# CCHC Call for Evidence

| Response ID | Start date | Completion date | |
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| 1 | Title | ■ |
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| 1.a | If you selected Other, please specify: | |

| 2 | First Name(s) | ██████ |
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| 3 | Surname(s) | ████ |
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| 4 | Contact email address | ██████████ |
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| 4.a | Additional email address (please complete this if you are submitting evidence on behalf of someone else) | ███████ |

| 5 | Location | United Kingdom (GB) |
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| 5.a | If you selected Other, please specify: | |
| 5.b | City | London |

| 6 | Institution/Company/Organisation | The Quality of Life Foundation |
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| 7 | Summary of evidence | This project builds on a map based approach to gathering information from citizens/users on social value developed for the Mapping Eco Social Assets Project based at the University of Reading that recently won the RIBA President's Award for Research Cities and Communities category. https://www.tandfonline.com/doi/abs/10.1080/13574809.2021.1890555?journalCode=cjud20 https://research.reading.ac.uk/urban-living/wp-content/uploads/sites/32/2020/11/Promoting-Eco-Social-Value-at-Orts-Road-Newtown-Reading_MESA-Report.pdf

Such has the level of interest been in this citizen map based approach to collecting information on social value that the Quality of Life Foundation, University of Reading and digital consultation platform Commonplace have been funded £900K by the Arts and Humanities Research Council to pilot map based digital and face to face consultation platforms in all four nations of the UK. This project, Community Consultation for Quality of Life (CCQoL) started in July 2021 will offer a platform for constant data collection on community sentiment to be ready at the end of 2022 and rolled out through the Quality of Life Foundation. |

| 8 | Please select which exposure(s) your evidence relates to. Further explanation on these exposures can be found on a PDF file here. Please select all that apply. | • Planning (e.g. density, green spaces, housing, transport, urban design etc.)<br>• Accessibility (e.g. access to healthcare, facilities, parks etc.)<br>• Urban services and infrastructure (e.g. sanitation, water, energy, broadband etc.)<br>• Environment (e.g. pollution, climate, carbon emissions, ventilation, biodiversity, natural habitat, natural disasters, noise etc.)<br>• Society (social networks & relations) (e.g. human interactions, violence, crime etc.) |

| 9 | Please select which outcome(s) the submitted research relates to. Please select all that apply. | • Wellbeing<br>• Health (physical): (e.g. non-communicable diseases, communicable diseases, behaviours etc.)<br>• Mental Health<br>• Quality of Life |

| 10 | Method of evidence submission: If you need to provide further evidence, please submit this either digitally via email or hard copy via post. | Digital (via email to gchu@kellogg.ox.ac.uk) |
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| 11 | How did you hear about the Commission on Creating Healthy Cities and the associated call for evidence? | ███████ ████████████████████ ███████████████ |
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<u>Commission for Creating Healthy Cities</u>

<u>Call for evidence questions from the Quality of Life Foundation</u>

<u>1. Governance/decision making processes</u>

<u>Overarching Questions:</u>

*1.A - How best can City leaders ensure that the voices of citizens/users of services shape their policymaking and keep the public genuinely engaged with the process of policymaking as it proceeds from consultation to decision?*

Rather than the piecemeal, stop start, overly technical, excluding and time consuming engagement processes that are typical today we advocate a process that collects and develops citizen input on a constant basis. Technology can make this fast and easy, meaning leaving resources available to work on widening participation in a very purposeful way. Ultimately citizens can be allowed to vote on the way in which funds are allocated - Better Rekyavik and Decide Madrid are good examples of this.

*1.B - What are the methods that work, and that don't work, in engaging the wider public in the task of creating a healthy city?*

The knowledge base in this area is very patchy and incomplete, particularly with regard to digital engagement. There are no tidy definitions of digital exclusion which is why Greater Manchester has developed a map based Digital Exclusion Risk Index. https://www.gmtableau.nhs.uk/t/GMCA/views/DigitalExclusionRiskIndexv1_3/DERlhomepage?%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Greater Manchester is remarkable in having developed an extensive map based resource for decision making using data sets https://www.greatermanchester-ca.gov.uk/media/1715/greater-manchester-infrastructure-framework-2040.pdf

Unfortunately these multilayered mapping resources lack a layer of social value/wellbeing. This is the missing data set, one that the Quality of Life Framework is working on with Stantec to develop for the Knowledge Transfer project The Better Places Toolkit. https://www.stantec.com/uk/projects/b/better-places-social-value-toolkit
The aim here is to build social value into the Local Plan process of local authorities. Currently wellbeing and social value are not considered in Local Plans

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https://www.tandfonline.com/doi/abs/10.1080/13574809.2021.1890555?journalCode=cjud20

https://research.reading.ac.uk/urban-living/wp-content/uploads/sites/32/2020/11/Promoting-Eco-Social-Value-at-Orts-Road-Newtown-Reading_MESA-Report.pdf

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Evidence-based Questions:

*1.1 - Are any of the current ways of engaging citizens – Citizens Juries, Assemblies, Youth Parliaments, use of deliberative panels, focus groups et al - proven to be effective?*
*Yes.*

Examples can be found here:

http://www.research.lancs.ac.uk/portal/en/publications/-%2882c97b2d-7aef-429b-8195-b4d874308e49%29.html

://www.theacd.org.uk/resources-digital-participation

http://www.publichealthjrnl.com/article/S0033-3506(10)00031-4/abstract

http://link.springer.com/article/10.1007/BF01079197

http://oro.open.ac.uk/39646/

http://www.sciencedirect.com/science/article/pii/0142694X86900487

https://www.springer.com/gp/book/9780387713106

http://www.worldbank.org/en/research/publication/localizing-development-does-participation-work

https://doi.org/10.1080/17524032.2019.170842

And many more although considerably more work needs to be done on evaluating the efficacy of these processes.

