

	<h2>Health and Wellbeing Board</h2> <h3>12 May 2016</h3>
<b>Title</b>	<b>Creating Healthy Places – opportunities to align public health outcomes and planning</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	None
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<h2>Summary</h2>
<p>There are a range of opportunities to encourage healthy behaviours and choices through the planning and development of new environments, whether these are parks and open spaces, new communities, town centres, travel options or the provision of services and choices available to residents. Barnet has a wealth of possibilities with regards to how people can be encouraged to choose to live healthy lives and we want to ensure that our places in Barnet reflect this, whilst supporting the regeneration and growth of local communities. This paper looks to present some of the opportunities and give examples of where these might work.</p>

## **Recommendations**

- 1. That the Health and Wellbeing Board notes the collaborative work between Planning (Re and colleagues from Growth and Regeneration) and Public Health teams to date and on-going future plans.**
- 2. That the Health and Wellbeing Board adopts the concept of 'Healthy Places as a charter of excellence and tasks Public Health to develop a suitable criteria for its application in practice as well as how this will align with the Council's priorities and strategies. Progress will be reported back to the Health and Wellbeing Board.**
- 3. That the Health and Wellbeing Board requests that Public Health work with Planning to develop pilot projects to drawn from the following identified areas of opportunity –**
  - a. Using planning tools and pre-application discussions to influence the design of larger developments, as well as shaping policy discussions**
  - b. Help to shape place-based commissioning projects (such as the identified opportunities to create on 'healthy high streets'),**
  - c. Help to shape proposals for new or improved on open spaces in relation to the identified site opportunities.**
- 4. That the Health and Wellbeing Board requests that Public Health develop embedded relationships with key planning and regeneration project teams, in particular for Colindale and Brent Cross.**
- 5. That the Health and Wellbeing Board requests that Public Health work with colleagues in estates and regeneration services to identify suitable land / buildings that could assist with the introduction of Meanwhile Uses into regeneration areas and town centres, in particular with a public health focus.**
- 6. That the Health and Wellbeing Board recommends that measures which help address public health issues are built into existing and new corporate planning and licensing programmes or projects, where appropriate. Public Health to lead work with other Council officers to embed this approach.**

### **1. WHY THIS REPORT IS NEEDED**

#### **1.1 BACKGROUND**

- 1.1.1** The impact of the built and physical environment on health has been well documented. The opportunities to encourage healthy living and healthier choices through planning and regeneration are many and varied, but often operate and impact over medium- to long-term timeframes.
- 1.1.2** This paper identifies a range of approaches and actions that can bring together a range of statutory, regulatory and influencing roles together to:
  - a) Align objectives across Council and Partner policies and strategies.
  - b) Develop the model of 'healthy places' as a proof of concept aligning strategy with public health outcomes and behaviour change.
  - c) Create a number of 'Healthy Places' where public health resource can be focused on influencing the design and creation of new places or buildings being delivered by developers or the Council.

- d) Investigate the potential for specific targeted areas of work focused on key areas of public health concern and regulatory activities.
- e) Identify opportunities to improve processes around regulatory functions and improve with these gateways to ensure there is stronger consideration / weight given to public health matters.

1.1.3 The relationship between the determinants of health is shown in figure 1. This identifies how significant the built environment and activities are for health.



Figure 1- The determinants of health.

## 1.2 ALIGNING POLICY AND STRATEGY

1.2.1 The Council has a range of key objectives in the spheres of Public Health and the Built Environment; these are driven by the Corporate Plan and Joint Strategic Needs Assessment (JSNA)

1.2.2 The objectives influence the policies that interface particularly through the Local Plan, together with aspects of the Regeneration Strategy, the Housing Strategy, the Parks and Open Spaces Strategy<sup>1</sup>, the Sports and Physical Activity Strategy and a number of other strategies. To date these adopted

<sup>1</sup> Parks and Open Spaces Strategy - <https://engage.barnet.gov.uk/consultation-team/parks-and-open-spaces-strategy>

and forthcoming policies have not been systematically reviewed in relation to public health though attention has been paid to incorporating this where possible.

1.2.3 Work to influence, review and edit the detail of emerging strategies has been tested through joint-work on the Parks and Open Spaces Strategy. The learning from this process includes:

- (i) Opportunities for Public Health staff to be members of internal governance boards in order that they are aware of, and can collaborate on any emerging strategies, action plans and individual project opportunities.
- (ii) Recognition of the need for processes of internal consideration and collaboration within Public Health to ensure opportunities linked to projects and strategies are identified and the full potential for alignment with priority health objectives is achieved.

1.2.4 Many strategies and policies have an annual update, but are generally comprehensively reviewed about every five years. It is proposed that Public Health undertake a review of existing spatially-related policies and strategies to identify any key areas for opportunities over the next few years.

