Creating Healthy Places Through Planning

Introduction

Healthy places support both quality of life and long life expectancy, but it is critical they are inclusive of and accessible to all, to combat the serious issue of health inequality. Planning can and must take a central role in this.

In this report we investigate how some local authorities in England are showing how health can be delivered through planning, despite severe funding restraints, limited capacity and an unsupportive regulatory environment. We look at three examples - East Sussex County Council, Leeds City Council and Oxfordshire County Council - and hear from the key people behind them.

Through these case studies, we learn that delivering places where everyone can hope to enjoy good health requires health-focused policies in planning documents, but also demands strong leadership, cross-sector collaboration and innovative mechanisms of delivery.

Central to the three councils' approaches is the close collaboration between planning and public health. They have all moved away from silo working to deliver change in a more joined-up, impactful way that explicitly focuses on healthy places. Cutting across departments, East Sussex has a Creating Healthy Places team, Leeds a Designing for Healthy Places Group, and Oxfordshire a Healthy Place Shaping team.

One of the main delivery tools adopted by these councils, and others prioritising healthy places, is the Health Impact Assessment (HIA), which reviews planned developments through the lens of the wider determinants of health. An HIA seeks to understand the effects of a proposed development on population health - particularly on vulnerable or disadvantaged groups. The UK government released guidance on HIAs in planning in 2020, and as a result an increasing number of councils across the country are requesting them. But many still don't - and the tool is not yet a national requirement for planning.

In England, there is currently no legal duty for new developments to deliver healthy places, even though the government has published guidance on it, and the National Planning Policy Framework (NPPF, as updated in 2021) includes a dedicated section on promoting healthy communities.

The proposed revisions to the NPPF, published in December 2022, notably fall silent on planning's role in tackling health inequalities: relatively little is said about health. The government's Levelling Up and Regeneration Bill, while addressing inequalities and planning reform, misses an opportunity to ensure that the planning system delivers for health.

Although spotlighting the work happening within councils, this report's three case studies and subsequent recommendations for best practice also aim to equip developers with a deeper understanding of the importance of designing for health, the methods of working that facilitate this, as well as improved ways of collaborating with local authorities to deliver healthy places.

There is an opportunity for planning to be at the heart of tackling health inequalities, delivering both responsive measures as well as preventative ones. The sooner action is taken to improve health equitably through planning, the greater the benefits will be.

Health Impact Assessments (HIAs)

Health Impact Assessments evaluate the potential health effects of a proposed development or policy on the surrounding population. They take into account the wider determinants of health.

Benefits:

- HIAs can help decision-makers to identify and mitigate potential negative impacts on health caused by proposed developments
- They provide an evidence-based approach to decision-making that considers the health and wellbeing of the population
- They can promote public participation if engaging communities and stakeholders is part of the assessment process
- They can identify opportunities to enhance positive health outcomes, such as through promoting physical activity, improving air quality, or reducing noise pollution

Challenges:

- HIAs require time, expertise and resources to conduct a comprehensive assessment
- They may not be appropriate for all types of developments or policies, particularly smaller-scale projects that may not have a significant impact on health
- There is no standardised HIA, so it is up to local authorities to determine what the assessment involves and to ensure that it is not tokenistic
- There is no standard way of monitoring the outcomes of assessments, although local authorities can implement monitoring procedures

The six Quality of Life Framework Themes

Case
Studies

East Sussex Council

A Creating Healthy Places team demonstrates the importance of collaboration between public health and planning colleagues

Project overview

East Sussex County Council appointed a Public Health Strategic Lead: Creating Healthy Places, Lourdes Madigasekera-Elliott, in 2021.

Although part of the public health team, she works with planning colleagues to support them to deliver healthy places. Lourdes' team also includes two Healthy Places Specialists, both of whom come from a planning background. The Creating Healthy Places team has been developing more collaborative relationships within the council to prioritise planning for health, and developing mechanisms to ensure this is delivered.

