



RTPI

mediation of space · making of place

Royal Town Planning Institute
41 Botolph Lane
London EC3R 8DL
Tel +44(0)20 7929 9494
Fax +44(0)20 7929 9490

Email online@rtpi.org.uk
Website: www.rtpi.org.uk

Registered Charity Numbers
England 262865
Scotland SC 037841

Patron HRH The Prince of Wales KG KT PC GCB

5 August 2009

Email response sent to: i.geddes@public-health.ucl.ac.uk

Dear Sir/Madam,

RESPONSE TO CONSULTATION PAPER: Consultation on the first phase of the Strategic Review of Health Inequalities in England Post 2010 (Marmot Review)

Thank you for the opportunity to respond to the above. The RTPI is a membership organisation representing over 22,000 spatial planners. It exists to advance the science and art of town planning for the benefit of the public.

This document responds to the Consultation on the first phase of the Strategic Review of Health Inequalities in England Post 2010 (Marmot Review).

The response has been formed drawing on the expertise of members including the RTPI Environmental Planning and Protection Network's 'Healthy Communities' Interest Group.

If you require any further assistance, please contact Rebecca Coates, Planning Policy Officer on 020 7929 9466 or email policy@rtpi.org.uk

Yours faithfully,

Matt Thomson
Head of Policy & Practice
Tel: 0207 929 9494

Enc.

Introduction

The RTPI welcomes the opportunity to comment upon the First Phase Report and associated documents and we look forward to its publication in 2010. The Institute has been actively engaged in building links between spatial planning and health since 2006 and has recently published a Good Practice Note on delivering healthy communities.

Through the Institute's Environmental Planning & Protection Network, which has a dedicated group on planning for healthy communities, we are now turning our attention to beneficial changes to the planning policy frameworks across the separate administrations. Therefore, we have some observations to make on the reports at least insofar as they relate to the physical environment and spatial planning in particular.

The text below constitutes a summary of key points the Royal Town Planning Institute wishes to raise with respect to this consultation and does so in two sections. Section 1 responds to the individual questions posed by the First Phase Report. Section 2 provides focused comments on specific elements of the review relevant to spatial planning.

SECTION 1: RESPONSE TO CONSULTATION QUESTIONS

Question 1: Are the Principles and values of social justice the right approach to addressing the social determinants of health inequality?

Very definitely. But it is crucial that the case is put in an economic and political context that will engender the widest possible support. The evidence accrued so far does not achieve that. Indeed the political implications and the macroeconomic case are hardly touched on if at all. Given the current financial situation and the uncertain political future it is strongly suggested that some work along these lines would add to the viability of the Review.

It is perhaps also worth stating at the same time that the outcomes sought are already to a degree mainstream. The review rightly observes at several points that the task in part is to improve the efficacy of the current delivery systems. To that extent the principles of social justice are not a necessary condition.

Question 2: Are there any significant gaps in the evidence presented in the task group reviews?

It must be said that the breadth and depth of the work of the teams in such a short period of time is quite astonishing. The review itself identifies a number of fundamental gaps arising both from lack of adequate investigation and from the inherent problems of for instance ascribing causality in this field. We believe that:

- The nature of spatial dimensions of inequalities could usefully be strengthened.
- The particular characteristics of urban (and perhaps city) and on the other hand rural inequalities may throw some useful light on appropriate interventions.
- The role of spatial planning in addressing the spatial determinants of health in such a spatial context is completely inadequate and could be greatly strengthened to the advantage of the final recommendations (see further comments below)
- The review could be strengthened by analysis of how health inequalities might and are addresses at the local level. This it is suggested would counteract the centralist and command and control tendency that currently predominates in the health sector.
- The review could be greatly strengthened by a greater focus on trends and future challenges. By its nature it is somewhat backward looking and lacks a future orientation despite the interesting scenario in the sustainable development chapter. The social economic and environmental context will change markedly in the next 30 years and will not stay static whilst the problem of inequality is addressed. On occasion the review fails to recognize this dynamic.

