

Planning After A Pandemic: How might COVID-19 change the way we plan?

From the establishment of the Metropolitan Board of Works in 1855 to the 1919 Addison Act, public health crises have shaped our planning system, and in turn shaped our built environment. How might COVID-19 change the way we plan? What challenges will local government face in the recovery from economic - and social - recession? And what roles could there be for architects, urbanists and planners to help rebuild the resilience of communities?

On 12 May, as part of the Architecture Foundation 100 Day Studio programme of events, Public Practice convened an expert panel to discuss planning after the pandemic. Debbie Jackson, Interim Assistant Director for Built Environment at the Greater London Authority, chaired a discussion between Professor Kevin Fenton, Regional Director for London at Public Health England; Public Practice Associate Magali Thomson, Project Lead for Place Making at Great Ormond Street Hospital; Michael Chang, Co-Founder of the Health & Wellbeing in Planning Network; and Chief Executive of Guy's and St Thomas' Charity, Kieron Boyle, about how the public sector can bring urban health and urban planning together to tackle health and spatial inequalities. Informed by extensive experience and opinion from the forefront of the interface between planning and public health a huge amount was covered in the short hour conversation.

PLANNING IN A PANDEMIC

Discussion was framed by the influence of public health on planning and planning for public health. The formalisation of urban planning has often arisen as a response to public health crises throughout history. One of the stark points to open the discussion was the acknowledgement that 'post-pandemic' is in fact quite some time off. We will have to live with the effects and consequences of the immediate public health emergency for some years. Furthermore, it is not just the immediate impact from the virus itself that is of concern, but the wider health implications.

Though much of the discourse is still consumed around immediate responses to the impact of the virus itself there are a host of other risks and challenges to public health and broader societal upheaval in the months and years ahead which will rely on, amongst a host of other capabilities across sectors, detailed and collaborative planning. The skills, knowledge and collaboration of public servants to implement changes at all scales will be critical to navigate through the crisis over years to come.

SHINING A LIGHT ON INEQUALITY

This crisis is shining a light on the inequalities already prevalent in our society. There is a growing evidence base showing both the virus, and the negative effects of measures to combat the spread of the virus, are having a disproportionate effect on disadvantaged groups across all indicators. Black and minority ethnic groups and people in areas with highest indices of deprivation are being disproportionately and profoundly affected by the virus itself as well as underlying poor health that compounds those outcomes.

The severity and disparity of impacts between different groups across society have become unmistakable, and will unfortunately not be surprising to many working in public health, planning and community focused roles. How stark these effects are, and how clear the disparity in impacts between different groups across society are, have become unmistakable. Though presenting seemingly insurmountable challenges, such stark evidence of the scale and complexity of the issues should provide substantial levers to sway decision makers to action.

LOOKING FOR SOLUTIONS

While acknowledging the horrendous impacts of the pandemic on so many lives and communities, the panel focussed on solutions to help with recovery. Opportunities for improvements in the public realm are being expedited, seeing these small scale interventions offers possibilities to catalyse further positive change. Improvements in our surroundings have come about in such a quick timeframe, forced by responses to the need for physical distancing, but many of these changes also align with broader aspirations for healthy places.

The uncertainty and need for all kinds of solutions does present favorable conditions for pilots, testing innovations in how we use space. In the short-, mid- and long-term “an insurgency of the practical” was suggested, doing things that we know we can do, small scale initiatives that have succeeded in the past. Actions that don’t necessarily require a huge amount of capital or extensive long term planning can be swiftly implemented. These can both kickstart immediate change as well as engender more ownership for communities in shaping future transformation.

IMPROVING STRUCTURE AND GOVERNANCE

Public health impacts are already a consideration through the plan making and decision making process. Many of the powers we need to effect change already exist. Largely it is more of a cultural shift than regulatory shift that is required in implementing changes. Much of this will be influenced by the networks of people working in the public sector be that politicians or officers at local and national level, but also in creating strong relationships across sectors and organisations. We need to look at who is round the table.

Collaboration, community engagement, evidence based decision making are all well established fundamentals of good place making, and good governance. Success depends on getting buy-in from the right partners; be they large institutional organisations such as insurance or institutional investors, employers, and those delivering the change on the ground. Vitally, all this needs to be informed and formed by voices from across all communities.

PLANNING IS FUNDAMENTAL TO IMPROVING PUBLIC HEALTH

Some expressed hope that collaborative planning in the public interest will become more intrinsic to local and central government. Maybe even a rekindling of passion and pride in planning, beyond the confines of lunchtime webinars. Needing to fundamentally address the way we live and move around in response to the pandemic also presents fitting responses to the unhealthy environments that have been allowed to develop through the history of urbanisation.

The necessity for adequate living space, active travel, accessible open green space and equality of access to them has been brought into sharp focus, and makes it impossible to ignore and imperative to seek wide ranging solutions. Furthermore the appreciation for frontline workers and changes in attitude to the role of the public sector reframes how and who can best address fundamental societal issues.

COVID-19 is having a profound impact on society and will be a defining factor of the world we build for the future. The built environment has been a defining factor in determinants of people’s health throughout history. Planning gives the tools and structure to address fundamental issues affecting health and wellbeing. We need to harness these to shape the built environment in a way that works in a fair and equitable way for everyone.

The summary of this event is authored by Ben Hockman.

A full recording of this event is available to watch online [here](#).

For more information, visit www.publicpractice.org.uk, email info@publicpractice.org.uk, or call 020 3858 7447.