

Health on the High Street: Embedding healthy living into urban regeneration after the pandemic

BRIEFING PAPER

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SMF

**Social Market
Foundation**

By Scott Corfe, Research Director

This briefing is based on a roundtable event held by the SMF in November 2020, in partnership with DAC Beachcroft.¹ The event, held under the Chatham House rule, brought together experts from local and central government, planning, development, housing and the retail sector to discuss the future of town and city centres, and the extent to which urban regeneration can and should focus on improving public health. While this paper reports some of the views expressed at the event by attendees, the conclusions and recommendations made here are those of the SMF alone.

FOREWORD FROM THE SPONSOR

We were delighted to be a part of the discussion organised by the Social Market Foundation, which has resulted in this thought-provoking briefing.

The suggestions put forward give a purposeful meaning to the variety of on-going discussions about the re-creation of our town and city centres. Zero carbon is integral to the Government's COVID recovery plans but the considerations in "Health on the High Street" go beyond cleaner, to greener and wider inclusion. Green, clean and more inclusive add to the filter for decision making and give strategic plans a greater sense of direction. Pre-COVID many of our urban centres had become much more attractive for young adults. Post-COVID inclusion is likely to mean more housing for a greater range of ages; a welcome return to centres that provide something for all.

These are fine ambitions but we also discussed some of the practical challenges, which included concerns about local authority resourcing and funding. More money is of course part of the solution, but as importantly the route to "creative visioning" requires all of us to take responsibility to build centres that we want. Technology helped us through the pandemic and its ability to facilitate engagement gives a voice to those previously unheard.

We would like to thank the Social Market Foundation for bringing together such a range a views and interests to the roundtable. The fruitful discussion amongst people who only infrequently find themselves in the same room – virtual or otherwise – underlined that collaboration and collective responsibility is the way to the healthier and more vibrant cities that we all want.

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KEY POINTS

- **The shift towards online retail has accelerated as a result of the Coronavirus pandemic.** Internet shopping accounted for over a third (36%) of purchases in November 2020 – a record high.
- **Surveys suggest that shopping patterns will be permanently altered.** Research by Alvarez & Marsal in partnership with Retail Economics suggests that one in four individuals expect to permanently change their shopping habits in favour of online retail, even once the pandemic ends.
- **A shift towards hybrid homeworking is also likely to see reduced demand for office space in town and city centres.** A YouGov survey found that close to one in five (18% of) workers want to work from home permanently after the pandemic, with a further two fifths (39%) wanting to work from home some of the time.

We argue that unused retail and office space could be repurposed and replaced in a way that not only prevents urban degeneration, but also supports public health. Possibilities discussed at the roundtable event included:

- **Investment in active travel infrastructure to encourage walking and cycling, and the creation of “20 minute neighbourhoods”** in which shops, places of work, leisure facilities and public services are within easy reach on foot or by bike.
- **Creating new parks and green spaces in town and city centres.**
- **Creating “health hubs” and “public sector hubs” in urban centres** in which services such as gyms and GP surgeries are in close proximity.
- **Replacing commercial real estate with “healthy housing”, including retirement housing** designed to reduce loneliness and improve health outcomes for older generations.

