

Linking Planning and Public Health

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Our health is determined by:

Global
issues

What you do

Who you are

Where you live



The determinants of
health and well-being
in our neighbourhoods

‘What you do’

Impact of behaviour on health

Health and behaviour

Latest figures show that 2 in 10 adults are smokers. 7 in 10 men and 6 in 10 women are overweight or obese. A third of people have drinking patterns that could be harmful. Half of women and a third of men do not get enough exercise.





Health and behaviour

Forty per cent of the UK's overall disability-adjusted life years lost are caused by tobacco, high blood pressure, overweight and obesity and low physical activity (2010 figures). This is through their contribution to diseases such as heart disease, stroke and lung cancer.

**40% of disability-adjusted
life years lost**



Health and behaviour

Unhealthy lifestyles cost the NHS across the UK billions of pounds every year. Smoking costs £5.2 billion, obesity £4.2 billion, alcohol £3.5 billion and physical inactivity £1.1 billion.

Spending and costs

The costs of health and care services are not widely known. Some costs can be avoided or reduced through cost-effective public health interventions.



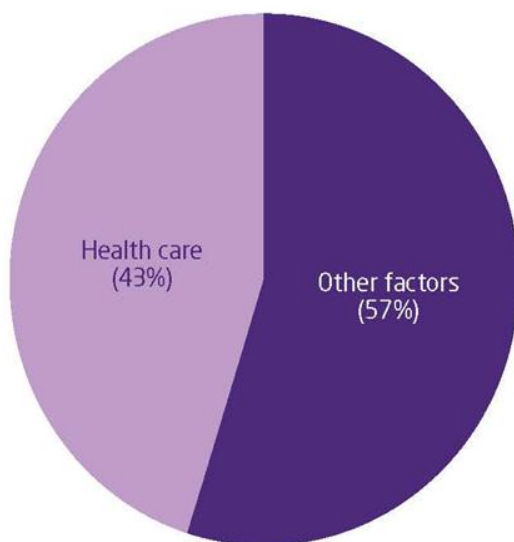
‘Where you live’

Impact of the wider environment on
health

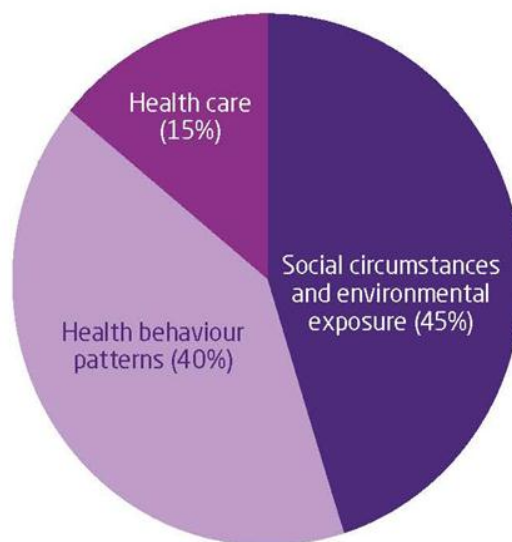
The importance of public health

Our health is determined by our genetics, lifestyle, the health care we receive and our wider economic, physical and social environment. Although estimates vary, the wider environment has the largest impact.

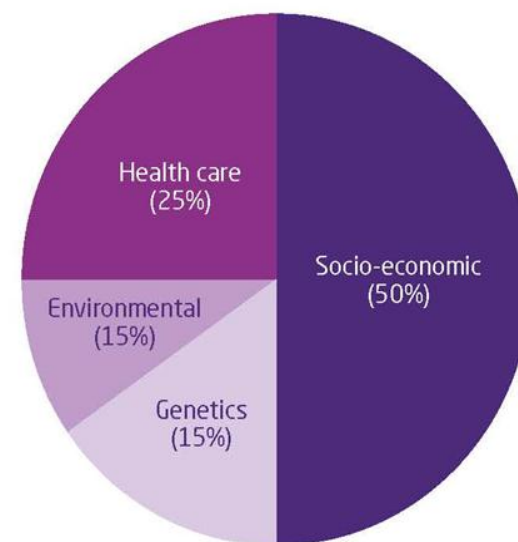
Bunker et al (1995)



McGiniss et al (2002)



Canadian Institute of Advanced Research (2012)



The wider environment (the 'causes of the causes')

- Our health and behaviours cannot be viewed in isolation. Determinants of health are interconnected and decisions taken in one sphere will affect outcomes in another.
- Conditions such as obesity, heart disease, stress and mental health are linked to the environments in which people live and work.
- We need healthy people to drive a healthy economy. Wealthier places have healthier populations. Employment and income are regarded as key determinants of health.
- The way in which we plan and design places can impact both positively and negatively on health.

