



HEALTHY NEIGHBOURHOODS: WORKING TOGETHER

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Future of London helps build better cities through knowledge, networks and leadership – across disciplines, organisations and sectors. We are the capital's independent network for regeneration, housing, infrastructure and economic development practitioners, with 5000+ professionals using FoL as a hub for sector intelligence, connection and professional development, and a mandate to prepare the next wave of cross-sector city leaders.



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Montagu Evans exists to create inspiring places to live, work, communicate and connect. We care about legacy, partnerships and people. Advising clients with complex planning and development challenges.



Mount Anvil has spent 30 years focused on London. We create outstanding places that are known for world-class design, lasting quality and genuine customer care. We raise the bar each time, evidenced by the customers and partners that keep coming back to us.



Pollard Thomas Edwards is an architecture practice specialising in the design of homes, neighbourhoods, public and mixed-use buildings throughout the United Kingdom.



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EXECUTIVE SUMMARY

Future of London's *Healthy Neighbourhoods: working together* programme set out to help the built environment sector play its role in responding to the Covid-19 pandemic and broader health crisis. This programme sought to go beyond the question of what makes a healthy neighbourhood, as the link between the built environment and health is well documented.¹ Instead, we focused on how to create productive collaborations between the health and built environment sectors in order to make healthy neighbourhoods the norm across London.

The research revealed that the built environment and health sectors face difficulties understanding each other's structures, drivers, motivations and decision-making processes. The key barriers we've discovered to working well together are:

- **Different timescales and boundaries:** missed opportunities and inefficiencies caused by the health and built environment sectors setting plans at different times for conflicting time periods or covering different geographical areas.
- **Lack of shared language:** poor communication between sectors due to jargon and terminology that are 'lost in translation'.
- **The need to broaden the case:** finding ways to encourage those beyond health to play their role in addressing health issues.

However, there are also some challenges that affect both sectors, which could be opportunities for better collaboration - if addressed in the right way. These are:

- **Stretched budgets and resources:** the challenges faced by the NHS and other health colleagues in the face of acute pressure brought about by the pandemic on top of other long-standing issues. This issue is to some extent shared by the built environment.
- **The need to rebuild trust:** addressing deep-rooted issues within communities (particularly deprived communities) who feel let down and left behind by those in authority.



Through a series of case studies, we reveal places which are having an impact on health and wellbeing while solving other urban issues. In each, there is a progressive partnership in place, breaking down barriers across working cultures and/or having an impact despite a limited budget. The overriding theme of all of these case studies is the importance of taking the time to build effective partnerships, through careful communication and inclusive community engagement processes.

Recommendations at the end of the report put forward how those in the built environment can better play their role in tackling health inequalities. We have provided practical ideas which will make a meaningful improvement to the formation and function of partnerships for health outcomes, including:

- **Be proactive.** Come to the table with an offer. Instead of asking health colleagues for support, ask them what they need and how your project, scheme or organisation can support their objectives.
- **Look to solve financial issues creatively.** All sectors are facing stretched budgets and resources. Solutions can be found through cross-sector partnerships, especially for bigger joint-funding opportunities.
- **Focus on forming relationships with key individuals** and budget holders you can collaborate with rather than trying to keep up to date with every detail of the health sector's structure.
- **Get your teams and colleagues excited about health.** As built environment professionals, we have a huge role to play in the health of our communities so it should be written into roles and all development proposals.

As ever, the need to work meaningfully with our communities was a recurring theme throughout the programme and some of our case studies highlight ways in which organisations in the UK and beyond are building effective partnerships with residents to benefit health. If plans, schemes and designs for our cities are to have an impact on the health and wellbeing of citizens, city makers need to listen to, and be led by, local people's own health priorities.

GLOSSARY

We recognise that for some in the built environment sector, there are terms used in this report that will be unfamiliar. Use this glossary and keep these definitions in mind to make the most of this report.

Clinical commissioning groups are clinically-led statutory bodies responsible for the planning and commissioning of health care services for their local area. CCG members include GPs and other clinicians such as nurses and consultants³.

Deprived communities are communities of groups and individuals that lack resources across income, employment, health, ability, education, skills, housing and/or living environment.

Active travel means making journeys by physically active means such as walking, cycling or scooting.⁴

Integrated care systems are partnerships between organisations that respond to health and care needs across an area. From April 2021, all parts of England will be served by an integrated care system. Their intention is to better coordinate services locally, and plan in a way that improves health and reduces health inequalities.⁵

Masterplan: a long-term, strategic document which outlines the plan for a given area or development. It includes a vision and objectives for the area as well as potential layouts, land use and partners who will be involved, and guiding principles for future change or development.

Mixed use development: a development which comprises a mixture of land uses such as housing, retail, health services and community facilities. These can be spread amongst a development, or all included within one building.

Patient participation group is a group of people who are patients of a GP surgery and want to help it work as well as it can for patients, doctors and staff. Forming a PPG has been a contractual requirement for all English GP practices since 2016.⁶

Primary care services provide the first point of contact in the healthcare system. Primary care includes GP, community pharmacy, dental and optometry services.⁷

Section 106 is a legal agreement between a developer and local authority about measures the developer must take to make a positive contribution to the local area and community.

Social care services provide support to children, young people and adults in need or at risk, and adults who need assistance with the activities of daily living and maintaining independence due to disabilities, illness, old age or poverty. It is not free at the point of use like primary care.⁸

Social prescribing: sometimes referred to as community referral, this is a means for health professionals to refer people to a range of local, non-clinical services like gardening, group learning, healthy eating advice, arts activities and a range of sports. It aims to address people's health and wellbeing needs in a holistic way and support individuals to take greater control of their own health.⁹

Sustainability and transformation plans were announced in NHS planning guidance in December 2015. They are five-year, place-based plans which cover all aspects of NHS spending in a given area. Not all parts of the country are required to develop these plans but where they do, NHS organisations and local authorities must come together to outline how they will improve quality, develop new models of care, improve health and improve efficiency of service.¹⁰

INTRODUCTION

In June 2020, a Public Health England report² revealed how the impact of Covid-19 has highlighted existing health inequalities and, in some cases, increased them.

In combination with long-standing public health issues such as poor air quality and sedentary lifestyles, Covid has presented a health crisis that the NHS alone cannot fix. Action needs to be taken to address the factors that contribute to the inequalities that exacerbate health issues – including the physical environments and communities in which people live and work.

The crisis of the pandemic is a renewed call to action for sectors outside of health to step up and support the wellbeing of citizens – but what is the role of the built environment sector in this?

Future of London's *Healthy neighbourhoods: working together* programme sought to highlight how the built environment and health sectors can work together more effectively to address health inequalities, bring about better outcomes for local people and build more resilient neighbourhoods.



