

Proposal for Guys and St Thomas' Charity Health Innovation Fund

Project proposal: Enhancing the impact of planning policy on health outcomes and health inequalities in Southwark and Lambeth

Overarching objectives

- To test key assumptions underlying existing Southwark and Lambeth planning policies and guidance aimed at improving health outcomes and reducing health inequalities:
 - Are our assumptions robust?
 - How can we enhance the health outcomes delivered through planning?
- To use this learning to inform the development and adoption of new planning policies and guidance as part of the New Southwark Plan and Old Kent Road Area Action Plan in Southwark and the Lambeth Local Plan in Lambeth; and to inform our support to neighbourhood planning
- To use this learning to inform improved monitoring and evaluation of the impacts of planning policy on health outcomes and health inequalities

Introduction

The responsibility of Southwark and Lambeth Councils to promote public health has been strengthened through the Health and Social Care Act 2012. In the context of local government cuts the new Local Plans being developed in both boroughs will be important tools for securing improved public health outcomes and reducing costs to the NHS.

Improving the nation's health through better planning and design to reduce the impact of a poor physical and natural environment is a Public Health England (PHE) priority¹. The government's public health strategy 'Healthy lives, healthy people', explicitly recognises that *"health considerations are an important part of planning policy"*. The Marmot Review highlighted the need for planning to address health inequalities and develop healthy and sustainable places and communities. There are many ways in which planning can influence the 'wider determinants of health' (see figure 1). Health related planning policy issues include:

- Housing provision, including in terms of affordable housing/housing mix, design (low carbon energy efficient design, space, daylight, etc) and older people's housing
- Active travel (encouraging walking and cycling and public transport use)
- Social infrastructure e.g. education provision, faith venues, community facilities
- Employment provision
- Public realm design, green space and play space
- Health service provision and access
- Air quality
- Food e.g. hot food takeaway exclusion zones around schools; food growing

Focusing on built environment interventions can also open up the possibility of developer contributions to fund healthy lifestyle infrastructure such as green spaces.

The important link between how places are planned and developed and the health of the communities who live in them is increasingly recognised by planners. However the links between the wider determinants of health, health outcomes and health inequalities are not always explicitly and fully addressed in planning documents (Kent County Council, 2014²).

¹ <https://www.gov.uk/government/news/healthy-people-healthy-places-building-a-healthy-future>

² <http://healthsustainabilityplanning.co.uk> (this toolkit was researched and project managed by team member Dr Doug McNab, previously at AECOM/URS). See also: The scope for tackling obesity in Medway through the built environment (Medway Council, 2013).

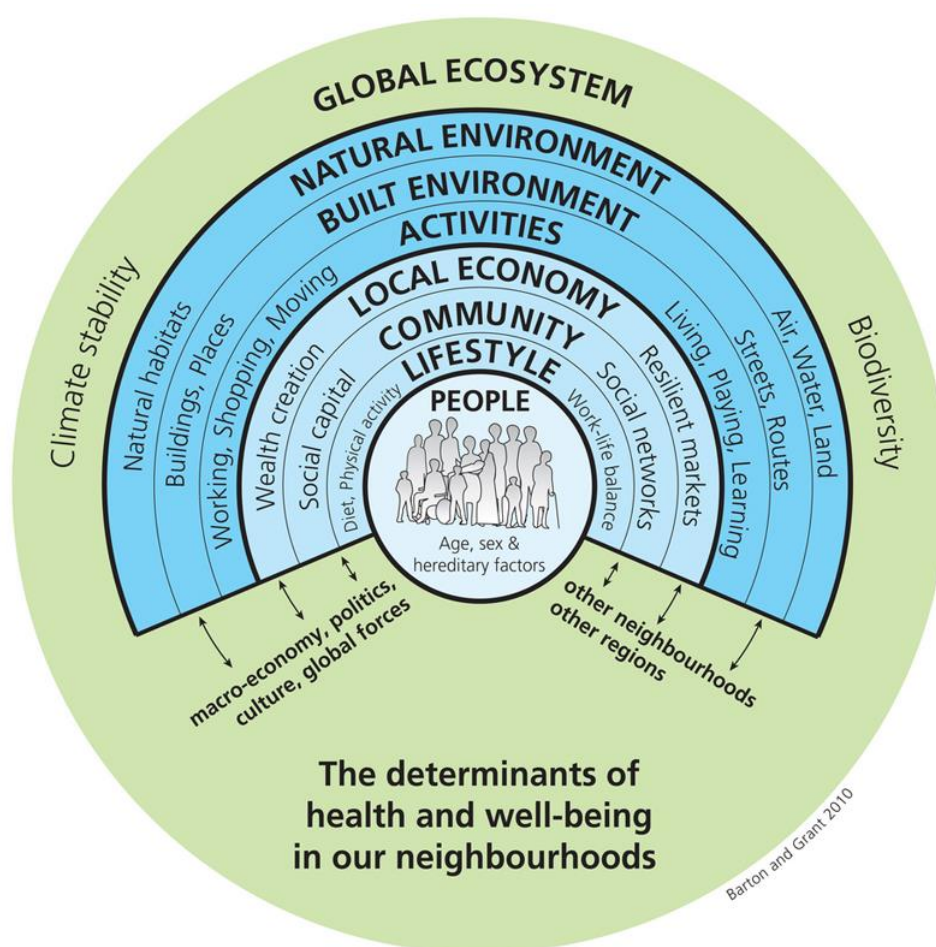
For this innovative action research project we propose a focus on three key themes:

- A. Assessing the influence of the built environment on social interaction and social isolation
- B. Addressing obesity and inactivity through creating 'healthy-weight environments'
- C. Improving health service provision and access

The justification for focusing on each of these themes and the proposed approach is set out below. Interactions between the themes will be drawn out in the final report.

This work will ultimately help to shape healthier places in both Southwark and Lambeth by complementing and deepening ongoing efforts to better engage with local people, tap into their visions of the places where they live and 'co-design' changes to the built environment.

Figure 1: The wider determinants of health³



³ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253. ISSN 1466-4240 developed from the model by Dahlgren and Whitehead, 1991. Dahlgren G, Whitehead M (1991). "The main determinants of health" model, version accessible in: Dahlgren G, and Whitehead M. (2007) European strategies for tackling social inequities in health: Levelling up Part 2. Copenhagen: WHO Regional Office for Europe.

A. Assessing the influence of the built environment on social interaction and social isolation

The Public Health Reports for Southwark and Lambeth recommend that social relationships and community development should be made policy priorities. Projects that create and sustain social ties make people's lives healthier and build community cohesion, allowing people to effect change in their local area and reducing the need for state-led interventions⁴.

Indicators of social isolation in Southwark and Lambeth's Public Health Outcomes Frameworks indicate social isolation levels significantly above the England average with a significant proportion of adult social care users (60%) and adult carers (60-70%) reporting not having as much social contact as they would like.

Recent work by Public Health England (PHE, 2015)⁵ highlights the impact of social isolation⁶ and social relationships on health behaviours, physical and mental health, and risk of mortality. A recent meta-analysis suggests that social isolation can increase the risk of premature death by around 30%⁷. While social isolation is more commonly considered in later life, it can occur at all stages of the life course. Social isolation is viewed as a health inequality issue because many of the associated risk factors (e.g. poor maternal health, teenage pregnancy, unemployment, illness in later life) are more prevalent among socially disadvantaged groups.⁸

Importantly the PHE⁹ report also recognises the significant impact that the built environment and accessible, affordable transport infrastructure can have on whether or not a person becomes socially isolated; for example through influencing physical access to family and friends, health services, community centres, shops and all the other types of places and spaces that enable people to build and maintain their social relationships. Safe public spaces, with pavements to walk on and lighting, are also identified as part of the physical infrastructure that helps people to maintain social connections.

Designing the streets to be conducive to walking is also likely to encourage social connectivity¹⁰. Hence there is a direct link here between this research theme and theme 2 which includes a focus on addressing obesity through encouraging walking.

This project will seek to understand where residents of Southwark and Lambeth go to meet others, be it for planned meetings or spontaneous social interactions. Proceeding from the premise that creating and sustaining social ties is good for health and wellbeing, this research will seek to understand what places or spaces (e.g. faith venues, community halls, cafes, pubs, leisure centres, football pitches, schools, parks, high streets) are most important for different groups of residents to sustain and build social relationships and feel part of their community. For example, are community facilities such as community halls¹¹ important for this

⁴ <http://www.london.gov.uk/sites/default/files/LondonHealthInequalitiesStrategy.pdf>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

⁶ Reducing social isolation is a priority for social care and public health, as reflected in shared indicators across both the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework.

