HOUSE OF LORDS

Built Environment Committee

Corrected oral evidence: New towns: Creating communities

Tuesday 25 November 2025

10.45 am

Watch the meeting

Members present: Lord Gascoigne (The Chair); Baroness Andrews; Lord Faulkner of Worcester; Lord Mawson; Lord Porter of Spalding; Baroness Warwick of Undercliffe; Viscount Younger of Leckie.

Evidence Session No. 4 Heard in Public Questions 47 – 54

Witnesses

I: Julia Thrift, Director of Healthier Placemaking, Town and Country Planning Association (TCPA); Professor Rachel Sara, Oscar Naddermier Professor of Architecture and Birmingham School of Architecture and Design, Birmingham City University; Professor Susan Parham, Head of Urbanism and Planning and Director of the Urbanism Unit, University of Hertfordshire.

USE OF THE TRANSCRIPT

1. This is a corrected transcript of evidence taken in public and webcast on www.parliamentlive.tv.

Examination of witnesses

Witnesses: Julia Thrift, Professor Rachel Sara and Professor Susan Parham.

Q47 **The Chair:** Good morning. Welcome to the Built Environment Committee of the House of Lords. We are continuing to look into creating communities as part of the Government's new towns agenda, and today we are going to be focused on the healthy urban environment. We have three witnesses before us, and I wonder if they would like to introduce themselves very briefly; perhaps we could start with you, Julia.

Julia Thrift: I work at the Town and Country Planning Association—the TCPA—where I am director of healthier placemaking. The TCPA is a charity and its vision for the world is homes, places and communities where everyone can thrive. I am also a trustee of a charity called Trees for Cities, which works with communities to plant trees. Many years ago I was a director at the Commission for Architecture and the Built Environment, which was the then Government's adviser on how to create better buildings and places.

Professor Rachel Sara: I am professor of architecture at Birmingham City University, where I am academic lead for research. My research tends to focus on co-creation, and I have previously collaborated with the World Health Organization Collaborating Centre for Healthy Urban Environments.

My research at the moment is looking at liveable cities, particularly the 15-minute city, and we have been exploring how we might develop 15-minute campuses; working with students to think about the regenerative principles and how we might explore those smaller places as ideal models for cities and towns.

I am also looking at rewilding the city with my design students. If we think that four-fifths of us now live in urban environments, towns and cities, it becomes so important not to think about nature as separate and elsewhere; it really has to come into our urban environments, especially when we think of the nature piece outside those urban environments as being largely for food production. So we are experimenting with ways in which we can rewild urban places.

Professor Susan Parham: Hello everyone, thank you so much for inviting me to give evidence this morning. I am an associate professor at the University of Hertfordshire. I am rather a late starter as an academic, actually: I worked in planning and then in a co-op doing work on sustainability, designing and running engagement projects, mostly consulting with people about places and sustainability.

My background is I started off as a political economist who was always really interested in cities. That led me to do town planning and then urban design, and then I finally did my doctorate and became an academic in middle age. I am now head of urbanism and planning at the University of Hertfordshire, where I run an urbanism unit. I do a lot of

teaching for our town planners, environmental managers and geographers, and I do research. I have just finished some research for the Royal Town Planning Institute on international exemplars of new towns. That is not out until 9 December, though, so I cannot talk about that yet, but that will be available pretty soon and there should be some really interesting, and hopefully useful, things to be thought about in relation to what we might do with any new round of new towns.

The Chair: We have a series of questions to work through. Could we all collectively try to keep both the questions and answers as concise as we can? If you feel that you are unable to answer a question or you would like to send us something in writing, please just say so; that would be absolutely fantastic. The first area we have will be led by Viscount Younger and Baroness Andrews.

Q48 **Viscount Younger of Leckie:** Thank you very much for coming along this morning, it is going to be an interesting session. As you will know, the focus is really on designing new towns or urban regeneration for healthy living.

I have a very short—or not too long anyway, I hope—preamble just to get the little grey cells going and to pose some questions. If I was setting out to design a new town, there are four key things that I would, perhaps rather idealistically, be looking at. First, green spaces, which you all have already led off on. The question is how big gardens for people should be, and should there be playing fields? I certainly think there should be. As already mentioned, really important issues to debate this morning are trees, nature and the issues of physical health—football, rugby, tennis, maybe even padel courts, whatever—that is the first point.

Secondly, differentiation of houses, and I see this as being interesting to debate: uniformity can be a bit of a killer for mental health, if I can put it that way. Thirdly is interaction, and that is the old issue of community and making sure that people are encouraged to get out of their houses as it can be bad for their mental health if they stay in their houses. Fourthly, the question of what they do when they get out of their houses, and that would be entertainment, including leisure centres, village halls, the ability to put on plays, dancing, and perhaps this is the idealism coming in for me.

The first thing I really want to do is just to open up with those thoughts and themes. By the way, I should say we are going to be talking later about the link to physical health and the NHS. I would argue that these four items act as a de-stress and take the stress out of the NHS, whether local or not. Of course, we are talking about mental health and physical health here, as I said earlier. With that, perhaps I could start with Julia to open up the debate on those points or, indeed, to say they are not important.

Julia Thrift: They are all very important, and that is not just me speaking; there is plenty of evidence to show that they are all very important. It is absolutely vital that any new generation of new towns has those things, because all the evidence shows that they are things that will

help everybody live a healthy life. When creating new places, it is vital that the new town has a vision that sets out that it is going to be a healthy place and works with local communities to think what that might mean.

I do not know if you are aware that a few years ago NHS England did a project called Healthy New Towns: it worked with academics and researchers, but also with 10 locations in England that were bringing forward new large-scale developments. It was a three-year project, a mixture of research and practical learning, and it came up with a suite of guidance about how to create healthy new places. All those things you outlined as being important are recommended in that guidance, and there is guidance about how they could be created. I have a copy here; it is free to download from NHS England's website.

If I could just pick up on one thing, you talked very powerfully about the importance of gardens and green spaces. There is a lot of evidence about the mental and physical health benefits of gardens, green spaces and what is now sometimes called green infrastructure. I would like to draw your attention to this document, *Living in the Landscape*, which was produced by Thamesmead about three or four years ago as it was regenerating that place. I am not making a point about whether Thamesmead should be a new town or not. The point I would like to make is that it looked at how to create fantastic green spaces for people's health and well-being, and the cost of doing that to a very high standard was just 1% of the development cost. It really is not expensive to create, and it can and should be done.

Viscount Younger of Leckie: Just before we move on to Rachel, if I may just challenge you. It is nice to hear that all those points that I raise—purely just a personal view—are important, but obviously one of the things that we have been trying to grapple with over the last few weeks and months is where do you start and what is crucially important, particularly when you are building a new town? This is not directed only at you, Julia; it is for the others to pick up too. We need some guidance as to what is really important, which then links to where the money is going to come from in order to be able to do that. That is the missing link.

Julia Thrift: Yes, it is a very good question. Both the New Towns Taskforce and the NHS England Healthy New Towns project suggested, for very good reasons, that you start with a vision for what that new place might be like. It is very important to think about who might be contributing to that vision. Obviously, there will be the councils and developers but, absolutely vitally, the local community. Pretty much everywhere in England has some sort of local community—particularly the voluntary and third sector—who know a lot about health inequalities and the people who are struggling in that area.

There is a real opportunity for any new large-scale development to support the health and well-being of not only the people who will live directly in it, but also the people who live nearby. You recently heard

about Ebbsfleet, which has been very good at ensuring that the new development benefits the wider community.

You need to start with a vision, and to really make it work you need a development corporation that has that very long-term vision and can use land value capture as a way of creating value to invest in delivering that vision.

Professor Rachel Sara: We really need a fundamental shift in the way in which we see our relationship between houses or buildings and the landscape. Even in talking about gardens we have an image in our head of a house with a garden attached, do we not? Whereas 21st-century thinking really needs to shift to a density of wildlife biodiversity, with a density of housing peppered within that. I am passionate about the fact that we can have responses to the environment and environmental and biodiversity improvements alongside health and well-being improvements; we can do all these things at once.

