

Tackling wellbeing and health inequalities through planning

A new spirit of collaboration between planning and public health at national, regional and local borough level is set out by Michael Chang, Sam Cuthbert, André Pinto and Rachel Flowers

The profile of public health in planning has shot up recently with the transferring of public health responsibilities back into local government for the first time since 1974. This article, written in a personal capacity by officers from the Greater London Authority, London Borough of Newham and the TCPA exemplifies the spirit of collaboration between planning and public health at national, regional and local borough level.

The national picture

The Health and Social Care Act 2012 brought about significant structural reforms to public health by abolishing primary care trusts, moving public health functions back into boroughs and establishing local level Health and Wellbeing Boards, and Clinical Commissioning Groups to oversee the development of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). Around the same time, the Localism Act abolished regional planning outside of London, introduced a Duty to Cooperate on strategic planning issues, and cemented the primacy of the local plan with a new statutory tier of neighbourhood planning. Government planning policy was consolidated into a National Planning Policy Framework (NPPF) in March 2012.

The NPPF solidified the policy link between public health and planning by requiring Local Planning Authorities to understand and plan for needs set out in local strategies including borough JSNAs, and Joint Health and Wellbeing Strategies. These policy links are clear as the TCPA explains and continues to reinforce throughout its Reuniting Health with Planning programme of projects that seek to engage local authorities around key local priorities.

London and the London Plan

Within London the context to these reforms of health and planning policy is the most rapid growth in population that has been seen since the 1930s. Further Alterations to the London Plan (FALP), which are expected to undergo examination in September 2014, attempt to accommodate this growth through mixed-use development focussed on Opportunity

Areas, town centres and other points of good public transport accessibility.

In effect, London, as other very large cities around the world, is experiencing a form of re-urbanisation in which agglomeration economies outweigh the dispersive patterns of urban and economic development that dominated cities in the post-war period. This profound change to the nature of urban growth is also strongly reflected within these cities themselves. In London this means an increasing concentration of retail and employment functions in the centre at the expense of smaller and more outlying locations.

At first sight, the coincidence of exceptional growth in population with profound restructuring of the health care system might seem to be inherently problematic and to raise questions about the capacity of all forms of infrastructure to cope with the increase in demand. However, there is in fact a natural alignment between each of these objectives and a significant opportunity for urban growth and the reform of health services to directly complement each other.

Firstly, the unavoidable concentration of London's growth in central locations and areas of high transport accessibility means that there is now a dominant economic driver toward physical forms of urban development that are significantly beneficial to the environment and public health in the form of mixed, walkable, lifetime neighbourhoods. Complementing this, the high standards of housing design set out in the London Housing SPG should ensure that traditional public health concerns relating housing density directly to ill health no longer apply.

At the same time, reform within health and social care is driving a paradigm shift towards primary and community based services with acute services provided in more specialised facilities. This means that the traditional way of modelling health within the planning context has shifted and is still shifting as Clinical Commissioning Groups and NHS England start to commission acute care in a way resulting, potentially, in the greater dispersal of diagnostic and routine care provision.

The GLA through the London Plan and the supporting

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Supplementary Planning Guidance envisages co-location of different types of social infrastructure, and of social infrastructure with housing both due to land use pressures and as a potential co-funding mechanism. In practical terms this will mean that the need for and the provision of health services can increasingly arise in the same places and at the same time, easing the pressures on both.

The Mayor has a duty to reduce health inequalities, and the Mayor's Health Inequalities Strategy is a good starting point to identify significant health and wellbeing conditions across the capital. There is an overriding need to improve air quality, and maintain and improve access to green space in order to protect respiratory health, encourage exercise and reduce the mental health effects of isolation. In this context, the Mayor of London introduced his 2020 vision for London as the greatest city on earth setting out plans for greater life expectancy, improved public health and a narrower gap between rich and poor.

Borough perspective on policy and practice

Newham has been one of the leading London Boroughs in implementing the planning for health agenda locally and acknowledging the importance that regeneration and spatial planning can have in addressing the social determinants of health. The links between deprivation, health and the built environment have been widely recognised. As an inner London Borough with high levels of deprivation but with an extensive regeneration programme, the London Borough of Newham has taken a joint approach to addressing the wider determinants of health, by using planning policy and local planning powers to secure health improvements for the whole of the local population. This approach allowed Newham to be a pioneer in terms of linking health with planning and to develop innovative approaches to tackle some of the social determinants of health that are so deeply rooted in the form and shape of the built environment.

Many of the preventable diseases that affect Newham's population can be influenced by the built environment, particularly obesity, cardio-vascular disease and respiratory illnesses. Newham's percentage of Year 6 children classified as obese is higher than the national average, while the levels of adult physical activity are lower than the national average. Meanwhile, levels of diabetes in Newham which are linked to obesity are significantly higher than the London and England average.