⁷ <http://www.nhs.uk/news/2015/03March/Pages/Loneliness-increases-risk-of-premature-death.aspx>

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

⁹ Ibid

¹⁰ Boyce C. Walkability, Social Inclusion and Social Isolation and Street Redesign. Built Environment 2010;36(5):12.

¹¹ Southwark and Lambeth have reasonable provision of community space such as public halls and community centres, however many such spaces provide limited functions. There is now a significant focus on encouraging provision of flexible, multi-purpose community uses and on co-location of such 'social infrastructure' both with housing, and with other social infrastructure uses.

purpose or are most people more likely to socialise at the local cafe or restaurant? Which facilities or spaces are important for which groups (e.g. specific age groups or ethnicities) and why (e.g. ties to user group, affordability, distance and accessibility, opening times, fear of crime, perceived barriers to entry)? Do people perceive changes, for better or worse, in the opportunities provided for creating and sustaining social ties in their local neighbourhood? What could be done to improve such opportunities in future? Are 'virtual' networks or other non-place-based social relationships of significant importance to people's sense of identity?

This element of the study is likely to involve a combination of:

- A large scale survey using telephone and/or face to face interviews of residents across Southwark and Lambeth. This is likely to involve use of a stratified random sample to collect representative and statistically robust findings.
- Follow-up qualitative engagement (e.g. using focus groups or short on-street interviews) targeting specific areas or groups (e.g. groups at high risk of social isolation such as the elderly¹², single parents, disabled people or people affected by benefits cuts), allowing more in-depth investigation of particular issues relevant to planning identified through the survey. This could include mapping key places and spaces for social interaction within regeneration areas and identification of opportunities for improvement.

The research findings will be used to inform improved planning policies, including in the Old Kent Road AAP, and/or guidance aimed at shaping places in a way that maximises opportunity for all residents – no matter their age, wealth, ethnicity or background – to create and sustain social relationships. For example, if the research reveals the importance of communal space in housing schemes for social interaction then this might be important evidence to support stronger policies on securing such space as part of new developments. Or it could highlight a need for improved design of high streets and other public spaces to encourage walking and facilitate interaction, for example a need for better provision of seating and ground level public toilets (issues often highlighted by older people), safe crossings and/or and design reduces the likelihood of antisocial behaviour.

A key anticipated medium term outcome of this project will therefore be reduced social isolation and enhanced social networks in Southwark and Lambeth, with knock-on health and wellbeing benefits for local people and potentially also reduced health inequalities. PHE (2015)¹³ notes that while the cost of social isolation to local government and the NHS is difficult to determine, successful interventions to tackle social isolation reduce the burden on health and social care services and are typically cost-effective and can have a high social return on investment.

¹² This could include consideration of design features of "dementia friendly environments" such as having obvious entrances to buildings, distinctive features at junctions, frequent pedestrian crossings and wide, flat, smooth footways; see

http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Viewpoints/Viewpoint25_AtAGlance.pdf

¹³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

B. Addressing obesity and inactivity through creating 'healthy-weight environments'

Obesity prevention and reduction is a global public health priority as a result of the worldwide increase in obesity prevalence and its associated chronic diseases; obesity and inactivity are causes of coronary heart disease and increase the risk of conditions such as type 2 diabetes, raised blood pressure, Alzheimer's disease, colon cancer and depression. Obesity is a priority health issue in Southwark and Lambeth, particularly amongst children; in Southwark 42.7% of children aged 10-11 are classified as overweight or obese, which compares to the England average of 33.9% and is equivalent to the highest value for England 42.8%¹⁴; the rate for Lambeth is also above the England average at 39.3%¹⁵.