This kind of triple win is completely within the grasp of all the information, knowledge and technologies that we have. Perhaps because I am a designer at the scale of homes and neighbourhoods, I think about things like every home being built with something practical like a water butt, but also with a toddler-safe pond. We start to think about sponge cities: if we have massive rainfall it gets temporarily absorbed in gardens and that starts to act as a sponge. But guess what? It is amazing for biodiversity, and biodiversity is amazing for human health and well-being. We could think of our roofs and walls not as hard, dead materials that we typically see, but as living: we can have green roofs and living walls. All this stuff is actually a real shift in the way in which we think about doing housing, and that would be fantastic.

Then we think about the scale of neighbourhoods. Community gardens have a powerful impact. We need to be thinking hyper-local: things that happen at the end of each street or every couple of streets, where you can then have community hubs. In Poplar there is an urban project that has micro-allotments for people living in apartments. It is oversubscribed and people are waiting for these allotments. These could be places where communities come together to keep chickens. There is also the Bristol Street goat project. All these things can happen in town environments, so this is a really very different way of thinking of a town space, going back perhaps not to 20th century ways, but to 19th century ways of doing certain things.

There is also a place for leaving things undone, which we do not speak much about in development, but the idea is that there are pockets of land. For me in my neighbourhood, there was a bit of scrappy land that was taken over by the community to garden. Elders come together with young people and all sorts of activities are held there. It is a tiny space—probably the same size as this room, it might even be smaller—but that is something that was not done that initiated a kind of community takeover, so there are some really interesting ideas around that. For me, homes and neighbourhoods are where the big impacts can be made.

Viscount Younger of Leckie: Just before we move on to Susan, the last Government started, and probably the current Government are continuing, an initiative called Pocket Parks, which is really what you are alluding to. I have certainly seen and visited some; they are actually fantastic and should perhaps be expanded.

Professor Rachel Sara: I designed and built one with my students, and it is entirely run by the local community with very small pockets of money linked with the pocket parks. It has a big impact.

Professor Susan Parham: First, I would say that we know this is not new, we have known how to make cities work for about 10,000 years really. We got a bit lost in the 20th century, and some issues we are now facing are because of that.

One of the things we need to think about on a bigger scale is where you locate new places. If you locate them in places that are going to force people into car dependency, then you have already undermined the quality of the place for the future. Transport for New Homes did some really interesting work and produced a couple of reports on this in 2018 and 2022, so there is research evidence out there about that.

We have—what would you say—a series of principles that have been played out over and over again, the sorts of things we know we need. Julia and Rachel have alluded to some of those: compact places, mixed use, walkability, cycling-friendly green places. We have some planned settlement examples in garden cities that actually did this very well.

Your focus on gardens is right: we now talk about green infrastructure, but we need to give people a focus on their own garden space, not just shared; that is also important. I have been writing about food in cities for 35 years or so. You were asking about the things people would come out for: that would be about food growing, but also about being able to buy your food locally and having fresh, affordable food that you can walk to. It is embedded in your everyday life that you are not having to get in your car and go to an out-of-town superstore in order to buy food. We can design in ways that allow people to have these much more localised systems around food, and we need to be thinking about that. Locating in the right place, a walkable space once you get there, and a food system that allows that very local kind of focus are all important.

Just one last thing: you talked about different housing typologies. There is some very interesting work on this idea of the missing middle of lots of different housing that we currently do not do, and we really need to be organising different housing choices for people, and doing that in transport-oriented development—I know these are all awful academics' words—which is this idea that you have densities of compact mixed use: it is walkable, there are different housing choices, and it is a food-centred place. All those are things we really need to build in at a very basic level when we start making new towns.

Viscount Younger of Leckie: I have one final question, which is just to

focus on taking account of different people: you have the young, then you have the very old, and there is a cautionary tale. There is a couple in their 90s local to us who moved into a retirement home complex—I will not mention who they are. It was all wonderful and good, and there are some green spaces, but actually it is soulless, they are really suffering and they have probably made a bit of a mistake. My point really is that there are people who will think that they are designing the right places, but they have to think about where people are going. What this couple actually want is to be near a community, to be able to walk to the local shop, to have a bit of a chat about life, buy their newspaper, and all the things that you will guess I would like to say, which they cannot really do. To what extent do we need to think about that aspect?

Professor Susan Parham: For me, it is really an implementation challenge. I wrote a report for the OECD in 2002 called *Ageing, Housing and Urban Development*. We went to Oslo and other places to visit homes for older people that were embedded in the community; they were not being pushed out into an out-of-town location, which could be very pleasant but people are isolated and they lose those social connections. We developed quite clear guidance on what needed to be done. But that was over 20 years ago and, as you know, there is plenty of other work out there where we have thought about exactly what to do. For me, one of the really big issues is knowing what we need to do but failing to do it. I feel that this is an area that we really need to be focusing our attention on: what is it that acts as an impediment to us actually implementing change and making it work? I am going to write to you laying out some suggestions that I have, as obviously there is not time to do that today.

Viscount Younger of Leckie: Unless anybody else has anything to add, I will hand over to Baroness Andrews.

Q49 **Baroness Andrews:** I was nodding vigorously while you were talking. There are so many examples of knowing what to do and failing to do it. Julia, I remember when CABE was such a powerful force in the land; you looked at health in the context of designing in health, did you not? You were talking about designing in health: none of this is particularly new, it is just that we have not actually done it.

My question is, with the 10 new towns and the principles that emerged from those, how innovative was the consensus, generally, around what you could do, and to what extent have those principles been universalised? Are you seeing the learning from that being translated into real policy choices, not just in new towns but in the sorts of developments we are seeing that anticipate new towns? Is it likely that the learning from the new towns can be a sort of charter for the new settlements, bearing in mind that most of them are urban extensions, not greenfield sites? It would be really great if you could give us some specific examples.

Bearing in mind what Rachel—I think it was—said, that qualities differ and one does not always have the same sort of scope, not even for pocket parks: if you are building a new development site, you do not

waste any corner of it because your profit margins are so small. It may be easier to be flexible and more innovative in an urban extension than you are in a greenfield site. I do not know, maybe that is a question you could also answer. I will start with Julia and work left.

Julia Thrift: The point has been made that we know what we need to do; the question is why it is not happening. There is a very complex system from where and how land is bought to how places are developed. There has recently been a big research project called TRUUD—Tackling the Root causes Upstream of Unhealthy Urban Development—which has really dug into why things are not happening.

Baroness Andrews: Who did that, incidentally; is that a public piece of research?

Julia Thrift: It is academic research that involved all sorts of people from the public and private sector.

Baroness Andrews: We could do with seeing that, I think.

Julia Thrift: It is T, R, U, U, D. One of the things it points out is that the things that keep people healthy and create health are good homes, neighbourhoods where you can walk, green spaces, the chances to bump into people, all those things. Creating those will be the result of policies that sit across many government departments, and unfortunately health policy is firmly within the Department of Health and Social Care at the moment.

Transport, for instance, has enormous implications for health. Two of the biggest causes of ill health are lack of physical activity and air pollution. If we create places where it is easy, attractive and fun to walk or cycle for those short journeys that make up the bulk of journeys, then that will mean that people are healthier because they are active in their day-to-day lives and it will reduce air pollution. Those are huge wins for health, but they are dependent on policy that comes out of the Department for Transport, which does not have a public health remit. That is just one example of some of the problems.

If we look at planning policy, planning is one of the determinants of health: it shapes the places in which we all live and our opportunities to live healthy lives or not. Over the last few years national planning policy has increased its mentions of health, but in the section on health in the current version of the NPPF—paragraph 82, although I might have that wrong—it is definitely not a major priority. When decisions are made and there is a balance of different things that have to be thought about, the health balance is just one of many things and it is very easy for it to get squeezed out. So although it is possible to create healthy places, it is an uphill battle because the policies do not prioritise creating healthy places.

Baroness Andrews: Returning then to the second part of my question, what impact did the healthy towns modelling have? Does it tackle any of this, or is it just another set of prescriptions that would be difficult to put

into effect?