Highlights

- East Sussex County Council has a Creating Healthy Places team, within public health, which drives forward planning for health

- The Creating Healthy Places team has built positive relationships with planners and adds capacity to the planning department, helping to embed health in planning decisions and providing Health Impact Assessment (HIA) training

Challenges

- Better monitoring is needed to evaluate implementation and delivery of new policies and approaches

- Public sector funding, capacity and resources need to be boosted to make the case for new roles and initiatives, recruit people, and train them in the necessary skills

- East Sussex County Council is a two-tier authority with five district borough councils and a national park. Therefore, in order to respect sovereignty and local need, the Healthy Places team needs to have individual working agreements with each of them, setting out the protocols for engagement with public health, and what the triggers for HIAs will be

Approaches

- Building relationships is at the core of the team's approach, as is framing itself as a resource and support

- The Creating Healthy Places team has a presence at the Local Planning Managers Group, enhancing collaboration

- A Memorandum of Understanding (MoU) is in place outlining the agreement and intention for public health and planning to work together to improve health and wellbeing across East Sussex. A Public Health and Planning Working Group is being set up to be responsible for delivering on that MoU

- There is a desire to monitor how recommendations from HIAs are being taken forward

- East Sussex seeks to approach planning for health in responsive, place-specific ways, anchored around core principles

- There is a desire to find opportunities for public health and planning to co-upskill together, for instance through workshops

- In general, an attitude is adopted of trying things out, rather than waiting to act

Hastings Pier

HOUSING

AIR QUALITY

GREEN SPACE

WALKING & CYCLING

Interview with Lourdes Madigasekera-Elliott, Public Health Strategic Lead: Creating Healthy Places, East Sussex County Council

(March 2023)

What were your priorities when you were appointed at East Sussex?

I was very clear when I started that it can't just be me - we have to do it properly, and invest in at least two additional posts with a remit of public health and planning. That's where I created the Healthy Places Specialists roles.

The people that filled those roles both came from a planning, not public health, background - I didn't want to replicate skills I already had. Also, there's probably only a few people in the country that are public health professionals with experience in planning for health, or with a focus on the built and natural environment.

How has collaboration between public health and planning evolved in the council?

Before I joined, our Director of Public Health had been engaging planning colleagues, but the conversations elicited feedback such as: What's the added value? How would that work? When my role was created, there were some sensitivities, misunderstandings, and slight hesitancy about a public health person coming and sitting in on planning meetings.

When I started, I put the business case together to recruit the Healthy Places Specialists. One of the people who took up the posts, a planner, had been chairing the Local Planning Managers Group. That was a big win for us. Public health now attends the Local Planning Managers Group much more than it used to. And this is where it comes down to relationships. In one year we've struck up some really positive relationships with the planning teams. They've started to see the value of us.

Nationally there is an acknowledgement from the planning systems that recruitment into planning, resource and capacity can be a challenge. So having a Healthy Places team is adding to their capacity. And it's providing them with confidence, opportunity and capability to develop those strong community wellbeing policies. They appreciate that we provide the evidence base, to provide the justification, and provide Health Impact Assessment (HIA) training.

What other progress has been made?

Over the last year we've managed to get sign off from all of our district and borough council colleagues in planning, and the Director of Public Health, on a Public Health and Planning Memorandum of Understanding (MoU). That has helped strengthen our ambitions around the duty to cooperate.

The MoU is helpful in that it provides the policy context and links between planning and health. It provides an overarching agreement and intention to work together to improve health and wellbeing, and sets out those high-level actions we'll take. This includes agreeing specific actions and processes, engagement and parameters to establish robust working outcomes and objectives, as well as monitoring.

We're in the process of trying to set up a Public Health and Planning Working Group to be responsible for delivering on that memorandum. And we recently had an external partner come to us and want to share that memorandum as best practice to influence national policy.

At West Sussex you helped put together the Creating healthy and sustainable places framework (2020). Is the ambition to do something similar in East Sussex?