In addition, the review touches on aspects of, but does not fully address, the market economy and the ways in which resources are allocated and consumer choice is constrained or manipulated. There is a strongly argued case that material well-being does not enhance happiness and by extension well being. The sustainable development chapter touches on this but could perhaps benefit from examining this in greater depth.

Question 3: Is there additional alternative evidence available which the review should be considering?

The addition of studies of the recent European experience in addressing negative or facilitating positive trends in inequalities would be very helpful. Such studies could have taken the form of the 'natural experiments' referred to in the review.

Question 4: Are these the most relevant themes?

On the whole the RTPI supports the five main 'themes' identified by the group. However, one member warned that choosing themes in such a way could run the risk of prematurely proscribing the outcomes.

We would suggest that a specific theme relating to social capital/social infrastructure be added, possibly as a cross-cutting theme. It is implicit in some of the other areas identified, particularly in the recognition that areas should be child and elderly friendly.

Question 5: Do the themes provide a sufficiently comprehensive and appropriate framework through which to develop the review's proposals?

The Institute does not believe that the themes identified provide an adequate framework. There is a lack of robust explanatory models in the review which would greatly strengthen the foundations for robust recommendations.

The theme: "Sustainability of neighbourhoods, transport and food systems" fails seriously to reflect the complexity of the urban context and of the dynamic and diverse nature of cities. The review would be greatly strengthened if this weakness could be addressed.

More fundamentally the review fails to address the political dimension in a sufficiently robust and perhaps radical way. The RTPI believes that acknowledging this more overtly would strengthen the review.

Question 6: Are there alternative themes which need to be explored and what evidence exists to support their inclusion?

Within the theme *Sustainability of neighbourhoods, transport and food systems*, the particular complexity of systems in cities is not sufficiently recognised, nor is the nature of the potential opportunity. More attention needs to be paid to this aspect.

Following on from the point made above concerning the lack of insight into the nature of current economic organization it is suggested that this would be a relevant and powerful theme. By this is meant the superstructure that provides the goods and services that are reflected in other themes such as transport, food and housing.

Question 7: What are your views on the challenges raised?

The Institute believe that the challenges are valid but would suggest that they do not go to the heart of the problem.

The failure to make adequate progress in reducing inequalities suggests that doing what we have always done is unlikely to achieve a step change.

The reflective and retrospective nature of the review whilst being comprehensive and impressive does not come close enough to breaking the mould. It may be that a managerial approach – doing better what we have always done will achieve the sea change but the chances are high that it will not.

There is a high risk of a change in the political climate that will militate against radical or effective action on inequalities. The challenge is to so define the solution that it is resistant to such (inevitable) fluctuation or cycles.

Challenge 4.2 may not go far enough in overcoming the hegemony of the medical model of health. The evidence is weak on the substantive implications of the current balance as between treatment and prevention but the strong implication is that a shift in resources would assist. The challenge of ‘invest to save’ is it is suggested a major barrier. The fear of double funding – of current treatment and also preventative interventions is strong. The review could usefully address this challenge.

Challenge 4.4 refers to the public services (for good and obvious reasons) but it may be strengthened if it were re-framed to be one of ‘mainstreaming’ health in the economy, as a whole. The private sector as the review acknowledges has a massive role to play in creating the conditions for a healthier and less unequal society.

Mainstreaming is the holy grail of which, for instance, demolishing silos is but one component.

Promising **proposals** implies that the bigger choices – the vision, aims and objectives have been agreed. It is suggested that getting sustainable consensus about the ultimate goals is the larger and more urgent challenge.

Health is often described as a cross cutting issue – this is a cliché unless effectively operationalised. It often resolves itself into ‘everybody’s business but nobody’s responsibility.’

Question 8: Are there other significant challenges the review needs to address?

We would suggest that in response to question 8 there is a significant change associated with establishing not just awareness of health inequalities but also that different professions have ownership of part of the solutions. The challenge of local leadership. Without it progress will be inadequate.

Question 9: Are the current systems for delivering reductions in health inequalities the most appropriate? What would improve them?

