

Putting Health into Place
Principles 1-3

PLAN, ASSESS AND INVOLVE

Principles covered:

- 1 PLAN AHEAD COLLECTIVELY**
- 2 ASSESS LOCAL HEALTH AND CARE NEEDS AND ASSETS**
- 3 CONNECT, INVOLVE AND EMPOWER PEOPLE AND COMMUNITIES**



TheKingsFund



The structure of the Putting Health into Place publications

The learning from the Healthy New Towns programme has been distilled into four publications. This publication, the second in the series, covers principles 1-3. The other publications are an executive summary and two documents covering principles 4-8 and 9-10 respectively. The principles will be of interest to different audiences, and at different stages of the planning process.

The four Putting Health into Place publications



Executive Summary



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



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



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

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OVERVIEW

PLAN, ASSESS AND INVOLVE

The process of healthy place-making requires considerable leadership and collaboration. Each place is different and must be thoroughly understood with communities involved and empowered from the earliest opportunity.

This document shares learning from the Healthy New Towns programme demonstrator sites on how to plan new developments, assess the requirements of the future population and involve new and existing communities. These elements make up the first three Healthy New Towns principles:

1 Plan ahead collectively

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

2 Assess local health and care needs and assets

- 2.1 Assess local health and care needs and assets
- 2.2 Understand local needs and assets

3 Connect, involve and empower people and communities

- 3.1 Community engagement as routine
- 3.2 Establish community resources and information
- 3.3 Enable community governance and stewardship

This document provides insights into how to plan, assess and involve based on case studies, checklists and simple explanations from demonstrator sites. These can be used by professionals working across the planning, health and housing development sectors to come together in partnership to create healthy places.

These three planning Principles lay the foundation for designing and managing (see PHIP Publication 'Design, deliver and manage'); and providing health and care services (see PHIP Publication 'Develop and provide health care services') in new developments.

This document can be considered alongside the other 'Putting Health into Place' documents, which set out lessons from the Healthy New Towns Programme. These include:

- Introduction and executive summary
 - Plan, assess and involve
 - Design, deliver and manage
 - Provide health and care services and infrastructure
-

Principles for Putting Health into Place

1

PLAN AHEAD COLLECTIVELY

What this Principle covers:

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



Establish shared leadership early on

Creating healthier places is easier when people work together. Designing and delivering a new development that supports wellbeing and fosters healthy living requires public, private and community sector partners to work together, focused on responding to local needs, prevention and health inequalities.¹ Success requires a range of stakeholders to be involved from the start, each playing a unique but important role, such as:

Development and planning stakeholders

- Local councils (planning, public health, social care, transport and highways, environment, regeneration and community development)
- Land owners, developers, housing associations

Health and care stakeholders

- GPs, NHS Trusts, Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), and Health and Wellbeing Boards' and 'care providers'.

Wider stakeholders

- Local businesses
- Voluntary, community and social enterprise (VCSE) sector, including infrastructure bodies such as volunteer centres and local councils for voluntary services (CVSs)
- Education, transportation, sport and leisure providers

It takes time and effort to identify exactly which is the right partner for each role, and how to work together to establish shared leadership and a joint vision. For example, it took Cranbrook about a year to work out the best organisation to lead the programme and put all the structures in place, moving leadership from district to county council with both local authorities working collaboratively to make progress against agreed priorities.

Once leadership is established it needs to remain strong and consistent throughout the many years it takes to create a new place, ensure health and wellbeing remains a priority and that high aspirations for developments are sustained.² Leadership often comes from inside a public organisation, with local authorities often being best placed to take on overall leadership (9/10 demonstrator sites were led by local authorities, Ebbsfleet was led by a development corporation); championed by the director of public health, the head of planning, chair of the health and wellbeing board, a Sustainability and Transformation Partnership/Integrated Care System lead, or several leaders together.

Overall, the demonstrator sites found it essential for project executives (be they from local authorities, community groups, NHS or developers) involved in new developments to invest time in building good personal relationships and to commit to identifying and delivering shared goals (1.2). Recognising that each partner will have differing social, commercial and legal interests in a new development, it is critical that partnerships agree and use a shared language to underpin their vision and work together.

To help maintain a shared focus, demonstrator sites found it helpful to appoint a project manager or project team that has experience of working in a built environment discipline and an understanding of the health sector. This dedicated project resource team helped to secure local commitment and interest in the health agenda, promoting the vision for a healthier place, developing a business plan, securing resources, and monitoring progress. They were also key to co-ordinating projects across the different partners.

In many places engagement across many of the key stakeholders already happens, such as through Local Strategic Partnerships (LSPs), the non-statutory bodies that promote an area's economic, social and environmental wellbeing (including police, hospital, and Clinical Commissioning Groups, the voluntary sector, and business and community groups). Existing groups, such as these, may be powerful in bringing partnerships together.

However, demonstrator sites did not advocate a 'one size fits all' for collaboration. Instead they acknowledged the need for local leadership to reflect the local context. Many had partnerships in place already, which were nurtured and developed, whereas others had to invest more time to cultivate them. Common themes for effective engagement included ensuring accountability and involvement of the Health and Wellbeing Board, Sustainability and Transformation Partnerships/Integrated Care Systems, and the council executive group. The following sections provide some practical examples of how to do this based on the insights from demonstrator sites.

What are health inequalities?

Health inequalities are unfair, unjust and often avoidable differences between the health status of different groups of people. Healthy place-making offers opportunities to tackle specific health inequalities with co-ordinated effort from and leadership across organisations and communities.



SIMPLY EXPLAINED

Setting up shared leadership

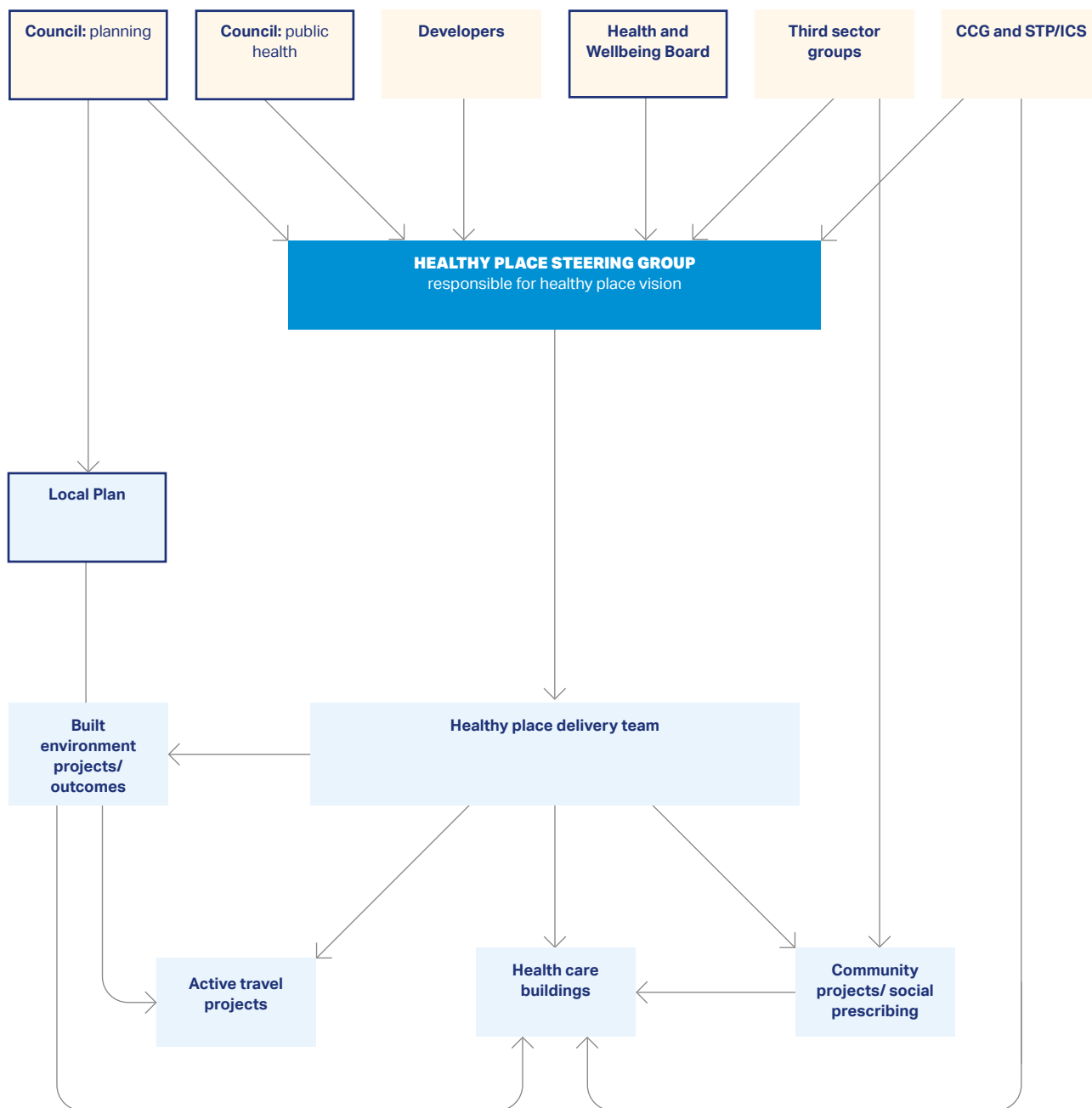
Each demonstrator site was different, but all put in place similar structures to help established shared leadership:



HOW TO

-  A 'healthy place' steering group made up of multiple partners and a project team to co-ordinate and deliver activities. For example, the Cranbrook Healthy New Towns Steering Group's terms of reference included the following headings: context, aim, objectives, membership, operation of the group
-  A programme management team with a programme manager able to convene senior people across organisations and sectors
-  Involvement of those with controlling interests over land, buildings and services provided in the area, planning powers, skills and capacity, sources of finance and other considerations³
-  A project plan that focused on jointly agreed key workstreams or themes including: the built environment, innovative models of health and care, creating strong communities and evaluation⁴
-  A structure to enable communication and alignment with external organisations. For example the communications plan for Cranbrook sets out branding, engagement platforms (such as Facebook), target audiences and a timeline of activities

Example governance structure for healthier new place



Statutory

Agree a joint health vision statement, supported by joint goals

Having a clear purpose, vision and shared goals is a key success factor for new developments. Partners should agree a written health vision statement, setting out early on what they want to achieve through the development. This statement should fit with the wider vision and goals for the development including local strategic planning documents (the Local Plan, Sustainability and Transformation Plans, the health and wellbeing strategy, council sustainable communities' strategy), rather than being drawn up in isolation. National strategies such as the [NHS Long Term Plan](#), [Health in all Policies](#) and the [25 Year Environment Plan](#) should also be considered and inform the vision statement.

The vision statement provides a consistent point of referral throughout a development, even if team members change, and something for progress to be measured against. It should describe the goals and potential outcomes of the new place and how it will influence the lives of residents, informed by local health priorities. For more information on how to assess local health needs, [see Principle 2](#).

Each of the 10 demonstrator sites created a vision statement, describing what they wanted to achieve as part of the Healthy New Towns programme. Each site also created a logic model ([see Principle 2, p27 for an explanation](#)) which helped lay the foundation for evaluation ([see section 2.2](#)).

To deliver the joint vision partners must agree a set of joint goals. These must respond to the needs and assets identified through local needs assessments ([Principle 2.1](#)) and be supported by the community engagement approaches laid out in [Principle 3](#). It is then possible to assign specific actions between partners. This is also where understanding health inequalities is vital; where specific groups within the community are identified as experiencing a disparity in health outcomes, they must be prioritised for specific intervention.

Developing a shared understanding

Stakeholders involved with the 10 demonstrator sites often reported that partners were talking about the same things in different ways. Also, that the process of NHS commissioning or the planning system were hard to understand for professionals from other fields. Gaining this understanding and finding a common language is the first step in developing shared goals.

The NHS is a complex system and can be challenging to navigate. Public health teams in local authorities engage with the NHS regularly and can be a way in to the various organisations that exist in local areas. Public health teams can also help to bring together health, other public sector and third sector organisations, taking a whole systems approach to tackling complex challenges.

Every area has a health and wellbeing board responsible for addressing the health needs of a population and a Sustainability and Transformation Partnership or Integrated Care System. They can help forge collaboration between local NHS organisations, local authorities and the third sector around a shared health and wellbeing vision (for more information on new place-based bodies in the NHS, please [see the Executive Summary, Further Reading](#)). Demonstrator sites were clear on the need to share the local vision for new health and care services with STP/ICS leaders as well as those responsible for the local economy, the environment and other factors that influence health and wellbeing, such as Local Enterprise Partnerships (LEPs).

What is a Sustainability and Transformation Plan/ Partnership?⁵

STPs were created to bring health and care leaders together across organisations to plan for the long-term needs of local communities. They have produced plans for how to do this and all STPs will take on greater responsibility for managing resources and improving population health by 2021, becoming Integrated Care Systems.

What is an Integrated Care System?

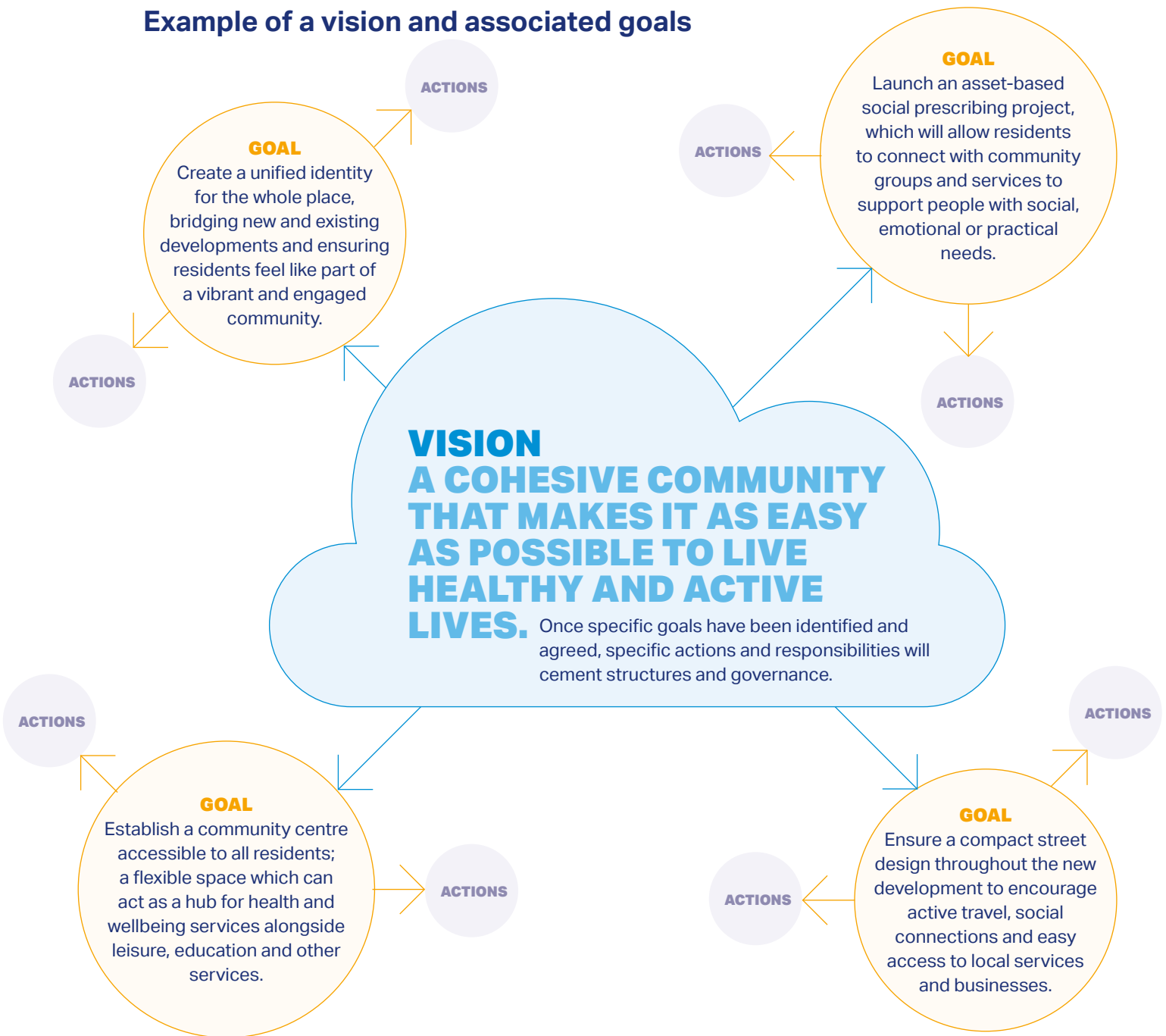
In an **Integrated Care System**, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.⁶ All of England is expected to be covered by ICSs by April 2021.

