



Levelling up the North of England

National planning and health update and programme of activities

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Public Health England



PHE Healthy Places programme

National Lead (with Regional Healthy Places Leads)

Spatial Planning

Getting Research into Practice

Health Impact Assessment in Planning

Planning and obesity

Planning Reforms and local systems support

Nationally-Significant Infrastructure Projects

Nationally-Significant Infrastructure Projects (NSIPs) PHE statutory responses on health protection and health and wellbeing aspects

Housing

Supporting government, incl. Decent Homes

Standards and regulation

E-learning module

Housing and Health MoU

Transport

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

Review of Improving Access to Green Space

Green Social Prescribing

Green Infrastructure Standards

Comms, Events, Support & Collaborations

Influencing national policies & strategies

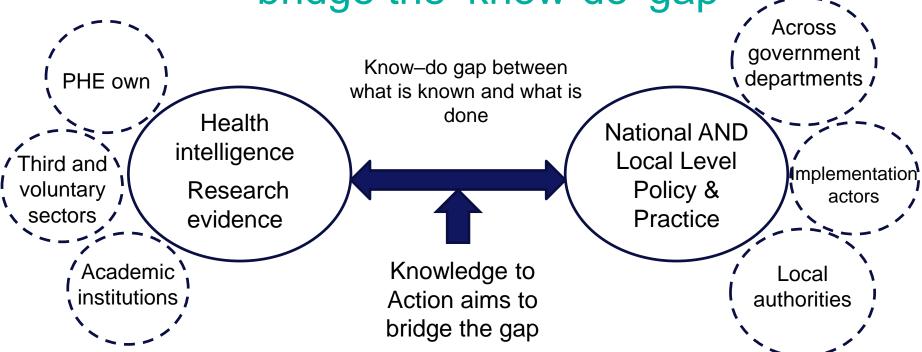
Webinars: Capacity-Building: Training & Development

External Events and Workshops

Healthy Places Knowledge Hub



Knowledge to Action aims to bridge the 'know-do' gap





"Protests are important but changing the culture means nothing if the law doesn't change"

"They (directors of public health) are having to become much more interested in the legal powers that might be available to them for pursuing public health objectives."

Professor John Ashton CBE, giving oral evidence on behalf of the Faculty of Public Health to the House of Commons Health Select Committee inquiry, 2016



House of Commons
Health Committee

Public health post-2013

Second Report of Session 2016–17



Scale of planning and population affected by change/ development

Protecting and improving the nation's health

England: Housing granted permission:

Year to March 2021= 294,900

Direct Residential Population affected:

• 2.4 x 294,900 = 707,760 people

 Plus other non-residential developments affecting populations in other settings (office, leisure, industrial and warehousing, retail, infrastructure projects + more North of England: Housing units granted permission Year to March 2021:

- Yorkshire and Humber = 22,700
- North East = 12,100
- North West = 40,400

Direct Residential Population affected:

• 2.4 x 75,200 = 180,480 people

Source: MHCLG Planning applications in England, 2021

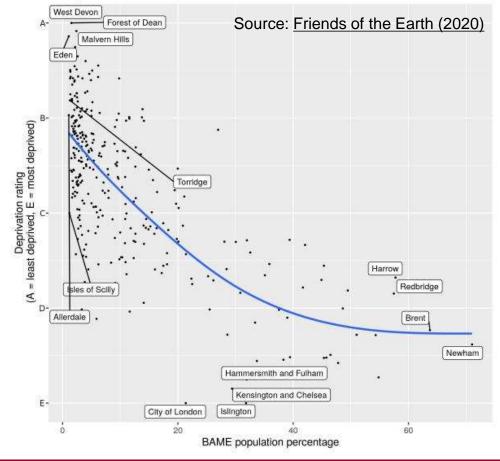


Green space access

Public Health Outcomes Framework
Indicator B.1 Utilisation of outdoor
space for exercise/ health reasons:

- England 17.9%
- North East 17.3%
- North West 17.5%
- Y&H 17.5%
- South East- 18.2%

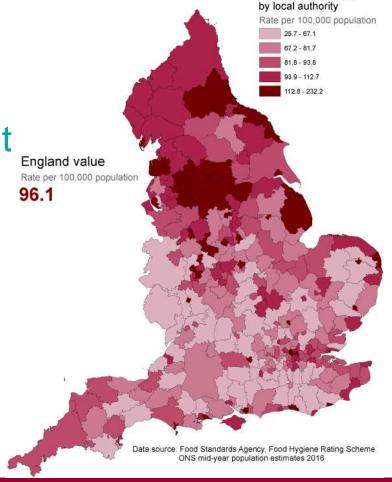
Green space deprivation rating vs BAME population All English local authorities





