WHAT CREATES HEALTHY CITIES?

Kellogg College
University of Oxford

GCHU

Global Centre on
Healthcare & Urbanisation

A THANK YOU TO OUR DONORS

Ensuring that our urban areas support health and wellbeing is both vital and urgent. The Commission on Creating Healthy Cities could not have been more timely. This would not have happened, though, without the support of our donors.

The Commissioners and sub-group members contributed fully, all ably led by Lord Best. This – along with Lord Crisp assembling an amazing International Advisory Board, and calling upon them to great effect – has led to an impressive report.

The Commission and its researchers listened and learned. Evidence was sifted and the literature analysed. This provided an extraordinarily rich basis for the Commission to draw its conclusions, and to devise its policy recommendations. Thank you to our donors for their valued support, and to all those involved with the Commission for this important launch-pad for action.

Professor Jonathan Michie OBE, President, Kellogg College, July 2022

Dr Ralph Walter

mccall macbain FOUNDATION

Halley Liu

CONTENTS

If you cannot access the urls within the report for Commission on Creating Healthy Cities, 2022. What Creates Healthy Cities. Add 'https://www' to the start of the url.

Health is made at home

SUMMARY & RECOMMENDATIONS

The Commission on Creating Healthy Cities (CCHC) was established in December 2020 by the Global Centre on Healthcare and Urbanisation (GCHU) at Kellogg College, University of Oxford, in partnership with The Prince's Foundation, to investigate the links between urban matters and health and wellbeing.

The Commission's overarching recommendation is that 'health creation' – interventions that positively improve health and wellbeing – should be the determining factor for built environment, planning and placemaking policies.

If central and local government give priority to achieving better outcomes for physical and mental health, they will simultaneously address wider inequalities in society, improve the city's economy and productivity, support efforts to combat climate change, and reduce the escalating costs of the National Health Service (NHS) and social care. To this end, the Commission on Creating Healthy Cities has produced the Healthy Cities Toolkit, an evidence bank, to highlight problems and solutions that connect health and the urban environment (see Section 1.3, Annex B, and healthycitiescommission.org/toolkit). Our report also contains advice on using local data to inform decisions on appropriate interventions (Annex A).

The Commission has brought together a set of recommendations, which follow under four headings: Built Environment, Transport and Mobility, Public Health and Wellbeing, and Good Governance.

Built Environment Recommendations

We see great potential for future built environment policies and practices to contribute more to meeting every city's health needs.

More Affordable Housing

Most obviously, better housing means better health. As Lord Crisp has said: "Health is made at home."[1] The failure of successive Governments to meet the housing needs of so many on average and below average incomes is a direct cause of poverty, exacerbating inequalities and health disparities.

We attach considerable importance to addressing the acute shortages of affordable homes. Investment in decent accommodation affordable to those on lower incomes pays dividends in reducing healthcare costs while boosting the nation's economy. Yet, provision of social housing has declined significantly, with a drop in the number of households in social housing over recent years, while the number living in the more expensive and less secure – and sometimes unfit – private rented sector, has doubled since 1980[2].

Recommendation 1: To combat poverty and inequality, as well as to address the mental and physical health impacts of homelessness, overcrowding, fuel poverty, cold and damp conditions, ***we recommend*** *central government gives a high priority in its policy and financing decisions to increasing provision of affordable housing (especially homes let at 'social rents'). We believe a goal of around a third of the Government's overall target of 300,000 new homes each year should be for those in the lower half of the earnings distribution – through both direct provision by social housing providers and planning obligations on developers.*

1 Crisp, N., 2020. Health is made at home, hospitals are for repairs: Building a healthy and health-creating society. Billericay: Salus Global Knowledge Exchange.
2 tinyurl.com/HousingDeficit

Health-Related Planning

We note the responsibilities of local planning authorities in determining all aspects of development in their areas: it is to them, therefore, that we look for an increased emphasis on prioritising health and wellbeing in all new developments.

However, we recognise two inhibitions on councils taking the leading role they should play. First, planning departments have been under-resourced for many years and have struggled to take on a proactive and creative role. We hope changes to the arrangements for charging planning application fees represent the start of better resourcing for these departments.

Second, we recognise that central government retains a pervasive influence over planning through its National Planning Policy Framework[3] and the related guidance that is all-important if cases go to appeal. We look to central government, therefore, to strengthen its emphasis on the health dimension in its policies and guidance, on a comparable basis to new directions taken in Scotland and Wales. Additionally, we want to see the hand of local authorities strengthened in taking the decisions that are best for their communities.

Recommendation 2: To match advances in Scotland and Wales, ***we recommend*** *Government embeds the strategic aim of improving health and wellbeing in planning policy for England, using already available metrics from the Office of National Statistics (ONS) to measure success. Locally, this should be a key objective for each city's Local Plan; it should be a prominent feature of local design codes; and it should be rigorously enforced when planning authorities determine planning applications.*

Local Control

We do not believe the current planning system, with its reliance on house builders and developers bringing forward their proposals for projects, produces outcomes in the interests of the community at large.

To empower councils to lead the process, the Commission finds much merit in the recommendations of the Letwin Review (2018) which points to ways for councils to secure faster build-out and better outcomes for major developments, including by creating development corporations with masterplans that capture the uplift in land values.

Recommendation 3: ***We recommend*** *that local planning authorities be enabled to adopt a proactive planning approach rather than reacting to proposals by developers/house builders, both through better resourcing of planning departments, and central government supporting their decisions. This approach would aim to ensure new developments incorporate health creation, with masterplanning that delivers walkable, mixed-use, mixed income communities with adequate space for play and green infrastructure.*

Quality

The quality of much of the UK's new housing is criticised for poor design, inadequate space standards, lack of green spaces and quality in the public realm, and slow progress toward net zero carbon emissions. We believe greater use can be made of Building Regulations, Design Codes, as well as planning requirements, and we hope the new Office for Place, supporting improved design, will also help deliver improved quality.

Recommendation 4: As part of a shift towards a broader, more holistic approach to building healthy homes, we support proposals for a Healthy Homes Act and ***we recommend*** *central government:*

a) makes mandatory the adoption of the currently optional accessibility standards of Building Regulations' Part M 4(2);

b) brings forward the deadline from 2025 to 2023/4 for all new homes given planning consent to be 'net zero carbon ready', as part of the new Future Homes Standard (i.e. the home does not depend on use of fossil fuels and will be carbon zero as soon as the electricity grid is decarbonised).

3 tinyurl.com/PlanningFramework2021

Energy Efficiency

The current huge rises in energy costs inevitably lead to forced reductions in heating, increases in fuel poverty and more people living in cold and damp conditions. The price rises have also increased public awareness of the need to reduce energy consumption and is pushing all parties to speed up the progress toward net zero homes. The Government's Heat and Buildings strategy suggests ways forward and the Commission advocates further measures to meet the combined urgencies of excessive costs to consumers, resulting in physical and mental ill health, alongside the necessity to address the climate crisis.

Recommendation 5: To accelerate improved energy efficiency we endorse calls for a 'National Retrofit Strategy'[4] for existing privately-owned property. As part of this, ***we recommend*** *consultation on more attractive incentives to replace the defunct green homes grants and, in tandem, full enforcement both of regulations that require adequate energy performance and of the Government's proposed new Decent Homes Standard.*

Following recent VAT concessions for insulation products, the time seems right to end the imposition of VAT at 20% on works to existing properties that penalises modernisation and distorts choices between upgrading the property and replacing it.

Recommendation 6: ***We recommend*** *that, to make energy saving measures more affordable for all households and remove the environmentally damaging incentive for developers to demolish and rebuild rather than restore and upgrade, HM Treasury should levy VAT at 0% on property modernisation as is the case for new build.*

Funding Priority

The Commission has constantly been made aware of the financing barriers to delivering the changes so badly needed for creating healthy homes and healthy places. The Government's aspirations for Levelling Up will mean allocating substantial resources to built environment investment in the places most in need. This then is a golden opportunity, in keeping with the missions set out in the Government's Levelling Up White Paper, to significantly reduce health inequalities and address the underlying factors that determine mental and physical ill-health. Measures can include the acquisition and modernisation of run-down properties, often in the private rented sector, and infill developments that replace commercial use with residential, including for older people. And these efforts are most likely to succeed when co-produced with local communities.

Recommendation 7: ***We recommend*** *that 'placemaking for healthy lives' be the touchstone for central Government's Levelling Up funding and for local neighbourhood retrofitting initiatives by local authorities in response to this new opportunity. This requires not only targeting investment that revives town centres and declining high streets, but also investing in external spaces, enhancing the public realm and the natural environment.*

4 From the Green Building Council, RRBI, Energy Efficiency Structure Group, Construction Leadership Council, and the National Federation of Builders

Transport and Mobility Recommendations

The Commission's discussions have consistently emphasised the importance of transport/mobility in creating a healthy city. Much of this debate has centred around the need to reduce our dependency on private cars.

Reducing Car Dependency

The alternatives of both public transport and of active travel – 'walking and wheeling' – bring significant health benefits through reductions in congestion and air pollution from road traffic.

But during the pandemic, use of buses, trains, and trams declined dramatically as a result of fears of contracting Covid and official discouragement from using public transport. Working and shopping from home has reduced revenue and public transport systems are yet to recover.

While electric vehicles will reduce harm from private car use, 45% of the particulates which cause health issues, especially breathing-related illness, come from tyre and brake wear[5]. Meanwhile, increased journeys by delivery vehicles have added to congestion and pollution[6].

We applaud the efforts of transport authorities to make their public transport systems attractive and viable once again. But these efforts will take time and continued special support from government is likely to be a prerequisite to full recovery.

Recommendation 8: Following the dramatic fall in use of public transport as a result of the pandemic, ***we recommend*** *central Government maintains its financial support for cities' public transport. We note the opportunities for transport authorities, through partnerships with public and private operators, to pursue incentives and improvements to make travel by rail, bus, and tram attractive once again. In retrofitting and upgrading city streets and town centres, we recommend the city leaders take bold steps to encourage active mobility and discourage inessential car use that generates congestion, noise, and air pollution.*

Transport Planning

Planning plays a major role in aligning built environment and transport policy. To fulfil the goals of economic, social, and environmental sustainability, planning can enhance active mobility 'walking and wheeling'. The health of the whole city is improved with a reduction in congestion and air pollution.

We commend the concept of '15-minute neighbourhoods' where all the necessary facilities for everyday life – shops, schools, GP surgeries, libraries etc. – are within easy reach and a 15-minute walking radius.

Recommendation 9: ***We recommend*** *planners, architects, urban designers, and health scientists lead the way in creating the new and retrofitted environments which proactively encourage active mobility that enhances health and well-being.* ***We recommend*** *that local planning authorities judge new developments in their areas from the perspective of healthy transport, i.e. requiring new homes to have easy access to public transport and new communities to be walkable and cycle-friendly.*

Winning Support

The Commission heard examples of opposition to measures aimed at improving public health and addressing the climate change challenge. We recognise these pressures on local leaders and we respect the efforts of those endeavouring to do the best for everyone in their cities.

While objectives framed in terms of 'net zero carbon' or 'greater biodiversity' can seem removed from people's everyday lives, we believe the arguments for improving health and wellbeing can have real resonance with local communities. To support the case for necessary changes that inevitably cause inconvenience and cost for citizens, we believe the case for improved health can be compelling.

This will involve effective communication strategies and myth-busting, as well as the use of evaluation data to demonstrate the success of specific policies and illustrate positive outcomes.

Recommendation 10: ***We recommend*** *that in seeking the support of their citizens for required changes that will cut congestion and air and noise pollution, as well as address the climate crisis, city leaders should highlight the health and wellbeing gains for all and the mental and physical benefits from active mobility.*

5 tinyurl.com/TransportEmissions 6 tinyurl.com/ECargoBikes

Public Health and Wellbeing Recommendations

Health and wellbeing are not primarily dependent on health care services. Good healthcare is essential, but it is not the driver of a city's health and wellbeing.

The Commission's discussions on public health interventions to create healthy cities have concentrated on the contributions of built environment policies: first, to address the problems associated with physical inactivity and lack of regular exercise, and second, the inequalities in access to healthy diets.

Planning for Exercise

According to the World Health Organisation (WHO), up to 80% of deaths from cardiovascular disease are preventable as they are caused by risk factors that are modifiable, including a lack of regular exercise[7]. Sedentary lives bring risks of cardiovascular disease, Type 2 diabetes, colon cancer, dementia, depression and other mental health problems.

Submissions to the Commission highlight the significance of efforts by planners and placemakers to create environments that encourage and facilitate outdoor exercise, walking, cycling, gardening, sport and play. The Commission sees expenditure in maintaining and upgrading public parks not as a luxury but as an important component in helping citizens maintain a healthy lifestyle.

*Recommendation 11: To address the 'obesity epidemic', **we recommend** local planning authorities be insistent that new developments incorporate adequate public realm and greenspace for all forms of outdoor activity with safe routes for walking and wheeling to schools, shops, and amenities.*

Access to Better Food

As well as making it easier for people to take exercise and maintain their fitness within our cities, the Commission has noted the many ways in which local communities face obstacles to healthy eating. Problems range from lack of shops selling fresh fruit and vegetables, the loss of allotments, and difficulties facing those with the least resources in preparing and sharing home-cooked meals. The Commission welcomes Henry Dimbleby's National Food Strategy Report, and we commend its analysis of food poverty. In addition to national regulation and taxation to discourage purchase of unhealthy meals and snacks, built environment policies can offer some positive solutions.

Although food poverty is a symptom of wider economic disadvantages, requiring urgent action on many fronts, policies for the built environment can help address the problem. Planning for public transport links needs to connect homes to shops and supermarkets for food shopping; and new developments should not be in out-of-town, car-dependent locations, denying access to the most affordable sources of nutritious food.

*Recommendation 12: To both support healthy lifestyles and to enable healthy diets, **we recommend** increased support for community-run initiatives, often led by volunteers, which also address problems of loneliness and social isolation. Local initiatives include social, cultural, and sporting activities and local schemes that produce healthy food e.g. with allotments, and vegetable gardens at schools.*

The Commission has noted the proliferation of fast-food outlets in the UK. Indeed, we heard from our International Advisory Board of the 'food deserts' at the heart of many American cities in areas where diets are dominated by the fast-food chains at the expense of the health of predominantly lower income households. Instead, we need to 'make healthy choices easier'[8].

*Recommendation 13: **We recommend** a review of the powers and resources of local authorities governing the licensing of fast-food outlets, particularly in close proximity to schools, to protect against dominance of food provision that can undermine healthy lifestyles.*

7 tinyurl.com/HealthMattersEngland2020 8 tinyurl.com/HealthyChoicesEasier

Social Prescribing

The engagement of clinicians in prescribing non-medical remedies is rapidly becoming a key component in preventing and relieving physical and mental health conditions. Social prescribing can, for example, encourage the take up of physical exercise, even including subsidising membership of a gym. This approach demonstrates growing awareness of the value to health and wellbeing of actions outside the remit of traditional healthcare.

*Recommendation 14: **We recommend** the NHS/Department of Health and Social Care promotes an extension of use by clinicians of social prescribing that recognises the wider determinants of ill health. This is especially relevant for communities most deeply affected by health disparities. It also has implications for investment in local community and voluntary groups whose provision is often essential to facilitate social prescriptions.*

Good Governance Recommendations

To deliver this change of emphasis, good governance is a prerequisite. For health creation to be at the heart of national policymaking, it needs to be a holistic priority for those responsible for all aspects of public policies affecting our cities.

This embraces all aspects of the Built Environment explored in our report – healthy homes and healthy places, healthy transport and mobility, opportunities for public exercise and healthy eating. But it also means bringing together measures to combat poverty, inequality and discrimination; to promote education, training, and support; to address climate change, environmental sustainability and energy efficiency. It is a task for the whole of central and local government.

Inter-departmental Coordination

With escalating costs of healthcare, the only realistic antidote is to prevent problems of physical and mental ill health by adopting relevant policies in other government departments.

Following on from moves to increase integration of health and care services, we see a need for central government to continue its journey of departmental integration, to cover housing, transport, and other services.

Two of the Government's Levelling Up missions specifically address health and wellbeing – narrowing gaps in Healthy Life Expectancy between different places, and improving well-being in every area. But almost all the missions affect citizens' physical and mental health. Government policy-making must draw together the strands for a 'Health in all Policies' approach with input from a full range of government departments.

