the state of the union

reuniting health with planning in promoting healthy communities

The State of the Union: Reuniting Health with Planning in Promoting Healthy Communities

Town and Country Planning Association
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Contents

Foreword page 2

Executive summary page 3

1 Introduction page 5
- The TCPA's Reuniting Health with Planning initiative
- The research underpinning this publication
- The structure of this report

2 Reuniting health with planning policy – the current state of play page 11
- The national policy context
- Review of health and wellbeing considerations in Local Plans/Local Development Plans

3 Reuniting health with planning practice – the current state of play page 18
- Review the Local Plan/Local Development Plan for compliance with NPPF/PPW health policies
- Develop a collaborative evidence base
- Engage health partners on planning applications
- Embed health considerations in planning decisions
- Measure planning's influence on health and wellbeing outcomes
- Involve health in infrastructure planning
- Engage clinical commissioning groups
- Conduct health impact assessments
- Focus on topics that matter locally

4 Planning ahead – recommendations for bolder, more effective action page 33
- An integrated approach to planning for health and wellbeing
- Local powers to drive change
- Clear expectations on planning for health
- Planning for healthcare infrastructure
- Health evidence in planning
- Evaluation of health in policies and development proposals
- Capacity and capability of public health planners
- Professional and sectoral training

5 Concluding thoughts page 42

Annex 1: Workshop summaries page 43

Annex 2: Timeline of planning for health milestones since 2012 page 50

Annex 3: Reuniting Health with Planning project publications page 54

Foreword

Throughout its history the TCPA has championed an approach to the way that we plan, design, build and maintain our built and natural environments which supports people's physical and mental health and wellbeing. This goes back to the Association's roots in the Garden Cities movement and its determination to highlight the fundamental relationship between a person's health and their environment. Today, with childhood obesity increasing, a greater focus on mental wellbeing and improvements in life expectancy stalling, this has never been more important. At a national level, policy-makers are now starting to re-emphasise the importance of preventing ill health and the need to collaborate across sectors to create communities in which it is easier to live a healthy life. This commitment is very welcome.

Better outcomes for people and places can only be achieved if built environment professionals work with the health professions. The TCPA's Reuniting Health with Planning workstream, which began in 2010, has facilitated close collaboration between local authority planning and public health teams and those planning for, and commissioning, healthcare services. Only through this tripartite collaboration can we collectively create communities that effectively support people in living healthier lives.

Since 2010 the TCPA has produced 12 publications on planning for health; published two special planning and health issues of the *Town & Country Planning* journal; and delivered more than 58 workshops with councils across England, Wales and Northern Ireland. The TCPA has also worked with developers and healthcare providers to gain a better understanding of their roles and contributions.

Across the country much has been achieved. This publication provides an overview, in terms of both policy and practice, of where we are today. It also sets out recommendations for what needs to be done next to ensure effective cross-sector collaboration to create healthier places.

The TCPA encourages government departments, their agencies and local practitioners to implement the recommendations. This means making systemic improvements to policies and processes so that everyone, no matter who or where they are, can live healthier, happier lives.

Mary Parsons
Chair, Town and Country Planning Association

Executive summary

This publication provides a picture of the effectiveness of the collaboration between the planning, public health and healthcare sectors as we enter 2019. It is based on the TCPA's extensive experience of working across most parts of the UK, notably in England and Wales. It includes insights gathered from events held in 2018 in five English council areas, and in Wales with the Wales Health Impact Assessment Support Unit and Public Health Wales.

The report provides an overview of the state of local policy, based on a review of Local Plans and Local Development Plans created by the 326 English and 22 Welsh local planning authorities.

The review found that most local planning policies make explicit links to health and wellbeing outcomes in transport, open space and recreation and design policies. However, they were weaker in taking into account local health strategies and health needs assessments, even though this is a requirement in national policy. Similarly, they were weak in terms of the extent to which they require the use of health impact assessments in planning applications.

The report assesses the state of practice against recommendations set out in the TCPA's 2012 publication, *Reuniting Health with Planning – Healthier Homes, Healthier Communities*. The aim of that publication was to help planners and public health teams to integrate their work. It recommended that planners and public health teams should collaborate to develop a shared evidence base; that planners should engage health partners on planning applications; that health considerations should be embedded in planning decisions; that planning's influence on health and wellbeing outcomes should be measured; that health teams should be involved in healthcare infrastructure planning by engaging with clinical commissioning groups; and that health impact assessments should be used.

Since 2012 much has been achieved, as illustrated by the good practice case studies presented in this publication. However, there is still much more that could be done, and this report sets out 15 recommendations, under eight themes, aimed at national governments, their respective agencies, and policy-makers in local areas.

1 An integrated approach to planning for health and wellbeing

- ***Recommendation 1:*** National government should make support for the health, safety and wellbeing of individuals and the population a specific legal purpose of spatial and land use planning, implemented through future town and country planning legislation.

- ***Recommendation 2:*** The Ministry of Housing, Communities and Local Government should work with the Department of Health and Social Care and its health agencies to improve and maintain the primacy of health and wellbeing considerations in national planning guidance. This can be achieved by making the use of health impact assessments a policy requirement.

- ***Recommendation 3:*** Partners in local planning and health systems should work together to adopt a clearly defined set of priorities and an integrated approach to planning for health and wellbeing, starting with local representative bodies of the health system to ensure that their respective delivery plans and strategies are aligned.

Executive summary

2 Local powers to drive change

- ***Recommendation 4:*** Local authorities need both to gain a better understanding of the range of powers at their disposal, including planning, and to make better use of these powers to drive transformative change in local health and wellbeing.

- ***Recommendation 5:*** Government health agencies should undertake a research programme to review both the use of planning powers and the levers for health and wellbeing, and any barriers preventing their proper use.

3 Clear expectations on planning for health

- ***Recommendation 6:*** Local authorities should, with their health partners, set out their expectations (in line with national priorities and plans) on what planning for health means, requiring, for instance, the use of proportionate and relevant health impact assessments in local policy and guidance.

4 Planning for healthcare infrastructure

- ***Recommendation 7:*** National organisations such as NHS England, NHS Wales, NHS Improvement and NHS England Strategic Estates Planning Service should ensure that national-level guidance is refreshed to reflect new structures and priorities, and to ensure alignment across each organisation.

- ***Recommendation 8:*** In discharging the duty to co-operate, local planning authorities and healthcare commissioners should develop joint statements or plans regarding planning for local healthcare needs.

5 Health evidence in planning

- ***Recommendation 9:*** Local planning authorities should specifically refer to local health needs evidence when developing their Local Plans/Local Development Plans.

- ***Recommendation 10:*** Public health teams and health organisations should ensure that their evidence bases are created and presented in a way that can inform planning and health commissioning processes.

6 Evaluation of health in policies and development proposals

- ***Recommendation 11:*** Planners and public health teams should use and develop new indicators, and report on them annually, in line with the Directors of Public Health Annual Reports and the local planning authority's Authority Monitoring Reports.

- ***Recommendation 12:*** Planners and public health teams, working with local universities and developers, should look for opportunities to build formal but proportionate monitoring frameworks into development proposals.

7 Capacity and capability of public health planners

- ***Recommendation 13:*** Local authorities should explore the business case for creating a dedicated public health planning post, with responsibilities across planning, public health and healthcare.

8 Professional and sectoral training

- ***Recommendation 14:*** Professional institutions in the built environment and health sectors should collaborate to create a shared competency for training and continuing professional development on the built environment and health and wellbeing.

- ***Recommendation 15:*** Professional institutions in the built environment and health sectors should collaborate to create a shared set of ethical principles regarding planning for health inequalities and then adopt them as part of their respective codes of ethics for members.

Section 1

Introduction

'New requirements, processes, structures and new languages will require local authority planners and public health professionals to learn how things work in practice. This presents new opportunities.'

M Chang and A Ross: 'Reuniting health with planning'. *Town & Country Planning*, 2012, Vol. 81, Jul./Aug., 307-08

2013 was an important year in terms of planning for health and wellbeing in England. Public health teams moved out of the healthcare system and returned to local councils (officially from 1 April 2013), where they had originated. Having public health teams and planners working within local councils created an opportunity to collaborate on making places that better support the health of local populations. After more than five years of this collaboration, it is an opportune moment to take stock and explore 'the state of the union' between planning and health, examining what progress local government practitioners in England have made in reuniting health with planning; and also to consider what has been learned in Wales, which has a different, and very positive, legislative framework for planning for health and wellbeing.

The reuniting health with planning agenda in England has been built on two policy levers: the National Planning Policy Framework (NPPF) and the Health and Social Care Act 2012. The NPPF was first published in March 2012, the product of a fundamental re-organisation of the government's national planning requirements. In the same month, the Health and Social Care Act received passed into law. Among other significant changes, the Act moved public health functions into 'upper-tier' local authorities, i.e. into unitary or county councils. Importantly, it also introduced the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy, making explicit links to the planning system. In Wales, the introduction of the Well-being of Future Generations (Wales) Act 2015 provided the impetus for closer collaboration between local authorities and local health boards.

With the introduction of these new structures and policy requirements, local authorities have had to undergo a wholesale process of change. Much of the first year or so under the new arrangements was spent understanding the implications of the changes and the new policy landscape. For example, the NPPF was introduced with a 12-month transitional period for both plan-making and decision-taking[1] and health and wellbeing boards were not formally established until 2013, although shadow boards were put in place earlier.[2] In Wales, the Wales Audit Office's first-year review[3] described the challenge of legislative complexity and the difficulty of joining up statutory requirements in practice when implementing the Well-being of Future Generations (Wales) Act.

Since 2012, councils have had to learn to work differently, increasing collaboration within their own organisations, with other councils, and with other external partners. Many have now made planning for health and wellbeing a corporate priority, and many areas have been innovating with new or re-imagined

Notes

1 Annex 1: 'Implementation'. In *National Planning Policy Framework*. Department for Communities and Local Government, Mar. 2012, https://www.gov.uk/guidance/national-planning-policy-framework/annex-1-implementation

2 *Health and Wellbeing Boards: A Practical Guide to Governance and Constitutional Issues*. Local Government Association, Mar. 2013. https://www.local.gov.uk/sites/default/files/documents/health-and-wellbeing-boar-44f.pdf

3 *Reflecting on Year One: How Have Public Bodies Responded to the Well-being of Future Generations (Wales) Act 2015?* Wales Audit Office, May 2018. http://www.audit.wales/publication/reflecting-year-one

approaches. The TCPA has observed a dynamic and mixed picture in councils across the country, but it is clear that planning for health and wellbeing is, and will continue to be, strongly embedded in councils' priorities for sustainable development.

There is no doubt that challenges still remain. Childhood obesity rates continue to rise more than a decade after the 2007 Foresight report that called for urgent action.[4] Concerns over the mental health of children and adults are growing. Health inequalities continue to widen, and increases in life expectancy have slowed in comparison with the rates achieved in other developed economies. Nevertheless, local councils are best placed to drive forward the planning for health agenda, and efforts to re-align agendas and improve collaboration will yield positive results.

The TCPA's Reuniting Health with Planning initiative

In 2012 the TCPA published *Reuniting Health with Planning – Healthier Homes, Healthier Communities*,[5] examining how planning and public health practitioners can work together to implement the then newly introduced health and planning reforms in England. The report initiated the TCPA's Reuniting Health with Planning programme of activities (see Annex 3), which have included:

- capacity building to train council officers – the TCPA has delivered more than 50 workshops (see Fig. 1 on the next page);
- research to identify where further support and knowledge is required;
- guidance publications to support councils and their partners in implementing policy requirements and applying evidence in practice; and
- awareness raising across relevant sectors and professional groups, through presentations at events and using social media.

The research underpinning this publication

This report draws on findings from specially commissioned events, policy research, feedback from practitioners, and professional observations. The TCPA has reviewed and reflected on progress in England and Wales through events held with Community Health Partnerships' Strategic Estate Planning service,[6] the Wales Health Impact Assessment Support Unit (responsible to Public Health Wales), and councils at Essex, Cornwall, Greenwich, Luton and Gateshead.

The report is primarily aimed at those working in England and Wales. Where possible, a distinction is made between the two different legal and policy requirements in each nation. However, the key themes and issues are widely applicable throughout the UK. The research reviewed and explored the challenges and opportunities that practitioners in councils have faced, and sought to:

- provide an update on progress being made by councils through examples of good practice in reuniting health and planning;
- uncover and learn about innovative ways of integrating health through the planning and development processes; and
- identify priorities and recommendations for the next five years on ways to strengthen policy frameworks and areas of specific support.

To this end the TCPA carried out a number of activities during 2018:

- ***local practitioner workshops*** – six workshops undertaken during the summer and autumn with the following partners: Cornwall Council (27 June, in Truro); the Wales Health Impact Assessment Support Unit and Public Health Wales (17 July, in Cardiff); the Royal Borough of Greenwich (19 July, in London); Luton Council (20 August, in Luton); Essex County Council (20 September,

Notes

4 *Tackling Obesities: Future Choices – Project Report*. Foresight Report. Second Edition. Government Office for Science, Oct. 2007. https://www.gov.uk/government/publications/reducing-obesity-future-choices

5 A Ross, with M Chang: *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.* TCPA, Jul. 2012. https://www.tcpa.org.uk/healthyplanning

6 Now NHS Improvement and NHS England Strategic Estates Planning Service

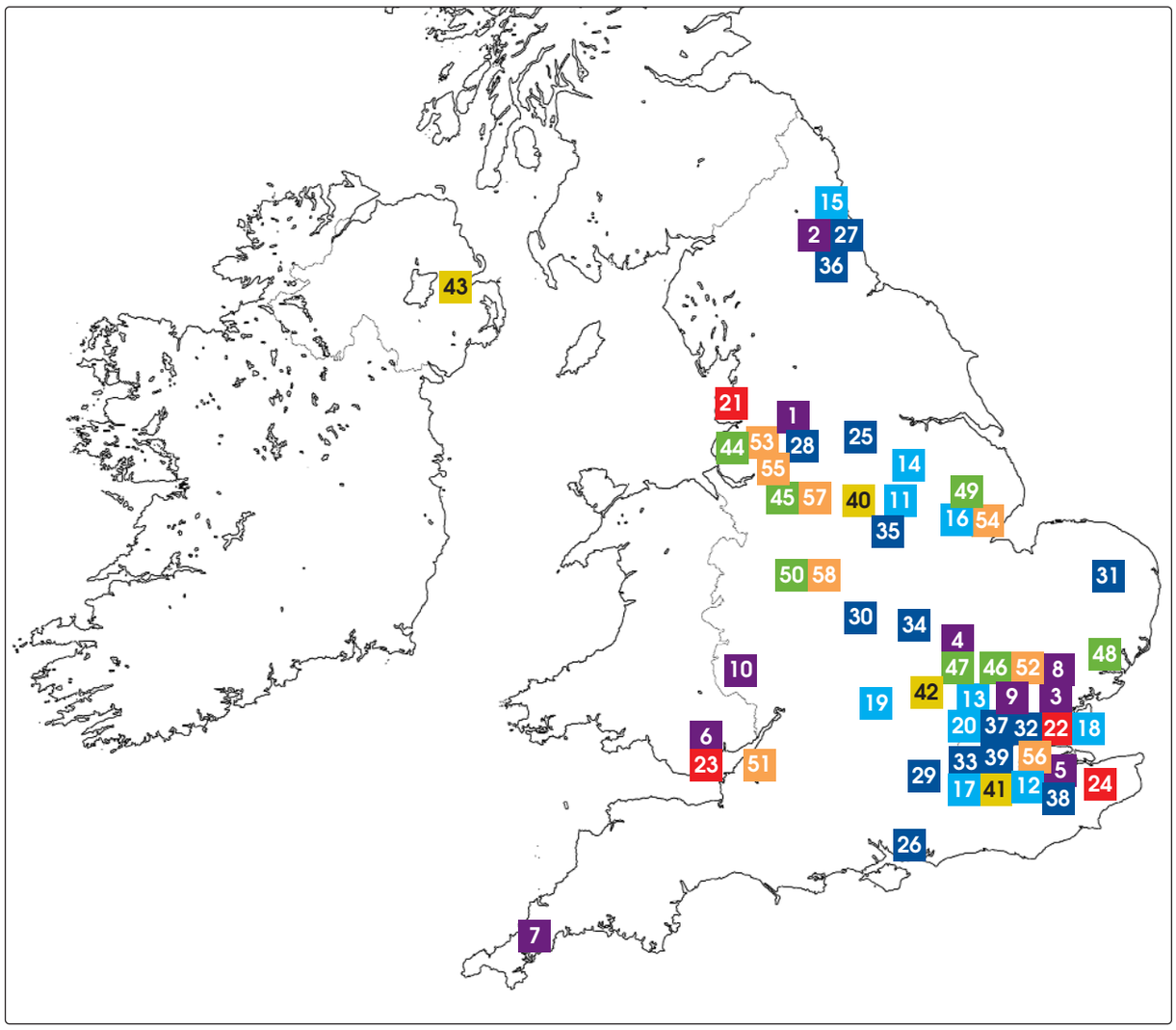


Fig. 1 The geographical spread of the TCPA's Reuniting Health with Planning programme workshops held with local authorities

