Report of the ESRC roundtable: A cross-sector approach to creating healthy cities – Delivering quality housing in post-Brexit Britain, Houses of Parliament 1st November 2016

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1. Context for the roundtable

1.1 The ESRC seminar series

This roundtable was part of an ESRC sponsored seminar series on reuniting planning and health, led by the World Health Organisation Collaborating Centre (WHO CC) for Healthy Urban Environments, UWE, Bristol with the participation of The London School of Hygiene and Tropical Medicine, University of Bristol, University of Newcastle, Liverpool University and Public Health England (http://www1.uwe.ac.uk/et/research/spe/seminarseries.aspx)

This major ESRC interdisciplinary seminar series has overall aim of considering how public health can contribute to and be considered in urban planning, supporting delivery of healthy sustainable communities. The series offered a forum for academics and practitioners to discuss the obstacles to reuniting planning and health and identify workable and economically viable solutions that help deliver positive health outcomes, wellbeing and equity in cities and neighbourhoods. Each seminar explored different themes, i.e. issues around the evidence base for healthy planning as well as governance and policies including [Health] Impact Assessment, good practice and initiatives from the UK and from overseas. As well as promoting a better understanding of the issues in the other discipline, the seminar series also aimed at connecting public health and planning practitioners.

1.2 The Roundtable and the House of Lords Select Committee on a National Policy for the Built Environment's report Building Better Places

As part of the seminar series, the overall objective of this round table was to consult key stakeholders in built environment and public health to consider how we could take the implementation agenda for healthy planning forward, in particular how can we can improve the quality of lives and places within an uncertain [Brexit] context. The discussion was guided by some of the recommendations of the Lords Select Committee on a National Policy for the Built Environment's report Building Better Places.

In February 2016 the House of Lords Select Committee (HLSC) on National Policy for the Built Environment published its Building Better Places report, drawing a series of conclusions and making recommendations for the development and implementation of a national policy for the built environment. The focus of this report was England.

The rational for the enquiry of the HLSC on National Policy for the Built Environment was that the focus on quantity of housing should not detriment the quality of development and the built environment. We are particularly pleased that health featured clearly on the agenda of the HLSC enquiry and its report as Laurence Carmichael, representing the WHO CC had been asked to brief the HLSC on the impact of the built environment on health at scoping stage. The WHO CC, Public Health England and LSHTM were also asked to give oral evidence at a later date on health and built environment to the HLSC.

During the HLSC enquiry, many stakeholders presented evidence helping the Committee identify why the *planning, design, management and maintenance of the built environment, and its interaction with the natural environment, has a long-term impact upon people and communities*. (HLSC building better places). The HLSC Committee explored some key environmental and policy drivers which require us to rethink policies in the field**, in particular** clearly identifying governance challenges to healthy planning, with decisions taken by a multiplicity of actors making policy integration difficult as well as skills challenges in a national housing crisis context.

Some of the key recommendations to improve the quality of places and people who live in them are aligned with the agenda of the ESRC seminar series, including: taking better account of design impacts on work, health and the environment; building for sustainability and resilience; increasing support for local planning and place-making capacity; and promoting a more dynamic and co-ordinated approach to plan-making.

The ESRC seminar series research team was therefore keen to explore further with key stakeholders how academics, practitioners and policy makers could take further 3 main recommendations of the 'Building Better Places' report:

a. Promotion of the ***evidence base*** in policy making through creation of a chief built environment adviser and small strategic unit.

b. ***Policy integration*** (use of health indicators and Health Impact Assessment / health in other impact assessments)

c. ***Market intervention*** (supporting housing associations and SMEs entering the housing market)

Professor Matthew Carmona, who advised the HLSC during the enquiry, introduced the context of the enquiry and main findings of the report. The report was proposed by a cross-party political group and considered a wide agenda of issues relating to the built environment. The enquiry heard from 50 witnesses and received 200 submissions. In addition, committee members undertook a number of site visits. As the agenda of the committee narrowed, health remained a key issue.

Matthew Carmona shared his views of the importance of raising aspirations for the quality of the built environment; that the environment's impact on local people should sit at the heart of the agenda and that national government should place greater trust and power in local government, in order to achieve a more place-based approach to policy making.

Baroness Finlay, a member of the HLSC, highlighted the importance of addressing the impact of both, workplace environment and the wider effects of place on population health. Baroness Finlay emphasized the negative impacts of poor housing especially in context of the current UK housing crisis. She talked about her initially being a lone voice on HLSC about impacts of the environment on health, including impacts of neighbourhood safety and access to green space on both, health and wellbeing. She highlighted the potential to generate savings in the healthcare system by using environmental improvements to prevent ill-health, and the importance therefore of linking up policy agendas across planning and health. She went on to acknowledge the challenge that results from the fact that this agenda does not fit into a single government department, so that there is not one minister who can be held to account for progress, or failings, in this area.

