guide 8
creating health-promoting environments
Practical Guides for Creating Successful New Communities

Guide 8: Creating Health-Promoting Environments

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The Guide aims to reflect the range of opinions expressed by those offering advice, but not every detail contained within it reflects everyone’s opinions. It should, however, reflect the spirit of constructive collaboration and considered debate.

Cover photograph courtesy of Caroline Brown/David Lock Associates.
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Published separately:
Annex 1  Health in planning policy – checklist
Annex 2  Health in new Garden Cities – development assessment

Available at https://www.tcpa.org.uk/guidance-for-delivering-new-garden-cities
The TCPA Practical Guides

Across the UK there is a shortage of housing, and it is increasingly understood that we need to plan and build new large-scale developments, in addition to renewing existing towns and villages. At the same time, many people worry that any new places built will be no more than soulless, unattractive dormitory suburbs. How can we prevent such outcomes? How can we ensure that new large-scale developments become socially and economically successful places – places that will improve over time, and in which people will want to live for generations to come? The answer lies in the Garden City development model – a proven way of funding, creating and maintaining successful high-quality places. A true Garden City is a place created following the Garden City principles, set out in the box below.

National planning policy guidance on a range of issues has been greatly reduced, so practical advice about how to create successful new places is more important than ever. The TCPA’s Practical Guides – on location and consent; finance and delivery; design and masterplanning; planning for energy and climate change; homes for all; planning for arts and culture; planning for green and prosperous places; creating health-promoting environments; and long-term stewardship – are not detailed handbooks but instead set out the scope of opportunities for ambitious councils who want to create high-quality, large-scale new developments, whether or not they are able to follow all the Garden City principles. They highlight the key points for consideration and offer signposts to sources of further detailed information. They are ‘living’ documents that will be periodically updated to reflect key policy changes. Although they are focused on policy in England, the principles and key recommendations can be applied across the UK. The Practical Guides will help anyone attempting to create great places, for everyone, whether or not they describe what they are trying to achieve as a ‘Garden City’.

The Garden City principles

A Garden City is a holistically planned new settlement that enhances the natural environment and offers high-quality affordable housing and locally accessible work in beautiful, healthy and sociable communities. The Garden City principles are an indivisible and interlocking framework for delivery, and include:

- Land value capture for the benefit of the community.
- Strong vision, leadership and community engagement.
- Community ownership of land and long-term stewardship of assets.
- Mixed-tenure homes and housing types that are genuinely affordable.
- A wide range of local jobs in the Garden City within easy commuting distance of homes.
- Beautifully and imaginatively designed homes with gardens, combining the best of town and country to create healthy communities, and including opportunities to grow food.
- Development that enhances the natural environment, providing a comprehensive green infrastructure network and net biodiversity gains, and that uses zero-carbon and energy-positive technology to ensure climate resilience.
- Strong cultural, recreational and shopping facilities in walkable, vibrant, sociable neighbourhoods.
- Integrated and accessible transport systems, with walking, cycling and public transport designed to be the most attractive forms of local transport.

The TCPA has produced an extensive set of policy and practical resources on Garden Cities, which can be found at http://www.tcpa.org.uk/pages/garden-cities.html
While the socio-economic context in which the first Garden Cities were created in the early 20th century was different to that prevailing in the early 21st century, the basic need for a decent quality of life and good living environments transcends time and culture. In recent times, health inequalities within our communities have widened, and this gap is manifested in the quality of the built environment.

Research has indicated that if health and wellbeing are properly considered and addressed through design early in the planning and development process, as part of a wider place-making approach, there is an opportunity to harness increased development value of between 5% and 50%. This makes a strong business case for fully addressing questions of health and wellbeing within the planning and development process. Evidence has shown that the benefits to both the developer and wider society over the long term will outweigh costs.

Writing in the TCPA pamphlet *Health and Garden Cities*, published in 1938, Dr Norman Macfadyen, an early supporter of the Garden City model and Letchworth’s first resident doctor and its first medical officer of health, argued that the ‘inevitable strain of life can be eased by good housing conditions, good working conditions, good opportunity for the enjoyment of leisure, freedom for proper rest, with the proper opportunity for fresh food’. This is the starting point for promoting health and wellbeing in the populations of new large-scale developments.

The ideas set out in the Practical Guide will not necessarily be new to planners and developers, but they do take on an explicit public health perspective. In order to remain true to the Garden City principles, those undertaking new developments should consider the following elements of good place-making in a coherent way, based on local needs and demographic profiles and informed by an up-to-date local health evidence base:

- movement and access;
- open spaces, play, and recreation;
- the food environment;
- buildings;
- neighbourhood spaces and infrastructure; and
- the local economy.

This Practical Guide also suggests tools and mechanisms for delivery and implementation which can be adopted by local authorities and delivery partners, including:

- collaboration, co-operation, and sustained local planning for health capacity;
- health-focused strategies, plans, and policies;
- the adoption of strategic sites for housing and employment development opportunities in health-promoting locations;
- an evidence-informed and health-proofing masterplans and monitoring process;
- systematic consideration of health impacts in assessments;
- consistency of approach in identifying local health and care infrastructure needs; and
- a place-based approach to securing inward capital and revenue investment.
This Practical Guide sets out how new Garden Cities should be designed to promote the health of their populations. It brings together and supplements the wealth of existing guidance on creating healthy and active environments to inform the planning of new Garden Cities or new large-scale urban extensions, or the regeneration of existing communities. It builds on each of the Garden City principles, but it specifically addresses:

- **for health and wellbeing needs**, considerations under the ‘beautifully and imaginatively designed homes with gardens, combining the best of town and country to create healthy communities’ principle; and
- **for health and care infrastructure needs**, considerations under the ‘strong cultural, recreational and shopping facilities in walkable, vibrant, sociable neighbourhoods’ principle.

### 1.1 Who this Practical Guide is for

This Practical Guide is aimed at professionals in town planning, the development industry, public health, health and care, transport and other built environment fields across the public, private and third sectors, recognising that there are greater opportunities for innovation and creativity when bringing about healthy new communities through cross-sectoral collaboration and an alignment of policies. It should be used in conjunction with the TCPA Practical Guides on masterplanning, homes, green infrastructure, and long-term stewardship.1

### Local authorities

Local authorities have a role to play in improving health outcomes for their populations through corporate strategies and, ultimately, an area’s local planning policy. The planning policy team has a role in translating national policy into deliverable Local Plans and masterplans, and the responsible planning officer in the development management team has the central role of co-ordinating priorities from internal consultees, including from public health, leisure and transport teams, and other health and care providers. Local authority directors of public health can ensure that there is sufficient capacity in public health teams to engage effectively throughout the development process. This Practical Guide can help local authorities to provide a level of certainty over what to expect from new communities in terms of health and wellbeing.