1.2.5 The critical outcome required is for the spatial objectives of public health efforts to become clear and consistent in the way they are expressed and recognised across Council policies, strategies and action plans.

### 1.3 **APPLYING SPATIAL FOCUS: CREATING HEALTHY PLACES**

1.3.1 Barnet is the largest Borough in London by population and is continuing to grow. The highest rates of population growth are forecast to occur around the planned development works in the west of the Borough, with significant growth in Golders Green and Colindale. Across the borough a disproportionate increase in the over 65 population is also expected.

#### **Place-making (Medium- and long-term measures)**

1.3.2 The 'place-making' function of the Council includes approval of building and landscaping designs, as well as the commissioning and design of proposed streetscape improvements, town centre regeneration projects and proposals linked to the design and management of quality open spaces. The potential to design-in healthier environments is particularly significant in growth and development locations. Here there are a range of opportunities for shaping and influencing plans and capital investments:

- (i) *Planning approvals for housing* – details such as the location of stairs and lifts, and the way developments promote active travel. Additionally challenging developers around access to outdoor spaces, on site landscaping and the design of new play spaces. Attention would be focused on (a) policy guidance to planners and (b) larger and more comprehensive development schemes.

- (ii) *Detailed design and planning of public buildings* – these include where the Council and its partners are delivering new schools, community facilities and health centres where there is even more opportunity to influence building design, internal spatial behaviours and landscaping proposals. Key opportunities link to the Council’s Community Assets Strategy and Community Hub proposals, alongside the Education Capital Programme.
- (iii) *Capital investment in public realm and open spaces* – with significant sums expected to be spent on open spaces (£20m), combined with public realm and transport investments (£500m), the offer for creating healthy places can be built in from the beginning. A small level of investment at the design stage can demonstrate public health benefits over the lifetime of the operation of each facility. Currently public health has influenced the design of the new leisure centres to ensure public health outcomes are reflected in the design of the buildings.

1.3.3 The Joint Health and Wellbeing Strategy recognises a particular opportunity around Brent Cross and Colindale for more intensive close working around the design of proposals in relation to planning pre-application processes. For example the plans for the expanded Brent Cross Shopping Centre are expected to be submitted in the next 12-24 months. The Council will soon begin the pre-application review of proposals for which the designs will influence the activity and behaviours of hundreds of thousands of people.

1.3.4 Additionally linked to the Colindale and Brent Cross growth areas is the potential for a new ‘data hub’ partnership with Middlesex University. This would bring together a wide range of information to enable evidence-led piloting of targeted health improvement projects, together with the effective review of health impacts broadly associated with regeneration activities.

**Meanwhile uses (Short- and medium-term measures)**

1.3.5 A key challenge associated with regeneration activities are the timeframes that schemes take to deliver housing and infrastructure outcomes. For example the Grahame Park Regeneration Scheme was approved by residents in 2003, but redevelopment of the central concourse areas is only anticipated towards the end of this decade (circa 15 years later). This means a decade or longer can pass by with people living as neighbours to large building sites whilst experiencing limited direct benefits as individuals, a matter that careful planning of proposals and timing of infrastructure delivery needs to consider.

1.3.6 Learning from public health research into the benefits of regeneration activities and specific successful regeneration schemes such as Kings Cross, we are exploring the role of ‘meanwhile uses’; this is the temporary use of space or buildings for community led activities or engagement, or on occasion also business or retail activities. Within areas that are the focus of regeneration, short term and temporary uses of space particularly where this promotes healthier living and positive health outcomes. We will begin by developing an options paper to identify suitable sites / buildings for temporary activities, alongside the identification of a small fund to assist these meanwhile activities and activation of spaces to come forward.

1.3.7 Regeneration of a number of town centres in the borough, coordinated through 'place-based commissioning' activities, provides an additional avenue for shaping healthier environments. Where smaller scale capital investments are planned, meanwhile activities could additionally help foster healthy behaviour changes in the local population. Town centre grants programmes are beginning to recognise and seek proposals that promote 'Healthy Town Centres' in addition to other more traditional measures focused on the Town Centre economy. The Council have incorporated 'healthy town centre' requirements into the tender brief for Finchley Church End to explore and pilot how this might work for Barnet. This would enable steps around food, active travel, well designed spaces to promote activity, and ways to promote the Five Ways to Mental Health, in this context.