The book *Out of the Wreckage* by George Monbiot offers a useful summary of citizen assemblies etc.

*1.2 - What is the evidence of success or failure for neighbourhood forums in England, and Community Councils in Scotland, bridging the community/municipality divide?*

Prof Gavin Parker has written this report on the impacts of neighbourhood planning.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929422/Impacts_of_Neighbourhood_Planning_in_England.pdf

From our experience neighbourhood fora are not a well utilised resource and the neighbourhood planning process can be quite exclusionary.

### 1.3 - What is the evidence of success or failure of resourcing local government to take decisions locally produces for health and wellbeing?

This, we would suggest, is another major research gap. The Preston Model is a powerful example of local government working locally but needs better evaluation. https://www.preston.gov.uk/article/1339/What-is-Preston-Model-

### 1.4 - Can a value-for-money case be made for encouraging and sustaining the enhanced community spirit generated by the pandemic (increased volunteering, extended neighbourliness and more charitable/community activity)?

The Treasury Green Book has been using volunteer hours to indicate levels of social value but has recently published supplementary guidance on wellbeing.

https://www.gov.uk/government/publications/green-book-supplementary-guidance-wellbeing

Social Return on Investment (SROI) is typically used for monetising social value although there aren't many existing financial proxies in this area. More and better SROI proxies are needed if policy makers insist on going down a monetising path. HACT is the best resource. See the *RIBA Social Value Toolkit for Architecture* for further detail. https://www.architecture.com/knowledge-and-resources/resources-landing-page/social-value-toolkit-for-architecture

http://dx.doi.org/10.1080/09613218.2016.1223486

The National TOMS framework is widely used by local authorities for calculating social value.

The problem with these approaches is when the value is not spatialised. We have to see where the value is happening if it is to influence strategy.

### 1.5 - Do suggested proposals for action on governance/decision-making pass the tests of being realistic, useable, specific, deliverable and affordable?

A key issue is the lack of truly open data (intelligible) available to the public as a basis for decision making. The platforms that are currently used to try to elicit public response are generally extremely cumbersome. If a good initiative happens in one place it usually results

in a negative impact in another place. This is why planning has to be looked at holistically in an evidence based way through maps. Unfortunately cash strapped local authorities are barely coping with the day to day things they have to do. https://housingevidence.ac.uk/publications/delivering-design-value-the-housing-design-quality-conundrum/

The proposal for making a citizen led, technology enabled, map based system for decision making would be both deliverable and affordable if initial investment was made into local authority planning departments to get their maps and systems ready for a data driven planning world. Further there has to be more crossover between planning and health budgets, see Breaking Barriers Innovation's work in this area.

## 2. The Built Environment, Design and Placemaking (Housing, Planning and Urban Design and Regeneration)

Overarching Questions:

*2.A - Is there evidence that changes to urban design and housing quality – including energy efficiency, security, affordability – for both new development and neighbourhood regeneration, will lead to healthier cities?*

There is a very extensive body of research on housing affordability, tenure and health. The connections are well established. Here is one UK example. https://doi.org/10.1080/02673037.2015.1070796

There is also quite a lot of evidence on the way in which regeneration can impact positively or negatively on health. Here is an example http://www.publichealthjrnl.com/article/S0033-3506(10)00031-4/abstract

There are many other examples although we need more.

http://www.tandfonline.com/doi/abs/10.1080/02673037.2012.725829
http://link.springer.com/article/10.1093/jurban/jtg063
http://eab.sagepub.com/content/39/3/332
http://bjp.rcpsych.org/content/180/5/428
http://eab.sagepub.com/content/44/5/595
https://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-0573#fullreport
https://journals.sagepub.com/doi/abs/10.1177/0042098016632435?journalCode=usja

*2.B - Can a case be made for the property industry and investors to reset real estate value to include health and wellbeing?*

There is increasing support within the industry for a way of demonstrating commitment to health and wellbeing. There is growing interest in the assessment of people's long-term quality of life through both "passive" and "active" data. This interest is coming from local government such as the GLA, who will be mandating post-occupancy evaluation for all of their social housing projects; from Homes England, who are looking for greater accountability from their housing suppliers; from private developers such as Urban & Civic and Countryside Properties; and from Housing Associations such as Clarion Housing Group.

