At a crossroads

Building foundations for healthy communities

APSE (Association for Public Service Excellence) is a not-for-profit local government body working with over 300 councils throughout the UK. Promoting excellence in public services, APSE is the foremost specialist in local authority front line services, hosting a network for front line service providers in areas such as waste and refuse collection, parks and environmental services, leisure, school meals, cleaning, housing and building maintenance.

APSE member authorities have access to a range of membership resources to assist in delivering council services. This includes our regular advisory groups, specifically designed to bring together elected members, directors, managers and heads of service, together with trade union representatives to discuss service specific issues, innovation and new ways of delivering continuous improvement.

Town and Country Planning Association (TCPA) founded in 1899, is the UK's oldest independent charity focused on planning and sustainable development. Through its work over the last century, the Association has improved the art and science of planning, both in the UK and abroad. The TCPA puts social justice and the environment at the heart of policy debate, and seeks to inspire government, industry and campaigners to take a fresh perspective on major issues, including planning policy, housing, regeneration and climate change.

The TCPA's objectives are:

- To secure a decent, well designed home for everyone, in a human-scale environment combining the best features of town and country.
- To empower people and communities to influence decisions that affect them.
- To improve the planning system in accordance with the principles of sustainable development.

Contributors

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The TCPA is extremely grateful to everyone who contributed their time and feedback to the case studies, online survey and interviews which informed this report. This report aims to reflect the opinions of a wide range of local authorities, charities, researchers and private companies, but not every detail contained within it will reflect the opinions of all the contributors to this work. It should, however, reflect the overall spirit of the debate and capture most of the key points raised.

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Executive Summary

We know what healthy places look like, so why are we not building them?

The environments in which we live have a critical role in determining our health and wellbeing throughout our lives.1 The evidence base on this is now extremely strong; residents of poor-quality places and homes are more prone to communicable diseases like COVID-19, more likely to suffer from heart disease, diabetes and obesity, and have an increased risk of disability, stress, depression and anxiety. High-quality places promote physical activity, access to fresh food and engagement with nature. They are well-connected. They are sociable and safe, and provide adaptable housing for diverse needs. They also help communities to be productive and resilient to shocks and strains, including to climate change and major disease outbreaks. Thanks to landmark studies like 'Spatial Planning for Health: an evidence resource for planning and designing healthier places', we also know what places with these attributes look like.

A healthy approach to place making should have been our shared objective before the advent of COVID-19, but it is even more important now. The global pandemic has both amplified and graphically illustrated the need for real change to ensure health and wellbeing are at the heart of the planning process.

With the government's announcement of a new round of radical deregulatory planning reform ahead of us, and a decade of failed deregulatory planning reform behind us, we are clearly at an inflection point. Rather than continuing down the same self-defeating path, it is time to reflect and ask difficult questions about why we are failing to build the kinds of places and homes we know we need.

With this in mind, this report draws on longitudinal data from the last five years of research published by APSE and produced by the TCPA, alongside a new survey of 216 councillors and planners from different local authorities across the UK, five new case studies, and interviews with 11 experts and practitioners in healthy place making, to identify barriers to healthy place making in the UK, and make recommendations to local and central government on five themes. The first four are systemic, directed at central government in England, Scotland, Wales, and/or Northern Ireland, and concern the need for fundamental change:[1]

Recommendations to central government

Theme 1: Central government in England must acknowledge the vital role of public sector in delivering healthy places, and empower them accordingly.

Over many decades the government in England has failed to acknowledge the crucial role local authorities play in creating high quality, healthy, places and driving up the standard of new housing. A decade of austerity and deregulatory planning reform has left local authorities both under-resourced and underpowered, and the design quality of new developments depends far too much on the value of land in the area. More broadly, it is clear from our survey results that officers and councils feel government has been unable to deliver on many of its own housing and planning-related public policy objectives including, but certainly not limited to, healthy place making.

This is in stark contrast to Wales and Scotland, where most evidence suggests local decision makers experience far fewer barriers to healthy place making than their colleagues in England.

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1 It is important to note that our analysis here focuses on relationship between planning and public health rather can healthcare, which is a crucial consideration but discussed in detail elsewhere…

Central government in England should:

- Give local authorities a central role in developing the forthcoming reforms to the planning system, and build consensus on an approach to delivery. For too long central government has imposed unwanted planning reforms on local authorities with little consideration of how they will actually deliver them.
- Provide more support and grant funding to local planning authorities (LPAs) wishing to directly deliver social housing, which is both a sensible investment and can play a crucial role in creating healthy communities.
- Resource LPAs effectively. This is a blunt and obvious recommendation, but it underpins effective delivery in both the public and private sectors, and there is a clear business case to be made for strengthening preventative public health as a way of reducing health care expenditure.

Theme 2: Devolving more decision making power from central government to the strategic level will improve coordination and communication between public health and planning

Great progress has been made over the last several years to better join-up public health evidence and policy with planning, housing and transport. However, great challenges remain at all levels of government. As the TCPA report, ***The State of the Union: Reuniting Health with Planning*** has outlined, and as we discuss in the recommendations under theme 5, steps can be taken to improve coordination between individual teams in individual government departments and local authorities. However, to make a real, systemic, difference government should devolve public health and strategic planning powers to the strategic bodies best placed to understand local needs and deploy and coordinate resources accordingly; combined authorities and partnerships of local authorities. The forthcoming devolution white paper presents an opportunity to do this.

Central government in England should:

- Consider how it can effectively ensure strategic planning and public health funding and policy powers are used at a local and combined authority level to best support the better coordination and communication between public health and planning.

Outside of Combined Authority areas in England, and across Wales, Scotland and Northern Ireland, the governments should:

- Encourage neighbouring local authorities to work together and identify and deliver on health priorities at the strategic level, and 'push down' the necessary powers to do this.

Theme 3: The Planning Inspectorate in England and Wales need to find local plans, which don't sufficiently address health and wellbeing, to be unsound

While local authorities in England undoubtably face important barriers to healthy place making, they do have two important factors on their side; first, local public health teams generally have no shortage of evidence on local health (COVID-19 notwithstanding), and second, chapter 8 of the NPPF explicitly lays out the importance of planning for health. Despite this clear policy requirement, our survey results show that not enough local authorities have health policy and evidence in their local plans. This needs to change. As 'gatekeepers' in the system, interpreting national policy and judging whether local plans comply with it, Planning Inspectorates (PINs) have a crucial role to play here. However, they have not been giving public health evidence enough weight, and have not been finding plans that fail to include robust health evidence unsound. This needs to change if we are to incentivise local authorities to take planning for health seriously.

The Planning Inspectorate in England should:

- Find local plans which do not incorporate public health evidence, in line with the NPPF, unsound.

Beyond England, the Welsh government's proposal to establish a separate PINs for Wales would be a good opportunity to clarify that organisation's interpretation of policy in the Welsh Spatial Plan and the strength with which it is enforced.

The future Planning Inspectorate in Wales should:

- Find local plans which do not incorporate public health evidence, in line with the Wales Spatial Plan, unsound.

As an executive agency of MHCLG, the department will need to give a clear political steer, guidance and training on how to do this. The Welsh Government's plans to make PINs in Wales a separate organisation provide a good opportunity to do this there.

Theme 4: The need for a more ambitious approach to regulating quality in the built environment

The way we currently regulate the quality of the built environment is clearly failing to prevent homes and places being built which damage individuals' wellbeing. COVID-19 has made clear that this should be a core, legally defined, purpose of the planning and housing systems. These systems need to be better joined-up, and have the regulatory 'teeth' to refuse planning permission to any new developments which would threaten the health and wellbeing of their residents.

The UK government in England and the devolved administrations should:

- Make the promotion of health and wellbeing central to the regulation of the build environment, and outlaw the construction of homes and neighbourhood which undermine the health and wellbeing of residents. In England, this means passing a Healthy Homes Act.[2] In Scotland and Wales, which have more advanced approaches to planning for health and wellbeing, and Northern Ireland, which has very weak policy in this area, it may require different legislation.

Theme 5: What local authorities can do to plan for healthy places in trying times

While it is clear that the UK government needs to make some profound changes to its relationship with local authorities, devolution, PINS and the way we regulate the built environment, we acknowledge that councils will need to continue to serve their communities regardless of the current system and the impacts of COVID-19.

With this in mind, our fifth recommendations theme cuts across each of the above, and look at what local authorities can do now, in the face of serious under-resourcing, COVID-19 and a broken system, to plan for healthier places. As stated above, local public health teams often have strong evidence on communities' health and wellbeing needs. Taking advantage of this early in the plan making process is often a matter of cultural change and coordination. It can therefore be a low-cost way of ensuring that the economic, social and environmental cases for strong health and wellbeing policy are made, and health policy is fully integrated into the local plan. Planners should then feel more confident to make strong policies on health and turn down poor applications accordingly, regardless of local development demand and resourcing.

2 See: https://www.tcpa.org.uk/healthy-homes-act

Local authorities across the UK should:

- **Focus on setting up processes that enable planners to work with public health colleagues and evidence when developing local policy, and take advantage of the large amount of best practice guidance available when doing this.**

This a step all local authorities can take now, despite the many challenges they face, and will only become more important in light of COVID-19.

Conclusion

This survey, and the five which preceded it, suggest we are at a crossroads. Down one path the government can follow the evidence and learn from a decade of policy failure. It can give local authorities the support and resources they need to 'rebuild' and 'level-up' for a 'green recovery', healthy communities, high quality housing and a new normal after COVID-19. Or, it can continue down its current, self-defeating, path of deregulation, over-centralised decision making and local under-resourcing. COVID-19 is a public health crisis, but it is also an opportunity to reflect and do things differently, and it's not too late to choose the right path.

Part 1: Introduction

1.1 Background

Over the last five years APSE has published a series of research reports, produced by the TCPA which track changes to housing and planning policy in the UK, and outline what these changes mean for local authorities. These have included:

- ***Housing the Nation*** (2015), which was the first report in this series;
- ***Homes for all*** (2016), which provided a snapshot of key policy changes since Housing the Nation;
- ***Building Homes, Creating Communities*** (2017), which focused on local authority housebuilding and partnership delivery;
- ***Delivering Affordable Homes in a Changing World*** (2018), which focused on homelessness; and
- ***Housing for a Fairer Society*** (2019), which also explored the multiple links between housing and wider social and economic resilience.

As well as continuing to track the housing crisis, this report sets the need for a good home in the wider context of placemaking and the creation of high-quality places. It sets out the components of places that promote healthy and sustainable outcomes, and highlights best practice, identifies barriers and makes recommendations for what needs to change to make sure housing and places are improving people's health, safety and wellbeing. It is based on the following information:

- A high-level desk-based review of national placemaking policy in England, Scotland, Wales, and Northern Ireland;
- Analysis of 5 case studies. These case studies were selected on the basis of geographical diversity, and that they represent different challenges and opportunities for planning for healthy places and homes;
- Responses to a survey of 216 councillors and officers from different local authorities across the UK. The majority of respondents were based in England, but there was a good balance of representation of councils under different political control and between councillors and officers (see annex 1 and 2);
- 11 semi-structured interviews with experts in the field, from across the UK. Individuals were selected to ensure a wide range of expertise, and our interviews explored both best practice and barriers to healthy placemaking.

1.2 Placemaking, health, and wellbeing

The health and wellbeing impacts of a poor quality urban environment

The places in which people spend their lives are the key determinants of their health and wellbeing throughout their lives, more so than the healthcare they receive.[2] Poor environments can limit life chances, lower quality of life, and increase the risk of many negative health outcomes, from increased winter deaths to worse asthma outcomes.

We know what healthy places look like

Housing and planning policy which promotes well-designed environments can make people healthier, happier, and encourage positive behaviour change.[3] In 2017 a ground-breaking 'umbrella review' of existing evidence by Public Health England titled 'Spatial Planning for Health: an evidence resource for planning and designing healthier places' identified five aspects of the built and natural environment for which there is particularly robust evidence that they can be influenced by local planning policy to improve health:

1. **Neighbourhood design,** which includes the level of street connectivity, the compactness of the urban form, and general walkability;
2. **Housing,** which in terms of placemaking includes the provision of mixed land use and housing types;
3. **Healthier food and the food environment,** which includes access to healthy, affordable, food and the provision of food infrastructure (for example urban farms or allotments);
4. **Natural and sustainable environment**, which the review broadly used to encompass reducing exposure to environmental hazards such as air pollution and flooding, access to and engagement with the natural environment (i.e. green and blue infrastructure), and adaptation to climate change; and
5. **Transport,** including the provision of active travel infrastructure, public transport, road safety features and generally promoting physical activity.

