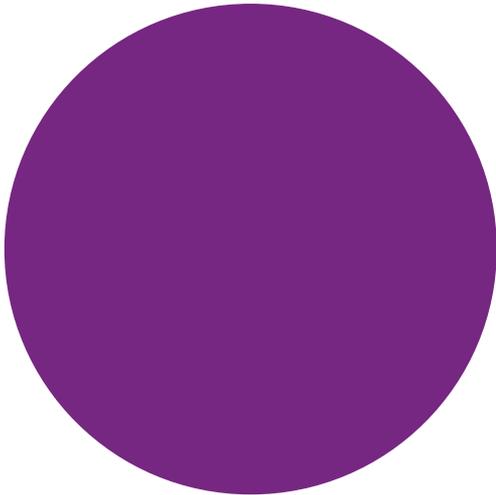


Health on the high street



Michael Wood
Susie Finlayson

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

Find out more at www.nhsconfed.org
and follow us on Twitter [@nhsconfed](https://twitter.com/nhsconfed)

NHS Reset is our campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together our members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

Find out more at www.nhsconfed.org/NHSReset
and join the conversation [#NHSReset](https://twitter.com/nhsconfed)

About Power to Change

Power to Change is the independent trust that supports community businesses in England.

Community businesses are locally rooted, community-led, trade for community benefit and make life better for local people. The sector owns assets worth £890 million, and comprises 9,000 community businesses across England who employ 33,600 people. (Source: Community Business Market 2019).

From pubs to libraries, shops to bakeries, swimming pools to solar farms, community businesses are creating great products and services, providing employment and training and transforming lives. Power to Change received its endowment from the National Lottery Community Fund in 2015.

Find out more at www.powertochange.org.uk

Key points

- The NHS is seeking to reset its services and priorities in light of COVID-19, with an increasing recognition of the role it could have in wider community issues, such as influencing the social determinants of health and building sustainable communities.
- In August 2020, leaders from the NHS, local government, community businesses and a range of invited experts attended a high-level roundtable event to discuss how might we embed health at the heart of our place.
- Discussions at the event highlighted the increasing appetite within and outside the NHS to realise the role of health in supporting economic and social recovery and to reimagine our relationship with the high street.
- The nature of the COVID-19 pandemic can act as a timely opportunity to radically re-think which NHS services could be more effectively and appropriately delivered in communities. This can be done in ways that make our high streets more economically and socially sustainable and the services themselves more accessible.
- There are immediate opportunities for the NHS to become directly involved in the high street policy agenda, including:
 - running health services from vacant property, including vaccination programmes
 - broadening the range of services provided within communities
 - supporting and participating in the design of healthy communities and places.
- Developing a healthier high street does not have to cost more than the current system and could have significant economic advantages for local communities, local authorities and property owners.
- Local authorities have a particularly important role to play in developing and embedding health on the high street principles. The NHS is well placed to work with them to assist in developing an approach that better understands the social and economic potential of health, as well as strengthening the role of communities in decision-making, and ownership and use of high street spaces.
- This report makes a series of recommendations for government, the NHS, local authorities and bodies such as local enterprise partnerships, to realise the potential of our places.

Background

The high street occupies a pivotal role in our communities. While the composition and size may vary, they are often a point of community focus at the heart of nearly every city, town and village, and for generations have been the place where people go to shop, meet or work. They are an economic, social and cultural hub that shapes the vibrancy, wellbeing and prosperity of where we live and work.

Through the NHS Reset campaign, the NHS Confederation and Power to Change are working with national and local leaders from a broad range of sectors to understand the challenges facing the high street and the opportunities to rethink the critical role the health sector can play as places look to recover economically and socially from COVID-19.

In August 2020, leaders from the NHS, local government, community businesses and a range of invited experts attended a high-level roundtable event to discuss how might we embed health at the heart of our place. It is clear from this and other discussions that there is increasing appetite from within and outside the NHS to realise the role of health in supporting the economic and social recovery and in particular to reimagine our relationship with the high street.

