Building the Future Generations of the Public Health Spatial Planning Workforce: Translating Healthy Places Policies into Reality

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Figure 1. BH Kidbrooke. © Berkeley Homes, 2021

Introduction

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There is an understanding that the relationship between the environment and population health and well-being is complex, with an established evidence base that where people live and work can have an impact on health and well-being (Grant, 2019). It follows that significant gains in population health and sustainability would be achieved by delivering consistent and integrated policy and practice through the built environment and public health professions working in close in partnership. Such integration has never been more important than now in responding to the effects of Covid-19, adapting to effects from climate change, and being resilient to future uncertainties (Green et al., 2022). In order to mitigate harm and maximise positive contributions to well-being, the actions that need to be taken in the environment are complex and inter-dependent across sectors and disciplines (Chang et al., 2022).

There is now a realisation that, in order to achieve healthy places, practitioners must have a working understanding of each other's legislative mechanisms, language and delivery tools (Ige-Elegbede et al., 2021). This means that, to improve the public's health and address health inequalities, public health practitioners must influence the spatial planning policy and development process. In tandem, when planning cities, towns and neighbourhoods, spatial planners and other built environment professionals, such as urban designers, transport planners and landscape architects, must understand that policies or decisions which they make will impact on population health and well-being outcomes.

The emergence of spatial planning for health as a specific area of interest and 'reinvigorated relationship' has been evolving in its various and different permutations and use of terminologies (Kent & Thompson, 2012). This development is evidenced worldwide at city, national, and international levels through a range of policy and practice documents (UN-Habitat & WHO, 2020). These share similar objectives and trajectories in terms of using the levers available in spatial planning and design systems to achieve outcomes at population level in terms of health improvement and reducing health inequalities.

Current barriers can be attributed to several factors, but this paper focuses on addressing those relating to education and professional development activities and the systemic lack of academic and professional discourse on the cross-disciplinary skills and competencies necessary to deliver healthy places (Hunstone et al., 2018). Partly due to formal curricula being heavily influenced by professional bodies through accreditation, there is often a siloed approach among the workforce such as planners, architects, urban designers, building engineers, and landscape architects, and public health and medical professionals. This has become a barrier to necessary trans-disciplinarity and needs to change. Skillsets within the workforce are also being challenged by the need to meet both strengthening legislative and policy frameworks and professional commitments for healthier places.

This paper's proposition sets out the need to reflect the complexities and strengthening of policy requirements of the agenda by working in an inter-disciplinary way and improving current workforce development practices as a contributing factor to planning for health. This can help to invigorate, establish and ultimately sustain a new generation of public health spatial planning practitioners.

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Essential Interdisciplinarity to Address Wider Determinants of Health

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The complexity of the environment and people's relationship with the environment and health impacts and outcomes is articulated in literature. For example, an evidence review in 2017 set out the themes and principles that have direct or indirect impacts on physical and mental health outcomes (Bird et al., 2018). Under its 'healthier food' theme in Figure 2, by adopting the planning principle of 'providing healthier, affordable food for all', evidence suggest a positive impact on 'healthier eating and changes in dietary behaviours' which in turn can result in 'reduced risk of cardio-vascular disease and type 2 diabetes'.

Each theme and principles from Figure 2 may be the responsibility of different disciplines but be operationalised at different points of the planning process. Lawrence (2004) suggested this professionalisation and segmentation of expertise and knowledge can be a barrier to tackling the causes of health, as did Macfadyen (2013). But the solution towards gathering multi-disciplinary skills in some professionals is now commonly being adopted in practice by authorities as well as drawing on the involvement, participation and action by multiple professional groups and sectors as 'health in all policies' (HiAP) (LGA, 2016). This means that these workforces and the organisations who employ them need to be both aware of the cross dimensions and the evidence which underpins this, and have the skills to mobilise action, implement approaches such as HiAP, and the ability to adopt specific policy levers such as spatial planning.