Planning and the Built Environment have an Impact on Health Outcomes

Ways in which to influence the environment to improve health:

- Location, density and mix of land use
- Street layout and connectivity; community interaction
- Physical access to public services, employment, local fresh food
- Safety and security
- Open and green space
- Affordable and energy-efficient housing
- Air quality and noise
- Transport

* Faculty of Public Health (2012) Built environment and physical activity. A position statement.

Planning Decisions Impact on Health & Wellbeing – example 1 green space

- Health of older people and activity levels of children increase when they live near green space – impact is most significant amongst more deprived communities
- Green infrastructure/spaces provides a number of benefits:
 - social benefits - breaking down social isolation
 - economic benefits - improving working environments and attracting new business
 - health benefits - improvement of mental health and cardiovascular health through physical exercise and environmental factors

Planning Decisions Impact on Health & Wellbeing – example 2 active travel

- Active travel enables more physical activity which has the potential to improve physical and mental health
- Physical activity saves money by significantly easing the burden of chronic disease on health and social care services, and by reducing absenteeism at work



Return on investment

The costs to society of transport-induced poor air quality, ill-health and road accidents exceed £40 billion per year. Getting one more child to walk or cycle to school could pay back as much as £768 or £539 respectively in health benefits, NHS costs, productivity gains and reductions in air pollution and congestion.

However... the impact or cost
savings of public health
interventions on the wider
environment can be difficult to
quantify

Planning Decisions Impact on Health & Wellbeing – example 3 the food environment

- International comparisons suggest that countries with higher densities of fast-food outlets have higher levels of obesity
- However, reviews of studies conducted in the UK and at smaller scales report conflicting findings on the fast-food/obesity association
- Fast-food takeaways do tend to cluster around schools, and although it is not clear whether this itself increases consumption, studies following children over time have found that those children who do consume fast food are more likely to become obese

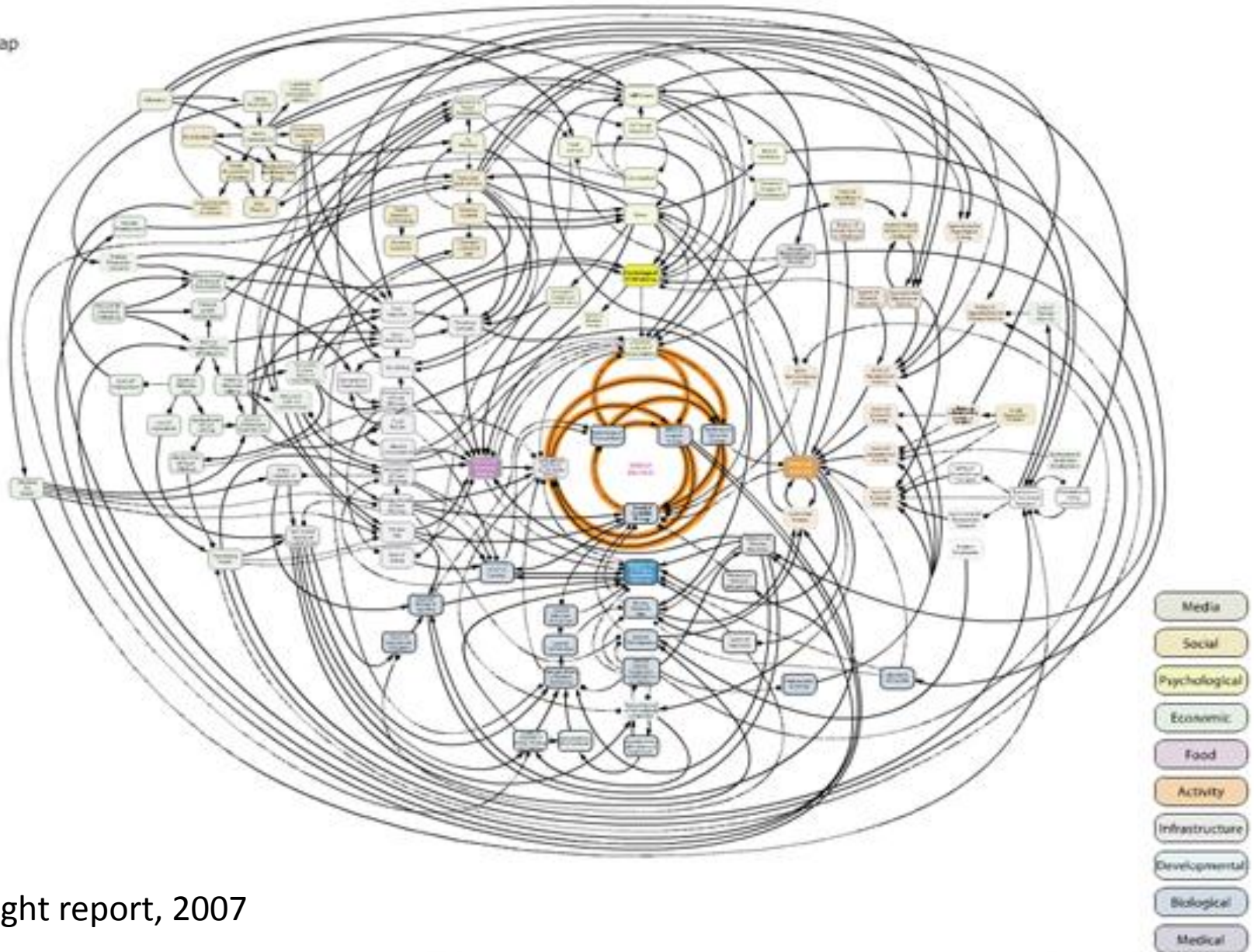
Planning Decisions Impact on Health & Wellbeing – example 3 the food environment continued

