

Reuniting Health with Planning: experiences of municipal collaboration to create healthier places

Authors: Michael Chang, Planning Policy Officer at the Town and Country Planning Association (TCPA) and Andrew Ross of Final Draft Consultancy

1. Context

Formal town and urban planning began in the 19th Century in the UK as a result of public health concerns in poor housing in slum conditions across the UK's urban centres. Planning, housing and public health responsibilities were integrated within the same municipal structure until a reorganisation of the National Health Service in the 1970s.

There is mounting evidence about what planning can do to help achieve public health outcomes by facilitating behaviour change through influencing environmental change. The shared roots of planning and public health are widely known and the results of this shared history widely celebrated in successful places that both professions visit and refer to as best practice.

The Town and Country Planning Association (TCPA) was established in 1899 as the Garden Cities Association by Sir Ebenezer Howard. His vision was to tackle pressing social and public health concerns through building high quality places and homes with good access to the amenities of the town and nature in the countryside. This was achieved by firstly building new garden cities in Letchworth and Welwyn, and continuing to advocate through the 20th Century for building what we would now call sustainable and high quality new communities.

In fact one of the TCPA's earlier publications on the public benefits of garden cities could be referred to in a 1938 pamphlet that was subsequently re-published in March 2013. 'Health and Garden Cities' was a pamphlet written for the Association by Dr Norman Macfadyen, Letchworth Garden City's first resident doctor and its first medical officer of health (the predecessor of the current Director of Public Health). In this pamphlet, he highlights the following health outcome comparison between Garden Cities with other areas in England and Wales, and that "these figures speak for themselves: if expressed in terms of economics, they present a great saving of national assets":

Table 1: Comparison between Garden Cities and other areas on health statistics

	General mortality	Infant mortality	Tuberculosis per 1,000 living
Letchworth	8	33.6	0.38
Welwyn	5.9	25	0.574
Wythenshawe	7.86	60	0.72
Manchester City	12.85	71	1.04
Manchester clearance areas	17.32	120.0	1.97
England and Wales	12	62	0.804

2. Rationale

Despite being rooted in public health, planning is a discipline that has little formal contact with health professionals; different languages, culture and reporting regimes have helped to exacerbate this divide. In statute, policy and in professional practice, both professions are worlds apart. As a result, most guidance on health and planning tends to speak to one of these audiences but not both. Structural and policy changes in spatial planning and public health had become the incentive for reuniting health with planning.

For planning, there was reform of national policy guidance with the passing of the Localism Act 2011 gives more power to neighbourhoods, including provisions for neighbourhood planning. The Act also introduces a raft of other changes that have implications for improving health. The National Planning Policy Framework, published in March 2012, is the overarching guidance for local authority planners in making plans and assessing development proposals. It now makes an explicit reference to and requires planners to promote healthy communities, use evidence to assess health and wellbeing needs, and work with public health leads and organisations. For health, from April 2013 in England municipalities will be responsible for public health. The Health and Social Care Act 2012 transferred responsibility for public health to upper-tier local authorities in England from April 2013. It also requires the creation of health and wellbeing boards to bring together key commissioners from the local NHS and local government to strategically plan local health and social care services.

The Marmot Review, commissioned by the last government and endorsed by the current Coalition Government, recommended that local areas 'integrate planning, transport, housing and health policies to address the social determinants of health'. In 2011, the Department of Health had identified the planning system as a key part of English municipalities' new public health functions. For planners, this corporate responsibility for public health is an opportunity to exploit especially by building on existing work in responding to the climate change agenda and promoting environmental sustainability, both of which have important overlaps with improving health. Despite this critical window of opportunity for influencing the public health agenda, it is far from clear who is going to support planners to do this. The TCPA initiative on Reuniting Health with Planning began during a period of transition and also hiatus. The Local Government Association's Healthy Communities team closed down recently, and the new independent body that will oversee public health, Public Health England, was not yet in place.

This TCPA Reuniting Health with Planning Project consists of multiple phases of projects to highlight the new and different opportunities for municipalities to promote public health and reduce inequalities, and track their progress as they implement new ways of working. But the Project also had a more strategic aim for the TCPA to join the leading advocates for a responsive planning system and responsible town planners for promoting public health. This Case Study draws on the experiences of these multiple phases of projects between 2012 and 2014.

3. Description

The TCPA 'Reuniting Health with Planning' Project began in April 2012 and is going through a number of phased projects. It seeks to engage and support local municipality politicians, planners, public health practitioners and housing developers through a process of integration across government with wider stakeholders and agencies. The methods used include a combination of reviewing desktop and literature research, facilitating roundtables and seminars, developing practical guidance, and promoting advocacy and collaboration through engagement with central government, agencies, stakeholders and professional networks.