What is a communities strategy?

A **communities strategy** is a vision statement for the area. It sets out council proposals for creating long term economic, social and environmental wellbeing.



Example of a vision and associated goals



GOOD TO KNOW

How the NHS works

Two resources in particular can help those seeking to understand the NHS in England:

- **A guide to the health care system in England for local planning authorities**

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414137/hbn08-addend1.pdf

- **How does the NHS in England work?**

www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

How the planning system works

- **Plain English guide to the planning system**

www.gov.uk/government/publications/plain-english-guide-to-the-planning-system

- **About the planning system**

www.planningportal.co.uk/info/200127/planning/102/about_the_planning_system

Get health into local policy frameworks

Healthier place-making needs to remain a priority during the lengthy process of creating a neighbourhood. The National Planning Policy Framework (NPPF) sets out overarching planning policy for the whole of England and clearly states that local health and wellbeing needs should be supported, meaning that statutory Local Plans and policies should aim to improve health and wellbeing for all sections of the community.⁷ More detail is given in the national Planning Practice Guidance (PPG).⁸ As well as embedding health priorities in statutory Local Plans and policies, healthy place-making can be supported by requiring the use of neighbourhood design codes or design standards such as Building for Life.⁹ Ensuring that health priorities are maintained throughout the planning process is sometimes referred to as 'health-proofing planning'.¹⁰ It is important the NHS and local authorities support each other on this by:

- Using the 10 Healthy New Towns Principles as a starting point for engagement
- Using evidence and context, working across the NHS, planning and public health
- Considering how the Principles can be reflected in local strategies and priorities for growth, regeneration, public health, and health and social care commissioning, and estates and health care planning.

Why add health to the Local Plan?

Making health a stronger objective in the Local Plan and its policies is the most powerful way of influencing development in an area. Local Plans must be updated every five years, providing a recurring opportunity to increase their focus on health. Up-to-date evidence of local health needs, from the Joint Strategic Needs Assessment (JSNA) or other public health sources, should be provided to support the health priorities in the Local Plan. However, influencing a statutory document requires time and resources.

Non-statutory documents, such as supplementary planning guidance, are simpler to create and update but have less legal weight. Policy areas such as transport, housing, natural environment and good design can also make strong references to health and wider sustainability. Many councils have local health policies or criteria to help planners assess planning applications from a health perspective, and to aid public health teams, health care commissioners and providers, developers and the public during planning applications.¹² Increasingly, developers are also using planning frameworks that take health into account.¹³

What is a Local Plan?

A **Local Plan** is a statutory document setting out detailed policies and proposals for the use and development of land in an area.¹¹ Every district and unitary council responsible for planning should have one, although in practice many do not. Each planning application submitted to a council is assessed by the planning team to see whether it fits in with the Local Plan and its supporting guidance. If local health priorities are not reflected in the Local Plan it will be very difficult to ensure that new development supports local health needs. Embedding well-evidenced health priorities into the Local Plan is a powerful way for the NHS and public health to help empower planners to create healthier places.

What is a neighbourhood plan?

A **neighbourhood plan** is a plan for the future of a neighbourhood, including the way it might grow and develop in the next 10-20 years, that has been created by the local community and accepted through a local referendum. There is no obligation to create a neighbourhood plan and they can be time-consuming and expensive to create so not all areas have one. However, if a neighbourhood plan is successful at referendum it becomes part of the statutory development plan and decisions about planning applications in the area it covers should comply with it. In areas with parishes, neighbourhood plans are led by parish councils; in urban areas they can be created by community groups established for the purpose of creating the neighbourhood plan.



CASE STUDY

Lesson from Bicester

Bringing NHS expertise into the district council

The Bicester programme brought together the NHS, local authority and community groups in an effective governance and programme team structure. This was aided by the Bicester Healthy New Towns programme director being seconded from Oxfordshire NHS CCG to Cherwell District Council. This secondment has had several benefits:

- Bringing an understanding of NHS priorities and systems to the planning process
- Adding knowledge of primary care and NHS estates requirements
- Feeding insights about council planning processes back to the CCG
- Developing new services in partnership with the district council

This has helped to manage present and future health care provision planning for Bicester across the NHS and local authority, however, it has also brought challenges. Being closer to tactical planning decisions can mean being further away from more strategic conversations at the county level. Despite this, the programme director believes there is a strong case for deepening relationships between the CCG and district council. The district council holds established relationships with key local stakeholders, such as community groups, which can provide insight into local needs and support for promoting healthier behaviour. This has allowed the programme to quickly build useful connections across the town with community groups, libraries, the police, fire service and leisure facilities.



Left

Bicester Healthy New Town director Rosie Rowe takes part in a Healthy Bicester event in the town centre.

‘Having someone from the CCG embedded within a district council is incredibly helpful. They can help ensure appropriate health infrastructure is provided and that action is taken to promote population health and reduce inequalities’

Rosie Rowe

Bicester Healthy New Town director

Lesson from Darlington

From design principles to policy

Like many places, the Borough of Darlington has an ageing population and increasing health inequalities. To address this the council worked with a number of partners and external agencies during 2017 to include six Healthy New Towns design principles in the new Local Plan. These covered:

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

The principles provide a framework against which planning applications will be assessed and have been used across the borough in planning and development management.¹⁴

Applying the principles has been challenging where viability is marginal (value generated by the development is little more than the cost of developing it), but they produced an early win: Keepmoat Homes used the principles in their design and access statement to support the planning application for the Red Hall Fairway development, demonstrating the potential of their real-world application.

‘The design principles have helped bring tangible benefits such as attractive, secure, high quality green spaces that encourage physical wellbeing’

Timothy Crawshaw

Built and natural environment manager,
Darlington Borough Council

Below

Local families enjoy playtime at the Red Hall play area.



Plans, policies and tools to support the creation of healthier places

Tools	What can be done to support health and deliver health facilities and services
<p>Joint Strategic Needs Assessment (JSNA) For the whole council area. Created by councils, often annually</p>	Use health evidence such as that presented in a JSNA to inform policy development. Ensure evidence is in useful formats, such as maps.
<p>Joint Health and Wellbeing Strategy For the whole council area. Created by councils for next 3-5 years</p>	Ensure proposals help address local priorities for wellbeing and health provision. Set priorities for the built and natural environment with planning as a delivery mechanism.
<p>Local/neighbourhood plan policy For the whole council area and specific sites. Created by councils for the next 15 years</p>	Create a health-specific planning policy or include references to health considerations across areas including, housing, environment and infrastructure.
<p>Infrastructure delivery plans For the whole council area. Created by councils, often annually</p>	Agree on community and health infrastructure requirements needed to make healthier places function.
<p>Supplementary planning document (SPD) Created by councils as non-statutory guidance to support planning policies</p>	Create a healthy development-focused SPD to add further guidance and detail to support health-relevant policies in the Local Plan.
<p>Design guide* Created by councils as non-statutory guidance to support good design</p>	Ensure the guide supports health objectives, for instance, by recommending compact neighbourhoods; walking and cycling networks.
<p>Site allocations plan Created by councils to select development areas</p>	Consider prevention, health protection and accessibility to health care provision when assessing sites for housing.
<p>Area action plan and development briefs Created by councils to guide development areas</p>	Co-ordinate developments within the area and design that reflect local health objectives and provision.
<p>Authority monitoring report Created by councils annually to monitor policy implementation</p>	Include health monitoring and evaluation indicators to support planning decisions. Required from each council to support its Local Plan.
<p>Masterplan (see Principle 4) Created by councils to guide delivery and change in development areas</p>	Prepare as a framework through which a new neighbourhood can be planned, designed and delivered. It can be produced by or for the council to guide future development.
<p>Sustainability appraisal** Undertaken by councils to assess the impacts of Local Plans</p>	Embed health in the assessment on wider sustainability issues such as population and society, transport, and employment.

