

**Incorporating health considerations in
land-use planning and policy development: a
review of activities in Stoke City Council in the
UK and suggestions for application in NSW**

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Contents

Summary i

Background and purpose 1

1 Stoke on Trent Healthy Cities Program 2

Background to the program 2

Program design and activities 2

1.1 Policy-watch / decision-check: integrating the consideration of public health into all local policy and decision-making structures 5

1.2. Healthy Regeneration and HIA: Health Proofing masterplan designs 5

1.3. Embedding Health Impact Assessment (HIA) into the masterplanning process of the major regeneration projects happening in the City 6

1.4. Healthy Urban Planning: embedding WHO Healthy Urban Planning Principles into the statutory planning process within the City 8

Healthy city development management checklist 8

Statutory guidance on healthy urban planning: checklist and health impact assessment 8

1.5. Healthy Community Development: empowering and enabling local residents to directly tackle local neighbourhood environmental barriers to health improvement through health focused community development 10

Drivers for the program 11

2 Critique and relevance for the NSW context 12

Critique 12

NSW drivers 12

City of Sydney and Liverpool 13

Conclusion 13

Appendix 15

Tables and Figures

Table 1 Typology of Different Health Planning and Policy Development Tools used in the Stoke Healthy City Program 3

Figure 1 Local Development Framework 9

Summary

There has been increased interest in the relationship between health and the urban environment in recent years. However there has been limited knowledge about how to strategically develop collaborations between organisations which aim to influence 'healthy' planning practice. In Sydney, New South Wales, Australia an ongoing collaboration between the Sydney and South Western Sydney Local Health Districts and the Centre for Health Equity Training, Research and Evaluation at the University of New South Wales has been investigating the use of tools, processes and other ways to progress health and equity in urban focussed policy and planning. We have reviewed activities developed by 'Stoke Healthy City' in the U.K. to inform our work. The work in Stoke was intuitively appealing because of an explicit intention to work at multiple levels and with different tools and processes. These tools and activities are not particularly innovative in themselves. For example, the Sydney and South Western Sydney Local Health Districts already utilise HIA and health development checklists and have a long history of strong community engagement. However, what is unique about Stoke is that it has brought together a range of activities and tools that can be utilised at different stages within the planning and policy development process in order to mainstream the consideration of health into all levels of activity. Given the recent and upcoming changes to the land use and community strategic planning systems in New South Wales the activities detailed in this report provide practical examples of what is required to influence healthy urban planning and policy development.

Background and purpose

This review of work undertaken by 'Stoke Healthy City' in the UK is to inform the future collaborative work between Sydney and South Western Sydney Local Health Districts (LHDs) and the Centre for Health Equity Training, Research and Evaluation (CHETRE) at the University of New South Wales. This collaboration has for the past five years been developing and using processes, tools and capacity to influence the conditions for good health in the population, including policy and planning development in sectors other than health.

Work undertaken by 'Stoke Healthy City' in the UK has been identified as innovative in terms of influencing the business of a council to take on health within their policy and planning processes. This review of this work intends to provide insight into its relevance for the NSW context and specifically working with two local NSW councils, City of Sydney and Liverpool City. Notably the program of work in Stoke has yet to be formally evaluated and therefore outcomes are not currently available; this report therefore focusses on processes rather than impact.

This report initially focuses on reviewing the available documentation on the Stoke Healthy City Program. The final section provides an overall critique of the program of work, highlighting various current opportunities in NSW with a focus on plans being developed in City of Sydney and Liverpool City Council.

Research Questions

- What are the points of influence within development and implementation of policy and planning in Stoke City Council to encourage consideration of health, wellbeing and equity?
- Are these relevant to the current business of local government authorities in NSW, Australia?
- Are these relevant to the community strategic plans being developed by City of Sydney and Liverpool City Council?

Method

- Review of Stoke documentation (plus stakeholder interview and email contact with stakeholders).
- Review of NSW documentation related to policy and planning in local government.
- Review of community strategic planning documentation of two identified NSW local governments: Liverpool City Council and City of Sydney.

1 Stoke on Trent Healthy Cities Program

Background to the program

There are a number of clear conceptual entry points to the program. Stoke on Trent is relatively disadvantaged in terms of health status when compared to other UK cities. The program is a healthy city initiative, directly connected with the WHO Europe healthy city program (2000 to 2014). This has practical implications as the WHO Europe work on Healthy Urban Planning forms the substance of the healthy planning checklist that forms one tier of the program's intervention strategies.

The program rests on two stated models of health. First health is broadly defined and connected to quality of life through the 'many things that influence our health'. Local area, housing, employment, education and provision of health services are then listed as determinants of health. Second health is then framed in terms of behavioural risk factors; eating and drinking, physical activity, sleep, smoking and drug use being the stated examples. Three premises of the program build on these. First, equity and distribution of health status is referred to as 'considerable variations in health in the city...with some communities enjoying better health than others'. Second, as a result of this, the program recognises that intersectoral action is required because 'no single agency can tackle all the issues which affect our health...'. Third, the program therefore states its aims as 'contributing to healthy public policy' and working with partners to develop tools, processes and capacity to make changes that improve population health.

A further entry point is highlighted in the 2008/9 NHS Stoke-on-Trent annual report. This mentions that research was undertaken that mapped how individuals and communities interact with the built environment with particular reference to physical activity. This found very low levels of physical activity and identified various built environment factors associated with this. These included proximity of shops and places of work, attractiveness of buildings, access to green space, levels of criminal damage and traffic conditions.

Program design and activities

Table One provides an overview of five levels of activity occurring in Stoke against a typology of core characteristics of the activities presented in the documentation. These aim 'to create substantial and lasting improvements in the health and wellbeing of local residents and the urban environment'.[†] These are then detailed below, supported by a review of associated available documentation.

Documents and websites included in review of Stoke Healthy Cities:

- <http://www.healthycity-stoke.co.uk/>, with specific focus on the following webpages; 'Healthy Urban Planning and Design', 'Health Impact Assessment', and 'Health Publications' (including links to 'My Health Matters')
- The draft Healthy Urban Planning Supplementary Planning Document was provided by the UK and Ireland Health Impact Assessment Listserv: <https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=HIANET> and a copy is available on request
- <http://www.who.int/hia/conference/posters/en/index.html>, 'Stoke-on-Trent Healthy City Health and Health Equity in All Policies' Poster available from World Health Organisation Website
- <http://www.idea.gov.uk/idk/core/page.do?pagelid=23268771>, UK Local Government 'Improvement and Development' overview of Stoke activities

(accessed September 2011)

[†] Poster presentation WHO HIA Conference 2010, Geneva.

