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Empowering Healthy Places

Unveiling the powers and practices of local councils in fostering healthy neighbourhoods

Local Government Association

QUALITY OF LIFE FOUNDATION

PRIOR + PTNRS

Contents

Foreword

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LGA Community Wellbeing Board

We know that the environments in which we live are inextricably linked to our health throughout our lives.

Research increasingly shows that the design of our neighbourhoods, including in and around the home, public spaces and access to services, can influence physical activity levels, the food we eat, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.

If we can create places in which it is easy to have healthier behaviours, we will not only help prevent illness, improve people's lives and reduce health and social care costs, but actually create health and wellbeing throughout communities. This can also positively drive productivity and good growth.

At a time when the link between our environment and health is more evident than ever, councils play a pivotal role in fostering healthy neighbourhoods. As Chair of the Local Government Association's Community Wellbeing Board, I am proud to present this comprehensive report, which aims to provide a practical and unified document outlining the powers of councils in planning and public health.

Since the transfer of public health responsibilities from the NHS to councils in 2013, there has been renewed focus on the relationship between the built environment and health. Over a decade later, national interest in this area has revived. Many local areas are taking innovative steps to proactively address this intersection, such as East Sussex, Sheffield, Liverpool City Region and Southampton, all featured within this report.

This comprehensive guide aims to illuminate the tools and empower councils to lead in developing healthy places. It also provides valuable recommendations to councils and national government alike to guide our efforts.

The challenge for us all is not just to develop good practice but to champion and share it.

With thanks to Michael Chang at the Office for Health Improvement and Disparities and Patrick Howard at the Association of Directors of Public Health.

01 Introduction

01.1 This guide

This guide presents an overview of local government powers in relation to planning and public health. It sets out a holistic approach for thinking about how to create healthy neighbourhoods and a summary of the relevant powers and practices available to councils. This includes four case studies, exploring how councils are working to create healthy neighbourhoods in different ways. It seeks to build upon work such as the LGA and TCPA's Developing Healthy Places from 2018 which sets out how councils can work with developers to deliver healthy places.

The intention is for the guide to empower councils to make use of the powers already available to them to shape and create healthy neighbourhoods and reduce health inequalities. This includes improving the conditions of existing neighbourhoods as well as when developing new places. In addition, it sets out recommendations for further powers and practices councils might need to further enable them to take the lead in shaping healthy places.

01.2

Method

The guide was developed through an extensive literature review of the impact of the built environment on health and wellbeing and local authority powers and practices that can influence this. This first involved collating and reviewing existing guides, frameworks and academic papers that explore the impact of the built environment on health in England. This includes earlier LGA work on the subject matter such as the Developing Healthier Places guide, 2017 and the Town and Country Planning Association's work on healthy place making amongst others. The outcome of this stage of research included identification of key themes, and these themes were used to structure research into council powers and practices. Desktop research was conducted to identify powers and practices related to each theme. This involved reviewing existing publications, reviewing relevant Acts and documentation prepared associated with each Act and looking into documentation prepared by councils that summarise their work in this area.

The themes and emerging findings were discussed and confirmed through a meeting in May 2024 with the project team and representatives of the Association of Directors of Public Health. This helped to determine the most impactful powers and practices and identify any gaps.

This review informed the selection of four innovative case studies, with these intended to reflect different political leadership, different arrangements in unitary and two-tier areas, and different regions.

— Southampton City Council
— Sheffield City Council
— East Sussex County Council
— Liverpool Combined Authority

Desktop research was first carried out to understand the steps taken to create healthy neighbourhoods within each case study. This then was supplemented by in depth interviews with practitioners across May and June 2024.

Upon completion of the literature review and case study research, the project team translated the findings into key powers and practices, and draft gaps and recommendations. A workshop was then held in June 2024 which brought together representatives from the case studies, and other councils working to address health and wellbeing, to review, refine and expand upon the overview of key powers and practices, gaps and recommendations.

After a further period of refinement, draft gaps and recommendations were tested again with a final meeting in June 2024 with the project team and the Association of Directors of Public Health.

01.3

Impacts of where we live on health and wellbeing

The importance of planning decisions on the health and wellbeing of the population has been recognised since the 19th century when reforms brought about by town planners and public health practitioners resulted in improved health and life expectancy.

In 1848, a new Public Health Act was introduced which established local health boards to oversee a coordinated water, sewerage and drainage scheme to overcome the persistence of cholera outbreaks and prevent ill health. This was followed by the 1858 Local Government Act which extended the powers of these boards.

The later emergence and expansion of the NHS has meant that councils have a less direct role in tackling ill health. Healthcare is considered as a tool to treat illness, rather than a system that can create the conditions for people to be healthy and prevent illness in the first place.

The seminal 2010 Marmot Review and 2020 update (led by Professor Sir Michael Marmot) drew attention to the flaws of this approach, which has contributed to declining life expectancy in some communities and specific groups, such as women in deprived areas, and widening health inequalities across England.[1,2] The gap in healthy life expectancy - the average number of years a person would expect to live in good health - between the more and least deprived areas of England is widening. For example, research by the Health Foundation has found that women in the least deprived areas of England live 19.7 years longer in good health than those in the most deprived areas. [3]

The Marmot Review significantly raised the profile of the 'wider determinants of health'. These are the social and economic conditions that influence people's health and wellbeing and are shaped by where and how we live. These wider determinants include factors such as having access to safe and secure housing, quality employment, access to green and open spaces and a sense of community. The NHS was not set up to influence these wider determinants of health, however many can be influenced to some degree by councils. In recognition of this, all stakeholders who can influence the wider determinants of health must work together, expanding the definition of "healthcare" to capture activities and opportunities that can positively "create health". Creating health, as defined by Lord Nigel Crisp, former CEO of the NHS, "means providing the conditions in which people can be healthy and helping them to be so".[4]

1 Michael Marmot, Peter Goldblatt, Jessica Allen and others (2010). The Marmot Review
2 Michael Marmot, Peter Goldblatt, Jessica Allen and others (2020). The Marmot Review 10 Years On
3 The Health Foundation (2022). Life expectancy and healthy life expectancy at birth by deprivation
4 Nigel Crisp (2020). Health is made at home. London: Salus

01.4

Role of authorities in creating health

Councils are well placed to lead on health creation given their historic scope, current practices and potential.

Councils have, for example, significant influence over our health through their planning functions. Indeed, town and country planning emerged as a tool in the 19th century to improve health conditions and quality of life of populations, particularly in urban areas. To this day, an objective of England's planning system, as defined by the National Planning Policy Framework (NPPF), is to 'support strong, vibrant and healthy communities.[1] Furthermore, public health powers were transferred to councils from the NHS through the 2012 Health and Social Care Act. As a result, councils have a duty to take appropriate steps to improve the health of people in their area, through various powers and practices.

A reduction in local government funding and resources over time has led to significant pressures and working practices that, out of necessity, require them to focus on essential "frontline" services, rather than focusing on long term prevention. However, reducing health inequalities and creating the conditions for people to be healthy requires long term and strategic thinking. It requires the curation and future proofing of our places and services, so they create the conditions for good health now, in order to reduce the need for healthcare services in the future.

Notwithstanding the extreme funding pressures being faced, and the need for this to be resolved to allow councils to realise their potential, reconsidering existing powers and practices available to local government through the lens of health creation, facilitated by strong leadership and partnership working that puts health and wellbeing first, has the power to create significant and positive change.

1 UK Government (2023). NPPF

01.5

Types of authority

How local government is organised affects the types of powers and practices available to practitioners. Two tier authorities are covered by county councils and district, borough or city councils. In this instance, county councils provide services that apply across the whole county, whereas district, borough or city councils provide more localised services. Unitary authorities provide services within one level. There has also been an expansion of combined authorities, where councils in an area can come together to form combined authorities and secure greater devolution of powers from central government, with powers negotiated on a case by case basis. This complex picture can lead to challenges with coordination and collaboration, as departments and therefore powers and practices may be split across different organisations.

Given the complex and variable structure of local government across England, this guide explores powers by theme. How these can potentially be applied will therefore need to be interpreted based on the type of local government structure. However, the intention of this guide is to raise awareness of the range of powers and practices available and what can be achieved by leveraging these powers through new ways of working.

02
What is a healthy neighbourhood?

02.1
Overview

National Planning Practice Guidance (NPPG) describes a healthy place as one which ‘supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.’

This recognises that the built and natural environment can have a positive influence over people’s physical and mental health and wellbeing. If planned and designed well with input from built environment and public health professionals, these environments can encourage healthy behaviour and support reducing health inequalities between social groups.

Qualities, such as a walkable environment free from pollution, and availability of well-maintained green spaces, can promote physical activity and wellbeing. Healthy homes with adequate space for living and a healthier food environment should be integrated into the design of new developments and local spatial planning.

Achieving this level of healthy planning and design, requires those working in local authority public health and planning teams, and other built environment professionals, such as transport and housing, to consider these factors when improving, designing and creating sustainable places and spaces where people can live, work and thrive.

This guide focuses on health creation at the neighbourhood level as neighbourhoods play a crucial role in the quality of people’s daily lives. At the same time existing council powers and practices can have a significant impact at this level.

02.2

Quality of Life Framework[1]

The literature review identified a wealth of tools that have emerged across the UK and internationally to understand the factors that make up a healthy and sustainable place, and help shape them. These seek to enable the consideration of health and wellbeing during projects and to assess the quality of proposals. This includes the Quality of Life Framework, the NHS's Healthy Urban Planning Checklist and Building for Life Standards among many others.

The Quality of Life Framework was selected for this guide due to its comprehensive nature and focus on practical, actionable elements that contribute to healthy neighbourhoods. Its holistic approach aligns with the multifaceted responsibilities of local councils, making it an effective tool for guiding policy and decision-making across and between council services. Furthermore, the framework's emphasis on both physical and social aspects of community well-being makes it relevant for creating healthy and sustainable neighbourhoods.

The framework itself was developed through a literature review and workshops with diverse stakeholders into what is meant by quality of life and how it is affected by the built environment.

Whilst this guide makes use of the Quality of Life Framework to structure the research and recommendations, other tools or ways of defining a healthy neighbourhood may be more relevant to an individual council or project.

The holistic view taken in this framework clearly illustrates that councils have the potential to contribute to healthy neighbourhoods in a variety of ways and through many departments, teams, powers and practices. Councils have a role to play across each of the themes the Quality of Life Framework highlights so should feel empowered to strive to improve health and wellbeing outcomes among their communities.

A sense of control

— *Influence* – how much of a say people and communities have over their home and neighbourhood.
— *Safety* – how safe residents and communities feel in their homes and neighbourhoods.
— *Affordability and permanence* – the cost of living in a neighbourhood and how permanent a person's home is.

A sense of wonder

— *Distinctive design* – how our neighbourhoods have been designed to be both useful and long-lasting and to inspire and delight.
— *Culture* – cultural institutions, music, street art and the shared values, beliefs, practices, traditions and social behaviours that characterise the community.
— *Play and recreation* – places for people to unwind and play, and to connect with their friends and neighbours.