Yes, but it's also to go beyond that. We're lucky here because we've got a Director of Public Health - Darrell Gale - who comes from an architectural background; he gets the need to invest in this area, and the argument around the role of the built and natural environments in achieving health outcomes.

If you look nationally, there are a couple of local authorities where these [healthy places] frameworks exist, but sometimes these things are lovely documents and then nothing materialises. And that's because people don't have the resources and capacity, and they haven't thought about the resources and investment beyond these documents.

I didn't want that to happen in East Sussex. For me, a framework is nice, but when you're talking about planning, you need to have clear processes in place. And you need to have, from a public health perspective, an understanding of outcomes.

What can East Sussex learn from other councils, and what could it teach others?

We're very lucky because quite a lot of local authorities have come to us and asked us to share best practice and ways of doing things, but similarly we've also gone out to some great examples, such as Wakefield, to find out what they've done and how it's working.

One of the things we're finding is people who have asked for HIAs haven't monitored how recommendations are being taken forward; that's because people haven't had the resource and capacity to do that. If we're going to do HIAs, and quality assurance of HIAs, and recommendations of how a development can be improved, I want to know how we can monitor that. At the moment it's a bit "suck it and see"; we need to be prepared to invest in potentially more Healthy Places Specialists to do that monitoring.

How would you describe a 'healthy place' - what makes a place healthy?

The traditional answer is that a healthy place is a place that allows you to start your life well and age well, has opportunities to enjoy healthy lifestyles, eat and grow your own healthy food, socially connect and feel safe, and has opportunities for women and girls (placemaking is very often a male discipline, with places being developed and planned by males for men). A healthy place satisfies the human right to be able to breathe in clean air; it's where you can enjoy beautiful green and blue spaces; it's a place that people can identify with, take pride in and enjoy long life expectancy.

But I don't like to come at things very traditionally. We have an opportunity in the 21st century to think much broader than that. For me, a healthy place should epitomise the principles of planetary health. That's about the symbiosis and synthesis between our anthropomorphic existence and everything that is alive and natural. It's about creating balance, which is so integral to how we then perform and function and feel. If you don't have the right balance between nature and built infrastructure, it's not healthy in my book.

We need to have a much broader, more creative vision around placemaking. I love this idea of garden rooftops, greening high streets, homes that are adaptable, multifunctional spaces, and the high street becoming more about community and creative spaces. That for me is healthy.

There's also something about staying true to heritage - we don't want to see spaces that are all the same. Communities are different, and what might be healthy in one community might not be healthy in another. We don't want to see bland places. We want colour and greenery; places that inspire health rather than detract from it. That's why healthy places for me are all about vision, quality, substance and diversity. There is no one particular vision, but there are core principles, such as: opportunities to grow your food, active travel, and lifetime adaptable neighbourhoods.

What are the next steps and ambitions for you and the Healthy Places team?

Public health recently recruited a Housing Partnership Lead to help improve health and wellbeing in housing. And we want to better bridge the relationship between planning and housing because it's surprising how there is actually disconnect there. Housing is a real systems-wide issue. We also want to continue to support our planning colleagues, recognising there are real pressures on the system, in terms of recruiting and retaining planners.

> "A healthy place satisfies the human right to be able to breathe in clean air; it's where you can enjoy beautiful green and blue spaces... "

Another number one priority for me is the climate change agenda. Climate change is the biggest threat to public health. We know we have a long way to go to in terms of developing robust climate change policies in planning. It's about not just coming at this from a carbon reduction perspective, but recognising vulnerability in terms of people and population. One of the things we'd like to do in East Sussex - which they've done only in Wales - is a Climate Change Health Impact Assessment. That will help a number of policy areas think about and articulate climate change considerations from a vulnerable population/coastal communities perspective.

In general, the key thing for us will be to ensure we can strengthen the relationships we have built with planning, and find opportunities to co-develop and co-upskill together. For instance, a workshop around public health and climate change in planning is something we would be looking to do in future. There's something about building confidence for both planning and public health as we work together. It's also about having an open honest dialogue: we don't know it all, we can only try and go on this journey together, and work on it.