*Recommendation 15: We welcome the creation of the new Health Promotion Cabinet Sub-Committee, alongside the new Levelling Up Sub-Committee, and **we recommend** the two sub-committees regularly review progress towards a fully integrated whole-system approach to health. Following on from the Health and Care Act, **we recommend** central government continues on its journey of integrating Health, not just with Social Care, but more broadly with housing, transport and other services.*

Devolution to Local Government

The Commission heard calls from many quarters that – in keeping with principles of subsidiarity – enhanced powers should be devolved to local councils, mayors and combined authorities. We have found the arguments compelling for decisions to be tailored to local – and hyper-local – circumstances.

*Recommendation 16: **We recommend** that, irrespective of Party politics, and supported by the Local Government Association, Mayors and Civic leaders of the UK's cities work together to secure from central government the powers and resources they need to deliver locally-determined programmes that achieve 'health net gain' for all their citizens.*

Civic Engagement

Devolution should not stop at the level of the local authority. Increasingly, civic leaders are proactively working to understand the local context and create the conditions and structures under which enhanced citizen engagement can thrive. For example, several cities have set up 'Democracy and Civic Participation Commissions', or have engaged with Citizens' Assemblies and Citizens' Juries on specific issues. These approaches can produce better decisions and help build civic skills and habits in participants.

We note the special opportunities presented by new technology to involve online thousands who might be reluctant to attend formal meetings in person; new techniques enable immediate feedback on budgeting and policy proposals. But we note the significant minority of the population that does not have access to the internet (because of costs, or lack of skills, or inadequacy of broadband reception). So 'traditional methods of engagement' should still be deployed in parallel.

*Recommendation 17: **We recommend** that city leaders draw upon the input of their citizens to determine more of their policy and spending priorities, increasingly harnessing the opportunities for deeper consultation and co-production presented by new technology.*

Funding Recommendations

For civic leaders to adopt our recommendations for health creation, the necessary funding must be found. Local authorities have struggled for many years to make their books balance in the face of constrained support from central Government and demands upon resources have intensified in recent months and years.

However, the Commission identifies several ways in which the necessary resources to make significant steps toward creating healthy cities could be found within current budgetary constraints.

*Recommendation 18: **We recommend** that both central Government when allocating new and existing funding – in particular for Levelling Up and decarbonisation programmes – and local Government in using discretionary powers to spend available resources, should prioritise health outcomes; and **we recommend** city leaders explore all avenues for securing additional resources, including through redeploying savings to health budgets, using regulatory measures, making use of land value capture, and tapping more novel sources of funds, including new opportunities for Social Impact Investment.*

The Commission's Additional Outputs

To support local decision making the Commission has produced two additional outputs: guidance on Using Local Data to Inform Policy Interventions; and a Healthy Cities Toolkit, providing evidence-based summaries of what is likely to benefit or negatively impact health and wellbeing.

The first of these aims to assist city leaders and their citizens in harnessing the mass of data now available at the local level. The starting point of this guidance is that evidence and statistical information can be the basis for decisions; and combining data sets from different sources can provide new insights.

*Recommendation 19: **We recommend** every city's leadership takes advantage of available local (and hyper-local) data to invest in data analysis that can prioritise and focus policy-making and evidence the outcomes (see boxes on using local data, and Annex A 'Using Local Data to Inform Policy Interventions').*

Our Heathy Cities Toolkit (healthycitiescommission.org/toolkit), prepared by researchers at Kellogg College, University of Oxford, seeks to measure the impact, resource implications, and quality of the evidence supporting over 50 approaches to improving urban health and wellbeing.

*Recommendation 20: **We recommend** citizens and city leaders use robust evidence to inform policies and daily living by accessing the Healthy Cities Toolkit, an evidence bank that summarises national and international research on key aspects of creating healthy cities (see Appendix 2.3 and Annex B); and **we recommend** that resources are allocated to continue refining, extending and updating this toolkit.*

Investigate the links between urban matters and health and wellbeing

1. INTRODUCTION

1.1 The Commission

The Commission on Creating Healthy Cities (CCHC) was established in December 2020 by the Global Centre on Healthcare and Urbanisation (GCHU) at Kellogg College, University of Oxford, in partnership with The Prince's Foundation, to investigate the links between urban matters and health and wellbeing.

The CCHC involved practitioners, policymakers, experts and academics from the United Kingdom and internationally. It collected evidence in four phases: a systematic scoping review of the academic literature, an international Call for Evidence, four expert workshops, and a series of meetings of Commissioners, Subgroup members and our International Advisory Board (see Appendix 1).

1.2 Definition

The Commission adopted the World Health Organisation's (WHO) definition for a healthy city, as a process rather than an outcome:

> "A healthy city is one that continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential." [9]

The Commission concentrated on cities since these host the largest percentage of the population and have the greatest impact on climate, the economy, and national wellbeing. But we recognise that most of the issues we have considered have application for rural areas and coastal and small towns. We hope that the report will be of value for leaders and citizens in all these places.

1.3 The Healthy Cities Toolkit

The Healthy Cities Toolkit (healthycitiescommission.org/toolkit) has been developed to identify the problems and solutions for improving the health and wellbeing of people in urban environments (see Appendix 2.3). The Toolkit syntheses evidence on urban health and ranks the problems and solutions by their impact on health, resource implications, and the quality of the evidence (see Annex B). For example, air and noise pollution were found to have the greatest harms whereas interventions to increase active travel improved health outcomes.

9 tinyurl.com/WhatIsAHealthyCity

1.4 A Moment in Time

The rationale for this Commission was the sense that several strands of government policy and public opinion have converged to make this a moment when real change is possible:

- There is widespread consensus that *health and wellbeing* is the prism through which a wide range of public policies should be viewed, requiring *interdisciplinary integration* of the key public, private, and third sector players;
- This combines with pressures on public finances from the rising and potentially unaffordable *expenditure on healthcare* which necessitates investment in preventive measures and health creation that will bring costs down[10];
- Policy makers have embraced the case for greater *devolution*, from central to local government, with more powers devolved to mayors and combined authorities;
- The Government's suite of policies for *Levelling Up*[11] between the better-off and the least affluent areas means extensive investment in placemaking, with strong overtones for health and wellbeing;
- There is also an economic rationale for addressing past failures on population health, to alleviate some of the key economic challenges facing the UK, including low growth, low productivity, labour market losses and wide inequalities[12];
- The Covid-19 pandemic has further exposed the nation's underlying *inequalities and health disparities*, and increased pressure for these to be addressed. The experience of Covid-19 also revealed the value and potential for *community action* to address problems at the local level. This has generated new impetus for measures to support *social capital*, and engage local communicates more fully in co-production of policy and practice;
- Although there are risks of digital exclusion, advances in *information technology* not only enable use of *local data* to improve policy interventions but offer new opportunities for many more citizens to engage in local decision-making;
- Meanwhile, the imperative to tackle *climate change* calls for emergency action for the health of all cities, covering every aspect of the built environment.

Broadly, the Commission believes that public and political opinion now coalesce around these aspirations. So this may be a moment in time when the thinking captured by the Commission's work stands a real chance of adoption and implementation, leading to transformational change in our towns and cities.

1.5 The Covid Factor

The Commission's interest has been at the meeting point of health and the built environment. And *the Covid pandemic* has shone a light on the relationship between these sectors. It has both raised the profile of public health services and brought together public health practitioners with those working on many aspects of built environment policy. Housing illustrates this: Covid led to strong links across local authority departments and with non-profit and community organisations to move all those sleeping rough off the streets and into suitable accommodation. This highly successful 'Everyone In' initiative[13] increased cooperation and understanding between those seeking to end homelessness and those wanting to protect the health of the public and vulnerable individuals[14].

Similarly, the Commission has noted Covid's impact on the interrelationship of public health concerns and transport/mobility issues: how we travel affects our own health (e.g. how much we walk and cycle) and the health of others (e.g. whether we drive or use public transport). It has required those operating in these different arenas to work together: this is a key theme for the Commission. And changed patterns of work and shopping, and changed travel habits, requires everyone to rethink future built environment policies[15].

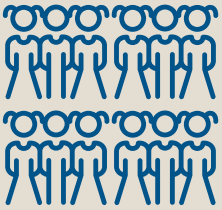
10 tinyurl.com/DeliverPrevention 11 tinyurl.com/LevellingUp2022 12 tinyurl.com/HealthProsperity2022 13 tinyurl.com/CrisisCovidBriefing
14 tinyurl.com/CovidHomelessness 15 tinyurl.com/BuiltWFH

2. BUILT ENVIRONMENT INTERVENTIONS

2.1 Healthy Homes

Issues of Concern:

Housing is key to health, As stated in the Levelling Up White Paper[16]: 'Having a decent home is fundamental to our wellbeing'.



730,000

The number of children affected by overcrowding in social housing

Homelessness causes every manner of physical and mental health problem. However, poor housing conditions impact on a much greater number of citizens. *Overcrowding* – affecting 730,000 children growing up in social housing[17] – clearly has serious health (and educational) impacts. Too many homes lack space for home-work or working from home. Covid meant millions of people were trapped in poor quality accommodation that affected their health. Black and minority ethnic communities (BAME) were among the worst affected, particularly in places where multi-generational households predominate. And lockdowns intensified the national 'epidemic of loneliness' for those living alone.

Cold and damp conditions, exacerbated by fuel poverty, lead to hospital admissions and a significant rise in excess winter deaths. Nearly one in ten homes still contain hazards which pose an imminent risk to health, and one in six are classed as 'non-decent'[18]. These problems of disrepair and unfitness are a particular concern in the *private rented sector*, although many homeowners on low incomes are also struggling with poor housing[19].

The issue of *mental health* is also a key concern in cities, with overcrowding, noise, and air pollution, and the stresses of urban living, all impacting on mental wellbeing in the city. The pandemic has highlighted the critical role of urban planning and design, not only for physical health, but also for mental health and wellbeing[20].

In his analysis of *health inequalities*, Professor Sir Michael Marmot attributes many of the causes of these inequalities to housing conditions[21].

Better housing is a key component in the health and wellbeing of our *ageing population*. For older people, homes that are in bad condition or with accessibility hazards – e.g. unmanageable steps and stairs – mean not only increased risk of hospital admissions but serious delays in hospital discharges and recurrent readmissions. It is so often the inadequacy of their housing that drives older people into costly and unpopular residential care.

The isolation and loneliness experienced by many, especially those in older age who are living alone, is also bad for health, with research suggesting that isolation and loneliness lead to poorer health and decreased longevity[22]. Again, it is Covid that has highlighted and intensified the loneliness epidemic.

Options for Change:

There is growing recognition of the links between housing and health. The NHS Healthy New Towns programme[23] points to the environmental determinants – the 'causes of causes' – of ill-health. Related to this, the TCPA is campaigning for the introduction of a 'Healthy Homes Act' which would impact on built environment regulations to ensure that new homes support residents' health and wellbeing[24].

Ideas presented to the Commission for delivery of better health outcomes through built environment interventions include the following:

1. To address the need for *more housing* – which is a fundamental aspect of achieving good health – Government has set a target of 300,000 additional homes per year. There is widespread agreement that much of this – perhaps a

16 tinyurl.com/LevellingUp2022 17 tinyurl.com/HousingSurveyData
18 Ministry of Housing, Communities & Local Government, (2020a) English Housing Survey: Headline report 2018-19. London: Ministry of Housing, Communities & Local Government.
19 tinyurl.com/AgeingBetter2020 20 Roe, J. and McCay, L., 2021. Restorative Cities: Urban design for mental health and wellbeing. London: Bloomsbury Publishing.
21 tinyurl.com/HealthEquityEngland 22 Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. and Stephenson, D., (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspectives on psychological science, 10(2), pp.227-237. 23 tinyurl.com/HealthIntoPlace 24 tinyurl.com/HealthyHomesBill

third – needs to be affordable housing, within the means of those on lower incomes. Achieving these goals will require a new approach to planning and land use and a sea change from the current dependency on the developer-led business model, to also include a major social sector house-building programme ('Meeting Housing Demand', 2022, House of Lords Built Environment Select Committee) (see Recommendation 1).

2. A central concern in achieving the new homes needed, is the *acquisition of land* at a price that enables affordable homes to be developed. Among ways of achieving this is the proposal by Sir Oliver Letwin (2018)[25] for local authorities to acquire sites via arms-length bodies at current values and allocate parcels of land for development within a masterplan (see Section 6).

3. There is a need to stimulate responsible *land stewardship* by landowners and patient capital investors through tax re-forms. This would encourage a sustainable long-term approach to development by encouraging investment of land and capital on a long-term basis to enable high quality place making through a master-developer approach, in preference to the short term, single use product preferred by volume house-builders even across large strategic sites.[26]

   The mechanism enables masterplanned phases to be released to developers such that a required mix of use, design and quality controls are embedded through contract or covenant as well as through planning conditions.[27]

4. As an extension to encouraging adoption of the stewardship approach by private landowners, several local authorities are taking forward a 'municipal stewardship' approach along the same lines, to secure place quality over time[28].

5. The *quality of new housing* is as important as quantity. Key characteristics for healthy homes include adequate space and accessibility standards, good lighting, a mix of tenures to guard against segregation and stigmatisation, security for peace of mind, and affordability so that housing does not undermine the household's standard of living.

6. *Post-occupancy evaluations* can be invaluable for architects and designers in learning lessons from the experiences of residents[29].

7. At the same time, *improving existing housing* that is a hazard to health will have a wider impact than influencing the quality of new homes. Resources are essential to enable local authority Environmental Health Teams to inspect and *enforce housing standards* in the private rented sector to ensure properties are fit for purpose.

8. The Affordable Housing Commission (2020) recommended a National Housing Conversion Fund to resource social landlords to acquire street properties owned by private landlords and in need of upgrading, to modernise and let at 'social rents'[30]. Such investment addresses issues of fuel poverty and decarbonisation as well as saving NHS and social care costs.

£1.4 billion

The amount saved by the NHS in first year treatment costs, if £10 billion were invested in the 3.5 million 'poor' homes in England

N.B Figures from the BRE Trust suggest that £10 billion spent now to improve all the 3.5 million 'poor' homes in England would save the NHS £1.4 billion in first year treatment costs alone[31]. It is estimated that such an investment would pay for itself in just over seven years and then continue to accrue benefits into the future.

9. The Health and Social Care White Paper and the Health and Care Act

25 tinyurl.com/BuildOutReview 26 tinyurl.com/BuildingBeauty 27 tinyurl.com/BuildingBetter2020 28 www.stewardship-initiative.com
29 Roberts, C.J., Edwards, D.J., Hosseini, M.R., Mateo-Garcia, M. and Owusu-Manu, D.G., (2019). Post-occupancy evaluation: a review of literature. Engineering, Construction and Architectural Management. Vol. 26, Iss. 9, : 2084-2106. DOI:10.1108/ECAM-09-2018-0390.
30 tinyurl.com/AffordableHousing2020 31 tinyurl.com/PoorHousing2015

acknowledge the housing dimension to health and care with promises of more resources, including for 'handyperson' schemes. New systems, following the Act, will be needed to integrate housing into new health and care partnerships, with savings to NHS and social care budgets.

10. For homeowners, the *government grants (Disabled Facilities Grants)* that have funded improved accessibility now *need increased flexibility* to cover more aspects of property conditions including insulation (and related ventilation).

a) Local authority and voluntary sector *Home Improvement Agencies* – that help older owners and others to access grants, negotiate builders' contracts, etc. – are doing vital work for less affluent, often older, owner-occupiers: they need resources to extend their scope and coverage.

11. Where General Practitioners (GPs) suspect a patient's symptoms are caused or exacerbated by their poor home environment, there should be a referral for a *home health check* (e.g. by an Environmental Health Officer) leading to essential home improvements.

12. The link between housing and health or wellbeing is exemplified, of course, in the '*care ready*' (Assisted Living and Extra Care) new accommodation being developed for older people, not least those living with dementia. The role of housing is hugely important in catering for older people, not just to meet physical needs but in creating *companionable communities* that address loneliness, often engendering extensive mutual support amongst residents;

a) The health value of retirement communities was seen during the pandemic with, for example, a survey of housing and care providers showing that, despite these residents having a range of care and support needs, death rates from Covid-19 were below the national average[32].

b) Research by Housing LIN for the LGA on housing-with-care illustrates clearly the health and wellbeing benefits, as well as the financial benefits to the health care economy, of this housing sector[33]. Unmet need suggests that a significant ramping up of housing-with-care provision is overdue.

13. Significantly, these housing and health connections are receiving more attention in the current Health and Care Bill that requires 'Integrated Care Systems' to join up health services with provision of housing services. These policy initiatives represent a recognition that the health impacts of housing will lead to savings for NHS and social care budgets.