If the themes and principles in Figure 2 are operationalised through planning and are to achieve the desired health outcomes, planners will be required to have a strategic competency and knowledge of the policy and practical connections between the themes and principles, and public health professionals will be required to assist in ensuring and validating the outcomes achieved.

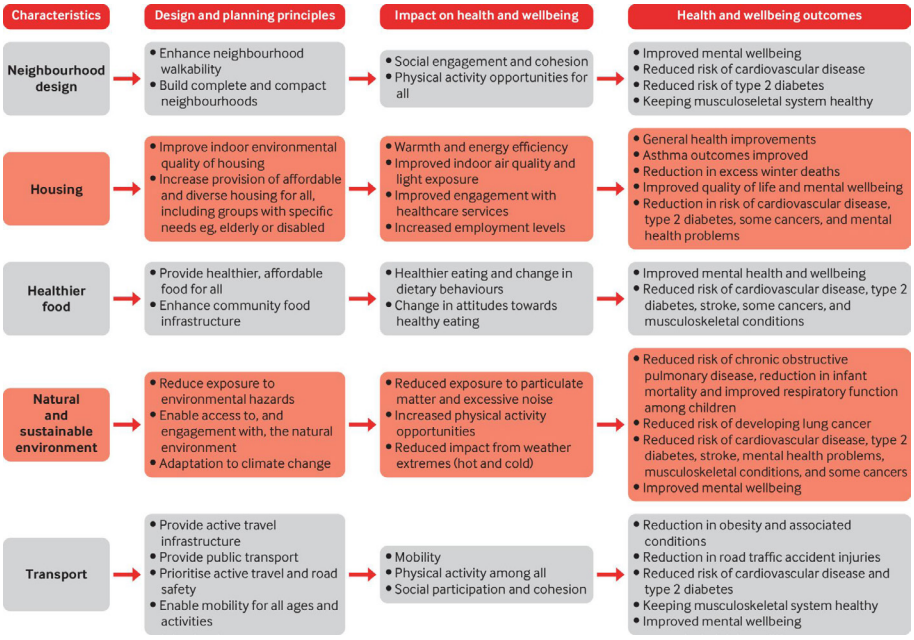

Figure 2. Associations between planning principles and health and well-being. Source: McKinnon et al., 2020

Strengthening Policy Integration and Prioritisation

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Health and well-being have become central to many planning strategies and policy frameworks at national and local governmental levels, and acknowledged by the World Health Organization and UN-Habitat as essential to achieving the Sustainable Development Goals. There is greater policy recognition by the UK government that, as well as serving a regulatory land use and management function, planning places 'affect us from the air that we breathe to our ultimate sense of purpose and well-being. This is a question of social justice too' (MHCLG, 2020: 13).

Many spatial policy requirements extend beyond general health but address specific public health challenges. For example, in a statement to all local authority chief planning officers, the Welsh Government's Chief Planner highlighted that planning should play its part in helping to create better places which reduce opportunities for people to wilfully harm themselves or others (Welsh Government, 2019). National policy directives are given a statutory primacy to inform spatial planning policies and practices at all other spatial scales. So, statements of policy, at that high level, are welcome and necessary to drive action.

In addition, the proliferation of frameworks, guidance and accreditation schemes at international (WELL Building and Fitwel), national (Scotland Place Standard), and local levels (London Healthy Street and Essex Livewell Development) can provide a common focal point for policy makers, practitioners, communities and end users to start discussions. Many of these are instigated and implemented through assessments and accreditations of practitioners and the projects themselves, which can function as a de facto professional qualification process.