The review makes many telling observations about the ‘distorting’ nature of current targets and mechanisms. The cross cutting rhetoric of current policy is simply not matched by the reality on the ground in localities and the performance management systems locally despite clear targets are clearly inadequate to ensure (or to maximize the chances of) progress. The ‘delivery’ of the reduction in health inequalities is overwhelmingly seen as a health sector responsibility and more specifically a medical or risk base public health domain. By contrast, it is conceivable that health could be made the overriding and imperative objective of all public policy. The sustainable development chapter makes reference to the need for a PPS for health; however we believe that health principles should be applied across government and across regulation in the private sector rather than being addressed as a singular issue (further detail on this is provided in Section 2)

Question 10: Are the proposed interventions those most likely to impact on health inequalities?

The review contains many helpful and relevant suggestions, recommendations and proposals. But it is suggested that this unstructured ‘shopping list’ approach is not as helpful as a more differentiated

hierarchical set of aims, objectives and policies. The emphasis of the review currently is it is suggested too downstream.

The role of the spatial planning system in managing key aspects of the social determinants of health is virtually unacknowledged in the Review despite the very valuable work done on aspects of the 'environment'. It is suggested that this is a serious, fundamental weakness that should be addressed.

Question 11: Are there examples of good practice and successful interventions which could be included and what evidence exists relating to their impact on the social determinants of health inequality?

It is suggested that the search for 'good practice' extends to the European context. There are no concrete examples of good practice in the UK to which we can draw unequivocal attention.

However, the Institute has recently worked with partners on its Good Practice Note on Planning for Healthy Communities, and we attach this to our submission by way of information.

SECTION 2: FOCUSED COMMENTS

This section provides focused comments on specific elements of the review relevant to spatial planning.

Duty to Promote Healthy Communities

Within the review there is an imperative to raise not only awareness but also to establish a duty amongst public sector agencies to contribute towards healthy communities. We believe that this needs to go beyond the duty to consider biodiversity, to provide a duty for clear actions. One such action could be for Sustainable Community Strategies to include an intervention plan for health inequalities that would set out how Local Development Documents, Local Transport Plans, , Joint Strategic Needs Assessments and Infrastructure Studies should co-ordinate. Such an intervention plan could draw upon resources from across the public sector.

In addition to a public sector focus, it is necessary to engage with the private sector, particularly those in the development industry comprising private sector master planners, architects and engineers.

We would suggest that the review needs to address the mechanisms for the engagement of the public and private sector in addressing health inequalities.

Enhancing Potential

It is acknowledged that an individual's knowledge, skills and control has an important role in influencing their health. The RTPi supports the practice of local engagement in the planning of their communities. Planning Aid and initiatives such as Planning for Real are key activities. However the public are often reticent to engage with spatial planning until projects directly negatively affect their interests.

The Institute considers that where spatial areas are characterised by health inequality issues, there is a case for Area Action Plans to be used to address these issues, through targeted community engagement. Such AAPs should be developed with the full engagement of PCTs and local communities so that multiple initiatives can be targeted from the different government agencies.

Sustainability of Neighbourhoods, Transport and Food Systems

Open Space

Public open space is under threat from the desire to increase urban densities targeted at reducing the need for motorised travel. With housing delivered at higher densities and the need for appropriate financial return, open space may be seen as a luxury or a use assigned to land that can't be built upon.

Open space planning has received some greater attention through the development of Open Space Strategies, however it still remains an under funded strand as does the maintenance of formal parks.

The RTPI would like to see open spaces being assigned their true value afforded by the ecological services as well as the health services that they provide. Such areas should also be properly planned within new development and regeneration areas with a conscious effort to address historical under provision. Along with this, issues of severance caused by traffic should also be recognised and addressed.

A final dimension is the subject of design. To become usable space, particularly for informal uses, thought needs to be given to the way in which multiple uses across all age groups can be catered for.

Food Provision

In terms of food provision, there is little that spatial planning can do to influence the provision of good food, apart from raising the standard of provision of allotments and encouraging the provision of fresh produce markets, including local farmers' markets.

