

PUTTING HEALTH INTO PLACE

EXECUTIVE SUMMARY

How to create healthier new communities;
with lessons from NHS England's Healthy
New Towns programme



TheKingsFund



Contents

Putting Health into Place: 10 Principles, four publications	3
The Healthy New Towns programme	4
Wider context	
Where we live impacts our health and wellbeing	6
From silos to systems	
Collaboration to create healthy places	7
10 Principles for creating healthier places	9
Appendix 1	
The 10 Healthy New Towns demonstrator sites	13
Appendix 2	
Who we are; Credits	24
Appendix 3	
Further reading	26
References	28

The structure of the Putting Health into Place publications

The learning from the Healthy New Towns programme has been distilled into four publications. This publication, the first in the series, provides an introduction to, and summary of, what has been learned. The subsequent three publications cover, in detail, 10 Principles for healthy place-making. Each Principle will be of interest to different audiences, and at different stages in the planning and development process.

The four Putting Health into Place publications



Executive Summary



- Principle 1**
Plan ahead collectively
- Principle 2**
Assess local health and care needs and assets
- Principle 3**
Connect, involve and empower people and communities



- Principle 4**
Create compact neighbourhoods
- Principle 5**
Maximise active travel
- Principle 6**
Inspire and enable healthy eating
- Principle 7**
Foster health in homes and buildings
- Principle 8**
Enable healthy play and leisure



- Principle 9**
Develop health services that help people to stay well
- Principle 10**
Create integrated health and wellbeing centres

The Healthy New Towns programme

People's opportunities for health are influenced by factors outside of the health and social care system. They lie in the circumstances in which people are born, grow, live, work, and age: the social determinants of health. These are the 'causes of the causes' of ill health and they can enable individuals and societies to flourish, or not. Creating a healthier population requires greater action on these issues. This includes addressing the role of both the physical built environment and the social factors which shape neighbourhoods and places.

With this in mind NHS England launched the Healthy New Towns programme in 2015 to explore how the development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality health services.

The programme worked with 10 'demonstrator sites' chosen in March 2016 from over 100 applicants to help do this. These developments ranged from 900 to 15,000 homes at different stages of the process, with diverse health needs, levels of income and inequalities.

The demonstrator sites were supported to create local programme teams and build partnerships, governance structures, delivery plans and interventions to drive forward their healthy place-making, with the aim of addressing the following objectives:

- Planning and designing a healthier built environment
- Enabling strong, connected communities
- Creating new ways of providing integrated health and care services.

The sites have explored the 'how-to' of healthy place-making, and worked with the NHS, Public Health England, the Town and Country Planning Association, The King's Fund, PA Consulting and The Young Foundation to draw out their key lessons to share with others in these publications. This was further supported by a Steering Group comprising experts drawn from health, local authorities, government, planning, development and academia.

At a national level the programme has worked with government to influence policy in housing, planning and health; feeding into revisions of the National Planning Policy Framework, National Planning Practice Guidance and through the convening of a new cross-government network to share expertise and embed healthy place-making across policy areas.

The programme also created a network of housing developers which helped to inform the programme and which committed to prioritise health and wellbeing in their development sites.

The NHS Long Term plan stresses the importance of the NHS and the built environment sector continuing to work together to improve health and wellbeing. The Principles of Putting Health into Place demonstrate the value in doing this and will be followed by an NHS supported quality standard for healthy neighbourhoods, developed with the Ministry of Housing, Communities and Local Government and Homes England, to further incentivise building health and wellbeing into developments and tackling inequalities.

The 10 demonstrator sites

Barking Riverside, London

10,800 homes being built on brownfield land alongside the River Thames.

Barton, Oxford

An 885 home development on a site next to John Radcliffe Hospital.

Bicester, Oxfordshire

13,000 homes being built over 20 years.

Cranbrook, Devon

7,500 homes being built on greenfield land.

Darlington, County Durham

3,600 homes being built on three sites between 2018 and 2025.

Ebbsfleet Garden City, Kent

Up to 15,000 homes being built on brownfield sites by 2026.

Halton Lea, Runcorn

800 new homes and a health and wellbeing campus on a brownfield site.

Northstowe, Cambridgeshire

10,000 homes being built on the former RAF Oakington base and surrounding land.

Whitehill & Bordon, Hampshire

3,350 homes and commercial space being built on former Ministry of Defence land.

Whyndyke Garden Village, Lancashire

A 1,400 home development on a 91ha site planned for the Fylde coast.

For further information on the demonstrator sites please [see Appendix 1](#)



Where we live impacts our health and wellbeing

The places where people live have a significant impact on their mental and physical health, but that impact is too often negative and linked to a range of complex but preventable determinants of health such as income and education. In the most deprived areas life expectancy for women and men is 19 years behind the most affluent areas.

A growing and ageing population and a significant programme of house building planned and underway across the country has created an opportunity to address some of the causes of these inequalities for these communities for generations to come.

To take advantage of these opportunities and meet these challenges, wider action on preventing ill-health is needed to help people stay healthy and moderate the demand on health and other public services. This requires a step-change in emphasis and an alignment of approaches across the public, private, and voluntary, community and social enterprise (VCSE) sectors as part of a 'whole systems approach' to the health of local populations.¹ Taking a whole systems approach means working across traditional sector boundaries on common goals; addressing the immediate needs but importantly, too, the root causes and wider determinants of preventable health conditions and poor wellbeing.

This includes addressing the role of the built environment and the way new places are planned and shaped. This is recognised in both the NHS Five Year Forward View, the NHS Long Term Plan, and the National Planning Policy Framework. For it to become a reality, it will require significant further focus from all players in shaping the places we live in.

'Putting Health into Place' shows that it is possible to work differently, providing examples of how some new developments across the country are already leading the way in creating new communities that support health and wellbeing underpinned by the latest public health theory. Across these publications the series captures the learning from the programme in 10 Principles, illustrated with case studies, lessons learned and clear actions for councils, developers and the NHS.

From silos to systems: collaboration to create healthy places

Below we describe what was learned about the individual roles councils, developers and housing associations, the NHS and others can play in supporting a 'whole systems' approach to creating healthier places.

The role of councils

Councils are often best placed to lead the planning, design and management of healthier places and to convene partners to support them. Historically, public health and planning share the same roots – both professions emerged from a desire to create places that would support good health. To deliver healthier places a return to these integrated ways of working is needed.