Table 1 Typology of Different Health Planning and Policy Development Tools used in the Stoke Healthy City Program

| | Policy watch/decision watch | Health proofing masterplans | Health impact assessment into land use planning | WHO healthy urban planning checklist | Healthy community development |
|--|--|---|---|---|---|
| Where in planning / policy development process? | At outset of policy making | Once master planning options developed to inform final preferred option | Prospectively but, once draft options developed, used to inform final preferred option | Early in planning application process and assessing draft policy documents | Needs assessment and research to inform local policy development |
| Aims | Integrate health considerations into and across policy development | Review design options against WHO healthy urban planning items and make recommendations | Assess impacts of: Development Plan Policies, Planning applications for 'large scale major' development, masterplans and regeneration projects | Provide content input against checklist items into options development | Working with 3 identified disadvantaged communities to: Identify barriers to improving health (healthy eating and physical activity entry points) Finding ways to solve them Provide possible solutions |
| Scope and process | Web-based integrated impact assessment process to track all new policies and enable people to add their responses, and for these to be monitored over time | Structured stepwise process that is either rapid or in-depth and maps the options against already established health criteria in WHO healthy urban planning checklist. Recommendations are developed with the design team. | Required to consider all potential health impacts and should mitigate any adverse impacts arising from the proposal. Systematic structured process; screening, scoping impacts and developing terms of reference for committee, identification of different types and quality of evidence; assessment of scoped impacts based on evidence; detailed recommendations, monitoring and follow-up plans developed. | Incorporate health considerations in plan-making and place shaping, and when evaluating plans, schemes or proposals. | GIS map of built environment and community survey of access, crime and traffic accidents Develop effective partnerships between stakeholder agencies Develop pragmatic interventions Pilot interventions |
| Local and decision-making contextual considerations | Policy makers' input is included, community input is unclear | Context specific as maps pre-determined health issues against options and develops recommendations in consultation with planning team. | Context determined as areas of health impact scoped as relevant by steering group, recommendations are developed collaboratively and with decision-making in mind and signed off by each agency. Community involvement is encouraged to provide local contextual knowledge. | Context specific as pre-determined health issues mapped against or incorporated into the plan or policy being developed by those responsible for the plan | Contextually dependent |
| Equity | Unclear, but does incorporate elements of equality / equity impact assessment and health impact assessment | Specific focus on health equity and vulnerable groups and people's use of spaces and places | Specific focus on equity in relation to vulnerable groups | No – but emphasised in accompanying planning document | Specific focus on equity and interventions to reduce disadvantage |
| Time | Hours | Hours to days | Weeks to years | Hours | Years |
| Who is involved | Policy makers | Public health team undertake, preferably in partnership with planning team | Local planning authorities, developers and their agents, individuals (and communities) | Developers and agents, Planners | Community development workers with community members in partnership with local agencies |
| Resources | Minimal (time only) | Low to high | Low to high | Minimal (time only) | High (presumably) |

1.1 Policy-watch / decision-check: integrating the consideration of public health into all local policy and decision-making structures

The 2008/9 NHS annual report links the Policy Watch strategy directly under 'healthy public policy' and specifically under the rubric of 'health and health equity in all local policies' that was part of the 2008 WHO Commission on the Social Determinants of Health report and has since become a core driver of the Healthy City (2000-2014).

Reviews of existing policy making process and decision making for six months leading up to April 2009 were conducted in partnership with the City Council. These showed that public health issues did not routinely feature in development of public policy. On the basis of this finding the City Council agreed to adopt, adapt and implement 'policy watch'. This is a web-based integrated impact assessment tool (i.e. uses a set of questions from different types of impact assessment including health, social, environmental, economic, and equalities) based on a prototype designed by West Midlands Public Health Observatory to assist with the integration of health and other key policy concerns at the outset of policy making processes. A follow up email with stakeholders clarified that the prototype creates a database that can track all new policies and enable people to add their responses, so that these can be tracked over time. The poster concludes that this is at the stage of being adapted to local circumstances prior to implementing it across the city.

Notably this tool has application beyond land-use planning. The Stoke NHS annual report frames this tool as having 'the potential to transform policy making, and significantly raise the profile of health as a key concern in a number of policy fields, from economic development, leisure through to community safety and environment.' (p. 30).

There is no recent publicly available material about the progress of 'policy watch'. A follow up email with stakeholders involved in Stoke Healthy Cities however revealed the name has since been changed to 'decision-check'. The project is currently at the stage of developing a prototype to capture the thinking/analysis that policy teams undertake when developing new policies. This was intended to be piloted during October and November 2011 with a view to being implemented from January 2012 following the results of these pilots.

1.2 Healthy Regeneration and HIA: Health Proofing masterplan designs

In 2010 the Stoke program produced 'Health proofing masterplan designs: a guide'. The guide states that in the UK context masterplan designs are 'the set of documents, primarily design drawings, that are developed to show how the physical environment is going to be transformed' (p. 1). These tend to show overall blocks of housing, greenspace and industrial/business areas without going into detail of the exact size, orientation and nature of developments.

The guide was developed to support reviewing and 'health proofing' masterplan design options and professional cross-disciplinary awareness raising and training. This was also developed flexibly to fit the planning and community context in which it is used.

The guide came about through the program's pilot research project, which ran from 2008-10, and looked at embedding HIA and healthy urban planning in North Staffordshire. The guide bases itself in the historical connection between health and urban planning. It identifies putting people, their families and communities at the heart of planning and regeneration is placed centrally to the work. This encourages designing the physical environment with an emphasis on people's interaction with how places and spaces are used related to personal, social, economic and environmental resources. Health inequalities and equity are linked to those with fewer of these resources, and existing poor health and wellbeing, being disproportionately affected by physical environment changes through masterplanning. The WHO healthy urban planning principles are reiterated at the beginning of the document.