I want to do things properly, I don't want things to be a tick-box exercise. That does more damage than good because it erodes confidence, and erodes the relationships you've built over time. We're not afraid to say to planners: look this isn't working, how can we do it better?

Contact Lourdes to learn more about Creating Healthy Places in East Sussex:
Lourdes.Madigasekera-Elliott@eastsussex.gov.uk

Leeds City Council

Leeds shows how the Local Plan can be an opportunity to embed health and wellbeing in broader strategic thinking

Project overview

Leeds City Council has an internal officers group, the Designing for Healthy Places Group, bringing together planners, public health officials, and other council colleagues to generate and discuss ideas and strategies for delivering healthy places.

One crucial vehicle for this work is the current update of the city's Local Plan, which uses the sustainability drive towards net-zero emissions to help improve health in place, and requests Health Impact Assessments (HIAs) for proposed large-scale developments, to help reduce health inequalities in the city.

Photograph: ©Leeds City Council

Highlights

- The established mechanism of a dedicated cross-sector group, the Designing for Healthy Places Group, helps drive forward healthy places in Leeds

- The council is reviewing its Local Plan through the lens of the climate emergency, and its commitment to reach net-zero emissions by 2030. Embedded in this is the idea of designing healthy places, which both improve health and help boost environmental sustainability - including more greenery, cleaner air, and active travel

Challenges

- The Designing for Healthy Places Group has no governance structure. It is an officer-led group and members must take key messages back to their own departments and services to get buy-in

- There is difficulty around measuring some aspects of health impact as a direct consequence of a building development

- There has been some hesitancy and pushback from developers around the ask for HIAs; how can it be positioned as a useful tool rather than a bureaucratic barrier?

- Resourcing is an issue - HIAs create a large workload which requires time from skilled staff. Currently the council only has capacity to review HIAs for residential developments of 100 or more units, or non-residential developments of 10,000m² or over

Photograph: ©Leeds City Council

HOUSING

AIR QUALITY

GREEN SPACE

ENVIRONMENT

WALKING & CYCLING

responsive design....

people & place

buildings (architects)

activities (planners)

connections (highways engineers)

spaces (landscape architects)

integrated approach

Approaches

- The council has three overarching strategies which underpin all work and policy; one of these is the Health and Wellbeing Strategy. This is led by the ambition for Leeds to be "the best city for health and wellbeing". One of the strategy's priorities is that "housing and the environment enable all people of Leeds to be healthy"

- The Designing for Healthy Places Group deliberately seeks to bridge the gap between public health and planners in the council, who previously worked in silos. The group brings together evidence and reviews language in city council policies to make sure health is referenced

- The proposed changes to the Local Plan include explicit "development principles for healthy place making", including: the reduction of carbon emissions; climate change adaptation; new green, blue and open infrastructure; and facilitation of active travel. All of these seek to tackle the city's health inequalities

- The 20-minute neighbourhood is a key idea in the Local Plan update, bringing together health-oriented improvements with the move to net-zero carbon emissions. New developments will be assessed through the lens of 20-minute neighbourhoods, including walkability, reduced car use, access to green space and active travel

- The proposed Local Plan update will also request Health Impact Assessments (HIAs) from developers for larger projects; these should demonstrate the impact of the proposed development on health and wellbeing and show how the development would contribute to improving health and reducing health inequalities

Interview with Kathryn Holloway,
Team Leader (Policy & Plans) at Leeds City Council
(March 2023)

What collaboration is there within the council to deliver on healthy places?

We have an internal officers group - the Designing for Healthy Places Group - which brings in planners, public health, designers, highways, active travel champions, and parks and countryside colleagues. There, we pull together all the different ideas and strategies for designing healthy places.