Event series

As part of our research, Future of London (FoL) delivered three cross-sector events exploring the following:

Context:

What opportunities are offered by Covid recovery and other changing circumstances? This includes:

- Better understanding of the link between the built environment and health.
- Renewed appreciation of good quality open space, both from professionals and the public.
- The urgent need for all sectors to play an active role in responding to the health crisis.

Challenges:

- How can we overcome the challenge of growing demand for public services (such as parks) against a backdrop of increasingly stretched budgets?
- How can the built environment sector and the health sector overcome collaboration barriers such as:
 - A lack of shared language and terminology.
 - Strategies and policies that work across different geographic boundaries and timescales.
 - A need for greater understanding of the structure and complexities of the health sector, and the different approaches required for collaboration with the NHS vs public health.

Finding solutions:

- Where are the best examples of collaboration to promote prevention and positive health outcomes while addressing other urban challenges?
- What can we learn from these examples to help promote long-term collaboration?
- How can the built environment sector be a good partner to health and care service providers and the NHS?

Events included

27 May

Tackling the health crisis together webinar

29 June

Virtual field trip with the New York City Housing Authority

4 November

Navigating health and overcoming barriers seminar

HEALTH AND THE BUILT ENVIRONMENT

The link between the built environment and health is well documented.¹¹ The built environment sector has a huge influence on people's activity levels, their travel patterns, social connectivity and overall mental and physical health. And the NHS long-term plan stresses the importance of the NHS and built environment sector continuing to work together to improve health and wellbeing.¹²

But although the built environment sector is well aware of the factors that create or support healthy buildings and places, FoL's network of urban professionals has made it clear that as a sector we sometimes lack the knowledge to make positive collaboration for health happen within urban projects.

There have already been some fantastic examples of this kind of collaboration, for example through One Public Estate¹³ and the Healthy New Towns projects.¹⁴ But this report will explain how better collaboration between health and the built environment could become the norm.



WORKING WELL TOGETHER

To work well together:

- the built environment sector needs a better understanding of the key budget holders and their motivations
- timescales and boundaries need to align across disciplines
- we need to find a shared language
- we need to broaden the case for health to be part of everyone's job.

Budget holders and drivers

This section will explain why tackling these issues will result in better collaboration. At our 'Navigating health' seminar in November 2021, Barking Riverside explained that 18 years into the development,¹⁸ it can still be difficult to know exactly who makes the decisions and to navigate the health sector's complex network of commissioning bodies, federations and service providers. This issue is exacerbated by ongoing restructuring of health services in the UK.

"Understandably, the way the NHS is organised is unknown to many."

Bhavini Shah, Montagu Evans

There are resources out there to help us better understand (see the useful resources section, page 32). However, rather than trying to learn every nuance of a complex and changing system, the best way to go about making sense of health is for built environment professionals to be aware of the key budget holders and their motivations. Smriti Singh from Arcadis provided the following overview of key players and their motivations. By understanding the topics of high priority for these different agencies, we can see where the joint opportunities are and start conversations about collaboration with the most appropriate budget holders. Please refer to the glossary on page 4 for an explanation of terms.

Department of Health and Social Care

NHS England and improvement

Councils: commission social care and jointly funded services eg. mental health

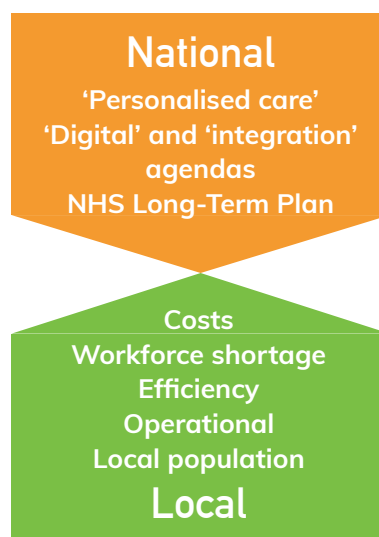
Primary care networks

Clinical Commissioning Groups

Sustainability and Transformation plans (STP) / Integrated care systems (ICS)

NHS providers: acute trusts; community health trusts; mental health trusts

Independent providers: private and voluntary sector eg. acute mental health; care homes



Adapted from Smriti Singh's presentation, 'Navigating health' seminar, November 2021.

London Communications Agency have created a graphic¹⁹ that seeks to map the shifting array of organisations involved in planning, regulating and delivering healthcare services in the capital – this is a good place to start for anyone looking to better understand the structure of the health sector in London.

Mismatched timescales and boundaries

One very practical factor affecting our ability to collaborate is that those working in different sectors are operating to their own timescales and geographical boundaries. For example, you may have an NHS trust working on its clinical and estates strategy for the short to medium term, and a local authority working on a local plan over a longer period of time. They are therefore unlikely to cross paths at a time that is ideal for both parties to create shared objectives that can be jointly achieved.

This issue is even more exaggerated in London, where there is no clear single mechanism for inter-borough collaboration on health, and existing partnerships do not align neatly to the geographies of the NHS.²⁰

Work is needed to demystify the structure of the health system and to remove barriers to collaboration. The introduction of Integrated Care Systems (ICS) – new partnerships between organisations that deliver health and care services across a given area – is going to alter already complex and overlapping boundaries of decision-making, where local authority boundaries do not necessarily align with the geographical scope of a Clinical Commissioning Group or NHS provider (see glossary).

However, many feel the introduction of ICSs may actually ease collaboration, providing a single body for key players in any given area. Although the rollout of ICS may alter geographical boundaries for health and care services, the new systems will also help partners to understand each other's ways of working by

bringing together health providers and commissioners alongside other partners such as local charities and voluntary organisations. ICSs will adopt a more place-based approach to health than before. This provides a fantastic opportunity for the built environment sector to forge links and build effective partnerships with a neighbourhood, town or city focus.

In our 'Tackling the health crisis together' webinar in May 2021, Bhavini Shah, Associate at Montagu Evans, outlined a clear process for developing effective strategies across health and the built environment. Bhavini advised that the following steps are key when having that first conversation:

- Understand end users and their needs. Focus first on meeting local need, now and in the future.
- Map community and healthcare assets to understand where the opportunities and synergies are between partners. Avoid doubling up of work (given tight resources) by seeking to do this through the ICS.
- Adopt a systems-thinking approach, mapping the skills and knowledge of key stakeholders. Involve the community to really understand what's going on.
- Define the business case, building on local evidence to make sure you are providing best value for local people.
- Work in partnership and develop a sense of ownership about health objectives with your collaborators in order to find out about and secure funding.

