

Protecting and improving the nation's health

# Getting research into practice A resource for local authorities on planning healthier places





# Local authorities involved in the Getting Research into Practice workshops and development of the resources

Public Health England acknowledges the contribution and support from the following local authorities throughout the project and to the development of the resources:













# **Contents**

	cal authorities involved in the Getting Research into Practice workshops and	
dev	velopment of the resources	2
For	reword	4
Exe	ecutive summary	5
1.	Introduction	6
2.	Background information to inform local plans and policies	8
3.	Planning resources	16
4.	Conclusion	27
5.	References	28
Anr	nex 1: Summary of GRIP2 research	30
	nex 2: 'Spatial planning for health' principles with the National Planning Policy mework	32
Anr	nex 3: Planning and health stakeholders	34
Anr	nex 4: Healthy Planning Checklist	36
Abo	out Public Health England	39
Ta	able of figures and tables	
Fig	ure 1. Framework for embedding health actions into a healthy places SPD	18
Fig	ure 2. Developing a Healthy Planning Principles Framework	21
Fig	ure 3. Stages in developing a technical research paper	23
Fig	ure 4. Embedding health and wellbeing into the neighbourhood plan process	26
Fig	ure 5. Summary of the approach taken in GRIP2	30
Tab	ble 1. Summary table of the relationships between the built environment and hea	alth
out	comes.	10
Tab	ble 2. Other relevant key national strategies and plans for planning and health	13
Tab	ole 3. A selection of national evidence, frameworks and toolkits	14
Tab	ble 4. A selection of local level evidence and data	15

# **Foreword**

The challenges to individuals and communities by the COVID-19 pandemic highlighted health inequalities and why everyone should have a good home, well-designed neighbourhoods and be able to have easy access to and enjoyment of quality green spaces. The 'Planning for the Future White Paper' acknowledges where we live has a measurable health and wellbeing effect. The environment we live in leads to and creates communities which, in turn, supports neighbourhoods that create a feeling of value, worth and social justice. To maintain and improve health and wellbeing, effective planning matters.

These are all positive signs that spatial planning for health and wellbeing have reached a point of consensus. PHE welcomes cross-sector and cross-disciplinary commitment to creating and designing healthy environments for everyone.

This PHE resource is designed to support local public health and planning teams to achieve healthy places and communities. Using advice set out in this resource can help local public health teams effectively influence the planning system and the processes that shape the health of current and future generations. This work is the result of a collaborative effort with the involvement of officers and elected members from across local authorities in Gloucestershire, Worcestershire, Hull and North Yorkshire. We thank them for their support in developing this work.

The development of this resource comes as the nation is in the midst of a global pandemic. COVID-19 has and will have a transformative and long-lasting impact on the way individuals, families and communities interact with and use the built and natural environment. Therefore, the way we plan and manage the environment will also need to change and adapt as local government focusing on actions to aid recovery and build resilience when investing in future development.

We hope that those applying the principles and approaches set out in this document can look for opportunities to plan places that will have a positive effect on improving the health of the nation.

#### **Clare Perkins**

Deputy Director, Priorities and Programmes, Public Health England

#### **Angela Baker**

Deputy Director, Health and Wellbeing, Public Health England, South East

#### **Professor Deb Lapthorne**

Public Health England Regional Director, South West NHSE England and NHS Improvement Regional Director of Public Health

#### Dr Sue Ibbotson

Public Health England Regional Director, Midlands

# **Executive summary**

The homes and neighbourhoods where people live and work have a profound influence on mental and physical health and wellbeing, and this has become more widely appreciated during the COVID-19 global pandemic. There is increasingly strong evidence base about how places can be planned to enable healthier populations. The influence of the place in which communities live, on their health, is recognised in both national public health and planning policy. However, in practice, this evidence is not always used effectively to support local plans and policies.

The Getting Research Into Practice (GRIP) work has two aims. First, to facilitate the use of health evidence set out in the Public Health England (PHE) 'Spatial Planning and Health: evidence resource' published in 2017, by directly engaging with local and regional policy makers and practitioners across the built environment and public health professions. Secondly, to provide evidence-informed resources to assist local areas, to develop local spatial planning policies and practices which can improve health and wellbeing for their communities. This publication provides those resources.

The outcome of phase 2 of GRIP is this document of 4 resources to support public health and planning professionals in developing locally-led planning guidance on planning healthier places and environments. The resources can help provide consistency of structure and expectations, and be used and adapted by councils and neighbourhood planning groups anywhere to create locally specific resources based on the evidenced health needs of their communities.

#### There are 4 resources:

- a supplementary planning document (SPD) on healthy places
- a framework for healthy planning principles
- a technical research paper on planning for ageing well that could form the evidence base for local planning policies and guidance
- an approach to integrate health considerations into neighbourhood plans

The resources included in this document are based on what was learnt in workshops with selected local authority areas during 2019. These local authorities were from Hull, York, North Yorkshire and East Riding, Worcestershire and Gloucestershire. Longer versions of each resource, which include health and planning data specific to each of the 4 areas, were also produced and can be accessed from the TCPA website.

For information about the workshops, the research methodology, and recommendations based on learning from this project, see the main research report by UWE and TCPA: 'Getting Research into Practices' (GRIP) – supporting development of local healthy planning practices' on UWE's research repository. An overview of this report is presented in Annex 1.

# 1. Introduction

There has been a growing understanding that the places in which people live have a profound influence over their physical and mental health. Taking a place-based approach recognises the importance of addressing the wider health determinants across people's life course (1). Planners, public health professionals and other place-makers working in local authorities (county and district councils) play a central role in weaving the social fabric of their communities to create and sustain healthy places (2). A responsive spatial planning system enables them to act.

# 'Getting Research into Practice' (GRIP)

Requirements for Local Plans and planning policies to be informed by local health evidence and health strategies are set out in the government's 'National Planning Policy Framework' (NPPF) (3) and Planning Practice Guidance (PPG) (4). Following publication in 2017 of the 'Spatial Planning for Health: evidence resource' (5), PHE recognised the need to provide further support to extend the utility, reach and impact of evidence in planning practice.

In 2019 PHE commissioned research into planners' and public health practitioners' awareness of the 'Spatial Planning for Health' and other sources of evidence about health and the built environment. This research was published in 2019 (6). Its findings included calls from planners and public health teams for additional practical resources to help them use public health evidence to inform Local Plans and supporting policies (7). Many of these findings support parallel research on the enablers and barriers to planning healthier places (7).

The development of this document has been informed by further work commissioned by PHE, and undertaken by the University of the West of England (UWE) and the Town and Country Planning Association (TCPA). The outcome of this work has been set out in the main research report by UWE: 'Getting Research into Practice - supporting development of local healthy planning practices' (9). It contains more information about the research methodology behind this project; the local workshops; the findings that underpin the practical guidance provided here; and recommendations that based on what has been learnt through this project. A summary is included in Annex 1.

