Online surveys

CCHC Call for Evidence

Response ID	Start date	Completion date	
[redacted]	[redacted]	[redacted]	

1	Title	[redacted]
1.a	If you selected Other, please specify:	
2	First Name(s)	[redacted]
3	Surname(s)	[redacted]
4	Contact email address	[redacted]
4.a	Additional email address (please complete this if you are submitting evidence on behalf of someone else)	
5	Location	United Kingdom (GB)
5.a	If you selected Other, please specify:	
5.b	City	London
6	Institution/Company/Organisation	TCPA (Town & Country Planning Association)

7	Summary of evidence	The TCPA welcomes the opportunity to submit a response to the Commission on Creating Healthy Cities. Our response mostly concerns topics 2 (The Built Environment, Design and Placemaking - housing, planning and urban design and regeneration); and 3 (Transport and movement). - There is already considerable, sufficiently robust, evidence about what makes a healthy city (and more research is being undertaken). The question is: how can we make it happen? - The built environment is an important 'determinant of health': the way we plan, design, manage and maintain urban areas has a significant impact on whether or not people of all ages, backgrounds, abilities and incomes can live active healthy lives. - There are many sources of sufficiently robust evidence of what makes a healthy place: we list some of the most important; and link to significant research that is currently ongoing. - Governance, regulation (and deregulation) and policy are important factors. - In England, de-regulation of planning is leading to the creation of places that will impair people's health. - Transport has important direct and indirect impacts on population health. - The TCPA has responded to questions set by the Commission (see main response for details). - Effecting change across multiple policy domains, at different spatial scales, to achieve a health-supporting urban environment will require a wide range of actions. The following three actions would, over time, make a significant difference: 1. For each of the UK nations to introduce an act similar in scope and ambition to the Wales Well-being of Future Generations Act (2015). 2. For national planning policies to explicitly state that a purpose of planning is to create places in which people of all ages, abilities, backgrounds and incomes find it easy to live a healthy life and to have an objective to help reduce health inequalities. 3. For all national transport policies and spending decisions to be required to undergo a health impact assessment which must be published before the policy or spending is implemented.

8	Please select which exposure(s) your evidence relates to. Further explanation on these exposures can be found on a PDF file here. Please select all that apply.	• Planning (e.g. density, green spaces, housing, transport, urban design etc.) • Accessibility (e.g. access to healthcare, facilities, parks etc.) • Environment (e.g. pollution, climate, carbon emissions, ventilation, biodiversity, natural habitat, natural disasters, noise etc.) • Deprivation (e.g. income, poverty, diversity etc.) • Society (social networks & relations) (e.g. human interactions, violence, crime etc.) • Governance and policy
9	Please select which outcome(s) the submitted research relates to. Please select all that apply.	• Wellbeing • Health (physical): (e.g. non-communicable diseases, communicable diseases, behaviours etc.) • Mental Health • Quality of Life • Lived experiences: (e.g. social health, social wellbeing, social behaviour etc.)
10	Method of evidence submission: If you need to provide further evidence, please submit this either digitally via email or hard copy via post.	Digital (via email to gchu@kellogg.ox.ac.uk)
11	How did you hear about the Commission on Creating Healthy Cities and the associated call for evidence?	We were emailed by Lord Best and Prof Cooper and invited to respond.

Commission on Creating Healthy Cities

TCPA submission

August 2021

1. About the TCPA

The TCPA's **vision** is for homes, places and communities in which everyone can thrive. Our **mission** is to challenge, inspire and support people to create healthy, sustainable and resilient places that are fair for everyone. Our strategic priorities are to:

- Work to secure a good home for everyone in inclusive, resilient and prosperous communities, which support people to live healthier lives.
- Empower people to have real influence over decisions about their environments and to secure social justice within and between communities.
- Support and transform existing places to be adaptable to current and future challenges including the climate crisis.

The TCPA was founded at the end of the 19th century as the Garden Cities Association and has, throughout its history, recognised the links between the built and natural environment and people's health and wellbeing, working to help create places that support good health.