14. Although opportunities exist for empty retail properties to be converted for residential use, submitted evidence to the Commission reveals widespread condemnation of the deregulation of building standards through *Permitted Development Rights (PDR)*. These have allowed conversions of commercial and industrial buildings into unsuitable accommodation – including in locations such as Business Parks and Industrial Estates – without the need for planning consent. Government-commissioned research at University College London (UCL) reveals abysmal standards in the majority of the 640 PDR schemes examined[34]. This controversy has highlighted the importance of adequate space, sufficient daylight, protection from noise, and a surrounding environment that is not hostile and unhealthy.

15. Changes are recommended to enhance *Building Regulations* for new homes covering minimum space standards, with upgrading of accessibility (Part M 4(2) of the Building Regulations) and a range of energy saving and decarbonising improvements for all new homes.

16. There are concerns about poor quality housing standards in *private sector 'exempt accommodation'*, which typically houses more marginalised groups with support needs, such as care leavers and

32 tinyurl.com/CareHousing2021 33 tinyurl.com/HealthBenefits2019 34 tinyurl.com/HomesQuality

rough sleepers[35]. Normal limits on the Government's contribution to rental payments do not apply because extra support services are supposedly provided. However, standards are not monitored systematically. And it is believed the system is being abused by the landlords concerned. A review of the exempt accommodation arrangements is needed urgently.

Lifetime Homes

"Lifetime Homes"[36] are homes that are designed to provide accessible and adaptable accommodation for all. The aim is to allow people to stay in their home for as long as possible, despite changing accommodation requirements, from starting out as a young family, moving through to later stages of life, including provision for individuals with a temporary or permanent physical impairment. This allows older people to stay in their own homes for longer, reduces the need for home adaptations, makes those adaptations that are required faster and less expensive to implement, and gives greater choice to those with reduced mobility by creating adaptable housing that suits different needs.

Initially devised in the 1990s through a collaboration between the Helen Hamlyn Foundation, the Joseph Rowntree Foundation and the Habinteg Housing Association, the Lifetime Homes standard is based on five overarching principles and sixteen criteria that support accessibility and inclusive design. Several key components, including level thresholds for front doors, became mandatory in 2001. As a result of a consolidation of building standards in 2015, the majority of the outstanding components in the "Lifetime Homes" standards were included as *optional* in the Building Regulations Part M4(2) entitled 'accessible and adaptable dwellings'. Government will decide shortly on whether these components – e.g. specifying the size of the main bedroom and an entrance level WC – should become mandatory for all new homes (see Recommendation 4).

Evidence on housing from the Healthy Cities Toolkit

Eleven reviews from the scoping review examined the health impacts of exposures to poor housing, and five reviews reported on housing interventions to improve health and wellbeing.

Overall, poor housing had a negative effect on rates of communicable and non-communicable diseases, physical health, mental health, and mortality. Upgrading housing conditions, including heating, energy efficiencies, access to water and sanitation services, reduced infectious diseases, noise, violent crime, alcohol and substance use and improved respiratory and mental health.

Recommendations from the evidence suggest:

- incorporation of a health promotion agenda that focuses on infrastructural improvements;
- development of building regulations that incorporate international guidance on practices in design and construction which support health and wellbeing;
- public and private sector collaboration on health-related policy decisions, including general government and urban/regional planning agencies; and
- future research that focuses on housing protective factors as well as risk factors, in particular mitigation solutions to reduce the housing-related respiratory burden looking at adequate ventilation provision.

The summary of housing evidence is available here: healthycitiescommission.org/toolkit

35 tinyurl.com/ExemptAccomm 36 tinyurl.com/LifetimeHomes2008

2.2 Healthy Places

Issues of Concern:

At a strategic level, a key purpose of planning is to create healthy places. This strategic aim should be embedded within the planning system in all four nations of the United Kingdom. In Wales, health and wellbeing are an integral part of the "Well-being of Future Generations Act" (2015)[37], and in Scotland the "Place Standard Tool"[38] is underpinned by the overarching aim to improve people's health and wellbeing through place-based measures. Although Scotland's tool is being adopted by Homes England as part of their pre-design consultation process with local communities, an explicit link between health and place is currently missing within the broader English planning system. The time is right for this broader strategic aim to be embedded in planning, for wider system-change (see Recommendation 2).

This links with recent calls for the integration of 'health net gain' into proposals for new developments, following in the wake of the new 'biodiversity net gain' requirement for development. For example, local authorities could grant accelerated planning permission for developments that demonstrate health net gain, which would be defined in a local contextually specific way. The Commission is supportive of such moves, that would hard-wire 'health net gain' into the planning system.

Much of the placemaking strand of the Commission's work has centred on the public realm and the spaces between buildings; these have often received little attention in the quest to maximise profitable land use. 'Zero plotting' by developers aims to cram the largest possible number of homes onto the site; this ignores the health and wellbeing benefits of green space, play areas and community facilities.

35%

of low income households are within a 10-minute walk of nature, **compared to 59% of more affluent households**

The location of new build development is also a critical strategic question, which at times ignores the need to minimise car dependency, or to reduce risks from flooding and rising sea levels, in the light of climate change predictions.

'Poverty of Place' was highlighted by the Covid pandemic which revealed *inequalities in access to outdoor space*, parks, green streets and green infrastructure. Data show that those on lower incomes are less likely than the more affluent – 35% compared with 59% – to live within a 10-minute walk of publicly available, accessible, natural, green space for *recreation, sports, play, walking and cycling*[39].

According to analysis, the amount of available green space has been in long term decline: the size of the nearest park for homes built in the 1930s has fallen dramatically compared with today.[40]

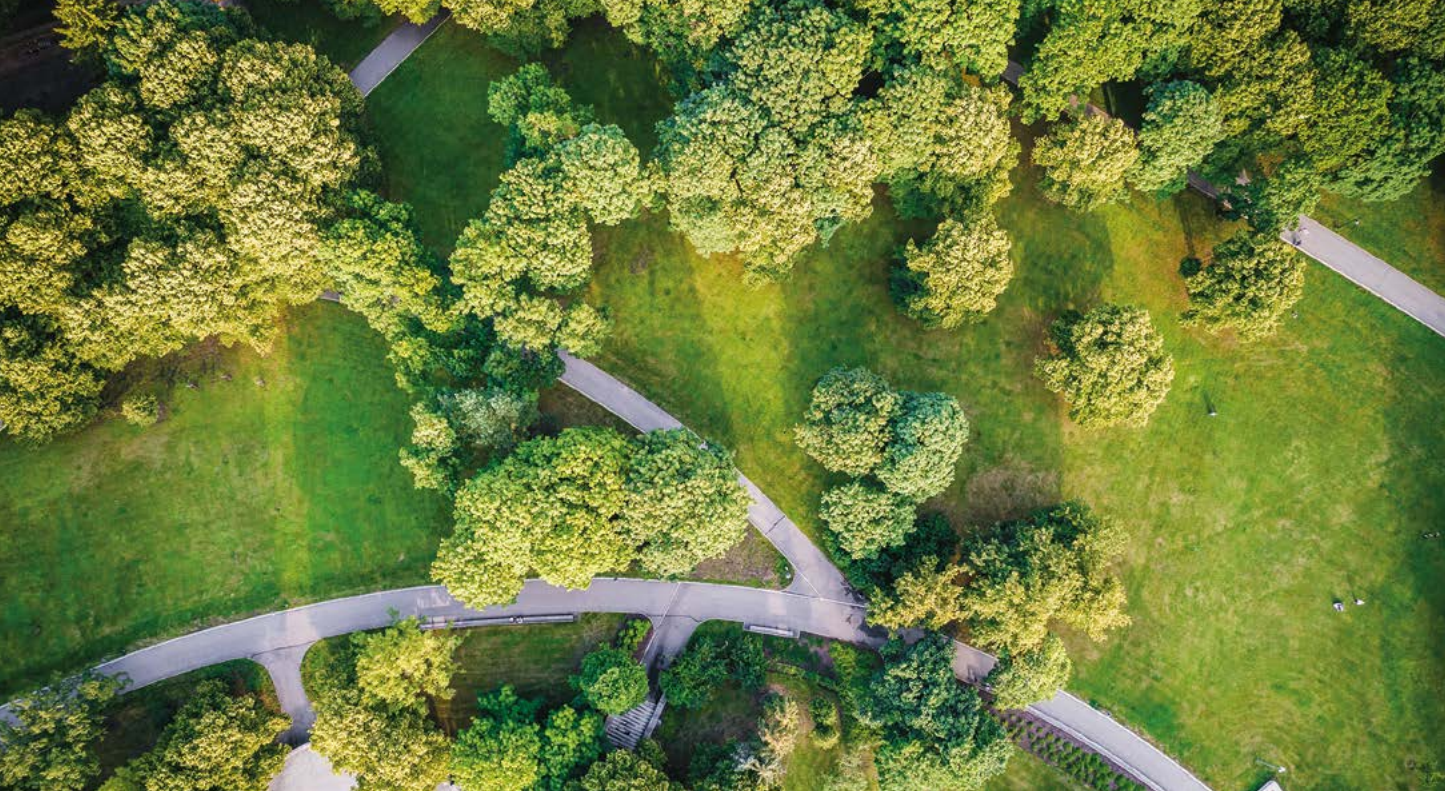
Lessons have been forgotten from the pioneering Garden Cities and their successors, where all homes had gardens and there was generous recreational green space, playing fields and allotments. And *loss of biodiversity* has long-term impacts, inextricably linked with climate change. The introduction of 'biodiversity net gain' for new developments will go some way towards addressing this challenge over the coming decades.

During the pandemic, with leisure centres affected by lockdown closures, outdoor opportunities for safe exercise have become a greater priority. But in some areas, an inhibiting factor in the use of communal space is the fear of crime and anti-social behaviour, demonstrating the interrelationship between policing and health/wellbeing. Healthy places should be inclusive, but often 'structural discrimination' is built into the city landscape, for example, through a lack of a standardised approach to require dropped curbs. There are also calls for cities to reflect their multi-cultural communities, with culturally competent architecture, and a built environment that incorporates dimensions of ethnicity and cultural identity in a more inclusive way.

Options for Change:

There has been a clear consensus in favour of planning authorities proactively supporting placemaking measures that embody the strategic aim of improving health and wellbeing.

37 tinyurl.com/FutureGenerationsAct 38 tinyurl.com/HealthInequalitiesScotland 39 tinyurl.com/RecoverTogether2020 40 tinyurl.com/GreenspaceCollapse



The Government's National Model Design Code (which is incorporated into the National Policy Planning Framework and its Guidance) now advocates attention to health and wellbeing.

Options for achieving change include:

1. Making health and wellbeing a key feature, not only of *Local Plans*, but of local design codes which can be successfully utilised when local planning authorities determine planning applications[41];
2. *Placing requirements on house builders* and developers of new homes to incorporate (usually though Section 106 agreements) adequate green spaces, trees, and play areas;
3. Working with landowners willing to take a long-term view of development that can enable the creation of *mixed income new communities*, not characterless, out-of-town housing estates;
4. Making sure new homes are built in places that are *sustainable*, that is, well served by *sustainable travel modes* that do not increase car dependency (e.g. close to rail and bus hubs), that link to existing community infrastructure, and that are not within a flood plain;
5. Ensuring that phasing of new housing developments includes *early installation of walking and cycling infrastructure*, to encourage active travel behaviours;
6. Requiring house builders to make provision for *long term maintenance* of communal areas and landscaping (e.g. by establishing and endowing a management company owned by residents);
7. *Retrofitting existing neighbourhood environments*, creating safe streets and public realm incorporating quality design, investing in walkable and cycle-friendly communities with facilities that bring people together;
8. *Bringing nature back into the city*, with more trees, accessible green spaces, green roofs where practical, to achieve biodiversity gain, carbon sequestration, and reduced threat from excess heat, as well as the mental health and wellbeing benefits[42];
9. *Making the most of blue spaces* – the environment beside canals, lakes, rivers and the sea – in recognition of the beneficial effects for physical and mental health of proximity to water and the natural habitats it sustains;
10. *Designing and re-designing streetscapes* – with adequate seating, planters, public toilets and dropped kerbs to increase accessibility – that encourage more people, young and old, to walk, wheel and use outdoor spaces. In some cases, town centres in need of reinvention can

41 The National Model Design Code sets a baseline standard of quality and practice for local design codes, including consideration of how design should enhance the health and wellbeing of local communities and create safe, inclusive, accessible, and active environments. See Carmona M et al., (2022).

42 tinyurl.com/PeopleNatureSurvey

be enhanced by demolition of empty commercial buildings to create new public realm;

11. *Involving local communities* whose input can range from participating in Neighbourhood Forums to volunteering for tree planting that brings shelter, shade and enhanced pride of place;

12. *Supporting economic development initiatives* for urban regeneration that will have significant potential to improve local community health and to reduce health inequalities (as illustrated by the Health Foundation's "Economies for Healthier Lives" programme[43]).

13. *Recognising the role businesses* can play in reducing health inequalities[44], as well as anchor institutions with strong links to place, such as major employers and local Universities: all can play their part in supporting and influencing good health in the wider community[45].

Birmingham's Planning Toolkit for Developers

Birmingham's Planning Toolkit for Developers[46] aims to promote improved urban planning by ensuring that health and wellbeing implications of Local Plans and major planning decisions are embedded in the work of developers across the city. It is designed to assist the planning and development process by "designing in" environments that support health and wellbeing, and "designing out" negative health impacts. Through a series of 12 indicators relevant to the built environment, it focuses on health prevention, avoiding future health and wellbeing issues that can result from poor planning decisions, such as those that prevent or discourage walking and cycling[47] (see Recommendation 3).

UK Healthy Cities Network

The UK Healthy Cities Network is part of the WHO's European Healthy Cities Network, promoting urban public health and sustainable development[48]. The network supports member towns and cities to address health inequalities in the context of the UN's Sustainable Development Goals. There are some 16 cities in the UK connected through the network, exchanging experiences and good practices in relation to strategic planning that contributes to creating healthy places[49]. The network promotes health and health equity in all local policies, emphasising the importance of access to quality green and blue space, and healthy urban environments and design.

"Building for a Healthy Life": Design Guidelines

The "Building for a Healthy Life"[50] (2020) design guidelines were drawn up in consultation with local authorities, developers, local communities and other stakeholders, with the aim of creating better places for healthier living. The 12 point guidelines consider urban design principles for new developments under the headings of Integrated Neighbourhoods, Distinctive Places and Streets for All. They also align with the principles of the NHS's "Healthy New Towns" programme, following learning from the ten demonstrator sites across England that explored the 'how to' of healthy placemaking[51].

43 tinyurl.com/ReduceHealthInequality 44 tinyurl.com/HealthEquityBusiness 45 tinyurl.com/AnchorInstitutions 46 tinyurl.com/birminghamplanningtoolkit
47 tinyurl.com/BirminghamHIATemplate 48 https://www.ukhealthycities.org.uk 49 De Leeuw, E. and Simos, J. eds., (2017) Healthy cities: the theory, policy, and practice of value-based urban planning. Springer.
50 tinyurl.com/BuildingHealthyLife 51 tinyurl.com/HealthIntoPlace

The case of Poundbury, Dorset

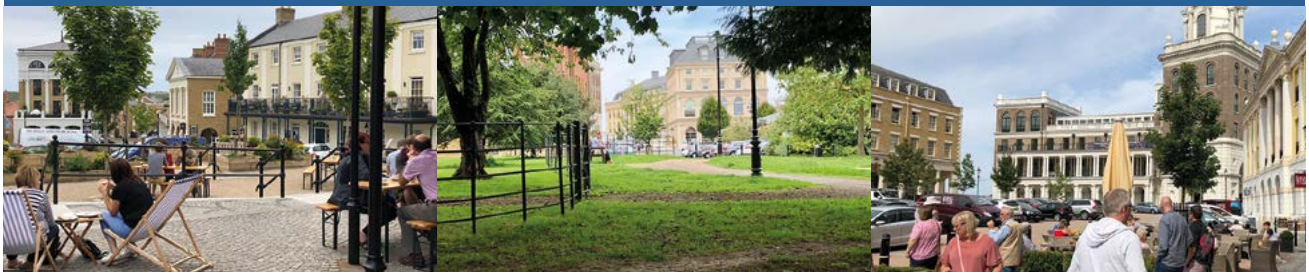
In the late-1980s, at the time of the publication of The Prince of Wales's book A Vision of Britain, land was allocated to the west of Dorchester, Dorset, in the local plan. The land in question was owned by the Duchy of Cornwall, the estate set up to provide an income to the heir to the throne in 1337. Dorchester, originally a Roman settlement, maintains a mixed-use urban core but is surrounded on all sides by low density, car dependent, post war suburbs, many of which had been built on Duchy of Cornwall land. The Prince of Wales, with a great interest in rural and urban sustainability, was keen to demonstrate a different model of development, based around the pedestrian, not the car, and so appointed the urban theorist Leon Krier to create a masterplan for the new settlement.