The group tries to amalgamate what has previously been seen as a fracture between public health and planners, who worked in silos. So we're trying to bridge that gap and make it less fractious. We want to work together and bring together evidence. We review language in our policies, and make sure health is referenced. The only difficulty we have in the group is that it has no governance structure - it's very much an officer-led group of like-minded individuals. We take key messages back through our own individual groups and services to get buy-in.

We have presented previously to our City Plans Panel Chairs - the members who sit on the Plans panel and make decisions on planning applications - because some of the key aspects of what we're trying to achieve in terms of creating good and healthy places is influencing good design through new developments and planning applications. One of the issues that panel members have been asking is: How can we get better? How can we get away from schemes that are overly car-dominated, which is the prevalent model in Leeds?

When and why did you embrace the 20-minute neighbourhood model?

The council declared a climate emergency in 2019. As a follow up to that, we decided to do a select review of our Local Plan. We thought: what can planning and planning policies do to help the city meet its target to be net-zero by 2030?

So in 2019 we started consultation on this Local Plan update, focused on the umbrella of policies that came under climate change - including green and blue infrastructure, flood risk, placemaking, carbon reduction, and renewable energies.

Within the placemaking section, we started to look at the idea that was globally taking off, of the 15-minute city. The 15-minute city/20-minute neighbourhood concept is about the availability and ease of access (by foot, wheelchair or bicycle) to daily services and amenities you require. Its principle is that living locally helps to reduce short-distance car journeys.

We commissioned Mott MacDonald to do a spatial analysis, mapping the existing walkability of the city. That has enabled us to draft a policy about how we assess the sustainability of windfall developments - are they meeting the principal criteria of what we think a 20-minute neighbourhood should be? That means: has it got good access to green space, has it got good walkable access to a range of services and facilities, does it have high density to support the capacity of those services?

What other strategies or mechanisms are you looking at to help deliver healthy places?

Firstly, there's a big question mark about what is going to come through in the National Planning Policy Framework (NPPF) update: will that introduce national development management policies, and how far will those policies go in terms of healthy places?

We've also introduced a policy through the Local Plan update around the ask of a Health Impact Assessment (HIA) from developers. By having conversations with our public health colleagues, they have been looking at how they can better interface with commenting on planning applications. They can also tell us what to ask for from developers on the health side of things.

Health can be about infrastructure such as GP surgery provision, but the other side of it are the things you can't necessarily capture as a direct impact of development. This includes levels of obesity, levels of deprivation and chronic heart disease.

> "...because some of the key aspects of what we're trying to achieve in terms of creating good and healthy places is influencing good design through new developments and planning applications."

But we know these are all improved by access to good-quality environments and green space. If you have a building that's well-orientated and you get natural light, it lifts the mood. If you have a tree-lined street focused on pedestrian and active travel, you're not getting in your car. Making fewer car journeys reduces emissions, and improves air quality. With the HIAs, we want to set out those kinds of criteria of what a healthy place would be, and ask developers to demonstrate how they are responding to them.

One of the concerns from the development industry is: Oh it's just another piece of paper to fill in as part of the planning application process. We've got to turn that on its head and say no, here are the benefits of you doing it.

Will the HIAs be undertaken by public health?

Resourcing is an issue. We've set a threshold of [residential] schemes over 100 units for HIAs, because resourcing it has to be a consideration. We're trying to work with colleagues in public health to define what it is we want to measure, what data sets we want to use.

We're working on trying to establish a protocol between planning and public health for HIAs, setting out the process and ensuring both parties are signed up to that to resource it, because at the moment it's down to one person in public health. I think we just need that reassurance - having that protocol to say that this is really important and we need to dedicate a resource to it.

Contact Kathryn to learn more about the approach to health in planning in Leeds:
Kathryn.Holloway@leeds.gov.uk

Oxfordshire County Council

Following participation in the NHS Healthy New Towns programme, Oxfordshire's Healthy Place Shaping Team has focused on improving Health Impact Assessments to deliver improvements for the county

Project overview

Oxfordshire County Council has a Healthy Place Shaping approach, programme and team, led by public health.