The guide recognises that planners are already considering impacts related to masterplanning, but that public health professionals can bring knowledge and expertise of an area plus perspectives on public health and equity. Specific issues are identified:

- people's use and movement through a neighbourhood;

- types and networks of roads, parking, footpaths etc;
- people's ability to access and use the planned developments.

The guide then reproduces a causal pathway map, based on existence of evidence and type of impact, to map regeneration activities and their potential health impacts.

Of note is that health proofing is described as less detailed, and therefore not a substitute for, HIA. However the findings can be used to inform an HIA, as well as support other strategic policy and planning processes.

The process occurs over five steps, which are as follows:

1. Get the draft masterplanning design options (DMDO's)
2. Review the vision and objectives
3. Review the draft options
4. Recommend, challenge and support design elements to protect and enhance health and wellbeing
5. Do a follow-up review of the final masterplan design

There are no publicly available evaluations of the health proofing process or impact available. However, two case studies are provided on the program's website. One was conducted in Middleport via a workshop with various public health experts. The first part of the analysis identifies issues against the WHO healthy urban planning principles. This is followed by analysis of, and suggestions for: the masterplan vision and objectives; housing design; social capital and social cohesion; mental wellbeing; public health input and partnership; and three masterplan options. 'Other comments' are added as well as explicit identification of likely affected groups. The positive and negative impacts of each option are then assessed against the relationship between; housing, green space and commercial areas; social capital and community cohesion; transport and connectivity; and services and amenities. Questions are then identified, maps of the area and plans provided, and recommendations made (general and specific to the vision, objectives and each option). A final 'preferred' option is presented.

The second case study details reviewing four draft options for an estate using rapid and in-depth health proofing using the matrices provided in the guide. The focus is on the WHO healthy planning principles. Maps are provided, recommendations (general and specific) developed and preferred options are identified.

1.3. Embedding Health Impact Assessment (HIA) into the masterplanning process of the major regeneration projects happening in the City

An 'innovation and learning' report was developed by the program based on the experience of conducting 'four pilot research HIAs' in North Staffordshire. The report covers the following; lessons from the four HIAs; input into health related guidance, tools and materials; SWOT analysis for embedding HIA in North Staffordshire; and recommendations.

Planners were asked what they thought was good about the process, what could be done better and what is need to embed HIA. Reported responses about what was good were:

- the process was useful (but ongoing government support was questioned)
- timing of the HIA was correct – i.e. before completion of the masterplan
- a focus on implementation and operation phase of masterplanning
- quality of the analysis and the report.

What could be done better:

- Less detail and less cost
- Early engagement by a health representative in the planning process, plus incorporating the HIAs baseline data / options development earlier in the planning process
- Better reporting of consultation processes
- Better collaboration with consultants responsible for the plan

What is needed to embed HIA:

- National requirement / statutory requirement
- Resources
- Health system leading by example
- Staff with expertise / training
- Incorporated into masterplanning process

The HIAs were seen overall as useful support and helping to improve the detailed design and implementation of the plans being assessed. Specific health input into plans is an identified benefit. Others were linking to climate change and demonstrating the need for assessing health in higher level policy documents and processes. Another useful finding was that early engagement in the masterplanning process is important and beneficial because these processes are ‘fluid and dynamic’.

Multi-agency involvement on the steering committee, openness of those involved and an opportunity to feed into other guidance being developed were seen as facilitators. Lack of local data, lack of scientific evidence, and lack of quantitative methods were seen as limiting the quality of the HIAs. Timing is highlighted because HIAs require flexibility, although it is noted that the more time is available the higher the quality of the HIA. Cost of an HIA is then discussed as being relatively low compared to the overall costs of masterplanning. This runs counter to the point about additional resources required that was raised by the planners in the evaluation.

The report then details a SWOT analysis, as follows:

| | |
|--|---|
| Strengths <ul style="list-style-type: none">• Good multi-agency partnership working• Openness to using HIA for new strategic and regeneration proposals• Alignment of policies and shared agendas | Weaknesses <ul style="list-style-type: none">• Lack of expertise and time available for existing staff to contribute to HIA• Primary Care Trusts (PCTs) are likely to be the main/only driver for HIA use |
| Opportunities <ul style="list-style-type: none">• The four HIAs build on a wide range of health and wellbeing work currently being undertaken in North Staffordshire. | Threats <ul style="list-style-type: none">• Changing policy priorities• Perceived lack of effectiveness of HIA• Lack of time and staff |

Recommendations are to increase the role of Primary Care Trusts (PCT) in doing and supporting HIAs, and PCTs being better engaged in HIAs done by consultants. Council and the PCT are both recommended to build capacity to undertake HIA. The use of HIA or HIAs’ findings and recommendations are recommended as a criterion to decide on planning permissions for private sector developers. The integration of health into sustainability appraisals for area action plans is also recommended.

Finally some useful flow charts of how HIA and health provide input into masterplanning, planning assessment and strategic assessment processes are provided – see Appendix. These are useful in their visual demonstration of the potential of these different tools – the checklist, health proofing and HIA – at different stages of the overall cycle of these processes.

1.4. Healthy Urban Planning: embedding WHO Healthy Urban Planning Principles into the statutory planning process within the City

A review was undertaken (date not specified) of the statutory planning processes in Stoke-on-Trent against the twelve World Health Organization (WHO) principles of Healthy Urban Planning. The review made recommendations for integrating health into planning considerations on an equal footing with economic considerations; including the creation of a Healthy City Development Management Checklist. As of 2010 the recommendations were under discussion and being negotiated by the City Council, North Staffordshire Housing Partnership (RENEW) and Stoke-on-Trent PCT. The NHS 2008/9 annual report states the need to ensure 'key strategies' - the Sustainable Community Strategy, the City Council Corporate Strategy and the North Staffordshire Regeneration Business Plan - explicitly acknowledge the need to enhance health and wellbeing in Stoke-on-Trent. In addition the Local Development Framework and related documents and strategies are flagged as needing to clearly reflect 'health improvement'.

Two outputs have been published. One is a healthy city development management checklist, and the other statutory guidance on healthy urban planning.