Securing funding for these projects was both a challenge and an opportunity. The TCPA has secured funding and support from a range of organisations rather than one single source, including from charitable trusts, municipalities, private sector consultancies, housing associations, professional networks and government agencies. Many of these municipalities are WHO Healthy Cities.

The project phases forming the basis of this Case Study are detailed below.

3.1 Phase 1: 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

- ***Stage 1: Research (April to June 2012)*** - The initial thought-leadership phase focused on extracting and deconstructing key lessons and recommendations from practitioners for practitioners. Work included reviewing policy, conducting phone interviews with 6 local municipality practitioners and councillors from different localities, and devising key planning and public health interventions and recommendations.
- ***Stage 2: Publication (July 2012)*** - A handbook was published and disseminated to practitioners. It was launched at a special event at the TCPA in London with representatives from the UK Government Departments for Communities and Local Government, and Health, and the Local Government Association.
- ***Stage 3: Seminar series (July to September 2012)*** - 5 regional seminars sought to use the handbook as a framework for engaging with practitioners within the target audience groups. These were planned and delivered in collaboration with partners in the case studies with opportunities to link research and evidence to practice on the ground. Each seminar had invited speakers from the key practitioner groups and public delivery agency representatives, and included interactive discussions.

Funding and support was secured from the Planning Exchange Foundation, NHS Bristol, NHS Sandwell, Luton Borough Council, Gateshead Council, Central Lincolnshire Joint Planning Unit, First Ark Housing Association, Hyde Housing Association, and the West Midlands Learning for Public Health Network.

3.2 Phase 2: Planning healthier places

- **Stage 1: Research (May to July 2013)** - Background research of existing literature and guidance documents to understand the role of planning to improve health and reduce health inequalities, and how that interacts with other relevant professions in order to identify 'place-based' characteristics and links to existing social determinants of health.
- **Stage 2: Locality roundtables (July to September 2013)** - 8 locality roundtables were planned and delivered to continue to engage practitioners by providing a forum for facilitating discussions, information sharing and exchange to improve local practice. In addition specific attention was paid to the geographical settings and different structures of local government across England in selecting the roundtable locations so a combination of county, district and unitary municipalities were involved in hosting a roundtable. A brief summary of each is provided:
 1. Bristol City Council – embedding health and sustainability into major development proposals, including on sites owned by the City Council;
 2. Hertfordshire County Council – promoting health within planning for housing growth, restricting hot-food takeaways, and improving access to high-quality green spaces;
 3. Knowsley Council and First Ark Group – improving housing quality through the proposed Knowsley Healthy Homes programme;
 4. Lincolnshire County Council and Central Lincolnshire Joint Planning Unit – planning for demographic change, planning for good-quality housing, and maximising the health benefits of open space;
 5. Manchester City Council – delivering health benefits through the planning system when most new development will be predominantly in existing urban areas and small in scale and cumulative in nature;
 6. London Borough of Newham Council – evaluating a draft 'healthy urban planning checklist' in making decisions on development schemes;
 7. Stockport Council – creating a public realm that facilitates more active travel and public transport use; and
 8. West Midlands Learning for Public Health – identifying opportunities for joint working on local projects throughout the region.
- **Stage 3: Publication and dissemination (November 2013)** - The publication was launched at a high-profile event in the Houses of Parliament in Westminster by a Member of Parliament.

Funding and support was secured from Public Health England, the Planning Exchange Foundation, Bristol City Council, Stockport Council, Hertfordshire County Council, Lincolnshire County Council, Manchester City Council, Newham Housing, First Ark Housing Association, and West Midlands Learning for Public Health.

3.3 Further phases

In early 2014 the TCPA sought to continue to engage other municipalities and held further locality roundtables for Sefton Council, and Belfast City Council in Northern Ireland, which also included developing a specific local capacity building resource to be launched in November 2014.

In spring 2014, the TCPA began its Phase 3 project to look at how town planning can promote healthy weight environments to play its role as part of a wider systems-approach to tackle the growing obesity crisis. This project follows a similar collaborative approach as previous phases and maximises engagement with municipalities throughout the process. Similarly the project is funded and supported by a range of organisations. The project materials are being published online as they become available; the final resources will be launched in December 2014.

