



Office for Health
Improvement
& Disparities

Overview and future development of the Place Standard – Communities at the heart

Yorkshire and Humber: Planning Healthy Homes and Communities Webinar

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20/01/2022

Overview

- **Why PLACE matters**
- **Overview and origins of the Place Standard**
- **A Practice example: Carlisle case study**
- **Exploration of a Place Framework**





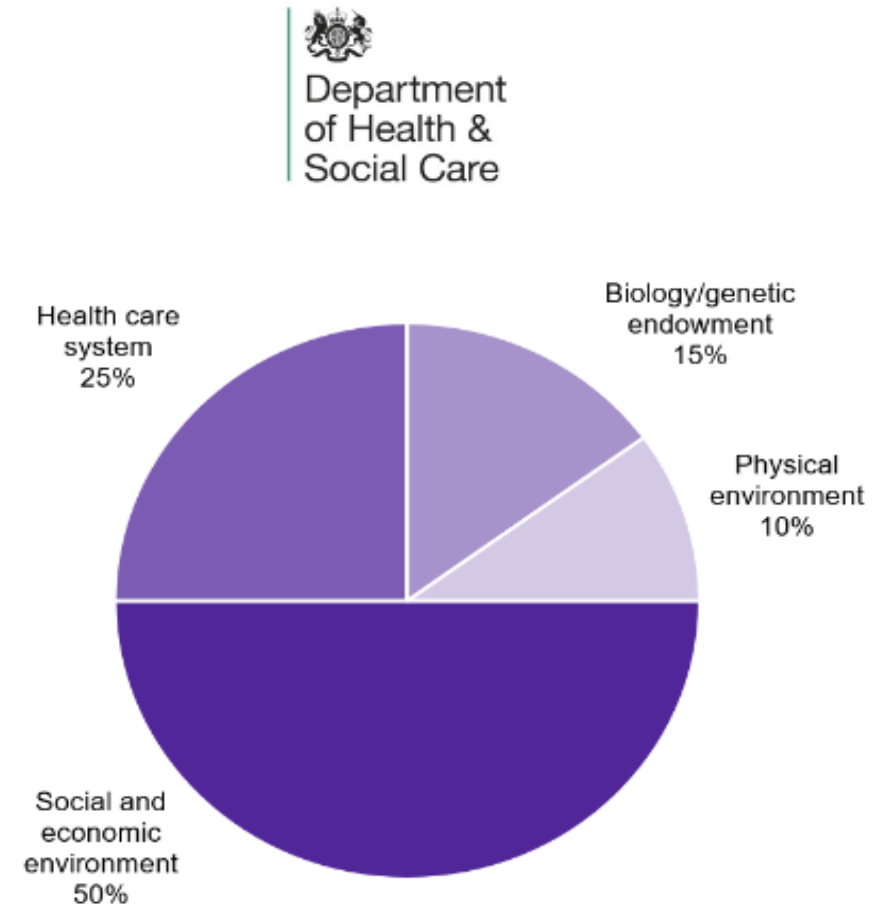
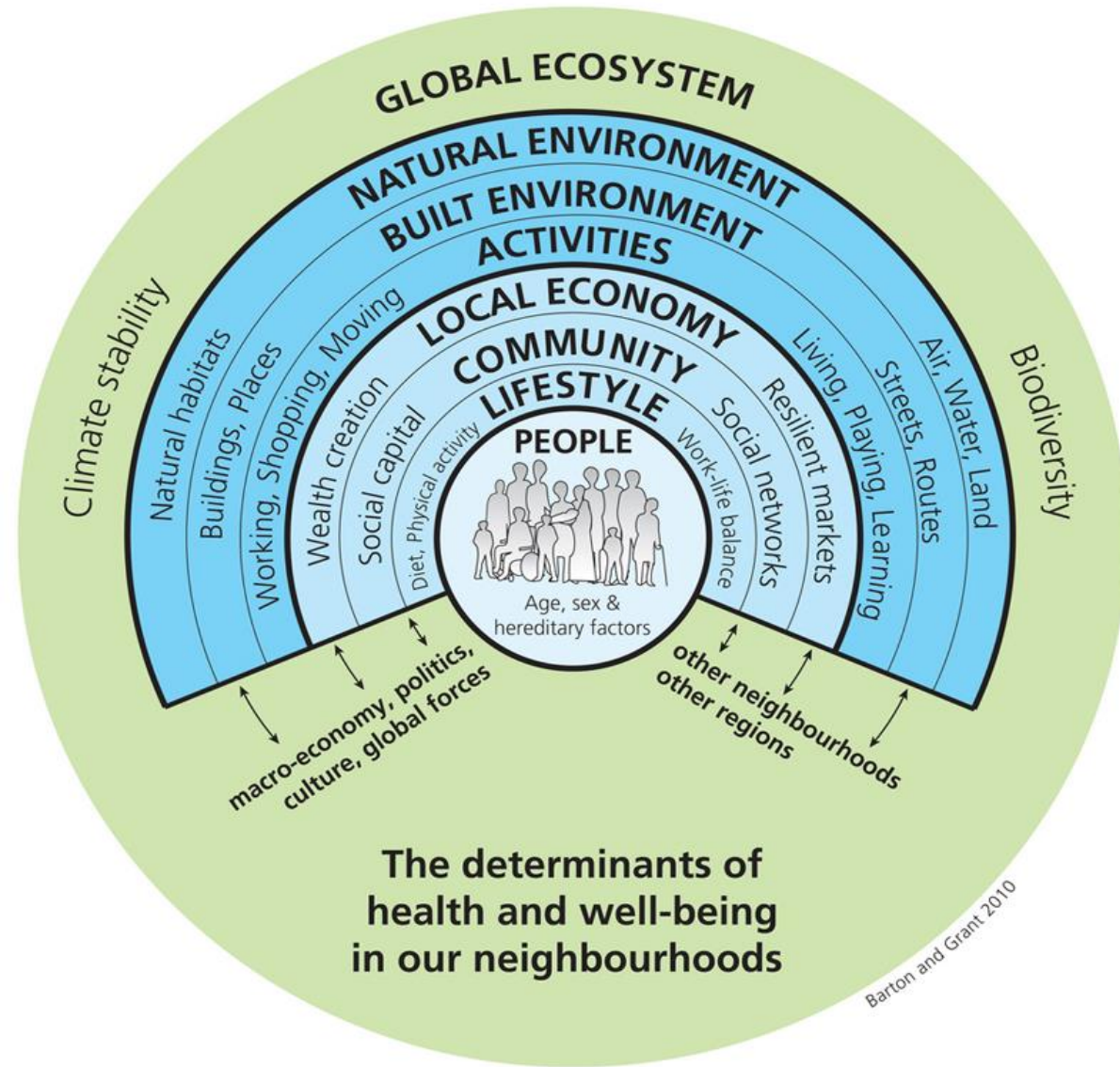
What is good about your place?







How our health is determined (Wider Determinants)



Wider / Social Determinants of Health

The WHO states that

"...health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition..."