Lack of shared language

The lack of a shared language can leave collaborators feeling excluded from conversations or unable to reach consensus. While the health and built environment sectors appreciate the inextricable link between health and place, and the influence we can have on each other's work, both sectors are guilty of hampering cooperation through the use of industry-specific jargon.

At our 'Navigating health' seminar, we sought to address this challenge through a workshop that collected terms that are 'lost in translation' between the sectors. For example, built environment practitioners frequently use terms such as 'community', 'green space' or 'social capital' while assuming shared understanding – but these do not always mean the same thing for those working in other disciplines.

On the following page, we have listed some problematic words and phrases to highlight where we need to agree shared definitions or be particularly clear about meaning.

Word or phrase	Issue	Solution or definition
Community	This term has many meanings. The problem exists beyond the built environment and health sectors. Use of the term 'community' can be an issue because it implies a homogenous group of people in an area with certain characteristics in common. To develop targeted solutions we must understand the detail of these characteristics and what their specific needs are.	When talking about the 'community' as part of strategy, policy or project/programme delivery, be very specific. Agree joint definitions between project partners, speak to local people and listen to what community means to them.
Consultation	A lack of clarity on this can be damaging given that in the health sector, it can relate to potential closure of services.	<p>In the built environment, a consultation generally refers to the process of engaging with current or potential residents about their area. It can be an informal process, but also covers the statutory consultation as part of the planning system.</p> <p>Consultation within the health sector can refer to the formal process of seeking resident and stakeholder views on proposed changes or potential closures of health services. As such, it can be a very sensitive term.</p> <p>Again, clarity is required and if necessary, use of other terms, e.g. 'engagement', should be used to avoid misinterpretation.</p>
Green space	<p>Is it a park? Is it a green area? Is it public realm? Is it environmental sustainability?</p> <p>There is a lack of consensus on the definition of 'green space', which can have major implications when it comes to developing and delivering health programmes in places such as parks, playground and streets.</p>	Be explicit about typologies when talking about public open space to avoid confusion. Recommending investment in streets and walking routes is very different from playgrounds or outdoor gyms. Avoid using catch-all terms like 'open space' and 'public realm' when speaking to non-built environment professionals to avoid misinterpretation.
GP Federation	Some built environment professionals are not aware of GP Federations, but they can be extremely useful partners.	General practices are technically all independent businesses, and GP Federations are essentially a business partnership of GPs in a certain area. They share responsibility for delivering high quality, patient-focused services for their communities. They are able to develop and deliver NHS and local authority services specifically to suit local needs.
Health asset	<p>There is often confusion about what constitutes a health asset. Is it a GP surgery or hospital? Is it a leisure centre? Or can it be a building without an explicit 'health' purpose?</p> <p>Lack of understanding about this term could mean that the built environment sells itself short or does not adequately recognise the role it has to play to address health inequalities.</p>	<p>A health asset can be defined as "any factor (or resource) which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain health and wellbeing and to help reduce inequalities".²¹</p> <p>Given social determinants of health account for between 30-55% of health outcomes, we must see everything we do within the built environment as having the potential to positively impact health.</p>

Health Impact Assessment (HIA)	This can mean different things to different people. Given that there are a number of approaches for HIAs, which vary in their method and intensity, it is not always clear what is appropriate for a given project.	<p>Make use of existing resources provided by the London Healthy Urban Development Unit. This includes a Rapid HIA tool and a Healthy Urban Planning checklist. Their website provides information about which tool to use depending on the nature and scale of a scheme.</p> <p>Make use of Public Health England's HIA guide for local authorities.</p> <p>In each case, be clear with project partners and colleagues about which method you are using and why, so that there is a shared understanding of the purpose and work required.</p>
Healthy	When we think about notions of 'healthy' vs 'unhealthy', most people think about clinical understandings of health, but to tackle big urban and health issues we must think about health more holistically.	The state of being 'healthy' is not merely the absence of illness, but 'a state of complete physical, mental and social wellbeing'. Be explicit when talking about health and what you mean by it.
Integrated Care System (ICS)	Given this is a new part of the health system, some are yet to understand what these are, and what the implications will be for collaborations with the health sector.	<p>"Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups."²²</p> <p>ICSs have been in place in many areas since 2018. Since then, they have been rolling out across England and from 2022 they have formal legislative authority. This follows a general trend in the health sector to provide health services in a more joined-up way. Membership of an ICS will likely include NHS trusts, representatives from local authorities, CCGs (Clinical Commissioning Groups), mental health trusts, Healthwatch, and local providers of primary and social care.</p>
Public health	Some built environment professionals are not aware of the difference between the terms health, public health, wellbeing and wellness, and may incorrectly use them interchangeably.	<p>Public health is defined as "the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society."²³</p> <p>Health and wellbeing is the goal, and public health is the means for promoting it at a population level.</p> <p>Wellness implies that health is actively being pursued as a goal – it is about an individual making choices, carrying out activities and adopting a lifestyle to lead to a good state of health.</p>



The need to broaden the case

Healthcare only accounts for 10% of a population's health, while the rest is shaped by socio-economic factors.²⁴ Many still associate the term 'health' with a description of a sector or service, and not an individual attribute that is constrained and influenced by our environment and life opportunities. Both the built environment and health sectors need to broaden their understandings of health – and work together to build shared responses to health issues, drawing on a broader range of colleagues.

“[Health inequalities] can't be improved just by looking at a GP's surgery or just through the job centre, or by any one organisation making a decision. It involves a broad set of actors, from housing associations, to planners, to community and grass roots groups.”

Michael Parsons, Impact on Urban Health

Nobody is expecting organisations to repurpose themselves or change their missions to become health-focused, but we could all do more to recognise the role we can play in influencing and improving health outcomes. The complex health issues and inequalities we face can only be solved through a collaborative approach.²⁵ Our 'Parks for Health' case study on page 18 demonstrates how groups who were not traditionally involved in achieving health outcomes in a local authority were empowered to build it into their work.

To better demonstrate the link between design or placemaking or health, local authorities, developers, housebuilders and architects need to get into the habit of monitoring, measuring and reporting on the health benefits of their work. This can then be used to inform future projects or build the evidence base for future investment.

Social prescribing²⁶ is a model that came up numerous times throughout the programme as a strong mechanism for promoting health and wellbeing without burdening primary healthcare services. Housing associations and local authorities have been able to use it as a tool within regeneration schemes, helping to address health inequalities. It has provided an opportunity to form partnerships with GP surgeries and other health practitioners, and GPs have been able to see how those working on place-based initiatives can support them to better understand their community.

SHARED CHALLENGES

In the UK, the strain on our health and social care system has exacerbated pre-existing issues such as:

- deep health inequalities
- an underfunded social care system
- a workforce crisis
- budget cuts and stretched resources.²⁷

Many of these issues are mirrored in the built environment sector. Shared challenges across sectors can be an incentive to strengthen collaboration. They provide common ground and a reason to come together and think creatively.

Stretched budgets and resources

By involving a broader range of disciplines to address health issues, sectors such as the built environment are being tasked with delivering more without an associated increase in budget. The need to work more efficiently in the face of budget cuts is a challenge shared by local authorities and those working in the NHS.²⁸

Within the built environment, we are seeing increasing budgetary constraints on the aspects of life that are considered wider determinants of health. Intense financial pressure is affecting our ability to provide quality, affordable housing,²⁹ accessible green space,³⁰ and active travel³¹ – all things which we know have a significant impact on the health and wellbeing of our citizens.

Rather than seeing this as a barrier to progress and impact, it can be an opportunity to think creatively, build partnerships across a broader range of sectors and come up with solutions that not only improve health outcomes, but also work better for people locally. Examples seen through research carried out to date include:

- Local authorities and health colleagues coming together to apply for joint funding – see the ‘Parks for Health’ case study on page 18.
- Health hubs – maximising the number of services and facilities on offer in a mixed-use development can bring more partners to the table. This can allow those involved to pool funding and resources, creating efficiencies and reducing communication barriers between professionals. Useful instances of this approach outlined in one of our events include Seven Kings, Redbridge (presented by Pollard Thomas Edwards) and the Wolverhampton Hub, Life Rooms and One You (presented by Montagu Evans).³² For the local population, hubs can improve experience for patients – providing more integrated or holistic care.
- Developing strong relationships with local organisations and communities to contribute to site maintenance – at New York City Housing Authority sites, like their urban farms,³³ local partnerships were developed to help steward spaces at no extra cost. Community buy-in at other sites has led to reduced levels of vandalism, contributing to improved health and wellbeing.

The need to rebuild trust

In our opening webinar in May 2021, we heard from Impact on Urban Health³⁴ on the lack of trust – particularly within deprived communities, towards those in positions of power, for instance in the health sector and local authorities. This lack of trust is particularly apparent in BAME groups and those who have suffered the most as a result of the pandemic.³⁵

To have an impact on health inequalities and to meet other objectives for our cities, we need to rebuild this trust so that communities are willing to come forward and play an active role in decisions and processes.

There is no quick way to build trust – something New York City Housing Authority (NYCHA) highlighted during our virtual fieldtrip to New York. The sector needs to reflect on when and where trust has broken down with communities, and what can be learnt from this. NYCHA are deliberately slowing down processes in their programmes to make sure resident participation and empowerment is properly realised.

“A person can only have agency over their health when they are part of a supportive ecosystem, which includes the places they inhabit.”

Centric Lab³⁶

Part of the solution is finding ways to co-design and meaningfully involve people in our schemes. Pollard Thomas Edwards outlined a collaborative design process used in the development of the Redbridge Community Hub. This involved interactive workshops to think about how the hub might be laid out to allow local people the opportunity to come to a GP appointment and receive the healthcare they need, while also visiting the library, meeting new people or finding out what is going on in the community. The decision was taken to have council staff interspersed throughout the building, rather than housed on the top floor away from the community activity.

This approach removes a barrier between the council and local residents that indicates transparency and improves trust. Other hub models involve placing a health service or institution within a building or setting that is more familiar and convenient for the local population, such as taking advantage of empty units in a shopping centre, or the recent use of community buildings for the Covid vaccination programme.

There is a role for local authorities and housing associations in particular to bring out the voice of the local community and to encourage other partners to engage with residents from the outset.³⁷

SOLUTIONS

Our five case studies describe places where health has been prioritised and cross-sector collaboration has resulted in a more holistic approach to improving wellbeing. These projects demonstrate how practical and structural barriers to collaboration can be overcome.



HEALTH AT A NEIGHBOURHOOD SCALE IN LB ISLINGTON

Pollard Thomas Edwards (PTE) has been working in the St Luke's area in LB Islington over the last decade on three distinct neighbourhood projects:

- St Luke's Community Centre – redevelopment of the building, completed in 2013. Client: St Luke's Trust and Higgins Homes.
- King Square – award-winning housing development within the existing King Square estate, completed in 2021. Client: LB Islington.
- Finsbury Leisure Centre – new scheme awaiting planning approval. Client: LB Islington.

Despite very different briefs for all three projects, both of PTE's clients are working towards the same goals of creating spaces and places where the local community can live healthy, happy lives.

These projects include:

- A nursery – a safe and secure space for care of local children.
- Community allotments – redevelopment of a courtyard space into allotments for community food growing.
- 50 new homes with 15 for affordable rent – more and better homes for the existing community.
- A new leisure centre (still in development) – also with affordable housing provision and a health surgery.
- Improved public realm that is greener, safer and more accessible.

Collaboration for health benefits

Older people were the dominant resident group at King Square, and therefore issues such as loneliness and social isolation were front and centre. LB Islington set the tone for engagement from the outset by setting up a Steering Group involving the council, estate management, local politicians and residents, who had the final decision in choosing their preferred architects. Once selected, it was PTE's role to keep the residents involved and informed, listen to their views and provide realistic ideas, all the while balancing viability alongside the wider objectives of the project.

In the case of St Luke's Community Centre, it was the role of the Trust to both set the vision and to work with Higgins and PTE to connect them with the community and advise on how residents would likely respond to different proposals. A public consultation event was held prior to the planning application, where users of the Centre, neighbouring residents and council members were invited to discuss the proposals with the design team, the developer and the Centre. The proposals generated support, and concerns about disruption to the Centre were addressed through collaboration and discussion about any conflicting priorities.



© Tim Crocker

Impact

PTE believe that health and wellbeing isn't something that only happens within a designated building. Built environment professionals need to consider how to provide a holistic offer of health for everyone. The St Luke's neighbourhood offers a range of healthy things to do – from the formal, such as booking a squash court, to informal activities like gardening and interacting with neighbours.

The developments provide spaces for healthy activities to happen. As part of the changes to King Square, older residents were moved from a tower block down to ground level. Feedback indicated that they felt more integrated with the community and better able to see and get involved with neighbourhood activities.

The Community Centre is an important lifeline for many local people, providing a setting for developing and nurturing social connections. Over the years, the predominantly white British neighbourhood has become more diverse. St Luke's Community Centre is welcoming to everyone living in the area and is now helping those who experience language barriers to access support services.

