

	<b>Health and Wellbeing Board</b>  <b>25 January 2018</b>
<b>Title</b>	<b>Barnet Annual Director of Public Health Report 2017: The Built Environment and Health</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1: Barnet Annual Director of Public Health Report 2017: The Built Environment and Health
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<h2>Summary</h2>
<p>This report describes the importance of the built environment on health and wellbeing. It sets out actions underway and a series of recommendations that will enable the Barnet built environment promote long-term health and wellbeing outcomes for residents and those in the borough. It focuses on six key elements of the built environment: neighbourhood spaces; building design; food; local economy; movement &amp; access; and open space &amp; recreation. These six elements are 'wider determinants of health' which can be best addressed via collaborative working between public health, planning, development and community stakeholders.</p> <p>Each element is presented within its Barnet context, health impacts are discussed, and relevant policies and local action are summarised; recommendations for further action and consideration are then made.</p>

## **Recommendations**

**1. That the Health and Wellbeing Board considers the Annual Report of the Director of Public Health 2017: The Built Environment and Health (Appendix 1).**

**2. That the Health and Wellbeing Board considers and comments on the recommendations for contained in the Annual Report.**

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

- 1.1 Our health is significantly affected by the built environment – defined as buildings, spaces and products that are created or modified by people. In turn, the built environment shapes people's activities, lifestyle, community and local economy. Each of these factors affects people's short- and long-term health.
- 1.2 Public health specialists and other key partners are responsible for ensuring that local planning and development helps build healthy lives and communities. Public health aims to maximise the positive health impact of planning and development work, in order to create healthier places and get maximum value from council investment, working closely with colleagues.
- 1.3 Residents in deprived areas suffer more from poor housing, higher crime rates, poor air quality, dangerous traffic, lack of green areas and play spaces, and the negative effects of climate change.
- 1.4 The 2017 Annual Director of Public Health Report (ADPHR) highlights established evidence on the health effects of the six elements of the built environment: neighbourhood spaces; open space & recreation; building design; movement & access; local economy; and food. For each element, the ADPHR also summarises the Barnet context, relevant policies (regional, local and neighbourhood) and local action.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The Annual Director of Public Health Report is a statutory requirement of the Director of Public Health.
- 2.2 This 2017 Annual Director of Public Health Report presents recommendations for local work on each of the six elements of the built environment:
- 2.3 The background to these six elements is provided in the full report, alongside achievements to date in each of these areas.

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

- 3.1 The alternative option is to do nothing. This was not considered as the Annual Director of Public Health Report is a statutory requirement of the Director of Public Health.

#### **4. POST-DECISION IMPLEMENTATION**

- 4.1 There is already a programme of work which supports the development of these areas of work. The Public Health team is working alongside colleagues in planning, regeneration, housing, green spaces and transport to take forward a number of key actions. Public Health is working closely with colleagues on the development of the Local Plan and on the Community Investment Levy (CIL) group.

#### **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 The 2017 Annual Director of Public Health Report highlights Barnet's *Corporate Plan, Local Plan and Joint Strategic Needs Assessment*, as well as strategies for housing, transport, regeneration, specific town centres, parks & open spaces, and sport & physical activity, all of which link the built environment to population health and encourage healthy lifestyles via environmental planning and development. The 2017 *Creating Healthy Places* report proposes that public health specialists review existing spatially related strategies and policies to identify key opportunities for the next few years.
- 5.1.2 Barnet has adopted the 'three strands' approach, which directs that protection, enhancement and growth should underpin all planning work (local, corporate and entrepreneurial), to address community concerns. Green space protection and environmental improvements are mandated.
- 5.1.3 The *Corporate Plan 2015–2020* sets out that public health specialists will complete Health Impact Assessments (HIAs) and Health Needs Assessments (HNAs) as an integral part of the planning process. These established public health tools help maximise positive health impacts and minimise negative effects of built environment developments.
- 5.1.4 A key aim of the Barnet *Local Plan* is to create a health-supporting environment. The ADPHR reflects this priority.
- 5.1.5 *Entrepreneurial Barnet* addresses the importance of a high quality built environment for local business development and the ADPHR reflects this priority.
- 5.1.6 Barnet's extensive growth and regeneration programme incorporates the development of 'lifetime neighbourhoods' (fostering long-term independence), mixed land use, more parks and green spaces, more children's play areas, and improved active transport facilities and access routes. The ADPHR provides recommended actions in this area.

