

Planning the next generation of healthy new communities

Michael Chang, Chris Naylor, Amanda Hill-Dixon and Delia Beck offer lessons for collaborative planning for the next generation of healthy new communities

There is widespread recognition that the places in which we live and work, and the services and facilities we have easy access to, have a major influence over whether or not we live healthy lives – they form part of the “wider determinants of health”. The University of Wisconsin Population Health Institute suggests population health is generally influenced by the physical environment (10 per cent), access to and quality of healthcare (20 per cent), individual behaviours (30 per cent) and socioeconomic factors such as employment and security (40 per cent).

In London a life expectancy tube map has been produced to show variations from station to station¹, for example along the Central Line people living around the station of Bethnal Green would live 8 years less than those living in Holland Park (See Figure 1).

One of the factors is too few of us are taking part in regular physical activity to stay healthy, and inactivity is ultimately responsible for 1 in 6 deaths in the UK². There is strong evidence that being physically active can help us lead healthier lives, regardless of our age. Regular physical activity can reduce the risk of many chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. London has the highest proportion of adults walking at least once a week (72 per cent) of any region in England, and is the only region where more adults walked for travel (58 per cent) than for leisure (41 per cent) at least once a week.³

We also know there is a need for the provision of and access to high quality health and care infrastructure and services to improve health as boroughs plan for population

change and growth. The Social Infrastructure Supplementary Planning Guidance sets out the role for the planning system in supporting the service reconfiguration, as well as the modernisation of the NHS estate to support the growth agenda.

There is a wide range of physical and mental health challenges the planning system, in collaboration with health professionals, can help tackle. It is of critical importance that our built environments and spaces are designed and planned to encourage behaviours which are conducive to health and wellbeing, through creating and shaping the local environment to help get people live, work and play. It is a complex picture requiring joined up thinking and collaborative action.

Opportunities for the next generation of healthy urban development

2018 presents an exciting opportunity for planning for wellbeing and integrated health and care services as part of new development and regeneration. Two government initiatives, in which many London boroughs are participating, can help illustrate efforts to harness this once in a generation opportunity.

NHS England's Healthy New Towns

NHS England's Five Year Forward published in 2014 sets out new shared vision for the future of the NHS to close the gaps in health, care, and finances. Testing innovation in a number of 'healthy new towns' offers the opportunity to design integrated health and care services, and to develop neighbourhoods that support healthier living and wellbeing. Since March 2016, NHS England has been supporting ten demonstrator sites⁴ (See Figure 2) to demonstrate what is possible to plan for and create integrated environments and healthcare settings for improving health and wellbeing of communities. In March 2018, four support partners were appointed to create a set of collaborative guidance for bringing forward future generations of healthy new towns by learning from the lessons of the ten sites. The TCPA has been appointed for the built environment, The King' Fund on new care models, The Young Foundation on community and PA Consulting on economic analysis.

Sport England's Active Design

Sport England's strategy, Towards an Active Nation, sets out how sport and physical activity can change lives and create healthy communities, through improving health, social and economic outcomes. As part of this, Sport England revised the 2007 Active Design principles with Public Health

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England in 2015 to reflect the many changes across the health and planning landscape. Active Design is a guide aimed at urban designers and planners, exploring how we can encourage and promote sport and physical activity through the design and layout of our built environment. A combination of 10 principles that support activity and health, the guidance demonstrates how we can create healthier, stronger communities through the way we design and build our towns and cities.

A critical piece underpinning the implementation of the Active Design principles is the local environment. Design and planning provision needs to be tailored to meet a local communities' needs, ensuring that measures to encourage activity are applied in the right places at the right time. How communities are designed and adapted to encourage activity should be shaped by those who interact with the environment, and based on how they interact with the environment. For example, Our Parks, an initiative which runs exercise classes in parks across 18 London Boroughs, provides an example of how to make use of a network of parks and open spaces to create opportunities for people to be active within their local communities⁵ In 2017 Sport England announced an investment of around £100 million of National Lottery funding in 12 local delivery pilots^[1], including in Hackney and Southall, to identify better ways to address inequalities and break the barriers that stop people getting active, from the transport links and street lighting to the quality of parks and open spaces, to how sport and activity is promoted by GPs.