#### Who is this publication for:

- Council planners working in planning policy and development management
- Directors of public health and their public health professionals particularly those with wider determinants responsibilities
- Transport planners
- Neighbourhood forums and planners working with local communities
- Councillors and senior directors with responsibilities for place, planning, public health, and community wellbeing
- Local health and wellbeing boards

### How this publication was created

To ensure this document meets the needs of local planners and public health professionals, the resources has been informed by local workshops. Localities for the workshops were chosen following a call for 'expressions of interest'. Councils from the following 4 locations were selected: Hull, North Yorkshire, York and East Riding, Worcestershire and Gloucestershire, each of which wanted to focus on a different topic. Each council held a workshop which brought together planners, public health officers and other partners across the local built environment and health systems.

## How to use this publication

Section 2 sets out background information which all councils can use to:

- understand the national policy context for planning healthier places
- know where to find relevant evidence about local health needs.
- know how to use national and local evidence to inform Local Plans

Section 3 sets out 4 resources for councils to adapt for:

- healthy places supplementary planning document (SPD)
- healthy planning principles framework
- planning for healthy ageing technical research paper
- healthy built and natural environment in a neighbourhood plan

Based on this second phase of GRIP, each resource provides a suggested approach for creating a locally specific planning guidance. The resources are informed by evidence sourced from the location in which the workshop was held, but can be replaced to create locally specific resources for other places. The summary resources are presented in this publication, and their detailed versions can be downloaded here.

Annex 1 presents an overview of the main GRIP2 research by UWE and TCPA.

Annex 2 aligns 'Spatial Planning for Health' principles with NPPF requirements.

Annex 3 sets out a list of actors and stakeholders involved in the planning process as part of a place-based approach to health and wellbeing and how they can provide input.

Annex 4 sets out a ready-to-use checklist providing a quick way to see which sections of the current 'NPPF,' 'PPG' and 'National Design Guide' can support healthy places.

### Impact of the 'Planning for the Future White Paper'

The 'Planning for the Future White Paper' set out reforms to the English planning system (9). The resources in this document can support the vision of planning reforms in terms of setting clear, efficient and standard processes across councils, and being capable of being accessible by people in a range of different formats, including outcome-oriented digital platforms and solutions. Future updates to national planning policy and guidance will be reflected in any future iterations of this document.

# Background information to inform local plans and policies

There is established understanding and agreement about the information in this section. Users of this document can use the information as part of the evidence base for Local Plans, neighbourhood plans, and other spatial policies and technical papers.

# The link between planning, the environment and health

Many causes of illnesses and poor health affecting people, and unequally in certain population groups, are influenced by the environment in which they live, work and play (11). These environmental factors that influence health are sometimes referred to as the wider determinants of health. These include economic, social and environmental factors, which impact on physical activity levels, social isolation and diet, and can contribute to many of the most common health problems, including type-2 diabetes, depression, and obesity. Many of these factors are significantly influenced by the kind of places achieved through spatial planning. (See Table 1). Spatial planning can help improve

environments, creating places in which it is easier for people to be physically active in their daily routines throughout their lifetimes, to meet neighbours and to have local green spaces to visit – all of which support physical and mental wellbeing.

# Place-based approaches to planning for healthy places and communities

The planning system plays an important social role in supporting strong, vibrant, healthy and equitable communities. Local areas are encouraged to use the planning system as part of their place-based approach to promoting health and reducing inequalities. PHE has provided guidance on what it means to take this place-based approach (1). With planning as a key tool, place-based approaches can help councils better plan and secure investment from development and regeneration programmes to close the gap between population groups and places with the best health outcomes and those with the worst health outcomes (12).

# The scope of planning

Although planning and planners have an important role to play in shaping places in which it is easier for people to live healthy lives, they may not have influence over many aspects of the environment, how these aspects are built and how they may be used by people and communities. These parameters are set out by government in the NPPF and PPG. Having a shared understanding of what planning can, and cannot influence is important for creating meaningful relationships between planners and other disciplines such as public health.

As a start, planning can influence the following:

- location of new development
- type of development (homes, offices, schools, shops, green spaces)
- layout and general appearance of buildings, streets and public spaces
- provision of social infrastructure (community and health centres, play areas)

Table 1. Summary table of the relationships between the built environment and health outcomes.

Table highlighting the relationship related to physical activity, mental health and wellbeing, obesity and social isolation in adults from the PHE 'Spatial Planning for Health' (5) ( $\checkmark$  = weak;  $\checkmark$   $\checkmark$  =moderate;  $\checkmark$   $\checkmark$  =strong evidence for the relationship)

		Outcomes r	elated to	
	Increased physical activity*	Improved mental health and wellbeing**	Obesity***	Social isolation in older adults****
Features related to neighbourhood design				
Increase walkability	<b>√</b> √	✓	✓	<b>√</b> √
Compact neighbourhoods	<b>///</b>		✓	✓
Increased access to facilities and amenities	<b>√</b> √	✓	✓	✓
Improved street connectivity	$\checkmark\checkmark\checkmark$		✓	
Improve and/or increase infrastructure to support walking and cycling	$\checkmark\checkmark\checkmark$	✓	<b>√</b> √	✓
Public realm improvements (e.g. street lighting)	<b>/</b> /	✓	✓	
Features related to transport				
Encourage use of public transport	<b>///</b>	✓	✓	<b>√</b> √
Encourage active travel to work or school	<b>///</b>			
Prioritise pedestrians and cyclists	<b>√</b> √	✓	✓	
Provide traffic calming measures	<b>√</b> √	✓	✓	
Provide access to recreational space	<b>√</b> √	✓	✓	

Features related to housing				
Provide diverse housing types	✓		✓	
Provision of affordable rental housing		✓		
Provision of mixed-use affordable housing		✓		
Provision of affordable housing for specific vulnerable groups		<b>√</b> √		
Provision of affordable housing for the homeless		✓		
Features related to the natural environment				
Provision of access, and engagement opportunities with, the natural environment	<b>√</b> √	<b>√</b> √	✓	✓
Aesthetic park improvements	$\checkmark\checkmark$	$\checkmark$	$\checkmark$	
Improve air quality	<b>√</b>	<b>√</b> √		
Reduced impact of flooding		✓		
Features related to healthier food				
Provide opportunities for urban food growing	✓	✓	✓	✓
Decrease exposure to less healthy food retail environments			✓	
Increased access to healthier foods for the general population			<b>√</b> √	
Increased access to healthier food in schools		$\checkmark$	$\checkmark\checkmark$	
Increase access to retail outlets selling healthier foods			✓	

<sup>\*</sup> Improved motivation to engage in physical activity, improved opportunities for physical activity, improved physical activity; \*\* Improved mental health and wellbeing, promoting mental wellbeing; \*\*\* Behaviours associated maintenance of a healthier weight, maintenance of a healthier weight, improved weight status, improved nutrition-related outcomes among children and adolescents, reduce obesity among adolescents, reduced BMI, including among children and adolescents, reduced risk of obesity and type-2 diabetes; \*\*\*\*Improved social participation among older adults, increased mobility, including among older adults, improved opportunities for social connectivity.

# National planning policies and guidance

The National Planning Policy Framework (NPPF) is the overarching policy reference for councils with planning responsibilities in England. All Local Plans and planning decisions are required to take the NPPF into account. It makes clear councils have a responsibility to promote healthy and safe communities by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health and wellbeing. The NPPF sets out explicit policy requirements pertinent to promoting healthier environments (3) which align to the planning principles outlined in 'Spatial Planning for Health' (see Annex 2).