The masterplan was highly innovative in proposing three local centres and a main town square containing a mix of employment uses integrated with a wide range of housing types, 30% of which were affordable and indistinguishable from the private homes. In addition, the layout was driven not by highways design, but by urban design with events every 70-80m limiting vehicle speeds to 20mph and negating the need for signage and road markings. The architecture was informed by the materials and designs of the local area with informal vernacular and more formal classical buildings in the centres to make the place both aesthetic and legible.

Early research in the early 2000s on the newly emerging Poundbury suggested that some of the goals related to community and democracy were not being achieved, particularly around diversity, inclusion and community empowerment[52]. However, 20 years on, there are a number of achievements, particularly around job creation and the development model that was being piloted.

Today nearly 1,800 homes are complete and there are over 2,300 jobs on site with 50% of those being started in Poundbury. This is almost unique in the UK and has challenged the prevailing model of the volume house builders which is that maximising the value of the plot and the house gives better financial returns than valuing the place as a whole and the lower value non-residential uses. In 2019 The Prince's Foundation teamed up with the University College of Estate Management and Savills to research the values in Poundbury and see if they outperformed local contemporary housing estates or even local traditional houses. The results were comprehensive in showing Poundbury outperformed both. In addition to these enhanced values the research also showed that Poundbury was more resilient in a downturn in the market than comparators with little erosion of the new build premium over time[53].

The growing body of evidence that is slowly being collected as more landowners follow the Poundbury example is pointing towards the need for a new development model based on the long-term stewardship of the landowner in creating mixed-use, mixed-income, walkable and aesthetic places rather than the current short term financial return model of creating monocultural car-borne housing estates. This is necessary in a world that needs to address the silent killer of climate change and restore the balance between human beings, town, cities and the natural systems we rely on for our own health and survival.



52 Thompson-Fawcett, M., (2003) 'Urbanist' lived experience: resident observations on life in Poundbury. Urban Design International, 8(1), pp.67-84.
53 tinyurl.com/BuildingALegacy2019

2.3 Addressing Climate Change

Issues of Concern:

Clearly the ways we develop and manage the built environment deeply affect the health of everyone on the planet.

Buildings, and their construction, maintenance and renewal contribute significantly to the country's carbon footprint. Around 40% of the UK's carbon emissions come from the built environment[54]. And the process of construction and manufacturing of materials of a new building accounts for as much as 50% of its lifecycle carbon emissions[55]. Demolition and subsequent disposal of building waste adds environmental cost. However green a new building might be, the process of replacing an existing structure is likely to generate more carbon than retrofitting existing property. Wherever possible reuse of a buildings' materials will be important. Direct greenhouse gas (GHG) emissions from buildings account for 17% of UK GHG emissions, with the vast majority (77%) coming from homes[56]. 85% of homes are heated by gas[57]; a switch to renewable sources – like heat pumps powered by clean electricity – presents an enormous challenge due to supply chain issues, a shortage of skilled labour and consumer inertia. Replacing fossil fuels with renewable energy – wind, solar, nuclear, hydro, hydrogen, et al. – will be a lengthy, costly and inconvenient exercise. This task brings with it the dangers of procrastination by elected leaders and avoidance by developers.

The 2021 Climate Change Risk Assessment 3 Report highlights, in relation to health, communities and the built environment, that high temperatures are increasingly affecting health and wellbeing[58]. However, little progress is being made to address the increasing risks from overheating, through building standards or incentives to retrofit.

Furthermore, sea level rises over the coming decades may mean that many places in the UK will be underwater or uninhabitable by the second half of the century[59]. There is little attention currently given to the viability of communities in these coastal and low-lying areas, with the predicted need to move or protect them, and wider implications for health and wellbeing. There are also ramifications for economic infrastructure in these places. As the WHO states, 'Climate change is the single biggest health threat facing humanity'[60].

77%
of direct building
CO_2 emissions come from homes

Options for Change:

Several strands of policy thinking come together in the context of the built environment's contribution to addressing the climate emergency, both through mitigation and adaptation.

1. Combatting *fuel poverty* has become of huge significance with energy prices now exacerbated by the war in Ukraine. This challenge chimes with the environmental imperative to *insulate and heat more effectively the nation's ageing housing stock*. The importance and urgency of the need to insulate and *retrofit* existing buildings – including business premises and municipal buildings – is critical. Enhanced energy efficiency not only means warmer homes but improves *energy security* by reducing reliance on imported fossil fuels.

2. Government support is key in persuading homeowners and landlords to insulate (and ventilate) their homes and adopt energy-saving measures. 72% of homeowners surveyed recently said the cost of the work was the number one reason why they were not making energy efficiency improvements.[61]

3. The Climate Change Committee has warned that funds allocated to date are insufficient to meet the Government's targets for emissions reductions and the 2035 deadline for phasing out the installation of gas boilers in existing homes will come too late[62].

   Government is currently consulting on a Future Homes Standard which would lead to zero emissions from new

54 tinyurl.com/FasterConstruction 55 tinyurl.com/NetZeroARUP 56 tinyurl.com/BuildingsBudget 57 tinyurl.com/EnergyReport2014 58 Kovats, S. and Brisley, R. (2021) Health, Communities and the Built Environment. In: The Third UK Climate Change Risk Assessment Technical Report (CCRA3) [Betts, R.A., Haward, A.B., Pearson, K.V. (eds.)]. Prepared for the Climate Change Committee, London. 59 tinyurl.com/SeaImpact 60 tinyurl.com/ClimateHealthWHO 61 tinyurl.com/GreenerHomesTracker 62 tinyurl.com/BuildingsStrategy

housing once the electricity grid is fully decarbonised. However, since we know drastic change is needed urgently, there is concern that the timescale of 2025 for new homes to be 'net zero carbon ready' means hundreds of thousands more properties being built today which will need retrofitting within a few years. This strongly suggests that Government should speed up the process.

4. Efforts to *regenerate high streets* where shops and offices are in less demand can bring together economic renewal and residential opportunities – not least for purpose-built accommodation for older people who can bring new life to high streets in decline.

5. Although the Government's Green Homes Grant programme for the private sector proved a failure and has been discontinued, it highlighted the importance of, and the demand for, retrofitting existing properties. This starts with the *property's fabric and its insulation*, before moving to heating and cooling systems – like ground source and air source heat pumps – that are powered by green electricity (see Recommendation 5).

6. Innovative *technology* will also have a role to play, e.g. use of modern glass technology to insulate and deflect cold and excessive heat and light. The challenge in encouraging adoption and take-up of new technologies will lie in understanding people's behaviours and how to shift mind-sets. But the *Levelling Up agenda* highlights the gains to the economy of new 'green industries', with the *Net Zero Strategy* identifying support for up to 440,000 jobs across net zero industries by 2030[63].

7. Linking the case for health and wellbeing with that for more sustainable environments, there is the value of investment in the city's *natural environment* which counteracts *loss of biodiversity* linked to climate change. The newly introduced requirement for 10% Biodiversity Net Gain (BNG) by late 2023 is already impacting on how developers are designing new housing developments[64].But further initiatives are needed beyond this to support the natural environment throughout cities.[65]

All these strands demonstrate how built environment investment that achieves healthier cities also supports the imperative of addressing climate change.

63 tinyurl.com/BuildBackGreener 64 tinyurl.com/DefraSummary 65 tinyurl.com/PlymouthBNG

Built Environment Recommendations

Recommendation 1: To combat poverty and inequality, as well as to address the mental and physical health impacts of homelessness, overcrowding, fuel poverty, cold and damp conditions, ***we recommend*** *central government gives a high priority in its policy and financing decisions to increasing provision of affordable housing (especially homes let at 'social rents'). We believe a goal of around a third of the Government's overall target of 300,000 new homes each year should be for those in the lower half of the earnings distribution – through both direct provision by social housing providers and through planning obligations on developers.*

Recommendation 2: To match advances in Scotland and Wales, ***we recommend*** *Government embeds the strategic aim of improving health and wellbeing in planning policy for England, using already available (ONS) metrics to measure success. Locally, this should be a key objective for each city's Local Plan; it should be a prominent feature of local design codes; and it should be rigorously enforced when planning authorities determine planning applications.*

Recommendation 3: ***We recommend*** *that local planning authorities be enabled to adopt a proactive planning approach rather than reacting to proposals by developers/house builders, both through better resourcing of planning departments, and central government supporting their decisions. This approach would aim to ensure new developments incorporate health creation, with master planning that delivers walkable, mixed-use, mixed income communities with adequate space for play and green infrastructure. (See box on Birmingham's Planning Toolkit for Developers).*

Recommendation 4: As part of a shift towards a broader, more holistic approach to building healthy homes, we support proposals for a Healthy Homes Act and ***we recommend*** *central Government:*

a) makes mandatory the adoption of the currently optional accessibility standards of Building Regulations' Part M 4(2);

b) brings forward the deadline from 2025 to 2023/4 for all new homes given planning consent to be 'net zero carbon ready', as part of the new Future Homes Standard (i.e. the home does not depend on the use of fossil fuels and will be carbon zero as soon as the electricity grid is decarbonised).

Recommendation 5: To accelerate improved energy efficiency we endorse calls for a 'National Retrofit Strategy' for existing privately-owned property. As part of this, ***we recommend*** *consultation on more attractive incentives to replace the defunct Green Homes programmes and, in tandem, full enforcement both of regulations that require adequate energy performance and of the Government's proposed new Decent Homes Standard (see 2.3 Options for change).*

Recommendation 6: ***We recommend*** *that, to make energy saving measures more affordable for all households and to remove the environmentally damaging incentive for developers to demolish and rebuild rather than restore and upgrade, HM Treasury should levy VAT at 0% on property modernisation as is the case for new build (see 2.3 Options for change).*

Recommendation 7: ***We recommend*** *that 'placemaking for healthy lives' be the touchstone for central Government's Levelling Up funding and for local neighbourhood retrofitting initiatives by local authorities in response to this new opportunity. This requires not only targeting investment that revives town centres and declining high streets, but also investing in external spaces, and enhancing the public realm and the natural environment.*

Faster journeys for buses using priority lanes

3. TRANSPORT & MOBILITY INTERVENTIONS

3.1 Car Dependency & Public Transport

Issues of Concern:

The Commission's discussions have consistently emphasised the important role of transport and mobility in creating a healthy city. Much of this debate has centred around the need to reduce our dependency on private cars.

Travel by car, van and taxi forms most passenger trips – e.g. 83% of passenger kilometres in 2018 – while bus use has fallen annually, down by 62% since 1960. 68% of commutes are by car and only 7% are by bus. Although *rail usage* has risen over recent years, it accounts for only 10% of commutes[66].

During the pandemic, *fear of contracting Covid-19 – and official discouragement for using public transport* – has upheld individual car use. Driving has bounced back to pre-pandemic levels while public transport use by late February 2022 was still only around 75% of previous levels[67].

Meanwhile, *congestion* has been getting worse in recent years, with consequent costs to the economy. The trend to drive children to the school gates, in place of walking to school, has added to this problem (exacerbated by the increase in uptake in SUVs). At the same time, the shift to online shopping, accelerated by the pandemic, has increased numbers of retail and food delivery vehicles on the roads.

Working and shopping from home has reduced revenue for public transport. If this trend becomes ingrained, public transport investment will be reduced, services will be cut back and those with no alternative transport options will suffer.

40,000

deaths attributable to **air pollution each year in the UK**

In health terms, these trends have led to worrying levels of *air pollution from road traffic*, affecting children and adults prone to asthma, allergies, and other health issues. Up to 40,000 deaths in the UK are attributable to air pollution each year[68].

Electric vehicles (EV) are expected to reduce the harm from private cars, buses and vans (depending on how the electricity is generated). But 45% of *harmful particulates* come from tyre and brake wear[69]: so even if vehicles become electric, road traffic will still cause health issues, especially for those susceptible to breathing-related illness. There are also further hazards with the promotion of EVs. From 2022, those building new homes in England will be required by law to install EV charging points. But this could compromise the target of reducing demand for car travel by 17% by 2050[70]. Creating the space for the charging of EVs next to the home also reduces front garden space, magnifying the effects of 'heat islands'.

Options for Change:

The objective of increasing use of public transport and reducing private car use, to ease congestion and pollution, have been persistent themes of the Commission's discussions (see Recommendation 8).

1. Proposals for achieving this switch have included *improving the public transport offer* through:
   a. *Improved comfort, greater affordability* (lower fares, bus passes and railcards); *easier ticketing* (e.g. multi-modal travel cards);
   b. *Reliability and frequency of service*;
   c. *Having real time travel information* through apps and displays at bus stops as well as train stations;
   d. Enhanced *safety measures*, e.g. CCTV on buses and at bus stops;
   e. Faster journeys for buses using *priority lanes* (and traffic light priorities);

66 tinyurl.com/TransportStats2019 67 tinyurl.com/ChangingTravel 68 tinyurl.com/LifelongPollution 69 tinyurl.com/TransportEmissions 70 tinyurl.com/TransportBudget

f. *Improved accessibility* for families, older or disabled people; and

g. *Strategic planning of routes to connect public transport services* – rail, bus, trams – with partnerships between public and private operators.

2. The Commission has heard from advocates of *Mobility-as-a-Service (MaaS)* with 'seamless inter-modal mobility from one end of the journey to the other, with one booking, one contract, one bill, and with personalised information streamed to the individual traveller'. However, there are risks of *digital exclusion* that need to be addressed more fully in any development of MaaS, including help for those without digital skills, smart phones or access to the right payment method.

3. *Wider multi-modal transport plans* are critical for integrated city planning. A strategic spatial plan at the wider city level, supported by spatial data to aid decision-making, which is mapped and visualised, can be delivered by relevant actors coordinated across the Council in an integrated way.

4. *Local Authority Transport Plans need to bring together private operators* (e.g. in Enhanced Partnerships) to ease the problems of pollution and congestion. Measures extend from *subsidies* to increase and improve public transport services, to construction of *Park and Ride* facilities, through to creating *light rail and tram systems*.

5. Local Planning Authorities have a key role in resisting applications for new developments on suburban greenfield sites that depend upon every household owning at least one car. *Siting new homes near transport hubs and ensuring each development supports 'active travel'* wherever possible to school, work, and local facilities, will achieve significant health benefits over time.

6. Meanwhile, *measures can be introduced* to reduce private car journeys and encourage public transport and active transport modes, as these would substantially improve local air quality and health, such as:

a. congestion zones and charges;

b. road pricing;

c. work-place parking levies;

d. higher levels of fuel duty and Road Tax; (N.B current incentives for electric vehicles mean loss of tax revenue from these sources);

e. stricter enforcement of vehicles' emissions requirements (through a more thorough and specific test within the MoT).

7. To support the important switch over to *electric vehicles* – including e-bikes and e-scooters[71] – there is an urgent requirement for *more charging points*, with a universal plug, and access to affordable, quality, *electric car share schemes*. However, this is notwithstanding the need to reduce car use long-term, and to minimise the loss of front gardens in new developments.

8. To gather the hyper local data on pollution from traffic in order to instigate measures at the local level, each ward and school should have the means to measure their local air quality and report to the local authority.

71 tinyurl.com/EBikesNetherlands

Reducing Car Dependency – The Case Study of Derwenthorpe

The Joseph Rowntree Housing Trust's (JRHT) development of a new community of over 500 homes on the east side of York has involved active steps to meet sustainability objectives and to promote good health.

The Trust has worked with residents to reduce car ownership and use with the following actions:

1. Negotiating with the local bus company to re-route a service for the new community, with relatively frequent journeys into the city centre. *Outcome: Popular, but dependent on the frequency and reliability of the service.*

2. Providing a free bus pass for one year for new residents to encourage a (change of) habit from driving to taking the bus. *Outcome: 9% of new residents have taken up the offer, helping establish greater bus use.*

3. Providing a bike voucher (of £150) to encourage more people to cycle to work/college/leisure. *Outcome: 51% of households have taken this up.*

4. Working with Sustrans to create a safe, dedicated, cycle path through the settlement and into the city centre. *Outcome: This has been hugely important in encouraging cycle use.*

5. Designing an easy and safe walk to schools. *Outcome: Reduced car trips to the school gates.*

6. Incorporating a jogging track – 'Trim Trail' – round the periphery of the settlement. *Outcome: A well-used amenity, which makes it easier for people to exercise.*

7. Supporting the community to organise a Car Club so households need not own a car – or a second car. *Outcome: Although there are two available Smart cars based in the middle of the settlement, use of this amenity has been limited.*

8. Calming traffic with 'Home Zones' throughout the settlement to give pedestrians priority. *Outcome: Has increased safety and made the place safer and more pleasant for walking, cycling, and play.*

9. Restricting space for cars by allocating only a modest car parking space per property to discourage second car ownership. *Outcome: This has not worked well. There are more cars than spaces on several streets.*

In summary, the JRHT's policies for the design and management of this new community have helped to make Derwenthorpe an attractive place where encouragement of alternatives to car use have made a significant difference. However, car ownership – with the usual street parking problems – remains an issue even though car trips are reduced.