- Although the association between food availability and childhood obesity is uncertain, we do know that within the UK obese children are more likely to come from socioeconomically deprived populations
- Fast food and other unhealthy food outlets are more common in deprived areas in the UK

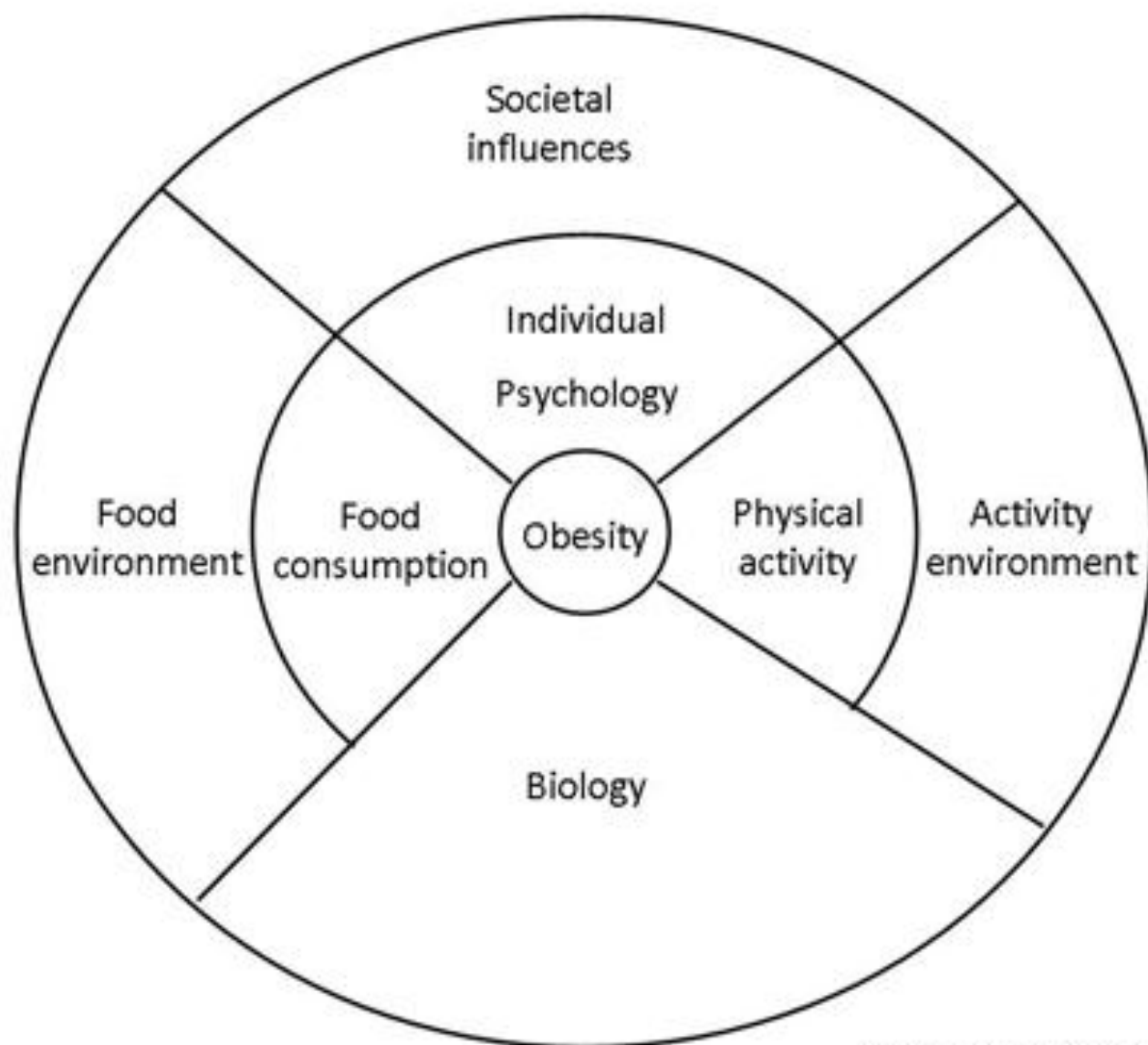
The causes of obesity are complicated.....