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

5.2.1 Resources to develop the strategy have been identified and implemented. Other resources to take forward the recommendations will be identified as part of the ongoing work.

### 5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires those 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.

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

5.4.1 The Health and Social Care Act 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on the health of the people in the area of the Local Authority and the Local Authority is required to publish this report.

5.4.2 Under the NHS Act 2006 as amended by the Health and Social Care Act 2012, Local Authorities are required to take particular steps in exercising public health functions, and the regulations cover commissioning of services.

5.4.3 The terms of reference of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and to apply the findings of the Barnet JSNA to all relevant strategies and policies.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- 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. To explore partnership work across North Central London where appropriate.
- Receive the Annual Report of the Director of Public Health (ADPH) and commission and oversee further work that will improve public health outcomes.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

### 5.5 **Risk Management**

5.5.1 None identified

### 5.6 **Equalities and Diversity**

5.6.1 The 2017 ADPHR provides evidence and recommendations relevant to improving the health outcomes of older people, children and those on low incomes.

## 5.7 **Consultation and Engagement**

5.7.1 Not applicable.

## 5.8 **Insight**

5.8.1 Public health intelligence data is the primary source for the report, alongside London Borough of Barnet publications such as the *Local Plan*, *Corporate Plan*, *Entrepreneurial Barnet* and *Joint Strategic Needs Assessment*. Intelligence data presented in the report was the most up to date available at the time of writing.

## 6. BACKGROUND PAPERS

- 6.1 *Planning Healthy-weight Environments: Reuniting Health with Planning Report*. TCPA & Public Health England, 2014.  
<https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=7166d749-288a-4306-bb74-10b6c4ffd460>
- 6.2 *Healthy Urban Planning Checklist*. London Healthy Urban Development Unit, 2015.  
<http://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2015/07/Healthy-Urban-Planning-Checklist-June-2015.pdf>
- 6.3 *Fair Society, Healthy Lives*. The Marmot Review, 2010.  
<http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>
- 6.4 Geddes I, Allen J, Allen M *et al*. *The Marmot Review: Implications for Spatial Planning*. UCL Institute of Health Equity, 2011.  
<http://www.instituteoftheequity.org/projects/nice-spatial-planning-and-health>
- 6.5 *Health on the High Street*. Royal Society for Public Health, 2016.  
<https://www.rsph.org.uk/our-work/campaigns/health-on-the-high-street.html>
- 6.6 Saunders L. *Mayor's Transport Strategy and Health*. Transport for London, 2017, p. 9.  
<http://iseh.co.uk/data/documents/MTS%20Health%20Sector%20Stakeholders%20engagement%20event%20Jan%202017.pdf>
- 6.7 *Shaping Neighbourhoods: Play and Informal Recreation Supplementary Planning Guidance*. Mayor of London, 2011.  
<https://www.london.gov.uk/file/5270/download?token= LaKt0Dg>
- 6.8 *Checklist of Essential Features of Age-friendly Cities*. World Health Organization, 2007. [http://www.who.int/ageing/publications/Age\\_friendly\\_cities\\_checklist.pdf](http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf)
- 6.9 *Chance of a Lifetime: The Impact of Bad Housing on Children's Lives*. Shelter, 2006.  
[https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0016/39202/Chance\\_of\\_a\\_Lifetime.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf)
- 6.10 *Active Design Guidelines: Promoting Physical Activity and Health in Design*. New York City Departments of Design and Construction, 2010.  
<https://centerforactivedesign.org/dl/guidelines.pdf>
- 6.11 *Inclusion by Design: Equality, Diversity and the Built Environment*. Commission for Architecture and the Built Environment, 2008.  
<https://www.designcouncil.org.uk/sites/default/files/asset/document/inclusion-by-design.pdf>
- 6.12 *Active Design*. Sport England, 2015. <https://www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/>
- 6.13 *Valuing the Health Benefits of Transport Schemes: Guidance for London*. Transport for London, 2015. <http://content.tfl.gov.uk/valuing-the-health-benefits-of-transport-schemes.pdf>
- 6.14 *International Cycling Infrastructure Best Practice Study*. Transport for London, 2014.  
<http://content.tfl.gov.uk/international-cycling-infrastructure-best-practice-study.pdf>