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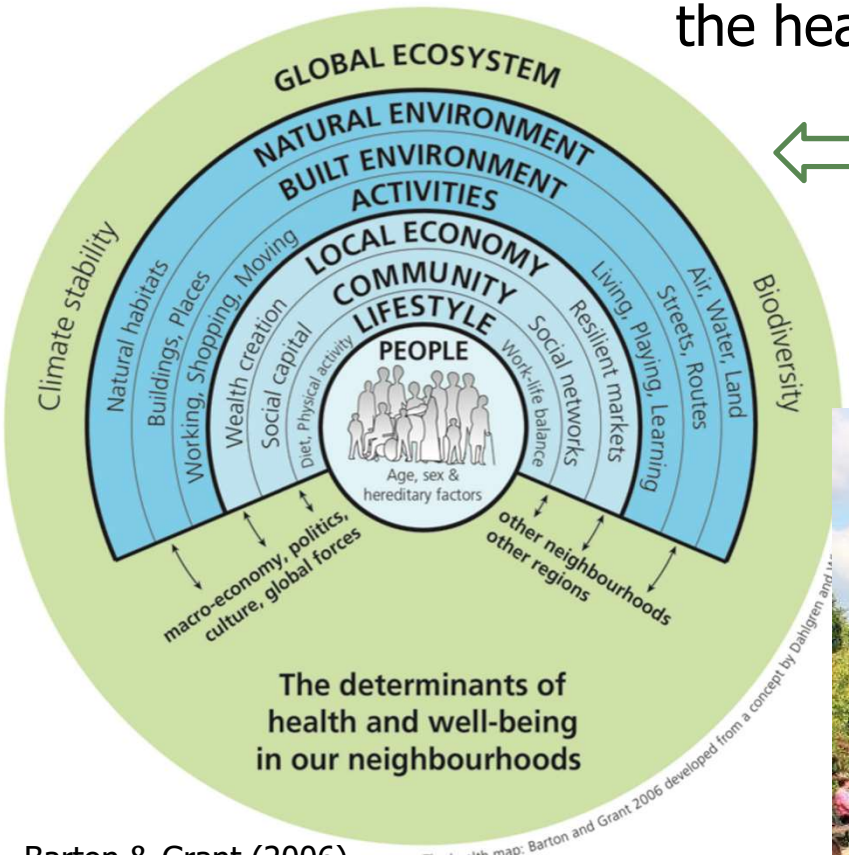
PHW/WHIASU
'Reconnecting planning and health'
19th November 2018
Cardiff

International examples of good practice

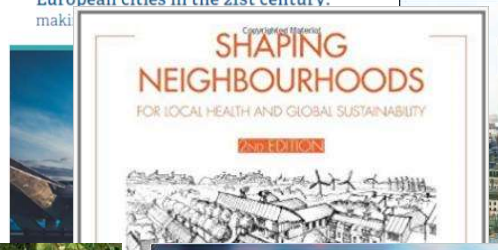
What is a healthy urban environment?

