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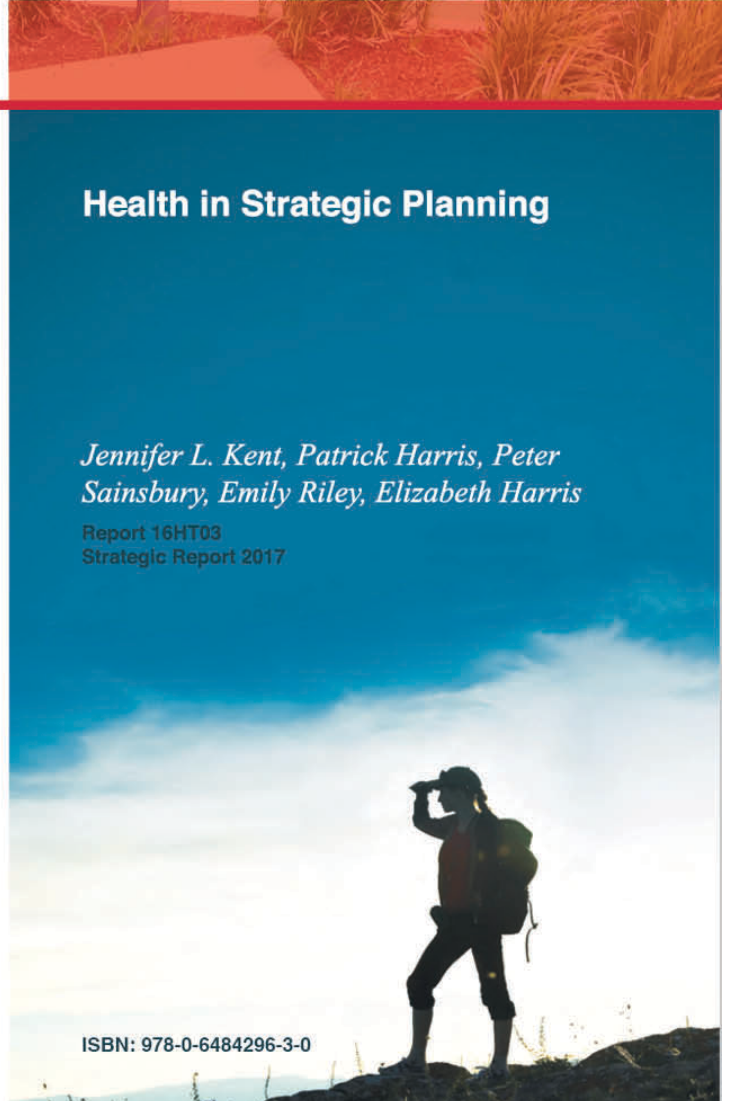
A Blue-sky
Report



Health in Strategic Planning

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Health in Strategic Planning

(A report for the Henry Halloran Trust for Strategic Partnerships Grant 16HT03, July 2017)

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Introduction

The influence of strategic urban planning on health includes the location and operation of health facilities and services (such as hospital precincts and community health centres). While this function of urban planning is important for health outcomes, cities, and the way they are planned, have broader implications on health. Cities shape our day-to-day behaviours, and determine equity of access to the services and infrastructure essential to flourish in modern life. The focus of this report is on this broader conceptualisation of the relationship between cities and health. Our specific intent is to investigate how health was considered in several episodes of strategic planning in Sydney, Australia, between 2014 and 2017.

We call a built environment that has a positive impact on health a ‘healthy built environment’. A healthy built environment is a place where the streets, neighbourhoods, workplaces, transport and food distribution systems enable people to lead physically and mentally healthy lives, fulfil their potential and be resilient to adversity. Healthy built environments are also equitable and diverse environments, where all members of society have fair access to the health promoting benefits of place. A healthy built environment relies on a broader definition of health, where health is not simply the absence of disease, but ‘a state of complete physical, mental and social well-being’ (World Health Organization 1948).

A healthy built environment is characterised by a mix of people, infrastructure, design and distribution. At the scale of the city, healthy built environments require connectivity through active and public transport infrastructure, dense networks of green and public spaces and a diversity of housing choice. Healthy cities aspire to the strategic location of services and employment in centres close to where people live so that the things people need to be healthy can be accessed easily and safely. They typically discourage over reliance on the private car. At the scale of the neighbourhood, healthy built environments contain intuitive street networks that are safe, and public and open spaces that are responsive to context and well maintained. Healthy neighbourhoods provide infrastructure for community interaction and physical activity, such as playgrounds, public squares, community facilities and parks. They offer a diversity of densities and uses, and cater to the needs of different populations. At the scale of the building, healthy built environments are designed to provide protection from harms, including noise and fumes; and extremes of heat and cold. They are well constructed to ensure longevity and resilience. Healthy buildings are open to the streets on which they sit. They encourage social interactions, but also provide spaces of privacy and retreat. At all scales, healthy built environments are planned and managed to be inclusive and responsive to diverse spatial, temporal and cultural contexts. Planning for healthy built environments aspires to equity and balance in built, social and economic outcomes.

Cultivating healthy built environments is now recognised globally as an objective of best practice urban planning (World Health Organization 2013). Despite this, there is a lack of knowledge about how to position this broad conceptualisation of health within urban planning policy, particularly in planning systems operating in a wider context of neoliberalism and deregulation.

The existing strategic planning environment in Sydney provides a rare opportunity to systematically explore how the concept of health, emphasising healthy built environments, may have infiltrated urban planning policy within such a system. Following instalment of a new state government in 2011, Sydney’s strategic planning has experienced a period of transition. This has included the

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introduction of a new governing body for the Sydney region (the Greater Sydney Commission (GSC)) and the release of several new strategic plans. A Plan for Growing Sydney (APGS) was released in December 2014 as the flagship plan heralding this new approach. In a first for strategic planning in NSW the plan contains a direction which frames health in a relatively broad way with the overarching aim to 'Create healthy built environments' (Direction 3.3, APGS p. 5). Following the release of APGS, the Greater Sydney Commission was required, by law, to prepare 'District Plans' as a layer of subregional planning. This district planning process commenced in December 2015 with draft district plans released for review in February 2017.

This report examines how and why health (as broadly defined in this introduction to this report) was positioned in strategic land use planning during Sydney's transition to a new level of metropolitan strategic governance. The analysis covers the period between January 2014 and February 2017, enabling analyses of several specific episodes of strategic planning. Analysis of the role and influence of various stakeholders, their values and ideas, and the wider systems in which they operate, is core to understanding urban planning, including the way health might feature in strategic plans. This report details such an analysis. We use several techniques and data sources to examine how health was framed in particular instances of strategic planning and to unpack the policy environment which facilitated or constrained the inclusion of health.

More specifically, this research set out to answer the following questions:

1. How is health, with an emphasis on health equity, included in strategic land use? What enables or constrains this inclusion?
2. What are the roles, values and positions of different agencies, including the health, planning, transport and local government sectors, in advancing health and health equity issues within strategic land use planning?
3. How are data and evidence (and methods to produce this) required to ensure that health and health equity are included in strategic land use planning?
4. What are the potential indicators related to health and health equity within the metro strategy and district plans?
5. How does a translational approach to research design play out? How can this be made sustainable over the life of strategic land use planning processes and any other iterations to these which may take place over time?

A succinct summary of answers to these questions is contained in Appendix one.

We took a multi-method case study approach and the research was conducted in two phases over four cases. Phase one was a retrospective analysis of APGS as case one. Phase two investigated draft district plans developed in 2016/2017, focussing on the Central, South-Western, Northern and Central Western districts of Sydney. This report follows this structure. We first detail the method and findings for each of the two phases and close with over-arching conclusions and recommendations for research and practice. The report then contains an Appendix (Appendix three) comprising the abstracts and submission details of four papers emanating from the project. Each of these papers will be submitted to the Trust as addendums to this report as they are peer reviewed and accepted for publication in scholarly journals.

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Retrospective analysis: A Plan for Growing Sydney

Introduction

Part one of the project was to undertake a retrospective analysis of the development of A Plan for Growing Sydney (APGS) as an episode of strategic planning that had a seemingly unprecedented focus on health as a planning consideration.

Methods

There were two phases of data collection for the retrospective analysis. The first combined a content analysis of the plan itself with a discourse analysis of media and stakeholders' projected positions through detailed examination of their narratives and versions of events circling at the time the plan was developed. For the purposes of this review, this period was narrowed down to the 12 months prior to the release of the plan (December 2014) and the three months subsequent to its initial publication (1 December 2013-28 March 2015).

The content analysis scanned the plan for any mention of the word health and health and equity related concepts (such as 'active transport' and 'affordable housing'). The coding framework for this section of the research was adapted from previous projects analysing planning documentation in NSW conducted by the research team (Harris, Kent et al. 2016, Riley, Harris et al. 2017).