3.2 Active Travel

Issues of Concern:

Physical activity is an important way to improve physical and mental health. However, problems of *obesity,* with all the associated health risks, have been escalating.[72]

The built environment can provide the opportunities and incentives for active travel; but it can also be the source of *barriers and obstacles*. Many neighbourhoods lack the infrastructure of safe, accessible, routes for the pedestrian and the cyclist because inadequate town planning has not factored these into new developments or into the upgrading of existing neighbourhoods. Retrofitting this infrastructure into neighbourhoods that have been designed around the car is a challenge.

While Covid-19 has encouraged some to cycle rather than use other modes of transport, one side effect of the shift to working from home was that more people experienced sedentary lifestyles[73].

Furthermore, one of the biggest barriers to the take up of cycling and active travel relates to safety and the perception of associated dangers, which prevent many people from using active travel modes.

It can be challenging for cities to respond to innovation. Taking the example of e-scooters or electric bike hire, cities struggle to frame their responses due to a lack of legislative and regulatory frameworks. There is an opportunity for innovative technologies to radically change cities for the better, but this requires city leaders to embrace, manage and work with innovation, to respond in an agile way so that new technologies can contribute effectively to active travel policies.

Options for Change:

The Commission is much encouraged by the Government's creation of Active Travel England (January 2022) 'to boost cycling and walking and deliver a healthy, safe, and carbon-neutral transport system'.

A 2018 study by Transport for London suggested that if every Londoner walked 20 minutes every day, £1.6 billion could be saved in NHS treatment costs, 1 in 6 early deaths, 10% of strokes and heart disease and 20-30% of cases of depression could be prevented.[74]

20 minutes

The amount of time which, if walked every day by each Londoner, would save: £1.6 billion in NHS treatment costs; 1 in 6 early deaths; 10% of strokes and heart disease; 20-30% of cases of depression.

Cycling can lower the risk of developing cancer, heart disease, and premature death. And opportunities for walking – to work, to school, for sports and leisure time in the open air – can improve a range of mental and physical conditions.[75]

There is a major role for *planning authorities* in aligning built environment and transport policy. By planning for enhanced active travel, walking, wheeling and cycling, the health of the whole city is improved and congestion and pollution caused by car use are reduced.

This is easier where the city's density is highest, for example in London with 5,700 people per square kilometre,[76] which makes it more viable to sustain an extensive and frequent public transport service in the capital.

Planners can greatly influence choices between public and private transport through the policies they adopt:

1. *Healthy transport plans* must be a component of all masterplans for major new developments, addressing the ways in which those occupying new homes will get to jobs, schools, shops, etc. Where appropriate, planners can aim for '*15-minute neighbourhoods*' where all the necessary facilities for everyday life – shops, schools, GP surgeries, libraries, etc. – are within easy reach[77].
2. Obligations through *Section 106 agreements* can ensure walkways to schools and local facilities and cycle ways to town centres/transport hubs (e.g. in partnership with Sustrans[78]);

72 tinyurl.com/TacklingObesityDHSC 73 Xiao, Y., Becerik-Gerber, B., Lucas, G. and Roll, S.C., (2021) Impacts of working from home during COVID-19 pandemic on physical and mental well-being of office workstation users. Journal of Occupational and Environmental Medicine, 63(3), p.181. 74 tinyurl.com/WalkingActionPlan
75 tinyurl.com/WalkAccessHealth 76 tinyurl.com/SmokingUK2019 77 tinyurl.com/20MinNeighbourhoods 78 tinyurl.com/WalkableNeighbourhoods

3. Within new developments and elsewhere, planners can ensure *priority for pedestrians and cyclists*, e.g. through promoting schemes such as 'Low-Traffic Neighbourhoods' – where the car has no priority, and creating cycle tracks that avoid vehicle traffic. These initiatives build a more liveable city without huge investment;
4. Liaison with other councils and mayoral combined authorities can achieve *improved public transport connectivity across municipal boundaries*, as outlined by the Government's Levelling Up White Paper.
5. *Employers* have a role to play in introducing *flexible working options that reduce unnecessary commuting*. They can promote healthier travel options, e.g. by helping more employees to cycle to work, with voucher schemes and cycle parking. Such measures are shown to reduce absenteeism and sick leave[79].
6. Retail businesses can benefit from *pedestrianisation and traffic calming schemes*: despite fears that such measures will reduce trade, there is evidence that they lead to more retail activity.

Evidence on active travel from the Healthy Cities Toolkit

Fourteen reviews were identified in the systematic scoping review (Appendix 2.3) that examined the health impacts of active travel, involving nearly 500 primary studies. Overall, active travel had a positive effect on increasing rates of physical activity and improving outcomes for people with non-communicable diseases and mental health.

Designing community environments that make active travel convenient, safe, attractive, cost-effective, and environmentally beneficial is likely to produce the greatest impact. In particular, policies, investments, and actions should focus on:

i. improving infrastructure (e.g. cycle lanes) and connection/continuity of cyclable and walkable surfaces,
ii. reducing traffic, offering greater safety for cyclists and pedestrians,
iii. increasing the aesthetics of the streets and facilities (i.e. cleanliness, low noise, presence of trees/greenery)
iv. improving proximity of essential services, shops, and public transport to reduce trip distances,
v. promoting mixed land use, combining residential, commercial, and leisure spaces and facilities within a concentrated area,
vi. ensuring cost-effectiveness and economic benefits outweigh car/vehicle use,
vii. promoting the sustainable and the environmental benefits.

The summary of the active travel evidence is available here: healthycitiescommission.org/toolkit/active-travel (See Recommendation 9).

3.3 Transport and Climate Change

Issues of Concern:

Transport is now the UK's largest source of greenhouse gases, accounting for 27% of the total[80]. The Climate Change Committee says a 70% cut is needed to meet emission reduction targets.[81] The long-term challenges of decarbonisation undoubtedly necessitate changes to our transport choices, both in a shift away from vehicles running on petrol and diesel and in reductions in vehicle kilometres.

Electrification of road and rail vehicles will undoubtedly mean a significant improvement in addressing climate change: but expert opinion suggests this will be insufficient to achieve 'Net Zero'. Even with the most optimistic estimates of the rate of uptake of electric vehicles and of green energy powering the grid, significant reductions in vehicle trips will still be necessary if targets are to be met.

79 tinyurl.com/Nice2008 80 tinyurl.com/TransportStats2021 81 tinyurl.com/TransportBudget

Options for Change:

The Commission's focus has been on improving health outcomes; but in the field of transport and mobility, the interventions needed to address climate change are of equal relevance.

1. The same transport policies that improve the health of citizens – *reduced pollution and congestion* from switching away from car dependency to public transport, and more cycling and walking – also help the transition to net zero emissions and combat climate change.
2. Planning new development in places with proximity to services and facilities (shops, schools, health centres etc) not only means car trips can be shorter but more people will use active transport modes, walking and wheeling.
3. Due to Covid-19, around half of people in employment did some of their work for home in April 2020[82]. *Less commuting* may represent one double benefit from the Covid pandemic: lowering CO_2 emissions to help towards the net zero target, while also reducing health problems caused by traffic pollution (alongside the transport benefits from reduced congestion).
4. For these gains to be permanent, there will need to be extensive *behavioural change*, supported by employers. In achieving such change, the Behaviour Insights Team may have an important contribution to make.
5. Councils can make a significant difference by accelerating the shift to zero emissions by moving their own, and their partners', bus fleets to electricity and hydrogen.
6. Businesses and major employers should also switch to zero emissions vehicles for their goods distribution deliveries and for their employees.
7. In some areas, there has been a reaction from citizens against policies related to 'active travel' and 'net zero'. There is an important task related to communications around these policies, that emphasises the evidence related to links with health, as well as the opportunities that such policies open up. Effective local government communications are essential, supported by a raft of local champions to promote the messaging within communities (see Recommendation 10).

Transport and Mobility Recommendations

Recommendation 8: Following the dramatic fall in use of public transport as a result of the pandemic, ***we recommend*** *central government maintains its financial support for cities' public transport. We note the opportunities for transport authorities, through partnerships with public and private operators, to pursue incentives and improvements to make travel by rail, bus, and tram attractive once again. In retrofitting and upgrading city streets and town centres, we recommend the city leaders take bold steps to encourage active mobility and discourage inessential car use that generates congestion, noise, and air pollution. (See 3.1 Options for change).*

Recommendation 9: ***We recommend*** *planners, architects, urban designers, and health scientists lead the way in creating the new and retrofitted environments which proactively encourage active mobility that enhances health and wellbeing.* ***We recommend*** *that local planning authorities judge new developments in their areas from the perspective of healthy transport, i.e. requiring new homes to have easy access to public transport and new communities to be walkable and cycle friendly. (See box on Reducing Car Dependency – The Case Study of Derwenthorpe). (See box on Evidence on Active Travel).*

Recommendation 10: ***We recommend*** *that in seeking the support of their citizens for required changes that will cut congestion, air and noise pollution, as well as addressing the climate crisis, city leaders should highlight the health and wellbeing gains for all and the mental and physical benefits from active mobility. (See 3.3 Options for change).*

82 tinyurl.com/HomeworkingUK2020

4. PUBLIC HEALTH & WELLBEING INTERVENTIONS

4.1 Healthy Lifestyles

Issues of Concern:

'A large proportion of people's health outcomes (around 80%) are not related to the healthcare they receive but due to wider preventable risk factors (such as diet, smoking, exercise)' Department of Health and Social Care, 2021.[83]

Many public health priorities – e.g. tackling smoking, misuse of drugs and alcohol – seem to have relatively loose connections with built environment issues. But there are significant synergies between these two disciplines when it comes to creating *healthy places*.[84]

From the public health perspective, problems associated with physical inactivity and the lack of regular exercise chime with the efforts by planners and placemakers to create the environments that encourage and facilitate walking, cycling, play and exercise.

Sedentary lives bring risks of cardiovascular disease, Type 2 diabetes, colon cancer, dementia, depression and other mental health problems.

For some, Covid has meant enforced inactivity with a huge drop in participation in sporting activity. New developments seldom make provision for adequate green space, let alone for sports facilities. Although parks and green areas (including allotments and even publicly accessible cemeteries) have provided some hugely important relief for those confined during the pandemic, there is evidence that for others who lack safe, accessible outdoor opportunities, problems with excess weight have worsened during the pandemic. This is of particular concern for those in disadvantaged neighbourhoods, underlining *the correlation between poorer health and social inequalities*.

Poor health has implications, of course, for employers in productivity, time off for sickness and strains on their workforce.

Options for Change:

Many cities are recognising the significance of ensuring convenient and safe access to green spaces. Indeed, Covid has led more people to discover the value of local parks, play areas, and tree-lined streets. Walking can be 'as effective as antidepressants' and can improve mood and sleep. It can also be a social activity (including with the making of friendships between dog owners!) with benefits for mental health.

Government is following through on the Environment Act 2021, developing (through DEFRA and Natural England) a National Standard for Green Infrastructure for those planning and designing new developments[85].

In improving existing neighbourhoods, a range of current physical and social initiatives can be considered:

1. For new developments, planning policy can insist on *adequate public realm, high quality green space to support health and wellbeing*, rather than the cramming together of the maximum numbers of new houses and flats with minimal gardens or green infrastructure;
2. Local authorities, in retrofitting neighbourhoods, high streets and town centres can pay special attention to opportunities for *greening spare spaces*, incorporating small play parks – 'Tots Lots' – and investing in the management and maintenance of existing parks and green areas. This links to the re-wilding agenda, and the benefits of reconnecting people with the natural world;
3. The engagement of clinicians in prescribing non-medical remedies is rapidly becoming a key component in preventing and relieving physical and mental health conditions: *social prescribing* can encourage the take-up of physical exercise, even including

83 tinyurl.com/HealthPromotionOffice 84 tinyurl.com/GreenspaceWellbeing 85 tinyurl.com/NaturalEngGreenInfrastructure

subsidising membership of a gym (where there should be a welcome for people of all ages, and staff should be trained to support older members). Other examples include enrolment in arts classes, facilitating a volunteering role, or guidance on finance and debt (see Recommendation 14).

4. Support for participation in *voluntary and community activity* – not least in cultural and heritage groups, choirs, etc. – can address loneliness and can improve mental health and wellbeing.

5. *Employers* can facilitate healthy lifestyles of their employees, perhaps appointing a nominated champion with special responsibility for workplace measures that encourage cycling and fitness.

6. *Schools* can promote healthy living, e.g. Scotland's 'daily mile' for primary school pupils.

7. At the level of the individual, *action for healthier lifestyles* can be stimulated by using wearable devices, personal activity trackers (like Fitbits and smartwatches), which monitor exercise.

Using local data to identify areas for green space

Local authorities can identify parcels of unused land in their ownership – using hyper-local data – to identify potentially suitable small sites in the locations where residents are most deprived of external/green space. (See Annex A and Recommendation 19).

Port Loop, Birmingham

In 2021, the Port Loop housing development in Birmingham[86] was presented with the Housing Design 'Healthy Homes' award[87]. The modular 'Town House' homes in the new Port Loop neighbourhood are surrounded by high quality green open space, with each block of properties having access to 8,600 ft^2 of shared garden space, roughly the size of three full-sized tennis courts. The award recognised the importance of this green open space for residents' physical and mental health and wellbeing during the Covid pandemic.

86 https://www.urbansplash.co.uk/regeneration/projects/port-loop 87 https://hdawards.org/scheme/16011_scheme/?_sft_scheme_year=2021

Evidence on workplace interventions from the Healthy Cities Toolkit

Eight reviews were identified in the systematic scoping review (Appendix 2.3) that examined the role of the workplace in altering health, involving nearly 2,000 primary studies. Overall, workplace interventions improved mental health, cognitive function, and health behaviours and multi-component interventions were more effective than single component interventions.

For health to be considered a priority rather than a benefit of work, governments must standardise requirements across industries (e.g. private, public, and voluntary sectors) to reduce variation in provisions. Other recommendations from the evidence included:

i. Funding large well-designed theory-driven trials.

ii. Improving the reporting of primary studies according to best practice guidelines.

iii. Adopting a participative approach that engages employees, employers and management structures in communication and joint participation. This appears to be an important success factor for the development and implementation of interventions for disease prevention and health promotion in the workplace.

iv. Incorporating interventions into the broader context of the workplace rather than being isolated options, to increase their effectiveness. High-quality implementation, including the systematic evaluation and ongoing monitoring procedures, also leads to higher efficacy.

v. Seizing unique opportunities of actual workplace constructions or renovations for practitioners and researchers to collaborate on experimental, quasi-experimental, or natural experimental studies.

The summary of evidence on workplace interventions is available here: healthycitiescommission.org/toolkit/workplace-interventions

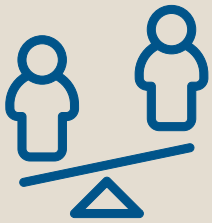
4.2 Healthy Eating

Issues of Concern:

Accessing good, nutritious food is as important for health as an active lifestyle.

Of course, 'food poverty' is a symptom of wider economic disadvantage: so its remedies require urgent action on many fronts. But policies for the built environment can significantly help to address the problem.

The Commission received evidence that in England, over one in three (35%) of adults in the most deprived areas are living with obesity (compared to just over 1 in 5 in the least deprived areas) and two out of five children live with overweight. Cancer Research UK says that by 2040 nearly four in ten adults in the UK are projected to be obese.[88] Children in low-income families are twice as likely to be obese as the average.[89]



35%

of adults in the most deprived areas of England are living with obesity, **compared to 20% in the least deprived areas**

Obesity is linked to serious and life limiting health conditions from cancer and cardiovascular disease to diabetes and depression at a cost to society estimated at £57 billion ($70 billion) per year in 2012.[90] Severe outcomes from Covid-19 were more likely in patients with a higher body mass index (BMI).[91]

Obesity is a disease that requires improved healthcare and access to weight management services and support[92]. But it also deserves

88 tinyurl.com/21million 89 tinyurl.com/EnglandHealth2019 90 tinyurl.com/OvercomeObesity 91 tinyurl.com/ExcessWeight2021 92 tinyurl.com/Nordisk2022

£57 billion

Estimated cost to society **of obesity-related conditions**

investment in prevention, both in respect of physical exercise (as above) and in terms of healthy eating.[93]

Diets have changed over the last decades, with the proportion of processed foods increasing from 26% of a household's grocery budget in 1980, to 45% in 2000.[94] Junk food is cheap (and selling it is hugely profitable) with families bombarded by advertisements and promotions, relentless marketing and discounting. The outcome is 'food deserts', with little fresh foods available in areas with an absence of shops or marketplaces selling fresh produce.