This report is based on discussions with, and is intended to be read by, the range of NHS, local government and wider community leaders who would be collectively responsible for designing, developing and delivering health to the high street. It offers principles to guide local discussion and decision-making, as well as outlining how future government policy should evolve to support this agenda.

Building health into the high street

“We have a generational opportunity not only to rethink what NHS services could more effectively be delivered on the high street, but to sustainably embed them at the heart of a diverse new community offer.”

**Michael Wood, Head of Health Economic Partnerships,
NHS Confederation**

"Health and wellbeing are central to community life and a new vision of a civic, more community-centred high street must have health services at its heart and promote healthy living."

Ailbhe McNabola, Head of Research and Policy, Power to Change

The decline of the UK's high streets is well documented. The growth of out-of-town shopping centres and internet shopping has led to absentee landlords, empty shops and a stifling of choice at the heart of our communities. There are though, green shoots of optimism. While it was clear before the COVID-19 pandemic that the high street could not survive just as a retail destination, our experiences since have galvanised the idea of the high street returning as a community hub.

The pandemic has accelerated the need to think differently about how we design and create vibrant, thriving high streets. There is some evidence that the impact of COVID-19 may be larger on city centres than on smaller towns – from 1 March to 30 June, footfall in larger cities fell by 75.9 per cent compared to 34.5 per cent in smaller district centres – but the future of both remains very uncertain.¹ Furthermore, a 2019 analysis of data for Power to Change showed that public and community ownership of premises on high streets results in fewer empty properties than private ownership. Across the 22 busiest high streets in the UK, shop units with overseas investor ownership were more than twice as likely to be empty as shops under public sector ownership. Vacant shops were also more likely to be under real estate company ownership (one quarter of empty shops) and overseas investor ownership (around one in five). However, those under community, social sector or public sector ownership made up only one in ten empty shops.²

Recent analysis from the Local Data Company and reported in the Financial Times found that local independent shops are less likely to have closed as a result of COVID-19 than larger chain stores, as they are more agile and have a better understanding of their communities.³ Despite this, high streets face a bleak future. The British Independent Retailers Association reported in April 2020 that 20 per cent of retailers had not intended on reopening, even when lockdown restrictions were relaxed.⁴

When viewed in isolation, rebuilding our high streets in the current climate presents a significant task for local authorities and their partners. However, they are not alone.

“The principles underpinning health on the high street offer us the opportunity to redesign our services with our communities. Working with, and supporting, citizens, businesses and other public services improves the cohesion, viability and prosperity of our places and demonstrably improves health and wellbeing.”

**Beatrice Fraenkel, Chair, Mersey Care NHS Foundation Trust;
Member, High Streets Taskforce**

The NHS is currently seeking to reset its services and priorities in light of COVID-19, with a growing acceptance that it won't just return to how things were before. This focus is not simply on how services are delivered, but also includes a recognition that the NHS is a critical anchor institution in many communities and plays a role in wider issues, such as influencing the social determinants of health and building sustainable communities.

The speed and scale of the changes we are witnessing opens new and timely opportunities to rethink what the high streets of the future could look like and what they offer, and for health services and communities to be considered as leading players in their redevelopment.

Building health into the high street has multiple benefits. It can play an important role in addressing health inequalities, offer much-needed additional capacity for health service delivery and attract more people into their local high street, while encouraging healthier lifestyles. Not only would more people visit and use high streets, the types, ethos and diversity would change. Those who may not use high streets regularly to shop would, for example, use them to attend health services, making more vibrant community spaces.

It is now time for the impact on health, and the role of health services and communities, to be at the centre of plans for the regeneration of high streets.

How the NHS could become directly involved

Making services and information available on the high street: As high streets tend to be at the centre of public transport networks, this can make a wide range of health and care services more accessible to people and, importantly, increase their engagement and effectiveness. Placing this principle at the heart of service design can stimulate a new chapter in how public services such as the NHS engage with citizens and communities. It would also reduce carbon emissions, as travel to distant hospitals could drop, and reduce footfall in hospitals during the COVID-19 pandemic. This can include both widening the offer in existing NHS high street premises such as community pharmacists, and looking at newly vacant space on the high street that could be utilised by the NHS in partnership with a range of other services.

Vaccinations: The NHS will face considerable challenges in vaccinating both its target of 30 million people against the flu this winter and the anticipated COVID-19 vaccine, all while observing social distancing rules. Many existing healthcare premises have little space to increase the number of vaccinations they offer and the high street should form part of local planning, particularly given it would increase footfall and support local businesses. For example, temporary vaccination centres could be set up in newly vacated shops for use throughout the next six months or longer.

“High street locations can be easier for people to access and for many health services are a more appropriate setting. Real thought should be given to utilising vacant retail space for diagnostic and primary care services, potentially covering multiple primary care networks. There are opportunities for primary care networks to lead on this, either singularly or by working together, and to place a basket of services on a single, accessible site.”

**Dr Mark Spencer, Clinical Director, Fleetwood PCN;
Co-chair, NHS Confederation PCN Network**

Designing healthier places: The direct role of the NHS in planning and designing local places is not always clear, despite the obvious benefits for the service from supporting healthier local populations. The high street policy agenda can be an important part of the emerging integrated care system (ICS) population health plans and one that enables local relationships, data sharing and influence. ICS planning leads are well placed to co-ordinate planning conversations across the footprint, including for Section 106. This will help clarify communication and relationships between the NHS and those designing healthier places, thus aligning services with improved environments.

Potential health benefits from regenerated high streets

Healthy travel: High streets are more accessible to people without cars than out-of-town centres and offer a chance to promote other sustainable forms of travel. In the longer term, car use is likely to decline and public transport, walking and cycling will be the normal way to access town centres, meaning high street design needs to evolve. Low traffic neighbourhoods have also been shown to increase life expectancy.

Reducing health inequalities by improving access to services locally and at low travel cost: Reduced travel time for tests and consultations could mean less need for people to take time off work to access services, and potentially mean accessing services during lunch breaks. This matters in both rural and urban locations and would, for example, support families struggling financially or who are self-employed. Providing a range of public services, including health, within high-street settings such as libraries or children's centres could further reduce health inequalities and make them more vibrant and diverse spaces.

Unused high street space could be used to provide leisure and cultural facilities and public green space, potentially including social prescribing: This could include public events and performances, which can provide revenue for local businesses through, for example, pop-up shops or food carts, or community organisations' use of civic spaces. This has happened in Stockton-on-Tees, where the local authority purchased two shopping centres with the intention of consolidating retail in one, demolishing the other and opening up a large green space and amphitheatre on the site.

Involving people in decisions about the future shape of their town centre: Involving local people in decisions about their community and potentially setting up community owned businesses and services can have a positive effect on health and wellbeing. Having a stake in your future and place positively impacts on the social determinants of health, as highlighted in a 2019 review by the University of West of England's Centre for Public Health which found that community owned businesses improved physical and mental health.

Introducing health on to high streets filled with unhealthy options: Allowing people to consider their own health needs through education and support at a local level will make it more likely that they would reconsider unhealthy choices. Locating a health facility next to a health food shop provides greater opportunity to make the connection between poor health and lifestyle.

Why local authorities should think about the health impact of regeneration schemes

Empty shops mean less footfall in town centres and ultimately less income from business rates. This sense of a place in decline has negative impacts on the wellbeing of local communities. Working with the NHS and communities can play an important part in reducing the impact of this on council income. If people come into town centres for NHS services, they will be more likely to use other facilities and visit other shops and businesses.

A healthy population is likely to reduce the demand for core council services such as adult social care. Reducing isolation among older people could be particularly important and, in the long term, a healthy high street could contribute to lower levels of demand for council services.

Quality of life makes areas more attractive to live in and may drive investment. The COVID-19 crisis has shown how people value aspects such as access to green spaces and a sense of community. This may lead to a permanent shift in people's habits, such as reduced commuting and more working from home. This last change in particular is expected to drive more demand for satellite offices locally or potentially co-working space for those who can't easily work from home.

In addition, encouraging people to access services and shopping locally is likely to reduce CO2 emissions and encourage sustainable transport.

Involving the community

The high street is often a physical manifestation of a local community. It is where people meet, shop and go out to eat or be entertained. The challenge is to make it also a place where people can be engaged with health issues and enabled to live a healthier life.

The current system of ownership of town centres has little transparency, many absentee landlords, and is highly fragmented. This presents a barrier for regeneration projects that seek to allow 'meanwhile' leases, which encourage the temporary occupation of empty retail premises by non-commercial occupiers while assets are being transferred. This was outlined in a report from the London School of Economics and Political Science, which was commissioned by Power to Change.

The report, [Saving the High Street: The Community Takeover](#) found many benefits from community owned businesses on high streets, including

increasing the footfall and diversity of those visiting high streets, less likelihood of those businesses abandoning an area if the current business model changes, and more resilient and vibrant high streets. Recent research for Power to Change estimates that there are at least 6,300 community owned buildings and green spaces, including many on the high street. Together, they contribute £220 million to UK GVA (gross value added), and 56p of every £1 they spend stays in the local economy.⁵

The examples in the Power to Change report show that community ownership has led to some sites becoming community hubs that support other charities, such as those providing goods for people experiencing homelessness, and providing healthy eating classes.

The report calls for local authorities and statutory bodies to do more to support community businesses to move into high street premises. Actions could include secure leases that increase as businesses become sustainable, and easing of asset transfer processes.

This is not about things being done to the community; it is about the community being the leaders and statutory organisations being the enablers.

Community businesses impact positively on health and wellbeing through a combination of delivering better access to services,⁶ reducing isolation, and improving physical and mental health. They also contribute to local training and employment opportunities and positively contribute to local economies, promote a sense of agency and enable people to have a meaningful say in the decisions made about them and their community.⁷ Combined, these features address many health inequalities and address the social determinants of health.

What are community businesses?



They are **locally rooted and locally accountable**.



They **trade to achieve sustainability**.



They **deliver community-wide impacts**.

One of the challenges with redeveloping high streets is to fully involve the community in a number of ways. This should not just be a one-off consultation on future development, there should also be opportunities to become engaged through, for example, community owned enterprises.

What is needed to drive positive change

Buy in from all potential partners: One of the first tasks may be to identify potential partners and find a forum where they can be brought together. Sustainability and transformation partnerships (STPs) and well-developed and advanced ICSs might help with this, as they already bring together health services and top-tier local authorities. District councils, which are crucial to high street regeneration, historically tend to be less involved in these partnerships though. Primary care networks, which cover smaller areas, are starting to see how they could usefully and practically be involved. Local enterprise partnerships (LEPs) bring together local authorities and businesses to lead on economic growth and job creation, while business improvement districts are geographical areas in which local businesses have voted to invest together to improve their environment. There are examples of the NHS working well with both these bodies locally, as well as being involved in other opportunities such as the development of community improvement districts.

A sense of shared purpose and trust: The COVID-19 pandemic has demonstrated that organisations who could traditionally take months or even years to reach a decision can work together effectively and move incredibly quickly when there is a pressing imperative. Driving the sort of changes needed for high streets will require organisations to collaborate in making swift decisions, trusting one another and accepting that not everything will work. The role that bureaucratic barriers play in inhibiting this needs to be examined.

Sharing the risks and benefits: No organisation should lose out. All partners in the schemes need to share the risk but also stand to benefit. An example of this might be [One Public Estate](#), which encourages the public sector to work together and share assets. This can involve providing services from a shared site with cost benefits for all partners.

Working with communities to ensure that regeneration has the desired effect: Initiatives have the potential to go wrong if the public are not engaged and the potential for adverse effects is not spotted. This can also damage existing green shoots started by a community but not understood or recognised by another part of a new system. No collaborative approaches will be ultimately successful if they do not include local residents and local communities in shaping them from the start.

A better understanding of each other's requirements: Parties have pre-set assumptions around the way in which retail areas work, are funded and managed, which can block opportunities to support each other. Starting to build common understanding through case studies and communication will help to create new solutions to embed health on the high street.

“Business improvement districts (BIDs) bring together every business in each of their communities for their common benefit. They work with all the groups in their towns or cities to make their places the best they can be to work, live and do business. Health and healthy communities are a vital part of that ambition, and BIDs work with the NHS to make sure that happens.”

Professor Chris Turner, CEO, British BIDs

Funding

Developing a healthier high street can bring lasting economic and social benefits, not least from aligning NHS and non-NHS infrastructure spend. There is now a much greater appetite from investors to support integrated and sustainable public-private developments and a wide range of public and private funding sources already support this agenda.

Local authorities have regularly utilised the Public Works Loan Board to invest in retail and commercial property, the price of which is now falling. While this remains a viable way to invest in large-scale capital projects such as high street regeneration, diminishing returns highlight the need to balance economic with social outcomes.

Health on the high street in particular offers a more sustainable, long-term approach to creating value, with new opportunities for public and private partners to show how they can work together effectively on projects.

Potential funding sources

Government funding: Potential sources of funding include the £3.6 billion Towns Fund, which is supporting an initial 101 towns across England, and the newly announced £4 billion Levelling Up Fund. Health is becoming more evident in project ideas for the former but often remains an afterthought in policy-making. One Public Estate may also offer some funding. The High Streets Task Force offers some targeted support, including advice and help in developing business cases.

The government has promised a £150 million fund to boost community ownership: This might be a solution for some initiatives that could also house health services. For example, in Walthamstow, a community interest company operates a creative hub including a bakery/café, co-working, studio and exhibition space and start-up retail units.

The Health Infrastructure Plan: This promises significant investment in projects over the next decade and beyond. Up to now, its projects have tended to be big hospital builds or redevelopments. However, this may not be aligned with the NHS Long Term Plan, which emphasises care outside hospitals. Over time, some of this funding may be available for more local projects.

Charitable funders including the National Lottery Community Fund and The Heritage Lottery Fund have been a valuable source of funding for many projects.

NHS covenant strength has always been a key draw of commercial organisations looking to secure stable income for long periods of time, notably with GP leases. This is an outmoded concept and does not reflect the way in which health services are commissioned. However, there remains the opportunity for NHS revenue and covenant strength to help stabilise high street locations, albeit on shorter leases.

Developers are currently required to make contributions through the Community Infrastructure Levy and section 106 agreements, as well as building a proportion of affordable homes in some developments. All of these, and any successors to them, could offer a way of delivering health benefits especially as some excess space in town centres is turned over to residential units.

Developing a healthier high street does not have to cost more than the current system and could have economic advantages for local communities, but some investment might be needed for large-scale projects. In creating a narrative that binds closer policy and partnerships, we believe more focus should be given to the opportunity to blend funding sources to best effect.

“Whilst our town centres and high streets face serious multigenerational challenges, some of the much-needed solutions are genuinely inspiring, none more so than putting health and wellbeing at the heart of our communities. With relatively simple changes to legislation and clear direction from government allied to local leadership, our town centres can become a real driver for social change based around wellbeing.”

Mark Robinson, Chair, High Streets Task Force

Case studies

Warrington's bid to the town fund

Warrington was one of the first towns to submit a finalised Town Deal plan, based on extensive public engagement about what would make a difference in and around the town centre. The £25 million plan has been spearheaded by the town deal board and has seven main proposals:

- **A health and social care academy**, which would help to build a local social care workforce, using the latest technology.
- **A health and wellbeing hub using vacant retail space** and housing a number of services such as assessments for older people and mental health services.
- **An advanced construction training centre** that would help to reskill people whose employment has been affected by COVID-19.
- **A depot for a fleet of electric buses.** The old bus depot would be developed to provide affordable housing.
- **A comprehensive active travel programme**, with key streets being redesigned for cyclists and pedestrians. A community cycle hub would be set up and buses would be given priority.
- **A digital enterprise hub.**
- **A remastered cultural hub.**

More information

www.warrington.gov.uk/my-town

Life rooms, Mersey Care NHS Foundation Trust

Mersey Care NHS Foundation Trust operates in an area of massive health inequalities, with people in the most deprived areas dying 23 years before those in other parts of the country. Much of the difference in health outcomes is down to social, economic and environmental factors.

Mersey Care has sought to engage with people on local high streets by **creating a series of 'life rooms,'** which provide beautiful spaces and resources to **support learning, social interaction and life-enhancing services** all designed to help members of communities feel better about themselves and their lives in a non-medical manner. Crucially, these services are delivered in accessible spaces at the heart of the community and have been designed and operated through **co-production with service users and stakeholders.** Volunteers are closely involved and many of them have experience of accessing Mersey Care's services. In one case, Mersey Care NHS Foundation Trust took over a library that was about to close.

The trust, along with other Liverpool NHS providers, works closely with Liverpool City Council and has been **part of shaping the Liverpool City Plan.** Within the City Plan the link between the NHS and the economic sustainability of the city is strengthened. This includes the NHS growing its own local workforce and looking at the skills and pathways needed for local people to access jobs in the NHS. Nearly a quarter of Merseyside staff already live in one of the ten most deprived areas of England, meaning they are more likely to have high sickness levels and repeated episodes of sickness. Ultimately, addressing health inequalities will help them.

More information

www.liferooms.org

www.cityplanliverpool.org

The One You shop, Ashford, Kent

The One You shop opened in the Park Mall shopping centre in Ashford, Kent in 2017 and saw between 400 to 500 visitors a month prior to the COVID-19 pandemic. Staff put the success down to a **collaborative approach with key partners**. Kent Community Health operates the shop and provided the capital to refurbish the unit; Kent County Council funds the One You service; and Ashford Borough Council has provided the shopping unit, with both councils contributing to staff costs.

Staff offer **information, advice and specific lifestyle services** such as smoke-free and healthy weight, as well as blood pressure checks and health MoTs.

Clinics are run on a sessional basis but people can **drop in for advice and simple checks** whenever the shop is open. Nearly a third of all people visiting the shop come from the six most deprived wards in Ashford.

A number of **mental health organisations and other health-related support groups have also used the One You shop**. A charity provides batched meals for new parents and there is a partnership with Fareshare where the shop is a host site for the distribution of food boxes. Exercise classes and cookery sessions can also be held in the shop.

The project was first started when obesity and smoking were identified as a priority by the Ashford Health and Wellbeing Board. The service was initially sited in a small empty shop in the town centre, but subsequently moved to larger premises as it increased in popularity. The One You shop was designed and is operated jointly by Ashford Borough Council, the public health department of Kent County Council and Kent Community Health Foundation Trust. There are **plans to develop the One You Kent Shop provision further** with projects including a 'brunch club.'

More information

www.kentcht.nhs.uk/service/one-you-kent/

“The success of the One You shop is testament to the staff who work there and to the partnership working of health and the local authorities in Kent to help improve the health and wellbeing of the people who live in the Ashford area. It is also an example of how health and care play a role in helping to regenerate our high streets. This is becoming increasingly significant in responding to the challenges facing town centres as a result of the pandemic.”

John Goulston, Chair, Kent Community Health NHS Foundation Trust

Co-location of NHS MSK physiotherapy services in local authority leisure centres – Cumbria

This project began with the co-location of NHS acute musculoskeletal (MSK) physio services in the [Sands Centre](#) in Carlisle in 2017. At this time, the Cumbria Partnership had also applied for funding to develop early One Public Estate (OPE) projects across the county and compile a services and assets delivery plan. This identified five key workstreams:

1. Health and communities.
2. Public sector reform and efficiency.
3. Town and city centre regeneration.
4. Housing delivery.
5. Economic growth.

Based on the development of early OPE projects, the Cumbria Partnership submitted a funding bid noting that agreements are already in place to co-locate in four out of the five districts in Cumbria. This project aligns with the identified OPE workstreams while also presenting some unique opportunities for new ways of working.

Opportunities

- **Co-location of health and leisure** creating community health and wellbeing hubs.
- **Integration of systems and pathways**, reducing delays in treatment.
- **Creation of new roles** and employment opportunities.
- **Shared improvement of screening** to ensure right place, right person, right time.
- **Sharing use of physical space.**
- **Releasing pressure on NHS** outpatient services.

Outcomes

- **Health is promoted in the correct environment** to sustain healthy behaviour change.
- **People live longer** with a better quality of life.
- **Communities are more resilient.**
- **Places are accessible** and more socially cohesive.
- **Local partnerships support** economic growth and improved health and wellbeing.

“Providing MSK physiotherapy services in a leisure facility brings service users into an environment which promotes healthy lifestyle choices, improving individual self-management and reducing unnecessary demand on NHS services.”

Andrew Reilly, NHS MSK Transformation Lead, North Cumbria Integrated Care NHS Foundation Trust

Recommendations

Embedding health on the high street will require a multi-agency approach at every level. We recommend the following actions for government, the NHS, local authorities and bodies such as LEPs, to realise the potential of our places.

For government

- A High Street Expert Panel 2.0 should be established in direct response to the COVID-19 pandemic, with a strengthened board and remit to lead on developing a renewed narrative for high streets that place health at the heart of local developments. This new narrative should form an important part of the delivery of the government's levelling-up agenda.
- Government policy, planning and funding decisions taken at both national and local level and focused on town centre regeneration need to take into account the impact on local health and health services, and look for evidence that has been considered when finalising developments. This should be made explicit in planning guidance.
- A commitment to greater community power in regeneration and planning decisions, potentially through greater community involvement in business improvement districts or supporting community improvement districts, where community power is central to governance.
- Better alignment of the complex funding landscape for repositioning high streets as healthy, multi-functional spaces. This should include an explicit focus in the new £4 billion Levelling Up Fund and may also involve promoting more blended funding models involving local authorities, government, charities, community and private investment working together.
- A commitment to placing health and sustainability at the heart of any recovery plans where there is now a significant public investment. For example, as part of the COVID-19 recovery response, the government could fund vaccinations programmes in disused premises on high streets, addressing NHS capacity challenges and increasing local footfall.

- Deliver on the government manifesto promise of a £150 million Community Ownership Fund to promote and support greater community ownership, including on high streets.

For local authorities and bodies such as LEPs

- Health and social care should be seen as a critical driver of local economic development planning (and vice versa) as places recover from COVID-19. Local economic recovery boards should have explicit NHS engagement and representation to ensure health is on the agenda, in particular, when town centre redevelopments are considered. In the longer term, local enterprise partnerships should seek to include representatives from the health services and public health on their main decision-making board.
- Public service delivery, including the NHS, should be considered as alternative uses within revitalised, multi-functional high streets. Public-private and public-community partnerships should be explored when reviewing local options, including blended investment vehicles and embedding social value approaches.
- Local spatial plans should consider the need for health services but also the impact on health from new developments and renewal plans. Health should be considered in all planning decisions and impact assessments for changes to town centres and new developments.
- Local leaders should ensure greater community power in how town centres and high streets evolve in the aftermath of COVID-19, developing regeneration schemes that build on local strengths and assets and meet local need.
- Local leaders should consider how they can promote the benefits of community owned businesses, with schemes that balance increasing footfall (and the diversity of that footfall) with giving communities more of a stake in their future, and affect the social determinants of health. Supporting community asset transfer and use of 'meanwhile' leases could drive some of these health benefits.
- Local authorities and LEPs should consider how they can promote community owned businesses that both contribute positively to local economies and have been shown to improve physical and mental health. Supporting community asset transfer and use of meanwhile leases could drive some of these health benefits. Local authorities and other local areas could also actively pursue and create greater community involvement in existing business improvement districts, or support the development of community improvement districts with community involvement core to governance.