Density of fast food environment

- There is a clear correlation between poverty and the density of fast-food outlets, with twice as many in the most deprived areas compared to the least deprived.
- England 96.1 per 100K pop
- North East (Middlesbrough) 131.1
- North West (Blackburn) 147.5
- Y&H (Leeds) 122.5
- South East (Milton Keynes)- 95.4



Fast food outlets



Planning, health and inequalities

Protecting and improving the nation's health

Linking planning policies to identified local health needs

- England 27%
- North East 25%
- North West 22%
- Y&H 38%
- South East 8%
- TCPA, 2019

Housing design quality (% Good-Very Good)

- England 26%
- North East 18%
- North West 21%
- Y&H 25%
- South East- 38%
- Place Alliance, 2020

Use of health impact assessments

- England 30%
- North East 25%
- North West 30%
- Y&H -19%
- South East- 14%
- TCPA, 2019

Developer contributions (S106) secured

- England £7bn
- North East 3%
- North West 6%
- Y&H -5%
- South East- 25%
- MHCLG, 2020

How national policies and guidance...

...can support appropriate local responses to...

...locally-led planning for health needs & opportunities.







National policy hooks for healthy planning

- 1. Planning policies and decisions should aim to achieve healthy, inclusive and safe places.. to enable and support healthy lifestyles (to) <u>address identified local health and well-being needs..</u> for example access to healthier food, <u>allotments and layouts that encourage walking and cycling.</u>
- 2. planning policies and decisions should take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community.
- 3. <u>In good design</u>, planning policies and decisions should ensure that developments <u>create places that are safe</u>, inclusive and accessible and which <u>promote health and well-being</u>, with a high standard of amenity for existing and future users...
- 4. PPG: A health impact assessment is a useful tool to use where there are expected to be significant impacts.



I suggest you gentlemen invent a way to put a square peg in a round hole.

Acknowledge barriers to planning for health

- 1. Planning's ability to 'plan for all health' may be limited BUT it has a role, and requires a combination of changes to regulation and how things are done.
- 2. Majority of the challenges, barriers and threats relate to delivery, implementation and practical matter, such as:
 - the nature of translating public health evidence into planning practice.
 - Competing local priorities, particularly in any given development.
- 3. There is no shortage of international, national AND local 'planning' tools available to practitioners. In fact there may be too many or inconsistent.
- 4. Local government resources and capacity remain the underlying challenge.

Key findings from PHE Getting research into practice project

91%

 Existing evidence is not translatable to practice at the local level

89%

Lack of resource and capacity at local authority level

85[%]

Communication and cultural gap between planners and public health professionals

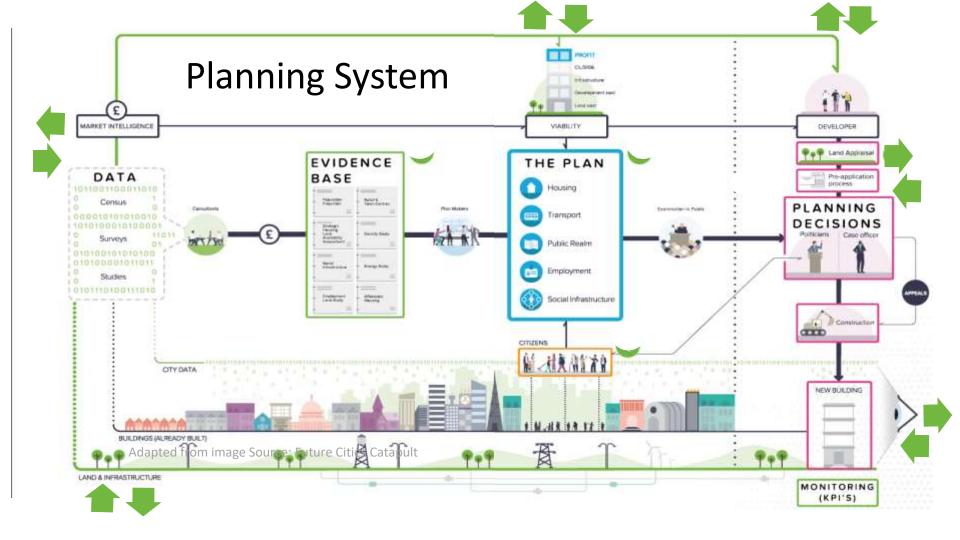
81%

Lack of monitoring and evaluation of planning decisions

79%

 Disconnect between government agencies responsible for providing leadership on spatial planning and health Exploring the views of planners and public health practitioners on integrating health evidence into spatial planning in England: a mixed-methods study Janet tye-Elegbede¹, Paul Pilkington¹, Emma L. Bird², Selona Gray³, Jeraniter S. Mindell¹, Michael Chang¹, Aimee Stimpson¹, Dominic Gallagher¹, Carl Petrokofsky¹ AMERICAN Department of the Control of the State of th Introduction. specialists in assessing the bright needs of a community and It is sold complete the fire bull revenues on pretions were to terrelate to talk and additions. I that content densit begin with the physicing process and should ancioness and public halfly probationals there a Nonot be adult or thought." One of the record is who record that schools reported this in Subburing the freign of Scotte space. "However, draptic the long and well-known hanner. between planting and health in the CSI, the two diseletting also at persons, two trafficiently becomes for level knot & There has been reported talls for bottor spurger between playing. and public builth hams to death. So didney of healthconsider the length role of spetial planning to improhis community halfsh and with help and suffi for stronger