In terms of the food retail sector, the planning system provides no control over the health qualities of food sold: the Use Classes Order only provides control over changes of use between retail, restaurants and take-aways: but there is no planning distinction between fresh, healthy produce and junk food; some planning authorities have recently explored the use of policies to constrain such outlets in inappropriate places, although it is too early to tell how successful these have been. There may be a need for other instruments to be put in place to secure controls over the sale of junk food.

While there are merits in reducing the consumption of animal food we need also to recognise the economic and health impact on upland livestock producers and change in landscape that would result.

Housing

Housing is a core part of spatial planning and the recent Planning Policy Statement on eco-towns highlights the need for enhanced standards in the provision of new housing. It is unfortunate that opportunities to engage with the health inequalities agenda through eco-towns and sustainable urban extensions as well as urban regeneration projects have not been taken.

Other key issues include the provision of whole life housing and care homes for an increasingly elderly population. You may wish to refer to the [RTPI Good Practice Note on Extra Care Housing](#), produced by the RTPI to support urban and regional planning professionals engaged in forward planning and development management to respond to the growing demand for extra care housing in England, for further information on this topic.

Public Sector Performance and Responsibility

We have been challenged by the necessity of breaking down the institutional silos across professions. We are aware of problems of professional language, the frequent change in the health sector and the complexity of the planning system, all of which impede public sector engagement in health.

The development of Joint Strategic Needs Assessment, Sustainable Communities Strategies and Local Area Agreements provide the necessary infrastructure for enhanced collaboration over health inequalities. However many practical difficulties exist in encouraging engagement between PCTs and those engaged in spatial planning.

It should be recognised that the health sector needs to acknowledge that its effects extend beyond its site boundaries. The health sector needs to be fully engaged in delivering sustainability across its administrative boundary along with other co-terminus public services.

The Institute therefore supports suggestions that will address health inequalities across the different professions and would be more than willing to contribute to this debate.

Strengthening the approach to Evidence Base Policy

The RTPI would like to see an evidence base developed to support interventions that can be delivered via the spatial and transport planning systems.

Climate Change

Climate Change is probably single largest global challenge faced by us all. To do its part., the RTPI has recently launched [Planning to Live with Climate Change - Our 7 Commitments](#), which seek to:

1. Promote behavioural change
2. Adapt existing places
3. Work towards responsive legislation and policies
4. Improve current practice
5. Celebrate best practice
6. Compile a compendium of best practice
7. Develop climate change education and skills

We recognise the close relationship between measures to address climate change and those directed towards healthier communities. We would like to explore how measures to reduce greenhouse gas emission and adaptation measures can be directed to minimise their consequences on health inequalities. We therefore support the call for policies to promote the synergistic outcomes for health inequalities and carbon emissions, but we would extend this to include adaptation measures.

Planning Vision Versus Planning Control

Modern spatial planning is all about planning vision rather than the control of development. With a planned system, a vision of the sort of communities and physical place we wish to create is central.

To achieve this planning requires timely and effective contributions from all sectors of society and in particular from the health sector. Greater efforts are needed to address the communication and perception difficulties across the different professions. This approach emphasises the need for strong collaboration between sectors through Local Area Agreements, and the importance of recognising issues like health inequality in Sustainable Community Strategies, and then creating a vision to address those issues in the SCS to enable delivery through the various dependent delivery mechanisms, including LDFs.

Traffic Calming

The proposal for the widespread use of 20mph areas cannot be taken in isolation. The introduction of such measures may then cause traffic to divert onto unsuitable roads causing greater risk to life and degradation of environmental quality. A holistic approach must be taken.

The provision of dedicated urban cycleways again has merit but it has to be questioned whether their provision is practical in some of the older estates where those with the greatest health inequalities may be found. Such cycleways may do more for those already with a better health profile.

Green Infrastructure

Provision for green infrastructure within the older communities where the greatest inequalities may be found is severely constrained by the existing built form. While green infrastructure is being taken forward by many authorities, typically it lacks funding and is a long term aspiration for delivery at the edge or between settlements rather than within the urban core. Again the price of land and the value placed on central parks and open space are key factors to be addressed.