More information about tools is available from the TCPA and MHCLG**

* For instance the *Essex Design Guide*: www.essexdesignguide.co.uk

** MHCLG, Guidance: www.gov.uk/guidance/strategic-environmental-assessment-and-sustainability-appraisal

Influence development decisions

National and local policy sets the basic framework for development, however there are also opportunities to influence priorities for development throughout the process. For example, the location of a new neighbourhood pre-determines some aspects of the way people live. The selection of a site often depends on availability of land and many other complex factors. If a neighbourhood is remote from essential services or has poor public transport – and there are no plans to improve this – it is more difficult for residents to reduce their dependence on cars.

By understanding the stages of the development process, community groups, local NHS and local authorities can work out where they can influence most effectively. For large sites, development normally progresses via outline planning consent, followed by detailed planning consent, and then is built in several phases. This provides opportunities to learn from early phases and apply lessons as building progresses.

Below are examples of where influence can be brought to bear and the levers to do so:

- **The statutory Local Plan.** This is by far the most powerful and cost-effective point at which to influence the planning process. The Local Plan should be reviewed every five years and public health, the NHS and others should provide evidence about local health needs and strengthen its health content.
- **Non-statutory local policies**, for example to support active travel, green infrastructure etc. These are easier to influence than the Local Plan but less powerful.
- **Design guides and frameworks** sometimes introduced to guide new development. These will be put out to consultation, and public health and other health partners should respond if they are not involved in creating them.
- **Masterplans** – a wide range of people including local communities and health partners should be involved in co-creating the design of the masterplan. The masterplan will be submitted for outline planning permission, providing another opportunity to comment.
- **Detailed planning applications for buildings and spaces.** These will be submitted for detailed planning permission, providing another final opportunity to respond and to check whether health priorities set out in the Local Plan are actually being delivered.

Simplified overview of planning



Section 106 and CIL

A **Section 106 agreement** is a contract between a developer and the council and relates to the planning permission for a particular project. The developer agrees to make a payment to the council or provide an in-kind contribution to mitigate the project's impact. For instance, the developer could provide money to the council to be used to improve a nearby park or provide health care facilities, or, as part of the development the developer could provide a building for use by the community. In areas of low land value there may be little or no funding available through Section 106 agreements.

Community infrastructure levy (CIL) is operated by some, but not all, councils responsible for planning. In areas where it applies, land owners or developers of large sites will be required to pay the levy which the council will pool with other CIL payments and use to provide infrastructure in the local area. The council will establish a list of types of infrastructure that the CIL money can be used to fund, which could include health care buildings, schools, parks, road improvements etc. Again, in areas of low land value CIL is unlikely to be available.

The development process varies from site to site, but the table on page 15, 'Simplified overview of planning', describes the key stages for influencing health and wellbeing and the interlocking roles the professions can play.¹⁵

Public health professionals, health care commissioners and providers can help shape how the wider neighbourhood will grow and change spatially over time. They can also influence options to promote healthier lifestyles by using health evidence.¹⁶ Cranbrook did this through testing their masterplan¹⁷ and presenting evidence to the planning committee with an issues and options report¹⁸ (see [case study on page 18](#)). Sites can also do this by trialling innovative digital techniques for forecasting impact on service demand.¹⁹ This includes designing the development so that the public and private investment it attracts helps those areas where levels of poor health or deprivation are highest.

To avoid exacerbating inequalities, councils and development partners can consider the points set out in 'What to consider when identifying places for healthier development', on page 17, when looking at sites for housing. They can help predict and monitor the health impacts of the development, match investment to infrastructure requirements, and help the council and Sustainability and Transformation Partnership/Integrated Care System understand the implications for health and wellbeing in the area. It can also encourage the creation of more compact neighbourhoods (see [Principle 4](#)).

Six ways to make the most of location

- 1 Development should be focused in the most sustainable places
- 2 Focus development on places in greatest need – identify locations where development could improve people's health and reduce inequalities.
- 3 Provide good travel connections – choose locations suitable for public transport (see [Principle 4](#)).
- 4 Minimise dependence on cars – choose sites where it could be easy to get around by walking and cycling (see [Principle 5](#)).
- 5 Consider local commissioning organisations' plans for the provision of health, social care and community facilities and services (see [Principle 2](#)).
- 6 Maximise opportunities for inward investment – choose places where there are jobs, or where support can be provided to create new jobs through the Local Plan and economic development strategies.

SIMPLY EXPLAINED

HOW TO

More information on: What to consider when identifying places for healthier development



Key factors	Does the location:
Facilities, services and wider infrastructure	<ul style="list-style-type: none"> • Have good access to health care and facilities (GP surgeries, dentist, hospitals). • Offer potential for on-site provision of health facilities (where appropriate, and supported by the Sustainability and Transformation Partnerships). • Protect and, where appropriate, increase provision of and access to: leisure, natural green space and green/blue infrastructure, cultural activities, open space, and recreation facilities.
Social and community	<ul style="list-style-type: none"> • Provide opportunities to reduce poverty and social exclusion. • Contain the appropriate housing density and amenities close to movement corridors. • Provide good access to key local services, notably a food shop and primary school, by means other than the car. • Have good access to public transport services, walking and cycling routes. • Offer good access to, or potential for, key worker accommodation.
Economy	<ul style="list-style-type: none"> • Help stimulate economic growth, particularly in regeneration areas. • Provide on-site employment opportunities. • Have good access to existing and planned education and employment opportunities. • Contribute to meeting needs for market-priced and affordable housing, including for young, old and disabled people, and specialist housing.
Environment	<ul style="list-style-type: none"> • Minimise impact on local air and noise pollution. • Avoid impacts from local pollution sources. • Prevent loss of the natural environment. • Have good access to local green spaces. • Flood or exacerbate flooding elsewhere.
Deliverability	<ul style="list-style-type: none"> • Have an impact on existing and projected health and community infrastructure requirements, including utilities such as broadband.

CASE STUDY

Lesson from Cranbrook

Optimising wellbeing potential in masterplanning

Early in its Healthy New Towns programme, a virtual model (called the Integrated Urban Model) was created to make better urban design and policy decisions by measuring how systems interact to affect daily patterns of use. The model overlays data on population, land use, pedestrian routes, public transport and road networks for Cranbrook and the regional area. It sought to answer questions such as 'Can I walk to a school or doctor?' or 'Am I close to shops, cafés, parks etc?'. This allowed the council to improve how the masterplan connects people to their neighbourhood centres and the town centre, maximising the economic and social potential of Cranbrook and the chances of people using active transport to access services within their town. Creating the conditions for economic and social activity in the town not only improves health and wellbeing but is critical in maintaining the function of the wider transport network.

Some of the recommended changes were not possible because outline permission had already been granted and the development was at an advanced stage. However, the council was able to negotiate with the developer to revise street layouts, change some of the land uses and increase housing densities within this phase of development. The work has significantly influenced the revised Development Plan Document for the future phases to increase connectivity and improve the viability of the town centre by moving the retail element to attract passing trade. The study will also guide the development of planning design guidance for the town.

An important lesson was that this approach would be particularly valuable at the earliest possible design stage, to maximise the prospects of achieving a social, economic and environmentally sustainable community. The results can be challenging and therefore high level stakeholder engagement is essential.

Below

Pupils at St Martin's C of E Primary School, Cranbrook, spend an afternoon discussing the idea of wellbeing around their school environment.