The Place Based Impact Investment Institute working with the Good Economy and Pensions for Purpose are working to make it more easy for pension funds and others to invest locally and ethically.
https://www.impactinvest.org.uk/publications/report-scaling-up-institutional-investment-for-place-based-impact/

### 2.C - What evidence is available to support the case for changes to local and national policies for housing and the built environment in the light of the Covid experience?

Our qualitative research, Quality of Life at Home (August 2020), asked people across the country what makes a good place to live. Its key findings were:

1. • The importance of local relationships cannot be overstated. It is through their local community that residents experience wellbeing. Likewise, it is through their local communities that they develop an appreciation of the built environment in which they live:
• Many people interviewed reported that their relationships in the local community became tighter during lockdown. Their appreciation of these local relationships increased, and many reflected on the need for an improved work-life balance in the future that would allow them to feel more connected to their communities.
"The more members we have, the more we can identify problems in the area and try to get them resolved with the relevant authorities or organise information sessions - so my magic wand and wish would be to have every resident in Oakley Vale signed up to our Facebook page." 1

2. At the local level, daily routines are supported by the available infrastructure such as parks, pubs and shops. These facilities connect people to one another and allow them to feel part of the neighbourhood.
• The ability to walk in an area (or walkability), and access to outdoor and green spaces, local amenities and community facilities are shared concerns amongst many.
• Focusing on daily routines can help us understand the networks, facilities, and other aspects of the physical and social infrastructure people rely on and value in their local areas.
• The importance of social infrastructure became visible as soon as the everyday order was disrupted by COVID-19. Under normal circumstances, day-to-day routines such as taking walks in the local park, stopping for coffee at a local café to chat with neighbours or taking kids to school are usually taken for granted. The suspension of routines during the period of lockdown highlighted their importance.

• For individuals, daily routines stabilise the notion of home, helping people create a space of domesticity and intimacy. Daily routines increase feelings of comfort, stability and ensure quality of life. They also make possible a separation between different moments of the day and periods of the week.

3. The experience of the lockdown showed that homes that can be adapted support both physical and mental health, increasing quality of life.
• Bedrooms, kitchens and living rooms need to be designed in ways that allow these spaces to play multiple functions and accommodate different users.
• Flexible design of private and communal gardens, gardens and porches should take into account the need to for socialise with neighbours. This can comply with social distancing guidelines at times of pandemic, and promote good relationships between neighbours at all times.
"If a lot more blocks of flats had gardens - to allow socialising in a distance...a physical space for melding public and private space...I'd be thankful to be outside and stationary."

4. To understand quality of life through looking at people in a particular place, we need to understand how the lived and built aspects of the person's environment are connected to each other.
• The relationship between the lived and built environment is revealed through local identities and relationships, as well the degree to which residents participate and engage in neighbourhood life. This approach to the built environment shows that our relationships with
the people we live close to, co-production, active engagement and "open" planning are essential to increasing residents' quality of life.
• Appreciation of the local area increased for many of the people interviewed during lockdown, as they had more time to get to know it. This, in turn, made them feel a sense of belonging at the time when many experienced isolation and disruption in their daily lives.
"Yeah, I feel a lot more connected to my local area, I feel I know it a lot better. The repetitive walks have made me see more of the inequality."

5. The built environment impacts on our quality of life at different scales: as individuals; through the local neighbourhood; and as a result of regional and national policies and trends.
• At a personal level, the impact refers to how satisfied residents are with community life and the physical aspect of the built environment, as well as their sense of personal wellbeing.
• At the local level, the impact of the built environment relates to how available and accessible amenities, facilities and local services are.
• At a regional and national scales, the key impacts of the built environment on individuals are associated with affordability, cost of living, transport, or processes of urban change.

6. Design and planning are essential solutions to improve residents' quality of life but many times they need to be complemented by broader policy strategies.

• The built environment impacts residents' quality of life in a holistic way. This is why, to improve place-based quality of life, we need to combine small-scale strategies (such as local design solutions addressing traffic calming measures) with large-scale, structural solutions linked to policy (such those addressing air quality).

"Global economic equality. Part of the reason we are going through this pandemic is because our global economic system is wrong, our global agriculture, how we make food, keep animals etc. It's all wrong. It's really sad - it's sad this is the reality for so many people… We're living wrong with nature - this will get worse and I wish we'd wake up."


Evidence-based Questions:

## 2.1 - Is there evidence that the integration of housing and health in the same government Ministry and/or at the local level, achieves better outcomes?

It is early days yet but both the Scottish and Welsh governments are moving in this direction. Wales has built its planning framework around place based policy. In Scotland planners work more closely with the NHS. The Scottish Place Standard  tool is exemplary.

https://www.placestandard.scot/

Also see the work of Breaking Barriers Innnovation https://bbi.uk.com/
This includes many solid statistics about ways in which a chat with neighbours might avert the need for expensive medicalised solutions.

