Centralising health in national spatial planning frameworks: insights from Ireland

City Shorts section

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Abstract

This paper examines attempts to embed health within national spatial planning, drawing on a case study of Ireland. We chart how national planning frameworks have shifted from a focus on spatial coordination of healthcare provision towards a Health-in-All-Policies approach to centralise healthy places within Ireland's recent National Planning Framework.

Introduction

As recorded by Barton (2005, 2009, 2010) and Lawrence (2005) health and land-use planning are historically interlinked, with the origins of the early planning movement in the late 19th Century rooted in concerns with public health and slum conditions in Europe's rapidly industrialising cities. However, planning practice in the mid-to-late 20th Century moved away from its public health origins, focusing primarily on economic development agendas (Freestone and Wheeler, 2017). Indeed, during this period, Barton et al. (2009, p. i91) note how planning policies have 'facilitated if not actually fostered the powerful trends towards car-dependent, sedentary and privatized lifestyles, with their negative effects on health'. Barton et al. continue their critique, suggesting that many of the urban and development trends promoted by the market and facilitated by planning authorities are 'pandering to our unhealthy instincts', that hinder the integration of physical activity into daily routines and

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diminish the psychological well-being arising from contact with the natural world. Ireland, the focus of this paper, provides an exemplary case of a traditionally pro-development, economy focused planning regime, which is illustrative of Barton et al.'s assertion that 'unsustainability is literally being built into our environment' (2009, p. i92). These trends include growing urban sprawl and dispersed development, land-use segregation, and car-based development such as out-of-town retail and office parks.

However, at the beginning of the 21st Century there has been a renewal of interest in the relationship between spatial planning and 'health and wellbeing' (Kent and Thompson, 2014), evidenced, for example, by the growth of the academic literature in this area and a focus on healthy urban planning within Phase IV of WHO's Healthy City Programme – within policy and practice, this relationship is slowly gaining traction among planners and local decision-makers at the urban scale (Lowe et al., 2018). In part, this reflects the re-scoping of planning from a narrow focus on land-use regulation to broader notions of *spatial* planning (see for example: Clifford, 2013; Haughton et al., 2010, Morphet, 2010, Nadin, 2007, Stead and Meijers, 2009). Within this context, spatial planning is increasingly viewed as a coordinator, integrator and mediator of the spatial dimensions of wider policy streams: 'the focus is thus now with addressing the factors that influence the nature and functioning of the places we live in and what is referred to as their liveability' (Manchester and Sheffield, 2008). As Shaw and Lord (2007) argue, this implies a clear aspiration to create better places within an integrative policy approach, which encourages interest in a broader set of spatial planning outcomes beyond a primary focus on land allocation towards a concern with quality of life, liveability and sustainable development (Nadin, 2007). Thus, planning frameworks are increasingly viewing individual and community health as central to sustainable development goals (UN-Habitat, 2009), placing the enhancement of quality of life as a measure of success of place-making strategies (Crawford, 2010).

Similarly, health policy has also transformed beyond a one-dimensional focus on health service provision (i.e. treating people in ill-health) towards addressing the wider social and environmental determinants of population health (World Health Organisation, 2010, 2016, 2017). This shift in focus emphasises wellbeing and pathways towards a healthier lifestyle that requires a whole system approach across policy and lifestyle domains. In this short paper, we examine advances in centralising health within *national* spatial plans in Ireland. National spatial plans establish the broad objectives of planning policy in Ireland, to be translated into

regional and local plans, which in turn are monitored by an independent Office of the Planning Regulator. Therefore, national plans perform a key role in agenda-setting and framing actions at a municipal level – therefore, a shift in how health is conceived at a national level opens new possibilities for how local authority planners are mandated to explicitly integrate health objectives into local development.

While engagement with health was minimal within Ireland's first national planning framework – the *National Spatial Strategy* (2002) – the increasing policy convergence on health and the environment has reconceived the role of spatial planning as a means of promoting wellbeing as evident within Ireland's new *National Planning Framework* (2018). This reframing and convergence at a national level offers much potential for translating health outcomes into the statutory planning process at the urban scale. This represents a potential sea-change in recalibrating the planning system to align with health goals and wellbeing outcomes, rather than a more narrow focus on facilitating development evident throughout the 1990s/2000s, which had largely resulted in dispersed urban sprawl (Douglas et al. 2018). The paper concludes by reflecting on 'mainstreaming' as a means of ensuring greater policy alignment and delivery across health and spatial policies.