The supporting Planning Practice Guidance (PPG) provides more detail about specific planning topics in the NPPF, for example there is a PPG section on Healthy and Safe Communities (4). However, many of its' other PPG sections are relevant to planning healthier places, including those about: air quality; climate change; design; housing needs of different groups and for older and disabled people; natural environment; noise; open space, sports and recreation facilities, and rural housing.

In addition, the National Design Guide (13) provides further information about how to create successful new places through design. Good design practice set out in the 'National Design Guide' aligns with the planning principles in 'Spatial Planning for Health.'

Annex 2 sets out a checklist to see which sections of the NPPF and the PPG, supported by MHCLG's National Design Guide and National Model Design Code support a range of built environment interventions, such as making neighbourhoods easier to walk around, increasing affordable housing, along with relevant questions for planners and public health teams to ask to help strengthen the health content of plans, policies and decisions.

# Other relevant national strategies

National policies, strategies and plans (such as those highlighted in Table 2) play an essential role in defining a country's vision and policy direction for ensuring the health of its population. By demonstrating alignment with them, councils can justify local policies and planning decisions to achieve 'net health gain', that is, preventing poor health, improving wellbeing and reducing health inequalities.

## Table 2. Other relevant key national strategies and plans for planning and health

This table lists relevant key national strategies and plans for planning and health from the Departments of Health and Social Care, Transport, Environment, Food and Rural Affairs, NHS England, PHE and Sport England.

### **Department of Health and Social Care**

- Prevention Green Paper (2019) 'Advancing our Health: prevention in the 2020s' highlights becoming more active is good for people's mental and physical health and set out the ambition to get everybody active
- Childhood Obesity: A Plan for Action (2017) and Chapter 2 (2018) recognise influence of the environment in which children live, and inequalities that exist
- Prime Minister's Challenge on Dementia 2020: Implementation Plan (2016) sets out actions to address the needs of people with dementia.

#### Department for the Environment, Food and Rural Affairs

 25 Year Environment Plan (2018) has actions on evidence-based links between the health of the natural environment and prosperity

## **Department for Transport**

 'Gear Change A bold vision for cycling and walking' (2020) sets out actions required to improve and increase cycling and walking

#### Department for Business, Energy and Industrial Strategy

 Industrial Strategy: 'Building a Britain Fit for the Future' (2017) is a UK-wide strategy that included a 'grand challenge' on the ageing society

### NHS England

• 'NHS Long Term Plan' (2019) will transform the way that health-care is provided, tackle health inequalities, and increase use of technology.

#### **Public Health England**

'PHE Strategy 2020 – 2025' (2019) sets out PHE's strategic priorities.

#### Sport England

 'Shaping our Future' (2020) informs an emerging Sport England strategy for improving sports and physical activity.

# The importance of evidence

The NPPF stresses that local plans and policies must be based on national and local evidence. National-level evidence is important for framing policies and plans based on national health trends which inform priorities while local evidence is important to justify policies and plans to address health needs and inequalities. A wide range of sources of evidence and tools can be used including, but not limited to, those set out in Table 3. Taking a health impact assessment (HIA) approach can help councils and stakeholders systematically identify and integrate relevant health evidence into the process. PHE has provided further guidance on the use of HIAs in spatial planning (14).

#### Table 3. A selection of national evidence, frameworks and toolkits

This table lists a selection of national evidence, frameworks and toolkits including from PHE, Spatial Planning for Health: An evidence resource for planning and designing healthier places, Putting Health into Place, Housing our Ageing Population, Active Design and Healthy Streets.

'Spatial Planning for Health: An evidence resource for planning and designing healthier places' (2017) sets out give evidence-informed healthy places principles.

'Putting Health into Place' (2019) provides a 'how-to' guide for creating new places and healthcare arrangements based on learning from the NHS England's Healthy New Towns programme.

'Review of interventions to improve outdoor air quality and public health' (2019) is evidence-based advice, focused on actions available to local authorities and, on the most effective practical action to reduce air pollution and its impact on our health.

'Local action on health inequalities: Improving access to green spaces' sets out evidence of access to green spaces and its association with positive health outcomes.

'Housing our Ageing Population' (2017) sets out what is required to meet the housing needs of the older population.

'Everybody Active Every Day: what works, the evidence' (2014) sets out physical activity levels people need to stay healthy and what needs to change to achieve this.

'Working Together to Promote Active Travel: a briefing for local authorities' (2016) sets out how active travel can be encouraged and facilitated.

'Active Design' (2015) sets out principles for planning and designing places that support and encourage physical activity.

'Healthy High Streets: good place making in an urban setting' (2018) sets out evidence for planners to support decisions to create healthier local high streets.

Healthy Streets is London-wide framework and toolkit for planning and designing streets to encourage physical activity and reduce air pollution.

'Using the planning system to promote healthy weight environments' (2020) aims to support a consistent evidence-based approach to developing local planning policy and guidance, including SPD, and making planning application decisions.

'Obesity and the Environment: density of fast food outlets' (2017) is evidence linking the density of fast food outlets to the level of deprivation, with more deprived areas having higher concentrations of fast food outlets.

Local public health teams have a wealth of local health data, not all of which is published. A conversation with the local public health team, or district council health and wellbeing team, is a good place to start when seeking data, particularly at ward level. These sources include but are not limited to those set out in Table 4 as a starting point.

#### Table 4. A selection of local level evidence and data

This table lists a selection of local level evidence and data including the joint strategic needs assessment, the Public Health Outcomes Framework, and the Strategic Health Assets Planning and Evaluation web tool.

The **Joint Strategic Needs Assessment (JSNA)** is a statutory assessment of current and future health, wellbeing and care needs in the area, produced by the local Health and Wellbeing Board. It informs the local **Joint Health and Wellbeing Strategy**.

Public Health Outcomes Framework (PHOF) and Fingertips sets out public health outcomes, at national and local level, supported by a broad set of indicators. An interactive web tool – 'fingertips' makes the PHOF data available publicly at local authority level in Local Authority Health Profiles. For smaller areas within local authorities, see Local Health.

SHAPE (Strategic Health Assets Planning and Evaluation) A web-enabled, evidence-based Geographical Information System (GIS) that informs and supports the strategic planning of health services and assets.

# The importance of plan and development monitoring

Robust monitoring and evaluation systems are crucial to demonstrate the effectiveness of local policies. Local planning authorities are required to publish information annually within their Authority Monitoring Reports (AMRs) and include performance indicators related to policies in the Local Plan. The Local Government Association's Planning Advisory Service has produced guidance on Monitoring That Matters – towards a better AMR (15). The AMR can be aligned with the Director of Public Health's annual report.

In the context of planning places to help improve health and wellbeing, evaluation of policies or interventions should provide evidence to assess whether the policy or intervention is delivering the desired outcomes, such as reducing inequalities. For example, monitoring is one of Sport England's Active Design principles (16).

# 3. Planning resources

This section contains 4 resources which can be used and adapted by any council, together with their local partners and communities, to create the following:

- a healthy places supplementary planning document (SPD), based on national evidence of what works, and local evidence of health needs
- a sub-regional or cross-council healthy planning principles framework particularly useful in 2-tier areas, or areas with combined authorities, based on national evidence of what works and local evidence of health needs
- a technical research paper to support planning for healthy ageing as a precursor to developing planning policies or guidance such as an SPD to guide actions
- a neighbourhood development plan as part of the local plan that is informed by the evidence of what makes a healthy built and natural environment, and evidence of local health needs, so that it helps support the wellbeing of the community

As set out in the introduction, the resources were informed by outcomes of workshops held in 4 locations. The resources are populated using evidence sourced from the location in which the workshop was held. The summaries presented here indicate where other councils can add their own local evidence to create a locally specific resource.