Healthy city development management checklist

The checklist is a tool to aid the assessment of pre application proposals and planning applications. The series of questions in the checklist is divided into categories corresponding to the WHO Healthy Urban Planning objectives. These 11 objectives have been developed to cover all aspects of planning that impact on population health. The checklist is intended primarily for use by Development Management staff of the local planning authority but can be used by developers to assess their own proposals and by other professionals. The checklist is designed to be used during the assessment of drawings and associated materials.

This enables planning staff to score compliance with each principle against a series of 64 questions – which form 'opportunities to improve health outcomes' followed by a 'yes' or 'no' or 'N/A' (or partial) - covering each of the 11 categories. Suggestions for mitigation and enhancement can then be made. Where a proposal appears not to be in compliance, planners will assess to what extent the proposal can be altered to make it comply with the principle.

The checklist is recommended to be used alongside the existing 'Local Development Framework' – detailed in the next section (the equivalent in NSW is a Local Environment Plan). This framework is noted as already containing core policies to promote health which could be used to support or reject development proposals on health grounds. The checklist is anticipated to identify shortcomings and possible improvements to proposals for planning staff who then negotiate changes to schemes. Alternatively where the checklist score highlights significant shortcomings in a proposal, and where no improvements can be identified or where developers refuse to introduce improvements, planners may decide to refuse the scheme wholly or partly on health grounds in accordance with 'Local Development Framework' policy.

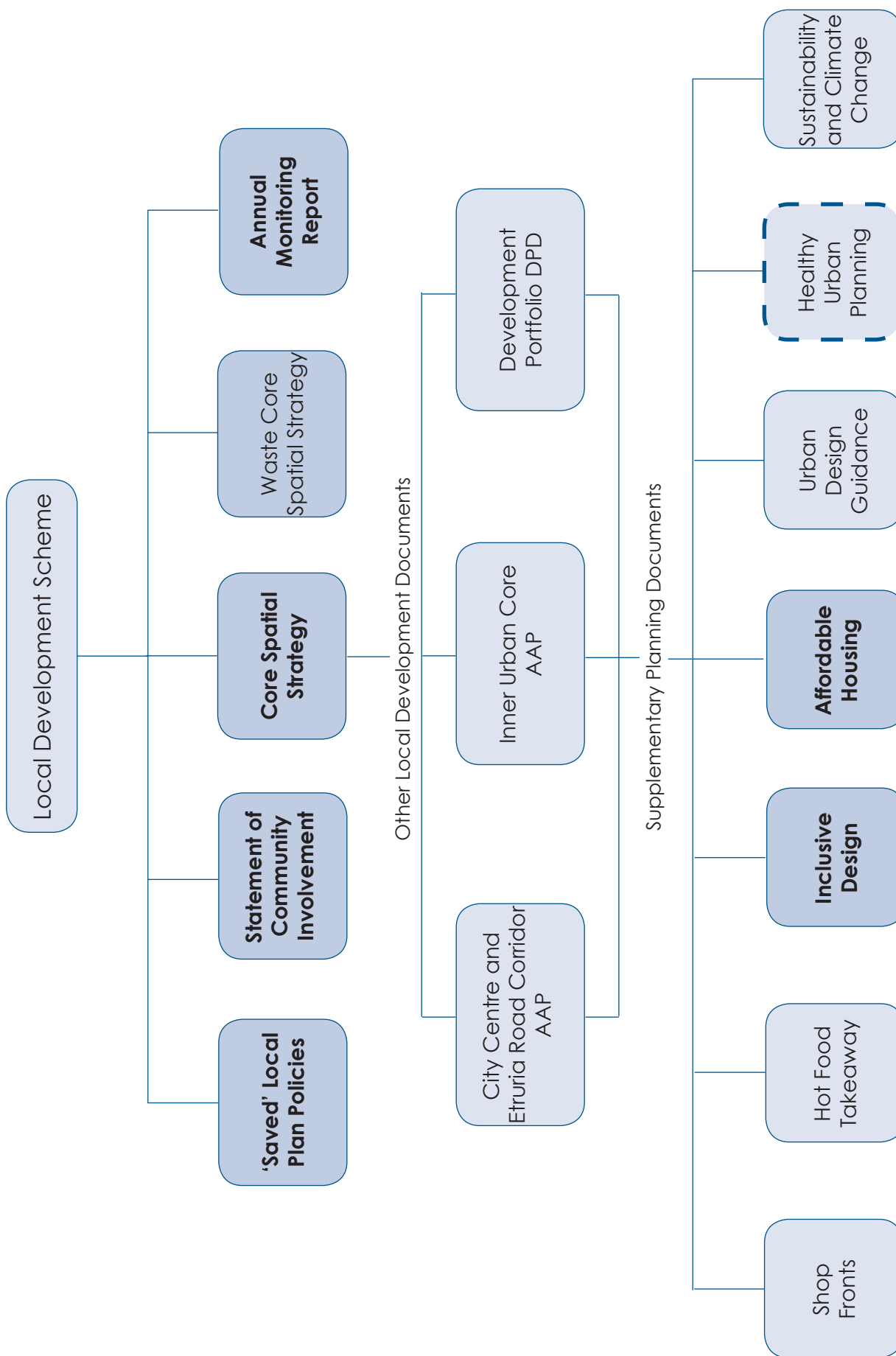
The supporting document identifies that all Development Management staff – with training also open to elected councillors - will be trained in the use of the checklist. It is then anticipated that all major development proposals will be assessed using the checklist. A suggestion is that the results of the checklist can be used in planning reports, including the score achieved. A record will be kept of each assessment and of shortcomings identified, any changes made to improve proposals, and any proposals rejected on health grounds. A report will be produced to record the progress in improving applications to help deliver development that underpins the Healthy City Planning agenda.

Statutory guidance on healthy urban planning: checklist and health impact assessment

A draft 'Local Development Framework Supplementary Planning Document' was released for consultation in February 2011. This builds on a core strategy policy that requires new developments to contribute positively to healthy lifestyles. The document includes various sections. First is background information on the relationship between health and planning, and a health profile of Stoke. There are also links to related national statutory policy

Figure 1 Local Development Framework

Documents in force are emboldened.



guidance. There is then an emphasis on the Local Development Framework as the core policy opportunity to progress healthy urban planning locally – shown in Figure 1. Links between healthy urban planning and other relevant policies on the framework are then highlighted.