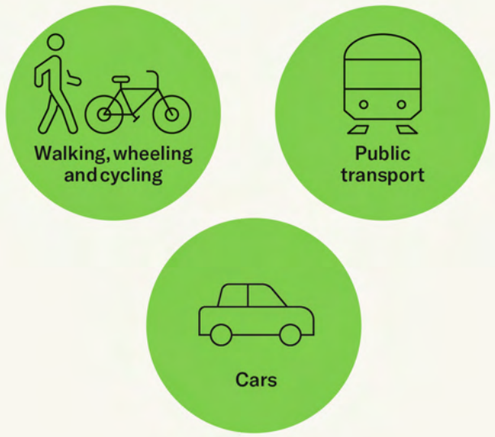
1 Quality of Life Foundation (2024). Quality of Life Framework

Health equity

— *Housing standards* – the material and environmental quality of the spaces inside and around the home.
— *Air, noise and light* – the environmental quality of our neighbourhoods.
— *Healthy food choices* – access to affordable, healthy food options locally.

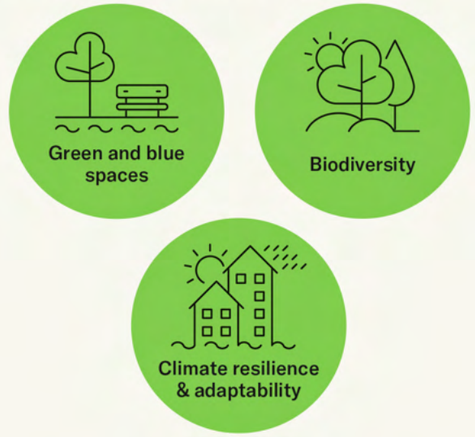
Getting around

— *Walking, wheeling and cycling* – how easy it is for residents and communities to safely navigate their neighbourhoods by walking, wheeling or cycling.
— *Public transport* – the availability, quality and quantity of public transport options in a neighbourhood.
— *Cars* – recognising that for many they have become an integral part of everyday life but that relying on them less is critical in reducing carbon emissions and air pollution.



Connection to nature

— *Green and blue spaces* – the natural and semi-natural areas that exist within and around our neighbourhoods.
— *Biodiversity* – how diverse the green and blue spaces around our homes and neighbourhoods are.
— *Climate resilience and adaptability* – how the places where we live are designed and delivered to be climate resilient and to minimise their impact on the natural environment in the long term.



Connected communities

— *Belonging* – how connected people are to their local communities.
— *Local businesses and jobs* – a means for living and working and creating economic opportunities.
— *Local services* – spaces, facilities and infrastructure like community centres, town halls and care services.

03 Regulatory changes

2011
Localism Act

2012
Health and Social Care Act

Introduction of the National Planning Policy Framework
Local Planning Regulations

2013

2014

2015
Permitted Development Order

2016

Housing and Planning Act

2017

Neighbourhood Planning Act

2018

2019

2020

Permitted Development Rights and Use Classes

2021

Environment Act

2022

Health and Care Act

2023

Levelling Up and Regeneration Act

2024

03.1

Overview of key regulatory changes

The transfer of public health duties from the NHS and Secretary of State to local government in 2013 via the 2012 Health and Social Care Act was intended to enable a joined up and place-based approach to public health improvements. This recognised the overlap between existing council powers and practices such as housing and health and social care with public health. In addition, it acknowledged the closer link between local government and communities, which can deliver benefits for improvements in public health. Since then, there have been a series of regulatory changes that have impacted how councils can work to create healthy neighbourhoods.

The following summarises these regulatory changes across this period, beginning with the Localism Act which reshaped approaches to planning, and the Health and Social Care Act which began a period of council led public health improvements. Section four highlights key powers and practices, and also includes a reference to the legislation that resulted in the power or practice. This includes Acts and policy introduced prior to 2011 and the Localism Act.

DATE	REGULATION / POLICY	SUMMARY	IMPACT
2011	Localism Act [1]	— Aimed to decentralise power from central to local governments, increasing local controls but abolishing regional spatial strategies. — Introduced neighbourhood planning. — Limited the ability of councils to manage Council Tax rates.	— Abolition of regional spatial strategies removed methods to drive coordination across and between councils, and ways to identify and deliver strategic infrastructure projects. Made it harder for councils to address cross-boundary issues like housing and transport. — Neighbourhood planning increased opportunities for local communities to influence development in their area. — Changes to methods to define Council Tax rates restricted financial flexibility.
2012	Health and Social Care Act [2]	— Delegated public health functions to local government. — Introduced Health and Wellbeing Boards. — Introduced a new statutory duty on councils to take appropriate steps to improve public health in their areas.	— Introduced public health teams to work flexibly to develop local health priorities and programmes to address these. — The 'health improvement duty' offers both flexibility and weight to deliver interventions. — Health and wellbeing boards expected to drive coordination across a council. — Created opportunity for public health interventions that are locally specific. — Requires councils and Clinical Commissioning Groups within the NHS to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) based on the need and adopt a wide view of relevant factors including housing, environment and other planning matters. Planning is not, however, mandated as being specifically required. — Some loss of expertise and service disruption may have resulted from the transition period/arrangements.
2012	Introduction of the National Planning Policy Framework[3]	— Consolidated national level planning policy and guidance.	— Promotes healthy and safe communities, recognising the importance of planning in public health terms. — Describes, for example, benefits of good urban design and layout, shared spaces, community facilities, high quality open spaces and opportunities for sports and physical activity. — Lacks specific provisions for consulting public health and other leads. — Limited recognition of the role of the built environment in reducing health inequalities. — Limited guidance on balancing health considerations with other planning priorities.
2012	Local Planning Regulations[4]	— Regulations on the preparation of local plans including requirements to consult local communities. — Established a duty to cooperate between councils.	— Defined the method councils must take when engaging local communities during the preparation of a local plan. — Duty to cooperate was intended to replace regional planning as a way to coordinate across local planning authorities. The legal duty has been used to reject several local plans at examination stage due to a lack of coordination, increasing time taken to prepare and adopt a local plan.

1 UK Government (2011). Localism Act
2 UK Government (2012). Health and Social Care Act
3 UK Government (2023). NPPF
4 UK Government (2012). Local Planning Regulations

DATE	REGULATION / POLICY	SUMMARY	IMPACT
2015	Permitted Development Order[5]	— Introduced new permitted development rights, including upwards extensions and change of use from office to residential without the need for full planning permission.	— Intended to increase the rates of housing delivery but can reduce council controls over the quality of homes.
2016	Housing and Planning Act[6]	— Introduced fixed term tenancies, replacing the 'lifetime' secure council tenancy for new tenancies issued. — Required creation of a database of 'rogue' landlords to be maintained by councils.	— Deregulated social housing provision, including reduced security of tenure. — The landlord database intended to improve quality of the private rental sector; however, this has not been matched by resourcing for enforcement, reducing impact.
2017	Neighbourhood Planning Act[7]	— Required consideration of neighbourhood plans when determining a planning application. — Required further local engagement via the production of a statement of community involvement. — Required councils to establish strategic priorities for developments and policies to reach them.	— Gave greater weight to neighbourhood plans. — Created the scope for health to be defined as a strategic priority within local plans, but does not mandate this.
2020	Permitted Development Rights and Use Classes[8]	— Introduced Class E as a use class which brought together A1 (shops), A2 (financial and professional services), A3 (restaurants and cafes), B1 (business), parts of D1 (clinics, health centers, crèches) and D2 (gyms, indoor recreation). Planning permission is no longer required to move between uses defined as Class E.	— Reduced council influence on land use distribution, allowing more development without full planning permission. — The prior approval process requires consideration of limited issues. — Changes may have reduced overall infrastructure contributions and funding for community facilities and services (subject to where Article 4 directions are in place). — Provides more flexibility for businesses to adapt and change, potentially helping revitalise town centres and high streets, important from a health perspective.
2021	Environment Act[9]	— Established a new framework for environmental protection after leaving the EU, including mandating biodiversity net gain and strengthening local air quality management frameworks.	— Increased ability to secure biodiversity improvements. — Increased powers to improve areas of poor air quality.
2022	Health and Care Act[10]	— Abolished Clinical Commissioning Groups (CCGs) and established requirements for Integrated Care Systems (ICSs). ICSs bring together the NHS, local authority and third sector bodies to take on responsibility for the resources and health of an area or 'system'. Their aim is to deliver better, more integrated care for patients.	— Evolved the approach for councils seeking to engage with the NHS.
2023	Levelling Up and Regeneration Act[11]	— Revised the approach councils are required to take to prepare Local Plans, including the need to have regard to national development management policies. — Abolished supplementary planning documents, to be replaced by supplementary plans and local guidance. — Required councils to produce design codes. — Introduced National Development Management Policies.	— Expected to centralise the development of many planning policies, so local plans focus on local issues. — Expected to help councils influence the design of development.

5 UK Government (2015). Permitted development order
6 UK Government (2016). Housing and planning act
7 UK Government (2017). Neighbourhood planning act
8 UK Government (2020). Permitted Development
9 UK Government (2021). Environment act
10 UK Government (2022). Health and care act
11 UK Government (2023). Levelling up and regeneration act

03.2

Other related strategy and guidance

Other strategies and guidance from central government departments can also shape healthy neighbourhoods. The table on page 21 summarises some of these strategies and guidance, however this is not intended to be an exhaustive list.

The landscape for councils has been significantly remodeled during this period as a result of regulatory changes, empowering them with new powers, tools and responsibilities while also presenting challenges. The Localism Act of 2011 decentralised planning power to an extent, granting councils greater control. However, and in parallel, the abolition of regional spatial strategies and limitations on the flexibility around Council Tax f introduced challenges in relation to financial and strategic coordination. The Health and Social Care Act of 2012 empowered councils through delegating public health responsibilities and establishing Health and Wellbeing Boards. This is said to have fostered a more integrated approach to health and social care. Yet, the transition period is said to have led to fragmentation and some loss of expertise during that period.[1]

Overall, these changes have equipped councils with significant powers to shape and create healthy neighborhoods but have also raised concerns and issues around areas like coordination, financial flexibility, and local autonomy.[2]

A more detailed review of these powers and their impacts can help identify impactful strategies to help to bridge gaps, supporting council's to better leverage their capabilities to create healthier communities.