Julia Thrift: If it is up to local councils to put them into effect it is very difficult, particularly in areas of low land value where developers will push back and say, "Take it or leave it". Part of the problem is that there should be basic standards that are mandatory. Every home should be built to the nationally described space standard, but at the moment that is an optional thing that councils can ask for, it is not mandatory. Every place should meet Natural England's very comprehensive green infrastructure standard, but that is optional. That means that every single one of these issues is subject to discussion, debate, viability and an enormous amount of time and effort, with councils saying, "Well, we want this standard", and developers saying, "No, we can only do this standard". A huge amount of effort is wasted.

If there were national minimum standards for some of these basic things, all the developers would have a level playing field. They would know what is expected. That would then be reflected in the amount that they pay for land and those basic standards would be met. At the moment, it does not happen.

For the forthcoming generation of new towns, if they are built with development corporations, those corporations have the opportunity to set their own standards and design codes, and de-risk it for developers. They can then say to developers, "We want this standard. There is no risk, we can give the planning permission, but instead of you getting 25% or 30% profit you can have 5% profit because we have de-risked it. But we want these standards". So the development corporation model offers a chance to simplify and get good standards.

The other way to do it would be to put them into national policy and say, "These must be the minimum standards that are built to".

Baroness Andrews: That is really interesting, thank you. What about the other two panellists?

Professor Rachel Sara: I would really add vision to the front of that. If we are thinking about how you get buy-in to a particular approach, it is about having very super-clear vision. Bhutan has advertised the Gelephu Mindfulness City: a very distinctive idea, the forest city campaign that we have just read about. That kind of thing will mean that the multiple perspectives and the multiple positions that are involved can all buy into the same vision. Actually agreeing and co-creating that vision for distinctive towns is going to be really important. Maybe they do not all need to have the same focus; maybe some can prioritise or be led by certain different agendas. Particularly when you can bring environmental together with biodiversity together with health, there are lots of ways in which you can do that. If you have a vision that leads for each of those towns, that could be really powerful.

Then the other thing is about pepper-potting developments so that, instead of thinking of blankets of housing being rolled out, it is much

more of a tapestry and there is a lot of variety. There are ways in which we can break up development so that you get different community interests, developer-led housing and different ways of building all alongside each other, with self-build and co-housing being part of the mix: a tapestry rather than a blanket would be really important as well.

Baroness Andrews: Was there anything in the Healthy Towns outcomes which you would say, "That is the one you should go for"?

Professor Rachel Sara: The big thing was about communication between different parties, and my understanding is that that largely disappeared once the funding finished.

Baroness Andrews: Is that co-ordination between the agencies responsible for delivery?

Professor Rachel Sara: Yes, and once the funding has finished, that dissipates. How can we hang on to that? Personally I would say it is about the hyper-local and getting communities involved and running their own things, from school and health centres to hyper-local pocket park gardens. We really need to break it up in that way.

Baroness Andrews: Susan, do you have a brief contribution?

Professor Susan Parham: I am just looking at the principles that the Healthy New Towns work looked at, and they are actually really similar to things that were already developed earlier on: Towards an Urban Renaissance, the Urban Design Compendium, shaping neighbourhoods in the National Design Guide, in our National Model Design Code.

The one thing I would add is that we have some really interesting exemplar developments here in this country, sometimes known as legacy developments. Interestingly, they are often aristocratic estates or developers: places like Poundbury, Nansledon, Tornagrain, Chapelton of Elsick, Welborne perhaps at a smaller level. I know Ben Pentreath came to speak to you.

Baroness Andrews: Yes, he has.

Professor Susan Parham: These are people who are actually showing how to use master planning, real excellence in housing and place design, and using pattern books to help people to be able to do this well. Actually, you could really map that on to the NHS Healthy New Towns work very directly, so we have practical examples that we can learn from. Some colleagues have told us about the other new towns that perhaps we have not looked at as much, but we really should look at those.

Baroness Andrews: Are those models transferable, though?

Professor Susan Parham: They are, absolutely, and we have lots to learn from their success because they are incredibly popular. They have high levels of social housing, very good levels of jobs and are really good on green infrastructure. They work in terms of that local conviviality and

the kinds of places people like to live in. All that is important and is connected.

Baroness Andrews: One final question, then. Did they start off with a strapline that said, "We are building healthy communities", or was it just part of the mix? Our question is, how do you actually identify that a healthy community is something you want to see?

Professor Susan Parham: It was inherent. It is an interesting point; if you had to pick it out you would say someone like Leon Krier, the master planner for Poundbury, where it was fundamental to the approach to the point of not actually being discussed so explicitly because it was embedded in the way that the design and the placemaking was done: it would get healthy outcomes.

Viscount Younger of Leckie: I want to sneak this one in if I may, which is the evidence for the link between nature and trees and health. We all agree it is very nice to have trees, but where is the evidence? I am particularly interested, Julia, in your Trees for Cities, and I know that Rachel mentioned the importance of gardens, ponds and rewilding.

Julia Thrift: Over the last 10 to 12 years there has been a huge amount of evidence all around the world but also in the UK about the benefits of trees and green spaces to people's health and well-being. It includes that if you can see a tree outside your hospital window, you get better quicker and you need fewer drugs. It starts with being able to see trees but it is also about being able to go out into them.

Interestingly, the mental health benefits of green spaces have even stronger evidence than the physical health benefits. If you talked about the mental health benefits of green spaces before the pandemic, people often looked a bit puzzled, but during the pandemic people really realised and understood how important it is to de-stress, and how being in green spaces really helps. There is a wealth of evidence: Public Health England published a summary of it about four or five years ago, and we can send that in to you.

The Chair: Thank you very much. Lord Porter.

Q50 **Lord Porter of Spalding:** My job is to be the grumpy one in the room. This all sounds very idealistic. This is not strictly our brief, but do you buy into the Government's principles about them wanting to deliver 1.5 million homes in the life of this Parliament? If you do, none of what you have just said squares with that.

I am going to make a couple of points because this is too fluffy for me. You want everybody to buy their food just around the corner, but people do not want to do that. We used to buy food around the corner, and then somebody came along and said, "I can buy all your food cheaper for you if I put it all in a big box on the edge of your town", and people said, "That is what we want to do". That is why anywhere with little urban centres has decaying, falling down, falling apart, unrentable spaces in the middle of the urban areas, with big shiny metal boxes on the outside

where people go to get their food. An idealistic world is not the one that people live in because most people are struggling to get a dinner on their table. They want it at the best price, not at the, "I pay £1 million for my loaf of bread from an artisan baker around the corner". They are going to go to Tesco's, Sainsbury's or any other supermarket of anybody else's choice; that is where people buy their goods. We do not live like you want us to live.

That brings me to my main point. Back to the 1950s; 1948 is when it all went Pete Tong because we started interfering with people's ability to do what they wanted with their land. Planning is the cause of the problem, not the solution. Discuss.

Sorry, it is my job to be the grumpy one, otherwise we would just say that everything is roses everywhere, and it is not.

Professor Susan Parham: I would absolutely agree with Lord Porter that that is the dominant model of how we are organising food buying here and globally, but actually a lot of people do not consume like that. There are lots of people still in what is sometimes called a traditional food system who do not do this. I have researched other people here who are doing more hybrid kind of arrangements. They do some of what you are talking about, but they might also go to a farmers' market, a local market or a local food shop; they will do a combination of things. The structures that we let them have access to—how we organise things—constrains or determines their choices to a great extent. It is not just coming from individual preferences; this is much more to do with the political economy of the way the food system is organised, and then how that is organised spatially.

We have a National Food Strategy: I wrote some stuff about it, and it has a big place-shaped hole in it. We need to look at that in terms of place. Professor Tim Lang and his colleagues have recently done really interesting work on resilience. If we go on having the kind of food system we have without thinking about how we can deal with emergencies—this will be true for the new towns too—we could very quickly have really significant problems for people, because it is not resilient to shocks. So we really need to be making those changes.

Lord Porter of Spalding: But it is more resilient than relying on an individual trader around the corner. I like eating oranges, but I have not seen anybody grow an orange locally, ever.

