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Housing, health and master planning: rules of engagement

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ABSTRACT

Objectives: Knowledge about health focussed policy collaboration to date has been either tactical or technical. This article focusses on both technical and tactical issues to describe the experience of cross-sectoral collaboration between health and housing stakeholders across the life of a housing master plan, including but not limited to a health impact assessment (HIA).
Study design: A single explanatory case study of collaboration on a master plan to regenerate a deprived housing estate in Western Sydney was developed to explain why and how the collaboration worked or did not work.
Methods: Data collection included stakeholder interviews, document review, and reflections by the health team. Following a realist approach, data was analysed against established public policy theory dimensions.
Results: Tactically we did not know what we were doing. Despite our technical knowledge and skills with health focussed processes, particularly HIA, we failed to appreciate complexities inherent in master planning. This limited our ability to provide information at the right points. Eventually however the HIA did provide substantive connections between the master plan and health. We use our analysis to develop technical and tactical rules of engagement for future cross-sectoral collaboration.
Conclusions: This case study from the field provides insight for future health focussed policy collaboration. We demonstrate the technical and tactical requirements for future intersectoral policy and planning collaborations, including HIAs, with the housing sector on master planning. The experience also suggested how HIAs can be conducted flexibly alongside policy development rather than at a specific point after a policy is drafted.

Introduction

Interest in collaborating with other sectors has a long history within the health sector.[1–6] Supporting knowledge to date has been either tactical or technical. The tactical focus is on the strategic conditions and processes which allow for collaborative 'healthy' public policy.[3–5,7] The technical focus is on the information requirements to enable policy options to be 'healthy'.[5,8] Health impact assessment (HIA) is increasingly

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presented, focussing mostly on technical issues, to facilitate policy level collaboration.[8–11] HIAs are often conducted on plans related to land-use[12,13] as in the case reported here. Recent evaluations of HIAs have shown that an important outcome is building partnerships between the sectors involved.[14] HIA is however just one mechanism for public policy collaboration and other activities are required.[3,7,15] Few examples have been provided in the peer reviewed literature of policy collaborations which include but are not limited to HIA and where the analysis is explicitly tactical and technical.[31]

Since 2008 in South Western Sydney, New South Wales, Australia 'The Health and Housing Partnership' has been a collaboration between a local health department, a university centre, and the local department of housing. One goal of the partnership is to build capacity to collaboratively engage in how the Housing Department plans for the renewal and regeneration of public housing estates.

In 2011 the partnership identified an opportunity which arose, to collaborate on a Master Plan for a housing estate in South Western Sydney. The three partners agreed that the Master Planning process provided an important opportunity to understand requirements for health to engage across a planning process, including using HIA. Specifically four preliminary objectives were identified:

1. influence the Master Plan to take health impacts into consideration;
2. identify capacity building issues and opportunities;
3. learn each other's systems and language concerning Master Planning and potential health input into this; and
4. understand which processes are most useful concerning health input and whether that input was influential or not and why.

Methods

A single explanatory case study design[16] was adopted by us as the health stakeholders involved in the collaboration. Data included meeting documentation, reporting, written correspondence, our reflections, and six interviews (independently conducted by LM) with stakeholders including us (representatives from housing, health, and the consultant responsible for the urban design plan). Ethical approval was granted by UNSW Human Research Ethics Committee (HREC 125025).

The data analysis and reporting was led by PH with support from FH, MT, and PS. To encourage external validity[16] we provided a draft report to the housing stakeholders involved. The only requested change was to clarify the context of the Master Plan.

We took a realist approach to data analysis, incorporating insights from public policy theories to add explanatory depth[17,18] and identify areas where future activity and change could occur.[19] The analysis is drawn around a framework provided by Howlett et al.[20] who explain public policy as developed across stages and within institutions. We have recently used this framework to analyse the experiences of HIA practitioners.[31] This framework differentiates two aspects of policy making: 'substantive' – innate to the nature of the problem being addressed – and 'procedural' – to do with the procedures involved in adopting a policy option.[5,20,21] Units of analysis are ideas (the content of what goes into policy), institutions (systems and structures which produce rules, procedures and mandates) and actors (roles, values, and relationships).[20]

Results

Results are presented against each aspect of policy making, with the exception of ideas which are embedded throughout the analysis. We develop rules for engagement for each aspect, supported by our findings.

Substantive influence

Substantive influence concerns the problems that the Master Plan sets out to address (which included renewing ageing substandard housing stock, bringing in private ownership while retaining stock, and underutilization of green space and other community assets) and how health can provide information to these. Overall, we did not achieve substantive influence on the Master Plan itself. Notably the HIA however did eventually, as a stand-alone document,[22] provide substantive connections between proposed Master Plan activities (e.g. housing quality, access and quality of green space, and services) and health.

Rule

At the outset of the collaboration, review early documentation and discuss with stakeholders to develop a clear understanding of the various substantive issues, problems and drivers that a Master Plan addresses.

Findings supporting the rule

As we proceeded all the partners in the collaboration, including us, were keen for health information and evidence to support the options and what one housing stakeholder described as '*the story of the Master Plan*'. At the outset we understood some but not all of the substantive policy drivers for the Master Plan. We initially focussed on process rather than substantive content. Also, despite entering into the collaboration through the health and housing partnership not all the stakeholders with responsibility for driving the Master Plan had attended the partnership or were known to us. Nor was health linked to the Master Plan in the early documentation driving the process. Therefore despite 'health' being the reason for our engagement, the perceived substantive value of health was not clear for the housing stakeholders developing the plan.

For us, many of the substantive issues driving the Master Plan were connected to health, although we failed to make a technical assessment of these connections to the evidence until the HIA (which, as will be discussed, came too late to influence the Master Plan document).

Rule

Become involved in planning rather than waiting to assess plans. Focus attention, early and throughout, on the options which will form the substantive content of the Master Plan.