

Healthy by design:

The Healthy New Towns Network Prospectus



Contents

1. The Healthy New Towns Network Prospectus	2
1.1. Introduction	2
2. Background	2
2.1. Current challenges facing the NHS.....	2
2.2. Place and health.....	3
2.3. The Healthy New Towns Programme	4
2.4. What makes a healthy new town?	5
2.5. Spreading the learning	6
3. The Healthy New Towns Network.....	6
3.1. Rationale	6
3.2. Benefits of network membership	6
3.3. The role and requirements of the network	7
3.4. Memorandum of Understanding (MoU)	8
3.5. Application and launch process	8

Appendix 1 – Network Application Form, this is a separate document to allow applicants to complete and return the form.

Cover picture courtesy of Ebbsfleet Development Corporation

NHS England Publications Gateway Reference: 07657

1. The Healthy New Towns Network Prospectus

1.1. Introduction

The Healthy New Towns programme brings together health providers, commissioners, local government and developers to create healthier places. We've been working with 10 demonstrator sites across England to embed health and wellbeing from the start of new developments and to design and deliver health and care services from scratch. In order to spread the learning from the programme and build our legacy, NHS England is launching a network of developers and housing associations. The network will enable collaboration to embed interventions that materially improve population health in areas of housing development and regeneration, making it easier for residents to live healthier lives.

This prospectus explains the rationale for our work, and why we want to work with you. It also provides information on the benefits, opportunities and requirements of collaboration through the Healthy New Towns Network.

We're inviting developers and housing associations to fill in the application in Appendix 1 and return to england.healthynewtowns@nhs.net by **28 February 2018 at 5pm**.

2. Background

2.1. Current challenges facing the NHS

NHS England sets the priorities and strategic direction of the NHS and distributes funding to pay for health services. More information on NHS England and its priorities can be found at www.england.nhs.uk. The King's Fund has also produced a short video explaining the [strategy, role and function of the NHS in England](#). Since its inception 70 years ago, the NHS has developed into one of the most efficient and comprehensive health systems in the world¹.

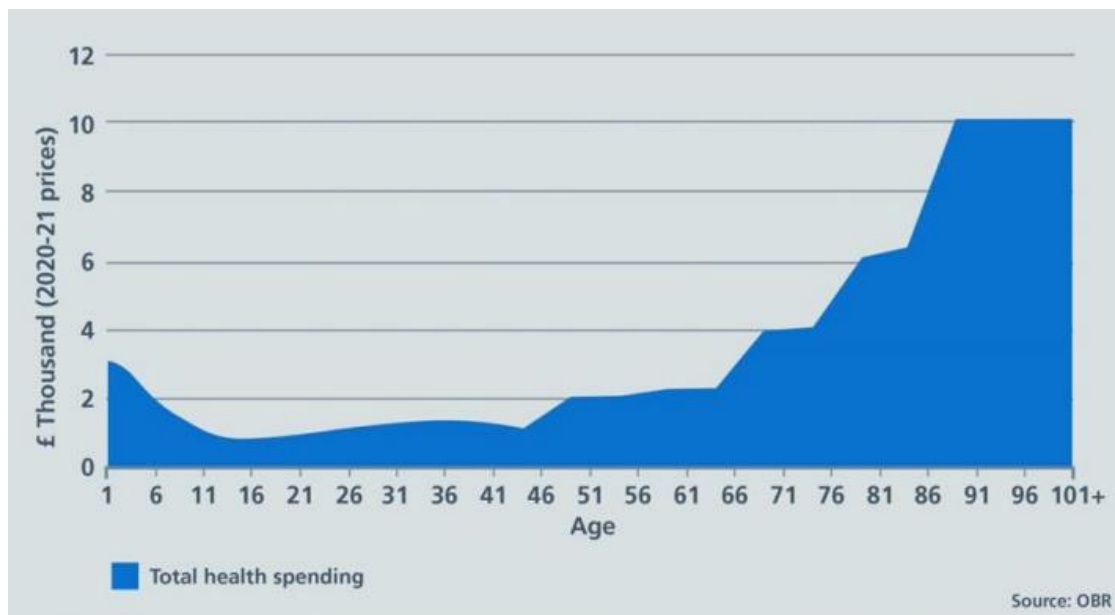
The NHS in England faces several significant challenges:

- **We are living longer but in poorer health.** An estimated six million people aged 60 and over live with two or more long term conditions in England. Long term conditions represent 70% of hospital bed days and half of all GP appointments.
- **Potentially preventable conditions are the leading causes of ill-health and death.** Obesity, a risk factor for various conditions, is on the rise. Approximately a fifth of children in year six are obese² and this rate is rising. One in four people will experience a mental health problem per year³.
- **Health inequalities are a serious problem.** People living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas and inequalities are rising.

¹ The Commonwealth Fund (2017) [Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care](#).

² NHS Digital (2016). [National Child Measurement Programme – England 2014-16](#).

³ Mental Health Foundation (2016) [Fundamental Facts about Mental Health](#).



Healthcare spending by age

In October 2014, NHS England published the [Five Year Forward View](#), setting out how the NHS intends to meet these growing challenges by placing great emphasis on preventing ill-health and re-thinking how we deliver care services.

2.2. Place and health

The characteristics of the environment where we live influence our lifestyles and daily experiences, contributing significantly to our health and wellbeing. Today, compared to 70 years ago, the disease burden is increasingly associated with lifestyle. In our cities, towns and villages cars are either essential or more convenient for travelling between home and school or work, and to shops, services and entertainment, contributing to sedentary lifestyles and air pollution⁴. Low-density living and a lack of good community facilities are associated with increased social isolation³ and a lack of appealing green space reduces levels of physical activity and mental wellbeing³, childhood obesity is clearly associated with accessibility of fast-food outlets⁵ and densities of physical activity facilities are associated with lower levels of adult obesity⁶. In short, town planning, transport planning and house building have inadvertently contributed to the lifestyle associated diseases that place an unacceptable burden on both individuals and the NHS.

We think that it is possible to create new towns and neighbourhoods where people can walk and cycle around easily, where everyone lives within reach of good green space, as part of a strong, connected community. The commissioning, planning, design, management and maintenance of new housing developments will therefore play a key part in realising the aims of the Five Year Forward View.

The government's [Housing White Paper](#) sets out an ambition to accelerate home-building to increase supply. While we rightly need to build more homes, quality places should also be a

⁴ Public Health England (2017). [Spatial planning for health: an evidence resource for planning and designing healthier places](#)

⁵ Hamano, et al (2017) [Association between childhood obesity and neighbourhood accessibility to fast food outlets: A Nationwide 6-Year follow-up study](#). Obesity Facts 2017;10:559–568

⁶ Mason, et al, (2017) [Associations between fast food and physical activity environments and adiposity in mid-life: cross-sectional, observational evidence from UK Biobank](#). The Lancet Volume 3, No. 1.

priority. Health is a well-evidenced and urgent reason why quality place-making, focused on health, should be at the heart of every new development and regeneration scheme.

[We are working to join up services](#) between NHS, local government and voluntary sector to ensure the health and care system is working better together and preventing ill-health as well as treating it. GPs are moving to larger primary care centres where a range of services are co-located. New ways of delivering services have to be supported by planning and development decisions. New developments offer places to deliver this.

Community participation in changing behaviours and promoting healthier lifestyles is essential, also empowering people to manage their conditions with support from joined up health and care services. Resilient, cohesive communities are crucial for promoting health and reducing health inequalities.

