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# Design for life

THE SMART REGENERATION JOURNEY TO 2030

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By Sandy Forsyth



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CHAPTER FIVE

# Health and wellbeing

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## Key points

- Increasing acknowledgement of the role of prevention and quality of environment in reducing pressure on the health service has led to governance architecture and policy direction being realigned towards a holistic understanding of health.
- For regeneration projects, this means integrating health and care from the earliest stages, as part and parcel with other strategic concerns such as decarbonisation – bringing in partner organisations from across sectors.
- The NHS estate, centres for healthcare provision and local health profiles can all be used as part of the scoping and design of regeneration project, depending on local priorities and the overall place vision.
- The infrastructure strategies produced by Integrated Care Boards, as well as the Health Impact Assessments made by local authorities, can be used as part of integrated regeneration visions to ensure projects deliver uplifts in health and wellbeing.
- The pooling of assets and combination of leverage across the public sector, from local authorities and NHS organisations, can help to scale up the limited capacity of individual institutions and deliver more ambitious and far-reaching regeneration.

## 5.1 Overview

### Integrating health and wellbeing with regeneration

It has become increasingly evident in recent years – notably, since the spread of COVID-19 – that without upstream measures, our health system will buckle under the pressure placed upon it both by a changing, ageing demographic, and by short-term focused, cut-heavy fiscal policy. The present state of the NHS is one defined by underinvestment, staff shortages, worsening health inequalities, and little support for social care<sup>119</sup>. With capital spending as a share of GDP faltering in comparison to other developed nations<sup>120</sup> and revenue funding failing to see real-terms increase on a year-to-year basis<sup>121</sup>, there is an increasing consensus that NHS needs immediate and radical change that turns towards a strategic, long-term approach to account for the ever-tight purse strings that are already failing to meet costs across the board.

Urban regeneration is at the heart of upstream and integrated healthcare and could be the valve to releasing some of that intense pressure on the UK's health systems. It has long been acknowledged that urban design practices can affect monumental change in terms of providing healthier environments in city spaces, including introducing green space, encouraging activity such as walking and cycling, and reducing air pollution in dense urban areas. The quality of housing has impacts on mental and physical health, with the cost to the NHS of treating those affected by poor housing estimated at £1.4bn per year as of 2021<sup>122</sup>; some of the top hazards to health in homes include excess cold, dampness, and falls due to disrepair of stairs<sup>123</sup>. Appropriate urban planning and high-quality housing are therefore vital to building a healthy population and subsequently generate cost alleviation and greater capacity for the NHS.

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119 The Health Foundation (2023) – [Nine major challenges facing health and care in England](#)

120 NHS Providers (2022) – [Capital spending across the NHS](#)

121 The Health Foundation (2023) – [Health care funding: Three key questions about funding in England](#)

122 Aaron Kulakiewicz (2022) – [Housing and health: a reading list](#)

123 BRE (2021) – [BRE report finds poor housing is costing the NHS £1.4bn a year](#)

## Figure 9. Health and the Built Environment

### Cold homes<sup>124</sup>:



9.6mn:

the number of UK households that live in poorly insulated homes with income below that needed for an acceptable standard of living



28%:

the percentage of children living in cold homes at risk of multiple mental health symptoms. Adults in cold homes have double the risk of developing new mental health conditions than those in well-insulated homes



80%:

the difference of rate of illnesses associated with damp and mould in UK children compared to their European counterparts

90%:



how far installation rates of energy saving measures and insulation have dropped since 2013

## Urban planning and health:



£1.4bn:

the estimated annual cost to the NHS of poor-quality housing<sup>125</sup>



26%:

the proportion of surveyed public health and town planning professionals in England who, in 2019, did not agree that "health is integrated into planning in my local authority"<sup>126</sup>

32-59%:



the percentage of the 150 minutes of recommended weekly physical activity that living in an activity-friendly neighbourhood can provide<sup>127</sup>



evidence shows walkable neighbourhoods encourage physical activity and improve social interaction among older adults. Mixed use neighbourhoods can improve mobility and social engagement in older adults, where access to schools or recreational centres can also increase physical activity among children and adolescents

