QUESTIONS

5. Role of GPs and GP practices in public health: Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

Yes/No

The White Paper makes too little reference to the very strong links between prevention and clinical outcomes. Coronary heart disease and hypertension are two good examples where increased physical activity is both preventative and ameliorative. Significant progress has been made around the country in "social prescribing" and much more emphasis should be given to this aspect.

GPs are likely to focus upon the clinical aspects of health and public health measures such as obesity and alcohol and immunisations. Currently they are often not skilled in recognising the wider public health domain and how social and environmental determinants can be influenced through spatial planning.

GP consortia will have a duty to promote equalities and to work in partnership with local authorities, for instance in relation to health and adult social care, early-years services and public health. However GP consortia should not focus purely upon clinical interventions to the neglect of environmental and social determinants.

Given the gap between upper tier Health and Well-Being Boards and local health issues, a stronger link for engagement in spatial planning is needed. This is a role that GP consortia could play with some support. The RTPI recommends a programme of awareness-raising for GP consortia in this agenda.

6. Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

There needs to be more investment, or better-directed investment and much better coordination, in data collection and analysis. Central government, the ONS, Ordnance Survey, Public Health England, and local authorities need to collaborate far more effectively within a data-warehousing environment and use highly developed and consistently applied tools such as GIS.

Academic research which is often at the cutting edge, but which is poorly disseminated, should be brought in more consistently. Standards should be set for data collection, timely analysis and presentation and used across the board in strategy and policy.

Data needs to be packaged in a manner that aids rather than frustrates the potential value that can be added to spatial planning decisions. Such information should be available at the lowest geographical scale and capable of being split by gender, age, and ethnicity. Only in this way will it become valuable for neighbourhood planning.

7. Public health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

Extensive research on the wider determinants of health and on inequalities has been carried out in this country and elsewhere, especially since the early 1990s. There

have been a number of high level and expert reviews including the most recent, the Marmot review.

The gaps, such as they are, seem to exist in our understanding of ‘what works’. Evidence must be converted into ‘actionable insights’. PHE and NICE should commission and publish reviews of past interventions and establish clear priorities for enhancing the evaluation and learning from emerging and future interventions in public health within a framework that is based overtly on the social determinants of health model.

Information on the cost-effectiveness of spatial planning interventions in promoting public health is required in a standardised cost model to permit effective negotiation with private sector developments in Section 106 and Community Infrastructure Levy payments.

We could learn more from European and worldwide experience. There is too little use of action research that would enable interventions and outcomes to be far more effectively linked. Currently most research is post hoc, and baseline assessments and monitoring are often poorly integrated with the design and implementation interventions.

8. Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

The Joint Strategic Needs Assessment (JSNA) is one vehicle for bringing evidence together in a way that enhances understanding and the effectiveness of interventions. However there are many other policy areas where extensive evidence is required, such as transport and spatial planning. Too often this evidence is collected and analysed in a compartmentalised way.

There is much scope for a two way process, for example where public health draws on the evidence concerning impacts of spatial interventions, and vice versa (health evidence is used to inform and prioritise spatial and transport interventions). A common data warehouse at the appropriate spatial scale would greatly enable this process. The rapid enhancement in the use of GIS and of the capacity to use GIS intelligently is needed.

Spatial planning, public health and commissioning could be integrated within such an analytical framework to great advantage. The outputs would inform, for instance:

- The location of health services
- The scale and scope of services
- The priority areas for physical interventions to improve health and reduce inequalities
- The accessibility to environmental goods that would support improved public health e.g. open space.

The RTPI considers that the health evidence base must be accessible and structured to inform spatial planning decisions at the lowest scale, to support neighbourhood planning and to highlight health inequalities. Where possible there should be analysis by age, gender, ethnicity and other equalities groups. Efforts should also be taken to improve recognition of the value of such evidence during the development of Local Development Documents and major development proposals.

The RTPI seeks to encourage the integration of health issues into existing assessment procedures rather than see a separate strand of health impact assessment reporting. The RTPI recommends that the government discourage the separate reporting of health impact assessments, on grounds of inefficiencies, but make consideration of health an explicit requirement of plan and project assessments.