### Delivery partners

Delivery partners should think very carefully about how their actions and development proposals will contribute towards building healthy communities now and in the future. They should seek the engagement of health, sport and physical activity consultees early in the development process. This Practical Guide can help developers of new communities to understand what a healthy development could look like and the various elements to consider in the masterplanning and implementation phases.

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Stakeholder and special-interest consultees, including those in health and leisure settings

Achieving good health outcomes from the building of a new community will require input from stakeholders working in education, park management, transport, and sport and physical activity, as well as health and care providers and commissioners. Their involvement and engagement should add value to the process, and this Practical Guide can help in identifying where their specific contributions can make a material difference to planning for and delivering truly healthy sustainable communities.

1.2 Achieving multiple outcomes through healthy developments

Health outcomes are dependent on action in many policy areas. When taking a place-based approach, healthy developments will not only help the local authority to improve population health in terms of both physical and mental wellbeing, but will also help in achieving multiple local objectives and priorities within the wider place-making agenda (see Fig. 1), such as improving road safety, reducing air pollution, maximising environmental protection, or securing infrastructure investment to attract new residents and a skilled working population. Meeting these wider objectives can result in attracting the right workforce to work in the health and care system and in other local industries.

All this makes creating a high-quality living environment more than just a matter of addressing issues that adversely affect health. Addressing such multiple local priorities can also help to promote good health: the quality of the environment and the local socio-economic context are contributing factors.

![Diagram showing various benefits of place-making and healthy new communities]

Fig. 1 The multiple benefits of place-making and healthy new communities
1.3 Why securing health outcomes matters

The places we create now will ‘lock in’ behaviours and lifestyles for generations of local people, young and old. It is therefore essential that local authorities and delivery partners both explicitly consider the health impact of planning and design decisions, and employ available policy and practical approaches to promote the design and building of healthy developments. Where opportunities exist to address health challenges in adjacent communities, they should be considered and built into wider investment and improvement plans.

There is evidence associating the quality of the built and natural environments with the health and wellbeing of both individuals and wider populations. A recent Public Health England (PHE) publication summarises the strength of UK-based evidence on the impacts of the built and natural environment on health, to inform action and policy.2

There is also evidence that the incorporation of health-promoting elements into developments can help to improve development values – including from consumer surveys indicating demand for improved access to local amenities such as public open spaces and health facilities.3 The development and real estate industries are realising the value of creating high-quality places to meet multiple objectives, including the improvement of public health facilities,4 and have developed principles with which to engage their planning, design, and sales teams.5 The involvement of stakeholders and special-interest consultees, such as health, sport and physical activity providers, in the development process can help to unlock this value while at the same time addressing local health needs.

Mapping tools to support healthy planning

GIS-based tools can be used to link planning/design parameters with socio-economic outcomes relating to policy priorities such as wellbeing, equality, and economic growth. Space Syntax has developed tools to measure and assess outcomes such as access to services and levels of social isolation.

http://www.spacesyntax.com/

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Taking advice from the relevant local authorities and health agencies, delivery partners should be encouraged to familiarise themselves with relevant national and local strategies, such as those on healthy weight, physical activity, or adult social care. If properly considered, with engagement from the health sector, the relevant policy drivers can positively transform the way that new communities are planned, designed, and delivered.

2.1 Planning policy context

The National Planning Policy Framework (NPPF) is the primary policy document informing local planning policies and decisions. It explicitly sets out the social role of planning as supporting ‘strong, vibrant and healthy communities’, and itself supports the provision of accessible services that the community needs to deliver widespread health and wellbeing improvements. Section 8 of the NPPF, ‘Promoting healthy communities’, states that the ‘planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities’. The main policy requirements on the wider environmental determinants of health are set out directly and indirectly throughout the NPPF, regarding:

- sustainable transport (section 4);
- housing provision (section 6);
- good design (section 7);
- natural environment (section 11);
- health and care infrastructure needs (para. 162); and
- health needs assessment (para. 171).

The NPPF is supported by the online Planning Practice Guidance section on health and wellbeing, but other sections on design and natural environment are also relevant.

Duty to co-operate on health infrastructure planning

The Localism Act 2011 introduced the ‘duty to co-operate’, which is a process requirement when dealing with strategic priorities in developing Local Plans. Strategic priorities are defined under para. 156 of the NPPF in relation to the provision of health and care infrastructure. The duty applies to local planning authorities, clinical commissioning groups (CCGs) and the NHS Commissioning Board (known as NHS England) during the development of local planning authorities’ Local Plans, and should be considered a two-way process.

2.2 Public health policy context

Public health responsibilities lie broadly under the jurisdiction of Public Health England (PHE), with directors of public health and public health professionals embedded within each local

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Health and wellbeing boards have a role in setting local health priorities through the joint health and wellbeing strategy. The Public Health Outcomes Framework is a useful set of outcomes and indicators, which, with local health profiles, can help local authorities and delivery partners understand the extent to which public health is being improved and protected.

**Health and care policy context**

Responsibilities for healthcare planning lie broadly with NHS England and CCGs for commissioning of health services (and also local authorities also for some services), and with the family of NHS trusts for the provision of services in primary (general practitioner, or GP), acute (hospital) and community care. These organisations have now formed partnerships called ‘sustainability and transformation partnerships’ (STPs) to improve health and care. Each area has developed proposals built around the needs of its population, not just those of individual organisations. The NHS England Five Year Forward View sets out innovative actions in planning for health and wellbeing, care and quality, and tackling funding and efficiency gaps. The Healthy New Towns programme\(^9\) is supporting ten ‘healthy new town’ projects, which are being designed to exemplify new and creative approaches to planning healthy new communities, working with local authorities, planners, developers, and the NHS. The NHS vanguards programme\(^10\) has been testing the development of new care models and systems, such as bringing healthcare providers together under an accountable care organisation.

**Social care**

Local authorities are responsible for the planning, design, commissioning and delivery of social care services, responding to a wide range of needs and developing local strategies. Social care involves both public money and private spending, but local authorities alone spend £14 billion per year.\(^11\) Many services require the use of land and buildings, and working with social care providers to understand their needs is a requirement of the NPPF.

**Other relevant policy context**

Sport England’s national sport strategy, *Towards an Active Nation*,\(^12\) published in 2016, has been hailed as a significant policy shift, to a focus on tackling inactivity and increasing wellbeing through improving physical activity in active environments, not just from participation in formal sporting activities. It developed its ‘Active Design’ principles with PHE to encourage and promote sport and physical activity through the design and layout of the built environment, and so support a step-change towards healthier and more active lifestyles.

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Those involved in planning and developing new Garden Cities should aim to create healthy environments that enable residents of all ages to make healthy choices with ease, with particular emphasis on:

- focusing actions in areas of high deprivation, poor health and vulnerable populations within existing populations in the locality;
- providing safe and care-free opportunities for formal and informal activity for all;
- attracting and retaining active working populations;
- supporting high-quality independent living for the elderly; and
- creating a consistency and certainty of approach, while encouraging co-produced actions through collaboration and dialogue.

The guidelines set out here will not necessarily be new to planners and developers, but they do take on an explicit public health perspective. It is not possible to specify standards for every aspect of a Garden City masterplan, but new developments should address the elements set out in this Section in a coherent way, responding to the local context, needs and demographic profile, and informed by an up-to-date local health evidence base. The structure for this Section is based on that used in the TCPA’s *Planning Healthy-Weight Environments* publication, from which the illustration of healthy development principles and guidelines shown as Fig. 2 on pages 16 and 17 is also drawn.

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Creating a place that prioritises active and inclusive environments which provide easy and safe opportunities for everyone to be physically active through sustainable modes of travel.

An active and inclusive environment should work for everybody in all settings, whether in a home, school, office, factory, park, street, or health facility, or on a public transport route. The National Institute for Health and Care Excellence (NICE) recommends action to ensure that pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority. This can be achieved by providing a comprehensive network of routes for walking, cycling, and other modes of transport involving physical activity.14 The UK’s Chief Medical Officers recommend that all children and young people should engage in moderate to vigorous-intensity physical activity for at least 60 minutes every day; adults should aim for at least 150 minutes of moderate-intensity activity over a week-long period.15

To help achieve improved physical activity across the local population through the creation of high-quality active and inclusive environments, local authorities and delivery partners should review the strategic street and public transport networks to ensure that they are well connected and that neighbourhoods are of density levels sufficient to support public transport and economic vitality. Individual developments should follow ‘Active Design’ principles,16 and the guidelines set out on the next page should also be considered in the planning and development process.


## Movement and access – development guidelines

### Walking environment

- A clearly signposted street network for destinations within 400-800 metres (i.e. a 5-10 minute walk).
- Streets that are connected to coherent wider networks designed to facilitate walking, including to public transport stops.
- Streets and a public realm that are safe and accessible for all ages and levels of ability.
- Well designed buildings that overlook streets without compromising home privacy and security.
- Walking prioritised over private car use, and the speed of vehicles managed through actions such as the enforcement of 20 mph zones or the implementation of ‘home-zone’ areas.

### Cycling environment

- Direct, convenient, legible and safe cycling networks that are designed for all users.
- Appropriate segregation, or surfaces shared between cyclists, pedestrians and vehicle traffic.
- Streets/cycle paths that are connected to wider transport networks.
- Area-wide cycle facilities, including secure cycle parking, showering/changing rooms, clothes drying, and storage.

### Local transport services

- Local transport that promotes sustainable travel modes over journeys by private cars.
- Approved travel plans implemented and monitored with health indicators.
- Existing transport infrastructure and services, such as rail and bus, that are integrated effectively and enhanced when necessary.
- School locations that comply with local authority home-to-school transport duties.

## Example approaches

### ‘Active Design’ principles


http://www.sportengland.org/facilities-planning/active-design

### Family-friendly environments

At the residential-led development of Icknield Port Loop in Birmingham, up to 1,150 new homes are gathered around a new neighbourhood park in an area dominated by canals. In addition to improving the canal network through active links into the city, the layout has been designed so that most housing fronts onto traffic-calmed, home-zone streets.

https://www.birmingham.gov.uk/icknieldportloop
3.2 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.

Based on evidence gathered together by Public Health England, the Institute of Health Equity at University College London has concluded that increases in the use of good-quality green spaces by all social groups is likely to improve health outcomes and reduce health inequalities, and can also bring other benefits such as greater community cohesion and reduced social isolation.17 Natural England’s research into the mental health benefits of nature-based interventions and the social prescribing of nature has found an increasing demand for ‘green care’ services.18 The needs of the community should inform the provision of open green spaces of appropriate types, quantities and quality. Local authorities and delivery partners should also consider opportunities for the use of open space networks before, during and after construction for informal community-based activities and ‘meanwhile’ uses. They should also plan for in-perpetuity investment to manage and maintain them to a good standard.

### Open spaces, play and recreation – development guidelines

| Open spaces | ■ A planned network of high-quality green and blue spaces that can also be used for walking and cycling and formal and informal activity, amounting to a minimum of 40% of the development land total.  
| Natural environment | ■ High-quality natural green open spaces of various sizes that are accessible from dwellings – no-one should live more than 300 metres from the nearest area of natural green space of least 2 hectares in size.  
| Leisure and recreational spaces | ■ Provision that has been fully informed by the local assessment of needs for recreation, as required by para. 73 of the NPPF.  
| Play spaces | ■ A wide range of high-quality play opportunities within residential areas.  
| Management and maintenance | ■ Careful consideration given to including open space enhancements that benefit the community while being as maintenance-free as possible, or mechanisms put in place to enable not-for-profit land managers to maintain good-quality open spaces in perpetuity (see the TCPA’s Practical Guide 9: Long-Term Stewardship). |

### Example approaches

**Using the waterways for healthy living**
The Canal & River Trust is developing an online toolkit which provides information on a wide range of topics demonstrating the importance of planning for the waterways, including improving the health performance of waterway corridors for adjoining communities.  
https://canalrivertrust.org.uk/about-us/planning-and-design

**Providing open space variety in new development**
The Greylees development in Sleaford offers a variety of types of recreation opportunities across the development site, some of which have been developed with community input.  
The development delivered beyond the section 106 requirement, to provide public open space enhancements for the benefit of the community and future generations in accordance with the Greylees Public Open Space document – which also sets out the financial implications for the developer of installing the various proposed open space elements.
Local authorities should consider the wider food environment within which the development sits. Ensuring proximity and good access to the provision/production of healthy food environments, supported by community activities, is an essential part of the creation of healthy places. Sometimes this may require restricting the proliferation of unhealthy food outlets using planning and wider local authority powers. In keeping with the original Garden City ideals, local authorities and delivery partners of new communities can design-in a healthy food environment by allocating a proportion of open space to food-growing uses in consultation with the local community, and by maintaining awareness of potential health impacts when designating retail uses in planned neighbourhood centres. They should consider the following factors:

- **Production:** A space specifically suited for food growing, designed with consideration of aspect, layout, soil quality, compost areas and a water supply, can play an important part in long-term success in healthy eating. Long-term maintenance plans for such sites should be taken into consideration at the outset, along with provision for relevant community group establishment and support.