The physical environment contributes in several ways to the problems caused by unhealthy diets and eating patterns. The small space standards not only of overcrowded existing properties, but of newly built houses and flats, mean many homes have no place for a family to eat together around a table. This discourages preparation of meals at home as well as diminishing the bonds of family life.

Options for Change:

The Commission heard of a range of measures that could make a difference:

1. New development can be sited where public transport connects new homes with the places selling affordable food, particularly for those without use of a car;
2. Recognising the impact of poverty on diet, provision of vouchers for purchasing of healthy food could be evaluated;
3. To add to the 317,00 allotment plots in the UK producing food to the value of £300 million per year,[95] planning authorities can use their powers to negotiate some parts of major developments to be set aside as allotments/places to grow food;
4. Resourcing for local authority wellbeing and leisure services to engage less active citizens in prescribed leisure services leading to significant gains to the economy, individual mental and physical health, and a narrowing of the life expectancy gap;[96]
5. *Community groups can be supported in creating vegetable gardens*, e.g. in moveable skips on 'meantime sites' not required immediately for development;
6. *Nurseries and primary* schools can help children understand healthy eating, and learn about the provenance of food (perhaps with visits to farms or vegetable gardens);
7. Some have suggested *cooking should be on the national curriculum*; schools should adopt 'learning by doing' by creating school vegetable gardens and free school meals should offer a healthy menu;
8. Local authorities need to *map existing concentrations of fast-food outlets* – and place *limits on future growth*, particularly in proximity to existing premises and close to schools. *Licencing rules for hot food and takeaways* (Planning Use Class A5) could be changed to address this, not least in the context of neighbourhood regeneration (see Recommendation 13);
9. *Restrictions on advertising can be effective at the local level* as with Transport for London's ban on junk food adverts which is believed to have led to lower calorie consumption.[97]

Local efforts to support healthier eating also need backing from central government through *restrictions on advertising of junk* food online and on television before the 9pm watershed. Government can also help with *targeted tax measures*, like the 'sugar tax' to encourage businesses to adopt healthier practices.

93 tinyurl.com/TacklingObesityDHSC 94 www.nationalfoodstrategy.org 95 tinyurl.com/NaturalCapital2019 96 tinyurl.com/FitFuture2022
97 Yau, A., Berger, N., Law, C., Cornelsen, L., Greener, R., Adams, J., Boyland, E.J., Burgoine, T., de Vocht, F., Egan, M. and Er, V., (2022) Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis. PLoS medicine, 19(2), p.e1003915.

Using local data to identify growth in fast-food outlets

Methods, such as web scraping, can be used to map the numbers and locations of every takeaway or fast-food outlet, along with its latest hygiene rating. This map can alert the local authority to excessive concentrations of these premises (often in poorer neighbourhoods). (See Annex A and Recommendation 19).

Evidence on food and nutrition from the Healthy Cities Toolkit

Sixteen reviews examined evidence on food and nutrition exposures, interventions, and outcomes. The reviews assessed food production, the food environment, food security, food storage and preparation, food promotion, and the nutritional values and quality of food. Overall, the health outcomes were mixed as exposures and interventions relating to healthy and fresh food had a positive impact whereas the consumption of processed foods and food insecurity were associated with poor health. Future research should focus on food safety (e.g. risks to natural foods), the cognitive and emotional effects of diets and food quality, and the confounding factors that may affect access to fresh and healthy foods (e.g. transport, cost, and socioeconomic issues).

The summary of food and nutrition evidence is available here: healthycitiescommission.org/toolkit

Public Health and Wellbeing Recommendations

*Recommendation 11: To address the 'obesity epidemic', **we recommend** local planning authorities be insistent that new developments incorporate adequate public realm/green space for all forms of outdoor activity with safe routes for walking and wheeling to schools, shops, and amenities. (See 4.2 Options for change).*

*Recommendation 12: To both support healthy lifestyles and to enable healthy diets, **we recommend** increased support for community-run initiatives, often led by volunteers, which also address problems of loneliness and social isolation. Local initiatives include social, cultural, and sporting activities and local schemes that produce healthy food e.g. with allotments, and vegetable gardens at schools.*

*Recommendation 13: **We recommend** a review of the powers and resources of local authorities governing the licensing of fast food outlets, particularly in close proximity to schools, to protect against dominance of food provision that can undermine healthy lifestyles.*

*Recommendation 14: **We recommend** the NHS/Department of Health and Social Care promotes an extension of use by clinicians of social prescribing that recognises the wider determinants of ill health. This is especially relevant for communities most deeply affected by health disparities. It also has implications for investment in local community and voluntary groups whose provision is often essential to facilitate social prescriptions. (See 4.1 Options for change).*

5. GOOD GOVERNANCE INTERVENTIONS FOR CREATING HEALTHY CITIES

5.1 Central Government

Many of the options for change considered by the Commission depend, directly or indirectly, on the role played by national governments. Our recommendations often require the funding only central Government can provide (see Section 6).

Inter-departmental Coordination

The emphasis in current policy on integration of health and social care services – with Integrated Care Systems and Integrated Care Boards – is increasingly recognised as needing to embrace a wider joining-up, not least to incorporate housing and placemaking (see Recommendation 15).

Moreover, the *Government's Levelling Up Missions and Metrics* highlight health and wellbeing objectives, bringing together proposals for reducing the inequalities in society, of which health inequalities are the prime example. Two of the 12 missions specifically centre on health and wellbeing: 'Mission 7: By 2030 the gap in Healthy Life Expectancy between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years; Mission 8: by 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.' But almost all the other Levelling Up Missions affect citizens' physical and mental health too: which is why all the strands of governmental policy do need drawing together within central Government (a "Health in All Policies" approach).[98]

Meanwhile a driver of greater integration of health with other disciplines is the widespread fear that the current approach to provision of health care will simply become *unaffordable*. According to the Resolution Foundation, by 2024-25, the Department of Health and Social Care will account for around 40% of public expenditure and, with an ageing population, costs will rise further.[99] The only realistic antidote is to *prevent* problems of physical and mental ill-health by adopting relevant policies in other Government departments. The reduced prevalence of smoking – down from 39% of the population in 1980 to 14% in 2019[100] – demonstrates how a cultural and behavioural transformation can be achieved in a generation: this has involved a combination of educational measures, advertising campaigns, tax disincentives and regulatory requirements, involving at least five Government departments.

The Commission, accordingly, sees the health agenda and the goal of reducing health inequalities as a task for the *whole* of Government: health policy needs to cross the boundaries of all departments and especially, in the context of the Commission's interests, the DLUHC, DfT, DHSC, Treasury, DEFRA, and DCMS[101]. To achieve this requires *coordinating action*, with health objectives being overtly recognised for *all* departments. The Commission sees this as a vital role for the Government's new Health Promotion Cabinet Sub-Committee alongside its new Levelling Up Sub-Committee.

The Commission also welcomes the central role which the new Office for Health Improvement and Disparities will play in steering public health policy and practice.

Devolved Administrations

The Government and governance landscapes are complex in the UK, given the structures of the devolved administrations. Governance structures for planning policy have increasingly diverged between the UK nations.

For example, Scotland and Wales have positioned planning as a key delivery tool for healthy places and developed relevant policies accordingly. In England, the planning system is often seen as a barrier to housing delivery and

98 tinyurl.com/HealthyLives2019 99 tinyurl.com/NewTaxes2021 100 tinyurl.com/SmokingUK2019
101 DLUHC (Department for Levelling Up, Housing and Communities); DfT (Department for Transport); DHSC (Department for Health and Social Care); DEFRA (Department for the Environment, Food and Rural Affairs); DCMS (Department for Culture, Media and Sport).

economic growth. Health and planning policy are therefore more disjointed in England than elsewhere in the UK. Furthermore, within England the Combined Authorities provide an additional tier of decision making between central and local government (See Recommendation 2).

These *complex institutional issues* impact on the appropriate approaches to governance in different localities. But the Commission sees the health perspective as a valuable yardstick for assessing the merits of policy decisions in all parts of the UK.

5.2 Local Government

Devolution

The Commission has heard representations from many quarters that the principle of *subsidiarity* should be adopted to enable decision-making at the most local level possible. Enhanced powers, and the necessary finance, are needed by *Mayors and Combined Authorities*, in liaison with the business community, to pull together otherwise fragmented policy interventions that will sometimes cross borough boundaries (See Recommendation 16).

The national requirement for inter-departmental coordination is echoed at the local level. Integration of services based on the perspective of the citizen, the household and the service-user – not the provider – is key.

Although *local authorities* will play the central role in delivery of health-creating services, with city leaders providing a vision of how to implement "Health in All Policies", they cannot deliver healthy cities on their own. They need strong *strategic partnerships*, across sectors and policy areas, bringing together local planning authorities and local transport authorities with health services. Policy interventions will play out differently in different places, depending on the scale of the town or city, but often bold leadership will need to take brave decisions.

Research into the impact of devolution on health is in its infancy. Preliminary findings from initial research in Greater Manchester suggest that the observed population health improvements across the city-region were likely due to a coordinated devolution across sectors, affecting wider determinants of health and the organisation of care services.[102]

5.3. Civic Engagement

Many cities are committed to better involving residents, as it is recognised that *working together with communities* in co-design or co-production achieves better services and outcomes. For example, several cities have set up 'Democracy and Civic Participation Commissions' or have engaged with Citizens' Assemblies and Citizens' Juries on specific issues. These approaches can produce better decisions and help build civic skills and habits in participants (see Recommendation 17).

Robust evidence and feedback should be shared with citizens throughout to clarify decision-making and to *keep citizens informed and engaged*.

Community-led *Neighbourhood Forums and Neighbourhood Plans* have proved successful in improving development propositions and gaining 'buy-in' for local development. There are calls for an extension of this approach to the level of '*street votes*' on very local development plans. As always, the key will be for councils to avoid 'hearing only the voices of those who shout loudest'.

To help address inequalities, *marginalised voices* should be proactively sought out and amplified as part of the policy or project development process. An Equality Impact Assessment should aim to ensure the inclusion of a diversity of voices. Young people often call for their own democratic spaces too, which is particularly relevant for creating child-friendly healthy cities. There is also potentially a role for local Healthwatch panels to be involved, contributing from the lived experience of citizens.

Increasingly, communities are also mobilising independently of city authorities, with grass-roots action on the ground calling for change. Fostering community capacity to support and advocate for change is a key action for city authorities. Councils can help equip campaigning communities to lead movements that show why and how change can be affected.

102 tinyurl.com/DevolutionImpact

Local infrastructure for participatory democracy

There are many variables that combine to determine what the best approach to public engagement may be in any specific context. Always the process will be helped by *well-designed methods that spell out* 'why' engagement is needed, 'where', 'who with' and 'how'.

Increasingly civic leaders are proactively working to understand the local context and create the conditions and structures under which enhanced citizen engagement can thrive.

Building more participative local systems will take time, resources, and expertise, and will vary depending on pre-existing civic infrastructure and past experiences of civic engagement. Research by the RSA[103] has highlighted three levels of broad transitions in local policy and practice that can help to develop a local participatory infrastructure which can support innovative, empowering, inclusive, and impactful forms of participation:

a. Micro level (transitions in individual experience and ability to participate in local democracy) to foster participation opportunities for residents and build sustained participation journeys.

b. Meso level (transitions in Councils' internal culture and working patterns) through delegating decision-making authority to residents and embedding participation as standard practice.

c. Macro level (transitions in the system-wide context for participatory democracy), both engaging with residents in partnership with the Voluntary and Community sector and securing broad support for participation, within and beyond public authorities.

Bristol's One City Approach

The One City approach is Bristol's response to the fact that delivery on some of the city's largest problems cannot be led by the council alone. While the council's reach is significant, its influence is far stronger when it collaborates with partners. As such, the City Office team provides a coordination function for improving partnership working and collaboration across sectors, organisations and institutions in Bristol.

The approach was launched in 2016 and has grown to include over 1000 stakeholders representing different organisations in the city. This has primarily occurred through the six One City thematic boards which draw expertise and experience to tackle significant challenges on a number of thematic issues in Bristol, as well as the One City Gatherings.

The One City Gatherings provide a biannual opportunity to bring the City together to focus on the challenges Bristol faces and the opportunities for action. During the pandemic, these boards and gatherings shifted from in-person meetings to virtual. The economy and skills board provided a weekly touch point for collaboration and problem-solving as well as information flow, particularly on public health. The City Gatherings grew from 200 attendees to nearly 500 participants, with the most recent gathering focusing on the Climate and Ecological emergencies in the build up to COP26. The approach has provided new opportunities for organizations, communities and institutions to connect, but also to help shape the strategic direction of the city.

The City Office also supported the delivery of a Citizens' Assembly in Bristol. 60 assembly members were recruited through a process of random selection to be reflective of Bristol's population in terms of age, sex, disability, ethnicity, deprivation, employment type and home location in Bristol. Focused around the question, "How do we recover from Covid-19 and create a better future for all in Bristol?", the assembly members heard evidence about the issues, held lively discussions and challenged each other's and their own views on the topic, focusing on three key areas: Climate Change & Housing, Transport, and Health & Social Care. The recommendations from this assembly were presented to the council and were used to inform council plans and the refresh of the One City Plan in 2021.

103 tinyurl.com/LocalGovernance

Approaches to Public Engagement

The positive message of benefits to health and wellbeing can be the key to moving from public resentment about a proposed change – e.g. to create a Low Traffic Neighbourhood – to agreement that action is needed.

Successful efforts commended to the Commission for engaging citizens in this debate have included:

- Providing a strong and positive *vision for change* that shares both quantitative data as well as impactful human stories. (Quantitative data alone may not counter vocal opposition that may accompany radical changes).
- Assessing and demonstrating a *public appetite for change* at the outset can be helpful before taking ideas forward for further development.
- Setting *clear objectives* helps the wider public to effectively engage in the task of creating a healthy city. Engagement that is too open-ended or without clarity can lead to difficulties in challenging the status-quo.
- Engaging the wider public in *creative and varied ways*, not just using the standard 'town-hall' format but recognising that some people may prefer to engage online, and others might engage more fully when participation is linked to an existing in-person community event.
- Developing *pilot projects and trials*, which can then adapt and respond to feedback over time.

Using Information Technologies

The Commission welcomes the efforts that cities are making to collect and develop citizen input on a constant basis using technology: this can make the process fast and easy, leaving resources available to work on widening participation in other ways. Technology is increasingly enabling citizens to express their views e.g. on how public funds are allocated using participatory budgeting exercises.

> "Civic engagement, and separately the opportunity for co-creation of vision and its delivery, has leapt forward a decade plus in the last five years, not least with the huge increase in older people now able to get online since Covid, and young people enjoying engagement who would never go to local authority-run consultations/workshops.
>
> Through one engagement platform alone, over 5 million people have reviewed and over 2 million have commented on local, regional, and national developments, from major and minor planning issues to active travel proposals and women's safety."
>
> Pam Alexander, Commissioner; Chair, Commonplace

Data analysis has taken a huge leap forward over recent years and the Levelling Up and Regeneration Bill introduces powers to set data standards; by ensuring interoperability, this will provide the foundation for sharing data, much of which is already being digitised and used for real estate and planning purposes (the new language of 'PropTech' and 'PlanTech').

However, there are risks of *digital exclusion*, when engagement techniques are too heavily reliant on access to technology and digital skills. Some households do not own mobile phones or do not have access to the internet because of equipment and monthly costs (or because of inadequate broadband access); and some have not acquired the necessary user skills. The ONS calculates that there are 3.3 million[104] people over 16 who have never used the internet: this is a significant minority of citizens – many of them older people – who need to be consulted and involved using 'traditional' methods of engagement. Enabling citizens to access the internet free of charge could overcome some of the problems of cost and connectivity.

Healthy Neighbourhoods – Working Together

Future of London's Healthy 'Neighbourhoods: Working Together'[105] programme (2022) aimed to explore how the built environment sector can work more closely with health, to address the crisis in urban health, as well as responding to the impacts of the Covid-19 pandemic. The project focused on how to create productive collaborations between the health and built environment sectors, to contribute to creating healthy neighbourhoods. The programme identified challenges to partnership working, as well as opportunities that could translate into more effective cross-sector working.

The case studies demonstrated the importance of having a progressive partnership in place and breaking down barriers across working cultures. The project also illustrated the importance of taking time to build effective partnerships, through careful communication and inclusive community engagement.