The discourse analysis first reviewed several key publications from popular media for articles related to urban planning in Sydney, including the plan making process. This enabled development of a schema of 'issues circling' at the time the plan was developed. Having established themes, chronology and vocal actor-networks from popular media, our story of issues circling was subsequently clarified through a review of websites, press releases, newsletters and statements sourced from a list of 21 stakeholder organisations identified by the project team as having interest in the plan making process. These documents were subject to several coding techniques, including a novel technique developed for the project labelled 'value-proxy' coding. This coding technique aimed to locate assumed and revealed stakeholder values within key issues discussed during the plan making process. The result of these three steps was identification of media and stakeholder positions relative to key issues within APGS.

The final phase of this retrospective part of the project consisted of six interviews with planning and health professionals. Informants were purposively sampled because of their involvement in the development of APGS. The aim of the interviews was first to clarify the findings of the discourse and content analyses and second to add an explanatory dimension to the themes identified in discourse and their placement in the plan. We coded the interviews using two main techniques. First was a process of attribute coding whereby we sought specific confirmation or dismissal of the four issues circling and their filtration through the plan as established by the discourse and content analyses. Second was a process of thematic coding using the known new institutionalist framework 'Structures, Ideas, Actors' (Harris, Friel et al. 2015). This framework specifically seeks to position stakeholder ideas within wider structures and practices influencing a policy making process.

Results

This section of the report briefly presents the results of the content and discourse analyses, concluding with a summary of the interview data. For a more detailed summary of the results of the

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analyses, including several illustrations of the alignment of APGS to specific stakeholder values and health, see Appendix two.

Content Analysis – A summary of *A Plan for Growing Sydney*

The plan has 4 high-level goals:

1. A competitive economy with world class services and transport
2. A city of housing choice, with homes that meet our needs and lifestyles
3. A great place to live with communities that are strong, healthy and well connected
4. A sustainable and resilient city that protects the natural environment and has a balanced approach to the use of land and resources.

The 22 directions which are embedded within the four goals can be summarised as follows:

- The key message from the strategy is an unprecedented focus on encouraging population and economic growth.
- Economic growth will be achieved by investment in infrastructure and housing development.
- Infill housing is to be provided through 'Priority Precincts' which will contain higher density development and be located near public transport hubs. Greenfield housing supply is confined to two growth centres on the periphery of the city. The plan also commits to development of a framework to identify new greenfield sites as growth centres.
- Although inner-Sydney is maintained and bolstered as the centre of economic activity for the city, the plan has an unprecedented focus on several existing precincts in outer western Sydney as centres to deliver economic growth. This is through the extension of an existing 'Global Economic Corridor' across the city to the west, and the creation of an intense economic hub around a new airport situated in the west.
- The plan will be implemented by the state government who will delegate some functions of planning for housing targets to local Councils. The plan also flags the creation of a new governing body known as the Greater Sydney Commission (GSC). The exact detail of how the Commission will drive delivery of the plan is scant.
- There is a novel focus on liveability, including plans for a network of green space and the development of guidelines for healthy built environments.
- The biophysical environment is mentioned primarily in the context of resilience in the face of economic growth.

How did APGS address the concept of health?

The actual term health was most frequently used in relation to 'Health Facilities or Precincts' and 'Health Services or Healthcare' which were ostensibly tied to productivity and featured in the first goal of the plan. The plan's most obvious address to healthy built environments comes in its third goal on liveability which contains a specific direction to 'Create Healthy Built Environments'. This direction (Direction 3.3) was supported by a single action (Action 3.3.1): to engage a lobby group known as the Healthy Planning Expert Working Group to develop 'guidelines for a healthy built environment'. The direction is vague, particularly in its action mechanism. The lobby group it references is an unincorporated group of professionals, and the plan makes no provision to implement the guidelines. Furthermore, the direction explicitly ties healthy built environments to new development with the statement that 'As Sydney grows, there will be potential for new development to revitalise communities and support healthy lifestyles' (APGS, 88). No reference is

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made to the need or mechanisms to retro-fit existing suburbs (not experiencing renewal) with healthy built environment infrastructure and processes.

Beyond Direction 3.3, some of the infrastructures and processes inherent to healthy built environments are occasionally aligned to the plan's other foci including economic growth and housing provision. This alignment is expressed in several ways, primarily through promises to provide some of the infrastructure often associated with healthy built environments (for example better public transport and housing affordability).

There are some obvious components to the plan that do not align with healthy built environments. Indeed, it contains a series of commitments to what can only be described as unhealthy built environments, or health 'de'motors. A fierce commitment to economic and population growth, for example, has *potential* to impact health in a negative way, and acknowledgement of these impacts, including any attempt to minimise harm, is absent from APGS. The equity implications of a large-scale urban renewal and investment program, where there are always winners and losers, are not acknowledged. While public transport features as a key component of infrastructure provision, commitments to utilitarian active transport in the context of connecting jobs and homes are absent. There is very little reference to the provision of infrastructure to support disadvantaged groups, and commitments to state sponsored or mandated affordable housing are also weak. The plan also provides for ongoing provision of housing in greenfield developments in the absence of any concrete commitments to active and public transport infrastructure. Several risks to health posed by rapid densification are not addressed in the plan. Higher density infill development can have health benefits, particularly in its ability to support infrastructure renewal which benefits both existing and new communities. However to be healthy, higher density infill development also needs to be well designed at the scale of the actual building, and APGS is particularly vague on this issue. Notoriously unhealthy aspects of poorly designed and sited higher density development, such as reduced acoustic and visual privacy, exposure to particulate matter, and lack of natural light and ventilation, are not addressed. Finally, the plan's address to environmental sustainability is weak.

Healthy built environments extend beyond infrastructure to the way the planning process impacts the health of the population, particularly its ability to support or undermine the community voice or sense of empowerment over planning matters. APGS contains several compelling commitments to community involvement in the plan's implementation. Most notable of these is the promise implied by the new GSC – a 'bold new direction' (APGS, 18) to embed an independent body to take carriage of the plan. Further reassurance was given by a renewed commitment to subregional planning 'a partnership between State Government, local councils and the community' (APGS, 18). While this commitment is persuasive, the plan itself contains little detail on the way the GSC will operate specifically to facilitate community involvement and the local voice.

Discourse Analysis

The plan-making environment

A key aim of the discourse analysis was to examine the political, economic and social environment pervasive during the plan making process. This is necessary to understand the roles, values and positions of different agencies, including the health, planning, transport and local government sectors, in advancing health within strategic land use planning.

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A change in state government from Labor (centre-left) to Liberal National (centre-right) in March 2011 saw a commitment to an overhaul of the entire NSW planning system, including legislative review and a revision of the Sydney metropolitan strategy. Almost four years later, and on the eve of a state election, the government released A Plan for Growing Sydney – the subject of this component of our study.

Our analysis of the discourse both preceding and immediately post release of APGS suggests that the plan was written as a relatively vague and innocuous strategy, with many of the details required to make it work left to ‘after the election’. The final plan was significantly different from any of the draft iterations that had preceded its release. It contained less detail, had a greater emphasis on economic growth and deferred most implementation matters to the then unformed GSC. This reflected a significant shift in the government’s approach under a new Premier who came to power in March 2014. The state then saw the appointment of a new Minister for Planning, as well as a series of fresh senior staff in the Department of Planning and Environment.

Of particular relevance to the timing of the plan’s publication, and its content, was that the government was facing re-election just three months post release, and that this election was to be contested in a context of several unique challenges. External challenges were related to the city’s growth, experienced by the public as a worsening housing affordability crisis, increased demand for infrastructure, and increased density. Self-imposed challenges emanated from the newly instated Premier’s very vocal commitment to a platform of economic growth for Sydney which brought with it a number of additional key issues that needed to be ‘sold’ to the public. These were: an agenda of local government reform, an ambitious program of state infrastructure sales, and the need to be seen as in control post a failed planning reform process. Our analysis developed these challenges into four themes that, at the time APGS was written and released, needed to be handled through, or at least acknowledged by, strategic planning in Sydney. We call these themes ‘Issues Circling’ and they were:

1. The Premier’s plan to ‘ReBuild NSW’ including infrastructure recycling
2. Housing affordability
3. Densification and congestion
4. Governance reform including local government amalgamations.

Components of healthy built environments came to be attached to these themes in various ways. Appendix two explores the Issues Circling, the way they were positioned in stakeholder agendas, and their relationship with the plan and with health.

Connections between health’s inclusion and the plan making environment

Many of the components of the Issues Circling raised in the discourse analysis, both as value and proxy subjects, filtered through to the content of APGS. The plan reflects strongly the Premier’s mantra of jobs and growth and promotes the ideal of a planning profession committed to efficiency and certainty. It placates the development industry through its promise of ongoing support for densification (including through high-rise), as well as a commitment to deregulation of the planning and development sector and the regionalisation of decision making through establishment of a new governing body (the GSC). It speaks to community concerns about housing affordability, transport provision, connectivity and liveability, as well as makes countless specific provisions to include and improve western Sydney. In many respects, the language of the plan reflects that being employed by

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our stakeholders prior to its release, implying that strategic plans do indeed echo the wider discourse environment surrounding their release.