Given the connection between the built environment and population health, public health teams need to be active participants in planning, housing and development. Their understanding of local populations provides the evidence base for the local priority actions to support health and wellbeing and reduce health inequalities. Their data and understanding can support planners to shape places that improve the health of the population.

There is also a wider role for councils to play, covering a range of unique functions:

- Councillors play a critical role as the voices of their local community. They should be aware of local health and care issues through engagement with public health and the local NHS and can champion the requirement for communities to be systematically involved in the design of new developments.
- Planning teams need to use evidence provided by their public health and NHS colleagues and translate this into masterplanning, Local Plans and policies including development briefs, planning negotiations and decisions. Local NHS and social care leaders and planning teams should engage together prior to, and during, the development of Local Plans and major developments recognising the roles of all parts of the system such as leisure services.

- Transport planners and highway engineers should use the established hierarchy of travel modes in the design of new places, prioritising ease and convenience for walking and cycling, then for using public transport and lastly for travel by car. They should pay particular attention to, or make special provision for, people with disabilities.

The role of housing developers, housing associations and built environment professionals

By taking meaningful steps to prioritise health and wellbeing and working with communities to co-create the new place, developers can find it easier to navigate the planning process and strengthen their commercial reputation. To do this successfully developers should:

- Engage from the outset with the existing and future community, if possible, to understand what they want to prioritise and how they want the new place to support their health and wellbeing. This engagement should include councils and the VCSE sector.
- Engage at the earliest stages of a new development with NHS leadership, to understand the provision of health care within the local area and how new developments and health and care facilities will have to be co-designed to respond to future needs.
- Benchmark their plans against existing evidence and policy and seek to achieve the quality considerations within standards such as Building for Life. Plan and design developments to support health and reduce health inequalities, using the guidelines in this publication and drawing on evidence such as that in Public Health England's 'Spatial planning for health: an evidence resource for planning and designing healthier places'²
- Require architects, landscape architects, acoustic consultants, planners, urban designers and other disciplines in private practice to use the latest evidence and policy when planning and designing places, buildings and interventions.

The role of the NHS

The NHS should be involved in the planning and development of new places from the initial planning stages onwards. The roll out of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs) across the country provides a platform for local NHS organisations to work increasingly in collaboration with councils and others, including on the development of new, healthier places. Collaboration will be needed between NHS bodies and Public Health England and council public health teams to ensure broader challenges to population health are addressed.

To support new developments the NHS should:

- Ensure that all commissioners of health and care services (whether Clinical Commissioning Groups, NHS England or others) understand where new developments are taking place in their locality and proactively respond to planning consultations. This should include using existing engagement structures and NHS duties to engage patients and the public.
- Cultivate and retain expertise for healthy place-making within local NHS organisations. This will support people to stay healthy and well and the development of integrated local services for those with health needs through facilitating partnership working between local and regional public health teams, social care, the VCSE and local NHS expertise.
- Harness the influence and expertise of the whole NHS locally including, but not limited to, general practice, district nursing, pharmacists and community midwives who will have unique insight into local populations, inequalities and potential solutions.
- Ensure that any estates requirements for the delivery of care are clearly laid out in NHS Strategic Estates Plans, and that these are shared with local planners and across the relevant ICS and PCNs.
- Promote the NHS Universal Model of Personalised Care as a core method to achieve whole population approaches to supporting people of all ages, build community resilience, and support people with long term conditions and complex needs to build the knowledge skills and confidence to live with their health conditions.

The role of voluntary community and social enterprise (VCSE) sector

The VCSE sector is large and diverse, ranging from large established organisations to informal community groups and social enterprises. The sector has a unique role in delivering services, innovating and representing and involving marginalised groups and reducing health inequalities. The sector also has a rich history of working to improve health and wellbeing, addressing the wider determinants of health such as poverty, often ahead of traditional service providers such as the NHS. In almost all places where new communities are being planned there will be existing VCSE stakeholders, but development also presents an opportunity to stimulate the growth of new VCSE organisations and groups in new neighbourhoods and among new residents. New communities are most likely to enable health and wellbeing when VCSE organisations:

- View the creation of a new place as an opportunity, and engage with the process very early on in order to effectively influence decision making.
- Advocate for themselves and local communities as vital partners in health and wellbeing initiatives, but especially in delivering personalised care, social prescribing and community engagement. The NHS and councils should commission VCSE organisations and groups to deliver services and to work with the public to ensure they are heard in the planning and development process at all stages.

The role of the VCSE sector should be actively enabled and encouraged by councils, housing developers and associations, the NHS and built environment professionals.

The 10 Principles

1 PLAN AHEAD COLLECTIVELY

2 ASSESS LOCAL HEALTH AND CARE NEEDS AND ASSETS

3 CONNECT, INVOLVE AND EMPOWER PEOPLE AND COMMUNITIES

4 CREATE COMPACT NEIGHBOURHOODS

5 MAXIMISE ACTIVE TRAVEL

6 INSPIRE AND ENABLE HEALTHY EATING

7 FOSTER HEALTH IN HOMES AND BUILDINGS

8 ENABLE HEALTHY PLAY AND LEISURE

9 DEVELOP HEALTH SERVICES THAT HELP PEOPLE STAY WELL

10 CREATE INTEGRATED HEALTH AND WELLBEING CENTRES

Publication 1

Plan, assess and involve



Principles covered 1– 3

1 Plan ahead collectively

- 1.1 Establish shared leadership early on
- 1.2 Agree a joint health vision statement, supported by joint goals
- 1.3 Get health into local policy frameworks
- 1.4 Influence development decisions
- 1.5 Embed long-term income streams

2 Assess local health and care needs and assets

- 2.1 Assess local health and care needs and assets
- 2.2 Lay the foundations for evaluation

3 Connect, involve and empower people and communities

- 3.1 Engage early and regularly with new and existing communities to involve residents
- 3.2 Establish community resources and information
- 3.3 Enable community governance and stewardship

Who is this for?

- ✓ Council teams and councillors
- ✓ Developers
- ✓ Clinical Commissioning Groups
- ✓ Integrated Care Systems / Sustainability and Transformation Partnerships
- ✓ VCSE (voluntary, community and social enterprise) sector

Learning

- ✓ The need to work together to establish a common language and points of alignment between NHS, public health, planning and development to understand one another's priorities. This takes time and commitment on all sides and should be started early.
- ✓ The need for a comprehensive, multi-disciplinary assessment of the local context and needs and the assets that are available in the local community. This should be developed and signed up to by all parties.
- ✓ The need for early and consistent community involvement and engagement in decision-making processes. This leads to more sustainable local management and stewardship in the future.

Publication 2

Design, deliver and manage



Principles covered 4– 8

4 Create compact neighbourhoods

- 4.1 Create compact and connected places
- 4.2 Design places and services to maximise use and impact
- 4.3 Practise inclusive design
- 4.4 Design multi-functional green spaces

5 Maximise active travel

- 5.1 Embed active travel from the earliest stages of planning
- 5.2 Design active travel to meet local needs

6 Inspire and enable healthy eating

- 6.1 Develop a joint commitment to plan for and enable healthier eating
- 6.2 Provide access to affordable healthy food and food growing
- 6.3 Provide opportunities to learn about healthier eating and cooking

7 Foster health in homes and buildings

- 7.1 Create buildings of all types that support and facilitate good health
- 7.2 Provide suitable homes that are healthy and efficient
- 7.3 Create workplaces that stimulate productivity, efficiency and resilience
- 7.4 Provide educational settings that support growth and development
- 7.5 Set up community hubs that support health and social connections

8 Enable healthy play and leisure

- 8.1 Enable community activities and events
- 8.2 Create play and leisure spaces for everyone

Who is this for?

- ✓ Programme/project managers
- ✓ Public health teams
- ✓ Council planners
- ✓ Developers and housing associations
- ✓ Employers and businesses
- ✓ Clinical Commissioning Groups
- ✓ Integrated Care Systems / Sustainability and Transformation Partnerships
- ✓ VCSE sector

Learning

- ✓ The need to ensure that health, wellbeing and social connections are prioritised in the masterplanning and design of places, and that there are long term management solutions in place for public and community spaces.
- ✓ The need for the design and planning process to build in the principles of inclusive design and accessibility for everyone and in line with expected demographic changes.
- ✓ The need for schools, workplaces and community hubs to be designed, delivered and managed to support good health, wellbeing and social connections and ongoing use by all.
- ✓ The need to consider all the factors involved in creating healthy places holistically, including thriving compact neighbourhoods, green spaces, active travel, a healthier food environment, play and leisure and healthy homes and buildings.

Publication 3

Develop and provide health care services



Principles covered 9 – 10

9 Develop health services that help people stay well

- 9.1 Strengthen and integrate 'out-of-hospital' care
- 9.2 Develop the future workforce
- 9.3 Link health services to wider community assets
- 9.4 Support self-management of health conditions
- 9.5 Use digital technology to support care

10 Create integrated health and wellbeing centres

- 10.1 Maximise the benefits of integrated health and wellbeing centres
- 10.2 Strategic estates planning
- 10.3 Develop a schedule of accommodation
- 10.4 Options for project funding

Who is this for?

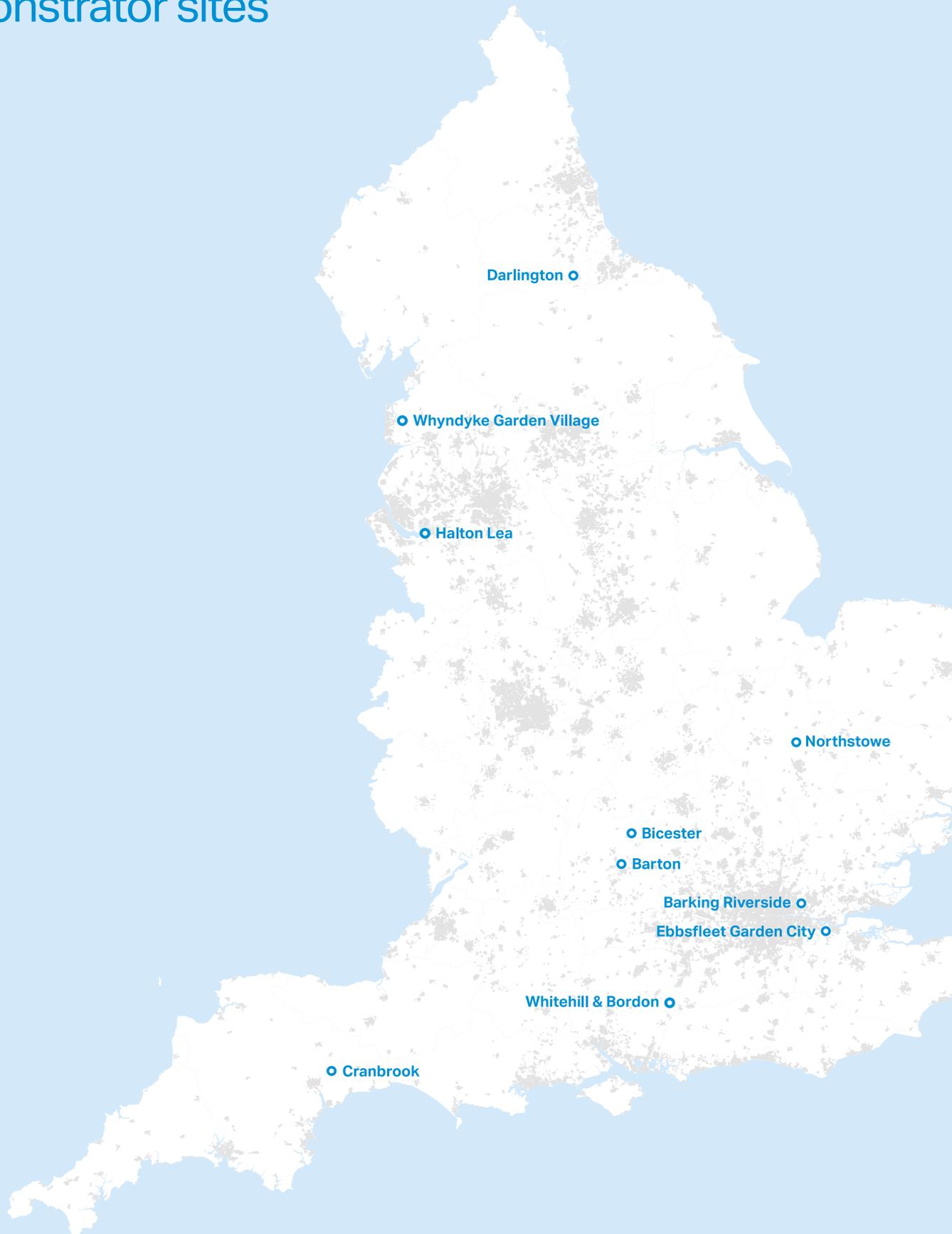
- ✓ Integrated Care Systems / Sustainability and Transformation Partnerships
- ✓ Councils
- ✓ NHS commissioners and providers
- ✓ GPs
- ✓ Developers
- ✓ VCSE sector

