

Oxfordshire Growth Board

Healthy Place-shaping in the Wider Growth Agenda

Introduction

There is growing evidence that significant benefits for local people can be achieved through bringing together planning for housing, infrastructure and the economy with planning for residents' health and wellbeing.

No single aspect of people's lives determines their health and wellbeing. Factors as varied as employment status, transport options, quality of housing and access to green space all affect people's health outcomes.

Making sustainable change for the better requires a local approach, aiming to change the behaviour and health status of individuals in communities. *This paper sets out how we can achieve these benefits both at scale and locally by including the concept of 'healthy place-shaping' in our strategic planning frameworks.* Combining a strategic approach with one which is locally sustainable is key to success.

This means that as we seize the growth agenda in Oxfordshire, we can simultaneously create lasting benefits for the health and wellbeing of future generations of local people. This approach also promises to improve productivity, improve efficiency and provide better value for tax-payers.

This paper builds on our local experience and sets out clear proposals for how we can bring together planning for housing, the economy and infrastructure with planning for health and wellbeing. In summary we are proposing:

1. to produce, on behalf of the Growth Board, a strategy for how healthy place-shaping can ensure that development supports the creation of healthy communities.
2. to insert the approach to healthy place-shaping into the governance structure and workstreams of the Growth Deal and Growth Board and the strategies which underpin them (the Joint Statutory Spatial Plan, the Local Industrial Strategy and the Environmental Strategy). Each of these strategies has a major role to play in taking forward healthy place-shaping and will ensure a mutual influence between these important strategic building blocks and will help to unite them as a cohesive whole.
3. to create a network of officers from across our respective organisations to take this work forward, and to appoint a lead officer to coordinate this approach.
4. to hold a countywide workshop for senior Councillors and officers on this topic as set out in the programme for the Joint Statutory Spatial Plan (JSSP) prior to its public consultation in February 2019.

Our Local Experience

The principle of bringing together planning for 'place' and planning for 'health' has been acknowledged in Oxfordshire through a variety of routes in the last two years. For example:

- Leaders of Local Authorities making a commitment to find ways to spread the learning from the Healthy New Towns initiatives in Cherwell and the City to other areas in the County at a workshop for Leaders and senior officers held in Bicester in April 2018. This learning from the 'grassroots up' is fundamental as it tells us at a micro-level the types of change we need to make to improve local people's health, increase their use of services and be actively engaged in the planning of their local communities. This learning is at the heart of healthy place-shaping.
- Discussions between Chief Officers of Local Authorities, the NHS the Local Enterprise Partnership (LEP) and the Universities over the last two years aiming to integrate health and social care planning with local planning.
- The NHS's proposals to re-design community services in various parts of the County alongside Local Authority services with the involvement of local people. This initiative is being taken forward under the auspices of the Health and Wellbeing Board.
- Improvements made to services for homeless people and victims of domestic abuse through the combined efforts of all Local Authorities, the NHS and the voluntary and community sector.
- Building the principles of active travel into our Local Transport Plan and recognising the positive impact of this on the health of local people.
- The importance to the local economy of health care and social services and the impact on these services of high house prices, workforce shortages and increasing travel times. Senior officers have long realised that no single organisation acting alone can hope to ameliorate these factors.

A unique opportunity for action

District, City and County Leaders are uniquely placed to take these issues forward because of the unique opportunities available to Oxfordshire at this point in time. These are:

- The presence of two out of the ten national Healthy New Town pilot sites and the practical learning gained from them.
- The successful conclusion of the Growth Deal with Central Government.
- The current work to create a Joint Statutory Spatial Plan a Local Industrial Strategy and a 25 Year Environment Plan.

- The potential to generalise this learning through re-framing local planning policy.
- The forthcoming Housing and Infrastructure Fund proposals
- The re-launching of the Health and Wellbeing Board, its commitment to strengthen Local Authority membership, its support for healthy place-shaping as one of its priorities and its commitment to oversee the local transformation of community services.
- The emerging UK Shared Prosperity Fund (UKSPF), the successor to EU funding, which is expected to be deployed in 2021. Social and economic inclusion, as well as skills and training opportunities are expected to feature in UKSPF. Whilst policy has yet to be finalised it's expected UKSPF will be deployed via LEPs
- Oxon 2050 as an umbrella strategy, if pursued.

This presents Leaders with a window of opportunity. Action now can crystallise these opportunities and create a unified planning framework which will benefit local people and local communities over the coming decades.

We can also secure a valuable complementarity and coordination of action between the Growth Board and the Health and Wellbeing Board. This helps to bring together the work of two of our most strategic Boards under the banner of healthy place-shaping. The concept of healthy place-shaping also includes aspects of community safety. The third strategic partnership of relevance to this agenda is therefore the Community Safety Partnership. Taking this first step, as set out in this paper, may also open the door to future discussions between the Growth Board, Health and Wellbeing Board and Community Safety Partnership seeking to unify our approaches to residents' health, wellbeing, prosperity and safety across these three strategic Boards.

Taking this approach will also maximise the spend of the 'Oxfordshire £' with District and County services working in a joined-up approach with the NHS to create healthy communities for local people.

How can this be achieved?

We can do this through taking the local learning from the Healthy New Towns and the concept of *'healthy place-shaping'* and systematically applying it to our current strategic planning through the Growth Deal mechanisms and through influencing our future local plans.

What is healthy place-shaping?

Healthy place-shaping is a practical mechanism for creating healthier communities through unified planning. It can be defined as an approach to planning as follows:

'Healthy place-shaping is a collaborative process which aims to create sustainable, well-designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community.'

It is also a means of shaping local services, infrastructure and the economy through the application of knowledge about what creates good health,

improves productivity and benefits the economy, thus providing efficiencies for the tax-payer.'

Healthy place-shaping is based on 3 concepts:

1. Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing.
2. Working with local people and local organisations, schools etc to engage them in planning places, facilities and services through 'community activation'.
3. Re-shaping health, wellbeing and care services and the infrastructure which supports them to achieve health benefits, including health services, social care, leisure and recreation services, community centres etc.

Crucially, healthy place-shaping is not just about new developments; it applies to any geographical area experiencing significant change or growth so that all residents have the opportunity to benefit in terms of health and wellbeing.

It also applies to how we connect new developments to existing communities, as there is growing evidence showing that loneliness and social isolation (often transport related or due to commuter towns) are impacting the health of rural populations across the UK, and not just the elderly – often this involves those as little as a mile from a local centre of population as without access to transport, it may as well be 20 miles.

*Thus, healthy place-shaping is an **approach** to planning healthy communities which can be applied in many ways at many levels. In Oxfordshire it can be applied at 3 geographical levels:*

1) Level 1. Town/village/ new development level.

Healthy place-shaping applied to all new and existing developments within Districts and the City so as to create healthy communities in the broadest sense. This draws directly on application of the learning from the Healthy New Towns approach. It involves very local changes to individual's behaviour, lifestyles and engagement alongside changes to local infrastructure and services. This is fundamental as a concept and underpins the two approaches below.

2) Level 2. Locality level.

The applies to the re-design and transformation of services in localities covering larger populations (approximately 100,000-150,000). This approach considers how the services of many organisations (including NHS, Local Authority and voluntary sector organisations) and their built assets and supporting infrastructure interlock to benefit the health and wellbeing of local residents.

3) Level 3. County level and beyond.

This applies the approach to health and wellbeing issues affecting larger strategic infrastructure plans. It covers for example travel and transport planning, workforce planning, the development of the local economy and productivity issues. These factors are integral to the health and wellbeing of local residents and the development of future health and care services.

In Oxfordshire for example we have successfully supported the implementation of Community Employment Plans (CEP) through Planning Policy where major

development has taken place, this practice could be adopted more widely. The impact of this would be to create opportunities to ensure communities share the benefits of improved prosperity, associated mobility and housing choice and in so doing promote improved personal and family wellbeing.

How does this approach deliver benefits?

The approach offers much because it tackles head-on many of the current challenges society faces. The challenges and potential improvements to be made are summarised in the table below:

Challenge	Potential Improvement	Geographical Level
Lack of coordinated planning between statutory organisations	Unites organisations, services and the public behind a common purpose.	1,2,3
Separate planning systems for 'health' and 'place'	Unites all planning systems under a single banner.	1,2,3
All organisations are under financial constraints.	Assists overburdened NHS and Local Government services through shared efficiencies.	1,2,3
The growing number of cases of dementia in an ageing population.	Creating dementia friendly communities.	1,2
Reducing levels of physical activity which leads to obesity and chronic disease.	Creating cyclepaths, delineated walks, safe and attractive green spaces and walking and cycle friendly routes and pedestrian zones.	1,2
Increasing rates of chronic disease such as diabetes.	As above plus prevention-orientated health services and social prescribing such as the prescription of exercise.	1,2
Lack of social cohesion.	Community involvement in planning, planning communal spaces and facilities, improving community safety and supporting community activation.	1
Lack of community engagement in local planning.	Community activation which works to involve local people, organisations and groups in planning.	1
Lack of social contact and loneliness.	Planning communal areas and facilities. Social prescribing. Supporting community development.	1,2
Increasing rates of minor mental health problems.	Facilitating physical activity and community participation. Social prescribing. Prevention work in schools and workplaces.	1,2
Failure to engage and coordinate the activities of schools, practices, leisure centres and libraries.	Building engagement of local services into local planning methodology.	1
Getting people with health problems back into work.	Targeted approaches with local health services and support for wellbeing-at-work schemes.	1

Persistent social disadvantage and inequality.	Services targeted to meet local needs for specific areas or groups that engages with and draws on the insight of those with greatest needs.	1,2
Difficulties in engaging 'hard to reach' groups.	Services targeted to meet local needs for specific areas or groups based on local insight.	1,2
Unifying preventative services into a single 'offer' for the public.	Through closer joint working between Local Authorities, the NHS and the voluntary and community sector.	1,2,3
Reducing environmental pollution and carbon emissions. Concerns over health effects of particulates in the air.	Better planning and design of housing and transport. Promotion of and support for Active Travel.	1,2,3
Disconnected and duplicative local services from uncoordinated estate.	Incorporates the principles of 'one public estate' within the planning system.	1,2
Increasing travel times for service delivery to people's homes and home to work travel times.	Development of neighbourhood models of service provision. Consideration of travel times in strategic infrastructure planning. Considering the siting and character of businesses.	2,3
Workforce shortages for nursing and home care staff.	Delivery of affordable homes. Development of attractive communities that will encourage recruitment and retention of staff.	2,3
Flows of urgent cases to hospitals within and beyond the County	Better planning and design of housing, transport and health services. Considering these factors in strategic infrastructure planning.	3
Local skills shortages leading to future recruitment difficulties.	Consideration of these matters in forward planning with higher education providers, planning for the local economy and planning the nature and siting of local businesses	3
Planning for the health estate separate from planning for new housing.	Planning for housing growth supporting the planning for the health estate alongside other community assets.	1,2,3
Disconnection between regional hospital planning and infrastructure planning.	Closer joint working between health and planning. Consideration of these factors in strategic infrastructure planning.	3

What is the evidence that this approach would work?

The evidence exists at three levels.

1. There is emerging evidence from local and national experience with Healthy New Towns that these are constructive and powerful ways to engage local people and improve health. We have two years' practical experience of what really makes a

difference to local people through the implementation of initiatives in Barton and Bicester, and though it is too early to be precise, the results are very encouraging.

2. There is good national research evidence linking the benefits of increased active and health lifestyles to economic benefits, benefits to productivity, benefits to the workforce and a reduced need for health care services.

There is good evidence linking the benefits to an individual's health with benefits to the economy, productivity and value for money through for initiatives such as active travel and social engagement.

The health effects of factors such as air pollution are also well documented.

3. There is considerable local experience among Leaders and senior officers of the synergies and efficiencies that can be gained from better joined-up planning.

Examples of this include the Growth Deal itself, multiple initiatives joining up health and social care and recent local experience with services such as domestic abuse.

However, it should be noted that we are proposing here to create a comprehensive planning *framework* for the future. The benefits gained cannot be precisely defined at this stage – that is the work of the next few years – but the opportunity to create such a framework is a unique one and the time to consider such a decision is now.

Creating such a framework would enable these potential benefits to be realised.

This comes down to a matter of political and managerial judgement. We believe that the managerial case is strong enough to support the proposals in this paper. We are seeking the views and approval of Leaders to proceed forward from this point.

The box below provides a selection of facts regarding the challenges we face and the benefits to be gained, drawn from national sources.

- 1 in 5 people in the UK often feel lonely which is a risk factor for poor health. (The Health Foundation) 5% often or always feel lonely (Public Health England)
- Befriending services payback £3.75 in reduced mental health service costs for every £1 spent. (King's Fund)
- Children in deprived areas are nine times less likely to have access to green spaces and places to play. (The Health Foundation)
- Increasing access to parks and open spaces could reduce NHS costs by 2Bn p.a. (King's Fund)
- Only 10% of our health and wellbeing is determined by access to health care. The rest is influenced by housing, the quality of our work, income, education and skills, the food we eat, transport, family, friends and communities. (The Health Foundation)
- Younger generations are becoming obese at earlier ages and staying obese into adulthood. Obesity is twice as common in the 10% most socially deprived children compared with the 10% least deprived. (Public Health England)
- Over half of adults are now overweight or obese. (Public Health England)
- The annual costs associated with obesity to the wider economy, NHS and social care systems are estimated to be £27 billion, £6.1 billion a year and £352 million respectively. (Public Health England)
- There are 3.8 million people in England with type 2 diabetes (obesity being a major cause). There are 200,000 new diagnoses per year. This costs just under 9% of the NHS budget. (Public Health England)
- Dementia in the UK costs 10.3Bn in social care 4.3Bn to health care and 11.6Bn on unpaid care. There are 850,000 people with dementia in the UK. By 2050 the figure will exceed 2 million. (Public Health England)
- Regular physical activity reduces the risk of dementia by 30%, mortality by 30%, type 2 diabetes by 40% and hip fractures by up to 68% (Public Health England)
- 2 in 5 people think people in their neighbourhood can be trusted (Public Health England)
- Every person moving from worklessness to work saves the economy £12,000 p.a. (public Health England)
- 1 in 3 current UK employees have a chronic medical condition. 1 in 8 have a mental health condition. (Public Health England)
- The economic cost of working age ill health is £100bn a year to the national economy, with 131m working days lost. (Public Health England)
- School-based health interventions e.g. smoking prevention can save £15 for every £1 spent. (King's Fund)
- Housing interventions to keep people warm, safe and free from cold and damp save the NHS £70 over ten years for every £1 spent (King's Fund)
- The estimated cost of poor housing to the NHS in England is 1.4Bn p.a. (Public Health England)
- Nearly 80% of car trips of less than 5 miles could be replaced by active travel. (King's Fund)
- The cost to society of transport-induced poor air quality, ill health and road accidents exceeds 40Bn per year. Getting one child to walk or cycle to school could pay back £768. (King's Fund)

What are our proposals?

The thrust of our proposals is to insert the approach to healthy place-shaping into the governance structure and workstreams of the Growth Deal and Growth Board, so

that over time, this approach becomes part of normal planning considerations, and influences the production of local plans.

We therefore propose:

1. that the Growth Board requests the production of a strategy for how healthy place shaping can ensure that development supports the creation of healthy communities. This will inform the work of the Growth Deal and Growth Board workstreams across the board.

2. that officers with a remit for healthy place-shaping are embedded into the Growth Board sub-structures including the Growth Deal Programme Board and the workstreams for the JSSP, infrastructure, housing and productivity working with the LEP.

3. that healthy place-shaping is embedded into the development of the JSSP, the local industrial strategy and the environment strategy. This will ensure influence over the strategic design and siting of local communities and local industry and will also embrace environmental concerns. This will also enable the principles of healthy place-shaping to be incorporated into the Local Plans of the future in the City and Districts.

4. to create a network of officers from across our respective organisations whose role (in addition to their other duties) will be to understand and keep up to date with the developments in the approach to healthy place-shaping and its evolving evidence-base. The intention is that healthy place-shaping becomes a routine part of planning in the County, and so the network will be drawn from officers with specialist knowledge of implementing healthy place-shaping and our various Local Authority planning departments as well as from the NHS, public health and other partners. We also propose to appoint a lead officer and CEO sponsor to coordinate this approach across the work of the Growth Board and Growth Deal.

5. to hold a countywide workshop for senior Councillors and officers on this topic as set out in programme for the Joint Statutory Spatial Plan. This will scope further the potential for this approach and will help to define how it will be included in the JSSP when it goes for public consultation in February 2019. We propose convening this jointly with the Health and Wellbeing Board which will further serve to strengthen joined-up planning across all organisations.

Recommendation

Leaders are asked to approve these proposals.

Chief Executive Officers of:

Cherwell District Council/ Oxfordshire County Council, South Oxfordshire District Council/ Vale of the White Horse District Council, Oxford City Council, West Oxfordshire District Council, Oxfordshire Clinical Commissioning Group, The Local Enterprise Partnership.

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