Professor Susan Parham: That is true, but we have traded for thousands of years; that is not going to stop. This is not about suggesting that no one can buy any food that comes from anywhere else. It is a complex mix of things, but there are ways to think about improving people's capacity to have access to local, healthy and affordable food. I would really like to have a long chat with you about this, but this is obviously not the forum to do that.

Lord Porter of Spalding: That is the trouble with the structure that we

have: we have to do these set-piece questions and it bores me. I would rather we all just sat round the table having a chat. But that is my fault: sorry, apologies.

Professor Rachel Sara: I was just going to answer that to me supermarkets are always going to be part of the mix; I do not think there is any suggestion that you would get rid of them. The idea is that from your house, instead of being nudged into getting into a car because you have a car right outside your door, you have, let us say, an amazing walking route. And there is covered cycle parking in your front garden. So it is nudging you into thinking about that as an option. You just have more choice, really, and options for going out to the supermarket.

I do not think anybody—any of you that has an allotment—grows all their own food: it is a supplementary thing that people do for their well-being as much as for anything else. But it also builds great community. When you have a glut of courgettes, you put them out on the wall and your neighbours take some. If we can think about that kind of layering, a slightly different way of getting to some of the bigger infrastructure we are used to that is active travel, but also having hyper-local stuff that we can walk to where we just get our courgettes and we are not going to have any luck with oranges, that is the kind of layering that I would be thinking about. I have no idea whether this is all possible within that timeframe.

The Chair: Julia, do you have anything to add?

Julia Thrift: Yes. A healthy place is one where the easy, affordable and fun thing to do is the healthy option. In so many places at the moment the healthy option is expensive, difficult and unattractive. Healthy new towns need to be places where the thing you want to do, that is easy to do and that you can afford to do, is going to support your health.

That applies in all sorts of different ways: whether it is easier to walk to take your child to nursery rather than to jump in the car and you bump into some friends on the way, or whether when you get out of your front door, there is a horrible road that is really not very nice to walk down and you would much rather get in the car.

So places shape what we do, and we can shape places to make it easier for everybody. If it is going to be expensive, if this is about buying a loaf of bread down the road that is four times the price of the one you would buy in a supermarket, then that is not going to work, is it?

Professor Susan Parham: We know quite a bit about catchments for different sorts of things: in neighbourhood design and place design, how many people you need over what kind of space in order to be able to support something. We actually know how to organise it rationally, and then connect that with movement systems: walkability, local buses and bigger-scale public transport. We can fit all that together, we know how to do all that.

But, as you point out, we have a really big scale to do this. This conversation came up around the garden cities too. There were some really interesting notions that with lots of small interventions you might get more than you would think; that you were not going to be able to do this with a few 34,000-person new settlements, you might do lots of smaller ones. The New Towns Taskforce has pointed out that the first numbers it is proposing are only the very beginning; it is actually looking at quite a lot more. But I absolutely acknowledge that the thought of doing this over the kind of timeframe that we have been talking about is incredibly challenging.

Q51 **Lord Mawson:** I am very sympathetic. People like me build these kinds of things in practice and detail with colleagues, and we know how really difficult it is, for the reasons Lord Porter is pointing out. If this is all so important, why is the machinery of the state not actually learning anything about any of this? It is spending hundreds of millions on people like you, your academic research and all this stuff, but no real learning is going on.

I ran a major multi-million pound programme with Public Health England, actually across the country, and we kept coming across these lovely people quoting endless data like this, endless things. When you tried to involve them in a real practical project in Runcorn or Skelmersdale, they did not have the faintest idea how to turn that aspiration into practical reality in some of the most challenging communities in this country.

That is telling me something about our civil service and our whole machinery, which is fascinated by these intellectual conversations but has no idea how to make it reality. We are not just seeing that in this area; we are seeing it in the Home Office and a whole range of stuff across this country: there is a really serious problem. The real danger of it, unless we get interested in practitioners and businesspeople who actually build it and learn the lessons, is that it is another thing that will go the way of the world. We will all be told it is all so difficult, it cannot be done. Millions of pounds will be spent on research, but no lessons will actually be learned.

The Chair: What is the question?

Lord Mawson: The question is, why is the machinery of the state not actually learning, in your experience?

Professor Susan Parham: To go back to the earlier point about town planning, planning came out of a sort of utopian notion that we could perfect the world and that we were there to help do that. But we know that structurally the politics of this is that Governments actually do not have all the levers of power, I am afraid. Much of the decision-making and power resides outside Government, with people with money who make decisions about profit, and that has an immense impact on the way we develop places, or not.

We need to think about this as actually being partnerships that recognise the limits of power of those who might traditionally have been able to have top-down control, but who really cannot effectively do that any more. We are going to have to find ways of bringing all those stakeholders in development who have power to change things to be part of the programme. I completely agree with you that without applied examples, and without being able to actually do this in practice, this kind of conversation is relatively meaningless.

The Chair: Does anybody else have anything to add?

Professor Rachel Sara: I will just really make the case for designers. By its nature, research tends to be looking backwards. Designers have to envisage a future that does not yet exist—that is what they do—and they are used to synthesising different bits of information from different sources and applying concepts and some of those things in real situations.

If we could bring designers to the fore, bringing together complex, interrelated sets of people around design charrettes, we could then build those visions I was talking about that would get people behind actually applying some principles. As we said, we actually know all the stuff and how to do it; they might be able to develop master plans and visions for how we can actually set this out.

Julia Thrift: It is a really good question and I do not have a complete answer, but I will talk about the bit I know a bit about, which is planning. We have a really complicated planning system. It has been described, mischievously but with some truth, as a process without a purpose. We do not have clarity about what we are trying to create, or what sort of country we want. It takes leadership, both at a national and a local level, to say, "This is what we are trying to achieve and everything needs to align to help us achieve that", rather than lots of different policies that send you around in circles, going backwards and forwards. We just do not have that clarity.

To be frank, our National Planning Policy Framework has a waffly bit at the beginning that does not really say what it is there to do, and the confusion filters right the way down. Leadership and clarity of purpose would really help, otherwise we have policies that conflict and things go around in circles.

Professor Susan Parham: I have a very short follow-up here, just to say that on the design charrettes point that Rachel has pointed out, there are some really interesting examples of where it has actually had practical impacts. I was thinking of locally to where I work, Gascoyne Cecil is running engagement projects of this sort that are really working with communities to help shape new developments, and that is having really obvious practical impact. I was thinking of the King's Foundation—previously the Prince's Foundation—that has done lots of work on Inquiry by Design, which is very similar, and it can actually point to really practical outcomes there. I go back to my exemplar developments point;

those places had that kind of engagement and are building places that work.

The Chair: Thank you very much. I am going to suggest we move on to the next area, which Baroness Warwick and Lord Mawson are leading on.

Q52 **Baroness Warwick of Undercliffe:** Thank you very much for coming. It has been fascinating so far and it leads almost naturally on to the next area that we want to look at, which is the provision of care services. The one thing we know is that everybody wants decent care and would prefer to live anywhere where they could get it. People make choices because of the care that they do or do not have access to.

Given the opportunities that new towns present, do they offer an opportunity for alternative and new models for healthcare? What is the relationship with the traditional health model? The Government have said they want to get away from the hospital-centric models, yet we know there are enormous difficulties in changing the health service and the way in which those structures work. There are constant problems in the housing sector linked to health services. If you get a wonderful person helping you at a local level, that is great, but there is no systemic change that makes a difference.

Are the new towns an opportunity to explore new models of care? Are there any specific examples elsewhere—or even in this country—that you can think of where it has actually worked? Has it worked in conjunction with or in opposition to the traditional models of the provision of healthcare? I am going to start at the other end, just because we always start at that end, so please could we start with Susan?

Professor Susan Parham: The NHS Healthy New Towns work was really interesting here, but there has been other work. I was thinking of the Global Centre on Healthcare & Urbanisation at Oxford, which did a report in 2022 on how to make healthy new places and really established very similar kinds of approaches. Part of this is to do with making the places work, which we have talked about quite a bit, but it is also about the digital infrastructure.

The other day I heard Pritesh Mistry from the King's Fund talking about the urgent need to link placemaking with getting more data—it might be wearable—to find out what is going on with local conditions and get feedback. Lord Crisp made the point that hospitals are for repairs but homes are for building health. He said we need to be finding ways to organise care that allow people to be where they are at, not forcing people to move, which we talked about before. Now AI is being vaunted as a way of helping us to innovate in relation to care.

There is also work by people such as Dr Gary Christopher talking about how we cannot replace face-to-face care. We can augment and use AI as an addition with things like companion avatars, humans and pets, but we want to avoid patronising, infantilising or simply diminishing older people

through using these kinds of systems. We have opportunities to make the relationship between hospitals and primary care locally work better.

Looking at the neighbourhood health guidelines that have just come out from the NHS, there does not seem to be all that much of a direct link from what it has actually found out itself through the Healthy New Towns, so we need to have some consistency in approach. The points we all made about clarity, hyper-local, making this really locally focused, and bringing care to people rather than assuming people are going to have to move to get care are going to be really important.

Professor Rachel Sara: I would be really interested in seeing how the emerging robotics research could begin to impact how we think about homes. My understanding is that this is not at the cutting edge in terms of robotics or assisted care but in terms of home design. There is not that much that has been done about it, but this is a real area of potential, particularly if we think about the hospital-at-home model where we are trying to keep people out of hospitals as much as possible. I could try to come back to you with some examples of that, but that is an interesting thing about designing homes for care.

Again, there are regulations that are a bit easy to avoid about making doorways wide enough for not just wheelchairs but actually it could be robot support. Also making it so that every home has a ground floor room that could be used as a bedroom and a ground floor bathroom, for example, and that they have views of nature so that you can heal quicker by seeing a tree. So there is some work around homes that I have not seen much about and could potentially be thought about.

At the hyper-local, you then get into potential for social prescribing and that kind of preventive care. Loneliness is an epidemic. There could be work with small community gardens, a local cricket pitch or a basketball court; it could be all sorts of things defined by communities that bring people together.

I know Paris has been working on the 15-minute principle, bringing health and care centres around schools. Primary schools tend to be walkable and we could have lots of health daycare centres—literally the doctor and respite care—all clustered around schools. That is moving up from the hyper-local to the local, primary school distance.

Then there are the bigger ideas around the blue-green infrastructure. We have spoken about the green infrastructure being really beneficial for well-being, but blue-green is even more so. Again, there is a lot of research that just shows how beneficial that is to our physical and mental health. This is largely place-based preventive care, but if we are talking about sponge cities, then we can talk at a much bigger scale about—

Baroness Warwick of Undercliffe: What are sponge cities?

Professor Rachel Sara: Think about the urban environment as absorbing water—like a sponge—from the microscale of a pond in your

garden and a water collection butt to sustainable urban drainage, which is usually ditches or swales. Guess what? They are great for biodiversity because they have water and nature there. That might also be these cycle and walking routes that can then lead to maybe a lake on the edge of the town. Milton Keynes has a balancing lake that just takes in the water when there is too much of it, to limit flooding risks. This will have a real benefit to people's health and well-being.

Those can then become hubs where you can do creative activities such as fishing, dog walking, cold swimming and all these things that are really about preventive and place-based care, linked to this idea of nature connectedness and active travel. It is really thinking about active care when people are unwell. The home is a place we could be doing much more investigation around and particularly thinking about this assistive technology, which has not really been investigated as much as it should.

Baroness Warwick of Undercliffe: Of course, quite a lot of this is already very well known, so where is the resistance coming from?

Professor Rachel Sara: I am not sure that there is a resistance. Part of it for me is this idea of the blanket: we tend to have such large blankets of development, whereas lots of the research shows that people feel less lonely and much stronger in formal care in pepper-potting developments. Pepper-potting is where you have lots of different types of housing—apartments and bigger houses all mixed up—for people of different ages with different requirements; co-housing, community, and land trusts can manage it. If older people have some time and then working people are rushing around and having children, it can be that there are ways that there are connections. Again, it is mainly through an informal relationship of knowing your community, which is built through these hyper-local interventions.

Julia Thrift: It is a really good question. In fact, it is what caused the Healthy New Towns thing to happen, because the NHS thought, "We need to get care out of hospitals and into the community. We're about to build lots of new places. Let's see how we can do that". So it was a fundamental part of the Healthy New Towns project. You might like to talk to the King's Fund about new models of care as well.

I have a few things to say. It is absolutely vital that we have really good homes, because people will be treated in their homes. For instance, there is the accessibility standard, technically known as the M4(2) standard. Every home should be required to be built to that standard. People move into their homes when they are fit and healthy. A couple of decades later, they wake up, are a bit decrepit and are still living in the same home. Very few people move into homes that are specifically designed for elderly people; they end up living where they have always lived. Given our ageing population, it is vital that all homes are built to that standard.

Getting as much as possible out of hospitals and into the community has been an aim of the NHS for ages, not just with this Government or the previous one. It makes a lot of sense. Why should you get an expensive

bus to go miles away to your hospital to have an X-ray or a scan when it could be done in the high street, which is nearby? There is a lot of common sense to it, but making it happen seems to be unbelievably difficult. There are cultural reasons for that.

There are also difficulties with engaging with the NHS. If planners want to talk to somebody in the local ICB, integrated care board, about a new development—say planners know that there are going to be 10,000 new homes built over the next 20 years—who do they talk to? It is really not clear who that person is. For understandable reasons, ICBs tend to be focused on the here and now, the emergency, what is happening today. It is very difficult for them to look ahead 20 or 30 years. As their staff numbers are currently being cut, I worry that that might become even harder.

There are then cultural reasons. Things have always been done in a certain way, and it is difficult to shift people. I spoke to an eminent GP at a meeting last week who said that GPs just do not think about locating in the high street. They are not used to it; it is not what crosses their mind. There are then really basic but very difficult things to do with budgets and timescales not aligning, and things like who will own the building and who will pay for the lightbulbs. It is all very well to say—I have seen developers say—"We've got this space in the middle of our new development. It's going to be really well connected by public transport. It can be for some sort of health thing. What does the NHS want us to do?" They really find it difficult to get an answer from the NHS about what that building could be. In one instance, it ended up being turned into a chain coffee shop because they just could not get anyone to say who should be in it, who should own it, and who should pay the bills.

There are examples where this is starting to happen in existing places. One you might want to look at is Barnsley, where a shopping centre that had a lot of empty shops has now had healthcare and well-being things put into those shops. It seems to be working very well. People are saying it is wonderful: "Instead of having to drive a long way to the hospital and pay for expensive car parking, it's just down the road. I can do my shopping while I'm there. I can drop my kids off at school. I can get my scan done". So that seems to be working.

In Manchester, there is an interesting project called Live Well, which is about tackling health inequalities and working with community groups and the voluntary sector. So it is not just about buildings; it is about culture, relationships and making it possible for different organisations to work together effectively, which seems to be incredibly difficult in many cases.

Baroness Warwick of Undercliffe: That is a very appropriate point to ask Lord Mawson to pick up the questioning.

Lord Mawson: I am still worrying away about the gap between theory and aspiration and the business model, which you just started to get into a bit, and the practice. There is this really serious problem. Any of us who

have dealt with the machinery of the NHS when it comes to property know that it is a dog's breakfast. It is very difficult to get anything built, even for local authorities, which are part of the public sector. Having done a big scheme recently in the south of England, the local authority there stated it was really difficult to get communication and it cannot trust the NHS because it let the local authority down on this £48 million integrated health facility. That is precisely what happened to the local authority: it was let down by the NHS with its lack of consistency.

I am interested in how much you really know about these business models and the detail of this finance, because I keep listening to all this aspirational stuff all over the country. Here we have a new Secretary of State with a 10-year plan, which I rather support actually because it is a good idea and we need to get upstream into the social determinants of health. The practitioners and academics are all seeing the reasons for this. But it is one thing to say all these fine words as the Secretary of State; at the moment, I do not see much detail and granularity about what that actually means in practice.

