

Building the foundations: Tackling obesity through planning and development



Lessons from the Town and Country Planning Association
'Planning healthy weight environments' workshops

This publication was written by the Town and Country Planning Association (TCPA). The TCPA is an independent housing and planning charity working to improve the planning system in accordance with principles of sustainable development. Over the last few years it has been undertaking activities under the theme of 'Reuniting health with planning'.

For further details please see www.tcpa.org.uk/pages/health.html

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The LGA and TCPA acknowledge contributions from, and collaboration with, colleagues at Public Health England, Leeds Beckett University and the councils involved in the workshops.

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Foreword

Local Government Association

England has one of the highest rates of unhealthy weight of other western countries. The prevalence of obesity in England has more than doubled in the last 25 years. And if we go on as we are, the rate of obese people is expected to double in the next 40 years. Although the recent increase in the prevalence of obesity has been seen in virtually every country in the world, the rate of increase in England has been particularly high. This is bad news for our residents, their children, our health and care services and our economy because being very overweight dramatically increases the risk of many long-term, life-threatening medical conditions.

Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action which the Foresight report from 2007 identified was the need to modify the environment so that it supports being active and does not promote sedentary behaviour or provide easy access to energy-dense food. Indeed, the Foresight report on obesity showed that to successfully address this problem we need to address it in a holistic manner on many levels, considering such issues as individual behaviour and food consumption.

The need for action at all levels of government and society has been recognised by the newly-announced partnership between Public Health England (PHE), the LGA, the Association of Directors of Public Health (ADPH) and Leeds Beckett University to support councils in designing a whole-system approach to reducing obesity. NHS England is also developing a programme of support to councils in developing healthy towns and communities.

These initiatives recognise that local authorities, through a wide range of their functions, are well placed to take action to combat obesity. A multi-faceted approach to tackling this issue appears in all local authorities' health and wellbeing strategies. A number of important publications have already drawn attention to the potential for local government to use its powers in a variety of ways to combat obesity and try to dilute some of the effects of the obesogenic environment. The planning system is one area in which local government can act.

Raising awareness, generating public debate, working with our communities, schools and businesses and using our local government functions can all help to make the food environment a healthier one for our children and young people. One of the important messages from this report is that to create this healthier environment we must work at many levels with many sectors and partners and with communities.

Councillor Izzi Seccombe

Chair

Community Wellbeing Portfolio

Public Health England

England is facing an obesity epidemic. One in three children is overweight or obese by the time they leave primary school and obesity prevalence in the most deprived 10 per cent of children in England is approximately twice that among the least deprived 10 per cent.

Tackling obesity and its causes is high on the public health agenda as it presents serious threats to both the health of our citizens and to the sustainability of the NHS. Childhood obesity is of particular concern, as people who are obese earlier in life are more likely to become obese adults. In 2014, an estimated 62 per cent of the adult population were overweight or obese.

The causes of obesity are wide-ranging and complex – there is no simple solution. Public Health England (PHE) recognises that only cross-sector, system-wide action can truly begin to turn the tide on this national epidemic and address the root causes of obesity.

PHE is committed to supporting local authorities to deliver whole-systems approaches to reduce obesity. As part of this work, and complementing our wider programme to tackle obesity, PHE will continue to support the development of place-based schemes to create environments where the healthier choice is the easiest choice.

This report builds on the learning and knowledge included in the TCPA's 2014 document 'Planning healthy-weight environments'. Produced in partnership with PHE, the report identified a series of themes and more specific elements that help to create healthy-weight environments.

One year on, and informed by the solid framework developed in the 2014 document, a series of practical workshops provided a dedicated forum for planners and public health teams to gain greater understanding of each other's roles and expertise, as well as the scope and processes for influencing planning to promote healthier environments. Here, we report back on the learning from those workshops.

PHE welcomes this report and its contribution to promoting action on obesity, particularly following the launch of our 'Everybody active everyday' framework, our work with Sport England on the 'Active design' guidelines and our recently published evaluation of the evidence for action on reducing the nation's sugar intake. Finally, our ambitious three-year programme 'Whole systems obesity' also commits to supporting local authorities to deliver whole-systems approaches to reduce obesity, including place-based action.

'Planning healthy-weight environments' provided a strong foundation for exploring opportunities to address obesity and should inform further collaboration to integrate health into planning decisions for future generations.

Professor Kevin Fenton

National Director for Health and Wellbeing
Public Health England

Town and Country Planning Association

We all need a good planning system to create better places. We must create places where it is easy for people to lead healthier lifestyles. We need to plan places with space for children to play, places that encourage modest exercise for everyone – whether walking, cycling, or enjoying nature – and spaces for sport and recreation.

We all know instinctively that the places where we live affect our health and wellbeing and there is powerful evidence to support this. However, turning this understanding into practical actions that will help us create healthy environments is not so easy. It involves policies, organisational structures, professional practices and social and cultural change. It is not straightforward, but it is important: if we can create places in which it is easy to have a healthy lifestyle we will help prevent illness, improve people's lives and cut healthcare costs.

For the last three years the TCPA has brought together planners and public health professionals to help them collaborate to create healthier places. This is an ongoing project called 'Reuniting health with planning'. We have looked at policies and structures, but, even more importantly, we have worked with councils around the country to help us understand what can be achieved in practice easily, and what is harder to achieve. This publication summarises what we have learned during 2015, from workshops held with planners and public health teams across England. It is a snap-shot of findings drawn from councils that are working hard to improve the quality of their places. None of them has got all the answers. Nor has the TCPA. But, working together, and learning from each other, we are making progress. We hope this publication inspires other councils to try to create places in which leading a healthy life is the easiest option. As the economic burden of obesity on healthcare increases, as a nation we simply cannot afford not to do this.

Peter Hetherington

Chair

Town and Country Planning Association

1. Executive summary

Obesity is a major public health crisis and it is now recognised that the built environment is one of the many complex factors that influence whether or not people are obese or overweight. Given the complexity of the causes of obesity¹, many professions need to understand the role they can play in helping to prevent and reduce its prevalence. This publication is aimed at anyone whose work influences the built environment. Primarily, however, it is aimed at councils: specifically people working in planning and environment teams; public health teams; and councillors. Clinical commissioning groups (CCGs) and health and wellbeing boards (HWBs) should also find it useful.

This report, based on work undertaken in 2015, is the latest in a series of projects that the TCPA has been working on under the title, 'Reuniting health with planning'². It follows the TCPA's 2014 publication, 'Planning healthy weight environments'³, which set out the elements of a healthy weight environment in a practical framework that can be used by planners and public health officers. To help councils put this into practice, in 2015 the TCPA, with support from PHE, facilitated workshops with councils around the country.

Section 3 describes the insights gained from the workshops. These are set out as seven possible areas for local action which councils might consider taking forward.

1 Government Office for Science. 2007. Tackling obesities: future choices – project report

2 See the TCPA's website here: www.tcpa.org.uk/pages/health.html

3 TCPA. 2014. Planning healthy weight environments

1. Leadership is vital

Call for local action: In order for councils to take a whole-systems approach to tackling obesity through built environment initiatives, councillors and senior officers representing both planning and public health should visibly champion this agenda and create the right conditions for collaborative working across teams and organisational boundaries. System-wide leadership can support opportunities for engagement activities for senior officers and councillors, especially cabinet-level members, supported, for example, by joint briefings from planning and public health teams.

2. Towards whole-system policies on obesity

Call for local action: Councils should aim to achieve consistency across all their strategies and policies regarding the built environment and obesity.

- Health and wellbeing boards should review joint health and wellbeing strategies to ensure that councils are joining-up policy actions for tackling obesity from the health and planning perspectives. Obesity strategies, where councils have them, should include specific priorities to guide planners about how to help achieve healthy weight environments.
- When local plans are reviewed, councils should consider how health issues, such as tackling obesity, or promoting greater physical activity, can be incorporated.

3. Support public health and planning teams to collaborate effectively in development management

Call for local action: Councils should encourage their public health and planning teams to agree a process that supports public health teams to comment on relevant planning applications at a useful point in the development management process. This could be simply to ensure that development management officers know who in the public health team should be sent notifications of planning applications and for the public health team to identify a dedicated person who will respond. A similar process could also be agreed for the local plan-making process.

4. Agree a consistent and holistic approach for assessing planning applications for their implications on shaping a healthy weight environment. Councils might consider using the TCPA's six healthy weight elements to guide this process.

In 'Planning healthy weight environments' the TCPA set out six elements to help achieve healthy weight environments through the planning process. These provide a useful framework to consider the impact of new developments to support people to maintain healthy weight, both within councils and with developers. The six elements are: **movement and access; open spaces, recreation and play; food environment; neighbourhood spaces; building design; and local economy.**

Call for local action: Agree a consistent approach to how planning healthy weight issues can be raised during the planning applications stage. A local planning and health checklist could be created, either for

internal use only, or as part of guidance given to developers.

5. Evaluate the effectiveness of healthy weight environment initiatives

Call for local action: Public health teams and planning teams should jointly look for opportunities to evaluate the impact of spatial interventions that might help achieve healthy weight environments. Monitoring their impact would be a long term endeavour and would take long term commitment between teams and would demonstrate a shared commitment to addressing a serious health challenge facing all communities. Options could include partnerships with local universities and research councils such as the Economic and Social Research Council (ESRC) and the Natural Environment Research Council (NERC).

6. Develop ways to gather evidence of healthy weight environments that is appropriate for planning

Call for local action: Public health and planning teams could jointly review the evidence in the joint strategic needs assessment (JSNA) and local plan to identify gaps and work out how they might address them. Partnerships with academia could be helpful, in particular to draw evidence from the wealth of peer-reviewed journals.

7. Support delivery through knowledge and skills development

Call for local action: Councils should look for opportunities to provide shared training sessions for public health teams and planners. They could also try to provide practical learning, on a project-by-project basis, perhaps through secondments.

Conclusion

Never before have so many councils across the country held workshops to collaborate on the links between health and planning. What has become clear is that there is no single way of working on these issues: each place has its unique population profile, geography and levels of obesity – not to mention its unique political and institutional arrangements.

The councils that held workshops are in the vanguard of the movement to re-unite health with planning, and in particular to tackle the obesity crisis locally. However, as they would admit, they do not have all of the answers.

There is still a lot to learn about the role of the built environment and its impact on the complex causes of obesity and how it can also promote, or hinder opportunities, for physical activity or access to healthy food environments.

Planning healthy weight environments will only ever be one element in working towards a downward trend in obesity in children and adults – but it is a vital element. With strong leadership, closer working partnerships across council departments and the involvement of the community and other local stakeholders we can ensure that the places we plan and create today will benefit the health and wellbeing of future generations.



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2. About this publication

It is now generally accepted that the built environment is one of the many interrelated factors that influence people's behaviour and whether or not they are obese, or overweight, or able to maintain a healthy weight.

In October 2007 the Government Office of Science published its highly influential 'Foresight' report, 'Tackling obesities – future choices'⁴, which made it clear that obesity is a complex problem that can only be tackled by taking a 'whole-system' approach and that there are no single, simple solutions. Multiple policies and actions are required, operating across the range of causal factors, and at various levels across national and local governments and their local partners. Given the complexity of the causes of obesity, the involvement of many professions will be needed to help reduce its prevalence. Within local government, planning and development are integral to a whole-systems approach.