- **Access:** Long walks or complicated journeys by public transport to shops can be difficult for older or disabled people or people with young children. Food markets in retail centres and temporary market stalls close to community facilities can help in avoiding food deserts, ensuring that affordable fresh food is available through viable small businesses.

- **Consumption:** Many councils run healthy catering schemes for businesses and schools which offer healthy options that reduce the level of saturated fat and salt in the food sold and make smaller portions available on request.

*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.*
### Food environment – development guidelines

#### Food retail
- Local authority policies to avoid over-concentration of hot-food takeaways and to restrict their proximity to schools, town centres or other facilities aimed at children, young people, and families.
- Shops/markets that sell a diverse offer of food choices and are easily accessible by walking, cycling or using public transport.
- Leisure centres, workplaces, schools and hospitals with catering facilities that have a healthy food offer for staff, students, and/or customers.
- Exploration of opportunities to support innovative approaches to healthy eating through temporary changes of use.

#### Food growing
- Development that maintains or enhances opportunities for growing food and prevents the loss of food-growing spaces, including the provision of community orchards.
- Opportunities for households to own or have access to space to grow food, for example in roof or communal gardens and allotments.
- Protection of the best and most versatile agricultural land on the urban fringe and encouragement for its use for food production.

### Example approaches

**Promoting a healthy out-of-home food environment**
Prepared with the Chartered Institute of Environmental Health, London Metropolitan University, the Children's Food Trust and the Local Government Association, Public Health England's *Strategies for Encouraging Healthier 'Out of Home' Food Provision* toolkit assists local authorities across England in working with smaller food outlets, such as takeaways, restaurants, bakers, corner shops, leisure centres, children's centres and nurseries, to help them offer healthier food and drinks.


**Providing a community garden**
A new affordable housing development of 22 energy-efficient homes in Manor Road, Swindon, opened in 2013, together with a food-growing community garden. The scheme – TWIGS Community Gardens – has been set up by the Wiltshire Wildlife Trust, in conjunction with Raglan Housing and residents and volunteers. The garden features micro-plots, a wildlife area, a polytunnel, and communal growing areas. It has helped to create a social hub for people to meet, while bringing the many benefits of home-grown produce to residents.

Fig. 2  Healthy development principles and guidelines
Movement and access
Creating a place that prioritises active and inclusive environments which provide easy and safe opportunities for everyone to be physically active through sustainable modes of travel.

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.

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.

Buildings
Constructing high-quality, human-scale buildings with healthy internal and external, working and living environments that promote the long-term health and comfort of their occupants.

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.

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.
While a key aim of healthy development is to provide people with greater opportunities to be physically active outdoors, the quality of buildings is itself a determining factor in people’s health. Consumer research, such as the *Health and Wellbeing in Homes* report from the UK Green Building Council, backed up by research from housebuilders such as Redrow, consistently highlights the increasing demand for and expectations of high-quality and high-performing homes, addressing issues such as noise, light, and comfort.

The provision of good-quality, accessible and appropriate housing can help prevent people from being admitted to hospital, encourage swifter discharge and support people wanting to remain independent in their community. Local authorities and delivery partners should be engaging with their local NHS trust, CCG and social care provider to determine the need for specialist supported housing and key worker housing as parts of the housing mix. Efforts should be made to secure planning gain to improve the existing housing stock in the immediate vicinity of the development area.

For non-residential settings, the benefits can improve the wellbeing, productivity and satisfaction of people working in a building, while reducing operational costs, enhancing asset value, and increasing market demand for spaces.
### Buildings – development guidelines

#### Homes

These suggested guidelines on the key consideration of homes fit for the future supplement those set out in Practical Guide 5: Homes for All:

- Compliance with Lifetime Homes standards (or Building Regulations M2/M3).
- Access to natural daylight in all parts of the home.
- Internal spaces for secure bike storage and internal movement.
- Space for storing, preparing, cooking and eating home-made food.
- Homes that are well insulated and quiet.
- Provision of private or partially private outdoor space, such as a front or back garden, or adequately-sized balconies.
- Car parking spaces per dwelling are minimised, consideration of car share schemes, and on-street car parking that does not compromise safe walking and cycling routes.
- Standards ensured through third-party certification such as the BRE Home Quality Mark, which considers a range of technical issues.
- Consideration of the need for specialist supported housing integrated within the development and appropriately sited in accessible locations.

#### Other buildings (offices, etc.)

- Attractive, visible and signed stairwells close to the entrance.
- Inclusion of cycle racks, cycle storage, and changing facilities.
- Internal design and layout that promotes physical activity.
- Car parking space minimised; consideration given to car share schemes.
- Approved travel plan that promotes sustainable transport.
- Consideration given to meeting the BREEAM new construction non-domestic buildings health and wellbeing category ([BREEAM UK New Construction](https://www.breeam.com/discover/technical-standards/newconstruction/)).

### Example approaches

#### Home Quality Mark

BRE’s Home Quality Mark is an independent, third-party-assessed standard that rates new homes on running costs, support for health and wellbeing, and environmental footprint. Currently operational only in England, it will be available for use in Wales, Scotland, and Northern Ireland. Taking account of issues relating to both the home’s surroundings (such as ecology, food planting, transport, and flood resilience) and the home itself (energy, water, and air quality), it presents the benefits of a home to the householder in a holistic way.


#### Delivering sustainable affordable homes

Forty apartments for rent in Hove, East Sussex, were developed by Southern Housing Group to Code for Sustainable Homes level 4, with high levels of natural light. One-to-one car parking is provided in a secure basement. Four of the apartments are wheelchair accessible.

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.