Other TCPA 'place' workshops, 2017-2019

1 Rochdale (2019)
2 Newcastle upon Tyne (2018)
3 Chelmsford (2018)
4 Luton (2018)
5 Greenwich (2018)
6 Cardiff (2018)
7 Truro (2018)
8 Harlow (2018)
9 Enfield (2018)
10 Hereford (2017)

Developers and wellbeing workshops, 2017

11 Mansfield
12 Southwark
13 Barnet
14 Doncaster
15 North Tyneside
16 North Kesteven
17 Merton
18 Thurrock
19 Oxford
20 Haringey

Other TCPA 'place' workshops, 2016

21 Blackpool
22 Redbridge
23 Cardiff
24 Kent

Planning healthy-weight environments workshops, 2015

25 Wakefield
26 Portsmouth
27 Newcastle upon Tyne
28 Oldham
29 Wokingham
30 Warwick
31 Norfolk
32 Hackney
33 Richmond-upon-Thames
34 Northampton
35 Nottinghamshire
36 Tyneside
37 Haringey
38 Woolwich
39 London

Other TCPA 'place' workshops, 2015

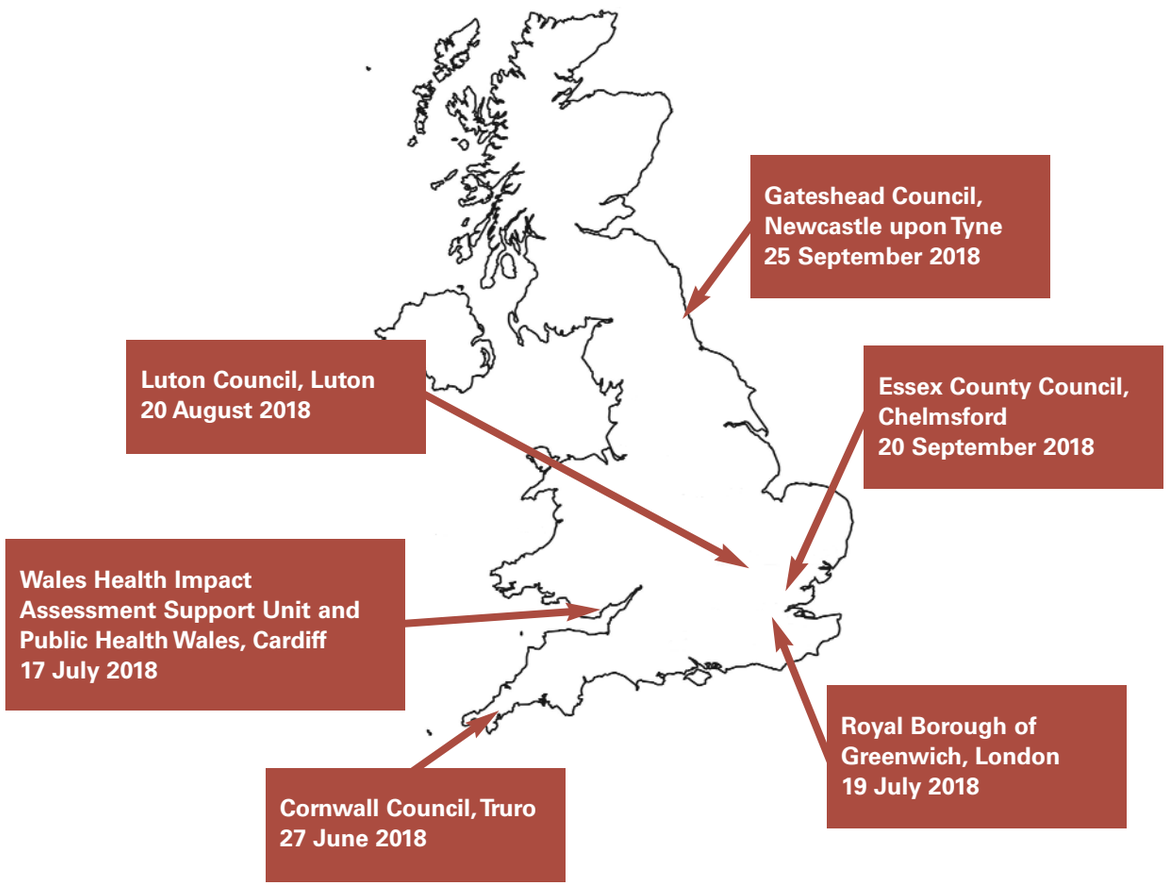
40 Derbyshire
41 Merton
42 Buckinghamshire
43 Belfast

Planning healthy-weight environments workshops, 2014

44 Sefton
45 Stockport
46 Hertfordshire
47 Luton
48 Suffolk
49 Lincolnshire
50 Sandwell

Planning healthier places workshops, 2013

51 Bristol
52 Hertfordshire
53 Knowsley
54 Lincolnshire
55 Manchester
56 Newham
57 Stockport
58 Sandwell

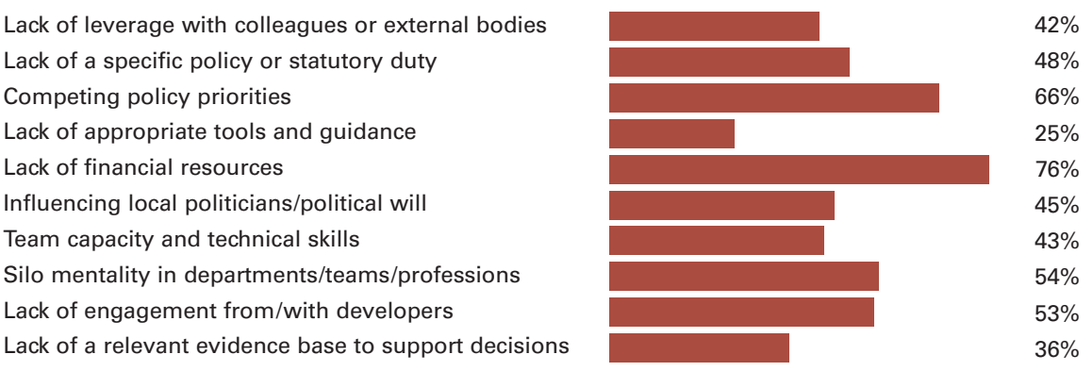


Participants' main area of responsibility

Planning policy (local planning authority)	24%
Development management (local planning authority)	12%
Development management (private sector)	3%
Public health	26%
Environmental health	3%
Transport	4%
Sport and activity	4%
Housing	1%
Healthcare	4%
Elected member	3%
Design	5%
Natural environment	8%
Community/voluntary group	1%

Fig. 2 Participants in the 'state of the union' project and some key findings from the project workshops

Main barriers to securing healthy environments identified by participants



When these barriers are likely to be experienced, as identified by participants

	Past	Now	Future
Lack of leverage with colleagues or external bodies	33%	36%	16%
Lack of specific policy or statutory duty	36%	43%	16%
Competing policy priorities	29%	59%	30%
Lack of appropriate tools and guidance	32%	35%	10%
Lack of financial resources	19%	66%	48%
Influencing local politicians/political will	31%	42%	19%
Team capacity and technical skills	23%	50%	25%
Silo mentality in departments/teams/professions	40%	53%	21%
Lack of engagement from/with developers	32%	46%	18%
Lack of a relevant evidence base to support decisions	32%	30%	8%

in Chelmsford); and Gateshead Council (25 September, in Newcastle upon Tyne) (see Fig. 1 on pages 8 and 9 for key outcomes and Annex 1 for further details on the workshops);

- ***a publications review*** – a review of policy documents and relevant guidance and publications related to planning, the built environment and health, including case studies as highlighted throughout this publication; and
- ***a policy review*** – a scoping review of current local planning authority Local Plans/Local Development Plans (i.e. not including the plans of National Park authorities and Development Corporations) in England and Wales, which, for the first time, provides national and regional snapshots of planning for health requirements in Local Plans/Local Development Plans, including sustainable transport, open space provision, design, and the use of health impact assessment (further details are provided in Section 2).

The structure of this report

Section 2 provides an overview of policy developments between 2012 and autumn 2018, and sets outs the results of the review of Local Plans/Local Development Plans in England and Wales. Sections 3 considers the state of current practice, reviewing actions being taken on planning and health in the light of the recommendations made in the TCPA's 2012 *Reuniting Health with Planning – Healthier Homes, Healthier Communities* report. It then goes on to set out actions that practitioners can take to make the most of the opportunities offered under the current system, illustrated by examples. Section 4 puts forward recommendations for national government, its departments and agencies and local councils to ensure that efforts to reunite health with planning are sustained and improved.

Summaries of the outcomes from each the local workshops undertaken as part of the research for this report are given in Annex 1. A timeline of planning for health milestones since 2012 is given in Annex 2, with publications from the Reuniting Health with Planning project highlighted in Annex 3.

Section 2

Reuniting health with planning policy – the current state of play

The national policy context

Since 2012/13 there has been a marked, positive alignment of policies and initiatives from central government and its agencies on the built environment, health and wellbeing (see Annex 2 for a timeline of key milestones). But there are nevertheless some conflicting policies that make it harder for council planning and public health officers to secure good health and wellbeing outcomes. This Section provides an overview of policy developments between 2012 and autumn 2018, and sets outs the results of a policy review of Local Plans/Local Development Plans in England and Wales conducted by the TCPA. The aim is to help organisations such as Public Health England and Public Health Wales actively assess the cumulative impact of these policies.

England

In England, strategies and policies on community integration, childhood obesity, physical activity, walking and cycling investment, mental health, natural environment and healthcare/estates planning are welcome as they set a clear direction and point of reference for local action and decisions.

Efforts to join up approaches taken by government agencies – notably Sport England and Public Health England in the 2015 revision of the *Active Design* guidelines[7] – demonstrate a commitment to attempt to develop a whole-system approach to tackling cross-cutting issues that cannot be addressed under individual departmental priorities. National initiatives such as 'Garden Villages, Towns and Communities' (emanating from the Ministry of Housing, Communities and Local Government and Homes England), 'Healthy New Towns' (from NHS England and Public Health England) and 'Local Delivery Pilots' (from Sport England) demonstrate a national policy agenda that supports local areas in making positive changes to the quality of place and people's quality of life (see Fig. 3 on the next page).

However, the planning system has a central role to play when places grow, develop and regenerate, whether though housing development, the development of commercial properties, or major infrastructure projects. And there are various challenges inherent to the planning system and how it operates that can undermine efforts to secure healthy outcomes from plans and development.

In 2018 the TCPA published the results of the Raynsford Review – an 18-month review of the planning system in England and its effectiveness in creating good places for people. The review's final report[8] highlights the sustainable development outcomes which the planning system seeks to achieve, but also paints a stark picture of the impact of poor planning policies and decisions on people's lives. In particular, drawing on research funded by the Royal Institution of Chartered Surveyors (RICS),[9] it identifies recently extended 'permitted development'

Notes

7 *Active Design: Planning for Health and Wellbeing through Sport and Physical Activity*. Sport England/Public Health England. Sport England, Oct. 2015. https://www.sportengland.org/media/3426/spe003-active-design-published-october-2015-email-2.pdf

8 *Planning 2020 – Final Report of the Raynsford Review of Planning in England.* TCPA, Nov. 2018. https://www.tcpa.org.uk/raynsford-review

9 B Clifford *et al.*: *Extending Permitted Development Rights in England: the Implications for Public Authorities and Communities*. Royal Institution of Chartered Surveyors, May 2018. https://www.rics.org/uk/news-insight/research/insights/the-implications-of-extending-permitted-development-rights-in-england/

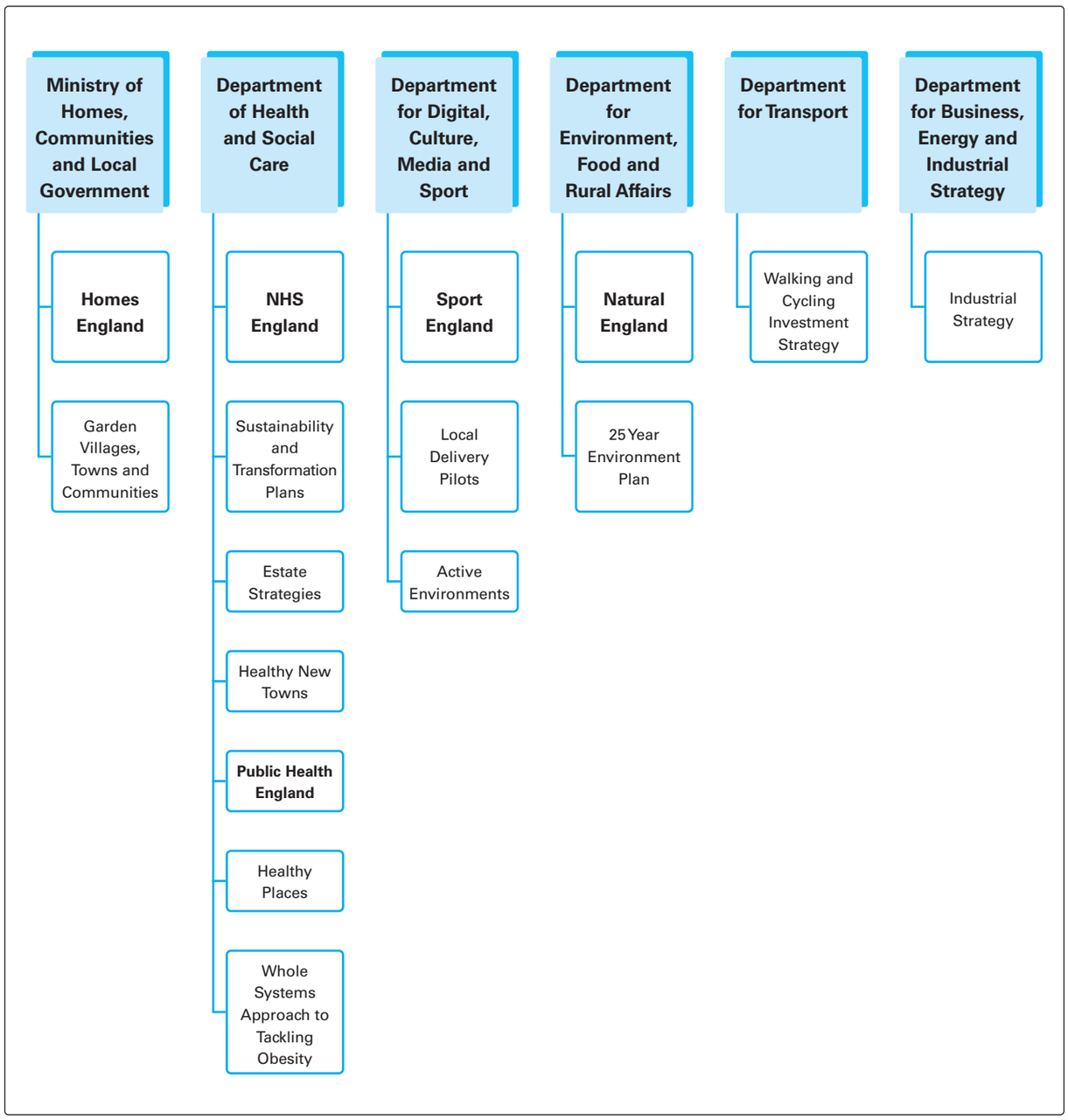


Fig. 3 Overview of government departmental and agency initiatives in England relevant to the planning for health agenda

rights, set through national legislation, to convert unused office and industrial buildings to residential use as a significant source of poor outcomes. Developments using this route do not need planning permission, and there is limited scope for local authorities to ensure that health and wellbeing implications are properly considered.

Wales

In Wales, the Wellbeing of Future Generations (Wales) Act 2015, which sets national wellbeing goals, has underpinned revisions to Planning Policy Wales (which provides guidance on the preparation and content of development plans and advice on development control decisions and appeals). Consideration of health

and wellbeing is central in the planning process. Coupled with the Active Travel (Wales) Act 2013 and the Public Health (Wales) Act 2017 which place duties on all public bodies to undertake health impact assessments in certain circumstances, the policy framework for integrated planning for health and wellbeing in Wales stands as a source of inspiration and ambition.[10]

Review of health and wellbeing considerations in Local Plans/Local Development Plans

Each of the 326 local planning authorities in England and the 22 local planning authorities in Wales (not including National Park authorities and Development Corporations) has to produce a Local Plan (Local Development Plan in Wales). Local Plans/Local Development Plans are important since they influence development decisions; and the plan-making process involves local communities and other stakeholders.