This work evolved out of the county having two 'demonstrator sites' as part of the NHS Healthy New Towns programme (2016-2019) - Bicester and Barton. Principles around delivering health in place have been continued and embedded in practice and policy. Oxfordshire's Healthy Place Shaping team collaborates across departments, including with planning and transport, as well as externally. In 2021, a Health Impact Assessment (HIA) toolkit was released to help deliver improvements to health and wellbeing as the county experiences growth.

Highlights

- The council's Healthy Place Shaping approach explicitly champions and enables the creation of healthy places, and delivery of equitable improvements to health and wellbeing

- This is led by a Head of Healthy Place Shaping, and supported by two team members

- The Healthy Place Shaping team collaborates and communicates with planning colleagues, including providing feedback on planning applications

- The Healthy Place Shaping programme has moved the council away from silo working and towards a systems thinking way of working, strengthening relationships between public health, planning, and transport in particular

- One Social Return on Investment (SROI) study to assess the impact of one of the Healthy Place Shaping projects showed that for every £1 invested, there was £18 return

Challenges

- A strained, underfunded NHS, low on capacity, means that it is hard to engage NHS colleagues in the process and ensure primary care networks think about prevention and try new ways of working, which are vital to improving health in place

- Delivering healthy places carries the risk of leaving people behind, so work needs to happen to ensure that everyone can access and benefit from improvements

- How can developers be incentivised to take forward the principles around healthy place shaping?

HOUSING

AIR QUALITY

RECREATION

GREEN SPACE

WALKING & CYCLING

Photograph: ©Oxfordshire County Council

Approaches

- Healthy Place Shaping focuses on the built environment (including buildings, public realm, green spaces and infrastructure); community activation (supporting local people to live healthier lives); and new models of care (delivering new approaches to local care and minimising hospital-based care)

- The council's ambition is to create healthy communities which reflect the UK Green Building Council's concept of a healthy neighbourhood

- Oxfordshire adopts a "whole place" approach, looking beyond simply new developments, and seeking to ensure that growth promotes health and wellbeing across a whole place

- Monthly meetings between Healthy Place Shaping and an informal network of Planning Officers progress this work and ensure that healthy place shaping principles get incorporated into local planning policy and development management, including providing health-focused feedback on planning applications

- A Healthy Place Shaping network, open to all, operates across Oxfordshire to promote shared learning about what's working well

- Healthy Place Shaping developed a Health Impact Assessment (HIA) toolkit, released in 2021, which provides tools for the development process, as a mechanism for putting healthy place shaping principles into practice and delivering improvements to health

- A Healthy Place Shaping policy has been embedded in the Local Transport and Connectivity Plan

- Community-engaged projects on the ground include a cycling and walking activation programme, taking place alongside cycling and walking infrastructure improvements

- On-the-ground programmes are aimed at areas of deprivation within the county, and work to ensure that people have equal access to healthy places, including through undertaking insight work

- Regionally, there is sharing of experiences and best practices in the South East Public Health Built and Natural Environment Network

Interview with Rosie Rowe,
Head of Healthy Place Shaping at Oxfordshire County Council
(March 2023)

How did the NHS Healthy Towns programme translate into the Healthy Place Shaping initiative in Oxfordshire?

Bicester and Barton were two of England's 10 NHS Healthy New Towns "demonstrator sites" in 2016-2019. After that came to an end, there was a systems-wide discussion in Oxfordshire around whether the healthy place shaping principles and approaches should be scaled across the county, as well as continued in the pilot sites. We decided they should, given all the growth that is planned in Oxfordshire. We used the pilots to develop some of the key principles that underpin the approach and programme of Healthy Place Shaping.

What were the main local lessons learned from those two pilots?

One of the key things that emerged was the value of this systems thinking way of working, in terms of connecting up different sectors and different organisations: business, health, planning, GPs and the voluntary sector. It enables everyone to focus on upstream prevention.

