Using spatial planning to deliver health outcomes

Better buildings and spaces improve quality of life, says the public
MORI research published by CABE 16 September 2009

No change in health gap from 1900
British Medical Journal, 10 September 2009

Stress from debt 'costing £450m'
London Health Forum 16 September 2009

Politicians must heed health effects of climate change
The Lancet 16 September 2009
Using spatial planning to deliver health outcomes

Welcome

Martin Willey
President of the Royal Town Planning Institute
Chairman of the HUDU Steering Group
The Built Environment and Health Inequalities

Professor Anne Power
London School of Economics, LSE Housing
Marmot Review Built Environment Task Group
Background

- Traditional view of slums
- Idea of New Jerusalem
  - Clear / new build
  - Upgrade
- Scale of area problems drives action
- Scale of gaps / inequalities undermines society
- Government roles
  - Public health: Old and new homes
Built Environment and Area Inequalities

- Visible conditions
- Service pressures
- Environmental Quality
- ‘People Problems’
  - Income
  - Access
  - Education
  - Health-life expectancy
Area Deprivation Impacts

- Open space
- Play
- Active travel / walk / cycle
- Greenery
- Costs of energy, fresh food, etc.
- Pressures on GPs
Stress of Poor Conditions

- Families and children
- Young people
- Older people
- Fear/weakening of social contact
Framework for Understanding Health Impacts of Area Inequality

Open & Green Spaces
- Link in mental health
- Children’s play and development
- Social links
- Links to obesity

Housing Conditions, Fuel Poverty and Inequality
- Existing built environment
- How to change through the time
- Tenure (renting)
- Social infrastructure, inc. GP access/health centres
- Cooling and shading
- Insulation and energy efficiency

Safety and security on streets – anti-social behaviour
- ‘Broken windows’
- Social and Community activities

Density, Noise, Traffic, ‘Urban Stress’
- Social inclusion and interaction, caused and fostered by design and its impacts
- Public transport
Requirements of Sustainable Development

• Protecting natural environment
• Strong, healthy, just society
Direct Area Health Problems

- Air pollution and dirty activities
- ‘Dumping’
- Stress and mental Health
- Obesity
- Infections
- Disability
- Climate Change, e.g. food, heat
- Lack of exercise, etc.
Direct Health Impacts of Built Environment

- Physical activity
- Green infrastructure
- Housing
- Children’s and elderly needs
- Design and public space
- Good v. bad areas: ‘Cliff edge’
- Violence, drugs
Tensions Between Ideas to Reduce Area Inequalities

- ‘Broken Windows’ theory
- Neighbourhood Management
- Organic Development
- Community-led/based initiative
- Ideal-type new build
- Poverty / Exclusion / Cohesion
- Community / ‘Happiness’ / Support
- Preventative health / Public Health
- Group/industrial interventions
What Works to Reduce Area Health Inequalities

• Neighbourhood management
  – Joining up at neighbourhood level
• Sure Start-type initiatives
  – Children and youth
• Local street policing / wardens etc.
• NGOs and delivery
• Community involvement and well-being
• Targeted area-based services
• Schools, education, parenting
Actions: Now, Soon, Later

Now

• Energy saving and fuel poverty
• Local supervision in neighbourhoods
• Obesity / diet / activity / access
  • food growing
  • free swimming pools
• Public Health – applying swine flu lessons.
Actions: Now, Soon, Later

Soon – i.e. start now!

- Green infrastructure
- Public transport and active travel
- Traffic calming, speed controls, protected cycle ways
- Continual investment and upgrade in community infrastructure
- Planning for area action
Actions: Now, Soon, Later

Later: Long-term or over-arching

• Transformative approach
• Community integration
  – ‘Hug the hoodies’
  – ‘Sleep walking into segregation’
  – Rough v. respectable
• Core human needs
  – Measurable inequalities hit up against rationing
• Core resource constraints
  – Space, energy
A More Equal Future? More Sustainable Health Action?

• Public health
  – Group/area action
• Prevention, education
• Conservation and use of spaces
• Regulation v. free market
  – Food
  – Children
  – Minorities
  – Schools and activity
Spatial Planning - Is It Still Evolving?