There is perhaps more evidence that not integrating housing and health is having adverse impacts.
https://housingevidence.ac.uk/publications/impact-of-housing-design-and-placemaking-on-social-value-and-wellbeing-in-the-pandemic-interim-report/

This is a brief extract from interviews done for this report. Planning and health are clearly intertwined issues that are being kept artificially separate by the way government and local authorities work (CLAW_099, p.24) in the words of one Local Authority Planner:

> I've given various presentations where, for example, in Wales you have the Public Service Boards?  So, you'll have key people from the fire service, police, social services, the NHS, all sorts.  And you'll give a presentation on the benefits of good public open space, and how it can reduce the NHS's bill by you know, basic stuff, keeping people fit, et cetera, et cetera.  And then, if you try to turn the conversation to the NHS, and say, look, why don't you help contribute towards some of this green infrastructure?  Boom.  You've lost them. . . Absolutely lost them.  You cannot have that conversation about people's budgets, 'cause they're so in the public sector, no one is ever going to give any money away… But actually, it's an issue that needs to be dealt with, in terms of preventative for the NHS, rather than perhaps all the pills and the medicine at the end, when it's too late really  (LAPM, p.13).

Nic Wellan from Breaking Barriers Innovation cited (with figures) the financial waste caused to the NHS for GP appointments to provide medicalised solutions for social isolation which could potentially be alleviated through the outcomes of good planning. 'And that could be anything from just nice friendly neighbours around the corner with a cup of tea . . . or good housing (NWIC, p.8).

### 2.2 - What is the evidence that poor quality housing leads to physical and mental ill health, excess (winter) deaths, accidents in the home, increased hospital admissions and readmissions, premature moves into residential care and fuel poverty?

According to BRE research poor housing costs the NHS £1.4 billion a year (Nicol and Garrett, 2019, p. 6).
https://www.bregroup.com/bretrust/wp-content/uploads/sites/12/2019/05/The-Cost-of-Poor-Housing-in-Wales-2017..002.pdf

There is a great deal more published evidence in academic journals. See for example:

http://bjp.rcpsych.org/content/180/5/428

https://housingevidence.ac.uk/wp-content/uploads/2019/03/Housing-insecurity-and-mental-health-Policy-Briefing.pdf

A powerful argument for better housing is the role that poor housing plays in Adverse Childhood Experiences (ACEs) that have been shown to have a strong impact on later life.

### 2.3 - Can the gains from improved housing be quantified financially?

Yes if social return on investment approaches are used. See          1.4 above

### 2.4 - What lessons can be learned from 'post-occupancy evaluations' that obtain feedback and gauge the satisfaction of the homes' occupiers?

Without a knowledge of what works, post occupancy evaluation, it is impossible to design or plan buildings effectively.
https://www.architecture.com/-/media/gathercontent/post-occupancy-evaluation/additional-documents/buildingknowledgepathwaystopoepdf.pdf

Crucial to making health and wellbeing central to the way we create and care for our homes and communities is a more active and long-lasting dialogue with communities and residents throughout the development process. Communities engaged in a dialogue with their local authority, housing association or developer are more likely to have a sense of influence or control over their environment, a key determinant of quality of life. However, an important

missing element at the moment is feedback from residents about how good (or otherwise) their homes and neighbourhoods are. For example:

- Do you feel safe in your neighbourhood?
- Do you have an opportunity to connect with nature?
- Is it safe for children to play outside?

These sort of in-depth, qualitative questions about how people think and feel about their homes and neighbourhoods gives valuable insights into people's lived experiences, but also provides a process that enhances trust and understanding. If people feel as though their voices are being heard, trust and understanding will improve.

Additionally, post-occupancy evaluation can provide important information about what works and what doesn't, and help housing providers improve their products so they are more environmentally and socially sustainable. Overall, the built-environment industry lags far behind other industries in the way in which it engages with consumers and gains feedback; a home is assumed to be good merely because it sells. The National New Homes Customer Satisfaction Survey, the standard measure for customer satisfaction on which housebuilders rate their product, is at best self-serving, given that their star ratings are based on a single question: whether the buyer would recommend their builder to a friend. More must be done to give insights into how well a product serves someone's needs and how that product might be improved.

That is why we have created a post-occupancy evaluation service, YourQOL, that can be delivered face-to-face and on a digital platform (created in partnership with Commonplace). It asks a series of questions that are set against the themes and sub-themes in our Quality of Life Framework. There are a number of questions used in ONS surveys that provide benchmarking, and the picture that emerges overall gives valuable insights that:

- weave accountability into the house-building process so that good work is acknowledged and poor work becomes an opportunity to learn and improve.
- create opportunities for community-building through long-term dialogue between tenants, homeowners, landlords and developers.
- demonstrate best practice and improves trust with key stakeholders, including local authorities, landowners, shareholders and the general public

### 2.5 - Does the evidence from the pandemic show links between susceptibility to the Covid virus and health inequalities such as: overcrowding; multigenerational households; cold and damp conditions; lack of space to work or study at home; lack of garden/balcony/green space?

Research in this area is just emerging but yes this does seem to be the case. See for a good round up of issues:
https://housingevidence.ac.uk/publications/housing-policies-and-the-covid-19-pandemic-a-perspective-from-the-wales-knowledge-exchange-hub/

## 2.6 - How best can Local Planning Authorities play a positive, proactive role in creating the healthy city?

The following answers are based on recommendations created with relation to our Quality of Life Framework, produced in collaboration with URBED.