Source: PHE, 2019, Getting Research into Practice (GRIP): study report



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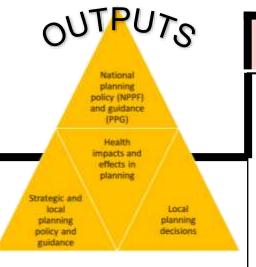
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THEORY OF CHANGE - HIA

INPUTS ACTIVITIES Inflluence/inform national and Collaboration local planning policy (time, resources) **Practitioner needs assessment** Information (survey, **Co-create HIA Training** feedback) syllabus and delivery (Essex) **Expertise** (IEMA, HIA/ Health in IA technical WHIASU. PHE quidance development Specialist Provider Framework +) Guidance (existina



SHORT - MEDIUM TERM OUTCOMES

- Better understanding of practitioners needs in English context.
- Exponential increase in HIA use and coverage.
- Established & consistent set of HIA competencies for training.
- Impact assessors & practitioners rally around shared expectations.

LONG TERM OUTCOMES

Assumptions, pre-conditions and external factors

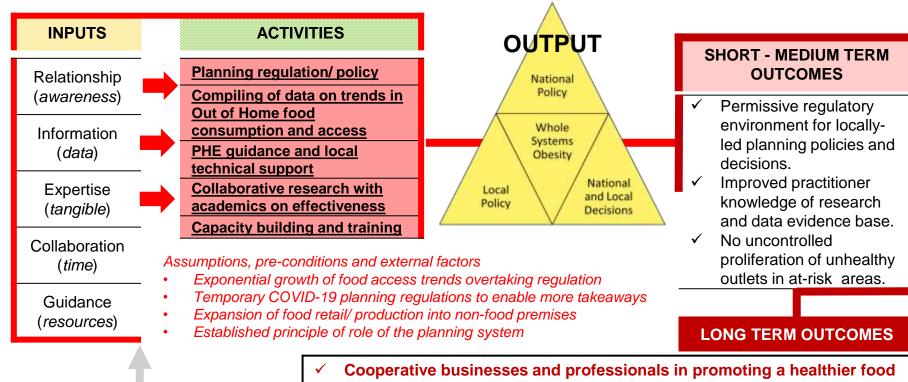
- Distinct target audience groups according to HIA use
- Established industry and local HIA guidance, practices and norms
- Dispersion of HIA expertise and information
- Planning and EA reform impacting on HIA use in DM process

Monitoring and reflection

publications)

- Enforcement and implementation of healthy places policies and quidance
- Contribute to reduction in associated diseases and improvements in health outcomes related to environmental determinants
- Re-build institutional HIA capability

THEORY OF CHANGE: Healthier food environments



Monitoring and reflection

- retail and production environment
- Contribute to reduction in obesity-related diseases and wider improvements in health outcomes related to reduced obesity prevalence
- Reduced obesity prevalence based on whole systems approach.

Final thoughts on BBB and Levelling Up



- 1. Provide greater clarity about what physical and mental health and wellbeing means in the planning system and process.
- 2. Increase the coverage of local health-relevant policies and improve quality of decisions that protect and promote population health.



- 3. Work to remove and minimise inequalities inherent within national and local planning system and decision-making processes.
- 4. Support local systems to explicitly re-frame local policies and decisions toward those who needs the planning system the most.



- Mature and maintain multi-disciplinary and cross-sector working relationships at national and local levels.
- 6. Improve/ support communication of Public Health value across national and local built environment professions/ systems.





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



Planning for Health 'Reading Club' 2021

Have you come across an interesting planning case ripe for discussion with other practitioners? How do we identify key learning points from these cases to improve the practice of Planning for Health?

Similar to a Reading Club for planning, we will use the informal setting to discuss public health implications arising from a case such as a recent planning appeal decision. Information related to each case will be shared before the meeting so that we can all come prepared and discuss informally. At the start of each session, we will run through the case, some key points before opening up for discussions.

The aim is not to critique the case but identify where things could be done differently to improve on the outcome. It will be useful for anyone involved in planning and wishing to get into the nitty gritty of details.



UPDATE 1st (trial) session on Friday 23rd July 13:00 to 13:40pm

Then on a Friday every 2 months from 13:00 to 13:40pm

Register on Eventbrite https://plan4healthreadingclub.eventbrite.co.uk

Join relevant sessions and participate in discussion with Peers!