National and local coordinated action to tackle the obesity crisis has reached a critical phase. In October 2015 PHE, the LGA and the ADPH announced a partnership with Leeds Beckett University to support councils to design a whole-systems approach to tackling obesity⁵. In addition, NHS England is providing a programme of support for councils to develop ways to create healthy new towns and communities⁶. Both national initiatives put planning and development firmly within a coordinated approach to

achieving a built and natural environment that will help support healthy weight populations.

This document is the latest in a series of projects that the TCPA has been working on under the title 'Reuniting health with planning'⁷. It is aimed at councils and their partners, and in particular town planners and public health teams. It follows the TCPA's publication, 'Planning healthy weight environments', which was informed by a series of workshops held in 2014.

'Planning healthy weight environments' established the elements that make up a healthy weight environment and presented them in a practical framework that can be used by planners in their work, both in plan-making and development management. The six elements of a healthy weight environment over which planning can have a positive influence, identified in 'Planning healthy weight environments'⁸ are:

- **movement and access**
- **open spaces, recreation and play**
- **food environment**
- **neighbourhood spaces**
- **building design**
- **local economy.**

4 Government Office for Science. 2007. Tackling obesities: future choices – project report.

5 For information about the Leeds Beckett whole systems approach to tackling obesity project www.leedsbeckett.ac.uk/wholesystemsobesity

6 For information about the NHS England 'Healthy new towns' project see www.england.nhs.uk/ourwork/innovation/healthy-new-towns

7 See the TCPA's website here: www.tcpa.org.uk/pages/health.html

8 TCPA. 2014. Planning healthy weight environments

A more detailed description of what each of these headings means and how they can be applied in the planning process can be found in Annex 1 of this document and in 'Planning healthy weight environments'.

'Planning healthy weight environments' set out what planners and public health officers need to know; but knowing something and putting it into practice are not the same thing. To help translate this knowledge into practice the TCPA facilitated a programme of workshops with 15 councils around the country which took place during 2015. The outputs of this programme have been two-fold.

Firstly, the workshops encouraged each council to examine to what extent it is tackling the obesity crisis⁹ through planning and development. The TCPA provided support and facilitation to generate conversations and help improve practice. Planners and public health officers selected examples of recent local planning applications and looked at to what extent the elements that make up a healthy weight environment had been considered. By using real, local development examples, informed by local health profiles (see Annex 2), participants were challenged to think in-depth about local issues and options. At the end of each workshop they completed an evaluation form with both quantitative and qualitative questions. The result of this was fed back to each council as part of the collaboration to enable them to implement any recommendations.

Secondly, the workshops revealed the variety of ways in which planning and public health, along with other relevant disciplines such as transport and regeneration, can tackle local health and obesity issues through policies, processes or initiatives. This learning is set out in this document. Councils that did not take part in the workshops may be relieved to discover that they share many of the challenges faced by those that participated.

The next sections of this document describe what the TCPA learned from the workshops in terms of the practical challenges that councils encounter when trying to achieve healthier weight environments – and the many opportunities that effective collaboration between planners and public health teams make possible. Many of the findings support and enhance those discovered during the workshops that were held in 2014 that informed 'Planning healthy weight environments'.

9 Summaries can be accessed in Section 4 of this publication and details found on the TCPA project website here www.tcpa.org.uk/pages/health-and-planning-with-local-authorities-2014.html

3. Issues and opportunities

1. Leadership is vital

Strong and visible leadership from councillors and/or senior officers is important if planners and public health teams are going to collaborate effectively and the council is going to take a whole-systems approach to tackling obesity.

Six of the workshops began with an opening address from cabinet-level councillors with portfolios in public health and in planning. Eleven of the workshops included presentations and active participation from directors of public health and executive heads of planning or transport. It was clear that their enthusiasm and commitment to this agenda was highly motivating for officers and helped collaboration within the council and with external partners. Working to achieve healthy weight environments is as much about having the right institutional support as it is about policies – strong and enthusiastic leadership is an important element of making it happen.

Fifty two per cent of the workshop participants suggested that influencing local politicians was a challenge when promoting healthy-weight environments.

Leadership can take many forms. If, within a council, cabinet members with responsibility for planning and for public health are seen to be collaborating, it will become easier for their respective teams of officers to collaborate more effectively. Councillors and senior officers can also help ensure that the need to take action regarding the built environment becomes a priority of the health and wellbeing board.

Councillors could also attend training or events with officers. As we observed, this can help generate innovative and transparent ways of working; drive forward solutions for challenging policy issues; and support collaborative working. This is the essence of taking a whole-systems approach to reducing obesity across the council.

Call for local action: In order for councils to take a whole-systems approach to tackling obesity through built environment initiatives, councillors and senior officers representing both planning and public health should visibly champion this agenda and create the right conditions for collaborative working across teams and organisational boundaries. System-wide leadership can support opportunities for engagement activities for senior officers and councillors, especially cabinet-level members, supported, for example, by joint briefings from planning and public health teams.

2. Towards whole-system policies on obesity

In order to help achieve environments that have a positive effect on local health, wellbeing and obesity levels, councils will need to integrate and co-ordinate their planning and public health policies. This is a vital part of taking a whole-systems approach to reducing obesity at a local level. Conflicting or absent local policies are undermining attempts to deliver healthier places.

The National Planning Policy Framework (NPPF) provides the backdrop for local planning policy. It includes clear objectives for planning and health. Core planning principle

(paragraph 17) states that: 'Planning should take account of and support local strategies to improve health and wellbeing for all.' The Planning Practice Guidance provides further advice on health and wellbeing including many facets related to a healthy weight environment.

At a local level, the need for a strong health and wellbeing vision, supported by a robust policy framework for the built and natural environments, should not be under-estimated. Decisions made within the planning system are made in accordance with plans, strategies and policies underpinned by evidence. It is important that councils develop whole-system policies for obesity so that planners can include the policies within the local plan or apply them during the planning applications process.

Local plans should reflect the priorities in the joint health and wellbeing strategy (JHWS). However, for this to happen, the JHWS has to contain priorities for reducing obesity and include clear actions for the built environment. In practice, many JHWS do not yet recognise that the planning system has a role in helping to deliver obesity objectives. Research undertaken by the TCPA in 2014¹⁰ found that less than a third of all JHWS refer to the influence of the built environment on obesity¹¹. Despite this, because the NPPF sets out policy objectives and requirements relevant to healthy weight environments, local plans adopted after March 2012 (when the NPPF came into force) are taking these issues into account.

Some councils have introduced stand-alone health and wellbeing policies in local plans. In many places, however, planning policies with relevance to health are included within policies on the built and natural environments or sustainable transport.

If specific planning policies regarding health are developed, for instance policies regarding obesity, the reasons for doing this

should be communicated in a consistent narrative running through both public health and planning policies. It will then be clear, and the reasons for it will be evident, both to developers, and to planning inspectors during examinations of local plans and appeal hearings.

The importance of coordinating planning and public health policies was one of the most consistent findings from the workshops. When asked about the difficulties they faced, participants cited "competing policy priorities", both now and in the future, as some of their biggest challenges. Sixty one per cent said this was a problem "now" and 41 per cent predicted it would be "in the future". Participants were not asked to specify what these competing priorities were. Similarly "a lack of specific policy or statutory duty" was seen to be a challenge now by 45 per cent of participants; and in the future by 24 per cent.

Call for local action: Councils should aim to achieve consistency across all their strategies and policies regarding the built environment and obesity.

- Health and wellbeing boards should review joint health and wellbeing strategies to ensure that councils are joining-up policy actions for tackling obesity from the health and planning perspectives. Obesity strategies, where councils have them, should include specific priorities to guide planners about how to help achieve healthy weight environments.
- When local plans are reviewed, councils should consider how health issues, such as tackling obesity, or promoting greater physical activity, can be incorporated.

¹⁰ See TCPA. 2014. Planning healthy weight environments

¹¹ This research can be downloaded from www.tcpa.org.uk/pages/planning-out-obesity-2014.html

3. Support public health and planning teams to collaborate effectively in development management

'Development management' is the process of assessing and deciding on planning applications for new developments. Development management planners have to take decisions in accordance with specified processes, stages and timescales set out in regulations¹². The policies and processes must be followed strictly because any deviation could result in a judicial review, or appeal challenge, from developers or the community.

Public health teams need to understand how, and at which points, to engage in the development management process in order to be effective. In order to do this, the public health and planning teams should be encouraged to work together so they can agree the most timely and effective way for public health to engage in the process.

Public health teams are not 'statutory consultees' in the planning application process and so do not have to be consulted. However it is common practice for public health teams to be consulted as 'non-statutory consultees'. In some councils, a clear process for ensuring that public health is consulted has been set up and agreed by both the planning and public health teams. For example, Stockport Metropolitan Borough Council has an internal 'public health response' process with a dedicated email address.

Public health teams should be aware of local planning requirements for health – for example whether a health impact assessment is required for some planning applications. This is the case in many councils, including councils within the Greater Norwich growth area, Northamptonshire County Council and the Royal Borough of Greenwich.

Public health teams can also try to influence the guidance provided to planning applicants to ensure it includes healthy weight environment considerations.

Development management is one part of the planning process: the other key part is drafting the local plan and its policies. Again, when a new local plan is being prepared, public health teams should collaborate with their colleagues in planning to agree the most timely and effective way for them to be involved.

If a council already has an adopted local plan, public health teams should make themselves aware of the range of policies with relevance for healthy weight, such as: open space; active travel; play and leisure provision; good design; or access to healthy food. Understanding the policies in the current local plan will allow any policy gaps to be identified.

The need for planners and public health teams to work out ways to collaborate effectively was identified by more than half of the workshop participants. Fifty two per cent cited "silo mentality in departments/ teams/ professions" as the second greatest challenge they face.

Call for local action: Councils should encourage their public health and planning teams to agree a process that supports public health teams to comment on relevant planning applications at a useful point in the development management process. This could be simply to ensure that development management officers know who in the public health team should be sent notifications of planning applications and for the public health team to identify a dedicated person who will respond. A similar process could also be agreed for the local plan-making process.

¹² For more guidance see section 5 of TCPA. 2015. Public health in planning – good practice guide

4. Agree a consistent and holistic approach for assessing planning applications for their implications on shaping a healthy weight environment. Councils might consider using the TCPA's six healthy weight elements to guide this process.

The TCPA has set out six elements that help achieve healthy weight environments through the planning process. These provide a useful framework for discussions about new developments, both within councils, and with developers.

The six elements are: **movement and access; open spaces; recreation and play; food environment; neighbourhood spaces; building design; and local economy.**

The workshops examined a range of local development examples using the TCPA guidance. The workshops reconfirmed these six elements as key principles. Councils found that working systematically through the six elements was a very useful way of highlighting key issues to be considered to help maximise design which promoted a healthy weight environment. Planners, public health officers and other local colleagues, including councillors, transport planners, as well as local communities stakeholders found them extremely useful when applying to specific masterplan designs.

What became evident from the discussions at the workshops (see Annex 2) was how many of these elements were already embedded in the proposals, or were supplemented through planning conditions and Section 106 planning obligations where they were not.

It was clear from the workshops that involving public health officers in planning discussions added value to the planning process.

Public health colleagues were able to advise about topics such as:

- appropriate locations for allotments or community gardens
- the proximity of a development to vulnerable sections of the community
- linking developments to homes, business or schools, and existing initiatives on promoting healthy living, increasing physical activity, or weight management
- monitoring of travel plans
- influencing the phasing of a development to ensure that elements that could have the biggest health benefits are built in at an early stage.