These five features of the built environment, and their associated planning principles (i.e. broad-brush policy aims which can improve health and wellbeing) and modifiable features (i.e. more specific interventions which deliver these objectives) are detailed below in Table 2 (page 11).

The current state of play

We might know what healthy places look like, but we are generally failing to build them. Research by the TCPA for its Healthy Homes Act campaign found stark evidence of this from a range of robust sources. The situation in England appears to be particularly challenging. The Place Alliance's 2020 Housing Design Audit for England examined 142 large-scale housing-led developments delivered through the planning system in England and which were built by large volume housebuilders. It found that 75% of them were of mediocre, poor, or very poor design. One in five were poor or very poor, and judged against the government's National Planning Policy Framework, should have been refused planning permission. Car dependence and a lack of walkability were highlighted as particular concerns.[4]

Research conducted by the housing association Habinteg in 2019 found that, outside of London, more than 75% of new homes planned to be built by 2030 will be unsuitable for people who have limited mobility.[5] A 2016 report by the BRE Trust found that substandard housing in England costs the NHS £1.4bn a year, and wider society £1.4bn a year.[6]

The Marmot Review 10 Years On[7] found widespread evidence of increasing health inequality in England, with the situation in deprived, 'left behind', places being particularly bleak. Local services responsible for place making have received some of the deepest funding cuts across the country (see below), and areas facing high levels of deprivation have received disproportionately high cuts to their planning and housing services in particular.[8]

Outside of the planning system, permitted development rights ('PDR' or 'PD rights'), which were introduced to allow offices and warehouses to be converted into dwellings without planning permission, have produced some of the worst examples of housing which damages peoples' wellbeing. Between April 2015 and March 2018 some 46,292 homes were created via PDR[9], and the low quality of homes produced through PDR was highlighted in each of the two previous reports the TCPA have produced for APSE. Indeed, the TCPA's Raynsford Review[10] and a large-scale study by the Royal Institute of Chartered Surveyors (RICS)[11] both encountered many examples of office-residential PDR conversions which had very small or no windows. A significant proportion had no access to communal spaces such as playgrounds or greenspace, and some were located in the middle of busy business parks and industrial sites. This meant that children had to play in car parks and on roads used by heavy goods vehicles. Only 30% of the schemes examined in the RICS study met nationally prescribed space standards. The most recent research on the impacts of PDR was commissioned by the government, and had similar findings.[12]

The authors concluded:

"…It is the combination of very small internal space standards, a poor mix of unit types, lack of access to private amenity space / outdoor space, and inadequate natural light which can provide such a poor residential experience in some permitted development units."

"…permitted development conversions do seem to create worse quality residential environments than planning permission conversions in relation to a number of factors widely linked to the health, wellbeing and quality of life of future occupiers."

Furthermore, because homes delivered through PDR do not require planning permission, developers do not have to make S106 or Community Infrastructure Levy (CIL) contributions to infrastructure vital for health and wellbeing, such as green space, local services or affordable housing. Indeed, the Local Government Association has estimated that over five years, 13,500 affordable homes have been lost in this way.

Table 1: 'Net spending per person by local authority service 2009/10 and 2019/20, England (2019/20 pounds per person)' from the Health Equity in England: The Marmot Review 10 years on[13]

Table 3.4 shows the level of cuts to statutory and non-statutory services, with planning, housing and culture experiencing the largest cuts.

Table 3.4. Net spending per person by local authority service 2009/10 and 2019/20, England (2019/20 pounds per person)

Service	2009/10 (Pounds per person)	2019/20 (Pounds per person)	Percent change
Planning	52	21	-59
Housing	62	30	-52
Culture	78	37	-52
Transport	148	86	-42
Central and other services*	80	57	-29
Environment and regulation	120	92	-24
Adult social care	359	333	-7
Child social care	145	148	2

Source: IFS calculations of Ministry of Housing, Communities and Local Government data (290)

* Services such as council tax administration and corporate services

Table 2: Aspects of the built environment which policy can target to improve health, from 'Spatial Planning for Health: An evidence resource for planning and designing healthier places.'

Feature	Planning principle	Modifiable features
Neighbourhood design	Enhancing neighbourhood walkability	Increase walkability
		Improve infrastructure to support walking and cycling
	Build complete and compact neighbourhoods	Compact neighbourhoods
		Increased access to facilities and amenities
	Enhance connectivity with safe and efficient infrastructure	Improved street connectivity
		Public realm improvements
Housing	Improve quality of housing	Energy efficient homes
		Removal of home hazards
		Housing refurbishment/retrofitting
		Fuel poverty
		Daylight and ventilation
	Increase provision of affordable and diverse housing	Provision of diverse housing types
		Provision of mixed-use, affordable housing
		Provision of affordable rental housing
	Increase provision of affordable housing for groups with specific needs	Provision of affordable housing for specific vulnerable groups
		Provision of affordable housing for groups living with chronic conditions
		Provision of affordable housing for the homeless
Healthier foods	Provision of healthier, affordable food for the general population	Increase access to healthier food for the general population
		Decrease exposure to unhealthy food environments
		Increase access to healthier foods in schools
		Access to retail outlets selling healthier food
	Enhance community food infrastructure	Urban food growing
		Provision of and access to allotments and adequate garden space
Natural and sustainable environments	Reduce exposure to environmental hazards	Improved air quality
		Exposure to air pollution
		Excessive noise
		Reduce impact of flooding
	Access to and engagement with the natural environment	Provision of access and engagement opportunities with the natural environment
		Aesthetic park improvements
		Participation in physical activity in an outdoor setting
	Adaptation to climate change	Prioritisation of neighbourhood tree planting
		Tackle climate change
Transport	Provision of active travel infrastructure	Increased infrastructure for walking and cycling
	Provision of public transport	Encourage use of public transport
	Prioritise active travel and road safety	Prioritise pedestrians and cyclists
		Traffic calming measures
		Public realm improvements
	Enable mobility for all ages and activities	Access to recreational space
		Active travel to work and school

1.3 The legal and policy context for planning for healthy place making across the UK

There is now a significant and growing divergence in the legal and policy approach to healthy place making across the UK. It is no longer particularly useful to talk about a UK approach with distinctive strands of law and policy emerging between the nations and regions. Nor is it possible to describe an English approach giving the breadth of the devolution settlements amongst the core cities and combined authorities. This creates the possibility of new strands of innovation from local communities but it also creates its own challenges in terms of fragmentation of resources and in sharing good practice. There are three general trends in this complex legal and policy environment:

1. Nations such as Wales have introduced legal frameworks to shift the basis of the way we regulate the built environment to reflect the importance of sustainable development, well-being and future generations. This provides a powerful legal basis for policy development, but these legal duties are less well established in Scotland and absent completely in Northern Ireland and England.
2. The focus of policy innovation has significantly shifted from seeing the outcomes of the way we shape places purely in economic terms to a wider concern around health and well-being. This is driven by the increasingly impressive evidence base about the outcomes for the individual and the potential cost savings to health and social care to be achieved from environments which support people's wellbeing.
3. Deregulation remains the greatest threat for lasting progress on the creation of healthy places. This is evidenced by the outcomes of the deregulation of permitted development in England, described earlier, and is likely to characterise the forthcoming changes to the planning system.

Wales

The most recent policy commitments of each nation in relation to healthy places are set out in Annex 1. The Welsh Assembly Government continues to have a strong record in policy development around healthy place making. In February 2020 Public Health Wales and the Future Generations Commissioner's Office published the ***Three Horizons Toolkit*** to help public bodies think and plan better for the long-term. Natural Resources Wales and Public Health Wales signed a Memorandum of Understanding (30 January 2020) to work together for the protection and improvement of people's health and wellbeing, as well as the natural environment they live in.

England

England remains subject to an ongoing and intense reform process to building standards, planning and housing. Following the expansion of permitted development rights in summer 2020, two new White Papers on planning and social housing are expected later in the year, along with new building safety legislation, and the outcomes HM Treasury's 'Project Speed' initiative, which aims to speed up infrastructure and housing delivery by cutting 'red tape'. This is against the backdrop of another wave of local government reorganisation, likely to be heralded by the long awaited 'devolution strategy' to be published late in 2020.

Following the Building Better, Building Beautiful Commission report there remains a high-level commitment to good design and beautiful places. However, there is an equally forcible commitment to further deregulation of the planning system. English policy development is still hampered by the failure to fully integrate the priorities of bodies such as the NHS and the Department of Health & Social Care with the key delivery mechanisms of planning overseen by the Department of Homes Communities and Local Government. One of the most powerful sources of innovation in England is being driven by local government and communities as illustrated by case studies 4 and 5 in the following chapter.

Scotland

The Scottish government has also initiated a major round of reform to planning but did not locate health and well-being as a statutory objective of the planning system in the 2019 Planning Act. The Act does require national planning policy to have content on Health and wellbeing. There has been a range of significant and detailed announcements on issues such as climate change and a strong commitment to placing communities at the heart of the design process.

Northern Ireland

In Northern Ireland the long suspension of the Assembly, albeit now functioning again, has had a profound impact on policy development and there remains an absence of any legal duties or strategic policy on health and placemaking. However, innovation is happening at the grassroots level and this is illustrated in the Belfast City Council case study.

Part 2: Case studies

2.1 Introduction

This chapter sets out our case studies. Each focus on a different theme relating to the delivery of places that support wellbeing and health:

1. **Enabling community-led greening for healthier places in Belfast** (page 13). This case study demonstrates how green infrastructure projects can be used to a achieve a wide range of health-related objectives, and the benefits of taking a community-led approach to their creation for funding, design, usage and long-term sustainability.
2. **Using 'project rules' and design principles to develop healthy streetscapes through collaboration in East Renfrewshire** (page 15). This case study demonstrates best practice in strategic planning for sustainable and active transport (particularly in a heritage area) and particularly the value of partnership approaches based on pre-defined 'rules'.
3. **Planning for older people's wellbeing and securing rural viability through smaller-scale co-location in Conwy County Borough Council** (page 16). This case study demonstrates the value of smaller-scale place making interventions in a rural context, and highlights the benefits co-location approaches can bring in terms of service provision and delivery.
4. **Using publicly-owned land to deliver co-housing in Cambridge** (page 17)**.** This case study demonstrates how to get maximum health and social value from developing public land, and the value of community collaboration and co-housing as a way of creating healthy places for all ages.
5. **Strategic planning for largescale delivery of healthier places in Darlington** (page 19). This case study demonstrates how to coordinate the delivery of health services and infrastructure with new housing and transport infrastructure, and draws on lessons from the Building Healthy New Towns programme.

2.2 Enabling community-led greening for healthier places in Belfast — Belfast City Council, The Connswater Community Greenway

Belfast's health challenges and planning context

The metropolitan area of Belfast faces huge health-related challenges. Not least, it is home to 9 out of the 10 most 'health deprived' (defined as population whose quality of life is impaired by poor health or disability) Super Output Areas in Northern Ireland,[14] while the average life expectancy for males in the most deprived areas of Belfast is 9.2 years less than the life expectancy for men in least deprived areas.[15] The Belfast Health and Social Trust estimates that across Northern Ireland, 7 out 10 people are not physically active often enough to benefit their health.[16]

Responsibility for housing delivery in Belfast primarily falls to the Northern Ireland Housing Executive (NIHE), NI's government housing authority, rather than with Belfast City Council (BCC), and planning powers were only recently devolved to local authorities across Northern Ireland. Nevertheless, the emerging Belfast Local Development Plan Strategy and Belfast's community plan, The Belfast Agenda, prioritise the creation of healthy neighbourhoods and consider how new developments should be connected to the blue and green infrastructure network to promote active lifestyles, reduce obesity and improve public health.[17]

The council also uses the green infrastructure network to address poor connectivity between communities, and limited access to green space. Particular to East Belfast is the additional challenge of reoccurring flooding, the health impacts of which are expected to worsen as a consequence of climate change.[18]

Using green infrastructure projects to achieve a range of health-related objectives

The Connswater Community Greenway (CCG) is a complex multiuse regeneration project in East Belfast which emerged from a community-based initiative to improve a previously underused river landscape. The concept for the Greenway was developed by Eastside Partnership[19], a social coalition between local businesses, community initiatives and voluntary sector organisations established for the regeneration of East Belfast. The 9km long linear park located in the river catchment areas has delivered 16km of foot and cycle paths, and combines green infrastructure and climate adaptation infrastructure to create a network of green spaces and waterways that provide opportunities for active travel and healthier lifestyles. The greenway protects 1700 properties in the area which experienced regular flooding.[20]

The scheme was completed in 2017, and although it was too early to observe direct health impacts, the number of people using the Greenway has doubled since that year.[21] It was previously estimated that the health benefits of the project would amount to an economic return of £500m in 40 years (more than 12 times the project cost) if 2% of the inactive population in East Belfast became active because of the Greenway.[22]

How councils can support community-led healthy placemaking

To implement the Eastside Partnership's concept for the Greenway[23], a partnership was formed with Belfast City Council (BCC) with input from Northern Ireland's River Agency to secure the required £40m investment. After £23.6m was accessed from the Big Lottery Fund's Living Landmarks programme, for which BCC acted as a grant holder to oversee the investment funding, further investments from BCC, the Department for Communities NI and the Department for Infrastructure NI could be obtained.

