

N L G N

NLGN DIALOGUE SERIES

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CREATING HEALTHY PLACES

ROUNDTABLE WRITE-UP

MOLLY JARRITT

FOREWORD

The Ramblers was delighted to support this NLGN roundtable on designing healthy places – cities, towns and neighbourhoods – that encourage people to go about their everyday lives on foot.

The built environment strongly influences whether people choose to walk as part of everyday journeys. At some point, we've all been put off walking because of poor design. Narrow pavements, heavy traffic flows, dangerous or inconvenient crossings, even lack of shade and benches result in many short journeys being made by car which could be made on foot.

The benefits of creating more walkable, healthier places are clear. When towns and cities prioritise walking, and walking is the most pleasant and convenient way to get around, people are more physically active; they get to know their neighbours; feel part of their community; experience nature; and even spend more money in shops.

Creating more walkable places may seem a huge challenge, but there are reasons to be optimistic. The devolution of powers and funding from central government means local authorities

have a unique opportunity to ensure that their plans and strategies – including those for health, housing, planning and transport – align and prioritise the development of healthy places. This will require not only an awareness of the benefits of good urban design and walkable places, but also political will, a shared vision and a willingness to make connections across spending departments and with communities.

We need an approach that is long-term, joined-up and collaborative. This is why events such as this NLGN roundtable, that bring together local authority representatives with responsibility for public health, regeneration, access and strategic development, as well as representatives from the private sector, the NHS, and local community groups are so important.

Vanessa Griffiths

Chief Executive
The Ramblers



On 23rd March 2018, NLGN, supported by The Ramblers, convened a roundtable on public health, held in Salford and attended by partners from across Greater Manchester. The session focussed specifically on the built environment and the opportunities to create healthier places. Participants were drawn from a range of different roles and expertise; those with responsibility for public health, regeneration, access and strategic development from local authorities, alongside representatives from the private sector, the NHS, and local community groups.

This report provides a summary of the insights from participants, which are relevant to Greater Manchester and have wider applicability to places nationwide.

INTRODUCTION

‘If physical activity were a pill, we would all take it’.

GP, roundtable participant

It is important to recognise that 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. In the same vein, no single organisation can take full responsibility for the improvement of health and wellbeing. While councils have undertaken innovative work with local partners to improve public

health outcomes over the last four years, the remaining challenges can only be faced through collaboration and commitment from key players.

Since the transfer of public health from the NHS to local government in 2013, councils are at the forefront of improving health and wellbeing. The opportunity this created was to employ the wide range of levers that exist in local government which can impact on local population health – such as responsibility for parks, leisure and housing. Recent research from NLGN concluded that a key area to develop is links between public health and economic development. This is on the basis that good population health should be seen as an economic asset, and growth strategies that drive employment and determine infrastructure have opportunities to improve health.¹

With the increased devolution of powers and funding from central government, new mayoral combined authorities have a unique opportunity to ensure health and place priorities are built into strategic planning, mainly through housing and transport infrastructure. Particularly in Greater Manchester, with devolved health budgets catalysing different conversations and realigning provision between health, social care and other partners, public health priorities can be pursued across a number of different agendas.

¹ *Reaching Out: Influencing the wider determinants of health*, Terry, L et al., NLGN 2017.

To embed public health priorities in wider strategies, a long-term approach is needed, geared towards creating a generational shift in outcomes. In Greater Manchester, the ambition for change is significant, and there are clear opportunities. In early 2017, Transport for Greater Manchester (TfGM) unveiled its Transport Strategy 2040, which looks to make people's lives easier and enrich communities through ensuring fewer trips are made by car.² This initiative has been followed by the Greater Manchester Combined Authority's (GMCA) 'Made to Move' strategy, establishing a £1.5bn infrastructure fund for walking and cycling.³ These strategies mark a long-term, preventative approach to public health across Greater Manchester - they have the potential to significantly impact behaviour change by making healthier alternatives, such as walking and cycling, easier choices for the public.

These strategies openly recognise the number of stakeholders involved in their delivery and share the 'common goal of creating a better Greater Manchester'.⁴ To ensure residents have better health by 2040, key players will need to collaborate – capitalising on opportunities today to combat physical inactivity, and reduce health inequalities across the region.

² Greater Manchester Transport Strategy 2040, available at <https://www.tfgm.com/2040>.

³ Greater Manchester Combined Authority 'Made to Move', available here https://www.greatermanchester-ca.gov.uk/downloads/download/131/walking_and_cycling_report.

⁴ GP, roundtable participant.

There are several key areas of focus for such collaboration: economic development; new infrastructure; public engagement; and leadership. This report addresses each in turn.