Transport

We believe that the third round of Local Transport Plans provides opportunities to progress measures to reduce health inequalities; however this needs the detailed engagement of PCTs in a manner that is informed and complements the transport and spatial planning processes of the area.

Reducing child accident rates in urban areas from transport is a key performance target for local authorities and will feature in the targeting of funds within the Local Transport Plan implementation plans.

The view that transport policy should help shape urban planning is somewhat counter to the current view where the delivery of sustainable urban communities is led by spatial planning and supported by transport policy.

Furthermore, we would ask you to note the importance of transport in community severance, particularly on those groups most likely to be affected, such as the young, women and the elderly.

In promoting non-motorised transport especially for areas of socio-economic disadvantage, it is important to recognise that the car might be the means by which the household is able to gain access to employment as well as access to other services.

Renewal Programmes

We support the proposal for continual investment in neighbourhood renewal programmes. However, we believe that caution may need to be exercised, as evidence has shown that regeneration projects can displace the existing population and benefits new incomers only.

Planning System

We are pleased that the planning system has been recognised as having a key role in addressing health inequalities. We would however suggest that the PCTs need to be given specific direction and funding to engage in a targeted and cost effective manner with the spatial planning processes. To be effective this would require the provision of staff skilled at the translation of health messages for the planning communities and visa a versa.

We strongly believe that the 'Planning' section should tie in with the 'Sustainability' section.

Health and Environmental Impact Assessment

In our Good Practice Note 'Delivering Healthy Communities' we recommend that "the impact of proposed developments on human health should be explicitly considered when strategies or schemes are being put forward. This is best done by HIA as part of the wider environmental assessments that are required for schemes or policies".

We would therefore encourage the Review to call for guidance on EIA to be updated to encourage a focus away from the purely biophysical assessments typical of so many Environmental Statements. Instead, we would wish guidance to explicitly encourage appropriate consideration of the effects of

development projects on community cohesion and health inequalities. This would require the inclusion of health and community profiles within the baseline descriptions of those projects where significant positive or negative effects were possible.

We would also encourage the PCT to engage in the assessment process of such major projects and that this is recognised as a core activity in health promotion. However there is a need to ensure that such contributions are timely and informed as well as cost effective.

We support the recommendation that the Cabinet Office should review methods for appraising the impact of policy making and procurement across government. We would suggest that economic valuation systems are needed to attach a health and community value to formal and informal open space and parks. Efforts are being made to address the value of urban tranquillity, but we consider that greater efforts are needed to capture the value of urban spaces in the context of climate change as well as health.

We would encourage the Review to examine the DoH draft guidance on health and strategic environmental assessment and to encourage the department to complete its publication.

New Planning Developments must Demonstrate Health Outcomes

The RTPI can only partly support this call. We believe efforts must be directed to those projects likely to have a significant bearing on public health. We also do not agree that health should be separated from the other design and assessment processes for major projects.

We reject the argument that a separate PPS on health should be prepared. We believe that this is likely to only have a marginal benefit given the manner in which health is integrated into several of the existing PPS. Rather we are calling upon CLG to integrate health in a more explicit and informative manner into the existing PPS since a greater effect would be produced by avoiding a silo that a health PPS would create. We see the first opportunity being to include a fresh approach towards health within the updating process of PPG17 Open Space that is currently underway. We would be happy to discuss this further with you.

Reducing Greenhouse Gases

The health sector has an important role to play in reducing greenhouse gases both by delivering health services closer to patient and by reducing all forms of energy used directly and indirectly in health facilities. However, it is suggested that by limiting this to the boundaries of the NHS facilities that wider community benefits are not necessarily being delivered. The energy generation plants in the NHS should, instead be optimised within the wider community for example by providing district heating to nearby public buildings or to local communities as part of a community network. (In this respect, some aspects of the proposed Watford Health Campus (<http://www.watfordhealthcampus.info/>), could be cited as "good practice", although it has yet to be delivered: the scheme envisages a CHP system that could be connected with surrounding residential and commercial areas and the neighbouring football club, and is further enhanced by a water-sharing scheme.)

