

Reuniting Planning and Health

Planning for Healthy Communities resources pack



RESOURCE 1:

WHAT ARE THE LINKS BETWEEN HEALTH AND PLANNING?

A resource for people who want to learn more about the links between planning and health. It is a brief overview with lots of links to other more detailed reports and websites to get more information.



Planning for Healthy Communities resources pack

'The integration of planning, community planning, regeneration, local economic development and local tourism, combined with councils' existing functions, should provide a productive joined up approach that will enhance the role of local government as a natural partner in helping to deliver health improvements and addressing health inequalities at the community level.'

Dr Michael McBride, Chief Medical Officer, Northern Ireland ([Your Health Matters](#), 2013)

Welcome

This set of resources explains how better integration between health and spatial planning can help to create healthier places to live. It explains the opportunities for achieving this in Northern Ireland, and includes suggestions from elsewhere to illustrate potential ways forward.

These resources have been developed primarily for elected members, senior officers in local government, planners and public health practitioners. They will also be useful for community development practitioners and others who want to understand how the planning system can play a part in improving health and wellbeing locally.

Not everyone will want to know the same thing, and users will come with their own existing knowledge. To make the resources as useful as possible they have been written as standalone resources. This means that users can choose the ones they are most interested in, without having to start from the beginning of Resource 1 and work their way through to the end (you are of course welcome to do this too!).

Resource 1 is for people who want to learn more about the links between planning and health. It is a brief overview with lots of links to other more detailed reports and websites to get more information.	Resource 2 is for elected members and senior officers. It focuses on the role of planning corporately, and how a focus on health can help to achieve wider corporate objectives. This is particularly timely as councils consider how they will coordinate and organise their new responsibilities.	Resource 3 is for elected members, planners and public health practitioners. It explains the opportunities and constraints for considering health concerns within the planning process, and includes examples of evidence-based policies. There are lots of links to more information.	Resource 4 is for people who want to know more about how health can be considered within the existing and emerging Northern Ireland planning system.	Resource 5 is for people who want to know more about what integrated health and planning might look like in practice. It showcases examples of places where health has been considered throughout the planning process.
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Resource 1: What are the links between health and planning?

Explores the links between health and planning, the role planners have to reduce health inequalities, and the financial benefits of better integration

For 150 years the influence of the environment on human health has shaped the planning of towns and cities. The public health and planning professions were born out of a joint recognition that environmental elements such as improved housing and sanitation were crucial for combating the greatest burdens of disease.

The major health challenges for the United Kingdom in the 21st century continue to be influenced by where we live. For example, how an environment is designed will influence whether people can walk and cycle conveniently and get easy access to healthy food. A lack of physical activity and eating too much energy dense food are two of the contributing factors to the escalating rates of obesity (see the latest [NISRA statistics](#) for the biggest causes of death in Northern Ireland).

The health map below illustrates these environmental determinants: an individual's health is influenced by how isolated or connected they are, the money they have to spend, the design of the local streets and the quality of their natural environment, for example the air they breathe. Planning has a direct or indirect influence on all these different layers.



The Barton and Grant health map: an individual's neighbourhood includes a number of factors that will influence their health and wellbeing

The table following explains these planning influences by identifying how improving different aspects of a place can help to meet public health priorities too.

Place-based responses to health objectives

	Reduce obesity, diabetes and heart and circulatory disease (Table 1)	Promote good mental health and wellbeing (Table 2)	Reduce health inequalities (Table 3)	Improve the health of an ageing population (Table 4)	Reduce the incidence of respiratory diseases (Table 5)	Reduce traffic-related injuries (Table 6)	Improve the provision of, and access to, healthcare facilities (Table 7)
Economically active places Accessible and fulfilling local employment and training opportunities. Town centres that have vitality and viability.	✓	✓	✓	✓			
Sociable places Opportunities for people to meet others, socialise and organise together.	✓	✓	✓	✓			✓
Environmentally sustainable places Neighbourhoods with low levels of air and water pollution, noise and contamination. Networks of green and blue infrastructure, including parks, play areas and open spaces, roof gardens, street trees and water features. Neighbourhoods/homes that are adapted to the impacts of a changing climate, such as flooding and excessive heat and cold. Homes that are dry and energy efficient.	✓	✓	✓	✓	✓	✓	
Well designed places A public realm that is attractive and safe. Good-quality homes that can be adapted to people's changing circumstances. Places that are locally distinctive and foster a strong identity of place. Step-free pedestrian routes with benches and public toilets. Well designed healthcare facilities that have views onto/connections to green infrastructure networks.	✓	✓	✓	✓	✓	✓	✓
Accessible and active places Well connected, active and sustainable travel options to local facilities and services. New, large-scale, mixed-use development based around public transport, cycling and walking. Child-friendly 20 mph urban environments with convenient access to schools and play opportunities. Street patterns and layout in which walking and cycling are the easy, default choices. Convenient access to healthcare, which may include co-locating facilities with other services.	✓	✓	✓	✓	✓	✓	✓
Inclusive places Neighbourhoods of people with the poorest health benefiting most from a targeted approach to improve the local environment. Availability of healthy food and opportunities to grow one's own food. Restrictions on unhealthy uses that are disproportionately located in deprived areas, such as payday lenders, betting shops and hot-food takeaways.	✓	✓	✓	✓	✓	✓	✓