As the draft New London Plan prepares to go to examination the Town and Country Planning Association (TCPA), The King's Fund, and The Young Foundation demonstrate how its

healthy communities policies such as Creating a healthy city (GG3) and Health and social care facilities (S2) can be achieved. Each organisation introduces what it will take to plan, design, build and maintain places in which it is easy for people to live healthy and active lives (the built environment), test new ways of delivering healthcare services and facilities (new care models), and involve communities in the process (Community activation) – see Figure 3.

Future of a healthier built environment

Some of the determinants of health such as our homes and neighbourhoods, social networks, natural environment and climate are things that are shaped by the societies in which we live. The planning system has an influence over (although not total control over) many of the wider determinants of health, including people's lifestyles, their local communities, the local economy, the food environment, enabling services and activities to take place, the built and natural environment, and the mitigation and adaptation of the effects of climate change. This is supported by PHE's recent evidence⁷ resource highlighting key planning principles and guidelines to consider when planning for health, and there is already sufficient evidence exists for policy makers to act upon⁸.

Those involved in planning and developing new developments and regeneration across London should aim to create healthy environments that enable residents of all ages to make healthy choices with ease, with particular emphasis on (see illustrative Figure 4)

1 Movement and access - Creating a place that prioritises active and inclusive environments which provide easy and safe opportunities for everyone to be physically active >>>

Figure 1: Tubecreature illustration of life expectancy along tube lines

- >>> through sustainable modes of travel;
- 2 Open spaces, play, and recreation - Delivering a comprehensive network of natural and public open spaces and places that provide for a range of informal and formal activities for everyone's participation and enjoyment;
- 3 Food environment - Providing the local community with

- access to a diversity of food outlets selling healthy food options, and the opportunity to grow their own food in designated public and private spaces accessible from the home, school, or workplace;
- 4 Buildings - Constructing high-quality, human-scale buildings with healthy internal and external, working and living

RIGHT and OPPOSITE:
Figure 2: NHS England
Healthy New Towns 10
Demonstrator Sites

NHS England Healthy New Towns Demonstrator Sites

North

Whyndyke Farm, Fylde
Fylde Borough Council as lead applicant
1400 homes across 72 hectares
20 hectares of employment land
Greenfield site
Timeline: Completed by 2031
First occupation Summer – 2018

Darlington
Darlington Borough Council as lead applicant, in partnership with public, private and voluntary sector organisations.
3600 homes across 3 sites.
Greenfield and regeneration sites.
Timeline: 2018 for phase one through to 2025.

North West

Halton Lea, Runcorn
Led by Halton Borough Council.
Building 800 new homes, developing a 'Health & Wellbeing Campus'.
Brownfield site, mixed-use development and regeneration.

Midlands & East

Northstowe
Joint bid led by Cambridge Uni. Hospitals NHS Foundation Trust, South Cambridgeshire District Council, Homes and Communities Agency.
10,000 homes.
Brownfield development – built on the former RAF Oakington base and surrounding farmland between Cambridge and Huntingdon.
Timeline: 20 years with first occupation in 2017.

South

Whitehill and Bordon
Led by East Hampshire District Council.
3,350 homes.

Old MoD brownfield land.
Mixed-use incl. 84,000sqm commercial space.
Timeline: Complete by 2036.

Bicester, Oxfordshire
Led by Cherwell District Council.
6,000 houses in North West Bicester, 13,000 for the whole town.
Greenfield site.
Timeline: first site completed. Expansion over 20 years.

Barton
Led by Barton Oxford LLP a joint venture between Oxford City Council and Grosvenor.
885 homes, Barton Park, extension of Barton.
36 hectares (90 acres) Greenfield site adjacent to John Radcliffe Hospital.
Timeline: 2017-2023.