ECONOMIC DEVELOPMENT

'Only by perceiving good health as an economic asset and opportunity, will improved public health in Greater Manchester become a sustainable goal'.

Council officer, roundtable participant

In addition to the obvious moral argument for better health, to help everyone to lead a fulfilling life, there is a strong business case for improving people's health. Health is an economic asset that contributes to workforce productivity and, in turn, to our nation's growth potential. But the role of health is largely ignored in national economic strategy, for example, it is absent in the Industrial Strategy.⁵

It is important to recognise that healthy communities come with great benefits for the public, for councils and for national policymakers alike. These benefits include:

⁵ Industrial Strategy: Building a Britain fit for the future available at <https://www.gov.uk/government/publications/industrial-strategy-building-a-britain-fit-for-the-future>.

- For residents, walking and cycling are cost-effective forms of travel.
- For local authorities, green and accessible places can attract visitors, new residents to settle, and new employers, hence vital investment to the region.
- For national policymakers, a shift to a preventative approach to healthcare will bring economic gains, supporting workforce productivity and national growth more broadly.

EXAMPLE 1

The Manchester Commonwealth Games (2002) is a model of successful investment. The Games led to increased funding for infrastructure initiatives, leading to thousands of people walking through the city centre every day. Importantly, initiatives were taken to ensure all residents — of different generations and accessibility needs — could travel easily. Transport was frequently highlighted in the press as a decisive factor in the Games' success.⁶

There is a clear cost consequence to lack of investment in public health. On a national level, physical inactivity and associated health problems cost health services billions

⁶ An example of the Games' press coverage can be seen at <https://www.manchestereveningnews.co.uk/sport/manchester-commonwealth-games-2002-legacy-7423361>.

each year.⁷ It has been proven that investing in people's health makes economic sense; research suggests that for every pound spent, the monetary value of the benefit from public health interventions is estimated to be £14.⁸ The case, therefore, for long-term investment in public health has never been clearer.

Importantly, the factors that cause bad public health vary greatly by place. Even within regions and sub-regions, different neighbourhoods face different challenges. In Greater Manchester, this is clearly illustrated by a map produced by TfGM, which covers the tram network and provides average life expectancies for residents at different stops across the conurbation.⁹ It visually illustrates the varied impact of place-based factors — including the local environment, housing and social isolation — on residents' quality of life. From a policy angle, this strengthens the case for a place-based approach to public health but with a caveat; any regional and sub-regional strategies need to be agile - able to respond to ultra-local, neighbourhood-specific needs.

There are ways local authorities and their partners can recognise the intricate connection between health and economic growth. Within local government, staff from

⁷ Cuts to public health: why spending less will cost the NHS more, C. Paddison, Nuffield Trust 2017. <https://www.nuffieldtrust.org.uk/news-item/cuts-to-public-health-why-spending-less-will-cost-the-nhs-more>.

⁸ Cuts to public health, C. Paddison, 2017.

⁹ Metrolink map available at <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/metrolink-map-life-expectancy-manchester-11996530>.

public health and economic development teams can work more closely together – developing new ideas and strategies that improve residents’ health and workforce productivity in tandem. Local authorities and their partners can also look to engage employers in a different way, encouraging them to see the economic benefits that come from good public health.

In short, only by perceiving good health as an economic asset and opportunity, will improved public health in Greater Manchester become a sustainable goal.

INFRASTRUCTURE

‘We need to be clear what demands we ask of new infrastructure. A fully inclusive standard can lead to high quality design and healthy communities’.

GMCA representative, roundtable participant

In Greater Manchester, new housing developments and transport links present a significant opportunity to consider how design can lead to healthier outcomes. But this is only the case if new infrastructure ensures that wider quality of life outcomes are enhanced.

EXAMPLE 2

The MetroHealth System is Cleveland’s oldest medial institution. It is undertaking new and innovative projects to improve public health across Ohio. One in particular is a healthcare campus in Cleveland: MetroHealth is transforming half the plot into open green space, with the idea of creating ‘a hospital in a park’. The design also prioritises connection to local services and amenities. Through this hospital transformation plan, MetroHealth aim to both help heal, and more broadly improve the lives, of patients and the local community.¹⁰

HOUSING

Housing developments have the potential to meet economic, social and environmental outcomes. The question of housing density is key. While often controversial, denser housing schemes – conducive to local infrastructure – can help establish healthy communities and reduce social isolation.

