

Health triage in development management

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Abstract

A unique collaboration between the WHO Healthy Cities Collaborating Centre, Bristol City Council and Bristol NHS is spawning a new approach to development management. Sitting within a rich seam of planning and health policy collaboration in the Bristol local strategic partnership; this innovative approach uses a health triage method for the screening of planning applications. Initial work on the approach was supported by a departmental planning student placement. An ongoing programme of action research is focussing on design and testing of new working practices to sift through the council's many monthly planning applications according to potential risks health. Using wider determinants of health model, applications will be rapidly assessed for potential risk to public health; including physical activity, health inequalities and diet. The outcome of this will be used to categorise applications according to risk and so better focus limited technical resources that can be used to support health and well-being. Final policies and processes are still in development, and it is hoped that the highest risk developments will trigger a full health impact assessment.

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Recognising that urban form can affect people's health is a first step; knowing how to act on that knowledge is quite another matter. Through their director of public health, the health authority in Bristol is starting to engage with a wide range of city development processes in novel ways.

Since 2007, a unique collaboration between the WHO Healthy Cities Collaborating Centre, Bristol City Council and NHS Bristol is spawning new approaches to urban planning and development management. This includes using health impact assessment as an inclusive and participatory process to alert communities and regeneration officers to the health opportunities inherent in good urban design. Other approaches also include high level policy and partnership building around issues such as transport, food and planning policy. Working within the Bristol Partnership, establishing a healthy city group, has been an important in testing new ideas and establishing new working practices. Sitting within this rich seam of planning and health policy collaboration, this paper reports on a specific project; namely exploring the potential of a health triage process for development management.

For a over decade now, a number of reports have been implicating the built environment as a contributor to health risk leading to a raft of diseases resulting from lack of physical activity, social isolation, poor diets and chronic levels of mental stress (Braubach and Grant, 2010). Incidence of resultant diseases, such as, obesity, type 2 diabetes, strokes, respiratory problems and cardiovascular morbidity is rising, as is the corresponding NHS bill. Built environment responses coming from those dealing with design and planning of new settlements, although useful for evaluating innovative approaches, will always be marginal in terms of making a significant health impact. By far majority of the population live in existing towns and cities, these are in a constant state of flux, and it is this incremental change that needs to be captured for health benefit (RCEP, 2007; Butland, 2007).

Under the current planning system there is no statutory requirement for the local planning authority to consult with the health authority, unlike the requirements to consult, for example, the Highways Agency, Environment Agency, English Heritage and Natural England on relevant applications.

And so, with the offer of a planning student placement, this project was born. A distant goal would be for a system that captures all urban change, screens it against potential health effects and then supports beneficial health outcomes whilst mitigating foreseen adverse impacts. A first stage towards this ambitious goal, was to assess the potential of a health triage system for planning applications. Planning applications come in all shapes and sizes and in our work we have calculated that 370 planning applications are currently submitted to Bristol City Council in an average month (compared to 450 per month during a more buoyant property market in 2007).

Triage comes from the French verb *trier*, meaning to separate, sort, sift or select. The process has been developed in medicine to determine the priority of patients' treatments based on an assessment of the severity of their condition. The process serves to ration patient treatment efficiently in a situation where resources are limited. The application to health and development management is analogous. With a plethora of planning applications each month, the questions to pose are:

- How many planning applications might have an adverse health impact or offer an opportunity for health improvement?
- Is it possible to sift applications and distinguish their relevance to health?
- What approaches could be used to respond to applications within a context of limited resources?

The initial research, carried out in summer 2010, went a long way towards providing answers. This was supported by very valuable work by Mark Richards, a planning student, on an agency placement. Using wider determinants of health model, samples from the applications were assessed for potential risk to public health; including physical activity, health inequalities and diet. The outcome was a categorisation of applications according to health risk (Richards, 2010 - see figure 1).