The wide ranging group discussion went on to explore the 3 main HLSC report recommendations in detail.

2. Promotion of the ***evidence base*** in policy making through institutional development (chief built environment adviser and small strategic unit)

The HLSC report recommended that the Government should:

- Appoint a **Chief Built Environment Adviser** to lead long term coordination and integration across the multiple Government departments that effect and respond to the built environment.
- Establish a **small, strategic unit** lead by the Chief Built Environment Adviser to conduct, commission and disseminate research and guidance on architecture and design within the built environment.

Matthew Carmona explained the context to this particular report recommendation: Following the closure of the Centre for Architecture and the Built Environment (CABE), the HLSC felt there had been a lack of leadership in the field and a need for a new voice that was independent of government.

We wanted to explore with stakeholders if these proposed new institutional developments could be the way forward to bring a wider evidence base into planning and urban design and help improve the quality of the built environment in England. However, an important question then is 'how might this new leadership role work in practice'?

Participants reported that the practicalities and benefits of such an institutional development would be dependent on a number of factors, including the adequacy of the knowledge base; the availability of inter-disciplinary skills; and the practicalities of both horizontal and vertical integration.

2.1 What is the knowledge base needed for built environment champions at national level?

Many participants were aware of the evidence that is currently available, and which is usually used in planning and place-making. However, there was consensus that currently it is not joined up and much useful evidence is not currently available in a format that is useful for decision-making. This was particularly the case for a range of health and wellbeing considerations that are only often considered in discrete or smaller-scale projects such as the NHS Healthy New Towns Project, and that even within these health-focused projects, some of the wider-determinants of health such as crime are often not included.

There was also a view that the multi-factorial nature of the evidence around health determinants with multiple interactions between them makes it difficult for clear conclusions and recommendations to be made. There was some concern that academic studies were often not well enough informed by the types of questions that practitioners and policymakers were interested in, and that academics were not good at presenting their findings in ways that facilitate decision-making [and those making decisions not necessarily taking evidence into account]. Some discussants felt that the evidence base was clear but that decision makers are often not able, or do not always want, to act in accordance with evidence-based recommendations, and that within Local Authorities decisions were more likely to be evidence-informed rather than evidence-based.

A further issue identified was the lack of openness to evaluation, particularly from developers where 'commercial interests' were often cited as an excuse for why schemes could not be properly evaluated. There was concern that you can currently deliver a development that meets all the recommended standards, but still feels like a bad place to live. A counter argument to this commercial resistance was that if the costs and benefits, of the health and social impacts of housing or urban design could be better quantified, then good design could be financially incentivized.

There was discussion of the need for additional place-specific evidence, including people's experience of living in certain places, as well as for economic evidence on the financial consequences of both positive and negative health impacts. In addition it was felt to be vital that evidence is provided in more accessible formats for a range of

users.

2.2 What interdisciplinary skills would be needed?

It was agreed that such a broad policy agenda requires new approaches to cross-sectoral working, and thus professionals will need to learn to work in more inter disciplinary ways. There was a discussion about some of the previous failings of CABE, in particular that any new institution would require leadership from individuals with a broader set of knowledge and skills than architecture, including expertise in engineering and planning as well as climate change and health. There was a suggestion that this could be addressed by having a multi-disciplinary unit where the Chief Advisor role was a rotating position into which people from different specialisms could rotate. It was also flagged up that in addition to knowledge about designing new healthy built environments, it was essential to have someone with knowledge retro-fit existing housing stock, as there is limited opportunity to impact health through new developments alone. In addition to skills it was felt that the post would also need to come with a budget to be able to commission research to address gaps in evidence.

2.3 How would a new structure work? What horizontal integration would be needed?

The roundtable discussion also explored whether a new independent organization or cross-government structure was needed at all, and if so, what should be its purpose and the opportunities it could offer to championing good quality, healthy built environments.

There is already a sub-scientific advisor within each government department, and that any new organization, structure or post would need to work closely with these existing advisors.

There were comments that a new role should not be a ‘command and control’ role but seen as a way of bringing people together from different disciplines (‘a built environment ‘champion’), and that possibly a multi-disciplinary forum would be more appropriate . Ideally any role, within government or independent advisor, needed to outlive any changes in government in order to be effective.

The previous director of CABE spoke about some of the challenges he had experienced in this role, including the fact that while he had links to some government departments, a lack of links to other departments made it impossible to progress many issues. His view was that it is vital that any new unit or role to promote the built environment agenda must have links across all government departments and relevant policy initiatives.

There was a question over the potential longevity of and new role or structure, with the example given to the previous experience of the creation, and abolition, of the role of Chief Construction Advisor which now no-longer exists.

The importance of linking any new role to future initiatives was also cited, for example the need to link into initiatives such as Low Carbon Cities, Smart Cities, Future Cities and the National Infrastructure Commission (which should be seen as a

current opportunity to influence how health impacts are considered).

The challenge of embedding this type of role was highlighted with the example given of how attempts to create similar roles in the United States (US) at both, federal and city levels had failed due to the immense challenge that an individual advisor faces in attempting to work across entrenched policy silos. In contrast to this failure, it was remarked on that the healthy urban planning agenda in the US is now being driven forward by some developers, who are starting to see healthy environments as a marketable commodity.

2.4 Challenges and opportunities of implementing national guidance at local levels

The discussion considered what opportunities and resources exist to support vertical integration across health and planning. The Building Research Establishment has contributed to a report for Lambeth and Southwark councils on implementing healthy planning initiatives. It was emphasized that the issue was not simply about a lack of evidence but also about a lack of time for planners to make themselves familiar with the evidence, as well as considering how public health experts work with other officers in local authorities. Another example given was of the Cambridgeshire Quality Panel, an interdisciplinary panel which integrates issues such as climate change into the built environment agenda, but which does not currently integrate health considerations. It was suggested that one of the reasons why health was not integrated was due to the lack of appropriate and specific evidence to support decision-making.

There was discussion that creating a Chief Advisor for the built environment could potentially introduce an additional layer of bureaucracy, and that a more appropriate solution would be to further devolve decision-making to the local level. To achieve this there would be a need to be better support for local practitioners, not just by providing written guidance but through practical support, including time for learning, reflection and sharing of good-practice. A current example was given of how the practitioners working in the NHS Healthy New Town developments are all currently asking for support with accessing and interpreting the evidence base.

*3. **Policy integration** (health indicators and Health Impact Assessment)*

Policy integration: **To encourage proper integration between planning and health**, the report recommended that Government should:

- Within the National Planning Practice Guidance (NPGG), set out a common framework of **health indicators** for local planning authorities to monitor.
- Examine ways in which **Health Impact Assessments** (HIA) could be more closely integrated into development management processes.

The roundtable explored the nature and use of health indicators, their link with HIA and other IA instruments and more broadly the way forward for cross sector policy integration at the local level within the existing policy context. Financial implications

of healthy planning approaches were mentioned, including the need to consider how the market remains influential in making progress in the field.

3.1 What is the importance of health indicators in planning processes and policy? At what stage of policy making should they be used?

It was felt that planners understand and support principles of public health intuitively but that health indicators are still important as they help operationalize this in day to day work. They also provide a means for monitoring how planners and developers are implementing the healthy environment agenda, in particular if included into impact assessment.

One of the participants reported on her current research exploring whether, and how, planners use health indictors in practice. Early findings show that there are many types of indictors and different roles in decision-making process. It is important to recognise that indicators have multiple uses from transparency right through to monitoring and to make sure they are not simply used as targets.

Discussion about the private sector role, and that a major house builder had said they 'don't do health' because no-one is asking them to.

3.2 Should indicators be set at national or local level and should they be statutory or used as guidance only?

It was suggested that any targets or indicators should be set at the local level, for example targets to reduce the number of fast food restaurants in a local area depending on local obesity rates and density of premises. It was said that in addition to the existence of indicators, planners need to have confidence that when they make decisions in accordance with health recommendations, that those rulings will be upheld, and not overturned by local politics, or the planning inspectorate, as has been the case in relation to policies to limit the density of hot food takeaways in some areas.

The added value of adding indicators into the NPPG was questioned, particularly in light of the fact that many existing tools to drive local practice such as local Joint Strategic Needs Assessments (JSNAs) and local Health and Wellbeing Strategies are not being fully utilised, for example in many areas these documents don't reference the importance of the built environment at all, with fewer than 1 in 10 referencing their Local Plan. There is also already some work being led by Public Health England to explore better use of the built environment components of existing Public Health Outcomes Framework indicators.

It was also felt that there was a need to recognise that indicators will not necessarily drive change, and that in some cases people want advice and guidance rather than indicators, for example in the case of how to create dementia-friendly places. However, some participants felt that health indicators should be in included in the NPPG as this will carry more weight as a way of getting local authorities to take health seriously. However simply putting the indicators into the framework was not enough to ensure that the desired design features were translated into healthier

developments. Instead what is needed is for planner to make it clear to developers that their applications are only going to be accepted if they incorporate health-promoting design.

3.3 *Aligning the agendas for place, poverty and inequality*

The importance of aligning local authority agendas on place, poverty, inequality and the economy was seen as essential to achieving integrated policy-making. JSNAs and Health and Wellbeing Boards (HWBs) were considered as key tools to align these agendas, however it was recognised that Board membership as well as their level of influence varies widely between different local authorities with many not having representation of planners. It was recommended that there should be stronger integration between HWBs and Local Plans.

3.4 What data should be used for informing policy integration?

It was felt that new data collection was not required, but that HWBs should strive to make better use of existing data to inform their decision-making, including acknowledging that national datasets can help them to compare their processes and outcomes with those in other areas. However, its is recognized that it is difficult to combine different national datasets, with a recommendation that national government should focus on improving the accessibility and usability of existing data, and ensuring local governments have the skills to apply them.

3.5 What is the value of Health Impact Assessment?

The value of HIA [along with other impact assessment instruments that include the consideration of health] was seen as embedding the concepts as part of the planning process, not just as a stand alone instrument. However there was felt to be a need to reflect on why HIA hadn't been more successfully implemented locally or nationally despite over 20 years of experience. One explanation was that planners are influenced less by guidance and checklists and more by other sources of information including professional networks and case studies of practice in other local authorities. The importance of being able to monitor the benefits that result from HIA was also cited as important. The fact that HIAs are often only required in developments of certain (large) scale [and here often within the context of environmental assessment] was seen as a major obstacle to their ability to influence change, given that much development in cities is in-fill development at small scales that will not trigger the requirement for an HIA. The need for practitioners to be trained in the use of HIA was also cited, in particular in relation to how they ask the right questions of developers, and how they assess the health evidence that they are presented with. It was also felt to be important that health impact assessment should consider mental health [for which there is strong evidence that the built environment can have a significant impact] and wellbeing as well as physical health.

4. Market intervention (supporting housing associations and SMEs entering the housing market)

Market intervention: To support delivery of more housing, in particular to support mixed communities, the report recommended that Government should:

- Support **housing associations** in their aspiration to increase housing supply, including reviewing the impact of financial constraints.
- Identify the barriers to access now facing **SME builders** and review how access to finance for this sector could be improved.

We sought to explore current initiatives which support small housing associations, developers and builders. Are current initiatives delivering opportunities for them? Could they be encouraged and enabled by local authorities to use smaller sites?

4.1 Governance and processes

The discussion focused on the need to consider a wide range of solutions to housing problems, rather than simply focusing on the need for big developments. It was also suggested that local councils can help to shape the market, for example by investing in regeneration in neighbourhoods where developers might be too risk-averse to invest until some initial investment had shown the potential for commercial viability. This was felt to be particularly relevant in order to attract smaller developers and housing associations that are more likely to be risk-adverse. The need to consider the forthcoming Housing Bill was also raised. The value of a pro-active local authority sector was sighted as an example of one of the lessons that the HLSC learned during their site visits. The potential of public-private partnerships was also raised as an issue that was felt to be important in the future of the sector.

4.2 Principles and policy incentives that should be proposed?

The need to link the agendas of home building and health was felt to be politically important. This includes the need to incentivize the planning and building of whole communities rather than simply focusing on number of dwellings. There was also felt to be a need to increase opportunities to build on brownfield sites, as well as for local authorities to be flexible in considering which types of land must be protected from development (in order to prevent over-densification within urban centres). The issue of easing of regulation 'permitted development' (whereby office blocks can be turned into housing) was also raised and seen as being problematic, as these conversions are exempt from having to contribute to the wider infrastructure and place-making that new developments have to support.

The possibility to learn from international examples was raised, including the value of dividing land into smaller parcels in order to attract smaller-scale developers. In addition the importance of identify sites close to existing infrastructure and sources of employment was seen as key to building sustainable communities not simply houses. .

4.3 Current policy consultation opportunities for stakeholders and academics to

make their voice heard?

The forthcoming White Paper on housing was seen as a key opportunity for stakeholders to raise the profile of the built environment and health agenda. The importance of finding other economic levers to influence the national housing debate, for example, the financial risks associated with the housing and health of the aging population, was also cited.

5. ***Round up: How will your organisation promote the building better places agenda?***

Participants were asked whether the round table discussion had influenced their thinking, and how their own organisations will now promote the building better places agenda. Below are some of the examples given.

- The Cambridgeshire Quality Panel will now explicitly put health on the agenda
- Aim to share more knowledge and evidence across health and built environment sectors
- Aim to ensure health is on the urbanisation agenda in low and middle income countries as well as in the UK
- There is an opportunity to raise health as an agenda with the national Construction Board
- Work with designers and developers to improve the evidence base for healthy development
- Test models within the NHS Healthy New Towns, but also share learning more widely
- Make the most of the Habitat 3 New Urban Agenda
- Explore new guidance on planning and dementia
- Consider learning from the US
- Engage in the Planning for People campaign
- Develop a business case for investing in the built environment for health

The chair then thanks everyone and the meeting closed.