



New Towns Draft Programme

Introduction

The FPH Healthy Places Special Interest Group (SIG) brings together practitioners working at the interface of public health and the natural and built environments. Our members span local government, the NHS, academia and national bodies, with expertise across planning, housing, transport, urban design, environmental quality and health inequalities. Our members' experience shows that health, wellbeing and good design can be treated as "nice to have" and diluted in favour of other considerations unless they are clearly secured through policy, design requirements, governance and accountability throughout the life of each new town.

We recommend that the following is prioritised:

- Health and wellbeing is a golden thread across planning policy and development
- A focus on health creating infrastructure, inclusive and sustainable economic development and reducing health inequalities.
- Engagement with Directors of Public Health and their teams from the onset

We welcome the opportunity to respond to the Government's consultation on the New Towns Draft Programme, the draft New Towns planning policy, and the accompanying Strategic Environmental Assessment (SEA), and to provide analysis and recommendations informed by these Healthy Places principles throughout this consultation response.

Consultation Response

Do you think any of the 13 locations listed face barriers which could hold back delivery of the New Towns Programme objectives? If yes, please tell us what you believe the barriers are.

Yes. Across locations, the most material barriers relate to how development is planned, phased and governed, rather than geography alone. Key risks include infrastructure lag (homes delivered ahead of primary care, schools, public transport, green infrastructure and community facilities), and poor sequencing that locks in car dependency and limits opportunities for active travel, social connection and access

to services. These delivery failures can undermine health and wellbeing outcomes and risk widening inequalities between early and later phases and between different neighbourhoods.

We recommend an infrastructure first approach with clear, enforceable phasing and delivery triggers (including for health and social infrastructure), and early involvement of Directors of Public Health and their teams in decision making and policy development, recognising their statutory system leadership role and expertise in the wider determinants of health and healthy placemaking.

In addition, large scale development poses risks to the capacity and long term resilience of water supply, wastewater treatment and energy systems, all of which are fundamental to protecting population health.

It will be important to ensure that any industries, such as data centres, that form part of new towns or are developed within the area which cumulatively increase demand are included in assessments of future water and energy supply capacity in the short, medium and long term, and that these assessments consider impacts across the entire catchment area, particularly where critical infrastructure is affected.

Do you have any suggestions for practical mitigation measures to address effects identified in the SEA report?

Yes. We support the SEA's mitigation and enhancement measures, but the Programme should strengthen safeguards so that environmental limits, climate resilience and nature recovery are treated as fundamental protections for health, rather than trade-offs to be balanced against delivery objectives.

From a health perspective, priority measures include:

- Phased delivery of infrastructure so that healthcare, education, community facilities, public transport and green infrastructure are delivered early and equitably (not after housing occupancy).
- High quality active travel and public transport networks that prevent car dependency and make healthy, sustainable choices the default in everyday life.
- Multifunctional green and blue infrastructure to address heat, flooding, air quality and biodiversity.
- Monitoring and accountability, including indicators for health, wellbeing, environmental quality and inequalities, with long term stewardship and maintenance.

We recommend that stronger mitigation must be embedded through planning policy, design codes, delivery frameworks, planning conditions and phasing requirements, rather than remaining aspirational.

Do you have any other feedback on the SEA report, including the issues and effects identified therein?

Yes. The SEA assumes that the proposed placemaking principles will be fully applied. However, benefits will only be realised if the placemaking principles are securely embedded in decision making, plans, policies and governance arrangements, and consistently applied through delivery. We are concerned that the SEA identifies potentially significant negative environmental effects which may remain after mitigation and may lead to residual health harms. These may disproportionately affect certain populations, with the potential to exacerbate existing health inequalities. There should be consideration given to wider health impacts including access to services, mental health and wider determinants of health impacted by this proposal,

Do you agree with the overall government offer for proposed new town locations?

Yes, in principle. We recommend that public health input is embedded within the government offer, including through consultation with appropriate public health bodies and proportionate assessment of impacts on population health and health inequalities.

Do you think there are any additional interventions that government should consider to ensure design and placemaking quality in new towns?