Obesity is a complex problem that requires action from individuals and society across multiple sectors¹⁶. One important category of determinants of obesity is the opportunities for calorie intake and calorie expenditure (or a lack thereof) in the physical environment. Certain environments may be more 'obesogenic' than others, such that they are more likely to promote weight gain and obesity in individuals or populations¹⁷. Hence planning has an important role to play in shaping a 'healthy-weight environment'. The Public Health Reports for Southwark and Lambeth recommend investment in a long-term approach to improve healthy weight, including through planning policies.

However, it remains a challenge to identify the physical environmental factors with the greatest impacts on (the development of) overweight and obesity. 'The Marmot Review: Implications for Spatial Planning' identified strong evidence that that provision of green space effectively improves mental health; less strong/inconclusive evidence that provision of green space improves levels of physical activity; and anecdotal evidence that local access to healthy foods improves diets. A recent review (Mackenbach et al, 2014)¹⁸ indicated that *"the available research does not allow robust identification of ways in which that physical environment influences adult weight status, even after taking into account methodological quality"*. This is understandable due to the difficulty in demonstrating causality between changes in the built environment and obesity outcomes.

A lack of robust evidence cannot be a reason for inaction, and the evidence does suggest that positive health outcomes can be expected by shaping an environment that is less 'obesogenic'. PHE (2013)¹⁹ indicate that creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant effect on public health and reduce inequalities in health, and that improving the quality of the food environment around schools can also influence children's food purchasing habits, and their future diets²⁰.

This study will seek to contribute both to identifying the most effective planning policies for addressing inactivity and obesity in Southwark and Lambeth, and contribute to the wider literature and practice-based evidence on 'healthy-weight environments', including through enhanced monitoring and evaluation of the impacts of new planning policies. A key recommendation from 'Planning Healthy Weight Environment' (TCPA, 2015)²¹ was to strengthen evaluation of the impact and effectiveness of planning policies and decisions.

¹⁴ Southwark Public Health Outcomes Framework 2014

¹⁵ Lambeth Public Health Outcomes Framework 2014

¹⁶ See Tackling obesities: future choices (UK government foresight report, 2007)

¹⁷ <http://www.biomedcentral.com/1471-2458/14/233#B5#B5>

¹⁸ <http://www.biomedcentral.com/1471-2458/14/233>

¹⁹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256796/Briefing_Obesity_and_active_travel_final.pdf

²⁰ <https://www.gov.uk/government/news/healthy-people-healthy-places-building-a-healthy-future>

²¹ <http://www.tcpa.org.uk/pages/health.html>

Tackling obesity and creating 'healthy-weight environments' through planning cuts across many planning issues. Taking into account PHE (2013)²² and research completed in Southwark, Lambeth and London, we propose to focus on two specific areas:

- **Walking** - A recent Council consultation in Southwark²³ identified safe, accessible and well lit walking routes as the second most important feature of an attractive neighbourhood/estate after high quality buildings. What interventions would best encourage more young people to walk for local trips, including to school and to other key places (e.g. shops, clubs)? Is it about improved signage, better 'permeability' of neighbourhoods, improved environment, safer routes or ensuring provision of accessible local shops, services and community infrastructure? Are there other factors that planning policy should address? In Southwark, this work would inform the development of a Walking Strategy, to complement Southwark Council's award-winning Cycle Strategy (2015)²⁴, as well as related planning policy and guidance (e.g. draft policies relating to new 'Low Line' and Peckham Coal Line walking routes).
- **Planning for healthy food** – the impact of hot food takeaways has been well researched, including social research in Lambeth to inform their planning policy on this issue. This research does not therefore seek to focus on this any further. Instead, it will explore the demand for improved access to affordable, fresh, healthy food through markets or local food growing projects.

This element of the study will focus on engaging people in a sample of more deprived areas in Southwark and/or Lambeth. It is likely to involve a combination of:

- Targeted telephone or face to face interviews (sample frame to be developed with public health); followed by focusing in on specific sub-areas or groups for more in-depth engagement using:
- Participatory mapping of walking routes (e.g. using mapping tools on mobile phones)
- Focus groups with school children, facilitated through engagement with schools or youth groups, or other groups of interest

The research would build on existing research and practice, including Active Design²⁵, community mapping work in Southwark to support 'active design'²⁶, the boroughs' Physical Activity and Sports Strategies, Lambeth's Food Flagship work and a project underway in Peckham to pilot town centre improvements that improve pedestrian safety²⁷.

