Healthy New Towns: Designing in Health

Innovate Stage

Tuesday 12th September 2017

15:00 – 16:00

Speakers:

- Professor Sir Malcolm Grant CBE – Chair, NHS England
- Danny McDonnell, Strategy Programme Manager, NHS England
- Ian Davies, Interim Joint Chief Executive and Director ,Operational Delivery, Cherwell and South Northants Councils
- Dr Rosie Rowe, Director, Bicester Healthy New Town Programme.
- Melany Pickup lead for the Cheshire & Merseyside STP.
- Philip Liu, urban planner at Citiesmode

Malcolm:

Can I just start by saying this is one of the really exciting things that NHS England is doing at the moment. It is, it is an issue that goes right back to the foundation both of the NHS and of the town and country planning system in 1947. The birth of these two great institutions coincides.

And what was it that drove the creation of a comprehensive planning system in this country? it was predominantly an issue about health. Predominantly about trying to clear the slums and the crowded work places out of the cities, create new towns and expanded towns that provided an opportunity for children to grow up in healthy conditions and parents to have work places close to home and for the promotion of a more healthy population.

It was no coincidence that Aneurin Bevan was both the Minister for Health and the Minister for Housing, having been brought up in an impoverished area of South Wales, having experienced in that community the deleterious impact on health of people living in poor conditions, remained with him throughout his life and throughout

his campaigning time.

Now it is true that since 1947 and even before then, development and planning have had as their goal the creation of healthier communities but we have to pause and ask ourselves in 2017 just how successful has that been? How successful have we been in creating communities that are fit for purpose for the 21st Century?

Not only communities that reflect the thinking of the 20th century; but communities that reflect two other things.

First of all a very significant change in demography and we're still only half way through it as we see differential birth-rates in different parts of the country, but also an aging population with different needs in order to permit them to be independent living and for longer and in warmer and supportive communities.

And secondly the development of new technologies.

How can we work with the development industry to create new thinking about how communities can work and live in healthier conditions and to deploy new technologies to achieve those other objectives?

So, we set out on thinking about the healthy new towns scheme to try to see what it is, if we have got the benefit in this country of one of the best planning systems in the world and one of the best health systems in the world, where is the marriage?

This is the first time that the NHS, to my knowledge, has ever announced a substantial interest in housing and in planning and a willingness to work with the major planning institutions, with the Department for Communities and Local Government, and across and interdisciplinary field to bring technology and new ideas into development.

We have to move away from a rabbit hutch mentality of new housing development and into a mentality that develops new communities and promotes good health. I am delighted by the ten demonstrator sites that we have in this programme. All of them are doing slightly different things; there's a huge variety of size; there's a huge variety of how far the programme is already through a process of delivery and there is a huge variety of location.

So today, we have the privilege of hearing from two of our demonstrator sites which face different challenges in different communities and with different approaches. It gives me great pleasure to introduce Danny McDonnell who is our strategic lead in NHS England for spread and engagement on the Healthy New Towns programme. Danny.

Danny:

Thank you Sir Malcolm and thank you very much for chairing this session for us today. I think what I wanted to do to give is a brief programme overview and then more importantly, hear from Bicester and Halton.

As Sir Malcolm has very well put, the places in which we live, our homes, communities, have a significant impact on our health and the evidence for this is clear. We also know we need to move more, we need to eat better and we need to live in safe and cohesive communities.

The five Year Forward View identified new housing developments as places to deliver this from scratch. The call to action on prevention, deployment of new care models, and the harnessing of digital technology can be implemented from the start in new communities as the government rightly pushes for an acceleration in house building.

From the Five Year Forward View, the healthy new towns programme was born. It has three key aims. Firstly, to promote health and wellbeing through the built environment in communities. To deliver new models of place based care, care that really needs the meets of needs of local communities and crucially to spread learning and good practice.

Back in March 2016 we announced 10 demonstrator sites from 114 expressions of interest, they really represent a cross-section of different housing developments in England. They are different sizes, there are different locations, there are different demographics and crucially there different health needs.

For the last 18 months our demonstrator sites have established their partnerships and governance agreements between local government, particularly planning and public health teams, and with health providers, commissioners and crucially with

housing developers.

NHS England has provided capacity and resource funding for setting for the sites to set their local priorities and for the development and implementation of their delivery plans.