Local authorities can adapt these resources to meet local policy requirements and needs, including accessibility needs of key target audience groups. This can be achieved through exploring different approaches such as interactive PDF files or in online digital formats. The approaches should increase and improve accessibility to everyone including those with limited or no access to technology. Setting out councils' expectations for accessibility of planning documents should already be set out in statutory Statement of Community Involvement (17).

The longer versions of each of the following resources can be downloaded from the TCPA project website.

# Resource 1: Developing a framework for a Healthy Places SPD

This resource with a how-to process (see Figure 1) provides an approach to help planners develop their own Healthy Places Supplementary Planning Document (SPD) to support the creation of healthier environments. It was informed by discussions held at a workshop jointly delivered with Hull City Council. The detailed version of this resource is available here.

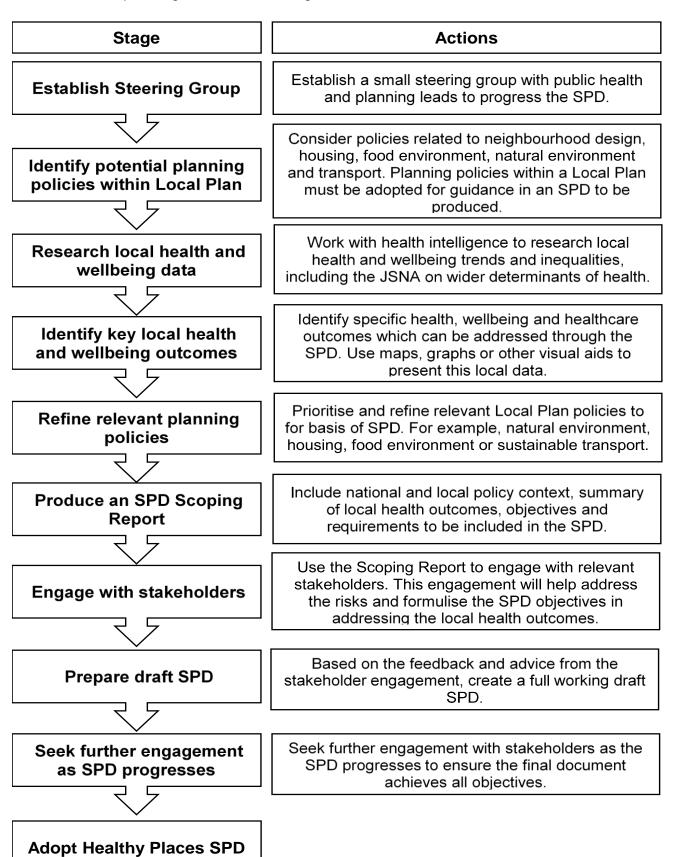
## Local understanding of Healthy Places

Policies which relate to the healthy planning principles outlined in 'Spatial Planning for Health' can be the focus for a Healthy Places SPD including; neighbourhood design, housing, the food environment, natural and sustainable environment and transport. How these principles should be applied and defined will be up to the local authorities who will best understand the needs of local communities and places.

A Healthy Places SPD can suggest how new development, both site allocations in the Local Plan and 'windfall' development sites, can positively shape and contribute to tackling existing health inequalities. For example, a development located near an area which has high levels of childhood obesity could include play spaces and safe pedestrian links to neighbouring communities so that the development provides opportunities for local children to be more active.

### Figure 1. Framework for embedding health actions into a healthy places SPD

This figure presents a series of 10 suggested 'stages' in a flow diagram for developing a Healthy Places SPD. The stages are presented on the left-hand side with corresponding 'actions' on the right-hand side.



# Useful links and examples of SPDs relevant to health and wellbeing principles:

- West Sussex Creating Healthy and Sustainable Places (2020)
- Camden 'Planning for Health and Wellbeing SPD' (2018)
- North Northamptonshire 'Place Shaping SPD' (2017)
- Crawley Council Green Infrastructure SPD (2016)

# Resource 2: Developing a Healthy Planning Principles Framework

This resource with a how-to process (see Figure 2) is intended to help planners develop their own frameworks for Healthy Planning Principles to support the creation of healthier environments. The resource draws on discussions at a joint workshop held with North Yorkshire County Council, the City of York and East Riding of Yorkshire Councils. The detailed version of this resource is available here.

# Identifying local healthy planning principles?

Local planning authorities can develop and use their own assessment frameworks which set out criteria against which the design of development proposals can be assessed. In 2-tier areas, the development of a cross-boundary Healthy Planning Principles Framework can also be an effective way of meeting requirements under any strategic and cross local authority planning arrangements, and planning positively for health and wellbeing across this wider geographical area. The principles and recommendations set out in a Healthy Planning Principles Framework can be developed in partnership with a variety of stakeholders from different council departments and organisations. Annex 3 suggests relevant stakeholders.

The national policy drivers for using planning powers to create healthier environments are outlined in Section 2 background. These national policy drivers, including the National Design Guide, should be identified at the beginning of a Healthy Planning Principles Framework to justify its implementation. Local policy context is also needed to justify the implementation of a Healthy Planning Principles Framework. These local policy drivers can include local plan policies, health priorities identified in Joint Health and Wellbeing Strategies and other initiatives such as Local Industrial Strategies.

A set of principles and recommendations can be presented within the Framework with a summary of existing policy and guidance. Cross-referencing within each principle provides an integrated basis for further policy development and to inform planning decisions. To link to specific local health priorities, the

Framework can clearly set out what is expected from developments based on each principle.

## The 'how to' process

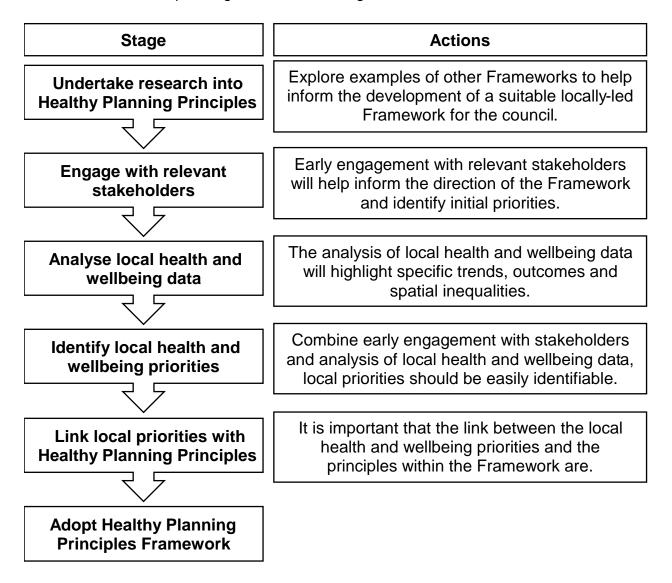
For local planning authority policy makers and decision-takers, the Framework can help guide the assessment of planning applications for developments coming forward within the local area within the suite of associated local policy documents.

