policy Coordinator, Bristol City Council

Gateshead

Progress towards 2013

- The Health Reform Transition Group (HRTG) has been set up as the precursor to the shadow health and wellbeing board – the proposed board will have 16 members.
- Public health staff will be located in the Community Based Services Directorate, whose Strategic Director is the lead for embedding health throughout the council.
- The JSNA is being included within a broader strategic needs assessment – this is currently being finalised and will inform the corporate plan and other strategic documents.
- The draft local plan (joint with Newcastle) is being issued for consultation later in 2012.
- The council published a health and wellbeing strategy called *The Big Shift* in 2011, which is a short-term (to 2013) action plan.
- This strategy will be superseded by the new JHWS, called *Active, Healthy and Well Gateshead*, which is currently being drafted.

Integration of public health with planning/housing and other built environment service areas

- The HRTG is supported by a Placeshaping for Wellbeing subgroup – chaired by the Director of Development and Enterprise.
- Placeshaping is one of three priority workstreams for the health and wellbeing board – the other two are integrated commissioning and action for healthy communities.
- The current JSNA includes an objective to use planning powers to create an environment that encourages people to be more physically active and to eat more fruit and vegetables, and less fat and salt.
- The draft local plan includes a policy to create a healthy and equitable living environment.
- The Head of Development and Public Protection is also in charge of environmental health and has set up a small public health team.

Learning and challenges

- Short-term timescales of restructuring and health budgets are at odds with the long-term (up to 2030) timescales of strategic priorities and local planning.
- It is so far unclear how to influence the commissioning of health services – with budgets already very tight, how can investment in long-term environmental changes be packaged persuasively?
- Joint working needs to create policy hooks to influence more widespread change at local level.

Interviews:

Anneliese Hutchinson, Head of Development and Public Protection, Gateshead Council

Alyson Learmonth, Director of Public Health (until May 2012), Gateshead Council

Councillor Martin Gannon, Deputy Leader, Gateshead Council (via email)

Knowsley (First Ark Group)

About the organisation

- First Ark Group is made up of four companies that work together to make a 'real positive difference to our communities and to people's lives'.
- One of the companies is Knowsley Housing Trust (KHT), which has 14,000 properties, providing homes to more than 25,000 people (one in five people in Knowsley live in a KHT house).
- As well as the registered social landlord, the group structure also includes a non-regulated parent company (First Ark Ltd) and a non-regulated subsidiary (KHT Services), to broaden the commercial reach of the group through creating and investing in social enterprises and re-investing the profits back into the housing and community-based services that the group offers.

Approach to the social determinants of health

- The aim of the model is to improve the health and wellbeing of residents by taking an integrated approach that connects the quality of housing to a range of other services and resident aspirations, such as training and employment, as well as improving local environments and opportunities for community empowerment.

Learning and challenges

- Housing providers are very well placed to facilitate community engagement and feed back community-based intelligence to public health and planning services.
- This potential needs structures to facilitate networking and for information to be conveyed in both directions.
- It is unclear how best to include the diverse views of the housing sector on a tight representative body such as a health and wellbeing board.
- New models such as the one adopted by First Ark demonstrate the potential for service providers to re-invent themselves to better reflect the needs of the client/customer group – there are lessons for public sector organisations as they learn to operate in a new statutory environment that includes neighbourhood planning, the community right to challenge and the community right to build: integration is key.
- As a developer, maintaining commitment to the highest environmental and health standards for new building is difficult when working in partnership in tight economic circumstances.

Interviews:

Louise Harris, Head of Corporate Social Responsibility, First Ark Group
Stephen Heverin, Operational Director (Investment), First Ark Group
Lisa Harris, Service Director for Regeneration, Knowsley Metropolitan Borough Council

Lincolnshire (with Central Lincolnshire Joint Planning Unit)

Progress towards 2013

- The current shadow health and wellbeing board has 16 members – including representatives from two district councils (there are seven in the county).
- Consultation on the draft JHWS is complete – final document approval is targeted for September 2012.
- Central Lincolnshire Joint Planning Unit (JPU) – a partnership between City of Lincoln, North Kesteven, and West Lindsey Councils, with Lincolnshire County Council – is currently writing a local plan covering the three district council areas.

Integration of public health with planning/housing and other built environment service areas

- The JPU has developed an integrated impact assessment (IIA) tool for assessing draft planning policies – the assessments are reviewed by an independent panel that includes NHS Lincolnshire.
- The process has been well received and has been welcomed by NHS Lincolnshire as a way of considering health impacts.
- The Central Lincolnshire draft core strategy includes a policy to reduce health inequalities and improve health and wellbeing.