Because the causes of obesity are complex and inter-related it is important that all of the six elements of planning healthy weight environments are included in any discussion of a development, not just one or two.

However for a variety of reasons, including professional knowledge and awareness, and political and policy contexts, in many cases the **movement and access**, and **open space** elements were better addressed during the workshop discussions than, for instance, issues such as ensuring a healthier **food environment**. This was likely to be a result of the types of people who attended the workshops: 26 per cent were planners; 33 per cent from public health; and 10 per cent were transport officers.

Planners, generally, had a lower awareness of planning's contribution to achieving a healthy 'food environment' beyond the issue of hot-food takeaways. There is a clear opportunity for public health teams to help planners understand the local food environment and the influence that they can have over it. This might include enabling land use opportunities to grow food in and around developments. As well as encouraging home-grown food this can help raise awareness of the inter-related nature of access to healthy food, wellbeing and the local economy¹³.

¹³ For an inspiring example of the potential of locally grown food to transform places see the work of Incredible Edible Todmorden www.incredible-edible-todmorden.co.uk

In contrast, public health teams tended to have a low awareness of what was, and was not, within the scope of town planning. For instance, many believed that the 'use class' designations can be used to insist that hot food takeaway serve healthy food. 'Use classes' specify the type of activity that can take place in a building. For example if a building is classified as 'A5' (hot food takeaways) then it can only be used to sell hot food to be consumed off the premises. 'A3' (restaurants and cafes) is the classification for buildings in which food and drink can be sold to be consumed on the premises. However, neither classification says anything about the type of food to be consumed, and there are discussions about whether there is a role for planning in this.

In some of the workshops it was clear that the public health officers did not know where to start when asked to comment on a planning application. Giving them the six elements of planning healthy weight environments presented as a checklist helped the discussion, allowed a structured assessment of proposals, and helped an understanding of their individual and cumulative influence on obesity.

Some councils, such as Wakefield Council and the London Growth Boroughs, have developed healthy planning checklists to ensure health elements are taken into account. The aim is not to create more checklists, but to ensure a consistent and holistic approach to assessing planning applications against specific local health objectives and evidence, such as obesity, deprivation and physical activity levels.

Call for local action: Public health teams and planning teams should jointly look for opportunities to evaluate the impact of spatial interventions that might help achieve healthy weight environments. Monitoring their impact would be a long term endeavour and would take long term commitment between teams and would demonstrate a shared commitment to addressing a serious health challenge facing all communities. Options could include partnerships with local universities and research councils such as the Economic and Social Research Council (ESRC) and the Natural Environment Research Council (NERC).

In planning decisions, examples of planning conditions that could help deliver some of the components of a healthy weight environment, include:

- a landscape management plan, including long-term design objectives, management responsibilities and maintenance schedules for all landscape areas
- a walking and cycling strategy for the whole development to be submitted before people move into the development
- full details of the 'Homezones'¹⁴ within each residential phase
- full details of children's play areas and play equipment proposed for a park
- a travel plan to be submitted, or a travel plan co-ordinator to be appointed, and proposals to promote alternative forms of transport to and from the site to be provided and to be reviewed periodically
- restrictions on takeaways, by stipulating that the permitted use cannot include the sale of hot food for consumption off the premises.

¹⁴ 'Home zones' are residential streets with shared space between vehicles and other road users.

5. Evaluate the effectiveness of healthy weight environment initiatives

Many of the elements of a healthy weight environment are already being included in development plans or through planning conditions. However, generally there is a lack of a systematic approach to the monitoring and evaluation of both the delivery of planning policies and the delivery of individual developments.

One example where monitoring is taking place is the ENABLE¹⁵ project in the Olympic Park development which is seeking to evaluate whether and how the built environment affects people's physical activity patterns.

Generally, however, monitoring and evaluation could be improved. For example, a standard planning condition might require a travel plan for a new development and specify stages for review and monitoring. However, it is often not clear who will monitor the results of the travel plan. This presents an opportunity for public health to work with transport colleagues to assess the health benefits to the new community.

Another opportunity is the annual 'authority monitoring report' that planning authorities have to produce to demonstrate how the delivery of their local plan is progressing. Many councils include health-specific indicators in their reports, not least to provide an understanding of how changes to population health relate to projected housing growth.

The widespread lack of effective monitoring and evaluation was reflected in the views of nearly half of the workshop participants. Participants were not aware of whether any specific considerations had been given to the potential impact of these proposals on health issues, such as obesity, or were not able to make a judgement without further

information. However, despite this, more than three quarters, 78 per cent, believed that the developments had the potential to make a positive impact.

Call for local action: Working with planners, public health teams should look for opportunities to evaluate the impact of spatial interventions that might help achieve healthy weight environments. Monitoring their impact would be a long-term endeavour, but planning, too is a long-term endeavour. Options could include partnerships with local universities and research councils such as the ESRC and NERC.

6. Develop ways to gather evidence of healthy weight environments that is appropriate for planning

Throughout the TCPA's 'Reuniting health with planning' work a consistent theme has been that planning and public health practitioners struggle to find relevant evidence, in an appropriate format, to support the planning process. In order to influence planning decisions, data has to be spatial ie it must be attributable to the neighbourhood or ward level, rather than relating to the population as a whole.

Paragraph 171 of the NPPF is about the evidence-base for health and wellbeing in local plans. It says that health data in the JSNA or other health assessments should form part of the local plan evidence-base and be reflected in planning policies that address the issue. In order for this to happen, JSNAs should include references to the built environment, and it should be presented in a useful format to planners, such as GIS-generated mapping.

Despite the TCPA's experience that the lack of appropriate evidence is a common barrier to influencing planning decisions, this was not perceived to be a particular challenge by the participants at the workshops.

¹⁵ See details of the ENABLE London study www.enable.sgul.ac.uk

Out of seven challenges and threats, 'lack of relevant evidence' solicited the lowest responses. Around a third of participants, 35 per cent, thought it was a problem now; and 14 per cent thought it would be in the future. However, many of the workshop participants were engaging in these issues for the first time and, judging by the workshop discussions, had not yet gained a deep enough understanding of the issues to have fully appreciated that the lack of appropriate evidence could be a barrier. The TCPA's experience suggests that 'the evidence problem' is far more of an issue to those who have been engaging in this agenda for some time.

The challenge is to present health and demographic evidence spatially, with clear built and natural environment objectives. This can support the development of appropriate policies in local plans and proper consideration in planning decisions. Effective evidence bases have been created where public health and planning teams have collaborated on a single planning and health issue. For instance, evidence was used to develop policies for fast food takeaways in the local plans of South Tyneside Council and the London Borough of Haringey; and the London Borough of Merton is trying to ensure that built and natural environment evidence is included effectively in future JSNA reviews¹⁶.

Call for local action: Public health and planning teams could jointly review the evidence in the JSNA and local plan to identify gaps and work out how they might address them. Partnerships with academia could be helpful, in particular to draw evidence from the wealth of peer-reviewed journals.

7. Support delivery through knowledge and skills development

Even if good policies are in place and helpful guidance is available, council planning and public health teams need to have the right skills, knowledge, opportunities to collaborate and conditions for taking effective action if they are going to implement the policies.

Across all of the workshops it was clear that there were two particular knowledge gaps that could usefully be addressed, as noted in point 3.

- Planners generally had a low awareness of their influence on the local 'food environment'. Although many were conscious of concerns about the number and location of hot-food takeaways, this was often the limit of their thinking about the food environment and the potential for the local authority as a whole to influence it.
- People working in public health often did not understand what town planning can, and cannot, influence. For instance, many thought that the 'use-class' system could be used to stipulate the type of food sold in takeaways.

This suggests that it would be beneficial for councils to arrange joint training sessions in which planners and public health teams could teach each other about aspects of their work that could influence obesity.

It was encouraging that nearly three-quarters of workshop participants, 74 per cent, were aware of their council's priorities regarding healthy-weight issues; and two-thirds, 64 per cent, believed that they had a professional contribution to make in reducing local obesity levels.

A few councils, such as Warwickshire County Council, have decided to employ 'health planners', jointly funded by the planning team and the public health team, whose role is focused on helping the two teams collaborate more effectively.

¹⁶ For more guidance see section 6 of TCPA. 2015. Public health in planning – good practice guide

Almost half of the workshop participants, 47 per cent, cited lack of resources as being one of the key challenges and threats they face now and 38 per cent thought this would continue be the case in the future. The TCPA recognises many councils do not have the resources to fund this sort of post and instead need to focus on training, providing opportunities for secondments, and actively encouraging joint working and collaboration between their public health teams and planners.

Unitary councils have the advantage that their planners and public health teams all work for the same council. In counties, however, the public health practitioners work for the county, whereas the planners work for the lower-tier district or borough planning authorities. This, inevitably, makes collaboration more difficult, although it can still be achieved by having an agreed process that sets out how public health will engage in the planning process, as described in point three above. Taking a whole systems approach across the councils will be important.

Having a forum for sharing and exchanging knowledge and experience can prove to be a low-cost and highly effective way of building working relationships and facilitating collaboration. Such forums can also help bridge the gap between policy and practice, and between academic research and practice, while providing much-needed continuing professional development (CPD). The half-day TCPA planning healthy weight environments workshops that have informed this report are an example of this – 96 per cent of participants said they found attendance at the workshop useful.

Other examples of regional/ local thematic groupings lead by councils, sometimes with support from Public Health England's centres, include: the Greater Manchester Public Health Network; Learning for Public Health West Midlands; Sandwell Healthy Urban Development Group; and the London Healthy High Streets group.

There are also obesity networks including: the London Obesity Group; East of England Obesity Network; and the Strategic Obesity Network. Council officer networks, such as county planning officer liaison groups, environmental health officers groups, or chief officers group, are also useful forums to support the engagement of planning and public health teams.

Call for local action: Councils should look for opportunities to provide shared training sessions for public health teams and planners. They could also try to provide practical hands-on learning on a project-by-project basis and through secondment opportunities.

Conclusion

The TCPA believes 2015 marked a milestone in bringing together planning and public health teams in councils to tackle health issues such as obesity. Never before have so many councils across the country held locally informed workshops, as part of a coordinated national programme, to collaborate on the links between health and planning. What has been clear is that there is no single way of working on these issues and that each place has its unique population profile, geography and levels of obesity – not to mention its unique political and institutional arrangements.

The councils that held workshops are in the vanguard of the movement to re-unite health with planning, and in particular to tackle the obesity crisis locally. However, as they would admit, they do not have all of the answers. There is still a lot to learn about the role of the built environment and its impact on the complex causes of obesity and how it can also promote, or hinder opportunities, for physical activity or access to healthy food environments.

Planning places in which living a healthy life is the easy option is the essence of good planning. It is important that work continues at a local level to develop what the Foresight report refers to as 'better practice'.

Planning healthy weight environments will only ever be one element in helping to achieve a downward trend in obesity in children and adults – but it is a vital element. With strong leadership, closer working partnerships across council departments, and the active involvement of other local stakeholders, we can ensure that the places we plan and create today will benefit the health and wellbeing of future generations.