Belfast City Council opted for a phased delivery of the project, which allowed for the early opening of bridges, trails and parks during the project's delivery so that local communities could immediately benefit from the project outcomes. This, in combination with an extensive communications strategy, ensured that communities continued to support the project throughout the delivery phase. Early engagement provided local communities with a sense of ownership – for example through public naming contests for new infrastructure and volunteering opportunities – which encouraged people to use the Greenway and its play and sport facilities.[24] The Council used the opportunity for developing a stewardship programme, and has co-delivered, together with the Connswater Community Greenway Trust, a 40-year management programme to ensure the long-term sustainability of the intervention in which communities continue to take care of the Greenway.[25]

Continuous evaluation proved critical to identify and maximise the health benefits: the Physical Activity and the Regeneration of Connswater (PARC) before-and-after study conducted by Queen's University of Belfast monitored the Greenway use and assessed improvements in walkability throughout the project delivery.[26] It found that the project has a benefit cost ratio of between 2.88 and 5.81, suggesting that it represents excellent value for money.[27]

Key lessons

- Government and council-led investment in major green infrastructure projects can bring significant local economic benefits – robust assessment can ensure that these are captured and inform future investment decisions.
- With council support to secure funding, drive implementation and coordinating long-term maintenance and stewardship, communities can play a key role in planning for and delivering healthier places.
- Community participation, strong communication, and careful project phasing can build public support and interest, and ensure that project benefits can be accessed from an early stage by as many people as possible.

2.3 Setting standards for transport planning and active streetscapes—East Renfrewshire Council, Polnoon Residential Street Project

Introduction

East Renfrewshire Council is a Scottish local authority, located on the Southwest border of Glasgow City Council. Due to its proximity to Glasgow and number of resident commuters, East Renfrewshire has one of the highest rates of car ownership in West Central Scotland.[28] To shift towards sustainable and healthy transport modes, the city region's strategic planning policy framework, the Glasgow and Clyde Valley Strategic Development Plan, promotes policy for walking and cycling.[29] At the local level, the Community Plan and Fairer East Renfrewshire Plan also consider planning for an active and healthy population, and the needs of older people and people with long-term health conditions; two strategic priorities to create fairer and inclusive communities.[30]

Integrating heritage with healthy planning, and overcoming engineering requirements

The Polnoon Residential Street Project, also known as the 'Conservation Area of Tomorrow' is an extension of 121 homes to Eaglesham, a historic village and conservation area 10 miles south of Glasgow with a population of over 3,100. The scheme was completed in 2017 and is arguably best known for its sensitive design which compliments the local historic character. The development is also an example of how carefully laid out streetscapes and public realm can produce environments which support the health and wellbeing of residents, having integrated play spaces, street continuity, shared street surfaces, and a central square. These features have produced a walkable rural neighbourhood with safe opportunities for exercise and play.

The project is a collaboration between the Scottish Government and East Renfrewshire Council to put the Scottish Government's 2005 Planning Advice Note 76 on Residential Streets, which includes a series of design principles for high quality residential streets, into practice.[31] The Note considers how the technical and engineering requirements for roads have come to dominate the design process, and emphasises how early dialogue at a pre-application stage between planners, transport planners and road engineers is key to finding the appropriate balance between different road uses and creating high quality residential streets that support active travel.

Using 'project rules' and a strategic partnership to create active residential streetscapes

To manage the partnership between the Scottish Government, the Council and other stakeholders, six project rules to govern the design process and collaboration were agreed on by all partners from the beginning. This prioritised partnership working, centred street design and ensured the project could be replicated. The masterplan also built in opportunities for learning throughout the project to help achieve the rules, and key to the project's success were the commitment from all partners to frequent multidisciplinary meetings, design training for transport planners and engineers, and the joint Planning and Road Construction Consent to align signoff.[32,3]

The project demonstrates that collaboration across departments pays off: the close involvement of the East Renfrewshire's transport team from an early stage and the regular discussions between the team and development management officers enabled the careful design of an accessible streetscape that prioritises pedestrian movement but can still support larger vehicles.[33] High-level design principles that prioritise streetscapes can help govern the relationships between different departments and partners, and help rebalance the needs of different road users in favour of pedestrians and cyclists.

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3 See here for more information about joint planning and road construction consent in Scotland: https://www.gov.scot/publications/planning-and-roads-construction-consent/

Key lessons

- Establishing a framework of principles to govern partnerships can help bring focus and structure to the planning and development process: the active involvement of the Council and all relevant officer teams in coming to this agreement ensures that strategic goals can be achieved.
- The early involvement of transport planners and road engineers in the design process and the joint sign off by planning and transport teams can help balance street uses and prevent vehicles from dominating new streets. Investing in the design skills of the development management team, transport officers and road engineers supports this.
- Design principles focussed on safety, connectivity and sustainable mobility help prioritise the health benefits of new residential streets. They are also applicable, feasible and beneficial in various contexts, including that of a rural historic village.

2.4 Making small scale interventions in rural areas viable—Conwy County Borough Council, Old School Master's House

Introduction

Conwy County Borough Council is a unitary authority north of Snowdonia National Park, Wales. The authority has a significant shortfall in delivering the housing options and services needed in the rural areas, particularly on smaller sites, many of which have become unviable since the 2007-08 financial crisis.[34] Llanrwst, a market town with a population of 3,300 (2011, ONS) which is the main settlement in the authority outside the more built-up coast, is projected to accommodate 5% of its required housing supply.[35]

A quarter of the authority's population are aged 65 and over (Wales' national average is 18.4%), characterised by poorer levels of physical health. The Council supports relatively few older people in residential care as care is increasingly taking place within communities. Older people are increasingly reporting poor experiences within the care system and feelings of isolation.[36] The challenge is to deliver appropriate housing for an ageing population with easy (future) access to the needed health care and social facilities.[37]

Health and wellbeing for an ageing rural population

Though Conwy County Borough Council had granted consent for the demolition of a Grade II-listed 17th century school house and adjoining buildings in Llanwst, it was eventually transformed into a rural wellbeing centre Yr Hwb Hen Ysgol' by Clwyd Alyn Housing Association.[38] The apartments are available to people over the age of 55, and is part of the Hafan Gwydir extra care independent living scheme: tenants live independently while benefitting from the easily accessible co-located support, care and housing amenities.[39] Pre-application conversations between the applicant, the Conservation Officer and the planning team ensured that required external alterations to make the building fully accessible would not compromise the historic character of the buildings.

The scheme also includes an integrated health and well-being hub with the aim to support residents to stay healthy and recover from illness. The health and wellbeing leisure facility is managed by the local authority, while Clwyd Alyn Housing Association has taken on the extra care apartments. Close collaboration between planning authorities, specialist housing providers and care providers can improve caregiving and potentially reduce demand for hospital services.[40] The centre has become an important health hub in the rural area. As well as hosting a range of medical services, it also hosts a friendship club, a singing group and dance classes to provide older people in particular with opportunities to socialise.[41] Evidence from the NHS suggest that by providing a range of activities such as these councils can help promote health and wellbeing and develop community cohesion.[42]

Co-locating facilities and partnerships to close funding gaps

Despite the fact that there is demand for new (retirement) housing options and services, delivering housing and facilities can be a challenge in rural areas. Due to the co-location of small-scale housing, a GP assessment room and sports facilities, a number of underused listed buildings could be brought back into use and new leisure facilities were created for the surrounding rural villages. New facilities can be designed to support the needs of surrounding communities: housing a GP practice in a community building potentially increases the likelihood that visitors will become engaged in the social activities.[43] To make this work, a shared governance structure with input from the local planning authority is needed to provide clarity on the type of uses and services the building will provide.

The delivery of the scheme was possible following the partnership between Registered Provider Clwyd Alyn Housing Association, specialised in delivering and managing extra care schemes, and the Borough Council. Through the partnership the Council could secure funding from the Welsh Government Integrated Care Fund to deliver the project, and a Welsh Government Social Housing Grant contributed to the housing delivery, which ensured the viability of the scheme.

Key lessons

- Partnership working between councils and specialised rural housing providers can enable the securing and combining of different grant funding which help unlock previously unviable sites in rural areas.
- There is a benefit to co-locating retirement homes, council provided health services and sport facilities to create the health and social services needed in rural communities.

2.5 Using publicly owned land, cohousing and direct delivery to create healthy and social places — Cambridge City Council, Marmalade Lane

Introduction

Marmalade Lane is an multi award-winning multigenerational co-housing scheme located to the north of Cambridge, on a plot of land which was previously deemed unviable for development. It consists of 42 homes with private and shared gardens and community facilities, including a common house with guest bedrooms, workshop space and a gym.[44] A pedestrianised lane at the centre of the scheme and additional open space, as well as the layout of the gardens, encourage socialising among residents. The co-op's residents are of all ages, which has clear benefits often associated with multigenerational living such as sharing childcare responsibilities and combating social isolation among the elderly.

The scheme is car-free, and homes are designed at 'close to Passivhaus standards' to encourage active travel and ensure homes are energy efficient.[45] The latter can promote healthy indoor living by reducing the chances of fuel poverty, which has important links to ensuring healthy air temperatures, humidity levels, noise levels and air quality.[46]

Using self-commissioning and co-housing to develop healthy places for all ages

Marmalade Lane has made headlines for its design quality, but its delivery is also interesting. The development site, previously destined for typical suburban market housing as part of the Orchard Park masterplan by South Cambridgeshire District Council (responsible for the area before administrational border changes), was rendered no longer viable following the 2008 financial crisis.[47] The City Council looked for a new developer to take the site on, and considered tenure swaps and bidding for additional funding to kickstart the development, but eventually opted for the self-commissioning of new housing 2009.[48]

The scoping study for the development laid out a planning framework to facilitate collaboration between the City Council and co-housing groups, and came to the significant conclusion that a community self-commissioned scheme was viable on the site and would yield comparable returns to traditional open market sale housing.[49] In addition, it concluded that self-commissioning – a form of self-provided housing which involves the direct procurement of professional design services, housebuilders, etc - would likely bring more social capital than traditional development and help build a stronger community.[50]

Early discussions with Cambridgeshire Building Society suggested that funding would be available for the proposed enabled self-build scheme. Cambridge City Council subsequently took the decision to allocate the site for 'enabled co-housing', and partnered with an established housebuilder for individual home-ownership with collective ownership of public realm - an approach with a track record of providing good quality homes in other European countries.[51]

The benefits of co-living

Physical environments that support intergenerational communities bring a range of health benefits. Not least, they support the social connections we come to rely on when we age and experience ill health, disability and bereavement.[52] Co-living schemes can therefore be a powerful way for councils to address loneliness (which is a key factor driving poor health among the elderly, as loneliness is found to increase the risk of premature death by 30%.)[53] and vulnerability among older people, but they can also combat high housing costs due to a shortage of affordable housing options.[54]

Maximising the social value of public assets by working with future residents

With the support from consultants specialised in community housing, the council worked together with a co-housing group, founded in the year 2000, to deliver the scheme: the co-housing group and consultants developed a detailed client brief with funding from the former Homes and Communities Agency, which facilitated the disposal of the site and was used by the council to tender for a development partner.[55] The council could then develop the city's first council-enabled co-housing scheme in close collaboration with its future residents: once the site was allocated to the co-housing group, a development partner would have the security of a pool of buyers already committed to the scheme, which reduced the risk of purchasing and developing the site. At the design stage future residents and interested members of the co-housing group had to confirm their commitment to the scheme.