For developers and landowners as prospective planning applicants, the Framework can guide the pre-application planning and design of masterplans or infrastructure and ensure co-ordinated and integrated consideration of health and wellbeing issues.

For local authority public health teams, healthcare commissioners and providers, the Framework can help implement public health priorities set out in local health and wellbeing strategies, and health and care services in infrastructure delivery plans.

### Figure 2. Developing a Healthy Planning Principles Framework

This figure suggests a series of 6 'stages' in a flow diagram for developing a healthy planning principles framework. The stages are presented on the left-hand side with corresponding 'actions' on the right-hand side.



# Useful links and examples:

- NHS England, 'Putting health into place: Design, Deliver and Manage' (2019)
- 'Building for a Healthy Life' (updated 2020)
- 'Healthy New Towns Darlington: Design Principles' (2018)
- Hertfordshire County Council, 'Health and Wellbeing Planning Guidance' (2017)
- Local Government Association, 'Developing Healthier Places. How councils can work with developers to create places that support wellbeing' (2018)
- London Healthy Urban Development Unit, 'Healthy Urban Planning Checklist' (2017)
- Essex Livewell Development Accreditation, 'Guidance for developers, planners and designers' (2019)
- Harlow and Gilston Garden Town, 'Draft Healthy Garden Town Framework' (2020)

# Resource 3: Creating a Technical Research Paper on healthy ageing

This resource highlights information for creating a technical research paper on planning for 'ageing well'. It provides a template and how-to process (See Figure 3) that can be used by councils collaboratively by planners, public health professionals and local health stakeholders to create their own, as well as adapting it to address other policy areas. The guide draws on a workshop jointly delivered with Worcestershire County Council and its districts, and can also be applied to other public health priorities such as healthy weight, improving physical activity or mental wellbeing in the built environment. The detailed version of this resource is available here.

# What is healthy ageing

Healthy ageing is about creating the environments and opportunities that enable people to do what they value by maintaining the functional ability and social connectedness that enables wellbeing in older age (21).

Evidence shows to create places that help people age well, the design and quality of both homes and neighbourhoods is important and cannot be considered in isolation (22). If places are not designed well to enable older people to live healthy independent lives, it is likely that an increasing number of people will spend years – if not decades – living with poor health and requiring significant care and support (23). According to a PHE evidence review, there is also a need to address health inequalities in older populations living in rural and coastal areas in terms of poorer outcomes and prevalence of physical and mental health issues (24)(23).

### The 'how to' process

Promoting healthy ageing must become an integral part of mainstream planning practice. Partnership working with local authorities and with town planners can enable this to happen (25). It is also important to consult with a wide range of people and organisations with professional, or personal expertise, to gather qualitative evidence about older people's experiences of places and spaces. This includes engaging directly with older people. Small area data, for example at ward or lower super output area, should be collected, to shape and justify policies.

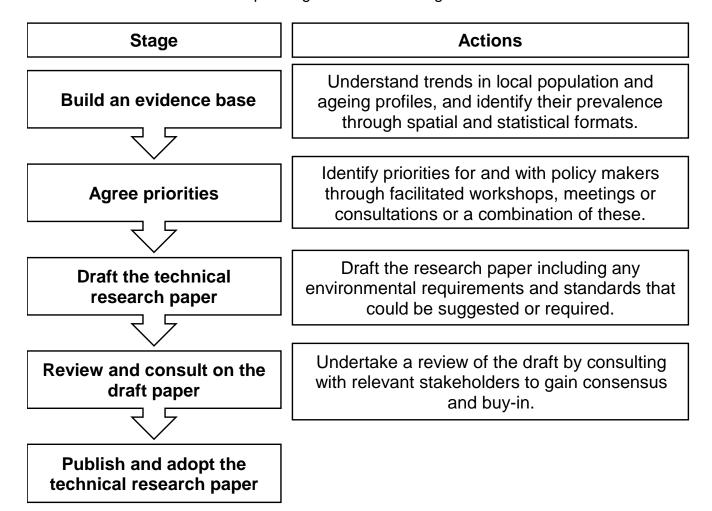
Quantitative data about trends and projections in local older populations, and qualitative data about older people's priorities and aspirations for the built environment locally, can be used to identify priorities for policy makers. This could be done through facilitated workshops, meetings, consultations, or a

combination of these. Annex 3 suggests relevant stakeholders. Priorities may be thematic (for example. planning enough suitable and accessible new homes to meet demand from the older population, improving transport infrastructure across the locality) or spatial for example easily accessible routes connecting older people to essential facilities and services).

The next step is to draft the content of the research paper, based on the thematic or spatial priorities identified and the evidence for each, including any standards that could be suggested or required. The draft research paper should then be reviewed by all those involved in creating it, including a public consultation if appropriate, then amended and published. To improve accessibility of the paper, the publication of the paper can be made available in a variety of formats.

Figure 3. Stages in developing a technical research paper

This figure presents a series of 5 suggested 'stages' in a flow diagram for developing a technical research paper on ageing well. The stages are presented on the left-hand side with corresponding 'actions' on the right-hand side.



### Useful links and examples:

- PHE and Centre for Ageing Better, 'Healthy ageing: consensus statement' (2019)
- Royal Town Planning Institute, 'Dementia and Town Planning' (2020)
- Arup, 'Cities Alive: designing for age friendly communities' (2019)
- Centre for Ageing Better, 'The State of Ageing in 2019: adding life to our years'
- For a range of UK and international case-studies of homes and neighbourhoods that meet the needs of an ageing population, please see Park, J. and Porteus, J. (2018), 'Age-friendly housing: future design for older people'
- Local Government Association, 'Housing our ageing population: learning from councils meeting the housing need of our ageing population' (2017)
- Government Office for Science, (2016), 'Future of an ageing population'
- Institute of Public Care, Projecting Older People Population Information (POPPI)
- UK Network of Age-Friendly Communities

# Resource 4: Embedding health and wellbeing into Neighbourhood Plans

This resource with a how-to process (See Figure 4) is designed to help neighbourhood planning groups find relevant evidence about local health and wellbeing and use it to inform their statutory neighbourhood plans. It draws on a workshop held jointly with Gloucestershire County Council and its districts. The detailed version of this resource is available here.

### Neighbourhood planning for health

Neighbourhood planning offers another opportunity in the spatial planning system to target actions to reduce existing inequalities at local levels. Neighbourhood planning groups should not assume that the health of their communities is the same as the local average.

Local public health teams can help identify areas with significantly poorer health than the local average. They can achieve this by collecting a wide range of freely available data about the health of communities. Using for example the PHE Local Health web tool, public health teams with neighbourhood planners can find relevant data for their area. Neighbourhood planning groups might want to think about and discuss this evidence in the early stages of formulating their ideas for their neighbourhood plan.

Further practical support can be found in PHE's 'Spatial Planning for Health' (5) and the NHS England Healthy New Towns 'Putting Health into Place' (26).