Since 2013, the TCPA has renewed its emphasis on helping planners, public health professionals and communities collaborate to create healthier places. We have run more than 60 workshops across the UK, resulting in practical initiatives to improve policies and practice, with a focus on influencing the wider determinants of health to improve local population health and help understand and reduce local health inequalities. We have published numerous guides to healthy placemaking.

Relevant TCPA publications include:

'Introducing 20 Minute Neighbourhoods: a guide to creating 20 minute neighbourhoods in England' (TCPA, 2021) A practical framework for creating neighbourhoods that provide most of what people need within a short walk or cycle, to help facilitate active travel, stronger communities etc in the context of the English planning system.

'Getting research into practice – a resource for local authorities on planning healthier places' (PHE, 2021) Collaboration with UWE; provides a practical guide for councils about how to find and use public health data in planning.

Harlow & Gilston Healthy Garden Town Framework (2019) A practical, evidence-based framework for creating a healthy new garden town responsive to local health inequalities and seeks to address them by influencing the new development.

'Putting health into place' (NHS England, 2019) Guides to creating healthy new places, based on learning from NHS England's Healthy New Towns programme, created through a collaborative partnership between the TCPA, the King's Fund, the Young Foundation, Public Health England, NHS England and 10 healthy new towns.

'Reuniting health with planning – healthier homes, healthier communities' (TCPA, 2013) Includes a 'healthy planning checklist' to help councils maximise opportunities for creating healthy places through the National Planning Policy Framework.

2. The TCPA's response: summary

The TCPA welcomes the opportunity to submit a response to the Commission on Creating Healthy Cities. Our response mostly concerns topics 2 (The Built Environment, Design and Placemaking - housing, planning and urban design and regeneration); and 3 (Transport and movement).

[Section 3, below**]** There is already considerable, sufficiently robust, evidence about what makes a healthy city (and more research is being undertaken). The question is: how can we make it happen?

[Section 4] The built environment is an important 'determinant of health': the way we plan, design, manage and maintain urban areas has a significant impact on whether or not people of all ages, backgrounds, abilities and incomes can live active healthy lives.

[Section 5] There are many sources of sufficiently robust evidence of what makes a healthy place: we list some of the most important; and link to significant research that is currently ongoing.

[Section 6] Governance, regulation (and deregulation) and policy are important factors.

[Section 7] In England, de-regulation of planning is leading to the creation of places that will impair people's health.

[Section 8] Transport has important direct and indirect impacts on population health.

[Section 9] The TCPA responds to questions set by the Commission.

[Section 10] Effecting change across multiple policy domains, at different spatial scales, to achieve a health-supporting urban environment will require a wide range of actions. The following three actions would, over time, make a significant difference:

1. For each of the UK nations to introduce an act similar in scope and ambition to the Wales Well-being of Future Generations Act (2015).
2. For national planning policies to explicitly state that a purpose of planning is to create places in which people of all ages, abilities, backgrounds and incomes find it easy to live a healthy life and to have an objective to help reduce health inequalities.
3. For all national transport policies and spending decisions to be required to undergo a health impact assessment which must be published before the policy or spending is implemented.

3. A note about evidence about the built environment and health

The links between the places in which people live and their health have been the subject of considerable new research all over the world for many years. For instance, the World Health Organisation's 30-year-old Healthy Cities programme has collected a considerable body of evidence, in publications available here: www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications

Consequently, the TCPA is a little surprised at some of the Commission's specific requests for evidence. In our view, much of this evidence has been well researched and is well known.
The big question is not so much: what is the evidence? Or even: what characterises a healthy urban place? The question is: how can we make this happen now? We wonder whether the Commission feels that the evidence is, perhaps, not robust enough?

Cities and towns, including their built environments (encompassing buildings, streets, parks and gardens etc) are highly complex 'systems of systems'. The way that people interact with them is influenced by factors such as how the built environment is designed and managed, but also cultural, social and environmental issues. Because of this, it is impossible to undertake randomised control trials (RCTs) regarding interventions in the built environment in order to generate the sort of high level RCT evidence that is routinely required in, for instance, medical interventions. It is often difficult or impossible to demonstrate clear causation between a change in the built environment and a specific health outcome. Because of the complexities of the way in which people interact with the built environment, smaller interventions might generate more robust evidence. Projects such as the TRUUD research programme (see section 5, 'sources of evidence')are doing very useful long-term multi-disciplinary research that acknowledges the complexities.