Includes:

- social,
- economic, and
- environmental factors

that shape the conditions in which people are born, grow, play, live, work and age

....but we don't all have the same opportunities to live healthy lives

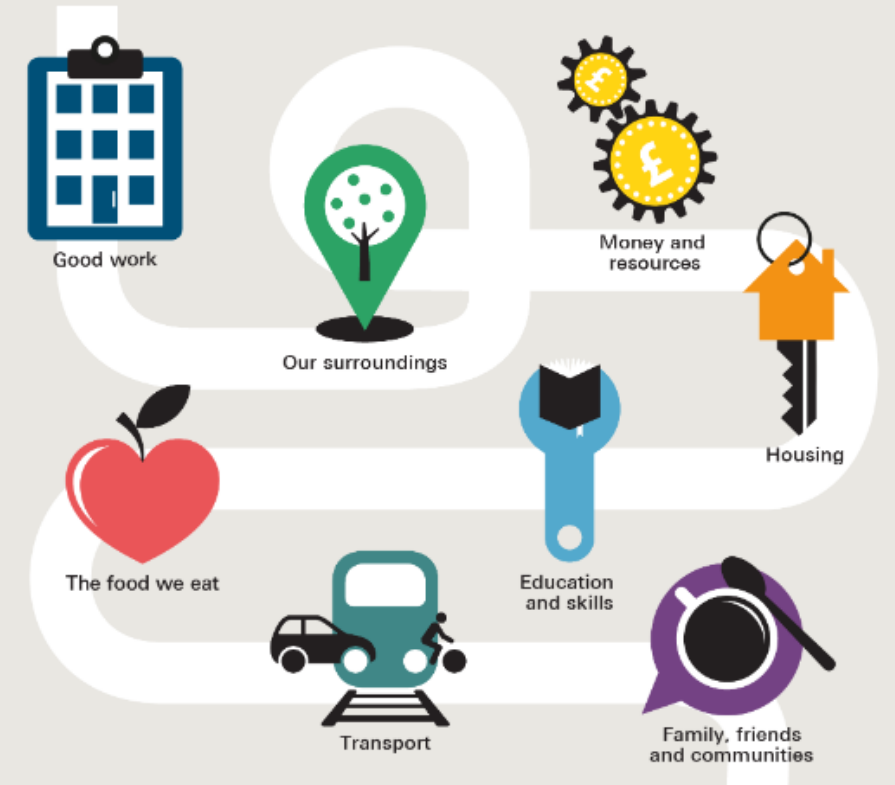
[Wider Determinants of Health fingertips tool - YouTube](#)



What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

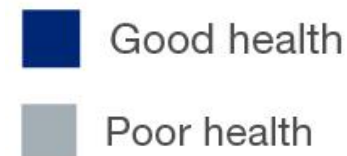
To understand why, we need to look at the bigger picture:



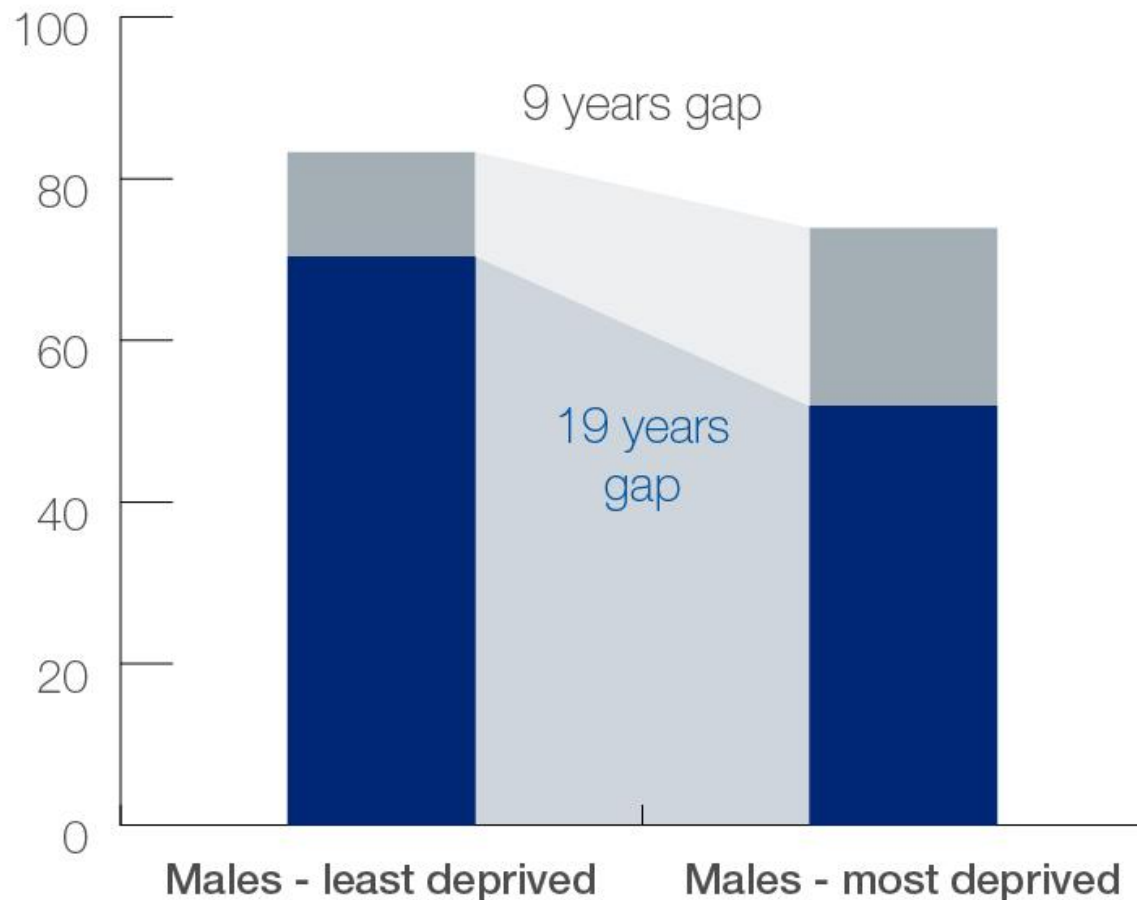
The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: [health.org.uk/what-makes-us-healthy](https://www.health.org.uk/what-makes-us-healthy)