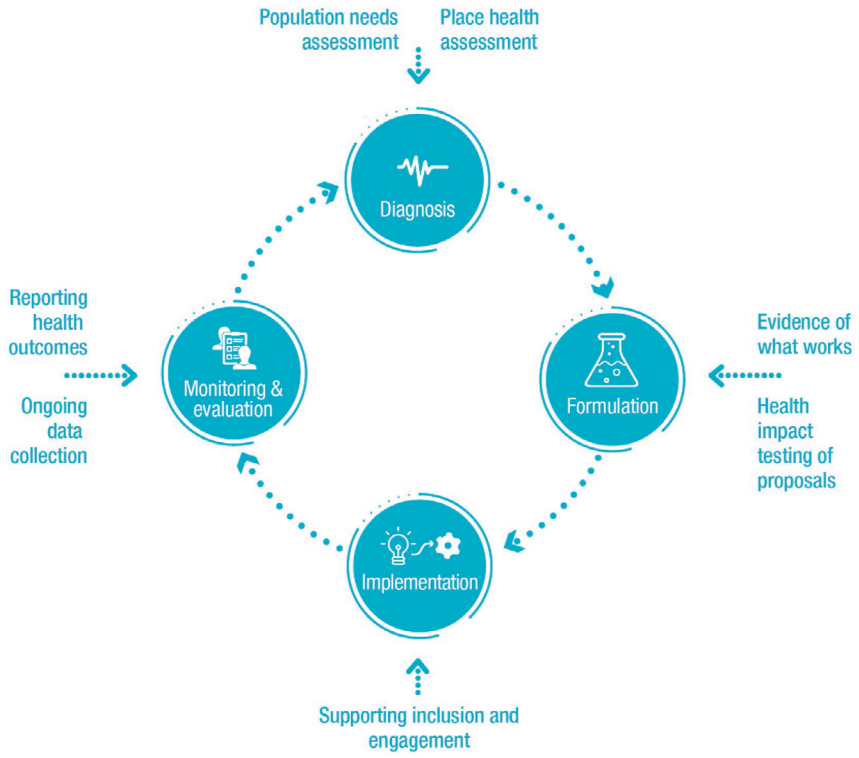

Figure 3. Representation of the UN-Habitat four phase spatial planning process showing health as an input. Source: UN-Habitat & WHO, 2020

However, there can be delays in the implementation of policy into practice from national and local levels, where there is a more depressing picture around planning and health integration. A comprehensive spatial plan review conducted by the Town and Country Planning Association found that the majority of local spatial plans in England have not taken into account local health needs and those priorities set out in local public health strategies, but more spatial plans in Wales do refer to health strategies (Chang, 2019). In a topic-based review undertaken by the planning and development consultancy Lichfields it was found that only a small minority of spatial plans in England, Wales, and Scotland included a specific requirement for housing for older people (Lichfields, 2019). In another review focusing on the food environment in England, the University of Cambridge found half of local government areas had a policy specifically targeting takeaway food outlets, of which only a third focused on health as a justification (Keeble et al., 2019).

The various policy reviews illustrate the fact that the regulatory and policy landscape is dynamic, and will always be so. It is vital for public health professionals to have the necessary knowledge to be aware and formalise their involvement and role in the local planning and development process. This will involve capitalising on the narrow 'windows of opportunity' in the formal planning process and also working with planners to provide their inputs across the whole planning cycle (Rose et al., 2020), as given in Figure 3.

Changing Workforce and Professional Boundaries

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Public health functions and their institutional settings vary across different jurisdictions, and this affect the extent to which they can have a meaningful policy and working relationship with the planning system and planners. Conversely, planners have difficulties in identifying a consistent public health counterpart in order to have meaningful engagement and consultation, and this can often result in no action or lack of aligned action, as policy reviews have illustrated.

What is clear is that despite, and regardless of, varying institutional arrangements and regular reforms to systems, it will be people, professions, and relationships that will realise change. There is a need for greater clarity of roles and extended investment in building and sustaining workforce capacity and capability, which have been missing. These would underpin the more integrated approach to trans-disciplinary workforce planning that is necessary to realise health outcomes and benefits (House of Commons, Health Select Committee, 2007).