The main purpose of the healthy urban planning SPD is to provide a practical tool for planners and other stakeholders to refer to when involved in planning and policy decisions. Once adopted the document is flagged as forming part of the local development frameworks alongside existing and other planning development documents. Specific circumstances where the SPD should consider health are identified across the planning process: initially planning policy development; development of planning applications; pre-application enquiries; planning and enforcement; and commissioning, managing and preparation of masterplans and regeneration projects.

A different version of the healthy urban planning checklist is then outlined. This has items under five core areas of consideration: partnership and inclusion, healthy neighbourhoods, planning for active lifestyles, protecting the environment, design for safety and wellbeing.

Each area is then mapped against existing local and national policy links and sources of evidence.

The final section details the background to and steps involved in doing a health impact assessment for land-use planning and links this directly to sustainable development requirements in statutory planning. The guide suggests land use focussed HIAs are conducted by the following: local planning authorities for both Development Plan policies and Planning applications for 'large scale major' development, developers and agents when preparing proposals for large scale developments, and individuals involved in masterplans and regeneration projects to assist with options appraisal. The various benefits of doing an HIA are outlined including, in order: reducing inequalities; enhancing decision-making; demonstrating benefits of plans and policies to, and involving, community; and to improve developments. The steps of an HIA are outlined, along with the various depths at which an HIA can be 'scoped', rapid, intermediate or comprehensive. The guide encourages the use of HIA to consider all health issues related to a development, and provides a list of health outcomes, health determinants and vulnerable groups to consider.

1.5. [Healthy Community Development: empowering and enabling local residents to directly tackle local neighbourhood environmental barriers to health improvement through health focused community development](#)

The community level activities of the program have been named 'my health matters'. This is a community based program situated in three areas of high inequality in the city, and is a three year project that began in 2009. The purpose is to support the most disadvantaged community residents to overcome individual, community and environmental barriers to improving their health and wellbeing and promoting physical activity and healthy eating.* The project was based on research that identified environmental and individual predictors of physical activity in urban communities. An overview of the Stoke program suggests this was developed because the council's head of planning wanted to find out what local communities felt would improve their health (IDEA, 2010). To this end development workers are helping communities to:

- Identify barriers to improving health
- Find ways to solve them
- Refer possible solutions onto area implementation teams and relevant service areas

A baseline summary report provides more detail about the project and its activities. The project is being led by Stafford University, and has been designed specifically to help build partnerships with statutory healthcare providers and the local voluntary and community sector to help meet the challenge of increasing physical activity and healthy eating targeted areas in the city. There are four phases of work. Phase one is to produce a detailed baseline map of the built environment. Phase two is to develop effective partnerships to design neighbourhood interventions and to engage local community residents. Phase three builds on partnership consensus to identify,

* It appears that these health issues were defined by the program rather than communities.

prioritise and design pragmatic intervention(s) that address specific environmental disparities related to physical inactivity and healthy eating. The fourth phase is to pilot the intervention(s) to test process, implementation and evaluate effects of the approach to increasing physical activity and healthy eating.

The baseline report shows results from phase one. Results of GIS mapping and a community survey are reported. GIS mapping looking at access issues (for example to green space and physical activity facilities), traffic accidents and crime. The community survey looked at general health, healthy eating, perception of neighbourhood walkability, social capital and physical activity.

Drivers for the program

Various drivers for the program are discussed on the IDEA webpage covering the work. One is that the City is part of the WHO Europe healthy city network, which has various strategies and measures to comply with – notably the theme of healthy urban planning and design and health and health equity in all local policies. Another is that the city appears relatively worse off in terms of health relative to other UK cities. Partnerships have also been important, with the City Council, Stoke-on-Trent Primary Care Trust, and the North Staffordshire Housing Market Renewal Programme being named as important. A planning concordat and MoU were signed between NHS Stoke on Trent and the city council that identified tools and ongoing ways of working and engagement as important. Costs – although in-kind costs are not provided - for various program activities are identified on the website, and are converted into Australian dollars in Box 1.

An overview of the program on the UK local government 'improvement and development' website suggests a number of important learnings and costs associated with the program. Planners were initially difficult to engage but have gradually found ways of aligning health with existing planning priorities. HIA training was particularly valued in progressing an improved knowledge of health. Time has been important, but senior level commitment has now been achieved. An identified challenge and barrier is including evidence of health interventions into a planning system driven by targets, indicators and evidence bases. Personal relationships are however flagged as important counterpoints to measuring and quantifying health intervention successes. Structures have been developed to remind and support planners about the inclusion of health, with these being 'backed up by good working relations with health experts and practitioners'. A recent UK review of health inequalities by Sir Michael Marmot that includes a policy objective of creating and developing healthy and sustainable places and communities is flagged as a future driver for the work.

Box 1

Costs were as follows over three phases of work (IDEA, 2010):

- Year one: GB £45,000 (approx AUD \$70,000) in three HIAs
- Year two: £5,000 (\$8,000) for health in masterplanning guide
- Year three: £20,000 (\$32,000) for HIA mentoring or 'learning by doing'

2 Critique and relevance for the NSW context

Critique

Overall the goals of the program of work in Stoke are commendable for their attempted breadth of coverage across different levels of Council's business. This review is unlikely to cover the amount of strategic planning and effort that this breadth of activity requires. The principle of engagement at multiple levels serves as a useful example for intersectoral work to improve population health. Notably the program is a strong example of how to conduct healthy – or health and health equity in – land-use planning and policy development to modify current planning practice in councils. The programs community level activities are particularly commendable, as giving communities a voice in terms of their health is important. However prior experience in Sydney and South Western Sydney LHDs suggests that a more community driven process, at least at the outset, to identify community needs and concerns that could later be mapped onto current and additional service provision, would be the preferred approach. Noticeably the focal point of activities is health impact assessment and lessons derived from undertaking HIAs. This reflects how HIA activity in Sydney and South Western Sydney LHDs has and continues to provide similar impetus for healthy urban planning related activities in NSW. The centrality of equity and efforts to remediate disadvantage also provides a good fit in terms of the NSW context.