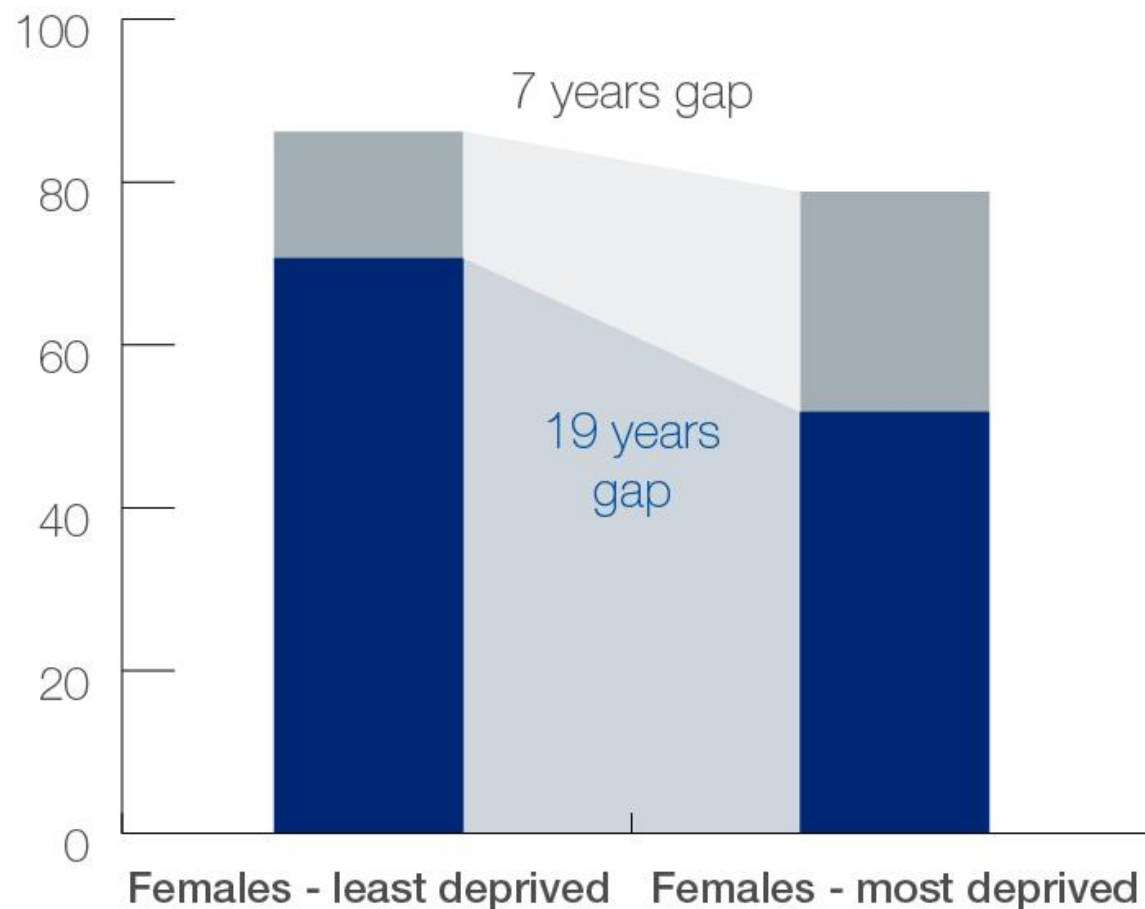
Differences in healthy life expectancy



♂ Years of life



♀ Years of life



Why PLACE matters

- The Place we call home determines the inequalities we face
- Poor physical environments include poor housing conditions, poorer air quality, streets uncondusive to walking or cycling, poor public transport, lack of greenspace, etc
- In most deprived areas, approximately 45% of the population experience 2 or more unfavourable conditions, compared to less than 5% in the least deprived areas.
- The physical environment is an amenable driver of poor health outcomes and health inequalities [The Marmot Review: Implications for Spacial Planning - IHE \(instituteofhealthequity.org\)](#)
- **Place Matters!** Living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London (Life expectancy is nearly 5 years less [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#))



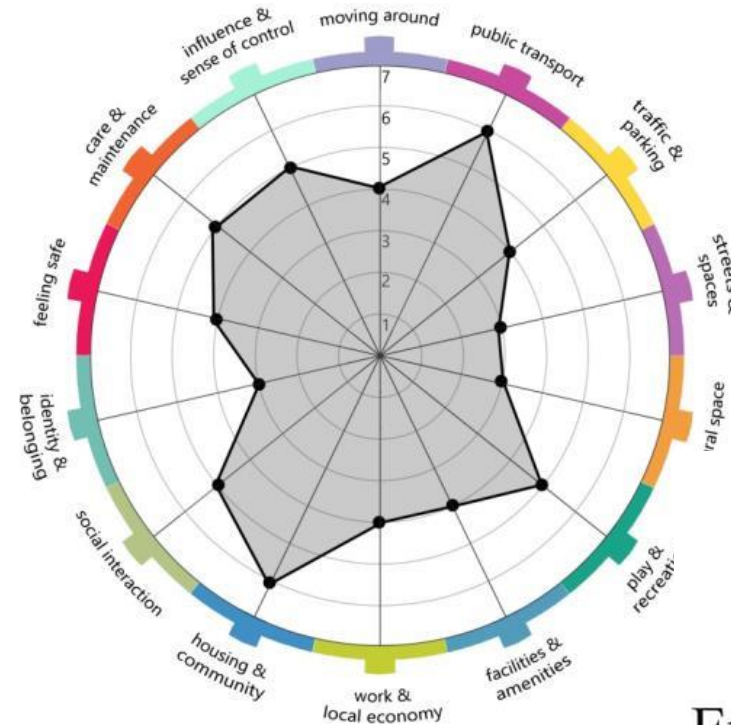
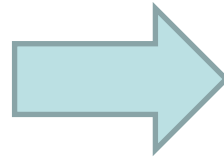
Life expectancy for men along the East Coast, Great Western and West Coast Mainlines



Bambra and Orton (2016)



Origins



Community
Empowerment (Scotland)
Act 2015

A legal requirement to "prepare and publish a local outcomes improvement plan" July 2015

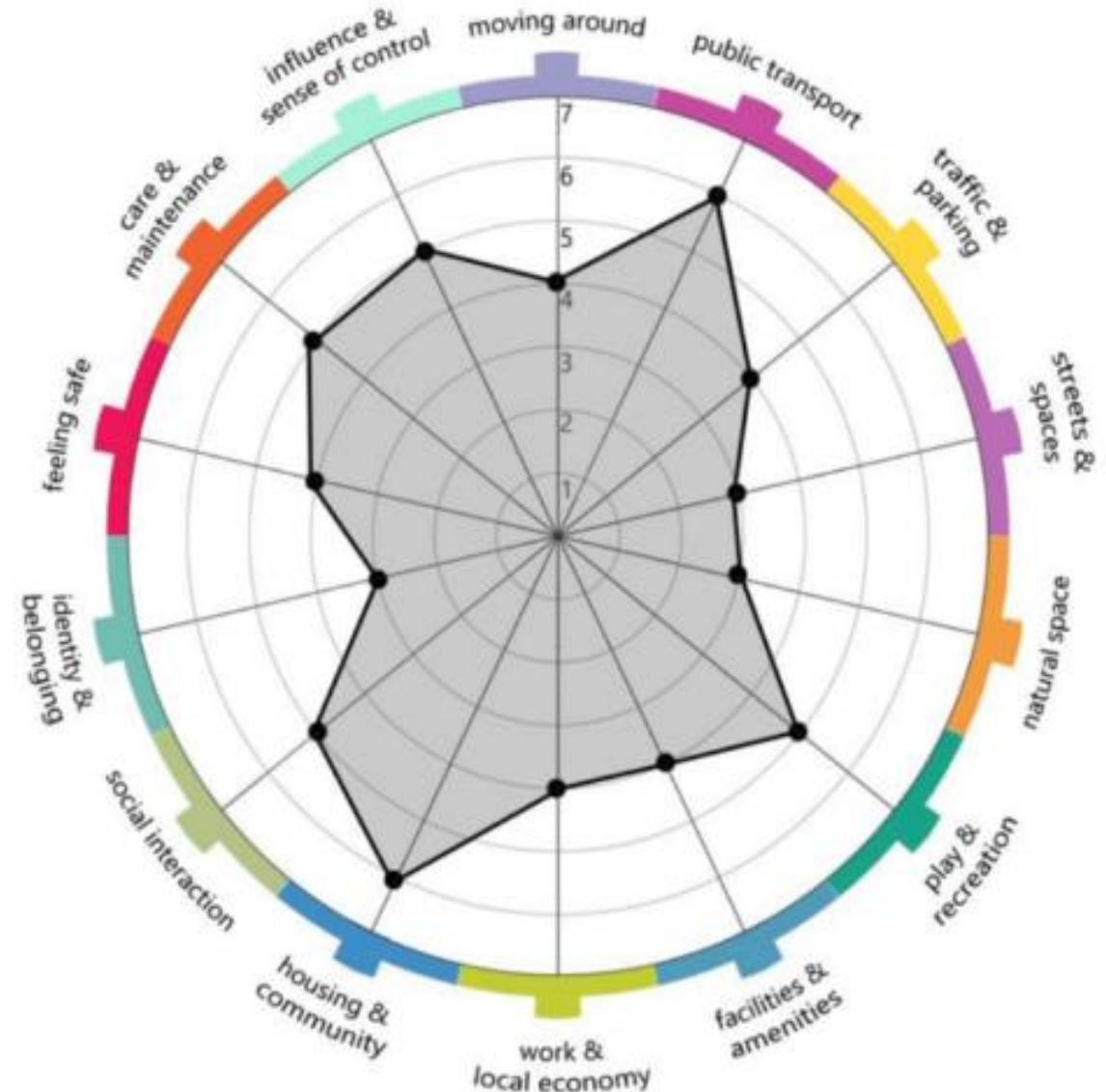
Partners:

- Scottish Government (Planning & Architecture)
- NHS Health Scotland (Public Health Scotland)
- Architecture & Design Scotland
- Glasgow City Council



The *Place Standard Tool?*

- The Place Standard is a tool that is used to **access the quality of a place**. It can **assess places that are well established, undergoing change, or still being planned**. The tool can also help people to identify their priorities for a particular place.
- A simple, easy to use tool to assess the Quality of A Place
- To facilitate conversations between communities, private, public and voluntary sectors
- Identifies assets, improvements, priorities, and plans for action
- 14 dimensions that consider both the **social and physical elements** of a place



Themes & Questions

Theme	Question
● Moving Around	Can I easily walk and cycle around using good quality routes?
● Public Transport	Does public transport meet my needs?
● Traffic And Parking	Do traffic and parking arrangements allow people to move around safely and meet community needs?
● Streets & Spaces	Do buildings, streets and public spaces create an attractive place that is easy to get around?
● Natural Space	Can I regularly experience good quality natural space?
● Play & Recreation	Do I have access to a range of spaces and opportunities for play and recreation?
● Facilities & Amenities	Do facilities and amenities meet my needs?
● Work & Local Economy	Is there an active local economy and the opportunity to access good quality work?
● Housing & Community	Does housing support the needs of the community and contribute to a positive environment?
● Social Interaction	Is there a range of spaces and opportunities to meet people?
● Identity & Belonging	Does this place have a positive identity and do I feel I belong?
● Feeling Safe	Do I feel safe?
● Care & Maintenance	Are buildings and spaces well cared for?
● Influence & Sense of Control	Do I feel able to participate in decisions and help change things for the better?

Natural space

Natural space includes parks and woodlands, fields, streams and rivers, green space alongside paths and roads, and tree-lined streets. These can be good for wildlife, improve air quality and benefit our health and wellbeing.

Now think about the place you are assessing and ask yourself:

Can I regularly experience good-quality natural space?

Next, rate the place on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement. {Record your rating on the compass diagram.}

Think about the following when considering your rating:

- Is there a variety of natural spaces that are available to people?
- Are there opportunities for people to experience and have contact with nature?
- Is the natural space attractive and well maintained and is there seating for those who need it?
- Is the natural space affected by negative features such as excessive noise or poor air quality?
- Is a range of natural space accessible to everyone, whatever their age, mobility, disability, sex, ethnic group, religious belief or sexuality?
- Will the natural space continue to meet people's needs in the future?

Use this space to note the reasons for your rating.

Priorities for action

What are the main issues and priorities for change that you have identified?

It may be useful to list your top three priorities here:



Place Standard: Carlisle

- NW City in Cumbria - Population of 108,524
- Killed and Seriously Injured casualties on England's Roads - 56.0 (E = 43.6) (NW = 38.4)
- 29.7% of people are physically inactive (E = 22.9) (NW = 25.2) and
- Percentage cycling for Travel at least x3 per week is 1.2 (E = 2.3) (NW = 1.8)
- 34.7% of people in Carlisle own their house outright (E = 30.6) (Cu = 39.2)
- 35.1 Violent Crime offences (per 1,000) is (E = 29.5) (NW = 34.5)



How has it been used?





Outcomes

- **'Different' Partnership engagement and buy in (and something which brought people together towards a common objective)**



Carlisle Partnership Executive

- A Partnership Full Forum (all wider stakeholders)

It is therefore proposed that:

- The Leadership and direction of the Partnership (and this bid), will be directed by the Co-chairs (from several organisations) and accountable to the Carlisle Partnership Executive group.
- The Sponsors and the identified funding lead will be responsible for the sign off any grants.
- Regular project updates / reviews will take place at Co-chair and Executive meetings to ensure progress and communication around the project
- In the notion of generous leadership Carlisle Partnership is currently hosted by Carlisle City Council. It was agreed at a Co-Chair and Executive meeting that Carlisle City Council would act as the accountable body for the Partnership fund and any grant receipts. Other partners will support the project in kind via hosting meetings, providing knowledge / leadership, as examples.
- A **Project Group / Delivery Structure** would be established, consisting of:
 - Project Board (Carlisle Partnership Executive)
 - Project Sponsor 1 (Deputy Chief Executive, Carlisle City Council) – As per bid application (Accountable body)
 - Project Sponsor 2 (Principal, Carlisle College) – As designated funding lead (co-chair)
 - Project Manager (Partnership Manager) – As per bid application
 - Project Lead / Officer (TBC – To be appointed once funding is secured)
 - Core Project Team (initial set up to consider including):
 - Project Lead / Officer,
 - Co-chair (at least 2 – funding lead and accessible community lead)
 - Project Sponsor
 - Project Manager
 - Funding Officer
 - Place Standard
 - Others TBA,

David Jackson
Commercial Director
The Lanes

Rachel Lightfoot
Director
PFK

Keith Jackson
Partner
Thomas Jardine & Co

Alan Wilson
Engineering Manager
Pirelli

Paul Armstrong
Head of Business Development
& Knowledge Exchange
University of Cumbria

Lizzie Coulthard
Chair
Carlisle Youth Council

Emma Dixon
Carlisle Partnership Manager

Hazel Graham
Chief Executive

Abigail Roberts
Funding Officer
City Council

24 signatures of Support

The above proposals have been approved by the accountable body and agreed at the Carlisle Partnership Executive meeting on Monday 9th September.

We hope this letter and the signatures of support provide the information you require. Should you have any further questions or queries, please do not hesitate to contact Emma Dixon (Carlisle Partnership Manager emma.dixon@carlisle.gov.uk 01228 817370).

