The Association of Directors of Public Health

Planning and Public Health Masterclass: Summary

Background

In May 2025, as part of our Healthy Places Project, funded by The Health Foundation, ADPH hosted a Planning and Public Health Masterclass in partnership with Prior + Partners. The session aimed to facilitate and strengthen collaborative relationships around the concept of Healthy Places by bringing together professionals from public health and planning. Currently, local areas across England adopt varied approaches to planning, leading to inconsistencies in language and practice. Creating a collaborative, cross-sector environment can support the integration of health considerations into all policy areas.

The session was chaired by Maria Stack, Healthy and Sustainable Places Specialist at East Sussex County Council, and delivered by Shaun Andrews, Director and Senior Urban Planner, and Dan Allen, Senior Urban Planner, both from Prior + Partners.

The Masterclass

The aim of the session was to make the planning process more transparent and accessible for public health professionals, while providing practical tools and ideas for integrating planning into their everyday work.

Sessions included:

- Purpose of planning and its intersection with public health.
- Current UK planning system: Legislation and policy backdrop.
- Planning for health at different scales.
- Challenges in the current system.
- Opportunities arising from the reformed system.
- Strategies for effective collaboration.

Purpose of planning and its intersection with public health

Planning is a critical, yet often underappreciated, determinant of public health. Approximately 60% of health outcomes are shaped by environmental, social, and economic conditions, many of which are directly influenced by urban and spatial planning. The built environment plays a central role in shaping the social determinants of health: planning decisions affect air quality, housing standards, access to green spaces, and urban design – all of which have significant impacts on both physical and mental wellbeing.

However, these health outcomes are not experienced equally across populations. Socioeconomic deprivation and racial inequalities are strongly associated with poorer health. In some cases, individuals living in more deprived areas may face up to a 20-year gap in healthy life expectancy. This disparity highlights the powerful influence of place-based planning decisions, which can either reinforce or mitigate existing health inequalities.

Planning therefore plays a crucial role in improving public health by addressing these broader determinants. Historically, modern urban planning emerged in the 19th century as a tool to protect and improve population health – through better sanitation, housing, and environmental conditions. However, over time, the profession has drifted from these roots. Health is no longer a core objective in many planning processes, and the field itself has become increasingly fragmented.

In recent years, Local Planning Authorities have faced significant funding cuts and a loss of skilled professionals. The plan-led system has also been weakened by the decline of strategic planning and the erosion of robust local plans. These systemic challenges further distance planning from its foundational public health mission, underscoring the need for renewed collaboration between planning and health sectors.

Current UK Planning System: Legislation and Policy Backdrop

The purpose of the UK planning system, rooted in post-war legislation and earlier Victorian social reform efforts, is to ensure land is used in a way that benefits the entire population by balancing competing interests, especially between public and private needs. Originally inspired by concerns about urban overcrowding and health during industrialisation, the system became formalised in the 1947 Town and Country Planning Act, which introduced planning permission and nationalised development rights. Over time, major reforms in 1990, 2004, and under the Localism Act, shifted focus toward sustainability and community involvement, though this has also led to fragmented plan-making. Today, the system is led by local development plans and governed by both legal frameworks and the National Planning Policy Framework (NPPF). Planning decisions are based on a balance of policy, evidence, and local context, with appeals handled by the Planning Inspectorate. A key issue is the growing reliance on mechanisms like the 'tilted balance' (where the decision making is weighted in favour of the application) due to local plan failures, which weakens coordinated development and local control of quality development.

Planning for health at different scales

Planning in the UK operates at multiple scales, from national to local, each with distinct tools and functions:

- **Local Plans** set out a vision and framework for the future development of an area including planning policies and site allocations. They can be used to embed healthy place-making principles into design and planning policies to address issues like housing, infrastructure and health.
- **Neighbourhood plans** are developed by a representative group of local people and once adopted are used in the determination of planning applications. They can be used to respond to localised conditions and identify priorities for healthy place-making.
- **Supplementary plans and local guidance** can be prepared by authorities to give more detailed advice or guidance on polices within the Local Plan and can be used to prepare health specific guidance outside of the Local Plan.
- **Design codes** control and influence the detailed design of places including architectural style, typologies, layouts, materials, landscape and sustainability. They can be used to set standards, principles and space requirements for healthy places.

Historically the strategic tier of planning, focused on cross-boundary coordination, was removed but is now being revived through new legislation. Projects like Hertfordshire's Healthy Placemaking Framework reflect this renewed focus, aiming to embed health considerations into planning at every level.

Challenges in the current system

The UK planning system is intended to be plan-led, but currently lacks both strategic and up-to-date local plans, with only one-third of local authorities having up-to-date local plans due to long production times, political instability, and shifting priorities. The absence of up-to-date local plans has led to a rise in 'planning by appeal', where speculative and piecemeal developments bypass local planning processes. These applications are often rejected by local planning committees but then overturned by the Planning Inspectorate using the 'tilted balance'. Ultimately, this undermines strategic planning and allows the market to dictate development, often at the expense of creating healthy, well-planned communities. Health considerations are rarely integrated into planning at a meaningful scale. There is a lack of focus on health in national policy, a lack of strategic planning and a weakened tier of local planning, often without a health focus.

Opportunities arising from the reformed system

There are several major reforms underway aimed at reconnecting planning with public health. These include legislative changes, such as the Levelling Up and Regeneration Act, the Planning and Infrastructure Bill, and the English Devolution Bill, as well as updates to national policy. A key reform is the new 30-month local plan-making process with built-in 'gateways' to avoid delays, and the introduction of National Development Management Policies to standardise common policies while allowing local plans to focus on specific needs, including health.

The revised NPPF now requires local plans to promote health and prevent ill health. Additionally, a new strategic planning tier, Spatial Development Strategies, will guide regional development, supported by newly formed strategic authorities with a legal duty to improve health and reduce inequalities. These reforms aim to embed health considerations at every level of planning.

Strategies for effective collaboration

Build relationships

Building strong relationships between public health professionals and planning teams is essential to improving health outcomes through the planning system. Effective collaboration, supported by tools like Memoranda of Understanding, helps ensure that public health perspectives are considered from the earliest stages of plan-making through to final decisions. Public health professionals are encouraged to engage confidently in the planning process, making representations and building influence through consistent and constructive dialogue.

Take an evidence-led approach

An evidence-led approach is critical to making the case for healthier places. Public health teams should use robust, locally specific data, such as from the Joint Strategic Needs Assessment, to demonstrate the health needs of communities and how planning decisions can address them. Planning decisions are made in accordance with established plans unless compelling evidence suggests otherwise, so ensuring that health-related evidence is clear, actionable, and linked to policy requirements can significantly strengthen its impact.

Empowering public health professionals

Empowering public health professionals to engage with planning effectively means supporting them to understand the system, speak up at every stage, and use their expertise to shape outcomes. While planning can seem technical or daunting, the system increasingly recognises the importance of health, especially with recent reforms and policies that put health at the heart of strategic planning. By contributing confidently and persistently, public health professionals can play a key role in creating healthier, more equitable communities.