A key anticipated medium term outcome of this project will be increased activity levels and reduced obesity rates, particularly amongst children. Given that the cost of inactivity to the NHS is estimated at £4.8 million per year in Lambeth alone²⁸ this could generate significant direct savings to the NHS. Action to tackle inactivity and obesity will also have wider benefits. For example, evidence indicates that more walking and cycling can support local businesses and promote vibrant town centres; reduce air pollution and congestion; and increase the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction and children's play (PHE, 2013²⁹). Moreover, targeting improvements in more deprived areas is likely to have a proportionately greater impact on physical activity and food access, thereby reducing health inequalities.

²² www.gov.uk/government/uploads/system/uploads/attachment_data/file/256796/Briefing_Obesity_and_active_travel_final.pdf

²³ Consultation on 11,000 new council homes.

²⁴ Given that much research has already been conducted in Southwark and across London on cycling demand and barriers to cycling we suggest the focus here should be on walking.

²⁵ <http://www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/>

²⁶ Dalton-Lucas, R. 2015. Developing a community mapping tool to support 'active design'.

²⁷ <https://tfl.gov.uk/info-for/media/press-releases/2015/july/road-safety-improvements-to-make-town-centres-safer-for-pedestrians>

²⁸ <https://www.lambeth.gov.uk/sites/default/files/active-lambeth-draft-lambeth-physical-activity-and-sports-strategy-january-2015.pdf>

²⁹ See footnote 21.

C. Improving health service provision and access

Good access to health services and health and wellbeing advice is critical to supporting improved health outcomes for the populations of Southwark and Lambeth. New health infrastructure must be planned as part of wider area regeneration to ensure that both existing and new populations can be provided for.

In line with the New Models of Care programme outlined in the NHS 5 Year Forward View³⁰ and the aspirations of the Healthy New Towns programme³¹, the project would seek to explore how the significant level of regeneration proposed in the area could offer the opportunity to design modern services from scratch, with few legacy constraints (i.e. existing services) that operate in other areas - integrating health and social care, but potentially also other public services such as welfare, education and affordable housing. Thus it will aim to add to wider learning about how health and care services could be integrated to provide better outcomes at the same or lower cost.

The research will address such questions from a user perspective, asking people how they currently access health and social care services and how they think local provision could be improved. Key research questions could include: How should health service provision be best designed and located to meet the needs of local people in a cost effective manner? Is there local demand for new models of provision such as integrated health hubs providing health services alongside social care and residential nursing services?³² Would people like to see co-location of health services with other types of services, for example welfare providers?

As for the theme above, this element of the study will focus on engaging people in a sample of more deprived areas (so as to maximise potential impacts on health inequalities). It is likely to involve a combination of:

- Targeted telephone or face to face interviews (sample frame to be developed with public health);
- Surveys of users of 'standard' GPs to see what they would like to see change; and
- Surveys of users of innovative new facilities such as the West Norwood Health and Leisure Centre (opened in August 2014), an integrated centre for health and wellbeing incorporating a leisure centre, Lambeth Council customer centre, GP and dental services, community health services and a community space for hire. Should planning policy be explicitly supporting the further development of such facilities?

This element of the project would fit with wider work being progressed in Southwark on becoming a more age-friendly borough. Southwark Council successfully applied to the World Health Organisation (WHO) to be officially recognized as an age-friendly borough and Southwark's Cabinet recently agreed to hold a borough-wide community conversation on making Southwark an age-friendly borough and supporting residents to age well (e.g. understanding people's experiences of the borough and identifying what the gaps are that the action plan should address). Team member Doug McNab participated in the co-design workshop with key partners and academics that took place in September 2015 to kick off the work.