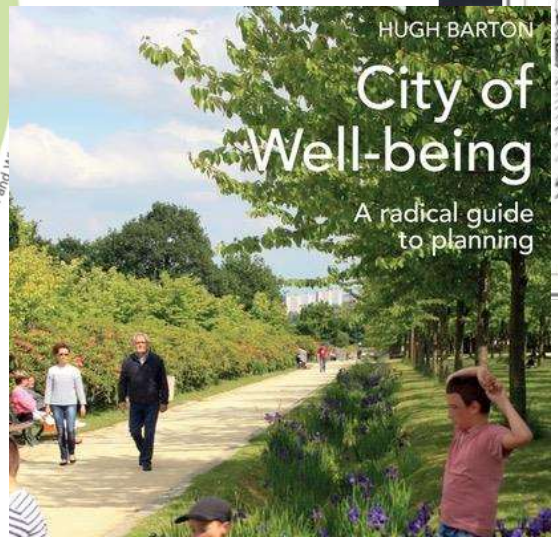


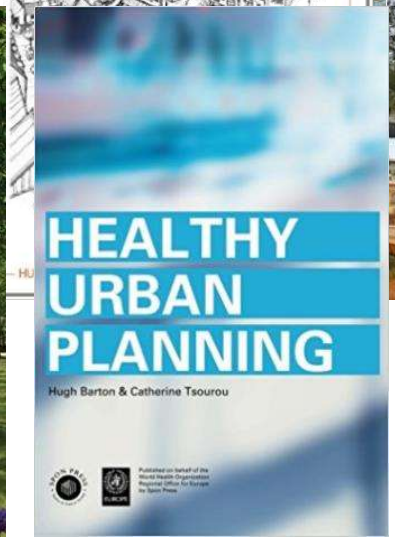
Barton & Grant (2006)

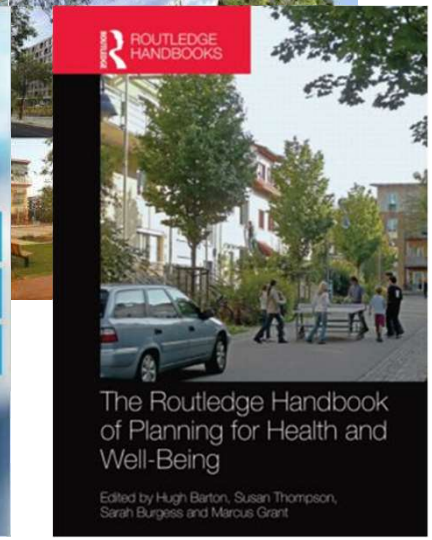
the health map

we wrote the book(s)!









Main drivers of change in European cities in the new millennium

- **The world economy: cities represent 80% of world GDP**, impact on land use and activities, including e.g. green infrastructure, public transport and active travel infrastructure.
- **The environment**: imperative to both **mitigate and adapt** to the impacts of climate change and address other environmental and health issues (preservation of green spaces, e.g.).
- **Changing demographics:** increase in high **old age** dependency ratios affecting health needs and requiring age friendly infrastructures and services.
- **Change in burden of diseases** related to **sedentary behaviours** requiring prioritisation of active travel e.g.
- **Technological advances/smart cities:** improve the way citizens experience and interact in their cities (e.g. public transport, water, air quality; improving social connections) but also threaten mainstream economy (air B&B, Uber taxis…).

International policy drivers for local environment and health

- **Overarching framework:** UN's SDGs – SDG11 but other SDGs have environmental and health dimensions that hold potential for significant public health improvement as well as addressing climate change.
- **2016 EU Urban Agenda:** aimed at strengthening the urban dimension of European policies, promoting vertical and horizontal coordination of policy, impact assessment and knowledge exchange in order to contribute to SDG 11.
- **Pan European activities by cities focus on climate change**: e.g. Paris Agreement, EU strategy on adaptation to climate change, Covenant of Mayors for climate and energy, EU's 7th environmental action programme acknowledging the city dimension.
- **European Healthy Cities Network** committed to health and sustainable development – Phase 7 of the Healthy Cities programme (2018-23) focuses on people places and participation

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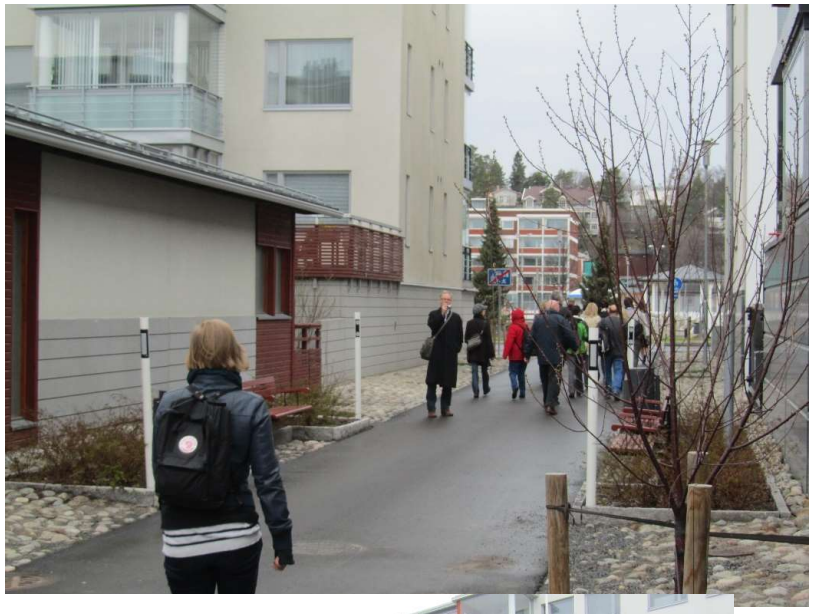
Designing places for people