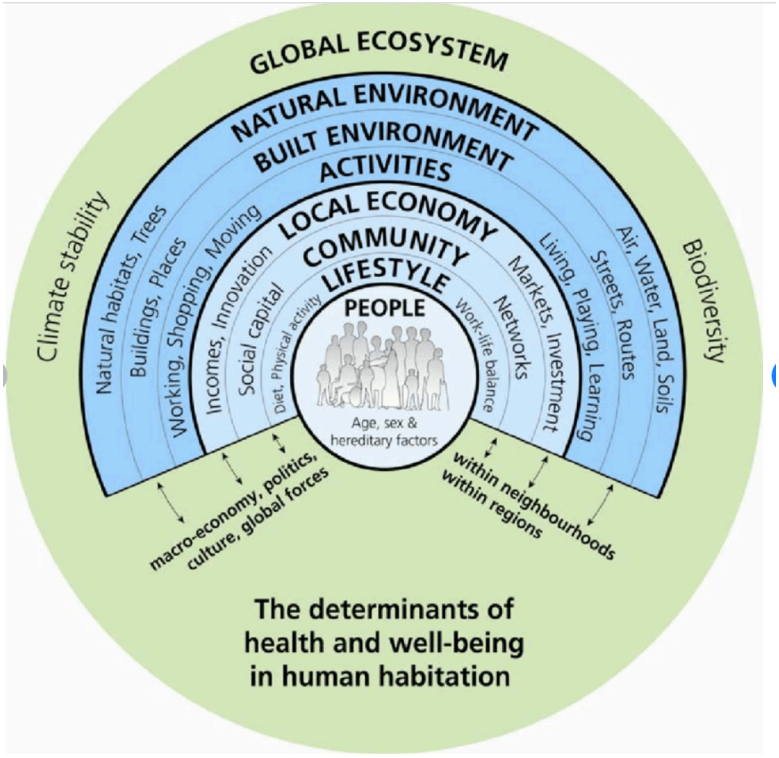
There is a risk that if the Commission prioritises robustness of evidence it will fail to recommend the sort of multi-faceted system-wide changes that most working in this field think are essential to transform urban areas from places that make living a healthy life difficult, inconvenient and expensive for many people, into places in which living a healthy life is easy, convenient and enjoyable and affordable.

Not acting because the evidence isn't quite robust enough, or isn't quite complete enough would, we think, be a mistake: there is enough sufficiently robust good evidence to act now. If action is not taken now, health inequalities will continue to worsen and the NHS become increasingly unaffordable.

4. The built environment and the 'wider determinants' of health

Many people assume that the NHS that creates good health and that a healthy city is one with lots of GP surgeries and hospitals. However, evidence demonstrates that although the NHS is good at 'mending' people when they become ill, the things that keep people healthy are the places and communities in which they live[1]. Good homes, clean air, jobs, parks and green spaces, and trusted friends and neighbours are all important influences on people's health. The impact of the places in which we live on our health is illustrated below.

[1] See, for instance, Crisp, N. 'Health is made at home: hospitals are for repairs'. Salus (2020)



The Settlement Health Map (adapted from Barton and Grant, 2006)

The exact contribution of the 'wider determinants of health' to population health is difficult to assess, but few experts dispute that they have more influence that health care[2]. The way that the built environment is planned, designed, managed and maintained shapes many of the wider determinants of health, as illustrated by the blue rings in the diagram above.

5. Sources of evidence about the built environment and health

The Commission has asked for evidence about the links between the built environment and health.