22%:



the percentage of Local Plans that refer to Health and Wellbeing Board Strategies<sup>128</sup>



28,000–  
36,000:

the number of deaths estimated to occur annually in the UK due to long-term exposure to man-made air pollution, as of 2018. Poor air quality is considered the largest environmental risk to public health in the UK<sup>129</sup>

125 Laurence Carmichael et al. (2019) – Urban planning as an enabler of urban health: Challenges and good practice in England following the 2012 planning and public health reforms

126 Public Health England (2019) – Spatial Planning and Health: Getting Research into Practice (GRIP): study report

127 Public Health England (2017) – Spatial Planning for Health: An evidence resource for planning and designing healthier places

128 Laurence Carmichael et al. (2019) – Urban planning as an enabler of urban health: Challenges and good practice in England following the 2012 planning and public health reforms

129 Public Health England (2018) – Health matters: air pollution

## Deprivation:

### 8 years:



the gap in life expectancy between women in the most-deprived 10% of areas and the least-deprived 10% of areas in England in 2017-19

### 9 years:



the gap in life expectancy between men in the most-deprived 10% of areas and the least-deprived 10% of areas in England in 2017-19



the gap in healthy life expectancy between the most and least deprived areas in England<sup>130</sup>



the rate of obesity among children in the poorest areas of England in 2021-22 was more than twice that in less deprived areas.

Looking towards 2030, regeneration programmes cannot overlook the importance of encouraging a healthy population and addressing issues of wellbeing. Regeneration that targets health and wellbeing naturally removes indicators of inequality, provided that agents in the process take appropriate measures to address vulnerabilities across a population and move away from a reliance upon “trickle-down” regeneration. Methods for ensuring urban planning that shore up health and wellbeing include an emphasis on sturdy relationship building and long-lasting political alliances as well as understanding, from a systems-thinking perspective, the multitude of ways in which health interacts with the urban environment<sup>131</sup>. Support for integrated healthcare at the community level, given the ever-increasing number of ageing patients with complex healthcare needs and multiple morbidities, will also need to come alongside urban development that accounts for changing demographics and that supports the integrated approach through strategic planning.

### Policy context

The National Planning Policy Framework instructs that, “Planning policies and decisions should aim to achieve healthy, inclusive and safe places”<sup>132</sup>. As such, local authorities target health and wellbeing in local development plans. Since 2013, public health has been an administrative function of unitary and county-level councils. Neighbourhood plans may also offer communities the ability to cater plans for local development towards ensuring wellbeing in the community through the use of highly specific, local evidence<sup>133</sup>. However, there remain opportunities for a better, more holistic consideration of local health priorities by local government, specifically in terms of addressing health inequalities and in providing consistent policies for developers to deliver positive health outcomes<sup>134</sup>.

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131 Damodar Bachani et al. (2022) – [Healthier Cities through Systems Thinking: Practical Considerations for City Leaders](#)

132 DLUHC (2012) – NPPF: chapter 8

133 TCPA (2021) – [How to use public health evidence to plan healthier places: Resource Example 4: Embedding health and wellbeing into Neighbourhood Plans for Gloucestershire](#)

134 Rosalie Callway et al. (2023) – [Integrating Health into Local Plans: A Comparative Review of Health Requirements for Urban Development in Seven Local Planning Authorities in England](#)



The NHS has previously published guidance on what healthy urban development looks like, including good-quality housing and support for active travel, centering on the creation of a healthy environment through measures such as<sup>135</sup>:

- High standards of construction
- Air quality measures
- Biodiversity
- Flood resilience
- Resilience to other environmental issues – for example, passive cooling techniques in housing and urban greening
- Access to education
- Social infrastructure.