Should also point out that 9 out of the 10 demonstrator sites that we have are led by local government. I think it is a really good example of the NHS and local government working together with shared goals of prevention, healthy communities and decent services.

Alongside the work that our demonstrator sites have been doing, the national team have reviewed policy and evidence in undertaking extensive stakeholder engagement.

The result is the structure you will see on the slides. We have three key areas: new care models, the built environment and community engagement. Within these three areas we have ten subthemes.

While a lot of the activities and outputs that we want to achieve through the programme are within these ten subthemes, we are also encouraging our sites to take a whole systems approach integrating with other local strategies around the economy, transport, planning etc.

Each key area is also a collaborative. So, sites working together on the subthemes and activities, sharing best practice, thinking and approach.

The results will be several outputs in the form of rich case studies, data models, policies, contracts and many more.

I think one good example just to give a very brief example, is under new care models. You can see one of the subthemes is estates and most of our sites are looking at how they can deliver a form of health hub or health campus. To do this they need to articulate the need of the future care model for their community.

They can do this using predictive modelling tools and I think also with new housing development it is really important to consider the role of community infrastructure levies, section 106 agreements that can really start providing infrastructure for health

care, and we're exploring different models of how we co-locate service.

Halton and Bicester have their specific plans as well on the new levels of care, and we will be hearing about the health campus in Halton from Mel in a bit.

So the demonstrator sites are really the core of the programme. But another significant element is the engagement that we have been undertaking, and a large element of the programme is new territory for the NHS, and we're really keen to form relationships across the sector and across government. Our key strategic partnerships that we formed have really help the programme and helped shape the programme and planned outputs, and they provide a vital sense check to the work we are doing.

It is really exciting to be talking to people like Citiesmode who are here with us today, the winners of our design challenge. The challenge was really an opportunity to engage with planning and urban design. All of this engagement is really shaping our delivery. We are planning on producing an economic analysis to explore opportunities for healthy places through different commercial models and we want to produce a range of best practice and guidance both for the NHS and beyond.

NHS land is a key element. We hope to show how NHS land can be used to return benefit to the wider system. And lastly it is really important that the programme leaves a legacy. While we are producing best practice and guidance we don't want best practice and guidance and tool kits to sit on a shelf. We want to create blueprints for delivery that will lead to the creation of better services and healthier communities

Thank you. I will hand over to Ian Davies who is going to talk to you a little bit more about Cherwell and Bicester.

Ian:

Good afternoon everybody. I want to talk to you today just about the experiences we have had of being part of this programme, about Bicester as a place and Bicester as the people. This is about the people in particular. Just a little bit of background, Bicester is midway between London and Birmingham. It is a major point of growth - housing growth and wider economic growth, and it is fast becoming a pivotal point in

the Oxford Cambridge growth corridor that is emerging.

So therefore, what we have embraced in terms of this growth is a place based approach to developing a healthy community.

That gives you a snapshot of the main town in the centre. You see the ring road and all the growth that is happening around it. The town will almost double in size from just over 30,000 to almost 60,000 over the next 15 years. So, you can see the scale of the growth.

We are looking at the town as a whole in terms of ensuring there is integration between new and existing and there is a single place based approach and a single community based approach.

Our vision is very simple. To create that healthy community right across the town existing and new developments where it is easy for people to live a healthy lifestyle, and as part of this programme to replicate that elsewhere.

Two primary objectives - a number of targets within the programme but two primary objectives – and these won't come as a surprise to you. One is about tackling obesity, and Bicester is no different from the majority of the rest of the country. So it's about getting children and adults more physically active and reducing overweight. And he second one is about mental health and particularly those socially isolated or lonely.

That is a deliberately fussy and indeed confusing slide. When the prospectus for Healthy New Towns was announced, that was two years ago, I did a few quick e-mails to my health contacts and I said, "come on, this is going to fit Bicester ideally, let's get together and have a chat. Forty people from over 30 different organisations turned up.

They could see the value of what the NHS was promoting and they could see the value in Bicester and from that we have gone from strength to strength. That has its own challenges in terms of managing partnerships, establishing positive relationships and making sure you get commitment.

Cherwell District Council has deliberately taking a lead in this but it merely facilitates and brings all the partners together. We are used to that in local

government, that is the way we work, we have mechanisms for public engagement. We have a responsibility ourselves for health and wellbeing. We have got alignment of our community development role in local communities.