One of the other key learnings was that you need the following three elements for healthy place shaping: looking at the built environment, community activation, and new models of care. The real impact is when all three elements come together.

How has your work evolved or changed since the Healthy Towns pilots?

Covid happened, which was a huge challenge, and meant it was harder to engage NHS colleagues in this work, because they have no capacity. But the pandemic did prompt a stronger focus on neighbourhoods, getting outdoors, understanding green spaces, and appreciating community activation. I think there's now a much greater awareness of health-enabling environments that promote active travel and connect you with nature - and understanding the ways in which planning can influence this.

The Healthy New Towns were focused initially on new developments, but in Oxfordshire we've always taken a "whole place" approach, so we never just talk about people in new developments, we talk about how we can ensure that growth promotes health and wellbeing across a whole place.

With the cost of living crisis, we're now looking at how to support a more inclusive economy, including how we can improve housing and health for people living in poor-quality homes. All these crises have been major challenges, but they have also created opportunities, and put a spotlight on the fact that you can't keep on responding to demand, you've got to focus on prevention and address those wider determinants of health.

How does the Healthy Place Shaping team work collaboratively?

We collaborate within the council, including with colleagues in active travel and highways, but we also do a lot of external engagement, including with the voluntary sector. Though led by public health, Healthy Place Shaping involves a wide range of officers across local government. I have an informal network of Planning Officers who I meet with on a monthly basis to progress this work and to ensure that Healthy Place Shaping principles do get incorporated into local planning policy and development management.

I also have a network across Oxfordshire - the Healthy Place Shaping network - which includes external partners. We share learning about what's working well and what's not. That's open to all, but it's mainly attended by local government. We meet once or twice a year.

What mechanisms do you use to deliver healthy places?

Planning policies, Health Impact Assessments (HIAs) and consultations are all important. We try to be intelligence and data-led. One of the things we have done is develop an HIA toolkit for the growth of the county, which has been really helpful in strategic sites. And partly because we're embedded in the county council, we are just part of that planning process in terms of commenting at pre-application stage and scoping stage.

From a sustainability perspective, this does absolutely need to be in policy: there's a Healthy Place Shaping policy in the Local Transport and Connectivity Plan, that's really important.

But whilst strategy and policy are important, you also need programmes of work that deliver change on the ground. One of the things we've been doing is a cycling and walking activation programme, whilst also improving cycling and walking network infrastructure. This ensures that people who are potentially furthest away from cycling and walking are supported and enabled to benefit from that infrastructure improvement.

We know that you can create a built environment that is health-promoting, but it could potentially increase health inequalities, so a lot of the programmes are working with officers, community groups and local government, to support outreach to those people who need the most help to enable them to access the benefits of improvement to the built environment.

In terms of access to green spaces, as well as delivery programmes and a range of projects, we've done quite a lot of insight work. This helps us to understand what the barriers are for certain groups who are more excluded from connecting to nature. For instance, we asked teenage girls why they're not going to their local park, and what could encourage them. Their views are now informing comments that we make on planning applications to request that play areas/green spaces in new developments provide appropriate spaces for teenagers to be active.

What do you think have been the biggest achievements or wins so far for Healthy Place Shaping in Oxfordshire?

From a residents' perspective, the things we've done around wayfinding have been really successful. The wayfinding signs we created help people reach the natural assets within their community, and support sustainable behaviour change. They've also promoted mental wellbeing - encouraging people to exercise outdoors and socially interact with others.

We have done a Social Return on Investment (SROI) study to assess the impact of that: for every £1 invested, we would get £18 return, which is very good in terms of wellbeing.

From a built environment perspective, the biggest win is getting it into the local plans and planning policies, and having HIAs as a standard requirement of a strategic development. I think that's a really big shift.

And finally, the systems thinking way of working. Those relationships between public health, planning, and transport - those kinds of system relationships are just much more how we do things now, whereas traditionally in local government there's a tendency towards silo working.