POLICY RECOMMENDATIONS

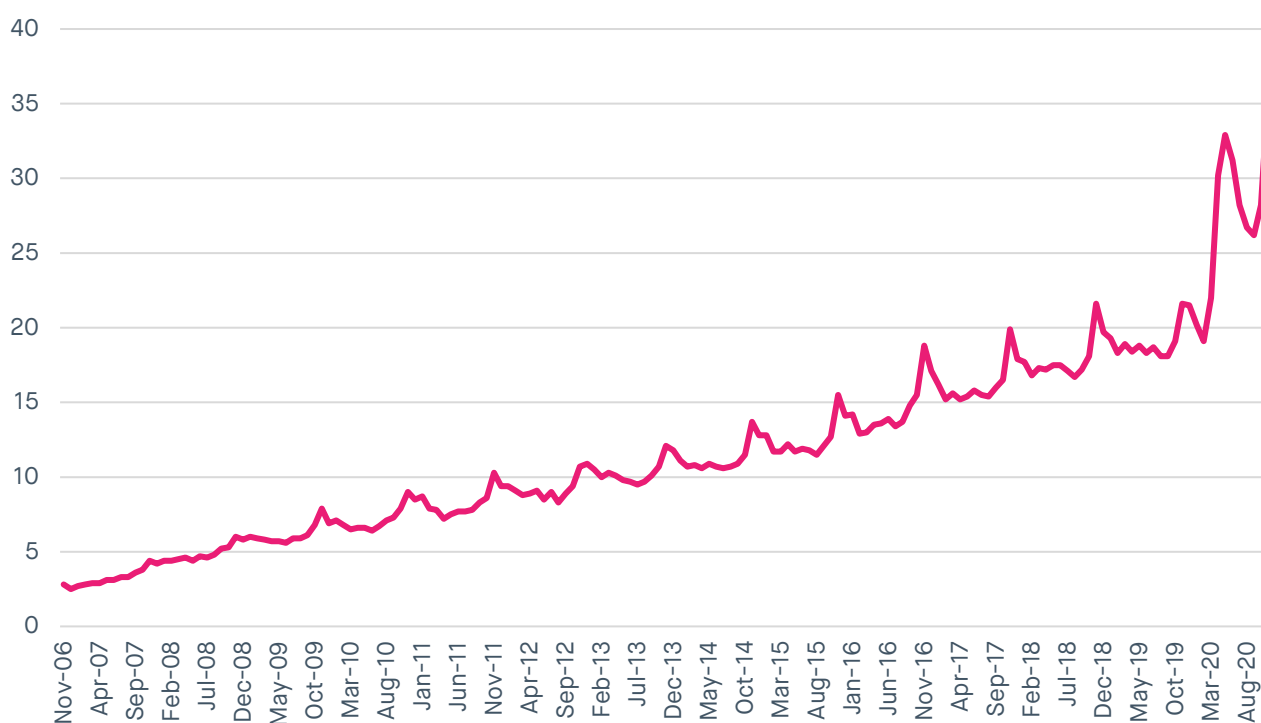
- **A “Health in All Policies” approach should be adopted with respect to spatial planning,** with a new Parliamentary Bill setting out principles for healthy homes and healthy urban design.
- **The “town centre first” planning policy needs to be updated.** Where appropriate sites are available, public bodies should locate health and other public services in town and city centres first.
- **Government needs to provide a clearer framework for how Infrastructure Levy funding can and should be used to support health-enhancing infrastructure,** such as through the provision of new green spaces.
- **Local authorities should be granted new revenue-raising powers to support ongoing costs associated with parks and other health-enhancing infrastructure.** This could include through the creation of US-style Park Districts, where additional property taxes can support park and trail maintenance.
- **Within local authority planning teams, increased attention must be paid to the “curation” of town and city centres, ensuring that urban areas offer a cultural and service mix that maintains their relevance in an age of online shopping and remote working.** In practice, this means ensuring planning teams have sufficient capacity and access to talent, both in-house and through private sector partnerships.

INTRODUCTION

Even prior to the Coronavirus pandemic, high streets across the UK were struggling, with over one in ten shops vacant and declining town centre footfall.² Drivers of this include the rise of online retail as well as the aftermath of the Global Financial Crisis and lacklustre economic recovery that followed it.

COVID-19 has made a difficult situation across much of the country look even more challenging. The pandemic has seen an acceleration in the shift towards internet retail, with a record high 36% of purchases made online in November 2020.³ Survey data suggest that, for 17.2 million Britons (about 25% of the population), shopping habits are likely to change permanently in favour of online, even once the pandemic ends.⁴