We have established links with the voluntary sector. As the planning authority we have a spatial planning responsibility and through our elected Councillors we've got strong local accountability. All of these are key ingredients to making this happen. So the added value we bring as a local government sector to this NHS initiative is about this place making approach.

We have officers working in the community and when you combine that with the health sector influence it is a powerful tool but most importantly councils - District Councils in particular - we deliver services that influence the wider determinance of health. Housing, spatial planning, environmental health, active life styles through leisure services, things of that nature - key determinants of health. I will now hand over to Rosie Rowe who will take you through the programme.

Rosie:

Thanks Ian, so I am going to give you a quick overview of the programme in Bicester and talk about some of the impact and the learnings that we are achieving so far.

I think if you look at the programme work streams as Danny suggested there, the core areas around the built environment, community activation and health and care remodelling. So, I think one of the things to note is that whilst this is a population based prevention programme it is also being used as a catalyst for designing and delivering new models of care.

The other key feature of the programme is, we are taking a systems based approach. We want to deliver individual behaviour change, improving health outcomes but to do that we know that people need support. They need support from their immediate social networks, their family and friends. We know that we can get voluntary organisations, work places and schools

supporting people to be more active. And we know that if a built environment can act as a nudge to encourage active behaviour that will help people to sustain their behaviour change. And underpinning all of this is a policy environment that is promoting health and that is particularly important from a planning policy perspective.

So, in terms of the built environment, one of the key wins that we have had so far is in terms of transforming relationships between the NHS and built environment professionals.

I have worked in the NHS for well over ten years and having someone like myself embedded within the district authority, working closely with planning colleagues and community development officers, it has really transformed relationships so that health providers, GP practices, community services, health commissioners and planners have come together and are starting to understand and develop plans for the town. And one of the practical influences this is making is that when planners go and talk to developers about making sure there is a primary care estate that is fit for the future, and the future population needs, they are not talking about traditional GP practices they are talking about health and wellbeing centres, which can offer a much more extended offer of services in terms of primary and community care, and that kind of understanding is really important to changing and embedding the new models of care.

The other area that the built environment is already beginning to influence is nudging and supporting behaviour change. Both in terms of supporting people to connect with each one another, reducing social isolation, but also in terms of encouraging each other to be more active and integrate walking into their daily routines. And this is exemplified through our health routes that we have set up. These are 5k health routes that have been marked out in residential areas of the town: they have got one-kilometre markers so people have got a target to reach if they can't do 5k, they link with the couch to 5k app, they don't cost anything and they have activated the community. Bicester's blue lines, as they are called because it is a blue line marked on the

pavement in NHS blue, has really engaged the local community.

When we marked out the lines in August, we put three posts to the Healthy Bicester Facebook page – please do go along and "like" it for us! When we put the posts on the page, they attracted 44,000 views within a week. And that engagement and awareness has translated into real change in behaviour. We have got pedestrian counters assessing the level of activity along these routes and within the first year – sorry, week - of the routes being open, pedestrian activity increased by 25%. Some of the social media comment we're getting is showing that they are not only encouraging people to be more active, but they are encouraging people to connect with one another.

And I think that's one of the keys to the programme, is that whilst the built environment can nudge people to have healthier behaviours, community activation is fundamental if those behaviours are going to be sustained. It has taken us about a year to develop the programme, and that's because we built it from the bottom up with local people.

And as a result we are not just getting our local partners endorsing the programme, they are helping to deliver it. So for example we have got an organisation called Bicester Vision, they represent all the major businesses in the town and they committed that 50% of their members will have a workforce well-being scheme in place by the end of the programme. That's going to sustain and support healthy life styles.

The third area is around health and care remodelling. And we are particularly looking to digital innovation to support new models of care. An example is with the diabetes work we're doing testing out a new model of care where we are using Skype for Business to run virtual clinics, with secondary care colleagues based in Oxford working directly with primary care practitioners to look at patients who are finding it hard to manage their diabetes. And this is part of a wider pathway of care that's being tested in Bicester as a demonstrator site, that's taking a population-based approach to managing and preventing diabetes, which really reflects the principles of a healthy new town programme which is about this population, place-based approach.

A quick word on evaluation, because we really want to know what works - we are taking a rapid cycle evaluation approach so that as we learn from what's working and what isn't it can influence our delivery plan and we are working collaboratively with the other sites to identify a wide range of metrics that are going to assess the value and the impact and the legacy of the programme.

Some of the learnings to date: I think for me is about how the Healthy New Towns Programme is an opportunity for health to really collaborate with local partners, and really encourage and embrace health promotion and well-being.

Getting away from the idea that the NHS is all about being a sickness service; and really putting prevention as the top priority. And that's very exciting to be doing that. I think the second area is about how the built environment really can nudge behaviour when it is supported with community activation.

That kind of thing takes time. You can't rush it. But if people are going to feel that they own their community and they want themselves to make it a healthy community, then you've got to work closely with local organisations to make that happen. And when it is successful, it is very powerful. It took us a year to develop the programme. When we had our public launch 8,000 residents came to that event, which was a phenomenal day. So I think what I'm trying to show today is that whilst we are fairly early days in the programme, we are already having some impact and building a healthier place.

Ian:

Just a few slides to finish off, and a couple of messages from our learning. To those members of CCG and STPs, if you have got housing growth in your area, if you have got ill health prevention that you are starting on, new models of care, then look at the Healthy New Town programme and its principles, because it is relevant to what you need to do. This is a clear message that's coming out of the programme in Bicester already.

And in doing so, engage local government. In our case as a district council, it may be a unitary authority, but we tackle the wider determinants of health, and it needs to be a holistic approach. For those who are involved in digital

innovation, we have got a couple of good ideas - the other nine demonstrator sites have got good ideas. You may have good ideas for the area that you work with and we want to hear from you and to see how we can test those for you. And to NHS England, a big thank you for sponsoring this programme.

We are delighted to be part of it. We are working hard to ensure this change to healthy outcomes is going to be delivered and, knowing what works and doing more of that. The one key message here is, as Rosie said, it does take a long time. So, the longer the programme, the bigger the impact, there's no question about that, from our learning already. I mentioned at the outset, this is about both the place of Bicester and the people of Bicester. This is just one quote from one individual where we know it is already making a difference. That's Bicester. Now I hand over to Mel from Halton.

Melany:

Hi. I'm Mel Pickup and I'm, aside from the STP for Cheshire and Mersey, which is a relatively new acquisition to my portfolio, I'm also Chief Exec for Warrington and Halton hospitals.

There's a clue in the title, I guess, when I say that Halton has a hospital and it is located in the middle of Halton Lea, which happens to be one of the ten demonstrator sites in this very important programme.

So let me tell you a little bit about Halton Lea. It is a suburb of a town called Runcorn, it's about 500 acres of space occupied by 6,500 residents. And right at it's heart it's got a very big shopping complex. It has a got small, largely elective care hospital, and the remainder of the built environment in the particular parcel of land that we're looking at is dominated by three rather oppressive looking disused office blocks. That said, there are lots of green spaces.

There's even a castle, or what's left of a castle. But there's lovely green spaces that are really really quite difficult to access, and therefore are sadly quite underutilised. And if I happened to be one of those 6,500 residents and I'm looking forward to enjoying a really long and healthy life as a resident of

Halton Lea, I'm going to face some significant challenges, because Halton Lea is in the top 20% of the most deprived areas of the UK.

As this slide shows, the extent to which in most indicators Halton Lea residents suffer health outcomes were so significantly worse than the rest of the country.

Lower life expectancy, greater incidence of diseases, some cancers, heart disease. Higher accident and emergency attendance, more alcohol related admissions, greater numbers of people with long term conditions. You get the picture, I'm sure.

So, what do we propose to do about that? How can we make the future for those 6,500 residents better than their past has been and their present currently is?

Well, we have a vision. And it involves us capitalising on the opportunities presented from being part of this programme, and we're very grateful for that, because we have space or we can make space and where we have neither of those we have the ability to take underutilised, pre-existing accommodation and repurpose it. And we want to create 800 new homes. Not just any new homes, homes that aren't just about places to live, but are environments, as we've heard from our previous presenters, that are conducive to the promotion of health, and well-being and independence.

Designed and configured in such a way as to create space for socialisation and promote a sense of community, self-sufficiency and, importantly, for our most vulnerable residents, a sense of safety and security. But how do we do that? Because we're joining NHS managers, local authority chiefs, with service providers, we're constrained by the limitations of our own imagination. We don't want to do what we've always done. We don't even want to do what we've always done with a few bells and whistles attached. What we want to do is revolutionary.