# The 'how to' process

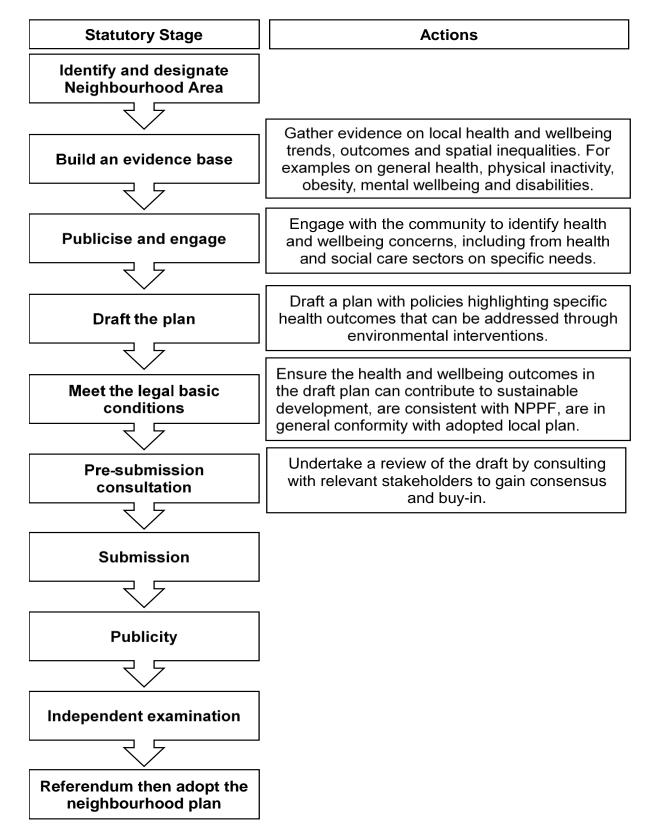
At the start of the process, general evidence may be compiled to provide an overview of the local area. This evidence can be found using the sources identified in previous chapters, as well as working with local authority partners. As work on the plan progresses, more specific or detailed evidence may be required to support specific policies. These policies must be based on evidence, but also be shaped by community engagement to reflect the needs of the local area.

The people who have the worst health and wellbeing in an area are likely to be least well off, and less likely to become involved in the neighbourhood planning process. When talking to the local community about plans and ideas it is vital to try to include multiple view points for example from young and older people, people with a range of disabilities, and people who do not speak English as a first language.

Neighbourhood planning groups can try to understand how a wide range of people in the local community experience living in that place through methods such as community forums, street or walking audits. Different groups of people experience the same places in very different ways and it is important that proposals to change and develop the neighbourhood are based on an accurate understanding of this. This can help reduce existing and prevent future inequalities.

### Figure 4. Embedding health and wellbeing into the neighbourhood plan process

This figure presents a series of 10 statutory 'stages' in a flow diagram for embedding health and wellbeing into the neighbourhood plan process. The stages are presented on the left-hand side with corresponding 'actions' on the right-hand side.



### Useful links and examples:

- Locality, (2018), 'Neighbourhood Plans Roadmap: a step-by-step guide'
- Cornwall Council, 'Neighbourhood Planning. Health and wellbeing guide'
- Warwickshire County Council, 'Neighbourhood Development Planning for Health: evidence and guidance for promoting healthy, active communities through the neighbourhood planning process'

# 4. Conclusion

The Getting into Research into Practice report (6) found that local authority planners, public health teams and other partners would welcome practical advice and guidance about how to find and incorporate public health evidence into their local plans and policies.

There is a renewed commitment to more effectively translate health evidence into local planning policy by improving stakeholders' understanding of the full range of opportunities for its use in local planning policy.

Additional research to support this document found that across the 4 localities involved in GRIP, there is genuine recognition of the ongoing need to develop places that improve health and wellbeing outcomes and reduce health inequalities. Although good progress is being made to integrate planning, public health and other professions to help plan healthier places, barriers remain.

PHE is keen to continue its activities to support local planning practice on improving population health and reducing health inequalities. This document forms part of these activities to respond to practitioners' requests for consistent and practical guidance in finding and using public health evidence in developing local planning guidance on planning for health.

# 5. References

- (1) Public Health England (PHE), Place-based approaches for reducing health inequalities: main report, 2019
- (2) Local Government Association (LGA) and District Councils Network, Shaping healthy places Exploring the district council role in health, 2019
- (3) Ministry of Housing, Communities and Local Government (MHCLG), National Planning Policy Framework (NPPF), 2019
- (4) MHCLG, Planning Practice Guidance (PPG) on Healthy and Safe Communities, www.gov.uk/guidance/health-and-wellbeing [Accessed 11 February 2020]
- (5) PHE, Spatial planning for health: evidence resource, 2017
- (6) PHE, Spatial Planning and Health. Getting Research into Practice (GRIP): study report, 2019
- (7) Ige, Janet; Pilkington, P; Bird, E; Gray, S; Mindell, J; Chang, M; Stimpson, A; Gallagher, D; and Petrokofsky, C; (2020), "Exploring the views of planners and public health practitioners on integrating health evidence into spatial planning in England: a mixed-methods study", *Journal of Public Health*, 2020: 1-9, Available from https://doi.org/10.1093/pubmed/fdaa055
- (8) Carmichael, L., Townshend, T. G., Fischer, T. B., Lock, K., Petrokofsky, C., Sheppard, A., Sweeting, D., Ogilvie, F., (2019), Urban planning as an enabler of urban health: Challenges and good practice in England following the 2012 planning and public health reforms. *Land Use Policy*, 2019; 84: 154-162, Available from 10.1016/j.landusepol.2019.02.043
- (9) Ricci, M., Sinnett, D., Ige, J., Hickman, H., Sheppard, A., Croft, N., Thrift, J. and Emery, T., Getting Research into Practice (GRIP). Supporting development of local healthy planning practices, 2020
- (10) MHCLG, Planning for the Future White Paper, 2020
- (11) Marmot, M., Allen, J., Boyce, T., Goldblatt, P., and Morrison, J., Health equity in England: The Marmot Review 10 years on, 2020
- (12) Ross, A. and Chang, M., Planning healthier places, 2013
- (13) MHCLG, National Design Guide. Planning practice guidance for beautiful, enduring and successful places, 2019
- (14) PHE, Health Impact Assessment in spatial planning: a guide for local authority public health and planning teams, 2020
- (15) Planning Advisory Service (PAS), Monitoring that matters towards a better AMR, 2011
- (16) Sport England, Active Design. Planning for health and wellbeing through sport and physical activity, 2015
- (17) Planning and Compulsory Purchase Act 2004, Section 18 Statement of Community Involvement
- (18) MHCLG, Planning Practice Guidance on Plan-Making what is the role of supplementary planning documents, www.gov.uk/guidance/plan-making [Accessed 11 October 2020]
- (19) Town and Country Planning (Local Planning) (England) Regulations 2012, https://www.legislation.gov.uk/uksi/2012/767/contents/made [Accessed 11 October 2020]
- (20) Town and Country Planning Association (TCPA), Securing constructive collaboration and consensus for planning healthy developments. A report from the Developers and Wellbeing project, 2018