Professor Mark Tewdwr-Jones
University College London
Links between land use planning and health

- Historic relationship between planning and health
- Good planning can:
  - Reduce inequalities that exist in access to housing, services and transport, in different social groups
  - Increase physical activity to reduce the burden of disease, disability and mortality
  - Contribute to improved health of the population by reducing air and water pollution
  - Contribute to a changed social environment by improving the liveability of streets and neighbourhoods
2004 Act defines spatial planning as:

‘Spatial planning goes beyond traditional land use planning to bring together and integrate policies for the development and use of land with other policies and programmes which influence the nature of places and how they function’

PPS 1
Five years on – still early days

• Broad understanding that spatial planning is different and needs a new approach
• Most commonly used word to describe the difference in spatial planning is ‘coordination’
• Some understanding of the broader links with other public sector processes
• Progress in cross-organisational working to some extent but dependent on existing relationships
• Problems of different evidence bases
• Some case studies are showing major leadership from the community
• Relationships with Sustainable Community Strategies very mixed and not always strong
Spatial planning and health: existing links

- Spatial planning aims to create sustainable communities
- Authorities are required to assess the potential impact plans could have on health, including those for urban design, transportation, housing, education and employment
- Plans must be developed to ensure they improve health and well-being, reduce health inequalities or minimise the negative effects on health
- Utilising strategic environmental assessments, sustainability appraisals, and environmental impact assessments
- Increasing use of health impact assessments and other types of measures in some regions
Health challenges for spatial planning

- Adoption of effective impact assessment methods
- Development of a clear understanding of social issues, neighbourhoods, communities’ behaviour, and changes over time
- Assessing the differential health impacts on different groups
- Incorporating health issues into the planning policy- and decision-making processes
- Overcoming silo thinking in agencies and policy sectors and not addressing integrated approaches
- Utilising approaches to promote health and well being in planning decision making
- Generating awareness, knowledge and ‘buy-in’ without established national planning policies
Long term challenges to deal with health

- Settlement patterns that meet changed lifestyles
- Developing strategies based on delivering healthy sustainable settlements
- Understanding the social, cultural, environmental and economic drivers of personal behaviour
- Placing the social structure of neighbourhood populations as a central concern
- Recognising the relationship between the built form and physical activity and of obesogenic environments
- Community mental well being, and the importance of the locality
- Allowing children to experience local environments
The object of the bill is to provide a domestic condition for the people in which their physical health, their morals, their character and their whole social condition can be improved by what we hope to secure in this bill. The bill aims in broad outline at, and hopes to secure, the home healthy, the house beautiful, the town pleasant, the city dignified and the suburb salubrious.

John Burns, 1909 Housing, Town Planning, etc, Act
“An effective and efficient planning system is vital to supporting development and regeneration, providing infrastructure, creating jobs and keeping the housing market going … create the places in which people want to live, work and invest.”

Planning Together update, 2009
• Climate change
• Rapidly changing global economy
• Demand for housing
Securing buy-in Corporately and Locally

shared inputs
- National goals
- Regional strategies
- Data & spatial analysis
- Local priorities agreed by LSP

integrated strategies
- Sustainable Community Strategy
- LDF Core Strategy

Local Area Agreement (delivery plan)
- LSP & Partner Plans
- Planning decisions, Area Action Plans, S.106
- Inward Investment
- Public Land & Buildings

Community Engagement (Statement of Community Involvement)

outcomes
Existing health related policy

PPG17
PPS1
PPS1 supplement
PPG8
PPS9
PPG4
PPS23
PPG2
PPS6
PPS13
PPS12
PPS10
PPS25
PPS7
People who plan

Shared responsibility

- chip shop
- lap dancing club
- obesity
Decision making
- GPDO
- Killian Pretty
- Matthew Taylor

Plan making
- PPS12
- 2008 Act
Plan making
Design
Climate change
CIL
IPS/NPS
Existing guidance

- NHS advice on the planning system
- RTPI guidance on Planning & Health
- HUDU – 3 guides
Planning & Health

(Health & Urban Planning Toolkit)
Annual Public Health Report

- population characteristics
- relative mortality rate
- high incidence of diseases & health conditions
- pattern of road casualties
- poor access to fresh food
- poor access to public transport
- poor access to open space
Local Development Framework

- Define health aspirations of local community
- Scope health evidence base
- Formulate policies
- Define targets and indicators
- Ensure new development has social infrastructure required
Aligning planning and health strategies and processes
Healthy Community Indicator - role of planning policy

Healthy lifestyles: open space provision & encourage physical activity

Housing quality: high environmental standards – dealing with poor housing

Access to work: opportunities for employment
Healthy Community Indicator - role of planning policy

Accessibility : walking, cycling & public transport

Fresh food : food outlets & markets

Crime reduction : public realm & spaces

Air quality : reducing traffic, green spaces, water, ventilation & trees
Healthy Community Indicator - role of planning policy

Sound cohesion : sound infrastructure

Access to services : spatial relationship between demand and location

Resource use & climate change : energy efficiency resource conservation
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The health impacts of spatial planning decisions

‘first do no harm’

Dr Tammy Boyce
Research Fellow Public Health

The King's Fund
Ideas that change health care
Diseases with the largest environmental contribution

Prüss-Üstün and Corvalán for WHO
2006
Focus

› Transport

› Public spaces and services

› Housing

› Flooding

› Costs to the NHS
Costs to the NHS

- It is estimated that reducing air pollution emissions could lower hospital admissions for respiratory problems, therefore saving the NHS £1400-£2500 per admission.

- In cost-benefit terms the value of prevention of these 207,410 road injury accidents is estimated to have been £12,900,000,000.

- Dame Carol Black’s review (2008), the cost of worklessness to the government (including benefit costs, health costs and foregone taxes) was estimated at over £60 billion.

- In 1997 it was estimated that the cost to the NHS of treating ill health resulting from substandard housing was £2.4 billion a year. It was estimated at this time that it would cost £4 billion.
Transport

- Vehicle emissions
- Noise pollution
- Road traffic injuries
- Air pollution
- Obesogenic environment
<table>
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<th>Health Risks and Transportation</th>
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<tr>
<td><strong>Evidence UK and international</strong></td>
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<tr>
<td><strong>Air pollution</strong></td>
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| **Sedentary lifestyles** |  |
| **Road traffic accidents** |  |
| **Noise pollution** |  |
Interventions - transportation

- Provision of space to exercise.
  - Strong evidence

- Reductions in traffic to reduce air pollution.
  - Strong evidence

- Traffic interventions to reduce accidents or increase physical activity.
  - Strong / Inconclusive evidence

- Reducing noise from cars and airplanes.
  - Anecdotal evidence
Recommendations

- Future transport plans include the added health burden from the effects of air pollution, noise pollution, road traffic accidents and sedentary lifestyles.
Public spaces and services

› Safe community spaces
› Access to food
› Access to health services
› Access to employment
› Access and quality of green space
Recommendations

Future planning about public spaces and services to include the added health burden associated with effects of failure to provide safe community space or spaces with poor access.

Future planning to consider good and safe access to a range of food shops and health services.

Plan for good access to local health centres either through adequate parking or good links to local transportation.

Future planning to consider the land use mix to encourage local employment opportunities.
Housing

› Damp, cold indoor contamination

› Injuries
Recommendations

Future planning decisions to include the health burden from the effects of cold and damp housing, heat waves and design on:
- heart disease
- respiratory disease
- mental health
- injuries
- increased mortality, morbidity and costs to NHS.

Interventions to reduce the health risks of cold and damp housing and heat waves should be targeted at elderly populations, such as improving residential care homes.
Flooding

- Drowning
- Mental Health problems
Recommendations

› Future planning decisions to consider the health burden of the effects of flooding on:
  – mental health, particularly long-term effects.

› Future planning decisions should avoid planning health centres, acute trusts and residential care homes in flood zones.
Levels of evidence...

Strong evidence:
› Provision of green space increases exercise
› Reductions in traffic reduces air pollution
› Green spaces improve mental health
› Moderate exercise improves health outcomes
› Provision of space to exercise needs to be safe and easily accessed.

Less strong and/or inconclusive evidence:
› Traffic interventions reduce accidents and/or increase physical activity
› Green spaces improve rates of physical activity
› Improving insulation and heating improves health.

Anecdotal evidence:
› Local access to healthy food will improve diets
Existing government targets (e.g.)

- Halt the year on year increase in **obesity** among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole (Joint target with Department for Education and Skills and Department of Health).

- The target for mortality from **accidental injury** (all ages) - by 2010 to reduce mortality rates for England by at least 20%, from a 1995/6/7 baseline. It is not anticipated that this target will be met.

- In 2001 the government set a target to **eradicate fuel poverty** by 2010, however, this is unlikely to be met and DEFRA estimates 1.2 million households will still be in fuel poverty in England in 2010.

- The 2007 Air Quality Strategy for England, Scotland, Wales and Northern Ireland contains specific targets for **reductions in the concentrations of nine major pollutants**, to be achieved between 2010 and 2020 (Defra 2007).
Further recommendations

Planning policies should seek to avoid exacerbating the following health outcomes:
› heart disease; - respiratory disease;
› mental health; - obesity;
› injuries.

Planning decisions should consider the likely health effects from:
› air pollution; - noise pollution;
› road traffic accidents; - creating obesogenic environments;
› failure to provide safe community spaces/spaces or creating spaces with poor access;
› failure to create safe and good access to a variety of food shops and health services;
local employment opportunities in new planning proposals; good access to local health centres;
› cold and damp housing; - heatwaves;
› flooding.

Further research...
› the impact of interventions to reduce the health effects of planning decisions and policies;
› the effect of food availability and its cost in relation to obesity and wider health outcomes;
› the location of local health centres and effects on health outcomes, particularly those with long term conditions;
› the long-term effects of flooding on mental health, both in children and adults.

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