The focus of the tools and processes to influence land-use and regeneration covers an area of council's business where health and equity can clearly add value. Planners may also be more likely to understand how various tools and processes that encourage health considerations can be used to enhance their current workload. 'Healthy cities' as a concept also leans towards land-use planning and the built environment. However, given the breadth of local government activity in the UK, and increasingly in New South Wales as discussed next, and the breadth of health issues related to this broad business, it would be useful to develop tools and processes and relationships across the full range of local government activity. In the language of the Stoke program this would enable the full consideration of places and people as well as the built environment spaces they inhabit.

NSW drivers

There are several opportunities for similar work to occur in New South Wales. One is the Environmental Planning and Assessment Act. This covers land use planning activities across policy development and plan making on the one hand and development assessment on the other. Both areas influence the activities of councils, particularly the development of local area plans, local environment plans, and the assessment of development applications. All five areas of activity in Stoke could be used to influence these plans and assessments, although they would require local adaptation to fit with the existing work and current and future demands on planners. The Act is currently under review (<http://planningreview.nsw.gov.au>), and a brief overview of Stoke activities could demonstrate the value and practical implications of including health through a variety of approaches in land use planning at a local level.

The second opportunity is the recent requirement for NSW councils to develop community strategic plans under the Local Government Act. Developed by the NSW Division of Local Government in 2010, the Integrated Planning and Reporting (IP&R) Reforms replaced the previously required Management Plan and Social Plan. All local government authorities in NSW are required to develop strategic plans based on this framework that encourages an integrated strategic planning approach across the business of councils. Useful guidance documents can be found at http://www.dlg.nsw.gov.au/dlg/dlghome/dlg_generalindex.asp?sectionid=1&mi=6&ml=9&AreaIndex=IntPlanRept.

Essentially the framework links the community strategic plan over 10 years and over – required to be developed through community engagement and based on social justice principles – to 4 year delivery plans, annual operational plans, and an annual report. Supporting the framework is a resourcing strategy incorporating 10 year minimum long term financial planning, 4 year minimum workforce plans, and 10 year minimum asset plans. Across the life of the planning strategy there are 'perpetual' monitoring and review frameworks. There are clear overlaps in the planning framework with land use planning and the built environment. For example the Premier's Council for Active Living has recently provided an overview of the main elements of the framework, including a list of performance measures related to active living. This is available from PCALs website (http://www.pcal.nsw.gov.au/local_government#strategic) and is an excellent example of how to begin to engage with councils, and

even the Department of Local Government, to enhance the development and implementation either of local strategic plans or particular content which may already be included in these plans but that requires further detail for implementation. Councils have developed the plans in three rounds, with the deadline for the third and final group of councils passing in June 2011.

Importantly engaging with local councils is not new for the LHD and CHETRE collaboration. This has resulted in a range of health impact assessments, for example the Oran Park and Turner Road HIA, that have demonstrated HIAs value as a planning tool and also facilitated ongoing engagement with council around a specific development. Additionally the previous Sydney South West Area Health Service recent Healthy Urban Development Strategic Planning and Action Group's has produced a document to assist health service staff input into community strategic planning (http://www.sswahs.nsw.gov.au/populationhealth/content/pdf/Population_Health/SPAG%20CSP%20Input%20040411.pdf). Any future work utilising the Stoke framework would need to build on and take account of these outputs.

City of Sydney and Liverpool

Both City of Sydney and Liverpool City councils' websites provide useful details as to the current process of developing their strategic plans and potentially how and where to engage with strategies developed from the Stoke program. Notably both plans are currently being implemented, but are required under legislation to be reviewed, which is an important opportunity to assist councils to develop the plans to be health focussed and equitable.

City of Sydney for example has already developed a detailed draft community strategic plan named 'Sustainable Sydney 2030'. This and related documents are currently on exhibition at <http://www.cityofsydney.nsw.gov.au/council/onexhibition/IntegratedPlanningAndReporting.asp>. The plan details the council's visions against various city strategies, and is based on detailed planning, research and community engagement. The ten strategies are clearly related to health and wellbeing, with land use planning and housing development related to four or five (depending on the breadth given to these concepts) of these. Using something like Policy/Decision Watch is likely to be too late for City of Sydney given the activity to develop the plan to date. However, the detailed draft corporate plan (2012-2015), also available on the webpage, provides principal activities against the ten strategic directions, and which parts of council has responsibility for delivering these. This is an opportunity to work with council's various functions to develop and include similar strategies that have been used in Stoke.

Liverpool City Council's 10 year strategic plan, titled 'Growing Liverpool 2021', has also been developed. Documents relating to this can be found at <http://www.liverpool.nsw.gov.au/LCC/INTERNET/me.get?site.sections&PAGE2087>. These documents demonstrate how strategies like the four developed in Stoke could be adapted to assist council respond to these challenges to improve health and wellbeing equitably in the population. Now is the time to engage with Liverpool City Council to influence the implementation and review of the community strategic plan and accompanying planning processes.

Conclusion

The Stoke model consists of five linked health planning and policy development activities: Policy Watch; health proofing of masterplans, HIA in land use planning, WHO healthy urban development checklist and healthy community development. Policy Watch is a web based integrated assessment tool which is intended to be used at the outset of policy making to ensure that health (alongside other areas) is considered within the policy making process. The WHO healthy urban planning checklist is used to assess planning applications and draft policy documents. Health proofing of masterplans occurs at a later stage in policy development and also utilises the WHO healthy urban planning checklist which is mapped against options and recommendations are then developed. This is not considered to be a replacement for HIA. HIA tends to be used once the options have been developed and informs the final preferred option. In addition to these assessment and planning tools needs assessments and research is carried out to inform local policy development. These tools and activities are not particularly innovative in themselves. For example, in NSW we are already utilising HIA and health development checklists. However, what is unique about Stoke is that it has brought together a range of activities and tools that can be utilised at different stages within the planning and policy development process in order to mainstream the consideration of health

into all levels of activity. Although there has been no comprehensive evaluation of the effectiveness of these activities the evidence that is available indicates that these tools are useful.

There are similarities between the Stoke and NSW context that suggest that these tools could also be applicable to NSW. Despite some differences in terminology, there are similarities in planning and policy development processes. In addition there is a shared focus and value given to addressing health equity issues. The challenges and facilitators identified such as time, resources, senior level commitment, developing shared understanding and language, training and linking to planning system priorities correlate to our experiences. The Stoke experience provides useful information about how to address these issues.

