

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

Spatial planning for health: local authorities and primary care trusts.

1.1 Short title

Spatial planning for health

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on a public health programme aimed at improving health and reducing health inequalities through the process of spatial planning.
- b) This guidance supports implementation of the Planning and Compulsory Purchase Act (2004). The Act requires local authorities to adopt spatial planning. This should help improve health and reduce health inequalities by tackling the wider determinants of health. The guidance will also support implementation of a number of related policy documents including:
 - 'Draft guidance on health in strategic environmental assessment' (DH 2007)
 - 'Planning for a sustainable future' (Department of Communities and Local Government 2007)
 - 'Planning policy statement 1: delivering sustainable development' (Office of the Deputy Prime Minister 2005)
 - 'Planning policy statement 12: creating strong, safe and prosperous communities through local spatial planning' (Department of Communities and Local Government 2008)

- Public service agreements on accidents, coronary heart disease (CHD), health inequalities, mental wellbeing, obesity and physical activity (HM Treasury 2007).
- c) NICE public health guidance supports the preventive aspects of relevant national service frameworks (NSFs), where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support NSFs on the following: CHD (DH 2000), diabetes (DH 2002) and mental health (DH 1999).
- d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at policy makers, commissioners, managers, planners, architects, urban designers and other professionals with public health as part of their remit. They may be working within local authorities, primary care trusts and other organisations in the public, private, voluntary and community sectors. It is also relevant to the Planning Inspectorate and the Independent Planning Commission. In addition, it may be of interest to members of the public including those involved in voluntary and community action to improve health and reduce health inequalities.
- e) The guidance will complement other NICE recommendations concerned with population-wide programmes and interventions to improve health and reduce health inequalities. Examples include guidance on physical activity, cardiovascular disease (CVD), obesity and community engagement. For further details, see section 6.

This guidance will be developed using the NICE public health programme process.

3 The need for guidance

- a) Spatial planning could help improve people's health and reduce health inequalities by addressing the wider determinants of health. A growing body of evidence shows that the social and physical environment can affect health (Curtis et al. 2004; Feldman and Steptoe 2004; Frank et al. 2006; Larkin 2003). For example, the impact on CHD, obesity, diabetes, cancer, mental health and wellbeing, as well as accidents, could be significant (Diez-Roux et al. 1997; Government Office for Science 2008; Pickett and Pearl 2001). Evidence also indicates that the area where people live influences their health (Kawachi and Berkman 2003).
- b) Spatial planning aims to create sustainable communities (Office of the Deputy Prime Minister 2004). 'Responsible authorities' (including local authorities, transport authorities and the NHS) are required to assess the potential impact that their plans could have on health. This includes plans for urban design, transportation systems, education and employment opportunities and housing. Plans have to be assessed and developed to ensure they improve health and wellbeing, reduce health inequalities or minimise any negative effects on health.
- c) A range of methods are used to assess the potential impact of development plans on people's lives. Strategic environment assessments (SEAs), together with sustainability appraisals, are used by local authorities when developing a local development framework for spatial planning. Environmental impact assessments (EIAs) may be submitted with planning applications for certain types of large or sensitive development projects. These are mandatory for spatial planning. Health impact assessments (HIAs) are not mandatory. However, in a number of cases they have been integrated within the policy planning process (for example, for the Scottish Parliament, Welsh Assembly and London Assembly) (Kemmm et al. 2004). Other approaches include integrated impact

assessment, health inequalities impact assessment, 'environmental burden of disease model' (World Health Organization 2008), and health equity assessment.

- d) Currently, equity issues may not be systematically addressed during the planning process and this can lead to unintended and negative consequences. Deprived communities are more likely to live in environments that have a detrimental impact on their health and wellbeing (Macintyre 2007).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

All populations, but with a particular focus on disadvantaged communities.

4.1.2 Groups that will not be covered

None.