What's next for Healthy Place Shaping in Oxfordshire?

We're undertaking a Healthy Needs Assessment to confirm with partners what the key priorities are and if there are any gaps in the current programme. We've provisionally identified five. One is around the planning system, and sustaining that ongoing joint working to ensure that health is considered in all aspects of planning and development. A second area is around active travel and supporting activation of health through enabling people to cycle and walk more. A third is around supporting connection to nature for wellbeing. A fourth is addressing fuel-poor homes and trying to improve those standards. And the fifth is around creating an inclusive economy.

Do you collaborate with other authorities nationally?

Yes sometimes, particularly with neighbouring public health teams. Lourdes* and I co-organise the South East Public Health Built and Natural Environment Network - there's a lot of good sharing across that network. I'm always happy to speak to people and learn from others as well.

What needs to change from a national, top-down perspective?

We need to find a fit-for-purpose funding model for primary care estates, and build capacity within primary care networks to think about prevention and try new ways of working. The other major national issue is around the developer community - they currently haven't got the incentives to really take forward a lot of these principles.

Contact Rosie to learn more about Healthy Place Shaping in Oxfordshire:
Rosie.Rowe@oxfordshire.gov.uk

*Lourdes Madigasekera-Elliott, Public Health Strategic Lead: Creating Healthy Places, East Sussex County Council

Recommendations
for best practice

The takeaways from these case studies can form lessons of best practice for those wanting to better deliver healthy places. For more guidance on what makes a healthy place, consult the Quality of Life Framework.

Collaborate

- Improving community health and delivering healthy places means collaborating internally and externally. Avoid the barriers of silo working and bring together planning, public health, housing, transport, and environment to work together on the wider determinants of health as they relate to place

- Establish structures and systems for these collaborations, such as working groups, to ensure they are sustainable and deliver impact over the long term *[see: Oxfordshire's Healthy Place Shaping network, East Sussex's Public Health and Planning Memorandum of Understanding and Working Group, Leeds' Designing for Healthy Places Group]*

- Seek to learn from best practice both internally and on a national level. This might include taking part in networks, even informal ones *[see: the South East Public Health Built and Natural Environment Network]*

Appoint a dedicated lead

- Although rooted in collaboration, delivering healthy places is more likely to advance if a dedicated lead is appointed to champion and coordinate the process *[see: East Sussex's Public Health Strategic Lead: Creating Healthy Places, Oxfordshire's Head of Healthy Place Shaping]*

Embed health in Local Plans and planning processes

- Update Local Plans to explicitly address the priorities of equitable healthy places, including policies that set out what this means. This will help ensure all development and planning takes health into account *[see: Leeds Local Plan update, Oxfordshire's Healthy Place Shaping policy in the Local Transport and Connectivity Plan]*

- Health Impact Assessments (HIAs) are a key mechanism to deliver healthy planning, so ensure this is a standard part of the planning process, and that it is informed by local need, data and research *[see: Leeds' Health Impact Assessment toolkit]*

Make healthy places equitable and accessible

- Health will only improve if everyone has access to the benefits of healthy places. Work to ensure that no one is left behind or excluded from health-focused improvements because of location, circumstance, ability or any other factors

- Mapping, assessments and community engagement will help identify priorities and needs, where resources need to be directed, what barriers people face in accessing existing or new provision, and what will meaningfully deliver improved health and wellbeing on a local scale. Undertake outreach and talk to different groups of people *[see: Oxfordshire's Healthy Needs Assessment and community activation programmes, Leeds' Local Plan update consultation and walkability mapping]*

- Ensure improvements to health in place are being made in the areas which really need it, not just high-end new developments. This means integrating policies into Local Plans

Monitor and measure impact

- Assessing the impact of this work will help make the case for spending money and time on health, help improve workflows and their impact, and help encourage others *[see: Oxfordshire's Social Return on Investment (SROI) study]*

- Monitor how recommendations are being taken forward to ensure healthy places are being delivered, not just asked for

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