'Design, Differently'

'Design, Differently'[106] (2020-2021) is a research project that brings together community organisers to design new ways to support each other, share learning and solve problems. Led by the Design Council, the project aims to bring people together from different spheres, giving communities more power, agency and influence over the future of local places. It focused on the role of people and communities, and how they can be supported and encouraged to enact change within their local neighbourhoods. The project demonstrated the importance of building networked spaces for sharing experiences and making connections, that are critical for communities to explore design solutions for future wellbeing in their neighbourhood.

104 tinyurl.com/InternetUsers2021 105 tinyurl.com/HealthyLondon2022 106 http://design-differently.com

Partnership working for health and housing in Greater Manchester

Leaders across the Greater Manchester city region have created a new partnership bringing together stakeholders in housing, health, social care and local government, to prioritise health promotion in all future decisions about planning, housing and community support.

Launched in March 2021, the partnership is a collaboration between the Greater Manchester Combined Authority, Greater Manchester Health and Social Care Partnership, and Greater Manchester Housing Providers, and is based on a Tripartite Agreement 'Better Homes, Better Neighbourhoods, Better Health'[107].

Health is now formally enshrined in all local policies related to housing and planning, and this is anticipated to impact positively on health and wellbeing in the Greater Manchester area in the future.

Good Governance Recommendations

Recommendation 15: We welcome the creation of the new Health Promotion Cabinet Sub-Committee, alongside the new Levelling Up Sub-Committee, and ***we recommend*** *the two sub-committees regularly review progress towards a fully integrated whole system approach to health. Following on from the Health and Care Act,* ***we recommend*** *central government continues on its journey of integrating Health, not just with Social Care, but more broadly with housing, transport and other services. (See 5.1 Inter-departmental coordination).*

Recommendation 16: ***We recommend*** *that, irrespective of Party politics, and supported by the Local Government Association, Mayors and Civic leaders of the UK's cities work together to secure from central government the powers and resources they need to deliver locally-determined programmes that achieve 'health net gain' for all their citizens.*

Recommendation 17: ***We recommend*** *that city leaders draw upon the input of their citizens to determine more of their policy and spending priorities, increasingly harnessing the opportunities for deeper consultation and co-production presented by new technology. (See 5.3 Civic engagement).*

107 tinyurl.com/Tripartite2021

6. FUNDING THE COMMISSION'S ASPIRATIONS

The Commission's emphasis is on raising awareness amongst policy-makers that creating healthy cities involves far more than providing good healthcare: it requires concerted action by those responsible for a range of other policy areas. But for civic leaders to address these multiple issues, the necessary funding must be found.

Local authorities have, of course, been struggling for many years to make their books balance in the face of constrained support from central government. These pressures have intensified with extra demands on expenditure from an ageing population, from the demands of decarbonisation, from the aftermath of the pandemic and from unprecedented rises in energy costs, the cost-of-living crisis, rectification of unsafe buildings, and more.

So this may seem the worst time to be advocating a string of changes that need substantial funds. However there are at least six ways in which the required finance may be found:

1. Prioritising Existing/Planned Funding Streams
2. Redeploying Savings to Health Budgets
3. Regulatory Requirements
4. Social Impact investment
5. Land Value Capture
6. Tax Increment Financing

6.1 Prioritising Existing/Planned Funding Streams

It is an underlying theme for the Commission's work that built environment policies which improve health and wellbeing deserve priority for public funding. This is because health-creating measures almost always also address issues of poverty and inequality and, at the same time, take steps to ease the climate change emergency. A "bigger bang for your buck" comes from aligning these objectives and taking funding decisions that have these combined benefits.

Over recent months, the UK Government has announced a number of significant new tranches of funding to support the post-Covid recovery, the Levelling Up agenda and the national decarbonisation programme. The draft Levelling Up and Regeneration Bill's missions have encouraging statements about resources for projects which incorporate improved health outcomes.

In spending the available resources at the local level, the Commission would wish to see criteria that prioritise those health outcomes: this applies to the way central government judges bids for new money, and the way local leaders use their discretionary powers to spend available funds. At present, the criteria established by government departments often fail to embrace the dimension of health and wellbeing. For example, a bid to reduce the impact of traffic in a city centre, in favour of pedestrians, failed to achieve a positive Benefit Cost Ratio (BCR) when judged on the criteria of "journey time impacts" on the road network – an inappropriate yardstick when better place making, health/wellbeing and connectivity for pedestrians were the goals of the project. When assessing "Return on Investment", health and wellbeing benefits merit detailed attention – even if measurement is sometimes problematic.

The Commission sees the UK government's recent commitments to substantial new spending as an opportunity to prioritise the health of the city.

6.2 Redeploying Savings to Health Budgets

The essence of taking a health-based approach to many more aspects of public policy is that the resulting interventions will build resilience and *prevent* the much greater costs of physical and mental ill health. Wherever wider public

policies are viewed through the prism of health and wellbeing, there are likely to be savings to health budgets.

For the built environment, preventive measures upstream – like providing a new home for a family currently in a property causing serious health problems – can mean big savings for the NHS. Providing a Disabled Facilities Grant for an older person to remain living independently at home, for example, can save the huge expense of residential care and/or enable them to be safely discharged from hospital. The Department of Health and Social Care already makes a contribution to the Care and Support Specialised Housing Fund: this approach could be dramatically extended to boost provision of Extra Care and Assisted Living housing developments, with significant financial benefits to the health service.

Although there is extensive evidence of this 'health dividend' from investment outside traditional health boundaries[108], the financial case for redeploying funds would be reinforced by additional authoritative research that accurately quantifies the gains. Using measures familiar to health economists – such as the increase in Quality Adjusted Life Years – would help make the case.

6.3 Regulatory Requirements

Regulation is not cost free. But it can shift the burden of necessary costs from the taxpayer to those who have some obligation to cover them.

Thus, changes to the Building Regulations to achieve greater accessibility (Part M) or to improve energy efficiency (Part L) achieve health gains and the costs are borne by developers. Although they may pass some part of the costs on to property purchasers, the housebuilder will absorb some and will reflect some in the price paid to landowners for sites. And because the changes will affect hundreds of thousands of new homes, economies of scale bring costs down.

Another example is the enforcement of greater energy efficiency in privately rented accommodation: this puts the onus on landlords. The danger of this leading to rent rises is mitigated in a competitive market and even if extra costs are passed on in full, the tenant may be no worse off because their energy costs will be reduced.

6.4 Land Value Capture

The problems in securing enough new homes, affordable to those needing them, is often attributed to the availability and ever-rising cost of land. And the problem is compounded by the business model of the small group of volume house builders who build most of the UK's housing: the successful company is the one that pays the highest price and secures the land but then must spend the minimum possible on the quality, the space standards, the public realm, the amenities, the proportion of affordable homes, etc. Planning gains agreements with the local authority ('Section 106 Agreements') supposedly enable Councils to secure benefits for the community in return for granting planning consent. But because the builder has paid so much for the site, the company can plead that it is not 'viable' for it to fulfil these planning obligations.

The system is also accused of leading to slow rates of 'build out' after the all-important decision to grant planning permission: the housebuilder must delay building and selling until – driven by shortages – the market conditions ensure highest prices can be realised.

For decades reformers have called for better ways for land use to be governed for the public good. If sites could be acquired more easily and more cheaply, they could fulfil wider social objectives and contribute significantly to creating the healthy city.

A recent attempt to resolve the land question came in 2018 from Sir Oliver Letwin, then responsible for government policy in the Cabinet Office. The Letwin Review[109] (among other recommendations) suggested acquisition of larger sites prior to planning consent, at a fixed multiple of existing use value (that would be much lower than the speculative "hope" value of current arrangements). Purchase under existing and new powers would be by Development Corporations (including those established by local authorities) who would draw up masterplans that achieved optimum developments in the public interest, parcelling

108 tinyurl.com/PoorHousing2015 109 tinyurl.com/BuildOutReviews

out plots for a diversity of provision (affordable homes, older people's accommodation, student housing, and sales by SME builders as well as the major developers, etc.).

It seems time to revisit the Letwin Review and other proposals for capturing land value. This could square the circle in making it financially as well as socially advantageous to build the healthy homes and communities which the Commission is advocating.

6.5 Social Impact Investment

Increasingly, financial institutions are looking for investment opportunities that combine giving a good return with fulfilling corporate social responsibilities. The ESG mantra – recognising Environmental, Social and Governance duties – is increasingly informing investment decisions by banks, pension funds, insurance companies, and charities with endowments.

Advisers on social impact investments are looking for new opportunities: the built environment, with the prospects of asset appreciation over time, has special attractions.

The form of the investments that 'ticks the boxes' for adding social value – achieving environmental and social benefits – now often involves the investor holding the equity (rather than loan debt). Equity investing is potentially very profitable for real estate projects. But it is causing some hesitation in the context of social housing: the downside for the social housing landlords in giving up the equity, compared with the traditional basis for borrowing funds, is that the long-term appreciation, the capital growth, is forfeited. Yet, over the decades since the 1970s it has been the ownership of property assets – the retention of the equity – that has fuelled the growth of the housing association sector. Rising property values have enabled the borrowing for the sector's expansion.

Despite these concerns, there is a desperate need to expand the stock of homes affordable to those on lower incomes. So all new funding opportunities must be explored, particularly where the investor's motives include a social value dimension.

6.6 Tax Increment Financing

A number of countries – the US in particular – have developed funding mechanisms that enable regeneration and new development to proceed in advance of producing a return. However, little use has been made in the UK of similar financial tools.

Typically bonds are issued by a municipality for enhancement of a neighbourhood in the expectation that increased revenue from local taxes will be forthcoming as a result. Because of the input of publicly guaranteed funding, institutional investment follows. The most quoted example is Atlanta, Georgia, where Tax Increment Financing has raised hundreds of millions of dollars that have produced a handsome return.[110]

The UK government's 2020 Planning White Paper raised the prospect of local authorities borrowing to spend on infrastructure in advance of receiving revenue from an Infrastructure Levy (the proposed successor to the Community Infrastructure Levy and Section 106 contributions).[111-] This follows the extra freedoms for Councils to borrow to build new Council housing, introduced in 2017. It seems there may be possible new financial mechanisms here for local Councils wishing to do more for their communities.

Recommendation 18: ***We recommend*** *that both central Government when allocating new and existing funding – in particular for Levelling Up and decarbonisation programmes – and local Government in using discretionary powers to spend available resources, should prioritise health outcomes; and* ***we recommend*** *city leaders explore all avenues for securing additional resources, including through redeploying savings to health budgets, using regulatory measures, making use of land value capture, and tapping more novel sources of funds, including new opportunities for Social Impact Investment.*

110 tinyurl.com/ImproveTax 111 tinyurl.com/FuturePlanPaper

ANNEXES

Annex A: Using Local Data to Inform Policy Interventions

This part of the CCHC's report aims to assist city leaders and their citizens in harnessing the data now available at the local level.

The analysis has been prepared in partnership with John Lim of District 34 (john@district34.com) and we are grateful to colleagues at Bristol City Council, Nottingham City Council, and the London Borough of Brent for their input.

Our starting point is that policies for creating a healthy city need to be based, wherever possible, on evidence. Although data may well be open to different interpretations, and although political considerations will inevitably influence elected representatives, statistical information represents an important starting point for all decision taking.

The increased granularity of data has enabled data to play an investigative role as well. For example, by combining open data on energy performance certificates and corporate ownerships, councils can rapidly produce a list of non-compliant properties and their owners. This also shows that the ability to combine datasets from different sources can open interesting possibilities for them to be used beyond their original intended purposes.

1. Using local data

The Commission found much enthusiasm for using available data to give insights into local circumstances. But we noted that opportunities are not always being taken at the city level to make use of the insights which local data can reveal, especially when the local data comes from novel sources such as Google Maps or by trawling the Internet.

In preparation for our meetings in Nottingham and Bristol, a data analyst was engaged to prepare an Urban Health Index for each city. This interactive tool features a range of health statistics which can be correlated with other metrics, such as deprivation, house prices, and air quality.

The Commission believes the data in a Health Index could support decision making in the following ways:

- help city leaders and citizens to see how different parts of their city compare with the national picture for each component;
- identify where in the city each health issue is of particular significance;
- consider the relevance of correlations between aspects of health and other metrics, e.g. of income and wealth (but being careful not to confuse correlation with causation);
- establish the base position from which progress can be measured over months and years ahead;
- provide the basis for engagement between city leaders and citizens on priority issues;
- share the facts that demonstrate the basis for (sometimes unpopular) policy decisions.

2. Creating an index to utilise local data

In recent years, the quantity and quality of data available at the local level has improved dramatically. There is now evidence, down to neighbourhood levels, of the prevalence of a wide range of health conditions and of the varied factors which may impact on them.

In creating a useable tool – an index, from which data can be readily drawn – choices on what to include/exclude must be made. The Commission's model has closely followed the Lambeth and Southwark Urban Health Index (2021), an initiative of Guy's and St. Thomas' Foundation. Our data analyst has adopted

the same methodology to derive an index for Nottingham and Bristol, replacing London-only data with similar alternatives where necessary.

The Urban Health Index has these characteristics:

i) This Index divides a local authority area into its component neighbourhoods, called Middle Layer Super Output Areas (MSOA). These areas were drawn according to census data and have an average population of 7,200 (minimum 5,000). For the London boroughs of Lambeth and Southwark, there were a combined 68 neighbourhoods. Nottingham and Bristol have 38 and 55 MSOAs respectively.

ii) The Urban Health Index for Lambeth and Southwark captures data on 42 indicators relating to basic human needs, foundations of wellbeing and opportunity. For the purposes of our illustrative indices, we focused on the indicators related to Healthy Homes. The data was obtained from the following sources:

- Census data from the Office of National Statistics
- Indices of deprivation from the Ministry of Housing, Communities and Local Government (now the Department for Levelling Up, Housing and Communities) cover vacant dwellings and housing in poor condition
- Local Health data from Public Health England (now the Office for Health Improvement and Disparities)
- Food hygiene data from the Food Standards Agency
- Energy Efficiency data from the Centre for Sustainable Energy
- Households in fuel poverty data from the Department for Business, Energy and Industrial Strategy
- Constituency health data produced by the House of Commons, modelled from GP practice level data published by NHS Digital

iii) The Index covers the following indicators of special relevance to the Commission's interests:

Health

- Low birth weight
- Obesity in adults, children in year 6, and children in reception
- Prevalence of diabetes, asthma, and depression
- Female healthy life expectancy at birth
- Deaths under 65

Shelter

- Vacant dwellings
- Energy efficiency
- Households in fuel poverty
- Overcrowding

Environmental Quality

- Access to private outdoor space
- PM2.5 concentration
- NO2 concentration

iv) We also included data outside of the Lambeth and Southwark Urban Health Index to explore potential correlations with indicators within the index for issues raised with us in our discussions with Bristol and Nottingham. (We also received specific requests from each council, which we included as part of the discussion.) These data sources include:

- Property values (which we used as a proxy for affluence in a neighbourhood) from the Land Registry
- Locations of unhealthy food outlets (to correlate with obesity prevalence) from the Food Standards Agency
- Locations of non-compliant rental properties from the Open EPC data published by MHCLG

3. Lessons from Nottingham and Bristol

In our pilot exercises there was enthusiasm for this interactive tool, as well as for more bespoke data analysis directed at the unique local issues faced by each council.

Views were expressed both on the limits to which data can be used and on the possibilities for greater sophistication of data use in the future when every citizen could access comprehensive data concerning their city, and decisions could be made and justified using evidence.

All were agreed that:

i) There is today a huge new resource of extensive data that can support policymaking and is not yet fully utilised;

ii) Every city would benefit from building its own Urban Health Index which brings together all the key data; (this may mean investing in training and engagement of staff able to collate and disseminate data across a local authority)

iii) This would enable comparisons to be made and changes at the local level to be tracked over time;

iv) Knowing local priorities at the outset will be important to interrogating the data; choosing the key indicators to analyse and steer policy interventions will be a matter for local determination.

v) Understanding and interpreting the data will always require extensive local knowledge.

'Hyper-local'

An important finding from our discussions with Nottingham and Bristol is that the more granular the data and the more precise in its geography, the more valuable it is. This is not unexpected: being able to pinpoint specific properties or businesses based on certain criteria (for example, illegal lettings) is much more actionable than simply knowing metrics of a particular area, however small that area might be.

Such point-level data is now widely available, from both government sources such as the Ordnance Survey and the Corporate Ownership database, which provides data for each individual property and company. The advent of web scraping tools has also enabled the creation of databases using just a few lines of code. For example, it is possible to generate a list for all businesses of a particular type (for example, nightclubs and bars) by scraping Google listings, and combine them with other data sources such as the prevalence of obesity from Public Health England.