Private developers often cite financial factors, such as viability or land prices, as barriers to good urban design. There is merit in local authorities engaging with developers to discuss their priorities. Joint venture partnership can be a viable option in this, with councils able to garner support for denser

¹⁰ More details of MetroHealth’s plans can be found at <http://hconews.com/2018/02/20/metrohealth-hospital-in-a-park/>.

schemes and to build in public health outcomes into the design at an early stage. Some local authorities are also establishing their own housing companies, creating new opportunities and an environment that encourages collaborative working.

Ultimately, we need to be clear what demands we ask of new housing providers. By promoting principles of good urban design, councils and their partners can help improve populations' health and wellbeing.

TRANSPORT

When policymakers speak of transport, they are often referring to specific modes - such as the car, train and bus. There might be merit, however, in a shift of approach; instead of focusing on particular modes, could they focus more broadly on “movability”, in other words, how people move from place to place?

Challenging this traditional approach could help establish walking and cycling as key pillars of transport policy. To enable this, at local level, highways teams could begin to view their role more broadly as being focussed on “movability”, thereby integrating walking and cycling into their remit. In sum, a shift in focus and language could prompt wider discussion about transport and connectivity.

This shift could also encourage policymakers to consider the hidden inactive, those who cannot walk and cycle easily or at all and those that are isolated from vital infrastructure. Establishing

key principles for new infrastructure, that are shared by councils and their partners, could help in developing strategies and initiatives that benefit all – including the hidden inactive. These could include:

- Equal access to the built environment for all: new infrastructure, including streets, needs to be designed for the use of all generations and all accessibility requirements.
- Green space as a route, not a destination: ensuring green spaces are integrated into urban design, making them easy for residents to reach and enjoy on a daily basis.

In Greater Manchester, current strategic ambition provides an opportunity to challenge the primacy of the car. Considering journeys under 1km in Greater Manchester are still being driven, work remains to be done to ensure that walking and cycling are the easy, natural choice. Importantly, the GMCA and TfGM's strategies mark a clear attempt to combat physical inactivity through encouraging walking and cycling, but support from local authorities and residents for the healthy principles at their core will need to be sustained in the long-term to lead to the desired outcomes.

Overall, new housing and transport infrastructure will be most effective when developed in tandem – when new housing developments have good transport links, including access to easy walking and cycling routes, at their heart. To see this new infrastructure come to fruition, effective public engagement and collaborative leadership will be essential.

PUBLIC ENGAGEMENT

‘We cannot underestimate the power of the public as a catalyst for behavioural change’.

Councillor, roundtable participant

The public play a decisive role in not only galvanising momentum for existing opportunities, but also in creating new ones. Public pressure has historically shifted attitudes to social norms, leading to changes in national policy. As illustrated by the cases in Example 3 and Example 4, public appetite for healthy initiatives in Greater Manchester is strong. This creates a valuable opportunity for both behaviour and policy change.

EXAMPLE 3

Public health officers at Manchester City Council have been working with Sport England to tackle physical inactivity. They recently held a taster day of different sports to encourage a greater majority of the older generation to get active. Residents were keen to get involved and showed their support for the initiative. These initiatives not only bring physical benefits, but combat social isolation and improve mental wellbeing.

Policymakers in Greater Manchester are looking to both influence and respond to public awareness and appetite for change. In working to instigate long-term behaviour change, policymakers can look to identify and understand the assets that already exist to encourage health living. As demonstrated by the case in Example 4, tapping into existing community networks provides a good opportunity.

EXAMPLE 4

A GP practice in Trafford has established a walking group to combat the risks of physical inactivity. Given its popularity with the local community, this initiative could act as a catalyst for similar programmes across the region and widespread behavioural change. Importantly, these initiatives can also drive health services towards a long-term, preventative approach to public health.

There are other ways that local councils and their partners can heighten public awareness and encourage shifts in social norms. On one hand, they can promote understanding of healthy living through soft messaging - engaging residents from a young age and disseminating positive imagery from new initiatives. On the other, they can engage

public awareness by visually representing the dangers and consequences of inactivity. A mix of these communication strategies will be most effective in improving residents' health.

To engage the public, effective leadership is key. The final section of this report will consider the role of local and national leadership across existing institutions in improving public health.

LEADERSHIP

'Collaborative leadership coupled with clear strategy can make walking and cycling the easy choice'.

Ramblers representative, roundtable participant

Effective, collaborative leadership is key to improving people's health outcomes. Leaders can normalise healthy behaviours, drive forward place-based strategies, and advocate for changes in national policy.

At a local level, elected representatives can combat physical inactivity by inspiring healthy behaviours. Mayors and Leaders of councils can have great impact by leading healthy lifestyles themselves. This is illustrated by Example 5. By acting as advocates of good health and using their platform to highlight an issue, elected representatives can act as catalysts for wider behaviour change.