The Community Centre have also set up a wellbeing hub³⁸ at the centre which provides services such as a food hub, mindfulness activities, skills training, befriending, job readiness and signposting to other services such as Age UK and Help on Your Doorstep.³⁹

PARKS FOR HEALTH IN LB CAMDEN AND LB ISLINGTON

Recognising that our parks have a key role in safeguarding and improving health, LBs Camden and Islington's Parks for Health project started in 2019 and will continue to 2022.⁴⁰ It aims to:

1. Increase and diversify the use of parks.
2. Strengthen the evidence base for investment in parks for community health and wellbeing benefits.
3. Maximise local partnerships with the NHS, social care, voluntary and community sector (VCS) and others to reduce health inequalities.
4. Contribute to Covid recovery.

Collaboration is key

Central to the project's success has been collaboration with the health, voluntary and community sectors. Recognising that these sectors are complex due to many different organisations working within and across the boroughs, LB Camden and LB Islington have worked hard to inform and engage partners through co-design processes.

Previously, it was difficult to engage the local health sector with initiatives for physical activity. Local authority staff found it difficult to get people excited about their activities and health colleagues were sometimes hard to access. Being able to make the case for parks has improved this hugely. The councils have also made sure to build on existing structures and networks instead of doubling up or creating new ones, which can frustrate people already working to meet health objectives and put them off engaging.

The project identified two target groups as part of the boroughs' Covid recovery plans: ethnic minority groups and people with a mental health condition.

"The very people we want to help are the very people who are most anxious and it's a long journey to overcome that," explained Oliver Jones, Head of Green Spaces, LB Camden. VCS organisations provided vital connections with residents the Parks teams would normally have difficulty reaching.

Relationships with partners Whittington Health, Age UK and Brightstart teams from the council facilitated an intergenerational event held by LB Islington to establish the issues and the barriers preventing people from using parks. Groups like Age UK have buddies and mentors that can get people out into green spaces. Andrew Bedford, Head of Green Space and Leisure, LB Islington, explained that by combining expertise, partners have been able to engage people that Parks departments "could spend a decade trying to bring in."



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Parks for Health in action

One challenge the teams faced was that GPs did not fully understand or buy into the concept of social prescribing.⁴¹ This led to confusion about the referrals process and low turnout at initial activities.

The Parks for Health team worked hard to address this, providing additional support to GPs. They developed a charter that links GP practices to their local parks and Greenspace Teams so that frontline health partners can better understand what is on offer and encourage participation. They also opened up some activities to self-referral, using community networks and voluntary organisations to promote them.

Activities such as health walks and nature conservation are starting in two parks for groups of people who have been most affected by Covid, with plans to offer them to a wider audience later on. The co-design process and relationship building outlined above mean that the activities fit the needs of the communities.

Parks staff now have a stronger awareness of the specific needs of communities and are able to help support voluntary organisations deliver activities in the councils' parks. They have also been working on improving the accessibility and inclusivity of parks – expanding toilet provision and re-evaluating public transport access. Health and wellbeing is now a priority for the parks departments, who are working on internal training and engagement to make it an inherent part of everyone's role.



HAVELOCK ESTATE: BUILDING HEALTH IN LB EALING

At the Havelock Estate in Ealing, housing association Catalyst, LB Ealing and Let's Go Southall⁴² are working with partners to bring about a 'healthy transformation' for residents. As part of Catalyst's Healthy Neighbourhoods Programme, this case study explores how partnership working has put wellbeing at the top of the agenda in this West London community.

The need for a focus on health

Like many deprived parts of the UK, Southall faces multiple and complex social issues. 663 residents took part in a survey which revealed that 43% of Southall residents do less than 30 minutes of physical activity per week (compared to 27% in LB Ealing and 25% in the UK overall).

Other problems include a high incidence of cardiovascular disease, type 2 diabetes, childhood obesity, and high levels of antisocial behaviour. These challenges are exacerbated by the poor quality of, and limited access to, local green space for residents to use for healthy outdoor activities.

The Havelock Estate, located in Southall, is bordered by a railway line to the north and the Grand Union canal to the south. Previously the estate was in need of investment, difficult to navigate through and with some spaces harbouring antisocial behaviour.

In partnership with LB Ealing, Catalyst has driven the regeneration of the Havelock Estate, with phase 1 now completed. During this phase nearly 300 new homes were built, the majority of which are for social rent or shared ownership, with a smaller proportion of homes available for private sale.

Both partners saw the potential to go beyond the provision of new homes and sought to ensure a fairer start and healthy lives for all. Subsequently, the first phase of the regeneration also included 6,000 square metres of improved green space including play areas, doorstep green space and parks.

Simultaneously, LB Ealing launched the Let's Go Southall project in 2017, one of 12 Sport England pilots across the country.⁴³ Recognising the strong link between health and place, the initiative aims to test systematic approaches to tackling inactivity and promote increased physical activity.

The work of Catalyst and the Let's Go Southall project have ensured that the health of local people is at the forefront of change. Below we outline how these partnerships are flourishing, and starting to enhance the neighbourhood and improve the health of residents.

Establishing community relationships

Pop-up engagement events in open spaces and neighbourhood action days, such as litter picking, helped Catalyst and LB Ealing start conversations with residents and demonstrate their commitment to improving the area. Catalyst used these opportunities to talk to residents about their priorities and how they would like to get involved in future projects.

This led to the development of the Bixley Triangle Project.⁴⁴ The Triangle was an overgrown patch of land next to the canal – inaccessible and heavily littered. Catalyst purchased the land as part of the regeneration of the area and worked with local policing teams and environmental groups such as Southall Transition to clear and level the space. It now boasts beautiful flowering fruit trees and bulbs, and sees visits from nursery children who attend annual summer picnics there.

Developing initiatives for health

As part of the Havelock Estate regeneration, numerous projects and initiatives have been developed to make healthy activities more accessible and have an impact on the long-term wellbeing of residents.

Social prescribing

Because of their established presence in the area, Catalyst were invited to take part in a social prescribing pilot in 2018, alongside Canal & River Trust, Elemental (a social prescribing software company) and LB Ealing. Catalyst worked with local people to map the resources and activities available nearby that already contributed to health and wellbeing. This revealed activities such as a canoe club and a women's exercise group offering classes for only £1.

Catalyst then shared this information with local surgeries so both GPs and patients would know what was available in the area. They further developed their relationship with one GP practice in particular, working with the Patient Participation Group to evaluate the accessibility of local facilities and suggest improvements.

A Community Link Worker, employed by Catalyst and paid for by the GLA Active Londoners Fund, was able to spend time identifying barriers to participation and what motivates people to exercise. She attended classes and groups with people who lacked confidence so that they did not have to go to their first session on their own. She also trained activity providers so that they could receive referrals from GPs for people with long-term health conditions or those who have never done any structured form of exercise.