Examples of how data can inform action at the local level included, for Healthy Homes, mapping the energy efficiency of every privately rented property in Bristol: this produced a list of those classified as being used for rental and with a rating below Band E, and therefore being let illegally. And in Nottingham, a map of fast-food outlets (with their hygiene ratings) matched with obesity data demonstrated their concentration in specific areas: this suggests where policies for Healthy Eating might be concentrated.

4. Support from the Office for National Statistics

The ONS has been working on a Health Index for England. This uses a broad definition of health, as does the CCHC's version of this which incorporates wider aspects of wellbeing. Using a set of indicators, the ONS index breaks down the national picture by local authority area. It will then be possible to further localise this data into neighbourhoods (using the 'Median Super Output Levels' we have adopted); thereafter, councils with the necessary expertise will be able to drill down to the more granular detail which we have discovered is of particular interest locally.

Toward the end of 2022, the new data from the 2021 Census will be available. This will make local Urban Health Indices particularly relevant and, no doubt, generate more interest in the use of local statistical information.

5. Using the Data: the example of Green Spaces

To illustrate the ways all the now-available local data can help target and focus public policy, we asked our data analyst to map suitable sites for additional "green spaces" for the London Borough of Brent. It proved possible to create a map of the Borough showing parcels of land that are:

i) within a 10-minute walk of residential properties that lack these facilities for play/wellbeing/exercise;

ii) are in parts of the Borough where incomes are below average;

iii) are in the ownership of the Council;

iv) are vacant/unused.

This map, bringing together data from four easily available sources, suggests places where those keen to create a healthier environment for residents could concentrate their search for suitable green spaces. The map can be prepared in a couple of hours, saving endless hours of investigation by officials. And Google Earth images can enable inspection of each potential site from the office desk.

This exercise also highlighted the ease by which such analyses can be conducted relatively quickly by individuals, using free and open source tools such as Python, whereas in the past such an exercise would need to be undertaken by a company with significant financial and technical resources. This opens up the possibility that local councils could be challenged in future by local residents on the basis of facts and evidence, with the local residents having done their homework in advance.

6. CCHC Recommendations

The CCHC does not have the capacity to create an Urban Health Index for every UK city. But we hope all UK cities will consider building their own Index, using a model like the Lambeth and Southwark Urban Health Index and drawing upon the ONS's Health Index for England. There is no one-size-fits-all solution, so a bespoke index that is catered to a city's unique challenges, needs, and issues will be much more effective, as a basis for making decisions based on the right evidence.

Data can inform the policy in the first place and after the event can demonstrate its success by tracking the results, and course-correcting as necessary.

Within the framework of an Urban Health Index covering all the neighbourhoods of the city, more granular data can be extracted to help focus place-based policies, according to what each city cares about most.

The Commission hopes each city will invest the relatively modest sums needed both to establish their own index – in some cases by securing external expertise – and then to maintain and update it over time, particularly after publication of the statistics from the new 2021 Census.

In recognition of the extensive data now available down to the hyper-local level, we conclude that investing in data analysis along these lines will be hugely beneficial to every city.

The data sources for the various analytical projects are listed below. It is worth noting here that all the data sources are freely available online, so it is possible to replicate the analysis for free if the know-how is available.

Annex B: Healthy Cities Toolkit

The Healthy Cities Toolkit (healthycitiescommission.org/toolkit) aims to understand what factors impact the health and wellbeing of those living and working in cities. It is based on the findings of over 250 systematic reviews and is designed to support practitioners, policymakers, and the public in improving the health of the population in their cities.

The Toolkit provides evidence-based summaries of what is likely to benefit or negatively impact health. The pages should be used alongside professional expertise and local knowledge to move from the summarised information to evidence-informed decisions about what might work best in your city context.

The Healthy Cities Toolkit is an accessible summary of urban health research and provides a rigorous assessment of over 50 approaches to improving urban health, each summarised in terms of:

- impact,
- resource implications, and
- the quality of the evidence supporting the approach.

How we scored for impact, resources, and the quality of evidence, and how the toolkit should be used is described online: healthycitiescommission.org/guide-to-using-the-healthy-cities-toolkit/

APPENDICES

Appendix 1: Members of the Commission, the Subgroups, and the International Advisory Group

Main Commission members

Lord Richard Best (Chair)
Social housing leader and member of the House of Lords.

Pam Alexander
Chair of the Planning Committee and Board member of the London Legacy Development, advisor to One Planet.

Prof. David Banister
Emeritus Professor of Transport Studies at the School of Geography and the Environment (SoGE) and the Transport Studies Unit, University of Oxford.

Prof. Yolande Barnes
Professor and Chair of Bartlett Real Estate, previously Director of World Research at Savills.

Mel Barrett
Chief Executive of Nottingham City Council and a member of the Royal Institution of Chartered Surveyors.

Lord Karan Bilimoria
Member of the House of Lords, President of the Confederation of British Industry, Founder and Chairman of Cobra Beer and Chairman of the UK India Business Council.

Sir David Brown
Chartered Engineer, Fellow of the Royal Academy of Engineering, Chair of the Bletchley Park Trust.

Dr Joan Clos
Former Executive Director of the United Nations Human Settlements Programme (UN-Habitat), former Mayor of Barcelona.

Prof. Rachel Cooper
Professor of Design Management and Policy at Lancaster University, President of the Design Research Society, Fellow of the Academy of Urbanism.

Dr Michael Dixon
GP and National Clinical Lead for Social Prescription (NHS England), Chairman of the College of Medicine.

Alice Lester
Brent Council's Operational Director for Regeneration, Growth and Employment, previously Head of Planning.

Dr Kamal Mahtani
GP and Associate Professor at the Centre for Evidence Based Medicine, University of Oxford.

Marvin Rees
Mayor of Bristol.

International Advisory Board

Lord Nigel Crisp (Chair)
Independent Crossbench Member of the House of Lords. Former Chief Executive of the English NHS and Permanent Secretary of the UK Department of Health.

Denise Yvonne Aki-Sawyerr OBE
Mayor of Freetown, Sierra Leone.

Bruce Katz
Director of Finance Lab at Drexel University and former US Secretary of Housing and Urban Development.

Dorothy Kisaka
Ugandan Lawyer and Executive Director at Kampala Capital City Authority.

Dr Phumzile Mlambo-Ngcuka
UN Under-secretary-General and Executive Director of UN Women, South Africa.

La June Montgomery-Tabron
President and CEO of W.K. Kellogg Foundation.

Aromar Revi
Director of Indian Institute for Human Settlements.

Enrique Ruelas
Former secretary for General Health Council of Mexico.

Tina Saaby
Chief city architect Copenhagen.

Rob Stokes
New South Wales Minister for Cities, Minister for Infrastructure and Minister for Active Transport.

Prof. Lan Wang
Professor of Architecture and Urban Planning, Tongji University, Shanghai.

Commission Subgroups

Subgroup A: The Built Environment, Design and Placemaking (housing, planning and urban design, regeneration)

Prof. Rachel Cooper
Professor of Design Management and Policy at Lancaster University, President of the Design Research Society, Fellow of the Academy of Urbanism (Subgroup Chair).

Pam Alexander
Chair of the Planning Committee and Board member of the London Legacy Development, advisor to One Planet.

Mel Barrett
Chief Executive of Nottingham City Council and a member of the Royal Institution of Chartered Surveyors.

Lara Kinneir
Leader / Design Cities, The London School of Architecture.

Alice Lester
Brent Council's Operational Director for Regeneration, Growth and Employment, previously Head of Planning.

Gail Mayhew
Principal, Smart Growth Associates.

Sowmya Parthasarathy
Director, Urban Design & Master Planning, Arup.

Subgroup B: Transport and Mobility, Infrastructure and Technology (Smart Cities)

Prof. David Banister
Emeritus Professor of Transport Studies at the School of Geography and the Environment (SoGE) and the Transport Studies Unit, University of Oxford (Subgroup Chair).

Prof. Yolande Barnes
Professor and Chair of Bartlett Real Estate, previously Director of World Research at Savills.

Sir David Brown
Chartered Engineer, Fellow of the Royal Academy of Engineering, Chair of the Bletchley Park Trust.

Lord Karan Bilimoria
Member of the House of Lords, President of the Confederation of British Industry, Founder and Chairman of Cobra Beer and Chairman of the UK India Business Council.

Polly MacKenzie
Chief Executive, Demos/Public Participation Lab.

Emma Pinchbeck
Chief Executive, Energy UK.

Nicola Yates
Chief Executive, Future Cities Catapult.

Subgroup C: Health & Wellbeing (public health, social prescribing, food and exercise, health creation)

Dr. Michael Dixon
GP and National Clinical Lead for Social Prescription (NHS England), Chairman of the College of Medicine (Subgroup Chair).

Dr Catherine Calderwood
Centre for Sustainable Delivery; former Chief Medical Officer, Scotland.

Dr Joan Clos
Former Executive Director of the United Nations Human Settlements Programme (UN-Habitat), former Mayor of Barcelona.

Prof. Dame Jane Dacre
UCL Medical School, former President of the Royal College of Physicians.

Dr Kamal Mahtani
GP and Associate Professor at the Centre for Evidence Based Medicine, University of Oxford.

Marvin Rees
Mayor of Bristol.

Sally Warren
Director of Policy, The King's Fund.

Research Team

Dr Georgia Richards
Research Fellow, Global Centre on Healthcare and Urbanisation, University of Oxford.

Dr Juliet Carpenter
Research Fellow, Global Centre on Healthcare and Urbanisation, University of Oxford.

Dr David Howard
Co-Director, Global Centre on Healthcare and Urbanisation, University of Oxford.

Prof Carl Heneghan
Co-Director, Global Centre on Healthcare and Urbanisation, University of Oxford.

Robert Weavers
Administrator, Global Centre on Healthcare and Urbanisation, University of Oxford.

Other Contributors

Prof. Jonathan Michie
President, Kellogg College, University of Oxford.

Ben Bolgar
The Prince's Foundation.

Simon Sadinsky
The Prince's Foundation.

Chris Duncan
Policy and Public Affairs Officer, Bristol City Council.

James Rhodes
Head of Analysis and Insight, Nottingham City Council.

John Lim
Data analyst, District 34.

India Walden
Office of Lord Best.

Other Contributors to the Healthy Cities Toolkit:

Khalil Ahmed-Dobson
En (Sarah) Ang
Iñes Buetow Peláez
Norbert Feher
Daniel He
Charles Knight
Natasha Larcom
Esmé McMillan
Ebubechi Okpalugo

And all those who submitted evidence to the Commission (healthycitiescommission.org/submissions-for-call-for-evidence/)

Appendix 2: Methodology

This can be found online at gchu.org.uk/cchc-report

Appendix 3: Reflections from the CCHC's International Advisory Group

The International Advisory Board brought together a very distinguished and experienced group from all parts of the world. Members included the former executive director of UN Women, a serving minister of planning and public spaces, a serving mayor, a former secretary of housing and development, the WHO's principal adviser on human habitations, a former president of a general health council, a foundation president, a city architect, and a professor of architecture.

The Board held two meetings by Zoom. The first seeking general comments and advice on the Commission's brief and the second focusing on the draft proposals for its final report.

The first meeting revealed similarities with the UK as well ask substantial differences from, for example, African cities and the vast and rapidly expanding Chinese and Indian ones. Notes from this meeting summarised some of the key insights as follows:

The Commission should focus on health not healthcare and on environments that create health not just treat or prevent illness. Health was seen in the round with arguments for a new paradigm and narrative where healthcare and prevention were much more integrated into everyday life and everyone took greater responsibility for their own health and where employers, teachers, and community leaders all had a part to play. The aim, in line with the WHO definition of Healthy Cities, is a city where people can flourish.

A focus on planning around people, their culture and behaviour, rather than around services. This should embrace different perspectives. The example of seeing a city through the eyes of a low-income single mother shows how she would prioritise schools for education and as community facilities, housing, transport and safety in all these areas.

Neighbourhoods and decentralisation were a big theme with recognition that Covid was changing behaviour and influencing planning away from the dense city-based living which had been the norm and creating a new demand for local services within "active travel" distance. Neighbourhoods should be defined by analysis of people's behaviours, inclusive of elderly and disabled citizens.

Although a city as a whole may be well served for services, the smaller communities within that city are served unequally, with some having excellent access to jobs, education, food etc and others not. There was great concern, for example, about the creation of 'healthy food deserts' with whole areas – mostly where poverty is concentrated – that are dominated by fast-food outlets, 'chicken shops', usually making good profits for investors but with no shops selling fresh fruit and vegetables.

Nature and the green environment are vital to physical and mental health and wellbeing with a new emphasis on joining up green spaces and encouraging active travel with new cycle ways and paths linking different areas.

Cities as focuses for opportunity and inequality: while cities concentrate communities and opportunities, they also concentrate poverty, viral spread and inequality. It is a careful balance to strike in the design and retrofit of cities to ensure that the benefits of city living are not lost while improving on the negative impacts of city living on health.

Inequality, poverty, racism and discrimination all play into health. We cannot plan for a healthy city if we do not take these factors into account. Many examples were given including the need to address the fact that two societies have developed in the US based on race and the importance of, for example, supporting businesses owned by black and brown groups in western society.

Finance and investment are vital to creating cities where their populations can thrive. Deregulation of planning laws was discussed so as to allow quicker response of local communities to local issues such as active travel, access to healthcare, food retail, building and construction etc. Increased digital literacy and connectivity for some. Increased investment in smaller "satellite" towns and their communities.

Evidence to back up any recommendations is vital if we wish them to be financed and taken up by city leaders. Tools such as Health Impact Assessments used in China and the Child Opportunity Index used in the US could be useful starting points for how to gather and communicate this evidence to decision makers. Examples of factors that can be measured include access to services, environmental stressors (pollution levels along commuting routes).

Timeframes are important when planning change: with respect to the aims of the Commission a timeframe for the goals should be included. There will be different recommendations for a healthy city depending

on whether this is over the short term (next few years), medium term (a lifetime) or long term (sustainable change).

The environmental health and resilience of not only the city itself but the wider world will be a big factor in securing a sustainable healthy city going forward. With predicted temperature rises of 2.5-2.7 degrees in global temperature, many of the current measures to support healthy cities will fail. Any solutions proposed by the Commission must take global warming and climate change into account, otherwise they risk being negated or made ineffective by global climate change. A healthy city and the systems supporting it must be resilient to climate change and all that comes with it e.g. Changing food systems, weather systems, flooding, drought etc.

City governance is vital to being able to make locally impactful changes and must be looked at to address health in cities, Examples where this has worked well have been where Mayors and local leaders have been empowered to make changes based on their knowledge and working directly with the citizens. The governance of cities must be looked at to address health in cities. Real Dania in Denmark was an example of how empowered citizens can make change in their city.

Underpinning everything was the recognition that the Covid-19 pandemic was changing the way people lived, their priorities and their perspectives. Some areas of change are obvious - such as the need for green space, a new understanding of the importance of public health, and more people working from home, but others might be less immediately apparent and only emerge over the next few years.

The second meeting responded to Lord Best's presentation of the emerging findings and focused largely on governance and the use of data. Comments included:

The opportunity presented by the pandemic for city leaders to be more courageous in decision-making and the importance of pressing them to be strategic.

Data is vital for eliminating bias and making good policy decisions. It should also be available to local residents and community advocates. The importance of democratising data, who owns it, who defines what is collected, and who could validate it were all stressed – as well as a recognition of how it could help build trust.

Data is not neutral. One member described how the incoming government in their country doesn't trust data and was not using it in decision-making.

The importance of micro level data was also discussed. Data which influenced the position, for example of a bus stop, placing it in a safer rather than a riskier place could make a significant difference in people's lives.

Data management is also important and requires funding and rigorous organisation as well as some education and training in its use for officials and politicians as well as the public.

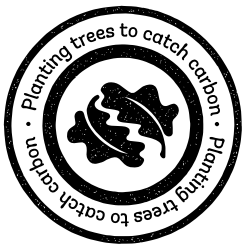
There was some scepticism about tool kits, whether they were used and kept up to date. It was pointed out that there were various tools available globally, for example, for health impact assessment.

In final advice to the Commission, the Board highlighted the value of hyper-local data, the democratisation of data, ownership and governance, the need for repositories of best practice, the importance of focusing on mental as well as physical health, and the underpinning need to build trust.

Lord Nigel Crisp
Chair, CCHC International Advisory Board

Bibliography

This can be found online at gchu.org.uk/cchc-report



2188258
Printed on Carbon Captured paper

Kellogg College
University of Oxford

Global Centre on
Healthcare & Urbanisation

THE
PRINCE'S
FOUNDATION