Control
a. Influence: Devote staff time and resources to supporting local communities in every ward. A network of community development officers with a small budget can support a wide range of community activities that will help to reduce pressure elsewhere in the council. Consider neighbourhood committees (if they don't already exist) and explore what decisions and spending can be delegated to them.
b. Safety: Build strong links with communities and the police and encourage the establishment of neighbourhood watch groups. Support, as far as budgets permit, the provision of local youth facilities and workers along with initiatives that address gangs and knife crime.
c. Permanence: Do what you can to build council houses. Since the borrowing cap on council house building was removed in 2018, some 20,000 council homes have been built using borrowing and reserves. While this is some way short of the 300,000 council homes a year built in the 1960s, it is an important intervention that provides affordable secure housing. Many councils have set up local housing companies developing housing for sale, market rent and social rent that provide cross subsidy as well as creating mixed communities.

Health:
a. Housing: Include the nationally described Space Standards in local planning policy and consider the applicatioof Lifetime Homes. Check the space standards of all planning applications and the implications of daylight and overshadowing.
b. Air quality: Monitor and publish air quality data and consider introducing low emissions zones.
c. Recreation: Develop an open space and recreation policy if one does not already exist applying these standards to each neighbourhood and identifying areas of deficiency.

Nature
a. Green space: Ensure that the open space policy includes all types of green space, including habitats and nature areas. Audit council-owned open space and management regimes to ensure that it is used more efficiently. Use Building with Nature to deliver high- quality green infrastructure and show what good looks like at each stage of the development process.
b. Interaction: Develop a Local Nature Recovery Strategy as set out in the forthcoming Environment Bill to map and plan for the enhancement of habitats and wildlife. Consider Council Adoption Policy for streets and open spaces to ensure that it does not deter the planting of street trees and the creation of naturalised habitats.

    c. Environment: Consider going beyond the Future Homes Standard or bringing forward the target dates in local planning policy. Consider introducing measures on BREEAM performance, embodied energy and water use in local plan policy where legislation allows this.


Wonder
    a. Arts and Culture: Make small grants available to communities to develop their own events and artworks. Ensure that council-backed venues and festivals are required to run community outreach programmes and to take work out of the venue and into the community.
    b. Distinctiveness: Employ at least one urban design officer or buy in/share expertise with other councils and make sure that design advice is provided on all significant developments. Set up a Design Panel or use one of the existing regional design panels and make it a requirement that all larger schemes are put to the panel. Prepare a Local Design Code using the guidance in the National Model Design Code in consultation with local communities. For council-commissioned buildings, consider using architectural competitions.
    c. Playfulness: Work with communities to make the most of local parks and play areas. Require developers to make their schemes child-friendly and mixed-use. Work to create low traffic streets and places that are safe for play.


Movement
    a. Walking and cycling: Work in partnership with local communities to consider whether low traffic neighbourhoods or other measures are appropriate locally. Invest in cycle lanes on all primary streets and other off-street routes, including junctions. Ensure that planning policy requires cycle storage in all new development.
    b. Public transport: Consider public transport accessibility as a central part of the land allocation process in the local plan. Set a public transport accessibility standard and insist that developers provide contributions to ensure that this is met. Lobby regionally to bring public transport back under public control.
    c. Cars: Consider your parking standards and guidelines: are they too high and how can they best be applied? Encourage more parking to be unallocated.

Belonging
    a. Diversity: Use planning policy to ensure that new housing meets local needs and nourishes diverse communities. Make sure that policies on issues such as density, parking, gardens and privacy distances don't limit the range of housing that can be built. Ensure that there is scope for some housing even in high density areas and some apartments in suburban areas. Have a clear social housing policy and ensure that it is implemented through planning agreements to encourage a greater mix.
    b. Community: Understand the communities of your area, map the network of local groups and neighbourhoods and develop them into a mutual support network. Support communities in facilitating local events and street closures where necessary

and work with developers to encourage the development of new communities in a new development.

   c.  Neighbourhood: Require a mix of uses in planning policy and ensure local policies don't restrict the development of local business space. Support local high streets and work with businesses and communities to develop improvement strategies. Consider the idea of Business Improvement Districts to bring companies together and fund improvements.

Connected social infrastructure is key to health and wellbeing. A recent exemplary report by the Mayor of London's office makes this clear.
https://www.london.gov.uk/sites/default/files/connective_social_infrastructure.pdf

## 2.7 - What changes to mandatory Building Regulations (eg. in relation to standards for accessibility) can be shown to improve health and wellbeing?

The quality of housing relates to the way it is designed, the amount and flexibility of space, levels of comfort (neither too hot nor too cold), indoor air quality, sound insulation, ventilation, daylight levels and external space.
This has been a particularly important issue in the Covid-19 lockdowns where people are forced to spend much more time in their homes as chronicled by the Social Life/ Kaizen Partnership survey. This is partly about having enough space, but it is also about the flexibility to use space in different ways and this does not necessarily mean open-plan spaces. Separate kitchens, living rooms and bedrooms can be used for different activities by various household members. There are also concerns with flats created using Permitted Development Rights, including flats with very small floor areas and even in a few cases no windows!