Of relevance, therefore, is how and to what extent the discourse framed matters related to healthy built environments. Our analysis found issues relevant to healthy built environments were important to and used by stakeholders, although rarely with explicit reference to the actual word 'health'. Terms such as liveability, connectivity, and affordability were recruited by many stakeholders who were essentially, if unintentionally, describing the components of a healthy built environment, usually in the context of calls for valued positions characterised by development and growth, but also better design and planning processes. This suggests that the key stakeholders readily identified with and accepted some (if not all) of the elements of healthy built environments, and confirms this team's previous findings that health's inclusion in urban planning policy is potentially more to do with its passive acceptance by key stakeholders than any active embrace (Kent et al. 2017). Of particular relevance is that over the period under analysis, the concept of healthy built environments came to be associated with some of the harder to sell changes proposed by the Premier. Health promoting infrastructure became, ironically, a spoonful of sugar for the Premier's medicine of the ambitious program of growth known as Rebuilding NSW. Liveability, vibrant communities, well designed public open spaces, reduced commute times, walkability and convenient access to shops, services and jobs, were promised to placate anxieties around infrastructure recycling programs, rapid high density housing development, and amalgamated councils. The Rebuilding NSW program was undoubtedly a key underlying value issue in the plan, and an explicit promise of healthy built environments is one proxy included in APGS to sell this ambitious program of growth.

Recognising that health is relatively simple to position as a proxy issue for many stakeholder values is potentially helpful to health and planning professionals seeking to influence the planning system to promote health outcomes. There are, however, risks associated with the tactic. The first is that health remains at best ill-defined and, at worst, open to interpretation. As a proxy rather than a value issue at play, it is necessarily shaped by the context of the issue it services. Issues may therefore arise if (or when) the actual change required to support healthy built environments is at odds with the value issues. The primary value issue dominating the government at the time of the release of the plan and filtering through the plan itself, was economic growth. Concerns for equity, however, are more complex and the plan turns its back on this complexity. As a result, while the plan has an explicit direction to create healthy built environments, the infrastructure and programs to realise such environments is absent.

This process of reviewing the discourse surrounding a policy issue seeks to provide explanations for the shape of a policy not through analysis of the policy alone, but instead through development of an understanding of the context in which the policy is made. This 'looking sideways' at the policy making process enables development of an understanding of how certain issues were enabled or constrained, as well as provides insights into the roles, values and positions of different agencies influencing strategic land use planning at the time. This process can shed light on the nature and timing of opportunities to influence policy, as well as provide an understanding of how certain priorities (such as health) 'fit' with the dominating priorities of the day. It cannot, however, provide an explanation as to *why* health appeared in the strategic plan in the way that it did. Such an explanation can be provided through deeper explorations with those involved in the plan making process. The final phase of this part of the project used interviews with six key stakeholders as a way to seek this understanding and our report now turns to analyse this data.

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Interviews – clarifying themes

The aim of the interviews was both to clarify the findings of the discourse and content analyses and add an explanatory dimension to the themes identified in discourse, their placement in the plan, and relationship to how health was included. A process of attribute coding against the four Issues Circling the plan making process generally confirmed and augmented the findings of our discourse analysis. As such, this section of our report concentrates on our second round of coding which used the new institutionalist framework ‘Structures – rules and mandates governing practice and systems’, ‘Ideas – the content of policy’ and ‘Actors – stakeholders, organisations and networks’ (Harris, Friel et al. 2015) to add an explanatory component to the influence of wider structures and practices influencing the plan making process.

Ideas

Healthy Built Environments as an idea was most obviously included in the plan through Direction 3.3. We were particularly interested in how health came to be framed in this way and how Direction 3.3 developed through the plan making process.

The interviews confirmed that Direction 3.3 came to be included in APGS because healthy built environments were recognised as an appealing and relatively safe concept. Our informants concurred with the findings of our discourse analysis that economic growth is the central idea dominating the plan. They described how health was, eventually, connected to economic growth because the development lobby and the government recognised the marketable link between development and promotion of a ‘healthy lifestyle’. Direction 3.3 therefore appeared in the plan because of this connection. Informants were united in their view that, despite the fact it lacked a viable implementation strategy or detail, Direction 3.3 was a ‘policy win’. Many pointed out that prior to this time the planning and health systems only engaged on matters related to hospital precincts or environmental health. For planners to understand that health is influenced by the way people live in and travel around cities was heralded as a sign of progress.

The policy win, however, was one with caveats. Several informants suggested that the original content drafted for Direction 3.3 was more comprehensive than what finally appeared in the plan. In the final plan, the direction is brief and vague. It is rarely cross referenced in the plan and sits without detail, indicators or tangible actions. The only action that is associated with the direction is to direct ‘the Healthy Planning Expert Working Group’ (an active but unincorporated lobby group) to develop guidelines at some unidentified point in the future. Informants emphasised that as a guideline this action carries little legislative weight, further highlighting the impotent nature of the inclusion. The lack of detail and mechanism for enforcement meant that funding for healthy built environment infrastructure was absent and the connection between health and other, more powerful portfolios (particularly Transport) was lost.

Actors

Our next layer of coding sought to expose the role of various stakeholders involved in the plan making process and in particular those who may have influenced health’s positioning in the plan.

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Informants discussed the role several ministers played before and during the plan's development. These senior politicians brought their views, aligned with the views of the broader government, to bear on first whether the plan would be written at all and then the core content focus on economic growth.

Our analysis of the Issues Circling the plan making process revealed that the environment within the Department of Planning was one of flux, with several changes to key personnel occurring during our period of analysis. Within these changes, various tensions were seemingly played out around the value of health against a backdrop of an increasingly politically charged policy making process. Overall there had been historical debate over whether health was useful or not to a market driven approach to planning, particularly at higher levels of the Department of Planning. The more the Department of Planning shifted to embrace the Premier's growth mantra, the more health became a questionable inclusion in any strategic planning efforts. Beyond this, and crucially concerning the level of detail in Direction 3.3 that finally made it into APGS, there were various layers of actors involved in drafting and approving content. This was characterised by all informants in terms of distinct disconnects between those drafting the detail, this detail having to be approved internally through different (siloes) departments working on different issues, and then the Minister's office who would 'socialise' the document for its political palatability. Versions then came back to the original drafters, who attempted to add detail back in, and so on, until the final plan was approved by Cabinet. This 'dance' was described by one informant who worked as an individual officer drafting components of the plan. The drafting and inclusion of Direction 3.3 was characterised by informants as a battle of values and ideas played over a period of time where personnel within the Department of Planning were regularly shifting. Various individuals supportive of Direction 3.3 happened to remain in place, and were there when the window or opportunity for including the Direction 3.3 opened up.

Several informants identified that the Ministry of Health played an essential role in facilitating the inclusion of Direction 3.3. This was characterised as novel, given that the traditional point of engagement between the planning and health portfolios is to allocate land and supporting infrastructure for health precincts. Informants explained that an active relationship had been developing between the two departments, facilitated by investment from the Ministry of Health in research and capacity building on healthy built environments, including in the Healthy Planning Expert Working Group identified in Direction 3.3. This established relationship filtered through to APGS such that its address to health extended beyond planning's role in hospital precinct provision.

Finally our interviews confirmed that the property development industry loomed large as a powerful influence on the planning system. This relationship is necessary given that the stated purpose of APGS is to provide direction on the location of housing and jobs across the city. The key for healthy built environments is that the development industry was characterised by our informants as generally supportive of health as a planning issue. This is because elements of healthy built environments are marketable and can be used to facilitate approval of development or other concessions to planning regulations.

Structures

Our final theme for coding covered the underlying structures influencing the plan making process, including structures of governance, economy and politics.

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Informants identified two fundamental systemic influences on the plan's address to healthy built environments. First was the government's pro-economic growth agenda that came to feature heavily in APGS as its primary purpose. This agenda played out across government and into the planning system (for example through the pro-market values of certain – although not all – stakeholders). As we have identified previously, when health became connected to the pro-growth (market) agenda it was taken up in APGS as Direction 3.3.

The second identified structural influence concerned the siloed structure of government and the relative power of APGS (and planning as a sector) within this context. In essence, informants explained the many ways the mandates of individual agencies won out over the strategic, cross-agency purpose of APGS. The plan uses the term 'integrated planning' in the sense of linking the land use, housing, transport and infrastructure delivery arms of government. This indicates an original intention to position the growth of the city as the responsibility of government broadly. Over the plan making process, however, the siloed nature of government placed pressure on the details of integration in the plan. Most informants were clear that the planning system is not a powerful portfolio in the NSW Government, primarily because it has a relatively limited budget. Thus the setting of targets or actions that required the buy in of other sectors to both do and fund are inevitably problematic. Transport, a particularly powerful portfolio, was singled out by several informants as an example of this. The intense and bounded structures of government agencies, fiscally enshrined in budgetary allocations, ensure that unless strategic planning is able to engage in these allocations, it will never be an effective mechanism for the attainment of the broader change required for healthy built environments such as active and public transport infrastructure, a connected city, and an equitable distribution of uses across the city. Ultimately APGS suffered from a distinct lack of a mechanism or mandate for its implementation, such that it was seen as a plan with no accountability for delivery.