Learning

- ✓ The need to ensure that the provision of health and care services in the new place is based on the assessment of need and available assets to keep it rooted in the community. This means not providing 'more of the same' and requires clinical leaders to take bold decisions on how they work with each other and with the local VCSE sector.
- ✓ The need to factor in availability and composition of the future workforce during the planning of new places, taking the enhanced use of digital technology into account. This encompasses both the mix of staffing required, where they will come from and how they will be trained to provide the care needed in that place.
- ✓ The need to identify existing health and care infrastructure early, assessing whether this can be repurposed to meet the requirements of the new place and care model(s) or to ensure that there is appropriate capital and revenue support for new, integrated health and wellbeing centres.

Appendix 1

The 10 Healthy New Towns demonstrator sites



Barking Riverside, London

A major project aims to build new homes and create happier and healthier lives for empowered citizens in this riverside community

Timeline

2012 – 2019 1,500 homes; four schools; community centre; convenience store; multi-faith spaces; and café	2019 – 2024 3,600 homes; new rail link; commercial, leisure, health, retail, restaurant and community spaces; health and wellbeing hub; hotel and jetty; and riverside development	2025 – 2028 2,500 homes; commercial, retail, leisure, school and community spaces	2029 – 2034 3,200 homes; commercial, retail, leisure, school and community spaces; and supermarket
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Barking Riverside is a neighbourhood of homes, shops, schools, offices and community spaces being developed two miles south-east of Barking town centre, in the London Borough of Barking and Dagenham. Its 179.3ha site in the geographically isolated Thames ward was formerly occupied by coal-fired power stations, although it benefits from 2km of River Thames frontage. Transport connections to the rest of London are being improved: a rapid transit bus service has been introduced and a London Overground rail station is being built in the heart of the development.

The borough of Barking has a population of 210,000, which the Office for National Statistics forecasts will grow by 15% to more

than 240,000 by mid-2026. The new population is predicted to include a very high proportion of families with young children.

The largest undeveloped site in Greater London, Barking Riverside has been subject to various development plans and first gained outline planning permission in 2007. People living there have faced numerous health challenges. The area's status as a Healthy New Towns demonstrator site has added impetus to efforts to create a healthier place to live for everyone. This will be achieved by:

- Creating a connected community, physically and socially, to promote growth
- Helping residents get to the Thames to maximise the wellbeing benefits of the riverside location
- Using local narratives and articulating a 'sense of place' as a way to improve wellbeing
- Supporting communities to create their own health and wellbeing projects
- Using community insights to transform the way health care is provided and committing to build a combined health and leisure hub to achieve this.

10,800
HOMES

2km
OF RIVER THAMES FRONTAGE

60ha
OF OPEN SPACE

Key partners

- London Borough of Barking & Dagenham
- Barking Riverside Ltd
- Care City



Barton, Oxford

Enriching the lives of existing residents as well as newcomers is fundamental to the design of a new neighbourhood

Timeline

2013 Outline planning permission for 885-home Barton Park	2015 - 2018 Roads, parks and other infrastructure created before the homes are built	2018 First residents move in 2018 - 2020 Opening of health hub, sports facilities and primary school	2019 'Team around the patient' health model piloted	2024 Expected completion
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2013 - 2023

2016
Becomes Healthy New Town

Barton is a neighbourhood of around 1,500 homes three miles from Oxford city centre. The estate, which lies outside the ring road and alongside the A40, was built in 1946 to provide social housing, and almost half its homes remain so. The population of the Barton and Sandhills ward faces significant health inequalities resulting from high deprivation.

The 885 home Barton Park, the largest new development in Oxford for 30 years, sits on a 36ha site within walking distance of the John Radcliffe Hospital. Barton Oxford LLP, a joint venture of Oxford City Council and the developer, Grosvenor, is overseeing its creation.

Barton Oxford intends to create 'One Barton', where both new and established residents have the same opportunities in health services, facilities and information promoting health and wellbeing.

The masterplan for Barton Park includes amenities such as a primary school; community hub with activity space, sports facilities and a community pavilion; and improved and extended allotments for all Barton residents. Cycling and walking will be promoted with parks, paths and plenty of greenery. Three new trails – designed around active play and nature – will connect Barton Park and Barton.

After Barton became a Healthy New Towns demonstrator site, research identified significant health inequalities in the community compared with other parts of Oxford. Addressing health inequalities became the overall aim of the project.

The development is intended to help the established community and new residents to lead healthier lives. To achieve this, the project has been piloting a proactive population health management model and introduced a 'team around the patient' approach. Working with two GP surgeries it has focused on inviting people to community based wellbeing activities and created support teams for high users of services.

885

NEW HOMES IN BARTON PARK

40%

SOCIAL HOUSING IN BARTON PARK

3

TRAILS FOR PLAY, NATURE AND ACTIVITY

Key partners

- Oxford City Council
- Grosvenor
- Oxfordshire Clinical Commissioning Group
- Oxfordshire County Council Public Health
- Hedena Health
- The Manor Surgery



Bicester, Oxfordshire

A plan begun in 2009 aims to make it easy, attractive and affordable for people of all ages to live healthy, sustainable lifestyles

Timeline

2009	2017	2018	2031
Plan formed to build 13,000 new homes by 2031	Public launch of Healthy New Towns programme	Oxfordshire-wide workshop to share learning	Expected completion

2009

2016 – 2031

2016
Becomes Healthy New Town

Cherwell District Council in north east Oxfordshire has had ambitious plans to grow Bicester since 2009 and intends to build more than 13,000 new homes by 2031. This includes the emerging eco-development being created at North West Bicester. The council is committed to ensuring that this growth will benefit all residents.

