Planning for Health in the East of England
The Cambridge Belfry: 9th May 2018

Planning for Health

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Public Health England

w. acknowledgements to many colleagues
Contents

• Public Health England (PHE)
• Reflections on Health, Health Inequalities and Place
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Public Health England

PHE is the expert national public health agency that fulfils the Secretary of State’s statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

Our functions and the things we deliver to our stakeholders:

We do this through world-class science, advocacy, partnerships, knowledge and intelligence, and the delivery of specialist public health services.
Healthy People Healthy Places

The way we plan, design and manage the territory of places, spaces, facilities and buildings within our everyday community can have an impact on health, from either a positive and negative perspective (RCEP, 2007).
Our Vision: Building a Healthy Community

A healthy community is a good place to grow up and grow old in. It is one which supports healthy behaviours and supports reductions in health inequalities.

It should enhance the physical and mental health of the community and, where appropriate, encourage active healthy lifestyles and healthy living environments for people of all ages.

(Source: National Planning Practice Guidance)
Your health is determined by:

- where you don’t live
- what you do
- who you are

where you live
The way we design and build our towns can promote good health and wellbeing

- promote physical activity in everyday life (walking, cycling)
- can help people maintain healthy weights
- facilitate easy access to healthy, affordable food
- Prevent injuries,
- Promote socially connected neighbourhoods,
- cleaner air
- economic development

Health Inequalities

Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors (also known as 'health inequities') and can be avoided or mitigated.
Health Inequalities in England

Life expectancy gap:
9.1 years
Healthy life expectancy gap:
18.7 years

Life expectancy gap:
7.2 years
Health life expectancy gap:
19.1 years

Source: Most recent data from PHOF, showing gap between LSOAs in the most and least deprived deciles, 2013-15
Health Inequalities in England (Females)

ONS: Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013
Obesity prevalence by deprivation decile
National Child Measurement Programme 2016/17

Child obesity: BMI ≥ 95th centile of the UK90 growth reference.
### Inequalities in the built environment:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Most deprived areas</th>
<th>Least deprived areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Density of fast food outlets</td>
<td>114.1 per 100,000 population</td>
<td>61.4 per 100,000 population</td>
</tr>
<tr>
<td>Overcrowded households</td>
<td>7.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Households in fuel poverty</td>
<td>14.0%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Source: Public Health Outcomes Framework, February 2018
Inequalities in the natural environment

Source: The Marmot Review. Fair society, healthy lives. 2010
Why Place Matters:
Evidence: Natural Environment

Direct health benefits from:

• Improved mental wellbeing
• Higher levels of physical activity
• Community cohesion
• Reduced social isolation

Indirect health benefits from:

• Mitigating adverse impacts: air quality; noise; heat; flooding, climate change
• Helping people appreciation the importance of nature and the need to protect it for future generations

Greater health benefits from environments that are:

• Biodiverse, clean, well maintained, safe, as well as those that are available in greater proximity and quantity

1. Green Space: What we know

- **Green spaces** associated with decrease in health complaints and improvements in mental health. Green spaces associated with lower levels of health inequalities.

- the most affluent 20% of wards in England have 5 times the amount of parks or general green space compared with the most deprived 10% of wards.

- people living in the most deprived areas are 10 times less likely to live in the greenest areas.
Air Pollution: Health Impacts

- The Public Health Outcomes Framework (PHOF) estimates an effect equivalent to roughly 25,000 deaths in England attributable to anthropogenic particulate matter air pollution (This does not include Nitrogen Dioxide which is being reviewed)

- It estimated that 5.3 percent of all adult deaths in England are caused by long-term exposure to man-made particulate air pollution (Est range from 2.5% in rural areas – 8.8% in the most polluted London Boroughs)  

  Air pollution is the largest environmental risk associated with deaths each year.
A Decent Home – at the Centre

