



**Marcus Grant** records the key events in a year of working to bring the worlds of public health and planning together

# 2006 – a year of health and planning

**EVENTS IN** the real worlds of human health and of global sustainability seem to have stepped up a pace. In tandem, the ‘constructed’ worlds of ‘public health’ and ‘planning’ are struggling – not struggling to keep up; but struggling to meet up. This article tracks a year in the life of a small research centre that has been at the heart of the planning-health domain for nearly ten years. The Collaborating Centre, designated by the World Health Organisation (WHO) Healthy Cities Campaign, is part of the Faculty of the Built Environment at the University of the West of England (UWE) in Bristol. It is one of only two collaborating centres in the world based within a built environment faculty, expressly linking health with design and planning.

## February

Hugh Barton – Director of the WHO Collaborating Centre – is working on the European front, while I tend (or try to light!) some home fires. Hugh is in Milan at a WHO Healthy Cities sub-network meeting to promote a healthy urban planning theme. Hugh is working with the cities leading this theme, such as Belfast, Brighton, Bursa, Turku and Milan, to set some ground rules and an agenda for the next three years.

Our main role has always been to support the WHO Healthy Cities network across Europe. These cities have all signed up to the current five-year phase of the Healthy Cities programme. This phase places an emphasis on what has been termed ‘healthy urban planning’ – which means using spatial planning, at all available scales, to help create settlements where it is easier to live a healthy life. In practice, in addition to spreading theory and good practice, often the key task for

us is just to get planners and public health practitioners to speak to each other. In a sense they share common goal but they certainly don’t share a common language. They don’t have a similar *modus operandi* and hold few joint conferences – until this unusual year.

Here in the UK, I am at a Royal Town Planning Institute (RTPI) conference called ‘Spatial Planning and Health’ being held in Birmingham. This bodes well: it is a good start to a year to have planners and professionals from the NHS and the Department of Health (DOH) in a single dialogue. My overriding impression is of planners discovering that they didn’t know what health actually meant, and that they would need to develop a definition. I always find it encouraging when people start to see things through new eyes: redundant patterns of thought start to be challenged; the table is laid for change. The summing-up from Caroline Brown has been influencing our approach here at the WHO Centre and I hope many others. In a nutshell she discerns three distinct agendas for planning and health:

- 1 – planning of health care facilities and estates;
- 2 – planning that reduces environmental causes of disease; and
- 3 – planning that promotes healthy lifestyles and healthy communities.

Our WHO collaborating centre is mainly concerned with 2 and 3 – although if as society we do 1 properly, I think it will be through realising that it, too, should be more concerned with 2 and 3!

## March

The beginning of the month sees Hugh giving a masterclass on health improvement through the new planning system for the healthy cities team and

stakeholders in Brighton, hosted by the Brighton and Hove City Primary Care Trust.

In mid-month, Hugh and I travel to Telford for the 14th Annual Public Health Forum. This two-day event, with about 600 attendees, has become a key debating and networking date in the annual calendar for a wide range of those who identify with a broad health and well-being agenda. The event is run by the UK Public Health Association (UKPHA), with Angela Mawle at the helm. In addition to the community health specialists and NHS health promotion teams, the forum is increasingly the place for environmentalists, urban designers, planners and those involved in all aspects of community regeneration to challenge the medical hegemony on ‘health’. It is where those researching the links between the built and natural environment and health can test assumptions and learn from practitioners.

I am pleased that a small team of us, called the Strategic Interest Group (StIG) at the UKPHA, has prepared a special conference strand as a hub for practitioners working in the built and natural environments. Participants hear how we have been literally building unhealthy conditions into our local human habitat.

During the two days of presentation, it becomes clear that recent concerns about levels of physical activity, obesity and asthma and increasing environmental inequality have put planning back on the health agenda. Human health is being compromised by both the manner of human intervention in the natural world and the manner of development activity in our built environment. However, taking action is not necessarily simple: the links between health and planning are indirect and complex.



cities wanting to join the European network. Applications to become Healthy Cities arrive from Kirrikale, Gijón, Cherepovets, Sarajevo, Salamanca and Nancy. For some cities, the concept of 'healthy urban planning' does not yet go much further than some open space improvement works and a cycle lane. But the leading cities demonstrate how the agenda goes beyond just the physical infrastructure as an end in itself, to how it becomes the means for inclusion, capacity-building, governance and partnership.

We are also invited to undertake a pre-planning-application update of a health and sustainability appraisal for the Clarks' residential Houndwood development in Street. The former shoe factories are giving way to 400 houses, and the client wants an exemplary scheme of a healthy sustainable community! The development brief is excellent, but once financial and design reality kick in, the difficulties mount.

Later in the month Hugh is invited to *The Lancet* expert group on energy and health – a review meeting in London, planning a broadside on conventional wisdom. And two new PhD studentships linked to the Centre are confirmed: on mental well-being in neighbourhoods, and on car-free developments.

## October

This month sees a major newsfest triggered by the publication of the Stern Report, following hard on the heels of Al Gore's *An Inconvenient Truth*. The health agenda was for a while eclipsed by the sustainability agenda – but balance has been restored by the WHO statement that '*climate change represents the greatest threat to world health*'. Hugh goes on his travels: to the 16th century new town of Sabionetta, near Mantova, to explore the potential for trans-Atlantic research; and to Turku, as the expert adviser to the WHO Healthy Cities Network's Annual Business and Technical Meeting. Then, back here again in Bristol, he presents an excellent final paper titled 'Healthy cities: beyond urban design' to the Urban Design Group Annual Conference.

Also this month, *Healthy Urban Planning* (written by Hugh and Catherine Tsourou for the WHO) comes out in its Portuguese edition – that makes seven language translations and counting.

## November

I am with the Healthy City team in Belfast. I have been invited to facilitate a half-day 'Healthy Urban Planning' seminar in the morning with about 60 planning, health and community development stakeholders. In the afternoon I give a masterclass to the core Healthy City team.

I am impressed by the Northern Ireland health policy called *Investing for Health*. It has kept more of an emphasis on how

society can improve health than the English equivalent *Choosing Health*. In England and Wales the useful emphasis on healthy settings found in the earlier *Saving Lives: Our Healthier Nation* White Paper of 1999 (settings such as neighbourhoods, workplaces and schools – a spatial approach) has lost out in favour of 'individual responsibility' – it is up to the individual to choose health. But how does anyone make a 'healthy' choice when the options are cycling for miles on a dangerous road or taking the car? Where are the healthy choices in a neighbourhood without local facilities?

Later in the month I participate in the Foresight 'Tackling Obesity: Future Choices' project. And CABE (the Commission for Architecture and the Built Environment) hosts a workshop looking at what opportunities there are for using the environment to combat obesity over the next 40 years. Anyone mentioning 'the Olympics' or 'sport' is shot down in flames.

We hear evidence from research at the Universities of Bristol and East Anglia and others that sport provision only changes activity levels of those already active, and even then only has a marginal influence! Couch-potatoes are not inspired to activity by elite gymnasts, at least not in the numbers needed for an impact on the nation's health! Moreover, the activity that is probably keeping most of us healthy, and is widely inclusive, not requiring specialist facilities – namely walking – is outside the sport lobby's orbit of concern.

## December

A workshop organised by the Scottish Health Impact Assessment Network on 'Integrating Spatial Planning and Health' is postponed at the last minute, and I use the opportunity to visit Caroline Brown at Heriot-Watt to co-ordinate our input for this *Town & Country Planning* special issue. Hugh attends the final consultative workshop (organised by the Department of Health) on 'Strategic Environmental Assessment and Health' – pending new Government guidance; and he inspires (so he says!) the participants at the Regional Studies Association annual students conference with new ways of assessing settlement sustainability. The health map has just been published for the first time: Hugh and I have managed to get a very good reproduction with an associated short article into the *Journal of the Royal Society for the Promotion of Health*.<sup>2</sup> We celebrate!

## January 2007

A month mainly of preparation and reflection (apart, that is, from a milepost in the huge SOLUTIONS (Sustainability of Land Use and Transport In Outer Neighbourhoods) research programme into sustainability of outer neighbourhoods –

early results of a household survey of local accessibility make fascinating reading). We are preparing for training sessions in Istanbul – to help some of the cities that are struggling most with the task of addressing health through planning and urban design. These are often cities from Turkey, Russia and Eastern Europe that have only recently joined the network.

Then there are plans for a series of cross-cutting workshops in Bristol, another UWE showcase, and 'Healthy Urban Planning' short courses and seminars in Greenwich, Milan and Stroud. And of course, we are also preparing for the 15th Annual Public Health Forum organised by the UKPHA, which this year will be held in Edinburgh on 28-29 March. Hope to see you there!

As I reflect on the year, the message that the environment in which we live is a major determinant of health and well-being is being accepted as a crucial context for action in an ever widening consensus, like ripples on a lake. The sentiment that 'modern town planning originated in the 19th century in response to basic health problems, but in the intervening years has become largely divorced from health' is a statement that we have heard echoed in conferences this year from platforms organised by the RTPI, CABE, the Urban Design Group, and a host of other built environment interests. Health conferences, too, are now beginning to reverberate to the same message.

Over the year we have seen a developing pace of interest in debate; but dialogue and activity often remain frustratingly superficial. It is not the complexity of the two professional spheres that is a barrier *per se*, but we are still awaiting the development of professional mindsets that can hold such complexity without a need to simplify and lose the gifts that it has to offer. My hope is that planners will make a genuine attempt to grasp the depth of their role in bringing into play spatial planning as an approach that has the capacity to make a difference. ■

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## Notes

**1** For details, see the short article in this special issue – H. Barton: 'A settlement health map'. *Town & Country Planning*, 2007, Vol. 76, Feb., pp.57-58. For a deeper explanation from the perspective of planning theory, see H. Barton: 'A health map for human settlements'. *Built Environment*, 2005, Vol. 31, No. 4, pp.339-355

**2** H. Barton and M. Grant: 'A health map for the local human habitat'. *Journal of the Royal Society for the Promotion of Health*, 2006, Vol. 126, No. 6, pp.252-261