Cranbrook
Led by Devon County Council (formerly East Devon District Council in 2016-17).
8,000 homes.
Urban extension on Greenfield land.
Timeline: Phase 1 developed and occupied with further building phases until 2028.

South East and London

Ebbsfleet
Led by Ebbsfleet Development Corporation.
Up to 15,000 homes and 30,000 new jobs.
Brownfield sites.
Timeline: completion by 2035, with rapid growth of up to 11,000 homes by 2026.

Barking
Led by LB Barking & Dagenham.
10,800 houses, 65,500 sqm. commercial and 2,500 new jobs. Brownfield site.
Timeline: Start from 2017, fully built 2031.

environments that promote the long-term health and comfort of their occupants;

5 Neighbourhood spaces and infrastructure - Providing improved access to community and health infrastructure to meet local needs, maximising the potential for redevelopment while also making use of redundant premises and spaces and actively seeking opportunities for co-location; and
6 Local economy - Providing a dynamic environment with accessible local industries, services and facilities, thus helping to secure employment, enterprise and training opportunities for residents and attracting key workers.

The TCPA recognises that these considerations will not necessarily be new to planners and developers, but they do take on an explicit public health perspective, and already complements policies promoted in the draft New London Plan, current local plans and developers' own approach to place-making⁹. Those undertaking new developments should consider them in a coherent way, based on local needs and demographic profiles and informed by an up-to-date local health evidence base.

Future of health and care services

In areas where new developments are planned, there is a unique opportunity to re-imagine health services and ensure models of care are fit for the future. Health care is changing radically, and The King's Fund believes planners and developers need to be aware of the implications of this. The ageing population, rising rates of long-term conditions, and persistent inequalities in health between different communities all raise major questions about how health and social care services are organised and delivered. New developments can lead the way in providing bold answers to these questions.

To meet the changing needs of the population, health and care services in the future will need to provide patients with

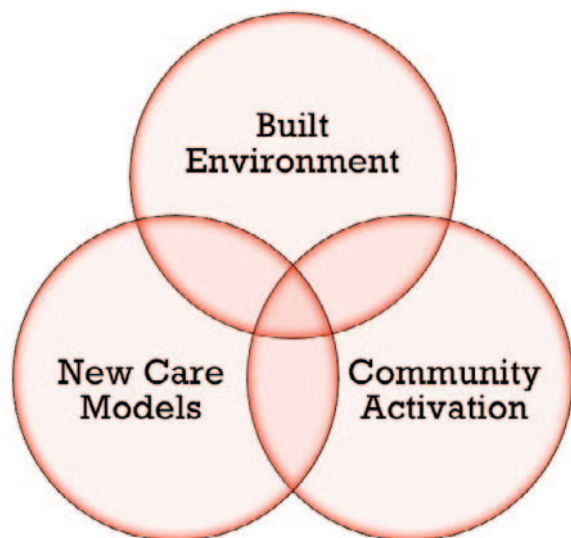


'integrated care' in which different professionals and services work together in a more coordinated way than is often the case today. Services will need to be delivered in community settings wherever possible, with fewer appointments taking place in hospital. Every opportunity should be taken to ensure care is technologically-enabled, with online access to shared electronic medical records and widespread use of digital health technologies. And there will need to be deep and proactive partnership-working between health and other sectors including housing, planning, education and transport, to tackle the wider social factors that affect health. In short, health care in the future will need to be more integrated, more preventative and more community-focused.

All of this has implications for the design and construction of healthy places. To take one example, in many existing communities a major barrier to implementing new models of care has been the lack of suitable health care facilities. The new care models being developed across England as part of the 'NHS five-year forward view' are often based on GPs, nurses and other health and social care professionals working together more closely to support patients. This happens most easily when a range of professionals can be physically co-located in the same building, but the design and size of many GP premises and community health care facilities makes this difficult. This is a particular challenge in London where the high cost of property and land means the NHS has fewer options available to it.