2.3. The Healthy New Towns Programme

Combining the need to accelerate home-building with the principles laid out in the Five Year Forward View, the Healthy New Towns programme explores how new housing developments can achieve better health outcomes. The programme is planned to run until March 2019 and has three key aims:

1. To shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people independent
2. To radically rethink the delivery of health and care services in areas free from legacy constraints, and to support learning about new models of deeply integrated care
3. To spread learning and good practice to future developments and regeneration areas

To develop and implement the programme’s aims, we are working with ten housing delivery sites – a cross-section of new developments in England. An open call was made in 2016 inviting sites to apply to join the programme, with those selected presenting a wide range of challenges and opportunities, with different scales of development, existing built and natural geographies, land values and stages of delivery. See below:



Site	Region	Approx. number of new homes	Type
Fylde	North	1,400	Greenfield
Darlington	North	2,500	Mixed
Halton	North	800	Brownfield
Bicester	South	6,000	Greenfield
Whitehill & Bordon	South	3,350	Brownfield
Cranbrook	South	8,000	Greenfield
Barking	London	10,800	Brownfield
Northstowe	East	10,000	Greenfield
Ebbsfleet	South	15,000	Brownfield
Barton	South	890	Greenfield

2.4. What makes a healthy new town?

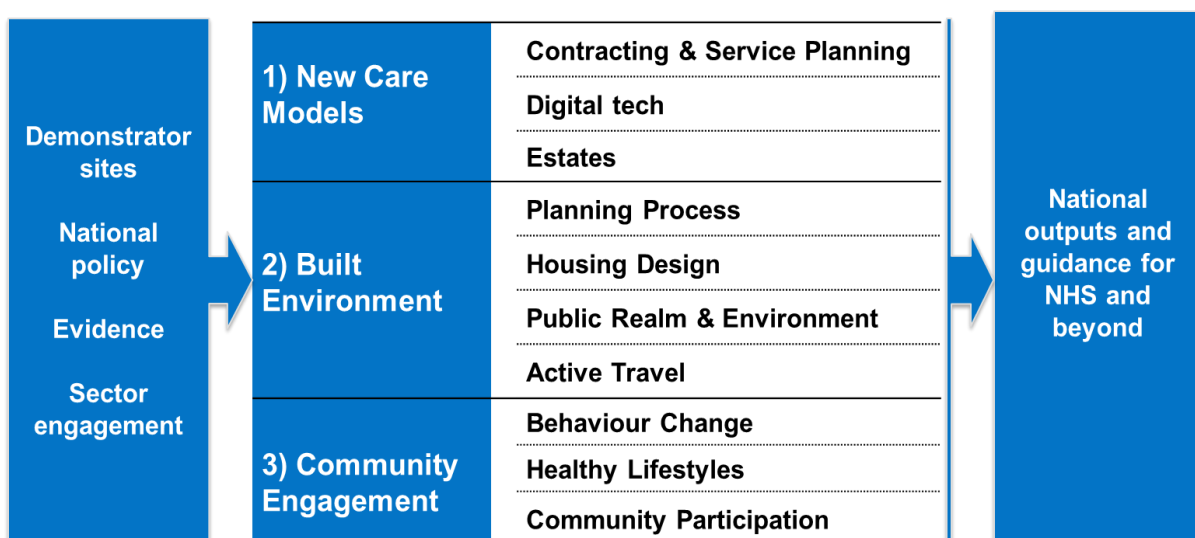
In summary, we believe that health and housing development is a matter of prioritisation for all partners involved. A development that better promotes health and wellbeing is good for individuals, developers, local authorities and the health and care system. We see the following as important in creating healthier places:

- Having a vision for a development that fits with the strategic aims of all partners.
- Having a direct correlation between the health needs and priorities for an area and the planning and delivery of the development.
- A ‘whole systems’ approach where single standalone actions will not suffice, a set of interventions and approaches are needed to tackle complex health issues.