³⁰ <https://www.england.nhs.uk/ourwork/futurenhs/>

³¹

http://www.housinglin.org.uk/Topics/browse/Design_building/Neighbourhoods/?&msg=0&parent=8578&child=9629

³² For example see example of The Gateway Centre in Middlesbrough - <http://www.housinglin.org.uk/HousingRegions/NorthEast/?parent=1019&child=9882>

Methodology

This methodology has been formulated jointly by planning and public health experts in Southwark and Lambeth Councils, drawing on the extensive knowledge and experience of our project Steering Group (see further details below). We have not involved service users or the public in formulating the methodology as this is not appropriate to the type of project proposed here, although we have drawn on previous social research and engagement with local people in developing this proposal (e.g. research on the impacts of the Bermondsey Spa regeneration project; work with SLAM on mental wellbeing impact assessments; and work commissioned to explore health and housing issues for 'hidden' populations). We would emphasise that the whole focus of this project is on engaging with local people and better understanding how planning policy and guidance can be shaped to enhance their health outcomes.

Uncertainty surrounds the extent to which environmental changes lead to a change in behaviour around diet or activity. **Cultural beliefs and perspectives** about quality and safety appear to be strong drivers (Medway Council, 2013). Community engagement is therefore very important to ensure that planned environmental changes reflect the priorities and concerns of the affected population.

The methodology is broken down into discrete tasks below:

Task 0: Inception meeting following selection of social research team

Task 1: Intensive social research with local people in Southwark and Lambeth

- Task 1A: Assessing the influence of the built environment on social interaction and social isolation (see section above)
- Task 1B: Addressing obesity and inactivity through creating 'healthy-weight environments' (see section above)
- Task 1C: Addressing fuel poverty and impacts on health outcomes (see above)
- Task 1D: Produce full report, including technical appendices, detailing the methods used and the findings of tasks 1A-1C.

Output: Full research report

Time: 8 months in total (6 months for tasks 1A-1C and 2 months for task 1D)

Task 2: Review of existing planning frameworks in Southwark and Lambeth and identification of amendments to existing and emerging planning policies and guidance based on the findings from task 1.

Output: A concise report proposing specific revisions to planning policies and guidance, setting out the justifications and evidence for each amendment. This would be used to justify making and adopting changes to the policy documents themselves.

Time: 3 months (adopting the changes to the planning documents themselves will take longer due to the statutory plan making process)

Task 3: Develop enhanced approach to monitoring and evaluation of the impacts of adopted planning policies on health outcomes and health inequalities. The aim would be to devise process, output and outcome indicators of performance. The approach will be developed in consultation with the charity and with reference to the latest research and good practice on monitoring the impacts of environmental interventions targeting wider determinants of health (e.g. reports from Institute of Health Equity). Indicators selection will be informed by Annex 2 of *Fair Society, Healthy Lives* (Marmot 2010). Suitable methodologies for demonstrating the attribution of impacts will be explored, noting that this can be challenging for these types of interventions.

Output: Monitoring and evaluation framework document.

Time: 3 months

Task 4: Implementation and reporting of monitoring and evaluation of impacts of adopted policies on health outcomes and health inequalities. Reporting would form part of each council's authority monitoring report, which is produced annually, though this health monitoring and evaluation might realistically be undertaken on a less regular basis e.g. every five years (particularly given that impacts are only anticipated in the medium term).

Output: A health monitoring report produced on an ongoing basis; wider dissemination of findings will be undertaken via appropriate channels.

Time: Ongoing; we are not seeking funding for this element but we would share the findings with the Charity and collaborate with them on wider dissemination.

Population groups to be engaged in the project will be determined based on range of factors including demographic data and local health data, but could include:

- Young, middle aged and old
- Range of ethnicities
- Range of geographical locations
- Range of housing circumstances (e.g. private home owners, private renters, social renters)
- Long term residents and newer arrivals

We will make a conscious effort to engage with those population groups that do not often participate in consultations due to age, disinterest, lack of time or lack of knowledge of the consultation taking place.

Project plan

Our project plan is shown in the Gantt chart overleaf. This will be developed further and agreed with Guys and St Thomas' Charity prior to commencing the research.

Figure 3: Project plan

Task	2015	2016												2017					
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Task 0: Inception meeting	M																		
Task 1: Intensive social research																			
Task 1A: Social isolation																			
Task 1B: Obesity and inactivity																			
Task 1C: Health service provision																			
Task 1D: Produce full report																			
Task 2: Review of existing planning frameworks and identification of amendments																			
Task 3: Develop enhanced approach to monitoring and evaluation																			
Task 4: Implementation and reporting of enhanced programme of monitoring and evaluation (ongoing from March 2017)																			

Key: M = meeting. D = deliverable (as stated in the brief there will be deliverables from ongoing M&E in task 4, including wider dissemination of findings)

Project team and governance

Our project team, including a Steering Group with senior expertise across health and planning, has been assembled specifically for this project. Planning and Public Health leads have been closely involved in formulating this project and are represented on the Steering Group. Thus we have the necessary high level leadership to deliver the project successfully.