Figure 1: Internet sales as a percentage of total UK retail sales

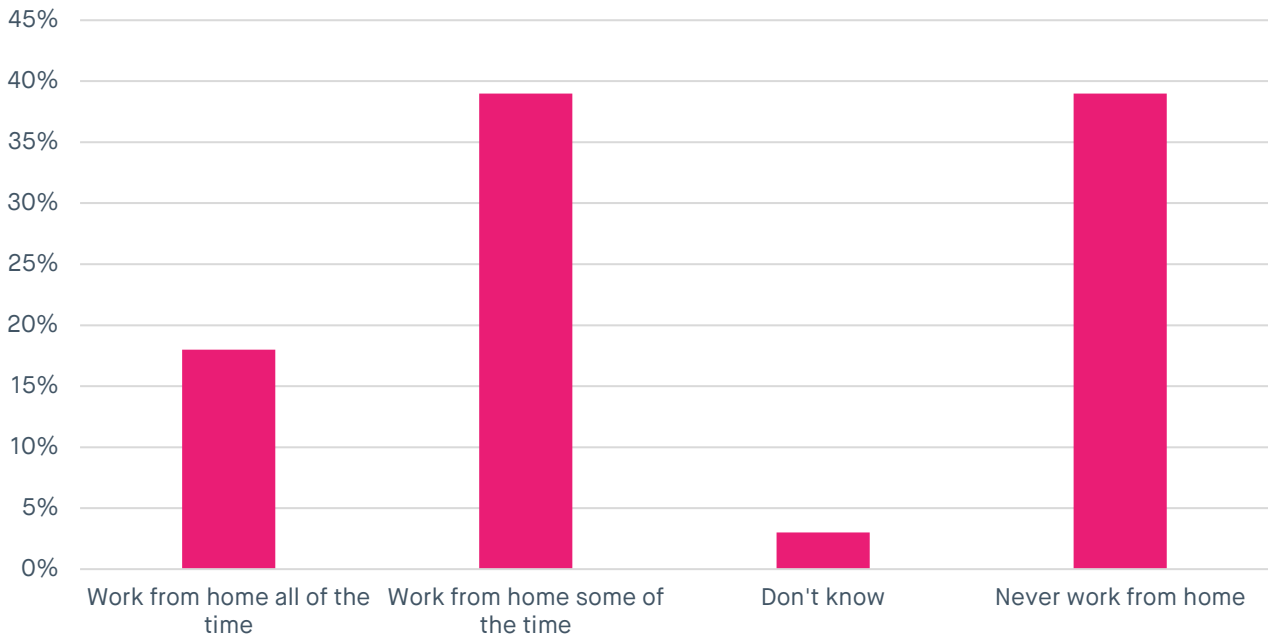


Source: ONS

Adding to this is the homeworking revolution. Coronavirus has seen many businesses attempt en masse remote working for the first time, often with no impact on employee productivity or even positive impacts.

While we may not see a large-scale shift towards full-time homeworking, it seems feasible that a “new normal” will arise after the pandemic, with a much larger share of employees working on a hybrid arrangement – spending some of the working week in the office, and the rest, possibly the majority of the week, working remotely. Large companies such as Lloyds Banking Group⁵, Deutsche Bank⁶ and Twitter⁷ have already made announcements suggesting a permanent shift towards more homeworking. A YouGov survey in September 2020 found that close to one in five (18%) of workers want to work from home permanently after the pandemic, with a further two fifths (39%) wanting to work from home some of the time.⁸

Figure 2: What workers want after the COVID-19 pandemic has ended



Source: YouGov

The revolutions in retail and office-based employment bring potential opportunities. This includes lower consumer prices as retailers no longer have to bear costs associated with having as many physical stores. Increased rates of homeworking could lead to an improvement in work-life balance, financial savings from reduced commuting and make it easier for certain groups to participate in the labour market – such as those with caring responsibilities or disabilities which make travel to and from a workplace difficult.

But these changes also bring challenges, particularly if the Coronavirus pandemic means that they occur at a much faster rate than originally anticipated. Job losses in sectors such as retail mean that a large proportion of the workforce will need to find new employment and need to retrain in order to gain a new job.

Furthermore, there is a real risk of town and city centres across the country falling into decline – with rising retail and office vacancy rates and reduced footfall undermining the viability of other businesses such as those in the hospitality sector. It is this issue of the future of urban spaces that we explore in this briefing paper.

Going forward, local authorities, central government, housing associations and private developers will need to carve out a new vision for urban spaces in the UK, in an era in which traditional town and city centres – with their emphases on retail and offices – no longer look viable.

We argue here that there is scope for a new role for town and city centres, which both supports regeneration and tackles one of the biggest issues facing 21st Century Britain – the need to improve public health. This includes through the provision of green spaces, walkable “20-minute neighbourhoods” and retirement accommodation which supports independent and healthier living into older age.

This briefing paper has been informed by an SMF expert roundtable which was held in November 2020. The SMF is grateful for the insights shared by roundtable attendees from a variety of sectors, including central and local government, retail, housing, planning and development.

FROM RETAIL HUBS TO HEALTHY HIGH STREETS

There is growing evidence that urban design can play an important role in determining public health outcomes, with the places where we spend our lives having a profound impact on our physical, social, environmental and economic wellbeing.⁹ For example, the level of active travel (walking and cycling) and thus physical exercise is determined by accessibility to local facilities, and access to green space is an important determinant of mental wellbeing.¹⁰ It has been estimated that air pollution in urban areas could lead to close to 40,000 deaths per year in the UK, with emissions from motor vehicles a key driver of this.¹¹

Given this, urban regeneration could be a powerful lever for improving public health, with vacant retail and office space repurposed or replaced for other uses such as gyms, GP surgeries and new town and city centre parks. There is interest among policymakers in adopting Health in All Policies (HiAP) approaches, that systematically and explicitly take into account the health implications of policies in all areas - including urban planning.¹²

The Coronavirus pandemic, in our view, only strengthens the argument for placing public health at the forefront of planning policy going forward. Not only will the pandemic create challenges for “traditional” town and city centres, due to the rise of homeworking and online retail, but it also raises important questions about urban design and resilience to future pandemics.