Local authorities have a duty to enforce building regulations to mandate good-quality construction, as set out in the Building Act 1984 and the Building Regulations 2010 to apply minimum standards. Following the Grenfell Tower fire in 2017, the Building Safety Act 2022 introduced further legislation concerned specifically with resident safety<sup>136</sup>. There are also regulations that aim to reduce carbon emissions in both new build and refurbished buildings in line with the country's carbon budgeting<sup>137</sup>. In doing so, sustainable construction practices tend to improve population health by reducing air pollution and providing safe and more energy-efficient buildings.

Those living in poor-quality housing and those who are homeless are more vulnerable to illness, including respiratory illnesses, and the Covid-19 pandemic has highlighted the risks to health that the urban environment can bring or exacerbate. Likewise, the lockdowns associated with the pandemic brought to the fore health risks associated with poor-quality housing, to the extent that 31 percent of adults in Britain reported physical or mental health problems because of the condition of their homes during lockdown<sup>138</sup>, proving the real limitations that the built environment can introduce to a populations' overall health and wellbeing.

Looking into the future and to the uncertainties that the coming election year will bring, Labour's manifesto promises the introduction of a Neighbourhood Health

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135 NHS London Healthy Urban Development Unit (2014) – [Healthy Urban Planning Checklist](#)

136 Felicia Rankl (2023) – [Building regulations and safety](#)

137 Environmental Audit Committee (2022) – [Building to net zero: costing carbon in construction](#)

138 Centre for Ageing Better (2020) – [Homes, health and COVID-19: Infographics](#)

Centres, which would see a number of health specialists working in hubs that join up services at the local level, with party rhetoric turning towards a “prevention-first” approach to healthcare that would require cross-sectoral integration. On the other side of the political spectrum, Rishi Sunak has declared commitments to cutting NHS waiting lists, although the heavy centralisation and top-down approach to policy measures from Whitehall combined with continued budget cuts since 2010 have damaged the capacity of preventative measures for population health across the country. No matter what party sees the end of 2024 in government, there will absolutely be a need for long-term stability in policy and funding that can support healthy towns and cities at the local level, reduce levels of preventable ill health, and put a dam across the deluge of crises drowning the NHS on a day-to-day basis.

## 5.2 Health and wellbeing on the regeneration journey

### Scoping

Over the past decade, the number of people living in urban areas across the UK has risen significantly. While rural areas tend towards a higher proportion of older people, urban areas often see higher levels of deprivation than their rural counterparts<sup>139</sup>, and the rise in the urban population has had a real influence over public health. Non-communicable diseases (NCDs) such as dementia and heart disease are the leading causes of death in the UK, while depressive disorders account for a large burden on people of all ages, with some of the risk factors for NCD morbidity being high body mass index, smoking, drug and alcohol use, and pollution. In our towns and cities, such risk factors are exacerbated by increasingly sedentary lifestyles and rising rates of air pollution<sup>140</sup>, while high levels of deprivation are associated with inequalities in avoidable mortality, long-term health conditions, and the prevalence of mental ill-health<sup>141</sup>.

The pandemic changed the way that most people interact with urban spaces, altering the make-up of town centres and their relationship to economic growth, as well as having a very poor impact on both physical and mental health, aggravating inequalities<sup>142</sup>. The needs of the population continue to change as it ages and

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139 Defra (2023) – [Statistical Digest of Rural England](#)

140 Laurence Carmichael (2019) – [Urban planning as an enabler of urban health: Challenges and good practice in England following the 2012 planning and public health reforms](#)

141 The King’s Fund (2022) – [What are health inequalities?](#)

142 Cambridgeshire & Peterborough Integrated Care System (2022) – [Cambridgeshire & Peterborough Health and Wellbeing and Integrated Care Strategy](#)

deals with increasingly complex layers of morbidities, and the pandemic exposed the urgency of change needed to meet demographic demands with a weakening healthcare system. It is unavoidable, therefore, that healthcare and the provision of sufficient care to more vulnerable populations strike to the heart of scoping out the requirements for urban regeneration programmes. Urban areas represent huge opportunities for a national agenda for health that targets the built environment.