We were a model for the £357 million Healthy Living Centre programme by the National Lottery Community Fund, which again used fine words like "health inequalities". You watched all that money go down the drain across this country. I was involved, with very little to show for it. There is also the LIFT programme for private finance. These things were meant to be about precisely creating the environments for exactly what your aspirational presentations have been about. If you look at the Sir Ludwig Guttmann Centre in Stratford, the business model means that actually people cannot afford to hire rooms because it is all too expensive. At a granular level, this stuff is not learning or working. I am just wondering what your thoughts are about that.

Finally, you mentioned development corporations. There is a real danger that we all get too excited by development corporations. I sat on one on the Olympic Park for many years where we got quite a number of things right, although probably not everything. Having led a major business partner—20-odd people—through all that two weeks ago, it is interesting that what you heard from them and other development corporations across the country is that they are absolutely not learning those basic lessons that happened in Stratford, with some of us persevering with it over many, many years around these kinds of issues.

In our experience, it certainly is not a magic bullet because the danger is that they will just replicate local authority procedures that do not actually deliver what you are talking about. It would be good to have something about what you know about money and finance. You just started to touch on it a bit, Julia, but how much do you really know about that? Because this is the stuff that either makes or breaks it.

Julia Thrift: Absolutely. When we were working and contributing to the Healthy New Towns project, that bit of work was led by the King's Fund.

Lord Mawson: It has never built anything, has it? That is another group

that feeds off the NHS. It is not an organisation that builds anything, is it?

Julia Thrift: It does not. I do not build anything. I do not know why it[1] is so difficult, and I do not know anyone who knows why it is so difficult. In the Healthy New Towns project, the King's Fund found that it was unbelievably difficult to get those health hubs—or whatever you like to call them—built. It came down to quite deep structural stuff about budgets, culture and who to speak to. I do not have all the answers to that and I am afraid I do not know who does, but it is recognised as being really difficult.

Professor Susan Parham: I do not think I can answer your question either, although I have a background in political economy. I think what you are touching on is just this incredible complexity and you get the institutional treacle. We had a managerial turn in the 1990s where people learned how to be managers but it did not really matter what the content was. You lose institutional memory and have structures of the economy that actually work against being able to work together effectively. You have large institutions that it is difficult to change quickly. They are firefighting all the time. The NHS is trying not to go broke. That is why we keep returning to talking about preventive, place-based approaches that are going to help to manage that, rather than the nitty-gritty of the money.

We have talked a little about things like land value capture. A big cost in making all this work is the cost of land and, as you know, the land value goes up enormously once it is in the mix for urban development. If we can capture that land value—which is obviously not a new idea: Ebenezer Howard talked about and did that in garden cities—then we actually have some resources there to perhaps help fund some infrastructure and facilities that we are talking about for the neighbourhood health service model that the NHS is talking about, where you integrate and co-locate services. There are areas where money could be freed up to do this if we were prepared to use those kinds of capacities to try to extract land value.

I would also agree with you that we should be learning more from our previous examples of using urban development corporations; as you know, we did that with the new towns the first time round. There are some really interesting examples at London Docklands. That has been thought to be an economic success story, but is probably a bit of a placemaking failure, to put it very crudely. It also shows some limitations on the urban development corporation model. It has some possibilities to do things like managing land value capture and making sure that the money is then used more effectively for development, but I am not claiming a particular expertise in development finance; it is definitely not my area as an urbanist.

Viscount Younger of Leckie: I was wondering if I could just pick up on

[1] creating integrated health hubs

Lord Mawson's question and tackle this issue from a slightly different angle. A thread throughout this session is lots of idealism about design, which we have already covered. Something we have not really tackled is what needs to be done now and what could be left for later, which links slightly to Lord Mawson's question. I am not asking who should do it, because that is clearly an open question that we have not been able to answer; it is what actually needs to be done now and what could be left for later. For instance, maybe a playing field could be left for 10 years' time or perhaps not. Perhaps Julia could start.

Julia Thrift: Obviously there is a question about the locations of the new towns—whether they are in the right places and where they should be—which needs to be and is being looked at. There then needs to be a question about how they are going to be delivered. As I said earlier, the TCPA thinks there are very good reasons why development corporations nationally linked to and supported by government are important to get all the government departments on board, open those doors and join things up.

There needs to be a question about setting up the strategy for the place and who is going to be on that strategic board. It needs to include the local NHS, definitely public health—which knows a huge amount about the area and the population—local voluntary sectors and local councils. There then needs to be a long-term strategy for how it is going to be achieved. The TCPA has written a lot about this. Rather than going through a lot of detail at the moment, we can send you some research that we have done based on what worked and did not work in the previous new towns and how we could take this forward.

Viscount Younger of Leckie: I was not necessarily going to go and ask everybody else, but just to remember this as a theme we might wish to cover today as well.

Q53 **Baroness Andrews:** I am going to dig into intergenerational stuff—particularly our ageing society—in terms of what we can expect for an ageing society. We all know about it, actually; it was one of the givens from the 1970s. Demography is predictable and we could and should have been planning for it many years ago. It looks as if we will have a quarter of our population over 80 by the mid-2030s to 2040s. If we aim to create mixed communities in new towns, we will have a lot of elderly people. Whether they will choose to go is another matter actually, because there is a certain resistance after a certain age. You need to be able to count on things like an accessible health service and a local park you can walk to. You have actually addressed a lot of these issues in what you have said already.

I have to state an interest in this. When I was a Minister for Housing, I spent a lot of time thinking about ageing populations and what they needed in terms of lifetime homes and neighbourhoods and M4(2) standards, which should have been mandatory. We got somewhere on lifetime homes. Assistive technology makes it easier to deliver health in the community in your own home, and that technology is bound to

increase.

We just have not done very much consciously or explicitly about lifetime neighbourhoods. You have talked about walkability and having GPs in the high street, which would also regenerate the high street. In another report by this committee, we talked about how you co-locate services, either in schools or in many other locations. The notion of co-location is a job of communication and credibility to get across to the health service itself, particularly GPs.

Do you know anywhere in the UK—post the Healthy New Towns stuff—where you could say that we have the provision of a lifetime neighbourhood already existing? What would be the most important principles you would have to design into a new town to make it age-comfortable for ageing in place over the next 20 to 30 years? I am sorry, I have actually made a speech more than asked a question, but basically that is the crucial question. How do we design these intergenerational neighbourhoods that are genuinely healthy and equal in age? Shall we start with Susan?

Professor Susan Parham: Actually, we did a lot of this in the early part of the 20th century. Many of our neighbourhoods did all those things. We were not explicitly trying to do that, but by organising them so they had connected streets, were human-scale, compact, vertical mixed-use, walkable, had access to what we would now call green infrastructure and all those things built in—

Baroness Andrews: You mean in our historic environment?

Professor Susan Parham: Exactly. We did this. As I said at the start of this, we tended to lose our way, and in a way we are rediscovering some lessons. We know there are things about walkable, cyclable streets; we have talked about that. We have talked about keeping a lot of people in neighbourhoods, making care at home a mix of face-to-face and digitised care, helping people to retrofit their homes and managing to make those houses healthy. We have been very much interested in trying to make houses warm, which we need to do, but we also now increasingly have to make them cool, and we have not done so well on that. Although Rachel got close to talking about the urban heat island effect, we have to actually sort this out to make sure that people do not die from heat, which is increasingly happening.

We know quite a few things, and you have mentioned some other points, Baroness Andrews. We know how to do that and you could pick quite a few neighbourhoods around London—which I happen to know—that do that. Some exemplars I mentioned earlier are getting pretty close to doing those kinds of things and we ought to be studying those to see the sorts of things that we ought to be doing in making places that work for people. I would just say that the RTPI work that will be coming out next month also has some really interesting international examples that show that too.

Baroness Andrews: Other countries have been more deliberate in their

approach to ageing, have they not? I know Australia and the Netherlands have some good examples. Are there any international examples of how this has been constructed rather than inherited? Something we are discovering in this committee is that we do not actually have to reinvent everything because we learned how to do it and we lost the art of making places. Historic villages are about the best example you could find of an intergenerational community. If you could give us the international example and the created, constructive examples, that would be really helpful.