1 Local Government Association (2011). An introduction to the Localism Act
2 Local Government Association (2022). Public health in local government: Celebrating 10 years of transformation

DATE	SOURCE	STRATEGY	IMPACT
2017	Department for Business, Energy and Industrial Strategy	Building a Britain Fit for the Future[1]	A UK-wide strategy that included a 'grand challenge' on the ageing society.
2017	Department of Health and Social Care	Childhood Obesity: A Plan for Action[2]	Recognises influence of the environment in which children live, and the inequalities that exist.
2018	Department for the Environment, Food and Rural Affairs	25 Year Environment Plan[3]	Actions on evidence-based links between the health of the natural environment and prosperity.
2019	NHS England	NHS Long Term Plan[4]	Seeks to transform the way that health-care is provided, tackle health inequalities, and increase use of technology.
2019	Department of Health and Social Care	Advancing our Health: prevention in the 2020s[5]	Highlights how becoming more active is good for people's mental and physical health and set out the ambition to get everybody active.
2020	Department for Transport	Gear Change: a bold vision for cycling and walking[6]	Sets out actions required to improve and increase cycling and walking.
2020	Sport England	Shaping our Future[7]	Strategy for improving sports and physical activity.
2022 (with earlier versions 2014, 2018 and 2021)	Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government	Healthy and safe communities[8]	Guidance on how positive planning contribute to healthier communities

1 Department for Business, Energy and Industrial Strategy (2017). Building a Britain fit for the future
2 Department of Health and Social Care (2017). Childhood Obesity: A Plan for Action
3 DEFRA (2018). 25 year environment plan
4 NHS (2019). Long term plan
5 Department of Health and Social Care (2019). Advancing our health
6 Department for transport (2020). Gear change
7 Sport England (2020). Shaping our future. London: Sport England.
8 Department for Leveling Up, Housing and Communities (2022). Healthy and safe communities

03.3

Current and future trends

The 2010 Marmot Review and the transfer of public health powers to councils in 2012 started the trend for a place-based approach to public health improvements. The following presents a brief overview of some of the trends affecting councils and that are expected to continue.

Policy and regulation
The 2012 Health and Social Care Act gave councils the duty to improve public health, provide health protection services, and provide public health advice. This included the statutory requirement to establish a health and wellbeing board to bring together political, clinical, professional and community leaders to improve planning and service delivery. The approach and priority of public health teams within an authority can vary, in recognition of how health and wellbeing needs vary across a place and population.

Planning on the other hand has experienced a period of what can be described as deregulation. This includes a loss of certain planning controls through permitted development rights and changes to the use class order. In addition, abolition of regional spatial strategies in 2011 removed a mechanism for coordinating planning across larger areas and removed guidance for councils seeking to address more strategic issues. Uncertainty because of a prolonged period of planning reforms, combined with sustained austerity which has reduced the capacity of planning teams, has amongst other things delayed local plan adoption. For example, as of July 2023 only a third of local plans across England were up to date and less than five years old and this is predicted to decline further to just 22per cent by the end of 2025.[1]

Meanwhile, increased community engagement in planning has evolved through regulatory changes. This includes the evolution of neighbourhood planning, beginning in 2011, and a duty to consult established by the Local Planning Regulations 2012. That said, there are question marks over the effectiveness and reach of many community engagement processes carried out through the planning system at the moment.[2]

Despite a lack of support from national planning policy and regulations including no statutory duty for planning to engage public health, many councils are still using their public health powers as a lever to create healthy neighbourhoods through planning. This includes leveraging the health improvement duty introduced through the 2012 Health and Social Care Act, allowing councils to integrate health considerations more directly into a council's planning activities.

Recent trends include introducing requirements for a Health Impact Assessment, introducing a health chapter within a Local Plan which brings together relevant policy requirements, and using local health data and trends to evidence specific policy requirements. Some councils have sought to embed health through planning via the development of a health focused supplementary planning document (SPD). These provide further detail or guidance on policies within the Local Plan related to healthy neighbourhoods. However, the Levelling Up and Regeneration Act 2023 (LURA) seeks to simplify the future plan making process and will remove SPDs in their current format, encouraging content to be integrated within the Local Plan.[3]

Health in All Policies
Some councils are implementing a 'Health in All Policies' approach. This approach emerged from the World Health Organisation in 2006 and requires policy in every sector of government to consider and promote health and health equity.[4] By adopting a health in all policies approach, councils can attempt to better coordinate diverse approaches to health creation, ensuring plans and policies across different departments are working towards a shared goal of improving public health outcomes.

Joint working
Health and Wellbeing Boards and a Health in all Policies approach are both steps to provide a clear and strategic direction, prioritising health and wellbeing and fostering inter- and across-departmental coordination. However, some councils are implementing further measures to promote joint working, with the integration of planning and public health services emerging as a growing trend within authorities. This includes public health officers engaging in planning applications and the preparation of local planning policy and guidance.

Methods to achieve joint working can include, but is not limited to, the creation of a specific role that bridges both planning and public health, establishing a health and wellbeing working group and mandating transdisciplinary collaboration and knowledge-sharing between town planning and public health professionals.

Southampton City Council and East Sussex County Council are two authorities that have done this effectively, as set out in Chapter 06.

Data, evidence and digital planning
Leveraging locally specific data and evidence and digital tools can streamline processes and ensure policies and programmes accurately reflect local needs and priorities. Whilst a lack of resources, and sometimes skills, can be a barrier, councils and central government are beginning to implement steps to modernise and scale-up approaches to planning and public health.

Some councils are taking steps to make data and evidence easier to access and use by developing comprehensive data packs or creating online platforms to hold and share its data for use across the council, its partners and by the wider public. Others are also utilising data and evidence more effectively to monitor and evaluate impact and to improve services. This includes defining specific indicators for each chapter within a local plan and regularly reviewing performance against these indicators. Other councils promote post occupancy evaluation of new development projects where residents or users are surveyed to understand their experience of a new development, with outcomes intended to feed back into the design development process.

The Liverpool City Region Combined Authority is conducting valuable work on improving data accessibility, and its application in decision making. You can read more about that in the case study in Chapter 06.

1 Litchfields (2023). Timed Out? A projection of future local plan coverage in 2025 under prevailing policy conditions

2 Quality of Life Foundation (2024). Community Consultation for Quality of Life national reports

3 Local Government Association (2023). Plan Making Reforms

4 World Health Organisation (2024). Promoting HiAP

04
What can councils do?

04.1
Introduction

There are many factors that can influence the wider determinants of health within a neighbourhood setting. These determinants are closely intertwined with a person's experience of poverty, for example. However, councils can have significant influence over many of the factors through implementing its current powers, and through developing practices that prioritise health and wellbeing.

Tools and know-how to create healthy neighbourhoods are already widely available and in practice in many places. Shaping healthier neighbourhoods, both existing and new, does not necessarily require new solutions or additional requirements placing further pressure on councils already under pressure. Instead, depending on the circumstances, it may involve refocusing and reorganising existing ways of working, and/or realignment between authority teams, projects and programmes to deliver better health outcomes overall.

Given the need for a comprehensive approach to shaping healthy neighbourhoods, links could be made between all areas of local government and themes that make up a healthy neighbourhood. This guide uses the themes within the Quality of Life Framework (read more about these themes in Chapter 02). Through a discussion with the Project Team and Association for Director of Public Health, we considered which of the themes councils could most impact through their existing powers and have prioritised those in this guide.

This includes:

— Housing standards and affordability
— Green and blue spaces
— Healthy food choices
— Air, noise and light
— Getting around

These themes provide one way of understanding what a council can do to empower healthy neighbourhoods; however, what is most impactful may vary by place. The powers and practices explored can be applied to the improvement of existing places as well as the planning and delivery of new homes and neighbourhoods.

This chapter first summarises the impacts of each theme on health. It then introduces the importance of council powers and practices related to data and evidence which are vital for understanding health needs. It then runs through powers and practices related to each theme. As established above, this list is not exhaustive but instead represents what may be most impactful.

04.2

Health impacts

The following summarises some of the main health impacts associated with the key powers and practices under the key themes from the Quality of Life Framework. These health impacts were determined through desktop research.

Housing standards and affordability[1]

— Housing that is unavailable or insecure due to issues with supply, affordability or security of tenure, creates significant stress.
— Crowded homes and a lack of privacy negatively impacts mental health, with crowded homes also increasing people's exposure to infectious disease.
— Poor quality homes, including those with issues with damp and mould, can cause disease and ill-health in anyone, but particularly those with underlying health conditions, weakened immune systems, children and elderly people.
— Poor insulation and challenges with heating leads to poor respiratory and cardiovascular outcomes.
— Overheating can trigger sudden events including heart attacks and strokes, worsen existing medical conditions and cause other heat related illnesses such as heat stroke.

Green and blue spaces[2]

— Access to nature and open space is linked to reduced levels of depression, anxiety and fatigue. This also includes reduced physiological stress symptoms such as lower blood pressure, lower cholesterol and lower incidence of type 2 diabetes.
— Green open spaces reduce levels of air pollution and can also help to mitigate the urban heat island effect, reducing health consequences of poor air quality and overheating.
— Better access to open space is associated with increased rates of physical activity which improves risk of cardiovascular disease mortality, type 2 diabetes, blood pressure, specific cancers and falls as well as improved mental health, cognitive health and sleep.
— Open spaces can reduce isolation and loneliness, and improve mental health and wellbeing, by providing opportunities to participate in shared social activities.

Healthy food choices[3,4]

— A poor diet is associated with increased risk of being overweight or obese, and of chronic diseases such as type 2 diabetes, cardiovascular disease, liver disease, respiratory disease, high blood pressure and certain cancers.
— Obesity can also have an impact on mental health.
— Childhood obesity is associated with increased morbidity and premature death in adulthood.
— Obesity prevalence is highest among the most deprived groups in society. Children resident in the most deprived parts of the country are more than twice as likely to be living with obesity than those in the least deprived areas.

Air, noise and light[5,6,7,8]

— Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy.
— Short-term exposure can also cause a range of health impacts, including exacerbating asthma.
— Air pollution is a key factor in health inequality, with deprived communities more likely to live in areas with poor air quality.
— Noise from road traffic has been found to increase chronic stress and cause disturbed sleep and higher blood pressure.
— Light pollution can cause sleep disorders from exposure to artificial light, increased cancer risk, obesity and metabolic disorders, mental health effects, cardiovascular problems, impaired daytime functioning, eye strain and vision issues and hormonal imbalances.

Getting around[9,10]

— Neighbourhoods with good access to public transport or with easy access to services by walking, wheeling and cycling increase rates of physical activity, which helps people to maintain a healthy weight and reduces the risk of cardiovascular disease, type 2 diabetes, certain cancers and depression.
— Impacts on health from private cars include reduced rates of physical activity and increased obesity rates, death from injury and collision and cardio-respiratory diseases from poor air quality.
— Car dependent neighbourhoods can also cause community severance, segregating neighbourhoods or reducing instances for people to cross paths on a regular basis.