Community and social infrastructure

Local authorities and delivery partners should consider opportunities for integrating into the development a range of informal activities and other local initiatives that support healthy lifestyles and strengthen community cohesion. These opportunities should be supported by community infrastructure that enables and sustains such activities in the long term. Many of these activities could be explored as ‘meanwhile’ uses prior to commencement of the development and operating during the construction of the new Garden City in safe, designated areas or sustained and managed by local community groups in designated spaces after completion.

Health infrastructure and NHS estates

The levels of housing and population growth planned in a new, large-scale development will place additional pressure on existing health and social care provision. While in some instances existing infrastructure may have the capacity to cope with growth, new developments will generally need new or extended health facilities to cater for the needs of their residents. The range of services to be provided can include primary care (GP services), intermediate care, acute facilities, social care, mental health and dental services, and community pharmacies.

The fundamental change in direction of the new healthcare landscape – set out in the NHS Five Year Forward View, implemented through sustainability and transformation partnerships, and currently being tested through vanguards pilots – is intended to enable primary care to be delivered closer to and within the home, and health services to be consolidated in integrated centres. The traditional models of securing health and care premises may not apply. It is therefore important to co-operate with local health commissioners and providers to understand the nature of facility requirements arising from the new development and to integrate them into the development process accordingly. These commissioners and providers can include the local authority, the CCG, NHS Property Services, and NHS trusts. Further advice on health and care infrastructure planning is set out in Section 4.
Neighbourhood spaces and infrastructure – development guidelines

<table>
<thead>
<tr>
<th>Community and social infrastructure</th>
<th>Public spaces</th>
<th>Health infrastructure and estates</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Community facilities provided early as a part of the new development to help people feel connected and to provide a local destination.</td>
<td>■ Flexible and durable high-quality spaces that can support civic, cultural and community functions, such as local markets and food stalls.</td>
<td>■ Provision of on-site services to match local needs and new population requirements in the form of new buildings or spaces for community, primary or acute care services (the current requirement for primary care is one GP per 1,500-2,000 new population or patients).</td>
</tr>
<tr>
<td>■ Community facilities such as healthcare services, education and leisure centres co-located if feasible.</td>
<td>■ Spaces that are easy to get to by public transport and on walking and cycling routes.</td>
<td>■ Consideration of locations with maximum accessibility to public transport services and population catchment.</td>
</tr>
<tr>
<td>■ Community facilities conveniently located near to where people live, well signposted, close to public transport routes, and on walking and cycling routes, making them easy to get to.</td>
<td>■ An attractive and well-designed public realm that promotes use and enhances perceived and actual safety and security.</td>
<td>■ Where there is an existing NHS estate or site within the development site or in the area, consideration given to integrating it into the masterplan through redevelopment, co-location, or re-configuration.</td>
</tr>
<tr>
<td>■ Consideration given to the feasibility of ‘meanwhile’ uses in temporary premises, including for health and care services.</td>
<td>■ Consideration given to how emerging digital technology can help provide, and provide better access to, social infrastructure.</td>
<td>■ Healthcare premises and spaces designed to high levels of quality and sustainability, including access to natural daylight and green spaces, and in accordance with relevant Department of Health ‘health building notes’ standards.</td>
</tr>
</tbody>
</table>

In consultation with health commissioners and providers and advice from Community Health Partnerships and NHS Property Services, local authorities and delivery partners should co-operate to define guidelines as set out above for securing health and care infrastructure to meet the needs of the new population and the wider community.

Example approach

Co-location of facilities and services

Orford Jubilee Neighbourhood Hub in Warrington combines a multi-sport facility with health, leisure, library, parks, education, and adult and children’s services in a single development. The aim in bringing these elements together is to address health improvement and education and deliver increased participation in sport and physical activity.

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.

Most new communities will have a neighbourhood centre or high street to provide the necessary local facilities to sustain the local population, such as retail, employment, recreational and community services. Here, local authorities should be mindful of promoting a healthy mix of uses, in particular offering planning advice to developers on specific uses which evidence suggests are more likely to cause adverse health impacts where they are over-concentrated, such as fast-food outlets, pay-day loan shops, and betting shops. Alternatively, public transport, sustained through revenue funding, should enable local people to access community facilities in a nearby town or city.

The planning process is empowered to set out mechanisms for ensuring that development positively contributes to the local economy and employment market, and many local planning authorities have adopted supplementary planning documents (SPDs) on securing local employment through planning agreements.

Example approach

Employment and retail at the heart of new development
The new community of 4,500 new homes in Newcastle being delivered by the Great Park Consortium of developers features a business park, a new town centre, and community facilities. The new town centre lies at the heart of the development, offering a pedestrian-friendly environment and good access to public transport links. Employers are delivering training programmes as required by planning policy, and are employing local people, many of whom live within Newcastle Great Park itself.

http://www.newcastlegreatpark.com

Local economy – development guidelines

<table>
<thead>
<tr>
<th>Town centres and high streets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development that enhances the vitality and viability of local centres by providing diverse retail offers and avoids the proliferation of similar uses.</td>
</tr>
<tr>
<td>A centre that is easy to get to by public transport and is located on safe designated walking and cycling routes.</td>
</tr>
<tr>
<td>Appropriately designed and located street furniture for people walking and cycling, such as benches, toilets, and conveniently located secure bike storage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job opportunities and access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development layout that maximises proximity to existing employment opportunities while avoiding adverse impacts on health and amenity from traffic and noise.</td>
</tr>
<tr>
<td>Development that improves and sustains sustainable transport access to existing employment premises.</td>
</tr>
<tr>
<td>Offices and other employment sites that are easy to get to by public transport, walking, or cycling.</td>
</tr>
<tr>
<td>Development that provides the means for local people to be trained and to secure job opportunities.</td>
</tr>
</tbody>
</table>
This Section presents a menu of courses of action on planning and implementation. Local authorities and delivery partners should use the most appropriate options to help deliver healthy developments according to local circumstances.

Collaboration and engagement

Planning for health is more than just a process, system or structure; it is an alliance of people engaged in making places work for themselves and for future generations. Early and regular engagement with public health, commissioning and provider organisations and the local community, including the local Healthwatch, is essential for maximising buy-in to the benefits that the development will bring.