Qualitative research conducted to obtain insight from planning practitioners has yielded disappointing results. There are still practitioners who may not yet recognise their professional role and contribution to the health and well-being agenda (Lake et al., 2017). There are unrealised potential and opportunities for workforce development but also individual professional and career development that can help achieve planning for health aims by possessing the necessary core competencies (Pineo et al., 2021).

UK professional organisations, including the Faculty of Public Health and the Royal Town Planning Institute, came together to publish a joint statement to urge the providers of education and training for planning and for public health professionals to emphasise the importance of members of both professions acquiring at least a basic mutual understanding of planning and its role in public health (Faculty of Public Health, n.d.).

This call to action can and should extend to other practitioners who will naturally qualify through their respective 'home' professional expertise, including

PARTNERSHIP: THE KEY OF SUCCESS

Figure 4. Different disciplines and professions involved in whole systems approach to tackling obesity.
Source: Tedstone, 2015

environmental health, nutrition, sustainability, transport, housing, and building services engineering. But, in working to develop their careers and expand their work experiences in planning for health, they become trans-disciplinary practitioners. This recognises the wider effect of their professional activities. An example is the 'whole systems approach' to tackling obesity, where multiple professions and policy areas are required to work in alignment because individual and isolated actions will not be effective in helping to supress complex obesity prevalence across western countries (Figure 4). This demonstrates where promoting good health can reap co-benefits.

In an exercise designed to better understand competency alignment between professionals, Public Health England mapped the competencies that a qualified town planner and a public health professional would use, as seen in Figure 5 (Public Health England, 2020). In the UK, public health practitioners are required to meet competencies set out in the Public Health Skills and Knowledge Framework, while accredited or chartered planners are required to meet competencies set out by the Royal Town Planning Institute. Figure 5 demonstrates that, even without embarking on wholesale reform and introduction of new competencies, planning or public health practitioners can already apply existing competencies, such as when operationalising health impact assessments in spatial planning. But competency frameworks should evolve to reflect new skills expected of practitioners to meet emerging challenges.

Similar exercises can also be undertaken with other professional competencies, such as for housing, urban design, transport, or environmental management professionals, and it is likely there will be similar competency alignments. But,