Professor Susan Parham: I will be able to do that next month. I am not able to talk about those report findings today; otherwise I would definitely love to do so, because there are some very relevant ones. There is international learning as well as learning from this country that ought to be helpful and will be available soon.

Professor Rachel Sara: The thought is really that we need to be designing as if we are designing for our grandchildren but with our grandparents in mind; so really long-term thinking for the future but also bearing in mind the very near future of designing for ourselves, our grandparents and our parents. Ageing is not the problem; it is ill health and, as Julia mentioned, the biggest risk to that is inactivity. The active travel stuff is really important, but there are lots of ways in which this can be done much more carefully. For example, slow lanes for people who are moving more slowly—which might be young children or elders—regular benches, but also public toilets. We have almost completely lost our public toilets. That is one of those things that is a cost in one bucket—it seems expensive to fund public toilets—but there is an unexpected cost that comes elsewhere when people lose their ability to be active and therefore lose their health.

There are really interesting things around just thinking about the grandchildren and grandparents in the same place and these amazing biodiversity corridors that might also be cycle lanes, slow-moving people lanes and adventure playgrounds for children to experiment and explore in nature. There are also these ideas about naturally mixed tenure, not having communities that are just the same ages and types of home ownership but really mixing it up so that you get an automatic mixed tenure, which means you get care in place. As you suggested, there are projects that have particularly introduced students living with elders and sometimes maybe getting reduced rent so that there is a certain amount of care designed in. There are also models where we have co-care housing, which is micro-clusters of housing designed together with a shared garden and kitchen.

Baroness Andrews: It would be interesting to see those examples and any examples of innovative models where institutions are sharing a space where you have a care home, shall we say, with a nursery underneath. That is all about reducing loneliness, apart from anything else. There is a programme called HAPI that grew out of a lot of innovation work we did some years ago. Anything that could go into a new town that would be

organic and create a mixed community would be very helpful to know about.

Julia Thrift: The post-war new towns and many later large-scale developments have tended to attract families with young children. The post-war new towns tended to have very young populations and not many older people. That is not a brilliant way to have a population. Younger people often need advice or support from older people. It is much healthier to have a mixed community. Given what we know about demographics and the ageing population, it is absolutely vital that the new generation of new towns are deliberately designed, marketed and promoted as places that welcome older people as well as young families, to avoid that unbalanced community. There is a lot that is known about how to design places for older people. There is the World Health Organization Age-friendly Cities project. There is plenty of learning out there.

Some of this is quite basic stuff. A couple of weeks ago, the Chief Medical Officer, Sir Chris Whitty, gave evidence at a committee and pointed out that helping older people be a little more active—walking down the road, doing a bit of gardening, walking rather than just staying in—would be hugely beneficial for those older people and would save the NHS an enormous amount of money, because keeping active is one of the best things that people can do for their health.

When you ask older people why they are not active, the main reason they give is uneven pavements, and then they talk about the lack of public loos and perhaps a poorly maintained local park. But the really big thing is uneven pavements. As Sir Chris Whitty put it, it is very difficult to get this done because everybody says, "Oh, let's provide them with an app", but they do not want an app; they just want pavements. The things that make a place possible for older people to be active and sociable, like pavements, benches, well-maintained parks and public loos, are things that are paid for traditionally by councils.

As we all know, that funding is discretionary funding, which is being massively squeezed. It is not just about building the right stuff; it is about maintenance and stewardship. You heard from Ebbsfleet about the work it is doing to try to make sure that it is being set up to have the funding to look after the place. As you were told by Kevin McGeough from Ebbsfleet, it was difficult because a lot of decisions had already been made there.

With the next generation of new towns, there is a possibility to get the stewardship right from the start. That is going to be vital, because we all want to think that the place we are living in is going to get better and better and not decline. Unfortunately, many places that have been built in the last few decades are places that looked great on day one and have then declined. We have to do better than that.

Q54 **The Chair:** The last area has broadly been covered but I wonder if I could just ask two very quick questions, which build on what Baroness

Andrews was just asking, and Julia, sorry to single you out, but some things you were just talking about. Obviously, the Government are now embarking on this new agenda for new towns: things like pavements and all the good things we have been talking about, from trees to nature, putting in schools or whatever: all these things are great. I am just channelling my inner Lord Porter here.

How do we make it a reality, notwithstanding what Lord Mawson stated and you agree with, which is that actually quite often it is the state that is this big monolithic silo that you are unable to penetrate in every way? How do we get the public and private sectors to work together to build the homes and these successful and healthy communities? A linked question is, what is the job of government here to deliver on some of these visions and programmes? Are they delivering it? When they are starting to put the cement in the ground on these new towns, what would you say would be the single thing that the Government should be doing to not just build homes—which is important—but make successful and healthy communities? Julia, I am going to pick on you—I am sorry—but only because you teed me up there very well.

Julia Thrift: It is a big question. For the next generation of new towns, the public sector is going to have to put some investment in. For the post-war new towns, the Treasury lent the money to build the infrastructure and then—as you heard recently—it was paid back handsomely and fairly quickly. So it does not have to be money that goes and does not come back; it could be a long-term investment. But there will be public money that will need to be put in to make these places possible, whether it is for transport connections or whatever.

The question that I would ask is, why should the taxpayer subsidise places that are going to build unhealthy homes and places? What is the point of that? My answer to you is that the state should put in this investment, expect that investment to be paid back and set it up so that it will be once the place is built and the land values have increased. The state should set very clear standards around health and well-being and the quality of the place. Once it has set those standards, it can de-risk the development. If it is a development corporation, it can give planning permission providing those standards are met.

Without those minimum standards, we risk building places that look very nice in a brochure or when you try to sell it to somebody abroad and say, "Here's this flat; it's an investment vehicle". We do not need investment vehicles; we need homes for people that are decent homes where they can thrive, and that means some basic standards. It would be fair enough to say that, if the state is going to put the money in to make it happen, minimum standards must be achieved.

Professor Rachel Sara: In addition to that, I would be almost thinking about the opposite end of things. Essentially, if that is the stick, I would be thinking about the carrot. The key is developing co-creative processes that bring interdisciplinary teams together and folks who might want to live here, people who we would be designing for, to build a shared vision.

That vision needs to be adventurous, bold, future-focused and really informed by what is possible. I would say that somehow bringing communities and stakeholders together to create a shared vision is really important.

Back to that question of what the priority should be, the first thing you should do would be led by that vision. It tends to be that, in developments, the first thing that you build is the road. What does that say? How about doing the opposite, doing something really different? How about building these biodiversity corridors that are full of footpaths and things? Maybe it does not quite make sense if people are not living there yet, but building that vision and then actually acting on it from the very beginning would be the carrot end of how to do it.

Professor Susan Parham: I would agree with all those points made by my colleagues. I would add that we also need to work on restraining the dominance of the basic assumptions about how to build places, which is about how to organise transport systems and housing. If we do business as usual in both those areas—which are the basic building blocks of places—we will get more of the problematic places we already have. As well as all those things, we are also going to need to find ways to alter those dominant perspectives, if you like, that just end up having very car-dependent places and building houses that do not really work for people in neighbourhoods that are not really neighbourhoods but are just mostly monofunctional.

The Chair: Ultimately, the Government still have a leadership role, I suppose. They are at the very top encapsulating the Healthy New Towns programme and things like that. They are the ones that are really driving it and saying, "This is what you should be doing and how you should be doing it".

Professor Susan Parham: I agree. Especially given the points made and doing this at speed, the Government are going to have to take a controlling interest here in lots of ways if they want to get this done as fast as they are saying they need to. That is not just for the political imperatives; if you have lots of people who do not have anywhere that is right for them to live and have healthy and fulfilling lives, this needs to be a political imperative to work on that.

Lord Mawson: Where is the money going to come from?

Professor Susan Parham: Can we talk about it afterwards? I agree, that is a big conundrum.

The Chair: As Baroness Andrews asked, any examples that you have—international or even domestic—where all this is done and done very well and has been successful, not just at the outset but in the long run, would be gratefully received if you could send them to us. That would be brilliant.