The World Health Organisation's Healthy Cities programme has published a large body of evidence during the last 30 years, available here: www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications

In England, in 2017 a ground-breaking 'umbrella review' of existing evidence by Public Health England titled 'Spatial Planning for Health: an evidence resource for planning and designing healthier places' identified five aspects of the built and natural environment for which there is particularly robust evidence that they can be influenced by local planning policy to improve health:

1. Neighbourhood design, which includes the level of street connectivity, the compactness of the urban form, and general walkability;
2. Housing, which in terms of placemaking includes the provision of mixed land use and housing types;

[2] See 'What makes us healthy?', The Health Foundation. http://health.org.uk/publications/what-makes-us-healthy

3. Healthier food and the food environment, which includes access to healthy, affordable, food and the provision of food infrastructure (for example urban farms or allotments);
4. Natural and sustainable environment, which the review broadly used to encompass reducing exposure to environmental hazards such as air pollution and flooding, access to and engagement with the natural environment (i.e. green and blue infrastructure), and adaptation to climate change; and
5. Transport, including the provision of active travel infrastructure, public transport, road safety features and generally promoting physical activity. These five features of the built environment, are associated with 'planning principles' (broad-brush policy aims which can improve health and wellbeing) and 'modifiable features' (i.e. more specific interventions which deliver these objectives).

'Spatial Planning for Health – an evidence review'. Public Health England (2017)
www.gov.uk/government/publications/spatial-planning-for-health-evidence-review

The TRUUD project (Tackling the Root Causes Upstream of Unhealthy Urban Development) is in its early stages and is likely to help answer many of the questions set by the Commission. Its multiple workstreams – and its broad, transdisciplinary approach[3] – reflect the deep complexity of the problem.

The PEARL centre at UCL (Person Environment Activity Research Laboratory) creates life-size replicas of urban environments (eg roads, stations) to study how people interact with them. Its website sets out the complexity of the relationship between people and places:

'Much or our understanding about how cities work is based on a lot of assumptions about how people respond to, use and act in the environment. Many of these assumptions are based on experience over many years and are valid in general, but often the models we use just don't represent what actually happens. PEARL enables us to study in detail how people actually interact with the environment and each other, by enabling us to test detailed differences in the environment – such as space, colour, lighting, sound – under controlled conditions, so that we can obtain rich data for use in the design of real urban systems.'

We also recommend :

'Improving Access to Green Space – a new review for 2020'. Public Health England (2020)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

'Integrating health in urban and territorial planning – a source book' UN Habitat/WHO (2020)
https://unhabitat.org/integrating-health-in-urban-and-territorial-planning-a-sourcebook-for-urban-leaders-health-and

For more sources of evidence about the links between urban green spaces and public health see below (section 8, answer to question 3.7).

[3] See: https://truud.ac.uk/transdisciplinary-working

6. The importance of governance, regulation and policy

The questions set out by the Commission's call for evidence concern a very wide range of issues, which cut across each of the five aspects of the built/natural environment highlighted by Public Health England and include the potential impacts of different policy interventions or projects, the availability of data, behavioural or technological changes, changes to the physical environment and public engagement.

However, very few of the Commission's questions concern how the wider **governance, regulatory or policy frameworks** which define the limits of local action shape these issues. For example, does the currently highly centralised governance framework in England enable effective health policy making at the local level? Or, do recently reformed built environment regulations incentivise housebuilders to act in ways that are damaging to public health? Does a lack of clearly defined purpose in English national planning policy make delivery more difficult?

The Commission's ability to produce genuinely useful recommendations to *'city leaders'* on *'policy and practice that is practical, viable and achievable'* depends upon on answering questions like these. This is both in terms of:

a. Understanding the **context** that key actors, whether 'city leaders', citizens, private interests or national government currently operate within (in terms of their policy options, incentives, powers, etc), and how this shapes health outcomes; and
b. Designing **recommendations** and putting forward potential policy solutions and alternatives which would bring about desired changes.

The majority of the questions in the call for evidence cannot be properly answered without also considering these two issues. Indeed, the increasing complexity and variegation of governance, regulation and policy approaches across the UK makes this increasingly important, as the Commission's recommendations decision makers will need to take these differences into account.

Planning policy and governance structures, for example, have increasingly diverged between the UK nations. Scotland[4] and Wales[5] have positioned planning as a key delivery tool for healthy places, and developed policy accordingly. Northern Ireland's planning system has only relatively recently given plan-making powers to local authorities, and in England the UK government has largely framed the planning system as barrier to housing delivery and economic growth. Health and planning policy is therefore more disjointed here than elsewhere, as is the extent to which local authorities are able to influence change in the built environment at all (see comments on permitted development rights, below).