COVID-19 has demonstrated the need to increase healthcare capacity as well as improve the overall health of the UK population; conditions such as obesity have been shown to be significant risk factors in terms of COVID-19 mortality.¹³

The pandemic might also require a rethink of the case for densification in urban areas, given the difficulties of social distancing in denser environments. From a pandemic prevention perspective, compact “15-minute communities” might be more desirable than highly interconnected communities where individuals travel larger distances to shop and work. Indeed, it has been argued that connectivity, rather than density, matters more in terms of the speed with which COVID-19 spreads.¹⁴

At the SMF roundtable, we discussed the potential ways in which health could form a key part of urban regeneration plans as we emerge from the COVID-19 pandemic. Below we discuss some of the themes that emerged from the discussion.

Encouraging active travel

Transportation policy could be a powerful tool for improving the health of the UK population. Discouraging car use in urban areas can both tackle air pollution and encourage more active modes of transportation such as walking and cycling, to the benefit of public health. The UK Chief Medical Officers’ guidance highlights the potential for active individuals to have lower risks of over 20 common health conditions, including cardiovascular disease, depression and type 2 diabetes. It has been estimated that physical inactivity costs the UK around £7.4bn each year, including up to £9.4m to each NHS Clinical Commissioning Group in England for five preventable diseases - ischaemic heart disease, cerebrovascular disease, breast cancer, colon cancer and Type 2 diabetes.¹⁵

Given the potential health improvements through encouraging active travel, local-level initiatives are being implemented to improve the “walkability” and “cyclability” of towns and cities. For example:

- Greater Manchester wants to create 150 miles of protected cycle track, while Transport for London is planning to create a “bike Tube” network above Underground lines.¹⁶ Such

efforts have received backing from central government. In May 2020, the Transport Secretary Grant Shapps announced a £2 billion package to “create a new era for cycling and walking”, with funding for “pop-up” bike lanes, wider pavements, safer junctions and cycle and bus-only corridors.¹⁷

- The Healthy New Town (HNT) programme implemented in England from 2015 consists of ten major housing developments that aim to improve population health through healthy design principles. Two of the key principles of the HNT programme are to create compact neighbourhoods which are more walkable, and to maximise active travel by providing appropriate infrastructure such as well-designed cycling and walking paths with appropriate signage.¹⁸

At the SMF roundtable, it was noted that there is growing interest within the UK and overseas in concepts such as “20 minute neighbourhoods” and “15 minute cities” in which daily needs can be met within a short 15/20 minute walk or cycle from one’s home. This includes access to shops such as supermarkets, public services such as healthcare and libraries, and places of employment.

It has been argued that this notion of compact neighbourhoods brings with it multiple benefits – people becoming more active, improving mental and physical health; reduced traffic and air pollution; supporting local economies and businesses; and creating a stronger sense of community with individuals spending more time around their neighbours.¹⁹ In Australia, the city of Melbourne has embedded the concept of 20-minute neighbourhoods into its long-term planning strategy up to the year 2050²⁰, while the recently re-elected mayor of Paris Anne Hidalgo has made creating a 15-minute city a key pillar of her plans for her current mayoral term.²¹

Interest in the idea has grown since the COVID-19 pandemic with lockdowns and social distancing across the globe highlighting the importance of liveability at a local level. Trends arising from the pandemic, such as greater rates of homeworking also increase the extent to which individuals can live and work within their neighborhood.

In the UK, the Town and Country Planning Association (TCPA) is currently working with a range of partners to learn from places abroad that have already implemented 20 minute neighbourhoods, looking at how this idea could be introduced in the context of the English planning system.²²

Green spaces

Improving access to green spaces could also play an important role in creating healthier urban environments in the UK, for example with the creation of new parks in towns and cities. Not only do parks support physical health through encouraging exercise such as walking, but they can improve mental health by providing psychological relaxation and stress alleviation.

Past SMF research has highlighted the positive role that parks can play in improving public health.²³ A Fields in Trust study has demonstrated that the Wellbeing Value – the estimated monetary equivalent required to replace a non-market good – of parks and green spaces in the UK is £32.4 billion per year.²⁴ In London, it has been estimated that £950 million is saved in healthcare costs because of the city’s green spaces.²⁵ More broadly, a 2016 study suggested that outdoor exercise in green spaces delivers £2.2bn worth of health benefits annually.²⁶

One SMF roundtable attendee noted that increasing the amount of green space in urban areas is not just beneficial for public health, but also important in terms of tackling climate change – meaning that “re-greening” town and city centres could allow policymakers to effectively kill

two birds with one stone. Urban trees have the ability to sequester atmospheric carbon dioxide and serve as long-term carbon sinks.²⁷

Health hubs

The rise of homeworking and online retail is likely to drive higher vacancy rates across towns and cities in the UK, raising important questions about the need for repurposing spaces.