Learning and challenges

- Across the seven districts, interest in integrating health and planning varies – there is some concern that the shift of public health to the county may actually create a barrier if it leads to public health becoming caught up in any political tensions that exist between the districts and the county council.
- NHS Lincolnshire is willing to engage more with districts on health and planning, although if there was take-up by all districts this would present problems in capacity and resources.
- The seven districts are represented by two councillors on the shadow health and wellbeing board – there is an ongoing problem as to how lower-tier councils and organisations can be represented effectively without making the membership so unwieldy that it paralyses the functioning of the shadow board.
- There is also a challenge of how to ensure that the district members on the board disseminate information to all districts.
- Timescales tend to be longer in a two-tier area because of the complexity of the structures – an advantage is that it builds in time for reflection, which can improve communications and process; but there is also a disadvantage when trying to quickly find the right person with the right area of influence.

Interviews:

Charlotte Robinson, Principal Planning Officer, Central Lincolnshire Joint Planning Unit
Chris Weston, Consultant and Associate Director of Public Health, NHS Lincolnshire

Luton

Progress towards 2013

- The health and wellbeing board has nine members.
- Public health staff have located to the local authority.
- The health and wellbeing board will consult shortly on the draft JHWS – it has been written by a subgroup, which includes the Environmental Health Services Manager (on behalf of the Corporate Director of Environment and Regeneration).
- The council recently introduced an integrated impact assessment for all strategies and policies going to cabinet for decision.
- The draft core strategy was withdrawn in July 2011 and a new local plan process has begun (not due for completion before 2014).

Integration of public health with planning/housing and other built environment service areas

- The Director of Public Health and the Deputy Director of Public Health both sit on the health and wellbeing board and are main route in for planning/environment concerns.
- The draft JHWS includes a priority to develop a sustainable planning policy that promotes a healthy environment.
- The Department of Environment and Regeneration has had a health specialist role located in the department since 2000 – that role now is located in the Department of Public Health.
- The council set up an officer Health and Built Environment Group in 2008 – currently deciding how best to continue this integration in light of the reforms and the new structures.

Learning and challenges

- Departmental leadership has been crucial to getting health onto the council's agenda, and to keep it there.
- Barriers do exist, such as different language/terminology and timescales, and co-ordinated effort from all departments is needed to overcome them.
- The transition of public health to the local authority is giving public health a legitimate reason to contact all service areas of the council and highlight the links that exist.

Interviews:

Chimeme Egbutah, Advanced Health Improvement Specialist, Luton Borough Council and NHS Luton
Chris Pagdin, Head of Planning and Transportation, Luton Borough Council
Morag Stewart, Deputy Director of Public Health, NHS Luton
Gerry Taylor, Director of Public Health, NHS Luton and Luton Borough Council

Sandwell

Progress towards 2013

- The health and wellbeing board has around 12 members (subject to current restructuring).
- The local strategic partnership health and wellbeing board was disbanded at the start of 2011 – the new board has been in place since June 2011.
- The Public Health Development Manager has drafted the JHWS.
- Sandwell has one CCG, although it covers both Sandwell and West Birmingham and therefore crosses local authority boundaries.
- Beyond this, there is as yet no announcement on how the council will manage its responsibilities for public health, or on a timetable for transition.

Integration of public health with planning/housing and other built environment service areas

- The Corporate Director for Place (with responsibilities for planning, housing and other environmental functions) sits on the health and wellbeing board.
- The draft JHWS structures themes, actions and indicators according to the Marmot Review's six policy objectives – including integrating public health, planning, transport, housing and environmental services.
- Sandwell Healthy Urban Development Unit (SHUDU) draws together a range of built environment professionals to co-ordinate the integration of health across service areas.

Learning and challenges

- There is greater interest from local authority managers in accessing public health expertise ahead of the transfer in 2013.
- Public health needs to simultaneously demonstrate how council departments already help to deliver public health objectives while also making a case for the importance of maintaining a public health service.
- A key challenge for the health and wellbeing board is the size of its remit and the process for making decisions (Sandwell estimates that the combined budget of organisations sitting on the board is around £1 billion).

Interviews:

Paul Southon, Public Health Development Manager, Sandwell PCT

Sandwell is a member of the West Midlands Public Health Network – representatives from other member areas of the network were interviewed specifically on the connection between public health and planning:
Kyle Stott, Health Improvement Specialist for Place, Partnerships and Communities, Birmingham Public Health
Martin Reeves, Chief Executive, Coventry City Council
Angela Hands, Public Health Practitioner, Coventry City Council
Judy Kurth, Healthy Cities Programme Manager, Stoke-on-Trent City Council

6

reuniting health with planning – concluding thoughts

A children's playground in Luton – creating healthy communities could take a generation

Navigate through the grey

One clear message is the need to tackle the barriers that stop professionals from working better together. Martin Reeves, Chief Executive of Coventry City Council, and a passionate supporter of integrating health with planning, housing, transport and regeneration, observes that: 'Achieving healthy and sustainable communities is quite straightforward – you lock professionals in with politicians, developers and stakeholders and you imagine what might be possible… and then you navigate through the grey.'