[4] Scotland is preparing its fourth National Planning Framework; this position statement sets out how the new framework will emphasise the contribution that planning makes to health. www.gov.scot/publications/scotlands-fourth-national-planning-framework-position-statement

[5] See 'Future Wales: the National Plan 2040'. https://planningaidwales.org.uk/future-wales-the-national-plan-2040

Planning policy and governance structures have also seen increasing divergence *within* England: Some cities comprise several separate local authorities.[6] In other places, combined authorities provide a strategic tier of decision making, between central and local government. As part of the 'city deals' which produced these governance structures, some combined authorities have additional planning powers and funding devolved to them on an ad hoc, case-by-case basis (eg Greater Manchester, the West of England and Liverpool City Region). Greater Manchester also has health care devolved, enabling the combined authority to integrate planning and health policy to a greater extent than other cities.

These are just a few examples of the kinds of complex but intrinsically important institutional issues which the Commission should consider as part of its inquiry. There are many more, from how centralised the English policy system is, to the extreme levels of under-resourcing in many local authorities.[3]

7. The planning system and health: permitted development rights as an example of the health impacts of a lack of planning

Of the urban governance/regulation/policy issues which the evidence review currently underplays, the planning system is amongst the most significant from a public health perspective.

The importance of an effective planning system for achieving each of the five aspects of the built environment identified by Public Health England is perhaps most clearly demonstrated by the health impacts of recent policy changes in England that have sought to reduce planning control.

Since 2013 the UK government in England has enabled homes to be built via 'permitted development rights' (PDRs). These allow development (whether the conversion of existing buildings or the creation of new ones) to occur without planning permission. Instead, new developments must comply with a very limited number of universal 'prior approval' issues, determined by central government. This means that local planners have very limited power to consider local context or impact.

Initially PDRs applied to office-to-residential conversions, but over time the government has expanded them to cover the conversion of almost all urban uses to housing. Shops, offices, restaurants, light industrial units can now all be converted into homes without planning permission.

The logic behind these changes was that reducing the regulatory 'burden' on developers would increase the elasticity of housing supply, and that greater certainty would enable actors to enter the market.

Notwithstanding argument that these changes have actually complicated application processes and failed to meaningfully boost housing supply, a large body of evidence now highlights their negative impacts on public health. Three reports are particularly notable:

[6] Greater Manchester comprises 10 councils: www.greatermanchester-ca.gov.uk/who-we-are

1. **Research into the quality standard of homes delivered through change of use permitted development rights[7]**

   This large-scale government-commissioned research by academics at UCL examined the difference in quality between homes produced through PDR, and those produced via the planning system. The research examined 463 PDR schemes. It found that:

   - Only 22.1% of dwelling units created through PDR would meet the nationally described space standards (NDSS), compared to 73.4% of units created through full planning permission;
   - 68.9% of the units created through PDR were studios or one bedroom compared to 44.1% of the planning permission units;
   - 2.0% of the dwelling units created under PDR only had single aspect windows, compared to 29.5% created through planning permission;
   - 3.5% of the PDR units we analysed benefitted from access to private amenity space, compared to 23.1% of the planning permission units; and
   - PDR schemes were eight times more likely to be located in commercial areas.

   The authors concluded:

   > *"…permitted development conversions do seem to create worse quality residential environments than planning permission conversions in relation to a number of factors widely linked to the health, wellbeing and quality of life of future occupiers. These aspects are primarily related to the internal configuration and immediate neighbouring uses of schemes... In office-to-residential conversions, the larger scale of many conversions can amplify residential quality issues."*

2. **Homes, Communities and Local Government Select Committee third report of session 2021-2022 – Permitted Development Rights[8]**

   The Committee took extensive oral and written evidence from a range of perspectives. It concluded:

   > *"…we are seriously concerned that some of the homes are of poor quality and situated in unsuitable places, such as business and industrial parks, and that some of the people living in them do not have the option of living elsewhere."*

3. **The relationship between housing created through Permitted Development Rights and health: a systematic review[9]**

   This meta-analysis of 1,999 literature items by Marsh, Chang and Wood (2020) concluded:

   > *"The review identifies both a greater number of literature and greater number of ways permitted development conversions have negative compared to positive health*

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7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902220/Research_report_quality_PDR_homes.pdf

8 https://planningjungle.com/wp-content/uploads/House-of-Commons-Housing-Communities-and-Local-Government-Committee-Permitted-Development-Rights-July-2021.pdf

9 https://www.tandfonline.com/doi/abs/10.1080/23748834.2020.1833281

impacts, and may contribute towards widening health inequalities… These findings provide an indication of the impacts of deregulating a planning system without explicitly considering health and wellbeing."