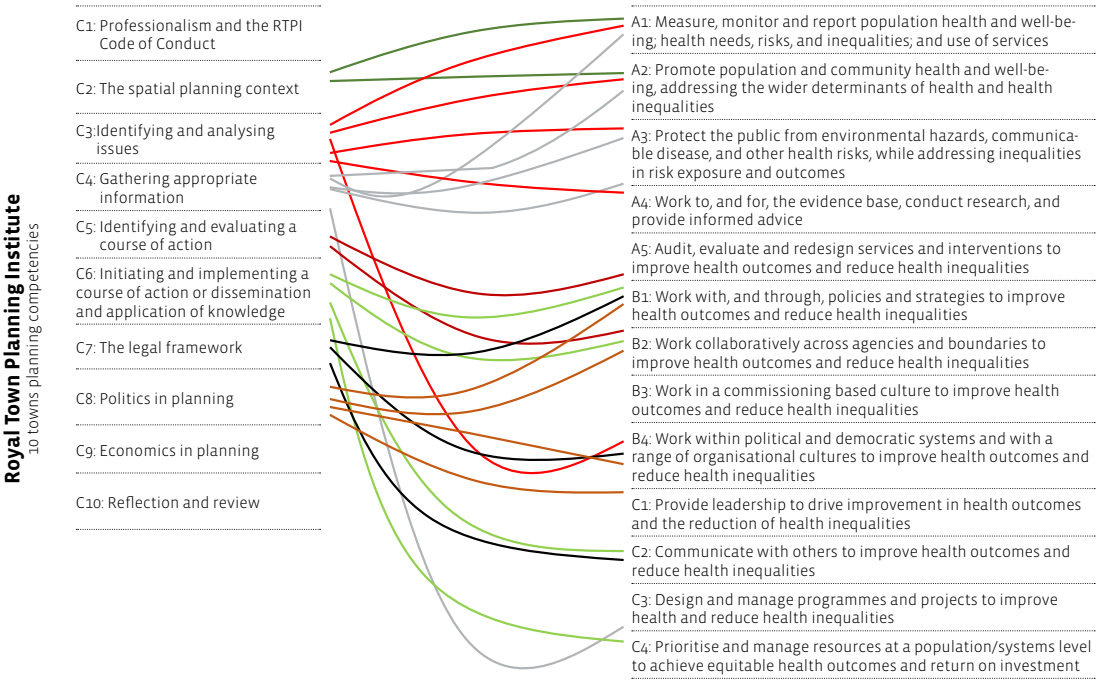

Figure 5. High-level mapping exercise to understand alignment of town planners' and public health professionals' competencies. Source: Public Health England, 2020

given that each profession will have their own responsibilities and regulatory basis, without additional mechanisms to systematically secure the right capacity and capability, it would not be a sustainable approach to rely solely on competency alignment to tackle the major issues facing society.

This recognition of the existence of specialised inter-disciplinary planning for health practitioners has meant there is a revealed interest from practitioners to work at the interface of spatial planning and public health systems at various levels of public authority (Chang, 2017), as evidenced by the examples provided below. Increasingly, practitioners from any profession are prepared to commit to achieving the shared and common aspiration of maximising public health outcomes for all individuals, communities, and places by seeking to develop the art and science of planning for health.

Example: **Practitioners Embedded in National Public Health Agencies**

In Wales, the planning framework has a clear focus on health and well-being, with the *Well-being of Future Generations (Wales) Act 2015*, *Future Wales: The National Plan*, and *Planning Policy Wales* recognising the role that planning has in the development of healthy places and communities. It was in this context that, in 2021, the Wales Health Impact Assessment Support Unit in Public Health Wales created a specialised public health and spatial planning role to increase capacity and knowledge and focus on integrating planning and public health, including promoting the use of health impact assessments. The responsibilities

of this role include working with planners and health professionals to develop their understanding of how to improve health and well-being and strengthen relationships. This includes providing training and expertise and producing evidence-based guidance for health professionals on how to be involved in local development plans and how to respond to planning applications from a public health perspective. The postholder is able to utilise skills in spatial planning and public health in order to improve systems and outcomes, such as early engagement of public health professionals in the planning processes. The impact of the role has been greater engagement and increasing understanding of how to create healthier places through joint working.

Example: **Practitioners Embedded in Local Authorities**

In England, the planning framework requires planning policies and decisions to support the delivery of local health strategies, with the first point of contact on population health improvement being the director of public health. The East Sussex County Council Public Health Team, for example, have a Healthy Places and Communities Team and have invested in recruiting Healthy Places Specialists, focused on Public Health and Planning. These specialists are planning professionals who are integrated into the public health team and work to support HiAP, which includes 'planning for health'. Across a two-tier authority, the roles are proving to be invaluable in 'getting health into place'. They are exposed to and are responsible for working across a number of public health priorities associated with the wider determinants but specifically focus on the built and natural environment. Areas of focus and interlap include housing, nature for health (including biodiversity net gain), fuel poverty, well-being economies, climate change, obesity, and food poverty. There will be a supportive and beneficial exchange of knowledge across the county as a result of cooperation between these healthy places specialists and the various disciplines and systems they work across. It also makes for a richer and dynamic interplay and learning opportunity across the whole of the public health team strengthening whole systems/matrix thinking and working.