When scoping out the overarching narrative for a regeneration project, it is vital therefore to consider the health perspective and to involve stakeholders that have the expertise or relative influence to enable healthy development. The health perspective can be the primary driver of regeneration, especially where existing public sector assets may be best used to improve NHS provision in the town centre or where there is a desire to move health into the heart of towns and cities. In the latter case, healthcare can benefit from existing infrastructure in the town centre, allowing easy transport to-and-from the place of care. Development plans may respond directly to local need for housing more vulnerable or older people<sup>143</sup>, or use estate, demographic and socio-economic population data to deliver targeted services. Alternatively, the vision for place might target the creation of greener spaces, improving social infrastructure, or bringing forward new transport hubs. In these cases, health and wellbeing remain central to development and often see direct improvement from reduced inequalities or a healthier environment.

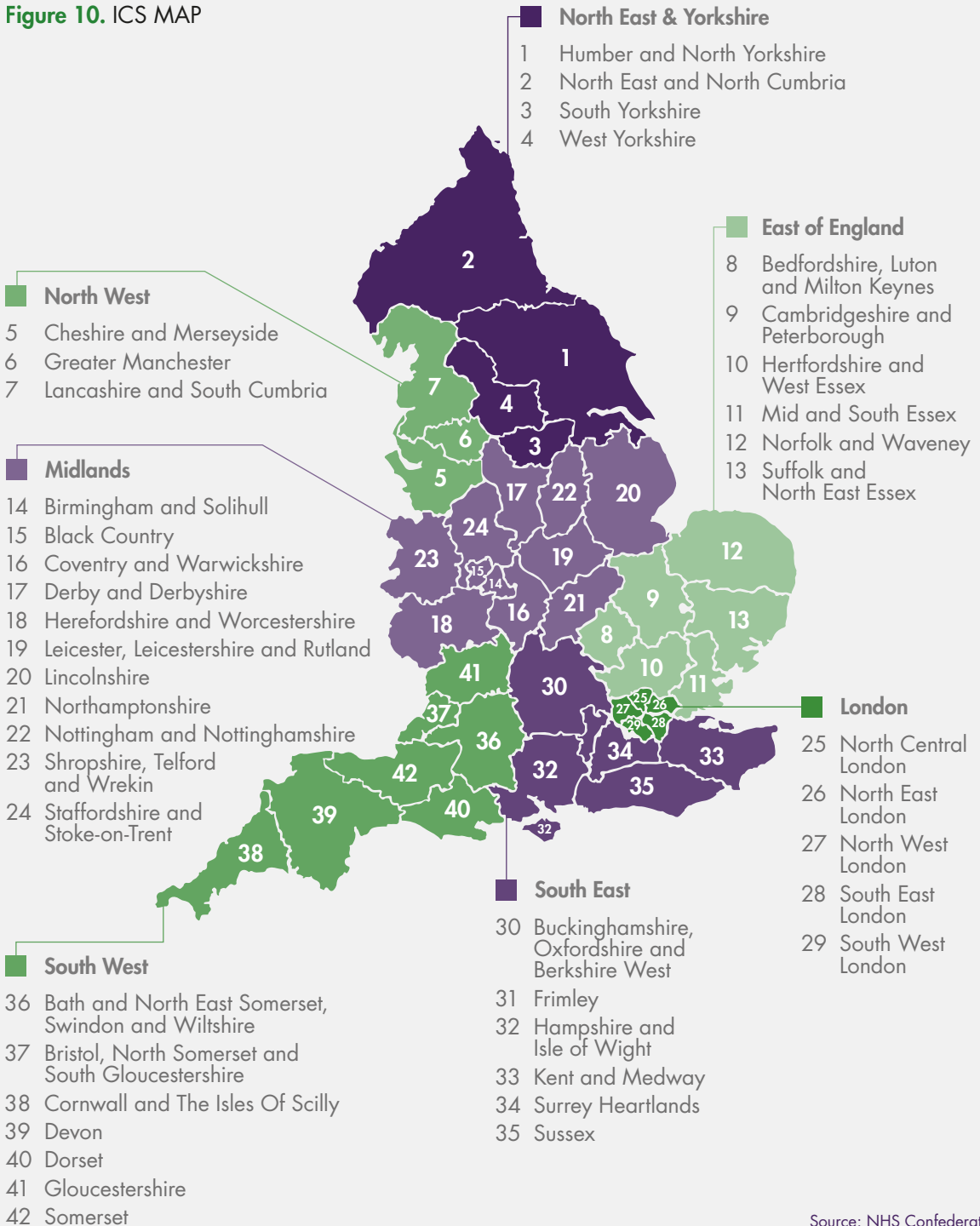
Integrated working between the NHS, local authorities, and other stakeholders has developed particularly since the introduction of Integrated Care Systems (ICSs) in 2022, local partnerships formed to improve population health and care, tackle inequalities, enhance value for money, and support broader social and economic development<sup>144</sup>. In terms of urban regeneration, ICSs represent the opportunity to pool resources and to benefit from joined-up strategic thinking – as exemplified by the integrated care strategies produced in collaboration between local government and the NHS. They bring a real focus on prevention, which introduces upstream resilience into the built environment. Potentially, the ICS could become a paradigm from which other local regeneration partnerships might in future benefit, following the example of a duty on collaboration between public sector actors in order to reduce risk, improve resilience, and target development where it is needed most.