1.3.8 Examples of meanwhile sites from other boroughs include:

- The squares and open spaces around Kings Cross have been turned over to various events and activities, including food festivals and stalls, outdoor dance classes, an art project that created a temporary lido, and skip gardens. More details are available at <https://www.kingscross.co.uk/whats-on>. This demonstrates the value of meanwhile uses within regeneration areas and key locations needing activation such as town centres.
- No.s 504 and 505 are renovated railway arches in Loughborough Junction. Quiet shared workspace and a small meeting space are provided in Arch 505 and an event space is located in Arch 504. Both are free to use by applicants. Arch 505 can accommodate 5 start-up businesses at a time. Arch 504 is a flexible event space that has hosted events from poetry, to theatre, to family-friendly community tennis. This example shows how spaces of seemingly limited value can provide good niche uses of economic and/or social benefit.

## 1.4 REGULATORY FUNCTIONS

1.4.1 Planning interfaces that are most commonly associated with the public's health are the regulatory functions of the Council including development management and licensing decisions in relation to specific types of use; in this area of work specific issues such as Hot Food Takeaways and Shisha Bars are examples of areas for discussion and action.

1.4.2 More indirectly there are a range of influences on the structure of the built environment that can affect health outcomes; particularly in relation to key issues such as physical activity and obesity, but also in relation to poorer housing. Already the Additional Licensing Scheme for HMOs has been approved and work on protecting vulnerable residents through Winterwell continues to develop, providing emergency aid in cold weather and advice and advice on fuel efficiency, debt and poverty.

- 1.4.3 We have considered the merit of developing a specific supplementary policy guidance on health matters, and though this may still emerge think that our efforts will be better focused on evidence gathering to feed into the Local Plan Review in 2017, to ensure that that policies of the local plan are providing the right regulatory framework for considerations around new developments.
- 1.4.4 At a more localised scale, the majority of people visiting town centres in Barnet do so by foot, bicycle or public transport. Encouraging this, particularly in less healthy areas, could drive good lifestyle behaviours and reduced demand for health and social care services. Therefore joint work with the Travel Planning team, town teams and the highways service (around the development of the cycling strategy) could be of benefit.
- 1.4.5 At this stage it is proposed that there are two key town centres to which energies will be focused, using Burnt Oak and Finchley Church End as our primary examples but expanding to other areas as opportunities arise and where capacity is available.
- 1.5 *Healthy High Streets and Town Centres – (Food and Local Economy)*
- 1.5.1 The Council are developing the Healthy High streets offer as part of the Town centres work and fostering relationships with local communities on developing healthier high streets, with a focus on weight management. This would include exploring a requirement for new food businesses, particularly those with an A5 use to commit to the Healthier Catering Commitment (HCC), and a continued focus on hot food takeaways to undertake the award, this complements the enforcement and advice role already undertaken by Environmental Health.
- 1.5.2 In addition identifying further clear steps that can be taken to regulate Shisha, both pre and post planning and enforcement, alongside promoting safer use and greater understanding. This would aim to complement other steps being developed to tackle shisha.
- 1.6 *Using Planning Tools (Building Design, Neighbourhood spaces)*
- 1.6.1 This would focus on three areas; firstly the development of health appraisal tools to be incorporated into planning decisions to maximise assessments on health of some planning decisions, an accompanying criteria would be developed and the assessment of planning applications would include pre-application discussions, building on the current use of the Healthy Urban Development Unit tools.
- 1.6.2 Secondly Health Impact Assessments would aim to become part of the process where the criteria indicate that a HIA or rapid HIA should be undertaken. Already this has been used successfully with the proposed new Leisure centres in Barnet. We have secured HIA training for one planner and one member of public health staff to date.
- 1.7 *Pre-application work on open spaces investments and landscaping*
- 1.7.1 Finally as transformative investments in parks and open spaces requires planning permission, a number of pilot sites for Healthy Open Spaces can be developed where there is alignment between planned investment and delivery of the Open Spaces Strategy. The Council would be looking to work with circa four pilot projects:

- a. **Victoria Recreation Ground, New Barnet** – Linked to investment secured through planned redevelopment of former Gas Works site / and the integration of the park with the leisure centre proposals.
  - b. **Upper Dollis Valley / Barnet Playing Fields / Brook Farm** - The Dollis Brook river corridor and east-west green belt fields along the top of the borough deliver poor outcomes from such large areas of public open space. Investment secured through Dollis Valley Estate development, the Ark Academy Secondary School and through the Parks and Open Spaces Strategy will enable options for improvements to be considered and a long term plan for the area.
  - c. **Copthall Estate** – Subsequent to the development of the Planning Brief / Masterplan, and proposals for the new leisure centre, we will work with partners to shape an action plan for the area that will deliver investments in a way that integrates public health priorities.
  - d. **Burnt Oak / Colindale** – The capital programme incorporates a £5m investment in Montrose Playing Fields / Silk Stream Park, and major improvements to other open spaces and public realm are planned. We will therefore work with delivery partners to ensure public health considerations are fully integrated into new proposals.
- 1.7.2 Coordination of SPA, Open Spaces Strategy and development of friends groups to align all these activities and support Barnet’s parks and open spaces service will enable them to take a more active role in promoting Health and Wellbeing.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 This approach is at the forefront of borough based development in London with regards to planning and public health and supports the approach initiated by the GLA and TfL to incorporate public health outcomes into planning to create healthy places.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The alternative option is to do nothing. This has not been recommended as there is already a momentum to integrating public health into environment, growth and regeneration and housing.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The programme will include the development of:
  - a) Detailed work plan and cost programme
  - b) The concept of ‘Healthy Places’