From land-use to spatial planning in Ireland

The Irish planning system closely resembles the British system as various comparative studies highlight (e.g. Nadin and Stead, 2008; Knapp et al., 2015). The original planning system was only introduced in 1963, establishing at a local authority level land-use regulatory instruments based on the formulation of land-use development plans and discretionary development control. The current system in Ireland has been largely shaped by the Local Government Planning and Development Act 2000. This instituted multi-level spatial planning (including new national and regional planning frameworks) and the development of new planning guidelines and tools to address new development and sustainability challenges. Much of these changes were consequent on an identified need to modernise the original planning system that had become outdated in the face of rapid economic and physical development during the so-called Celtic Tiger era. For example, between 1993 and 2001, the annual real growth rate of the economy in Ireland was more than double the average recorded over the previous three decades – 8 per cent compared with 3.5 per cent – and throughout the 1990s Ireland significantly outperformed all other European Union (EU) countries (Murphy and Scott, 2014). By 2000, average incomes were far higher than they had been in the 1980s; there had been

significant growth in employment, and unemployment fell from 16 per cent in 1994 to 4 per cent in 2000 (Honahan, 2009).

This changing economic context, along with a growing population and immigration, had also been translated to the construction sector with rapid house building activity, primarily in suburban and extended commuter belt locations. The period 1994 to 2004 had seen approximately a 200 per cent increase in new house building, which has been driven almost wholly by the rise of private house building (Scott et al., 2007). As recorded by the National Economic and Social Council (NESC) (2004), this increase in the level of overall construction is unprecedented and is also exceptional when compared to other European Union (EU) countries, both in terms of new construction as a percentage addition to the current stock of dwellings and also when the number of new dwellings is assessed relative to the size of the population.

As part of the broad reform and modernization of the Irish planning system, and within the context of a spatially imbalanced economy with a rapidly expanding capital city, Dublin, along with the concurrent underperformance in other Irish cities and regions, the Irish Government published its *National Spatial Strategy* (NSS) in 2002 representing Ireland's first attempt to formulate a national approach to spatial planning and development. The NSS set out a twenty-year planning framework designed to achieve a better balance of social, economic, physical development and population growth on an inter-regional basis. As recorded by Gkartzios and Scott (2009) and Davoudi and Wishardt (2004), the NSS was clearly influenced by the European Spatial Development Perspective (ESDP) (Committee for Spatial Development, 1999), both conceptually and in adopting the EU *spatial* planning discourse. This reflected a wider turn to spatial planning within planning systems traditionally focused on land-use regulation to embrace a broader role of spatial coordination (Clifford, 2013). In particular, the NSS marked a shift away from local land-use regulation towards greater emphasis on the spatial coordination of public policy and investment decisions with an explicit spatial context, and to establish a national platform for the production of regional spatial plans. In this context, a spatial planning approach at a national level provided a potential opportunity to integrate health policies within spatial plans at national, regional and local level and to provide a spatial framework for enhancing health and wellbeing. This spatial coordination function across a range of public policies was to be implemented through a Cabinet-level sub-committee to monitor the implementation of the NSS across government departments.

However, the political commitment to implementing the NSS was weak (Lennon et al., 2018) and its integration across public policy was limited and short-lived (Breathnach, 2014), compounded by the financial crisis of 2008/09 and the roll-out of deep austerity measures (Mercille and Murphy, 2015).

From a health perspective, the potential impact of the NSS in promoting healthy places was also limited by a narrow conceptualisation of the relationship between spatial plans and health within the strategy. Health was referenced only seven times within the NSS (160pp.), with 'health' conceived as the provision of and access to healthcare facilities. Within this context, the NSS was focused on population thresholds and the critical mass of an urban settlement as a means to support further investment in healthcare facilities. Therefore, national level gateways (the main cities) could expect a regional hospital with specialised care units, while second tier 'hub' urban centres were to contain a local or in some cases a regional hospital (DoEHLG, 2002). In this way, the narrow interpretation of 'health' as health care *facilities* for the treatment of ill-health limited the discussion to one of infrastructure provision, with healthcare facilities framed as part of a city's essential infrastructure in the same way as public transport or schools. This narrow approach stands in marked contrast to the seminal definition of health as set out by the the World Health Organisation (WHO, 1946) as follows: *'Health is not merely the absence of disease and infirmity but a state of optimal physical, mental and social well-being'.* This definition implies that promoting and supporting a healthier society moves beyond a one dimensional focus on health service provision (i.e. treating people in ill-health) towards addressing the wider social and environmental determinants of health, and therefore emphasising wellbeing, quality of life and pathways towards a healthier lifestyle. Moreover, within the NSS the provision of concentrated healthcare facilities was framed as a means to further consolidate urban development within the designated gateways and hubs, with healthcare facilities viewed as a driver of residential preferences towards living in Ireland's larger urban centres, a key goal in the NSS.