Kind regards,

Co – chairs

Phil Houghton
Consultant Director,
Throughstone Consulting

Matt Kennerley
Superintendent,
Cumbria Police

Darren Crossley
Deputy Chief Executive,
Carlisle City Council

Grant Glendinning
Principal,
Carlisle College

Andy Dodds
Director
Carlisle College

David Allen
Chief Executive
Cumbria CVS

Leader of the Council
Carlisle City Council

Leader of the Opposition
Carlisle City Council

**Portfolio Holder for Communities,
Health & Wellbeing**

Sarah Paton
Regional Director
Riverside

Steven O'Keeffe
Policy and Communications
Manager, Carlisle City Council

Cllr Stephen Higgs
Portfolio Holder for Culture, Heritage
& Leisure

Ramona Duguid
Executive Director of Strategy
North Cumbria NHS

Jane Meek
Corporate Director of Economic
Development, Carlisle City Council

Robert Westgate
Clinical Director,
Carlisle Healthcare Primary Care



Outcomes

- Partnership engagement and buy in
- **Funding**

➤ A Partnership Full Forum (all wider stakeholders)

It is therefore proposed that:

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Partner
Thomas Jardine & Co

NEWS RELEASE



Partners and communities working together to improve Carlisle £448,000 pioneering four-year project set to start

A four-year project that aims to improve areas of Carlisle that matter the most to local communities has received a £208,222 funding boost

The Carlisle Partnership, formed of local government, third sector and private sector partners, put forward the collaborative funding bid and has come together to build a place-based project to improve Carlisle. The pioneering project is the first of its kind in England and the £208,222 received from The National Lottery Community Fund will contribute towards the £448,000 overall project costs.

Lizzie Coulthard
Chair
Carlisle Youth Council

Abigail Roberts
Funding Officer
City Council

Beth Mallinson
Portfolio Holder for Communities,
Health & Wellbeing

Cllr Stephen Higgs
Portfolio Holder for Culture, Heritage
& Leisure

Robert Westgate
Clinical Director,
Carlisle Healthcare Primary Care

The above proposals have been approved at the Partnership Executive meeting on Monday 9th September.

We hope this letter and the signatures of the Co-Chairs will answer any further questions or queries, please do not hesitate to contact emma.dixon@carlisle.gov.uk 01228 817111

Kind regards,

Co – chairs

Phil Houghton
Consultant Director,
Throughstone Consulting

Matt Kennerley
Superintendent,
Cumbria Police

Darren Crossley
Deputy Chief Executive,
Carlisle City Council

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Outcomes

- **Partnership engagement and buy in**
- **Funding**
- **Interest from other organisations and sectors – customer and partner view**

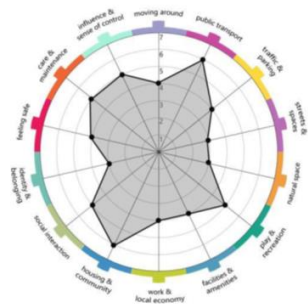


Riverside Place Standard pilot – Raffles 2021

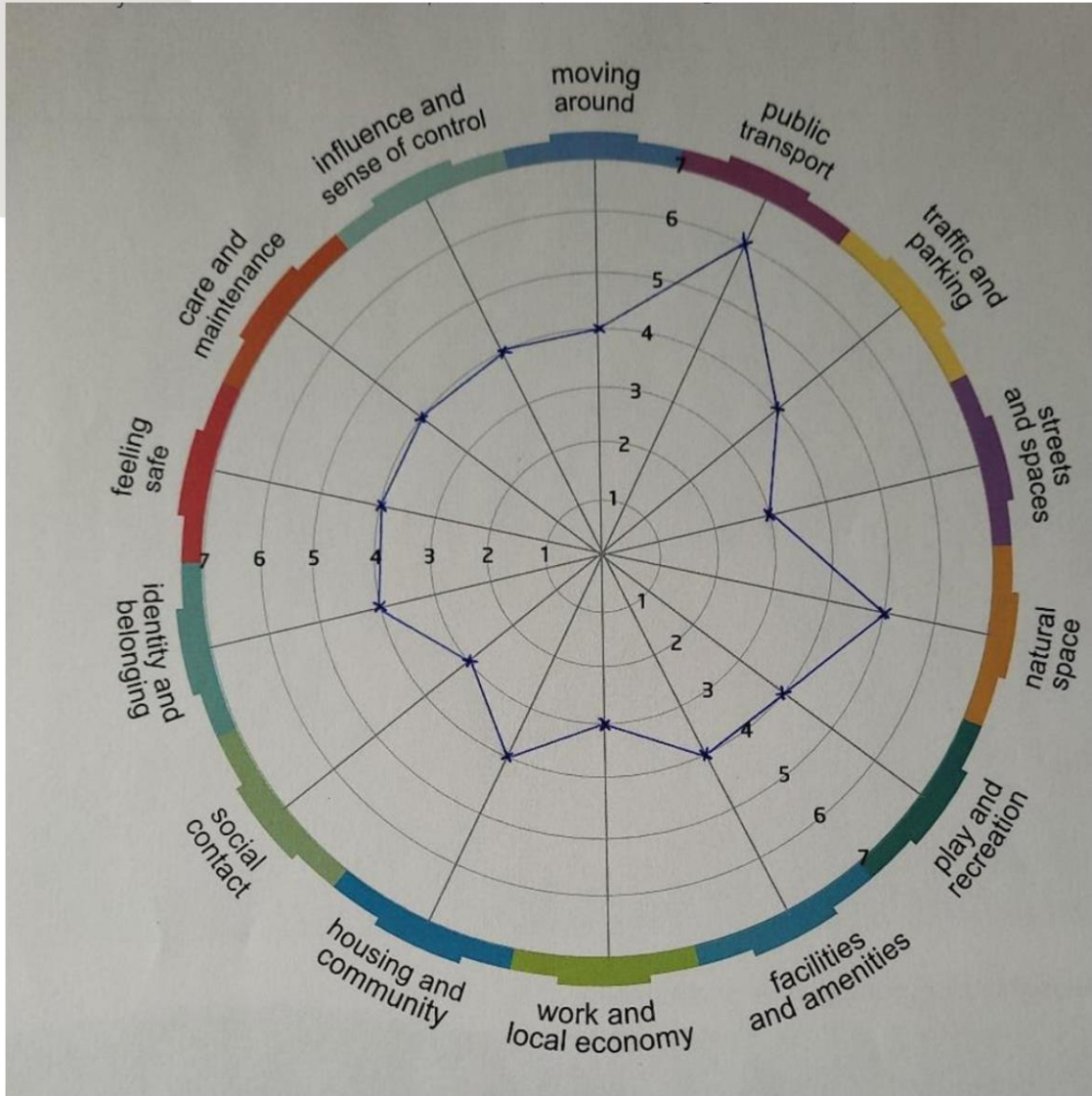
- Joined the strategic pilot session of the Place Standard in 2018
- Pilot in 2021 with Riverside Housing
- Raffles Community Plan

Covid pilot!!

- Partner approach
- Route Developed
- Launch April – 2021
- Individual vs Group



Pilot outcomes



Street & Spaces –
Do buildings, streets and public spaces create an attractive place that is easy to get around?

Social Contact –
Is there a range of spaces and opportunities to meet people?

Pilot Outcomes

Work and Local Economy -
Is there an active local economy and the opportunity to access good quality work ?

The priorities were used to develop and shape the Neighbourhood Delivery Plan – aligned with Customer surveys / feedback (reinforced).