What we want to do is change the game. So, we went to the Global Innovation Challenge to ask the brightest and the best across the world, how

can we, in Halton Lea do that. I'm very pleased that one of the brightest and the best is here today to tell us how they would do it. Philip Liu from Citiesmode.

Philip:

Thank you, Mel. Addressing the context of Halton's health challenge, I agree with everything apart from the fact I'm the brightest in the world.

I'm really happy to address the Expo today on our approach to the Healthy New Towns challenge.

My name is Philip Liu and I'm an urban planner at Citiesmode. I know there aren't many planners in the conference today, so allow me to explain what we do.

We think about how people use the spaces around them by balancing issues to do with the environment, housing, jobs, transport, and many more to reimage a shape our communities can look like. I think that health and well-being has been side lined in planning for a very long time.

But there has been good work on the issue by, for example, the town and country planning association. At Citiesmode, we like to think of ourselves as a firm that embraces innovation. By finding new ways to think about how our towns and cities are shaped.

And we like to champion inclusivity in planning by recognising that planners can't change everything by just talking to each other and that we should collaborate with other professions like health to bring about the right kind of change. The Healthy New Towns challenge thrived as it was a chance to bring health back into planning.

It doesn't seem right, for example, that we worry about how many housing developments we can build but not think about the health and well-being of the people living inside them. We came up with 15 project ideas designed to benefit people's physical and mental health. Came up with ways that planners can help to join up health and care services. Our submission, which we called Halton Connected, sought to connect people, and places, in

different ways.

Halton is a place with great potential, one observation we made was that there doesn't seem to be much public life in Halton. By this I mean that you don't see much activity going on around you. Residents seem to be in transit a lot of the time. Going to and from the shopping centre in cars, walking through the park without spending much time in them. As Mel said, parks and public spaces are underused in Halton: the answer to this is to design and give people the incentive to make more of the public spaces around them.

Part of this solution could be the design of sign posts or way finders that help people to navigate their way around and encourage people to walk or cycle instead of using cars for shorter journeys to the town centre.

The design of the way finders could also help to create a distinctive identity for Halton. Technology can incentivise residents to make the most out of new facilities. The possibilities can be endless, such as a fitness app that rewards users with discounts in local shops. You might be able to use virtual reality, as a way to make exercise more about fun and play for both children and adults.

We can build better facilities, with an urban obstacle course that connects outdoor exercise equipment weaving through the parks, or even sprinting tracks inside the shopping centre

By doing this, we can dramatically increase the number of places to exercise. Halton only has one gym: what if we could make it an integral part of the obstacle course, and effectively what could be Britain's largest gym. Exercise will be a visible part of community life in Halton, and encourage people to socialise outdoors.

During our site visit to Halton Lea, we found a town centre without a real heart to the community, creating destinations across the site and the Borough is key to get people outside of their homes and socialising.

Halton Square, pictured here, will be a new destination, helping attract more people to the town centre, along with potential economic benefits that would bring to shops. Planning isn't just about building houses and parks - ensuring

job creation is also something that planners need to look out for. And there are significant physical and mental health benefits that come with having a stable job.

Another opportunity was to see how a health campus can shape up to benefit Halton even more; I am a fan of making places of more than just one purpose.

Think of how some train stations have pubs and restaurants for people to socialise, and these people arguably won't necessarily get a train. Hospitals and health facilities are an essential component of any town or city, but they are designed for people who are ill.

Re-envisioned the health campus to be a destination for everyone, with spaces to socialise and make the most of the space. Rather than hiding the patients away, have cafes and gardens outside, adapted to meet their needs and bring their visitors along with them.

There is scope to co-locate health and wellbeing to services, and new ways to design these services as attractive places to visit. Incorporating the health campus into the town centre, also makes good sense. There are more reasons to go to Halton town centre and stay longer.

These are just a few of the ideas that we came up with and they are just ideas at the moment. I hope that we have been able to start a conversation about the places that we can reimagine. Because health in planning is just good planning. Thank you very much.

Melany:

Thanks Phillip. So let me just tell you a little bit more for the idea of the health campus. And here's where the inspiration came from; I came across this publication, the one that's - the photograph on the left of the screen, "providing acute care locally" - back in 2010, in a publication written by a consultancy company called Darrow – I don't think it still exists now but people may remember it. And what Darrow were very interested in was the influence of built environments on the provision of healthcare, and in the

therapeutic effect, or otherwise, that might have.