Through its participation in the Healthy New Towns programme, the development partnership, led by the council, has worked closely with schools, businesses, health and care providers, the voluntary sector, developers and academics. It has initiated projects to promote more active and healthier lifestyles in a built environment that aids health and wellbeing and facilitates access to care.

The programme was launched in May 2017 at an event where more than 8,000 people took part in free, fun and health-focused activities. The partnership uses social media to communicate with residents and encourage continued involvement.

The priorities for Bicester are:

- Increasing opportunities for physical activity among children and adults and promoting healthier eating
- Promoting mental wellbeing by reducing social isolation.

The aim is that Bicester becomes a place where healthier habits are easy, fun and affordable.

Bicester’s Healthy New Towns programme is testing a wide range of innovations in a systems-wide approach to healthy place-making.

13,000
NEW HOMES

6,000
SUSTAINABLE HOMES IN
NORTH WEST BICESTER

40%
GREEN SPACE

Key partners

- Cherwell District Council
- A2Dominion
- Oxfordshire Clinical Commissioning Group
- Oxford Academic Science Network
- Supported by more than 40 local partners



Cranbrook, East Devon

The fastest growing town in the south west, Cranbrook looks to the future, prioritising physical activity, child health and community networks

Timeline

2012	2015	2017	2031
First homes occupied	Town council established	1,800 homes occupied; planning permission for another 3,550	7,850 new homes completed

2012 – 2014

2015 – 2031

2016
Becomes Healthy New Town

Cranbrook is a new town being built north east of Exeter. Its first homes and primary school were completed in 2012 so development was well under way by the time it became a Healthy New Towns demonstrator site in 2016.

Cranbrook is the fastest growing town in the south west of England, with an unusually young population. It has a high proportion of 25-34 year-olds and more than three times the national average of children aged 0-4 years. The town is also expected to continue to attract young families as it grows. It has a particularly low proportion of middle-aged residents and very few of retirement age.

Consequently, child health and wellbeing are a high priority, along with mental wellbeing for adults.

The young demographic offers scope to innovate in health care provision and wellbeing support through a holistic, community based approach to place-making. It includes:

- Working with schools to promote physical activity and wellbeing
- Working with the pharmacy and a proposed new GP facility to develop new care models
- Supporting and encouraging exercise, sports and active travel such as walking or cycling
- Helping families get more active, part of a Sport England pilot.

To pave the way, the Cranbrook Plan – which sets out proposals for how the town will be designed and developed – emphasises the importance of creating a connected town where walking and cycling are easier, with attractive green spaces and routes. A study into the interactions of urban design and health is being carried out with a view to develop evidence-based design guidance.

7,850

NEW HOMES BY 2031

3^x

THE NATIONAL AVERAGE OF 0-4 YEAR-OLDS

Key partners

- East Devon District Council
- East Devon New Community Partners (Developer Consortium): Hallam Land Management, Taylor Wimpey, Persimmon Homes
- Devon County Council
- Exeter and East Devon Growth Point Team
- Homes England
- Cranbrook Town Council



Darlington, County Durham

An emphasis on health and wellbeing is enriching the borough's wider Local Plan as a result of work on a Healthy New Towns demonstrator site

Timeline

2019 First healthy homes completed. Adoption of Local Plan	2025 Healthy new towns local service hub established	2036 Expected completion. 10,000 new homes
2020 New homes start to be built in masterplan areas		

2016-2036

2016
Becomes Healthy New Town

Darlington faced significant inequalities in wealth, health and wellbeing. When the borough council sought to take part in the Healthy New Towns demonstrator programme it intended to focus on three sites earmarked for redevelopment in the area known as the Eastern Growth Zone. Health inequalities were most acute here.

However, the process of collaborating on the demonstrator site, and its early learning, have inspired the council to give increased emphasis to health and wellbeing in its new Local Plan, the overarching planning document for the borough. The Local Plan is due to become formal council policy in 2019 and will provide a powerful framework for future development. It will influence the design of all development in the borough for decades to come, including 10,000 homes planned to be built by 2036.

The council and its partners have devised six Healthy New Towns design principles, under the headings:

- Transport and movement
- Green infrastructure
- Healthier food choices
- Place-making
- Economy
- Social infrastructure.

It is intended that development of the demonstrator site will give new and established communities improved opportunities in education, training and skills as well as in health and wellbeing. Innovative ways of accessing health care, including using digital technology, are being applied. For example, many patients are now able to monitor their health and send readings, such as blood tests, by phone or computer, saving them and health care teams time and money. In 2017, there were 12,458³ appointments carried out digitally.

2,500
NEW HOMES IN THE EASTERN GROWTH ZONE

10,000
NEW HOMES IN THE BOROUGH BY 2036

12,458
HEALTH APPOINTMENTS CARRIED OUT DIGITALLY IN 2017

Key partners

- Darlington Borough Council
- Darlington Clinical Commissioning Group
- County Durham and Darlington NHS Foundation Trust
- Keepmoat Homes
- InHealthcare
- FUSE (Centre for Translational Research in Public Health)



Ebbsfleet Garden City, Kent

England's first new garden city for a century, Ebbsfleet is prioritising accessible health care, open space and healthier eating for all the community

Timeline

<p>2002 Outline planning permission granted</p>	<p>2014 Government announces Ebbsfleet will be a Garden City</p> <p>2015 Ebbsfleet Development Corporation set up</p> <p>2017 Up to 100 people have fitness monitored. 776 homes completed</p> <p>2018 First walking and cycling route completed. 1000th home built</p>	<p>2035 Expected completion</p>
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2002	2007	2017 – 2035
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2016
Becomes Healthy New Town

Ebbsfleet Garden City is being built in an area of north Kent previously used for quarrying, which includes long-established local communities. The site straddles the boroughs of Dartford and Gravesham and encompasses the towns of Swanscombe and Northfleet.

Outline planning permission was granted in 2002, but building was delayed. In 2014 the government named Ebbsfleet England's first new garden city for 100 years and set up Ebbsfleet Development Corporation to co-ordinate its creation.

When the scheme was chosen to be a Healthy New Towns demonstrator site, the partnership leading the project saw the opportunity for development to help foster local health and wellbeing. Objectives included reducing childhood obesity, helping people to eat more healthily, improving access to green spaces and waterways, and reducing health inequalities.