Outcomes

- **Partnership engagement and buy in**
- **Funding**
- **Interest from other organisations and sectors – customer and partner view**
- **People thinking differently**



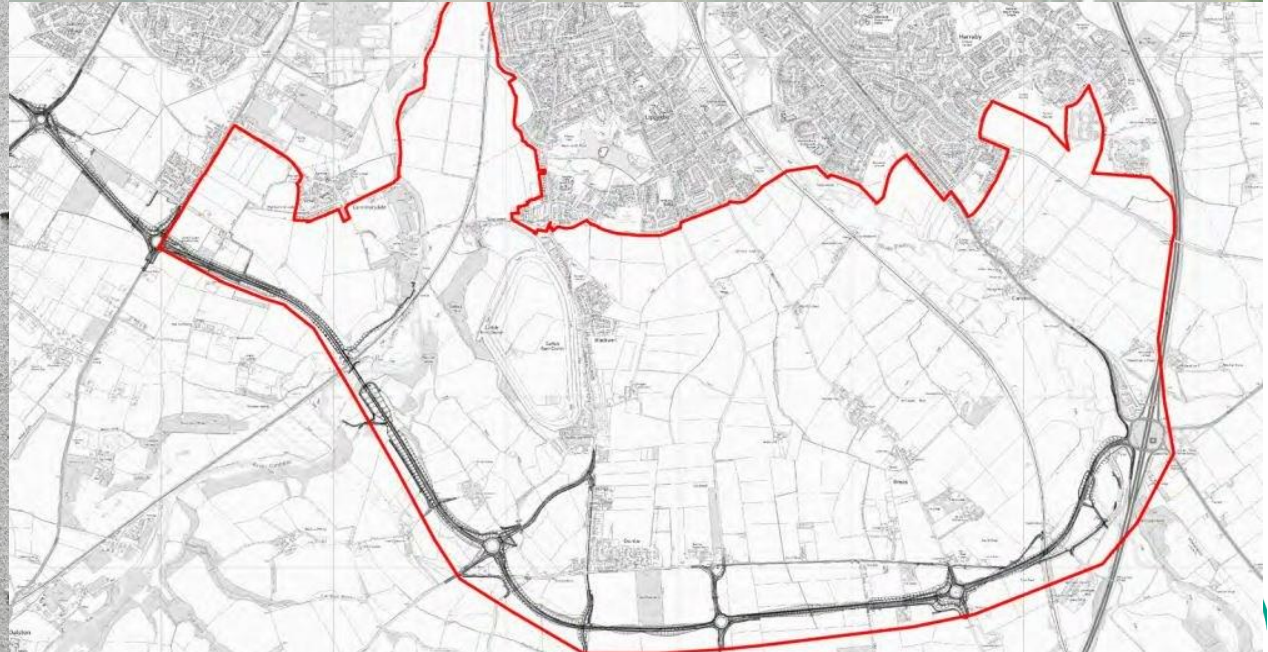
Thinking Differently



- Carlisle College
- Community centre
- Planning



St Cuthbert's Garden Village / Stanwix



Outcomes

- **Partnership engagement and buy in**
- **Funding**
- **Interest from other organisations and sectors– customer and partner view**
- **People thinking differently**
- **Seeds planted – longer term strategic thinking / view**



Group 1: Priorities for Action

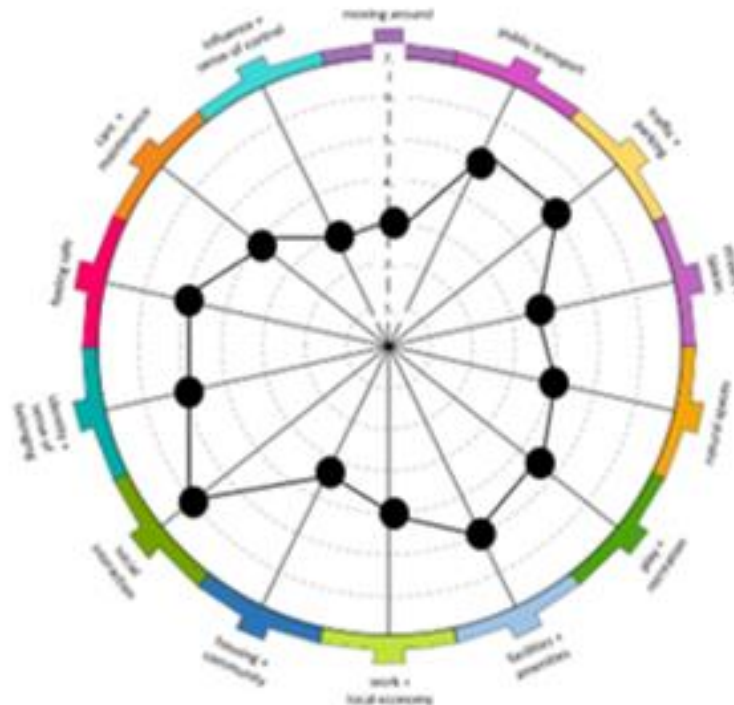
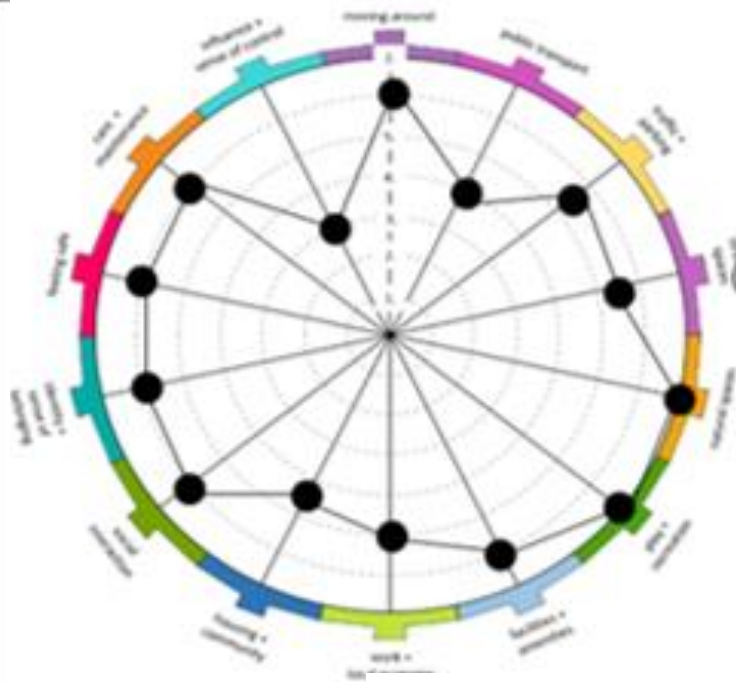
- Castle way: conflict of uses, severance, traffic/noise, safety
- Bitts Park: lack of facilities/café, derelict building
- City Centre: core dead at night, tired public realm
- Lack of office space
- Public transport: lack of information, expensive, how do you find it? – lack of signage

TOP 3

1. Castle Way
2. Bitts Park facilities
3. City Centre after dark

TOP 3 PRIORITIES

1. Castle Way
 - Segregate footpath/cycle way – verge
 - Under pass (if money no object) – divert the Eden Bypass!
 - Divert cycleway round back of castle
 - Changes to road surface at crossing
 - Trees!!!
 - "less half-hearted crossing" – achieve better visual connection with Castle & Castle St
 - More signage for subway
2. Bitts Park
 - Potential for redundant park keepers
 - Lodge to be used as café/community space
 - Better/cleaner toilets
 - Visitor centre
 - Take down 'flood warning' signs



Group 4: Priorities for Action

City centre

- Re-develop street scene (scotch st – pedestrian area & up to Devonshire St)
- Develop access for cycle usage/routes (parking)
- Lowther St – traffic reduction
- Longer term city centre use
- Extended night time usage

Citadel / Station

- Should areas remain different?
- Key project Borderlands deal (long term)
- Improve street scene, cleanliness and natural environment [short-term]
- Responsibilities?