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4. Planning healthy weight environments workshops

In 2015 the TCPA ran a series of bespoke workshops in collaboration with councils across England. Key points from each of the workshops are presented in the following section as a series of one-page summaries, in chronological order according to the date of the workshop. Each should be considered a snapshot of work in progress as observed, illustrating different approaches to policy and practice highlighted during the workshops. Overarching lessons and findings have been described in Section 3.

Before each workshop, the TCPA reviewed the council's policy framework for planning, health and tackling obesity. This involved identifying priorities in the health and wellbeing strategy and planning policies in the adopted local plan. This indicated the level of policy integration across the council.

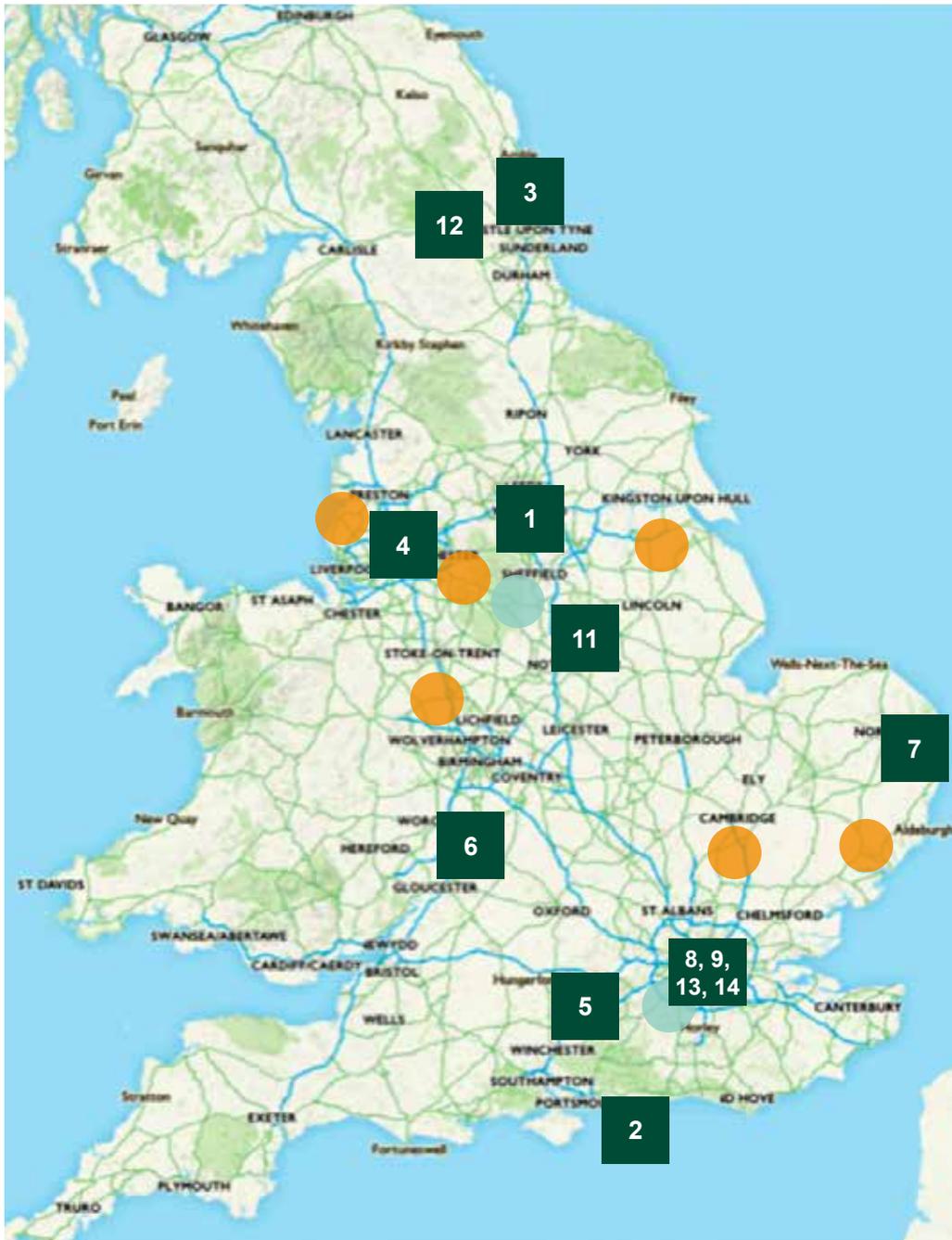
The workshop discussions were focused on real local places by using actual development proposals suggested by the planners (see Annex 2 for a list of development examples discussed). The sizes of these developments range from 143 to 5,000 new homes with associated developments such as offices, shops and open spaces. Most examples had already been granted planning permission. Taken together these examples will account for 8 per cent of these councils' housing growth requirements.

Participants were given information about the planning applications, such as the masterplan and details from the planning, design and access, and health impact assessments. Discussions were structured using the six 'planning healthy weight environments' elements as a checklist of considerations:

- 1. movement and access**
- 2. open spaces, recreation and play**
- 3. food environment**
- 4. neighbourhood spaces**
- 5. building design**
- 6. local economy.**

The aim of the discussions was to take participants through the thought processes that public health officers would need to go through in order to provide comments on a real planning application. This process helped draw out current and emerging practice. Full workshop information and materials can be accessed on the TCPA website.

Workshop locations



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Planning healthy weight environments workshops, 2015

- 1. Wakefield, 5 March
- 2. Portsmouth, 13 March
- 3. Newcastle, 16 March
- 4. Oldham, 11 June
- 5. Wokingham, 14 July
- 6. Warwick, 16 July
- 7. Norfolk, 21 July
- 8. Hackney, 27 July
- 9. Richmond-upon-Thames, 1 September



- 10. Northampton, 3 September
- 11. Nottinghamshire, 1 October
- 12. Tyneside, 7 October
- 13. Haringey, 9 October
- 14. Woolwich, 27 October

Other TCPA 'place' workshops, 2015

- Derbyshire
- Merton
- Buckinghamshire
- Belfast (Northern Ireland)



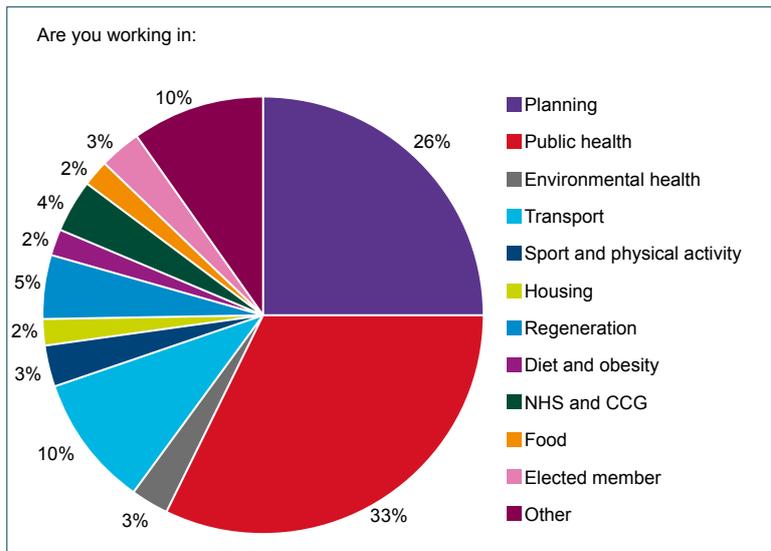
Planning healthy weight environments workshops, 2014

- Sefton
- Stockport
- Hertfordshire
- Luton
- Suffolk
- Lincolnshire
- Sandwell

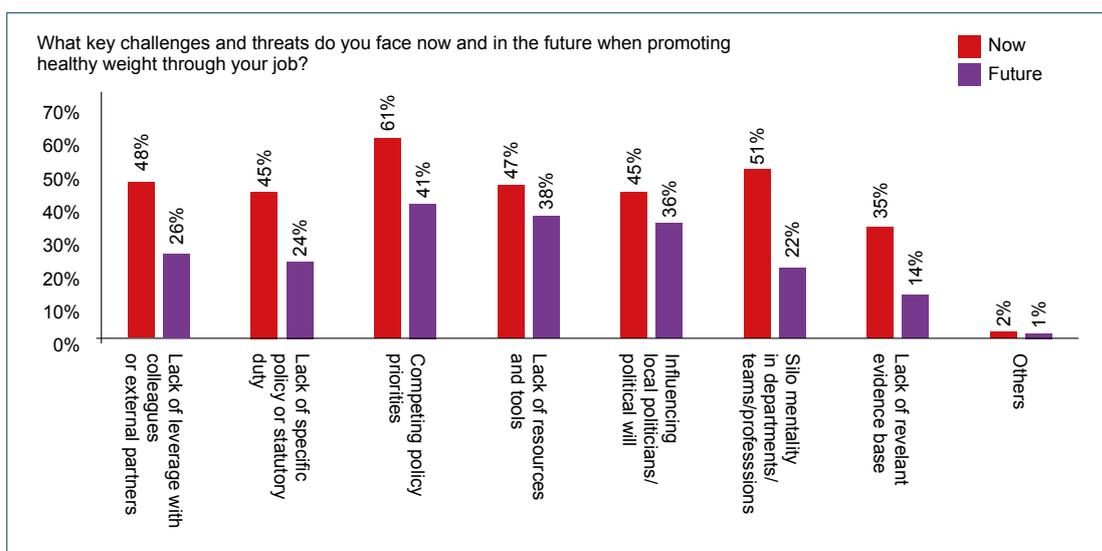
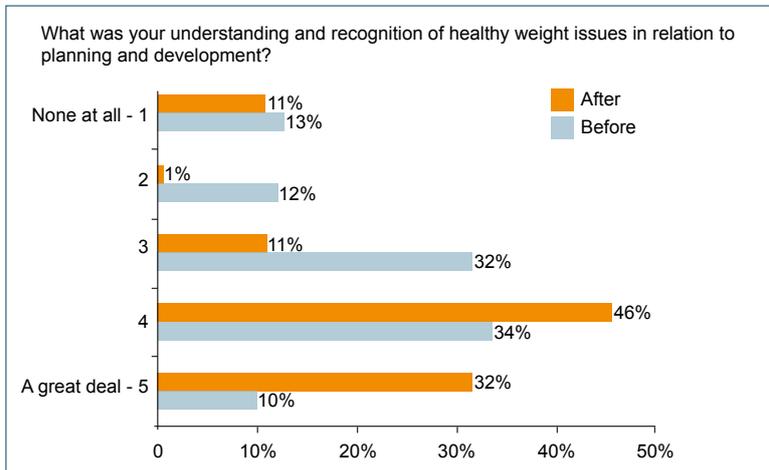


Workshop attendees and their views

Responses from the 290 evaluation forms completed after the workshops.



* Please note that there were multiple responses from some participants to this question



Wakefield Council

“We all need to work together to prevent the causes of poor health or we will all have to deal with the consequences. One of the most effective ways we can do this is through the creation of attractive, clean, safe environments that encourage people to lead healthy, active lives. This is why events such as this, which bring together people from a range of varied disciplines and organisations, are so valuable.”

Councillor Pat Garbutt, Cabinet Member for Adults and Health

On 5 March Wakefield Council hosted a workshop attended by officers from the council and other representatives from the west Yorkshire sub-region. Councillor Pat Garbutt, Cabinet Member for Adults and Health, provided opening remarks to highlight the joined-up partnership approach for Wakefield with prevention at the core. The workshop provided the opportunity to raise awareness of the links between health and the environment and the healthy weight agenda and also provided the council an opportunity to feed into the masterplan/health impact assessment for the City Fields development.