Section one: concluding points

Understanding values and current affairs:

- 'Issues Circling' do filter through to strategic plans and are therefore important points of engagement for stakeholders seeking to influence strategic planning, particularly to promote emotive issues such as healthy built environments.
- Key components of APGS reflect certain stakeholder values and reject others. It is important for the health agenda to understand *and* critically attach itself to the stakeholder values aligned with the government's overarching agenda at the time.
- Elements of healthy built environments are consistent with key stakeholder values and therefore are reflected in the plan, demonstrating the way health can appeal to various value positions. Advocates for healthy built environments need to be aware, however, that there are components of healthy built environments that do not align with key stakeholder values at this time, including concerns for equity, the provision of affordable housing, prioritisation of active and public transport over road based transport, and the design of higher density development for long term health outcomes. In the case of APGS, these elements do not appear in the plan. Elements of healthy built environments will be difficult to position as important to the existing neo-liberal system of land use governance in Australia, particularly as it seeks to promote a program of deregulation of land use governance.

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Strategic planning as an important but limited entry point:

- Healthy built environments are unlikely to be a planning priority unless they have a strong presence in Sydney's strategic planning. However strategic planning is just one entry point for the healthy built environment agenda rather than the end point for intervention. Strategic planning's ability to effect healthy built environments is particularly limited by the intense and bounded structures of government agencies, including bounded budgetary allocations that are not able to be accessed by the planning portfolio. Traditionally the planning portfolio is considered a junior portfolio in NSW. The ability of this portfolio to influence the strategic directions required for healthy built environments is limited by the siloed nature of government departments, and a lack of budgetary control.

The importance of actors and networks:

- Long term activity is required for actor networks to recognise and proactively engage with policy opportunities as and when they arise.
- While many united, diverse and proactive voices provide a strong foundation from which to champion healthy built environments, particular actors ultimately exert the major influence on parts of the strategic planning process.

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Concurrent Analysis: The Greater Sydney Commission and the District Planning Process

Introduction

Phase two of the project focussed on a second strategic planning episode – the development of a series of Draft District Plans (DDPs) by the Greater Sydney Commission (GSC) in 2016/7. The GSC was tasked with developing the DDPs to provide a means for translation of a APGS to the local scale. Our analysis was concurrent in that the plan making process was operating at the time of data collection.

Methods

There were two phases of data collection for the concurrent analysis. First we undertook a content analysis of DDPs released in 2016/2017 for Central, South-Western, Northern and Western Districts of Sydney. This analysis applied the framework of coding for content analysis described in phase one of this report and attempted to capture the way the plan addressed elements of a healthy built environment as defined in the report's introduction. This process enabled development of an understanding of the extent to which the DDPs included references to health as a standalone issue and wider considerations that are connected to health. Note that we did not undertake the discourse analysis for this second part of the research project.

We then undertook interviews with stakeholders from the GSC and the Ministry of Health. Those we spoke to had a mix of social, environmental, urban design and health backgrounds. The focus of the interviews was the process of drafting the district plans and the role of the GSC as an institution undertaking strategic planning. We conducted and analysed the interviews against the 'Structures, Ideas, Actors' framework articulated in the first phase of this report. In addition to these three core dimensions, the theme 'Procedures' (i.e. the processes of strategic planning) was added during analysis because it emerged that the process behind the DDPs was an important component of the process.

Results

Content analysis

The DDPs are each around 170 pages long and are separated into five sections:

- Introduction.
- 'Our vision towards our Greater Sydney 2056'
- A productive city.
- A liveable city.
- A sustainable city.

A summary of the DDPs' address to health

The term health is explicitly mentioned around 100 times throughout each DDP. Of the explicit uses of the term health, the majority were coded under categories 'health precincts or facilities', 'health services' and 'health sector or jobs'. The term health was primarily used in relation to the role of the

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health system as a large employer, and health and hospital infrastructure as forces of economic development. In regards to 'health (and Education) precincts and facilities' and 'health services', no connection was made to actual health outcomes. Instead these precincts are given prominence because of their ability to create employment opportunities and support economic development. Specific health precincts were referred to, with the term 'super precincts' being used in the DDPs. In short, health was primarily framed as an issue associated with hospitals.

A summary of the DDPs' address to healthy built environments

The content analysis suggests the DDPs limit their address to health to the narrow concept of health facilities such as hospitals. Nevertheless, there is some evidence of the infiltration of broader definitions of health including specific use of the term 'healthy built environments'. Most of these instances were in the liveability chapter of the draft plans. Common to all four draft plans analysed, the creation of guidelines for safe and healthy built environments was listed as reinforcing positive healthy behaviours under one of the 'liveability actions' with the outcome of this action being described as to 'contribute to improved health outcomes and increased walking and cycling'. However, the guidelines are listed as being part of very specific 'design-led planning outcomes', suggesting that healthy built environment outcomes are no longer considered independently significant outcomes, as they were previously in APGS. This implies the DDPs' conceptualisation of healthy built environments is inconsistent with the breadth of the definition originally implied by APGS. This is also a conceptualisation unable to encompass any of the elements of healthy built environments that cannot be supplied by better design (such as jobs - housing balance across the district, or the more equitable distribution of public transport infrastructure).

A summary of the DDPs' address to equity

The DDPs' inclusion of equity was mostly in relation to liveability via equal opportunities and access to services and infrastructure. Each plan emphasised the importance of equity, however, it was often referred to at a level that was stating a goal or objective, as opposed to being present or considered within the implementation part of the plans. The phrase 'health equity' was not explicitly used.

Interviews

Procedures

Planning at the scale of the city

Our informants suggested that the DDPs were fundamentally, as described by an informant from the GSC, 'a discussion about where Sydney as a whole, greater Sydney, was going'. This crucial idea about considering the (greater) city at *scale* is central to the full the consideration of health in the DDPs because the planning interventions required to support health operate across scales of the city, the districts and precincts. As a practical expression of this, the DDPs were seen as having two key functions. First, they were part of an ongoing planning process facilitated by the GSC to inform the next iteration of wider metropolitan planning (through an update to APGS). Second, because of changes to statutory requirements for consideration of strategic planning in local plan making, the DDPs would have greater influence over the way local governments prepared Local Environmental Plans (LEPs). LEPs are legislatively mandated planning instruments that guide decisions for local government areas. Several informants suggested that the DDPs primarily addressed this second,

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more local scale and were principally seen as a mechanism to influence the development of LEPs. An implication of this for considering health issues is that the health system, in this case represented by the Ministry for Health and several Local Health Districts, does not traditionally engage with local government planning beyond the very practical remit of environmental health (such as the practice of inspecting food preparation venues). Rather, their area of interest in planning is traditionally seen as related to the provision of major health infrastructure.

Ideas

A 'Productive', 'Sustainable' and 'Liveable' polycentric city

Our informants suggested that the DDPs attempted a marked shift away from the 'trickle down' economic growth approach in APGS to three action areas: A Productive Economy (jobs, transport and infrastructure); A Liveable City (the provision of housing and great places); and A Sustainable City (environmental resilience). Each word, we were told, was carefully chosen as a descriptor 'that people could relate to'. Each action area was positioned by our informants from the GSC as a cog in the pursuit of an 'ecologically sustainable development' framework.

As already shown, the concept of health was primarily considered in DPPs as health (and education) precincts, positioned firmly in the Productivity action area as a generator of employment and economic growth in the absence of a manufacturing base in Sydney.

The Liveability action area has the most potential to promote healthy built environments. The relative prominence of the actual term equity in the DDPs was described by one informant 'as a win'. Wellbeing was also introduced within the Liveability section of the plan. One informant used the term wellbeing to frame health, arguing that the emphasis on health in the Liveability action area was more important than the emphasis under Productivity as this moved attention beyond 'health as being only GPs and hospitals'.

The emphasis on health in the Sustainability action area was discussed in relation to 'Resilience', defined by an informant as the capacity of individuals, organisations and societies to respond to climate shocks (such as heatwaves) or disasters. This was then specified as an entry point for health issues in terms of communities' ability to respond, social cohesion, and the distribution of services and opportunities across the city.

Much of the nuance concerning health and planning can be found in the previous points concerning the links among the three action areas. It was noted that health, in addition to health precincts, had been included in the DDPs as 'healthy places' to be achieved by considering 'healthy built environments'. The idea of 'healthy built environments' was described by one respondent as being a 'no brainer' for the DDPs and the GSC because of its ability to link across sectors as a 'collaboration area that we can operationalise and implement'. This was, however, tempered with the observation that health issues were not fully articulated in the DDPs. Recalling that the DDPs are part of an ongoing planning process, future opportunities to position healthy built environments were recognised as needing to be developed.

The 'infrastructure' fault line

'Infrastructure' – its provision and location - was raised by all informants as a crucial concept to be addressed by and through the GSC and the DDP process. However our analysis shows that the concept of infrastructure is ambiguously yet ubiquitously defined through the plans themselves, by our informants, and potentially by the wider systems interacting with urban planning in NSW.