The partnership has focused on:

- Collaborating to develop a new model of local health care, focused on a health and wellbeing hub
- Promoting healthier lifestyles through the design of the built environment
- Events and projects to support the established and new communities to live healthier lives.

Development focuses on four sites, connected by green routes between the River Thames, north Kent green belt and the High Speed 1 train line, which connects Ebbsfleet to London and continental Europe. Promenade walks will be built to give residents access to the waterfront in this area for the first time in a century.

A world-class health, education and innovation centre is proposed for a site close to Ebbsfleet International station.

15,000
NEW HOMES

7
NEW CITY PARKS

30,000
NEW JOBS

1
NEW HEALTH, EDUCATION AND INNOVATION QUARTER

Key partners

- Ebbsfleet Development Corporation
- Dartford, Gravesham and Swanley Clinical Commissioning Group
- Kent County Council
- Canterbury Christ Church University



Halton Lea, Runcorn

A post industrial but well connected post-war new town, Halton Lea has a bold plan built around a hospital and wellbeing campus and new homes

Timeline

<p>2017 Healthy New Towns project lead appointed. 'Community insights' report published, exploring residents' needs and how they could be met. Halton Lea proposal wins InnoCentive Design Challenge</p>	<p>2019-2023 Construction of hospital and wellbeing campus</p>	<p>2028 Expected completion of homes, leisure and wellbeing facilities</p>
<p>2018 Halton Healthy New Towns masterplan published</p>		
<p>2016 Becomes Healthy New Town</p>	<p>2016 – 2028</p>	

Halton Lea, in the borough of Halton in Runcorn, is a 1960s/70s new town with transport links to Manchester, Liverpool and Chester. The area has a heritage of chemical manufacturing which has left a legacy of derelict and contaminated land.

In Halton Lea employment and health levels are below the national average. Action is being taken to make the town centre more attractive and lively, making the most of transport links created by the new Mersey Gateway Bridge to attract employment. The town centre also contains an NHS site with an acute hospital and mental health facilities.

Central to the plan to improve the town centre is a proposal to transform this under-used site into Halton hospital and wellbeing campus. This will contain facilities for community uses, including leisure, and will bring together physical and mental health services, and provide green spaces and new homes, all designed to promote health and wellbeing.

An innovative model of care and support has been developed that is intended to improve health and wellbeing services, ensure they are accessible to all, and help people to be better connected to their community, both socially and physically.

Priorities are:

- Improving people's experience of health care and wellbeing by promoting services in the wellbeing campus
- Building a range of homes and designing the built environment to facilitate health, wellbeing and independence as people age
- Enabling the population to build skills, access employment and nurture new businesses, through a range of innovative projects, many based in the shopping centre.

800
NEW HOMES

1
NEW HOSPITAL AND WELLBEING CAMPUS

Key partners

- Halton Borough Council
- Warrington & Halton Hospitals NHS Foundation Trust
- Halton Clinical Commissioning Group
- North West Boroughs Healthcare NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- Shopping City Runcorn



Northstowe, Cambridgeshire

Northstowe is making it easier for its ageing population to stay fit and healthy, and has plans which will reduce obesity and help people create social networks

Timeline

2003 Northstowe inception; new town allocated in Cambridgeshire & Peterborough structure plan	2007 Planning application for entire Northstowe site submitted	2011 Guided busway opened	2016 Primary school completed	2017 First homes occupied	2019 Secondary school to open	2022 Health hub, including library and community rooms, to open
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2003 – 2022

2016
Becomes Healthy New Town

Situated five miles north of Cambridge, Northstowe occupies the former RAF Oakington site and surrounding farmland. It is one of the largest of the Healthy New Towns demonstrator sites, set to build 10,000 new homes in three phases. Planned since 2007, its first homes were occupied in May 2017. From the start, creating good public transport links has been a priority. Northstowe is served by the Cambridge Guided Busway and integrated cycle path, which opened ahead of the development in 2011.

The Healthy New Towns programme has strengthened the focus on health and wellbeing in Phase 2 of the development and has resulted in a change of mindset that will be embedded in Phase 3. The Clinical Commissioning Group, district and county councils and government housing agency Homes England are collaborating to translate this into action. They have been supported by academics from the Cambridge Institute of Public Health and the Centre for Diet and Activity Research (CEDAR).

Cambridgeshire has a thriving economy experiencing high levels of growth. This has led to a shortage of housing for essential workers, particularly NHS and social care staff, which the development aims to address. Other priorities include the need to provide homes for older people, support for healthy ageing, and tackling rising levels of obesity.

To put this into practice the partnership has:

- Ensured the design of the public realm respects the needs of older people
- Commissioned a 'Healthy living, youth and play' strategy for Phase 2
- Developed modelling tools to estimate the number and type of homes needed for older people
- Supported residents to establish a health and wellbeing group to promote the use of the sports and recreational facilities built in Phase 1
- Supported GPs to develop a new model of care for residents of Northstowe and surrounding villages.

10,000
NEW HOMES

8
NEW SCHOOLS

Key partners

- Homes England
- South Cambridgeshire District Council
- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridgeshire County Council
- Public Health England
- Eastern Academic Health Science Network
- Cambridge Institute of Public Health



Whitehill & Bordon, Hampshire

Drawing on its rich fund of green space, this former garrison town is helping people lead active and connected lives, supported by digital technology

Timeline

2009	2015	2022	2030
Designated an eco-town	Army leaves Bordon Garrison	New town centre complete	Expected completion
	2017 Community development trust launched and Future Skills Centre opened Hogmoor Inclosure's natural play area opened 2018 Café 1759 opened 2019 New secondary school to open		
2009	2015 – 2030		
	2016 Becomes Healthy New Town	2020 New health hub to open	

Whitehill & Bordon in East Hampshire is being transformed from a garrison town into a green, healthy and connected place. After more than 100 years, the army left in December 2015 and freed up over 100ha of previously-developed land.

This £1bn, multi-partner, 15-year collaborative and transformational place-making project will create 3,350 homes, 100,000m² of business space, a new town centre, leisure centre, secondary school, cinema, health and wellbeing hub and 150ha of protected and enhanced green space.