Source: Morag Lindsey



Source: Sarah Burgess

Source: Mark Drane

Source: Laurence Carmichael

Hammarby Sjöstad: eco-friendly urban development

- Example of infrastructure integration: resource/transport/building
- Masterplan ensuring high quality in design and environmental performance – Local authority driving up standards

East London Green Grid: promoting blue-green infrastructure

- Green infrastructure for long term environmental and social benefits
- Partnership and planning policy instruments for multifunctional spaces and regeneration

Hannam Hall, Bristol: PPP, high standards and prioritising green infrastructure

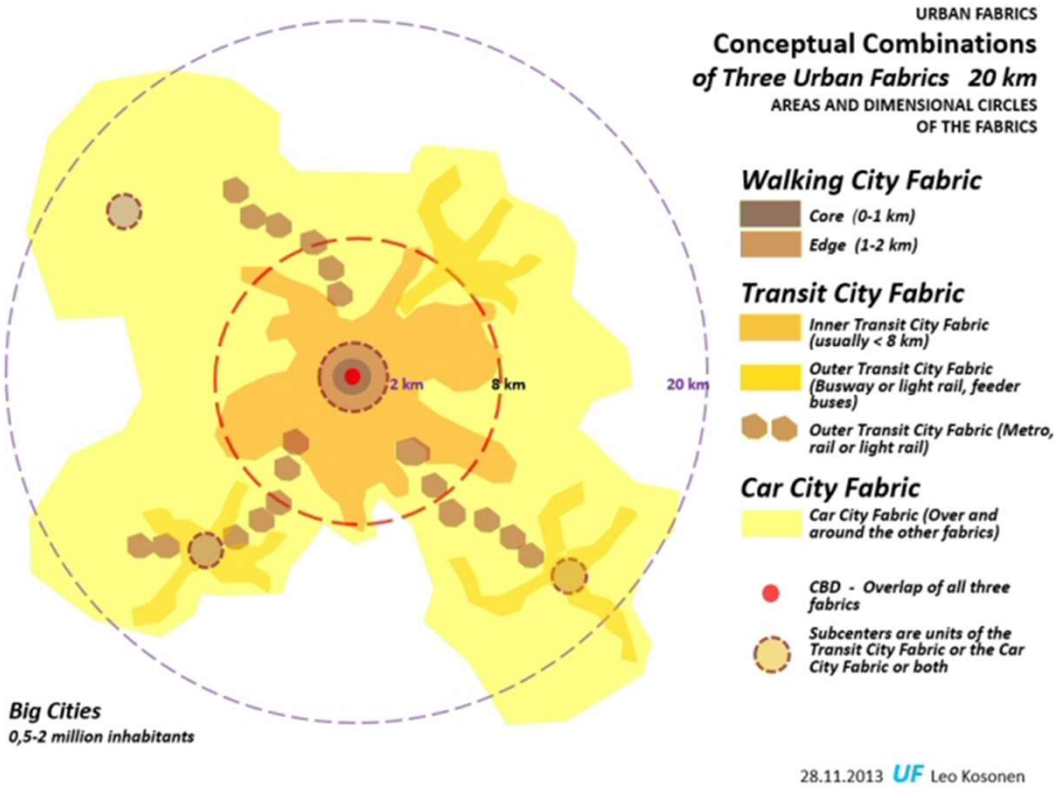
- England's first large-scale housing scheme to achieve the 2016 zero-carbon standard
- Prioritising views and light, linking private and public realm, sense of community, encouraging active travel
- Public Private sector partnership