Furthermore, we believe that the NHS could engage in the process of assisting in targeting home energy initiatives upon those experiencing health inequalities.

Climate Change Impact on Health Inequalities

The RTPI strongly supports the position that the impact of climate change should be considered when considering the actions to reduce health inequalities. In particular, we suggest that attention be given to the potential that higher summer temperatures may have on the choice of retirement locations. Migration to the south coast and east coastal areas may be replaced by migration towards the north.

We also suggest that the consequences of climate change on the location and design of care homes particularly those required to address the anticipated increase in the elderly population facing dementia and Alzheimer's disease.

It is also important that the measures being taken to provide adaptation should be assessed to identify any regressive effects upon health inequalities.

Creation in Quality Green Spaces

The provision of quality green spaces is a key element in the design of new development that may come under threat from funding difficulties. Such green space would tend to be associated with new residential development that are likely to be directed towards the more economically active members of the community. Thus to avoid increasing health inequalities the provision of green space ought to be targeted at those areas with high levels of deprivation. Given that such areas are often space constrained, opportunities to establish new green areas are often limited to regeneration projects that in themselves may generate a considerable change in the local community mix and health inequalities.

It is suggested that a process of valuing the holistic benefits associated with green space is required to be used in the development planning processes. For our specific recommendations on planning for green space, we would refer you to page 18 of our [Good Practice Note 'Delivering Healthy Communities'](#)

Studies on Interventions on Socio-Economic Health Inequalities

We strongly believe there is a need to redress the relationship between low income, poor environmental conditions and health inequalities.

In order to provide clear evidence of the value that changes in the physical environment can deliver to health inequalities we would support natural experiments. Such studies should focus upon definition and monitoring of intermediate targets particularly in the context of other social change in a manner that benefit all sectors being encouraged to contribute towards reducing health inequalities.

Evaluation of Upstream Policy Intervention

Processes are in place through Strategic Environmental Assessment and Sustainability Appraisal for certain policies, plans and programmes to be examined for their effects upon health.

However, we do not feel that current SEA practices consider health or health inequalities to the same extent as topics such as biodiversity and landscape matters, and believe this should be addressed. Furthermore, we would recommend that specific guidance be prepared on how the effects of policies, plans and programmes upon health inequalities be assessed.

We support the call for training in the assessment of public health impacts for spatial and transport planners, architects and engineers to raise standards of practice.

Make PCTs Statutory Consultees

Being a statutory consultee on planning matters involves considerable resources with statutory timescales in which response are to be made. While the spread of healthy urban development units should be encouraged, the need for specific resources to be allocated to planning should be recognised. Given the frequent change in staff in the health sector, the need for professional services to effectively engage with the highly technical domains of spatial and transport planning should be acknowledged.

Changing Public Opinion via Social Marketing and Other Techniques

There appears to be many lessons that can be taken from the social marketing techniques used by the health community to benefit the delivery of behavioural change for transport and climate change adaptation.

Community Empowerment

We suggest that spatial planners have a key role to play in aiding communities engage in the design and development of their localities.

We note that “Local supervision – Support” (from the report *The Built Environment: Task Group 5*) is discussed primarily in the context of crime and disorder. The RTPPI believes that local involvement in the overall management of areas should be considered, including 'hard to reach' groups,' thus actively promoting community participation and empowerment.

General Comments

There is an urgent need to build a greater appreciation of the role of spatial planning in addressing health and health inequalities. The RTPPI strongly welcomes the fact that the built environment has been identified as one of the key issues to be considered in relation to health inequalities.

It would be useful if the review provided a clear lead on those aspects where there is a deficit in the knowledge needed to underpin policy interventions, particularly those associated with changes to the physical environment delivered through spatial or transport planning.

We believe that the review would benefit from an examination of the longer-term outcomes associated with interventions directed on health inequalities via changes to the physical environment. In particular, we would support the recognition of opportunities for synergies with other social and environmental objectives.

An exploration of how intermediate targets may be phased would be beneficial as would the development of rule of thumb relationships between investments and intermediate outcomes.