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This has profound consequences for the way health is positioned in the DDPs and the way the GSC engages with the health system in the future. At the heart of these consequences is that the concept of infrastructure tends, in both the planning and health systems, toward an automatic interpretation as pertaining to hospital precincts rather than the broader infrastructures of healthy built environments as defined in this report's introduction. Local Health Districts, for instance, became engaged in the DDP process in pursuit of their own interpretations of various best-practice health precinct concepts. This included creation of 'permeable boundaries' between health precincts and the local context to enable more immediate connectivity between the hospital and housing, other employment and service opportunities and transport. Such connectivity was positioned as a way for the health system to better deliver their principal services to the community:

'Workforce, transport, all those other things that help us provide the [health] service... What we need from them [the GSC], and what we are looking to from them, is that. How do you help us make our [health] services work? So that's what we're looking for from them and wanting them to kind of lift their heads above the parapets and stop focusing on public hospitals as the only thing that matters.'

In this sense the health sector and the GSC appeared to engage on some of the core issues relevant to healthy built environments (including transport and equitable housing provision), however this engagement was limited to the very narrow sense of healthy built environments in the direct vicinity of where actual health services are provided, and as a way to enhance the efficiency of the health system rather than the general health of the community. The ability for the district planning process, and the GSC, to pursue healthy built environments across the city more generally seemingly became neglected in a more dogmatic quest for better urban environments specifically in and around hospitals and places of health service provision.

Not only was the attention to infrastructure limited to public hospitals, but also the focus on health infrastructure in the DDPs had in fact overtaken concerns with a broad view of health. The GSC, we were told, felt that the DDPs and the new regional plan for Sydney were an 'opportunity' for the health system to focus on the places where health services are provided. Our informant from the health system was very clear that their position was a broader one that emphasised both health services and healthy built environments. However, these ideas, it appears, were lost in the conversations between the agencies.

Structures

The GSC as a 'new opportunity' for coordinated city planning

Our informants consistently positioned the DDPs and the GSC as structures to facilitate action across the cemented and siloed workings of different agencies (including the private sector). As one Commissioner described it, the GSC was seen as a 'new opportunity' for coordinating a vision for the city:

'We're here to facilitate, to get agreed direction on where Sydney is going'

This was however tempered with a caution:

'I think it's fair to say that the Commission is seen by many agencies as a circuit breaker or as a way of doing things differently. That's being optimistic.'

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The influence of the Infrastructure mandate

Over and above the ability for the DDPs developed by the GSC to influence local plan making, infrastructure coordination was firmly positioned as the key mechanism to validate the work of the GSC. A core role of the GSC was described as:

'spatial planning and infrastructure coordination and sequencing of infrastructure, and then trying to break down silos and so forth.'

Again, this has major implications for the way the GSC and the DDPs address and promote healthy built environments.

The Ministerial directions provided to the GSC and articulated in the legislation that guides its operation emphasised this infrastructure provision mandate. The challenge is, however, that an infrastructure mandate to a new coordinating body is distinctly discordant with the existing and seemingly immovable infrastructure investment and delivery program of the NSW state government. The health system and its specific pursuit of hospital infrastructure (such as building upgrades or the provision of new research facilities) is an instructive example of challenges facing the GSC when negotiating the sequencing of infrastructure. State infrastructure investment decisions, we were told, including decisions on specific health infrastructure, occur in the state's Cabinet on the advice from Treasury. These agencies, and the decisions they make, override both the statutory responsibilities and the geographical remit of the GSC. For example, the provision of hospital infrastructure, including the upgrades to hospital precincts demanded by the health system (as articulated by our health informant above), is directed in a 10 year plan approved by Cabinet. The GSC, and the DDPs, therefore have no budgetary mechanism to deliver the very infrastructure that forms the primary mechanism of validation for it as an institution.

The infrastructure mandate of the GSC also had implications for the way the health system engaged with this episode of strategic planning. By promising infrastructure provision, the GSC and the DDP process activated competition between local health districts largely around funding for hospitals. As described above, this hospital precinct focus diverts attention away from how hospital precincts fit within the mosaic of the city and how that mosaic supports the creation of healthy built environments. A description of how this infrastructure emphasis had influenced engagement between the health and planning sectors was provided by one of our informants from the health system:

'(the Ministry of Health) kept running the Public Health line about walkability, public transport ... no one was interested. No. And so it kept coming back, 'yeah, yeah, yeah, yeah, yeah, like that's kind of ... you know... no. But where are you going to invest a billion dollars?' That's when the politics come into play, dollars in Westmead [Hospital] sounds a lot better than, 'oh we want to have walkable areas where people can exercise.'

Actors

The GSC and the health system were identified as the key actors involved in shaping the way health and healthy built environments were positioned in this episode of strategic planning. These agencies are detailed below. The development lobby, local government, the Department of Planning, and the transport sector were also described as collaborative to the planning process. At an individual level the Planning Minister played an essential influence on the creation of the GSC, and by extension the direction and content of the DDPs.

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The GSC

The GSC has various roles and functions, and has statutory weight under 'The Greater Sydney Commission Act 2015'. It has a direct reporting line to the NSW Government. There are four Greater Sydney Commissioners: the Chief Commissioner, an Economic Commissioner, Social Commissioner and an Environmental Commissioner. These are appointed by the Minister for Planning. While healthy built environment infrastructure and processes are relevant to all three portfolios, it has been the Social Commissioner that has been most active in promoting concepts such as liveability, wellbeing and equity. There are a further six District Commissioners with responsibilities at the district level, especially engaging with local councils and some functions in major development assessment (through bodies known as the Sydney Planning Panels). At the time of writing there had been limited engagement between the District Commissioners and the health system.

As detailed above and by our informants, the GSC was described as fundamentally having a facilitating role for strategic (and infrastructure) planning across agencies. Crucially, this role potentially overcomes a core weakness identified in APGS – the lack of a delivery mechanism and details on implementation. Realising this potential will be key to the development of healthy built environments in Sydney. Informants emphasised that the GSC was, as a new entity, developing its approach. This suggests future opportunities for engagement about health related issues.

The health system

The principal finding concerning the health system and this episode of strategic planning was that the health sector is split between the [central agency] Ministry of Health, and the Local Health Districts. There was some discussion of division of responsibility, with the Ministry looking at big issues and the Local Health Districts at local. The Ministry's responses and contact with the GSC is coordinated through the 'Health System Planning and Performance' branch within the 'Strategy and Resources Division'. Input is provided by different divisions, and of particular importance to the healthy built environments work is the 'Population and Public Health' division that covers both health promotion issues (such as healthy eating and active living) and health protection (which includes environmental health issues such as air quality). The Local Health Districts had, we were told, been less engaged in the preparation of the DDPs. The Local Health Districts had been engaged during the development of the previous (never finalised) regional plans that were under development prior to the DDPs, and this input then informed the DDPs. Public Health or Population Health units at the local level, the part of the health system traditionally associated with promoting healthy built environments, was, because of this focus, described as being 'a bit disconnected...dropping down a level' from the strategic level focus of the DDPs. This exclusion goes some way to explaining why the DPPs have a focus on hospital precincts rather than healthy built environments.

Section two: concluding points

- Health issues have been considered in this episode of strategic planning in the relatively narrow sense of the provision of infrastructure in and around hospital precincts. These precincts were positioned as worthy of support through their ability to generate employment and economic activity.

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- The provision of infrastructure was positioned as a key mandate to legitimise the GSC. But the concept of infrastructure is ambiguously defined by the wider systems interacting with urban planning in NSW, including the Ministry of Health. This has profound consequences for the way healthy built environments are positioned in the DDPs and the way the GSC engages with the health system in the future. The concept of infrastructure to the health system has an automatic interpretation as pertaining to hospital precincts, not to the broader urban structures and systems that create healthy built environments.
- References to equity focussed on the concept of liveability, specifically access to city centres, services and infrastructure. Health equity is not explicitly included as part of this, and there are opportunities to make stronger health equity arguments, supported by data, to provide greater access to high quality social and physical infrastructure.
- The broader health connections of productivity, liveability and sustainability to better health for communities were not developed to the extent required to support or realise the type of city that will foster healthy built environments. This is despite a deep understanding of the concepts and benefits of healthy built environments within elements of the GSC and NSW Health. Ongoing engagement between the GSC and NSW Health would be strengthened by shifting to a shared comprehensive view of the links between the built environment and health.
- At present the GSC is a new institution facing multiple challenges, including the framing of critical issues. The DDPs are a work in progress at the time of writing, as is the work of the GSC. There remain useful opportunities for including health issues more extensively in the work of the GSC and health's partner agencies.
- Delivering its mandate to coordinate infrastructure planning and delivery across Sydney is a challenge for the GSC given the existing structures governing infrastructure funding and delivery in NSW.

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Precis of Results and Recommendations

This research project has used a multi-method case study approach to examine how and why health was positioned in strategic land use planning in Sydney during transition to a new level of metropolitan strategic governance. Analysis of the role and influence of various stakeholders, their values and ideas, and the wider systems in which they operate, is core to understanding how urban planning can support healthy built environments. The techniques used, our analyses and conclusions provide several key messages for those wishing to pursue research and advocacy in this field.