How partnership teams can influence health and wellbeing in development

	 PLANNING	 HEALTH	 DEVELOPMENT
Pre-development	1 Site issues and local needs Provide consistent advice to developers about the site and health issues.	Provide links to local health and care evidence and needs, and NHS estates plans.	Embed health evidence in land acquisition decisions; speak to health commissioners about service provision.
	2 National and local policy requirements Set out health policies and adopt them in local policy frameworks and guidance.	Create health-promoting policies and guidance and interpreting health evidence.	Embed policies, wider health strategies and plans in proposals and viability work.
Pre-planning application & design	3 Building consensus and engagement Health stakeholders involved in pre-application engagement with the developer.	Ensure health stakeholders are aware of the development and can respond to the developer.	Involve health stakeholders, statutory and non-statutory consultees and residents.
	4 Design and pre-application Communicate the importance of health requirements in local policies and guidance.	Support the planners when communicating health requirements to the developer.	Health-proof design and planning concepts by using health guidance and checklists.
Planning & construction	5 Planning application and decision Ensure health requirements are complied with and embedded in legal agreements and assessments with the developer.	Help planners and developers to apply results from health impact assessments or to comply with health policy requirements.	Submit assessments which clearly demonstrate how the proposal meets requirements and will be delivered.
	6 Construction begins Plan to minimise health impacts of construction (eg noise and air pollution) on people and places.	Ensure public health issues during construction are reduced and avoided.	Make provision for appropriate temporary use of spaces to benefit local well-being.
Completion & management	7 Activities and programme delivery Enable setting up of local health activities and projects agreed as part of proposal.	Join up delivery of activities between new and existing communities.	Provide resources for activities and help promote them to new residents.
	8 Occupation and management Ensure long-term management and financing arrangements are in practice before occupation.	Support new residents in adopting healthier habits through activities and technology.	Ensure support is provided to deliver management agreements.

Tools councils can use to embed health and wellbeing in new development

Tool or policy	How it works
Design Code Created by developers to guide detailed design	<ul style="list-style-type: none"> For large sites, planning conditions often require developers to create a design code approved by councils. This should include health and wellbeing considerations to provide clarity and certainty for developers, stakeholders and communities. Developers are increasingly integrating health and wellbeing considerations in design codes* (see Northstowe Phase 2 Design Code and Barton Park Design Code).
Design and Access Statement (DAS) Undertaken by developers to explain the design approach	<ul style="list-style-type: none"> A DAS describes the design and accessibility principles that have been applied to the development with reference to key health and wellbeing elements. It is required with planning applications for major developments and should be proportionate†.
Travel Plan† Created by developers to guide active travel (see Principle 5)	<ul style="list-style-type: none"> A travel plan is a long-term management strategy that encourages sustainable travel and should include measures to improve physical activity and active travel. The plan sets out transport impacts, establishes targets and identifies measures to encourage sustainable travel. It can be used as a monitoring tool.
Design Review Undertaken by a panel to assess design quality	<ul style="list-style-type: none"> Multi-disciplinary panels assess the quality of major planning applications in an area. Including someone with health expertise on the panel could ensure health is explicitly considered. Government policy encourages the use of design reviews.
Environmental Impact Assessment (EIA)†† Undertaken by developers to assess impacts of the proposed development	<ul style="list-style-type: none"> In its methodology for undertaking the EIA, a developer can instruct consultants to consider issues such as health, population and society, transport, air, economy, and employment pro-actively in their assessments of development projects.
Health Impact Assessment (HIA) Undertaken by developers to assess health impact	<ul style="list-style-type: none"> Designed to consider the health impact of a development, an HIA can be a good way to achieve collaboration between planning and the health sector. Local planning policy often requires an HIA as part of a planning application. Councils create local HIA guidance to support developers and their consultants‡.
Planning condition Imposed by councils on developers as part of planning permission	<ul style="list-style-type: none"> Many of the above tools can be required as a condition‡ for granting planning permission (for outline and detailed applications) if they are not already required by local planning policy.
Developer contributions	<ul style="list-style-type: none"> Developers can be required to provide financial and non-financial contributions to ensure a healthier development. They must be directly related to the development, fair and reasonable. Many health interventions and financing of health care facilities can be sought through mechanisms such as Section 106 and the Community Infrastructure Levy.

* DCLG, 2006, *Design Coding in Practice. An Evaluation*

** CABE, 2006, *Design and access statements How to write, read and use them*

† Transport for London, tfl.gov.uk/info-for/urban-planning-and-construction/travel-plans

†† PHE, 2017, *Health and environmental impact assessment: a briefing for public health teams in England*

‡ Wales Health Impact Assessment Support Unit and Public Health Wales, 2017, *Quality Assurance Review Framework for Health Impact Assessment (HIA)*

‡ MCLG, 2014, *Use of planning conditions*, gov.uk/guidance/use-of-planning-conditions

Embed long-term income streams

Healthier neighbourhoods will have a range of assets, such as parks, places for play and sport, community buildings and other facilities – for example a health and wellbeing hub (see Principle 10). At the earliest stages of planning for the new place, consideration must be given to how they will be cared for in perpetuity, with appropriate governance structures and funding established. Learning from post-war new towns has shown how important it is that income streams are created to fund the ongoing maintenance of these types of assets.²⁰ Without them, assets get run down, undermining efforts to sustain a strong, active and healthier community. In the past, assets such as community centres or parks were usually handed over to the council to maintain, but nowadays many councils choose not to take on this responsibility. Trusts or community-led organisations can be established for this purpose but need secure long-term income streams if they are to be successful.²¹

When planning a healthier new neighbourhood, partners must consider and embed from the outset:

- Capital funding to build healthier neighbourhood infrastructure and spaces or make effective use of existing facilities and health estates
- Revenue streams and stewardship or governance structures to maintain them.

Lesson from Ebbsfleet Garden City Develop a long-term plan to sustain open spaces

Ebbsfleet Garden City will have seven new parks with 192ha of accessible green and blue infrastructure, sports and leisure facilities and up to 10 community buildings. Securing income streams to maintain these assets is a priority.

Ebbsfleet Development Corporation is creating a business plan to identify future expenditure and incomes and will set up a stewardship organisation with local input. The stewardship and funding model must be attractive to a wide range of stakeholders including the community,

Right

Director of Ebbsfleet Healthy New Towns Programme, Kevin McGeough (right), explains the development.

Five ways to sustain healthier places

- 1 Set out an infrastructure planning and delivery schedule for securing funding from the public and private sectors.
- 2 Plan how facilities will be jointly provided and managed, or deliver co-location of multiple services (see Principle 2).
- 3 Establish mechanisms from the outset that set out how communities, the council or a partnership could manage assets generated by development in perpetuity (see Principle 3).
- 4 Identify how assets can be designed and managed to generate income that can be invested in maintaining and improving them for community benefit.
- 5 Support wider organisational development through schemes to improve capacity and capability in local people, the workforce and volunteers as appropriate.



HOW TO



CASE STUDY

landowners, developers, the two local councils and the government. However, it is needed to ensure the green spaces and community facilities will be well managed and maintained in future, which is vital to the success of Ebbsfleet as a healthy place. More details will be available from ebbsfleetdc.org.uk



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 - ⁴ For example, see the Bicester Healthy New Town Delivery Plan of activities:
modgov.cherwell.gov.uk/documents/s34959/Healthy%20New%20Town%20-%20Delivery%20Plan.pdf?txtonly=1
 - ⁵ NHS, *Local sustainability and transformation partnerships*, www.england.nhs.uk/integratedcare/stps/view-stps/
 - ⁶ NHS, *Integrated care systems*, www.england.nhs.uk/integratedcare/integrated-care-systems/
 - ⁷ MHCLG (July 2018) *National Planning Policy Framework*
 - ⁸ MHCLG (July 2019) *Healthy and safe communities* www.gov.uk/guidance/health-and-wellbeing
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 - ¹² For instance the *Essex Design Guide*, www.essexdesignguide.co.uk; *Kent Health, Planning and Sustainability Resource*, www.healthsustainabilityplanning.co.uk; and *Healthy Torbay SPD*, www.torbay.gov.uk/council/policies/planning-policies/local-plan/spd/
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 - ¹⁴ Darlington Borough Council (2018) *Healthy New Towns*, www.darlington.gov.uk/health-and-social-care/healthy-new-towns/
 - ¹⁵ For more details see Transport for London on behalf of Urban Design London, 2017, *The design companion for planning and place-making*, Table 6.1
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www.eastdevon.gov.uk/media/2260206/space-syntax-masterplan-option-testing.pdf
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www.eastdevon.gov.uk/media/2760824/space-syntax-x-ice-issues-and-options-hnt-report.pdf
 - ¹⁹ Future Cities Catapult, futurecities.catapult.org.uk/project/future-of-planning/
 - ²⁰ The New Towns, Their Problems and Their Future,
www.publications.parliament.uk/pa/cm200102/cmselect/cmtlgr/603/603.pdf
 - ²¹ For more details of funding sources see *TCPA Practical Guide 9 - Long term stewardship*,
www.tcpa.org.uk/tcpa-pgs-guide-9-stewardship
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2

ASSESS LOCAL HEALTH AND CARE NEEDS AND ASSETS

What this Principle covers:

- 2.1 Understand local needs and assets
- 2.2 Lay the foundations for evaluation



Understand local needs and assets

An essential part of planning for local health needs is understanding what those needs are, what assets and services exist to address them and how assets may need to change and adapt over time. This is particularly important when considering and addressing issues of health inequality, and must inform the vision, goals, and actions of healthy place-making. Involvement is needed from all those partners detailed in Principle 1 both to support the assessment of need and assets, and to form a baseline for evaluating success (see 2.2).

Designing interventions and services in a new place, like those in Principles 4-10, requires three kinds of assessments to understand what the service will look like:

- Needs assessments and health impact assessments
- Mapping existing local health and care services
- Mapping local community assets

Needs assessments and health impact assessments

Assessing needs and local issues, for example identifying how things like obesity, frailty and child poverty prevalence will change over time as the incoming population grows and changes is essential. Health needs assessment, for example Joint Strategic Needs Assessments (JSNAs) (see Principle 1) that are routinely carried out through Health and Wellbeing Boards between local authorities and NHS, are a good place to start. They provide information about the demographics and health needs of the local population and how this is changing. It may also be necessary to carry out health impact assessments.

Given the challenge of modelling the health needs of a community that does not yet exist, the demonstrator sites used various approaches, including:

- Extrapolating from existing local data in new ways
- Drawing on the expertise of local clinicians
- Developing bespoke modelling and risk stratification tools
- Conducting surveys of existing local residents.

To predict future health needs accurately, demonstrator sites looked for intelligence about their population that was as specific as possible. Generally, this means drawing on existing local data sources, such as GP data. This can, however, come with some challenges around data quality and information governance. These risks and challenges need to be explored in advance to check the feasibility of the proposed approach, drawing on local and regional expertise in data analysis and information governance (see Plan for digital transformation in Principle 9).

Health impact assessments

Health impact assessments, which assess the impact of particular developments, are sometimes required for major developments with wider impacts on the environment. These must be fit for purpose and part of the decision making process.

SIMPLY EXPLAINED



To develop more sophisticated ways of understanding potential future needs, some demonstrators worked with experts to develop modelling tools that predict future population health needs. For example, Darlington and Bicester worked with Durham University on an app that combines information from GP practices with data from the Office for National Statistics and local authority housing teams. The app helps understand population projections and their impact on GP practice activity levels. It is free to other NHS services.²²

Key questions to ask:

- What are the population needs to be addressed?
- How will these change over time?
- What specific health inequalities exist?

Mapping existing local health and care services

To articulate future requirements and changes, a mapping of existing health and care services is required. This helps commissioners of health and care services to understand what gaps there may be in local provision or how the existing system can be reoriented to deliver a new integrated service. This may be done as part of infrastructure delivery plans (see Principle 1), although it is important to ensure that these plans cover all organisations relevant to the integrated service, including social care and voluntary groups. This lays the foundation for Principles 9 and 10.

Key questions to ask:

- Where are the existing primary, community and secondary care services?
- How will demand change over time?
- How will services need to change to better meet that need?

Mapping local community assets

Supporting community wellbeing is not just about health care services. Community assets can be harnessed to support and improve health and wellbeing; for example, identifying local organisations that support people with debt, isolation or other social factors that affect physical or mental health (see Principle 3 and Principle 9).

The best assessments will also draw on intelligence from local people, in terms of needs and assets. In Barton, Oxford City Council commissioned research into how its residents differed from Oxfordshire and England averages. It measured health status, social wellbeing, health behaviours, and attitudes to the built environment, and created a baseline measure for residents’ health. Bicester undertook detailed surveys about local parks. These can help inform baseline studies.

Halton plans to create a new health and wellbeing campus – discussed in Principle 10 – which required detailed knowledge of existing local capacity, and what the stakeholders wanted from this new campus. Local NHS organisations, public health teams, the council and voluntary sector came together to discuss the plans using a common template. They created an inventory of the various resources available for the campus, and the requirements different organisations might have. The common template ensured all organisations could speak a similar language and understand each other’s needs.

Key questions to ask:

- What assets exist in the community that could help address the needs identified?
- What training, support, maintenance do they need? (Principle 3 provides more detail on this)
- What are the key demands that the new housing development brings?

Key steps in assessing local health needs ²³

Step 1 Identify key questions and a framework for needs assessment	Step 2 Locate data sources to answer key questions	Step 3 Further research and analysis to resolve unanswered questions
<ul style="list-style-type: none"> — NHS Confederation briefing paper on JSNAs – provides a step-by-step guide to needs assessment — ‘Better mental health: JSNA toolkit’ published by PHE – guidance on how to assess mental health needs 	<ul style="list-style-type: none"> — LGA data inventory listing where different kinds of information can be found — PHE Public Health Profiles for local areas can be analysed using an online tool — PHE’s SHAPE tool combines data from multiple sources to support asset mapping 	<ul style="list-style-type: none"> — Exact activities required will vary, depending on what is already available locally — May include additional analyses using GP data and other local data sources — Conversations with local JSNA authors can help to identify what else is needed

CASE STUDY

Lesson from Northstowe

Assembling a picture of emerging health needs

Cambridgeshire has seen several new large housing developments over the past two decades. The health needs assessment for Northstowe built on learning from a similar site, Cambourne. This and other new communities provided a useful foundation for predictions about health needs at Northstowe.

For example, the founding GP from Cambourne provided practical insights to complement the data and modelling being carried out for Northstowe. The GP's commentary told the human story behind the health needs of the new community, bringing it to life for staff at the demonstrator site.

Among other findings, the assessment showed that incoming residents were more likely to access children's social care and might use GP services more in the absence of other social links. These findings were incorporated into service planning, for example allocating more resources to children's services (there is an intention to expand the Early Help and Safeguarding teams) and emphasising the creation of community meeting places in the new development. It also highlighted that there will be significant non-medical needs in primary care. These will be met in part by enabling people to see Citizens Advice workers in GP practices, helping to reduce the stress and anxiety created by debt problems and other social issues.

Below

Liz Banks, from Citizens Advice, is able to provide advice to Northstowe residents from the Longstanton Surgery.



Lay the foundations for evaluation

Once a vision and shared goals (outlined in 1.2) have been established, it is important to set out actions for how they will be met. Each of the demonstrator sites created a logic model to go alongside their vision statements, establishing how they sought to turn goals into reality. They provided a clear narrative and aide to discussion among partners, starting simply and evolving as programmes and partnerships grew. Logic models do not necessarily capture the full complexity of the situation but they are nonetheless a helpful starting point and programme management tool.

When dealing with increased complexity, such as programmes that overlap and sit across a range of actors and organisations, systems mapping tools can be helpful. This involves mapping, using a range of visual and digital methods, the diverse drivers and causes of challenges for a place or population to understand their complexity in depth, and then working collaboratively across disciplines and with communities on developing solutions and interventions. The Health Foundation has produced a useful webinar on ‘System mapping as a tool for action’²⁴ and Public Health England has a range of resources on how to take a whole systems approach to challenges such as obesity.²⁵

Below

The creation of a simple logic model was an aide for the Ways to Wellness Strategy Group at the Barking demonstration site.



Foundations for evaluation

Once partnerships, visions and shared goals have been identified (down to specified actions), it is possible to articulate measures of success which will form the basis of an evaluation.

This should be in two parts, process and outcome. For process, actions should be based on quantifiable measurements of progress, which can be tracked over time to evaluate how the programme is developing. Key performance indicators (KPIs) should be established, along with a clear mechanism for reporting and monitoring progress. For outcomes, data from councils' own monitoring frameworks and information from nationally published indicators such as the Public Health Outcomes Framework²⁶ and other urban health indicators²⁷ can be used, if bespoke data collection is difficult to establish. In addition to this, sites such as Whitehill & Bordon and Bicester commissioned their own residents' surveys. Bicester had approximately 1,000 responses across a statistically representative sample. This provided a solid baseline and helpful insight regarding the goals and actions of the programme. A thorough evaluation can help contribute to the local and national evidence base regarding population based approaches to health improvement.

Understanding the processes which lead to impact

Two demonstrator sites, Barton and Bicester, identified key processes which can determine whether a systems-based programme will work and if it will ultimately have an impact on health and wellbeing. The indicators opposite clearly emphasise the need to develop shared goals with community stakeholders.

Developing outcome indicators to understand impact on residents

Alongside the use of public health indicators and local authority monitoring frameworks it is important to gauge residents' own perceptions of where they live and which outcomes matter to them. The Community Wellbeing Index can support insight and evaluation on wellbeing. This uses a number of social and material indicators to give a baseline measurement of community wellbeing, which can then be used to pinpoint efforts for improvement.

This includes considering indicators of success such as:

- The extent and quality of social and financial resources available for community building.
 - Levels of community participation in engagement activities, particularly among groups who may experience social exclusion such as young people or older people who may experience social isolation.
 - The strength of relationships and social capital across the community.
 - Level of resident involvement in local decision-making and management bodies, and the extent to which residents are taking action in the local area – for example the numbers of volunteers across a range of ages and backgrounds.
-

Mapping the processes that lead to impact – Example

No	Process Indicator	Rationale	Measured by:
1	Co-design and delivery of place based activities with local stakeholders	Builds on existing community assets, avoids duplication of effort, identifies gaps that the programme could seek to address, enables different stakeholders to connect and engage with one another – enriching partnership working within a community.	Examples of partnership working, eg stakeholder attendance at planning events with evidence showing how their input has influenced the design and delivery of activities.
2	Healthy place shaping activities are delivering collectively-agreed objectives and outcomes	A sign of a healthy system is that it has people participating and working collaboratively on determining and achieving shared outcomes.	Clearly defined programme aims and objectives agreed with local stakeholders and regularly reviewed with them, eg reports from review meetings with local partners.
3	Healthy place shaping is enabling cross sector working	Greatest value is added when workstreams (the built environment, community activation and new models of care) interact with and support each other.	Examples of how activities involve more than one work stream with evidence of how stakeholders from different sectors are being connected by healthy place shaping initiatives, eg evidence of how health and care providers are linking with community groups.
4	Learning is used as a mechanism to continuously improve	Learning drives system change so it is crucial for key partners to meet regularly to share and reflect on learning from the programme.	Evidence that learning has been used as a feedback loop to drive adaptation of the programme and to improve the system, eg evidence that the effectiveness of activities has been reviewed and that changes have been made as a result.
5	Activities increase the connectivity between local stakeholders	The health of a system depends on the quality of relationships and communication between actors.	Evidence that time has been spent in building positive, trusting relationships, eg examples of active engagement with partners such as attendance at their activities.
6	Investment seeks to increase the capacity of the system	This enables those on the frontline to use their expertise to make change happen. It gives the community agency to develop and increase in resilience.	Evidence that funding has been used to increase capacity in key parts of the system, eg funding for local residents to train to run free courses or activities.
7	Healthy place shaping is encouraging resident engagement in activities that promote health, wellbeing and social cohesion	Community activation is essential to deliver longer term improvements in health and wellbeing outcomes and social cohesion.	Evidence of resident engagement and participation in community activities which promote health and wellbeing and social cohesion, eg attendance at community events or activities.
8	The built environment is enabling healthy living	The built environment can nudge people into being more active and socially connected.	Annual audit of developments of 100 or more new homes to assess if they support healthy place shaping, eg review against national guidance such as the TCPA Creating Health Promoting Environments guide.

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3

CONNECT, INVOLVE AND EMPOWER PEOPLE AND COMMUNITIES

What this Principle covers:

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

Engage early and regularly with new and existing communities to involve residents

Development partners need to work in collaboration with residents during the planning process and after they move in. This helps residents to shape their new community and adopt healthier lifestyles, and promotes a sense of ownership of the area.

All demonstrator sites have worked with existing community groups and other local assets – such as Barton in Oxford, whose ‘One Barton’ philosophy reflects a commitment to inclusivity and engagement. The sites all pursued slightly different aims, however they all helped to co-design programmes of work and identify shared goals across organisations and communities. Bicester invited a vast range of community organisations to write pledges on how they would support aspects of the programme, helping build a whole town coalition for improving health and wellbeing, setting a foundation for delivering a set of specific actions.

In another example, at Ebbsfleet, members of the new community were invited to a ‘co-production day’ to help create a plan for local health provision. The key insight gained was that people wanted an emphasis on helping them stay well and independent, so this became a shared goal for action (see Principle 9). It is important that public involvement in planning health services happens as a part of wider engagement of communities in creating new places and planning the built environment.

Successful approaches to community engagement include:

- Building relationships between residents through community events, activities and information sharing (see Principle 8). Residents at the Darlington demonstrator site in County Durham developed a summer carnival and winter spectacular to bring people together. This helped to create social cohesion and collective confidence to participate in community action. The Eden Project in Cornwall, an educational charity and social enterprise, provides practical ideas and case studies for bringing people together, such as community walks and cinemas, and clothes swaps.²⁸
- Using a ‘strengths based model’. This means moving the focus away from deficiencies within a community and what an area lacks, to exploring local strengths and assets. At Barking Riverside demonstrator site, activities such as river walks help to bring residents together around a local asset. This strengths-based approach keeps activities connected to people’s own experiences and aspirations for their areas and helps to secure resident ownership and commitment. The IDEA guide to asset based engagement, including asset mapping, is also useful²⁹ in this regard.
- Enabling community participation. Consultation can help to make the development process more transparent, but it only goes so far in enabling communities to influence decisions. Work with communities needs to extend to community empowerment and decision-making, for example through participatory-budgeting. Community engagement should be not tokenistic but fundamental to the building of new developments.
- Ensure community engagement includes people of all ages, abilities and economic levels so physical and mental health inequalities are not exacerbated. Approaches for inclusive community building that development partners can use include:
 - Drawing on the expertise of existing VCSE (Voluntary, Community, Social Enterprise) organisations in the area and ensuring they are involved in preliminary decision making and asset-mapping – Barton worked with a variety of community stakeholders as part of its ‘One Barton’ philosophy. Local councillors can also be consulted as part of this process.
 - Analysing local and broader data on health and wellbeing to identify groups (for example by socio-economic or demographic profile, health status, life-stage, life events, etc) that are susceptible to health and wellbeing inequalities or social exclusion (see Principle 2).
 - Ensuring staff and volunteers behave in a way that is welcoming and non-judgemental to all residents – see the Community Development National Occupation Standards.³⁰

- Choosing accessible, safe and friendly environments for community engagement, such as places where people already congregate. For example, at the Halton Lea demonstrator site in Runcorn, several activities took place in a local shopping centre which many residents already visit.
- Including a mix of opportunities that are universally appealing and tailored for groups that may be less likely to get involved in general community events. For instance, Men’s Sheds, which are being implemented in Barking Riverside in London and elsewhere, engage older, more economically disadvantaged men, who are at high risk of social exclusion.

Tools and techniques for community engagement

There are a range of tools and techniques for community engagement and community building that support increasing levels of community participation, including the Community Planning Toolkit³¹ and:

Asset mapping – Work with residents to map resources, activities and spaces in the area to identify strengths that can be built on. A useful guide is the Community Research Lab toolkit.³²

Participatory research – Equip local residents with research skills to go out and talk to other community members about their ambitions for the neighbourhood. A summarised guide is available from The Young Foundation.³³

Co-creation workshops – Bring local people and service providers together to co-create ideas and plans. Halton Lea, for example, through its Prosocial Place work, held co-design workshops particularly with young people to develop a vision for the community.³⁴

Engagement with existing and new communities can present challenges for organisations not experienced in this work. The table on page 34 outlines these and ways in which development partners can address them.