1 World Health Organisaiton (2018). Housing and Health Guidelines. Geneva: World Health Organisation.
2 Beyond Green Space (2024). Making the most of evidence
3 NCIB (2023). Obesity Effects on Child Health
4 Public health England (2024). National Child Measurement Programme
5 World Health Organisation (2024). Air quality and health
6 University of York (2023). Deprived communities and air pollution
7 Harvard University (2022). Noise and health
8 Journal of Clinical Sleep Medicine (2018). Effects of artificial light at night on human health: A literature review. Volume 328, issue 3
9 Health Foundation (2024). Health benefits of active travel
10 Margaret J. Douglas, Stephen J. Watkins, Dermot R. Gorman, Martin Higgins (2011). Are cars the new tobacco? Journal of Public Health, Volume 33, Issue 2

04.3

Understanding a place – use of data and evidence

Effective planning and the delivery of local services requires a comprehensive understanding of a place and the potential impacts of interventions. Use of data and evidence is therefore an important practice when seeking to shape healthy neighbourhoods. The following summarises three main areas of work.

Joint Strategic Needs Assessments
Joint Strategic Needs Assessments (JSNA) are tools required through the 2012 Health and Social Care Act to understand local health and wellbeing needs, including the wider determinants of health. They are produced by health and wellbeing boards. The assessment should integrate population and health data, an understanding of local assets, and evidence gathered through engaging with stakeholders to establish the health and wellbeing status of a population and key challenges.

JSNAs serve as crucial evidence to inform health and wellbeing priorities locally. They can provide direction for both a council as a whole and at the neighbourhood level. For example, the JSNA may identify wider population trends, whilst reviewing data at the neighbourhood level may help explore the relationship between the conditions of a place and more specific health issues, facilitating more targeted interventions. The data and evidence gathered through a JSNA should inform wider authority work. For example, as critical evidence, deeply informing the preparation of a Local Plan, or informing pre-application discussions about a development site. Preparing a JSNA offers an opportunity to bring together diverse stakeholders, led by the health and wellbeing board, to establish joint priorities and collaborative working methods.

The 2012 act also introduced a new requirement for councils and NHS Clinical Commissioning Groups (now replaced by Integrated Care Boards) to develop Joint Health and Wellbeing Strategies (JHWS), based on the needs identified in JSNAs. There is no explicit requirement for JHWSs to be integrated into planning strategies, however there are some important connections. For example, they should take a broad view of relevant factors including housing and the environment. Currently the extent to which planning is included likely varies depending on local need and priorities and on an individual councils approach.

Other needs assessments
The National Planning Policy Framework and National Planning Practice Guidance require councils to conduct needs assessments on a variety of themes housing, employment, retail, open space, recreation and community facilities. Each assessment is typically conducted separately, resulting in distinct documents within the evidence base of a Local Plan. Additionally, specific services will be required to develop their own catalogue of existing services and predictions for future needs, such as JSNAs, school place planning and adult and social care services. This approach can be resource intensive and it may also reinforce silos, resulting in duplication of work or a failure to coordinate and align across departments.

Health Impact Assessment
Emerging from the World Health Organisation in 1999, councils are increasingly requiring Health Impact Assessments (HIAs) to assess the health implications of policies or projects.[1] HIAs are not a legal or policy requirement for councils, however they are identified as a potentially useful tool within national planning practice guidance. HIAs can be conducted on a local plan itself, linking into the sustainability appraisal process, or can be required as part of a planning application. Some councils define requirements and a method for conducting an HIA for a planning application through a policy in the Local Plan or in local information requirements. Generally, HIAs seek to predict the potential health implications of a proposed plan or development proposal and propose mitigation and design solutions. Various guidance notes exist on how to integrate HIAs into spatial planning, this includes a guidance note led by what was Public Health England, now the Office for Health Improvement and Disparities, as well as a rapid HIA tool developed by the Healthy Urban Development Unit.[2] Information gathered through the HIA process can be used to identify preferred approaches for a Local Plan or to inform decisions on a planning application.

1 World Health Organisation (2024). Health Impact Assessments
2 NHS (2019). Health Impact Assessment

04.4

Housing affordability and standards

Council powers and practices regarding housing are varied and comprehensive, spanning multiple departments including housing services, planning, environmental health and capital delivery.

Housing services
Housing teams within a council are expected to develop a local housing strategy, which establishes current and future housing needs based on local data and evidence. This is developed through coordination with planning teams. They have a duty to allocate social housing, determining local priorities and procedures for managing waiting lists and coordinating with affordable housing providers. They also play a crucial role providing housing support services, including homelessness prevention and intervention.

Planning
The NPPF requires councils to boost the supply of new homes. This begins by conducting a local housing needs assessment, where data on population and affordability is used to determine the number of homes of different sizes, tenures and types that are required in a plan period.

The size of housing typically relates to the number of bedrooms. The mix of housing sizes should align with up to date population projections, corresponding to household structures within a local area. For example, defining the proportion of larger homes suitable for families vs smaller homes for single households, couples or sharers. This may vary between areas within a council or by tenure. Getting the mix right is crucial for population health, as overcrowding can lead to physical and mental ill health, while a lack of smaller homes can lead to unaffordability for smaller households.

Councils can seek to control the mix of tenures delivered by new development, including the proportion of affordable housing. Depending on local needs, affordable housing may include homes for discounted rent (social rent or affordable rent), discount market sale or other models such as shared ownership. Affordable rent or sale is typically defined as 20per cent off market rate. This is important in the context of health as affordability and security of tenure can have significant impacts on people's wellbeing.

Types of housing can include specialised accommodation that cater to specific needs, which may require a different design or management arrangement. This again should follow a thorough understanding of local demographics and health and wellbeing needs. Types include, but are not limited to, retirement housing, housing-with-care and care homes, student accommodation and housing for the traveller community. Building regulations set standards for accessible homes, or those suitable for people with a disability. However, Local Plans can require more accessible dwellings if they can demonstrate additional needs within their local population.

Councils then must determine where these new homes should be located, which often becomes a site allocation. This process is conducted via a Strategic Housing Land Availability Assessment which considers suitability, availability and achievability of sites within the local area. Site allocations are a key mechanism through which councils can influence the health and wellbeing outcomes of new developments. Prioritising sites in close proximity to local services can embed walking, wheeling and cycling as a preferred mode for travel, improving accessibility, levels of activity and reducing emissions. However, pressure to deliver housing numbers can mean access is not sufficiently considered, resulting in developments that lock in car dependency.

Councils can also influence the design and quality of new homes to promote good living standards. The Levelling Up and Regeneration Act introduced a requirement for councils to develop design codes. These are intended to set out specific design parameters for new development that are tailored to local character and local needs, based on data and evidence. Local plans can also require new developments follow the Nationally Described Space Standards or apply healthy design principles defined through accreditation schemes such as building for a healthy life, the living building challenge and building with nature. Local plans can include controls which seek to ensure good access to

daylight and sunlight in internal spaces. This includes reviewing development proposals against Building Research Establishment guidance 'site layout planning for daylight and sunlight: a guide to good practice'.[1] The Town and Country Planning Act 1990 allows councils to define conditions to protect the amenity of neighbours, including privacy and overlooking to avoid health impacts from stress, anxiety and loss of sleep. The Act has resulted in some councils seeking to control separation distances between buildings and the location and orientation of windows.

Direct delivery
Given the housing crisis, particularly lengthening waiting lists for affordable housing, many councils are returning to direct delivery of new homes. Direct delivery can increase affordable housing provision, is an opportunity to ensure affordable housing provision responds to specific local needs and can be an opportunity to increase quality. The Bartlett School of Planning, UCL, has monitored council provision of housing and highlights that 80per cent of councils now self-report that they are directly engaged in the provision of housing.[2] However rates of direct delivery are vulnerable to budget cuts, and the need to prioritise other services. Other issues that may interfere with direct delivery include land availability, lack of experience, expertise and capacity, policy uncertainty, other competing priorities, market challenges including in deprived neighbourhoods where development values may be lower, public skepticism and financial risk and the Right to Buy scheme in relation, for example, the regeneration of existing estates. Despite this, many councils persevere and continue to engage in direct delivery.

Environmental health
Environmental health teams within councils have the power to assess and enforce the quality of homes, including both homes owned and managed by the council or housing associations as well as the private rental sector. These powers and practices have been determined through the Landlord and Tenant Act 1985, Housing Act 2004, Homes (Fitness for Human Habitation) Act 2018 and the most recent Social Housing Regulation Act 2023. Environmental health teams must monitor housing conditions within their local area, including establishing a system for reporting poor conditions. Approaches to enforcement, however, depends on tenure.

The Decent Homes Standard was introduced in the 2000s as a technical standard for the quality of public housing. Housing associations and councils should ensure that their housing stock meets these standards and are responsible for delivering retrofit and improvements to ensure public housing is of a suitable quality. If a home does not meet standards, it can be reported to the Housing Ombudsman Service. This service can then coordinate with the Regulator of Social Housing to act against any breach of standards. The Social Housing (Regulation) Act 2023 introduced reforms to strengthen this process.

If a private rental home has been reported or is deemed at risk, an inspection can be carried out under the Housing Health and Safety Rating System.[3] This consists of a series of hazard checks by environmental health teams, including for damp and mould, excess cold or heat, overcrowding and noise. If a home is deemed non-compliant, the council can take action including informal negotiation to improve the property and enforcement action. Enforcement action can vary but may include the issue of improvement notices that order landlords to undertake action, fines, completing repairs themselves and billing the landlord and finally, prosecution.

1 Building Research Establishment (2022). Site layout planning for daylight and sunlight: a guide to good practice. London: BRE Press
2 Janice Morphet and Ben Clifford (2023). Local Authority Direct Provision of Housing in England 2023. London: University College London
3 Ministry of Housing, Communities & Local Government (2006). Housing health and safety rating system

04.5
Green and blue spaces

Planning
The National Planning Policy Framework (NPPF) requires planning policies and decisions to enable and support healthy lifestyles. A critical aspect of a healthy neighbourhood is access to a network of high quality open spaces and opportunities for sport and physical activity is a key feature of a healthy neighbourhood, whilst also delivering environmental benefits. The NPPF requires authorities to conduct assessments of the need for open space, sport and recreation facilities to use as evidence for the Local Plan. This includes an assessment of deficiencies and areas of new provision.

Councils can specify requirements for new open spaces, play spaces and recreation facilities within site allocations and as part of new developments. Planning policies can also seek to avoid loss of existing spaces and facilities or require provision of new spaces or improvements to existing ones. These policies can also define and address different categories of open space and play space, depending on local need. This includes requiring development proposals to implement and deliver facilities as set out via Sport England's Planning for Sport Guidance, or Fields in Trust guidance on play space.[1,2] Multifunctional and flexible spaces for play, recreation and activity that are well integrated into public realm and open space may result in better health and wellbeing outcomes than standardised formal play areas.

Councils can also establish expectations for private amenity space through Local Plans and Design Codes. This can take the form of space standards and requirements for the orientation of gardens, terraces or balconies.

Public health
Depending on local circumstances, public health teams may be able to deliver projects that improve green and blue spaces or promote use of these spaces for mental health and wellbeing. For example, a public health team may work with the NHS, social services and local community organisations on social prescribing measures linked to open space. This could lead to commissioning health improvement services such as outdoor exercise programmes or nature based therapies.

Other powers and practices
Other powers and practices related to green and blue spaces include but are not limited to the management and maintenance of parks and recreation facilities, the preparation of biodiversity action plans and collaboration with schools to promote outdoor and nature based learning.

1 Fields in Trust (2024). Guidance for outdoor sports and play
2 Sport England (2024). Planning for Sport

04.6

Healthy food choices

Planning
Healthy eating habits are informed by a range of factors including individual choice, access to healthy food, exposure to poor quality food including through advertising, affordability, and time and ability to prepare healthy food.[1,2] Collaboration is required across public, private and voluntary sectors to make healthy eating accessible.

The NPPF states planning should influence access to healthier foods, and this is achieved through influence on the location of establishments that sell food, as well as connection to these. Many councils are using planning controls, including policies in the Local Plan or a specific Supplementary Planning Document, to influence the proliferation of hot food takeaways. This reflects a concern about the rise in the proportion of meals eaten outside of the home and the potential quality and calorie density of this food.[3,4]

The Use Class Order establishes how land uses in England are defined, and therefore how councils can control land uses through planning decisions. Changes in regulations which came into effect in 2020 define hot food takeaways, an establishment where hot food is sold for consumption off the premises, as sui generis. Planning permission is required to change the land use to hot food takeaway and as a result some councils have prepared policies to control the proliferation of them. This includes policies that resist hot food takeaways in particular zones, such as near a school, park or leisure centre or outside of a designated town centre. In addition, some seek to control the proportion of hot food takeaways within a centre or avoid clustering within a centre. Other types of establishments such as restaurants and cafes are categorised as Class E. Due to the use class order, councils have limited powers to control proliferation of these establishments even though they may also sell unhealthy food options.

Control of hot food takeaways does not reflect the fact that hot food takeaways can often be the most affordable option for people when money and time is limited or access to healthier food options is limited. They can be successful local businesses performing well when other types of town centre uses are in decline. As a result, councils can explore other powers and practices to promote healthy eating.

Public health
Work on obesity prevention and healthy food choices led by public health teams can work alongside planning to create a more coordinated and holistic response across an authority. This includes responsibility for commissioning weight management services and projects that seek to influence the commercial determinants of health.

Commercial determinants of health are defined as the commercial sector activities that affect people's health, positively or negatively. Commercial determinants can contribute to risk factors such as smoking, alcohol use, obesity and physical activity. Advertising is deemed to be one of the key commercial determinants of health, and there is a link with deprivation and health inequalities. Research has found that people from more deprived areas are disproportionately exposed to unhealthy food advertising, which drives additional consumption of unhealthy food and drink.[5]

Regulations were introduced in 2007 to control junk food advertising impacts on children. Some councils are seeking to control advertising within public spaces. This includes implementing bans on advertising unhealthy foods high in fat, salt and sugar on council owned spaces like billboards, bus shelters, and public transport. Transport for London was one of the first public organisations to implement a ban on unhealthy food advertising. Research by the London School of Hygiene and Tropical Medicine found the ban, which was introduced in 2019, has directly led to 94,867 fewer cases of obesity than expected (4.8per cent decrease).[6]
You can read about how Sheffield City Council has implemented such a ban in the case study in Chapter 06.

Environmental health
Through the Food Safety Act 1990 and Food Safety and Hygiene Regulations, environmental health teams have the power to uphold food standards at premises which prepare and sell food outside of the home. However, some councils are taking this role further to promote healthier food options and improve nutrition. The Tuck IN programme, developed by Essex County Council, asked food businesses to pledge to undertake nutrition training and implement healthier working practices such as reducing salt, sugar and fats, using healthier fats and altering portion size. The scheme can run alongside food hygiene inspections.[7]

1 Sanjay Kalra, Madhur Verma, Nitin Kapoor (2023). Commercial determinants of health: A critical component of the obesogenic environment. Clinical Epidemiology and Global Health Volume 23
2 Cassandra Screti, Katie Edwards, Jacqueline Blissett (2024). Understanding family food purchasing behaviour of low-income urban UK families. Appetite, Volume 195
3 B Butland B, S Jebb, P Kopelman, K McPherson, S Thomas, J Mardel and others (2007). Tacking obesities: future choices project report. London
4 T Townshend, AA Lake (2009). Obesogenic urban form: theory, policy and practice. London: Health & place
5 Jonathan R. Olsen, Chris Patterson, Fiona M. Caryl, Tony Robertson, Stephen J. Mooney, Andrew G. Rundle, Richard Mitchell, Shona Hilton (2021). Exposure to unhealthy product advertising. Health & Place, Volume 68
6 Chloe Thomas and others (2022). The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study. BMC International Journal of Behavioural Nutrition and Physical Activity
7 Harlow Council (2024). Tuck In Scheme

04.7

Air, noise and light

Environmental health
The Environment Act 1995, and then as amended by the Environment Act 2021, requires councils to monitor air quality in their local area and define Air Quality Management Areas where results fall outside of standards. An action plan should then be prepared for each Management Area, setting out steps required to reduce emissions specific to the place.

In 2023, the Department for Environment, Food and Rural Affairs (DEFRA), published further guidance for councils on how to manage air quality, with an air quality strategy for England. The strategy continues to require the establishment of Air Quality Management Areas and Air Quality Action Plans for areas that have breached defined safe standards for pollutants. These standards are above the levels defined acceptable by the World Health Organisation. The DEFRA strategy also now expects councils to take more preventative action, through a local Air Quality Strategy. This strategy should be specific to local concerns, particularly specific areas or groups more likely to be impacted by poor air, and applies across an authority, not just where legal limits on pollutants have been breached.

Councils can also use the 1990 Environmental Protection act to respond to complaints about light and noise pollution that could be classed as 'statutory nuisance'.

Transport
Vehicles are the largest source of particle pollution, and so as a result transport related interventions can deliver the biggest improvements in air quality. Projects depend on local conditions, but can include:

- Clean air zones or low emission zones
- Public transport improvements
- Promoting active travel
- Promoting electric vehicles including delivery of charging points
- Promoting sustainable freight, including the use of e-cargo bikes
- Traffic management measures to reduce congestion
- Public health

Public health teams are expected to be involved in the preparation of Air Quality Action Plans and Air Quality Strategies and air quality should be considered as part of Joint Strategic Needs Assessments. Public health teams can also help communicate with the public about air pollution issues, for example about actions people can take including domestic burning and driving practices and consideration of indoor air pollution.

Planning
Air Quality Management Areas should also be integrated into a Local Plan, with policies in place to both reduce emissions and also mitigate against the impacts of poor air quality. This includes avoiding locating sensitive uses such as a housing or a school in areas of poor air quality, and prioritising actions that improve air quality, such as active travel.

The NPPF also encourages Local Plans to include policies that seek to limit the likely effects of pollution on health, living conditions and the natural environment. This includes policies on noise and light pollution.

04.8

Getting around

This section focuses on council powers and practices related to movement, not the duties of a designated highways authority. Councils are required to set objectives and policies for transport within their local area. They also have responsibilities regarding traffic management and safety, and additional practices include providing school transport, managing travel concessions and managing transport services for people with additional needs such as the elderly or disabled people.

Transport
The 2017 Cycling and Walking Investment Strategy from the Department for Transport encourages councils to prepare Local Cycling and Walking Infrastructure Plans (LCWIP).[1] The aim of these plans is to help authorities to take a strategic approach to improving conditions for walking, wheeling and cycling. This includes the need for Local Plans and planning activity more widely to consider walking, wheeling and cycling.

Walking, wheeling and cycling infrastructure, including a network of public realm, footpaths, cycle paths and cycle parking, makes it easier for people to move around without a car and can improve feelings of safety. LCWIPs should be used to define gaps in the network of infrastructure and key priorities for investment. These priorities should be linked to inequalities – directing investment to areas that most need it. Responsibility for implementing new walking, wheeling and cycle infrastructure can then be secured through planning or by direct delivery.

Councils are responsible for setting design standards for their roads and pathways. The Department for Transport has prepared a guidance note Local Transport Note 1/20 to provide support and improve the quality of street design for walking and cycling.[2] The guidance should be applied both when delivering walking, wheeling and cycling infrastructure directly or when securing new infrastructure through planning permissions.

Planning
Information captured by the LCWIP should feed into Local Plans, site allocations, supplementary plans and design guides if required. If a development proposal falls in an area where the LCWIP has identified a specific need, discussions at the pre-application stage should encourage development proposals to address the need. Local Plans, supplementary plans and design guides should also include policies and guidance to ensure development proposals promote active travel.

1 Department for transport (2017). Cycling and walking investment strategy
2 Department for transport (2020). LTN 1/20 cycle infrastructure design

05 Key gaps

05.1 Challenges with existing powers and practice

By considering factors that contribute to a healthy neighbourhood against council powers and practices, a series of issues emerge. These are key areas that have the potential to significantly impact a council's ability to help positively shape a neighbourhood's health, but currently lack either the capacity or remit to do so.

Understanding a place – use of data and evidence
There is difficulty gathering and integrating data and evidence, including analysing this spatially, or making better use of digital tools such as GIS. This is typically due to poor infrastructure, lack of skills and lack of training opportunities. This has been exacerbated by cuts in the Public Health Grant, which had previously been spent by authorities on data analyst roles.

Separating out needs assessments by themes and across departments is very resource intensive, at odds with the holistic nature of creating the conditions for good health and wellbeing and often results in duplication. This can result in missed opportunities for joint working or identification of projects that deliver shared benefits.

Strained resources have reduced the ability for councils to effectively engage the public in shaping their neighbourhoods, resulting in a lack of trust and missed opportunities. This stems from an insufficient understanding of specific local priorities and needs, where the potential for greatest benefits might exist.

Housing affordability and standards
We are not delivering a supply of quality, affordable and diverse housing at the rate we need, failing to provide a wide and appropriate range of homes to meet varied community needs and preferences. Removal of local authority housing targets and poor coverage of adopted Local Plans across England are two of the many factors contributing to the slow delivery of homes and associated issues such as a rise in reliance on temporary accommodation. Reintroduction of housing targets and action on councils who do not have a Local Plan in place as set out by the Labour Government could contribute to increased housing delivery, provided it is supported by measures to increase the capacity of planning teams to deliver.

Building regulations do not adequately address health and wellbeing needs or risks that will be exacerbated due to climate change. For example, new housing is being delivered that is difficult to adapt for disabled people. High energy efficiency standards are also contributing to overheating and there is a lack of clarity over how to prioritise overheating compared to exposure to noise and air pollution. Mitigation measures for development proposals near a noise and air pollution source include keeping windows closed, which makes it difficult to adequately ventilate homes.

Regulatory changes that attempt to increase rates of housing delivery, in particular changes to the Use Classes Order and permitted development rights, have in places reduced council powers to control the quality of new homes and influence the types of services within a neighbourhood and where they are located.

Green spaces, play and recreation
Councils do not have a statutory duty to provide sports and recreation facilities. However, many have invested in sport and leisure in recognition of its significance for local people and importance for the health and wellbeing of a population. Despite this recognition, resourcing cuts, including cuts to the public health grant and increased financial pressures, means many councils have reduced non-statutory services.