Map 0

Full Generic Map

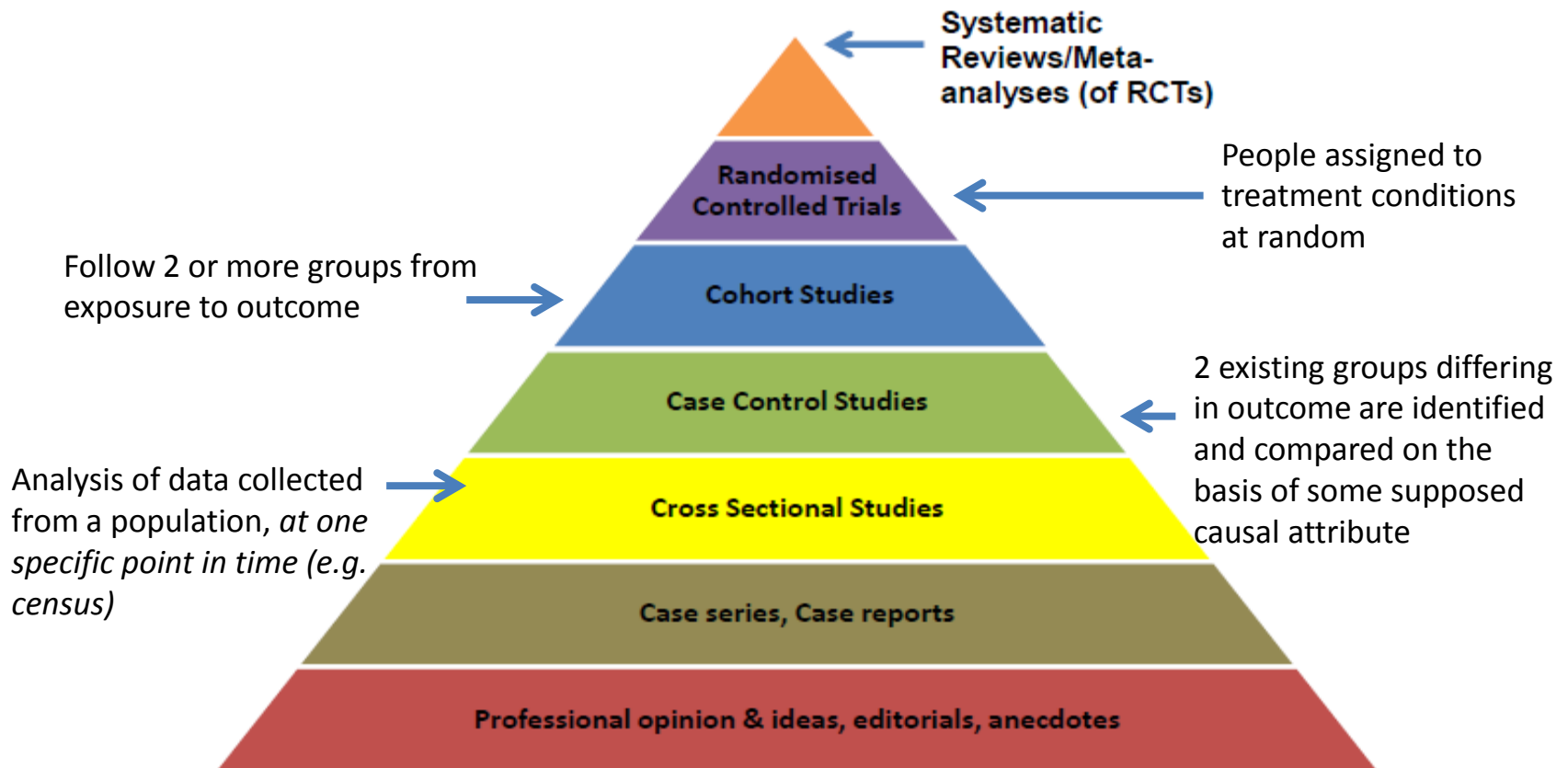


Foresight report, 2007



Source: Foresight systems map, 2007

The Evidence Hierarchy



The evidence isn't always clear

- Cross sectional studies provide little support for the notion that exposure to food outlets in the home, school and commuting neighbourhoods increase the risk of obesity in children.
- A recent systematic review did not find any evidence to support policies aimed at regulating the food environment around schools.
- Academic evidence linking the built environment to diet and health is suggestive, but not conclusive.
- Questions about causality are likely to remain since controlled clinical trials in this area are unfeasible.

BUT...

- Sitting near the bottom of an established 'hierarchy of evidence', case studies of best practice examples do exist demonstrating how the planning system can contribute to a healthier local environment.

Opportunities for change

Return of public health to local government provides us with an opportunity to ensure different parts of the system are aligned to promote wellbeing:

- Linking health policy with other policy strands in planning, transport and housing
- Provide good access to health facilities and services – opportunities with development of new health centres to be innovative
- Consider the broader environment, including the distance to frequent destinations such as shops, workplaces and schools

Examples of cross council working to improve health

Why?

Areas

Health & Housing

- Good housing drives health
- 20,000 excess deaths each winter due to cold homes

- Target insulation schemes for most vulnerable
- Better design for safer, more energy efficient homes

Physical Activity

- Significantly reduces risk of major illness by up to 50%
- 2/3 of adults are obese or overweight
- 10% car journeys 1km or less

- Active travel to work and school
- Prioritise active transport

Healthy Food

- 2/3 adults and 1/3 children in Y6 obese or overweight
- Cost of obesity to NHS £5bn a year
- Highly obesogenic environment