Botchergate

- Night time use and spaces
- Improvement to: lighting, shop fronts, safe areas, focus on Botchergate/Condon road
- Cohesion
- Improve variety of use (e.g. cinema)

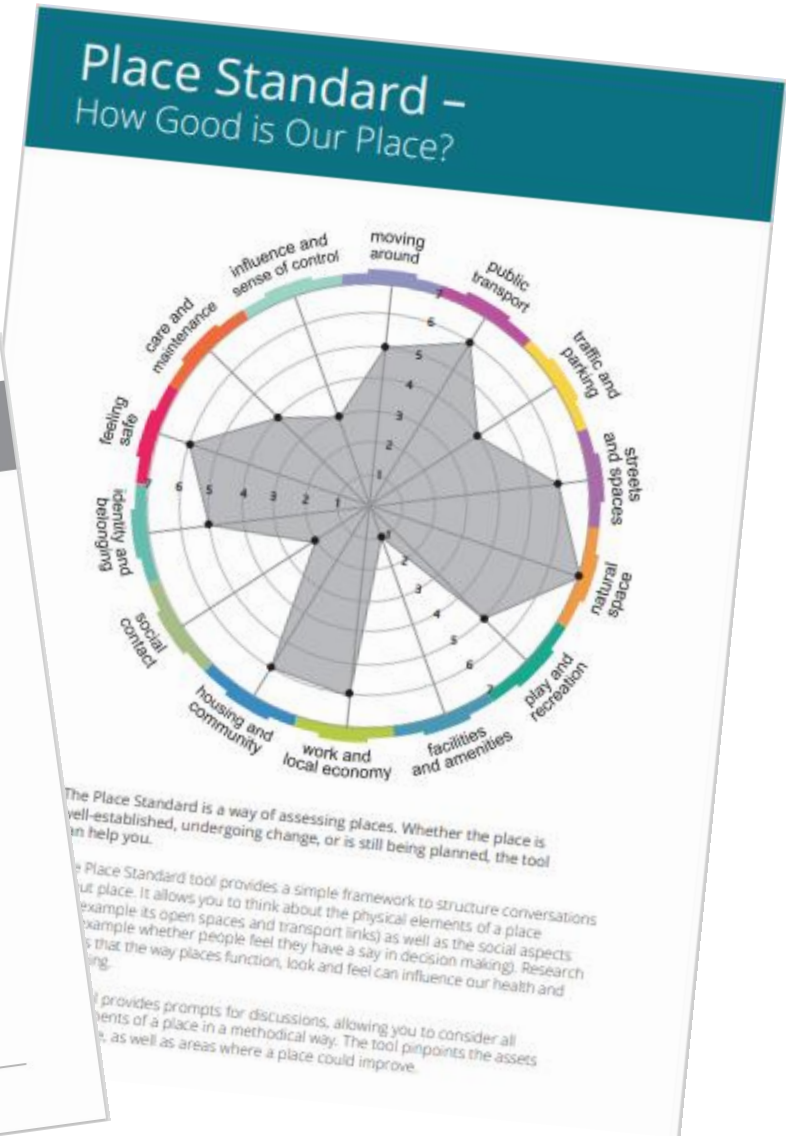
Portland Square / Warwick

- Explore future city centre housing in this area
- Parking 199000

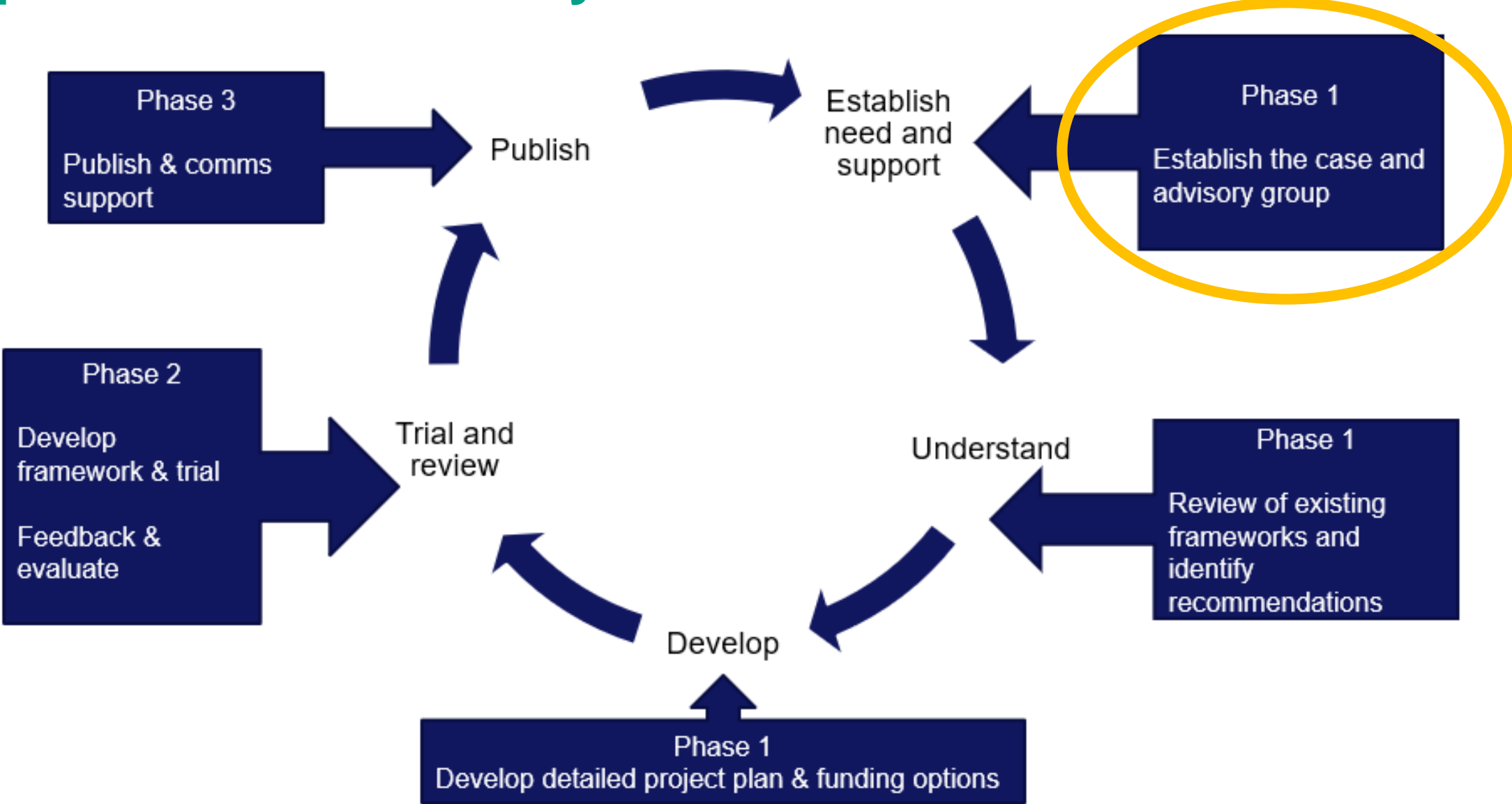




National next steps...