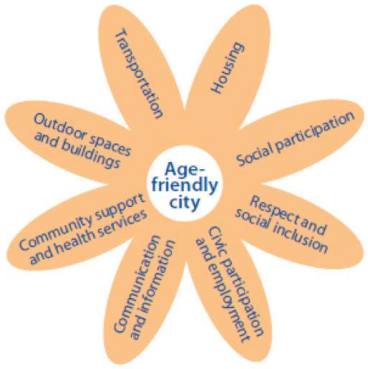
Copenhagen, cycling city: leadership, partnership, investment, design, sustainability

Health/economic benefits from active transport outweigh the comparatively low cost measures to promote cycling and walking.

Up to 435 000 additional jobs might be created if 56 major European cities had the same modal share of cycling as Copenhagen (THE PEP: Riding towards the green economy http://www.euro.who.int/__data/assets/pdf_file/0017/311471/Cycling-and-green-jobs.pdf?ua=1)

Transport planning for a healthy city: Kuopio





Age friendly cities

Manchester: first city in the UK, one of nine around the world, to join the WHO Global Network of Age-friendly Cities in 2010. The City Council's age-friendly programme was launched in 2012.

Neighbourhood research projects: explore spatial and social aspects of ageing and draw up a plan of action for the area.

The 'Cultural Offer' for older people. This project features 20 city arts and heritage organisations working to extend older people's involvement in cultural production and planning.

The Locality Programme: small grants and gives older people a voice in local decision-making.

The 'Positive Images of Ageing' Campaign. This campaign challenged ageist stereotypes with images across city centre advertising spaces, exhibitions and published calendars.

http://www.vathorst.nu/index.php?nr=14749&co=5729095&ui_set=ja

https://www.citylab.com/solutions/2015/06/a-case-study-in-bike-friendly-suburban-planning/396107/

Portsmouth: example of managing places

Area-wide speed limit reduction to 20 mph using signing alone

Modest reduction in vehicle speeds

No before measurement of walking activity

Children walking to school increased from 67.5 to 72.5%

Source: DfT, 2010

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Places by people

Vision and Leadership

'Global forces are not making the politics of place less important. Globalism and local governance are not mutually exclusive but are deeply entwined… important differences remain in **the ways particular world cityregions are mediating international forces**' (Kantor et al 2012 p 241).

Mayoral power

'Being elected by the whole electorate creates a huge **difference to my authority** to do things. It also gives me the **courage to make changes** that, otherwise, would be very difficult to make' (Bristol Mayor George Fergusson, Hambleton 2015 p135).

Civic leadership

Successful civic leaders are constantly **learning from the environment** in which they find themselves in order to discover new insights, co-create new solutions and advance their political objectives. (Hambleton, 2015)

Community engagement

Local knowledge and engagement: as important as expert and political knowledge for democracy, policy buy-in and behaviour change

- Participatory planning
- Crowd funding
- Capturing local knowledge in Health Impact Assessment
- Big data

Luchtsingel Footbridge, Rotterdam

People: key factor for successful governance in smart cities

"A Smart City is a city seeking to address public issues via ICT-based solutions on the basis of a multi-stakeholder, municipally based partnership"

Vision: The study makes clear that **inclusion and participation** are important targets for successful smart city programmes to avoid polarization between the urban elite and the low-income areas.

People: inspiring leaders (city champions) behind many successful initiatives. **Citizens** should be empowered through active participation to create a sense of ownership and commitment. It is

Process: central office as go-between for smart city ideas and initiatives, **drawing in diverse stakeholders**, is of vital importance and allows for the coordination of ideas, projects, stakeholders and beneficiaries.