The social prescribing project included a digital platform with options for healthy activities such as a gardening, yoga and canoeing. Prior to the pandemic, 30 residents took part in this project, developing friendships as well as benefiting from increased physical activity. During lockdown, the project was adapted to provide online and telephone-based support to 230 Southall residents, helping them to stay fit and well, and keeping them in regular contact with Catalyst's Link Worker.

Residents were given pedometers by the Link Worker as an incentive to remain active if they didn't feel comfortable attending group classes. The results of these initiatives were used by Let's Go Southall to inform its longer-term planning for improving the health of people in the area.

Reviving the canal

Catalyst have also worked closely with Canal & River Trust, with both partners recognising that the estate's residents had not previously been taking advantage of the fantastic resources offered by the canal. They worked with local schools, community groups, volunteers and the London Probation Service to host regular action days along the towpath.

The activities included cutting back vegetation, filling gaps in the hedge, and litter picking – all of which made the canal pathway more attractive and accessible. A new kilometre-long route now also features a welcome sign and step count markers. Residents have told Catalyst that they now feel safer and more welcome on the towpath and have come to value it as a place to exercise and connect with nature.

Encouraging active travel

A cycling roadshow in summer 2020 encouraged children who had been adversely affected through the first lockdown to become active over the holidays. Catalyst held summer cycle schools and Dr Bike sessions,⁴⁵ and provided over 300 families in the area with cycle activity packs and helmets. At Havelock, Catalyst partnered with Sustrans to pilot a family cycle hub between April and September 2021, during which 16 adults took part in cycle training, 20 bikes were issued on a bike loan scheme and 280 bikes were serviced.

In a survey for Let's Go Southall, 79% of participants said that their physical activity levels increased as a result of the programme, while 74% said their mental health and wellbeing improved. Let's Go Southall is working to accelerate and scale up its programme.





HOUSING FOR NHS STAFF IN LB BARNET

In London, most homes sold on the open market are not affordable for key workers – the median price of a flat in London is £426,000, more than 13 times a nurse's income.⁴⁶ It is estimated that 7,000 hospital workers in North Central London (covering Barnet, Camden, Enfield, Haringey and Islington) area alone have a high priority housing need.

London is in need of 8,500 nurses in the NHS, and thousands more in social care,⁴⁷ stretching an already struggling system. This places pressure on staff on the ground, impacting on care for Londoners at a time when health and wellbeing is more of a critical concern than ever.

In LB Barnet, Montagu Evans has been providing advice to Community Health Partnerships to develop up to 130 residential units for NHS staff within the grounds of Finchley Memorial Hospital. The scheme recognises that the provision of good quality, affordable accommodation for NHS workers is necessary to support the recruitment and retention of staff in London.

The Finchley development offers a range of homes from studios to 1, 2 and 3 bed homes for NHS Staff, recognising that NHS staff require a mix of tenures (including rented, part-buy and part-rented) to suit singles, couples, families and sharers. The homes aim to provide a stable, comfortable and affordable base for NHS workers.

The design of the apartments allows for mixed tenure and unit types and is highly sustainable with the inclusion of photovoltaic and biodiverse roofs. The design focused on the landscape, with a mix of community green space as well as private amenity space (e.g. private balcony or garden spaces for residents only) to help create a cohesive community and promote wellbeing.

The principles of good collaboration

Competing priorities between housing for key workers versus the many other people on waiting lists for social and affordable housing was a significant challenge for this project. Montagu Evans found that building trust with the local authority was central to overcoming this problem. This included working with planning teams, the health scrutiny committee,⁴⁸ and Integrated Care System (ICS) in the area, explaining the project's objectives and identifying potential for collaboration.

Strong and consistent messaging, with appropriate and meaningful consultation, were important for this project. The proposed housing has been secured through a Section 106⁴⁹ agreement, outlining the process for nominating the NHS staff who should move into these homes.

The pandemic changed the way we view keyworkers and their essential role in the functioning of society. As we move towards recovery, with keyworkers playing a vital role in this, we need to recognise the continued effects the pandemic has had on their mental and physical health, and financial resilience.⁵⁰ We need more schemes like this to ensure key workers receive the recognition and housing they deserve, and to ensure they can become part of the communities they serve.

CONNECTED COMMUNITIES IN NEW YORK CITY

The New York City Housing Authority (NYCHA) houses 1 in 15 New Yorkers. 70% of their portfolio is open space, and their Connected Communities initiative aims to make use of this to address social isolation and poor physical and mental health.

There are persistent health inequalities between NYCHA residents and non-rent assisted New Yorkers. Connected Communities has been working to reduce these disparities through inclusive and transparent community engagement, and partnership working. For Delma Palma, Community Architect at NYCHA, the implementation of these two principles “is key to being able to successfully activate a space”.

The role of partnerships

The programme has promoted healthier lifestyles and encouraged community cohesion by allowing access to normally underutilised outdoor spaces like fenced lawns or asphalt areas. To achieve this, NYCHA worked with not-for-profit organisation Trust for Public Land through a public-private partnership (PPP).

One of their collaborations is Carver Houses, East Harlem. The partners created a Fitness Zone in a historically low-income area, adjacent to the wealthy Upper East Side. The Trust for Public Land made a donation that got the project going, and NYCHA brought community connections that helped to build local support for the project and ensure it grew sustainably in the long term. Both contributed project management and complementary technical expertise to transform these urban spaces. The partnership hopes to replicate this at other developments in the future.

Holistic health approaches

Integrating health into their strategy as a social housing provider was critical to NYCHA. Their holistic approach to health and housing included two key elements: moving away from prescribed urban design solutions and allowing communities to define their own health priorities.

Traditional approaches to public health programmes, such as using health indicators, were layered into NYCHA's holistic approach, providing scope for community input. Health indicators can help identify the neighbourhoods most in need, but by letting communities define what health means to them NYCHA are able to better implement programmes that respond directly to community needs.

Part of NYCHA's success is in making public housing residents 'Community Health Leaders'. Training residents through partnerships with health providers such as the local Mount Sinai Hospital, cultivates local stewardship, provides people with new skills and furthers the sense of ownership within the community.



Engaging communities

Community engagement and trust are critical to the implementation and longevity of any programme or policy that looks to take a holistic approach to healthier neighbourhoods. In NYCHA's neighbourhoods there is the need to build back trust between local authorities and the community – something which is mirrored in the UK. Addressing this has meant purposely employing slower processes to ensure resident participation and empowerment are properly realised.

