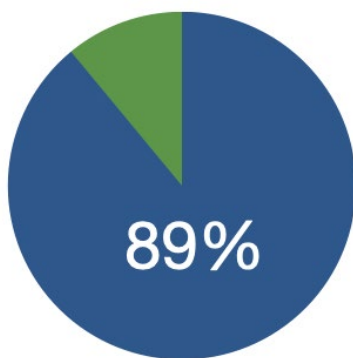




New towns and grey belts: healthy place-making or just housing numbers?

The issue

Labour's pledge to jump start housing delivery through New Towns and 'grey belts' is an important response both to housing and affordability issues as well as the major economic crises of the last few decades. However, without quality assurance and strategic incentives, this risks becoming a 'quantity at all costs' approach. The focus on housing provision must become a focus on place-making. Unhealthy places add to the burden of disease, increase healthcare costs in the medium to long-term, and reduce productivity. They also risk making us more vulnerable to shocks such as Covid (due to underlying health conditions) and worsening planetary health. It is possible to achieve quality as well as quantity, but good examples are rare. Health needs to be prioritised across government to get off to the right start. [Read our explainer on the meaning of health for policy makers.](#)



Housing provision vs healthy place-making

Non-communicable diseases (NCDs) - cancers, diabetes, obesity, cardio-vascular, respiratory illness, anxiety, depression - cause 89 per cent of deaths in the UK, most of which are

preventable. They place enormous pressure on our NHS and are a major drain on our economy.

The urban environment is not solely responsible for these, but it plays a very substantial part. Housing is clearly crucial, but it is only one part of a much wider urban environment. There are many other factors, including the quality of the food environment, the amount of traffic noise and air pollution, crime (and fear of crime), and access to nature and amenities. In other words, housing provision is not the same as healthy place-making.

New towns - designing out chronic illness?

New towns have, alongside planning reform, been a policy common to both main political parties for several decades. In the 2000s, we had 'Eco-Towns' (and the Zero Carbon initiative). In the 2010s - after the 2008 financial crash - we had 'Healthy New Towns' (linking ostensibly to the NHS and healthcare). Now we have simply: 'New Towns'.

The dominant focus on growth and housing numbers from the new Labour administration risks missing major opportunities to realise sustainability and health benefits.

'Grey belt' – more traffic?

The term 'grey belt' is a welcome disruption of sacrosanct green belt conservation. This is arguably long overdue. For example, those concerned with biodiversity collapse over the last half century have long pointed out that intensively farmed agriculture has less life in it than brownfield scrubland. Others show that that development has simply leap-frogged the green belt and increased travel times.

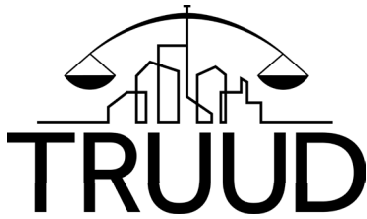


Local authority partners



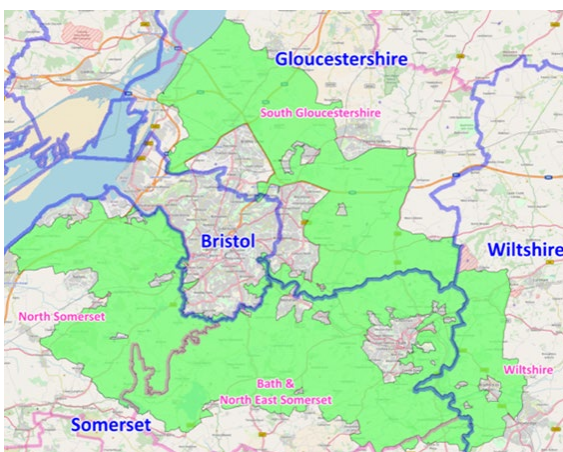
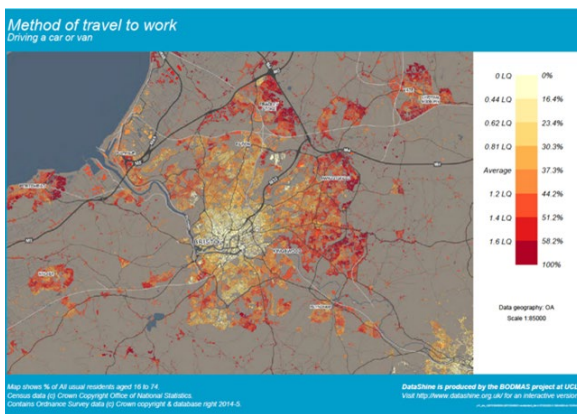
University consortium





Yet piecemeal development in rural areas will likely add substantially to car use, resulting in lower physical activity, community severance, and urban air pollution (from brake dust, even if electric; noise and fossil fuel pollutants as well if not). The evidence is clear that these features cause ill-health, costing society more in the long term.