Simon Bevan (Director of Planning, Southwark) will be Project Director, responsible for overall delivery.

Juliet Seymour (Planning Policy Manager, Southwark) will be Project Manager, responsible for day to day management of the research team and steering group (supported by Doug McNab) and liaison with Guys and St Thomas' Charity. Juliet will provide regular progress reports to the charity, at intervals to be agreed.

A Steering Group (SG) will oversee and advise on project implementation. The proposed steering group is shown below. The steering group will meet every three months to review progress and next steps.

Steering group members:

Person	Role/ expertise brought to project
Simon Bevan, Director of Planning, Southwark	Project director / strategic planning
David Joyce, Director for Planning and Development, Lambeth	Strategic planning lead for Lambeth / strategic planning
Ruth Wallis Director of Public Health, Southwark and Lambeth	Southwark and Lambeth public health lead / public health
Juliet Seymour, Planning Policy Manager, Southwark	Project manager and strategic planning lead for Southwark / strategic planning
Dr Doug McNab, Planning Policy, Southwark	Southwark strategic planning support / strategic planning, health-planning links
Veronica Thiel, Public Health, Southwark/Lambeth	Public health support / public health
Bimpe Oki, Public Health, Southwark/Lambeth	Public health support / public health
Sarah Totterdell, Senior Strategy Officer, Community Participation	Community consultation support / community consultation and equalities
Leona Staple, Regeneration, Southwark	Regeneration lead / regeneration
Ravi Baghirathan, Deputy Director, Healthy New Towns project	Expert advisor / healthy new towns
Prof Yvonne Rydin, Professor of Planning, Environment and Public Policy, UCL	Expert advisor / planning, urban design and health

The research tasks (Tasks 1A-1D) will be undertaken by an expert social research team (commissioned following agreement of the funding) and project managed by the project manager. A detailed brief for consultants and selection criteria will be agreed with the SG; the criteria will include a need to demonstrate experience of conducting social research with the target population groups and a strong approach to research ethics (e.g. MRS accreditation).

The full methodology including a risk log (with ratings and identified mitigation measures) and a more detailed project plan, developed by the research team in accordance with this brief and under the supervision of the project manager, will be agreed with Guys and St Thomas' Charity prior to commencement.

Overcoming barriers to adoption

There are few barriers to adopting new planning policy and guidance that is informed by the research findings. Planning and public health leads are closely involved in formulating this project. The Cabinet and Portfolio Holders for Lambeth and Southwark will adopt the new planning policies and guidance. The proposals have been discussed with the decision makers and have their support.

Budget / funding required

Southwark and Lambeth are committed to creating stronger links between planning and public health. However the current local government funding constraints make this very challenging. We are therefore seeking full funding of this project of £110,000 (see initial budget breakdown below, this will be refined based on discussions with the charity and development of a more detailed project plan).

We believe the project is an excellent fit with the objectives of the Guys and St Thomas' Charity Health Innovation Fund and that this project would therefore justify sole funding by the charity.

This is a highly innovative proposal that seeks to use focused research to directly inform planning policy for improved health outcomes. As we are a non-for profit organisation and given that SG members will provide their time at no cost to the project and task 4 (monitoring, evaluation, reporting and wider dissemination) will be completed at no cost to the charity we believe our proposal demonstrates excellent value for money.

Proposed budget breakdown:

The total cost of the project is £110,000. This budget is broken down in the table below against the tasks listed in the methodology and project plan.

Task	Estimated cost
Task 1: Intensive social research	£100,000 (Task 1A ~£40,000; Task 1B ~£30,000; Task 1C ~£30,000)
Task 2: Review of existing planning frameworks and identification of amendments	£5,000
Task 3: Develop enhanced approach to monitoring and evaluation	£5,000
Task 4: Implementation and reporting of enhanced programme of monitoring and evaluation	No cost to charity