Space Standards

In 1961 the Parker Morris Committee detailed a set of housing standards in their report Homes for Today and Tomorrow. This was based on an ergonomic study of how different households lived. The standards became Government guidance in England and Wales in 1963 and similar guidance was adopted in Scotland. While the council estates built to these standards have not always succeeded, the internal design of the homes has rarely been surpassed.

After the abolition of Parker Morris in 1980, the size of UK housing fell. A RIBA report The Case for Space written in 2011 showed that the average private new build home in the UK was only 92% of the recommended minimum in Parker Morris. The authors conclude we have the smallest homes in Europe and that this has real consequences on our health, family relationships and the educational attainment of children.

Since that time many councils have introduced minimum space housing space standards. The most influential is the GLA's London Housing Design Guide published in 2010 that

covers the overall size of homes, circulation, the size of different rooms, storage, home working and external space.

In 2015 the Government published Nationally Described Space Standards. These apply to England and include minimum areas for new housing based on how many bedrooms, bed spaces and storeys the home has. These standards are the same as the London Guide and also include some guidance on minimum sizes for bedrooms and storage space. Local authorities are able to apply these standards through the planning system provided that they have considered viability and demonstrated 'local need'. Currently, there are no equivalent space standards in Wales and Scotland.

Accessibility

An important aspect of housing standards is accessibility, not simply so people can continue living in their homes if they become disabled, but also if they begin a family and need access for a double buggy or just want to move furniture and benefit from wider doorways and level access. Accessibility is currently covered by Building Regulations which are different in England and Scotland and Wales. Broadly there are three levels:

• Visitable: Homes that are visitable by people with disabilities, particularly wheelchair users. This requires that there is level access to the main living room and a WC on the entrance floor.

• Lifetime Homes: Homes that are 'accessible and adaptable', meaning that if the occupant becomes disabled the house can be converted to their needs (also sometimes known as the 'Lifetime Homes Standard').

• Accessible: Homes that are either laid out to accommodate wheelchairs, but not yet fitted out, or are fully accessible for a wheelchair user.

The English Building Regulations only require developers to build to the first of these levels but local planning policy can go further. The Scottish regulations go a little further but stop short of the second level.

Accessible homes should be adapted to the needs of the occupier so it wouldn't be sensible to apply to all housing. The debate is over Lifetime homes and many people argue that, because any of us could become disabled, all homes should be adaptable. This is something that communities may want to consider particularly where many local people are older. Given our ageing population, it is imperative that we plan for our future as well as current needs, so that all homes meet the needs of all ages.

Comfort

The environment inside the home has a huge impact on health. People need to be able to heat their homes in a way that is affordable. For energy efficient homes care also needs to

be taken to avoid overheating. Poor ventilation can harm the internal air quality and lead to condensation and mould. Levels of daylight and sun have a huge impact on mental health and can be a particular problem on the lower floors of high-density schemes. Noise is also an important issue both between neighbouring properties and within the home between rooms.

These issues are dealt with through a combination of the Building Regulations and Planning. England, Scotland and Wales also have 'Decent' or 'Quality' Homes standards but these only apply to social housing, setting12t.h0esqm.minimum standards for energy efficiency, condition and warmth.

Although these set minimum standards, communities may want to go further. The Housing for An Ageing Population (HAPPI) report sets out an excellent evidence based range of standards. It is increasingly being used for people of all ages. https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports _and_guidance/Happi_Final_Report.pdf

### 2.8 - Are there exemplar toolkits created by any UK cities which could be disseminated for use elsewhere?

The Greater London Authority is doing excellent work on social inclusion and affordability and natural capital https://www.london.gov.uk/sites/default/files/gitaskforcereport.hyperlink.pdf

Greater Manchester is doing important work in prioritising social value. https://www.greatermanchester-ca.gov.uk/what-we-do/economy/social-value-can-make-gre ater-manchester-a-better-place/

Planning Policy Wales is an excellent starting point. https://gov.wales/sites/default/files/publications/2021-02/planning-policy-wales-edition-11_ 0.pdf

### 2.9 - Do any robust studies demonstrate the benefits of land value capture and make the case for replication of past examples of new settlements and urban extensions that create strong communities?

https://housingevidence.ac.uk/lets-talk-more-about-land-value-sharing-and-less-about-land-value-capture/

There is an excellent piece by Edwin Loo on Land Value Capture in Singapore based on a UK mode.

https://doi.org/10.1111/newe.12138

## 2.10 - What is the evidence of benefits from achieving a mix of incomes and housing types, for young and old, and an absence of segregation?

This is a poorly researched area.

Rudlin and Falk's *Sustainable Urban Neighbourhood* book is an excellent resource on this. A useful LSE PhD thesis on the subject      can be found here http://etheses.lse.ac.uk/657/1/Kilburn_Together_apart.pdf

## 2.11 - Is there evidence that outcomes are unsatisfactory for occupiers of high-rise flats? Or of out-of-town estates with no community facilities?