Healthy food choices
Councils are limited in their capacity to address the key drivers of obesity. For example, councils have no powers over the online marketing of unhealthy foods, limiting promotions of less healthy food and drink sold in shops or requiring the reformulation of products so they include fewer calories. Councils also have no control over advertising on telephone boxes and digital screens that are not in their ownership. The lack of an up-to-date national obesity strategy as well as a lack of clear guidance on relevant council powers is a major barrier to local leaders using available mechanisms to address excess weight in their communities. Additionally, councils face funding constraints and acute resources challenges, which further hinder their ability to implement comprehensive prevention programmes.

Furthermore, the absence of coordinated efforts between and across stakeholder groups makes a joined up and neighbourhood level approach challenging.

Air, noise and light

Councils have limited scope to influence the impact of air quality on health, notwithstanding their statutory duties. Air quality standards in England are lower than those set by the World Health Organisation, and can exceed legal limits in some urban areas. In addition, priorities and approaches to reducing the sources of poor air and managing impacts of poor air sit across different teams within councils and relevant agencies, which means it can be deprioritised, leading to compromised and potentially ineffective interventions.

Getting around

Slow transition towards a 'place based' approach within transport and highways teams that can conflict with planning and principles of a healthy neighbourhood. This includes prioritising highways standards over recognition of the impact of transport on climate change, air quality and noise and street design on promoting active travel, fostering social interactions and contributing to local character, as well as the need for integrated, sustainable mobility solutions across and between neighbourhoods that balance efficiency with community health and wellbeing and environmental needs.

Councils are not required to prioritise access to services in site allocations, meaning that new homes are being delivered with car dependency built in. This is exacerbated by there being no consistent approach to accurately measuring accessibility by walking, wheeling and cycling, nor any national standards for minimum levels of accessibility to essential services and public transport. This lack of prioritisation can lead to increased emissions and reduced social equity. For example, developments that are car-dependent development can disproportionately affect low-income groups and families.

Cross-theme gaps

Funding related

A reduction in council budgets, predominantly through cuts to central government grants over time, and increased service demands have put a strain on many councils and teams. Working practices are regularly reduced to prioritising responses to immediate concerns or 'firefighting', rather than long term improvements, noting that some councils have been able to incorporate innovative solutions and achieved efficiency gains. Council teams are less able to make the most of powers and practices available to them due to limited capacity and resources. This is true across multiple departments, including planning, public health, environmental health, and building control but can be exacerbated in two tier authorities where different functions fall across different organisations and there are further coordination challenges, potentially leading to inefficiencies and gaps in service provision.

Sources of funding for interventions are frequently piecemeal and short term, and a councils' limited resources can be absorbed by making funding applications, rather than ensuring strategic and comprehensive plans are in place or on implementing projects. This is a challenge for large scale projects, which require substantial long-term investment and multi-sector collaboration. In recent times, funding for such initiatives is often provided through competitive grant programs, such as the Towns Fund and the Future High Streets Fund, which while valuable, are unpredictable and do not always align with long-term strategic priorities.

Planning related

Planning lacks a statutory duty to improve healthy life expectancy and reduce health inequalities. The NPPF has a social objective that requires planning policies and decisions to support strong, vibrant and healthy communities, but this is a material consideration and so does not necessarily translate down into local development strategies and decision making. This leads to differences in interpretation and inconsistent implementation. Health Impact Assessments are

also not statutory, compared to requirements for the preparation of Sustainability Assessments and Environmental Impact Assessments. This shortfall in statutory requirements can result in health and wellbeing considerations in the planning process being overlooked or undervalued, potentially exacerbating existing health disparities and missed opportunities. In addition, the lack of agreed and clear metrics for assessing health impacts in planning decisions makes it difficult to quantify and compare outcomes across geographies.

Weakening of strategic and spatial planning in many areas has made it challenging to coordinate across areas and align decisions. Assessments to understand local need, such as housing, healthcare provision, open spaces, transport and utilities have often been segregated with separate methods, assumptions and responsibility falling to different teams or delivery partners. This process can be resource intensive, may result in duplication and can make it difficult to plan for and deliver necessary strategic infrastructure. However, this is not universally the case, with some regions making progress in implementing more strategic planning approaches.

Health and wellbeing may not be consistently prioritised by the Planning Inspectorate when determining applications and reviewing Local Plans, as it must operate within a planning system that at present does not explicitly require or attach special weight or priority to the creation of health-promoting places. This systemic constraint can lead to council officers hesitating to refuse an application on health grounds as they are concerned the decision might be overturned by the Inspectorate, who must adhere to the existing planning frameworks that prioritise factors such as housing numbers. Furthermore, there can be an inconsistent approach to more direct or ambitious health policies within Local Plans as councils may be uncertain about how these will be viewed by the Inspectorate.

Public health is not a statutory consultee for either the preparation of plans nor for the review of planning applications. This results in an inconsistent approach to engagement across authorities and a missed opportunity for shared working or knowledge exchange, potentially impacting health considerations in planning.

Local authority planning departments are facing incredibly challenging resource constraints, capacity and skills shortages, with nearly 60 per cent of councils experiencing difficulties recruiting planners. Over one third of LGA members face challenges in retention of planning staff or preventing the 'brain drain' to the private sector. Although the Government has taken some recent steps to begin to address these issues, such as the planning skills delivery fund, the popular Pathways to Planning and Public Practice placement schemes and the uplift to planning fees, these are just part of the solution and will not immediately grant much needed capacity. Councils are likely to continue to face the same resource issues and capacity challenges for a while yet as they will not automatically decrease the number of vacancies across the country, nor will it solve historic issues of staff retention.

06

Case studies

This section sets out four case studies, showing what some councils in England are doing to create health and wellbeing amongst their populations.

06.1

East Sussex County Council
Memorandum of understanding between planning and public health

Date
May 2024

Council
East Sussex County Council

Overview
A memorandum of understanding (MOU) between public health and planning in East Sussex County Council (ESCC) was developed in 2022 to formalise collaboration across the two-tier local government system. It sets out how the public health team within ESCC will work together with the local planning authorities to deliver the county council's statutory public health responsibilities and the local planning authorities' duties to deliver relevant elements of the National Planning Policy Framework through the planning system.

The challenge
There is an acknowledgement within ESCC of the lack of guidance at the national policy level on how to deliver healthy places, and the council sees a need to compensate at the local level. Further, ESCC recognised the need for a consistent and coordinated approach to planning for health across the two-tier system of local government, but also acknowledged that the approach taken must be proportionate and bespoke given that constraints and resources are not uniform across the local planning authorities.

In addition, 'typologies of place' within East Sussex differ, with the urban, rural and coastal places across their two-tier system. This means ESCC is mindful of the local planning authorities' individual characteristics, governance, needs and profiles. The ESCC healthy places team adds critical support to the local planning system and enhances its ability to address the wider determinants of health through the built environment, the development of local plan policies, through supporting planning application processes and health impact assessments.

The solution
The MOU that's been developed across ESCC and the respective local planning authorities has provided the mandate to establish a working group to proactively embed and support the development of approaches to deliver 'planning for health' in East Sussex. The Planning for Health Working Group has been made responsible and accountable for the delivery of the MOU and the delivery of Engagement and Process Protocols (EPPs).

Since the development of the MOU, ESCC has developed processes to help with its delivery. This includes the creation of individual Engagement Process Protocols (EPPs). The EPPs set out the details of how the East Sussex healthy places team - public health team and the LPAs - will work effectively and collaboratively and build on the MOU. The EPPs will outline the specific actions and processes that will be undertaken by all parties to ensure health and wellbeing issues are fully considered. The objectives of the EPPs include to:

- Deliver agreed processes, protocols and deliverables between the LPAs and public health
- Ensure that the principles of health and wellbeing are considered in plan making and when evaluating and determining planning applications
- Set and communicate defined threshold indicators for planners to engage and seek support from Public Health for input into pre-applications, planning applications, planning committees, and appeals (as appropriate)
- Ensure there is a consistent approach to achieving 'planning for health', healthy place making and the delivery of 'health in all policies'.

The impact
The impact of the MOU, EPPs and the Planning for Health Working Group will ultimately be understood through health impacts, something that will only be seen over the long term. However, in the short term the approach has already had some tangible and wide-reaching impacts in East Sussex and beyond. The MOU, for example, is already being cited in local plans as a key lever and justification for supporting the delivery of planning for health.

The MOU's whole systems approach has facilitated the implementation of 'health in all policies' by establishing clear accountability for actions. As the healthy places team is a matrix team that works innovatively to tackle the 'environmental determinants of health', it has been able to influence policy areas and partners outside of health. One example of this is a health impact assessment being undertaken on the recent East Sussex Local Transport Plan.

Arguably the biggest impact of the approach is its national influence. More councils are now investing in planning for health posts and considering developing their own public health and planning MOUs based on East Sussex's example.

How is the new approach being sustained?
The MOU acts as an authoritative resource that new staff can refer to, helping to maintain consistent approaches and facilitating knowledge transfer despite personnel changes. By serving as a best practice example, it helps address limitations of national policy gaps by empowering local leadership on health in planning. It sets the standard and communicates the expectation and opportunities for what can and should be achieved by public health and planning working together more uniformly to achieve joint objectives and co-benefits.

The working group tracks the implementation of MOU and EPPs' priorities through an action log which helps establish accountability.

Lessons learned
- Strong and supportive leadership is essential. Investing in public health support, expertise, and capacity is critical for successful 'planning for health,' while the development and structure of 'healthy places' posts provide system-wide benefits beyond just healthy planning.
- To achieve truly 'healthy policies' public health input as a key consultee is critical.
- Members of the healthy places team function as 'system architects,' enhancing their skills in both place making and public health. This approach develops the next generation of 'healthy place makers' to address current and future environmental and public health challenges. Additionally, these roles shape and nurture practitioners in other policy areas to become public health champions and deliverers.
- Opportunities for consistent healthy placemaking approaches can be achieved through tools like the Engagement Process Protocols and the MOU as they provide a framework for accountability and collaboration on healthy placemaking.

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06.2

Southampton City Council
Introduction of a Spatial Planning for Health Specialist in Southampton

Date
June 2024

Council
Southampton City Council

Overview
To bridge the gap between public health and planning, Southampton City Council established a specialist planning and health role to work across both disciplines. This role, along with a similar role at East Sussex County Council, were recently the focus of a piece of evaluative research by the NIHR.[1] There was a recognition in Southampton of how the built environment, including factors like transport, housing quality, and access to green space, are all major determinants of health. The role was seen as a way to help tackle health issues by leveraging the planning process and integrating health considerations into planning policies and decisions.

The challenge
Deprivation and poverty are big issues in Southampton, and this was further exacerbated by Covid-19 leading to widening economic and health inequalities. The council recognised that the built environment, including factors like transport, housing quality, and access to green space, is a major determinant of health. The role was seen as a way to help tackle health issues by leveraging the planning process and integrating health considerations into planning policies and decisions.