The barriers to engagement are often related to policy and organisational awareness and lack of time and capacity to engage. Local authorities should thus consider the feasibility of having a health specialist directly engaged throughout the planning process to: ensure that appropriate health expertise and advice are provided on complex proposals; provide a greater opportunity for dialogue through the planning process; and help deliver high-quality, viable developments. Potential approaches include employing dedicated health planners, ensuring that planning and regeneration responsibilities are included in a health specialist’s job description, or making use of ‘health champions’. At the Old Oak and Park Royal Development Corporation in London, for example, a dedicated health advisor works with a joint working group of local CCGs and NHS England to ensure that future health care needs are considered throughout the development process. Further details on how best to involve health professionals in the planning process are set out in the TCPA’s *Public Health in Planning* guide.

**Recommendation**

Take a collaborative and partnership approach, and ensure that the right local capability can be secured and sustained throughout the development period and beyond.

A placed-based, whole-systems approach

Many of the healthy development elements considered in Section 3 should be embedded further ‘upstream’ in local planning policies and guidance, as well as in local health and wellbeing strategies, to inform all developments. The TCPA has developed a policy checklist which allows planners and public health professionals to determine whether local policies meet the national policy requirements set out in the NPPF on issues with direct and indirect impact on health (see Annex 1).

At the stage of masterplanning for individual developments, considerations need to be guided by high-level health aspirations, but must also be informed by and appropriate to

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21 See the Healthwatch website, at [http://www.healthwatch.co.uk](http://www.healthwatch.co.uk)


23 *Public Health in Planning: Good Practice Guide*. TCPA, with Angie Jukes (Stockport Council) and Chimeme Egbutah (Luton Borough Council), Jul. 2015. [https://www.tcpa.org.uk/healthyplanning](https://www.tcpa.org.uk/healthyplanning)
local contexts and community needs. There should also be some flexibility in the planning and implementation phases while achieving agreed health outcomes.

**Recommendation**

Underpin healthy developments with robust strategies, plans and policies that focus on a place-based, whole-systems approach to health promotion.

**Identifying health-promoting locations**

Often, the future health of the population on a specific site will be determined by the site location itself – for example by whether it has good accessibility or sustainable transport or employment options, and local community and healthcare services. It is therefore important for those allocating and acquiring strategic land for development – landowners, agents, or potential developers – to consider the suitability of the site from this perspective. In addition, further efforts should be made to explore the potential for the development to help rectify any existing health challenges faced by neighbouring communities beyond the red-line site boundary. Relevant elements considered in Section 3 can contribute to the assessment criteria during the site selection process.

**Recommendation**

Allocate strategic sites for housing and employment development opportunities in health-promoting locations

**Evidence, monitoring and evaluation**

Health and care professionals have a key role in helping to frame the types of evidence and performance indicators needed to inform and monitor healthy developments. Much of the health evidence should already exist through the joint strategic needs assessment (JSNA) which is updated regularly by local authority public health intelligence teams. Possible additional sources include the Public Health Outcomes Framework24 and the Marmot Indicators 2015.25 This evidence should be used to monitor the development as it progresses (for example in the local authority’s authority monitoring reports, annual director of public health reports, or development delivery plans or travel plans).

**Recommendation**

Area-based policies and masterplans should be informed by health evidence within an agreed framework of monitoring and evaluation.

**Assessing masterplans for health and wellbeing**

Through NHS England’s Healthy New Towns programme, NHS England, Public Health England and the Homes and Communities Agency (which, at the time of preparing this Practical Guide, was expected soon to be re-named Homes England) are developing a review methodology for health and wellbeing in masterplans. It brings together evidence and policy

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so that masterplan documentation can be assessed against health and wellbeing considerations. The emphasis is on a ‘place-based, whole-systems, approach’. The review methodology is currently being developed and tested with the planners involved in the Healthy New Towns programme demonstrator sites. The finalised methodology will assess masterplans against themes that include movement, access and connectivity; open spaces, play and recreation; the food environment; housing and the built environment; the environment; local economy; services; community; and people (similar to the elements considered in Section 3). The methodology will give an indication of where improvements can be made to masterplans and where due consideration is lacking.

Recommendation
Health-proof the masterplan and phasing delivery plans.

Design codes and benchmarks

The use of design codes (encouraged in para. 59 of the NPPF), design frameworks or design guidelines can help to guide local authorities and delivery partners through the process of addressing specific health considerations. They can provide specific design and development standards and guidance to inform subsequent phases of development as part of the planning application process. Other methods include meeting accredited third-party certification standards (ensuring delivery) such as BREEAM or the Home Quality Mark or recognised benchmarks such as Building for Life and the Housing our Ageing Population Panel for Innovation (HAPPI) principles.

Embedding healthy-weight environment elements in design codes and frameworks

For its Berry Hill development in North Nottinghamshire – a mixed-use, greenfield development that includes 1,700 new homes – Lindhurst Group prepared a design code document that sought to respond to the six themes set out in the TCPA’s Planning Healthy-Weight Environments report by addressing the appropriate recommendations set out in Building for Life 12. http://berry-hill.co.uk/what-is-berry-hill/

Haringey Council has prepared a place-shaping and design guidance document to provide guidance and signposting on key principles for its High Road West scheme, setting out the council’s aspirations and requirements for consideration by all bidders throughout the High Road West developer partner process. It also includes the six themes set out in the TCPA’s Planning Healthy-Weight Environments report as an effective mechanism to deliver healthy towns.

Recommendation
Set tangible expectations on health in design codes and planning guidelines, and seek to adopt industry-accredited benchmarks.

Checklists for planning assessments

Working with delivery partners, local authorities may consider adopting a planning for health checklist that can be submitted as part of a planning application, in an added-value process informing the development of the masterplan. There are already checklists available from government agencies, such as Sport England’s Active Design and Transport for London's
Healthy Streets for London; and local authorities such as Wakefield, Central Lincolnshire and Nottinghamshire councils have developed their own checklists for development management purposes. Housebuilders such as Redrow, Barratt and Berkeley have set out place-making principles to inform their design and development teams. Section 3 and Annex 2 of this Practical Guide also offer guidelines for development.

To ensure a commitment to delivering healthy developments, local authorities and delivery partners could also explore innovative uses of section 106 agreements to embed healthy development principles, as at the Barking Riverside ‘healthy new town’.

Health impact assessments (HIAs)\(^{26}\) are now widely required by local planning authorities for planning applications for major developments. An HIA can be used to systematically consider how a development can address health impacts and promote good health. Alternatively, health impacts can also be considered in a design and access statement or in an environmental impact assessment (EIA). Recent changes to the EU EIA Directive now require consideration of population and human health.\(^{27}\)

**Recommendation**

Consider health impacts and benefits in planning assessments, in support of adding value to existing statutory requirements.