Looking across the evidence we can summarise the removal of planning controls on the delivery of homes has resulted in:

- Immediate health impacts relating to:
    - Poor-quality homes; and
    - Homes being built in unsuitable places such as industrial estates.
- Piecemeal, unplanned developed resulting in knock-on effects for public health, which would otherwise be mediated by effective planning/policy. These include:
    - Loss of local employment as offices and shops are converted into homes;
    - Loss of local services as offices and shops are converted into homes;[4] and
    - More widely, loss of strategic control over the built environment (making it harder for local authorities to make public health interventions, such as improving walkability or access to greenspace) – this is a problem worsened by the fact that developers who gain planning permission via PDR do not have to contribute funding to supporting infrastructure.
- Regulatory issues, such as:
    - A lack of aligning between different inspection and/or enforcement regimes, meaning that harmful developments 'slip through the cracks';
    - Developments that are clearly inappropriate from a public health perspective, but which are technically within policy and regulation, being approved – shifting from a system based on local officers' ability to weigh up evidence and act according to their own discretion, to a 'tick-box' system, has resulted in one that is easy to game.

Overall, PDR have left 'city leaders' and other local decision makers with almost no control over how buildings are used in the existing urban environment. Any recommendations made by the Committee to such policy makers must take this into account as the current 'baseline' for local decision-making power, as well as the importance of effective town planning,

Alternatives:

The TCPA argues that the government's expansion of PDR demonstrates how flawed its idea of the role of planning regulation in the built environment is: it is seen predominantly as a burden, rather than important tool for achieving health and other public policy outcomes.
It points to the need for a system which:

- Guarantees, in law, that all new homes and neighbourhoods meet the basic standards required to support residents' health and wellbeing; and
- Has a clearly defined purpose to promote health and wellbeing, which cuts across and ties together other regulatory regimes (related to housing and infrastructure, for example).

We have developed a healthy homes bill which would implement these changes. It is available here:

www.tcpa.org.uk/pages/category/healthy-homes-act

8. Transport

Transport has widespread direct implications for public health, in particular because of:

- Encouraging or discouraging everyday physical activity (physical activity has multiple benefits to both mental and physical health[10]).
- Air pollution
- Carbon emissions contributing to climate change.

For evidence see: www.euro.who.int/en/health-topics/environment-and-health/Transport-and-health

In addition, transport has indirect consequences for health, such as by restricting children's outdoor play, a vital part of healthy childhood development. See: Gill, T. 'Urban Playground – how child-friendly planning and design can save cities'. RIBA (2021)

9. TCPA responses to specific questions

2A Is there evidence that changes to urban design and housing quality – including energy efficiency, security and affordability – for both new development and neighbourhood regeneration will lead to healthier cities?

For evidence about the impact of urban design see 'Spatial Planning for Health an evidence review' (reference above).

The cost of poor housing to the NHS has been estimated at £1.4bn per year www.england.nhs.uk/2018/03/nhs-teams-up-with-councils-to-improve-housing-health-with-home-mots-stair-lifts-falls-helplines-and-quick-grants/

Poor housing contributes more carbon emissions than all of the country's cars: www.housing.org.uk/news-and-blogs/news/englands-leaky-homes-greater-threat-to-climate-than-cars/

2.6 How best can Local Planning Authorities play a positive, proactive role in creating the healthy city?

In order to create a healthy city, local authorities need to understand the health of their populations, and in particular health inequalities and their spatial distribution and make a clear policy commitment to improve population health and reduce health inequalities. Public health teams within councils have relevant data but it is often not shared with planners. With this information, planners and public health teams can work to ensure that new development contributes to improving the health of those with the worst health. How this can be done is set out in this guide:

'Getting Research into Practice – a resource for local authorities on planning healthier places'. Public Health England (2021)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951310/GRIP2_PHE_national_resources_151220_for_Gateway_2.pdf

[10] See: www.who.int/news-room/fact-sheets/detail/physical-activity

However, cuts to local government resources make this sort of collaborative working far harder to achieve. Local authority planning and public health budgets have both been cut significantly in the last decade and deregulation of planning through the increase in permitted development rights (see above) has greatly reduced the ability of planning authorities to influence the way that places change and develop.