- (21) World Health Organization, Ageing and Health, www.who.int/news-room/fact-sheets/detail/ageing-and-health [Accessed 11 October 2020]
- (22) Government Office for Science, Future of an ageing population, 2016
- (23) LGA, Housing our Ageing Population, 2017
- (24) PHE, An evidence summary of health inequalities in older populations in coastal and rural areas, 2019
- (25) Alessi, C. and Rashbrook, E., Public health matters. Ageing well: how can we make longer lives healthier? https://publichealthmatters.blog.gov.uk/2016/10/01/ageing-well-how-can-we-make-longer-lives-healthier [Accessed 11 October 2020]
- (26) NHS England, Putting health into place: executive summary. How to create healthier new communities; with lessons from NHS England's Healthy New Towns programme, 2019

# Annex 1: Summary of GRIP2 research

The University of the West of England (UWE) and the Town and Country Planning Association (TCPA) were commissioned to undertake Phase 2 of the Getting Research Into Practice (GRIP2) project. A summary of the approach taken for GRIP2 is presented in Figure 5. The project had 2 aims:

- to facilitate the implementation of health evidence set out in PHE publications by directly engaging with local and regional policy makers, and practitioners across place-making professions and communities
- to provide evidence-informed resources to assist local authorities in developing planning policies to improve health and wellbeing

Figure 5. Summary of the approach taken in GRIP2

This figure illustrates the project methodology from receiving Expressions of Interest from 39 locations, to selection of 4 final locations, undertaking workshops in Yorkshire, South West and West Midlands to the development of the local templates.



# Workshops

Workshops were held in each of the 4 selected locations to understand how health evidence could be used in the development of planning policies, with a different focus:

- Worcestershire: template Technical Research Paper on Planning for Ageing Well that could form the evidence base for a SPD.
- Hull: template SPD on Healthy Places.
- North Yorkshire, York and East Riding: framework for planning for health.
- Gloucestershire: template to integrate health into neighbourhood plans.

In preparation for the workshops, the public health or planning leads from each location issued invitations to key representatives in their areas. The invitees were chosen to ensure engagement from across planning and public health, the range of relevant local authorities or county councils, as well as other locally identified stakeholders and elected members. The workshops took place in November 2019. The project team developed, with the locations, a series of short 'scene setting' presentations followed by short interactive workshops. At the end of the workshop, participants were invited to complete a short survey to evaluate if, and how, the workshop met their expectations and its usefulness in terms of integrating health into planning policy. Results were obtained from a total of 70 participants.

### Recommendations

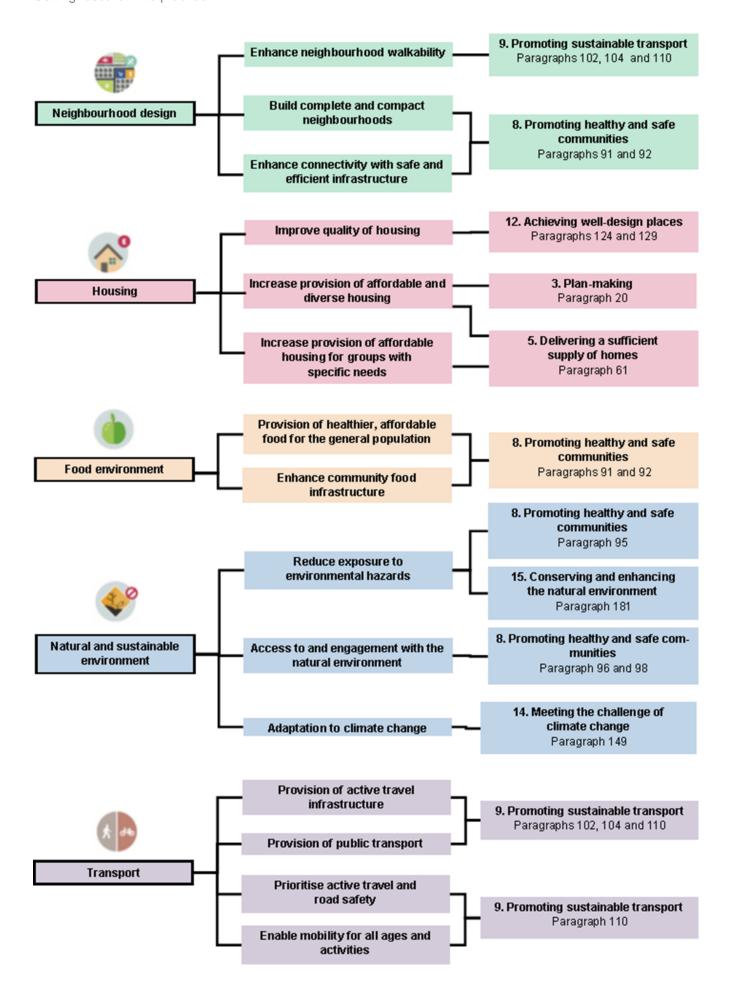
The key findings from the project resulted in UWE and TCPA setting out the following recommendations:

- For all those involved in the planning and development process, they will
  require an understanding of the importance of planning in tackling poor health
  and health inequalities, including central and local government planning
  policymakers, and those working in development management, private
  developers and their consultants.
- For PHE and local authority public health teams specifically, they can provide tailored local evidence with specific objectives and audiences in mind to allow planning policies and decisions to be made more effectively and robustly.
- To maximise the use of public health evidence in planning policy and decisions, local authority planning policy and public health teams can work together with their partners in health and social care, and wider built environment professions such as transport and housing to:

- Develop a shared understanding of the role of planning in improving population health and reducing health inequalities.
- Make best use of public health evidence to help planners use their powers more effectively.
- Draw from a broad range of evidence, including that generated by communities.
- For local authority public health teams, they can:
  - Promote inter-professional learning such as giving training sessions to planning officers on health inequalities.
  - Support the creation of an effective evidence base which can be applied within a planning context.
  - Support planners in monitoring and evaluating planning policies, sharing tools, resources and methods.
  - For local authority planning teams in local authorities, they can:
    - Clearly explain the contribution planning can make to improving health and reducing health inequalities and how this can be realised in their policies.
    - Use public health evidence to help them achieve their policy objectives.

# Annex 2: 'Spatial planning for health' principles with the National Planning Policy Framework

This figure shows the relevant National Planning Policy Framework policies required for healthy places including Paragraph 8 social objective of planning, Paragraph 91 c) health and wellbeing needs, Paragraph 92 b) local health and wellbeing strategy, and Paragraph 127 f) Well-designed places.



# Annex 3: Planning and health stakeholders

This is a table of planning and health stakeholders who are needed throughout the process of healthy placemaking.

Stakeholder group	How they can input into planning healthier places
Planning Policy Planner	Council planning policy planners lead on preparing policy documents and ensure effective consultation between the different stakeholders.
Development Management Planner	Council planning officers will use policy documents when determining planning applications. Their views and needs on the content and usability is therefore important, and early engagement is crucial in preparing policy documents.
Public Health Professional	Local public health teams will have an invested interest in policy documents to help deliver shared health priorities. Public health should work together with planning teams on developing a shared evidence base.
Director of Public Health	Directors of Public Health have statutory roles under the Health and Social Care Act 2012 for health improvement. They are influential individuals in the council and their buy-in to policy documents related to health would help its development and implementation.
Clinical Commissioning Groups (CCGs)	CCGs manage how and where they provide services in the future for the area. Guidance on policies related to the development or expansion of new or existing healthcare facilities will therefore need to be consulted with the CCGs. It is also important to consider the Primary Care Networks (PCN), Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS).
Health and Wellbeing Boards (HWBs)	HWBs identify the health needs of the local population and will have an invested interest in policy documents to help deliver shared health priorities. The partners that sit on the HWB can help inform the evidence base. It is also important to consider HealthWatch and the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance.
Elected Members	Raising the profile and message of policy documents related to health with elected members will help them understand the links between planning and health. Their understanding will be crucial at planning committee when determining planning applications.

