



Thursday 12 May – Workshop Report

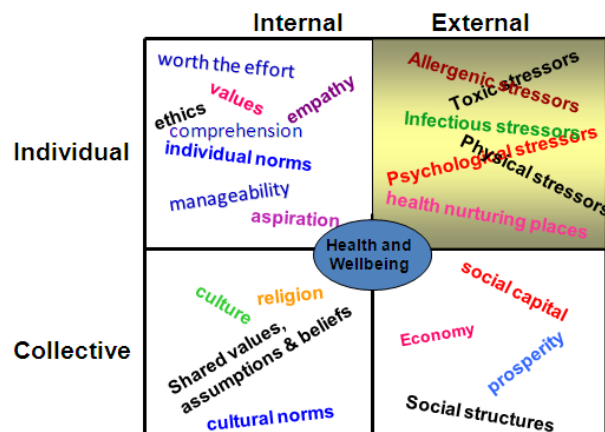
LIVING NEIGHBOURHOODS

The Academy of Urbanism 2011 Annual Congress in Glasgow focused on the theme of neighbourhoods. Within the Congress, a series of parallel workshop sessions looked in detail with the delegates at specific attributes of liveable neighbourhoods: learning, housing and health and jobs. The Living Neighbourhoods session focused on housing and health. The objective of the session was to draw out some of the issues and challenges to create better places to live for all members of society.

The session started with three very different perspectives on ‘health’ at a neighbourhood level.

Prof. George Morris talked about the political initiatives on health in Scotland such as Shifting the Balance of Care and Better Places Better Health. These initiatives locate health in a place context and seek to understand the role and influence of building better places on health outcomes. The central challenge here, starting from a person centred perspective is to how to work with a mixed economy of evidence to integrate policies, initiatives and programmes for health and place. Picking up from Carol Tannahill’s presentation in the morning, he explained the complexity of the challenge; the current theoretical understanding of the contexts effecting health. The diagram opposite describes confluence of external and internal factors effecting health and wellbeing of populations and individuals, and the theory that positively effecting one area could positively influence others, as the boundaries between these areas are highly permeable, aiding health and wellbeing.

Targets and Aspirations in the Ecological Era

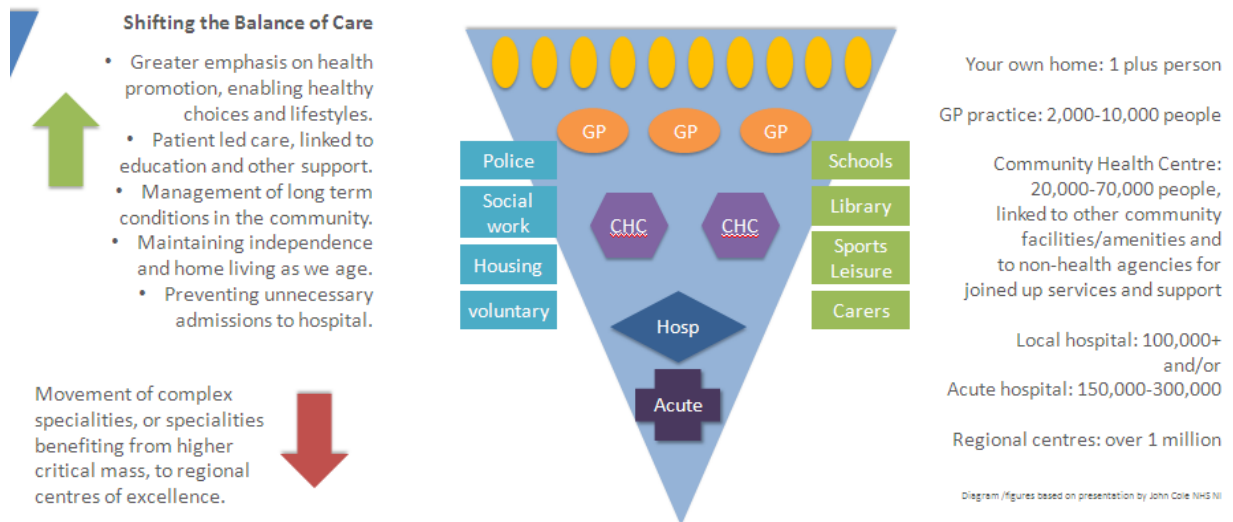


Foster Evans took up the morning’s thread of the effectiveness of community empowerment and suggested that housing associations, as community led bodies, have a wealth of knowledge in locality led change and are often the most locally trusted and representative institutions. As such they may be able to play a broader co-ordinating role in developing services and amenities in response to local need, and which local people feel are accessible to them.



- Good services build better communities and support better health
- Better health unlocks potential
- Social landlords as a local ‘centre of gravity’ – structural solution
- Improvements to physical, economic and social environment – quality of life
- Virtuous circle

Heather Chapple described how public services (particularly services aimed at improving health) are being provided differently in local communities and how that might affect how we plan the physical infrastructure of communities. Planning grew out of a health promotion agenda, and the health service are now looking to planning to solve obesity by reducing car dependency and increasing walkability, and also to address mental health through issues such as greenspace. Though understanding place and health promotion is improving, understanding place and service provision at a neighbourhood level is less well developed. Health and local authorities are seeking to provide more services, and more co-ordinated services, at a neighbourhood level both within facilities and increasingly by outreach into homes and other settings such as schools.



Therefore the scale, nature and connectedness of sites needed to support those services is also changing. Recent masterplans for new neighbourhoods and settlements often do not show space for health services; where they do they're often unconnected to sport facilities, libraries, advice services and other related amenities that support an aging demographic, and a population who are increasingly living with long term conditions. Failing to understand how services are changing, and allow space for that within communities, may force public services into a range of locational decisions; this might, for instance include decisions to opt for edge of settlement sites for ease of access and co-location. With this the opportunity for the regenerative effect of such public investment, and the integration of this investment with other public, private and third level investments, making the best use of assets and resources, gets dissipated, worse still, lost. The overall health outcomes will be affected, with a broader understanding and practice of health and wellbeing being lost to the periphery of daily life.

On the basis of the three presentations, a series of broad themes emerged:

- Putting people at the heart of the process is essential: what do people need to lead healthy lives in a place? This issue needs to be addressed from the perspective of both the internal needs of the person, the external influences and the spaces between.
- The institutional frameworks that support our lives at local level move between more formal and less formal. They only work when people trust in them. Trusted institutions are essential to enabling people to access the best opportunities and to enable people to connect health and living in a range of ways.
- Both the spatial/locational aspects of making neighbourhoods and the service delivery concepts that influence how people access the resources they need are

often separated. Better community planning is needed to enable more integrated choices for citizens.

WORKSHOP

The workshop looked to draw-out what good practice there is on community planning that is effectively facilitating healthier lives, what changes are needed to improve things further, and what the key characteristics of healthy development might be.

The conversation ranged widely: from successful instances of 'reclaiming streets' for play and sociability; understanding that the attractiveness and reputation of a place influenced mental wellbeing; through calls for better engagement, to suggestions for commissioning health buildings differently.

Considering one issue/one type of person helped focus the conversation. In terms of enabling an aging population to live at home longer, the issues ranged from the space standards in their own home, how adaptable it is and if there's room for a carer to stop over, to the feeling of community and the immediacy of the amenities that person needs, greenspace to encourage a walk outside, shops, etc.. There was recognition that the connectedness of places, how the home was connected to the services and vice versa, had a large part to play, and that though walking and public transport is obviously desirable that may not be a realistic option for many people accessing health services or for peripatetic services provided in peoples own homes.