EXAMPLE 5

In the United States, the Mayor of Oklahoma launched a healthy living programme after the city was declared one of the most overweight in the country. The Mayor himself realised he was clinically obese, and decided to challenge himself and his residents to make a change. He challenged residents to collectively lose a million pounds, and sought to tackle Oklahoma's car culture to make this goal a possibility. Through a tax rise, a range of new initiatives – including more green spaces, bike lanes and walking trails – came to fruition. While Oklahoma faces a long-term battle, this case shows the power of locally elected representatives to challenge behavioural norms.¹¹

Mayors and Leaders can also act as advocates for walking and cycling specifically. As demonstrated in Greater Manchester, support from elected representatives can lead to new local strategies to improve walking and cycling opportunities. The Mayor of Greater Manchester Andy Burnham appointed Olympic cyclist Chris Boardman to be the first Cycling and Walking Commissioner – bringing

¹¹ Further information on Oklahoma's healthy living programme can be found at <https://www.huffingtonpost.com/entry/oklahoma-obesity-us-562002e1e4b050c6c4a4eb75?guccounter=1>.

both profile and substance to spearhead a strategic approach to get people more active, and to make being more active easier. Leaders in Greater Manchester recognise that their sustained and long-term support of this strategic approach is key to improving health outcomes across the region.

Overall, by providing examples of best practice and garnering public support, elected representatives can ultimately advocate for national policy change.

Close and collaborative working between local authorities across sub-regions also presents a significant opportunity. In Greater Manchester, there is scope to strengthen collaboration across local authority member districts - to share ideas, approaches and best practice. Within the GMCA there are strong working relationships at leadership level, which is driving the clear strategic ambition and a collective appetite for improved public health across the region. To ensure this filters through the system more broadly, there is scope for greater joint working across the districts at the level of middle management – where, for example, town centre regeneration is being led within local authority areas in particular locations, there are opportunities to share approaches, best practice and to sustain ongoing dialogue.

At a national level, the framework set out by central government can facilitate better partnership working across local

public services to improve public health outcomes. Although public health is now the “responsibility” of local authorities, there would be merit in partners across the NHS, education, employment support and growth also recognising the effect of their own agendas on public health, and the opportunities that exist to have a positive impact. The funding framework is also essential – how incentives work within the system to encourage or to create barriers to better public health outcomes is important to recognise. Short term funding priorities can create short-term decision-making, potentially at the expense of the longer-term investment required to generate and sustain change. Aligning funding frameworks across different public services and encouraging joint spending to save investment could encourage a more preventative approach. In the future, considering greater flexibility in terms of local tax raising powers would strengthen the ability of local partners to invest – as demonstrated by Example 5.

In short, leaders – both local and national - will need to adopt a proactive approach to shaping the environment. It is collaborative leadership, coupled with clear strategy, that can guarantee good urban design and the establishment of healthy places – ultimately, making walking and cycling the easy, natural choice.

CONCLUSION

Ensuring health and place priorities are built into strategic planning has never been more important. Funding for public services is under increasing strain and a shift to a sustainable, preventative model is essential. As stated from the outset, there are many key players in the wider determinants of health. While they may seek different tangible outcomes, they share the overarching goal of better health for residents.

Significant progress has been made in Greater Manchester over the last five years. Current strategies cement a proactive approach to tackling physical activity. In securing good urban design and healthy places, there are a series of opportunities in the current climate — centred around economic development, infrastructure, public engagement and leadership.

As a participant perceptively concluded, we will know when we have succeeded in our aim when defined strategies are no longer needed; when the pillars of healthy communities are integrated in both societal norms and national policy. It is only through this pivotal shift that we will achieve our goal of better health for residents across the country.

KEY RECOMMENDATIONS

- Greater collaboration within local authorities between public health and economic teams, acknowledging that health and employment are closely linked.
- Closer relationships between local authorities and employers, recognising the business case for healthy communities.
- Denser housing schemes, preferably under joint venture partnerships, to ensure green space and communal facilities are incorporated in urban design.
- A shift in local highway teams' approach to transport – placing the emphasis on movability more broadly, as opposed to specific modes of transport – to encourage walking and cycling as the easiest choices for travel.
- New communication strategies, supported by authorities, to heighten public awareness, drive behavioural change and ultimately change national policy.
- Effective and collaborative leadership from top tier authorities and central government to ensure close working between health providers.
- A longer-term funding model from central government, providing the catalyst for a preventative approach to service delivery.