The solution
To address the recognised challenges Southampton City Council created a dedicated new role of Spatial Planning for Health Specialist. This role aims to directly bring health considerations into planning policies and decisions from a strategic perspective. The specialist, who is a planner by background, works collaboratively between the public health and planning departments. He helps improve understanding of links between health and the built environment among built environment professionals. The role also advocates for prioritising health across council work.

The impact
The Spatial Planning for Health Specialist role has had several key impacts since its creation. The specialist has directly integrated health considerations into local planning policies and processes by rewriting policies to address health and ensuring it is considered consistently. He also improved the consultation process between public health and planning teams on development proposals through reorganising the process and training practitioners. An important impact was ensuring health impacts were included and assessed in the environmental impact assessment for a major development project.

More broadly, the role provides dedicated capacity and expertise to strategically prioritise health across decision making from a long-term perspective. It has strengthened collaboration and understanding between public health and planning through bridging gaps between the fields.

How is the new approach being sustained?
Advocacy to senior leadership within public health and planning departments has helped maintain support and appetite for the role within the council structure. This has led to it becoming a permanent position, funded from both the planning and public health budgets, under the new role title of Senior Planning Officer and Healthy Places Lead. Being able to demonstrate impactful results from initial work, like improvements to consultation processes and the local plan has helped achieve this. Permanence has provided certainty that allows the council to pursue longer-term projects and partnerships over multiple years.

Positioning the role within the planning department structure has enabled more direct influence over planning policies and processes, rather than having to influence planning externally from a public health perspective.

Lessons learned
- Specialist planning and health roles are important for directly integrating health considerations into local planning policies and decisions from a strategic, long-term perspective.
- Collaboration between public health and planning teams can lead to better informed responses to development proposals, and health-promoting changes to plans and projects.
- Taking a health in all policies approach and emphasising co-benefits of proposals can help prioritise health across council agendas by showing relevance to multiple teams and objectives.
- Ensuring long-term support for these roles through permanent contracts allows them to pursue longer-term health-focused projects and partnerships with other organisations.

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1 NIHR (2024). Building and facilitating system capability to create healthy environments in East Sussex and Southampton: a qualitative process evaluation

06.3

Liverpool City Region
Health in all policies and the Civic Data Cooperative

Date
May 2024

Authority
Liverpool City Region Combined Authority

Overview
The Civic Data Cooperative (CDC) is a data collaborative established by the Liverpool City Region combined authority and University of Liverpool. It was set up in partnership with two organisations, the Combined Intelligence for Population Health Action (CIPHA), a population health management platform for health data within Cheshire and Merseyside's Data Into Action programme, and the Civic Health Innovation Labs, a research facility based at the University of Liverpool. The CDC acts as a "civic trust" for multi-sector data on behalf of partners and rights-holders. This includes secure NHS data which helps inform programmes aimed at addressing issues like fuel poverty. The CDC is a valuable resource that could provide evidence of impact to health policies, identify evidence gaps and make data for the region easier to access, link to, and analyse.

The challenge
Prior to the CDC there was a recognition that multiple organisations in the Liverpool City Region were holding various data sets, but there were concerns about who was holding the data and how it could be securely and effectively shared and analysed. There was an ambition to understand how this data could be used to address health inequalities, through employment at the regional level and more specific placed-based, health centred policies in the regions several councils.

The solution
The CDC aims to address these challenges by acting as a centralised "civic trust" that can hold data on behalf of partners from different sectors like health, housing, and transport. This allows for secure sharing and linking of datasets to generate insights that individual organisations may not be able to achieve on their own.

The impact
Discussions are ongoing to establish how to strategically use the Civic Data Cooperative for developing health policies, capturing evidence of impacts, informing public health teams, and identifying gaps in the evidence base. Combining employment data with health records has been used to track health improvements from workplace interventions. For example, mental health research and employment opportunities was an area of focus, recognising a need for practical workplace guidance informed by data on supporting neurodiversity.

How is the new approach being sustained?
The future of the CDC in the short term will involve discussions around how to strategically make use of it as an important regional asset. One such project is expanding from the CDC as part of the Office of Public Service Innovation to support a more data-driven approach to services, innovation and commissioning. Additionally the plan is to continue building out its data-holding and linking capabilities to incorporate additional sectoral data like policing and housing. There are also plans to further develop its ability to provide evidence of impact from initiatives and to help identify gaps in the evidence base to inform public health strategies.

Due to the infancy of the CDC, its role at the local authority level is less apparent, however there are future ambitions for it to play a role in capturing health outcomes from initiatives led by councils to evaluate impact over time. Continued work is needed to improve data analysis capacity so the full value of the health and other data assets it holds can be realised to guide decision-making across sectors.

Lessons learned
The LCRCA's Civic Data Cooperative highlights several key lessons:

- Building relationships and trust between councils, public health, and NHS is critical for tackling health inequalities through a health in all policies approach.
- Using data collaboratives like the Civic Data Cooperative can help inform health and care policies by providing evidence of impact and identifying gaps, but capacity is needed to fully analyse health data.
- Initiatives should consider prioritising based on health inequalities, for example using data to inform these decisions in retrofitting homes and transport
- Mental health and employment is an area that could benefit from better data, for example in supporting neurodiverse individuals in the workplace. The Civic Data Cooperative is a key partner within the Mental Health Research for Innovation Centre to create a safe platform for this work.
- Devolution can provide a framework for local decision-making on health, but comprehensive business cases are still needed to ensure initiatives are successful and supported by the government.

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06.4

Sheffield City Council

An advertising and sponsorship policy to tackle the commercial determinants of health

Date
June 2024

Council
Sheffield City Council

Overview
Sheffield City Council implemented an Advertising and Sponsorship Policy to regulate this on council-controlled property and by council contractors. The policy places restrictions on advertising and sponsorship related to foods high in fat, sugar, and salt; alcohol products; gambling services; and fossil fuel companies. The policy aims to reduce exposure to unhealthy advertising, set an example for other organisations to follow, and address commercial determinants of health.

The challenge
Sheffield City Council wanted to tackle the pervasive challenge of rising obesity rates and non-communicable disease in the city. Over 900 individual-level government policies and education approaches since 1997 had failed to significantly reduce obesity trends. The council recognised that commercial determinants like advertising play a major role in shaping unhealthy social and environmental norms. Evidence also showed advertising of unhealthy products was disproportionately targeted at deprived areas, exacerbating health inequalities.

The council wanted to address an important driver of obesity and non-communicable diseases beyond individual choices. The policy was seen as an opportunity to take action on a significant public health challenge that decades of other efforts had not fully resolved.

The solution
Sheffield City Council implemented an Advertising and Sponsorship Policy that places restrictions on unhealthy advertising and sponsorship arrangements as one element in tackling the commercial determinants of health that shape the choice environment in which residents live.

Specifically, the policy regulates advertising and sponsorship related to foods high in fat, sugar, or salt; alcohol products; gambling services; fossil fuel companies; flights; and non-electric cars. It applies to advertising on council-controlled property and by council contractors.

The policy was developed through extensive stakeholder consultation and using existing evidence based evaluation, aimed to balance priorities like public health, climate action, and support for local economies. To achieve the latter, it provides exemptions for small local businesses and considers some third-party agreements on negotiable terms, such as major events. While the council looked at lessons from similar policies elsewhere, it took a tailored, evidence-based approach suitable for the local context.

The impact
The advertising and sponsorship policy was introduced in March 2024, so it's not yet possible to understand its impact on reducing exposure to advertising. While the aim of the policy is to contribute to shaping social norms and reduce specific exposures to unhealthy advertising, initial impacts have already been observed. There has been an increase in the number of public objections to new advertising applications, suggesting the policy is successfully setting a tone for reduced unwelcome exposures beyond the council's direct control.

A planned two-year review process will help evaluate the policy's effectiveness and any revisions needed based on local and national developments. There is also a hope that it could inspire similar policies in other areas through a chain reaction effect which would amplify its impacts.

How is the new approach being sustained?
Sheffield City Council developed the policy through consultation with internal departments and some external stakeholders, as well as through an evidence-gathering process to help ensure its sustainability and longevity. It was developed over many iterations to reach clear, legally robust terms through consultation with legal, finance and impacted services.

The team drew on evidence from a literature review conducted by partners, as well as experience from other places implementing similar policies, like Transport for London. Consideration was given to the three political parties on the council to develop a balanced policy accommodating priorities like public health, climate and local businesses. This approach aimed to gain unanimous approval through the committee system by addressing each party's key drivers.

While the initial impetus for the policy came from the public health team, responsibility for it sits with the council's communications team, and a Council Advisory Group exists to support in decision making and advice where needed.

By taking a comprehensive, evidence-based approach developed through cross-party cooperation, the council aimed to create a sustainable policy supported by all political stakeholders that could adapt to industry responses and evolving priorities in the future. The built-in review period will help to ensure it continues to be effective in years to come and can address issues arising in the initial two-year period.

Lessons learned
- Effective policy making requires understanding local political landscapes and tailoring solutions to gain approval through compromise and balanced priorities.
- Clear definitions in policies allow for enforceable terms and assessing compliance, while ambiguity risks watering down impact.
- Policies set important social and environmental tones beyond direct control, as shown through increased public objections to new ads signalling reduced tolerance for exposures.

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07
Recommendations for councils

Councils have a wide range of powers and practices to shape and create healthier communities, focusing on areas like housing standards, green spaces, food choices, pollution control, and movement. Key insights from the review and case studies include the importance of using data effectively from JSNAs, considering adopting a health-in-all-policies approach, promoting transdisciplinary collaboration and appropriate leadership positions, and leveraging existing powers. While councils face budget constraints, limited scope in some areas, and other challenges, they can make significant impacts by strategically using their current powers and developing practices that prioritise health and wellbeing.

To maximise impact, councils should focus on proactive, long-term measures while assessing and addressing immediate key challenges. This involves comprehensively understanding local health needs, shaping health-promoting environments, collaborating across sectors and with a diverse range of stakeholders, addressing root causes of poor health, building skills and capacity, and advocating for health-focused planning and public services.

By combining these approaches, councils can create synergies that amplify their impact on a neighbourhood's health and wellbeing.

The case studies have illustrated how some councils are doing this in practice. It is hoped that this will inspire others to explore the powers that they already have and to develop new ways of working.

The following presents an overview of recommendations for councils seeking to make the best use of the powers and practices available to them to achieve this goal. Key to this approach is recognising that while proactive measures that deliver long-term improvements are vital and may yield the greatest benefits over time, addressing immediate challenges through short-term interventions can also yield significant benefits.

Understand a place

— Strengthen the role of Joint Strategic Needs Assessments (JSNAs), taking a place based approach that looks to understand and address health needs at the neighbourhood level. Wherever possible, JSNAs should be informed by more detailed local needs assessments at ward or district levels as well as assessments for specific demographic and vulnerable groups. They should be prepared through participation with wider authority teams, including planning, adult and social care services, housing and environmental health, and local engagement. This approach could provide a more nuanced understanding of health needs and inequalities at the neighbourhood level, allowing for targeted interventions and resource allocation. Furthermore, consider using JHWSs to closely inform planning policies and strategies.