Recognising this, Newham's adopted Core Strategy (2012) made it a requirement for all major planning applications to be accompanied by a Health Impact Assessment (HIA) or to address its scope as part of their Design and Access Statement or Environmental Impact Assessment. This change in policy was achieved through creating and sustaining close working relationships between the Local Authority's Public Health and



Planning Departments and through recognition that health should be a key principle in the regeneration and spatial development of Newham.

Previously, the submission of a HIA as part of a planning application was discretionary. The Core Strategy has now made it mandatory, constituting a significant change in terms of how health outcomes are taken into consideration and at what stage of the planning process this is done. The purpose and intention of the HIA is to inform the development and progress of a planning application, therefore it should be carried out as an integral part of the first stages of the design and development process. In order to achieve this, Newham is developing a local Planning for Health Checklist which aims to provide a guide on the likely implications for health of given development.

In conclusion, recent structural and policy changes have already produced some positive results in terms of confidence from the planning departments in engaging public health and vice versa, as we have seen in Newham in refusing permission for new hot food takeaways, and an increase in the number of HIA submitted as part of the planning application process. It is clear that one of the most valued outcomes of the closer integration has been the perceived importance that health has gained within the Planning Department. The return of Public Health to the local authorities has played an important role in facilitating and promoting this partnership, as local authorities can take strategic action to prevent inequalities across a number of functions. All these services are ideally placed to deliver real public health benefits at a local level making the healthier choice, the easier choice for the greater benefit of our communities and places. ■

Planning for an ageing population

Our next housing crisis will very soon be upon us says Roger Battersby

The NHS is faced with ever-growing numbers of frail older people bed-blocking in hospitals at huge expense to the state. In response, the government is allocating substantial funding through the Better Care Fund towards promoting greater integration of health and adult services to achieve greater efficiency in providing of care and support to older people in the community.

However, moving older people from acute hospitals to the community will put a greater focus on the quality and appropriateness of our existing housing stock and much greater pressure on community based care facilities, home improvement agencies and home care services.

At the same time the relatively affluent Baby Boomer generation now at or fast approaching retirement age is under-occupying family homes and creating a logjam in the housing market.

The recent Demos Report - The Top of the Ladder, referred to this as 'our next housing crisis' and pointed out that more than half the people over the age of 60 would be interested in moving if appropriate accommodation was available. However, there is virtually nothing available in London that would constitute attractive, age-appropriate housing in good locations for 'younger' older people looking to downsize.

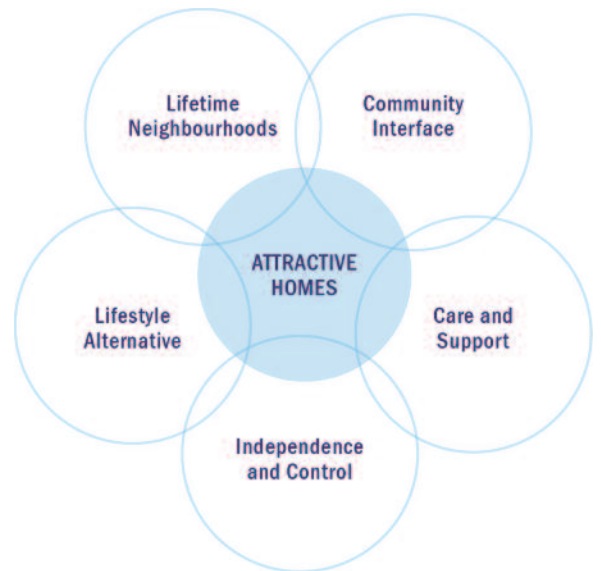
Why is the 'market' not responding to meet this demand? The answer is not straightforward.

Firstly, housing for older people is regarded by most housing developers as messy. It is not just a case of building and selling. Whether catering for the upper end of the market or for social/affordable housing, there must be a longer term commitment to residents to provide a housing management service and facilitate care and support delivery when needed. Added to this, most typologies are more expensive to build both in terms of space standards for ageing in place and in providing the communal areas that offer a lifestyle alternative for residents. These costs are not always recoverable in the sale receipts.

Secondly, land availability and affordability in appropriate locations is a major issue particularly when competing with general needs developers in an open, overheated market with a more complex and expensive product!

Thirdly, there remains a surprising lack of awareness, both in both government and the community at large, of the challenges involved in housing and supporting an ageing population. This is illustrated by the paucity of strategic policy and planning. We frequently witness open hostility at planning committee meetings to the prospect of developing specialist housing or care facilities.

Fourthly, and this is often cited by housing developers operating in the senior housing sector as their greatest challenge, there is a planning regime which is anything but 'age-friendly'.



The Offer - Independent Living HAPPI Housing

Before we elaborate on this last point, some background would be useful on where the GLA currently stands in terms of strategy for London's ageing population.

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Staying put

As highlighted in the London Housing Strategy [April 2014 draft] - Homes for London, the great majority of us will choose to continue living in our own homes in the community where we will be supported by spouses and/or family and/or Home Care services.