Use Class	Average no of applications per month		
	Total	With minor potential health implications	With significant potential health implications (major developments)
C3 - House and flat development	122.8	26.0	8.0
C3 - Flat conversions	27.6	26.0	1.6
A1-A5 – Retail and other services	21.7	5.5	0.25
B1 – Offices, light industrial	10.25	2.5	1.2
B2/B8 – Industry and warehousing	6.1	2.3	0.5
C1, C2, C2A & C4 – Non housing residential uses	2.5	1.0	0.7
D1/D2 – Non-residential institutions, leisure	9.7	5.1	0.8
Other	169.7	0	0
TOTAL	370.4	68.4	13.1

Figure 1: Table showing the number and types of application per month.

Having obtained a good understanding of the number and type of applications per month, the research team carried out further analysis, looking in more detail at the nature of the applications with the greatest potential health impact. Based on that analysis, a potential schema for policy analysis was devised. This would see the following categories of development to be routinely referred to NHS Bristol for consultation:

- Major residential (10 or more dwellings) and non-residential developments involving 1,000m² of floor space and above
- All major transport and highway infrastructure projects
- Proposals that would result in the loss of public open space
- All applications for the establishment of A5 (food and drink) uses

This would result in approximately 13 applications per month being referred to the NHS Bristol, of which about ten will be residential.

A full policy would also need to include that:

- NHS Bristol should be involved in pre-application discussions on all ‘super major’ development proposals (100+ homes or 10,000+ sq m of floorspace) and major developments as appropriate.
- NHS Bristol should hold regular surgeries (weekly or fortnightly) in the planning offices (Brunel House) that allow case officers to consult them on a range of applications and have a dialogue about particular applications. This would help develop understanding, relationships and partnership working.

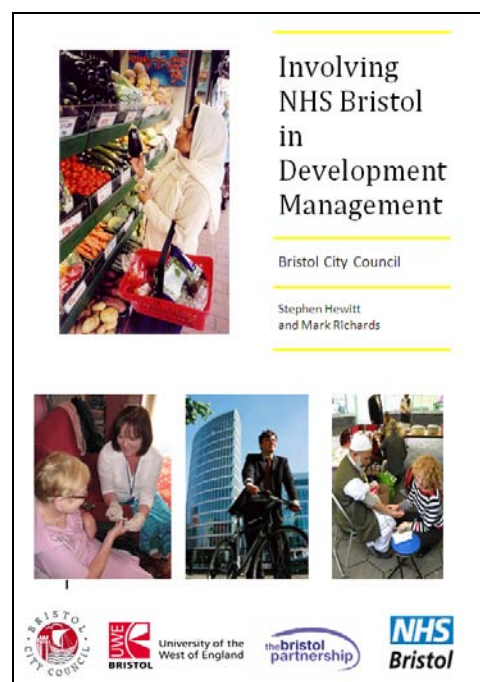


Figure 2: Agency report: *Involving Bristol PCT in development management*

In order for the public health team at NHS Bristol to respond within limited resources, it was assumed that a number of standard letter responses for those categories of development that pose only minor health implications would be prepared. For developments with significant health implications NHS Bristol, a detailed assessment would be required; ideally this requesting that the applicant carries out a full Health Impact Assessment.

To date the work has led to a draft protocol being drawn up between Bristol City Council and NHS Bristol providing a framework for implementing the proposed new procedures. In the light of the reorganisation of the NHS, and the publication of the Localism Bill, this is now to be reviewed and amended before being brought forward for adoption. As part of the capacity building that would be required to instigate such a system of planning application scrutiny, NHS Bristol has set up a healthy spatial planning sub-group consisting of eight officers and community health workers from neighbourhood public health teams across Bristol.

References

Braubach, M. and Grant, M. (Eds.) (2010) Evidence review on the spatial determinants of health in urban settings. Annex 2 in *Urban planning, environment and health: From evidence to policy action*. Meeting report . pp. 22-97

Butland (2007) Tackling Obesities: the Foresight Report London: Government Office for Science.

RCEP (2007). The Urban Environment, Royal Commission on Environmental *Pollution*. London, The Stationery Office.

Richards, M. (2010) Involving the PCT in Development Management, Bristol City Council.