All residents are members of Cambridge Cohousing Limited and each household delivers a director for the Company, which acts at the Resident Management Company for Marmalade Lane and holds the ownership of common areas and oversees the upkeep of the houses. Arrangements for the Resident Management Company were made at an early stage, once the council chose the Enabled Co-housing model for the site and identified the main stages of delivery, so that provisions for long-term stewardship of the community were built into the scheme.

Key lessons

- Community-led self-commissioning can be a way of securing high-quality design, and also provide an alternative to traditional market-led house building where the viability of developments on publicly-owned land is a challenge.
- Council support for co-living and shared facilities can play an important role in combatting loneliness, particularly among older people.

2.6 The Healthy New Towns programme and strategic planning for large-scale healthier place making — Darlington Borough Council, Darlington

Introduction

Darlington Borough Council was part of the NHS England Healthy New Towns programme, which worked with 10 'demonstrator sites' from 2015 to 2019. The programme enabled local authorities, the NHS, housing developers and other stakeholders to work together more effectively for the delivery of new healthy places at scale. For each demonstrate site the programme had three main objectives:

1. Planning and designing a healthier built environment
2. Enabling strong, connected communities
3. Creating new ways of providing integrated health and care services.[56]

Dedicated programme teams within councils, partnerships and new governance structures, as well as specific delivery plans and interventions for healthy place-making were developed with each demonstrator site to deliver these objectives.[57] Crucially, local authorities were also supported to use public health evidence to justify new planning policies that supported this.

Darlington is a large market-town in Durham, North East England. The local authority's Healthy New Town pilot area in the northeast of the town was known as the 'Eastern Growth Zone'. This area has housing delivery and economic development potential, but also significantly higher rates/levels of premature mortality, deprivation and poverty among children and the elderly than average in the local authority area.[58] Darlington is currently developing a new local plan, and intends to address these concerns through it. The scheme combines regeneration and new development, and will see 3600 new homes delivered by 2025, with the potential to expand this to 10,000 new homes.

The Healthy New Town programme in Darlington

The Healthy New Towns programme consisted of three main workstreams. These focused on regeneration and housing; delivering new care models; and the use of digital technology to improve access for patients. A key aim of the project was to move away from a more reactive approach to planning care services and instead consider future health and wellbeing needs to predict and plan for integrated services in the right locations.

In collaboration with Durham University, Darlington Council developed an app using data from GP practices and the Office for National Statistics to better understand the impact of population changes on GP practices and predict the location of future health needs more accurately.[59] The council clustered 11 local GPs into three virtual hubs covering a population between 30,000 and 50,000. This enables GP surgeries to work together with other health and social care professionals to deliver new services and approaches to care delivery.[60] The direct benefits of this included patients being able to access GPs outside of opening hours, and the possibility of online consultations accessible to patients from home.

Asset-mapping was used during service planning to improve connections between health services and a wide range of social, community and physical assets, and in doing so strengthen primary care delivery.[61]

Using master planning and principles for the large-scale delivery of healthier places

Darlington developed a set of Healthy New Town Design Principles based on a wide evidence base. These are to be embedded in the local plan. The principles require that facilities for pedestrians and cyclists must be provided in new developments to plan transport, access and movement for walking first, and for private cars last.[62] Other principles relate to green infrastructure (this must comprise 40% of the surface area of new developments); healthy food choices (developments are required to provide for local food production; a range of placemaking criteria that ensure new developments are legible, accessible and well-connected; local economic factors such as access to employment and prioritising the use of the local labour force; and the requirement for development above a certain threshold to demonstrate the availability and accessibility of a range of social infrastructure and local services. Despite considerable viability challenges, the principles were successfully tested for a scheme of 80 homes at the Red Hall 'Stables' site, setting an important precedent for future development.[63]

Through the use of a masterplan, a segregated network of pedestrian and radial cycling routes connecting the four main development sites and providing easy access to the town centre was integrated into the design of the new places at an early stage,.[64] Building on the success of the Cycling Demonstration Towns programme (for which Darlington was a demonstrator site) cycle and walking routes are required to be safe and well-lit, and delivered with facilities such as benches and cycle parking, have adequate way-marking and connect to local schools and green assets. This in turn increased the accessibility of the network, particularly for children and families.[65]

Key lessons

- By creating local principles which are based on local evidence and national policy, and embedded in the local plan and design guides, local authorities can create the conditions for systematic, long-term, change in how decisions are made on health and ensure that it joined up between agencies, services, and places. This goes well beyond what is possible when making decisions on health on a project-by-project basis.
- Local authorities can have a genuinely transformative impact on health and related services in their areas when they use planning as a tool to coordinate delivery.

Part 3: Analysis and recommendations

3.1 Introduction and overview

This chapter we draw on data collected through our survey of 216 local councillors[4] and officers from different authorities (see annexes 1 and 2), a series of in-depth interviews with experts and practitioners in the fields of health and planning (annex 3), and our 5 case studies to make five sets of recommendations on how to overcome key barriers to healthy place making in central and local government.

It is divided into five themes. The first reflects on several years of TCPA/APSE survey findings and a decade of deregulatory planning reform to set the context for the following themes and make recommendations on the government's overall direction of travel on planning. Themes two, three, and four then present recommendations to central government on systemic changes required to make healthy place making the norm. These themes are decentralisation, the role of the Planning Inspectorate, and legislating for minimum standards respectively. Theme five concludes the report and makes recommendations to local authorities on how they can focus on improving design quality as a way of delivering change within the current system, and in the context of COVID-19.

3.2 Theme 1: Central government in England needs to acknowledge the vital role of public sector in delivering healthy places, and empower them accordingly.

'More of the same' is not enough

The need to rebuild and reconsider after COVID-19 provides us with a powerful opportunity to reflect on a decade of planning, housing and local government reform. In general, in England this has followed a simple formula; deregulation, limiting resourcing for local authorities, and boosting market housebuilding in pursuit of higher housing numbers above almost all other objectives. Recent newspaper headlines and government announcements on planning reform suggest more of the same. But 'more of the same' has done little to address the urgent housing and place making policy issues the country faces, and over the last four years our surveys have recorded rising concern amongst those working on the frontline of delivery about the impact of these planning reforms on place making. They suggest that the government has made little or no progress towards achieving its own policy objectives on the ground, let alone the much wider improvements in the environment or health and wellbeing of citizens.

Office-residential PDR, introduced in 2015 as a way of speeding up housing delivery by removing planning controls on the conversion of office buildings into flats, is a particularly powerful example of this. As the unacceptable quality of many homes delivered through PDR have become increasingly apparent, we have seen a huge increase in concern about their impacts on the wellbeing of their residents - this year 76% of respondents in England felt that they could damage their residents' health and wellbeing, versus 49% last year. Similarly, there was an 18% increase between this year and last in the number respondents who felt that vulnerable people are likely to be disproportionately negatively affected by development delivered through the use of PDR. Despite this, the government has announced its interest in keeping, and indeed ***expanding***, PDR.

4 64 councillors who responded were from a local authority under Conservative control, 57 were from Labour-controlled local authorities, 68 were from local authorities under no overall control, 19 were Liberal Democrat, and 8 were Independent-controlled local authorities.

This loss of local control is patently at odds with localism, the government's objective to improve the design quality of new housing[66], and Public Health England's guidance on the need for new homes to be accompanied by infrastructure for cycling and walking[67]. In the words of one of our interviewees;

> ***"I feel like it's a real conflict in the national policy. So, you know, what seems to be coming out in the coming white paper is that we can adopt the recommendations from the Building Better Building Beautiful commission. You've had the new design National Design Guide, which I think… give some impetus that local authorities should be doing more and they should be developing design codes, and they'll be a model for design. So, the government are evidently interested in that. But at the same time government also have permitted development and want to expand it in so many other ways."***

Affordable housing is another good example of planning policy in England failing to achieve its objectives. The vast majority - 67.9% - of all survey respondents in England regarded the need for affordable homes in their local authority areas as being 'severe', and less than 5% regarded local need as 'not substantial.' The percentage of respondents across the UK that regard the need as 'severe' has risen from 58% to 63.9% since 2016. The government's overwhelming focus on increasing the supply of private market housebuilding appears to be failing to make housing affordable for the vast majority of people, and for most, home ownership is increasingly unlikely.[68]

To make matters worse, our survey suggests that most local authorities in England continue to provide most of their affordable housing through the planning process and S106 agreements (indeed the percentage of local authorities using this route has increased since last year's survey), but local authorities cannot enter into S106 agreements with developers when housing is delivered through PDR. Research by Shelter has estimated that this has cost urban local authorities in England more than 10,000 in affordable homes between 2015-16 and 2017-18.[69]

Councils in England have embraced the design, wellbeing and climate change agendas, but there is a clear implementation gap across all of these policy areas

While the UK government's primary objective for housing and planning in England has been to drive market housing delivery and economic growth, areas of policy, central to healthy place making – particularly design, wellbeing and climate change – have continued to develop and are identified as important considerations in national policy. Our surveys suggest that councils have embraced and developed policy on these healthy place making-related English agendas as far as they can, but implementation remains a serious challenge.

On climate change policy, for example, 81.13% of respondents in England said that their council has declared a climate emergency, only 9.3% of English respondents said climate resilience was 'a little' consideration in their local plan's place making policy, with none describing it as 'not at all' a consideration. Similarly, only 9.27% felt 'a little' and 0% felt that reducing carbon emissions policy was 'not at all' a consideration in their local plan. While these figures undoubtedly could and should be higher, they tell a positive story about councils' engagement with this crucial health and wellbeing agenda. And, turning, to strategy development and implementation, the picture is much bleaker. Almost half of all those surveyed in England said that their councils do not have a strategy for achieving, and monitoring progress towards, net zero carbon emissions which directly links to their local plan (this fits the picture painted by an APSE Energy survey published in 2020, which found that of 97 responding local authorities only 14% currently use carbon budgeting)[70]. ClientEarth, the TCPA, and the RTPI believe that local plans need such a strategy to be legally sound.[71] Further, only 23.2% of the English councils that have such a strategy have produced an integrated transport strategy – something not only important for driving down emissions, but encouraging cycling and walking. Perhaps even more worryingly, the survey also revealed clear uncertainty in England on turning down applications on environmental grounds.

It is a similar story for urban design. Respondents were generally cautiously optimistic that the government's recent policy/reviews/announcements on this subject, such as the new national design guide[72] and response to the Building Better Building Beautiful Commission, will eventually lead to more attractive and healthy places, with only 16.34% of respondents thinking they would not help to achieve this objective. But our survey results also show continuing uncertainty in English councils about being able to turn down planning applications on the grounds of poor design.

The pattern continues, even more strongly, on policy that directly concerns health and wellbeing. Following revisions to chapter 8 of the NPPF, national policy in England now places significant weight on health place making in local plans, and 72.3% of English respondents said that their local plan included planning policies which explicitly promote healthy places and active travel (this figure stood at 78.6% in Scotland and 100% in Wales). Despite this, critical areas of implementation are lacking in England:

1. **Evidence base:** Less than half of our respondents thought that their local plans reference a joint health and wellbeing assessment and/or joint strategic needs assessment – these are national policy requirement in England[73];
2. **Implementation and enforcement:** 56.1% of respondents said they were 'not so' or 'not at all' confident about denying planning permission on the grounds of health and wellbeing. This figure is even more concerning when looking at responses only from officers, 68.3% of whom 'not so' or 'not at all' confident about doing so.
3. **Monitoring:** Only a third of respondents (31.1%) reported having indicators in their local plans that can help to monitor the health impacts and benefits from Local Plan policies/new developments/place making.

This picture echoes the findings of a comprehensive overview of local plans and local development plans created by 326 English and 22 Welsh local authorities, which found that:

> "…most local planning policies make explicit links to health and wellbeing outcomes in transport, open space and recreation and design policies. However, they were weaker in taking into account local health strategies and health needs assessments, even though this is a requirement in national policy. Similarly, they were weak in terms of the extent to which they require the use of health impact assessments in planning applications."