4.2 *Activities*

4.2.1 Activities/measures that will be covered

- a) The stages in the spatial planning process when health issues can be assessed. This will include looking at the way local development frameworks are produced and how health appraisal approaches can be used to help develop sustainable communities and deliver local area agreements (LAAs).

- b) The approaches used to appraise health issues and influence planning decisions with the aim of improving health and reducing health inequalities. Planning decisions may relate to the wider determinants of health such as: housing, urban design, pollution and climate change, social cohesion, transport, regeneration and economic development. The approaches to be examined include:
- strategic environmental assessment
 - sustainability appraisal
 - environmental impact assessment
 - health impact assessment: although discretionary, this is a widely-used method of ensuring health issues are considered during the planning process.
- c) Other approaches may also be considered including integrated impact assessment, health inequalities impact assessment, 'Environmental burden of disease model' (World Health Organization 2008), and health equity assessment.

4.2.2 Logic model

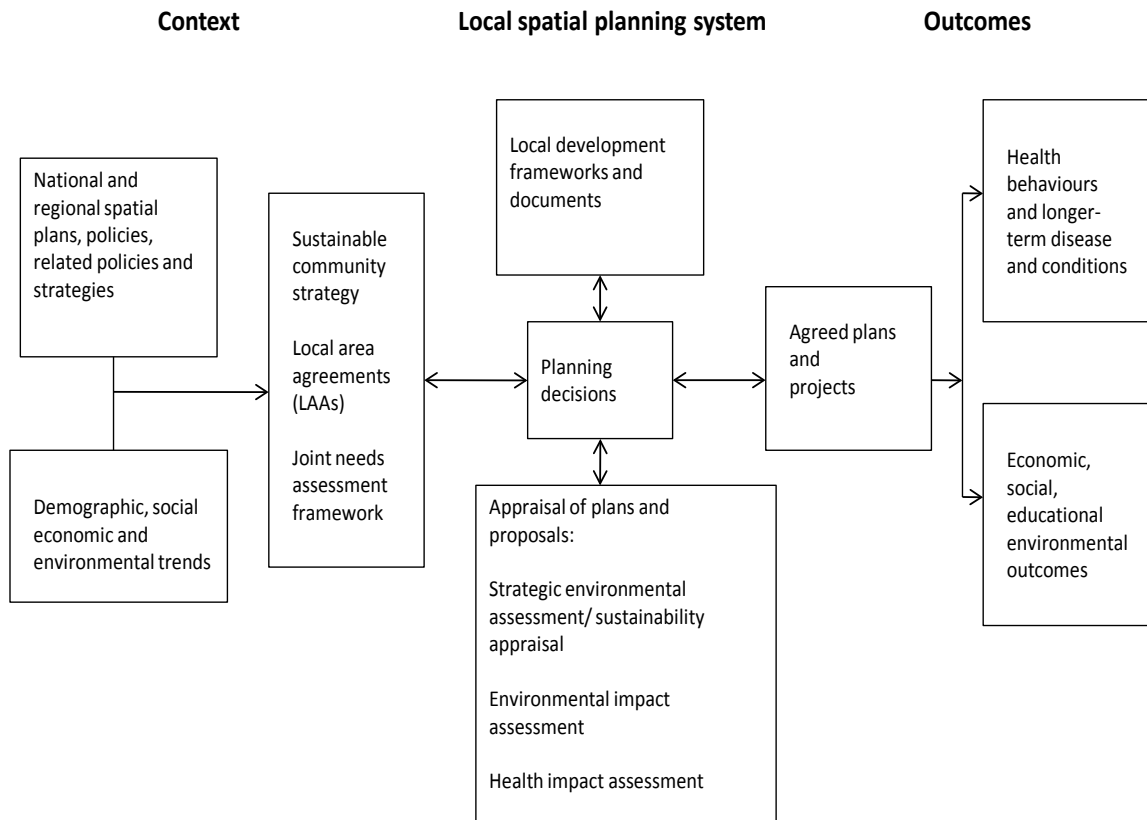
Spatial planning is about creating sustainable communities. Specifically, it involves integrating the policies and processes of different sectors, such as housing and transport, to improve people's wellbeing. It could include promoting physically active travel, addressing deprivation and providing affordable and 'liveable' housing – all issues which can have a direct effect on people's health.

