

Protecting and improving the nation's health



Healthy Places

Knowledge into Action for Healthy Planning

Michael Chang MRTPI Programme Manager – Planning and Health

@HiPNetworkUK
#PHEHealthyPlaces #healthyplanning

January 2020

Learning objectives

- 1. Recognition of existing practice by Public, Private and Third Sectors on planning for health,
- 2. Appreciation that planning for health may not be sufficiently mainstreamed and reflected in policy and practice,
- 3. Why Health Impact Assessments in plan-making and decision-making should be required and considered an essential tool,
- Awareness of how Public Health England is helping to support planning for health at national and local levels.



Be ready with your wifi-enabled device for your contribution to interactive polling throughout today's workshop.

Go to menti.com, type in 37 69 64





Neighbourhood Design

Quality of Evidence:

Improved

Reduced

High Quality

Low Quality

NR (Not reported):

Medium Quality

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



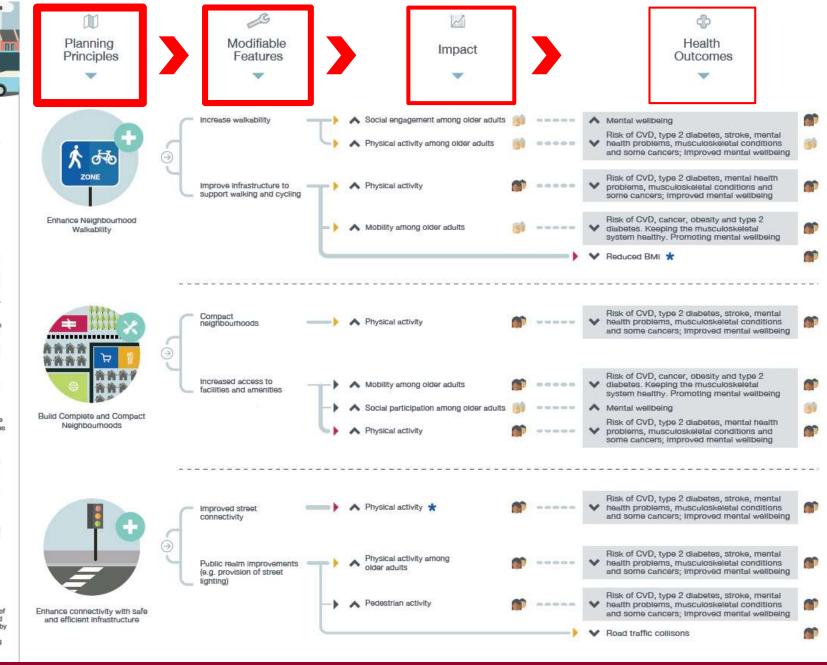
Older Adults

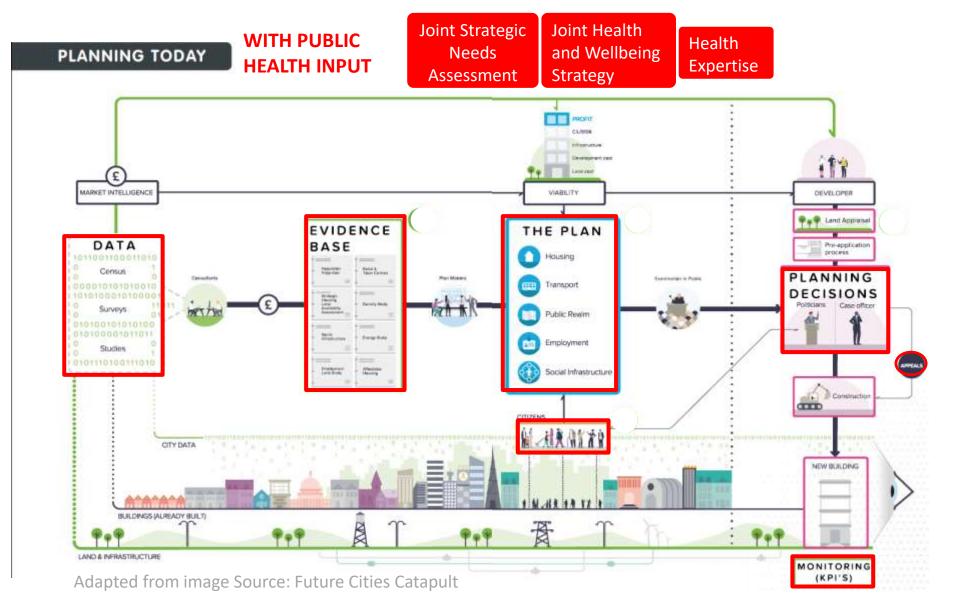


Children & Adolescents

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 healthler places





What does national planning policy say about wellbeing, health protection and healthcare infrastructure in general?