Climate change is a major risk to public health. Overheating cities lead to excess mortality; experiencing flooding is stressful and can lead to the loss of income and work etc. Climate change is likely to exacerbate health inequalities as the poorest people have less choice about where they live. Planning has an important role to play in helping to reduce net carbon emissions and in mitigating the effects of climate change. The TCPA has produced a range of resources to help planning authorities plan for climate change: www.tcpa.org.uk/Pages/Category/energy-and-climate-change

2.8 Are there exemplar toolkits created by any UK cities which could be disseminated for use elsewhere?

A) The Office for National Statistics is working on a Health Index for England that will be available at different spatial scales, including cities.

B) NHS England's Healthy New Towns project resulted in a suite of documents called 'Putting health into place' that provide an evidence-based toolkit for creating healthy new places and are also very relevant for renovating existing places.

'Putting health into place' NHS England (2019)
www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

C) The TCPA publications and checklists can be found here, including a guide to planning health weight environments:
www.tcpa.org.uk/health-publications

D) HUDU Healthy Urban Planning Checklist
www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2017/05/Healthy-Urban-Planning-Checklist-3rd-edition-April-2017.pdf

E) Healthy Streets
https://www.healthystreets.com/

F) The Place Standard Tool
www.placestandard.scot/

G) The National Design Guide
www.gov.uk/government/publications/national-design-guide

H) Building for a Healthy Life
www.designforhomes.org/project/building-for-life/

I) World Health Organisation HEAT tool:
www.heatwalkingcycling.org/#homepage

J) Checklist of essential features of age-friendly cities (WHO)
www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

3.7 Is there evidence of benefits to health and wellbeing from access for citizens to green space facilities, parks, allotments, etc?

Yes there is a considerable body of evidence – see:

'Improving Access to Green Space – a new review for 2020'. Public Health England (2020)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

'Urban Greenspace Interventions and Health: a review of impacts and effectiveness'
WHO Healthy Cities (2017)
www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2017/urban-green-space-interventions-and-health-a-review-of-impacts-and-effectiveness.-full-report-2017

'Nature Biodiversity and Health: an overview of interconnections' WHO (2021)
https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2021/nature,-biodiversity-and-health-an-overview-of-interconnections-2021

'Urban Greenspaces and Health: a review of evidence' WHO (2016)
www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2016/urban-green-spaces-and-health-a-review-of-evidence-2016

We also recommend the research done by:

Prof Catherine Ward Thompson:
www.eca.ed.ac.uk/profile/prof-catharine-ward-thompson
Including 'Mobility mood and place' www.eca.ed.ac.uk/research/mobility-mood-and-place
Ward Thompson's research provides evidence that exposure to parks and green spaces as a child has positive health benefits right into old age.

Dr Rebecca Lovell at Exeter University whose research tries to unpick the complexities of the way in which natural environments affect human health:
www.ecehh.org/people/dr-rebecca-lovell

10. TCPA recommendations to effect system-wide change

As can be seen by the range of evidence and topics above, creating healthier cities requires significant change to policy and practice at a range of spatial scales, and across multiple domains including governance, planning, transport, public health, parks and green spaces etc.

The TCPA thinks that the following three actions would, over time, make a significant difference:

4. For each of the UK nations to introduce an act similar in scope and ambition to the Wales Well-being of Future Generations Act (2015).
5. For national planning policies to explicitly state that a purpose of planning is to create places in which people of all ages, abilities, backgrounds and incomes find it easy to live a healthy life, and to contribute to reducing health inequalities.
6. For all national transport policies and spending decisions to be required to undergo a health impact assessment which must be published before the policy or spending is implemented.

For more information contact:

[redacted]