The logic model below sets out the conceptual relationship between different aspects of the spatial planning system, different approaches to health appraisal and decision-making and agreed plans that could improve health outcomes (as well as meeting other policy goals).

Although it is difficult to link a particular planning approach (such as health impact assessment) to health outcomes, its short-term impact on planning decisions can be evaluated.

This logic model will be developed and refined as part of the process of developing the guidance.

Spatial planning and health: logic model



4.2.3 Equity

The research literature points to the potentially negative effect that planning decisions may have on vulnerable groups and deprived neighbourhoods (for example, see MacIntyre 2007). Equity issues need to be assessed as part of the spatial planning process to protect the health of these groups and communities and to tackle health inequalities.

4.2.4 Economic approach

A public sector perspective will be adopted when assessing the cost effectiveness of promoting health through the spatial planning process.

4.2.5 Activities/measures that will not be covered

None.

4.3 Key questions and outcomes

Below are the overarching questions and outcomes that will be addressed.

Planning approaches

Question 1 How effective and cost effective are the following approaches in terms of influencing planning decisions (including spatial planning decisions) to secure improvements in health and address health inequalities:

- strategic environmental assessment
- sustainability appraisal
- environmental impact assessment
- health impact assessment?

Question 2 What lessons can be learnt from other countries about the effectiveness and cost effectiveness of the above approaches?

Question 3 What lessons can be learnt from other countries about how to ensure health issues are fully incorporated within the planning decision-making process (including the spatial planning process)? To what extent can these lessons be applied in England?

Spatial planning system and capacity

Question 4 What approaches or techniques are currently used to assess ways of promoting health and tackling health inequalities and to integrate such health considerations within the spatial planning decision-making process? How effective and cost effective are these approaches or techniques?

Question 5 What approaches or techniques should be used to assess ways of promoting health and reducing health inequalities when making spatial planning decisions? How and when should these approaches or techniques be used to ensure health considerations shape spatial plans and projects and thereby improve health and reduce health inequalities?

Question 6 How can local authority planners and PCTs collaborate more effectively to ensure health considerations (including health inequalities) are assessed and integrated within the spatial planning process?

Use of evidence

Question 7 What types of health-related evidence and health needs assessment are part of the planning decision-making process? For example, is evidence on the effectiveness of interventions used and are techniques such as joint strategic needs assessment used?

Question 8 How can evidence be used to ensure health is appropriately considered in the spatial planning decision-making process?

Question 9 How can health needs assessments (such as the joint strategic needs assessment) be used effectively as part of the spatial planning decision-making process?

Question 10 What are the limitations and gaps in the evidence that prevent health issues (including the need to reduce health inequalities) from being effectively and cost-effectively incorporated within planning decisions (including spatial planning decisions)? How can these limitations be overcome?

Equity

Question 11 How can we ensure health equity issues are effectively considered as part of the spatial planning decision-making process?

Question 12 How can the differential health impact on different groups be assessed and considered within the spatial planning process?

Question 13 How can the needs and perspectives of particularly vulnerable and marginalised groups be incorporated effectively within the spatial planning decision-making process?

Standards and accountability

Question 14 How can the quality of the health assessment process be assessed when it is used as part of planning decisions (including decisions on spatial planning)?

Question 15 What principles and standards are needed to ensure both the quality of the health assessment process and its impact on spatial planning decisions?

Question 16 Who should be responsible for monitoring compliance with these standards?

Question 17 Would a national planning policy statement on health improve the way health issues are considered when making planning decisions?