To address these problems, many of the Healthy New Towns new places are looking to develop 'health hubs' that >>>

LEFT:
Figure 3





ABOVE:
Figure 4: Illustrative
elements of healthy
development

>>> allow a range of professionals to practise together under one roof. Sharing a building does not lead automatically to coordinated care or effective team working, but it can certainly help. And it can also create additional opportunities. For example, in the Barking Riverside development, the aspiration is that the planned health hub will include community-curated spaces that provide a venue for local community organisations supporting people to look after their health and well-being. Cultivating these sorts of links between NHS services and wider resources available in the local community will be a critical part of the future of health and care, and new developments can serve as a valuable test bed for these sorts of innovations.

Future of healthy communities

There is increasing recognition of the importance of the wider social determinants of health; as little as 10 per cent of a population's health and wellbeing is linked to access to health care¹⁰. Factors such as community and social connections, how we travel, our work, neighbourhood surroundings, housing, and the food we eat, all play a vital role in determining our health and wellbeing, as well as our access to public services. The Young Foundation believes, as such, planners and related professionals have a key role to play in shaping people's health, not only through the built environ-

ment but also through social interventions and the shaping and strengthening of future communities. The development of new places offers particular opportunities for designing in the social determinants of health from the outset.

At times, however, as The Young Foundation's recent research in Essex has shown, new developments can have the opposite effect, disconnecting people and eroding community, as one resident recently told us: 'These developments are causing the community to fragment, causing people to go their own ways and feel a disconnection from their community'. (Resident in Takeley and Little Cranfield, Essex).

In other places we have found that neighbourhoods of houses are built without the accompanying social infrastructure – such as shops, GP surgeries and other the 'bumping spaces' – which are so important in the formation of community bonds¹¹. At a time of decreasing public funds, it is surely more important than ever that we are strengthening the social fabric of communities; for many people they are increasingly the safety net, and in some instances a very effective one.

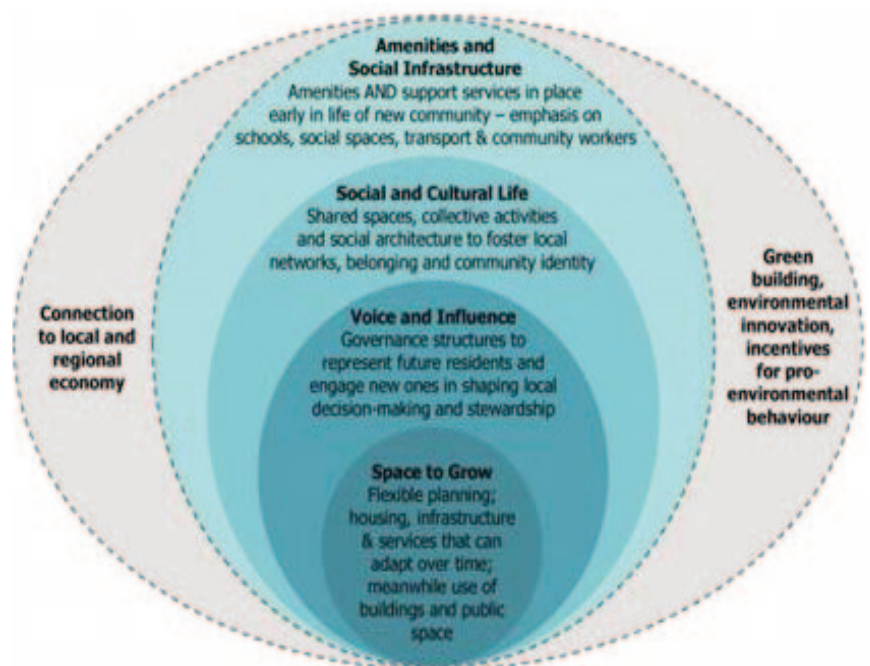
So how can planners ensure that new developments strengthen communities for the health and wellbeing of residents? The Young Foundation is exploring how new developments, including Barking and Riverside in London, are working to do just this. There are emerging lessons about how planners