Manville C, Cochrane G, Cave J, Millard J, Pederson JK, Thaarup RK et al. Mapping Smart Cities in the EU. Brussels: European Parliament, Directorate General for Internal Policies; 2014:11

Many ways to share expertise, foster collaboration at city level

- **The green capital approach:** environmental credentials, promote innovation and multisectoral partnerships. Copenhagen (Denmark), Ljubljana (Slovenia), Malmö and Stockholm (Sweden).
- **Ecotowns** can also offer good windows into local innovation and partnership-building for climate action with health benefits. Hammarby Sjostad (Sweden) is an example.
- **National Health Service England Healthy New Towns** programme: cross-sector partnerships, embedding local public health teams into urban regeneration projects.
- Private companies from the energy and technology sectors collaborate with cities around the world in the **C40 Climate Leadership Group**, public/private sector collaboration for sharing best practice and tackling climate change .

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WHOCC tools for reconnecting health and planning

Guidance

Spatial planning for health: evidence review

From: Public Health England
Part of: Homes for health
Published: 6 July 2017

- Public Health England
- 'short sharp' review of reviews

http://eprints.uwe.ac.uk/31390/

https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review

Spatial planning for health

Neighbourhood Design

Quality of Evidence:

- Improved
- Reduced
- High Quality
- Medium Quality
- Low Quality
- NR (Not reported): Methodological quality of the original research is unclear and should be treated with caution.
- Greyed Out Text: Association between a health impact & health outcome not obtained as part of the umbrella review.

Best Available Evidence:

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

Population Groups:

- General Population
- Older Adults
- Children & Adolescents

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

Planning Principles	Modifiable Features	Impact	Health Outcomes
Enhance Neighbourhood Walkability	Increase walkability	↑ Social engagement among older adults	↑ Mental wellbeing
		↑ Physical activity among older adults	↓ Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
	Improve infrastructure to support walking and cycling	↑ Physical activity	↓ Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
		↑ Mobility among older adults	↓ Risk of CVD, cancer, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
			↓ Reduced BMI *
Build Complete and Compact Neighbourhoods	Compact neighbourhoods	↑ Physical activity	↓ Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
	Increased access to facilities and amenities	↑ Mobility among older adults	↓ Risk of CVD, cancer, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
		↑ Social participation among older adults	↑ Mental wellbeing
		↑ Physical activity	↓ Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
Enhance connectivity with safe and efficient infrastructure	Improved street connectivity	↑ Physical activity *	↓ Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
	Public realm improvements (e.g. provision of street lighting)	↑ Physical activity among older adults	↓ Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
		↑ Pedestrian activity	↓ Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
			↓ Road traffic collisons

Building with Nature

The UK's first green infrastructure benchmark
23 standards

1. Core
2. Wellbeing:(Accessible, Inclusive, Seasonal enjoyment, Locally relevant, Socially sustainable, Distinctive)
3. Water
4. Wildlife