Like many garrison towns, Whitehill & Bordon had significant health challenges. Under the Healthy New Towns programme, public, private and voluntary organisations are working to transform it into a town where it is easy for people to live healthier, active and independent lives and have the care they need in the right place, at the right time.

Whitehill & Bordon is being designed so that:

- It is easier to walk and cycle round town than travel by car
- Families will be supported to live more active lifestyles

- Technology enabled care will support people to stay in their homes safely for as long as possible
- People can live full and active lives connected to their local community
- Existing residents will be supported to retrofit their homes to improve health and wellbeing
- People will have access to better local care when they need it.

The Healthy New Towns programme is delivering a range of initiatives. These include improvements to the local green space, Hogmoor Inclosure, to make it dementia-friendly; a new play area made of natural materials; and a new skate park. A community café with a focus on wellbeing, Café 1759, and a pop-up community garden have opened. Time-banking has been introduced to help reduce social isolation.

3,350
NEW HOMES

5,500
NEW JOBS

100,000
SQM NEW COMMERCIAL SPACE

150ha
PROTECTED AND ENHANCED GREEN SPACE

Key partners

- East Hampshire District Council
- Whitehill & Bordon Regeneration Company
- Radian Homes
- Hampshire County Council
- Badgerswood and Forest Surgeries
- Pinehill Surgery
- South Eastern Hampshire Clinical Commissioning Group



Whyndyke Garden Village, Lancashire

With a predominantly older population, this part of Fylde coast will boost opportunities for physical and social activity, and design for an ageing population

Timeline

2015 Proposal to develop Whyndyke Farm site agreed	2018 Section 106 planning agreement signed, including healthy design principles. Category winner in RTPi North West regional awards for planning excellence	2032 Expected completion. 1,400 homes built by 2032
2016 Whyndyke Garden Village Partnership Board established		

2015 – 2018

2019 – 2032

2016
Becomes Healthy New Town

Whyndyke Garden Village is a planned settlement of 1,400 homes to be built on a site mostly in the borough of Fylde, but partly within the boundary of Blackpool Council. The 91ha site is only three miles from Blackpool's centre. Although called a garden village, it is not part of the government's Garden Communities programme.

The planning application for the site was submitted in 2011. In 2015 the two councils agreed to apply for the development to become a Healthy New Towns demonstrator site. The settlement will be designed so that community facilities, health care buildings and employment sites are close together. This population is slightly older than the national average, with 26% of people of Fylde and 20% in Blackpool aged 65 or older.

Whyndyke Garden Village Board is working in partnership with the local community to create the settlement. This includes key partners (see right) such as local councils, public health services, housing providers, the private sector, local charities and members of the community.

Priorities include:

- Engagement with new and existing community groups to introduce initiatives and maintain stewardship within the community
- Understanding community needs and making better use of existing health care sites to support health and wellbeing
- Applying technology, such as apps, to help people access health care services more easily
- Creating a neighbourhood that helps people to be physically active and less dependent on cars
- Designing homes for life-long living that are affordable to build.

Planned innovations include building a school with space for services such as leisure facilities, support and learning. The school curriculum will also feature health and wellbeing.

1,400
HOMES

20ha
EMPLOYMENT LAND

2
FORM ENTRY PRIMARY SCHOOL

Key partners

- Fylde Council
- Blackpool Council
- Lancashire County Council
- Lancaster University
- Cassidy and Ashton
- Blackpool Football Club Community Trust
- Progress Housing Group
- YMCA
- Fylde Coast Clinical Commissioning Groups
- Cidari Multi Academy Trust



Appendix 2

Who we are

Putting Health into Place was commissioned by NHS England and NHS Improvement and produced through a creative collaboration between NHS England, the TCPA, The King's Fund, The Young Foundation, Public Health England and PA Consulting. Many people helped create this document (see overleaf)

NHS England and NHS Improvement

NHS England and NHS Improvement leads the National Health Service in England. It sets the strategic direction of the NHS, informs the national debate to improve the nation's health and distributes funding for services. Set up in 1948, the NHS was the first universal health care system in the world, and has become one of its most efficient, egalitarian and comprehensive health systems. The NHS was born out of the ideal that good health care should be available to all – a principle that remains at its core.

The TCPA

The TCPA (Town & Country Planning Association) is a charity that works to make the UK's planning system more responsive to people's needs and aspirations, and promotes sustainable development. The TCPA contributed the built environment content of Putting Health into Place, supported by town planning and urban design consultant, David Lock Associates. The TCPA also led the creation of this publication and its editorial production.

The King's Fund

The King's Fund is an independent charity, working to improve health and care in England. The King's Fund's role in Putting Health into Place was to research and demonstrate how major housing developments can be used as an opportunity to create new models of care. The King's Fund worked in partnership with IBI Group, a technology-driven design firm focused on creating liveable, sustainable urban environments.

The Young Foundation

The Young Foundation finds new ways of tackling major social challenges by working alongside communities, using the tools of research and social innovation. It runs a range of national and international programmes and works in partnership with leading organisations, thinkers and policymakers. For Putting Health into Place, The Young Foundation created the content relating to working with communities for health and wellbeing.

PA Consulting

PA Consulting is an innovation and transformation consultancy that believes in the power of ingenuity to build a positive human future in a technology driven world. Its economic consulting team was the economic evaluation partner for Putting Health into Place. The team reviewed literature and conducted expert interviews to demonstrate the programme's economic impact on stakeholders, including residents, developers and the NHS.

Public Health England

Public Health England is an executive agency of the Department of Health and Social Care. It provides government, local government, the NHS, parliament, industry and the public with evidence-based professional, scientific expertise and support to protect and improve the nation's health and to address inequalities.



Public Health
England

Credits

Creating Putting Health into Place was a highly collaborative process and involved many people including, but not limited to, the following:

Steering group

Former chair: Prof Sir Malcolm Grant CBE, former chairman, NHS England; interim chair: Keir Shillaker, NHS England.