Reconceiving health and planning: Healthy Ireland and the National Planning Framework
With a tentative economic recovery underway, a renewed focus on increasing housing supply and an expected population increase of 900,000 people to a population of 5.7m by 2040, once again regional balance provided the backdrop to the preparation of the new National Planning Framework (NPF). The NPF was launched in February 2018 to set out Ireland's spatial planning strategy for the next 22 years, up to 2040. While continuing its predecessor's emphasis on

spatial guidance (rather than land-use regulation), the NPF has attempted to overcome the weaknesses of the NSS by developing a much stronger institutional and legislative platform for policy delivery, including regionally focused targets, a requirement for evidence-based spatial guidance, and the introduction of a new Office of the Planning Regulator to ensure consistency, alignment and translation of goals from national to regional and local scales. The new strategy also represents a significant advancement in aligning public health within spatial planning discourses, moving beyond the minimal focus on healthcare and settlement thresholds evident with its predecessor.

<Insert Fig. 1 about here>

Fig 1: The National Planning Framework, Ireland (2018)

In this respect, the NPF has been influenced by the adoption of a Health in All Policies (HiAP) approach promoted by an earlier Government strategy, *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025* (Government of Ireland, 2013). Overseen by the Department of Health and the Health Service Executive (Ireland's National Health Service), Healthy Ireland provided a sea-change in approach that recognises that promoting and supporting a healthier society requires moving beyond a one dimensional focus on health service provision (i.e. treating people in ill-health), towards health promotion and addressing the wider social and environmental determinants of health, and therefore emphasising wellbeing, quality of life and pathways towards a healthier lifestyle. This multidimensional approach towards health and wellbeing in turn implies a *whole system approach*, which recognises that an individual's health is affected by all aspects of their life: economic status, educational attainment, housing and the physical environment in which people live and work. The Healthy Ireland strategy identifies the protection of human health as a fundamental aspect of environmental protection, but moves beyond a narrow focus on the direct pathological effects of pollution or chemical/biological agents to advance the potential effects on health of the physical and social environment, including urban development, land-use and transportation, and in turn their impacts on entrenching health inequalities. Furthermore, a supplementary document, *Healthy Ireland, Get Ireland Active*, published in 2015, specifically calls on national and local government to ensure that the planning, development and design of towns and cities promotes and encourages physical activity, for example through recreational amenities, green spaces, cycleways and walkable neighbourhoods.

The influence of this HiAP approach is evidenced within the NPF, specifically in chapter 6 where goals around *People, Place and Communities* are set out. Within this context, the NPF outlines how the quality of people's immediate environment plays a significant role in enhancing or influencing wellbeing. This theme is elaborated in Section 6.2 on *Healthy Communities*, which is underpinned by an understanding of the environmental and social determinants of health. Mirroring 'Healthy Ireland', the NPF states:

> '*Our health and our environment are inextricably linked. Specific health risks that can be influenced by spatial planning include heart disease, respiratory disease, mental health, obesity and injuries. **By taking a whole system approach** to addressing the many factors that impact on health and wellbeing and which contribute to health inequalities, and by empowering and enabling individuals and communities to make healthier choices, it will be possible to improve health outcomes, particularly for the next generation of citizens*' (p. 82) (emphasis added).

This approach moves significantly beyond the sole focus of the previous NSS on access to healthcare facilities for the treatment of ill-health. Further alignment with public health policy is evidenced in the NPF's National Policy Objectives 26 and 37 (p. 82), which aim to support the National Physical Activity Plan, for example the integration of safe and convenient alternatives to the car into the design of communities, by prioritising walking and cycling accessibility to both existing and proposed developments, and integrating physical activity facilities for all ages.

Again in contrast to the NSS, the NPF recognises diverse needs across the life-course, reflecting the challenges and opportunities associated with an ageing population (Section 6.2 Age Friendly Communities). For example, the NPF outlines the importance of enabling people to age comfortably in their own communities, and that new development should be lifetime adaptable for an ageing society. This includes ensuring enhanced provision, accessibility and design of green spaces and parks, connected with accessible walking routes located close to where people live (p. 86). Similarly, the NPF addresses the green space needs of younger cohorts:

> '*The number of people aged 15 or under will continue to increase until the early 2020's and decline only slowly thereafter. This means that the continued provision and enhancement of facilities and amenities for children and young people, such as*

childcare, schools, playgrounds, parks and sportsgrounds, remains necessary and will need to be maintained at similar levels for the foreseeable future thereafter' (p. 88).