While SMF roundtable attendees had differing views on the extent to which the homeworking trend would persist, examples were given of organisations making permanent changes to real estate plans in light of the pandemic. One attendee noted that a local authority had gone from wanting two office blocks developed, to only wanting one. Another attendee noted that their organisation was downsizing its office space from six desks per ten people to four desks per ten people, assuming a higher rate of homeworking in the future.

If commercial demand for real estate in town and city centres diminishes in the future, there may be a growing need for local authorities to expand the public service offer in centres, putting vacant space to good use for the provision of healthcare, education, culture and other community facilities. Local authorities may have to devote more time to thinking about how to “curate” towns and cities, to make them desirable places that people want to visit and live in.

At the SMF roundtable, it was suggested that one trend that could emerge over the coming years is the formation of public service “hubs” bringing together a range of services in one place – for example, Sunderland Council is developing such a hub on the site of the former Vaux brewery.²⁸ Such hubs in town and city centres could bring agglomeration benefits, through for example better communication across services. It has been suggested that moving away from stand-alone public services towards shared community hubs can enable better cross-service integration, reduced operating costs and improved frontline services.²⁹

Furthermore, embedding health services in town and city centres could improve public health by encouraging individuals to have check-ups while in a centre for other purposes such as shopping, work and leisure. To illustrate current examples of this:

- The City of Wolverhampton Council, the Royal Wolverhampton NHS Trust and Wolverhampton Clinical Commissioning Group (CCG) have developed a hub which brings together over 60 health and social care professionals under one roof, at Wolverhampton Science Park. By removing barriers of communication that previously existed between health and social care, the model has enabled health and social care professionals to have face-to-face conversations about the patients and families they are supporting, ensuring the patient receives the right interventions at the right time.³⁰
- A health and social care hub in Wakefield, West Yorkshire, has also proved successful with health, social care, housing and voluntary and community organisations working side-by-side. In the Hub, a team of social care and health professionals sit together with coordinators in one office and triage referrals to the right place or person. The model means patients who may otherwise receive fragmented care, with multiple referrals and handovers, can be seamlessly supported with health and social care needs.³¹

Beyond the provision of public sector services, there is scope for “health hubs” to incorporate private sector-provided services such as gyms and sports facilities into urban regeneration projects as part of local-level strategies to encourage healthier and more active lifestyles.

Retirement housing

There was broad agreement at the SMF roundtable that retirement housing could play an increasingly important role in the town and city centres of the future, especially if there is reduced need for retail and office space. Centres might increasingly be residential areas where people live, rather than commercial areas which people frequent for work and shopping.

It was noted that, for a significant proportion of older households, desirable retirement living could be “in town”, near to restaurants and cultural facilities such as art galleries and museums. Given this, there may be a case for repurposing unwanted retail and office space into desirable retirement accommodation.

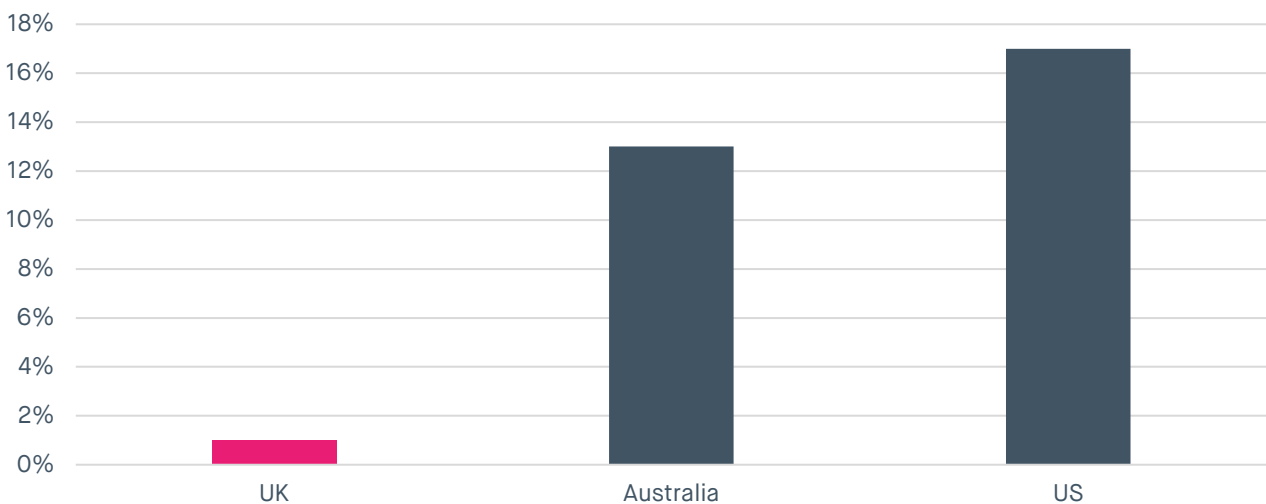
Good quality retirement housing is not just about providing older individuals with somewhere they want to live and freeing up larger homes for younger families – it could also bring with it benefits to public health. As one roundtable attendee noted, well-designed accommodation and on-site care staff can, for example, reduce the chance of an older individual being injured in a fall. Falls are the most common cause of injury-related death in people over the age of 75, with over 5,000 older people dying as a result of a fall in 2017, a 70% increase on the numbers in 2010.³²