Practice: Local learning

Wakefield has recently published its ‘Rapid health and wellbeing impact assessment for planning tool’. It has been designed to simplify and streamline the process of carrying out health impact assessments of a development scheme as part of the planning application process.

City Fields, a major urban extension to the east of Wakefield to be developed over the next 15-20 years, will bring a significant amount of housing (meeting about 7 per cent of local housing need), transport, economic, community and environmental benefits to the area. Its proximity to the city centre, canals and the provision of education facilities and a major transport network should provide promising opportunities to include healthy development elements for the future community. It might also be possible

opportunities to improve the existing health profiles of the local communities to the north of the site, by, for instance, improving healthy food provision. These opportunities should be explored as the development progresses to planning application stage.

It was helpful that a developer representing the City Fields Consortium, was present on the day, both to participate and to listen to discussions. Not many areas were able to engage so constructively with developers. Wakefield should seek to strengthen this relationship to really ensure the development results in good health outcomes.

Policy: Local priorities

Wakefield’s local policy framework is strong in addressing many of the ‘planning healthy weight environment’ elements, captured mainly in its planning policy CS10 and on healthcare provision.

Wakefield core strategy (adopted 2009)	Wakefield site specific policies local plan
<ul style="list-style-type: none">• CS 4 Sustainable transport• CS 5 Community facilities and services• CS 10 Design, safety and environmental quality• CS 11 Leisure, recreation and open space	<ul style="list-style-type: none">• Health and wellbeing strategy for Wakefield 2013-16• Healthy weight healthy lives strategy 2010-13

Contact **Helen Laird**
Health and Wellbeing Manager

Portsmouth City Council

“The Town and Country Planning Association workshop was a real success; some excellent ideas came out of the session. The connection between people living in a deprived area with little access to green spaces and poor health and wellbeing is evident and as Portsmouth has one of the most densely populated cities outside of London it is crucial that public health work together with planning to ensure good quality housing with access to lots of green space for our residents to give them healthier, longer lives.”

Janet Maxwell, Director of Public Health

The workshop with Portsmouth City Council on Friday 13 March was chaired by its Director of Public Health, Janet Maxwell, and attended by officers from across the council. Outside London, Portsmouth is one of the most densely populated council areas in England, and like London it has opportunities to promote the ‘compact city’ development approach to maximise active travel and access to quality open spaces.

Practice: Local learning

Portsmouth has been developing its own capacity through various topic-based seminars – this workshop was the final in the series. Previous seminars included topics on planning and health, transport and health, and sustainability and health. It is clear there is a good working relationship and understanding between public health and planning, as well as transport.

The use of a retail development with a housing development as the example for the workshop provided interesting opportunities to consider how to promote healthy weight through a range of typical development types. The retail development was proposed next to a football stadium which targeted a different type of community to a residential development. Discussions focused on whether behavioural change of football fans on match days could be encouraged by closer working with the retailer on healthier food choices and improving sustainable transport links.

The workshop included a session to identify key actions following the workshop to help implement its healthy weight strategy, especially as the local transport plan and local plan partial review processes were underway and are opportunities not to be missed.

Policy: Local priorities

Portsmouth has a robust policy framework across planning and public health including addressing healthy weight/obesity. PCS14 of the Portsmouth Plan, for example, sets out council action to reducing obesity levels in the city and improving physical and mental health by increasing the opportunities for formal and informal exercise through providing open space, play, recreation and sport and leisure facilities and making it easier to walk and cycle in Portsmouth, supplemented by monitoring indicators. Officers should be aware of the following relevant policy framework:

Portsmouth Plan, adopted January 2012	Portsmouth Healthy Weight Strategy 2014-2024
<ul style="list-style-type: none">• PCS13 A Greener Portsmouth• PCS14 A Healthy City• PCS17 Transport• PCS18 local shops and services• PCS23 design and conservation	<ol style="list-style-type: none">1. Make healthy weight a priority for all2. Tackle the obesogenic environment3. Invest in prevention

Contact **Andrea Wright**
Public Health Development Manager
(Healthy Weight)

Newcastle City Council

“The TCPA workshop has enabled us to review the links between planning and our wider public health priorities in the context of two major developments in the city. The outcomes of the workshop have enabled us to identify key areas where we can maximise joint working between planning and public health.”

Eugene Milne, Director of Public Health

Practice: Local learning

The Newcastle City Council workshop took place on 16 March and was chaired by its Director of Public Health, Eugene Milne. The workshop was well attended by development management officers, who are the key people dealing with planning applications. Newcastle’s local plan was adopted a few days after the workshop and so planning policies were already set and will not be reviewed for several years. Consequently, the most effective way to maximise health promotion will be to focus efforts on development management officers.

The development examples accounted for 25 per cent of the overall housing need in the city. There seemed a real need to engage the health and wellbeing board and local CCG/ NHS in the community development process of facilities but also population interventions.

Newcastle City Council benefits from hosting the UK Healthy Cities Network, a global movement supported by WHO that engages councils in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects.

Policy: Local priorities

Newcastle has a strong policy framework for health and wellbeing. Policy CS14 requires development to contribute to creating an age-friendly, healthy and equitable living environment, promote allotments and gardens for exercise, recreation and for healthy locally produced food, and control the location of, and access to, unhealthy eating outlets. Its health and wellbeing strategy addresses

obesity as part of promoting wellbeing across the life course. Officers should be aware of the following relevant policy framework:

Gateshead and Newcastle core strategy and urban core plan, adopted March 2015	Newcastle our wellbeing for life strategy
<ul style="list-style-type: none"> • CS13 Transport • CS14 Wellbeing and health • CS15 Place-making • CS18 Green infrastructure and the natural environment • UC5 Primary and secondary pedestrian routes • UC6 Cycling • UC12 Urban design • UC16 Public realm 	<p>Tackling inequalities through improving the conditions in which people are born, grow up, live their lives and grow old</p> <ul style="list-style-type: none"> • a working city • decent neighbourhoods – the physical focus • decent neighbourhoods – the people and social focus

Contact **Craig Blundred**
Consultant in Public Health

Greater Manchester Public Health Network

“Initiatives to improve lifestyles for children and adults, in particular those relating to physical activity and healthy eating are important for reducing obesity. Equally as important is the longer-term systematic and strategic actions which are needed regarding the nature of the environment in which local people live, ie access to safe and desirable opportunities for physical activity, the nature and availability of healthy foods, and food advertising. This workshop aims to improve future collaborations between planning, green space and public health departments to create healthy environments in Greater Manchester.”

Alan Higgins, Director of Public Health, Oldham Council

The TCPA held a workshop in Alexandra Park, Oldham, on 11 June in collaboration with the Greater Manchester Public Health Network (GMPHN). Chaired by Alan Higgins, Oldham’s Director of Public Health, a workshop objective was to make a step-change in improving links between planning and public health across Greater Manchester councils, following an event in June 2014 about ‘Designing-in good health’. An outcome is to improve future collaborations between planning and public health departments to create healthy environments in Greater Manchester.

Practice: Local learning

The workshop was held near one of the many community food growing hubs along the Oldham ‘Fruit Route’. The Fruit Route runs along and nearby redundant railway lines. It is a good example of combining both a series of physical ‘hard’ developments and ‘softer’ community-based initiatives aimed to increase participation and education around access to healthy food growing, increasing physical activity and strengthening community cohesion. The workshop focused on the Fruit Route as a place-based example for cross-disciplinary discussions.

Using the Fruit Route as the example, Oldham demonstrated the collaboration between the public health and environmental services teams to maximise the use of the council’s extensive green space assets for community development, business and skills and active transport aims.

While councils across Greater Manchester work jointly together under the statutory umbrella of the Association of Greater Manchester Authorities, both town planning and public health responsibilities remain devolved and implemented by each unitary council. The councils have been working together since 2014 to develop a statutory joint development plan document on housing and land supply. The health leads are now collaborating to explore integrating health evidence within the emerging Greater Manchester Spatial Framework.

Policy: Local priorities

As part of the work, the local plan policies of each of the 10 councils within Greater Manchester were reviewed for links to health. For Oldham, its local plan included a range of policies from green infrastructure to open spaces and sports.

Joint core strategy and development management policies (adopted 2011)	Health and wellbeing strategy, 2013-16
<ul style="list-style-type: none"> • Policy 5: Promoting accessibility and sustainable transport choices • Policy 6: Green Infrastructure • Policy 20: Design • Policy 23: Open spaces and sports 	<ul style="list-style-type: none"> • Giving every child the best start in life • Living, learning and working well • Ageing well and later life. • Healthy weight, healthy lives for children in Oldham 2010-15

Contact **Mark Brown**
Sector Led Improvement Programme Manager

Public Health England South East

“We were pleased to collaborate with Wokingham Borough Council to facilitate this excellent event and are grateful to Wokingham for showcasing a local development where clear links have already been made between planning and the new public health responsibilities. We also thank South Oxfordshire and Vale of White Horse district councils for providing a local planning case-study for participants to review. PHE South East recognises the importance of being able to link evidence into practice; this work is the beginning of that process.”

Angela Baker, Deputy Director, Health and Wellbeing, Public Health England, South East

PHE South East convened a full day workshop on 14 July following a successful event called ‘What’s public health got to offer planning and what can planning do for public health?’ that had been held in February. The aim of the workshop was to bring together local authority teams to work collaboratively to challenge obesogenic environments and encourage active travel. During the morning Sustrans ran a session called, ‘Creating environments for active travel’ while the afternoon focused on planning healthy weight environments. The workshop included a walking visit of the Montague Park development which was used as one of the examples in the healthy weight discussions. It was attended by officers from across Berkshire, Buckinghamshire and Oxfordshire covered by PHE’s South East regional centre.

Practice: Local learning

The south east of England is experiencing significant development with a combination of town regeneration but also sustainable major urban extensions. The redevelopment of Didcot A Power Station into housing will contribute to meeting Oxfordshire’s housing need. Once completed, Montague Park will account for 5 per cent of Wokingham’s local housing needs and includes a ‘suitable alternative natural greenspace’ (SANG). Having a walking visit around the nearly completed development allowed

participants to experience the environment before the discussions later that afternoon. In practice, planning officers usually do not have the opportunity to visit sites and work from masterplans and drawings to assess proposals.

Discussing the developments allowed participants to consider health issues in the context of a place and to realise the importance of integrated monitoring to demonstrate healthy weight outcomes from developments.

Policy: Local priorities

Officers should be aware of the following relevant policy framework:

<p>Wokingham core strategy, adopted 2010</p> <ul style="list-style-type: none"> • CP1 – Sustainable development • CP2 – Inclusive communities • CP3 – General principles for development • CP6 – Managing travel demand <p>Vale of White Horse local plan (in examination)</p> <ul style="list-style-type: none"> • Policy 33: Promoting sustainable transport and accessibility • Policy 35: Promoting public transport, cycling and walking • Policy 45: Green infrastructure 	<p>Wokingham health and wellbeing strategy 2014-17</p> <p>Theme: building health and wellbeing into new communities</p> <p>Oxfordshire joint health and wellbeing strategy 2012-16</p> <p>Priority 9: Preventing chronic disease through tackling obesity</p>
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Contact **Angela Baker**
Deputy Director, Health and Wellbeing,
Public Health England South East

Warwickshire County Council

“The event was an excellent opportunity to showcase the great partnership work which is taking place across Warwickshire to address the healthy weight agenda.”