Councils in Scotland and Wales are significantly more confident about their ability to plan for healthy homes and places, and receive more support than their counterparts in England

It is clear from our survey data that officers and councillors in Scotland and Wales face significantly fewer barriers to healthy place making than their English colleagues.[5] These differences are particularly clear when one compares English, Scottish and Welsh survey respondents' ratings on the degree to which different factors are a barrier to healthy place making policy, as displayed in the tables below (Table 3 page 24).

Roughly one in five English respondents gave under-resourcing, national-level policy and national leadership a score of 5/5 in terms of the extent to which they are a barrier to healthy place making, and about half of English respondents gave a score of 4/5 or 5/5. It is important to note that fewer respondents saw a lack of skills as being a serious barrier to healthy place making, suggesting that in England the key barriers are structural, and relate to the planning system, politics and policy.

In contrast to England, in Scotland less than a tenth of respondents rated under-resourcing or national leadership as 5/5 barriers to healthy place making, and no respondents gave national policy this rating. While we had significantly fewer Welsh respondents, and while almost 20% saw under-resourcing as a serious structural barrier to healthy place making, none thought national policy or leadership represented barriers to the same extent.

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5 Despite the relatively low number of respondents from these nations

Table 3: Respondents' scoring of different barriers to the delivery of healthy places in England, Scotland, and Wales

Respondents were asked to rate from 1-5 the extent to which they felt four subjects - under-resourcing, lack of skills, national level policy and national leadership - are barriers to the delivery of healthy places. A rating of 1 suggests that a subject is not at all a barrier, a rating of 5 suggests that is a huge barrier. The percentage of respondents that chose each rating for each subject are recorded in the corresponding box. The most popular rating for each subject is shaded with the darkest colour, the second most popular the second darkest, etc.

It is clear from the number of darkly shaded boxes on right side of the chart concerning England, below, in comparison to the other nations, that councillors and officers there face significantly worse barriers to healthy place making than their counterparts.

ENGLAND	Degree to which each factor is a barrier				
Score	**1**	**2**	**3**	**4**	**5**
Under-resourcing	6.0%	11.4%	28.2%	35.6%	18.8%
Lack of skills	6.0%	23.3%	33.3%	30.0%	7.3%
National level policy	3.4%	12.8%	31.5%	28.9%	23.5%
National leadership	5.8%	11.7%	31.2%	29.9%	21.4%

SCOTLAND	Degree to which each factor is a barrier				
Score	**1**	**2**	**3**	**4**	**5**
Under-resourcing	7.7%	7.7%	53.8%	23.1%	7.7%
Skills	7.7%	15.4%	46.2%	23.1%	7.7%
National policy	15.4%	38.5%	38.5%	7.7%	0.0%
National leadership	28.6%	14.3%	50.0%	0.0%	7.1%

WALES	Degree to which each factor is a barrier				
Score	**1**	**2**	**3**	**4**	**5**
Under-resourcing	6.0%	11.4%	28.2%	35.6%	18.8%
Skills	6.0%	23.3%	33.3%	30.0%	7.3%
National policy	11.1%	44.4%	33.3%	11.1%	0.0%
National leadership	11.1%	33.3%	44.4%	11.1%	0.0%

English central government undervalues the role of local authorities in healthy place making

What accounts for the implementation gap previously described, and the fact that our respondents in England report significantly worse systemic barriers to healthy place making than their counterparts in Wales and Scotland? Our interviewees provided several possible reasons for these differences. These included that Wales and Scotland's smaller geographical and population sizes make coordination between health and planning policy easier between and within levels of government (see part 1), and that there is quite simply greater political interest in health and wellbeing at the national level in these nations. The latter observation is supported by our survey results concerning the extent to which national leadership is regarded as a barrier to healthy place making across the UK (see above), and official support for ground-breaking health-related national policy initiatives in both nations, including the Future Generations Commissioner in Wales[74], and the Place Standard in Scotland[75].

However, our interviewees and case studies both pointed to differences in how England and the devolved nations regard the role of local government in place making as being the key fundamental factor that accounts for these differences. The Scottish and Welsh governments encourage and enable councils to innovate in urban design, take a leading role in healthy place making, set standards through council-led development, and partner with the private sector to drive delivery and best practice. This is fundamentally not the case in England, where policy has focused on private sector delivery, and neglected the role of local authorities in place making driving up standards. The capacity of many local authorities has been severely eroded by a decade of austerity, and the NPPF's overwhelming policy focus on increasing housing delivery has made them both increasingly reliant on a small number of large developers, and less able to refuse development which would undermine other policy objectives, such as sustainability and health. In the words of one of our academic interviewees:

> "England is exclusively and explicitly prioritizing housing growth and speed of delivery. In Wales and Scotland they have different targets and aspirations with clear measurement outcomes."

The design quality of new developments in England largely depends on the buoyancy of local property markets

The upshot of this situation is a policy environment in which the design quality of new developments in an area is extremely dependent on the value of land and buoyancy of the property markets. One of our interviewees summarised:

> ***"…the strength of the market [in a particular area] is possibly the single most important determining cause of design quality. So, in London and the South East and where there is high land value and a strong market, you get a better quality than the rest of the country. For the rest of England you get much poorer quality, especially where there's particularly low land values."***

This applies at both national and regional scales. One of our interviewees gave the example of councils in high-value areas of the South West of England being able to enforce, and, crucially, create an expectation for, higher design standards in new developments (partly because they have more bargaining power, and partly because their resourcing is generally better), while those in lower-demand areas struggled for a range of reasons:

> ***"Officers also say there is an inconsistent standard of applications: Bristol [local authority] is better resourced [than other local authorities in the region] and has an SPG on urban density which covers place and health. They have an existing review panel which is used for 50% of design applications. Developers expect they will be challenged. [The West of England Combined Authority] tries to bring up other authorities to Bristol standard..."***

Driving up design standards via the direct delivery of social housing

Our interviewees highlighted that Scotland and Wales both face similar challenges to England in ensuring the quality of new private market housing in areas where land values are low. However, they felt that Scotland and Wales are doing far more to enable councils to use social housing as a powerful way of pushing up housing and place making standards in their areas, both by setting expectations on design quality, and by building to a high standard themselves. Indeed, research by the RTPI has found that an increasing number of local authorities in England are pursuing the direct delivery for the these reasons[76], and there is a clear difference in the quality of social homes versus private rented homes: 90% of social homes meet the Decent Homes Standard, while 1 in 4 privately rented homes do not.[77]

As well as giving councils more power to ensure that new homes are built to high standards, providing a mix of secure (as opposed to precarious) tenancies and affordable homes has a range of direct physical and mental health benefits,[78] particularly for those who are vulnerable or suffering from chronic health conditions.[79] Social housing is also sensible national investment; it is an asset which provides a consistent source of income to local authorities and a preventative measure which will save healthcare costs down the line.

APSE and the TCPA has made the case for a renewed social housing programme in each of their previous four reports for a range of reasons. As these reports have argued, for this to be successful there are several barriers to its delivery in England which the government needs to be address. Two steps are particularly important:

- Suspend Right to Buy, which is reducing the overall stock of homes at the lowest social rents. Between 2012 and 2018 over 151,000 such homes were lost and Right to Buy was a key reason for this.80
- Provide local authorities with grant funding for social housing. Our survey made clear that councils rely on planning gain to (S106 and CIL) to deliver social and affordable housing, but these means to do not provide enough funding to support society's social housing needs.81 Furthermore, councils in areas where the local housing market is less buoyant receive less funding through these mechanisms when they are often the very places in most need of social housing, and moving away from a reliance on planning gain (S106 and CIL) to deliver social and affordable housing would free up resources to improve social infrastructure crucial for health and wellbeing.

Recommendations

Our survey findings make clear that there is no appetite from those on the frontline of place making –for further deregulatory planning reform. Previous waves of reform have failed to create healthy places and failed to deliver the government's own stated policy objectives, including climate resilience, design quality and home ownership.

Above all, with the need to rebuild following the global pandemic representing a crucial inflection point, the government should seize the opportunity for a fundamental change in approach. It must acknowledge the crucial role that local authorities play in place making, housing delivery, and driving up design standards. In practical terms this means:

- **The UK government and devolved administrations must provide LPAs with the resources they need to plan effectively.** This is a blunt but nonetheless crucial recommendation, which underpins effective delivery in both the public and private sector. There is a clear business case to be made for strengthening preventative public health as a way of reducing health care expenditure.
- **The Government should engage in a detailed consultation process with local authorities to shape their forthcoming planning reforms** and ensure that they have the resources and powers they need to make a real difference to the public's health and wellbeing.
- **The government should provide extensive grant funding to LPAs for the direct delivery social housing and end Right to Buy.** Social housing has multiple public health benefits and now more than ever represents good value for money to the taxpayer.

3.3 Theme 2: Devolving more decision making power from central government to the strategic level will improving coordination and communication between public health and planning

Introduction

Siloed or disjointed decision making between relevant departments, teams or professions was also highlighted as a key barrier to healthy place making in most of our interviews and case studies. It was identified by our interviewees as a serious problem within both national government and local government, and while it is an issue across the UK, it was seen as a particular challenge in England.

Siloes in local government

At the local level, two sets of relationships identified as particularly significant for healthy place making.[6] The first was between planning teams and highways agencies teams and engineers. This was described by one of our interviewees as one of the key places in which design quality 'leaks' out of the place making process, with consequences for health and wellbeing. They elucidated:

> ***"..highways departments and their layout of the streets dominate enormously, but they have no design training. They do a safety-first approach, they take a very safety-first approach, understandably, because their work carries tremendous risk." (CACHE)***

A similar challenge was identified by one of our London-based interviewees, but with particular focus on railway engineers, who they felt could fail to consider the place making consequences — positive and negative — of their interventions. The different training and (understandably) different primary objectives of planners and engineers was key to this.

The second was a lack of effective communication between planners and public health teams. This has been identified as a key barrier to healthy place making at the local level over a number of years (see theme 5 of our recommendations), and our interviewees argued it is crucial to understanding the 'implementation gap' identified in our survey results. Indeed, a 2019 survey of 162 public health and planning professionals - 48% of which were public health professionals - found that of the 13 identified barriers to implementing research on healthy planning into local practice, five related to communication between these two groups of professionals.[82] Clearly this is a major challenge for councillors, planners and public health officials alike.

It is a barrier to creating healthy places during both plan making and development management:

During plan making, planners can struggle to access, translate and incorporate robust public health evidence into the policy making process. This is crucial for developing strong policies for each of the themes identified in 'Spatial Planning for Health: an evidence resource for planning and designing healthier places' (discussed in the introduction, see page 8), providing a strong foundation for denying planning permission to developments which would undermine these goals, and be in compliance with national policy in both England and Wales. But as our survey demonstrated, less than half of our respondents in England thought that their local plans reference a joint health and wellbeing assessment and/or joint strategic needs assessment (see Q27 on page 53).

During development management, Directors of Public Health Report having little influence over the outcomes of planning decisions.[83] As one of our interviewees who has worked extensively at the interface between development management and public health in London reported, the key barrier here is often different expectations about the type, and quality, of the data being shared:

> ***"…the knowledge base is different, time frame and resources are different. Public health works with quantitative evidence and is long term, whereas development management is very political in which we rely on the market for housing delivery. [Development management] planners are living in the 'real world', whereas [public health] is more scientific without the same power struggles - you need to be mindful of such power structures." (LC)***

This is not to say that the type of evidence that planners consider valuable is of a lower quality than that used by public health teams, but that its type and purpose can be different.[84] The Planning Inspectorate has a crucial role in assessing and setting standards and expectations on the type of evidence used in both plan making and

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6 Our interviewees also discussed the importance of aligning decision making between local planning teams, clinical commissioning groups and the NHS, however in this report we focus on public health.

development management, which we discuss in theme 3, and there are several steps local authorities can take to address these barriers to work between planners and public health teams, discussed in theme 5.

Here, however, we focus on the systemic issues which entrench these communication barriers and in, England, an extremely centralised system of governance was identified as a fundamental cause of challenges local authorities face in healthy place making, despite the rhetoric of Localism.

The impact of an overly centralised system on aligning planning and health policy

As the below diagram illustrates, the Ministry of Homes, Communities and Local Government, Department of Health and Social Care, Department for Food and Rural Affairs, Department for Transport and Department for Business, Energy and Industrial Strategy all have policy initiatives relevant to planning for health. While there are some important exceptions,[7] our interviewees argued that these departments, and indeed, different directorates and teams within these departments, often struggled to integrate and align policies effectively both between each other, and to local authorities.