There is also broad acknowledgement that the Lifetime Homes and Lifetime Neighbourhoods policy from the previous administration is still valid in promoting 'inclusive' design where new housing and communities are planned.

The Mayor's Housing Strategy also recognizes that 'staying put' is no panacea. We have all been witness to the shortcomings of Home Care Services highlighted by Panorama and other programmes. Social isolation in the home will become an ever-greater issue. At the same time, much of our existing

housing is inefficient in terms of energy use and unsuitable for frail older people. Home Improvement Agencies can only do a certain amount to address this situation.

Specialist housing

Add to this the issue of 'house-blocking' with the under-occupation of family homes and this all points to a growing need for more specialist housing which must include a range of typologies that cater for a very diverse market in terms of affordability, social status and level of dependency.

At the one end of the spectrum, as highlighted in the Hanover@50 Debate, we need to provide for those of us in our 'extended middle age'; today's 65 was yesterday's 55, today's 75 was yesterday's 65. Many of us are living longer more active lives and a new housing product needs to be developed to cater for this market.

At the other end of the spectrum, the demographics tell us that the over-85 group will double by 2030. Therefore demand for assisted living and more institutional typologies that cater for higher levels of care and support in the community will also increase sharply.

Local authority role is pivotal

If we are to rise to this challenge, local authorities and local communities have a pivotal role to play in promoting awareness of the issues, preparing Local and Neighbourhood Plans that include sustainable housing provision for all generations, forging partnerships with developers and providers across the voluntary and private sectors, promoting greater integration in terms of health, adult services and housing and not least in terms of bringing their own Adult Services, Housing and Planning departments together to work more closely in facilitating appropriate provision for older people.

Local Authorities also have the opportunity to bring forward appropriate land in good locations for older people's housing. However, in the context of ever-increasing pressure on their budgets, the temptation to accept the highest receipt must be strong rather than assessing value in terms of the wider community benefits.

Of course the elephant in the room is funding. In our expe- >>>

Merton, The Oaks





Merton, Gresham House

rience, the newly enacted Care Bill, for instance, is already having a negative impact as planning committee members take fright at having to pick up the tab for the care of relatively wealthy people once they pass the £70,000 self-funding ceiling.

The planning challenge

We need to recognize that Local Authority planners are encumbered by planning case law that provides little leeway in interpretation and a Planning Use Class system that does not acknowledge the housing with care typologies that have been extensively developed over the past 15 - 20 years.

Applications for housing 'with care', particularly where the private sector is involved, are often treated as *sui generis*, and are therefore assessed on their merits. As a result the planning system becomes a lottery for the developer of older people's housing. The outcome of an application can often depend on the previous experience of the officers involved.

If we are to address the market for the 'Baby Boomer' generation to downsize, there is the added difficulty that the product is not very different from general needs housing. At its core it must provide attractive, spacious, 'inclusively-designed'

accommodation that is flexible and adaptable for changing needs. But the offer needs to be wider in terms of tenure that enables one to stay in control of one's assets, a lifestyle alternative that provides some communal provision for people to get together, a location that enables one to stay in touch with community/friends and family in an age-friendly neighbourhood where shopping, transport and local amenities are easily accessible.

Its distinction lies in its space and accessibility standards and communal provision. But this will probably not be recognized by most authorities as warranting any dispensation or facilitation.

Perhaps the solution here might be a minimum age-restriction condition.

Facilitation for downsizing

We believe that a range of measures should be introduced to address the blockages in this market.

Appropriate housing for older people should be given equal weight to affordable housing so that any larger urban regeneration or extension projects should be required to provide for a balanced community that includes a range of housing typologies for older people.

Planning policy for housing 'with care' needs to be clarified urgently by new guidance which might

include a review of the Use Classes.

Dispensations in terms of Section 106 Agreements and Community Infrastructure Levies should be available to developers building housing and other facilities for older people in recognition of the wider community benefits.

The Treasury, instead of facilitating first time buyers through Right to Buy, should rather consider waiving Stamp Duty for 'later life movers' to create room at 'the top of the ladder' (Demos Report).

Whilst the Mayor's support, in Homes for London, for the introduction of tax incentives for downsizers is to be welcomed, we need to start at a local level by increasing awareness and changing attitudes at local authority level to incentivise rather than block housing for older people, otherwise 'our next housing crisis' will very soon be upon us. ■

Roger Battersby has been involved in the design and delivery of housing for older people for over 20 years. His knowledge of the subject extends across both the private and public sectors and from independent retirement living to high care and community based health facilities. He was a panel member of the Innovation Panel for Housing our Ageing Population (HAPPI) initiative commissioned in 2009 by CLG and the HCA to make recommendations for a new generation of housing for older people. He chaired the working group for the Housing Forum for its report on Affordability Later in Life in 2010 and he is currently a member of the HCA's Vulnerable and Older People Advisory Group (VOPAG).