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143 LGA (2022) – [Housing our ageing population](#)

144 NHS England (2022) – [What are integrated care systems?](#)

**Figure 10. ICS MAP**



## Planning

With the introduction of ICSs came the requirement for each to develop an infrastructure strategy within the 2023/24 fiscal year<sup>145</sup>, to set out how place partnerships can transform spaces by making decisions informed by data on the use of, investment into, or release of estate. Suggested areas of consideration include addressing disparities in health and social care and taking a preventative approach to health and wellbeing<sup>146</sup>, considering how all partners can release best possible outcomes for population health through spatial planning and collaboration. The most significant considerations in delivering infrastructure strategies are the importance of engaging in collaborative working, using data to build a good understanding of population health needs and the best ways to utilise existing estate, and engaging with estate stakeholders to detect diverse opportunities for addressing health disparities in alignment with economic growth and other social or environmental considerations.

When addressing health as a material planning consideration, planning authorities must engage not only with housing and design standards, but also air quality and biodiversity considerations, as well as making assessments of noise, transport, retail impact, and sustainability<sup>147</sup>. Good spatial planning can ensure that development engages at all levels of health needs. For instance, appropriate housing for the community can support hospital discharge, provide diverse options for frail residents, and ensure more vulnerable people can benefit from proper insulation and heating while saving on energy costs<sup>148</sup>. The picture painted is one of immense and overlapping considerations, emphasising the real importance of collaboration between stakeholders with different expertise, resources, and obligations. For local authorities, enacting good practice in planning for development that accounts for health impact requires capacity and knowledge, considering accessibility in planning policy, and engaging in health impact assessments<sup>149</sup>.

Local authorities can make use of the Health Impact Assessment in order to optimise health outcomes from changes that are made to the local area by identifying the potential health impacts of proposed development on a range of population groups. The stages of the Health Impact Assessment involve screening, scoping, assessing, reporting, monitoring, and evaluating – ensuring that all stakeholders remain

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145 NHS Property Services (2023) – [Partnering with an ICS to deliver their Infrastructure Strategy](#)

146 DHSC (2022) – [Guidance on the preparation of integrated care strategies](#)

147 NHS London Healthy Urban Development Unit (2017) – [Healthy Urban Planning Checklist](#)

148 LGA (2022) – [Gloucestershire: A joint plan for healthy homes](#)

149 The King's Fund (2013) – [Health and spatial planning](#)

engaged in the planning process and that transformation meets local priorities, including reference to wider determinants of health such as social isolation and fuel poverty<sup>150</sup>. Development must remain in line with central government directives such as those set out by the Levelling Up initiative to reduce geographic inequalities – one of the missions set out by the Levelling Up White Paper was to narrow the gap in Healthy Life Expectancy. Unfortunately, the white paper intended to address health disparities was shelved at the beginning of 2023<sup>151</sup>, suggesting that central leadership has left the policy environment more unstable than the question of public health warrants. Strategic spatial planning is vital to encouraging healthy urban environments, looking to long-term plans to save on costs, support healthy lifestyles, and ensure that people across the country can access healthcare easily.