**Councillor Les Caborn,
Portfolio Holder for Health**

Warwickshire County Council held its workshop on 16 July in Stoneleigh with introductions by Dr John Linnane, Director of Public Health and Councillor Bob Stevens, Chair of Warwickshire County Council. The event was attended by participants from the county council, each of the five district and borough councils as well as neighbouring authorities. The aim of the workshop was to support further understanding of the integral links between planning and health, with improvements to communication, coordination and consideration of healthy planning.

Practice: Local learning

The county has committed to commissioning health impact assessments (HIA) on each of the districts' and boroughs' core strategies or strategic site allocation plans, or any emerging neighbourhood plans. The HIAs provide an opportunity to identify potential health impacts, both beneficial and adverse, which may impact on local communities. One of the key achievements of a recent HIA was that a borough council included a draft policy limiting the number of hot food takeaways (A5) within a 400m boundary of secondary schools.

The county has produced two key documents: 'Public health evidence for planning and developers', and, 'Neighbourhood development planning for health'. These provide public health guidance and evidence to support the development of healthy, active communities through the planning process.

Public Health Warwickshire recently appointed two 'health-planner' posts to work jointly across health, infrastructure, and planning. This increased internal capacity will help support its current engagement with the districts and boroughs as they bring forward

their new local plans, and help to deliver on the health and wellbeing strategy's priority on integration and working together.

Policy: Local priorities

District and borough local plans have strong links to the local transport plan with its various strategies on walking, cycling, air quality and accessibility. Officers should be aware of the following relevant policy framework:

North Warwickshire Borough Council core strategy (adopted October 2014)

Nuneaton and Bedworth Borough local plan 2006 (new local plan in progress)

Rugby Borough Council core strategy (June 2011) (new local plan in progress)

Stratford District Council local plan 2006 (new local plan in progress)

Warwick District Council local plan 2007 (new Local Plan in progress)

Local transport plan (LTP3) 2011-26

Health and wellbeing strategy 2014-18

Priority 3 – Integration and working together

Improve partnerships across the wider social determinants of health

Contact **Eva Neale**
Senior Health Planner –
Public Health/Infrastructure

Norfolk County Council

“This was a great opportunity for us to consider the ways that the quality and design of new development housing can impact on the future health and wellbeing of individuals and communities. By working together we can find ways to promote healthy active lifestyles and contribute to reducing obesity.”

Dr SJ Louise Smith, Director Public Health

Norfolk County Council’s workshop was held on 21 July and began with a joint introduction by Lucy Macleod, Interim Director of Public Health, and Tracy Jessop, Assistant Director of Highways and Transport. Attendees from across the county participated with the aim to create an environment in which planning, travel and health can collaborate to agree a way forward to create healthy weight places and plans.

Practice: Local learning

The Greater Norwich Growth Board (previously the Greater Norwich Development Partnership) has developed a ‘Health impact advice note’ (January 2012) aimed primarily at developers and planners in the local planning authority areas of Broadland, Norwich and South Norfolk. Its purpose is to assist in implementation of the health impact assessments required by Policy 7 of the joint core strategy dealing with health issues. Factors such as accessibility, connectivity and food access are suggested for consideration in assessments. Other councils will be reviewing the opportunity to make this requirement across Norfolk.

Two residential-led developments from Broadland and Norwich were discussed and because of the HIA requirement, both schemes included a HIA from the developers. The HIA for the Beeston Park development in Broadland focused on the impact on health of land-use mix, proposed development design, access to employment, play space and food access, and included a summary evidence base on obesity. The HIA for the Three Scores development in Norwich resulted in a recommendation that 10 per cent of the

dwellings be designed to Lifetime Homes standard.

Policy: Local priorities

Norfolk has a proactive obesity action plan with a key outcome, to ‘Make the most of potential of planning system to create a healthier built environment’. A ‘task-and-finish’ group with representation including clinical commissioning group commissioners, key county and district council partners and the county sports partnership is currently developing a county-wide healthy weight strategy based on the findings and issues from ‘Tackling obesity – a health needs assessment for Norfolk’.

In an area of high growth potential, the county and district councils are aiming to embed health and wellbeing considerations into development schemes. Officers should be aware of the following policy framework:

<p>Joint core strategy for Broadland, Norwich and South Norfolk (adopted 2011)</p> <p>North Norfolk core strategy (updated 2011)</p> <p>Great Yarmouth core strategy (examination)</p> <p>King’s Lynn & West Norfolk core strategy, (adopted 2011)</p> <p>Breckland core strategy and development control policies (adopted 2009)</p>	<p>Norfolk health and wellbeing strategy</p> <ul style="list-style-type: none"> • Priority: Reducing obesity • Action plan for obesity <p>South Norfolk health and wellbeing strategy 2014-17</p> <ul style="list-style-type: none"> • Reduce childhood obesity
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Contact **Nick Clarke**
Locality Development Manager, Public Health

London Borough of Hackney

“Our workshop helped recognise the contribution planning is already making to public health, further built relationships between teams in the council who share the same goals, and identified practical ways for us to work together in the future to enhance our contributions to improving health through the planning process.”

**Councillor Jonathan McShane,
Cabinet Member for Public Health, Social Care and Culture**

Hackney held its workshop on 27 July at the West Reservoir Centre in East London. With opening remarks by Councillor Jonathan McShane, Cabinet Member for Public Health, Social Care and Culture, and Councillor Guy Nicholson, Cabinet Member for Regeneration, officers from public health, transport, planning and housing participated in the workshop with discussions focused on two local residential developments.

Practice: Local learning

There is strong political and senior level support for planning and public health cooperation and working relationships across key areas such as parks, leisure, transport and public health. Planning for health is addressed through policies in the recently adopted development management local plan. Conversations have begun with development policy and development management colleagues regarding defining practical ways to further embed public health into the planning process. One important aspect is to ensure clarity on roles in health infrastructure planning, given the changes since public health moved into local government. Hackney has the strong support of the Public Health Intelligence team, who have committed to provide planners with evidence they need to as part of the process of formulating policies and determining planning applications. A discussion on key actions to take forward resulted in suggestions for gathering evidence, writing/reviewing policies, supporting neighbourhood planning and community engagement, assessing development proposals, monitoring delivery and coordination.

Policy: Local priorities

Hackney has a strong integrated planning and health policy framework with the added weight of the London Plan. In presenting the local planning context, Ian Rae, Head of Planning, noted that consideration of health and wellbeing matters is integrated in many planning policies, with a specific policy CS12 ‘Health and environment’ which encourages development that enables a more healthy and active lifestyle and contributes to tackling childhood obesity. Development management policy DM3 ‘Promoting health and wellbeing’ requires a health impact assessment (HIA) for major schemes of 10 dwellings or more, or 1000sq m or more for all other uses.

Core strategy (adopted 2010)

- Policy CS6: Transport and land use
- Policy CS12: Health and environment
- Policy CS24: Design

Development management local plan (adopted 2015)

- DM3 – Promoting health and wellbeing
- DM12 – Hot-food take-aways and schools
- DM33 – Allotments and food growing
- DM47 – Walking and cycling

London Borough of Hackney health and wellbeing strategy

Priority 1. Improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children under five years old.

Achieving a healthy weight for all in Hackney and the City, 2010-2018

Contact **Damani Goldstein**
Senior Public Health Strategist

London Borough of Richmond-upon-Thames

“The places where we live and work influence the automatic processes which embed health behaviours into our day-to-day lives. Planning an environment for health is critical for prevention of ill health and the promotion of positive emotional and mental wellbeing in our borough”.

**Dr Dagmar Zeuner,
Director of Public Health**

Dr Dagmar Zeuner, Director of Public Health for Richmond, opened the workshop on 1 September. It was attended by officers from planning policy, development management, public health, transport, parks, housing, economic development and community links, along with PHE London. The focus was to understand the inclusion of health considerations in existing approaches to planning in Richmond and to identify where the gaps are against each of the six planning healthy weight environments elements.

Practice: Local learning

Richmond officers are aware of many of the approaches that should be taken in creating healthy weight environments and recognise that focusing further interventions on ‘place’ is key to the solution. There is a need to provide the right physical environment and opportunities for physical activity and healthy eating. The Stag Brewery redevelopment will create a new community and provide significant new housing, and the Richmond Education and Enterprise Campus development will provide capacity for thousands of new students. These examples provide significant opportunities to influence people’s health and wellbeing.

Public health is currently consulted on key applications such as any school/ education proposals resulting in an increase in pupil numbers; developments involving significant changes to use of a health service; and any schemes with an increase of 10 housing units. There is also a policy requirement for a health impact assessment to be submitted for all major applications.

Policy: Local priorities

Policy CP17 states that health and well-being is important and all new development should encourage and promote healthier communities and places. There is an emerging opportunity with a local plan review in progress and this would be the time for public health to engage with the process, put forward relevant evidence to assist with policy development and identify whether specific policies such as takeaway restrictions are needed.

There is an emphasis on community-led planning through the village plans (neighbourhood plans). There is a real opportunity here for the village plans to have strong health/ obesity focused policies and objectives.

Core strategy (adopted 2009) <ul style="list-style-type: none">• CP5 Sustainable travel• CP13 Opportunities for all• CP17 Health and wellbeing	London Borough of Richmond-upon-Thames health and wellbeing strategy 2013-16
Development management plan (adopted 2011) <ul style="list-style-type: none">• DM OS 6 Public open space,• DM OS 7 Children’s and young people’s play facilities• DM TP 6 Walking and the pedestrian environment.	Three strategic aims: <ol style="list-style-type: none">1. Giving children a good start.2. Increasing the independence of older people with long term conditions.3. Reducing hidden harms and threats to health. Priorities for 2013-2016: joined up services and prevention.

Contact **Yvette Ralston** Planning Policy Officer
Lucy Gate Public Health Lead

Northamptonshire County Council

“Planning is an important tool in achieving health and wellbeing in our county. We need to design healthier lifestyles into our new developments as much as possible, to give our communities the best opportunities to live active, healthy and happy lives.”

Dr Akeem Ali, Director of Public Health

A joint presentation by Dr Akeem Ali, Director of Public Health and Wellbeing of Northamptonshire County Council, and Simon Bovey, Daventry District Council Deputy Chief Executive and Chair of the Northamptonshire Chief Planning Officers’ group, opened the workshop held on 3 September at County Hall. Officers from across the county participated in the workshop together with the local clinical commissioning group and NHS foundation trust. The aim was to enhance the contribution of planning processes and decisions to health and wellbeing outcomes in Northamptonshire through supporting the achievement of healthy environments in new developments.

Practice: Local learning

Northamptonshire has established joint planning arrangements across its districts. Daventry District Council, Northampton Borough Council and South Northamptonshire Council have formed a statutory planning partnership to develop a joint local plan which was adopted in 2014. Corby, Kettering, Wellingborough and East Northamptonshire councils have also formed a statutory planning partnership and are currently working to replace their adopted core spatial strategy with a new local plan. In both units, elected members from each district and from the county are represented. Public health can engage with these formal structures to influence further policy development on health and wellbeing.

The county council recently underwent restructuring and is re-discovering the relationship between planning and public health. Therefore sharing good practice and raising awareness and knowledge were key objectives of the workshop while at the same

time, making sure public health are re-engaged in the planning applications process for significant development happening across the county.

Policy: Local priorities

North Northamptonshire joint planning unit, joint core strategy 2011-2031 (in examination)

- Policy 8 – North Northamptonshire place-shaping principles
- Policy 15 – Well-connected towns, villages and neighbourhoods
- Policy 19 – The delivery of green infrastructure

West Northamptonshire joint planning unit, joint core strategy (adopted 2014)

- C1 – Changing behaviour and achieving modal shift
- C2 – New developments
- BN1 – Green infrastructure connections
- RC1 – Delivering community regeneration

‘In Everyone’s Interest’, Northamptonshire health and wellbeing strategy

Strategic outcome: people have healthier lifestyles and exert greater control over their health and wellbeing

Priority 2: reducing levels of childhood obesity

Measure for this priority: by 2016, no more than 15 per cent of children in year six are obese

Contact **Stephen Marks**
Service Development Relationship
Manager (Place)
Public Health and Wellbeing

Nottinghamshire County Council

“This event was the start of the Nottinghamshire Health and Wellbeing Board’s ambition to ensure that the full potential of the planning system is captured to shape the natural and built environment. Our aim is to have healthier environments that improve health through green spaces, housing, transport, our high streets and town centres as well as health and wellbeing infrastructure that will best meet the needs of our population.”

Councillor Joyce Bosnjak, Chair, Health and Wellbeing Board and Public Health.

Councillor Joyce Bosnjak, Chair of the Health and Wellbeing Board and the Public Health Committee, opened the workshop at County Hall on 1 October. It was attended by officers including representatives from the seven district/borough councils and some clinical commissioning groups. The aim of the workshop was to ensure that participants understood how to capture the potential of the planning system to promote healthy communities and ensure that the healthcare infrastructure requirements met the population needs, therefore reducing health inequalities.

Practice: Local learning

The local ‘Obesity Integrated Commissioning Group’ has set out a framework and action plan with priorities to ensure that planning supports and encourages physical activity; access to affordable healthy food; tackles the obesity promoting environment; and increases healthier food choices in out-of-home provision such as fast-food outlets.

The developments chosen reflect the high growth potential across the county in meeting housing needs. Melton Road in Rushcliffe will meet 9 per cent of the district’s overall housing need while the Berry Hill scheme in Mansfield will meet 16 per cent. They depict the challenges of planning health between urban and rural areas and the different solutions needed to avoid a one-size-fits-all.

Policy: Local priorities

Under the health and wellbeing strategy priority to ‘reduce the number of people who are overweight and obese’ there is an action to develop a spatial planning policy framework to improve public health. There are opportunities with two districts developing new local plans but others have health-relevant policies which are worth highlighting. For example while the Rushcliffe core strategy policy 12 on ‘local services and healthy lifestyles’ focuses on healthcare and community facilities, its targets and indicators seek to monitor improvements to health and wellbeing.

- | | |
|--|--|
| <ul style="list-style-type: none">• Rushcliffe core strategy (adopted 2014)• Greater Nottingham – Broxtowe, Gedling and Nottingham City aligned core strategy (adopted 2014)• Ashfield adopted local plan 2002• Newark and Sherwood core strategy, (adopted 2011) and Allocations and development management DPD, (adopted 2013)• Mansfield district local plan 1998• Bassetlaw core strategy and development management policies, (adopted 2011) | <ul style="list-style-type: none">• Nottinghamshire health and wellbeing strategy 2014-17• Living well – reduce the number of people who are overweight and obese |
|--|--|

Contact **Anne Pridgeon**
Senior Public Health Manager

North Tyneside, South Tyneside, Sunderland City and Northumberland County councils

“We are all concerned about the growing levels of obesity in our communities. A shared agenda and collaborative approaches are required to tackle the complexity of the obesogenic environment in which we live. This event provided an excellent forum for sharing ideas about how to work more effectively across different sectors and in particular with planning departments to promote healthy weight environments.”

Wendy Burke, Acting Director of Public Health, North Tyneside Council.

A workshop was jointly commissioned by four north east councils and coordinated by PHE’s north east centre. Held on 7 October and hosted by Wendy Burke, Acting Director of Public Health of North Tyneside Council, it was attended by officers from four councils representing planning, public health, environmental health, transport, parks and licensing. The workshop provided the opportunity for council public health teams to present their health challenges and current initiatives to tackle obesity and the wider determinants of health.

Practice: Local learning

North Tyneside is promoting healthy weight through planning by: health-proofing the local plan; developing a hot food takeaway policy; promoting two initiatives called ‘Grow and eat’ and ‘Active north Tyneside’; increased use of parks and waggonways; and active travel opportunities that prioritise pedestrians.

South Tyneside Council presented its evidence report on hot-food takeaways and obesity in South Tyneside. Published in 2014, it looked at the prevalence of hot-food outlets in relation to obesity and deprivation levels, and mapped this using environmental health, public health and planning data. As a result the health and wellbeing board has approved actions in the emerging new local plan and other regulatory and educational activities.

Through the Northumberland Walking and Cycling Board, the Council is encouraging

sustainable transport through initiatives such as ‘Go Smarter Northumberland’; a town-mapping project with Sustrans; and neighbourhood plans. A demonstration site was chosen at Cramlington West in a major growth area by the board to pilot ideas such as improved signage, and the way-marking of existing walking and cycling routes.

In Sunderland, the council is working with Sustrans to promote active travel, financial support for parks, and the ‘Washington Way to Wellbeing’ initiative to improve wellbeing and create healthy resilient communities.

Policy: Local priorities

Of the councils, only South Tyneside Council has a full set of adopted local plan documents, including policies to address the over-concentration of hot-food outlets within its shopping centres. There is an opportunity for public health and other services in all councils to be actively involved in contributing to the evidence base for the emerging local plans so that they better reflect healthy weight priorities in the health and wellbeing strategies.

- | | |
|---|---|
| <ul style="list-style-type: none">• North Tyneside local plan draft 2015• Northumberland core strategy submission draft• South Tyneside core strategy June 2007 and development management policies 2011• Sunderland core strategy (revised preferred options) | <ul style="list-style-type: none">• North Tyneside joint health and wellbeing strategy 2013-23• Northumberland achieving health and wellbeing in Northumberland, April 2014• South Tyneside our better health and wellbeing strategy 2013-16• Sunderland health and wellbeing strategy |
|---|---|

Contact **Denise Orange**
Health Improvement Support Manager
Public Health England North East

London Borough of Haringey

“The transition of public health to local authorities has provided an exciting opportunity to achieve a step-change in improving the health of Haringey’s population. By embedding ‘health in all policies’ across all of Haringey Council’s functions we can create a health enhancing environment where the healthier choice is the easy choice”.

Councillor Peter Morton, Cabinet Member for Health and Wellbeing, London Borough of Haringey

The TCPA held a workshop at The Grange Community Hub on 9 October in collaboration with the London Borough of Haringey with introductions by Cabinet Member for Health and Wellbeing, Councillor Peter Morton, and Director of Public Health, Jeanelle de Gruchy, and closing remarks by Councillor Ali Demirci, Cabinet member for Planning. The aim of the workshop was to bring officers from across the council to challenge the obesogenic environment and to support the delivery of a whole-systems approach to tackling obesity.

Practice: Local learning

As part of its efforts to tackle obesity and co-produce solutions, Haringey has formed Haringey Obesity Alliance. This brings together a range of organisations from across the statutory and voluntary sectors who have pledged to help make Haringey a healthier place where fewer people are obese. Each member of the Alliance has pledged an action to help tackle the obesity crisis.

The borough’s current emphasis on improving access to healthy food has resulted in, firstly, a draft development management local plan policy to ban new hot-food takeaways from opening within 400m of primary and secondary schools, and secondly, the ‘chicken town’ initiative to offer a healthier alternative to the poor quality food offered by many local hot-food takeaways. The hot-food takeaway policy is part of a package of measures to address the clustering of uses where these would have adverse impacts on public health and town centre vitality.

The local plan also seeks to promote active and healthy lifestyles, such as by encouraging modal shift to more sustainable transport options (including walking and cycling) as well as improving the quality of, and access to, parks and open spaces.

Tottenham is experiencing major regeneration and the High Road West area is likely to be part of this. As it is close to White Hart Lane, the Tottenham Hotspur football stadium, a focus on sport is likely. Workshop participants were taken on a walking tour of the area and saw challenges such as access, car parking and the food offered by local shops. An evaluation framework will help to monitor progress of health indicators.

Policy: Local priorities

Haringey has effectively integrated its planning and health policies. Policy integration is supported by initiatives to show how a whole-system approach to reducing obesity can be implemented.

Local plan: strategic policies 2013-2026 (adopted 2013)

- SP14 Health and wellbeing
- SP7 Transport

Local plan: development management policies (preferred option)

- Policy DM56 Hot-food takeaways
- Policy DM20 Open space and green grid

Haringey health and wellbeing strategy 2015-18

Priority 1:
Reducing obesity.

Create a healthy environment – the way we use the planning system to design our built environment influences the health outcomes of residents

Contact **Deborah Millward**
Healthy Public Policy Officer

Royal Borough of Greenwich

“A great opportunity to build on the previous work of both planning and public health in the Borough, and to start to move this forward using real life examples.”

**Councillor Denise Scott-McDonald,
Cabinet Member for Community
Wellbeing and Public Health**

The final workshop, with the Royal Borough of Greenwich, was held on 27 October and opened by Councillor Denise Scott-McDonald, Cabinet Member for Community Wellbeing and Public Health, who also sits on the Planning Committee. It was attended by officers from planning, transport, food, parks, public health and regeneration, and the Greater London Authority. The workshop aimed to improve the impact that public health has on the planning process. Closing remarks were made by Councillor Danny Thorpe, Cabinet Member for Regeneration.

Practice: Local learning

The workshop was planned and coordinated jointly between Greenwich’s planning policy and public health teams. They saw it as, ‘just one measure that will help to start to get planning playing its part in turning the tide on the current obesity epidemic’. They are considering developing a ‘healthy urban planning framework’ to include a protocol about which planning applications should require a health impact assessment. This will be supplemented by initiatives on healthy catering and active travel.

Woolwich is an ‘opportunity area’ identified in the London Plan with brownfield sites available to accommodate significant development, with access to existing or potential public transport networks. The Royal Arsenal site will be a flagship development accommodating more than 3,500 new homes with commercial and retail units and public open space. Although a masterplan has already been approved and some planning applications already decided, there is scope to consider and monitor the implementation of requirements such as travel plans, the design and use of public areas, and fast-food outlets.

Policy: Local priorities

With the support of the London Plan, Greenwich has a strong integrated planning and public health policy on health and the built environment. One of its priorities in the health and wellbeing strategy is tackling obesity through changing and developing environments to support good mental and physical health. Its core strategy policy CH2 on healthy communities states, ‘All development must allow and enable residents to lead more healthy and active lifestyles’. Its hot-food take-aways policy seeks to tackle the proliferation of A5 uses from a different perspective of clustering, amenity and frontages.

Royal Greenwich local plan: core strategy with detailed policies, adopted July 2014

- Policy H(e) Children’s play areas
- Policy TC(c) Hot-food takeaways
- Policy CH2 Healthy communities
- Policy IM4 Sustainable travel

Greenwich health and wellbeing strategy 2015-18

Priority i) Good physical health – with a focus on tackling obesity

Contacts

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Annex 1. Six planning healthy weight environments elements

The six elements provide a useful starting point for highlighting and negotiating specific issues in discussions between developers, policy and development management planners, public health officers and others involved in the process.