The fact that the governance system in England is so highly centralised increases the risk of this departmentalism and siloed policy making in Westminster producing a damaging 'trickle down' effect whereby different government departments/agencies make public health or development-related funding available to local authorities via separate, sector-targeted funding streams and ring-fenced grants. This was described by one of our interviewees as the 'inadequate starting point' of much siloed working on health and planning in local government, despite the programmes to overcome these hurdles at the local level described Part 3.6.

It also makes policy interventions less tailored to particular regional contexts which, as one of our interviewees pointed out, meant that in practice policy interventions in England over the last several years have been geared towards policy challenges that are most relevant to the South East of England.

7 For example, Public Health England has been effective in engaging with the Ministry of Housing, Communities and Local Government to develop and strengthen the NPPF and health and wellbeing guidance in the PPG.

Figure 1: Overview of government departmental and agency initiatives in England relevant to the planning for health agenda, from the TCPA report The State of the Union: Reuniting health with planning[85]

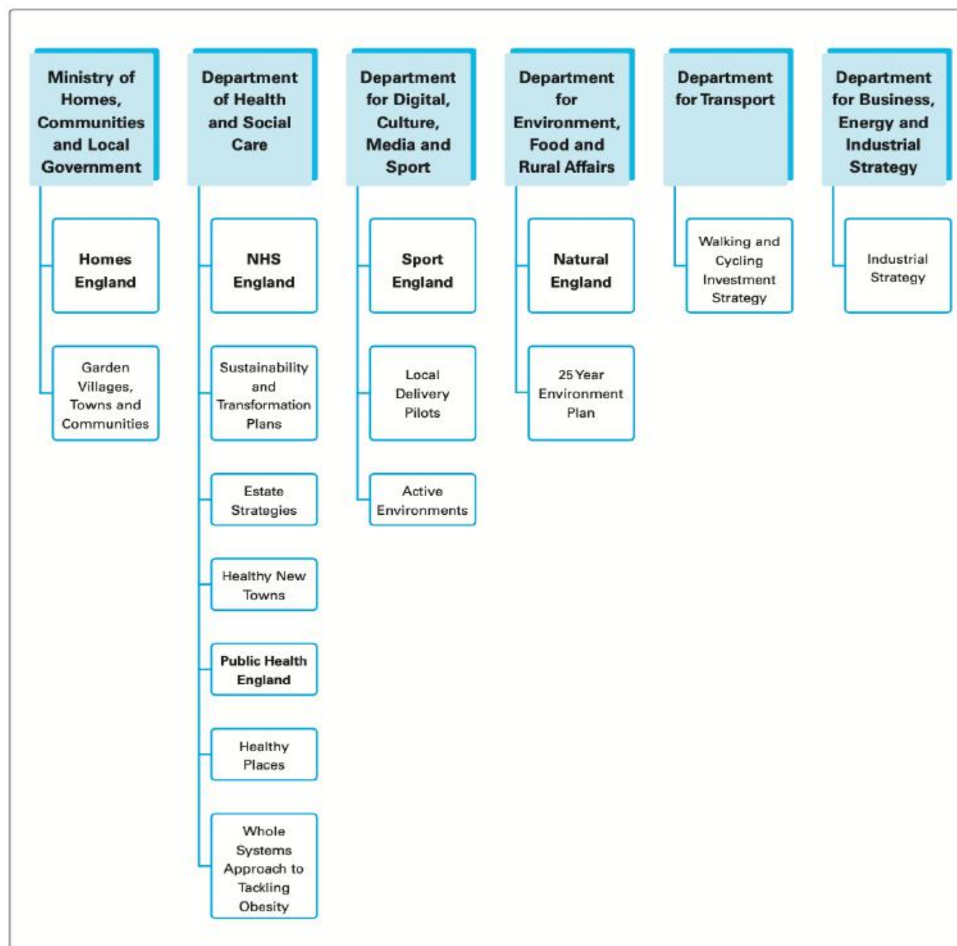

Fig. 3 Overview of government departmental and agency initiatives in England relevant to the planning for health agenda

The Welsh and Scottish government, in comparison, were viewed as relatively adept at collaborating across departments because of their smaller size and 'closeness' to their local authorities. This made effective place-based interventions more likely and, because they have closer relationships with their local authorities (both physically and metaphorically), they can work more effectively with them to bring together funding streams. Interviewees also highlighted several initiatives from these governments to better coordinate health and planning policy across their national governments.

Improving integration in England through devolution of strategic planning and public health budgets and powers

As the TCPA's Raynsford Review found, England's, emerging city-regional and regional institutional architecture has many weaknesses,[86] but it does provide a starting point for alignment of health and planning priorities at the strategic level. In particular, combined authorities and local authorities working in close strategic partnership:

- **Are well placed to take a place-based approach** that integrate policy on public health, strategic planning, and other devolved policy areas with links to place making, and focus on proactive/preventative measures87
- **Are able to strategically deploy resources to the local areas** with greatest health need, based on evidence from across a large area.

- **Are, similarly, often better placed than central or local government to leverage funding for large infrastructure projects** for health benefits over large areas, and to build health impact assessments in the business cases for these. This often requires collaboration with other strategic bodies, like Sub-National Transport Bodies including Transport for London and Transport for the North.
- **Can share the resourcing, evidence and skills of local authorities in high development demand pressure with those in low demand pressure**, which may help to overcome some of the barriers relating to resourcing highlighted in part #. One of our interviewees shared the example of Bristol City Council sharing its expertise in the use of design review with less well-resourced local authorities in the West of England Combined Authority area.
- **Can embed standards and raise design quality/expectations for new developments across the whole of a housing market area**, reducing the chances of any one area undercutting the others through lower standards.
- **Can align closely with NHS governance structures, which can overlap several local authorities**—the Duty to Cooperate is not powerful enough to enable this consistently88

Strong political leadership is a key ingredient in the effective integration of planning and public health in the interests of healthy place making. As discussed earlier, this is something our survey results clearly suggest is severely lacking at the national level in England. Yet, while successive Westminster governments have failed to provide this, evidence suggests that through their 'soft' and formal powers, city leaders and metro mayors are well-placed to do so.[89] Indeed, in the words of the King's Fund; 'significant improvements in population health are possible when city leaders are willing to invest their own political capital to advocate for change'.[90] They go on:

> ***On the current trajectory, it appears that the leaders of cities and city regions are set to become increasingly prominent political actors in the UK and elsewhere. If this continues, there will be growing opportunities for them to exercise leadership in relation to population health. It is important that they are supported to step into this role and fulfil their potential to become influential partners in health improvement.***

There are some emerging examples of metro mayors and combined authorities using their varying formal and informal powers to better integrate decision making on 'place' (housing, infrastructure, health and planning more widely) and health policy, and making the business case for greater investment in the former as a way of improving the latter. The West Midlands Combined Authority's establishment of an Inclusive Growth Unit[91] and the work of Greater Manchester Combined Authority's Health and Social Care Partnership[92,93] are particularly strong examples.

Recommendations

City-regional devolution in England has been an uneven process, with powers being devolved in an ad-hoc, opaque and case-by-case way to different combined authorities. Many of the programmes described above have often been delivered without formal powers and have instead relied on metro mayor's 'soft' powers of political leadership and convening. Indeed, outside of London, only Greater Manchester, the West of England and Liverpool City Region have devolved plan making powers, and only Greater Manchester has devolved decision making powers on health.

However, the experience of Greater Manchester shows the difference that devolve health and spatial planning can make. With regards to the former, the Marmot Review 10 Years On concluded:[94]

> ***The freedoms permitted by devolution, such as integration of health and social care services and new opportunities for joint commissioning, have enabled the development of a truly place-based population health system across Greater Manchester appropriate for taking action on health inequalities. It means that local public services can together focus on upstream determinants of health while mitigating crises downstream with effective multidisciplinary care for those most in need.***
>
> ***Greater Manchester highlights the opportunities of coterminous Clinical Commissioning Groups and Local Authorities aggregating to a single Integrated Care System and Combined Authority which significantly expands the opportunities for placed based action, population health focus and intervention across all social determinants of health.***

It is right that government sets high minimum standards on design quality (see theme 4, below). There is an opportunity to help to realise the full potential of metro mayors alongside council leaders in healthy place making, and the opportunity for city regions alongside local councils as. He being well placed to effectively coordinate and deploy local resources, the UK government must deliver on its 'levelling up' agenda in England and in the forthcoming devolution white paper lay out a strategy to;

- **Ensure that they devolve fiscal and decision making powers on strategic planning and health from central government and its agencies to an effective local level whether through combined authorities or local councils across the country Healthy place making should be a key consideration in any future reorganisation of local government.**

While combined authorities may provide an effective starting point for a more strategic approach to healthy place making, as noted above the geography of English devolution is a chaotic one, and the majority of the population - 63% - still lives outside of areas covered by them and Greater London). It is therefore recognised that by developing comprehensive, simplified, and transparent structures for strategic planning across England this would help the government achieve a wide range of social and environmental policy objectives, including, but definitely not limited to health place making.[95] In the meantime, local authorities outside of combined authorities should:

- **Consider what aspects of healthy place making they can deliver at the strategic level, in partnership with neighbouring local councils and combined authorities.**

For the reasons discussed earlier, and because they have less fragmented governance landscapes (all local authorities in Scotland, Wales and Northern Ireland are unitary), centralised policy making represents less of a barrier to healthy place making in the devolved administrations than it does in England. Nonetheless, there is still an opportunity in these nations for strategic partnerships between local authorities to play a role in healthy place making at scale.

3.4 Theme 3: The Planning Inspectorate in England and Wales need to find local plans which don't sufficiently address health and wellbeing to be unsound

Uncertainty

As previously noted, the need for local authorities to consider health evidence in local plan policy and place making is now unambiguous in national planning policy in Wales, Scotland and England. The level of uncertainty survey respondents expressed about the amount of weighting which could be attributed to health and wellbeing in planning decisions might therefore be surprising.

68.3% of the officers who responded to our survey felt 'not so' or 'not at all' confident about denying planning permission on the grounds of health and wellbeing. In the words of one of our interviewees:

"Planners operate in an environment of fear to avoid declining planning applications on design grounds, despite design being foregrounded in national policy."

Partly, this is caused by the strength of large housebuilders across the UK and, in England, the huge weight the NPPF places on housing delivery which we have already discussed. Several of our interviewees felt that stronger policy on health would help to correct this (a view mirrored by survey data gathered from public health officials and built environment professional by PHE in the past)[96]. But this doesn't fully account for why there is such uncertainty, given the strength of language in national policy.

Recommendations

As local authorities increasingly take advantage of this strong national policy in their local plans and positive precedents accumulate, their confidence to build strong healthy place making in local plans, and to refuse applications on health grounds, is likely to grow through a 'trickle down' effect. But for a real step-change, there need to be 'sticks' as well as 'carrots' in the plan making process. As the body responsible for assessing the soundness of local plans and deciding appeals in England and Wales, the Planning Inspectorate (PINS) has an absolutely pivotal role to play here.

We recommend that:

- **PINs should find local plans which are not positively prepared (i.e. seek to meet objectively assessed needs), justified (i.e. an appropriate strategy based on proportionate evidence), effective (i.e. deliverable over the local plan period), or consistent with national policy (i.e. enable the delivery of sustainable development according to either the NPPF, in England, or the Welsh Spatial Plan) with regards to health unsound at examination.[97]**

The Welsh government's proposal to establish a separate PINs for Wales would be a good opportunity to clarify that organisation's interpretation of policy in the Welsh Spatial Plan and the strength with which it is enforced.

Because PINs is an executive agency of MHCLG, in both Wales and England this change will require clear instruction from both nations' governments, and potentially also training and a programme of culture change.

3.5 Theme 4: The need for a more ambitious approach to regulating quality in the built environment

The impact of deregulation since 2010

Since 2010 the government has removed or made optional many clear-cut housing and planning standards

which previously played a role in ensuring minimum standards for new housing. The impact of the Housing Standards Review, the core intention of which was to make building 'cheaper not better', in the words of one of our interviewees, and the introduction of Permitted Development Rights, were highlighted as two particularly damaging policy changes.