- Taken in combination diet the leading risk factor for DALYs

- Explore options for reduction of sugar/salt/sat fat
- Active promotion of healthy food/cooking in schools

Smoking

- Leading cause of premature mortality
- 2/3 start before 18 (legal age to purchase) and 2/5 before 16
- Policy Exchange estimate costs to economy at £13bn

- Reinforce proactive marketing that targets parents of children and YP at risk from passive smoking
- Proactive prevention through childcare and education providers

Healthy communities

- Isolation and loneliness significant drivers of poor health
- Poor environments lead to social isolation

- Community development activities (walking clubs, befriending, volunteer bank)
- Physical improvements (lighting, 20mph, etc.)
- Technology to connect people in new ways
- Green spaces and healthy design for high streets

What are we doing in Solihull?

Example of joint working 1:

Feeding into planning applications

- Planning policy circulate a list of relevant planning application to public health on a regular basis, usually weekly
- Public health review the list and give comments based on public health evidence to the planning officer
- Recent examples where are the applications for the extension of the touchwood and a motorway service area

Example of joint working 2:

Monthly review meetings

- Public health are invited as participants in the Monthly Design Review Panel
- Opportunity to feed in health information about the local area where new planning applications are based to influence planning decisions

Example of joint working 3:

Looking back at previous applications

- Looking back at previous applications to see what we can learn
- Ask: How does the local health profile and public health evidence base relate to what was proposed and granted?
- Proposal to run workshops with planning officers to learn how design could help improve health in future applications

Our Shared Aspiration:

Solihull as a place where people live,
work and play which promotes
wellbeing, supports communities and
helps to reduce inequalities

Thank you – any questions?