A. Movement and access:

- **clearly signposted and direct walking and cycling networks**
- **safe and accessible networks and public realm for all**
- **well-designed buildings with passive surveillance**
- **walking prioritised over motor vehicles, and vehicle speed managed**
- **area-wide walking and cycling infrastructure provided**
- **use and monitoring of travel plans.**

B. Open spaces, play and recreation:

- **planned network of multi-functional green/ blue spaces to achieve multiple benefits**
- **Easy to get to natural green spaces of different sizes from dwellings**
- **Safe and easy to get to play spaces for all with passive surveillance**
- **Sports and leisure facilities designed and maintained for everyone to use.**

C. Food environment:

- **development maintains or enhances existing opportunities for food growing**
- **avoid over-concentration of hot food takeaways (A5 use) and restricts proximity to schools or other facilities aimed at children, young and vulnerable people**

- **shops/ food markets sell a diverse offer of food choices and are easy to get to.**

D. Neighbourhood spaces:

- **community and healthcare facilities provided early as part of new development**
- **services and facilities co-located within buildings where feasible**
- **public spaces are attractive, easy to get to and designed for variety of uses.**

E. Buildings:

- **dwellings have adequate internal spaces for bike storage, dining and kitchen facilities**
- **development includes adequate private/ semi-private outdoor space per dwelling**
- **car parking spaces are minimised across the development**
- **development includes a travel plan that promotes sustainable transport.**

F. Local economy:

- **development enhances vitality of local centre through providing more diverse retail and food offer**
- **centres and places of employment are easy to get to by public transport, and on walking and cycling networks**
- **facilities provided by people who are walking and cycling to local centres and high streets, such as benches, toilets and secure bike storage.**

Source: 'Planning healthy weight environments', TCPA 2014

Annex 2. Snapshot of workshop places

Workshop agenda structure

Welcome and introduction from the council (10 minutes)

[High level introduction from the cabinet member for health/ planning or the director of public health/ head of planning]

Overview and context-setting presentations (30-45 minutes)

- Overview of TCPA project, 'Planning healthy weight environments' and planning relevance: planning response [Context setting by the TCPA, summarising the role and mechanisms of the planning system, introducing the 2014 publication with the six elements of planning healthy weight environments with examples and outlining the purpose of the workshop.]
- Overview of the local health challenges and priorities: public health response

[Summarising local obesity and health challenges, introducing the priorities on planning for health and reducing obesity in the JHWS and highlighting existing collaborative initiatives with the planning department.]

Brief background to the discussion groups (20 minutes)

[Introducing the workshop discussion session and objectives by the TCPA, and summary presentations of local development examples from the council.]

Coffee break and networking (15 minutes)

Discussion groups (45 minutes)

Facilitated small group discussions on the local development examples by the TCPA, supported by printed handouts, and structured on the six healthy weight environment elements using the following discussion questions:

- What could have been better considered (improvements or alternatives) by planning and public health through the planning process?
- What key learning points could be drawn to apply across the local authority or to other development proposals?
- What one aspect would you improve/ include in the proposal?

Feedback on key challenges and opportunities (10 minutes)

[Feedback session from each small group discussion.]

Facilitated group local action planning on planning healthy weight (30 minutes)

[Facilitated small group discussions by the TCPA on key actions for the Council to undertake after the Workshop to deliver step change in policy or practice based on local challenges/ priorities.]

Workshop end and completion of evaluation forms (10 minutes)

Summary of local development examples discussed during the workshops

Wakefield, Yorkshire and Humber

- Sustainable urban extension at City Fields: Mixed use regeneration scheme of 2,500 homes, Wakefield Eastern Relief Road, a new school, canal-side walks, retail and a district centre.

Portsmouth, South East of England

- Retail development at Fratton: retail store of up to 10,475sqm gross external area.
- Large-scale housing development at Drayton: 143 homes.

Newcastle, North East

- Large-scale development at Scotswood: urban neighbourhood comprising up to 1800 new homes, a local shopping centre, a primary school and commercial premises.
- Large-scale development at Newcastle Great Park: 2,500 homes, town centre, school and nursery, and allotments.

Greater Manchester Public Health Network

- Oldham 'Fruit Route' including Alexandra Park and Waterhead Park growing hubs.

PHE South East

- Large-scale development at Montague Park, Wokingham: 650 homes with dementia extra-care housing, neighbourhood centre, school provision, open space and allotments.
- Mixed-use development at Didcot A Power Station: 400 homes with commercial and retail units.

Warwickshire, West Midlands

- Air quality and active transport: Warwick and Leamington transport strategy (Warwick District Council).
- Air quality and active transport: Warwick Street Gyratory, Rugby (Warwickshire County Council).

Norfolk, East of England

- Large scale development at Three Scores in Norwich: 1,000 homes, commercial units and care facility.

- Large scale development at Beeston Park: 3,520 homes with commercial units, two primary schools, hotel development, allotments and extensive parkland.

London Borough of Hackney

- Infill development at Stamford Hill: 80 homes, retail and business units.
- Infill development at Green Lanes: 109 homes with a new pedestrian and cycle link.

London Borough of Richmond

- Regeneration of the Stag Brewery: significant mixed use riverside development
- Education development: A new educational campus and residential development of 180 homes.

Northamptonshire, East Midlands

- Sustainable urban extension at Towcester: 2,750 homes, employment land and a local centre, primary schools.
- Educational development: 55,000m² of university floor space accommodating up to 1,500 students.

Nottinghamshire, East Midlands

- Large scale development at Mansfield: 1,700 homes, employment space, local centre and primary school.
- Urban extension at Rushcliffe: 1,200 homes, business park, local centre, primary school and community park.

North East

- Large scale development east of the A19: 290 homes, community and commercial space, and open space.
- Mixed use development in Philadelphia: 500 homes, local retail facilities and a foodstore.

London Borough of Haringey

- Regeneration of High Road West: 1,200 homes, commercial, office and community uses and open space.

Royal Borough of Greenwich

- Regeneration at the Royal Arsenal: 3,711 homes, commercial units and a new Waterfront Park.

Snapshot of local population and health profiles

		Child obesity %**	Adult obesity %	Life expectancy years	
				Male	Female
England average		19.1	24.1	78.9	82.8
Wakefield		19.3	28.5	77.2	81.2
Newcastle		23.9	23.9	76.9	81.0
Portsmouth		20.4	23.8	77.9	82.5
Greater Manchester	Oldham	19.1	25.7	76.4	80.7
	Manchester	23.8	21.1	74.3	79.2
	Bolton	20.6	23.4	76.9	80.9
	Bury	19.3	22.7	77.8	81.1
	Rochdale	20.9	24.9	76.6	80.7
	Salford	21.9	23.5	75.5	80.1
	Stockport	17.4	22.0	79.1	82.8
	Tameside	19.3	26.5	76.1	80.3
	Trafford	17.6	21.4	79.4	83.5
	Wigan	19.2	25.8	77.0	80.8
Wokingham		11.4	19.7	81.7	84.7
Oxfordshire		15.3	20.7	80.2	84.0
Warwickshire		16.7	25.5	79.4	83.5
Norfolk		18.8	24.8	79.7	83.6
Hackney		25.7	22.6	77.4	82.2
Richmond		11.7	14.9	81.5	85.8
Northamptonshire		17.3	24.6	78.8	82.5
Greenwich		24.8	22.6	77.7	82.0
Nottinghamshire		17.3	24.0	78.9	82.5
Haringey		22.9	20.1	78.7	83.9
North Tyneside		20.5	26.6	77.6	81.7
South Tyneside		23.2	27.4	76.6	81.0
Sunderland		22.4	28.6	76.5	80.7
Northumberland		18.3	27.3	78.8	82.2

General health %*	Income deprivation %	Child poverty %	Adult physical activity %
5.5	14.7	21.8	56
7.7	15.6	21.9	48.2
6.8	20.2	32.5	55.2
5.0	15.2	26.5	51.1
6.9	21.4	30.2	50.6
7.1	25.8	43.4	57.8
6.6	19.4	25.2	49.0
5.9	14.8	18.7	55.1
7.6	22.0	29.6	51.1
7.6	21.7	32.3	48.5
5.6	12.1	15.8	55.3
7.3	18.2	24.9	47.6
5.2	12.3	16.1	55.9
7.2	16.0	20.0	50.9
2.8	4.8	6.6	62.3
3.5	8.1	12.2	62.2
4.9	10.2	13.9	58.2
5.6	13.0	18.3	57.2
6.2	31.2	47.8	59.8
3.2	7.6	10.5	66.4
4.6	11.3	16.3	56.2
5.4	22.3	36.3	54.3
6.0	12.2	17.4	56.2
5.7	27.0	45.3	58.5
6.8	16.2	21.1	55.2
8.3	21.3	27.8	52.6
8.6	20.0	26.3	48.9
6.3	13.3	18.5	51.9

Source: Latest PHE Health Profiles and PHE Local Health data. Please consult and refer to your local council statistics in the JSNA or other sources.

*General health bad or very bad **Obese – Y6 (aged 11)

Local plans and growth profiles

This table provides an overview of the housing growth projections for each of the councils with the local developments used during workshops. It seeks to illustrate the scale of potential influence on the health and wellbeing of the population. The range of development examples used as the basis of discussions contributes a proportion to the overall housing growth (dwelling units) of each area as indicated in the third column, and in total forming 8 per cent or just over 25,000 new households of the combined housing requirements. Growth figures are obtained from current local plan numbers. The table also provides the status of current/ emerging local plan documents.

Local planning authority	Growth over plan period: residential units)	Local developments residential: units (% total)	Year(s) of current local plan
Wakefield	36,250	2,500 (7%)	Core strategy (April 2009) Development policies (April 2009)
Newcastle	17,000	4,300 (25%)	Core strategy (March 2015)
Portsmouth	11,484	143 (1%)	Core strategy (January 2012)
Wokingham	13,230	650 (5%)	Core strategy (January 2010)
South Oxfordshire	10,940	400 (1%)	Core strategy (December 2012)
Vale of White Horse	20,560		Local plan (Examination)
Norwich	36,820	1,000 (3%)	Joint core strategy (January 2014)
South Norfolk		NA	Joint core strategy (January 2014)
Broadland		3,520 (10%)	Joint core strategy (January 2014)
Hackney	11,745	189 (2%)	Core strategy (December 2010) Development management plan (July 2015)
Richmond	4,200	570 (14%)	Core strategy (April 2009) Development management plan (Nov 2011)
West Northamptonshire	42,700	2,750 (6%)	Joint core strategy (December 2014)
Rushcliffe	13,150	1,200 (9%)	Core strategy (December 2014)
Mansfield	10,600	1,700 (16%)	Local plan 1998
Haringey	8,200	1,200 (15%)	Strategic policies (March 2013) Development management policies (Preferred Options)
North Tyneside	16,632	290 (2%)	Local plan (Preferred Options)
Sunderland	15,027	500 (3%)	Unitary development plan (1998) Core strategy (Preferred Options)
Greenwich	38,925	5,000 (13%)	Core strategy (July 2014)
TOTAL	307,463	25,912 housing units (8% of total housing growth requirements of councils as part of the workshop discussions)	

Note: current as of 9 October 2015



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