4. Achievements

Project impacts have been both local and strategic. Locally, the Project has collaborated directly with 12 municipalities in England and Northern Ireland. Overall, the Project has indirectly engaged over 100 municipality areas (close to a third of the total number of municipalities across the UK nations) through attendance and participation at various seminars, workshops and roundtables.

The focus on engaging locally has been deliberate. While there needs to be an evidence-based approach to public health interventions in spatial planning, on its own this is not enough. This evidence needs to be accompanied by softer skills such as relationship building to maximise the benefits of working together. Our projects have been designed to foster relationship building at the local level so that municipalities and their partners can share their own health and planning priorities and progress them beyond their involvement in the TCPA project. Feedback from our local partners suggests that we have achieved this:

- **A local housing association in the North West of England said:** “It has been a pleasure to participate in this phase of the project and the round table in Knowsley was a great opportunity to share the great work partners were doing and provided a platform to launch an exciting Knowsley Health Housing project involving housing, health and planning partners.”
- **A regional public health learning network:** “The work of the TCPA has provided an opportunity to share the learning with colleagues from across the country, influence key stakeholders and politicians hence creating another step towards embedding healthy urban development in public health policy and practice, recognising the positive gains for a healthier nation.”
- **A municipality in the North West of England:** “The TCPA Reuniting Planning with Health Phase 2 project has enabled Stockport Council to focus on what further actions are needed to build on a history of close working between health and planning colleagues, taking advantage of the public health remit coming back in-house to Councils. This will enable public health to engage in the planning process from policy to permission.”

Strategically, the Reuniting Health with Planning Project publications are consistently referenced as authoritative sources by practitioners. As a small charitable organisation, we recognise that alone we cannot achieve complete institutionalisation and that partnership working rather than competition is necessary. Already across the national setting, planning, public health and environmental agencies have begun to engage with the TCPA on projects and to share good practice. The Government’s own lead agency on public health, Public Health England, considers the TCPA as a key stakeholder for delivering its Healthy People, Healthy Places work programme. Other agencies such as Sport England and Natural England, each with their respective health leads, have engaged with the TCPA.

5. Conclusion

In summary, the TCPA is successfully helping to integrate public health into spatial planning in the UK – notably England – and raising awareness of the agenda by:

- highlighting the links that exist between health and planning
- researching and promoting existing practice in relation to joint working and collaboration, not just between town planners and public health professionals, but across the spectrum of 'place' including architects, transport planners, and housing, regeneration, green space and environmental health officers
- publishing authoritative guidance to support implementation.

This project has adopted a collaborative, intersectoral approach to support local places to adopt policy and practice that has the potential to create healthier places. It has demonstrated strategic, outcome-oriented approaches and practices with innovative solutions and important transferable lessons. These are:

- **Planning collaboratively:** The local plan should provide the overarching strategy for achieving healthier places, but that does not mean that planners will be always in the driving seat: very often the process will be driven by other arms of the local authority (such as housing, regeneration, transport), developers, or local communities.
- **Striking the right balance between Short-term financial viability and long-term public health aspirations:** Viability testing is putting developers in the driving seat. Professionals involved through the Project were troubled by this emphasis on short-term financial viability, which they saw as being at odds with the longer-term considerations that shape the public's health.
- **Provide and apply credible – and useful – evidence to planning decision:** It is vital to generate a credible evidence base that demonstrates the long-term health and financial value of planning for health-promoting environments. If data are to inform local policies and influence planning decisions, they need to relate better to the actual places for which the local authority is responsible. Often public health data cannot be readily used as 'spatial planning' evidence.

6. References

- TCPA Health and Planning web pages www.tcpa.org.uk/pages/health.html
- Andrew Ross with Michael Chang, *Planning Healthier Places: Report from the Reuniting Health with Planning Project*. TCPA, Nov. 2013
- Andrew Ross with Michael Chang, *Reuniting Health With Planning: Healthier Homes, Healthier Communities*. TCPA, Jul. 2012
- Andrew Ross and Michael Chang, 'Reuniting health and planning - reflections from the frontline', *Urban Design and Planning*, forthcoming 2015
- Michael Chang, Sam Cuthbert, Rachel Flowers and Andre Pinto, 'Tackling wellbeing and health inequalities through planning', *Planning in London*, July 2014
- Michael Chang, Andrew Ross, Tim Chapman and Carl Petrokofsky, 'Reuniting health with planning – creating health promoting environments', *Town & Country Planning*, January 2014
- Andrew Ross, 'Reuniting health with planning – a work in progress', *Town & Country Planning*, June 2013

- Andrew Ross and Michael Chang, 'Health and planning – defining a reunited agenda', *Town & Country Planning*, November 2012