Consolidating these explicit policies on healthy communities and places, Chapter 9 outlines the NPF's environmental and sustainability objectives, which capture the relationship between healthy ecosystems and human health (see for e.g. Sandifer et al., 2015). A notable development here is the NPF's promotion of nature-based solutions as a response to challenges faced by planning at the intersection of environmental protection and public health. Illustrative of this is the prominence given to a Green Infrastructure (GI) approach as a means to achieving more sustainable development, which notably identifies issues of health as residing at the heart of this perspective. For example:

- Climate action and health risks: encouraging a green adaptation strategy approach that seeks to use ecological services to enhance resilience in the face of climate change, such as the creation of green spaces and parks to enable better management of urban micro-climates to counter the urban heat island effect (p. 120);
- Flood risk management: through a GI approach to Sustainable Urban Drainage Schemes (SUDS) to create safe places (p. 124) that mitigate flood risks through nature-based solutions;
- Recreation and amenity: green spaces as essential to community recreation and amenity (p. 128), including green spaces that encourage physical activity and the benefits of exposure to nature on mental wellbeing;
- Air pollution: the careful planning of green infrastructure is identified as important for mitigating air pollution as a nature-based solution to remove pollutants from the air and better manage urban micro-climates (p. 128);
- Noise pollution: green spaces as an element of Noise Action Plans (e.g. green spaces as 'noise barriers') and valuing and protecting the role of green spaces as providing essential 'quiet areas' in cities that enhance local quality of life (p. 129).

Conclusion

A shift away from narrow land-use regulation towards a broader based spatial planning approach opens up new agendas for planning practice (Harris and Hooper, 2004), including a stronger role in place-based integration – a strategic coordination role, as widely espoused in the literature. As the Irish case illustrates, this is a two-way process: one which involves spatial plans moving beyond their traditional focus on land-use management, while simultaneously

providing spatial guidance for an array of public policies and investments. The inherent challenges of this approach centre on the complexities of objective integration and implementation both horizontally (across government policies and sectors) and vertically (from national to regional and local levels). In this context, a key risk is that plans become overwhelmed in the process of balancing too many objectives or competing interests (Lennon et al., 2018).

Such challenges are evidenced by recent developments in national level planning in Ireland, where efforts to mainstream health as a central issue of concern have witnessed significant advances in the profile given to the issue in statutory policy. Indeed, what the NSS and NPF illustrate is a shift from conceiving planning's role as one of spatial coordinator to an attempt to *embed* health more fundamentally as a planning goal. This phenomenon suggests a recognition of the need for greater policy integration across formerly discrete sectors of government activity as the Health in All Policies approach initiated and promoted by the public health arm of the state begins to pervade and frame a new paradigm for action across national policy. In this context, perhaps a more ambitious perspective on health and spatial planning may be to allocate greater attention on how to vertically mainstream health issues downward into spatial plans, rather than a more limited aim of 'horizontal' policy integration across sectors at the national level. Guidance here may be sourced from Daly (2005) who argues for a pervasive 'agenda-setting' approach to mainstreaming, which in the case of public health and planning would include not only a shared articulation of objectives relating to health and the built environment, but also an approach that leads to institutional change, new decision-making structures and tools, and alternative evaluative tools for measuring the success of planning policy on health outcomes at all levels of administration. Viewed another way, rather than the spatialisation of sectoral policy envisaged in much of the planning literature, spatial planning should develop ways to develop territorial/area-based approaches to delivering Health in All Policies from the national through to the local scale. Such a mainstreaming or agenda-setting approach could counter the reassertion of traditional planning functions (such as housing supply) as the NPF is further translated into regional, metropolitan and urban scales, whereby health risks being considered an 'add-on' or additional objective that has to compete with other policy priorities. Thus, while the NPF provides a much improved alignment with public health policy, greater attention must also be given to institutional arrangements, toolkits (e.g. greater integration of Health Impact Assessment with planning policy), and capacity building measures to ensure alignment is translated into delivery and

long-term change. In this context, the influence of international debates is critical in advancing policy within a small, but outward looking country – from EU discourses on spatial planning to the recent embedding of WHO's Healthy Cities approach within local policy-making, which have often provided a new vocabulary and tools to tackle entrenched problems.

Acknowledgements

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