Recommendations for research:

Health in planning policy research should seek to understand the contexts in which planning is done and discourse analysis can inform this understanding

While discourse analysis as a method has a long history of use in urban planning, it has not been applied specifically to the analysis of how health is considered in planning policy. The healthy built environments agenda has long recognised the power of health as an emotive issue that can be attached to different agendas and unite various stakeholders, and the method of discourse analysis is a useful tool to reveal this attachment in action. The findings of our analysis, confirmed through interviews and an analysis of the content of a specific planning document, demonstrate the value of understanding the wider issues circling planning processes in seeking to explain how concepts relatively new to urban planning, such as health, are interpreted by planning systems.

The institutional approach is useful to understand the complexity of policy making

The institutional approach to the analysis of interview data across multiple episodes of strategic planning demonstrates how research can break down the complexity of strategic planning as a process subject to a range of ideas, actors and institutional influences. This type of analysis is relatively new for both planning and health research, but is essential to capture and traverse the nuances of both the health and planning traditions.

Combining methods across multiple episodes of strategic planning provides opportunities to understand the depth and breadth of influences on the planning process

Our combination of methods has granted an empirical exposition to several wider influences on land use governance in Sydney. In particular, we have revealed the influence of the explicit imprints of neo-liberalism, as well as the traditional siloed way of working in government in NSW, on actual strategic plans.

Time is also a crucial variable. The multiple instances of strategic planning we have focussed on have demonstrated how agendas can shift as the political climate opens and closes various windows of opportunity.

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Recommendations for practice

Recognise the political drivers of the planning system

On paper, promoting health can be seen as an appealing goal for urban planning (Barton, Thompson et al. 2015). The ability for concerns for health to be used as a mechanism to achieve consensus in planning is, however, undermined by the underlying neo-liberal ideology of governance in NSW, including the pursuit of deregulation. This, for some issues, places the healthy built environment agenda directly in conflict with powerful actors within the planning system. Professionals seeking to influence the planning process for better health outcomes must understand *and* critically (i.e. challenge where necessary) attach to the stakeholder values aligned with the government's overarching agenda at the time. However they must also be ready to accept the limits of the planning system in effecting healthy built environments, and be prepared to broaden the systems with which they engage. The highly influential portfolios of transport and treasury have been revealed as additional potential entry points for health advocates and planners wishing to promote healthy built environments.

Engage with the wider issues driving planning

Influencing strategic planning to incorporate health issues is challenging and subject to a wide range of influences that change over time. Engaging with the circling issues within an essentially economically focussed planning system is fundamental for healthy planning advocates to have a positive influence. APGS was beset by a wider environment where it was conceived as a policy vehicle for 'trickle down' economics, but ultimately accountability across agencies became a millstone that effectively sunk its opportunity for influence. A 'healthy built environments' agenda had its moment in the sun, but failed to have a well-defined mechanism for timely implementation. The draft district plans have lessened the explicit emphasis on the healthy built environments agenda. The opportunity for healthy built environment advocates is now to engage with liveability, productivity, and sustainability at all scales of governance.

Framing health issues broadly in relation to infrastructure is an imperative

From the perspective of the planning profession working alongside different portfolios and disciplines, our report highlights the ongoing need to avoid assumptions in the framing of key issues. We found that the concept of infrastructure is ambiguously defined by the wider systems interacting with urban planning in NSW, including the Ministry of Health. This ambiguity has had serious implications for the way health is positioned in this new phase of Sydney's strategic planning. In the introduction to this report, we have attempted to paint a picture of a healthy built environment with explicit reference to different types of infrastructure. This is a first step toward a firmer and broader framing of the relevance of health for infrastructure planning and delivery.

Support the regional scales of governance in urban planning

The GSC as an institution has the potential to be a circuit breaker for the planning of the city and specifically for infrastructure provision. A broad health agenda that encompasses hospitals, services *and* healthy built environments is required to connect with and support the cross agency mandates of the GSC.

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Appendix one

Table of Responses to Research Questions

The following table records our findings against each of the research questions originally proposed for this project.

Research question	Part 1: Retrospective analysis (APGS)	Part 2: Concurrent analysis (GSC and DDPs)
<i>How is health included?</i>	<p>Healthy built environment direction and provision of a 'green grid', but with limited accountability or action to implement.</p> <p>Limited focus on building and precinct design, active travel, equity, the provision of affordable housing.</p> <p>Some focus on health precincts and community health facilities in the context of economic and population growth.</p>	<p>Principal focus on 'Health (and Education) precincts' and 'Health facilities and services'.</p> <p>Healthy built environment guidelines to be developed under 'Design Led Planning'.</p> <p>Limited focus on equity.</p>
- <i>Enablers for health's inclusion</i>	<p>The concept of healthy built environments was linked to marketability of new developments and infrastructure provision.</p> <p>The healthy built environment direction was politically appealing.</p> <p>Engagement from health sector and determined individuals from the Department of Planning and Environment were also important enablers.</p>	<p>Establishment of GSC and particularly a Social Commissioner who has a good understanding of health as broad concept (including healthy built environments and shifting to services that connect with their local environment).</p> <p>Health precincts were linked to an overarching goal of productivity and healthy built environments connected to an overarching goal of liveability.</p> <p>The emphasis on design can be leveraged to focus on certain elements of healthy built environments.</p>
- <i>Constraints to health's inclusion</i>	<p>No accountability or detail to deliver apart from reference to 'healthy built environment guidelines'.</p> <p>Government silos and limited power of the planning portfolio / department for cross agency action.</p> <p>Extreme focus on growth through increased population, housing and infrastructure contradicts many of the foundations of healthy built environments.</p>	<p>Health is not framed effectively for strategic planning and as such is not a core agenda item. Infrastructure is poorly defined and this results in an emphasis on hospitals.</p> <p>The GSC's infrastructure delivery mandate does not match to realities of health service planning or planning for the provision of other infrastructure for healthy built environments.</p> <p>Health is not fully engaged at the district scale of planning as this has defaulted to local government. The role of the health system at the district level remains undeveloped in the DDPs.</p>

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Research question	Part 1: Retrospective analysis (APGS)	Part 2: Concurrent analysis (GSC and DDPs)
<i>General comment on enablers and constraints</i>	The healthy built environments agenda is often focused on changes to local environments which, it is hoped, will encourage and enable individuals to change their daily behaviours in ways that will promote their health, for instance cycle lanes, pedestrian-friendly streets and farmers' markets. This is valuable but ignores the health promoting changes that are possible, and needed, at more strategic and more systemic levels that are concerned with the overall structure (physical and social) and infrastructure of the city as a whole, for instance its transport system, food supply and distribution system, the location of centres of employment and issues of social equity. Healthy built environments guidance remains underdeveloped for the purposes of such strategic planning.	
<i>Health equity</i>	Did not feature.	Did not feature.
<i>Roles, values and positions of different agencies</i>	Health system supportive of healthy built environments as main entry point. DPE ambivalent to healthy built environments. DPE and broad government emphasis on the need for economic growth. Limited provision for accountability in other areas.	GSC has promoted a shift to ecologically sustainable development not present in APGS. GSC established as facilitator across agencies however GSC infrastructure mandate brings challenges when engaging about health (precincts). Health system emphasis on health services that are connected to the local area.
<i>Data and evidence</i>	Evidence base on healthy built environments used to lobby / inform draft plans but not used in final plan.	Inadequate evidence base linking healthy built environments to scale and infrastructure.
<i>Potential indicators</i>	Our analysis was unable to shed light on the use of indicators for health in Sydney's strategic planning. More research is required on this issue.	
<i>Translational approach</i>	The translational component of the project was intended for phase two however given the ongoing process of district planning it has been difficult to implement, monitor or evaluate. The political nature of the planning process is always a risk in research such as this. In this case, we could not comprehensively engage with the health or planning systems at the time the research was conducted. We did, however, meet with stakeholders from each sector (including the GSC). We also held a workshop with over 40 health sector partners to discuss the content of the DDPs. The challenging timeframes for the DDPs, and the closed door nature of urban planning more generally, resulted in difficulties in identifying when to engage, who to engage and which issues to focus on.	