Local Authority Legal Services	Engagement with legal services will ensure that policy documents do not add any unnecessary administrative or financial burdens on the development process.		
Housing Officer	Housing officers manage the supply of private and affordable homes and can provide useful insight in preparing guidance for policies related to the design and delivery of new housing.		
Economic Development and Community Regeneration	These teams deliver a range of services to support some of the most disadvantaged communities and work with key partners to promote social and economic growth. Their networks and contacts can be useful when consulting on policy documents.		
Parks and Greenspace Officer	Teams that manage the provision and maintenance of existing or new greenspaces should be involved in developing guidance for any green infrastructure or open space policies.		
Corporate Management	Support and buy-in from Corporate Management will help align policy documents related to health with any other corporate plans or strategies related to health and wellbeing.		
Transport Planner	Guidance on policies related to sustainable transport should be consulted with transport teams to manage expectations and ensure unrealistic requirements are not adopted.		
Neighbourhood Groups	Communicating with neighbourhood planning groups about the development of policy documents is important if these groups are in the process of developing their own Neighbourhood Plans.		
Developers and housing associations	Positive engagement with private and third sector housebuilders and developers will help raise the profile and message of new policy documents. Developers will also be able to raise any issues or concerns that they see as unachievable.		
Sport and Leisure Providers	Sport and leisure providers have a strong understanding of the local health needs and issues, with a focus on engaging with inactive people and under-represent groups. Their strong network of local partners and community groups could help inform the development of documents and provide insightful feedback.		

# Annex 4: Healthy Planning Checklist

This annex provides an important Healthy Planning Checklist based on Planning Principle, National Planning Policy Framework paragraphs (cross referenced with National Design Guide, Planning Practice Guidance) and poses questions for planning and public health officers.

Planning Principle	National Planning Policy Framework paragraphs (cross referenced with National Design Guide, Planning Practice Guidance)	Questions for planning and public health officers
Enhance neighbourhood walkability	NPPF: Promoting sustainable transport (Para. 102, 104 and 110) NDG: Built form, Movement PPG: Healthy and safe communities	<ul> <li>Support improvements to public transport, walking and cycling infrastructure?</li> <li>Give priority to pedestrian and cycle movements?</li> </ul>
Build complete and compact neighbourhoods	NPPF: Promoting healthy and safe communities (Para. 91 and 92)	Support improvements to the public realm and street connectivity?
Enhance connectivity with safe and efficient infrastructure	NDG: Built form, Uses, Public spaces PPG: Healthy and safe communities, Effective use of land	<ul> <li>Provide a range of local services and facilities?</li> <li>Give priority first to the accessibility needs of key groups such as the elderly, people with physical and mental disabilities and children?</li> </ul>
Improve quality of housing	NPPF: Achieving well-design places (Para. 124 and 129) NDG: Homes and buildings PPG: Design: process and tools	<ul> <li>Ensure high-quality design of housing, with considerations to energy efficiency, daylight access and natural ventilation?</li> <li>Meet the needs of those with poor health outcomes in the private rented sector and social housing?</li> </ul>
Increase provision of affordable and diverse housing	NPPF: Plan-making (Para 20), Delivering a sufficient supply of homes (Para. 61)	Make sufficient provision for a range of housing size, type and tenure?
Increase provision of affordable housing for groups with specific needs	NDG: Uses PPG: Housing needs of different groups, Housing for older and disabled people	<ul> <li>Make sufficient provision for affordable housing?</li> <li>Make sufficient provision for housing for key groups such as the elderly, people with disabilities, families with children, travellers and key workers?</li> </ul>

Provision of healthier, affordable food for the general population  Enhance community food infrastructure	NPPF: Promoting healthy and safe communities (Para. 91 and 92) NDG: Nature, Lifespan PPG: Healthy and safe communities	<ul> <li>Improve access to allotments and outlets selling healthier food?</li> <li>Support delivery of local health strategies, such as healthy weight strategies?</li> <li>Seek to limit the proliferation of less healthy retail where evidence demonstrates this is appropriate?</li> </ul>		
Reduce exposure to environmental hazards	NPPF: Promoting healthy and safe communities (Para. 95), Conserving and enhancing the natural environment (Para. 181) NDG: Homes and buildings, Resources PPG: Hazardous substances, Air quality, Noise pollution	<ul> <li>Ensure public safety against natural hazards by reducing vulnerability and increasing resilience?</li> <li>Take account of relevant limit values and national objectives for pollutants, including air and noise?</li> <li>Address inequalities associated with greater exposure to pollutants for deprived communities?</li> </ul>		
Access to and engagement with the natural environment	NPPF: Promoting healthy and safe communities (Para. 96 and 98) NDG: Nature PPG: Natural environment, Open space, sports and recreation facilities, public rights of way and local green space	<ul> <li>Improve access to a network of high-quality open green spaces?</li> <li>Enhance access to public rights of way?</li> </ul>		
Adaptation to climate change	NPPF: Meeting the challenge of climate change (Para. 149) NDG: Resources PPG: Climate change, Flood risk and coastal change	Take a proactive approach to mitigating and adapting to climate change, including tree planting?		
Provision of active travel infrastructure	NPPF: Promoting sustainable transport (Para. 102, 104 and 110)	<ul> <li>Provide high-quality walking and cycling networks?</li> <li>Maximise potential for public transport use?</li> <li>Take account of engagement with transport officers and align with Local Transport Plans?</li> </ul>		
Provision of public transport	NDG: Built form, Movement PPG: Travel Plans, Transport Assessments and Statements			
Enable mobility for all ages and activities	NPPF: Promoting sustainable transport (Para. 110)	Give priority first to pedestrian and cycle movements and ensures their safety?		
Prioritise active travel and road safety	NDG: Built form, Movement, Nature, Public spaces, Uses, Homes and buildings. PPG: Travel Plans, Transport Assessments and Statements	<ul> <li>Address the needs of all ages and ability in relation to active travel?</li> <li>Have an evidence base which demonstrates the benefits of physical activity for health and wellbeing?</li> </ul>		

# About Public Health England

Public Health England (PHE) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England Wellington House 133-155 Waterloo Road London SE1 8UG Tel: 020 7654 8000

www.gov.uk/phe
Twitter: @PHE uk

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Michael Chang, Aimee Stimpson, Andy Netherton, Peter Varey, Karen Saunders, Dominic Gallagher, Carl Petrokofsky, Dr Rachael Marsh and Wasima Nazmin (Public Health England) with Julia Thrift and Tim Emery (Town and Country Planning Association), Dr Danielle Sinnett, Hannah Hickman, Janet Ige, Dr Miriam Ricci, Adam Sheppard and Nick Croft (University of the West of England).

For queries relating to this document, please contact: HealthyPlaces@phe.gov.uk

# **OGL**

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGL. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published January 2021
PHE publications
gateway number: GW-1812



PHE supports the UN Sustainable Development Goals