It has taken NYCHA 'years of learning' to achieve high levels of resident participation in their programmes. The organisation has reflected on when and where trust has broken down with communities, and how they can learn from this. NYCHA recognises participatory planning processes can be very demanding of residents' time, so they focus on making sure programmes are worth their while.

In addition, NYCHA acknowledges the need for face-to-face engagement to develop rapport, being creative in outreach that isn't purely digital. They draw on grassroots partners to run events such as Family Day Festivals in the summer, offering activities for a multigenerational audience while providing opportunities for residents to learn about products and services available to them through NYCHA.

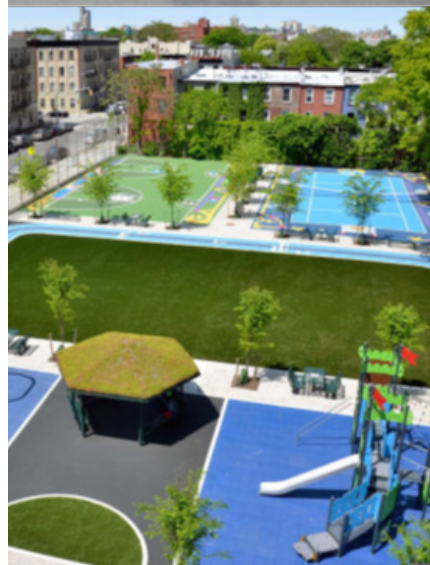
Site maintenance

In the UK, there is interest amongst local authorities in using spaces like school playgrounds for the community beyond school hours, but there is concern about site safety and maintenance. At Crown Heights in New York, they have made this a reality by transforming a closed-off, concrete schoolyard into a vibrant place that members of the public can use after school hours.

Due to community buy-in for the project through NYHCA's work, there has been hardly any vandalism at the site. A focus on genuine participatory planning has resulted in a space that children and their families care for. Not only were students able to input on desired features, but the community was informed about the reality of budgetary restrictions and challenging environmental factors such as storm drains. At other NYCHA sites like their urban farms,⁵¹ local partnerships have been developed to help steward spaces. Communities will care for places they feel a connection to. As we seek to develop lasting partnerships with our communities to address health inequalities, the NYCHA model is one we can learn from.

A guidebook for future impact

A huge milestone in the programme was the launch of The Connected Communities Guidebook⁵ created in partnership with the department of city planning. The publication is a practical guide for community engagement, open space design, and building preservation and construction on NYCHA campuses. Many of the recommendations are easily replicable for any local authority or housing association looking to design open spaces in a way that improves the wellbeing of their residents and promotes the integration of social housing estates into the broader fabric of our cities.



Before and after at New York City school playground

RECOMMENDATIONS

WORKING WELL TOGETHER

With an urgent need for the built environment to step up and play its role in reducing health inequalities, we have to be able to work effectively with health colleagues. We know health can be complex to navigate – but we need to take the right steps to ensure we work well together.

Build relationships

Recommendation	Who's it for?
Focus on people and find the budget holders When looking to work with the health sector, avoid becoming hung up on trying to identify and understand structures. The health sector is complex and ever-changing. Use resources like LCA's London health services map (see page 32) to help navigate systems, but focus more on helping to realise projects. Identify and build relationships with key individuals who are able to help navigate the system and make introductions on your behalf.	Local authorities Not for profit organisations Housing associations Developers Architects and designers
Be proactive Many sectors are struggling with stretched resources, but the health sector faces particularly daunting challenges. Health professionals want to do more and need the built environment's help in doing so. Go to health colleagues when you have ideas, a budget, or a project and ask what you can do for them.	Local authorities Not for profit organisations Housing associations Developers Architects and designers
Involve GPs in regeneration projects Include them in co-design processes and use their skills to achieve better health outcomes through your work. This also ensures a two-way learning experience so health colleagues can better understand their role in working with the built environment to reduce health inequalities.	Developers Housing associations

Address barriers

Recommendation	Who's it for?
Synchronise strategies In the long term, this will seek to align health and planning/neighbourhood strategies so that they follow similar timescales and can influence each other. If this isn't possible, at the very least make sure there are representatives from health feeding into built environment strategies and vice versa. In the long-term this will save time and increase opportunities for budget sharing and efficiencies.	Local authorities Public health
Agree on joint definitions We know the built environment and health sectors use different language in their work. When working together don't assume key terms mean the same thing. Be clear and agree on joint definitions at the beginning of a project. Create a culture where it is OK to speak up if you do not understand. Our table on page 10 highlights some key terms that often get lost in translation.	All
Find a shared culture With new partnerships, come together to build a new working culture and avoid simply following the lead of one dominant organisation.	All

Broaden the case for health

We know the built environment has an important role to play in the health and wellbeing of our communities. We need to make sure everyone understands what this looks like in practice. There are practical steps that can be taken to broaden the case for health in all our work so that we can create healthy places together.

Recommendation	Who's it for?
<p>Be creative about your communication</p> <p>Be creative and think about what language and promotional tools will work best for different stakeholders. The 'Parks for Health' project showed that communication was the root cause of initial low attendance for green social prescribing activities. The methods normally used to get in touch with and persuade people within your sector may not work with the community or with project partners from other disciplines.</p>	<p>Local authorities</p> <p>Not for profit organisations</p> <p>GP practices</p> <p>Local health trusts</p>
<p>Actively involve all stakeholders in design and delivery</p> <p>'Parks for Health' has taken this approach and it has resulted in residents feeling empowered to improve their own health and GPs and parks staff working together. Health needs to be a holistic offer.</p>	<p>Local authorities</p> <p>Developers</p> <p>Housing associations</p> <p>Public health</p>
<p>Make health everyone's responsibility</p> <p>Re-frame roles (e.g. parks officers) and amend job descriptions where appropriate to emphasise health and wellbeing. Provide training to support staff to better promote health as part of their role. Making everyone part of drive to improve health will share the responsibility and relieve pressure on public health colleagues.</p>	<p>Local authorities</p>
<p>Build the evidence base</p> <p>Where we as city makers are having an impact on health inequalities, we need to measure and track this. Health metrics should be considered at the outset of a project and measured during delivery as well as after completion. By gathering data and feedback from residents, built environment professionals can better demonstrate their impact on health and wellbeing, inform future projects and secure further investment,</p>	<p>Local authorities</p> <p>Developers</p> <p>Housing associations</p> <p>Architects and designers</p>
<p>Use social prescribing</p> <p>An extremely effective tool to prevent ill health and promote wellbeing. 'Parks for Health' worked hard to make the case for social prescribing to providers of activities and created a charter for GPs to help facilitate their green social prescribing programme. Make sure colleagues and partners – including GPs – know what it is, how it can be used and the difference it can make.</p>	<p>Local authorities</p> <p>Not for profit organisations and service providers such as community centres</p>

SHARED CHALLENGES

Both the health and built environment sectors share the problem of stretched resources. We need to use this as an opportunity for creative and collaborative responses to effectively tackle health inequalities in our cities.