Too many to detail BUT here are main important policy hooks:

1. Para 91 c) Planning policies and decisions should aim to achieve healthy, inclusive and safe places... to enable and support healthy lifestyles (to) address identified local health and well-being needs

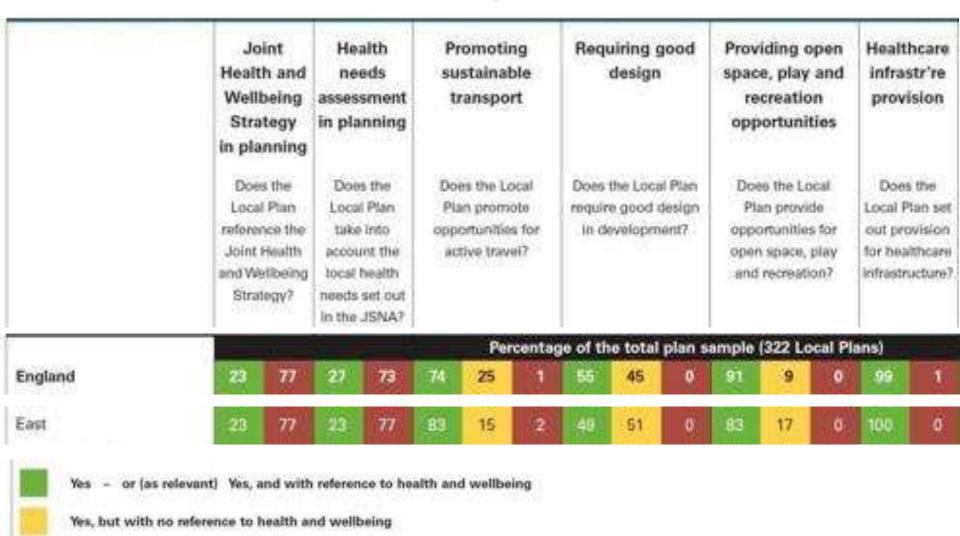
This refers to the statutory Joint Strategic Needs Assessment +

2. Para 92 b) planning policies and decisions should take into account and support the <u>delivery of local strategies to improve health</u>, social and cultural well-being for all sections of the community.

This refers to the statutory Joint Health and Wellbeing Strategy +

Planning Practice Guidance – Healthy and Safe Communities

State of local planning for health policy



No

Source: TCPA, State of the Union, 2019

Getting Research into Practice (GRIP)

- Identify the nature of the challenges:
 - Professional and technical
 - Economic and financial
 - Contextual
 - Political and organisational.
- Conducted qualitative and quantitative studies:
 - Interviews with local authority public health and planning teams from each of the nine PHE Centres and experts.
 - Nation-wide survey of public health and built environment professionals.



GRIP main findings – the challenges

91%

Existing evidence is not translatable to practice at the local level

89%

- Lack of resource and capacity at local authority level
- Quality of place versus quantity of units

85%

 Communication and cultural gap between planners and public health professionals

81%

Lack of monitoring and evaluation of planning decisions

79%

 Disconnect between government agencies responsible for providing leadership on spatial planning and health

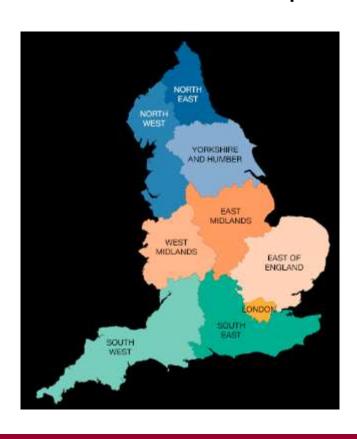
GRIP main findings – the recommendations

- Improved national guidance and stronger policies for place making and health
- Engaging politicians with healthy spatial planning
 - Taking a holistic view of health and place
 - Articulating the wider benefits to multiple stakeholders
 - Strategic partnerships between public health and planning agencies at national level
 - Funding high-quality research with practical application at the local level



Public Health England (PHE)

Our mission is to protect and improve the nation's health and to address inequalities.