Baroness Andrews: I have a very quick question, which is slightly more

specific. With these populations of 10,000, it is not going to be 10,000; it is going to be much bigger than that, and there will be a case for a general hospital and maybe an acute hospital. Who makes the decision? This is related to the question of leadership and government responsibility.

Julia, you made the point that a development corporation has supra-planning powers and can decide things that can be effectively mandatory, whereas the policy itself will not determine them as mandatory. In a decision like placing a hospital in a new settlement, who takes the decision for that? Can a development corporation take as big a decision as that or would that have to be a decision made by the Secretary of State for Health within health policy per se?

Julia Thrift: What has been learned over the last 20 years is that the model of the NHS that worked when it was set up in 1947 does not work any more. To be frank, people used to have acute illnesses and either died or went back home and were okay. But people nowadays live with chronic illnesses for decades, so the model of having a general hospital and GPs does not work for the population.

Baroness Andrews: So I have asked an irrelevant question.

Julia Thrift: There will still be hospitals, but they will be highly specialised for very complicated things. An awful lot of the day-to-day stuff will or should be closer to the community, in the shopping centre or wherever people are. I do not think it would be right for the development corporation to decide what the health needs of that population are without talking to the NHS and the public health team, which will know the population extremely well. It might not be that a specialist hospital is what is needed; it might be something else such as local polyclinics.

Baroness Andrews: Or A&E. That is an absolutely sensible response, actually. But there are going to be situations where you certainly need somebody who will take a penny out of a child's throat quickly, which might end up with a tracheotomy.

Lord Mawson: You say the public health team knows the population really well. In my experience, they have a theory of the local population. Whether they know them very well is altogether a different question, because they are not engaging with them; they are engaging with the theory of them. That is a major issue in the modern world: they are not engaged.

Julia Thrift: They have an awful lot of data. That is why working with the voluntary sector is vital. If you look at something like the Live Well programme in Manchester, and indeed your own work, the voluntary sector has to be really involved if places are going to tackle health inequalities. If you have a new town development corporation, you need to have a public health person and somebody from the ICB, but you also need to have representatives from the voluntary sector, because they will really understand what is needed.

Baroness Andrews: What would you be recommending for the ICB? If you wanted to make this engagement more real and you have the ICB—which is your point of contact now and is supposed to be integrated health and social care—what would you recommend could be added on to the ICB that might make a material difference to the way people can actually have that conversation about health in these terms of what the new town might need?

Julia Thrift: For all new developments, it would be really helpful if there were somebody in the ICB who could talk to planners about what is coming forward. If a large-scale new development is coming forward, there needs to be a point of contact. That would be a great step forward.

Baroness Andrews: Do you think the voluntary sector ought to be more widely represented as well—either on the ICB or the development corporation—in order to pick up all the health self-help groups, for example?

Julia Thrift: Yes.

Baroness Andrews: Paramedics and the people who maybe are not in the direct line of delivery but make the weather around the health system.

Julia Thrift: Absolutely. That is one of the key recommendations in the Healthy New Towns reports. I would really recommend these reports, because a lot of the questions that you have been asking are actually answered in here already.

Baroness Andrews: I have been trying to get answers this morning on those issues.

Julia Thrift: The voluntary sector should be very much involved in the strategic thinking about the place and helping shape it. Every place is going to be different and every community is different. This cannot be about identikit new towns; they have to respond to their community's needs.

Lord Mawson: Is it generally the voluntary sector—

The Chair: Sorry, Lord Mawson, Baroness Warwick wants to come in.

Baroness Warwick of Undercliffe: I wanted to follow up really on the point about homes and required standards. It seems to me that we have established very well that having a good, safe, healthy home is the basis for a healthy life. How do we get to the point where developers are prepared to agree to those standards? Is it possible to do it without having legislation to require them to do that, or in fact is legislation helpful because it requires everybody to adopt the same standards and therefore there is a level playing field?

You referred to this earlier, Julia. I am interested in it because of the problems—at a local level and in every development—that local

authorities face of having been offered a particular way of developing a site and then, faced with the questions of subsequent viability, discover that they cannot deliver what they wanted to deliver. I am just interested in how we get to a point where we can have healthy homes that everybody can expect to be able to live in right across the country. In response to Lord Mawson's point about where the money is coming from, a very large part of this money is actually going to have to come from the private sector. What are the incentives or means by which that can be undertaken reasonably successfully? I do not know if there is a brief answer to that, but I would love you to try.

Julia Thrift: The TCPA has been running a Campaign for Healthy Homes for the last few years. We think every new home should be of a quality that supports people's health. If we build homes today, they should be here for the next couple of hundred years, and that is an awful lot of people they could make ill if they are not of a basic standard. We are not talking about luxury; we are talking about basic, good standards.

With the support of some of your colleagues—Lord Nigel Crisp, for instance—we have tried to get an amendment to legislation, but that has not been successful. It does not have to be in legislation; it could be in planning policy, which would be very easy to achieve. What gets built is reflected through planning policy, which is not legislation. It needs to be what is required, though. At the moment, there is far too much room for negotiation—"You could have this or you could have that"—which slows things down. There is no level playing field.

If every home were required to be of a basic, good standard, every developer would know that. It would then get reflected in land prices. It is going to be difficult if developers have already paid for the land not thinking that they had to build to that standard; that will be a problem. But it is possible, and in fact, Professor Carmona—who is sitting here today—has done some very interesting research through the Place Alliance, demonstrating that, even in areas of low land value, it has been possible to create really good homes. So it can be done.

Professor Rachel Sara: The only thing I would add is just about density, really. We want these developments to be compact, and often with more density you get more profitability for the developer, which is actually what we want to achieve anyway. It is a positive thing for walkability and it is a positive if you can compress the built space compared with the wilded space, essentially. That is another part of this. We are used to seeing houses with much smaller gardens and developments in rural areas that are now going taller. But it is actually not forgetting to do the good stuff alongside that. You can pay for it essentially by a more compact development to some extent.

Professor Susan Parham: Yes, not wasting land is really important here as part of keeping the cost down. Just to go back to making homes that work, master planning is important so that you can actually design how they fit in the place well. An example I mentioned earlier was using pattern books, and they give really detailed help to developers and have

guidance there in actually making housing that works well. I am sure Ben is excellent on this. Those pattern-book approaches have proved really effective in those developments to make really lovely houses. And we are not talking really expensive houses but ones that really work in terms of heat, light, ventilation, coolness in summer, and materials that do not make people sick.

There are examples locally. Locally to me, Gascoyne Cecil Estates does work where it really focuses in on housing that is going to go on being really good over the long term. It does things such as putting in air source and ground source heat pumps at the entry level, so people are not trapped into these really expensive energy costs that really undermine their use of the home over time, and windows that open. These things just seem obvious but are not necessarily done. We got rid of the Code for Sustainable Homes in 2015. That might be something that they want to review, to go to Julia's points about having basic standards.

On the money side, obviously we need to find where there are sources of wealth that can be tapped into to make this work. I was thinking of things like the whole idea of pension fund urbanism, which I am sure you are aware of. There are big funds out there that could potentially be partners here and are in fact doing things; I believe Legal & General has done stuff with the King's Fund.

Lord Mawson: It talks a lot about it.

Professor Susan Parham: Just to go back to the land value capture point, we should maybe consider wider, more conceptual points about progressive taxation and where money is going to come from, making sure that there is a long-term discussion about the public sector having probably taken too much of the risk in developing places—that is something that has money implications—and also where we spend the money. We are spending billions on road interchanges when we could actually be putting in widespread, separated cycle lanes across whole developments and making these transport-oriented developments around public transport, which is much more sustainable. Why would we be spending money on unsustainable transport forms at a broad level rather than sustainable ones? Things like that really will have implications for what we do on the money side.

The Chair: Thank you very much. You will be pleased to know that is the end of the session. I am very grateful—as I am sure we all are—for your time and thoughts that you have shared with us. If there are examples, not just the ones that Baroness Andrews and I were talking about, or other things you would like to write to us on, you are more than welcome and please do.