To: City Transport, Place Directorate

From: Adrian Davis

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Subject: Essential Evidence on a page: No. 116 Health Integrated Planning

Top line: The National Planning Policy Framework defines the key term "sustainable development" by specifying economic, social and environmental dimensions. The social dimension puts health and wellbeing centre stage. This removes excuses for inaction by some practicing planners, that health is not a material consideration in planning decisions.

The significance of the built environment for human health and wellbeing is now well established in academia. There are advice and guidance documents reflecting this growing consensus from national and international bodies.[1] Recent national policy guidance, the NPPF itself highlights "health and wellbeing" as a key facet of sustainable development, to be properly addressed through plans and development projects.[2] But there remains a strong suspicion, supported by extensive non-systematic evidence, that in England, local plans and related policy documents are not taking health on board. In order to test the contribution of local planning policies and processes to health, researchers sought to examine: How far is health integrated into local plans and land use strategies? How far is health integrated into plan and project appraisals? Is this integration realised on the ground? And, What are the barriers and facilitators for such integration?[3] Through various methods, including two Systematic Reviews, case studies, and Literature Reviews data was triangulated[4] and conclusions from different methods tested against each other, which, the researchers noted, resulted in strikingly similar findings.

Evidence sources demonstrated that many aspects of the planning process hinder the effective consideration of health outcomes by planners. Planning regulations were perceived by some authors to be inflexible, and failing to highlight health explicitly in appraisal processes. Concerns were also raised about gaps in the quality and range of the local evidence base supposed to underpin the 'soundness' of plans and in determining planning applications, as well as inadequate scoping processes in plans, resulting in the exclusion of health and wellbeing as objectives. Health outcomes are rarely used as the only grounds for refusing planning permission.

Literature review analysis suggested that those responsible for decisions on, and assessments of, planning proposals often view health in narrow health protection terms, focussing on physical environment concerns such as air quality, rather than recognising the role of the social environment and other broader aspects of improving health and wellbeing. This narrow focus is seen to be primarily due to a lack of engagement between health and planning professionals, coupled with rigid boundaries around the development of knowledge between the two professions, different cultures between the various stakeholders, with differing terminologies and languages, priorities and structures. Good practice occurs when the health sector takes a pro-active approach to development planning and partnering with local planners.

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[1] Barton, H., Tsourou, C., 2000 *Healthy Urban Planning*. London: Spon Press and Copenhagen: WHO.

[2] Community Local Government, 2012 *National Planning Policy Framework*. London: CLG,

[3] Carmichael, L, Barton, H., Gray, S., Lease, H. 2013 Health-integrated planning at the local level in England: Impediments and opportunities, *Land Use Policy*, 31: 259-266.

[4] An important feature of triangulation is not the simple combination of different kinds of data, but the attempt to relate them so as to counteract the threat to validity identified in each.