I have held on very tightly to an original copy of that and floated it with various opportunities over the last 6 or 7 years. I wasso pleased really to be able to use the vehicle of the Healthy New Towns programme to bring it out of hiding and really flesh it out, in the hope that we can make this a reality.

So, what you see there is what we lovingly refer to there as the hexagon diagram. I said I was limited by the scope of my imagination, so it's not terribly inventive - it is the hexagon diagram. But what you will see is, way ahead of its time I think, a fully integrated facility designed to be the functional heart of a community just like Phillip's described. Where local residents are just as likely to turn up for a facial in the spa, maybe a swimming lesson, a Zumba class as they might be to have a MRI or even a hip replacement. It is likely that they are not the same people we are talking about; the hip replacement comes first and the Zumba class comes second!

The current hospital site, and its adjacencies, incorporate two GP practices sharing a single facility, a mental health inpatient unit, an elective outpatient hospital and a building along with an urgent care centre, the building that was formerly an ISTC which we call the Cheshire and Mersey Treatment Centre, which is where we do our elective trauma and orthopaedic services. So what we have agreed: the hospital, our primary care colleagues, our mental health partners is that is we want to relocate into a building built around the CMTC, the Cheshire and Mersey Treatment Centre, which is helpfully located in a discrete corner of the bigger site. And ultimately what that will do is liberate about 6-hectares of land to develop the rest of the campus.

And the rest of the campus we hope will be a mixture of accommodation, so extra care homes, digitally connected to provide support for the vulnerable, from the main facility, a rehab centre, nursing and residential homes, key worker accommodation, a thriving community hub, possibly allotments, or a community farm, children's nursery etc., etc. The wish list goes on.

So, what's next?

Well our master plan will be complete by February 2018 that will follow extensive insight and engagement events that we are holding now and throughout the rest of the year, with users and carers. One is just taking place even I speak, in Halton this afternoon with its wider community.

We will incorporate the fabulous ideas brought to us by Phillip and his colleagues at Citiesmode, and we will – we are already - exploring possibilities around investment, commercial models and securing those investment partners.

We need some DH capital to get things really moving, Sir Malcolm. This is a hugely ambitious plan because what we are really about is rebuilding Halton Lea for the people who live there and when I say rebuilding the place, Halton Lea it is rather important that we don't think of that just as bricks and mortar. Thank you.

39.30

Malcolm:

So thank you very much, well thank you for all of those insights into what is happening on the 2 demonstrator sites, we have just got 10 minutes left, what I want to do in that time, to invite any questions from the floor to our Panel. But can I start? Do I have the right? Yes, I do, is to kick off.

I really took Mel's last point about what is the opportunity for using surplus and underused NHS land ourselves? Because we can actually through our disposal processes have an opportunity not merely to capitalise in the market but deliver goods that foster the whole city programme and provide other amenities, perhaps Ian this is for you but take this further; how do we drive this with developers? What evidence have we had that the public will pay a premium which is what will drive developers in order to locate themselves in one of these healthy environments?

Ian:

Thank you. Is the mic working? We are working closely with one of our developers, A 2 dominion, bought into this, we mentioned about the time taken within the programme. My view is we have got to establish a blueprint for establishing commercial value that we can bring other developers into play, the health premium, we need to demonstrate that and bring it out locally, there is a challenge for you and the NHS to do it nationally with the big players and bring the two together. We are convinced on the ground that is the case, we have to provide through the programmes the evidence and convert it into developer speak and the commercial value, it is coming but we are not quite there

Malcolm:

Mel, how do you expect this will sell to public and developers?

Melany:

We are at a relatively early stage of the discussions but impressed by the number of people who want to come and talk to us about the opportunity of utilising the land, I think it is important that we as the NHS retain the land. But they are very keen to invest, I think there is a currency as Ian eluded to, for future investment that will give a return and provide some fantastic facilities that otherwise we wouldn't have.

Malcolm:

Can I suggest any other questions, comments from the floor of the hall? I could go on for a while, I really could. Sir, you will be much better than I. There is a mic coming in your direction, gentleman over there as well. I will take that gentleman first he has got the mic?