As already identified there are also similarities between the Stoke approach and work that has been carried out in NSW. This means that adapting and utilising the Stoke experience would not require a completely new approach to integrating health into NSW planning and policy making.

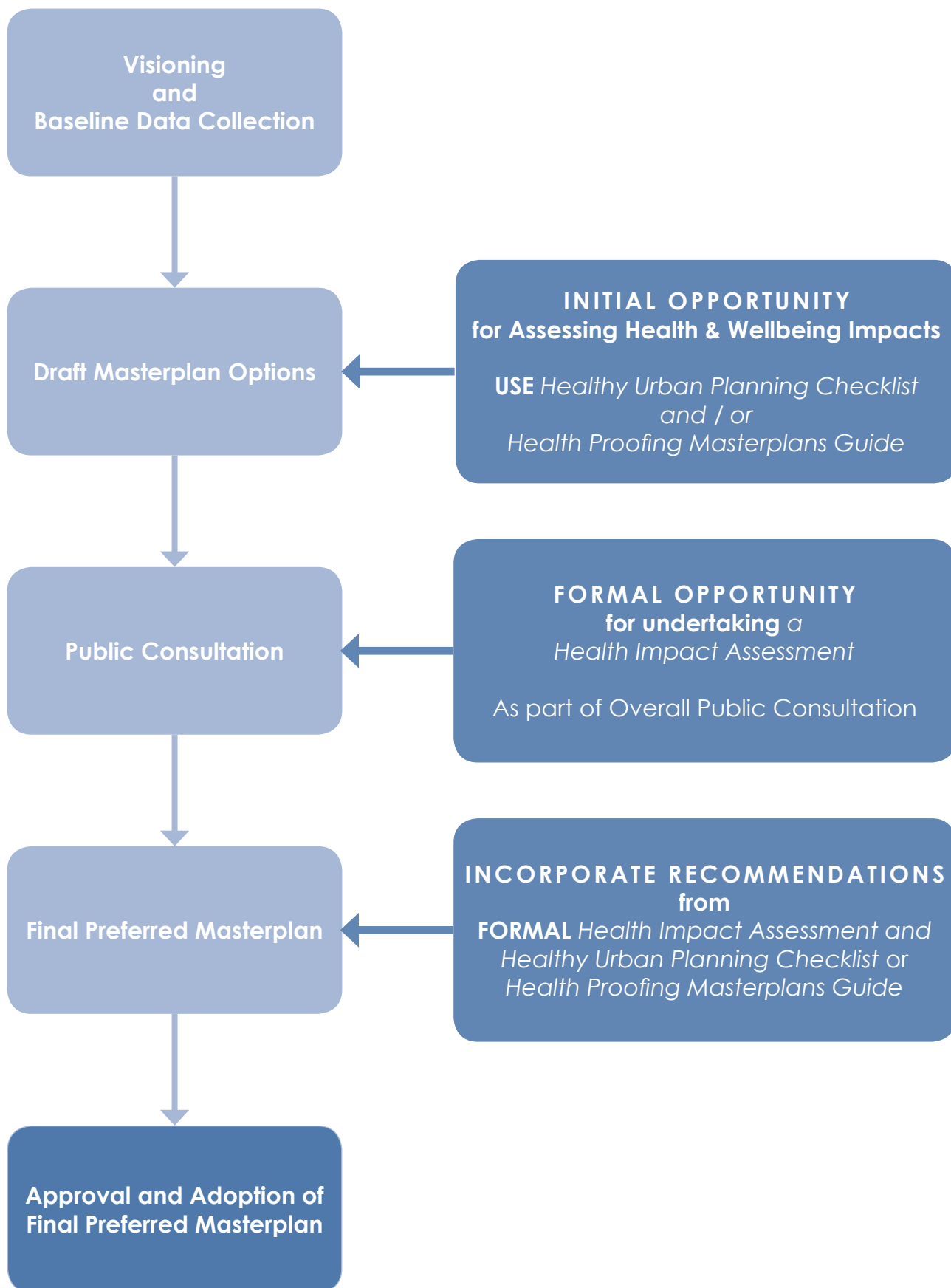
There are a range of options that could be taken to build on this review.

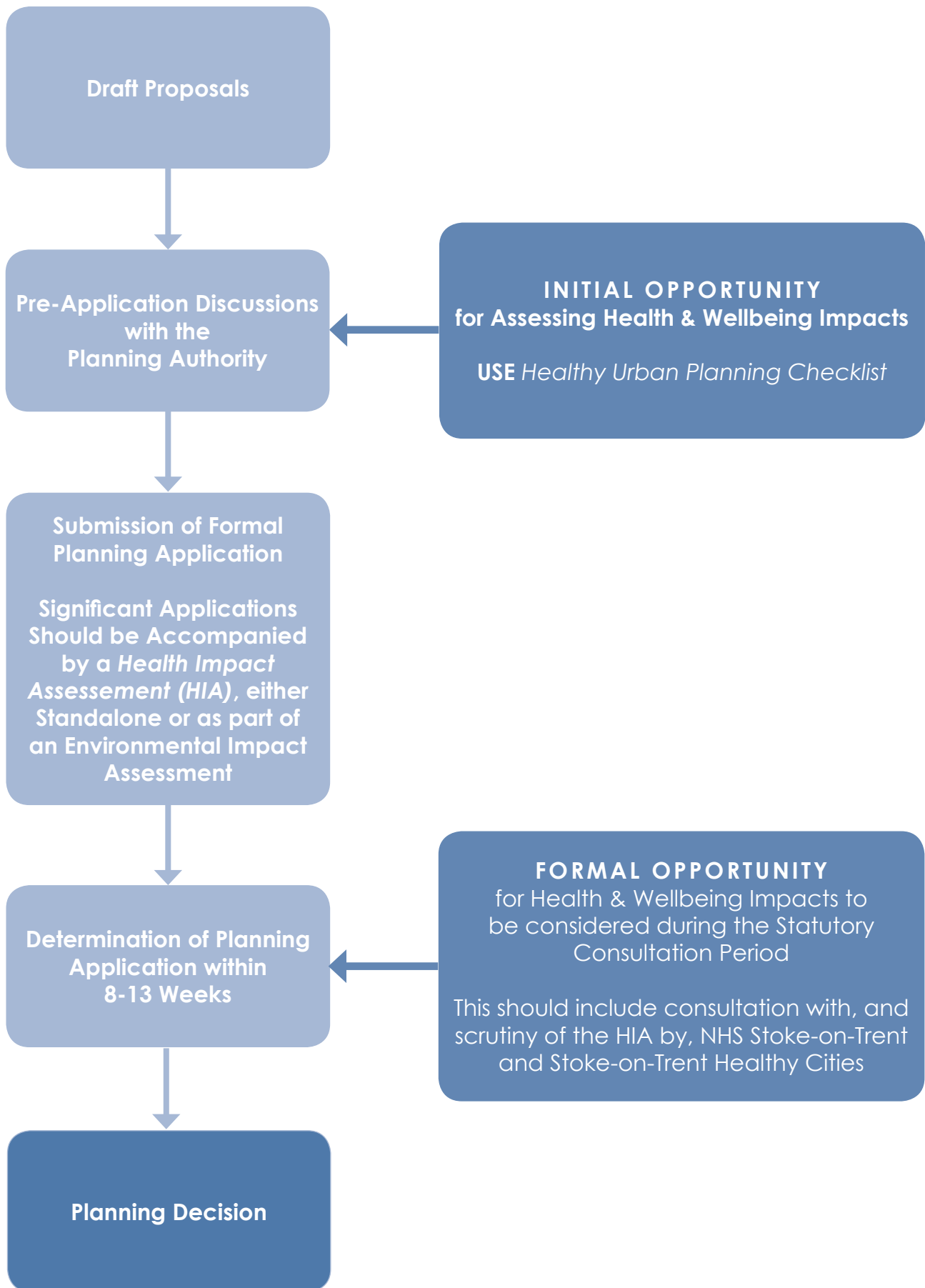
Sydney and South Western Sydney LHDs to consider the report and identify next steps. Suggested actions include:

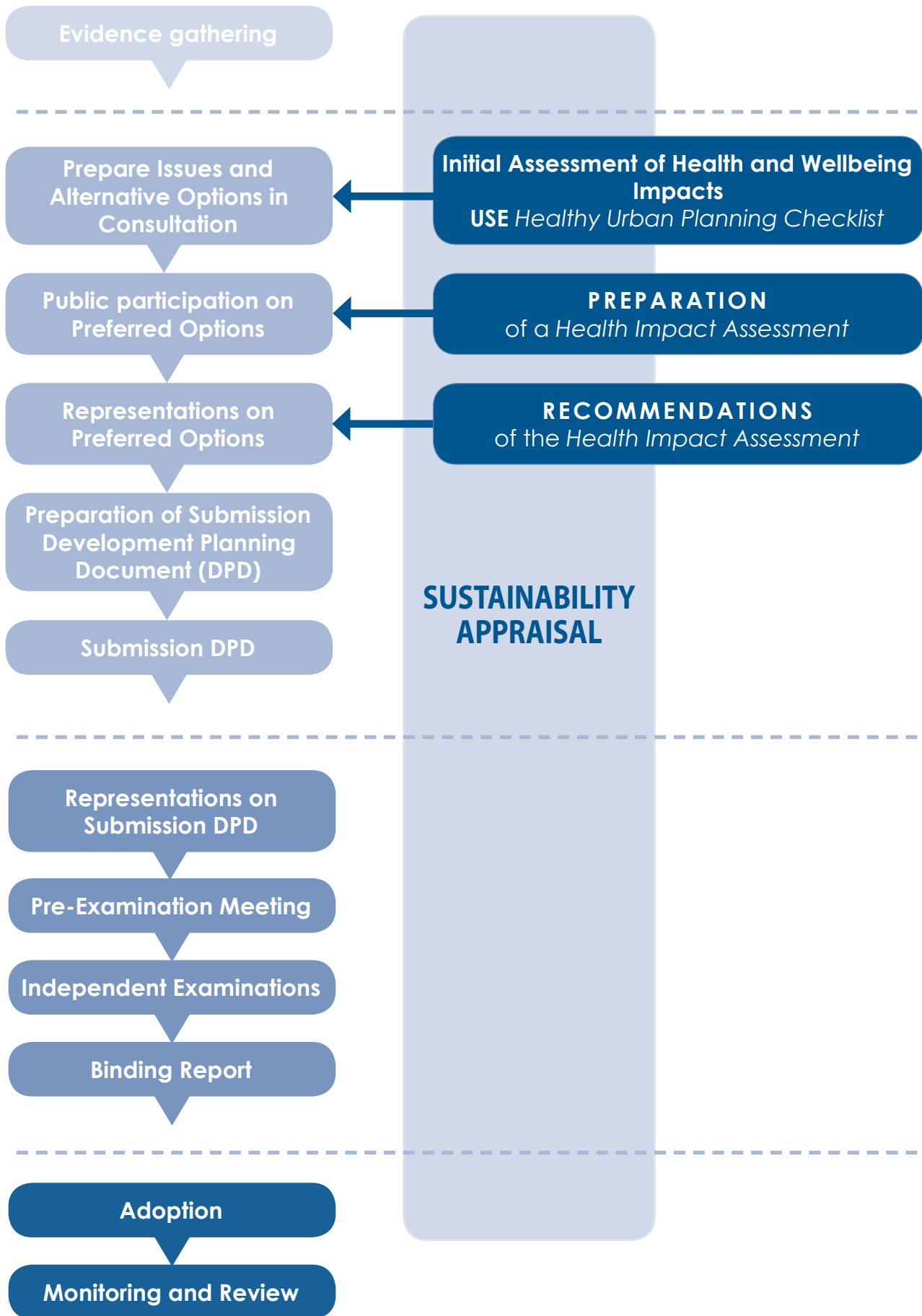
- Meet with Strategic Planners in one or two Councils to gauge levels of interest in collaboration with Sydney and South Western Sydney LHDs around the activities outlined in this report. The focus could either be to inform Council's business in relation to land use planning which is particularly timely given the current review of legislation, and/or to inform the implementation and review of community strategic planning in both Councils.
- Convene a workshop with one or two Councils to discuss LHD's investment to date in land-use planning and community strategic planning and how this does or could relate to Council's business, agendas and priorities.

Appendix

Incorporating health and wellbeing issues into Masterplans and Regeneration Projects







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