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Reuniting health and planning in the context of the NHS England Healthy New Towns programme

*Challenges and opportunities to
reunite health and planning –
lessons from the ESRC seminar series*

Consideration of determinants of wellbeing and population health needs in planning impeded by

1. evidence base

Nature of the evidence not necessarily suitable to inform planning policies :

- Research not well enough informed by the types of questions that practitioners are interested in
- Complexity of the evidence makes it difficult for clear conclusions and recommendations

Presentation of the scientific evidence inadequate:

- Academics: not good enough at presenting their findings in ways that facilitate decision-making, evidence presented in wrong format

Evidence gaps:

- call to include people's experience of living in certain places: *you can currently deliver a development that meets all the recommended standards, but still feels like a bad place to live*
- Quantifying the costs of the health and social impacts of design to financially encourage good design

Consideration of population health needs in planning impeded by: .

2. Planning and Public Health use evidence differently

Planning	Public health
Aim: to achieve sustainable development through <i>plan-making and decision-taking</i>	Aim: <i>creating the conditions</i> in which people can live healthy lives for as long as possible
Objectives: Implementing a <u>statutory system</u> of adopted policies and plans	Objectives: <u>Advocating proactive strategies</u> in response to population health needs
Process: understanding and acting with <u>planning practices, vocabularies and stakeholders</u> , and <u>implementing and co-producing outcomes</u>	Process: <u>understanding systems</u> thinking, consider health impacts that may be related to various social, economic or environmental factors
Evidence: <u>case studies, guidance and key laws</u>	Evidence: consideration of current local knowledge, uncertainties, and social and economic issues, research (<u>scientific, multidisciplinary</u>)
Key factors in planning decisions: <u>case-by-case basis, considering information on local factors</u> relevant to a specific area	Key factors in public health: <u>evidence at a broader population level</u> , which may not have direct links to a particular development, or a geographical location

- better translate the wider evidence base to a local context
- and find appropriate ways to evaluate local policies and innovations, thus increasing the 'local evidence base'

Approaches to integrate health evidence into planning policy

Policy hooks:

- Bristol's DM 14 - HIA for developments likely to have a significant impact on health and wellbeing
- Healthy' planning policies – restricting hot-food takeaways in close proximity to schools
- Requiring monitoring by planning consent to assess the success of “healthy” measures (Bicester)

Policy integration at plan level:

- PHE advocates JSNA and HWS as part of evidence base for local plan

Health relevant indicators:

- Indicators important to operationalize the buy-in (planners and developers) and align the agendas for place, health, poverty and inequality

Leadership:

- Leadership at executive level to promote the use of HIA (Conwy County Borough Council) to support local public health advocacy in the field

Partnership - community engagement:

- Strong consortium approach to place-based and proactive planning and design (Bicester)

Thank you

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