This is a poorly researched area. Some examples of research can be found here

10.1093/jurban/jtg063

http://www.tandfonline.com/doi/abs/10.1080/02673037.2012.632080

This report discusses the problem of new estates with no community facilities. https://housingevidence.ac.uk/wp-content/uploads/2020/12/12506_CaCHE_Delivering_Design_Main_Report_IA-1.pdf

## 2.12 - Is there evidence that changing patterns of work and retail during the pandemic – with implications for new development and neighbourhood regeneration - will be sustained afterwards? How can emerging opportunities for regenerating high streets and reviving town centres be achieved post-Covid?

Yes this is likely. There has been a flurry of recent research on the high st, for example.

- https://doi.org/10.1080/0965254X.2019.1642938

- https://www.tandfonline.com/doi/full/10.1080/14649357.2021.1875030

There is an important role for the Arts and Humanities to play in place based research which is topic that the Arts and Humanities Research Council is promoting.

*2.13 - Is there evidence that Home Improvement Agencies, providing advice and support for home retrofitting for older owners, are enhancing health and wellbeing for those living in poor conditions?*

3. Transport and movement, infrastructure and technology (smart cities)

Overarching Questions:

*3.A - Could the transport and mobility sectors lead the way, after the pandemic, in offering evidence-based solutions to issues of air quality, energy consumption, improved productivity, 'levelling up' and helping create the healthy city?*

Transport policy is dominated by the motor vehicle sector. An increasing body of research is showing that lower income people are less likely to use private motor vehicles and that active travel is key to the levelling up agenda. See for example

https://chrgj.org/wp-content/uploads/2021/07/Report-Public-Transport-Private-Profit.pdf
https://www.tandfonline.com/doi/pdf/10.1080/01441647.2019.1649317
https://www.ethnicity-facts-figures.service.gov.uk/culture-and-community/transport/car-or-van-ownership/latest
https://pedestriansfirst.itdp.org/city

https://www.transportfornewhomes.org.uk/wp-content/uploads/2018/07/transport-for-new-homes-summary-web.pdf

*3.B - What are likely to be the long-term effects of the pandemic on use of public and private transport and, in particular, changed working/commuting behaviour?*

Evidence-based Questions:

Digital Divides

*3.1 - Is there evidence available to help our understanding of how the digital divide – both physical and social – may be excluding:*

- those without any or adequate broadband, preventing access to online shopping, studying, work and recreation;

June 10 we published a joint report with City Fibre based on a poll of 1012 people that *showed the extent to which access to online connectivity impacts quality of life.*

*· A total of 80% of people said that day-to-day life would be impossible or significantly worse without online connectivity.*

*· Figures suggested a potential digital divide may be emerging as renters were nearly twice as likely to describe their connection as only average or unreliable compared to those who own their own home.*

*· Usage overall soared during the pandemic — half of us are now spending at least four hours using the internet each day, with over a quarter spending over six hours online.*

Following a year of Covid restrictions, the new figures reveal the extent to which we now rely on connectivity as a central part of our everyday lives. Just 1% of people now say that the internet isn't important at all to their lives, with 42% saying that the internet is now so important that their lives would be impossible without it — up more than a third from pre-pandemic levels.

However, the new research identified an underlying trend showing people are more likely to be satisfied with their connection if they are a homeowner compared to a renter. Renters were nearly twice as likely to describe their connection as only average or unreliable than those who own their own home. This has had a significant impact on the nation's ability to cope during the lockdown as homeowners found it a fifth (21%) easier than renters to perform tasks such as home working or online schooling.

The increased reliance on connectivity during the pandemic has put intense strain on the UK's legacy networks, with 69% of people, homeowners and renters, saying they have experienced interruptions, such as service dropouts, in the past year. Whilst the vast majority (87%) of people believe that improvements to the speed and reliability of their connection would improve their quality of life.

<u>Patterns of working</u>

### 3.2 - Is there evidence of the effects relating to working practices adopted during the Covid pandemic:

- flexible working,
 - hybrid working at home and in an office,
 - working in office hubs close to home


### 3.3 - Is there evidence on likely impacts for mobility, following the pandemic, relating to: - the demand for travel,

- the viability of public transport,

- reductions in congestion

*3.4 - Is there evidence of changing attitudes toward, and expectations for: - the role of the car (in particular the role of SUVs)*

- public transport and continuing need for social distancing

- novel forms of transport – mobility as a service, sharing, Uber etc. - walking and cycling – and health – risks, safety etc.

Technology

*3.5 - What evidence exists to help us to assess the impact of electric vehicles and the outcomes from less air pollution?*

*3.6 - Is there evidence of benefits of use of technology/apps for travel planning and seamless door to door journeys?*

Green spaces

*3.7 - Is there evidence of benefit to health and wellbeing from access for citizens to green space facilities, parks, allotments, etc?*

The Fields In Trust offers a useful measure of adequate access to green space.