— Ensure that communities are effectively engaged. The return to strategic and spatial planning set out by the Labour Government is very welcome for the reasons described, but it could be perceived as a step away from localism and this is very important in the neighbourhood context. To counter this, effective community engagement should be better prioritised and integrated throughout planning and public health processes so that local lived experience is better understood and valued, and to effectively identify local health needs and priorities. This could include the use of citizen assemblies, community forums, and digital engagement platforms to ensure accessibility by all.

Create health

— Consider adopting a health in all policies approach through the council's corporate strategy and cascade this down throughout the organisation. This could mean that 'improving healthy life expectancy' and 'a reduction in health inequalities' are defined as key priorities for the council and ensuring that delivering on this, as well as other facets of health and wellbeing, is integrated across all teams and projects. Establish clear metrics and an effective approach to reporting mechanisms to track progress and ensure accountability.

— Target interventions by investing financial and staff resources into projects that respond to specific health needs, particularly if they can demonstrate they will deliver improvements across multiple priorities. For example, active travel infrastructure that reduces emissions whilst increasing physical activity. Use data and evidence so the target intervention is directed to where it is needed most. Engage and consult with the neighbourhood community regularly to ensure interventions align with local needs and priorities.

Address ill health and its causes

— Better leverage standards and regulations and utilise the health improvement duty to define health improvements and a reduction in health inequalities as a corporate priority. This could provide weight to support health related interventions across other departments, including planning decisions. Findings from a local JSNA could be used to identify and prioritise issues causing biggest health problems such as areas of poor air quality or substandard housing, and enforcement powers available to environmental health teams could be utilised to hold responsible parties accountable and drive positive change.

Build skills and capacity

— Deliver education and training across the workforce and at all levels of seniority to outline health impacts and what can be achieved through existing powers and practices. This should include building an understanding of the different teams and roles across a council to improve shared knowledge and competencies. Signpost the wealth of research knowledge and good practice available to practitioners to guide work further and support local action.

— Update planning roles and associated job descriptions to develop the capacity of planning teams. This includes building skills to be able to work across different health-related disciplines and drive forward coordination between teams to deliver policy synergy that adequately reflects modern crises including health and climate. Incorporate public health, sustainability and resilience principles into core competencies.

— Invest in skills and capability around the use of data and evidence and the infrastructure required to support this. This may involve exploring how this can be achieved through partnership, such as with academia or a higher-level authority, to drive consistency and reduce costs. This may include developing a platform that brings data and evidence sources together and visualises them spatially, which would increase access, transparency and ease of analysis.

Collaborate

— Improve partnership working both within councils and with the NHS. This should include making the most of Health and Wellbeing Boards as a tool to bring together key partners at the senior level. It includes engagement with the local NHS through the Integrated Care Board and Integrated Care Partnership, recognising that cuts to funding have made participation by the NHS more challenging in some places. Investigate innovative funding models and digital solutions to enhance collaboration despite resource constraints.

— Promote transdisciplinary working, particularly to better integrate public health, planning, building control and environmental health. This could be achieved for example through a defined lead role spanning these teams, shared projects or working groups, or memorandums of understanding or other governance structures set up to ensure accountability. Economic development should be included so that funding opportunities can be sought and joined up. Consider shared digital platforms to facilitate communication and project management.

— Capture the requirements of more teams in health impact assessments to ensure that they are tools that assess potential impacts holistically. For example, asking questions relating to environmental health as well as public health can help mitigate risks relating to high air, noise or light pollution.

— Recognise that it is not just the public sector's responsibility to deliver health improvements. A partnership approach bringing together business, community organisations and residents to establish shared priorities and identify and implement interventions could be a much more resilient model. This would involve investing in effective engagement and recognising the significance of Local Plans and Corporate Strategies as tools to understand places and to provide strategic coordination with stakeholders.

— Harness flexibility by making the most of the flexible remit of public health teams and the health improvement duty to foster cross-collaboration between teams and to 'lead without authority', delivering projects that respond to specific identified local health needs or supporting other teams such as planning where there is the potential for overlap.

Advocate for health-centric planning and public services

— Call for investment in public services so councils can effectively fulzsfil their duties and implement health-promoting initiatives.

— Campaign for a planning system that prioritises health by joining or forming a movement, similar to that led by the Better Planning Coalition, that seeks a planning system that delivers for climate, nature and people, including through the introduction of a duty to reduce health inequalities.[1] This includes better integration of health into the NPPF, future National Development Management Policies and into Design Codes, as well as a possible future amendment to the Levelling Up and Regeneration Act. Additionally, advocate for the inclusion of health impact assessments in major planning decisions.

— Celebrate what councils do to create healthy neighbourhoods. Elected members could provide special political support for health-related corporate priorities and for interventions delivered by council teams. Improve engagement and communications with the public so the community understands the reasoning behind decisions and interventions and can understand what is secured for the public good from, for example, planning decisions. Implement transparent reporting methods to showcase the tangible health benefits of decisions.

1 Better Planning Coalition (2024). Our members

07.1

Fifteen Point Checklist for councils promoting neighbourhood health and wellbeing

01 JSNA and JHWS completed and regularly updated, with inputs from wider council departments and the local community.

02 Resourcing secured for effective community engagement and a strategy prepared to coordinate engagement across departments and projects.

03 Health-in-all-policies approach adopted and embedded in the corporate strategy.

04 Local plans and/ or spatial development strategies in place.

05 Health impact assessments required to review council documents and for major planning applications.

06 Housing supply, standards and affordability policies and allocations in place, all with health principles applied.

07 Approach to green and blue infrastructure coordinated across departments and policies in place, all with health principles applied.

08 Approach to healthy food environments coordinated across departments and policies in place.

09 Air quality management areas established where required and an air quality strategy prepared.

10 Local cycling, walking and wheeling infrastructure plan in place and content inputted into local plans and planning decisions.

11 Health and wellbeing lead identified and trained.

12 Health and planning working group established.

13 Staff training programme on creating healthy neighbourhoods in place.

14 Partnerships with local NHS bodies, community organisations and other relevant stakeholders established through health and wellbeing boards.

15 Opportunities for advocating for health and wellbeing in planning at the national level identified.

08
Recommendations for national government

Whilst powers and practices exist within local government to drive the creation of healthy neighbourhoods, there are gaps in their remit or procedural challenges that limit the potential for positive impact. The following introduces key recommendations for the national government to help councils improve health and wellbeing. This list is not exhaustive, there are many steps that could be taken to improve local authority powers and working practices. Instead, this list represents the main messages that emerged from the literature review and engagement with practitioners.

It is a key finding of this report that the government should take urgent action to empower councils to create healthier communities. To this end, five key recommendations are put forward.

Recommendation 1

Reform funding, focusing on a long-term approach that prioritises a needs and place-based approach rather than ad hoc funding for separate projects that is not always directed to the places most in need. This will involve taking a more long-term view on returns on investment and greater local fiscal autonomy. Examples of reforms to funding include, but are not limited to, a review of the public health grant, ten-year rent settlements and the ability for councils to set their own planning fees within parameters. Financing will also need to be supported by robust planning for infrastructure, as set out in Recommendation 3. Explore alternative funding methods that might leverage the economic benefits of healthy neighbourhoods, such as funds focused on impact investing.

Recommendation 2

Re-establish the purpose of planning as a tool to improve health and wellbeing. Use the revision of the National Planning Policy Framework and new National Development Management Policies, and other related documents such as the National Model Design Code as an opportunity to define health improvement and a reduction of health inequality as the goal of planning and make improvements to healthy life expectancy and a reduction in health inequity a statutory duty.[1] Support further work towards the longer-term goal of exploring health net gain and parity between places and recognise the potential economic benefits of healthier communities. As part of this process, consider better embedding public health teams in the planning system by making them a statutory consultee, with clearly defined planning functions and adequate resources to take on this role. This includes participation in preparation of a Local Plan and during pre-application discussions for major developments or those that may have significant health impacts. Require councils to define and include health as a strategic priority within local plans.

1 Emma Cooke (2023). It's time for a legislative requirement to address health inequalities through planning

Recommendation 3

Establish a taskforce to explore more evidence based strategic planning methods. At present, the use of data and evidence to prepare a local plan and to establish infrastructure needs across the council area is extensive and sometimes poorly integrated. Understanding of housing need, school place planning, healthcare provision, open spaces, transport and utility planning can all be conducted separately, with separate methods, assumptions and responsibility falling to different teams or delivery partners. This is resource intensive, results in duplication and makes it a challenge to identify strategic projects and infrastructure that would either span teams or fall across authorities.

A taskforce should be established to review existing practices and define a more integrated and collaborative approach to strategic planning and infrastructure planning. This would help to deliver joined up place-based working, deliver interventions with co-benefits across sectors, improve efficiency of resources and ensure planning processes are proportionate and improve transparency and opportunities for wider participation and engagement. This should also look at how to better combine economic development strategies with health-focused planning to exploit the potential for healthy neighbourhoods to drive local economic growth. Finally, the taskforce could explore methods for monitoring and evaluation, including the role of Annual Monitoring Reports.

A review of methods could form part of a wider reconsideration of the approach to sustainability appraisals, environmental impact assessments and health impact assessments to improve the impact of these assessments, and could help facilitate the exploration of health net gain within planning.[2]

Recommendation 4

Rethink building regulations to prioritise the creation of healthy homes. Implement planned changes to building regulations that mandate higher accessibility and adaptability standards, requiring all new homes meet category M4(2) accessible and adaptable dwellings.[3] Better address climate resilience, particularly approaches to insulation to reduce energy demand and fuel poverty and managing overheating. Provide direction regarding internal air quality including the off-gassing of harmful chemicals from certain products within the home. This could be bolstered through implementing a healthy homes bill, which would raise the standard of residential accommodation, and help support enforcement against poor quality homes.[4] Consider incentives for developers who exceed these standards to encourage innovation in healthy home design.

2 James Stewart-Evans, Caglar Koksal, Michael Chang (2024). Can the implementation of net gain requirements in England's planning system be applied to health? The Lancet Planetary Health. Volume 8, Issue 3

3 Ministry of Housing, Communities & Local Government (2022). Raising accessibility standards for new homes: summary of consultation responses and government response

4 TCPA (2024). Campaign for healthy homes

Recommendation 5

Address the current capacity, skills, and knowledge gaps within local government and recognise the need to bolster support in this area to deliver healthier neighbourhoods through a whole systems approach. This may include encouraging universities and professional organisations (for example, the Royal Town Planning Institute, Royal Institute of British Architects, Royal Institute of Chartered Surveyors, and the Landscape Institute) to better integrate health into curriculums.

General note: AI tools have been utilised, primarily to aid research. All results have been reviewed and verified by human professionals.

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