Health benefits of retirement housing are borne out in evidence. A Demos report from 2017 estimated that sheltered housing led to the prevention of between 57,000 and 110,000 falls nationally, with studies suggesting that sheltered housing reduces the probability of an older person falling by between 1.5 and 2.8 times.³³

Retirement housing can also improve the mental health of older individuals. The International Longevity Centre (ILC) found that a retirement village resident experiences half the amount of loneliness (12.17%) of those in the community (22.83%).³⁴

It was noted at the roundtable that the UK currently lags behind other countries in terms of the provision of specialist retirement housing. Less than 1% of Britons over the age of 60 currently live in specialist retirement properties, compared to 17% in the US and 13% in Australia.³⁵

Figure 3: Proportion of over 60s living in specialist retirement properties



Source: SMF desk research

At the SMF roundtable, Ebbsfleet, part of the Healthy New Towns programme, was given as an example of a town that is looking at intergenerational housing as part of its plans to create a healthy community. As part of the HNT programme, Ebbsfleet aims to “deliver an inclusive built environment, including up to 15,000 ‘lifetime homes’ in safe and attractive neighbourhoods where residents can choose to live independently at home throughout their life.”³⁶ The Lifetime Homes Standard is a series of sixteen design criteria intended to make homes more easily adaptable for lifetime use at minimal cost.³⁷ As such, while lifetime homes are not specialist retirement homes, they can be relatively easily adapted to cater for the needs of older households.

CHALLENGES TO IMPLEMENTATION

Despite the potential for health to be at the forefront of urban regeneration plans – with a strong role for active travel initiatives, investment in green space, health hubs and a significant expansion of retirement housing – a number of barriers to implementation were noted by SMF roundtable attendees.

A local-level skills deficit

A theme that emerged at several points during the roundtable discussion was whether local authorities currently have the skillsets in house for complex urban regeneration strategies which might require a significant departure from conventional views on the purpose of town and city centres. In the words of three roundtable attendees:

“Beyond New Towns, often towns and cities aren't thinking hard about their niche. Local authorities do not have the resources to update strategic thinking often.”

“High streets need to be ‘curated’. Local authorities need to do this but leadership is often lacking and underfunding a huge problem”

“Lack of capacity in [local authority] planning teams is a huge issue. There isn't space for the ‘creative visioning’ that should be going on”

Without an expansion in local authority resource to enable more strategic thinking and “creative visioning” on the future of towns and cities, it is difficult to see coherent and effective regeneration plans being implemented across the country.

Furthermore, a lack of strategic vision on the part of local authorities can in turn hold back private sector investment in initiatives that might improve local economies and public health. For example, one roundtable attendee noted that their local authority had brownfield sites that are “perfect for retirement living”, but “developers are sitting on them as they are waiting for other amenities to support retirement living” – for example, a cultural, commercial and public service offer that makes an area a desirable place to retire to. This suggests a lack of coordination at the local level to “make things happen”.

Sentiments about skills shortages in local authority planning teams appear to be borne out in data. One issue is planning professionals increasingly working in the private sector rather than the public sector; a study by the Royal Town Planning Institute (RTPI) found that around 56% of the nation's planners worked mainly in the public sector in 2018, compared to just over 70% in 2008.³⁸

Funding

Lack of local government funding was another issue raised at the roundtable, with several noting that local government generally lacks the financial ammunition needed to drive urban renewal on the scale needed. This is something the SMF has also noted in recent research on the future of high streets.³⁹ Councils lost almost 60% of their central government funding between 2010 and 2020 and in 2019 it was reported that more than half of English Councils were eating into their reserves, with nearly half planning to cut services despite raising Council Tax.⁴⁰

One roundtable attendee noted that some government funding streams, designed to support urban regeneration, did not recognise the ongoing maintenance costs associated with initiatives such as the creation of a new park. In their words:

“How do we maintain green spaces in an urban environment when we don't have funding to do it?”

An example given was the Towns Fund, which asks towns to ensure that funding bids concentrate on capital spend on tangible assets, with funding for ongoing costs the exception.⁴¹

Making long-term changes to towns and cities requires certainty over future funding for local government, yet following the decision to replace the 2020 Comprehensive Spending Review with a year-ahead Spending Review, councils have received a one-year funding settlement for the third year in a row.⁴² This is hardly conducive to making long-term decisions about the future of urban areas.