### Determining infrastructure requirements

The NHS and local authority social care teams are moving towards new and integrated models of care\(^{28}\) which will radically change how infrastructure is planned for and delivered. The Department of Health’s Local Estate Strategies Framework, for use by commissioners, introduced the concept of local estate forums (LEFs) as a starting point for local planning discussions. Fig. 3 sets out the necessary steps in preparing an assessment.\(^{29}\) Infrastructure requirements can best be set by undertaking a provision and needs assessment, in

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**Health and care infrastructure to support growth in Essex**

A series of actions are being taken to give proper consideration to health needs in delivering the new Garden Communities in North Essex. The *Greater Essex Growth and Infrastructure Framework 2016-2036* published in February 2017 identified and mapped health and social care capacity against housing growth, and the *Essex Design Guide* will incorporate considerations of health and wellbeing, supported by the Essex’s Developers’ Guide to Infrastructure Contributions. Development of the framework required an effective partnership approach involving numerous local authorities and infrastructure agencies and providers, including those involved in health and social care. Essex County Council’s public health section recognised the importance and value of a clear view on health interests within Essex’s future growth, and provided a key health contact for the council’s spatial planning team.

[https://www.essex.gov.uk/Documents/GlF.pdf](https://www.essex.gov.uk/Documents/GlF.pdf)

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\(^{26}\) For further guidance, see, for example, the Wales Health Impact Assessment Support Unit website, at [http://www.wales.nhs.uk/sites3/home.cfm?orgid=522](http://www.wales.nhs.uk/sites3/home.cfm?orgid=522)


\(^{28}\) For examples, see the NHS England’s ‘Vanguards’ website, at [https://www.england.nhs.uk/new-care-models/vanguards/](https://www.england.nhs.uk/new-care-models/vanguards/)

\(^{29}\) Further advice and support is available from the London Healthy Urban Development Unit (HUDU) – see [https://www.healthyurbandevelopment.nhs.uk/about-us](https://www.healthyurbandevelopment.nhs.uk/about-us)
partnership with local public health and adult social care functions, CCGs and NHS trusts, and LEFs. Efforts should be made to align different development and health planning timescales, as well as the different spatial geographies of local authorities, the CCGs and STP (sustainability and transformation partnerships) footprints. Considerations should also include infrastructure that will enable health and wellbeing through access to services such as digital and broadband provision. This process can inform planning policies on securing financial contributions, and can ultimately assist delivery partners in understanding the health and care infrastructure needs arising from new development.

To set out a specific healthcare estate’s requirements, local authorities and delivery partners are advised to work together and engage with relevant organisations to:

- Understand the priorities of the geographical footprint of STPs and their constituent CCGs.
- Contact the STP’s project management office to ascertain the estate’s leads – many STPs now have dedicated websites giving contact details.
- Ensure that a member of the local authority planning team is on the LEF’s circulation list.
- Engage with the LEFs on development proposals to enable a better understanding of both what funding is needed to accommodate growth and sources of funding.
Determine local priorities in bringing forward building projects and for each stage of delivery.

Interact with project leads and introduce developers’ perspectives.

Provide a sound evaluation of the deliverability and subsequent sustainability of projects.

**Recommendation**

Collaborate with other stakeholders to develop an understanding of current and future health and care needs that should be addressed in area-wide infrastructure delivery plans informed by site-specific needs arising from the development.

**Financing delivery**

Financing to deliver the elements of healthy environments as set out in Section 3 can be secured from a combination of development contributions and wider public sector investment programmes:

- **Developer contributions**: Section 106 planning agreements offer an opportunity to address identified health impacts arising from development through financial or in-kind contributions (non-monetary, such as where the developer can build a facility or provide a space). Such agreements typically equate to a capital contribution of £400 per dwelling to support new or existing GP premises, but the level of contributions varies across localities.

- **Levied infrastructure contributions**: The community infrastructure levy (CIL) is calculated at a rate per square metre on specified developments, and offers an opportunity to help deliver identified health and care infrastructure linked to infrastructure delivery plans.

- **Other funding streams**: Local authorities and delivery partners can jointly explore a number of funding streams from government, NHS estates or across council services to unlock development or fund capital and revenue elements such as those set out in Section 3.

- **Long-term place-keeping and asset management models**: A secure stewardship and financial model that recognises the true in-perpetuity costs and captures some of the development value can provide a way of helping to pay for existing health and community services. There is also an opportunity to deliver additional health and wellbeing services which would otherwise need to be supported by the NHS or the local authority.30

**Incorporating health requirements into section 106 agreements**

Section 106 agreements offer an opportunity for local planning authorities to negotiate with developers to secure measures which mitigate the impacts of development that may otherwise be unacceptable in planning terms. One of the first actions of the Barking Riverside ‘healthy new town’ was to incorporate ten ‘healthy new town principles’ into a section 106 planning agreement between the developers and the London Borough of Barking and Dagenham.

https://www.lbbd.gov.uk/residents/health-and-social-care/healthy-new-town/overview/

**Recommendation**

Identify appropriate funding streams from private and public sector sources, taking a place-based approach to securing inward investment.

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This Section presents some case studies of how health and wellbeing elements have been successfully incorporated into a number of different developments.

5.1 **Woodford Garden Village – a new, active environment**

Housebuilders Redrow acquired an interest in Woodford Aerodrome, at Woodford, Greater Manchester, in 2011 following the closure of the facility. The part-brownfield site extends across 500 acres of land within the Stockport Metropolitan Borough Council and Cheshire East Council areas. The main development-related planning applications for Woodford Garden Village were approved in the summer of 2014, and, following review by the Secretary of State, planning permission was granted in 2015. Drawing on the latest government thinking on the delivery of large-scale housing projects, Woodford Garden Village will include 920 homes, extra-care accommodation, local retail units, a public house, up to 90,000 square feet of employment space, and around 30 hectares of public open space, including a village green.

Garden City principles have been incorporated into the design and layout of the development in order to facilitate the delivery of a high-quality sustainable residential neighbourhood. The landscape-led design approach is principally characterised by a network of ‘green streets’, which will link the new village green, playing fields and play areas, provide permeability through the site to the open countryside beyond, and encourage active modes of travel such as walking and cycling. These green spaces are to be managed by a private management partner to ensure that they are used appropriately and are well maintained. The uses that will be delivered within the site – the shops, the public house, a doctor’s surgery, a school and heritage centre, as well as the significant areas of open space – will provide a resource for the wider community and bring activity into the site during the day. Overall, the development will provide a high-quality, well connected built environment, with a wide range of facilities that should enhance the health and wellbeing of both new residents and those already living in the area.