No magic bullets

There is no one idea or initiative that unlocks better joint working. The overarching message of this handbook is to start somewhere, and to build from there.

The case studies highlight that the reforms potentially clear the way to overcome some of the barriers that exist when people work in different organisations with different priorities, culture and language.

That's a good start, but working together to create healthier environments will not happen by magic. People who are making progress on this have an excellent understanding of the purpose of planning and the role of evidence. They look methodically for the hooks that matter locally, build networks, stay up to date with policy and practice, and work within corporate systems and processes to make a case for change as and when they can.

It takes time

Writing policies into local plans takes time, and understanding different approaches takes a very long time; changing the layout of an urban environment may take a generation.

Planners do not expect to see change quickly. And although the NHS tends to work to targets with much shorter timescales, public health specialists will also know that changes to policy, practice and outcomes can take decades (it is 50 years since the first report on the health dangers of smoking was published by the Royal College of Physicians in 1962).

Will future generations look back in 2062 and spot in work done today the beginnings of a concerted effort to create healthier communities? And will they wonder how we could ever have worried that there would be an obesity epidemic? Or widespread health impacts from climate change?

If at first you don't succeed...

This handbook attempts to set out a reasonable path towards healthier homes and places for all. Hopefully the suggested actions accurately reflect the experiences of the case studies. It is also worth remembering that in many examples the driving force behind the dynamic that leads to change is an influential individual. This will be increasingly challenging, and potentially even more important, in councils where there is less high-level political commitment to investing in healthier environments.

Different ideas should be explored to see what sticks – you never know for sure what influence you might have where, and with whom. This remains true even in areas that already have momentum.

Health and planning – not so very far apart?

The case studies all reported that although planning and health may have drifted apart, there are still many overlaps. By making the potential for these links more visible, this handbook will hopefully encourage planners to connect into what public health has to offer, and vice versa. It won't be easy: the pressure on planners to deliver growth during an ongoing economic slump will make it challenging to balance this effectively with other priorities, such as better health and environmental sustainability. However, achieving that balance is the core purpose of planning, and improving health and wellbeing and reducing health inequalities is now a very important part of the mix.

appendix 1 resources

Government policy and strategy

- ***Healthy Lives, Healthy People: Our Strategy for Public Health in England***
  Department of Health, November 2010
  The Public Health White Paper makes several key references to the planning function and new role of local government in public health, and to integrating policy areas, including planning and housing.
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

- ***Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies Explained***
  Department of Health, December 2011
  The purpose of this document is to support the NHS, local government and emerging health and wellbeing boards as they engage with the refresh of Joint Strategic Needs Assessments and develop their strategy. It describes what support the Department of Health will provide, including what resources will be available and when, and how it will build in learning from the early implementer health and wellbeing boards. The Department of Health is currently finalising its guidance for JSNAs and JHWSs.
  http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131733.pdf

- ***National Planning Policy Framework***, and ***Planning Policy for Traveller Sites***
  Department for Communities and Local Government, March 2012
  National planning policy guidance, providing the basis of all plan-making and planning decisions in England. Both documents make significant references to health and wellbeing, with planning playing a key social role, including Section 8 of the NPPF, 'Promoting healthy communities'.
  http://www.communities.gov.uk/planningandbuilding/planningsystem/planningpolicy/planningpolicyframework/

- ***UK Climate Change Risk Assessment***
  Department for Environment, Food and Rural Affairs, January 2012
  The CCRA is the UK's first assessment of risks and opportunities as a result of climate change. A sector perspective on health was published, detailing potential negative impacts as a result of projections for changing temperatures, rainfall patterns and sea level rise. Results are presented nationally and regionally.
  http://www.defra.gov.uk/environment/climate/government/risk-assessment/

Planning and health

- ***Plugging Health into Planning: Evidence and Practice. A Guide to Help Practitioners Integrate Health and Spatial Planning***
  Local Government Group, June 2011
  This guide draws together the growing evidence base for integrating health into spatial planning, illustrated by a range of practice examples from around England. Its purpose is to help practitioners to ensure that the planning functions they deliver provide the most beneficial outcomes for the health and wellbeing of the community.
  http://www.idea.gov.uk/idk/core/page.do?pageId=28367945