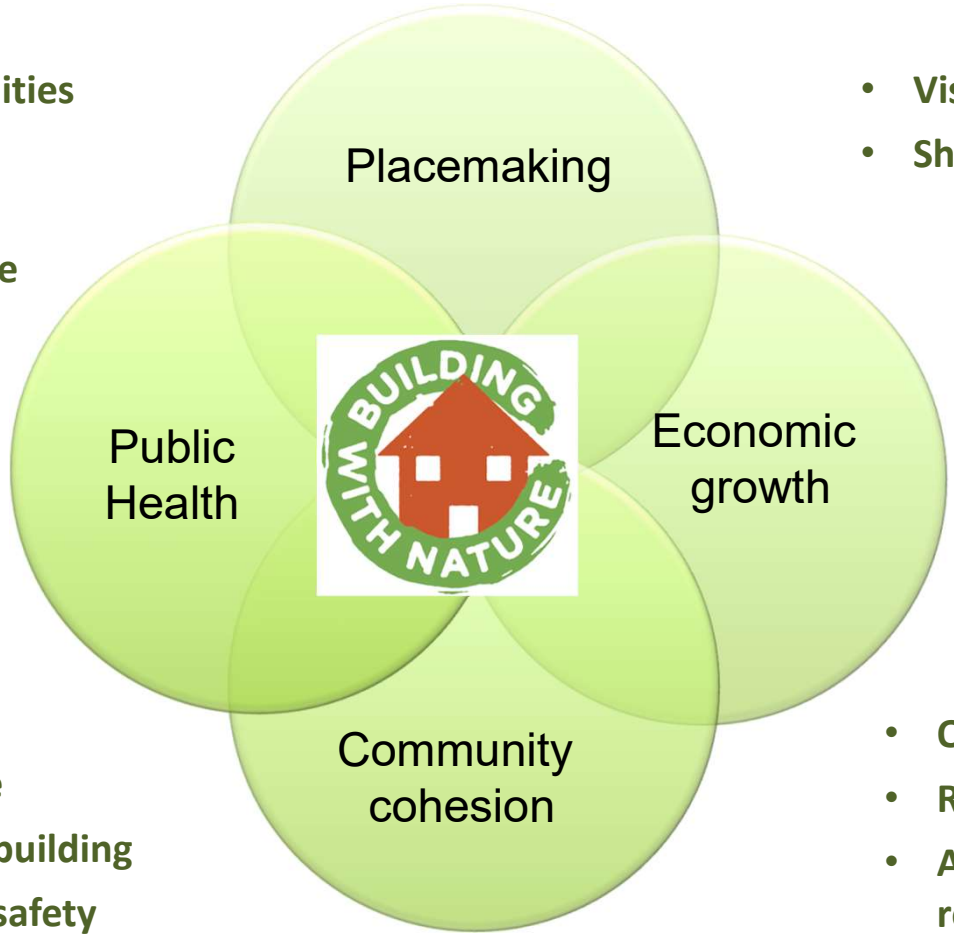
Post-construction award
Accreditation:
Achieved + Excellent

A tool for proactive, early engagement
A framework of consistent, evidence-based standards
A mechanism to secure: net gain, health and wellbeing, natural water management and landscape connections
New opportunities to deliver nature-rich development

www.buildingwithnature.org.uk

Common cause with others

- Health inequalities
- 'Public health infrastructure'
- Gloucestershire Moves



- Vision 2050
- Shaping the City

- Social justice
- Community building
- Community safety

- Quality of life
- Resilience
- Attraction and retention of businesses and talent

Chesterton Farm, Cirencester

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Planning Policy

Planning Application

Planning consent

Reserved Matters

Implementation

Management and Maintenance

buildingwithnature.org.uk

WHO Healthy Cities Project, Health in all policies and HIA

The WHO Healthy Cities

Health 2020 encapsulated the commitment of the WHO Healthy Cities Network to promote health in all policies:
(i) to improve health for all and reduce health inequities
(ii) to improve leadership and participatory governance for health.

Health Impact Assessment is one tool used by local authorities to promote participation in shaping places.

Working with local authorities

Health Policies

Policy DM14: The Health Impacts of Development

2.14.1 The environment is known to have a major impact on health and wellbeing. The National Planning Policy Framework highlights the role of the planning system in supporting health, social and cultural wellbeing and creating healthy, inclusive communities. The Core Strategy aims to deliver a safe and healthy city where development contributes to reducing the causes of ill health, improving the health and wellbeing of the local population and reducing health inequalities. This policy ensures the impact on health is taken into account from the outset in considering proposals and requires systematic health impact assessments to be undertaken for larger proposals.

Development should contribute to reducing the causes of ill health, improving health and reducing health inequalities within the city through:

I. **Addressing any adverse health impacts; and**

II. **Providing a healthy living environment; and**

III. **Promoting and enabling healthy lifestyles as the normal, easy choice; and**

Iv. **Providing good access to health facilities and services.**

Developments that will have an unacceptable impact on health and wellbeing will not be permitted.

A Health Impact Assessment will be required for residential developments of 100 or more units, non-residential developments of 10,000m² or more and for other developments where the proposal is likely to have a significant impact on health and wellbeing. Where significant impacts are identified, measures to mitigate the adverse impact of the development will be provided and/or secured by planning obligations.