In researching this report, in August 2018 the TCPA undertook a high-level review of all Local Plans/Local Development Plans in England and Wales to assess – in the first work of this kind – whether they include health considerations. Making such an assessment is difficult as Local Plans/Local Development Plans adopt a range of formats and styles, have differing scopes, and operate over different timescales. However, compliance with national planning policies is a crucial common factor. National policy is set by the National Planning Policy Framework (NPPF) in England and by Planning Policy Wales (PPW) in Wales. Whether health-related policies that are set out in Local Plans/Local Development Plans are implemented or effective is question that lay outside the scope of the review, but should be subject of further research.

In England, four local planning authorities (out of a total of 326) did not have a current or adopted Local Plan available on their websites for review, giving a review sample size of 322. All the 22 Welsh Local Development Plans were reviewed. Site-specific plans such as Area Action Plans and non-statutory documents such as Supplementary Planning Documents were not included in the review.

For England the following assessment categories were used:

- **Joint Health and Wellbeing Strategy in planning**
  Does the Local Plan reference the Joint Health and Wellbeing Strategy?
- **Health needs assessment in planning**
  Does the Local Plan take into account the local health needs set out in the Joint Strategic Needs Assessment (JSNA)?
- **Promoting sustainable transport**
  Does the Local Plan promote opportunities for active travel?
- **Requiring good design**
  Does the Local Plan require good design in development?
- **Providing open space, play and recreation opportunities**
  Does the Local Plan provide opportunities for open space, play and recreation?
- **Healthcare infrastructure provision**
  Does the Local Plan set out provision for healthcare infrastructure?
- **Using health impact assessment (HIA)**
  Does the Local Plan require the use of an HIA when a planning application is submitted?
- **Monitoring and review**
  Are there indicators that can help to monitor health impacts and benefits?

For Wales the following assessment criteria were used:

- **Health strategy in planning**
  Does the Local Development Plan reference the health strategy?
- **Promoting sustainable transport**
  Does the Local Development Plan promote opportunities for active travel?

Note

10 See *Planning for Better Health and Well-being in Wales. A Briefing on Integrating Planning and Public Health for Practitioners Working in Local Planning Authorities and Health Organisations in Wales.* TCPA, for the Wales Health Impact Assessment Support Unit and Public Health Wales, Nov. 2016. https://www.tcpa.org.uk/healthyplanning

- **Requiring good design**
  Does the Local Development Plan require good design in development?
- **Providing sport and recreation opportunities**
  Does the Local Development Plan make provision for recreational opportunities?
- **Providing green spaces**
  Does the Local Development Plan make provision for green infrastructure?
- **Healthcare infrastructure provision**
  Does the Local Development Plan set out provision of healthcare infrastructure?
- **Using health impact assessment (HIA)**
  Does the Local Development Plan require the use of an HIA when a planning application is submitted?
- **Monitoring and review**
  Are there indicators that can help to monitor health impacts and benefits?

Each of these policy areas (in England and Wales) was assessed against the following criteria:

- **Yes** – *or (as relevant)* **Yes, and with reference to health and wellbeing** (green-background columns in Tables 1 and 2 on pages 14 and 15).
- **Yes, but with no reference to health and wellbeing** (yellow-background columns in Tables 1 and 2).
- **No** (red-background columns in Tables 1 and 2).

The review findings are summarised in Tables 1and 2 – in England broken down by NUTS (Nomenclature of Territorial Units for Statistics) areas (corresponding to the former Government Office regions) – with key features of the findings noted below.

Local health and wellbeing strategy in planning

- ***England:*** Most Local Plans (77%) do not meet the requirement to take into account local health strategies, i.e. the statutory Joint Health and Wellbeing Strategy (JHWS) or other strategies such as those addressing obesity. The figure is greater than 90% for Local Plans in the South East, the South West and the North East, while more London boroughs (58%) make references than do not.
- ***Wales:*** 77% of Local Development Plans refer to the health and social care strategy or Single Integrated Plans.[11]

The significance of this finding is that if no references to local health strategies are made it can be difficult to use the planning system effectively to help meet local health priorities. In practice, public health officers can find it difficult to justify proposing specific planning standards to address a health concern such as obesity, and planning officers can find it difficult to defend decisions based on health grounds, as examples from examinations in public of Local Plans/Local Development Plans and appeal decisions have demonstrated.

Health needs assessment in planning

- ***England:*** Most Local Plans (73% – with regional figures greater than 70% in all but three regions) do not refer to local health needs assessments such as the JSNA, or highlight them as part of their evidence base. Again, London has the highest proportion of Local Plans which do make such a reference (64%). Some of the shared environmental or demographic datasets such as those on deprivation and age profiles already underpin the evidence bases for Local Plans. However, the question is whether a Local Plan can be an effective mechanism to help tackle local health needs if it does not reference local health needs assessments such as the JSNA, particularly in areas of deprivation or vulnerable population groups.

Promoting sustainable transport

- ***England:*** 74% of Local Plans have a policy (or more than one policy) on sustainable transport that refers to health and wellbeing benefits. The proportion of councils with such policies is highest in the North West (89%) and lowest in the South East (58%). 25% of councils have sustainable transport policies that do not reference health and wellbeing benefits. The review demonstrates that there is a strong policy focus on promoting sustainable transport modes.

- ***Wales:*** 82% of Local Development Plans have a policy (or more than one policy) on sustainable transport that refers to health and wellbeing benefits. There are no Local Development Plans that do not have sustainable transport policies.

Requiring good design

- ***England:*** Just over half (55%) of Local Plans refer to the health and wellbeing benefits of good design in developments; 45% have adopted design policies that do not mention health and wellbeing. Only in the East of England, the North West and the South East are there a majority of Local Plans with 'health-absent' design policies.
- ***Wales:*** Only 45% of Local Development Plans have adopted policies which recognise the links between good design and health and wellbeing.

Providing open space, play and recreation opportunities

- ***England:*** Most Local Plans (91%) recognise the importance of open spaces, play and recreational opportunities for health and wellbeing. The proportion is lowest in the North East (75%).
- ***Wales:*** The findings here are broken down into separate 'sport and recreation' and 'green spaces' categories. A majority (68%) of Local Development Plans have sport and recreation policies relating to health and wellbeing, while 82% have adopted green space policies relating to health and wellbeing.

Healthcare infrastructure provision

- ***England:*** Healthcare infrastructure provision is generally grouped under social or community infrastructure in Local Plans, 99% of which set out a requirement for the provision of healthcare infrastructure.
- ***Wales:*** 86% of Local Development Plans set out healthcare infrastructure requirements.

What the Local Plan/Local Development Plan policies do not always specify is the type and scale of healthcare infrastructure, which suggests a limited understanding of specific requirements.

Using health impact assessment (HIA)

- ***England:*** The policy requirement for the submission of an HIA as part of a planning application has not been widely implemented, and is found in only 30% of Local Plans. The proportion of Local Plans setting out such a requirement is highest in London (55%) and lowest in the South East (14%) and the West Midlands (17%). Some councils have undertaken a specific HIA as part of the sustainability appraisal of their Local Plan.
- ***Wales:*** Just 5% of Local Development Plans have adopted policies requiring the use of an HIA when development applications are submitted (with the exception of a national policy requirement for an HIA on all open-cast mining developments).

Monitoring and review

- ***England:*** Each Local Plan has a monitoring chapter supported by a set of locally developed indicators to review the implementation of specific policies. These should be reported in the statutory Authority Monitoring Reports (AMRs) but the format and scope of AMRs are determined by local planning authorities, not central government, after national indicators were removed in 2010. 87% of Local Plans have a suite of indicators which could be used to monitor against specific determinants of health and wellbeing, such as provision/loss of open space.
- ***Wales:*** 91% of indicators in Local Development Plan monitoring frameworks could be used to monitor specific determinants of health and wellbeing.

The policy review highlights that the planning system is embedding health considerations at local policy level, and that there are clear policy hooks which practitioners can use locally. There is still a significant lack of alignment between the planning and health systems, but as many new Local Plans/Local Development Plans are being developed or reviewed, the state of planning for health policy can only improve.

Table 1 Review of policy in Local Plans in England

	Joint Health and Wellbeing Strategy in planning Does the Local Plan reference the Joint Health and Wellbeing Strategy?		Health needs assessment in planning Does the Local Plan take into account the local health needs set out in the JSNA?		Promoting sustainable transport Does the Local Plan promote opportunities for active travel?			Requiring good design Does the Local Plan require good design in development?			Providing open space, play and recreation opportunities Does the Local Plan provide opportunities for open space, play and recreation?			Healthcare infrastr're provision Does the Local Plan set out provision for healthcare infrastructure?		Using health impact assessment Does the Local Plan require an HIA when a planning application is submitted?		Monitoring indicators and health (HIA) Are there indicators that can help to monitor health impacts and benefits?	
	Percentage of the total plan sample (322 Local Plans)																		
England	**23**	**77**	**27**	**73**	**74**	**25**	**1**	**55**	**45**	**0**	**91**	**9**	**0**	**99**	**1**	**30**	**70**	**87**	**13**
London	58	42	64	36	85	15	0	64	36	0	91	9	0	100	0	55	45	97	3
South East	9	91	8	92	58	41	1	39	59	2	89	11	0	98	2	14	86	86	14
South West	8	92	22	78	70	27	3	62	38	0	89	8	3	100	0	46	54	81	19
East	23	77	23	77	83	15	2	49	51	0	83	17	0	100	0	38	62	92	8
West Midlands	20	80	20	80	83	17	0	67	33	0	100	0	0	100	0	17	83	80	20
East Midlands	30	70	45	55	65	35	0	68	32	0	95	5	0	100	0	25	75	83	17
Yorkshire and the Humber	33	67	38	62	76	24	0	67	33	0	100	0	0	95	5	19	81	95	5
North East	8	92	25	75	75	25	0	67	33	0	75	25	0	92	8	25	75	75	25
North West	22	78	22	78	89	11	0	40	60	0	92	8	0	100	0	30	70	89	11

Yes – or (as relevant) Yes, and with reference to health and wellbeing

Yes, but with no reference to health and wellbeing

No

Table 2 Review of policy in Local Development Plans in Wales

Health strategy in planning		Promoting sustainable transport			Requiring good design			Providing sport and recreation opportunities			Providing green spaces			Health infrastructure provision		Using health impact assessment (HIA)		Monitoring and review	
Does the Local Development Plan reference the health strategy?		Does the Local Development Plan promote opportunities for active travel?			Does the Local Development Plan require good design in development?			Does the Local Development Plan make provision for recreational opportunities?			Does the Local Development Plan make provision for green infrastructure?			Does the Local Development Plan set out provision of healthcare infrastructure?		Does the Local Development Plan require an HIA when a planning application is submitted?		Are there indicators that can help to monitor health impacts and benefits?	
Percentage of the total plan sample (22 Local Development Plans)																			
77	23	82	18	0	45	55	0	68	32	0	82	18	0	86	14	5	95	91	9

Yes – or (as relevant) Yes, and with reference to health and wellbeing

Yes, but with no reference to health and wellbeing

No

Section 3

Reuniting health with planning practice – the current state of play

'It is essential that councils, who now find themselves at the forefront of public health, grasp this agenda and reconnect planning and health to improve the wellbeing of both people and places.'

Kate Henderson, former TCPA Chief Executive, writing in K Henderson: 'Why it is time to reunite health and planning policy'. *Guardian Professional,* 26 Jul. 2012. https://www.theguardian.com/local-government-network/2012/jul/26/tcpa-reunite-health-planning-policy

Since 2012 policy, practice and research on planning, the built environment and health have demonstrably improved owing to a combination of factors that include the establishment of Public Health England in 2013 and the launch of its Healthy People, Healthy Places programme, now operating as the Healthy Places programme;[11] increasing awareness and understanding of the issues among practitioners in both England and Wales; and translational research by academic institutions such as the Centre for Diet and Activity Research (CEDAR) at the University of Cambridge CEDAR, Fuse (the Centre for Translational Research in Public Health, operating across five universities in the North East of England), and the WHO Collaborating Centre for Healthy Urban Environments at the University of the West of England.

The overwhelming message to emerge from the TCPA's *Reuniting Health with Planning – Healthier Homes, Healthier Communities* publication in 2012[12] was: 'Do something to get started, however small.'

Public Health England's Healthy Places programme – 2013 to the present

'The Healthy Places programme was set up in 2013 by Public Health England in recognition that where we live and the homes we live in have a big impact on our health and wellbeing.

'The programme has been designed to support the development of healthy places and homes with the aim of ensuring that health inequalities are considered and addressed when planning, developing and improving the built environment and in enabling people to have a place they can call 'home'.'

It is working to provide systems leadership and advocacy, build skills and capacity, build networks and partnerships, and develop and access evidence.

Source: 'Healthy Places'. Webpage. Public Health England. https://www.gov.uk/government/publications/phe-healthy-places/healthy-places

Notes

11 See Public Health England's Healthy Places programme webpages, at https://www.gov.uk/government/publications/phe-healthy-places/healthy-places

12 A Ross, with M Chang: *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.* TCPA, Jul. 2012. https://www.tcpa.org.uk/healthyplanning

It set out a series of actions that could be carried out by planners, by public health professionals, and by both professions working together. Drawing on the TCPA's experience of facilitating more than 50 workshops with councils and other stakeholders since 2012, this Section looks at the extent to which some of these actions have been implemented, describes some practical examples of action, and highlights some continuing challenges.

However, researchers and practitioners recognise that there are constraints and challenges in current processes, systems and professional cultures that prevent us from realising the 'full potential of what could be achieved'.[13] This includes engagement with other important influencers, such as the development industry – something that the TCPA has started to address through its Developers and Wellbeing project.[14]

Review the Local Plan/Local Development Plan for compliance with NPPF/PPW health policies

In preparing their Local Plans local authorities in England have to take into account policies set out in the National Planning Policy Framework (NPPF). In Wales Local Development Plans have to conform with Planning Policy Wales (PPW). Local authorities should ensure they have a strong local planning framework in place so as to provide a basis for discussions on specific planning applications. In essence, if health considerations are not clearly set out in Local Plan/Local Development Plan policies it will be very difficult to refer to them in decisions on individual planning applications.

To support planners and public health professionals in England, the TCPA's *Reuniting Health with Planning – Healthier Homes, Healthier Communities* publication in 2012 included a 'planning for health checklist' to help ensure that 'health' considerations were included in the development of a new Local Plan, or in a review of an existing Local Plan. The checklist was based on the 2012 version of the NPPF A similar checklist was created for Wales. This allowed public health professionals to have structured discussions with planning policy colleagues on health-proofing Local Development Plan policies.

The key findings of the TCPA's review of health and wellbeing considerations in Local Plans and Local Development Plans in England and Wales are set out in Section 2 of this report.

Develop a collaborative evidence base

'The unique and individual nature of the built and natural environment make it difficult to develop evidence-based approaches that can be universally applied, and successful practices in one community setting may not always be transferrable to another.'

Spatial Planning for Health. An Evidence Resource for Planning and Designing Healthier Places. Public Health England, Jun. 2017. https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review

Both the planning and public health professions base their strategies, policies and decisions on evidence. Lack of an evidence base is sited as a barrier to securing healthy environments by only about a third of practitioners in TCPA research.

In England, since 2012 the Public Health Outcomes Framework (PHOF) has set out the outcomes that should be achieved and indicators to help councils understand how well they are improving and protecting their local population's health. Locally, the Joint Strategic Needs Assessment (JSNA) continues to be an important mechanism for collecting health information and informing plans and decisions, although research dating back to 2009 found local areas did not recognise the usefulness of the JSNA as

Notes

13 AA Lake, EJ Henderson and TG Townshend: 'Exploring planners' and public health practitioners' views on addressing obesity: lessons from local government in England'. *Cities & Health*, 2017, Vol. 1 (2), 185-93

14 *Securing Constructive Collaboration and Consensus for Planning Healthy Developments*. TCPA, Feb. 2018. https://www.tcpa.org.uk/developers-wellbeing

Section 3

Case study: Development underpinned by needs assessment

Thurrock is investing in a major regeneration project in Purfleet, which will include a new health facility. At the start of this process in 2015, the Thurrock public health team were asked to undertake a needs assessment, considering demand on existing parts of the health and social care system, the wider determinants of health and their likely impact on the population's health, and whether an integrated medical centre could help meet forecast future demand.

The process of developing this needs assessment was a collaborative one, as, apart from sourcing the data from numerous places, it also involved a number of conversations with partners such as the clinical commissioning group to understand the practicalities behind moving services from acute settings, the wider strategic drivers underpinning this, and the best ways in which to align clinical and non-clinical services.

Following on from the completion of the document, the recommendations were picked up by the developer, Purfleet Centre Regeneration Ltd, and the health planners were contracted to develop the full specification for the building.

Sue Bradish
Senior Programme Manager, Thurrock Public Health
With acknowledgement to the main authors of the Needs Assessment – **Maria Payne**, **Emma Sanford** and **Kelly Clarke**

a policy lever or its effectiveness in improving health outcomes.[15] The policy review detailed in Section 2 of this report highlights that only 27% of local authorities in England refer to the JSNA in their Local Plans, despite this being a requirement set by the NPPF since 2012. In addition, health commissioners are under a statutory duty to consider the JSNA when planning changes to local health service provision.[16]

In Wales, the local health boards and the Wales Public Health Outcomes Framework reporting tool developed by the Public Health Wales Observatory can provide a wealth of health evidence to support the development of planning policies and planning decisions.

Despite this, many planners comment that the type of evidence used in public health is not fit for purpose in determining planning applications. This type of problem can be overcome by taking advantage of other sources of evidence, such as academia. For example, Worcestershire County Council has developed a planning-for-health technical paper to complement the JSNA as evidence in the plan-making process,[17] and other councils are creating built environment chapters in their JSNAs with data presented spatially as maps.

Notes

15 See *Spatial Planning for Health. A Guide to Embedding the Joint Strategic Needs Assessment in Spatial Planning.* TCPA/Hyde Group. TCPA, 2010. https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=9549d502-09a3-4de2-8149-294fafb07dca

16 *Planning, Assuring and Delivering Service Change for Patients*. NHS England, Dec. 2013, Updated Mar. 2018. https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/

17 *Planning for Health in Worcestershire Technical Research Paper*. Worcestershire County Council, Mar. 2015. http://www.worcestershire.gov.uk/download/downloads/id/5775/planning_for_health_in_worcestershire_technical_research_paper.pdf

Table 3 Planning decisions in England, by type for year ending June 2018

Major and minor developments	Proportion of total decisions, %
Dwellings	15.4
Offices, research and development, light industry	0.6
General industry, storage, warehousing	0.7
Retail and service	1.2
Traveller pitches	0.1
All other major and minor	14.7
Other developments	
Change of use	5.1
Householder developments	51.0
Advertisements	4.3
Listed building consents	6.8

Source: Live Table on Planning Application Statistics P124A: 'District planning authorities: planning decisions, by development type and local planning authority'. Ministry of Housing, Communities and Local Government, Sept. 2018. https://www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics
There are no comparable statistics for Wales

Engage health partners on planning applications

'Planners need to go out to engage stakeholders. But at the same time stakeholders need to engage early in the process.'
Planning policy officer at a TCPA workshop

Councils receive and process thousands of planning applications every year, on matters ranging from residential developments, office buildings, changes of use, advertisements, and listed building consents. In the year ending June 2018, residential applications accounted for 15.4% of planning applications decided in England (over 64,500) (see Table 2). This figure does not include additional decisions on prior-approval applications for conversions from office to residential use under relaxed permitted development rules – of which there were just under 2,500 in the year from April 2017 to April 2018.[18] Given the large numbers of planning applications and issues of capacity, the TCPA has suggested that public health professionals 'concentrate resources on development proposals that could make the best contribution to achieving the local vision and objectives' for improving health.

Councils have developed a variety of mechanisms to formalise relationships between planners and public health teams when responding to planning applications (see, for example, the Essex case study box on the next page). In particular, efforts have been made to ensure that planners are aware of the importance of consulting public health colleagues and that public health professionals understand why they should be involved in planning. Methods used to formalise these arrangements include creating 'planning for health' protocols; setting up quarterly meetings between planners and public health colleagues; and adding public health teams to the distribution list of weekly updates on new planning applications received.

Some councils have gone further, by specifying that public health should be involved in consideration of any development above a certain size or of a certain type. For example, Norfolk County Council's engagement protocol requires that the:

> *'respective district council's Planning Services should therefore inform [Norfolk County Council] Public Health of planning applications submitted for housing developments of 100 dwellings or more and for those including care homes, housing for the elderly, student accommodation and any proposals which would lead to significant loss of public open space.'*[19]

Notes

18 Statistics on the numbers and types of prior-approval applications are provided by Planning Application Statistics Live Table PDR2: 'District planning authorities – applications for prior approvals for permitted developments, England' issued by the Ministry of Housing, Communities and Local Government, Sept. 2018. https://www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics#permitted-development-rights-tables
There are no comparable statistics for Wales

19 *Planning in Public Health. An Engagement Protocol between Local Planning Authorities and Public Health in Norfolk.* Norfolk County Council, Oct. 2015. http://www.westnorfolkccg.nhs.uk/sites/default/files/pdf/Agenda%20Item%2012.4%20WNCCG%20GB%2029.10.15%20Public%20Health%20in%20Planning.pdf

Case study: Refreshing the Essex Planning Officers Association's health impact assessment guidance

'We are confident that by working with Essex Planning Officers Association to produce updated health impact assessment guidance we can collectively help those working in planning departments across Essex to positively contribute to the health and wellbeing agenda.'
Dr Mike Gogarty, Director of Public Health, Essex County Council

Health impact assessment guidance for the county of Essex, produced in 2008, was prepared by planning and public health leads working together. The Essex Planning Officers Association (EPOA), which represents planning authorities across Essex, now feels that the guidance is outdated and needs reviewing. EPOA, with several partners from across the health and wellbeing community, are contributing to new guidance and developing a health impact assessment tool for use by planners and developers. A steering group of representatives from across Essex planning authorities with a health input have collaborated on the update.

The aim of the revised online guidance is to help planning officers who formulate planning policies and who deal with planning applications to improve their understanding of what they can do to support population health and wellbeing through development, engage with health contacts to get early advice, and use both the 2018 Essex Design Guide and health impact assessment guidance to identify both the positive and unintended negative consequences of development proposals. The new guidance will be promoted through various planning groups in Essex.

Laura Taylor
Green Healthy Places portfolio lead, Essex County Council
Graham Thomas
Chair, Essex Planning Officers Association, and Head of Planning, Essex County Council

Embed health considerations in planning decisions

'We urge the Government to be bold, and make good on its commitment to health in all policies, by enshrining health as a material consideration in planning and licensing law.'
Public Health Post-2013. HC 140. House of Commons Health Committee. Second Report of Session 2016-17. House of Commons, Sept. 2016. https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf

The House of Commons Health Committee's 2016 inquiry into the state of public health in local government post-2013[20] received evidence from Directors of Public Health about the lack of public health influence in decisions on planning applications. In the report of this inquiry, and in other inquiry reports into childhood obesity in 2015[21] and 2017,[22] the Health Committee has consistently called for health to be included as a 'material consideration' in planning decision-making.

Notes

20 *Public Health Post-2013*. HC 140. House of Commons Health Committee. Second Report of Session 2016-17. House of Commons, Sept. 2016. https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf

21 *Childhood Obesity – Brave and Bold Action*. HC 465. House of Commons Health Committee. First Report of Session 2015-16. House of Commons, Nov. 2015. https://publications.parliament.uk/pa/cm201516/cmselect/cmhealth/465/465.pdf

22 *Childhood Obesity: Follow-Up*. HC 928. House of Commons Health Committee. Seventh Report of Session 2016-17. House of Commons, Mar. 2017. https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/928/928.pdf

The research for this TCPA report examined a selection of planning decisions made by planning officers, and at appeal by the Planning Inspectorate. Common themes emerged.

There is a recognition of health and wellbeing considerations in inspectors' reports on draft Local Plans/Local Development Plans, primarily referencing the NPPF and Planning Practice Guidance (PPG) in England and PPW in Wales. This demonstrates the primacy and 'trickle-down effect' of national policy in deciding on whether local policies are sound. Public Health England has been effective in engaging with the Ministry of Housing, Communities and Local Government to develop and strengthen the NPPF and health and wellbeing guidance in the PPG. In time, as more Local Plans/Local Development Plans with ambitious health policies are tested through examinations in public, planning inspectors' decisions will reflect this strengthened policy emphasis on planning's social role in promoting health and wellbeing. Despite this, a planning inspector found a policy to restrict proliferation of fast-food takeaways to be unsound as 'there is no clear evidence… that adverse planning consequences would inevitably result if that proportion or a higher one were breached'. The availability of evidence is still an important element of planning decision-making.

For individual planning applications and appeal cases, the decision outcomes are more mixed, although, as in local plan-making, increasing reference is being made to the health and wellbeing clauses of the NPPF and PPG and PPW, and greater use of health and non-planning strategies is being made to support decisions (see, for example, the Luton case study on the next page).

A case in the North West of England illustrated that, despite the existence of a local policy to integrate public health principles and planning and reduce health inequalities by managing the location of fast-food takeaways (particularly in deprived areas and areas of poor health), national and local policies need to be able to be implemented on a case-by-case basis. On assessing the application in question, the planning officer's reasoning for approving a fast-food restaurant was premised on there being no supporting Supplementary Planning Document (SPD) and no evidence of poor health in the area, and therefore there was 'no policy basis on which to assess the proposed restaurant and takeaway from a public health perspective'. Lessons to be drawn from this case are, first, that the public health team had not commented or provided local evidence to inform the planning officer, and, secondly, that the supporting policy did not provide specific detailed guidance to help apply the policy through an SPD. In other cases councils have been more successful in winning appeals through the support of an SPD (Gateshead, for example).

In the case of an appeal against the rejection of an application for a change of use to a gambling centre, the planning inspector concluded that 'while such associations [with mental health] may exist, ultimately it is for national government to consider appropriate policy in relation to such major social issues affecting communities across the country'. The appeal was allowed, enabling the gaming centre to go ahead.

In essence, the question of whether health is a material consideration in planning decisions has often been posed by practitioners in local government. But it should be appreciated that 'health' is not the only material consideration that a planning officer or planning inspector needs to consider, but is one element in a range of social, economic and environment factors that are sometimes oppositional and need to be traded off against one another. Nevertheless, while in the past the answer to the question may have been ambiguous in policy terms, the revised NPPF issued in July 2018 now explicitly states that planning decisions should 'enable and support healthier lifestyles, especially where this would address identified local health and well-being needs'.[23]

Note

23 *National Planning Policy Framework*. Cm 9680. Ministry of Housing, Communities and Local Government, Jul. 2018, para. 91c. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740441/National_Planning_Policy_Framework_web_accessible_version.pdf

Systematic and structured research on planning decisions could help to identify common barriers and suggest ways to secure health-promoting decisions.

Measure planning's influence on health and wellbeing outcomes

'There remains uncertainty about exactly 'what works' with regard to specific design and policy measures… Planners want to know what has worked elsewhere and what evidence can be used to support local policies.'
H Pineo: *Healthy Planning and Regeneration: Innovations in Community Engagement, Policy and Monitoring*. BRE, Aug. 2017. http://brebuzz.net/2017/08/22/healthy-planning-and-regeneration-innovations/

Systematic evaluation and monitoring of the impacts – including health impacts – of decisions continues to be after-thought at both local plan-making and development proposal levels. The complexity of the wider determinants of both individual and population health and wellbeing is such that it is often not possible to directly correlate a particular factor with a particular outcome. However, there are a number of urban health indicator tools that can help to inform policy and decisions, and monitoring and evaluation, although their use to date has been limited.[24]

Evaluation of the impact of a completed development is sometimes scoped out as part of academic research projects, many of which have yielded interesting results. For example, the ENABLE London (Examining Neighbourhood Activities in Built Living Environments in London) project,[25] undertaken by a team led by St George's University of London, has examined physical activity levels among people living in accommodation specifically designed to encourage healthy living, at East Village, the former London

Case study: The Luton Food Plan and strategic planning

The Luton Food Plan seeks to challenge the current eating culture and address the underlying causes of diet-related health and wellbeing concerns. In 2017, councillors at Luton Council asked officers to look at what could be done about the proliferation of fast-food outlets in the town, particularly near schools. The council's planning and public health teams co-developed the Luton Food Plan, which is now a material consideration when assessing planning applications for new food retail development. New policies will be delivered through the imminent review of the Luton Local Plan, and the effectiveness of the approach will be reviewed 12 months after implementation. It is not the sole responsibility of planning to 'solve' the issue of the food environment, although it is an important part of the puzzle.

The Luton Food Plan is wide-ranging in its approach to a healthier food environment, and has already been successfully cited as a material consideration in rejecting a recent A5 (hot-food and takeaway) application. The plan explains how issues will be addressed through a holistic approach, with the determination of planning applications supporting other actions.

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Suliman Rafiq
Public Health Manager, Luton Council

Notes

24 H Pineo, K Glonti, H Rutter, N Zimmermann, P Wilkinson and M Davies: 'Urban health indicator tools of the physical environment: a systematic review'. *Journal of Urban Health*, 2018, Vol. 95 (5), 613-46

25 See the ENABLE London website, at http://www.enable.sgul.ac.uk/

2012 Olympics Athletes' Village. NHS England's Healthy New Towns programme provides another opportunity for evaluation as each demonstrator site has developed a 'logic model' in the first year of the programme, although results are yet to be published.

There are developments which are delivered through national permitted development rights which do not need planning permission. These include conversions from (often high-rise) office buildings to residential use, and 2,130 housing units in England have been created through this process since 2015.[26] Recent research undertaken at University College London and published by the Royal Institution of Chartered Surveyors has found many of these developments to be of poor quality, and that 'serious concerns about issues like overcrowding, noise, health and safety (particularly fire safety) and social infrastructure were raised by others in lower quality accommodation'.[27]

At the Local Plans/Local Development Plan level in England and Wales, statutory reporting mechanisms such as the Authority Monitoring Report (for planners) and the Director of Public Health Annual Report (for public health) are among the ways in which monitoring of health-relevant policies and plans can help to inform and improve policy development. The TCPA's policy review found that 83% of local-level plans and their plan monitoring frameworks already contain useful indicators which can be reported in the Authority Monitoring Report (see Table 4 for example performance indicators).

In some respects, the development industry has been using customer feedback to explore ways to capture the benefits of development. For example, the Berkeley Group, one of the top-five UK housebuilders, has created and tested in four developments in the South East a 'Social Sustainability Framework', a practical, cost-effective measurement

Table 4 Example of performance indicators in Local Plans/Local Development Plans

Theme/ policy	Example performance indicators
Housing	Statutory homelessness Percentage of new build housing meeting Building Regulations requirement M4(2) – 'Accessible and adaptable dwellings' Percentage of new build housing meeting Building for Life standards
Local environment	Utilisation of outdoor space for exercise Percentage of the population affected by noise Air quality Secured open space Existing and new A5 hot-food takeaway unit floorspace (gross and net sales) and primary and ground-floor secondary frontage lengths in designated city, town, district and local centres
Transport	Secured new footpaths and cycle lanes Air quality Road safety levels Travel Plans approved and implemented Provision of cycle parking/storage spaces
Local infrastructure	Secured new healthcare floorspace. Net loss/gain in the amount of social or community infrastructure floorspace, by type of social infrastructure

Source: Adapted from *Public Health in Planning: Good Practice Guide*. TCPA, Jul. 2015. https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=4cdc0f42-790a-4b6f-bfcb-2f710e251494

Notes

26 '10,000 affordable homes potentially lost through office conversions'. News Story. Local Government Association, 27 Nov. 2018. https://www.local.gov.uk/about/news/10000-affordable-homes-potentially-lost-through-office-conversions

27 B Clifford, J Ferm, N Livingstone and P Canelas: *Assessing the Impacts of Extending Permitted Development Rights to Office-to-Residential Change of Use in England*. Royal Institution of Chartered Surveyors, May 2018. https://www.rics.org/uk/news-insight/research/research-reports/assessing-the-impacts-of-extending-permitted-development-rights-to-office-to-residential-change-of-use-in-england/