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Appendix two

Summary of Issues Circling, Stakeholder Positions and Health's Inclusion in APGS

Expression in the plan	Alignment to stakeholder values	Implications for health
<p>Issue Circling #1: Growth and ‘Rebuilding NSW’ At the top of the Premier’s agenda in the period leading up to the plan’s release, and beyond to the ensuing State election, was a drive to ‘turbo-charge’ and ‘re-build’ NSW. With Baird’s ascension to the position of Premier, the state government’s key message shifted from needing to deal with Sydney’s population growth to the active pursuit of growth by stimulating Sydney’s economy. This required economic investment in the state, and the government publically targeted two mechanisms in this pursuit: increased government spending in infrastructure projects and decreased regulatory impediments to private projects – primarily housing.</p>		
<p>Economic growth is the primary goal of the plan. This agenda is most obviously displayed in the plan’s first goal to support ‘A competitive economy with world class services and transport’. The content dedicated to this goal, with its 11 directions, exceeds that dedicated to the strategy’s three other goals put together – in both number of directions and number of pages.</p> <p>Beyond this more obvious goal, the pursuit of accelerated economic growth underpins the plan in other ways:</p> <ul style="list-style-type: none"> • The goal on housing supply has 2 of 4 directions that directly reference the need to accelerate housing supply. • The plan’s third goal on liveability ties liveable infrastructure, including that associated with healthy built environments, to growth. • The plan’s fourth goal relating to the biophysical environment, positions the environment as something that needs to be managed in the context of growth. The goal implies a reactive stance to environmental issues with little commitment to repair. 	<p>Stakeholders demonstrate alignment to one of two groups: those actively supportive of the thrust to growth and those who remained relatively silent on the issue. The pursuit of economic and population growth, and the program of Rebuilding NSW, was therefore not vocally opposed by any stakeholder.</p> <p>This lack of resistance is not surprising given the values of the majority of our stakeholders place them firmly in alignment with the Rebuilding NSW program. For developers, the promise to turbo-charge NSW was positioned as a way to boost the housing market by fast-tracking development and opening up new opportunities. In a similar vein, most stakeholders supported the increased investment in infrastructure promised by ongoing growth. These included several Ministries whose budgets would only benefit from the influx of spending, as well as outer suburban local government areas seeking better transport and other infrastructure, as well as increased housing supply.</p>	<p>Investments in the types of infrastructure characteristic of healthy built environments was regularly cited by the Premier as part of the program to Rebuild NSW and explicitly tied to growth (for example public transport, green space, schools, hospitals, cultural infrastructure and local revitalisation). Infrastructure for healthy built environments was also used as a proxy for the values of supportive stakeholders, such as the development lobby, who embraced it publically as key to the provision of developments that were liveable and sustainable. The growth mantra, however, also has potential to impact health in a negative way, and attempts to address these impacts are absent from APGS. For example:</p> <ul style="list-style-type: none"> • The equity implications of a large-scale urban renewal and investment program, where there are always winners and losers, are not acknowledged. • While public transport features as a key component of infrastructure provision, commitments to utilitarian active transport in the context of connecting jobs and homes, are absent. • There is very little reference to the provision of infrastructure to support disadvantaged groups, with commitments to affordable housing also weak. • Linking the ‘healthy built environment’ direction to new development fails to acknowledge the need to retrofit existing areas not experiencing renewal.

Expression in the plan	Alignment to stakeholder values	Implications for health
<p>Issue Circling #2: Housing affordability APGS was written and released during a period of unprecedented growth in house prices. The fact that Sydney was becoming increasingly unaffordable has deep cultural as well as economic and subsequently political implications.</p>		
<p>Goal two of the plan relates specifically to Sydney’s housing and is the section most relevant to the affordability discourse.</p> <p>Sydney’s rising house prices were firmly positioned in the plan as a ‘crises of supply’. This continues a tradition to implicate excessive planning regulation as responsible for housing affordability issues. The removal of scrutiny of the housing development industry was inferred in the plan as the solution to the problem.</p> <p>In short the plan advocates for less state control and involvement in development of housing. The plan explicitly states that the role of the government is the provision of the right environment for investment in housing, rather than the right environment for housing more generally.</p>	<p>The Premier used affordability as a proxy issue to sell his ambitious growth plans in two key ways. First, a fast tracked housing market was positioned as a way to grow the State’s economy. Second, the infrastructure recycling program was positioned as supporting housing affordability by enabling greenfield sites on Sydney’s outskirts to be ‘unlocked’.</p> <p>For the development lobby, affordability was used as a proxy to call for a simplified planning system, increased density through urban activation precincts, and new land releases in greenfield areas.</p> <p>Several other stakeholders, particularly the Committee for Sydney and the City of Sydney, referenced the social impacts of worsening housing affordability.</p>	<p>The surging housing market and discourse on affordability shaped the way health features in APGS as follows:</p> <ul style="list-style-type: none"> • First, aspects of the plan that could be considered to detract from its health promoting ability were justified in the name of increasing housing affordability. For example, the need to increase access to the housing market was used to justify the rapid approval of very high density via urban renewal in existing suburban areas prior to the existence of the transport networks and other infrastructure required for a healthy built environment. • The plan also cites affordability as a reason to support ongoing release of residential land on Sydney’s outskirts. Again these developments are not accompanied by concrete commitments to active and public transport infrastructure and their acceleration will further enshrine the private car as the primary transport mode for these new communities. • Increased housing affordability is also cited as a reason to justify the health promoting infrastructure emphasised in the plan. Healthy built environment infrastructure is, however, used as an incentive to back development and growth necessary to improve access to the housing market. The message is clear that healthy built environments will only be provided if renewal, development and growth are accepted.

Expression in the plan	Alignment to stakeholder values	Implications for health
<p>Issue Circling #3: Density Increased construction of residential apartments, and in particular very visible and relatively unusual high-rise residential development, emerged across Sydney at the beginning of 2014. The need for rapid provision of higher density was linked to the need to ease congestion, bring homes closer to jobs, and address affordability issues. While appeasing angst about affordability and congestion, and certainly pacifying the influential development industry, this solution left the government with density as another issue to sell to the public prior to the upcoming election.</p>		
<p>Unlike its predecessor draft iterations, APGS was silent on specific targets for infill (higher density development in existing urban areas) compared to greenfield development (lower density development on the urban fringe). The plan does, however, have an unprecedented focus on urban renewal, indicating prioritisation of higher density development.</p> <p>Goals 2 (housing) and 3 (Liveability) make the most consistent references to infill development and regularly connect growth with densification, which in turn is linked to concepts of liveability such as ‘vibrancy’ and mixed use development.</p>	<p>Density in Australia has a history of intense public opposition and scrutiny. Throughout the making of APGS, density, and high rise density in particular, became a symbol sequestered by various stakeholder agendas and in different ways. For the state government density was promoted as a necessity in a city undergoing rapid growth. In order to sell its program of densification, the government tied the concept of density to benefits such as economic growth, new jobs, infrastructure provision, and as a way to address housing affordability.</p> <p>The development industry was predictably supportive of higher density development. Commentary regularly used the concept of demand for urban lifestyles, lived in apartment blocks rather than detached housing, as a proxy to support the aim of more development. Densification also had the support of several industry and stakeholder bodies. The concept of ‘density done well’ came to be used by the government, developers and others who needed support for rapid uplift to placate resistance. Anything to enhance the palatability of densification became a valuable concept.</p> <p>Reactions from Sydney’s 32 local government authorities were diverse. Some Council’s accepted density but wanted more control over its design, while larger Councils actively sought opportunities to leverage high-rise towers for community facilities. Others echoed community concerns and continued resistance.</p>	<p>Density was crucial to many and varied stakeholder agendas, yet it was also a key component of resistance to others. It was in this space that health-related concepts such as liveability, amenity, vibrancy and accessibility were most obviously recruited as proxies to encourage the acceptance of high density in Sydney. Density was often linked in the discourse to ways of living conducive to better health in urban environments. This included reduced car dependency, increased time for sociability, access to green space and a general sense of community conviviality. This link is visible in APGS, mainly in its specific direction on creating healthy built environments, which invariably contextualises healthy built environment infrastructure against a backdrop of higher densities.</p> <p>Superficially, therefore, it seems as though density and health are positive partners in APGS. Under the surface, however, are several risks to health posed by rapid densification that are not addressed in the plan. Higher density infill development can have health benefits, particularly in its ability to support health promoting infrastructure which benefits both existing and new communities. However to be healthy, higher density infill development also needs to be well designed at the scale of the actual building, and the existing community needs to be involved in the plan making process. APGS is particularly vague on both of these issues.</p>