We recommend the development of a Healthy New Towns Placemaking policy which expands on the New Towns Placemaking Principles and embeds the aim of reducing health inequalities. We recommend using established tools and frameworks to create healthy places and to monitor and evaluate progress and health outcomes over time. These could include Health Impact Assessment, the Health Equity Assessment Tool (HEAT), The Green Infrastructure Framework, and the Place Standard Tool, plus the TCPA's 20 Minute Neighbourhood guidance, Garden Cities Principles, and Healthy Homes Principles. We recommend working with Directors of Public Health, colleagues in the health sector, and in the Department of Health and Social Care and communities to ensure New Towns are well designed places, which provide co-benefits such as reducing health inequalities, greater community cohesion, and sustainable economic development. Healthy places should also be recognised for their role in improving mental health, for example, tackling loneliness and social isolation by creating walkable neighbourhoods, accessible community spaces, inclusive public realm, and opportunities for everyday social connection.

How clear do you find the proposed planning policy?

Health and health inequalities should be embedded consistently across the policy and principles. Health is generated through the environments we plan and build, not

solely through healthcare systems, so it must be integrated consistently across all policy domains. We recommend that the policy states explicitly support schemes to go beyond minimum standards, aiming to create health through, housing quality and affordability, inclusive design, access to green space and sustainable transport.

Do you think establishing the placemaking principles in the proposed planning policy is an effective way to implement the placemaking ambition of the programme?

Yes — provided they are Carried through to delivery through planning policy, design codes, delivery frameworks, planning conditions and phasing requirements, rather than remaining aspirational.

Is establishing a 40% target for affordable housing an effective way of delivering an ambitious number of affordable homes?

Yes – we support an ambitious target for genuinely affordable linked to local incomes with clear standards for quality. We recommend amending the Programme objective wording (changing “and/or” to “and”) to ensure that increasing housing numbers, accelerating delivery, and improving quality and affordability are treated as cumulative requirements, rather than negotiable trade-offs. There should also be wider considerations beyond affordable housing, including accessibility to vital services which impact on health including an affordable food and leisure environment.

Is the proposed planning policy on giving substantial weight in decision making to the social and economic benefits of new towns clear?

Mostly clear but requires an explicit “inclusive economic development” framing. The planning policy should avoid a trade-off between economic and social benefits, including health benefits. It should recognise the distribution of benefits, and who may be excluded to help address inequalities. Economic benefits should not override environmental limits, climate resilience, nature recovery or health and wellbeing protections.

Do you agree with the government’s approach to decision making policy on the Green Belt?

No. We note the draft planning policy proposes that New Town developments are to be treated as “very exceptional circumstances” in relation to otherwise inappropriate development in the Green Belt, effectively treating designation as a presumptive “very special circumstance”. This substantially reduces the weight normally afforded to Green Belt protection and could have implications for long term environmental sustainability, climate resilience, access to green space, and population health and wellbeing. While the need to address housing shortages is recognised, weakening Green Belt protections without robust safeguards risks undermining the environmental and health objectives the Programme seeks to achieve. Clearer policy

direction is needed to ensure health, wellbeing and environmental protection remain central considerations in decision making.

Do you have any views on the potential impacts of the New Towns Draft Programme on people or groups with protected characteristics?

Yes. People with protected characteristics are disproportionately affected by the conditions shaped by the built and natural environment, including poor housing quality, inaccessible and unsafe public realm, exposure to pollution and climate risks, and delayed access to essential services. Without strong safeguards, there is a risk that new towns could reproduce or widen existing inequalities. Groups likely to be particularly affected include disabled people, older people, children and young people, ethnic minority communities, low-income households, and people with caring responsibilities or long-term conditions. These groups can experience greater barriers to accessing services, transport, safe outdoor space, and suitable housing. To mitigate risks and maximise benefits, the Programme should embed inclusive design across housing and public realm; ensure early and equitable provision of health, education and community infrastructure; and embed meaningful engagement with underserved and marginalised communities. We recommend involving underserved populations within governance and delivery structures. Monitoring should track outcomes by relevant characteristics and deprivation (not just averages).

Is there anything else you would like to tell us that you think is relevant to this consultation but has not been covered in previous questions?

Yes. New Towns represent a once in a generation opportunity to improve population health and reduce inequalities, but only if health and wellbeing are treated as a golden thread across the Programme not a discrete theme. Our members' experience shows that health, wellbeing and good design can be treated as "nice to have" and diluted in favour of other considerations unless they are clearly secured through policy, design requirements, governance and accountability throughout the life of each new town. We recommend that the following is prioritised:

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