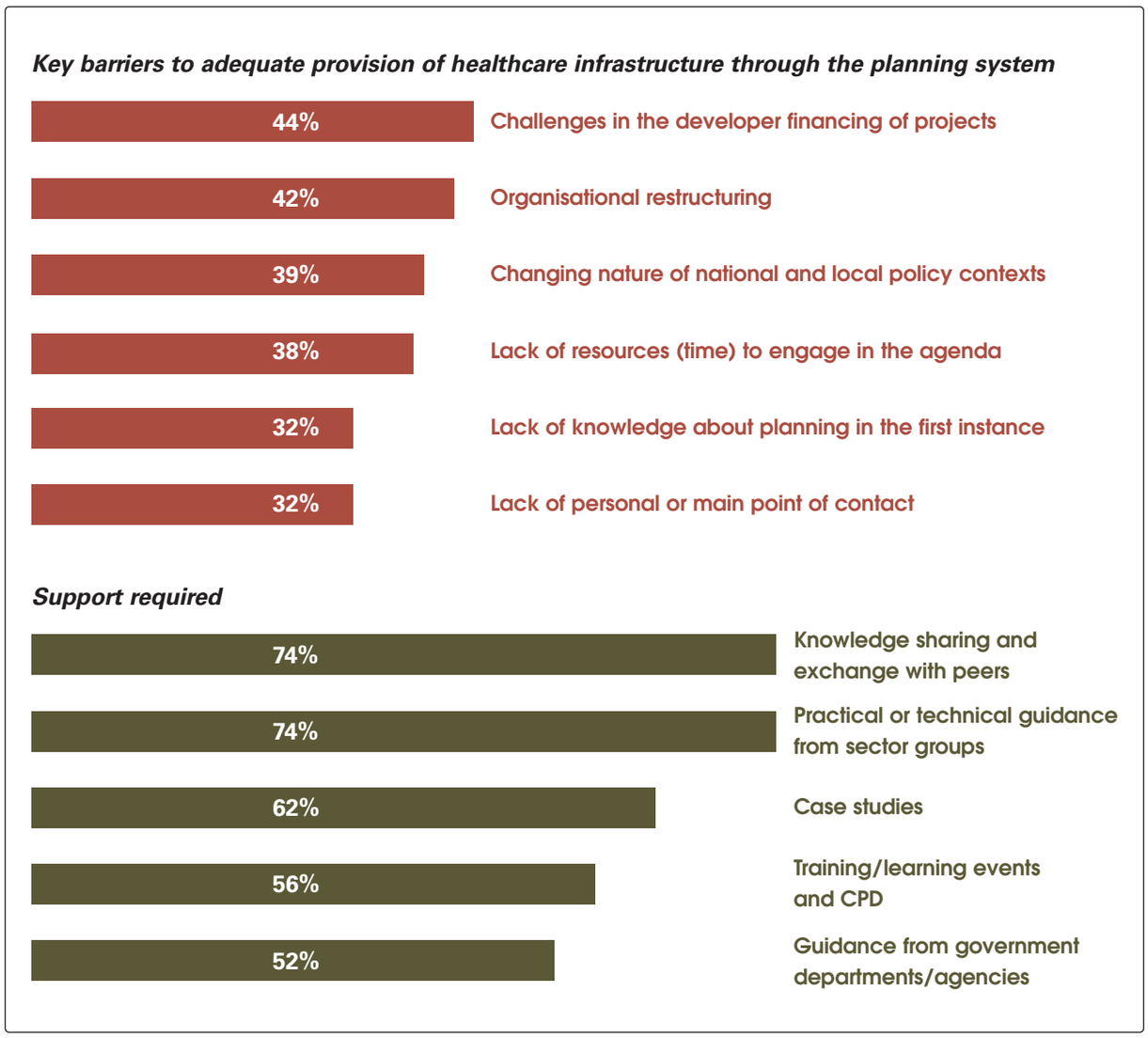


Fig. 4 Health and planning practitioner survey responses – barriers to healthcare infrastructure provision through the planning system, and support required

framework, underpinned by 13 indicators with 45 questions. Other developers have created similar frameworks to inform their design and masterplanning processes, including Redrow Homes's Redrow 8 and British Land's series of wellbeing principles.[28]

Frameworks, indicators and mechanisms already exist and can be used more effectively if there are sufficient resources, capacity and forward planning and co-ordination among practitioners.

Involve health in infrastructure planning

'I have to engage over six organisations to understand healthcare needs; and the message is not the same between them.'

Head of planning at a unitary council in England at a TCPA workshop

In 2017 a TCPA survey found that 69% of planning and health professional respondents already proactively engaged with each other on planning for local health

Note

28 See British Land's 'Wellbeing' webpage, at https://www.britishland.com/sustainability/strategy/wellbeing

Case study: Engagement of health professionals with the planning process across North East Essex

The North East Essex Health and Local Authority Strategic Planning Group was established by estates professionals across the health and social care system in North East Essex, together with local authority partners, including the Essex County County public health team. Its aim is to ensure that a more cohesive approach is taken to formulating Local and Neighbourhood Plans and to provide a platform for discussion on major housing developments.

At a meeting between the local authority and the local health care providers there was agreement on the need for a joined-up response to development proposals. This joint response had valuable input from all local healthcare partners, including the Acute Trust, Mental Health Trust and the Ambulance Service and the NHS England Strategic Estates Planning team, co-ordinated by the estates lead for the North East Essex Clinical Commissioning Group. A statement of common ground is being created to support amendments to the three North East Essex Local Plans. This way of working has already proved fruitful in terms of collaboration between health and social care colleagues and local authority partners, enabling the establishment of links and clear processes for responding to planning applications and the development of Local Plans. It has also ensured any discussions include the workforce, particularly as recruitment of healthcare professionals remains a top priority challenge.

Jane Mower
Estates Development Manager, North East Essex Clinical Commissioning Group

infrastructure needs, but that 70% felt that they did not have adequate knowledge and skills and needed further support (see Fig. 4 on the preceding page for a breakdown of the kind of support identified as needed by the respondents).

The model of healthcare infrastructure provision is shifting and NHS England's *Five Year Forward View* strategy document of 2014[29] and the recently published NHS Long-Term Plan[30] set out new ways of working on healthcare provision that will see 'far more care delivered locally but with some services in specialist centres'. While there are emerging examples of a formalising of relationships and support between healthcare commissioners and providers and planners, there is a comparative lack of national guidance and support other than what Public Health England has been providing as part of its Healthy Places programme. This is surprising given that since the introduction of the Localism Act 2011 there has been a statutory duty, not just a policy requirement, on local planning authorities, clinical commissioning groups and the NHS Commissioning Board to co-operate on planning for healthcare infrastructure in the preparation of Local Plans/Local Development Plans.[31]

When a need for a specific healthcare facility or service has been identified, local planning authorities and healthcare systems must recognise the

Notes

29 *Five Year Forward Review*. NHS England, Oct. 2014. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

30 *The NHS Long Term Plan*. NHS England, Jan. 2019. https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

31 See Section 110 of the Localism Act 2011; and Planning Practice Guidance: 'Are other public bodies subject to the duty to cooperate?'. In 'Plan-making'. *Planning Practice Guidance*, para. 022, revision date Sept. 2018. Ministry of Housing, Communities and Local Government. https://www.gov.uk/guidance/plan-making

different approval and governance routes that they are required to work through. For example, the HM Treasury *Green Book* process for business case guidance is non-negotiable and aims to ensure that public monies are deployed to support the most appropriate and best-value option. Strategic estates planners will be able to advise partners involved in planning and development where there is a governance process to follow for approval. All partners must understand that this is a necessary step that cannot be circumvented, but which may result in delays in achieving final approval.

Engage clinical commissioning groups

'The current pressures facing the health and care system provide an essential opportunity to join up planning and investment in public services and for the NHS to work with strategic partners to drive heath, social and economic wellbeing across a place.'
Shaping Healthy Cities and Economies: The Role of Clinical Commissioning. NHS Clinical Commissioners, Dec. 2016. https://www.nhscc.org/policy-briefing/shaping-healthy-cities-and-economies/

The Department of Health and Social Care recognised a need for a shared understanding between local planning authorities and health organisations and in 2015 published two new Health Building Notes (HBNs – giving best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities), on the efficient management of healthcare estates and facilities, and dementia-friendly health and social care environments.The introduction of new healthcare structures, terminology and initiatives since then means that these documents may need to be refreshed, but much of the advice and general principles for engagement in the healthcare and planning processes contained in these two documents remain valid and extremely informative to practitioners that are aware of the existence of HBNs.

But HBNs do not provide the specific and detailed guidance which practitioners need to meaningfully engage with development proposals and secure appropriate healthcare provision from them.

However, guidance to the NHS Trusts and NHS Foundation Trusts was issued by NHS Improvement in October 2018, providing detail on how to better interact with planning authorities, especially in securing developer contributions through Section 106 agreements and the Community Infrastructure Levy. Additionally, a key role for the recently created NHS Improvement and NHS England Strategic Estates Planning Service is to help develop better partnerships between health and local government.

Notwithstanding a continuing lack of clarity and understanding about new models of healthcare provision and what this means for planning, there is still a lack of meaningful interaction with healthcare commissioners and providers, i.e. the clinical commissioning groups (CCGs). This may not be surprising given the complexity of structures and regular creation of non-statutory groupings such as sustainability and transformation partnerships (STPs) and integrated care systems (ICSs), which adds to the sense of uncertainty and confusion experienced by planners and developers, as well as by the public health professionals who are obliged to provide public health advice when requested.

And the spatial and institutional relationships between planning, public health and healthcare commissioning in England further complicate efforts to deliver effective engagement and planning (see the box on the next page). There is a clear lack of alignment between the administrative boundaries of local authorities and CCGs – for example a public health professional working at the county level in Essex has to engage with 12 district planning authorities and five CCGs.

The TCPA healthcare survey reported in Fig. 4 identified common barriers ranging from a general lack of engagement by CCGs in the planning process, to a lack of capacity among CCGs and difficulties experienced by commissioners and providers in looking beyond clinical settings and over the long timeframe of a Local Plan/Local Development Plan, of 10-15 years. But things are shifting positively at both national and local levels. In 2016 NHS Clinical Commissioners, the body that

The misalignment of the spatial and administrative geographies of planning and health in England

- **329** local planning authorities (including Development Corporations such as Ebbsfleet and Old Oak Park Royal but not including National Park authorities).
- **151** health and wellbeing boards in upper-tier and unitary local authorities with responsibilities for public health.
- **195** clinical commissioning groups.
- **44** sustainability and transformation partnerships.

represents all CCGs, published *Shaping Healthy Cities and Economies: The Role of Clinical Commissioning*, which highlights the benefits of the NHS working with local partners in driving heath, social and economic wellbeing across a location.[32] NHS Improvement and NHS England Strategic Estates Planning Service provides ongoing support through a local strategic estates adviser, and provides a national centre of excellence, set up to advise and support STPs/ICSs in developing and then successfully implementing their estates strategy, thus helping the NHS to transform its estate in order to meet local clinical need, deliver the best service for patients and meet national policy objectives.

The NHS strategic estates planning function was previously hosted within NHS Property Services and Community Health Partnerships and has now merged into NHS Improvement as NHS Improvement and NHS England Strategic Estates Planning Service.

Conduct health impact assessments

'A development management officer can't say: 'Let me go and learn health impacts.' There is just no time. They are here to process and validate applications.'
Development management officer at a TCPA workshop

The planning system already has to take account of impact assessments such as the Strategic Environment Assessment of plans and policies, and Environmental Impact Assessment (EIA) for certain development types, which can specifically address health impacts. EIA regulations, revised in May 2017, now include 'population and human health' on the list of topics that are considered when carrying out an EIA of a proposed development. Public Health England has developed a briefing guide to help raise awareness among Directors of Public Health and their public health teams.[33] There are opportunities provided by these statutory assessments to consider the wider health and wellbeing impacts of the planning function, and also to understand the physical infrastructure requirements that could be secured through financial mechanisms such as Section 106 agreements and the Community Infrastructure Levy (CIL).

Notes

32 *Shaping Healthy Cities and Economies: The Role of Clinical Commissioning*. NHS Clinical Commissioners, Dec. 2016. https://www.nhscc.org/policy-briefing/shaping-healthy-cities-and-economies/

33 *Health and Environmental Impact Assessment: A Briefing for Public Health Teams in England*. Public Health England, Jul. 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/629207/Health_and_environmental_impact_assessment.pdf

Case study: Health impact assessment at Denbighshire County Council

Denbighshire County Council took the bold step of allocating a key strategic site in its Local Development Plan for the delivery of 1,700 new homes, 26 hectares of employment land, and community facilities such as a new primary school, retail units and open space. A site development brief (SDB) was required to provide more detailed guidance. It was decided that a key element in developing the SDB would be an HIA of the draft document.

The HIA was conducted in May 2015, led by the Wales Health Impact Assessment Support Unit with support from Public Health Wales. Key contributors included local elected members, Bodelwyddan Town Council, Betsi Cadwaladr University Health Board (the local health board) primary and secondary care services, neighbouring planning authorities, and internal Denbighshire County Council departments. The HIA process proved very beneficial in getting a wide range of people with differing views involved in a discussion which brought out positive aspects, as opposed to the more usual focus on potential negative impacts which can dominate in planning.

Initially there was some scepticism about the process from those that had never participated in an HIA before. However, the experience has led to HIA being used by other authorities and internal council departments for a range of other sites and the development of Supplementary Planning Guidance notes. It is also proposed to carry out an HIA of the Preferred Strategy of the next Local Development Plan for Denbighshire.

Lara Griffiths
Senior Planning Officer, Denbighshire County Council

There is an emerging preference among health agencies and local authority public health teams for using non-statutory health impact assessments (HIAs).[34] But currently only 30% of councils in England have Local Plan policies that require the use of an HIA in support of a planning application.

In Wales, the introduction of the Public Health (Wales) Act 2017 places a duty on all public bodies, including local authorities, to undertake a statutory HIA.[35] The specific circumstances in which this requirement applies will be outlined within forthcoming regulations. The national HIA Gateway website, offering support in England, closed in March 2012, while the Wales Health Impact Assessment Support Unit (WHIASU) is strengthening its support and guidance, and has been providing training to English authorities, including London boroughs in 2016.[36] HIAs have also been used in limited cases as part of the assessments undertaken for local planning documents (see the Denbighshire case study above).

There is no overall template for preparing an HIA, with councils adopting the 'rapid' HIA process as common practice. There is also no centrally defined scale threshold, but commonly used triggers include:

- developments which are classified as 'major', with ten or more housing units – although thresholds of this kind vary from council to council, depending on the development context;

Notes

34 Health impact assessments are referred to in 'Health and Wellbeing'. *Planning Practice Guidance*, para. 003, revision date Mar. 2104. Ministry of Housing, Communities and Local Government. https://www.gov.uk/guidance/health-and-wellbeing

35 Part 6 of the Public Health (Wales) Act 2017. http://www.legislation.gov.uk/anaw/2017/2/contents/enacted

36 M Chang, L Green and J Dunwoody: 'Health in planning assessments'. *Planning in London*, 2018, Issue 107, Oct.-Dec., 52-55

Case study: A regional approach to support planning for healthy-weight environments

Over a 12-month period, a steering group facilitated by Public Health England, South West Centre, and comprising volunteers from public health and planning teams from local authorities across the South West, drafted a template Supplementary Planning Document and supporting briefing, using the six elements of planning for healthy-weight environments put forward by the TCPA. The purpose is to make it easier for local authorities to take action, reduce duplication of effort and ensure greater consistency of approach across the South West. Following a period of consultation, with a view to finalising the documents by December 2018, the steering group will work to prepare a final resource pack which will be presented to the South West Directors of Public Health for adoption as best practice.

Andy Netherton
Healthy Places Lead, Public Health England, South West Centre

- proposals that include hot-food takeaways;
- commercial buildings over 2 hectares in size (as required by Halton Council, for example); and
- cases where there are sensitive or vulnerable populations that may be affected by a proposal (as required by Camden and Blackburn with Darwen Councils, for example).

Focus on topics that matter 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.'

A Ross, with M Chang: *Reuniting Health with Planning – Healthier Homes, Healthier Communities*. TCPA, Jul. 2012. https://www.tcpa.org.uk/healthyplanning

It is important for local public health priorities as they relate to the built and natural environments to be set out clearly and explicitly in Joint Health and Wellbeing Strategies (JHWSs). Planning policies and decisions are required to take into account and support the delivery of local strategies to improve health, and yet, despite this being a policy requirement since 2012, only 23% of Local Plans in England refer to the JHWS, while 52% of JHWSs set out priorities and actions related to planning and the built environment. Each local authority will face their own sets of challenges and needs that have to be addressed through the planning and public health systems, within wider societal trends such as an ageing population and rising adult and childhood obesity levels. There is increasing recognition that public health functions can work with planning at local, county-wide or region-wide levels (see the South West case study above) to help influence the setting and delivery of local priorities, including but not limited to:

- ***tackling childhood obesity***, by using local planning powers to limit access to hot-food takeaways;[37]
- ***improving air quality***, by using local authority powers, including those in land use and transport planning and environmental health;[38]
- ***promoting active travel and physical activity***, through the design and adaptation of new and existing places;[39]
- ***securing healthy natural environments***, by improving access to and provision of high-quality

Notes

37 *Tipping the Scales: Case Studies on the Use of Planning Powers to Limit Hot Food Takeaways*. Local Government Association, Jan. 2106. https://www.local.gov.uk/tipping-scales

38 *Air Quality: A Briefing for Directors of Public Health*. Department for Environment, Food and Rural Affairs/Public Health England/Local Government Association. Defra, Mar. 2017. https://www.local.gov.uk/air-quality-briefing-directors-public-health

39 *Active Design: Planning for Health and Wellbeing through Sport and Physical Activity*. Sport England/Public Health England. Sport England, Oct. 2015. https://www.sportengland.org/media/3426/spe003-active-design-published-october-2015-email-2.pdf

Case study: Using the Director of Public Health Annual Report to reunite health with planning

The Leeds City Council Director of Public Health (DPH) Annual Report, produced by Leeds City Council Director of Public Health Ian Cameron, supported by the council's public health team and planning department and urban design team, serves as a blueprint which highlights the importance of public health involvement in early discussions relating to new housing developments (ideally at pre-application stage) to ensure that health impacts are considered.