Example:

A development made up of 400 new homes and a new primary school is proposed next to an existing community. The public health team in the local authority provide data to show childhood obesity is a serious and rising problem in the area. All partners agree that tackling this issue is important and needs action. The developer, project team and planning officers work together to develop a scheme that means that children will be able to walk and cycle to school easily, play outdoors close to home and enjoy a range of sports within the new neighbourhood. They take steps to restrict hot food takeaways, and because energy drink consumption amongst children in the area is very high, a water fountain is installed at a nearby parade of shops to improve choice. They work with existing community groups and education colleagues to set up local garden projects so that food growing and cooking can be built into school lessons and extracurricular activities.

In the above simplified example, responsibilities for approach and action are divided amongst partners but ultimately activities stem from the overall goal of reducing childhood obesity. This approach is summarised in the programme structure below:



Programme structure and process

2.5. Spreading the learning

Demonstrator sites are sharing learning and best practice with one another and regionally through learning events. As well as launching a network to spread this approach further, we're capturing learning from our demonstrator sites and beyond in a guidance publication. The purpose of the guidance is to enable future housing developments, and all those involved in delivering them, to create the conditions and systems for better health outcomes in the most effective way. The desired outcomes of the network and guidance are that:

- a) Neighbourhoods, town and cities built in England after 2019 have:
 - improved health and wellbeing and lower levels of preventable disease.
 - health and care provision that is more effective and better for users
- b) The guidance delivered, has played a major role in achieving the above, by:
 - building momentum and support through the guide's development and;
 - collating good practice and sharing it in a compelling, highly useable way.

3. The Healthy New Towns Network

3.1. Rationale

Central and local government and housing developers are key influencers responsible for the shape of new neighbourhoods and the extent to which they support healthier lifestyles. We are developing policy recommendations alongside colleagues across government. The programme has fed into revisions of the National Planning Policy Guidance and the Housing White Paper, our recommendations will inform revisions of key planning and development policies, as well as many local planning policies that are being developed by demonstrator sites and spread within regions.

Policy and legislation however are only part of the solution to creating a healthier built environment. Developers and housing associations have the scope to innovate and to proactively shape places. We know developers are keen to deliver high quality housing to their customers and to target specific areas of a diverse and competitive market. It is vital to the success of the programme that we involve developers and housing associations who take seriously their role in delivering places that promote health and wellbeing. We plan to do this through the Healthy New Towns Network.

3.2. Benefits of network membership

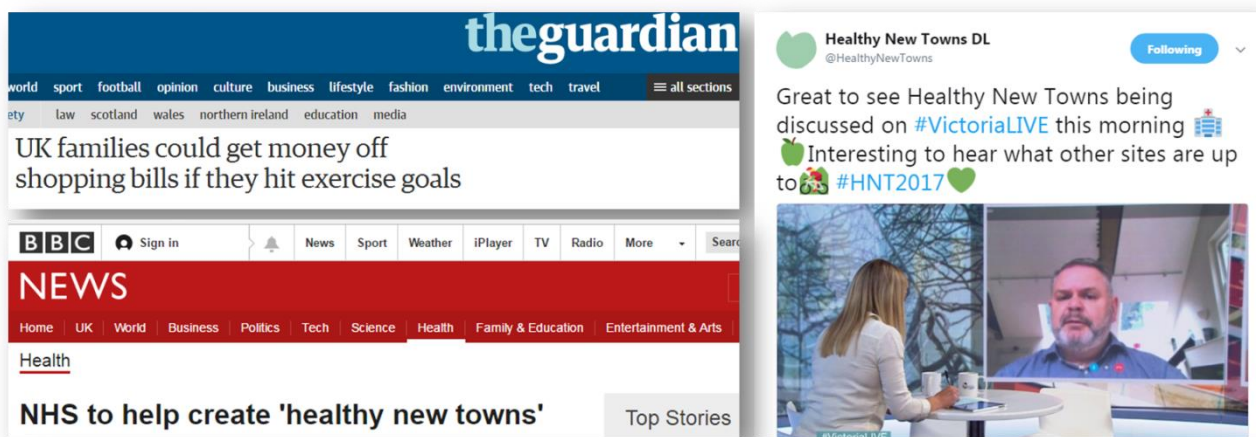
International and national momentum is building in the healthy place-making agenda⁷, as evidence increasingly demonstrates the links between health and place. This is an opportunity for developers to lead this agenda and be part of a high profile programme leading to tangible benefits to the health and well-being of communities. Members of the network will benefit from:

- Being nationally and internationally recognised as leaders in creating healthier places
- Opportunities to advise on a high profile, national publication with media interest

⁷ Canadian Government (2017) Designing Healthy Living

- Being a part of a collaborative community with access to meetings and resources
- Collaboration with demonstrator sites on specific areas of expertise
- Links across government departments
- Opportunities to present at conferences and raise profile of leading work.

By working with the NHS, Britain's proudest institution⁸, developers will raise a positive profile and enhance the perception of their business with landowners and planning authorities. With the successful implementation of Healthy New Towns interventions and approach, developers will make strides in positively influencing the health and wellbeing of their customers. Early investment in quality place making increases value⁹, the Healthy New Towns programme links quality place making with health and care, ensuring a health, social and financial return on investment for developers and housing associations.



What industry publications are saying...

“The industry can expect to hear plenty more about the role of health in housing development in the months and years to come” – Property Week, November 2017

“NHS England’s Healthy New Towns programme has captured the interest of developers and the general public” – Place Making Resource, September 2017

3.3. The role and requirements of the network

Following successful application, the role of network members will focus on three main strands.

1. **Advising:** Members will advise on the guidance due to be published in March 2019, ensuring that it is fit for purpose and useful. Our recommendations and guidance will be improved for having the input of developers and housing associations.
2. **Adopting a new approach:** We believe all parties can be better and more efficient at working together. Partnership working is central to creating healthy places and

⁸ British Futures (2013) State of the Nation: Where is bittersweet Britain heading?
<http://www.britishfuture.org/wp-content/uploads/2013/01/State-of-the-Nation-2013.pdf>

⁹ Savills (2016) Development: The Value of Placemaking
<http://pdf.euro.savills.co.uk/uk/residential---other/spotlight-the-value-of-placemaking-2016.pdf>

successful demonstrator sites have established effective local partnerships. We want to work with you to make it easier to establish a shared vision for developments.

3. **Implementing interventions:** Wherever possible we want to see material differences made to new developments to improve the health and wellbeing of residents and provide better services recommended by the programme.

3.4. Memorandum of Understanding (MoU)

In order to mitigate risk of misunderstanding and achieve mutual benefit, the commitments, roles and requirements summarised in this prospectus will be laid out in a Memorandum of Understanding (MoU) between the member organisations and NHS England following the successful outcome of the application process. As we see the network as collaboration, we're keen to jointly agree the details of the MoU. During the planned roundtable meeting following the launch of the network, we will circulate a draft for discussion during the meeting and follow up with a final draft for signing by both NHS England and the member organisation.

3.5. Application and launch process

Please find in Appendix 1 the 'Network Application Form', complete and return to england.healthytowns@nhs.net by **28 February 2018**.

Applications will be considered against the criteria in Appendix 1. Applicants will be notified of the outcome in mid-March. We anticipate significant interest and will not be able to invite all applicants to join; if your organisation is unsuccessful we're still very keen to keep you updated on the activities of the programme.

Following the launch of the network we will convene the first network roundtable meeting, the agenda which will include the following information:

- History and rationale for the programme
- Status and progress of the guidance publication
- Developers share details of new developments for HNTs implementation
- Network programme for the year
- Membership requirements and contents of MoU.

Following this meeting, as well as an MoU, a programme will be produced by NHS England based upon the discussions within the initial meeting. The programme in its current form will come to an end in March 2019; however we plan for the network to play a key role in the legacy of the programme.

Network timeline:

