New towns: Creating communities

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Written Evidence Submitted by
GroundsWell **(https://groundswelluk.org/)**

The GroundsWell Consortium is an interdisciplinary team of researchers who, in collaboration with local communities and policymakers, are understanding and documenting the role that urban green and blue spaces (UGBS) play in the social, economic, environmental, cultural and health systems that make up urban areas. Specifically, Groundswell is identifying how we can use UGBS to reduce health inequalities and chronic disease that are prevalent in urban settings such as towns. We will focus on a subset of the issues raised by the Built Environment committee here.

1(a) If new towns are to be built in i) inner urban, ii) edge of urban, and iii) rural locations, how should the principles of good placemaking adapt to build viable places with a positive character and identity?

GroundsWell research demonstrates that placemaking which embeds health, equity, and connection to nature from the outset produces more resilient and inclusive communities. Our Liverpool and Belfast studies show that the presence of accessible green and blue infrastructure, designed using the 3–30–300 framework, supports both physical and mental health and fosters local identity. Community co-design, particularly including children, older adults, and seldom-heard groups, is essential for meaningful local distinctiveness that is set up for community buy-in and sense of place.

Through the GroundsWell consortium's work with communities (with a range of non-communicable diseases, diverse backgrounds and from low-income areas), policy-makers and practice stakeholders, we identified the importance of connecting people with UGBS in ways that are relevant to their lives, communities and identities, and of understanding those who do not use/benefit from urban green and blue spaces and why(1). These conversations pointed to the desirability of planning change that supports the co-benefits of urban green and blue space, such as improved biodiversity, food security and safer communities. Such changes can act as upstream interventions with large reach and are easily modifiable parts of environments that can represent quick wins for good placemaking and preventative health of the local community (2).

As we presented in our evidence to Parliament, we state the dire need for better access to, and higher quality of, urban green and blue spaces in deprived communities and other marginalised groups(3). A consistent theme across our research is that access to quality green and blue space is not equitable. The most deprived communities often have the least access to good-quality green space. Furthermore, community engagement is vital, as preferences for green space use and design vary dramatically by individual and group. Without co-design and inclusive engagement, new spaces risk being underused or failing to meet the needs of the communities they are intended to serve. There is also a strong desire for more collaborative resource-sharing between organisations. Greater community ownership of these spaces increases community pride and reduces the likelihood of vandalism.

1(b) What are the current barriers to good placemaking in these different locations, and how can they be overcome?

Our research in Liverpool, Belfast and Edinburgh has identified systemic barriers including uneven distribution of green and blue assets and poor or unstructured mechanisms for community participation in placemaking and in how parks are managed (2).

These can be addressed by setting minimum, measurable standards for urban greening and canopy cover and embedding participatory co-design methods. Early investment in social infrastructure and inclusive engagement reduces later remedial costs and builds trust between developers and communities.

2(a) Should new towns be seen as an opportunity to encourage innovative urban design and architecture? If so, what does this mean?

Yes. Innovation should focus on designing for health and wellbeing. GroundsWell research demonstrates how Health Impact Assessments (HIAs) can make health outcomes a formal part of planning approval.

Innovation also means recognising urban green and blue spaces as core infrastructure and not ‘nice-to have’ only or post-hoc additions. Our comparative work across Liverpool, Belfast, and Edinburgh shows that such approaches increase social cohesion, mental wellbeing and physical activity while reducing exposure to environmental stressors.

Provision of green infrastructure via new town design is essential. City centres are particularly lacking in access to trees and adequate green spaces. GroundsWell has robust data on access to multiple green and blue infrastructure types to support additional analysis and understanding of what is needed and where; prioritising

additional green infrastructure in city centres is essential to improving health and wellbeing indicators not only for residents but also for workers and those visiting.

New towns policy needs to include green and blue infrastructure as their own core entities, and the innovative goal of this policy should be not only to diversify the housing stock but to also recognise that housing and the built environment, with urban green and blue spaces as unique valuable components, have a key role to play in improving health outcomes and addressing health equity.

3. How can high quality urban design be afforded?

Affordability can be achieved by embedding minimum quality thresholds, such as canopy coverage or green/blue-space access, into planning policy rather than treating them as optional enhancements. Long-term management funds for green infrastructure, secured through developer obligations, sustain design quality and reduce lifecycle costs. They can also reduce the energy burden for cooling in summer, mitigating the urban heat island effect, and for heating in the winter through effective wind shelter.

4. How can new towns be future-proofed, responding to changing working and lifestyle patterns, emerging economies and new technologies?

Our work shows that adaptable, mixed-use neighbourhoods with strong green infrastructure are more resilient to economic and lifestyle shifts. Designing in this way with communities involved from the outset, future-proofs for climate adaptation and simultaneously strengthens community cohesion. Nature-based solutions such as urban forests, rain gardens, and connected green/blue corridors, provide cooling, flood mitigation, and social space, supporting resilience to climate and public-health challenges. Green corridors encourage active travel; walking and bus travel or cycling, can become a pleasant experience and something that all strive for rather than only being aspirational/reachable for a few.

5. How should nature and biodiversity be incorporated in the development of new towns?

GroundsWell research quantifies the health and equity benefits of urban greening: proximity to trees and blue spaces correlates with lower stress and higher physical activity. New towns should plan nature as a spatial framework, meeting 3–30–300 targets and ensuring equitable distribution of canopy cover. Biodiversity should be integrated through layered green infrastructure, street trees, community gardens,

wetlands, as well as a focus on local neighbourhood parks, with management plans co-designed with residents to build stewardship capacity.

6(a) What social and community infrastructure should be prioritised in the early development of new towns, and what at a later stage?

Through the GroundsWell consortium's work with communities (with a range of non-communicable diseases, diverse backgrounds and from low-income areas), policy-makers and practice stakeholders, we identified the importance of connecting people with urban green and blue spaces in ways that are relevant to their lives, communities and identities, and of understanding those who do not use/benefit from urban green and blue spaces and why (1). These conversations pointed to the desirability of planning change that supports the co-benefits of urban green and blue space, such as improved biodiversity, food security and safer communities. Such changes can act as upstream interventions with large reach and are easily modifiable parts of environments that can represent quick wins for good placemaking and preventative health of the local community (2).

Therefore, quality and accessible green and blue space should be the first social and community infrastructure prioritised in the early development of new towns, and done so with co-design from the outset.

7. How can new towns use the built environment to support health and encourage healthy lifestyles, including mental health?

Our Liverpool, Edinburgh and Belfast studies show that exposure to high-quality green and blue spaces improves mental wellbeing, supports maternal health, and promotes social cohesion (7). Designs that maximise tree views, safe walking/wheeling routes, and accessible waterfronts support daily physical activity and mental restoration. Housing quality, air quality, and energy efficiency are equally vital: poor housing undermines health gains from good urban design.

We would encourage that Health Impact Assessments (HIAs) are built into the design of new towns and that it is written in a way that meets the minimum standards of HIA. (https://hiasociety.org/MEPS). The stakeholder engagement component of HIA is particularly essential and resources that already exist within local councils (e.g. Neighbourhoods Team, Community Researchers through HDRCs should be leveraged for that engagement). It should be clarified what is considered to be sufficient stakeholder engagement and this may change depending on the size of the project. One of the biggest risks of carrying out HIA is not involving significant stakeholder engagement, resulting in recommendations that are not supported by most of the community.

8. How can new towns be designed to ensure they are inclusive and accessible to all groups throughout their lives?

Our co-design work demonstrates that early engagement produces more usable, welcoming public spaces. Universal design principles, step-free routes, inclusive play, mixed-age amenities, combined with local stewardship, ensure accessibility across the life course.

Our research reinforces that design decisions made without the involvement of diverse local residents, particularly those from deprived and seldom-heard communities, risk reinforcing inequities rather than promoting inclusive public benefit (2).Policy evidence produced at the University of Liverpool regarding the Liverpool City Region shows that wellbeing benefits of blue space are shaped by local context, identity, connection and community presence, and that interventions should be determined collaboratively with local people, including those who do not currently use blue spaces (3).

We recommend any new town proposal explicitly state that design around these spaces include:

Co-design and community governance in activation plans

Engagement approaches that are tailored to and represent underserved and seldom-heard voices, including children and young people

Collaboration with local voluntary, community and faith organisations as community champions to build local capacity for stewardship and activation

Ensure design improves accessibility and comfort for those currently under-represented in green-blue-space use, including younger people, minority ethnic communities and low-income groups

We suggest that outdoor spaces that are free at the point of use, good quality, well designed, safe spaces are suitable for all. One co-designed study found that different features are needed for teenage girls who are encouraged to be active through the inclusion of swings (5). The use of lighting can ensure these spaces are safe and used year round, as per the example of the Connswater Greenway in Northern Ireland (6).

References

1. Khalaf, Rukun KS, et al. "Causally inferred evidence of the impact of green and blue spaces (GBS) on maternal and neonatal health: a systematic review and meta-analysis." Environmental Research: Health (2025).

2. Wendelboe-Nelson, C., Wang, Y., Bell, S., McDougall, C. W., & Ward Thompson, C. (2024). Your Favourite Park Is Not My Favourite Park: A Participatory Geographic Information System Approach to Improving Urban Green and Blue Spaces—A Case Study in Edinburgh, Scotland. Land, 13(3), 395.

https://committees.parliament.uk/writtenevidence/125642/pdf/

3. Hayes, Joanna and Charlotte Lyddon. 2025. 'The wellbeing potential of urban blue space: lessons from Liverpool City Region'. Heseltine Institute Policy Briefings 3 (19). Available from: https://www.liverpool.ac.uk/heseltine-institute/policybriefs/series3policyinanageofuncertainty/policybrief319/

4. Pasanen, T. P., White, M. P., Wheeler, B. W., Garrett, J. K., & Elliott, L. R. 2019. Neighbourhood blue space, health and wellbeing: The mediating role ofdifferent types of physical activity. Environment International, 131, 105016. doi: https://doi.org/10.1016/j.envint.2019.105016

5. Make space for girls. It don't mean a thing if it ain't got that swing. Available at: https://www.makespaceforgirls.co.uk/blog/it-dont-mean-a-thing-if-it-aint-got-that-swimg

6. The Connswater Community Greenway. The Eastside Partnership is the community organisation who 'animates' the Greenway: https://www.eastsidepartnership.com/

7. Wendelboe-Nelson, C, et al. Outdoor health intervention for refugees, migrants, and asylum-seekers: A mixed-methods pilot study, Health & Place, Volume 91, 2025, https://doi.org/10.1016/j.healthplace.2024.103387

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