Place-based response to priority public health objectives

Source: [Planning Healthier Places](#) (TCPA, 2013)

The following resources are good places to start for finding out more information about the links between planning and health:

- [WHO European Healthy Cities Network](#)
- [Planning healthier places](#) (TCPA, 2013)
- [Health and spatial planning](#) (King's Fund, 2013)
- [Plugging health into planning](#) (LGA, 2011)
- [Good for regeneration, good for health, good for Belfast](#) (BHC, 2011)
- [WHO Collaborating Centre for Healthy Cities](#), University of West of England
- [Spatial Planning and Health Group](#) (SPAHG) – this is a network of health and planning experts, and membership is open to anyone in the UK who supports the aims of the group

Reducing health inequalities

People living in more deprived areas have on average worse health and live in poorer quality environments. The social determinants of health/social model of health set out in the [Marmot Review](#) underpins the public health approach in Northern Ireland, in particular a commitment to tackle ‘the causes of the causes’.

The local environment is one of these ‘causes of the causes’. For example:

Environmental factor	Health inequalities impact
Air pollution	Poorer communities have a higher prevalence of cardio-respiratory and other diseases
Green/open space	35 per cent of people in the lowest social grade visit green spaces infrequently (less than once a month), which is likely to be due to both the low availability and bad quality of green space in deprived areas
Transport and traffic	Children are four times more likely to be hit by a car in the 10 per cent most deprived wards than in the least deprived wards
Food	Low income and area deprivation are both barriers to purchasing fresh or unfamiliar foods
Housing	Children in unfit housing are more likely to have mental health problems, such as anxiety and depression, and a range of other ill health effects – cold housing can affect the numbers of winter deaths and respiratory diseases
Community participation and social isolation	In many communities facing multiple deprivation, stress, isolation and depression are all very common, and low levels of social integration and loneliness significantly increase mortality

Links between environmental factors and health inequalities

Source: Adapted from [Spatial Planning and Health](#) (Allen et al for the Institute of Health Equity, 2011)

Planning and the other built environment professions can help to reduce health inequalities by ensuring that they address these environmental factors, especially by improving the environments of those people with the poorest health/improving environments in the most disadvantaged and sprawled areas (see Resource 3 for more information).

Could Belfast be the next Copenhagen?

Copenhagen's population of around 560,000 people is strikingly similar to that of the Belfast Metropolitan Area (580,000). After a [study visit to Copenhagen](#) in early 2014, Danny Kennedy, MLA, said:

'Building a safe and accessible cycling infrastructure should be part of an overall process whereby cities and towns are designed to improve the quality of life for the population... The knock-on effects are a healthier population putting less strain on health services. Traders too, reap the benefits from the numbers of people travelling round the city with countless bike stands for people to stop and shop.'

The benefits from higher rates of cycling is just one of the advantages of a planning approach that puts people first, and that aims to improve the quality of life for all. This vision was first articulated in Copenhagen 40 years ago, and actions – small and large – have been implemented to achieve it. The result of decades of incremental change in pursuit of a vision that puts people first is a city that is consistently rated as one of the [most liveable cities in the world](#).

The financial case for better links between health and planning

Improving health is obviously important for the individuals and communities that are affected by unhealthy environments. But the cost of not acting is starting to mount, and this is an issue that should trouble everyone. For example, [one study](#) found that overweight and obesity costs Northern Ireland £370 million annually (see 'The case for planning healthier communities – in numbers').

In numbers: the case for planning healthier communities

£900 million

The amount that could be saved in the UK annually if everyone exercised as much as the suggested recommendations, such as walking for 20 minutes 5 days a week ([RIBA, 2013](#))

40 per cent

The increase in trade that has been reported when places are made more attractive for walking ([Living Streets, 2013](#))

168:1

The outcomes versus costs when modelling the health benefits of improving cycling infrastructure using 'high-standard' spatial planning ([NICE, 2010](#))

£7,000

The amount ecotherapy can save the public purse each year for every person with mental health problems that is referred ([Mind, 2013](#))

£4 million +

The estimated mean annual health benefits that can be attributed to cycling levels in Glasgow ([GCPH, 2013](#))

£223 million

The total annual health benefit to Copenhagen based on the number of people cycling (City of Copenhagen, [cited in 2012](#))

**This resource is part of a series
Reuniting Planning and Health- Planning for Healthy Communities.**

All five publications are available to download

at

planning.belfasthealthycities.com

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