Local authorities also remain hobbled by the UK having one of the most heavily centralised systems of financial control among OECD countries, leaving authorities with limited ability to raise taxes or borrow.⁴³ Consequently, while local government might be best placed to understand the needs of local communities and ensure urban regeneration initiatives are well-focused, the lack of devolved tax and spend power limits what can be achieved in practice.

The planning system

It was noted at the roundtable that the planning system, as it stands, may limit the potential for health to be at the centre of new developments.

One barrier discussed was the Community Infrastructure Levy (CIL) – or at least how it is used in practice. The CIL is a charge which can be levied by local authorities on all new development in their area, including new homes, with the aim of supporting local infrastructure such as roads and schools.

The Planning Act 2008 provides a wide definition of the infrastructure which can be funded by the levy, including transport, flood defences, schools, hospitals, and other health and social care facilities. This definition allows the levy to be used to fund a very broad range of facilities such as play areas, parks and green spaces, and sports facilities.⁴⁴

However, as the Town and Country Planning Association has noted, while CIL can be spent on health-related initiatives such as green space, there is no requirement that this is the case and besides not all authorities have adopted the CIL.⁴⁵ Ultimately, this suggests that more might need to be done to ensure that green space is recognised as “infrastructure” by local authorities and that it is sufficiently prioritised.

The 2020 Planning White Paper sets out plans to replace CIL with a nationally set, value-based flat rate charge (the “Infrastructure Levy”). While set nationally, the proposals allow for area-specific rates.⁴⁶ This approach could widen use of Levy funding to support investment in health-

enhancing infrastructure such as parks, though we note that the planned approach further centralises power over urban regeneration by limiting local-level discretion in setting Levy rates.

Beyond CIL, it was argued at the roundtable that more should be done to “make healthy lives a key part of the planning system”. This means, in part, planners moving beyond simplistic views on healthcare provision for a new space – for instance, from just looking at the number of GPs required per 100,000 of the population – and instead considering how a new place can make healthy life as easy as possible through, for example, encouraging more active forms of transportation such as cycling and offering compact, walkable neighbourhoods.⁴⁷

WHERE NEXT FOR POLICY?

This briefing paper has highlighted a number of routes for embedding health into urban regeneration initiatives following the pandemic. It has also identified a number of barriers to realising these plans. Below we discuss the implications for policymakers.

Embedding healthy living in the planning system

At the SMF roundtable, it was argued that more could be done to make health a key component of the planning system going forward.

We noted earlier that there is growing interest among health policymakers in government adopting a Health in All Policies (HiAP) approach. This would see health outcomes used as criteria for assessing policies across a broad range of areas not directly tied to health services, such as crime, education – and urban planning. Public Health England recently produced a HiAP manual for local government, noting that “areas that are not usually considered health issues (e.g. housing, education, employment, spatial planning, licensing) play a major role in shaping the economic, physical and social environments in which people live and therefore have an important role in promoting health and equity.” The manual notes that spatial planning can have a high direct impact on health outcomes and help to reduce health inequalities.⁴⁸

HiAP principles could be embedded into spatial planning in a future Parliamentary Bill. The Town and Country Planning Association has launched a campaign for a Healthy Homes Act to embed health more firmly into the planning system. Their “Healthy Homes Bill” sets out a series of healthy homes principles including that “all new homes should be built within places that prioritise and provide access to sustainable transport and walkable services, including green infrastructure and play space”.⁴⁹

The final report of the Building Better, Building Beautiful Commission argued that more detail and prescription on street layout could be provided to “create healthy streets for people” – for example with prescriptions related to the need for tree-lined avenues. To ensure local-level autonomy, the report argued that a framework for healthy streets should be provided nationally, which councils could then adapt or amend locally.⁵⁰

Beyond healthy streets, there is scope for a broader framework for healthy towns and cities which could be provided at the national level, and which would encourage local authorities to consider health in spatial planning. The design principles of Healthy New Towns might serve as a useful starting point for such a framework.

HNT principles include, among other things⁵¹:

- Prioritising walking, cycling and public transport over travel by car.
- Clustering healthcare, leisure, playing pitches, local services and retail together.
- Ensuring that new employment sites are well connected to the walking and cycling network and the public transport system.
- Ensuring access to healthy food options and limiting access to junk food, particularly close to schools.