Role of Healthy Places programme

National Lead – Aimee Stimpson Specialist Advisor – Carl Petrokofsky

Protecting and improving the nation's health

Spatial Planning

Michael Chang

Getting Research intro Practice Local Authority Engagement

Health Impact Assessment in Planning research and guidance

London School Superzones

Planning for Healthy Weight Env Template

Nationally-Significant Infrastructure Projects (NSIP)

Andy Netherton

Nationally-Significant Infrastructure Projects (NSIPs) PHE statutory responses

NSIP Health & Wellbeing Tool (PHE internal only)

Housing

Rachel Toms

Supporting government, incl. BEIS's Fuel Poverty Strategy

Standards and regulation

E-learning module

Housing and Health MoU

Transport

Angela Hands

Support DfTs review of cycling infrastructure design note and Highway Code

PHE input into DfT Cycling and Walking Investment Strategy

Support Transport related projects with OGDs and third sector

Natural Environment

Harmony Ridgley

Update to Improving Access to Green Space evidence review

25-Year Environment Plan: mental health & wellbeing strand

25-Year Environment Plan: Green Infrastructure Standards

Comms, Events, Support & Collaborations

Wasima Nazmin

Influencing national policies & strategies

Webinars: Capacity-Building: Training & Development

External Events and Workshops

Healthy Places Knowledge Hub

Go to www.menti.com and use the code 37 69 64

What is the primary purpose, function or benefit of the use of Health Impact Assessments in the Planning Process?

Mentimeter

Strongly disagree

To meet national policy and guidance requirements requirements.

To meet local policy and guidance requirements

To help reduce local health inequalities and promote wellbeing

To aid discussions with planners/developers.

No added purpose, function or benefit to existing assessments.

To supplement gaps in existing assessments.

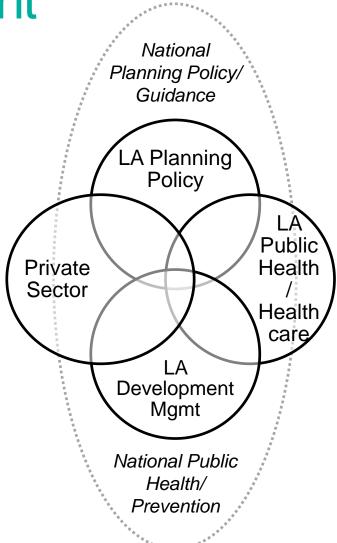
To make the case for health-promoting interventions.

Strongly agree



Health Impact Assessment

- Benefits of HIAs in the planning system have been recognised (Royal Commission on Environmental Pollution report in 2007 on 'The Urban Environment')
- Local public health teams becoming more engaged in the planning and development processes, and many see HIAs as a useful mechanism to rally around and promote their use.
- HIAs in planning are generally undertaken by commissioned consultants, often commissioned by the developers themselves. Consultants have created their own assessment frameworks, often based on a range of existing frameworks ie WHIASU, London HUDU.



Use of HIAs – state of local policy

National and regional picture on the state of local planning policy

Examples of 'Triggers' used in examples:

- developments which are classified as 'major', with ten or more housing units,
- proposals that include hot-food takeaways,
- cases where there are sensitive or vulnerable populations that may be affected by a proposal.

	% of LPAs	
England	30	70
London	55	45
South East	14	86
South West	46	54
East	38	62
West Midlands	17	83
East Midlands	25	75
Yorkshire and the Humber	19	81
North East	25	75

require an

HIA when

a planning

application is

submitted?

North West

HIA policy context

National

- Prevention Green Paper (2019) use of HIAs on non-health policies,
- MHCLG Planning Practice Guidance: Healthy and Safe Communities (2019)
- Regulations on SEA/SA, EIA on population and human health
- Duty on local authorities to improve health of people in the area (Section 12 Health and Social Care Act 2012)

Key Question: Is there a case for further encouraging/ requiring the use of HIAs in the planning and development processes?

Yes, when used to effect and at the right stage of the process, Health Impact Assessments can help put people's health at the heart of planning and development of new and renewed places.

- provision of the best available evidence to decision makers;
- improvement of health and reduction of inequalities;
- opportunities to strengthen features of a proposal which will positively impact on population health;
- the promotion of cross-sectoral cooperation;
- a participatory approach which values community views;
- flexibility; and
- links with sustainable development and resource management

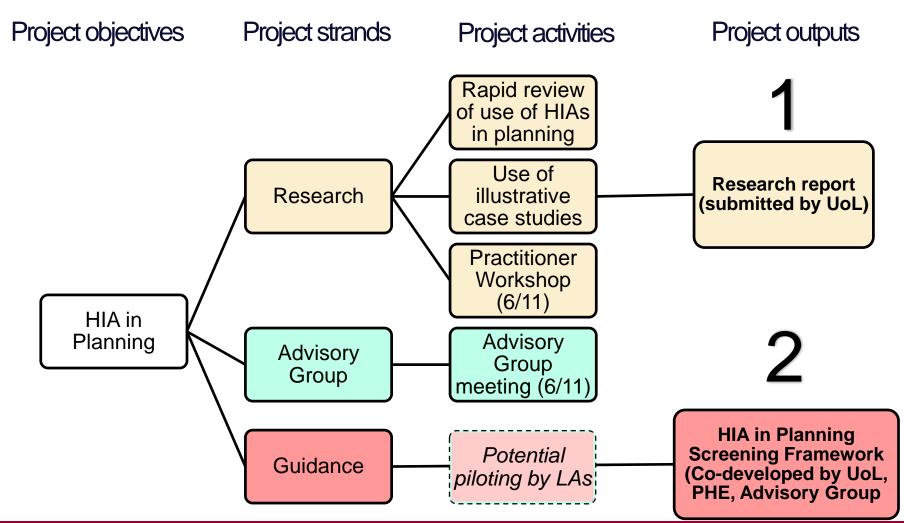
WHO Heath Impact Assessments: Why Use HIAs? www.who.int/hia/about/why/en/index1.htm1

... but across England...

- There is no clear national policy requirement (Except in PPG) unlike in Wales where public bodies are required to undertake HIAs, so there is no clear national guidance/ support
- Policy-makers are not aware of the benefits of and the need for health promotion and health impact management in development.
- The health sector has not effectively played its role as custodian of health in major development projects.
- Health officials have not been able to demonstrate the adverse effects of health and wellbeing on capital projects in economic terms.
- Trained personnel are often not available locally to investigate, undertaken, plan and evaluate the process and outcomes. Similar to quality assure HIAs undertaken by consultants.
- Evidence on health and wellbeing emanating directly and indirectly from development projects are often inadequate.

PHE Project Overview







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:

n 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(e) which reported evidence of the best methodological quality.

Population Groups:

General Population



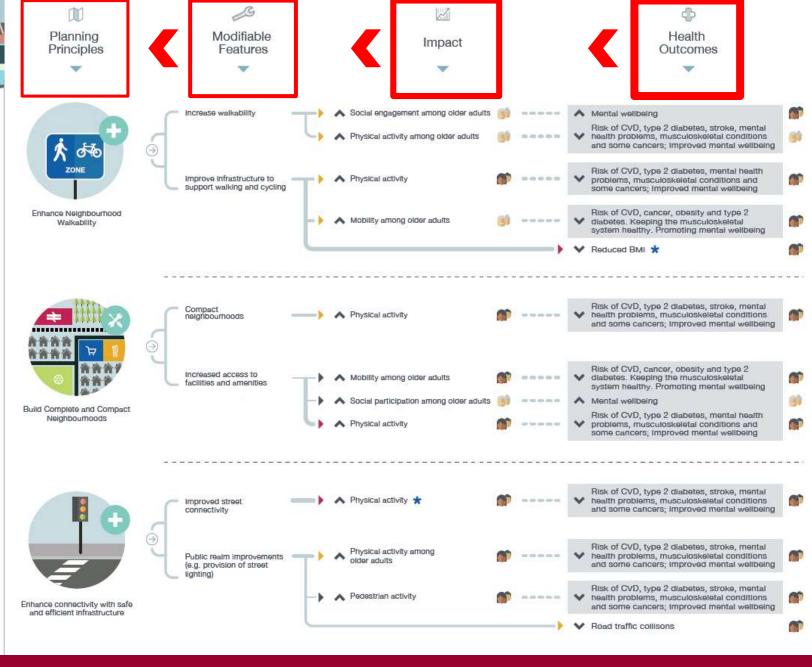
Older Adults



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 healthler places



Summary: call for action for Essex planners

- 1. Ensure all local plans can support the delivery of local public health/ healthcare priorities set out in the Joint Health and Wellbeing Strategy,
- 2. Ensure health, wellbeing and care needs of the local community inform all development plan policies and decisions on planning applications,
- 3. Being aware of inter-connections with other statutory assessment requirements SEA/ SA, EIA and even EqIA, and other assessments ie transport and noise.
- 4. Working in partnership with the local Public Health team where and can they can help share the load in the process?
- 5. Ensure monitoring of health-relevant indicators/ processes are built into the AMR or implementation of planning permissions.

PHE can/ will support where we can – so please get in touch with us!



Protecting and improving the nation's health



Sign up Knowledge Hub: PHE Healthy Places https://khub.net/group/healthypeoplehealthyplaces email healthyplaces@phe.gov.uk

Supplementary: Health in EIA briefing (2017)

- Complete Annex 1 EIA Engagement Action Plan for your local authority. By completing this Plan a public health team will ensure it is ready to proactively engage with an EIA from the outset at screening (Stage A) right through to formal consultation (Stage D), which can pay dividends for local public health.
- Keep a watching brief on larger projects (especially EIA projects) submitted to your local planning authority.
- Public health teams can engage with their planning colleagues (e.g. in the local planning authority) to advise on health issues in local spatial planning and sustainable development. There are many opportunities for such engagement including, but not limited to: o the drafting of plans that set the framework for development;
 - advice on the individual project proposals themselves;
 - sharing sources of information (e.g. Joint Strategic Needs Assessment, Authority Monitoring Report).

The first step: Set up a meeting between your local authority's public health and planning teams to discuss how health is currently considered in planning and EIA.



Protecting and improving the nation's health

Health and Environmental Impact Assessment:

A Briefing for Public Health Teams in England



Protecting and improving the nation's health



Healthy Places

Workshop: Reviewing examples of Health Impact Assessments (HIAs) to learn more about healthier planning

Michael Chang MRTPI
Programme Manager – Planning and Health

@HiPNetworkUK
#PHEHealthyPlaces #healthyplanning

January 2020

Go to www.menti.com and use the code 37 69 64

What is the primary purpose, function or benefit of the use of Health Impact Assessments in the Planning Process?

Mentimeter

Strongly disagree

To meet national policy and guidance requirements requirements.

To meet local policy and guidance requirements

To help reduce local health inequalities and promote wellbeing

To aid discussions with planners/developers.

No added purpose, function or benefit to existing assessments.

To supplement gaps in existing assessments.

To make the case for health-promoting interventions.

Strongly agree



Where planning and public health overlaps



Environmental Public Health



Air quality, noise and light pollution



Physical Activity, obesity an nutrition



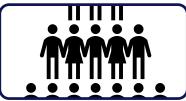
Active travel, healthy food environment, green spaces



Mental Health



Access to daylight, green spaces, public spaces



Communities and lifecourse



Lifetime homes and neighbourhoods, accessibility

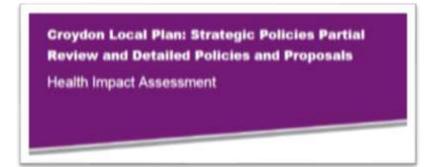


Healthcare public health



Healthcare services and facilities

1. Plan-making



2. Development

Oxford City Council

Barton NHS Healthy New Town
and Underhill Circus
redevelopment

Health Impact Assessment

- HIAs as a process can apply to Strategies, Plans and Policies, and Projects,
- One example of HIA undertaken on a Local Plan prior to adoption in 2018
 - to inform the Proposed Submission version.
 - undertaken by the Public Health and Spatial Planning teams
- One example of HIA undertaken on a Major Development Proposal:
 - to support fulfilling potential as an exemplary initiative to improve physical and mental health and well-being of existing and future communities.
 - undertaken by an externally-commissioned consultant

Group work

What to look for in the HIAs:

	The methodology for undertaking the HIA. Is it different between the local plan and development examples?	
	Is it primarily focused on national/ local policy compliance?	
	Is it primarily focused on promoting health of the affected population? What are the health issues forming part of the scoping stage criteria?	
	What are the references, data and resources used in the HIA? Are these up to date and relevant?	
	Potential duplication or overlap with other existing assessments.	
	Mechanisms/ processes for monitoring or evaluation.	
Discussion and reflection:		
	Do the HIAs reflect the type of HIAs that you have come across?	
	Can you any perceived/ actual benefits in doing HIAs?	

Workshop feedback

Go to www.menti.com and use the code 33 19 45

Essex (8/01/20): How useful and informative was the course today?