A Safe, suitable, appropriate home can…

Prevent Illness and Disease

Promote Health and Wellbeing

Help Maintain Independence
For children and young people

Unhealthy homes increase the risk of:
- respiratory illness
- poor infant weight gain
- poor diet
- emotional and mental health problems
- physical injury and poisoning
- domestic fires

Overcrowded homes increase the risk of:
- behavioural and mental health problems
- meningitis
- respiratory illness
- tuberculosis
- physical injury
- tobacco harm

Precarious housing increases the risk of:
- emotional, behavioural and mental health problems
- low birth weight
- missing immunisations

Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Source: https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home
For children and young people

Unhealthy, overcrowded and precarious housing negatively affect

- attendance at school
- education attainment
- family relationships
- life chances

Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Homes for children and families
Housing Standards and impacts

• 20% of homes in England are classified as non-decent (English Housing Survey 2014-15)

• Highest proportion of non-decent homes are within the private sector (29%);

• The health effects of poor housing disproportionately affect vulnerable people: (older people living isolated lives, the young, those without a support network and adults with disabilities)
The costs of poor housing on the National Health Service (NHS) are high:

• Total cost to the NHS of poor housing is **£1.4 billion per year**

• **Wider societal costs – 18.6bn** (including medical costs, lost education and employment opportunities)

• Costs of treating Single homeless people – at least **£85.6m p.a.**

• “… if we could find £10 billion now to improve all of the 3.5 million ‘poor’ homes in England, this would save the NHS £1.4 billion in first year treatment costs alone. It is estimated that such an investment would pay for itself in just over seven years and then continue to accrue benefits into the future.”

BRE: The cost of poor housing to the NHS (2015) & The Full Costs of Poor Housing (2016)
Active Travel, Transport and Health - Physical activity & health
Physical activity

- Active travel (including travelling actively to and from public transport) is a key way in which people can build physical activity into their everyday lives.

- The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’. Annual Report of the Chief Medical Officer, 2009

- Increasing levels of physical activity will impact positively on a wide range of medical conditions and reduce NHS and social care costs.

| Physical Activity contribution to reduction in risk of mortality and long term conditions |
|----------------------------------------|----------------|------------------|
| Disease                               | Risk reduction | Strength of evidence |
| Death                                 | 20-35%         | Strong           |
| CHD and Stroke                         | 20-35%         | Strong           |
| Type 2 Diabetes                        | 35-40%         | Strong           |
| Colon Cancer                           | 30-50%         | Strong           |
| Breast Cancer                          | 20%            | Strong           |
| Hip Fracture                           | 36-68%         | Moderate         |
| Depression                             | 20-30%         | Moderate         |
| Hypertension                           | 33%            | Strong           |
| Alzheimer’s Disease                    | 20-30%         | Moderate         |
| Functional limitation, elderly         | 30%            | Strong           |
| Prevention of falls                    | 30%            | Strong           |
| Osteoarthritis disability             | 22-80%         | Moderate         |
I. Why is active travel important?

- Physical inactivity directly contributes to **one in six deaths** in the UK and **costs £7.4 billion a year** to business and wider society.

- The growth in road transport has been a major factor in **reducing levels of physical activity and increasing obesity**.

- **Short car trips (under 5 miles)** are a prime area for switching to active travel and to public transport.

- **Health promoting transport systems** are pro-business and **support economic prosperity**. They enable optimal travel to work with less congestion, collisions, pollution, and they support a healthier workforce.
In the West Midlands it has been estimated that if cycling was currently 5% of trips…
Over 10 years it would prevent roughly:

- 550 Type 2 Diabetes
- 1,675 Coronary Heart Disease
- 625 Stroke
- 125 Breast Cancer
- 150 Colorectal Cancer
- 3,000 Dementia
- 2,500 Depression
- 10,000 Hip fractures

Using the Sport England MOVES tool.
Based on ~ 8.5 million extra 20 minute trips per year

w/ acknowledgements to Duncan Vernon
Key Evidence for Healthy Places

Neighbourhoods

• 66% of all carcinogenic chemicals are released in the 10% most deprived areas in the country.