Members

Rob Ballantyne, consultant; Richard Blyth, RTPI; Helen Buckingham, Nuffield Trust; Prof Matt Carmona, Bartlett School UCL; Prof Rhiannon Corcoran, University of Liverpool; Prof Yvonne Doyle, Public Health England; Candace Imison, Nuffield Trust / Sheffield Teaching Hospitals NHS Trust; George Kenyon, Department of Health and Social Care; Graham Marshall, University of Liverpool; Dan Northam-Jones, NHS England; Dr Riëtte Oosthuizen, HTA Design; Helen Pineo BRE / UCL; Jeremy Porteus, Housing LIN; Lindsey Richards, Homes England; Lucy Saunders, GLA / TfL; Clare Skidmore, Housing LIN; Dr Jennifer Thomas, Ministry of Housing, Communities and Local Government; Dr Helen Walters, National Institute of Health Research Evaluation, Trials and Studies Coordinating Centre (NETSCC); Mark Walton, Shared Assets.

NHS England and NHS Improvement

Keir Shillaker, Dr Sara McCafferty, Daniel McDonnell, Annalise Johns, Harry Dodd, David Russell, Laura Wilkes, Gabriel Lawson, Luke Hunka, Emily Hough.

Public Health England

André Pinto, Rachel Toms.

TCPA

Julia Thrift, Michael Chang, Dr Gloria Cheung, Catriona MacRae.

The King's Fund

Chris Naylor, Alex Baylis, Harry Evans, Joni Jabbal, David Buck.

The Young Foundation

Amanda Hill-Dixon, Radhika Bynon, Victoria Boelman, Laura Whittall, Sophie Hostick, Dr Hannah Green, Tony May.

IBI Group

Justin Harris, Mario Bozzo.

PA Consulting

Harry Dunsford, Dr Nils Gudat, Sohrab Khan.

David Lock Associates

Keith Brown, Joseph Carr, Katie Christou, Phil Copsey, Paul Farrell, Matthew Lappin, Lawrence Revill, Ian Wale.

Design

Antony Harrington, Studio Metier.

Editorial

Josephine Smit, Alysoun Coles.

Photography

Mike Ellis.

In addition many people working on the 10 Healthy New Towns demonstrator sites contributed their time, expertise and experience to this publication.

The publication team recognises the contribution made by Phil Copsey (1968 – 2018), of David Lock Associates, to this work in its early stages and to planning places where everyone can live active, healthy lives.

Appendix 3

Further reading

There are links to further information throughout these documents. This page provides a summary of particularly useful resources. They are divided into themes for ease of reference, but many cover more than one topic.

Key national policies

- National Planning Policy Framework** MHCLG (2019)
www.gov.uk/government/publications/national-planning-policy-framework--2
- National Planning Practice Guidance** MHCLG (2018)
www.gov.uk/government/collections/planning-practice-guidance
- 25 Year Environment Plan** HM Government (2018)
www.gov.uk/government/publications/25-year-environment-plan
- NHS Long Term Plan** NHS (2019)
www.longtermplan.nhs.uk

Strong communities

- Communities and Health** King's Fund (2018)
www.kingsfund.org.uk/publications/communities-and-health
- Community Planning Toolkit** Community Places (2012)
www.communityplanningtoolkit.org
- Design for Social Sustainability: A framework for creating thriving new communities** Social Life (2011)
www.social-life.co/media/files/DESIGN_FOR_SOCIAL_SUSTAINABILITY_3.pdf
- Encouraging healthier 'out of home' food provision** Public Health England (2017)
www.gov.uk/government/publications/encouraging-healthier-out-of-home-food-provision
- Everybody active, every day: framework for physical activity** Public Health England (2018)
www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life
- Food Partnership Resources** Brighton & Hove Food Partnership (2018)
<https://bhfood.org.uk/resources/>
- My Community** Locality (2017)
<https://mycommunity.org.uk/>

Built environment

- Active Design: Planning for health and wellbeing through sport and physical activity** Sport England (2015)
www.sportengland.org/facilities-and-planning/active-design/
- Creating health promoting environments** TCPA (2017)
www.tcpa.org.uk/tcpa-practical-guides-guide-8-health
- Creating healthy places** Design Council (2018)
www.designcouncil.org.uk/what-we-do/built-environment/creating-healthy-places
- Designed to Move** (2015)
www.designedtomove.org
- Healthy High Streets: good place making in an urban setting** Public Health England (2018)
www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting
- Healthy Streets for London** Transport for London (2017)
www.tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets
-

Pedestrians First: Tools for a Walkable City

Institute for Transportation & Development Policy (2018)

www.itdp.org/publication/walkability-tool/***Securing constructive collaboration and consensus for planning healthy developments*** TCPA (2018)www.tcpa.org.uk/Handlers/Download.ashx?IDMF=b9a54964-9cf5-49d4-8ef4-095d2436719f***Spatial Planning for Health: An evidence resource for planning and designing healthier places*** Public Health England (2017)assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf***The Routledge Handbook of Planning for Health and Well-Being***

Taylor & Francis Barton et al (2015)

www.routledge.com/The-Routledge-Handbook-of-Planning-for-Health-and-Well-Being-Shaping-a/Barton-Thompson-Burgess-Grant/p/book/9781138023307***Building the Foundations: Tackling Obesity through Planning and Development***

TCPA & LGA (2016)

www.local.gov.uk/building-foundations-tackling-obesity-through-planning-and-development**Health care and wellbeing*****Health in all policies: a manual for local government*** LGA (2016)www.local.gov.uk/health-all-policies-manual-local-government***Childhood Obesity – a plan for action: Chapter 2*** DHSE (2018)www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2***Designing mental health into cities*** Centre for Urban Design and Mental Health (2018)www.urbandesignmentalhealth.com***How does the NHS in England work? An alternative guide*** The King's Fund (2017)www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work***Information Governance Alliance*** NHS Digital (2017)digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga***Joint Strategic Needs Assessment: data inventory*** Local Government Group (2011)assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf***Making sense of integrated care systems*** King's Fund (2018)www.kingsfund.org.uk/publications/making-sense-integrated-care-systems***New care models*** NHS England (2018)www.england.nhs.uk/new-care-models/***Fingertips Wider Determinants of Health Tool*** Public Health England (2018)fingertips.phe.org.uk/profile/wider-determinants***Realising the Value: programme reports, tools and resources: putting people and communities at the heart of wellbeing*** Nesta (2018)www.nesta.org.uk/feature/realising-value-programme-reports-tools-and-resources/

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publichealthmatters.blog.gov.uk/2018/07/11/implementing-the-whole-systems-approach-to-obesity/
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assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf
 - ³ Darlington Borough Council.
www.darlington.gov.uk/media/2646/digital-final.pdf
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