Mapping the assets of organisations, associations and individuals



Ways to overcome barriers to engagement with new and existing communities³⁵

Challenge	Potential approaches
<p>1 Differences Inequalities and social differences in an area or between adjacent communities (for example, class, ethnicity, language, age) can make it difficult for people to connect and build cohesion.</p>	<ul style="list-style-type: none"> • Identify different groups and ensure engagement includes them. • Provide opportunities for different social groups to come together such as multi-cultural and inter-generational events. • Facilitate the development of a shared vision that the whole community can work towards – for example, the Amplify* model created by The Young Foundation, which brings local people together through shared ideas.
<p>2 Previous history of poor engagement by authorities Previous experience may have left some residents feeling suspicious of authorities or negative towards working with 'official' organisations, which stifles participation.</p>	<ul style="list-style-type: none"> • Involve peer workers with lived experience in projects. • Use accessible language and consider how neighbourhood staff interact with residents to build trust. • Use a strengths-based approach, by building on local interests and skills. • Demonstrate a culture of change where tangible benefits can be seen and provide regular feedback on changes that have been made by residents.
<p>3 Resident confidence and capability Low levels of confidence, time and financial resource may make local people feel ill-equipped to act and engage with community initiatives.</p>	<ul style="list-style-type: none"> • Provide training. National organisation Community Organisers** has a wealth of resources. Activities will need to be adapted to accommodate different abilities. • Find out from local people what would make opportunities accessible to them. • Ensure that engagement opportunities are conveniently scheduled and located. • Provide small incentives and mitigate barriers, for example by providing free child care during activities. • Provide online avenues for engagement, so people can connect in their own time.
<p>4 Developer capacity Development organisations may also feel they lack the resource and capacity to facilitate engagement.</p>	<ul style="list-style-type: none"> • Identify and work with partners, or find available resources (for instance the Community Planning Toolkit[†]), which can provide knowledge of community development. • Appoint trained community development workers or provide training to skill up existing staff.

* The Young Foundation (2018). *Amplify: voices and actions in places*. youngfoundation.org/wp-content/uploads/2018/04/Synthesis-Report-Digital-April-2018.pdf

** Community Organisers. Training. www.organisers.org.uk/training/

† Community Planning Toolkits. www.communityplanningtoolkit.org/community-engagement/resources

Establish community resources and information

Providing key resources such as community hubs, events and green spaces can create ‘community infrastructure’³⁶ from which local communities can grow and develop. This is about creating the right conditions for people to come together and organise themselves, working in partnership with existing VCSE groups and, or, forming new ones. This is likely to be easier in existing communities than new developments. Flexible building design (such as Northstowe’s primary school which doubles as a community centre) can also help maximise the use of assets available to new communities, particularly during the early phases of development (creation of community buildings and spaces is explored in [Principles 7 and 8](#)).

Social resources

Tapping into the skills, knowledge and interests of local people in key roles can help build social connections and strong communities. These roles can include:

- **Community connectors:** These are existing residents who voluntarily connect people. They can facilitate natural connections and link residents and organisations to enable collaboration on ideas for healthier neighbourhoods. Opportunities should be provided for those with the skills and interests to adopt such roles.³⁷
- **Community builders, workers, co-ordinators or organisers:** These are employed practitioners or members of local organisations. They offer training and practical support to community connectors and champions. For instance, in Torbay in Devon they are working with local residents to create age-inclusive neighbourhoods.³⁸
- **Local groups and community/voluntary organisations:** To encourage social cohesion new towns need to facilitate links between new residents and existing groups such as Neighbourhood Watch or residents’ associations. In Barking Riverside and Darlington the developers have been forging links with the local residents’ associations.
- **Councils, public services and businesses:** These can provide social resources, such as training and support. Trading for Good is a useful platform for engaging businesses in community-building.³⁹

What is community infrastructure?

Community infrastructure is the term used to describe the services, networks and physical assets that improve people’s quality of life and form the foundations of a strong neighbourhood. It encompasses community services and events, social links within a community and the neighbourhood’s physical environment – its buildings, open spaces, parks and ‘blue’ space – ponds, lakes and waterways.

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SIMPLY EXPLAINED

Financial resources

The direct provision of financial resources to residents can support community building efforts. Examples include community chests – pots of funding for community projects, and micro-funding platforms such as crowdfunding channels (for example Spacehive⁴⁰) and initiatives like Soup,⁴¹ events where local groups bid for small sums.

The UK has more than 4,000 grant funders of community organisations: Locality has a list of key funders.⁴² Help and advice from community champions and builders can show residents how to access and effectively spend funding, this includes how bidders can seek matched funding from developers and local authorities wherever possible and that grants must be at a level that can be realistically managed for the size of the project.⁴³ For useful tips on funding, see the University of Kansas Community Toolbox.⁴⁴

Providing information

Letting new communities know what activities, events and resources are available locally can help welcome residents to a new community. Clear and active communication can also promote social connections and help encourage people to stay involved over time as a community becomes established.⁴⁵

Key guiding principles for sharing information are to:

- use accessible language that is inclusive and reflects resident voices as much as possible
- include a range of media and sharing platforms that attract both engaged and less-engaged community members
- encourage local residents to share information

Alongside sharing information about available activities and events in neighbourhoods, there are platforms where residents can share information about other things, such as skills and tools:

- **Skill-sharing:** Projects such as Trade School⁴⁶ and ‘time-banking’ act as exchange platforms where local residents can swap skills such as languages with each other.⁴⁷ The Sewing Room in Halton is a social enterprise where residents can share upholstery skills, and use them on textiles donated from local businesses. Findings show that for each £1 invested in the Sewing Room at Halton £5 is saved through increased employability and health and wellbeing benefits.
- **Tool-sharing:** Platforms such as the Library of Things⁴⁸ (where residents share tools), Freecycle⁴⁹ (where residents give away unwanted things), and Makerspaces (where residents use shared workshop spaces) help to make resources accessible to a wider range of people.⁵⁰
- **Print based communications:** Information placed in multi-purpose spaces let residents come across events naturally – for instance welcome packs on arrival, as at Northstowe, or notices in communal and retail spaces and flyers and posters distributed by local people.

Lesson from Whitehill & Bordon

Capture people’s interest

When Whitehill & Bordon in Hampshire became a Healthy New Towns demonstrator site, its project team worked hard to capture the interest and involvement of local people and organisations. Early in the process it organised six workshops, attended by residents, the local public health team and representatives from local government, charities, community groups, the registered social landlord and developer. Each workshop was themed around a topic, such as healthy active lives, with participants collaborating to create a delivery plan for it. This process enabled the project team to identify people who could be involved in creating a healthier place and had relevant skills for the governance structure.

Right

Healthy New Towns team member Rebecca Treharne with display boards showing findings from community wayfinding workshops.



Enable community governance and stewardship

As highlighted in [Principle 1](#), governance and leadership are important in creating new developments. Enduring governance structures can also help communities to make decisions and sustain local assets more effectively.⁵¹

Community governance can emerge organically when local groups build their organisational skills and develop more sophisticated decision-making structures. But certain key steps can help to facilitate the governance process.

- **Define the need** with local people to assess what formalised governance structures can enable their community to do, such as manage and allocate a community budget
- **Engage residents** in these challenges to develop the governance process and recruit members for particular positions, such as chair, secretary and treasurer
- **Provide training and resources** to equip residents with the skills and confidence to engage in governance, and include people who would usually not participate
- **Develop a governance structure and process** with residents that best fits their aspirations for the community and encourages social and financial sustainability
- **Evaluation and feedback activity.** Create an open culture where local governance and stewardship groups can understand the impact and reach of their activity.

High-quality community leadership and decision making is based on a good understanding of the social dynamics, assets and challenges in a place. This can be underpinned by a number of approaches:

- Participatory budgeting can involve residents in local decision making on funding allocation for services and spaces. PB Partners has a toolkit with more information.⁵²
- Non-profit groups, such as community interest companies (CICs) and community-based organisations (CBOs), offer services in the area and are run by local people. The Power to Change Trust gives advice on supporting CICs⁵³ and the Charity Commission can provide advice about setting up a charity.
- Stewardship organisations, such as community land trusts, take over the management of local assets including parks and communal buildings. Locality⁵⁴ and Shared Assets⁵⁵ provide guidance on facilitating community-owned assets. The Friends of Red Hall in Darlington, formed with local residents and the support of environmental organisation Groundwork, helps co-ordinate local activity and develop shared decisions. If the assets are significant, it might be appropriate to set up a charity to act as the stewardship organisation.⁵⁶

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