It recognises the desirability of active engagement by clinical commissioning groups in the planning process and notes the importance of NICE (National Institute for Health and Care Excellence) recommendations on physical activity and the environment.

The DPH Annual Report helped to formalise collaborative working between public health and planning, which has been further strengthened in a number of ways – through making joint submissions to the Raynsford Review of Planning in England and hosting evidence sessions of the Raynsford Review, setting up a planning and design for health and wellbeing group, and developing key principles for active neighbourhoods, better air quality and green space, and cohesive communities.

Dr Ian Cameron
Director of Public Health, Leeds City Council

green infrastructure in developments,[40] and through the active involvement of Local Nature Partnerships;[41]

- ***promoting healthy high streets***, by employing a range of approaches to secure the health of the high street for the benefit of the population;[42] and
- ***using technology to promote health***, by using, for example, phone apps to enable users to record and earn points to exchange for rewards etc. as they exercise.[43]

NHS England's Healthy New Towns programme is another prime example of successfully bringing together 'partners in housebuilding, local government, healthcare and local communities to demonstrate how to create places that offer people improved choices and chances for a healthier life'.[44] Places such as Barton in Oxford, Ebbsfleet Garden City, Northstowe in South Cambridgeshire, Cranbrook in Devon and Darlington are bringing forward local innovation and partnerships to meeting local healthcare and wellbeing needs.

Notes

40 *Local Action on Health Inequalities: Improving Access to Green Spaces*. UCL Institute of Health Equity, for Public Health England, Sept. 2014. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355792/Briefing8_Green_spaces_health_inequalities.pdf

41 *Achieving Environmental Growth in North East England.: A Guide for Elected Members*. North East Nature Partnership (undated). https://neenp.org.uk/wp-content/uploads/2018/08/Achieving-Environmental-Growth_North-East-England-Elected-Members-Guide_Protected.pdf

42 *Healthy High Streets. Good Place-making in an Urban Setting*. UCL Institute of Health Equity, for Public Health England, Jan. 2018. https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

43 Seed the 'Future Cities Catapult health and wellbeing demonstrators' webpage, at https://futurecities.catapult.org.uk/future-cities-catapult-health-wellbeing-demonstrators/

44 *Putting Health into Place: Introducing NHS England's Healthy New Towns Programme*. NHS England, Sept. 2018. https://www.england.nhs.uk/publication/putting-health-into-place/

Section 4

Planning ahead – recommendations for bolder, more effective action

'We are now beginning to see mature relationships develop between public health teams and departments right across the council.'

Councillor Izzi Seccombe, Chair of the LGA Community Wellbeing Board, in *Public Health Transformation Five Years On: Transformation in Action.* Local Government Association, Feb. 2018. https://www.local.gov.uk/sites/default/files/documents/22.14%20Public%20health%205%20years%20on_Web.pdf

As noted in the TCPA's 2012 *Reuniting Health with Planning – Healthier Homes, Healthier Communities*, report, '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.'[45] While the actions put forward by the TCPA in 2012 are still valid, in this Section sets out recommendations, under eight themes, to help decision-makers, policy-makers, planners and health professionals at all levels of government further integrate their work on planning for health.

1 An integrated approach to planning for health and wellbeing

- ***Recommendation 1:*** **National government should make support for the health, safety and wellbeing of individuals and the population a specific legal purpose of spatial and land use planning, implemented through future town and country planning legislation.**

- ***Recommendation 2:*** **The Ministry of Housing, Communities and Local Government should work with the Department of Health and Social Care and its health agencies to improve and maintain the primacy of health and wellbeing considerations in national planning guidance. This can be achieved by making the use of health impact assessments a policy requirement.**

- ***Recommendation 3:*** **Partners in local planning and health systems should work together to adopt a clearly defined set of priorities and an integrated approach to planning for health and wellbeing, starting with local representative bodies of the health system to ensure that their respective delivery plans and strategies are aligned.**

Many nations with an effective planning system make meeting health and wellbeing objectives an explicit purpose of planning. For example in New Zealand the Resource Management Act 1991 requires the planning system to manage land use in a way which

Note

45 A Ross, with M Chang: *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.* TCPA, Jul. 2012. https://www.tcpa.org.uk/healthyplanning

'enables people and communities to provide for their social, economic, and cultural well-being and for their health and safety'.[46] In Wales the tripartite legislation of the Planning (Wales) Act 2015, the Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016 ensures that meeting wellbeing goals is an obligation and not simply a policy requirement.[47]

The Raynsford Review of Planning in England makes the case for legislating for a purpose of planning that promotes the health, safety and wellbeing of individuals[48] – this aim should be supported by the health sector.

At the local level, the planning and health systems and sectors aim to address issues at the scale of a place and that are of concern to the local population. An effective integrated approach to planning for health requires health professionals (public health teams in local authorities and healthcare professionals in the NHS) and planners in local authorities to take an approach that works across and within the established systems and structures of government and health administrative boundaries. In the current landscape, such action can be most effective when it is embedded into the plans of the sustainability and transformation partnerships and the health and wellbeing boards.

In addition, the work of combined authorities provides a timely opportunity and institutional lever to connect plans and investment decisions on economic, housing, planning and transport matters – and health, if devolved).

It must be understood that actions need to be taken at different points and at different times across the various systems. For example, greater integration and more resources will be needed when compiling the evidence base to support the development or review of Local Plan/Local Development Plan policies, or when dealing with planning applications. Such an integrated approach will involve (see Fig. 5 on the next page):

- ***Capacity:*** Set up a project team or a specific post.
- ***Vision and purpose:*** Establish a healthy places vision for the area.
- ***Engagement****:* Engage with partners and stakeholders.
- ***Baseline understanding****:* Review existing structures and policies for any gaps and opportunities, and identify needs.
- ***Planning process****:* Create a planning for health and wellbeing engagement process.
- ***Planning framework****:* Create a planning for health and wellbeing framework and evidence base to secure the outcomes and investment needed on healthcare facilities and services.
- ***Monitoring****:* Set up and carry out regular monitoring and evaluation of activities and impacts.
- ***Learning:*** Take the time to share learning with others.

Taking such an approach requires a recognition of the need to set out shared objectives and to establish a process and secure sufficient capacity and resources to achieve them. It should be up to local areas to determine who would best lead this integration or co-ordination, whether at the level of the sustainability and transformation partnership, the clinical commissioning group or the health and wellbeing board in England, the public service board in Wales, or specific public health or planning departments in local authorities.

Notes

46 Resource Management Act 1991 as amended – Section 5: 'Purpose'. http://www.legislation.govt.nz/act/public/1991/0069/211.0/DLM230265.html

47 *Planning for Better Health and Well-being in Wales. A Briefing on Integrating Planning and Public Health for Practitioners Working in Local Planning Authorities and Health Organisations in Wales.* TCPA, with the Wales Health Impact Assessment Support Unit and Public Health Wales. TCPA, Nov. 2016. https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=841c7b10-ffb9-4020-87d0-e71f53512121

48 Recommendation 1 in *Planning 2020 – Final Report of the Raynsford Review of Planning in England.* TCPA, Nov. 2018. https://www.tcpa.org.uk/raynsford-review

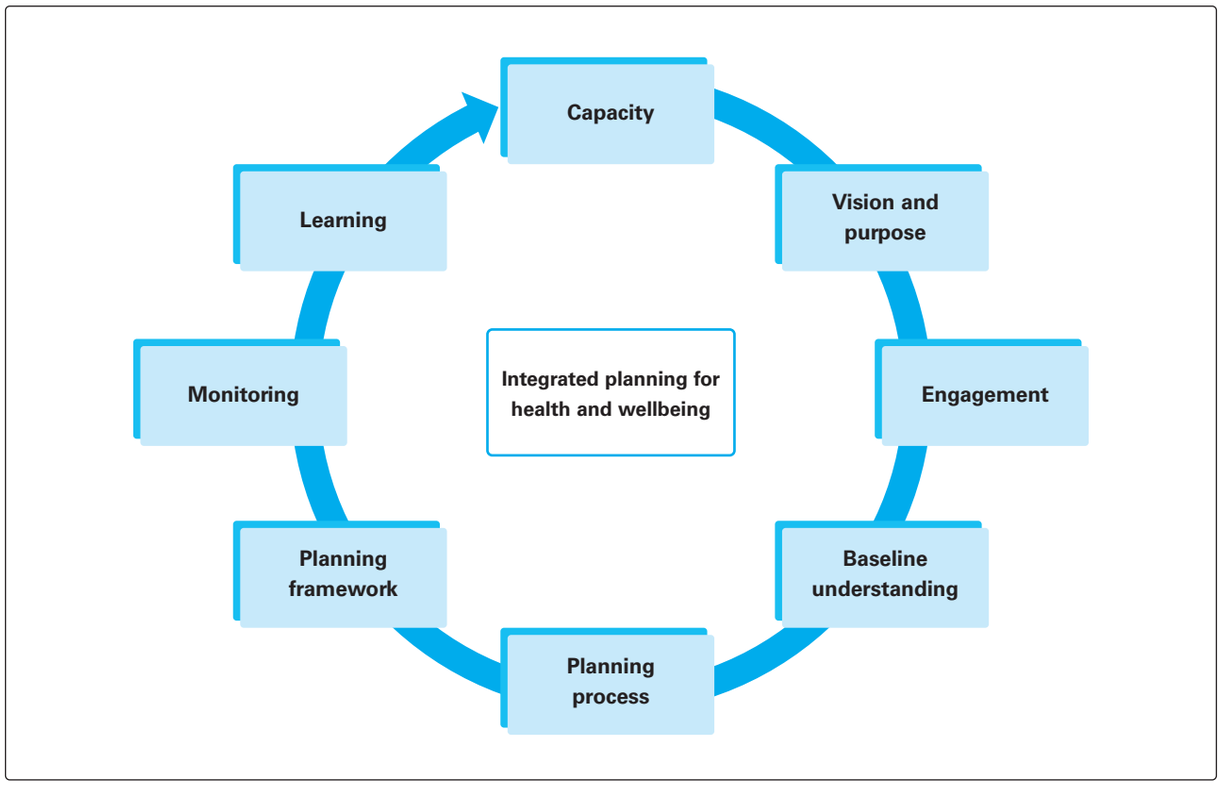


Fig. 5 An integrated approach to planning for health and wellbeing

2 Local powers to drive change

- ***Recommendation 4:*** **Local authorities need both to gain a better understanding of the range of powers at their disposal, including planning, and to make better use of these powers to drive transformative change in local health and wellbeing.**

- ***Recommendation 5:*** **Government health agencies should undertake a research programme to review both the use of planning powers and the levers for health and wellbeing, and any barriers preventing their proper use.**

Local authorities need to make the most of the powers they have at their disposal. As bodies with a range of functions and responsibilities, local authorities have the benefit of significant powers and levers to effect change, through their planning, transport, public health, housing and environment functions, for example. But change will only happen if they have the political will, the right level of resources, the right policy frameworks, and committed departments and individuals that will make the most of them.

Local planning authorities are under a number of duties to ensure that health and wellbeing needs are set out clearly in plans and policies, including the duties on sustainable development[49] and good design.[50] The duty to co-operate in plan-making acts upon local planning authorities, clinical commissioning groups and the NHS Commissioning Board.[51] A number of levers to include health and wellbeing needs in decision-making on planning applications are already in use, such as travel plans, design codes, HIAs, EIAs, and design and access statements. But there is no

Notes

49 Section 39 of the Planning and Compulsory Purchase Act 2004. https://www.legislation.gov.uk/ukpga/2004/5/contents

50 Section 183 of the Planning Act 2008. https://www.legislation.gov.uk/ukpga/2008/29/contents

51 Section 110 of the Localism Act 2011. http://www.legislation.gov.uk/ukpga/2011/20/contents/enacted

Fig. 6 Examples of local guidance on planning for health

collective awareness of the potential of these tools, either individually or within a portfolio. Further research is needed to better understand the potential of these duties and levers as transformative tools for improving health and wellbeing before seeking out new ones.

3 Clear expectations on planning for health

- ***Recommendation 6:*** **Local authorities should, with their health partners, set out their expectations (in line with national priorities and plans) on what planning for health means, requiring, for instance, the use of proportionate and relevant health impact assessments in local policy and guidance.**

Many government agencies, professional institutions and organisations working in the sector have produced guidance and publications setting out good practice and recommendations on how to make healthy places and build health-supporting developments. However, one of the main issues raised by practitioners is that guidance is often not proportionate or applicable to their particular context – highly urbanised case studies are less useful when dealing with development in rural areas, for example. Developers seeking planning permission require a level of policy certainty and clarity on local authorities' expectations on health and wellbeing,[52] and providing this certainty through locally specific guidance can help unlock optimal developer contributions.

Many councils are beginning to recognise the importance of formalising these expectations, using various approaches, depending on the status of their Local Plans/Local Development Plans (i.e. adopted or in preparation) and the opportunities presented within their planning processes. These approaches should not be seen as mutually exclusive, and can be complementary to each other. Examples of the approaches being used include:

- specific health and wellbeing policy in the Local Plan/Local Development Plan;
- a Supplementary Planning Document (SPD) on planning for health or on specific topics such as green infrastructure, active travel, or restrictions on hot-food takeaways, to provide further guidance on local planning policy;
- guidance on health impact assessments, supported by a checklist, to be submitted as part of a planning application;
- health impact assessments carried out on development plan documents; and

Note

52 *Securing Constructive Collaboration and Consensus for Planning Healthy Developments.* TCPA, Feb. 2018. https://www.tcpa.org.uk/developers-wellbeing

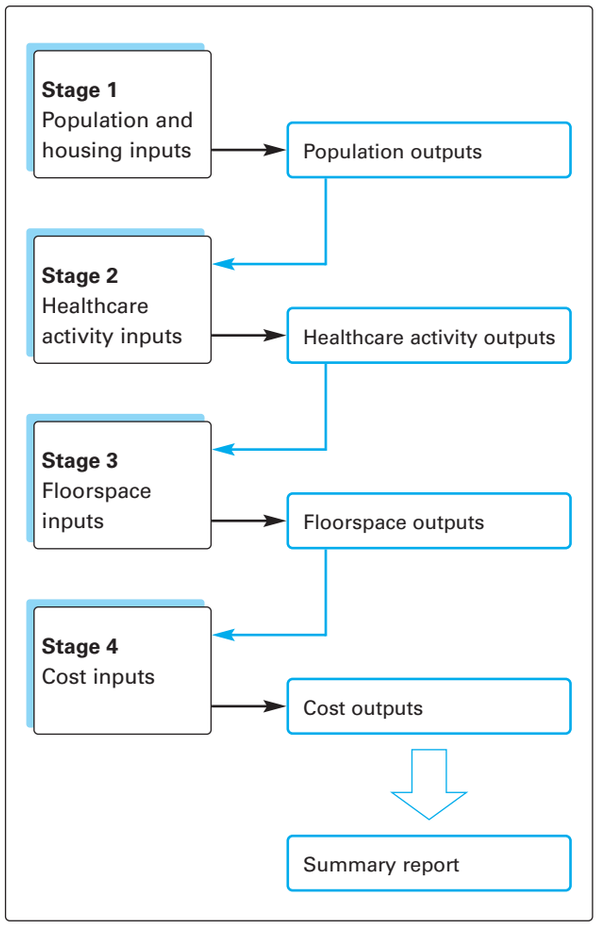


Fig. 7 HUDU model step-by-step approach[53]

- site- or place-specific design guidance for health and wellbeing.

4 Planning for healthcare infrastructure

- ***Recommendation 7:*** **National organisations such as NHS England, NHS Wales, NHS Improvement and NHS England Strategic Estates Planning Service should ensure that national-level guidance is refreshed to reflect new structures and priorities, and to ensure alignment across each organisation.**

Updates to the current Health Building Note addendums are needed to reflect the current landscape of healthcare commissioning and estates. In the absence of any other guidance, it is imperative that a consistent and up-to-date set of national information and advice is provided to practitioners. While most Local Plans/Local Development Plans make provision for healthcare infrastructure, there are still ongoing challenges, as highlighted by the survey of practitioners (see Fig. 4).

- ***Recommendation 8:*** **In discharging the duty to co-operate, local planning authorities and healthcare commissioners should develop joint statements or plans regarding planning for local healthcare needs.**

Public health teams are beginning to work more closely with healthcare commissioners and providers when dealing with the planning process. In areas such as North East Essex and Warwickshire this has helped to provide clarity on local requirements for health and wellbeing in plan-making and in dealing with planning applications. Local communities and developers will also benefit from such clarity when developments are brought forward.

The duty to co-operate has been strengthened in the revised National Planning Policy Framework to ensure that co-operation between local planning authorities and healthcare commissioners is meaningful and tangible. The joint development of statements, evidence bases, plans and policies will provide a level of certainty on the type and scale of healthcare infrastructure that can be secured through the planning process, including financial contributions gained through Section 106 agreements and the Community Infrastructure Levy.