The National Planning Policy Framework (NPPF) sets out measures aimed at protecting town centres from the threat of out-of-town development. Known as ‘town centre first’, local authorities are required to apply two tests—a sequential test, and an impact assessment test—to planning applications for main town centre uses located out-of-town. Under the sequential test, local authorities should require such applications to be located first in town centres, then on the edge of centres. Only if suitable sites are unavailable (or expected to become available within a reasonable period) in these locations, should out-of-centre development be permitted. Under the impact assessment test, local authorities should require an impact assessment if a proposed development is over a locally-set floor space threshold.⁵²

It has been argued that the town centre first policy has been largely unchanged since the 1980s, and that government should consider whether the policy should be updated to reflect better the non-retail uses, including health. For example, it has been suggested that, where appropriate sites are available, public bodies should take the lead and locate health, education, leisure, administrative offices and other services in town centres first.⁵³ Such reforms could help both improve access to health facilities and ensure that town and city centres attract the footfall needed to support private enterprises – such as those in the hospitality sector and what is left of store-based retail in an age of online shopping.

Recommendations

1. A Health in All Policies approach should be adopted with respect to spatial planning, with a new Parliamentary Bill setting out principles for healthy homes and healthy urban design.
2. The “town centre first” policy needs to be updated to reflect non-retail uses, including health-related facilities. Where appropriate sites are available, public bodies should locate health and other public services in town and city centres first. This will help support footfall in urban centres in an age of reduced high street retail.

Funding healthy towns and cities

Rolling out health-enhancing infrastructure such as new parks and public sector health hubs requires local government to be sufficiently financially empowered. This includes being able to raise funds not just for capital costs, but also ongoing maintenance costs related to new health infrastructure.

We noted earlier that while CIL and its likely “Infrastructure Levy” replacement in theory allow for levy funds to be used for causes such as providing new parks, it is not clear to what extent

this is taking place in practice. There is a high degree of discretion in how levy funds are spent and local authorities may not sufficiently prioritise items such as park provision.

While we believe that local authority discretion is important, more could be done to set expectations that authorities sufficiently prioritise health and green space alongside more obvious forms of infrastructure such as roads, and that funding sources such as CIL are used to support such infrastructure. This includes through the provision of clear guidelines around how Infrastructure Levy funds can and should be utilised.

In addition, we believe that local authorities need to be granted new revenue-raising powers to support the provision of green space and health services. The SMF has argued previously, for example, that local authorities could adopt US concept of “Park Districts”, in which property taxes are used to support park and trail maintenance, recreational accessibility and educational and environmental programmes.⁵⁴

Given the financial constraints upon local governments, in addition to the skills shortages discussed earlier, joint ventures between the public and private sectors will be crucial. This includes through the creation of joint public-private “growth companies”.

An example given at the SMF roundtable was the Wirral Growth Company – a 50:50 venture between Wirral Council and Muse Developments. One of the first projects for Wirral Growth Company is focusing on Birkenhead town centre, where the new venture will look to develop a new business district of grade A offices, alongside new retail / leisure space and extensive public realm improvements.⁵⁵

Recommendations

3. Government needs to provide a clearer framework for how Infrastructure Levy funding can and should be used to support health infrastructure, such as through the provision of new green spaces.
4. Local authorities should be granted new revenue-raising powers to support ongoing costs associated with parks and other health-enhancing infrastructure. This could include through the creation of US-style Park Districts, where additional property taxes can support park and trail maintenance.

Talent and leadership

Significant and positive regeneration will only occur with the right talent at a local level. Local authorities need to provide strong leadership on the repurposing of town and city centres, and provide clear curation of urban areas – ensuring they are desirable places that people want to visit, even in a world of internet retail and remote working.

Local authority planning teams need to be strengthened and have sufficient capacity to undertake the “creative visioning” necessary to develop well-curated towns and cities. This means ensuring that authorities are sufficiently funded to draw in talent and leadership.

Given the likely ongoing constraints on local government finances, it also means, as discussed above, partnership models of working – drawing on private sector expertise and joint ventures to ensure meaningful change can take place in practice.

Recommendation

5. Within local authority planning teams, increased attention must be paid to the “curation” of town and city centres, ensuring that urban areas offer a cultural and service mix that maintains their relevance in an age of online shopping and remote working. In practice, this means ensuring planning teams have sufficient capacity and access to talent, both in-house and through partnerships with the private sector.

ENDNOTES

- ¹ The views expressed in this publication are not necessarily the views of DAC Beachcroft. No liability is accepted to users or third parties for the use of the contents or any errors or inaccuracies therein. Professional advice should always be obtained before applying the information to particular circumstances. For further details please go to www.dacbeachcroft.com/en/gb/about/legal-notice. Please also read our DAC Beachcroft Group privacy policy at www.dacbeachcroft.com/en/gb/about/privacy-policy. By reading this publication you accept that you have read, understood and agree to the terms of this disclaimer.
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