9. Regulation of public health professionals: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

No comment

10. Cross cutting issues: Please use this section if you want to comment on any cross cutting issues

The Marmot report on health inequalities observed that:
"Communities are important for physical and mental health and well-being. The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health."

Delivering safe, healthy and attractive places to live are key objectives of spatial planning. It is important to ensure that planning decisions contribute to opportunities to improve health for communities by promoting the public health agenda. One way to deliver this outcome is by integrating public health and spatial planning processes, enabling the two professions to promote health through the delivery of neighbourhoods that promote and provide opportunities for active lifestyles. (*Good Practice Note 5: Delivering Healthy Communities* RTPI, June 2009)

The White Paper recognises that improving the environment in which people live can make healthy lifestyles easier to adopt. Unsafe or hostile urban areas that lack green spaces and are dominated by traffic can discourage activity. Lower socio-economic groups and those living in deprived areas experience the greatest environmental burdens and health inequalities.

The sustainability and climate change agendas can help frame the way healthy communities and places are formed. These are both domains in which spatial planning should be central in the specification and delivery of local objectives. Indeed, the Marmot Review argued that climate change is one of the biggest public health threats of the 21st century, with the potential to increase health inequalities. However, little attention is paid in the White Paper to how public health and spatial planning should collaborate in this arena.

The White Paper fails to recognise how spatial planning and the health sector currently interact, making no provision for continuing the joint pursuit of healthy communities.

The White Paper identifies specific aspects of 'the environment' that impinge on health. These include (para 1.16) air quality, transport, noise, access to green space, high density of fast food outlets and climate change. Spatial planning addresses all of the above factors and more. Indeed, the scope of spatial planning is more or less congruent with the social determinants of health.

Spatial planning has a potentially significant role in three domains: health protection, health improvement and health services. This contribution is underexploited because of weaknesses such as lack of a clear policy framework, poor levels of mutual understanding and lack of a common evidence base.

Spatial Planning and Health Protection
The role of spatial planning in health protection is fundamental. Air quality, flooding, land reclamation, noise, traffic, housing quality, green infrastructure, fast food, climate change are all subject to the influence of spatial planning. Health Impact Assessment has been used to assess major development and regeneration proposals through the planning regime and with appropriate policy backing could do more. Where this influence has been well designed and strong, the quality of the environment has been high. Well-planned environments are healthy environments.

Spatial Planning and Health Improvement Functions
Planning has a significant influence on health improvement through, for instance, the disposition of employment zones and the creation of networks of open space for cycling and walking. Regeneration can bring beneficial change to communities living in degraded environments and in poor housing conditions. Successful interventions can influence health inequalities directly as well as through the wider social determinants.

Spatial Planning and Health Services
Planning influences the distribution, scale, accessibility and location of health services of whatever kind. New communities are required to provide infrastructure including health. New health facilities can only be planned rationally, even in a quasi market system, if the future pattern of demand is known. The identification of areas of housing growth and change thus needs to be addressed alongside health planning and investment. The divorce of spatial and health planning has led to significant waste of resources with facilities built in the wrong location.

Policy frameworks
The RTPI welcomes the acknowledgement that: "Health considerations are an important part of planning policy and DCLG will consider how to take this forward in the new National Planning Policy Framework."

The RTPI's initial proposals to the pre-consultation phase of the National Planning Policy Framework (NPPF) have emphasised that the NPPF should be structured around the key issues or themes on which the government intends to deliver through planning, and that these should go beyond the traditional remits of narrow physical planning to address issues such as health.

Cross-departmental working
The RTPI welcomes the introduction of a Cabinet Sub-Committee on Public Health, to work across departments to address the wider determinants of health (para 3.4). We would urge that there should also be integrated working on public health between the Departments of Health, Communities and Local Government and Transport in particular. The RTPI would be keen to assist in this regard. Health needs to be embedded across all local government functions in a similar manner as that of sustainability and equalities.

11. Summary: What do you think the top 5 issues are in implementing the White Paper vision and related strategy and proposals?

1. The duties of directors of public health should include liaison with spatial planning;
2. Health and Wellbeing Boards should have a duty to take account of spatial planning strategies;
3. There should be cross-departmental and integrated working on public health;
4. The need to learn what works and put it into action;
5. There should be better co-ordination of data collection and analysis and the data collected should be at the lowest possible level to aid neighbourhood planning.