• Children living on the 10% most deprived wards in the country are 4 times more likely to be hit by a car than children living in the 10% least deprived.
## Key Evidence for Healthy Places

### Built Environment
- Density and mix of land use
- Housing quality, supply and affordability
- Street layout and connectivity
- Active and public transport
- Open space, play space, green space and community space
- Access to public services, employment and other services
- Access to fresh food
- Access to alcohol
- Air quality and noise
- Mitigation of extreme weather events and changing climate

### Health
- Fitness, cardiovascular health and obesity
- Diabetes
- Cancer
- Safety
- Mental health
- Respiratory health
- Accidents and falls
- Wellbeing and community participation
- Premature mortality
Economic case for action

there is an Environmental component to each of these

- **Diet-related** ill health cost the NHS £5.8 billion per year
- **Physical inactivity** contributes to one in six deaths in the UK and costs £7.4 billion a year to business and wider society
- **Outdoor Exercise (Green Spaces)** - more than 8m adults engage in outdoor exercise per week: health benefits valued at up to £2.2bn
- **Poor housing** costs NHS is £1.4 – 2.0 billion per year for England. £18.6 bn wider societal costs.
- **Better community cohesion** could save £530M per annum
- **Poor air quality** alone imposes over £1bn in productivity losses each year.
Social cohesion

Walkable neighbourhoods and lower volumes of motorised transport increase levels of social interaction:

- Better community cohesion could save £530 million a year
Promoting Healthy Communities - The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Source: DCLG (2012)

Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making. Source: DCLG (2014)
Healthy places: A strategic approach

- System Leadership / Advocacy
- Building Networks & Partnerships
- Skills/Capacity Building
- Evidence

With OGDs, wider stakeholders and local authority

Strong network of partners

Tools, training and inter-professional learning

Development of and access to the evidence base

Unlocking funds for healthy planning by linking transport to multiple agendas
Healthy People, Healthy Places Programme

**Overall Aim:** to reduce the overall burden of disease, mortality and health inequalities by addressing the wider determinants of health across the life course by improving the quality and access to the built and natural environment.

Our **Vision** is to promote:

*A future where everyone, wherever they live, is able to live, work and play in a place that promotes health and wellbeing, sustains the development of supportive and active communities and helps reduce health inequalities.*

In short, “**Healthy places to grow up and grow old in**.”
PHE briefings and evidence reviews

Everybody active, every day
What works – the evidence

1. Active society
2. Active environments
3. Active at school
4. Active at work

Everybody active, every day
An evidence-based approach to physical activity

Healthy people, healthy places briefing
Obesity and the environment: increasing physical activity and active travel

Planning healthy-weight environments –

Planning healthier places –
report from the reuniting health with planning project

Active Design
Planning for health and wellbeing through sport and physical activity

Spatial Planning for Health
An evidence resource for planning and designing healthier places

Working Together to Promote Active Travel
A briefing for local authorities

Healthy High Streets
Good place-making in an urban setting
Healthy Places Evidence Briefs and Resources

Spatial Planning for Health
An evidence resource for planning and designing healthier places

Healthy High Streets
Good place-making in an urban setting
Unlocking funds for healthy planning by linking transport to multiple agendas
Genesis of the Evidence Resource

- evidence base still a matter of debate amongst the scientific community;

- A lot of the evidence around the impacts of the built environment on health comes from outside the UK or outside of Europe;

- What should public health specialist be asking for?

- What should planners be delivering?

- Does it work?