## Financing

Regeneration that centres health is held back by a number of financial obstacles. The first is the insufficient real-terms increases in government spending on health since 2010 combined with an opacity for ICSs in the process of applying for capital funding<sup>152</sup>. Poor capital funding also leads to healthcare bodies being unable to afford the revenue costs of ongoing maintenance. The second is similar: the reduction in local authority spending power in the same time period and the associated risk aversion among local authorities to engage in costly capital projects while struggling to deliver even necessary social care. Furthermore, there are immense financial risks associated with investment into healthcare-related development, for example the poor viability assessments that developers cite in relation to properties for older people – despite the ultimately cost-effective nature of providing appropriate housing for older people<sup>153</sup>. Finally, in considering financial risk and unlocking the potential of capital assets, friction often arises in balancing capital versus revenue costs in accounting, set against a background of an NHS backlog in maintenance costs and an intense need for renewal of the NHS estate<sup>154</sup>.

There is some potential for change to alleviate these issues. In line with the emphasis on integrated care, ICSs represent an opportunity to pool resources across the public sector in order to raise funds and to provide certainty for potential investors, taking

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150 Public Health England (2020) – [Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams](#)

151 The Health Foundation (2023) – [The health disparities white paper disappearing shows a dangerous pattern for action on health](#)

152 NHS Confederation (2021) – [Beyond bricks and mortar: capital funding for the NHS](#)

153 LGA (2022) – [Housing our ageing population](#)

154 National Audit Office (2020) – [Review of capital expenditure in the NHS](#)

on a collaborative approach to capital spending. Although the Better Care Fund does presently provide centrally sourced funding for health and social care partners to act with pooled funds at the place level, funding remains insufficient across the board in terms of healthcare – particularly given the bureaucratic and fragmented approach to sourcing infrastructure funding in the NHS<sup>155</sup> – and wider urban development does not presently benefit from such a mechanism for joined-up working.

Shoring up the ability for organisations to engage with pooled budgets and therefore produce an integrated spending plan and respond to health from a systems perspective relies upon policy and a government that supports such integrated frameworks. One model for funding access that extends across public sector actors, including the NHS and social housing delivery, for instance, could produce positive results. Success in the case of healthcare providers and, specifically, integrated care partnerships could provide a model for future public sector integration in the space of urban regeneration that can unlock cost-saving benefits and provide long-term support for communities, by engaging in cross-organisational sharing of expertise and joined-up strategic thinking. Involving the NHS in development planning may also encourage such a cooperative approach.

Likewise, although associated with a poor legacy, a lack of flexibility, and high costs to NHS trusts<sup>156</sup>, Private Finance Initiative (PFI) contracts represent the potential for collaboration between the public and private sectors and for investigating new means of public sector procurement that eases accounting inefficiencies in traditional public sector asset purchases. Many PFI contracts are approaching their first break clause, providing opportunity for withdrawal in order to minimise ongoing and extensive service costs that have led to mistrust and a lack of confidence in such initiatives across the public sector and the public at large. PFI contracts have had evident flaws, but options for novel public sector procurement methods must be explored, particularly in order to enable the best possible utilisation of capital assets for both public health and cost effectiveness. In doing so, it is imperative that any investments made by the public sector into healthcare assets must have regard for longer term revenue expenses, beyond political or funding cycles.