Site Allocations and Development Management Policies

Local Plan

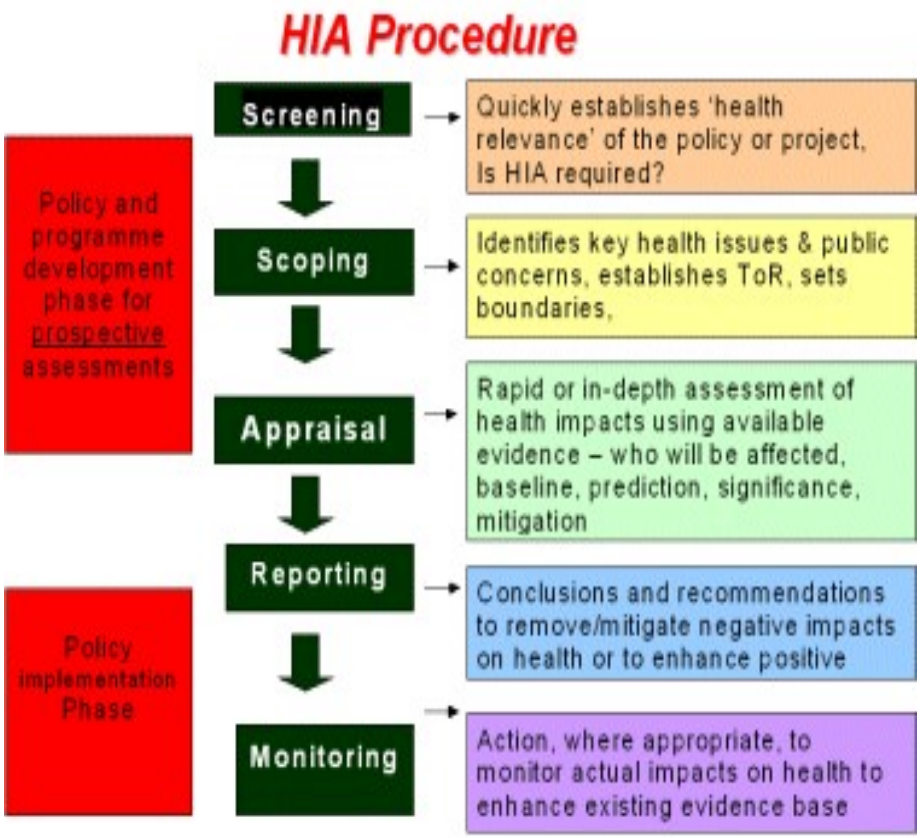
Adopted July 2014

Working at regional level

Healthy places: Regional HIA working group with PHE SW

Scope of the regional HIA approach

HIA will be limited to determining planning applications



Reuniting health & planning: improving quality of lives and places

- Previous research: NICE - 2011 systematic evidence review on the consideration of health at plan and project levels
- 2015-17: ESRC seminar series, tackling implementation gaps in evidence, policy, governance
- ESRC funded / 500 attendees
- Linked with Baroness Finlay of Llandaff's work on Building Better Places.

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Conclusion: what have we learnt on the reconnecting health and planning agenda in England ?

1. Current **land development process hinders** the consideration of **health** in planning
2. Public health **evidence must be translated** into actionable healthy planning principles
3. The **economic case for healthy design is needed** to challenge assumptions made within developers' 'viability' assessments
4. **Local planning policies** can help thwart the private sector weakening standards
5. **Cross sector** partnership and capacity building are **key resources** of healthy planning

Conclusion:
dilemma of the place agenda, but great opportunities for policy-makers

Can we deliver places that thrive economically, environmentally and socially AND promote health and wellbeing and equity? Focus on general population, social groups or on deprived areas?
Prevention or cure? housing for the life course, new care models, segregate groups?

⇒ Evidence base and good practice is plentiful, promote knowledge sharing an capacity building

- In next 4 years, the WHOCC for Healthy Urban Environments will develop a resource hub working with key partners.

- **What do we need from practitioners**: understand capacity building needs, share your case studies of good practice and share tools (benchmark, planning principles, HIA).

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Thank you

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