- Inform PHE’s national advocacy work
Methodology

- Umbrella review of other systematic evidence reviews
- Complemented by selected empirical studies
- Concentrated on 5 key themes:
  - Neighbourhood Design
  - Housing
  - Healthy Food
  - Natural and Sustainable Environment
  - Transport
Key Messages

Neighbourhood Design

Enhance connectivity with safe and efficient infrastructure
- Improved street connectivity
- Public realm improvements (e.g. provision of street lighting)

Build complete and compact neighbourhoods
- Compact neighbourhoods
- Increased access to facilities and amenities

Enhance neighbourhood walkability
- Increase walking
- Improve infrastructure to support walking and cycling
Healthy Places Programme

Neighbourhood Design

Quality of Evidence:
- Improved
- Reduced
- High Quality
- Medium Quality
- Low Quality
- NR (Not reported);
  Methodological quality of the original research is unclear and should be treated with caution.

Best Available Evidence:
In some instances, more than one piece of review-level evidence reporting on the same health impacts and/or outcomes was identified as part of this umbrella review. In such instances this table highlights findings of the review(s) which reported evidence of the best methodological quality.

Population Groups:
- General Population
- Older Adults
- Children & Adolescents

Disclaimer:
This diagram has been produced as part of a wider evidence resource, commissioned by Public Health England and developed by the University of the West of England. Please see the document Spatial planning for health: an evidence resource for planning and designing healthier places for further information.

Planning Principles

- Enhance Neighbourhood Walkability
- Compact neighbourhoods
- Improved street connectivity

Modifiable Features

- Increase walkability
- Improve infrastructure to support walking and cycling
- Increased access to facilities and amenities

Impact

- Social engagement among older adults
- Physical activity among older adults
- Physical activity
- Mobility among older adults
- Social participation among older adults
- Physical activity
- Physical activity among older adults
- Pedestrian activity

Health Outcomes

- Mental wellbeing
- Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, cancer, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Reduced BMI
- Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Road traffic collisions
Key Messages

Housing

Improve quality of housing
- Energy Efficiency/Fuel Poverty
- Removal of home hazard
- Retrofitting (housing refurbs)
- Daylight and ventilation

Increase provision of affordable housing
- Diverse housing types
- Provision of affordable housing for vulnerable groups
- Homeless
Key Messages

Healthy Food

Provision of healthy affordable food
- Access to healthy food for the general population
- Decrease exposure to unhealthy food environments
- Retail outlets selling health food

Enhance community food infrastructure
- Urban food growing
- Provision of and access to allotments and adequate garden space
Healthy Places Programme

**Quality of Evidence:**

- **Improved**
- **Reduced**
- High Quality
- Medium Quality
- Low Quality
- **NF (Not reported):** Methodological quality of the original research is unclear and should be treated with caution.

**Provision of healthier, affordable food for the general population**

- Increase access to healthier food for the general population
  - Dietary fat intake
  - Dietary behaviours
  - Fruit and vegetable consumption
  - Attitudes towards fruit and vegetable consumption
  - **Maintenance of healthier weight**
  - **Reduced risk of CVD**

- Decrease exposure to unhealthy food environments
  - Healthier eating
  - Dietary behaviours among children in low income areas
  - Dietary behaviours among children and adolescents

- Increased access to healthier food in schools
  - **Weight status**

- Access to retail outlets selling healthier food
  - Healthier eating
  - Purchasing frequency of healthier food
  - Attitudes towards healthier eating

- Access to retail outlets selling healthier food
  - Dietary behaviours
  - **Healthy eating**

**Population Groups:**

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**Note:** For further information on what constitutes a healthy balanced diet, please see the Eat Well Guide, available at: [https://www.gov.uk/government/publications/the-eatwell-guide](https://www.gov.uk/government/publications/the-eatwell-guide)
Key Messages

Natural and Sust. Env.