Implications for Planning for Health in Practice

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Public health spatial planning in practice is the process of practitioners from any profession working within their respective systems, structures, and policy areas related to the built and natural environment, committing to advance the practice of planning for health. It requires an understanding and working competency in the art and the legal and political science of implementing tangible and effective actions with a primary directive to improve public health outcomes and reduce health inequalities (Chang et al., 2022). In order to achieve this, it requires the workforce to recognise the following:

1. Better and more effective collaboration among the professions and practitioners should become standard practice, but with a greater focus on the integration of the skills and competencies needed to deliver and sustain planning healthy places (Figure 6). This may mean establishing and recruiting transdisciplinary posts, for example in public bodies, property development, and planning consultancies. Such added capacity is essential, in particular as efforts are stepping up to improve the use of health impact assessments and increase health-promoting

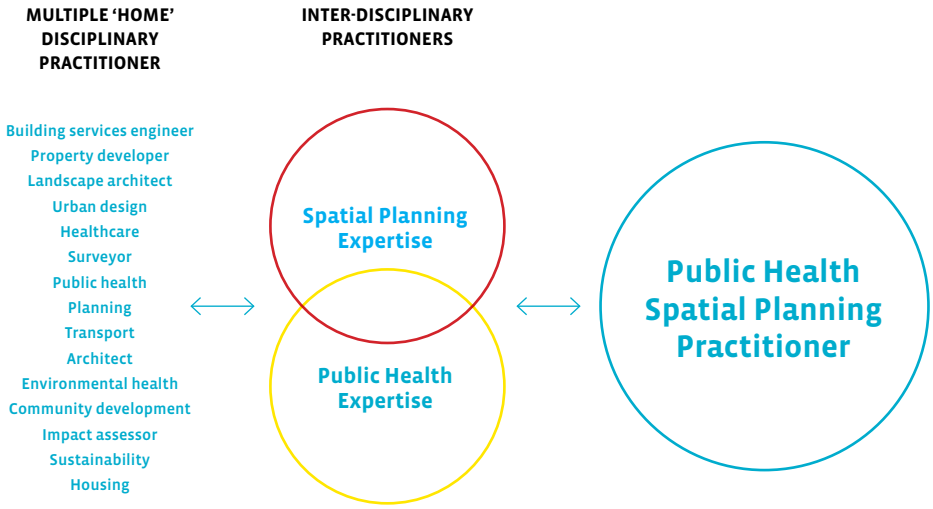

Figure 6. Towards a new generation of public health spatial planning practitioners. Source: Chang et al., 2022

planning and design policy and practice. This will require an examination and honest conversation about resources and also the state of current educational offer in universities and higher education institutions, as well as workplace initiatives such as mentoring and apprenticeships, to assess whether they are meeting the changing needs for integrated and transdisciplinary practitioners.

2. There is a need to bring principles of good workforce planning, such as those set out by the Chartered Institute of Personnel and Development (CIPD, 2021), to bear to address the systemic challenge of the skills deficit in public health spatial planning. While many organisations are upskilling and supporting existing employees' learning and development needs in-house, this approach may not be sufficient to plug the skills deficit. There are hurdles organisations face when it comes to workforce planning. These needs cannot be fulfilled and tackled by a single authority or locality, but will require a strategic and partnership-led approach to create a sustain and wider pool of talent and capability. This also means that taking a workforce planning approach is about embracing diversity of skills, competencies, and experiences, as well as socio-economic characteristics.
3. People have career needs and aspirations. But there is currently no formal infrastructure for nurturing such talent and commitment in planning for health. The authors advocate that there is a timely opportunity to secure a sustainable and lasting settlement for a career path in public service, third sector advocacy and private sector consultancy in public health spatial planning. There is a collective role here for national planning and public health departments, professional institutes and industry bodies to invest in capacity building initiatives.

There is an immediate need to invest in building a future generation of the workforce who can enable planning healthy places. This should not be seen as an economic cost, but of social value in harnessing opportunities to put health and sustainability at the heart of planning. The financial gains that can lead to a healthier population are diverse and provide benefits across the economy and society. Action needs to be taken now in the window of opportunity that the post-pandemic recovery period presents so that Public Health Spatial Planning in practice can match the political rhetoric on healthy places.

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