## Implementation

The tenets of integrating health into the implementation of urban regeneration are managing risk, responsibility, and economic constraints, in order to influence

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155 National Audit Office (2020) – Review of capital expenditure in the NHS

156 Nigel Edwards (2017) – Capital planning and property in the NHS: lost opportunities

developer practices to privilege health and wellbeing as a target outcome<sup>157</sup>. Large urban regeneration projects are often very complex, involve interacting hierarchies and institutions, and stakeholders with a variety of motivations. Organisations can be held back from healthy urban development by departmental siloes, lack of capacity, conflicting political messages and policy objectives, and financial constraints. Solutions may incorporate regional and integrated, cross-sectoral reorganisation, particularly among public sector bodies, improved funding mechanisms and fiscal autonomy at the local level, certainty in terms of regulations and standards for high quality construction, and a real drive towards improving public awareness. Clear outcome setting from the outset will drive developers to engage in longer-term and sustainable solutions.

There exist a number of mechanisms via which the impact of the quality of the built environment on public health and wellbeing can be measured. The World Health Organization, for instance, encourages the use of the Healthy Streets Approach, which outlines ten indicators for measuring the quality of streets in terms of factors such as pollution, traffic reduction, accessibility, and environment<sup>158</sup>. Transport for London utilises this policy approach, highlighting as two main indicators for the index: “Pedestrians from all walks of life,” and “People choose to walk, cycle and use public transport.”<sup>159</sup> Frameworks such as this show how creating healthy public spaces relies upon a holistic approach to urban development that relies upon improving infrastructure capacity, the construction of high-density and mixed-use developments, and utilising data to evaluate the accessibility of services – all of which requires detailed, long-term strategic planning, a supportive policy context, and continuous evaluation and improvement of the built environment. The Place Standard tool, which Public Health Scotland champions, provides a framework for a holistic assessment of the physical and social environment<sup>160</sup>, highlighting the importance of a systems approach to healthy development. Significantly, models for evaluating healthy urban space should not solely emphasise ‘healthy lifestyles’ but should aim to identify systemic barriers to health and resilience against environmental and economic shocks<sup>161</sup>.

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157 Helen Pineo and Gemma Moore (2021) – [Built environment stakeholders’ experiences of implementing healthy urban development: an exploratory study](#)

158 WHO (2022) – [Urban design for health: inspiration for the use of urban design to promote physical activity and healthy diets in the WHO European Region](#)

159 TfL (2017) – [Guide to the Healthy Streets Indicators: Delivering the Healthy Streets Approach](#)

160 Public Health Scotland (2021) – [The Place Standard tool](#)

161 Helen Pineo and Gemma Moore (2021) – [Built environment stakeholders’ experiences of implementing healthy urban development: an exploratory study](#)



### 5.3 Operational concerns

The table below highlights how the strategic concern of ensuring health and wellbeing intersects with key operational concerns for regeneration projects.

Operational concern	Driving health and wellbeing in regeneration
Sustainable design	<p>Taking an integrated approach to design ensures that health and wellbeing are considered from the outset of development, including how it will impact NCDs, pollution, vulnerable populations and provide equitable growth</p> <p>Using data profiles can show what health needs the population has and where these are concentrated, which can be factored into design</p>
Decarbonisation	<p>Breaking down sectoral siloes allows us to consider green development as involving preventative healthcare, so pooling resources and sharing best practice can promote development that is holistic in its approach to public benefit</p>
Property and estates partnerships	<p>Utilising existing property assets in urban centres can bring healthcare into more accessible areas while bringing economic benefits – but this requires integrated thinking across asset holders</p> <p>PFI's have left a negative legacy when it comes to partnerships, so the NHS/healthcare sector – which is already drawing out of those original contracts – will have to be careful but assured in engaging with new contracts with private entities</p> <p>Thorough knowledge of its existing assets and estate can help an ICS to engage in effective decision-making in terms of meeting population health needs<sup>162</sup></p>

## 5.4 Policy recommendations

- As part of the broader turn to subregional health partnerships embodied by ICSs, these bodies should be given **additional funding based on demographic profiles to boost investment in prevention** – this could be used as part of regeneration projects to ensure a healthy environment.
- The **consideration of the impact of development on health in vulnerable communities** should be mandatory in local and subregional plans.
- Government should work with the NHS and LGA to produce a **strategy for community-driven healthcare in urban centres**, to inform the development of local and subregional plans, emphasising the importance of building healthcare provision into regeneration.

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