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting in April 2009

5 Further information

The public health guidance development process and methods are described in 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the public (second edition, 2009)' available at www.nice.org.uk/phprocess and 'Methods for development of NICE public health guidance (second edition, 2009)' available at www.nice.org.uk/phmethods

6 ***Related NICE guidance***

Published

Promoting physical activity for children and young people. NICE public health guidance 17 (2009). Available from www.nice.org.uk/PH17

Community engagement. NICE public health guidance 9 (2008). Available from www.nice.org.uk/PH9

Physical activity and the environment. NICE public health guidance 8 (2008). Available from www.nice.org.uk/PH8

Obesity. NICE clinical guideline 43 (2006). Available from www.nice.org.uk/CG43

In development

Prevention of cardiovascular disease. NICE public health guidance (publication expected March 2010)

Preventing unintentional road injuries among under 15s: road design. NICE public health guidance (publication expected April 2010)

Preventing children's unintentional injuries outside the home. NICE public health guidance (publication expected October 2010)

Preventing unintentional road injuries among young people. NICE public health guidance (publication date to be confirmed)

Appendix A Referral from the Department of Health

The Department of Health asked NICE to develop:

‘Guidance for policy makers, planners, local authorities, primary care trusts on how to improve health and reduce health inequalities through the process of spatial planning; including use of tools such as strategic environmental assessment, health impact assessment and sustainability appraisal’.

Appendix B Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues.

- Current practice, including arrangements for joint working between planners, local authorities and primary care trusts.
- Links with related national strategies and policies on planning and public health.
- Any potential unintended consequences of the recommendations, including any impact on health inequalities.

Appendix C References

Curtis S, Southall H, Congdon P et al. (2004) Area effects on health variation over the life course: analysis of the longitudinal study sample in England using new data on area residence in childhood. *Social Science & Medicine* 58: (1) 57–74

Department of Communities and Local Government (2007) *Planning for a sustainable future*. London: Department of Communities and Local Government

Department of Communities and Local Government (2008) *Planning policy statement 12: creating strong, safe and prosperous communities through local spatial planning*. London: Department of Communities and Local Government

Department of Health (1999) *National service framework for mental health*. London: Department of Health

Department of Health (2000) *National service framework for coronary heart disease*. London: Department of Health

Department of Health (2002) *National service framework for diabetes*. London: Department of Health

Department of Health (2007) *Draft guidance on health in strategic environmental assessment*. London: Department of Health

Diez-Roux AV, Javier Nieto F, Muntaner C et al. (1997) Neighbourhood environments and coronary heart disease: a multi-level analysis. *American Journal of Epidemiology* 146: (1) 48–63

Feldman PJ, Steptoe A (2004) How neighbourhoods and physical functioning are related. *Annals of Behavioural Medicine* 27: (2) 91–9

Frank LD, Sallis JF, Conway TL et al. (2006) Many pathways from land use to health associations between neighbourhood walkability and active

transportation, body mass index and air quality. *Journal of the American Planning Association* 2: (1) 75–87

Government Office for Science (2008) *Tackling obesities: future choices*. Foresight project report. London: Government Office for Science

HM Treasury (2007) *Pre budget report and comprehensive spending review*. London: HM Treasury

Kawachi I, Berkman LF (2003) *Neighbourhoods and health*. Oxford: Oxford University Press

Kemm J, Parry J, Palmer S (2004) *Health impact assessment*. Oxford: Open University Press

Larkin M (2003) Can cities be designed to fight obesity? *Lancet* 362: 1046–7

Macintyre S (2007) Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity? *International Journal of Behavioral Nutrition and Physical Activity* 4: 32

Office of the Deputy Prime Minister (2005) *Planning policy statement 1: delivering sustainable development*. London: Office of the Deputy Prime Minister

Pickett KE, Pearl M (2001) Multi level analyses of neighbourhood socioeconomic context and health outcomes: a critical review. *Journal of Epidemiology and Community Health* 111–22

World Health Organization (2008) *Practical guidance for assessment of disease burden at national and local levels* [online]. Available from www.who.int/quantifying_ehimpacts/national