These changes have directly reduced the quality of place making by reducing the minimum standards applied to new developments, but they have also led to the proliferation of different local standards. Consequently, complexity and uncertainty for both councils and developers has increased. One of our interviewees summarised the view of developers as increasingly being; 'Tell us what you want, put it into building regs and we'll all do it, don't give us a choice…' (JP) as a result. Meanwhile, local authorities' resources are further stretched by the need to repeatedly justify the viability of local standards on a case-by-case basis.

Gaps in the system and the limitations of building regulations

Expanding national building regulations to cover a wider range of health-related design conditions was therefore suggested by many, with some pointing to the way existing building regulations relating to safety and energy efficiency continue to raise standards in these areas. Similarly, setting building regulations as minimum standards and allowing local authorities to choose from a 'menu' of higher standards was put forwards as an option. However, others pointed out that even if they could be expanded and strengthened, building regulations do not deal with health and wellbeing but focus on reasonably safe outcomes. They only apply to building fabric, and could not be enforced on many issues which are crucial to healthy place making, such as the design of streetscape, the overall location of new developments, and access to external green space;

"Insisting on balconies and outside space is an easy win. A successful streetscape is more difficult."

The benefits and limitations of the current range of options English local authorities have for ensuring that new homes and places support health, including building regulations, are summarised in Table 4 on page 34. The list of limitations in the table makes clear the need for a completely new approach to ensuring that homes and places support residents' wellbeing.

Previous APSE reports written by the TCPA, Homes for All: Ensuring Councils Can Deliver the Homes we Need[98], and Housing for a Fairer Society: The Role of Councils in Ensuring Stronger Communities[99] made the case for 'a comprehensive framework of place-making standards' and 'a set of robust mandatory national housing standards' respectively. With the advent of COVID-19, several years of survey data, and few signs of improvement in the health quality of the built environment, the case is stronger than ever.

Table 4: The strengths and weaknesses of different ways of regulating the quality of the built environment in England

Means of setting standards in the built environment	Benefits/purpose	Limitations/restrictions
Building regulations	Ensure that buildings meet a 'reasonable' level of health and safety	Not founded on absolute safeguards but on 'reasonable' compliance with regulations;
		Limited in extent and focused on building fabric
		Do not deal with health and wellbeing but focus on reasonably safe outcomes.
		Significant cultural problems of non-disclosure by parts of the development industry and wider perceptions of trust.
National planning standards	There is a legal duty on good design during the plan making process.	This legal duty is not defined in a way which makes it useful.
	There are no legal duties in English planning law which require any minimum standards in the built environment.	National standards on a range of issues exist in Wales, Scotland and Northern Ireland in the form of national and regional planning policy and legislation.
Technical housing standards (including space standards)	A set of technical standards for new homes, including a nationally described space standard, which local authorities can adopt.	Do not cover some issues such as the external storage of bikes or bins.
		Can only be applied where there is a local plan policy based on evidenced local need and where the viability of development is not compromised.
		If a local planning authority wishes to adopt a space standard it must comply with these national standards – they are not open to local discretion.
Local planning requirements	Local authorities have limited abilities to adopt standards in local plans.	All policy must pass through the NPPF viability testing regime.
		Local evidence must be used to justify standards that are included in a development plan. No control over development delivered through permitted development rights
Voluntary across-sector standards	Many provide industry-recognised assessment frameworks which can be used as a 'checklist' for good quality development.	With the exception of RICS' guidance on viability testing, has limited weight in the planning process.
		There is a confusing array of overlapping and archived standards.

Recommendation

The TCPA's Healthy Homes Act campaign, which APSE supports, argues for the governments in England and Wales to put into law a series of basic principles that together define what constitutes a healthy home and neighbourhood. All government departments would be required to have regard to the principles when making policy, as would all public authorities that have responsibilities relating to planning and the delivery of housing.

In England, where health and wellbeing are given less weight in national built environment policy or legislation than Wales or Scotland, the government should pass a Healthy Homes Act, which also places a new duty on the Secretary of State to secure the health, safety and wellbeing of people in relation to buildings, and on local authorities to plan for affordable housing in a way that protects the long-term health, safety and wellbeing of residents.

While Wales and Scotland have stronger national policy and law on considering health and wellbeing in place making, they still suffer from fragmentation between different regimes for regulating quality in the built environment, and implementation would benefit from higher legally enforceable standards:

- **We therefore repeat our call for the UK government and devolved administrations to pass legislation which embeds a comprehensive framework of place-making standards across all regulatory regimes concerned with the quality of the built environment.**

3.6 Theme 5: What local authorities can do to plan for healthy places in trying times

COVID-19 as a challenge for delivery, but impetus for healthy place making

It is clear that systematic changes to the governments' approach to planning are required for healthy place making to become the norm across the UK, and particularly in England. The recommendations we have made so far would work together to bring them about. In England, the government needs to acknowledge the pivotal role of local authorities in delivering national policy objectives - including health places - and consult them carefully on their emerging planning reform proposals. Meanwhile, decentralising decision making on health and strategic planning to the strategic level would make real place-focused decision making on health possible across the country, and give local and combined authorities the leadership and powers they need to coordinate local investment as efficiently as possible. Finally, a regulatory system that, as a minimum, outlaws homes and places that undermine the wellbeing of residents would raise the standard of new homes coming through this system, while giving clarity to developers.

However, it is obvious that councils have to act ***now***, within the current policy environment and with current institutional structures, to secure better living conditions for their residents. COVID-19 represents a particularly obvious and pressing challenge in doing this. While our survey was conducted before lockdowns were implemented across the UK, the pandemic and the governments' responses was understandably a key topic of discussion during most of our expert interviews, and interviewees highlighted several interlinked behavioural changes which they felt could have significant impacts on planning and place making. These included that we are likely to see:

- A decline in the use of public transport
- Reduced demand for housing in urban centres
- Reduced demand for high-rent, centrally located, office space
- Greater demand for larger homes with private gardens and balconies
- Greater demand for living in close proximity to greenspace

Several interviewees felt that the COVID-19 lockdown could lead to attitudinal change on behalf of policy makers, including greater awareness of the impact our homes have on our wellbeing, and by extension, the importance of health and wellbeing, design quality, and access to greenspace in place making.

All of these may have significant consequences for healthy place making. But, more than any other theme, it was ***continuity***— in terms of what healthy place making policy and practice is and will be— which framed the majority of our interviewees' responses. The types of places and homes a post-COVID-19 world demands— walking and cycling-friendly, well ventilated and well lit, with access to green space, private amenity space and local services— have always been essential to healthy place making. Indeed, as a Cambridgeshire councillor we interviewed pointed out, it is testimony to how enduring these needs are that the garden city principles still represent the gold standard for healthy place making (see Figure 2, below).

Figure 2: The Garden City Principles

A Garden City is a holistically planned new settlement which enhances the natural environment and offers high-quality affordable housing and locally accessible work in beautiful, healthy and sociable communities. The Garden City Principles are an indivisible and interlocking framework for their delivery, and include:

- Land value capture for the benefit of the community.
- Strong vision, leadership and community engagement.
- Community ownership of land and long-term stewardship of assets.
- Mixed-tenure homes and housing types that are genuinely affordable.
- A wide range of local jobs in the Garden City within easy commuting distance of homes.
- Beautifully and imaginatively designed homes with gardens, combining the best of town and country to create healthy communities, and including opportunities to grow food.
- Development that enhances the natural environment, providing a comprehensive green infrastructure network and net biodiversity gains, and that uses zero-carbon and energy-positive technology to ensure climate resilience.
- Strong cultural, recreational and shopping facilities in walkable, vibrant, sociable neighbourhoods.
- Integrated and accessible transport systems, with walking, cycling and public transport designed to be the most attractive forms of local transport.

See https://www.tcpa.org.uk/garden-city-principles for more information.

Acting now: Drawing on existing guidance to integrate public health and planning

So, what can local authorities do now, in this difficult context, to ensure that they deliver healthy places? It is a sign of how far the agenda has come that there is now a robust and growing range of resources which local authorities can draw from when planning for health place making. Some of the key recent resources which give advice on how local authorities can overcome such barriers are listed in Figure 3.

A common theme for most of the resources listed is that the challenge for both plan making and development management across the UK is not that there is a lack of public health evidence available, but that planners often struggle to access it and public health officers struggle to communicate it effectively (see theme 2, on page 26, for more information on how this barrier functions in practice). Addressing these issues of culture and communication can be difficult, but are often not resource-intensive.

We recommend that:

- **Councils should focus on setting up processes that enable planners to work with public health colleagues and evidence when developing local policy, and take advantage of the large amount of best practice guidance developed across the sector when doing this.**

As a starting point, the TCPA report The State of the Union identified several different methods that local authorities can use to formalise better relationships between planning/built environment teams and public health teams, and overcome barriers in both plan making and development management. These include:

- Creating 'planning for health' protocols;
- Setting up quarterly meetings between planners and public health colleagues;
- Adding public health teams to the distribution list of weekly updates on new planning applications received, and;
- Specifying that public health should be involved in consideration of any development above a certain size or of a certain type.

Figure 3: Some recent resources for integrating public health and planning for healthy place making

Public Health England

- Spatial planning for health: Evidence review (2017), with follow-up report:
- Getting Research into Practice (GRIP): How to use public health evidence to plan healthier places (Forthcoming/2020)
- Putting Health into Place: lessons from NHS England's Healthy New Towns programme (2019)

Sport England

- Active Design (2015)

World Health Organisation

- Integrating health in urban and territorial planning: A sourcebook (2020)

Royal Town Planning Institute

- Enabling Healthy Place Making (2020)
- Introduction to town planning for mental health, neurological and spectrum conditions (2019)

Design Council

- Healthy placemaking (2018)

Town and Country Planning Association

- State of the Union: Reuniting with planning in promoting healthy communities (2019)

There are also a range of voluntary place making design standards which local authorities can adopt with a sufficient evidence base. These include Building for a Healthy Life, which was developed by Design for Homes in collaboration with Homes England, and NHS England. Building for a Healthy Life was published in July 2020 as the latest edition of Building for Life 12, a widely used standard that is referenced in the NPPF.

Overall, there is a wealth of guidance available to local authorities. Indeed, the sector already knows what healthy place making looks like, and has known for more than a century. In the light of COVID-19, the choice for government now is to either follow the evidence and give local authorities the support and resources they need to 'rebuild' and 'level-up' for a 'green recovery' and healthy communities, or to continue down the current highly-centralised, deregulatory, self-defeating, path. One choice is very clearly incompatible with the other.

Endnote references

1 https://www.bmj.com/content/369/bmj.m795

2 Public Health England. 2017. Spatial Planning for Health: An evidence resource for planning and designing healthier places.

3 Design Council. 2018. Healthy Placemaking: The evidence on the positive impact of healthy placemaking on people is clear – so how can we create places that delivery healthier lives and help prevent avoidable diseases?