As we celebrate the 70th anniversary of the NHS and also the 70th anniversary of the founding legislation of the current planning system, the Town and Country Planning Act, this article highlights the convergence of the two systems, with the wider community involvement agenda, and the opportunities this creates to create healthy environments and promote population health and wellbeing, with many London boroughs willing to experiment and innovate. This will also require enlisting the commitment of developers to this approach, who ultimately finance and build the vast majority of housing for sale or rent. Until the public sector is capable of being a significant actor in the house-building market, collaboration between these systems, cultures and resources will be critical in the successful implementation of the Draft New London Plan for healthy communities. The authors would be particularly interested in any feedback, suggestions or recommendations of good practice examples where such opportunities are being harnessed by councils, health partners, community groups and the third sector across London.

and developers can work with communities and other partners to ensure that developments strengthen relationships and make for quality, inclusive and sustainable neighbourhoods. Key insights have emerged around community building in these contexts, including the value of:

- Enabling mixed and diverse communities, for example through the integration of mixed tenure types within new neighbourhoods. For instance, the Catalyst development of Bonchurch Road in Portobello includes social housing, shared ownership and private ownership, all designed in a 'tenure blind' way.
- Creating sustainable community assets and infrastructure, such as Countryside's provision of a 'Community Chest' of £50,000 per year for local community projects in Acton Gardens.
- Engaging and integrating existing and future communities early on and through varied and creative means. For instance, British Land's development in Canada Water has been working with Global Generation and local residents to create a 'paper garden', and also through a free local music festival 'MUSICITY' celebrating local architecture through music.
- Offering 'meanwhile' provision, such as pop up cafes or neighbourhood markets, to ensure that community infrastructure exists prior to the completion or full inhabitation of a neighbourhood; it is at these early stages that patterns of movement and connection are often formed
- Cultivating a shared sense of community identity and belonging, for instance through local history exhibitions. British Land have engaged in this kind of activity through World on the Water, an exhibition of local history in Canada Water.

It is these kinds of broader and early-stage activities, many of which are illustrated in the social sustainability framework in Figure 5, which focus on bringing people together to create a sense of connectedness and community capacity which are so important in the context of a new town, and which are necessary for more targeted interventions to activate the community for health and for the social sustainability of a new town more broadly. ■



FOOTNOTES:

- 1 http://tubecreature.com/#/livesonline/current/same/*/*/*TFTF/13/0.1000/51.5200
 - 2 Lee IM, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219 – 29 cited in *Everybody Active, Every Day* (2014), *Public Health England*, page 8.
 - 3 *Walking and Cycling Statistics, England: 2016 - Page 10*
 - 4 www.england.nhs.uk/ourwork/innovation/healthy-new-towns/
 - 5 *Active Design Case Study. Our Parks: Bringing Activity to the Community* (2017), *Sport England*.
 - 6 <https://www.sportengland.org/our-work/local-delivery/local-delivery-pilots-animation/>
 - 7 PHE, 2017, *Spatial Planning for Health. An evidence resource for planning and designing healthier places*
 - 8 Townshend et al., 2017, 'Obesogenic environments: current evidence of the built and food environments', *Perspectives in Public Health*, 137(1), pp.38-44
 - 9 TCPA, 2018, *Securing constructive collaboration and consensus for planning healthy developments. A report from the Developers and Wellbeing project*
 - 10 <https://www.health.org.uk/blog/infographic-what-makes-us-healthy>
 - 11 <https://whatworkswellbeing.org/product/places-spaces-people-and-wellbeing/>
- SEE ALSO RESEARCH AT <https://youngfoundation.org/wp-content/uploads/2018/04/Uttlesford-Community-Action-Zones-Report.pdf>

ABOVE:

Figure 5: Design for Social Sustainability: A framework for creating thriving new communities (Social Life)