Exploration of a Healthy Places Framework



Phase 1: Evidence review – key elements

- 1. A systematic review of the literature undertaken around healthy place frameworks and the components to include in these frameworks**
- 2. A systematic appraisal of existing “healthy places frameworks” being used nationally or internationally and their components, evaluating systematically:**
 - the quality of evidence that has been used to influence design and use
 - how existing frameworks have been evaluated and the robustness of these evaluations (e.g. using a suitable critical appraisal tool)
 - how successfully they have been implemented for use e.g. uptake metrics, case studies
 - Establishing what is best practice based on this collective evidence review of both literature and existing healthy places frameworks
 - A recommended draft Healthy Places Framework, in a format that could be piloted in England i.e. with links into existing frameworks, tools or models used in England, e.g. Green Infrastructure Standards, Manual for Streets, Active by Design guidance.
 - A written proposed evaluation plan for the pilot health places framework



Essential elements?



Consistent and comprehensive approach to “what good looks like” for place.



Brings together local systems to easily identify themes that require to be sustained / strengthened.



Can operate at all levels of scale, community, PCN, LA, ICS

Supports Place Based Approaches



Can be used by local communities

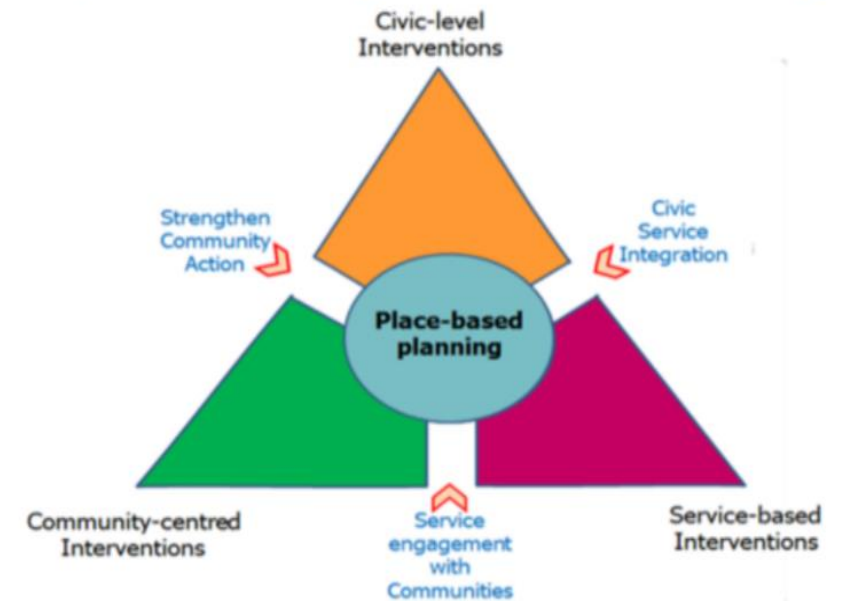


Evidence based approach to direct action and create a sense of purpose for local systems



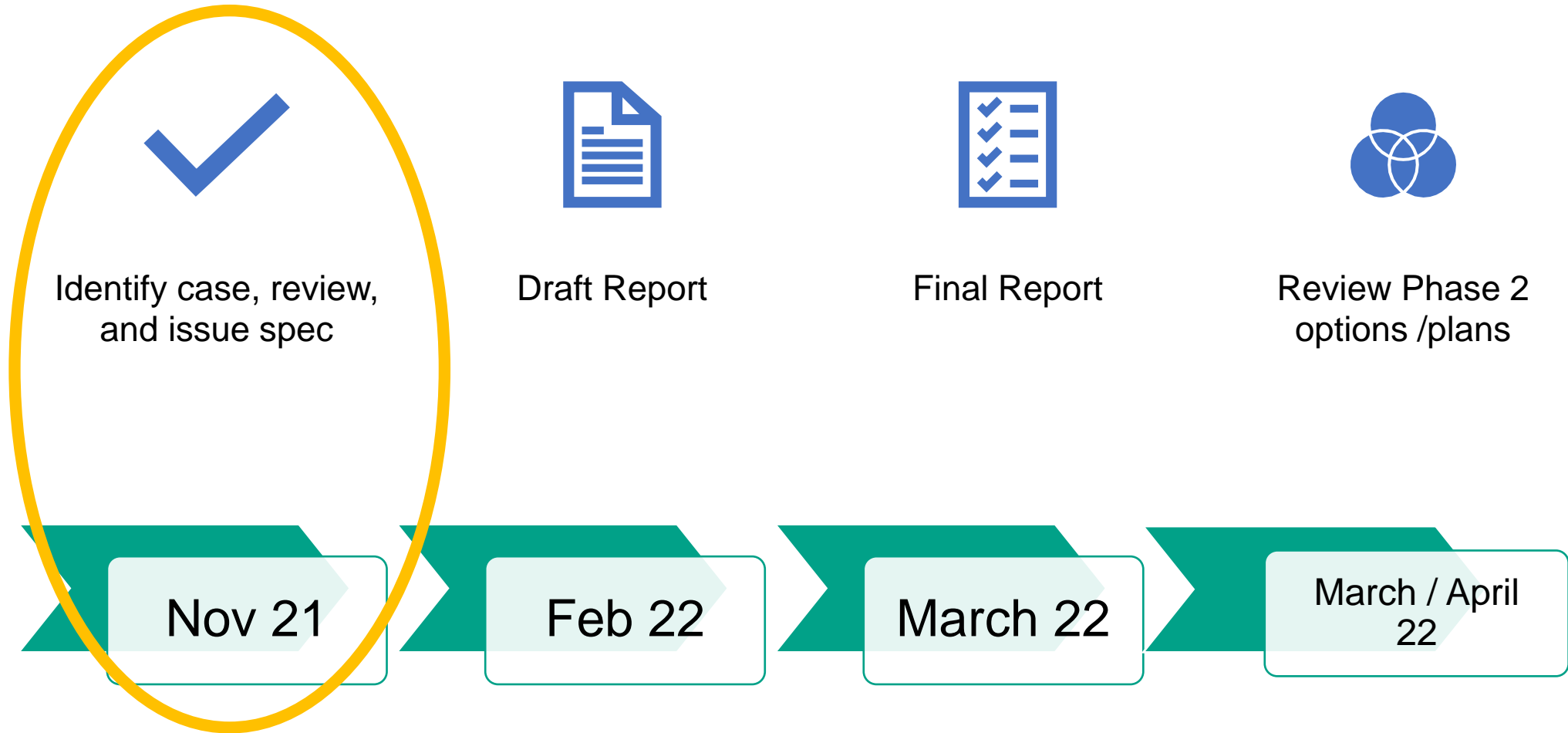
Provides a means to monitor change

Components of the Population Intervention Triangle



[Place-based approaches for reducing health inequalities: main report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/Place-based_approaches_for_reducing_health_inequalities_main_report.pdf)

Next Steps



Thank you for your time.

Any Questions?