



# Developing Healthy Neighbourhoods: Build-in health or build more hospitals



“The environment in which people live is one of the key determinants of people’s health. Our drive to build homes and communities will form a key plank of our plans to ensure that Bristol is a city that supports better health and wellbeing and reduces health inequalities as a matter of course.

“It is a matter of social justice and economic sense that Bristol plans health into development and builds inclusive connected communities.”

MARVIN REES  
MAYOR OF BRISTOL CITY COUNCIL

This write up is the output of an event hosted by:  
**Bristol Health Partners SHINE Health Integration Team**  
**IBI Group**

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Part of **Healthy City Week**

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## A successful launch event

On the 18<sup>th</sup> October 2016, as part of Bristol's Healthy City Week, 63 people with a stake or an interest in city development came together at the Architecture Centre in the centre of Bristol.

They were drawn together by a great health paradox that plagues cities such as Bristol, all over the world. The problem presents itself as a continual rise in pressure on health services simultaneously to research uncovering the uncomfortable truth that we build the risk factors for illness into our modern towns and cities. And yet, in this paradoxical situation, the health of individuals and communities is not put as top priority when we build new places or regenerate old ones.

Worse still, although there are countless checklists, guidelines, fine words, and even emerging international standards 'building-in' health;

- is not a priority in UK health policy
- is rarely taught to those who develop our built environments
- is not part of the value proposition for most volume house builders
- is a twilight consideration in mainstream public health

The session in October sought to test if Bristol had stakeholders who were enthusiastic and capable to develop an innovative response to development that could be piloted. The answer was a resounding YES.



## The nub of the issue

Over the next 20 years, plans are being developed to build some 85,000 homes in Bristol and its three surrounding authorities. At the top of the policy tree will be the West of England Joint Spatial Plan and the Joint Transport Plan. Through these plans and subsequent development we face a choice of how to address population health:

### **DO WE STRIVE TO BUILD-IN HEALTH OR ARE WE CONTENT JUST TO BUILD MORE HOSPITALS?**

We have events like Healthy City Week which garner significant support and interest in health from a wide spectrum of the community outside the traditional health sector. Community events and networks across the West of England also show that there is a thirst to engage in health through the places where people live.

In Bristol and the West of England we have all the elements needed to do things differently:

- We have a history of public health and spatial planning liaison
- We have a history of public health and transport planning liaison
- We have many players in the planning consultancy and development sectors willing to do things differently
- We have support through cross-sector partnerships such as Bristol Health Partners

But can we show the necessary political will?

This report gives an account of what happened when over 60 stakeholders, experts and interests met and held a frank discussion at Bristol Architecture Centre. The debate was introduced by Bristol City Council Cabinet Member for Health and Wellbeing, Fi Hance.

### **FIRST, PARTICIPANTS WERE FACED WITH TWO 'PROVOCATIONS'**



'DEVELOPMENT ECONOMICS FOR HEALTH':

Helen Pineo, from the Building Research Establishment, asked:

***'Can developers, investors and landowners gain commercial confidence, and profit, through 'building-in health'?'***



'HEALTH ECONOMICS FOR DEVELOPMENT':

Marcus Grant, working with Bristol Health Partners, asked:

***'Can the health service be re-aligned to recognize that local neighbourhoods are the basis of our well-being?'***



**NEXT, WE ALL HAD THE BENEFIT OF SIX KEY RESPONSES FROM EXPERTS WORKING IN VARIOUS FIELDS RELATED TO DEVELOPMENT AND WELL-BEING:**

Justin Harris, IBI Group:

***“We are seeing a transition into creating urban environments which support well-being”***

Paul Mitchell, University of Bristol:

***“By taking a broader public sector approach to accessing the impacts of housing, then you will be able to pick up on those broader benefits, such as increasing general population health and wellbeing.”***

Mike Roberts, HAB Housing:

***“How do we create the partnerships we need to get health into our communities and out of the hospitals?.”***

Rob Delius, Stride Treglown:

***“It’s my conclusion that actually it’s about promoting better healthier lifestyles”***

Mark Drane, IBI Group:

***“We need to work with communities to change behaviours at the same time as developing and building wellbeing into the physical environment”***

David Relph, Bristol Health Partners:

***“We need to jump onto any opportunities to challenge the way decisions are made, to incorporate longer term considerations of health.”***

Finally, a rich discussion:

- Does the ambition go far enough?
- What is missing in this analysis?
- How would you approach the problem?







## Time for some answers

In addition to participating in a rich discussion, forty-five of the participants provided written responses to the following questions:

What are the **barriers** to 'building in' health?