There is a large body of evidence in this zone. Examples include:

https://www.nature.scot/sites/default/files/2020-04/NHS%20Greenspace%20Demonstration%20Project%20-%20full%20report%202020.pdf

https://research-repository.uwa.edu.au/en/publications/public-green-spaces-and-positive-mental-health-investigating-the-

https://doi.org/10.1111/ijpo.12629

4. Health & Wellbeing (public health, social prescribing, food and exercise, health creation)

Overarching Questions:
*4.A - Is the Commission right to see health as the prism through which to consider the full spectrum of a city's social and public policies?*

Yes. The government's use of "beauty" as the key determinant of their housing policy is misguided, since it is both subjective and divisive. Health and wellbeing should be the key determinants of a city's social and public policies.

Health is closely linked to social value or wellbeing as can be seen from the Quality of Life Foundation's Framework. Social value, environmental value and economic value are the triple bottom line of sustainability, together they constitute what is sustainable design value.
https://www.ukgbc.org/ukgbc-work/framework-for-defining-social-value/

Unfortunately most people don't understand 'social value'. Health, quality of life or wellbeing also work.
https://housingevidence.ac.uk/wp-content/uploads/2018/11/Design-value-at-the-neighbourhood-scale-Revised-template-Dec-2020.pdf

### 4.B - How can our highly centralised and illness-orientated health service be transformed to achieve more responsive, more preventative, more holistic and more personalised outcomes?

See the discussion of map making above in 1. Maps will show where impacts happen as well as their magnitude enabling trade offs to be made between different kinds of value. Maps can also be used to develop more personalised services and better programming of areas.

### 4.C - What data have been found to be the most useful in measuring the health of cities?

We would argue for social value data coupled with passive data such as indices of deprivation, mortality, food deserts etc. Stantec are currently working on a formulation of the data sets that need to be used. See Better Places Toolkit mentioned above.

Evidence-based Questions:

### 4.1 - What evidence supports the case for investment in public health and prevention?
There are many: Homeslessness, crime, mortality rates, wellbeing of children, food deserts, obesity, travel patterns, housing affordability, assured tenancies.

Social value is a more positive way to collect positive data about the good things that are happening. Also measures of connective social infrastructure - see Mayor of London's work.

### 4.2 - Does the evidence suggest the most cost-effective improvements in health and wellbeing will come from encouragement of healthier lifestyles and diets,

*combatting obesity, inactivity and tobacco/alcohol/substance abuse? How big a part can education play – from early years throughout the life course – to make a significant difference?*

See for example

https://ehjournal.biomedcentral.com/articles/10.1186/1476-069X-5-25
https://doi.org/10.1111/ijpo.12629

https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health
https://www.unicef.org.uk/wp-content/uploads/2011/09/IPSOS_UNICEF_ChildWellBeingreport.pdf
https://aplaceinchildhoodorg.files.wordpress.com/2019/12/national-planning-policy-report.pdf

There is a real issue about the fact that so many homes lack a dining table and many children and adults eat in front of the TV.
https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12819

### 4.3 - Are there further fiscal incentives (eg. like the sugar tax) that have been shown to affect behaviour positively?

We are not aware of much research in this area but the fiscal incentive that would be likely to have major impacts in terms of empowerment and equality would be a land tax.

### 4.4 - Is there evidence of the success of the social prescribing route to achieving health and wellbeing?

This is an undeveloped research area in our experience.

### 4.5 - How can citizens and local employers be involved in co-production and co-ownership of local solutions to improve health and wellbeing? Should the CCHC use surveys and opinion polls to establish how users of services can best engage in creating healthier cities?

Citizens should certainly be consulted as empowerment is a crucial dimension of wellbeing. Surveys are however a very dry way to engage with people. See discussion of digital mapping for engagement above.

### 4.6 - Does research indicate that the long-term future of the NHS model is financially unsustainable, requiring investment in prevention research and implementation?

*4.7 - Is there evidence on what health-related activities are best done at a national scale and what should be further devolved to local (or regional) government?*

Anecdotal evidence gathered while writing this report
https://housingevidence.ac.uk/publications/impact-of-housing-design-and-placemaking-on-social-value-and-wellbeing-in-the-pandemic-interim-report/
Suggested that local provision through local authorities needed to be supported and that although the building of large hospitals made for good headlines it was actually small local health interventions that were more effective and accessible for people.

*4.8 - What has the Covid pandemic taught us in terms of health inequalities? What are the lessons in respect of residential care homes and the need for age-friendly, independent accommodation within the community?*

There is a large body of research on the inadequacy of provision for later life and some good recommendations. See for example

https://www.brighton.ac.uk/_pdf/research/ssparc/wellbeing-in-oldage-executive-summary.pdf
https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/towards_common_ground.pdf

*4.9 - Do the data from international comparisons show good/poor performance of the UK on measures of life expectancy, years of life free from impairments, infant mortality, violent deaths and the health of poorer communities? Are there clear lessons from other countries to guide UK practice?*

The UK is performing poorly as do other unequal countries like the USA. A good summary is provided by Richard Wilkinson and Kate Pickett in their work on inequality, *The Spirit Level* and T*he Inner Level.*

Blue Zones are places where people enjoy the best health and longevity across the globe.
.https://www.bluezones.com/community/#section-2

The role of green space, autonomy and good plant based diets are key.