**Further information:**
http://www.redrowplc.co.uk/land/land-overview/woodford-garden-village-cheshire/

5.2 **Northfield Village – integrated supported housing**

Northfield Village, located a mile north of Stafford town centre, is a mixed-use development that brings together a range of accommodation, community and care facilities on one site. The development is an innovative scheme which offers accommodation choices, including 22 general-needs housing units, 80 extra-care housing units, and specialised accommodation for dementia sufferers and people with learning disabilities. The accommodation is supported by a range of integrated services which benefit both residents and the wider community.

Buildings have achieved the BREEAM ‘Very Good’, Lifetime Homes, and Design and Quality standards, and Building for Life ‘Bronze’ and Secured by Design ‘Section 2’. There has been a benefit for people with early-onset dementia, who can receive low-level support from the specialist dementia unit on site. Anticipated savings from the whole scheme could reach £2.5 million per annum when all savings, including those to NHS expenditure, have been
calculated. There is early evidence that residents are benefiting from better health and wellbeing. Greater integration within the community is reducing loneliness and social isolation among residents, and access to activities and exercise is yielding health and wellbeing benefits. Proximity of healthcare provision (a GP and a pharmacy) has increased access to services and reduced costs for providers. The development has also supported local employment by creating 198 full-time jobs and ten apprenticeships.

Further information:
http://www.northfieldvillage.co.uk/

5.3 Whitehill & Bordon – delivering accessible, active spaces

Whitehill & Bordon is being transformed from a garrison town to a green and healthy town. A complex, multi-partner, place-making programme will deliver 3,350 new homes, a new town centre, and new facilities over a 15-year timeframe. The town will benefit from a new development such as a leisure centre, a secondary school, a cinema, a health hub, and 80 hectares of ‘suitable alternative natural greenspace’ (SANG) for recreational use. Whitehill & Bordon is one of ten NHS England’s Healthy New Towns programme demonstrator sites and is being designed to make it easier for people to live healthy, active and independent lives, with access to the right care at the right time. The East Hampshire District Local Plan states that ‘new development will be designed to create a green town that responds to the challenges of climate change, in an innovative and responsive way’. This focus on the environment has led to measures that will also improve the health of residents, such as the reduction of traffic through dedicated walking and cycling routes.

Following finding of a review undertaken by the Whitehill & Bordon Regeneration Company that the Hogmoor Inclosure SANG could be further improved for people with mental health problems and physical disabilities, rest and refuge spaces were added, as well as interactive activities to stimulate engagement with the natural environment, relaxing water features, and a communal growing area to enable people to grow their own fruit and vegetables. A town-wide wayfinding strategy will use landmarks and features to make it easy and fun to navigate around the town. A natural play area opened on Hogmoor Inclosure in June 2017 and other new facilities on the site, including a new café, will open in early 2018.

Further information:
http://whitehillbordon.com/healthy/

5.4 Wickford – using council-owned land to deliver accessible health facilities

In December 2013 Basildon Council approved a decision to design and build a new health facility on council-owned land in Wickford town centre. This was then leased to a local GP surgery that was operating from a converted house that was no longer fit for purpose. Acting as the developer secured a long-term income for the council. Outline planning consent was secured in July 2014. Reserved matters planning consent was initially refused in April 2015, largely due to parking concerns, but consent was finally secured in July 2015 after additional information was provided and following representation by NHS England at the planning committee meeting.

The £2.5 million facility (supported by a £500,000 grant from Essex County Council) provides eight consulting and examination rooms, three treatment rooms, a training and meeting
space, a library, and reception and waiting areas across two floors – enabling the surgery to provide an additional GP and become a training practice. Recruitment of GPs is difficult across Essex, and it is anticipated that the new facility will help to encourage recruitment. The project has resulted in the council working in a more collegiate way with NHS England and the local clinical commissioning group, resulting in long-term community benefits.

**Further information:**

### 5.5 Temple Farm, Chelmsford – meeting BREEAM standards

The Temple Farm development in Chelmsford will be the new UK headquarters for the Watch Tower Bible and Tract Society of Britain. It will provide a mixed-use, live/work campus of 34 hectares, with 112,500 square metres of built development that includes accommodation, offices, warehousing, assisted-living spaces, recreational facilities, and an energy centre. It is accredited with BREEAM Communities ‘Outstanding’ rating and has been awarded the BREEAM Communities innovation credit for reductions in carbon dioxide emissions reduction attributable to construction workers engaged on site.

Formerly a scrapyard set within rural green belt, the site has become heavily contaminated. During early consultation with local communities it was ascertained that restoration of the site was a priority. To that end, strategies for remediation, ecology and landscaping were developed at a very early stage in the design process, and a microclimate study was also undertaken to analyse thermal comfort, solar exposure, air movement, dust, pollution, and the acoustics of the development. All this influenced the final layout of the site and the external landscaping features in pursuit of delivering a comfortable and healthy environment.

**Further information:**
http://www.breeam.com/communities/temple-farm-chelmsford-uk/
TCPA resources: Garden City Standards for the 21st Century: Practical Guides for Creating Successful New Communities

The TCPA has produced a suite of guidance outlining practical steps for all those interested in making 21st-century Garden Cities a reality. Guidance provides detail and case studies on a wide range of key issues:

- Guide 5: Homes for All (2016)
- Guide 8: Creating Health-Promoting Environments (2017)

All available at https://www.tcpa.org.uk/guidance-for-delivering-new-garden-cities

Movement and access


Open spaces, play and recreation

- Further guidance on the natural environment is provided in the TCPA’s Guide 7: Planning for Green and Prosperous Places.
Food environment


Buildings


Neighbourhood spaces and infrastructure


Local economy


Planning and implementation

- BREEAM Communities http://tools.breeam.com/bre_PrintOutput/BREEAM_Communities_0_1.pdf
- Further guidance on planning and implementation is provided in the TCPA's Guide 3: Design and Masterplanning.
Annexes to this Practical Guide are published separately, and are available from the TCPA website, at https://www.tcpa.org.uk/guidance-for-delivering-new-garden-cities

**Annex 1**  Health in planning policy – checklist

**Annex 2**  Health in new Garden Cities – development assessment