**The Need:** What do you need to enable you to support this agenda?

**The Offer:** What can you offer to support this agenda?

**The Ask:** How better could Bristol City Council support this agenda?

## Strong support

This was obviously a self-selecting audience of those interested in this agenda. The main values of the responses lie in their detailed comments, an insight into the field. However, first a few quantitative results. Even given the background continuing austerity at national level, and the pressing need for housing growth;



## Main messages

**Articulating the public health objectives.** Health sector take note; one of the main messages, is that clarification is required between objectives for 'health and wellbeing' and objectives for 'health care'. Of course efficient and accessible health services and social care are vital, and we all need these to be available at key times during our lives. However, the main priority for most people is good health and high levels of wellbeing. They want the health sector to get more involved in providing this, and part of this provision will be helping to ensure that the places where we live support healthier lifestyles for all.

**Ensuring the correct policy tools.** Ensuring that creating healthier places is a central tenet of planning and regeneration is a long-term project. It must be pursued with powerful tools that are relevant for long-term success. The prevailing use of short term indicators for healthcare and health outcomes, understandably in the current austerity soaked policy agenda, are counterproductive for supporting health and wellbeing into the future. At best they not going to work, at worst they will increase future pressure on health and social care services. Currently long term ambitions for health, are being combined with short-term policy tools, this will not prevent us building illness into the next generation of new housing, transport infrastructure and regeneration.



**Debunking the cost versus quality conflict.** The immediate refrain is that we must build down to a bargain cost, and not up to a social quality. There are two myths here, both arising if the economics are only given a superficial treatment. First, that there is tension between cost and quality. When in fact the heart of the argument should be about re-evaluating the distribution of added value of development – Are we getting the ratio right between developer profit and public value? Secondly, it is considered too expensive to build healthier places. However, building-in health at initial planning and design stages of urban renewal, or new build, does not dramatically increase costs. It actually represents exceptionally good value for money over a medium-term and longer- term periods.

**Raising the bar.** Healthier neighbourhood development can be delivered, now in Bristol and the West of England. However the players in development, and the models of land and asset ownership and transfer may not be mainstream. These innovative, but proven, approaches cannot compete with traditional development models if there is a ‘race to the bottom’. It is not any form of local protectionism that is needed, but a level playing field with the bar raised sufficiently - so that all players have to compete to deliver healthy places.

**No surprises?** It is hardly radical to find views presented such as: the profit motive in healthcare is a barrier; short term political and organisational cycles do not permit promotion of wellbeing; and that the land tendering system inflates cycles of speculation that undermines investment in wellbeing. Reflecting on these issues afresh it remains surprising and, yes, entirely counter-intuitive that we have many of the solutions at our finger tips but don’t already make use of them. To build in health we must use public land leverage, incorporating public health expertise into planning and development is vital, and we should have a health in all policies approach. So if the answers are, in part, already there, how do we ensure building in health is brought up the agenda at all levels?



**Communicating what is required.** There is a negative perception in public opinion of developer's willingness to engage with the needs of communities. However, developers have to operate in a market that often places minimal value on design quality, built quality, and long-term social value. Leadership from Bristol and other authorities in the West of England need to communicate clearly to both developers and the community:

- a) That housing and development are tools for health and social wellbeing
- b) That developers, and development, will both benefit through addressing the needs of communities for places that support health.

#### **NEXT STEPS FOR BRISTOL CITY COUNCIL**

Bristol and other local authorities need to set-up an open forum, with developers, planning consultants and community stakeholders, to jointly and rapidly advance the 'building-in' health agenda. As a strategic action that will have implications for future populations and for development across the sub-region, this may be considered as a theme fit for the West of England Partnership, or other vehicles such as the Bristol 'City Office'.

#### **STAY ENGAGED**

[Bristol Health Partners SHINE Health Integration Team](#): regularly runs events and projects so keep an eye on their website for more information. Please also contact SHINE direct – details on the website.

[The Architecture Centre](#): runs an events programme throughout the year championing better buildings and places for everyone to inform and inspire people about the possibilities of good design, and encourage everyone to get involved.

[RSA Health as a Social Movement](#): "We want to gather the views of anyone with a story to tell about the role of social movements within health. Your stories will help our project reflect the real experiences of people with in our healthcare system."

[RSA Fellowship - Got an Idea of Your Own?](#) Three of our speakers are enthusiastic RSA Fellows! Through its Fellowship the RSA supports turning great ideas into reality including through the Catalyst Programme and Kickstarter crowdfunding or through organising local activity. Get in touch or come along to one of the [RSA South West](#) Events to find out more.

[Bristol City Council Consultations](#): has a number of ongoing consultations related to health – why not express yourself! ...what are your views on added sugar; should part of Upton Road be partially closed to traffic as a trial?



## Participant responses in summary

Distillation of the main issues raised in the 45 feedback sheets.

### What are the barriers?

#### Market Failure

- Market failure for healthier places
- Financial mechanism for healthier places to be built
- Handling of the developers 'viability' tests
- How public assets are managed in the development process

#### Perceptions

- Short termism in approach to health
- Profit motive in health
- Not communicating the measurable benefits
- Lack of ability to assess and communicate the health and social care savings
- How 'value' is defined and determined

#### Business as usual

- Problems with the planning system including watering down of permitted schemes and weak planners.
- Lack of any incentive of building-in health
- Lack of knowledge of how to build-in health including attitudes about density

### What do you need to enable you to support this agenda?

- **Support/Advice** - Who can we turn to for assistance?
- **Information** - What are the priorities, the must dos and the 'low hanging fruit'?
- **Engagement**- We need a forum of engaged actors to enable our involvement and effective action.
- **Investment**- How can we access resources, financial and skill-based that could make a difference?
- **Evidence**- We want better access to the scientific and economic evidence for use in advocacy.