Such an approach can adopt the NHS London Healthy Urban Development Unit (HUDU) 2018 model, created to help local authorities and NHS organisations address the impact of new residential development and population growth on healthcare services and infrastructure and secure developer necessary and proportionate contributions (see Fig. 7).

Note

53 *HUDU Planning Contribution Model 2018: Guidance Notes*. NHS London Healthy Urban Development Unit, Sept. 2018

Section 4

5 Health evidence in planning

- ***Recommendation 9:*** **Local planning authorities should specifically refer to local health needs evidence when developing their Local Plans/Local Development Plans.**

- ***Recommendation 10:*** **Public health teams and health organisations should ensure that their evidence bases are created and presented in a way that can inform planning and health commissioning processes.**

Despite the fact that Joint Strategic Needs Assessments (JSNAs) have been in existence for more than ten years and the fact that planners have been required to take these assessments into account since the NPPF was first issued in 2012, the TCPA's 2018 review of Local Plans and Local Development Plans found limited evidence of JSNAs in local planning documents. But in the face of concerns about the health impacts of matters such as the proliferation of fast-food takeaways and large-scale housing growth, the importance of evidence on health issues is increasingly being recognised by planners.

With the emergence of plans for service delivery change, evidence emerging from estates and healthcare commissioning organisations such as the sustainability and transformation partnerships, and pressures on NHS capacity, there is a need to seriously reimagine the form and function of health evidence for ease of use within the planning system. The Strategic Health Asset Planning and Evaluation (SHAPE) tool is an example of the integration of datasets within a web-enabled tool to help inform decision-making.[54]

6 Evaluation of health in policies and development proposals

- ***Recommendation 11:*** **Planners and public health teams should use and develop new indicators, and report on them annually, in line with the Directors of Public Health Annual Reports and the local planning authority's Authority Monitoring Reports.**

- ***Recommendation 12:*** **Planners and public health teams, working with local universities and developers, should look for opportunities to build formal but proportionate monitoring frameworks into development proposals.**

Recommendation 12 echoes the recommendation that monitoring and evaluation should be improved made in the *Building the Foundations* report prepared by the TCPA for the Local Government Association and Public Health England in 2016.[55] Evaluation and monitoring is not a mainstream activity in current policy and practice, resulting in a lack of understanding and certainty on whether any of the actions taken are effective in addressing health issues. For example, has the implementation of active travel policy resulted in more developments meeting active design standards; or has the provision of healthy-play opportunities through Section 106 agreements resulted in more children being physically active? Questions such as these too often remain unanswered, and what evidence there is in many cases is disparate and sometimes contradictory.

Evaluation is undertaken sporadically, mainly by academic institutions – such as the evaluation of the guided busway in Cambridgeshire carried out by the Centre for Diet and Activity Research (CEDAR) at the University of Cambridge, and St George's University of London's work on the East Village, the former London 2012 Olympics Athletes' Village (although there are rare cases of evaluation by developers,

Notes

54 See the Strategic Health Asset Planning and Evaluation (SHAPE) website, at https://shapeatlas.net

55 *Building the Foundations: Tackling Obesity through Planning and Development*. TCPA, for the Local Government Association and Public Health England. LGA, Feb. 2016. https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=7cfb9952-700b-419a-b1d5-d4bb23272a1e

such as Berkeley Homes). But there are statutory mechanisms that can be used for a programme of monitoring, such as local planning authorities' Authority Monitoring Reports and the annual reporting requirements associated with travel plans. More formalised evaluation frameworks can be developed, as undertaken by the NHS England Healthy New Towns demonstrator sites through the development of 'logic models' early in the programme. This would require greater co-ordination between public health professionals and town and transport planners, where possible working in partnership with academic institutions and the developers involved.

7 Capacity and capability of public health planners

'There is a lot of inertia that impedes transformational change, not least because we have generations of planners who have been trained with very little consideration of the health consequences of planning decision-making.'

AA Lake, EJ Henderson and TG Townshend: 'Exploring planners' and public health practitioners' views on addressing obesity: lessons from local government in England'. *Cities & Health*, 2017, Vol. 1 (2), 185-93

- ***Recommendation 13:*** **Local authorities should explore the business case for creating a dedicated public health planning post, with responsibilities across planning, public health and healthcare.**

Since 2012, councils have recognised the importance of having the capacity and capability to work more effectively to influence decisions on local plan-making and planning applications. In areas without a history of joint working during the Primary Care Trusts era, this has involved starting from scratch and learning the completely new language of planning for health.

The planning system also works on longer timescales than public health commissioning: the 10-15 year timeframe of the Local Plan/Local Development Plan and the long timescales of the development process stand in contrast to the shorter timeframes of local health strategies. The need for public health teams to stay engaged throughout the planning process should not be underestimated. In addition, two-tier areas where county public health teams have to work typically with up to 12 district planning authorities, the issue of capacity is clearly acute.

Local authorities have two options when addressing the need for additional capacity, depending on the level of resources available and the geographical scale of operation:

- Create a 'public health – planner' post (see the job description example on the next page, and the Warwickshire County Council case study, also on the next page).
- Include specific joint responsibilities in the revised job description of an existing planner, public health professional or officer from other built environment teams such as on transport or housing.

8 Professional and sectoral training

- ***Recommendation 14:*** **Professional institutions in the built environment and health sectors should collaborate to create a shared competency for training and continuing professional development on the built environment and health and wellbeing.**

The need for training and continuing professional development applies across the career ladder of planning, health and wider built environment professionals, whether they are studying at university or senior-grade post-holders in the NHS. In a recent survey of public health professionals and local authority planning officers in Wales conducted by Public Health Wales, over three-quarters of respondents felt the need for a training workshop to explore opportunities for better ways for the different sectors to work together.[56]

Note

56 Results from 'Harmonising public health and land use planning. All Wales survey', conducted by Public Health Wales, in 2018

Example of a 'public health – planner' job description

- To take a strategic lead on specific areas of public health work, supporting high-quality commissioning, developing the public health capacity and capability of the council and services, and/or leading on health needs analysis and improvement.
- To work with the Infrastructure Delivery Manager to ensure a proactive response to infrastructure requirements across the health economy, for example across public health, NHS England, NHS Property Services, clinical commissioning groups, GP practices, hospital trusts, NHS Property Services and community health partnerships for NHS-owned properties.
- To work effectively across district and borough planning and public health functions.
- To co-ordinate appropriate infrastructure requests by liaising with public health, clinical commissioning groups, NHS England, NHS Property Services and trusts with a presence in the area.
- To ensure that health and wellbeing requirements are taken into consideration for any major development sites going through the planning process.
- To play an integral role in providing health and wellbeing input into county council responses to emerging Local Plans, input to district and borough councils, and input into local development and regeneration initiatives.

Case study: Securing capacity through a 'public health officer – planning' post

The Public Health Officer – Planning at Warwickshire County Council has a remit to embed public health principles into policy at a local and neighbourhood level. This post is in a unique position as the role is joint across Warwickshire County Council and NHS Warwickshire North Clinical Commissioning Group, and the post-holder works with colleagues in the transport and the infrastructure and regeneration teams, five district and borough planning departments, three clinical commissioning groups, three hospital trusts and one mental health trust, and across the sustainability and transformation partnership (STP) footprint of Coventry and Warwickshire. Working within a two-tier authority can be a challenge, with each of the five different local planning authorities working in different ways, so it has been important to build relationships and understand where resources need to be.

The CCG recognised the need to understand the impact that housing developments would have on primary care services and wider healthcare services. A methodology was established for responding to planning applications jointly across health. This has raised the profile of housing growth across the health sector, and helped to break down barriers between the two disciplines.

Gemma McKinnon
Public Health Officer – Planning, Warwickshire County Council

Training opportunities need not be confined to formal education such as degrees or other qualification courses but can also involve different formats and intensities of learning, including lunchtime seminars, webinars (as Public Health England has been delivering), and hands-on experience such as secondments. However, in order to effectively tackle the current skills deficit in planning for health, the

creation of a specialist competency is needed as part of a professional qualification or health specialist's training. This will help to secure the knowledge of a future generation of professionals as they come through the ranks and begin to implement the policies, frameworks and protocols developed by the pathfinders of today.

- ***Recommendation 15:*** **Professional institutions in the built environment and health sectors should collaborate to create a shared set of ethical principles regarding planning for health inequalities and then adopt them as part of their respective codes of ethics for members.**

Qualified professionals are bound by a code of ethics, set out by their respective professional institutions, such as the Royal Town Planning Institute (RTPI), the Royal Institute of British Architects (RIBA), the Chartered Institution of Highways and Transportation (CIHT), the Charted Institute of Housing (CIH), the Chartered Institution of Building Services Engineers (CIBSE), and the Faculty of Public Health. These institutions should come together to create a shared principal on planning for health inequalities in their codes of ethics. This will help to ensure that all professionals, whether working in the public or private sector, hold this principle in common. This recommendation echoes one put forward by the Raynsford Review of Planning in England regarding the introduction of a 'Do no harm' obligation into built environment professional codes of conduct.[57]

Lessons can be learnt from the American Planning Association, whose code of ethics includes a requirement that all those in planning practice should adhere to the principle that 'The planning process must continuously pursue and faithfully serve the public interest.'[58]

Notes

57 Recommendation 24 in *Planning 2020 – Final Report of the Raynsford Review of Planning in England.* TCPA, Nov. 2018. https://www.tcpa.org.uk/raynsford-review

58 See the American Planning Association's 'Ethical principles in planning' webpage, at https://www.planning.org/ethics/ethicalprinciples

Section 5

Concluding thoughts

The work leading up to this report began in early 2018, with the aim of providing an update on progress being made by councils in reuniting health and planning. In the process much has been uncovered and learnt about new ways of integrating health and wellbeing into the planning and development processes and about improving the integration of local systems and structures. This report highlights some good and emerging practice, and no doubt many more examples will surface as conversations continue on health and planning at both national and local levels.

However, the health and planning professions, collectively, should not lose sight of the outcomes that we must seek through strengthened policies and by improving the process of working together. What the work leading to this report did not do was review the relationship between practice and policy and any outcomes. While an improved research and evidence base has yielded a better understanding of the multiple determinants of people's health and wellbeing, and multiple national initiatives have aimed to mainstream and upscale interventions across the systems, practical challenges remain which hinder collective efforts to effect positive change. It is clear that issues such as social isolation, mental health, obesity and health inequalities remain critical public health challenges for this generation. Work continues to reunite health with planning.

Annex 1

Workshop summaries

All six of the TCPA's local practitioner 2018 workshops were held during June to September 2018. Each took place in the partner locality, maximising the opportunity for practitioners from the local and surrounding authorities to attend. The sessions involved introductory presentations that set the scene. Speakers were drawn from a variety of specialist backgrounds, including public health, healthcare commissioning, planning policy, the development industry, academia, and green infrastructure.

Each workshop focused on a specific local public health and planning issue, such improving air quality; encouraging healthy-weight environments, engaging developers and consultants; providing green infrastructure; addressing the needs of changing and ageing populations; and ensuring that new developments and new settlements consider health implications from the outset.

The overarching priority for each workshop was to bring together colleagues from different specialist areas and backgrounds for open discussion on the health of the local area, the challenges that needed to be tackled, and proactive measures that could be taken.

The workshop partners have written an article in the January 2019 issue of the *Town & Country Planning* journal, providing further context and information.[59]

Truro, Cornwall

Partner: Cornwall Council

The Truro workshop, aimed at practitioners in Cornwall (population approximately 563,000), focused on healthy-weight environments and tackling obesity in the county. Caroline Court, the Interim Director of Public Health at Cornwall Council, and Phil Mason, Cornwall Council's Head of Planning and Regeneration, made scene-setting presentations alongside Michael Chang, Project and Policy Manager at the TCPA.

Attendees at the workshop included Cornwall Council staff working in the fields of planning policy, development management, public health, transport planning and environmental protection; public health specialists; representatives from local NHS England clinical commissioning groups; and several local cabinet members.

Progress since 2012/13

- Cornwall Local Plan 2010-2030 (adopted 2016).
- Cornwall Health and Wellbeing Strategy 2013-15.
- Cornwall Healthy Weight Strategy 2018-2022.

Challenges and actions

- Ensuring that the health and wellbeing policies included in the recently adopted Local Plan are used as well as they could be, with examples of how to make them work.
- Requirement for a stronger/more co-ordinated health message, and a need for more frequent face-to-face liaison between public health, clinical commissioning groups and planning colleagues.

Note

59 M Chang, R Lacey, L Taylor-Green, S James, T Hedges, L Greenfield and L Green: 'Promoting healthy communities – practitioner reflections'. *Town & Country Planning*, 2019, Vol. 88, Jan., 32-37

- Adapting, clarifying and streamlining guidance and processes, creating a way to easily share data and link existing guidance and research so as to support health-enhancing behaviour through planning decisions.

Future opportunities

- Drawing together existing health, planning and environment strategies and using them positively in the process of planning for good-quality growth.
- Providing adaptable, multi-generational housing for a changing and ageing population by using the Cornwall Housing Development Programme to ensure high-quality design.
- As significant new development is required across the county, ensuring that high-quality places are created which support the delivery of healthy-weight environments, including opportunities and infrastructure for physical activity, active travel and healthy eating.
- Using lessons learnt from the EU-funded PERFECT project[60] to promote the inclusion of more green infrastructure in new projects and to share good practice in the multiple use of green open spaces.

'The council's involvement in the project sits alongside the process of further engagement between public health and planning that recognises the fundamental links between the two service areas. The challenges for Cornwall are better met through a joint approach and getting our living environments right. This promotes healthier development, leading our residents to the right lifestyle choices through the form, function and green infrastructure approaches of new development. Learning through the project will help to advance this approach, embedding health outcomes in our everyday business and improving our joint practice.'

Chelmsford, Essex

Partner: Essex County Council

The Essex workshop took place in Chelmsford, and was aimed at practitioners throughout the county (population approximately 1,500,000). The session was opened by Councillor Andrew Sheldon, deputy to the cabinet member for economic development. The overarching focus was a whole-system health and planning approach, including access to healthcare and the importance of this for three new 'garden communities' that are being planned within Essex. Scene-setting presentations were made by Michael Chang, Project and Policy Manager at the TCPA, Clare Cable, Strategic Estates Adviser from NHS Improvement with Jane Mower, Estates Development Manager at North East Essex Clinical Commissioning Group, and Amanda Parrott, Planning Policy Team Manager at Basildon Borough Council. The Essex Design Guide was introduced by Peter Dawson, Built Environment Manager for Place Services, at Essex County Council.

The workshop was attended by local clinical commissioning group members and public health, health estates and town planning colleagues from across Essex (and beyond), with council representatives from Basildon, Braintree, Rochford, Essex, Thurrock, Colchester, Southend-on-Sea, Maldon, Chelmsford, Uttlesford, Epping Forest, Hertfordshire, Tendring, and Castle Point. Community Health Partnerships and Barton Willmore were also represented.

Progress since 2012/13

- A 2018 update of the Essex Design Guide – with new themes, including digital and smart technology, and references to design needs for an ageing population.
- Essex Joint Health and Wellbeing Strategy (2018).
- Appointment of a Healthy Places Public Health officer in Essex County Council's public health team.
- Preparation of a Health and Wellbeing Impact Assessment guide for use by developers and local authority planners.

Note

60 See the Planning for Environment and Resource eFficiency in European Cities and Towns (PERFECT) project webpage, at https://www.interregeurope.eu/perfect/

Challenges and actions

- Increasing obesity rates in the county (although they are similar to national level statistics) – the link between obesity and access to unhealthy foods has been made by local councils, and research by Basildon Council (*Hot Food Takeaway Assessment* – 2015) shows the alignment between where takeaways are clustered and where obesity is highest; and some authorities have introduced fast-food restrictions and introduced HIA for fast-food planning applications.
- Air quality and the actions required to address this – a Supplementary Planning Document giving air quality assessment guidance is soon to be adopted in Basildon.
- Using and accessing the data that has been produced. Developing a coherent database for all existing and emerging evidence, to be used by all partners, keeping this up to date, ensuring the quality of the data and, in time, working towards improved monitoring of health outcome techniques.

Future opportunities

- Joint working between health and planning professionals to improve understanding. Sharing resources and knowledge in a 'whole system' approach to improving the health and wellbeing of the population of Essex. Gathering partners together, including community groups, to share knowledge and co-design.
- Securing 'buy-in' from all partners (including police, social care, housing, politicians, etc.) – for example finding an innovative way to gain developer buy-in on local health and wellbeing priorities.
- Ensuring that new development uses the Essex Design Guide from the very beginning, and particularly embedding requirements linked to health and wellbeing. Using HIA and new health and wellbeing guidance in planning.