Figures 2 and 3 illustrate clearly that the dominant mode of travel in the green (or grey) belt would be by car. Home-working post-Covid has shifted travel patterns, but only partially. Even whole new neighbourhoods (or 'towns') are insufficient on their own to justify major new rail infrastructure.



Figures 2 and 3: UCL's Datashine showing high car use in the dark red, which corresponds with green (or grey) belt location

New communities – old principles needed

NIMBYism is not always anti-development; it may simply be a response to the endemic poor quality of much of our new housing stock.

The Town and Country Planning Association (TCPA) has been a long-term champion of new towns, drawing on over 125 years of experience since Ebenezer Howard's Garden Cities movement. They have recently restated their foundational principles (Box 1). Some of these principles are typically met, but rarely the more fundamental ones such as long-term stewardship and community ownership.

The UK is relatively well-endowed with expertise in this area, but it is a complex challenge requiring comprehensive understanding and difficult trade-offs. Knowledge is fragmented across many disciplines, and it requires new institutions and mechanisms of delivery.

The TCPA's Garden City principles

- Land value capture for the benefit of the community
- Strong vision, leadership and community engagement
- Community ownership of land and long-term stewardship of assets
- Mixed-tenure homes and housing types that are genuinely affordable
- A wide range of local jobs within easy commuting distance
- Beautifully and imaginatively designed homes with gardens, combining the best of town and country to create healthy communities, and including opportunities to grow food.
- Development that enhances the natural environment, providing a comprehensive green infrastructure network and net biodiversity gains, and that uses zero-carbon and energy-positive technology to ensure climate resilience.
- Zero-carbon and energy-positive technology to ensure climate resilience
- Strong cultural, recreational and shopping facilities in walkable, vibrant, sociable neighbourhoods
- Integrated and accessible transport systems
- Walking, cycling and public transport designed most attractive forms of local transport



Impact assessment – move it upstream

Many concerned with health promote Health Impact Assessment (HIA) as the cure. While there is evidence linking HIA to improved policies, and most agree with its potential if done well, there is little evidence to support it as the panacea some might hope it to be.

Post-Brexit, the outgoing government have removed Sustainability Appraisal (SA/SEA) and Environmental Impact Assessment (EIA). Through the Levelling Up and Regeneration Act 2023, they have been replaced with a new Environmental Outcomes Reporting (EOR) framework. [While this reform has identified challenges – inefficiency, duplication, risk aversion, loss of focus, data gaps - it lacks clear delivery mechanisms. Nor is there anything substantial on health.](#)

Fundamentally, impact assessments are tools that are almost exclusively used after critical decisions have been made. HIA might have vastly more impact if it was brought in much further upstream in central government policy decision-making. Placing it alongside Treasury cost-benefit analysis would be an important step. See [Black and Kirton-Darling \(2023\) for details.](#)

Strategic issues and short-termism

Joined-up government is a perennial challenge, leaving open the question as to how integrated the government's agenda will be within housing and place-making. The NHS alone is an enormous health challenge, leaving little room for cross-government leadership on the prevention of disease, which is the responsibility of other departments.

The dominant mantra from the top has been overwhelmingly on quantity, not quality: namely, economic growth, planning reform and housing numbers. This may be politically expedient, but detail is needed to assuage concerns.

Short-termism has been described as “the priority given to present net benefits at the cost of future ones”. Dominant in both business and politics, it directly contravenes the United Nations’ 1987 Brundtland Commission’s definition of “meeting the needs of the present without compromising the ability of future generations to meet their own needs”.

Principles for preventing short-termism

- Prioritise quality alongside quantity
- Work with private sector actors who are supportive of change
- Support leadership and culture change alongside legislation and standards

- Prior to land disposal, factor in planetary health
- Move impact assessments upstream
- Require planetary health as a 'standing item' on board-level decision making
- Incentivise longer-term business models
- Support and adopt new approaches to valuation of socio-environmental outcomes

Policy recommendations

1. Government must prioritise quality alongside quantity (to minimise health costs)
2. Government must make clear how to ensure quality of development, paying particular attention to reducing car usage, enabling long-term stewardship and community ownership
3. Health Impact Assessment is not a panacea, but could be much more effective if applied alongside top-level policy making.
4. The new Environmental Outcomes Reporting (EORs), which replace Environmental Impact Assessment and Sustainability Appraisal, are inadequate in their current state, but could be improved.
5. Short-termism is the major barrier, and needs much more attention, but there are solutions.

About Truud

‘[Tackling the Root causes Upstream of Unhealthy Urban Development](#)’ (TRUUD) is a 5-year, £6.7m research project that aims to design policy interventions to support the development of healthier urban environments. Our research seeks to promote a fundamental shift in thinking about how to prioritise healthy urban development. We are funded by the [UK Prevention Research Partnership](#).

Explore our [Academic Papers](#), [Briefing Notes](#), [economic valuation model](#), [videos of lived experience](#)

Contact the author

[Daniel Black](#) at the University of Bristol