- ***Spatial Planning for Health. A Guide to Embedding the Joint Strategic Needs Assessment in Spatial Planning***
  TCPA and the Hyde Group, November 2010
  This guide was published during a transformational period of structural reform for both the public health and town and country planning systems. The Joint Strategic Needs Assessment of local health and wellbeing provides an excellent opportunity to strengthen the process of spatial planning in helping to deliver sustainable development objectives.
  http://www.tcpa.org.uk/pages/spatial-planning-for-health-guide.html

Local government and health

- ***Healthy Places: Councils Leading on Public Health***
  New Local Government Network, May 2012
  The NLGN's report maps out how local government could take up its new role in public health. It draws on a survey of over 50 councils and interviews with 28 senior officials involved in setting up the new health and wellbeing boards, and highlights challenges and emerging best practice.
  http://www.nlgn.org.uk/public/2012/healthy-places-councils-leading-on-public-health/

Housing and health

- ***A Foot in the Door: A Guide to Engaging Housing and Health***
  Northern Housing Consortium, October 2011
  This toolkit sets out six clear steps for housing organisations to take when putting together their offer and building stronger collaborative relationships with the new leaders of health and wellbeing.
  http://www.northern-consortium.org.uk/Page/QualityOfLife/AfootinthedoorpublicationAspx

Other reform-, evidence- and practice-oriented publications

- ***Fair Society, Healthy Lives. The Marmot Review***
  Strategic Review of Health Inequalities in England Post-2010, February 2010
  The tasks of the Marmot Review included identifying relevant evidence for the health inequalities challenge facing England, and showing how this evidence could be translated into practice. It identified addressing the impacts of climate change as a key objective, and made a key recommendation to fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
  http://www.instituteofhealthequity.org/

- ***Policy Analysis of Housing and Planning Reform***
  TCPA, March 2011
  This report analyses planning and housing reform measures with a view to informing the ongoing debate on the future of planning and housing in England and the implications for housing provision and spatial inequalities. It summarises the Coalition Government's reforms and makes a first assessment of their cumulative impact.
  http://www.tcpa.org.uk/pages/policy-analysis-of-housing-and-planning-reform.html

- ***Marmot Indicators for Local Authorities in England, 2012***
  London Health Observatory, February 2012
  The London Health Observatory has produced baseline figures for some key indicators of the social determinants of health, health outcomes and social inequality, corresponding to the indicators proposed in the Marmot Review.
  http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

- ***Health Inequalities and Determinants in the Physical Urban Environment: Evidence Briefing***
  University of West of England, March 2012
  This briefing provides a concise up-to-date account of the influence of urban settings on health inequalities.
  http://www.healthycities.org.uk/uploads/files/health_equity_and_urban_environments_briefing_22mar12.pdf

Some national sources of useful information and advice

- **HIA Gateway**
  http://www.apho.org.uk/default.aspx?QN=P_HIA

- **NHS London Healthy Urban Development Unit (HUDU), key documents on planning for health**
  http://www.healthyurbandevelopment.nhs.uk/pages/key_docs/key_documents_hudu.html

- **National Institute for Health and Clinical Excellence (NICE), guidance on healthier planning**
  http://www.nice.org.uk/guidance/index.jsp?action=folder&o=53883

- **Public Health Observatories**
  http://www.apho.org.uk

- **Spatial Planning and Health Group (SPAHG)**
  http://www.spahg.org.uk

- **University of the West of England, planning and health resources**
  http://www.bne.uwe.ac.uk/who/hia/planning.asp

appendix 2
glossary of terms

This appendix 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 where 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.

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 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 Department of Health'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 3
project stakeholder group

Angela Blair	Food Access Manager, Sandwell PCT
Tim Chapman	Spatial Planning Manager, HCA ATLAS, and Chair, Spatial Planning and Health Group (SPAHG)
Sarah Davis	Senior Policy and Practice Officer, Chartered Institute of Housing
Chimeme Egbutah	Advanced Health Improvement Specialist, Luton Borough Council and NHS Luton
Ilaria Geddes	Research Fellow, Health Inequalities Review for England, University College London
Stephen Heverin	Operational Director (Investment), First Ark Group
Stephen Hewitt	Specialist Professional Planner, Bristol City Council
Anneliese Hutchinson	Head of Development and Public Protection, Gateshead Council
Daria Kuznetsova	Researcher, New Local Government Network
Kathy MacEwen	Head of Planning and Enabling, Design Council CABE
Catherine Middleton	Network Manager, RTPI
Ginder Narle	Manager, Learning for Public Health West Midlands, Sandwell PCT
Professor Peter Roberts	Chair, Planning Exchange Foundation
Elena Scherbatykh	Public Affairs Officer, Hyde Housing
Paul Southon	Public Health Development Manager, Sandwell PCT
Richard Tisdall	Principal, Tisdall Associates
Susanna White	NHS Confederation
Sue Wright	HIA Gateway Content Manager, West Midlands Public Health Observatory

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.

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