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The council identifies in the Corporate Plan an intention to implement its Community Participation Strategy and Action Plan to achieve its vision of greater community collaboration and resilience build stronger partnerships



with community groups co-ordinate and improve the support it gives to communities. The development of local space, regeneration and growth and the initiation of community based responses to health impact of these are central to this intention.

- 5.1.2 Also in the Corporate Plan public health has been identified as central to future regeneration schemes, with the borough's changes to the 'built environment' needing to be designed to help people keep fit and active.
- 5.1.3 The development of more innovative ways of maintaining its parks and green spaces, including through greater partnerships with community groups and focus on using parks to achieve wider public health priorities for the borough.
- 5.1.4 In addition the commitments to growth and business identified in Entrepreneurial Barnet<sup>2</sup> provide an excellent springboard from which to further develop the positive experience of those who work, live and study in Barnet through integrating responses to key public health issues and town centres.
- 5.1.5 Deprivation, heart disease and obesity are important factors for life long health. The JSNA identifies that Coronary Heart Disease is the number one cause of death amongst both men and women in Barnet. As male life expectancy continues to converge with that of women it is likely that the prevalence of some long term conditions will increase in men faster than in women.
- 5.1.6 Adult and child obesity is currently lower in Barnet than the average rates for London. However adult hospital admission rates due to obesity are higher suggesting a need for targeted interventions.
- 5.1.7 The areas with the highest rates of child obesity are Colindale, Burnt Oak and Underhill. These are also the areas with amongst the lowest levels of participation in sport, the lowest levels of park use, and the lowest rate of volunteering. Public Health involvement in pilots has been aligned with these locations.
- 5.1.8 The opportunities for physical activity and addressing obesity are closely tied to the built environment and access to open spaces, in addition to access to a variety of good quality food choices.

## 5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 This paper aims to explore the potential for taking forward the planning and public health options and integrating these into existing programmes or seeking to identify resource implications for future consideration by the Board or relevant board. At this stage, there are no financial implications as a direct result of this report; it identifies a series of potential projects. The public health team have identified time in order to support the development of this

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<sup>2</sup> Entrepreneurial Barnet - <https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html>

programme.

5.2.2 Authorisation at this stage is only to work up the details of each of the elements of the programme and identify where existing resources could be utilised. Further reports will be brought to the Board on progress and identifying additional funding or resources.

### 5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. This would be integral to Healthy Places where and if procurement takes place.

5.3.2 To date the Finchley Church End commission has been the first commission to explicitly suggest the potential for supporting the achievement of public health outcomes as part of the social value component of commissions.

### 5.4 **Legal and Constitutional References**

5.4.1 The Council's Constitution sets out the Terms of Reference (Responsibility for Functions – Annex A) of the Health and Well-Being Board:

5.4.2 To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.

5.4.3 To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients

5.4.4 To directly address health inequalities through its strategies and have specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.

5.4.5 To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

5.4.6 Specific responsibilities for:

- Overseeing public health
- Developing further health and social care integration

### 5.5 **Risk Management**

5.5.1 There is a risk that the opportunities for public health presented by current strategy on regeneration and development will be missed unless appropriate resources can be brought on a scale proportionate to the opportunities.

### 5.6 **Equalities and Diversity**

5.6.1 The 2010 Equality Act sets out the Public Sector Equalities Duty which

requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the local authority and the CCGs are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.2 Each component of the healthy places will assess or be assessed against criteria of groups of protective characteristics, and/or those groups where a particular impact is expected to occur.

## 5.7 **Consultation and Engagement**

5.7.1 Consultation and engagement will be an important component and where this is not already built into existing work – and Health Impact Assessment for example, it will be added.

## 5.8 **Insight**

5.8.1 Public Health data has been used to inform the health needs described primarily from the JSNA<sup>3</sup>. Insight data present in Entrepreneurial Barnet will have informed other information but no specific requests were made to Insight as this was not required.

## 6. **BACKGROUND PAPERS**

6.1 None.

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<sup>3</sup> JSNA – [www.barnet.gov.uk/JSNA](http://www.barnet.gov.uk/JSNA)