Boost resources	
Recommendation	Who's it for?
Build partnerships for national funding pots There are still plenty of funding opportunities out there, but it is often from central government. Accessing this will require effective partnerships for higher value grants. Seek out strategic partnerships locally to make a case for bigger pots of funding.	Not-for-profit organisations Local authorities Housing associations Integrated Care Systems
Seek out small-scale projects Masterplans are not the only way to create healthy neighbourhoods. Incremental change – as seen in through PTE's work in Islington – can have a big impact. Where large-scale change isn't possible or appropriate, seek out smaller-scale projects that will build partnerships between sectors and achieve hyper-local health outcomes.	Local authorities Developers Architects and designers Planners
Promote community stewardship With projects and sites that promote health, build in community stewardship from the start. On our virtual fieldtrip to New York, we saw how achieving community buy-in led to better maintenance and ensured longevity of projects. People will care for places they feel a connection to.	Local authorities Housing associations Developers Planners
Use hub models Co-locate health with other services and opportunities such as culture, community, retail and housing. Pooling resources will result in increased efficiencies and also help to break down barriers to health within the community. Making health happen in places where the community are more likely to spend their time not only broadens the case for health but can also maximise impact.	Developers Planners Local authorities Public health
Don't double up When thinking about incorporating health into your projects and strategies, make use of existing networks or approaches and work with them. Avoid doubling up on resources that are already available by creating new ones, and work with the local community and voluntary sector to understand what already exists.	Local authorities Public health Health trusts
Maximise use of existing assets Both the built environment and health sectors could better utilise their assets to promote wellbeing. For example, some health trusts have created wellbeing walks within the grounds of their estate to promote public health. The health benefits of our existing streets can be maximised through the creation of parklets, green walls or play streets.	Health trusts Local authorities

Rebuild trust

The provision of healthy spaces and places will not reduce health inequalities in isolation. Building relationships with the community and making residents part of the process is essential to develop the trust required for success.

Recommendation	Who's it for?
<p>Allocate resources to the community</p> <p>There are plenty of existing informal and community-based networks that understand community health and wellbeing needs, and what is likely to work. Provide these organisations with funding and support to keep doing their work instead of bringing in new staff and systems to your own organisation.</p> <p>Barking Riverside paid a group of residents to research what social impact the regeneration and Healthy New Town plans should aim to achieve. This approach is more collaborative, likely to yield more creative results and provides residents with the opportunity to develop new skills in the process. And it more easily allows participation from groups who otherwise would not be able to afford to give up the time to be involved.</p>	<p>Local authorities</p> <p>Developers</p> <p>Planners</p>
<p>Let the community define priorities</p> <p>Allow communities to define their own health priorities and build a programme or design from there. NYCHA took this holistic approach with their Connected Communities programme. While health indicators will help identify neighbourhoods most in need, allowing communities to determine their own health priorities means we can meet needs directly.</p>	<p>Housing associations</p> <p>Local authorities</p>
<p>Take the time to rebuild trust</p> <p>Be prepared to undertake purposefully slow processes of community engagement in instances where trust has broken down. These processes can be demanding on peoples' time, so make sure programmes are worth their while. Addressing this can ensure resident participation and empowerment is properly realised.</p>	<p>Developers</p> <p>Housing associations</p> <p>Local authorities</p>
<p>Work together to provide credibility</p> <p>Bring in health colleagues and make them visible in projects and programmes. People might not see your voice as legitimate when discussing health unless you have the backing of health professionals.</p>	<p>Local authorities</p>

CONCLUSIONS

The health sector in the UK is facing a crisis on an unprecedented level, with no easy solutions on the horizon. Understandably, the built environment sector is seeking to support health colleagues through this and better prioritise the wellbeing of our citizens through our work.

Our *Healthy neighbourhoods: working together* programme has demonstrated that there is a real appetite amongst city makers to address health challenges and inequalities. While the task seems formidable, many of the barriers faced are surmountable.

We have heard from architects, local authority placemakers, planners and developers who are all managing to overcome hurdles and have a positive impact on the health of our citizens. There are some clear ways that everyone can all play a more meaningful role in affecting the health of our cities:

- Come to the table with an offer. Instead of asking GPs or CCGs for funding or support, ask them what they need and how your project, scheme or organisation can support their objectives.
- Look to solve financial issues creatively. All sectors are facing stretched budgets and resources. Solutions can be found through cross-sector partnerships for joint funding opportunities, or working creatively to maximise efficiencies and achieve multiple outcomes within any given project.
- Focus on getting to know key individuals and budget holders you can collaborate with rather than trying to understand every detail of the health sector's structure. Build relationships and seek their guidance on how to navigate the NHS and public health sector.
- Get your teams and colleagues excited about health. As built environment professionals, we have a huge role to play in the health of our communities.





USEFUL RESOURCES

Connected Communities Guidebook

The New York City Housing Authority has created a practical guidebook for promoting health and wellbeing through public housing. It provides a collection of urban design guidelines from technical recommendations for the physical environment to community engagement recommendations.

<https://bit.ly/3ENmUTi>

Health Impact Assessment tools and guidance

The London Healthy Urban Development Unit bring together explanations about Health Impact Assessments, as well as a variety of tools and checklists for carrying out assessments for different contexts.

<https://bit.ly/3tjXxEh>

Healthy New Towns

Series of resources sharing lessons learned from the Healthy New Towns programme demonstrator sites.

<https://bit.ly/31DzCFI>

London Green Spaces Commission Report

Outlines the value for parks and green spaces and provides evidence of the health and environmental benefits of our open spaces. This paper outlines some key recommendations for London to better champion and secure investment for our parks and green spaces.

<https://bit.ly/31Kw8kV>

One Public Estate

Case studies from this programme which supports public sector organisations to maximise use of their estates for the benefit of wider public service and regeneration goals.

<https://bit.ly/3ILIJN4>

The role of cities in improving population health: international insights

Drawing on international case studies, this report outlines how the built environment can use political leadership and governance to create pro-health policies in our cities.

<https://bit.ly/3pG3I3A>

Spatial Planning for Health

Relevant for local authorities, this report provides information on the fundamentals of designing for health and includes case studies for inspiration.

<https://bit.ly/3IMjFEq>

Who Runs London Health Services Edition

London Communications Agency have created a map outlining key health organisations in the capital, how they relate to one another and their decision-making powers.

<https://bit.ly/3M9jv5w>

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