'The reuniting health and planning workshop provided us with an opportunity to explore the system implications to health and planning from differing professional viewpoints. Further recommendations have been identified which we will explore so as to ensure we build upon the work we are doing collaboratively to optimise health opportunities from the built and natural environments.'

Gateshead, Tyne & Wear

Partners: Gateshead Council and NEENP

The workshop at Gateshead (population approximately 202,400) focused on the use of green infrastructure in improving the health and wellbeing of the local area as the key theme. The workshop was jointly hosted by Gateshead Council and the North East England Nature Partnership (NEENP), a partnership representing many sectors that work towards a 'thriving natural environment, providing for a healthier and wealthier North East'. Speakers included Michael Chang, Project and Policy Manager at the TCPA, Alice Wiseman, Gateshead Council's Director of Public Health, NEENP's Claire Thompson, Clive Greenwood, Senior Planning Policy Officer at Sunderland Council, Richard Holland from Persimmon Homes, and Professor Alister Scott from Northumbria University.

Attendees included local authority planning professionals and public health officers from Gateshead, Newcastle, Sunderland, Durham, Northumberland, and South Tyneside, academics, environmentalists, environmental planners, private consultants, and developers.

Progress since 2012/13

- Core Strategy and Urban Core Plan for Gateshead and Newcastle upon Tyne 2010-2030 (adopted March 2015).
- Emotional Health and Well-being Strategy for NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland 2010-2020.
- Gateshead Supplementary Planning Document on hot-food takeaways (2015).

Challenges and actions

- Ensuring that green infrastructure is built in the right places and is accessible for everyone – whether play areas for all ages, walking and cycling networks, or places to sit.
- The need to ensure that existing communities and older developments which already struggle to access green infrastructure or open space and are being excluded by new developments are not left behind, and that health inequalities are addressed.

Annex 1

- Budget cuts leading to skills and capacity shortages among those working within public health and planning. Understanding and using available policy to achieve positive outcomes. More training in active design, mapping and health impact assessments.

Future opportunities

- Creating a forum for good practice exchange and knowledge sharing between planning officers and public health officers within the North East region. Creating new evidence, and re-using old evidence, to answer questions. Cross-sector and cross-partner working to improve the health of local populations.
- Continued partnership working between Gateshead Council and NEENP, through meetings already arranged to discuss next steps and how to implement some of the ideas discussed with a view to seeing future projects develop.
- Instituting a Green Infrastructure Officer post or a working group with an internal champion as part of a board on delivering green infrastructure city-wide and locally.

'Public health and planning agree that improving and increasing green infrastructure will have a positive impact on health, and in particular obesity and emotional wellbeing across the life course. We are confident that, together, we can achieve positive results for the residents of Gateshead if we provide the right infrastructure in the right places. This approach will be integrated into our wider strategies to tackle health, inequality and obesity.'

Greenwich, London

Partner: Royal Borough of Greenwich

The Greenwich workshop was part of the Royal Borough of Greenwich's response to rapid population growth with the accompanying pressure for development, particularly for 'genuinely affordable housing' (the council has set ambitious housing targets and identified significant areas of regeneration, such as Woolwich Arsenal and the Thamesmead Opportunity Area). The workshop brought together a broad range of stakeholders to explore and share learning on how planning and the planning process can contribute to the health and wellbeing of the local community. Presentations from the Royal Borough Greenwich were made by Councillor Sizwe James, Cabinet Member for Growth and Strategic Development, Jane Connor, Head of Public Health Development, Alain Lodge, Senior Public Health Manager, and Karen Montgomerie, Planning Policy Manager. Presentations were also made by Michael Chang, Project and Policy Manager at the TCPA, Dr Phil Askew, Director of Landscape and Placemaking at Peabody, and David Brown, Land and Planning Director, and Julian Evans, Director of Development, both at Berkeley Homes. The session was closed by the Royal Borough Greenwich Leader Councillor Daniel Thorpe declaring his support for the agenda and encouraging further positive steps.

Stakeholders at the workshop included council cabinet members, two local MPs, officers from the planning policy, development management, housing, environment, regeneration, transport and public health teams, local developers (Berkeley Homes and Peabody), the Home Builders Federation, Greenwich Clinic Commissioning Group, NHS England, and the London Healthy Urban Development Unit (HUDU).

Progress since 2012/13

- Royal Greenwich Local Plan (adopted 2014).
- Health and Wellbeing Strategy for the Royal Borough of Greenwich (2015-2018).
- Greener Greenwich Supplementary Planning Document (2014).
- Community Infrastructure Levy charging schedule (introduced 2016).

- Significant areas of regeneration – for example Royal Arsenal Riverside, 5,000 new homes.
- Masterplans in place for Charlton, Kidbrooke, and Woolwich.

Challenges and actions

- Ensuring that new developments and schemes are beneficial to existing communities, including community integration with accessible routes between old and new.
- Adopting a holistic perspective on the wider neighbourhood, and not seeing development in isolation from the hinterland.
- Long-term maintenance of public spaces and consideration of who manages these open spaces. The need for coherent plans and a strategy to ensure that green infrastructure community amenities are maintained.

Future opportunities

- Making the most of extensive regeneration and new developments in Greenwich to provide good-quality affordable homes and meaningful employment.
- Encouraging the use of more sustainable transport methods, reducing car dependency and the necessity for more car parking by developing accessible community spaces that meet local people's needs, and reducing the need for people to make trips outside the area.
- Engaging with all stakeholders at the earliest opportunity in developing a strategic vision for an area and maximising 'buy in' from all concerned.

'The council's planning and public health teams will continue to work collaboratively, engaging 'upstream' in the pre-application process, meeting regularly to share information and new perspectives on data, organise training, and problem solve – underpinned by building trustful relationships and acknowledging different expertise. We will continue to engage with stakeholders to promote the healthy communities policy within the policy framework and using tools such as the Healthy Urban Planning Checklist, and to develop a shared vision of improving health through planning.'

Luton, Bedfordshire

Partner: Luton Council

The Luton workshop focused on the local health challenges faced in Luton (population approximately 214,700), with presentations from Michael Chang, Project and Policy Manager at the TCPA, Tim Hedges from Luton Borough Council's public health team, and Sue Frost from the planning team at Luton Borough Council. Local challenges include air quality and a constantly changing population.

Attendees were mostly from Luton Borough Council, in planning, policy, public health, management, development and project design fields. A representative from Arup was also in attendance.

Progress since 2012/13

- Luton Food Plan 2018-2032.
- A Green Infrastructure Plan for Luton (2015).
- Luton Local Plan 2011-2031 (adopted November 2017).
- *A Healthier Future: Improving Health and Wellbeing in Luton 2012-2019. 2016 Refresh*.

Challenges and actions

- Budget cuts leading to skills and capacity shortages – this makes it more important for cross-body working and conversations between different teams to ensure that there is a clear understanding of public health and planning terminologies and of what work is being done.
- The loss of open space and trees (a huge challenge in Luton) – using Section 106 agreements and the Community Infrastructure Levy (CIL) as enablers by seeking positive contributions to open space and green infrastructure from developers.
- Strategic infrastructure to reduce traffic pollution in Luton, such as the Airport Sustainability Strategy, using taxis, buses, trains and (locally) cycling and walking infrastructure plans. A need to map locations and routes to improve connectivity.

Future opportunities

- Making the most of the Direct Airport Rail Transport (DART) system at London Luton Airport.

- Improving and encouraging sustainable transport options, for example walking and cycling, and really pushing the health benefits (physical, mental and environmental) offered by these transport modes.
- Planting more trees, through a strategy to inform planning development and ensure that the inclusion of green infrastructure is a priority.

'The workshop gave us an increased mutual understanding of how public health and planning can work together to develop a built environment that supports health and wellbeing.'

Cardiff, Wales

Partners: Wales Health Impact Assessment Support Unit and Public Health Wales

The Wales workshop was held in Cardiff and was organised with Public Health Wales (PHW) and the Wales Health Impact Assessment Support Unit (WHIASU). PHW, the national public health agency in Wales, has a remit to protect and improve health and wellbeing and reduce health inequalities for people in Wales.

The workshop aimed to engage a range of stakeholders, create opportunities and promote and showcase PHW good practice. The session was opened by Liz Green, the lead for WHIASU, and featured by presentations by Michael Chang, Project and Policy Manager at the TCPA, Stuart Williams, Group Leader (Planning Policy) at Cardiff City Council and Sue Toner from PHW (on planning and public health in Cardiff), Lara Griffiths, Senior Planning Officer at Denbighshire County Council (on health impact assessments in practice), and Ed Huckle, Principal Environmental Health Scientist at Public Health England's Centre for Radiation, Chemicals and Environmental Hazards (CRCE) (working with WHIASU on harmonising health and planning).

Attendees included practitioners in environmental heath, public health, planning and policy from PHW, Natural Resources Wales, the Welsh Government, Swansea Council, WHIASU, Denbighshire County Council, Ceredigion County Council, the Royal Society for the Protection of Birds (RSPB), and Cardiff City Council.

Progress since 2012/13

- The Wellbeing of Future Generations (Wales) Act 2015.
- The Public Health (Wales) Act 2017, introducing a statutory requirement to carry out HIAs.

Challenges and actions

- A need for a co-ordinated network and approach among colleagues and/or external bodies to ensure a clear understanding of how the planning system works.

- The need for cultural change and education. Trying a behaviour change method.
- Consideration of how to measure change and impacts. The need for a for coherent system of monitoring the difference and impacts that planning and public health actions are making.
- The need for more fluidity in the planning system (which can be rigid and act as a constraint) and a firm grasp of how to use policies.

Future opportunities

- Collaborating with all partners. Creating opportunities for joint professional training and/or working. Using shared posts or sabbatical work between offices.
- Embedding health in the whole life course of the planning process.
- Working alongside other local authorities to encourage them to map hot-food outlets and schools for locational comparison and to add to the growing evidence base.
- Reviewing mapping annually following the release of data from the National Child Measurement Programme.

'It seems as though we are speaking different languages when we should all be singing from the same hymn sheet and working collaboratively to build linkages.'

Annex 2

Timeline – planning for health milestones since 2012

England		Wales
The Department of Health publishes the Public Health Outcomes Framework for England.	**January 2012**	
The National Planning Policy Framework replaces Planning Policy Statements and Planning Policy Guidance. The Health and Social Care Act 2012, moving public health into local authorities, receives Royal Assent.	**March 2012**	
The government introduces new permitted development rights, including conversion of buildings from office into residential use without the need for planning permission.	**March 2013**	
Public Health England is established, with a presence in eight local centres, London and four regions.	**April 2013**	Natural Resources Wales becomes operational.
Public Health England launches the Healthy Places programme, which includes activities on planning and the built environment.	**November 2013**	The Active Travel (Wales) Act 2013 receives Royal Assent.
The Department for Communities and Local Government publishes health and wellbeing guidance as part of the Planning Practice Guidance.	**March 2014**	The Children, Young People and Education Committee of the National Assembly for Wales publishes its childhood obesity inquiry report, which includes coverage of roles for planning.
The Department of Health publishes Health Building Note guides on the healthcare system in England for local planning authorities.	**March 2015**	

Annex 2

England		Wales
	April 2015	The Wellbeing of Future Generations (Wales) Act 2015 receives Royal Assent.
	July 2015	The Planning (Wales) Act 2015 receives Royal Assent.
	September 2015	Public Health Wales publishes *Planners Guide – When to Consult with Public Health in Supporting Local Planning Authorities*.
Sport England publishes revised *Active Design* guidance with Public Health England.	**October 2015**	
The House of Commons Health and Social Care Committee publishes its inquiry report on childhood obesity, highlighting roles for planning.	**November 2015**	The Welsh Government publishes a note to Chief Planning Officers on support for the planning process from the Environmental Public Health Service in Wales.
The House of Lords Select Committee on National Policy for the Built Environment publishes the *Building Better Places* report, which includes coverage of health in the built environment.	**February 2016**	Publication of the Active Travel Action Plan for Wales.
NHS England announces ten demonstrator sites for the Healthy New Towns programme.	**March 2016**	The Environment (Wales) Act 2016 receives Royal Assent.
The House of Commons Health and Social Care Committee publishes its *Public Health Post-2013* inquiry report, highlighting roles for planning.	**September 2016**	
	November 2016	Public Health Wales, the Wales Health Impact Assessment Support Unit and the TCPA publish the *Planning for Better Health and Well-being in Wales* briefing for practitioners. Publication of Planning Policy Wales (Edition 9).

Annex 2

England		Wales
The House of Commons Health and Social Care Committee publishes its childhood obesity plan inquiry report, highlighting roles for planning. The government publishes the findings of the Naylor Review of NHS Property and Estates, with implications for the planning process.	**March 2017**	The Welsh Government publishes its Natural Resources Policy, setting out actions for maintaining healthy, active and connected communities.
The Department for Transport publishes its Walking and Cycling Investment Strategy.	**April 2017**	
The Department for Communities and Local Government publishes further guidance on food environments in the health and wellbeing section of Planning Practice Guidance.	**July 2017**	The Public Health (Wales) Act 2017, requiring public bodies to undertake health impact assessments, receives Royal Assent.
Accord is reached between National Parks England and Public Health England to support joint action on improving health and wellbeing through the National Parks.	**September 2017**	
The TCPA publishes *Creating Health-Promoting Environments*, a practical guide for creating successful new communities.	**December 2017**	
The Department for Environment, Food and Rural Affairs publishes the 25 Year Environment Plan, which includes actions for planning and public health.	**January 2018**	
Publication of *Improving Health and Care through the Home: A National Memorandum of Understanding*. The House of Commons Housing, Communities and Local Government Committee publishes its inquiry report on housing for older people, highlighting roles for planning.	**February 2018**	

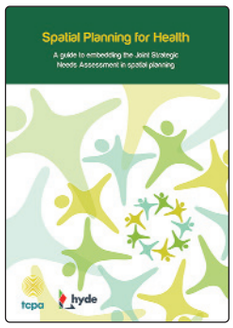
Annex 2

England		Wales
The House of Commons Health and Social Care Committee publishes its childhood obesity plan inquiry follow-up report, highlighting roles for planning and public health.	**May 2018**	
The government publishes *Childhood Obesity: A Plan for Action. Chapter 2*, which includes planning initiatives to be taken forward.	**June 2018**	
The revised National Planning Policy Framework is published.	**July 2018**	
The House of Commons Transport Committee commences an active travel inquiry. The Ministry of Housing, Communities and Local Government publishes a prospectus inviting new sites for new 'garden communities' which include healthy places qualities. NHS England sets up the Healthy New Towns Network with Public Health England, developers and housing associations.	**August 2018**	
The Department of Health and Social Care publishes *Prevention is Better than Cure*.	**November 2018**	Public Health Wales and the Wales Health Impact Assessment Support Unit hold the first Reconnecting Health and Land Use Planning in Wales Workshop in Cardiff.
	December 2018	Publication of Planning Policy Wales (Edition 10).
NHS England publishes the NHS Long Term Plan.	**January 2019**	

Annex 3

Reuniting Health with Planning project publications

These publications are available from the TCPA website, at https://www.tcpa.org.uk/healthyplanning



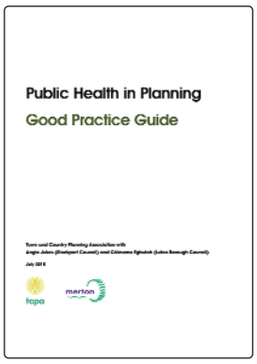
Spatial Planning for Health: A Guide to Embedding the Joint Strategic Needs Assessment in Spatial Planning (2010)

Belfast Healthy Cities 'Reuniting Planning and Health' capacity building resource (2014)

Reuniting Health with Planning – Healthier Homes, Healthier Communities (2012)

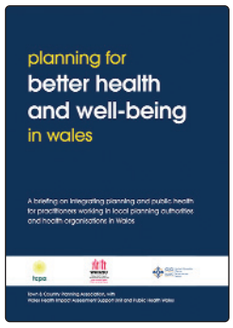
Planning Healthy-Weight Environments – A TCPA Reuniting Health with Planning Project (2014)

Planning Healthier Places – Report from the Reuniting Health with Planning Project (2013)

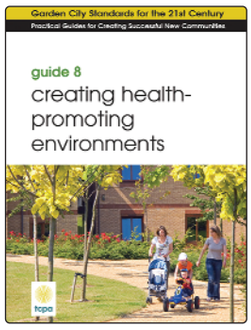


Public Health in Planning: Good Practice Guide (2015)

Building the Foundations: Tackling Obesity through Planning and Development (2016)



Planning for Better Health and Well-being in Wales: A Briefing on Integrating Planning and Public Health for Practitioners Working in Local Planning Authorities and Health Organisations in Wales (2016)



Practical Guides for Creating Successful New Communities. Guide 8: Creating Health-Promoting Environments (2017)

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The State of the Union: Reuniting Health with Planning in Promoting Healthy Communities

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