Health-integrated Planning: Issues, Impediments and Opportunities

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WHO Collaborating Centre for Healthy Urban Environments
Background to research

• WHO Collaborating Centre in Healthy Urban Environments
• NICE Reviews 1-6
• Scope: Consider how health should be integrated into:
  – planning appraisal processes
  – more broadly in the planning process
  – the development process
• Limit: no focus on development systems, on how land is developed
Research questions

1. How far is health integrated into plan and project appraisal and what are the main barriers and facilitators to that integration?
2. How far is it integrated into planning policy more broadly and What are the main barriers and facilitators to that integration?
3. How should we integrate health into the planning process?
4. What are the limitations and gaps in the evidence?
5. What are the implications for practice and education?
Methodology

- Multidisciplinary team
- Systematic review of evidence following NICE guidance
- Selection of good practice case studies in UK and abroad: document analysis only
- Supplementary evidence from other sources
1a. How far is health integrated into plan and project appraisal?

- Some evidence of integration through EIA, SEA and HIA of a variety of health outcomes
- Evidence of HIA influence on plans and project but no evidence on effectiveness of HIA to deliver healthy planning at post development stage
- Some good practice examples:

<table>
<thead>
<tr>
<th>Location</th>
<th>Good practice HIA</th>
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<tbody>
<tr>
<td>Victoria, Australia</td>
<td>Good practice HIA</td>
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<tr>
<td>San Francisco</td>
<td>HIA: developing tools for assisting integration of health in planning decisions</td>
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<tr>
<td>Manchester</td>
<td>Airport HIA: use of HIA to secure health benefits through the project decision process</td>
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<tr>
<td>New Zealand</td>
<td>Christchurch: strong focus on HIA, and evidence that the integration of health in planning goes beyond appraisal</td>
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1b. What are the main barriers and opportunities to that integration?

Barriers/Facilitators:
- knowledge of professionals
- Partnerships
- Resources
- Appraisal process itself
- HIA can be trigger for mutual learning
- Mainstream health in appraisal vs HIA
- Monitor outcomes & impacts
### 2a. How far is it integrated into planning policy more broadly?

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
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<tbody>
<tr>
<td>Bristol</td>
<td>City Council: joint appointments</td>
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<tr>
<td>London</td>
<td>GLA: statutory duties to promote health; HUDU</td>
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<tr>
<td>Plymouth</td>
<td>City Council: explicit integration of health and well-being in plans</td>
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<tr>
<td>Victoria, Australia</td>
<td>Broad involvement of multiple stakeholders in the development of policy and techniques to integrate health</td>
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<tr>
<td>Netherlands</td>
<td>Integration of policy areas and development of coherent spatial planning</td>
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<tr>
<td>Freiburg, Germany</td>
<td>Focus on sustainability, quality of life, and effective community management has resulted in a healthy city</td>
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2b. What are the main barriers and opportunities to that integration?

- Explicit guidance that links health with planning
- Inter-sectoral working at national level
- Local/regional support mechanisms
- Co-ordination of community strategies at local level
- Duty on health professionals to input to planning decisions
- Duty on health professionals to consider impact of own investments
3a. How *should* we integrate health into the planning process?

National Policy:

- Planning Policy Statement
- Health/planning support agency
- Sustainable Community Strategy and LDFs
- Role of health agencies
- Regulations, guidance and flexibility
- National intersectoral working
3b. How *should* we integrate health into the planning process?

Development process:

- Developing a more accountable HIA process
- City influence on the development process
- Leadership and expertise
- Community engagement
- Diversity of investors
4. What are the limitations and gaps in the evidence?

- Research agenda to develop
- The degree to which healthy policies are implemented at development management stage
- The longer term health impacts of SA, SIA, EqIA or IA of projects or plans
- Barriers & facilitators (primary research)
- Impact of different approaches to the development process on health outcomes
- Issue of “self reporting” (eg HIA)
5. What are the implications for practice and education?

- Education for planners
- Engagement of health agencies
- Building in collaboration
- Applying policy to development decisions consistently
- Joint appointments
- Effective monitoring & better indicators
5. WHO Collaborating Centre’s response to needs

- Health map
- Spectrum
- Health audits
- CPD on-line courses