## How better could Bristol City Council support this agenda?

### Sectoral expertise and knowledge

- Sectoral advice for developers (e.g. from wildlife interests)
- Accessible research and evidence findings
- Better integration of transport with other disciplines across built environment
- More dialogue opportunities – with ‘healthcare professionals’
- Planning consultants: Contacts/Network – design advice, facilitating skills

### Community support

- A dialogue with the council and better engagement
- Community development support and advice
- Good planners need to be tougher with our developer clients and insist on good design and amenity in development.
- BCC Public Health: Can be consulted in designing an effective consultation and build participation from Bristol residents

### Building support

- Encouragement for health sector colleagues to think more widely about who is a ‘healthcare professional’ – wider public health workforce agenda
- Prototyping of the approach on homes and communities
- Access to networks: RSA, Academy of Urbanism, the world of architecture
- Architecture Centre: We are here to encourage and host and facilitate debate – we would welcome the opportunity to keep this discussion going

### Economic models and mechanisms

- BHP SHINE: Better clarity about NHS economic model
- Discussion of mechanisms: such as Investment for long term, pension fund investment, lease of land
- Evidence search & health economic perspective
- Community Trust: Money for small scale projects
- Bristol & Bath Regional Capital: Potential to raise finance to enable a better public realm - on a sustainable basis

### Fiscal and valuation

- Use Social Impact Bonds SIBs
- Asset transfer to community interests and land trusts
- Use Asset Based Community Development ABCD
- Public land ownership leverage
- Prioritize health over seeking highest financial return on disposal of land

### Planning and council policy

- Develop a ‘Health in all policies approach’
- Raise the bar at the bottom with stronger requirements to signal to developers how design for health (Design Guide that outlines a minimum specification)
- Incorporate public health expertise into planning and development
- Publish a design version in the NICE guidance style with QALYs
- Prioritise public infrastructure upfront in the development to support behaviour change
- Investigate ‘zones of exceptions’ from perverse planning regulations
- Be more explicit about outcomes (Health & Wellbeing) required from housing policy
- Use all levers possible
- Produce qualitative housing targets not quantitative ones
- Be more ambitious design briefs and stricter design frameworks

### Facilitating a forum for change

- Bring in other pro-health stakeholders such as wildlife interests.
- Promote ‘eco literacy’
- Support exemplars to demonstrate healthy neighbourhoods on City owned land e.g. Hengrove
- Promote ‘Health Literacy’ to support for local communities demanding a healthy neighbourhood
- Work up a better engagement with media to communicate the value of this approach
- Co-produce with other interests and promote a role for councillor of ‘joined up thinking’
- Provide stronger strategic leadership
- Make the public aware of, and promote, benefits of healthy habitats

# Event Attendees

## **KEYNOTE SPEAKERS & PROVOCATEURS:**

Helen Pineo | Associate Director for Cities | BRE | [@helenpineo](#)

Marcus Grant | Director | Bristol Health Partners SHINE and Expert Advisor | WHO European Healthy Cities Network | [@MarcusxGrant](#)

## **RESPONDENTS:**

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Paul Mitchell | Senior Research Associate in Health Economics | University of Bristol, NIHR CLAHRC | [@Paul\\_M\\_Mitchell](#)

Mike Roberts | Managing Director | HAB Housing | [@HABHousing](#)

Mark Drane | Studio Principal | IBI Group and Doctoral Researcher | WHO Collaborating Centre for Healthy Urban Environments | [@healtharch](#)

David Relph | Director | Bristol Health Partners | [@dcjrelph](#)

## **IN ADDITIONAL TO BRISTOL CITIZENS PARTICIPANTS IN DISCUSSION INCLUDED REPRESENTATIVES FROM THE FOLLOWING ORGANISATIONS:**

Askew Cavanna Architects  
Bristol City Council  
BDP  
Bristol City Council  
Bristol Health Partners  
BUD and Schumacher Institute for Sustainable Systems  
childs+sulzmann architects  
Churchman Landscape Architects  
Context4D  
Delaney Architects  
Eunomia  
Graduate Bartlett  
HAB Housing  
HCCIC  
Health Quality Bristol~  
Insall & Coe  
JMP Consultants  
Landsmith Associates  
Local Agenda Ltd.  
noma architects  
Public Health England  
Quattro Design Architects  
RSA Fellowship  
South Gloucestershire Council  
Southmead Hospital  
Sustrans  
Transition Hotwells and Cliftonwood  
University of Bristol  
UWE  
Vivid Regeneration  
WAM Planning Group  
WWT Consulting



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