Question: I was encouraged to see you are linked to the early new towns and ... health and housing ministers one and the same, great to see the NHS taking the lead. How do you think you can influence your other colleagues in other departments to realise the benefits of health and housing, health and business, health and other things as well?

Malcolm:

I completely with you, 2 levels we have been working with DCLG on the programme from the beginning but secondly the key is local government. It is engaging with local government as we see in Bicester and also in Halton. It seems to me one of the things we have got to be able to drive nationally, we thinking planning policy, the advice that goes to local authorities, the priority given to health in planning guidance, how we use the instruments such as planning conditions, section 106 agreements and tools. How we use surplus land to try also to drive through this agenda. If we don't set an example we can't expect the rest of the world easily to follow the lead.

I think the, the trans-institutional issue is best handled with local government but within a framework we can establish with government.

Question: John Goodacre from Lancaster university, we are ... there is a green field site, there is a community there but not human, two things already about the added value of having this going on, one is, involving academic expertise across the whole university in the development. So digital health, data science, urban design, arts and social sciences, so there is something there about harnessing the local expertise about the leading edge of what is possible that is been facilitated through this.

The other thing is already, feeding into and consulted by the development of other estates and villages and towns across Lancashire and Cumbria, there is something about having the spread, the programmes, the projects as a focus for wider spread of knowledge and the expertise and the barriers and the challenges are the ones we have come across, but it is a way of actually ensure tag it gets into the conversations where other things are happening locally.

Malcolm:

Really good point doesn't depend on the university having a planning school. Phillip, you engage with university academics in the work you are doing in Citiesmode.

Philip:

We have been doing training to develop on-line courses for people who want

to engage in the planning system. But once you want to know a bit about how sections 106 work to be able to get the planning obligations.

Malcolm:

I don't think that is signalling the end of the programme. Please ignore that; it is the arrival of the Secretary of State. Can I take further questions from the floor? The gentleman in front, please.

Question: This sounds exciting and it is designed towards rural setting, but if you look to London with high rise flats there's no corresponding green space or virtually none on the ground. It can work in new areas, but what's happening in urban areas where there's high density development, where there doesn't seem to be much going on in the space.

Danny:

Do we have anyone from Barking here? No. So, Barking are our London demonstrator site and they do have a lot of high rise, but they are also by the river, so there is an added advantage. There's a lot of learning that you can translate to urban environments and we were heartened by the strategy that the mayor of London put forward recently. I think there are lots of opportunities around how we use the green space that does exist because in urban areas there are still parks. Some are utilised, some are underutilised. We need to understand how we can bring people into parks. It is something some areas have been doing and we can manage it anywhere, really. So, there's a lot of learning that can be translated to different kinds of conurbations.

Malcolm:

It is the way we treat our roads and streets. I think the work that the mayor's transport strategy is now doing in London and I'm chairing a commission that looks at London's roads and streets with a health aspect. How do we improve the ways we use our roads and streets as part of a broader thinking about healthy cities? The gentleman here has the mic.

Question: Just looking at a certain set of inner city areas, one of the issues

is that there's easy availability of food that children consume. You know, things like 99p you can buy a Big Mac with fries and a contain of Coke. Those sorts of facilities are available every 300 yards or every other street. I just wanted to know if Halton Lea and Bicester, are there any of those types of things in the planning.

Rosie:

First we are trying to get outlets to join in an Eat Out, Eat Well scheme, so they get credit for offering healthy choices. Both in how they display foods and the price premium they put on healthy options. That's one way we're trying to, with our partners, increase healthy choices. But this isn't just about individuals, it's about families. So, whilst a lot of work is often done in schools around healthy eating, it stops at the school gate. What we need to do is engage whole families to look at the way the choices they make when they shop and to encourage retail outlets to offer those choices. That links in with policy and, you know, the opportunities around planning policy to reduce access to fast food, takeaways and those kind of outlets near schools. We do work with schools, encouraging them to have a closed gate policy at lunchtime. So, there are a whole variety of things that you can do to nudge people to make those healthier choices.

Malcolm:

Thank you, Rosie. I know there are people involved in other demonstrator sites and there's interaction between them. Regard this as the beginning of a much bigger movement. I do feel satisfied that we're starting to make some real progress through this competitive way in which we selected the demonstrator sites.

So, may I thank Ian, Rosie, Danny, Philip and Mel for such succinct and compelling presentations. May I thank you all for being with us this afternoon. Thank you.