4 https://adobeindd.com/view/publications/23366ae1-8f97-455d-896a-1a9934689cd8/sp1x/publication-web-resources/pdf/Place_Alliance_-_A_Housing_Design_Audit_for_England_2020_Final_Draft.pdf

5 https://www.habinteg.org.uk/localplans/

6 https://www.bre.co.uk/news/New-BRE-Trust-report-shows-poor-quality-homes-in-England-cost-the-NHS-14bn-per-year-and-wider-society-186bn-1161.html#:~:text=New%20BRE%20Trust%20report%20shows,quality%20housing%20in%20England%20unimproved.&text=This%20is%20compounded%20by%20the,stock%20in%20the%20developed%20world

7 https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

8 https://www.rtpi.org.uk/media/1901/resourcingpublicplanning2019.pdf

9 https://www.gov.uk/government/publications/quality-standard-of-homes-delivered-through-change-of-use-permitted-development-rights

10 https://www.tcpa.org.uk/raynsford-review

11 https://www.rics.org/globalassets/rics-website/media/knowledge/research/research-reports/assessing-the-impacts-of-extending-permitted-development-rights-to-office-to-residential-change-of-use-in-england-rics.pdf

12 https://www.gov.uk/government/publications/quality-standard-of-homes-delivered-through-change-of-use-permitted-development-rights

13 https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

14 Northern Ireland Multiple Deprivation Measures 2017. Northern Ireland Statistics and research Agency, 2017, https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NIMDM17-%20with%20ns.pdf

15 The Belfast Agenda. Belfast City Council, 2017, https://www.belfastcity.gov.uk/council/Communityplanning/BelfastAgenda.aspx

16 Belfast Health and Social Care Trust, http://www.belfasttrust.hscni.net/livewell/GetActive.htm; Belfast Local Development Plan: Draft Plan Strategy 2035. Belfast City Council,, 34, https://www.belfastcity.gov.uk/nmsruntime/saveasdialog.aspx?lID=34436&sID=30054

17 The Belfast Agenda. Belfast City Council, 2017, https://www.belfastcity.gov.uk/council/Communityplanning/BelfastAgenda.aspx

18 Living in fear of the rain: the impact of recent flooding in Greater Belfast. British Red Cross, 2010, https://www.climatenorthernireland.org.uk/cmsfiles/resources/files/Living-in-Fear-of-Rain.pdf

19 https://www.eastsidepartnership.com

20 Research reveals impact of Connswater Community Greenway. Connswater Community Greenway, 2019, https://www.connswatergreenway.co.uk/news/2019-03-26/research-reveals-impact-of-connswater-community-greenway

21 Connwater Community Greenway. Green Cities, 2019. https://uk.thegreencity.eu/best_practices/connswater-community-greenway/

22 Connwater Community Greenway. Green Cities, 2019. https://uk.thegreencity.eu/best_practices/connswater-community-greenway/

23 https://www.eastsidepartnership.com

24 Connwater Community Greenway. Green Cities, 2019, https://uk.thegreencity.eu/best_practices/connswater-community-greenway/

25 Connwater Community Greenway. Green Cities, 2019, https://uk.thegreencity.eu/best_practices/connswater-community-greenway/

26 Evaluation report. Connswater Community Greenway, 2017. http://connswatergreenway.co.uk/sites/default/files/CCG%20-%20Evaluation%20Report%202019%20FINAL.pdf

27 https://www.connswatergreenway.co.uk/sites/default/files/Hunter_SROI_Cities&Health_accepted.pdf

28 Proposed Local Development Plan 2. East Renfrewshire Council, 2019, 33, https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25325&p=0

29 Clydeplan: Strategic Development Plan. Glasgow and Clyde Valley Strategic Development Planning Authority, 2017, 87, https://www.clydeplan-sdpa.gov.uk/images/ApprovedPlanHighRes.pdf

30 Proposed Local Development Plan 2. East Renfrewshire Council, 2019, 16, https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=25325&p=0

31 Planning Advice Note 76: new residential streets. Scottish Executive Development Department, 2005, https://www2.gov.scot/resource/doc/76169/0019017.pdf ;See also more recently: A Policy Statement for Scotland: designing streets. The Scottish Government, 2010, https://www.gov.scot/publications/designing-streets-policy-statement-scotland/

32 Polnoon Masterplan: idea to design – residential streets project. The Scottish Government, 2009, 12, https://www.webarchive.org.uk/wayback/archive/20170701074158/http://www.gov.scot/Publications/2009/11/20114414/35

33 Polnoon Masterplan: idea to design – residential streets project. The Scottish Government, 2009, 12, https://www.webarchive.org.uk/wayback/archive/20170701074158/http://www.gov.scot/Publications/2009/11/20114414/35

34 Conwy Local Development Plan 2007-2022: LDP Review Report. Conwy County Borough Council, 2017, 11 https://www.conwy.gov.uk/en/Resident/Planning-Building-Control-and-Conservation/Replacement-LDP/assets/documents/LDP-Review-Report.pdf

35 Conwy Local Development Plan 2007-2022: LDP Review Report. Conwy County Borough Council, 2017, 11 https://www.conwy.gov.uk/en/Resident/Planning-Building-Control-and-Conservation/Replacement-LDP/assets/documents/LDP-Review-Report.pdf

36 Strategic Equality Plan: 2016-2020. Conwy County Borough Council, 2016, 25 https://www.conwy.gov.uk/en/Council/Strategies-Plans-and-Policies/Equality-and-diversity/Assets/documents/Eq-SEP/Strategic-Equality-Plan.pdf

37 Conwy Local Development Plan 2007-2022: LDP Review Report. Conwy County Borough Council, 2017, 7;24. https://www.conwy.gov.uk/en/Resident/Planning-Building-Control-and-Conservation/Replacement-LDP/assets/documents/LDP-Review-Report.pdf

38 Application No. 0/41829, Conwy County Borough Council, https://edm.conwy.gov.uk/Planning/lg/dialog.page?lang=en&org.apache.shale.dialog.DIALOG_NAME=gfplanningsearch&Param=lg.Planning&ref_no=0/41829&viewdocs=true

39 ClwydAlyn, https://www.hafangwydir.co.uk/our-care-hafan-gwydir/

40 Putting Health into Place: Principles 9-10 Develop and provide health care services. NHS England, 2019, 6 https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-3-develop-provide-healthcare.pdf

41 Deputy Minister officially opens Hwb yr Hen Ysgol. Conwy County Borough Council, 2019, https://www.conwy.gov.uk/en/Spotlight/Press-Releases/Deputy-Minister-Officially-Opens-Hwb-yr-Hen-Ysgol.aspx

42 Putting Health into Place: Principles 4-8 Design, deliver and manage. NHS England, 2019, 50 https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-2-design-deliver-manage.pdf

43 Putting Health into Place: Principles 4-8 Design, deliver and manage. NHS England, 2019, 50 https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-2-design-deliver-manage.pdf

44 Oliver Wainwright, Marmalade Lane: the car-free, triple-glazed, 42-house oasis. The Guardian, 8 May 2019,https://www.theguardian.com/artanddesign/2019/may/08/marmalade-lane-co-housing-cambridge

45 https://goodhomes.org.uk/resource/case-study/marmalade-lane

46 Grey et al. Cold homes, fuel poverty and energy efficiency improvements: A longitudinal focus group approach (2017). Indoor and Built Environment vol. 26(7) 902-913.

47 Review of the Orchard Park Development and lessons to be learnt for future major development. Cambridge City Council, 2009, https://democracy.cambridge.gov.uk/Data/Environment%20Scrutiny%20Committee/20090623/Agenda/Item%205%20-%20REVIEW%20OF%20THE%20ORCHARD%20PARK%20DEVELOPMENT%20AND%20LESSONS%20TO%20BE%20LEARNT%20FOR%20FUTURE%20MAJOR%20DEVELOPMENTS_1.pdf

48 Self-provided Housing in the Cambridge Sub-Region: Levers for Change – Report and Recommendations. C2O future planners, 2010, https://scambs.moderngov.co.uk/documents/s45060/Self-Commissioned%20Housing%20at%20Orchard%20Park%20Appendix%201.pdf

49 https://scambs.moderngov.co.uk/documents/s45060/Self-Commissioned%20Housing%20at%20Orchard%20Park%20Appendix%201.pdf

50 Self-commissioned housing at Orchard Park: report. South Cambridgeshire District Council, 20 May 2010, https://scambs.moderngov.co.uk/documents/s45365/Self-Commissioned%20Housing%20at%20Orchard%20Park%2020052010%20Planning%20and%20New%20Communities%20Joint%20Portfolio%20H.pdf

51 See for example the self-provided housing in Vauban, Freiburg: https://selfbuildportal.org.uk/case-studies/vauban-frieburg/

52 Agile Ageing Alliance (2019) Neighbourhoods of the future: creating a brighter future for our older selves https://www.agileageing.org/site_files/5944/upload_files/NeighbourhoodsoftheFuture2019_250119(1).pdf?dl=1

53 Holt-Lunstad J, Smith TB, Baker M, et a.l'Loneliness and Social Isolation as Risk Factors for mortality – a Meta Analytic review. Perspectives on Psychology. 2015, https://pubmed.ncbi.nlm.nih.gov/25910392/

54 Valnetine Quinio and Gemma Burgess, Is co-living ah ousing solution for vulnerable older people? Final report. Cambridge Centre for Housing & Planning Research, 2019, https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Co-living-for-older-people-reduced-loneliness-and-lower-living-costs.pdf

55 Cambridge K1, http://www.cambridge-k1.co.uk

56 https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-executive-summary.pdf

57 https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

58 Healthy New Towns. Darlington Borough Council, 2018, https://www.darlington.gov.uk//health-and-social-care/healthy-new-towns/

59 Putting Health into Place: Principles 1-3 Plan, assess and involve. NHS England, 2019, 25 https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-1-plan-assess-involve.pdf

60 Putting Health into Place: Principles 9-10 Develop and provide healthcare services. NHS England, 2019, 9, https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-3-develop-provide-healthcare.pdf

61 Putting Health into Place: Principles 9-10 Develop and provide healthcare services. NHS England, 2019, 14, https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-3-develop-provide-healthcare.pdf

62 Healthy New Towns Darlington: Design principles evidence and practice guide. Darlington Borough Council, 2018, https://www.darlington.gov.uk/media/7493/hnt-sept-2018.pdf

63 Progress report Red Hall regeneration master plan and neighbourhood renewal strategy. Darlington Borough Council, 10 July 2018, https://www.darlington.gov.uk/PublicMinutes/Cabinet%5CJuly%2010%202018%5CItem%20No%208%20Red%20Hall.doc.pdf

64 Darlington Healthy New Town regeneration and housing workstream. Darlington Borough Council, https://www.darlington.gov.uk/media/2645/housing-and-regeneration.pdf

65 https://www.sustrans.org.uk/media/2958/2958.pdf

66 https://policyexchange.org.uk/pxevents/keynote-speech-by-rt-hon-robert-jenrick-mp

67 https://www.gov.uk/government/publications/spatial-planning-for-health-evidence-review

68 https://www.ifs.org.uk/uploads/publications/bns/BN224.pdf

69 https://blog.shelter.org.uk/2018/12/revealed-the-true-scale-of-affordable-housing-lost-to-permitted-development-rights/

70 https://www.apse.org.uk/apse/assets/File/Survey%20Report%20Online.pdf

71 https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=4927d472-a9f0-4281-a6af-463ddc642201

72 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843468/National_Design_Guide.pdf

73 https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=cb4a5270-475e-42d3-bc72-d912563d4084

74 https://www.futuregenerations.wales/

75 https://www.placestandard.scot/

76 https://www.rtpi.org.uk/media/1976/localauthoritydirectdeliveryofhousingsummary2019.pdf

77 https://www.housing.org.uk/globalassets/files/homes-at-the-heart/homes-at-the-heart-fact-sheet.pdf

78 https://academic.oup.com/jpubhealth/article/doi/10.1093/pubmed/fdz076/5531106

79 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf

80 https://www.tcpa.org.uk/housing-for-a-fairer-society-the-role-of-councils-in-ensuring-stronger-communities

81 https://www.rtpi.org.uk/media/1976/localauthoritydirectdeliveryofhousingsummary2019.pdf

82 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842840/Spatial_Planning_and_Health.pdf

83 Public Health Post-2013. HC 140. House of Commons Health Committee. Second Report of Session 2016-17. House of Commons, Sept. 2016. https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/140/140.pdf

84 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842840/Spatial_Planning_and_Health.pdf

85 https://www.tcpa.org.uk/the-state-of-the-union-reuniting-health-with-planning-1#:~:text=Country%20Planning%20Association-,The%20State%20of%20the%20Union%3A%20Reuniting%20Health%20with%20Planning,public%20health%20and%20healthcare%20sectors.

86 https://www.tcpa.org.uk/raynsford-review

87 https://static1.squarespace.com/static/55e973a3e4b05721f2f7988c/t/5a3252e88165f59567b6bca5/1513247469817/Metro_Dynamics_PHE_Health_%26_Wealth.pdf

88 https://www.fph.org.uk/media/1812/raynsford-review.pdf

89 https://www.kingsfund.org.uk/publications/cities-population-health

90 https://www.kingsfund.org.uk/publications/cities-population-health

91 https://publichealthmatters.blog.gov.uk/2018/06/07/the-west-midlands-combined-authority-inclusive-growth-unit-supporting-economic-inclusion-and-social-change/

92 https://www.gmhsc.org.uk/wp-content/uploads/2018/05/Population-Health-Plan-2017-2021.pdf

93 https://www.local.gov.uk/sites/default/files/documents/charting-progress-health--d30.pdf

94 https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

95 https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=30864427-d8dc-4b0b-88ed-c6e0f08c0edd

96 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842840/Spatial_Planning_and_Health.pdf

97 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance__1_.pdf

98 https://www.apse.org.uk/apse/assets/File/Homes%20for%20all%20(screen)%20final%20version(1).pdf

99 https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=0f78e74a-b631-4449-a8eb-ffe967765fd7

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