Expression in the plan	Alignment to stakeholder values	Implications for health
<p>Issue Circling#4: Planning reform and local government amalgamations</p> <p>The plan was written over the course of three key processes of planning governance reforms that had recently failed and were in development. The first of these was a large scale review of the NSW planning system which had begun in 2012 but ultimately failed in the face of community and political opposition during the making of APGS. The amended legislation proposed by this review was particularly relevant to healthy built environment advocates, however, in that it stipulated health specifically as two of its key objectives. The second was the premier’s announcement of a review of local Councils across the state with threats to amalgamate several smaller local government areas. The third, and related, was announcement of intentions to establish a metropolitan wide governing body to be known as the Greater Sydney Commission (GSC).</p>		
<p>With a failed planning reform process in the recent past and a future of anticipated local government amalgamations, it was important for APGS to make a strong statement on responsibility for implementation. The various controversies in planning governance circling the development of APGS are therefore most obviously echoed through its declaration to outsource the plan’s implementation to a new government authority with powers to flesh out and adjust the plan – the GSC. While the GSC was officially announced in early June, APGS was used to further legitimise its place. Beyond its announcement, little detail as to the structure and operation of the GSC was actually provided in the plan. The government’s declaration to amalgamate local government authorities reflects its anti-obstructionist stance, which is also echoed in the market-oriented pragmatism filtering through APGS. This intent to subtly dilute the local in local government in NSW is not obvious in the plan, however several responsibilities to develop local housing strategies and accelerate urban infill development suggest that the state would be more comfortable dealing with larger local authorities.</p>	<p>Post the failed planning reform process the developer lobby became particularly vocal about the lack of certainty in NSW, and the ongoing existence of unnecessary ‘red tape’, or regulation, in the planning system. The erosion of trust caused by the last minute stalling of reforms and the need to provide clearer pathways for investment in NSW was a common theme in developer discourse. The government responded to developer demands to provide certainty by accentuating its role as anti-obstructionist and pro-growth.</p> <p>Local government and community reactions to failed reform and proposed amalgamations were celebratory of the former issue and predictably anti the latter.</p> <p>Reactions to the announcement of a new planning body for Sydney - the GSC - were relatively staid from all of our stakeholders of interest. This was likely in the face of scant detail on the GSC - there was little for stakeholders to comment on. The development lobby and others welcomed the ‘bold new stance’ however regularly articulated the need for the Commission’s role to be finalised.</p>	<p>While the governance issues circling the plan can be viewed as impacting its novel stance on implementation through the GSC, in many ways any provision for health in the plan seems removed from regulatory shifts. Again this is in part to the fact the plan contains very little detail on the GSC, making any commentary on its impact of health promotion speculation.</p> <p>Of relevance, however, is that the networks behind the inclusion of health in the amended planning legislation had provided Sydney’s planners with cutting edge evidence to sell the link between urban planning and health. This message had, potentially, survived the planning review, meaning that those internal to the plan making process were familiar with how health could be framed as easily attached and acceptable to many and varied agendas, particularly at a very broad and strategic level.</p>

Appendix three

Publications Plan

Paper One

Title: A critical analysis of the inclusion of health in strategic land use planning

Authors: Jennifer Kent, Emily Riley, Patrick Harris, Peter Sainsbury, Elizabeth Harris

Submit to: Journal of Cities and Health

Word Length: 6,000

Provisional Abstract:

Background: This paper details the results of a content analysis of four episodes of strategic planning in Sydney, Australia. It aims to critically examine how health as a concept was explicitly and implicitly positioned in the context of other priorities articulated through the plans.

Methods: We adapted a comprehensive documentary analysis coding framework from previous projects conducted by the research team. The coding framework was designed to capture how health was present within the documents both directly and indirectly. The results of this word-count method were then complemented by a thematic analysis of each plan's structure and presentation.

Results: Health was present within the documents both explicitly and implicitly. Explicit use of the term 'health' related to 'health precincts or facilities', 'health services' and 'health sector or jobs'. This implies the term health was largely used in relation to the role of the health system as an employer, and health and hospital infrastructure as forces for economic development. Broader conceptualisations of the links between health and cities, such as affordable housing, equity, active transport or healthy food access, were referred to in the liveability chapters in all plans, however promises to provide for these built environments were generally tied to economic development.

Conclusion: Health as an issue for strategic planning was positioned in a relatively narrow sense as related to health precincts (including hospitals) and health service provision. The emphasis on 'health precincts or facilities', 'health services' and 'health sector or jobs' suggests that the explicit references to health concern the role of the health system as an employer, and health and hospital infrastructure as forces for economic development. In regards to 'health precincts and facilities' and 'health services', there is no connection made between these things and health outcomes, rather they refer to job creation and the economy. What this misses, from a population health perspective, is a focus on health promotion and wellbeing. Where health was conceptualised more broadly, such as in reference to healthy built environments, the reference was vague, without provision for implementation and again tied to the context of economic development.

Paper Two

Title: The casting of health in strategic planning: background to a cameo appearance

Authors: Jennifer Kent, Patrick Harris, Emily Riley, Peter Sainsbury, Elizabeth Harris

Submit to: Journal of Planning Education and Research or Urban Studies (note that an abbreviated version of this paper has also been accepted for the State of Australian Cities Conference to be held in Adelaide in November 2017).

Word Length: 8,000

Provisional Abstract:

The promotion of human health was explicitly positioned as one of four goals in Sydney's most recent metropolitan strategy: 'A Plan for growing Sydney' (released December 2014). This is a first for metropolitan strategic planning in Australia. It presents a timely and unique opportunity to investigate the emergence of a new concern for contemporary planning – that promoting health should be a planning priority - in an established policy system.

All plan making is conducted in an arena where different interest groups seek to establish particular narratives as a means to pursue in-house objectives. Acknowledging this idea, this paper records the discourses and versions of events circling the development of the Sydney metropolitan strategic plan. We do this through a discourse analysis guided by a binary coding framework developed specifically for the purposes of this project. Our framework is applied to media, social media and key stakeholder publications (such as websites, discussion papers and media releases). This approach to coding enables alignment of actors' 'values' with the proxy 'issues' they adhere to during the time of policy development. Our analysis facilitates exploration and tabulation of the range of issues circling during the plan's development, how values are interpreted through narratives and into policy and how these influenced the emergence and form of the health priority in the strategy.

Paper Three

Title: Framing health in urban strategic planning: an institutional analysis

Authors: Patrick Harris, Jennifer Kent, Emily Riley, Peter Sainsbury, Elizabeth Harris

Submit to: Journal of Urban Health

Word Length: 4000

Provisional Abstract:

Background: Despite the extensive evidence base establishing the built environment as a determinant of health, there is limited knowledge about how to position a broad health agenda with the processes of land use planning. This research investigated how and why health issues were included in two instances of city level strategic planning in Sydney, Australia, between 2014 and 2017.

Methods: We followed an exploratory case study design mixing realist research and new institutionalist policy analysis focused on ideas, actors, structures and procedures. The two comparison cases of strategic planning were 'A Plan for Growing Sydney' (APGS) in 2014 and the 2017 drafting of District Plans. We undertook purposively sampled stakeholder interviews (n=10) with policy makers involved in each case, supported with analysis of publicly available documentation related to each case. Data analysis developed propositions about conditions and mechanisms surrounding the consideration and inclusion of health in the two strategic plans.

Results: Influencing strategic planning to incorporate health issues was challenging. APGS was beset by a wider environment where it was conceived as a policy vehicle for 'trickle down' economics, but ultimately unclear accountability across agencies became a millstone that effectively sunk its opportunity for influence. A 'healthy built environments' agenda had its moment in the sun but was subject to limited detail and mechanisms for accountability. The draft District Plans lessened the explicit emphasis on that healthy built environment agenda despite a broader emphasis on ecologically sustainable development. Health issues have mostly conformed to a traditional focus on hospitals as sites of employment; consideration of the design and functioning of the city mosaic as an opportunity to promote health remains, to date, a missed opportunity.

Conclusion: We have explained the complexity of framing health for high level city planning as a process subject to a range of institutional influences. Our approach and analysis, while new for both planning and health research, is useful to capture what is required to include wider health issues in a process that has not traditionally seen promoting health as a concern.

Paper Four

Title: Health and city planning in Sydney, Australia: A Critical Theory Analysis

Authors: Patrick Harris, Jennifer Kent, Emily Riley, Peter Sainsbury, Elizabeth Harris

Submit to: International Journal of Urban and Regional Research

Word Length: 8000

Provisional Abstract:

Background

Despite recent efforts to incorporate 'healthy planning' as a core policy goal of urban planning practice, there remains limited critical engagement with theory to understand what is required to achieve that inclusion. This study used existing ideas from political theories, particularly new institutionalism, policy process, and political economy, to critically examine how health was included in two instances of strategic city planning in Sydney, Australia, between 2014 and 2017.

Methodology

We used critical realist methodology which explicitly mixes empirical data with theoretical insight to understand and explain practice. Our empirical data included publicly available documentation related to, and media surrounding, the two plans, and interviews with a purposive sample of 10 experts involved in their development. We then reinterpreted this data using theoretical insights to arrive at explanations of how and why health came to be considered in both plans.

Findings

The inclusion of health in the plans conformed to two early points in the policy cycle: agenda setting and policy formulation. Each plan-making process was the primary responsibility of a different government authority. The first was the state government, and the second, a government created regional authority known as the Greater Sydney Commission. The inclusion of health issues were influenced by the ways these authorities operated within an historically siloed policy system, with relatively little attention paid to healthy planning principles. The 2014 plan included a Direction for 'healthy built environments' but with little accountability mechanisms to achieve this. Both plans defaulted to emphasising 'health (hospital) infrastructure' as part of the plans mandates to progress economic growth. To be useful for strategic city planning healthy planning principles need to extend from emphasising facilitating healthy behaviours for individuals at the local scale, to concerns with the broader structures (physical and social) and processes that underpin the city as a whole, including infrastructure.

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DISCLAIMER

The Henry Halloran Trust is an independent body, which has supported this project as part of its program of research. The opinions in this report reflect the view of the authors and do not necessarily reflect those of the Henry Halloran Trust, its Advisory Board or the University of Sydney.

FURTHER INFORMATION

This paper is based on Henry Halloran Trust Strategic Partnership Grant, further papers deriving from this research can be found on the Henry Halloran Trust

website: <http://sydney.edu.au/halloran/programs/index.shtml>

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