Reduce exposure to environmental hazard
- Improved air quality
- Exposure to air pollution
- Excessive noise
- Impact of flooding

Increase access to and engagement with the natural environment
- Aesthetic park improvements
- Improve access and maximise opportunities for outdoor activities
- Tackle climate change
- Neighbourhood tree planting
### Natural & Sustainable Environments

#### Planning Principles
- Reduce exposure to environmental hazards:
  - Improved air quality
  - Exposure to air pollution
  - Excessive noise
  - Reduce impact of flooding

#### Best Available Evidence:
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- **NR (Not reported)**

- **Greyed Out Text**
  - Association between a health impact & health outcome not obtained as part of the umbrella review.

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### Health Outcomes

<table>
<thead>
<tr>
<th>Modifiable Features</th>
<th>Impact</th>
<th>Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved air quality</td>
<td>Physical activity among older adults</td>
<td>Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing</td>
</tr>
<tr>
<td>Exposure to air pollution</td>
<td>Exposure to particulate matter and other gaseous pollutants</td>
<td>Risk of COPD, healthy birth weight, reduction in myocardial infarction, reduction in risk of out-of-hospital cardiac arrest</td>
</tr>
<tr>
<td>Exposure to excessive noise</td>
<td>Cognitive function, improved birth outcomes, reduction in infant mortality and improved respiratory function amongst children</td>
<td></td>
</tr>
<tr>
<td>Reduce impact of flooding</td>
<td>Lung cancer</td>
<td>Mental health outcomes amongst older adults and children</td>
</tr>
<tr>
<td>Access to and engagement with the natural environment</td>
<td>Mental health outcomes amongst older adults and children</td>
<td>Mental health outcomes</td>
</tr>
<tr>
<td>Aesthetic park improvements</td>
<td>Physical activity among children</td>
<td>Risk of CVD, cancer, obesity and type 2 diabetes; keeping the musculoskeletal system healthy; promoting mental wellbeing</td>
</tr>
<tr>
<td>Participation in physical activity in an outdoor setting</td>
<td>Motivation to engage in physical activity</td>
<td>Cardiovascular health, maintaining a healthy weight, improved bone health, improved self-confidence, develop new social skills</td>
</tr>
<tr>
<td>Prioritisation of neighbourhood tree planting</td>
<td>Physical activity among children and older adults</td>
<td>Obesity among adolescents</td>
</tr>
<tr>
<td>Tackle climate change</td>
<td>Physical activity</td>
<td>Mental health outcomes</td>
</tr>
<tr>
<td>Adaptation to climate change</td>
<td>Urban Heat Island effect</td>
<td>Mental health outcomes</td>
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Transport

Promote sustainable transport infrastructure
- Infrastructure for walking and cycling
- Encourage use public transp.

Prioritise active travel and road safety
- Prioritise pedestrians and cyclists
- Traffic calming measures

Enable mobility for all ages
- Active travel to work and school
- Access to recreational space
Healthy Places Programme

Transport

Quality of Evidence:
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Planning Principles

- Provision of active travel infrastructure
- Encourage use of public transport
- Prioritise active travel and road safety

Modifiable Features

- Increased infrastructure for walking and cycling
- Mobility
- Physical activity
- Active travel among children
- Physical activity
- Mobility among older adults
- Social participation among older adults
- Encourage active travel
- Walking
- Physical activity among older adults
- Pedestrian activity
- Access to recreational space
- Walking among adolescents

Impact

- Risk of CVD, cancer, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Cardiovascular outcomes
- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Mental wellbeing
- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; improved mental wellbeing
- Risk of CVD, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Cardiovascular outcomes

Health Outcomes

- BMI
- Cardiovascular outcomes
- Mental wellbeing
- Mental wellbeing
- Cardiovascular outcomes
- Mental wellbeing
- Cardiovascular outcomes
1. Diversity in the retail offer
2. Green and blue infrastructure
3. Traffic calming
4. Street design and furniture
5. Crime prevention and safety
Evidence: Healthy Highstreets

For optimum health promotion and to be considered a significant community asset, high streets should:

• be accessible to all members of the community
• be easy to navigate and safe to cross
• provide shade and shelter and places to stop and rest
• be walkable and provide options for cycling
• have low levels of noise and air pollution
• provide things to see and do and have a health promoting retail offer
• ensure people feel relaxed and safe
• Has a retail offer that is supportive of health

‘…traffic calming in towns can be a strong stimulus for economic growth and be beneficial for local trade. Traffic calmed areas make people feel more relaxed with an inclination to walk more and to visit more shops…’
Diversity on the High Street
Diversity on the High Street

- Mixed use streets have been shown to encourage active travel and social interaction through ease of access to amenities that are diverse in their offer, and clustered in one area.

- Mixed use streets also have the potential to improve diet related health inequalities through providing access to a range of convenient healthy food outlets and grocery stores.

- Principles when implementing mixed use developments include: ensuring building height is on a human scale, adds to the street scape and creates a varied shop frontage to add to aesthetics. This provides visual stimulation and encourages foot fall.

- High streets can diversify to the existing mix of uses through temporary installations such as pop up cafes, art galleries or parks to add visual interest, improved ambience and soundscapes and a more varied range of uses to the high street.
Diversity on the High Street
Concluding Thoughts
Evidence into practice: Key opportunities

• Defra’s 25 Year Environment Plan (25YEP) - commitment to ‘green our towns and cities by creating green infrastructure’

• National Planning Policy Framework – currently being updated – opportunity to influence inclusion of health and natural environment (linked to 25YEP)

• NHS Healthy New Towns – Opportunity to share learning about what works in creating a healthy, sustainable place
Concluding thoughts: Shaping the built environment

- PHE recognises that considerate design of the wider environment is fundamental to keeping people healthy and promoting health.

- Use public concern about air pollution to start discussions on how the wider built and natural environment can protect, promote and improve health and wellbeing to prevent ill-health.

- With PH now embedded in LAs, there are real opportunities for local PH teams to be engaged in the planning system.

- Planners, builders, architects and engineers working with public health colleagues have a key role in creating places that support healthy lifestyles.

- Planners and policymakers have an opportunity to use changes in the built environment to make progress toward healthier and more sustainable communities. (Wins for health; the environment; and the economy)
Concluding Thoughts:

HOWEVER to achieve this will require:

- Leadership across different agencies and tiers of government.
- Building partnerships between housing, public health and healthcare agencies
- Evidence-informed decision-making
- Engagement with the Community
- Commitment to Innovation
### What does good look like?

| Healthy Planning | • “Healthy developments” or developments built with health in mind, are common place and industry standards;  
| | • Planning Departments understand health issues and are confident in making decisions based on health impacts;  
| | • Public Health Teams in local authorities act on “place” as a way to address the wider determinants of health;  
| | • Most of the population have access to good quality parks and open space which promote physical activity and good mental health;  
| | • Health service infrastructure planned and being delivered to meet needs of growing population.  
| Healthy Housing | • Reduction on the amount of non-decent housing in the country;  
| | • All new housing built with health criteria and considerations at the heart of the decision making process;  
| | • No overcrowding.  
| Healthy Transport | • Significant steady decrease in the levels of physical inactivity and increase in active transport  
| | • Most people walk to local centres and for journeys shorter than 15 mins;  

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**Healthy Places Programme – Public Health England**
Sign up to our Knowledge Hub – “healthy places”
https://khub.net/group/healthypeoplehealthyplaces

Including month Current Awareness Evidence Updates

PHE Healthy Places

Public Health England's (PHE) Healthy Places programme, set up in 2013, works in partnership with local and national partners on a wide range of activities related to ‘place’.

Where we live, work and play has a big impact on our health and wellbeing. The programme supports the development of healthy places and homes.

Please note that the any information or activity posted via this forum do not necessarily represent the view, or have the endorsement of PHE, unless expressly identified as such.
Thank you!