For the NHS

- NHS reset plans at national level and in ICSs should consider not just how health services are restored, but where. There may be opportunities to move services to more convenient locations for communities, such as the high street, and which enable improved social distancing. NHS estates plans should make clear how they have consulted local partners and assessed opportunities for collaboration.
- The NHS should seize the opportunity to actively engage in discussions about place and the development of communities. NHS boards should stress the importance of this and of the NHS's anchor role in its local communities.
- There should be a presumption in NHS planning that siting services in the heart of communities where they can be easily accessed by foot, cycle and public transport is preferable to greenfield development. This does not mean that all new NHS developments will be in town centres, but that developments which are built outside existing communities need to have an overriding justification rather than being the accepted norm.
- Future waves of the NHS Health Infrastructure Plan should have as key success criteria the adoption of local approaches to social value and explanation of how the NHS estates redevelopment is integrated with wider local infrastructure planning. In particular, the [White Paper on planning](#), published in 2020, should ensure decisions on the locations of new NHS buildings support renewal and regeneration of town centres.
- ICSs and primary care networks should embed local economic development and the high street agenda in their population health strategies and understand how to share data with local partners. This should include maximising the potential of social prescribing by developing cross-sector partnerships to increase access to green social prescribing; the arts and culture; sports and exercise; and practical advice and support. Enabling voluntary, community and social enterprise organisations and social prescribing link workers to have a presence on the high street would make them accessible to local communities.

Conclusion

Health and wealth have long gone hand in hand. A healthy community is one that is more productive, and a community with more wealth is healthier and enjoys more years of healthy life. Rather than further decimating our high streets as we emerge from COVID-19, we believe creating multi-functional, 'destination' high streets and town centres that have a focus on health, both in terms of creation and treatment, will lead to thriving places that create economic, social and health value for local communities.

This requires national, regional and local planning to consider health and communities in all town centre and high street planning. It also requires NHS leaders to be more actively involved in local strategic place and planning decisions. By focusing now on where and how we deliver essential public services, we believe we can also stimulate and support the essential development of the local community offer.

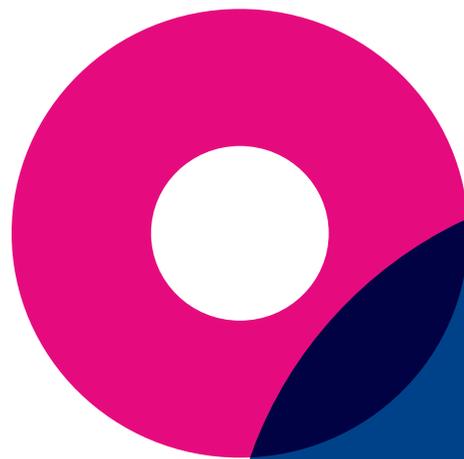
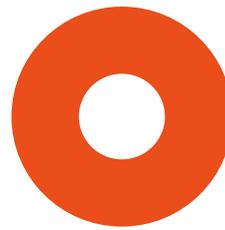
Together, we have the ability to shape the future health, wealth and prosperity of our places.

“In thinking about health embedded on the high street there is a real opportunity to bring public health and other services to the fore. Linking the transformation of our towns and cities to chronic disease management and rehabilitation starts to deliver the vision of a community based, integrated health and social care system in a way that can provide hope, cohesion and gain in health, education and wealth. Let's not waste this opportunity to be radical in thinking, policy and design.”

Professor Steven West CBE, DL, Vice-Chancellor and President, University of the West of England; Chair, West of England Academic Health Science Network; Chair, West of England Local Enterprise Partnership

References

1. High Streets Task Force Professional Research and Data Group. www.highstreetstaskforce.org.uk/about/professional-research-and-data-group/, accessed October 2020.
2. Alakeson V, Brett W (2019), Take Back the High Street: Putting Communities in Charge of Their Own Town Centres. Power to Change, www.powertochange.org.uk/wp-content/uploads/2019/09/PCT_3619_High_Street_Pamphlet_FINAL_LR.pdf, accessed October 2020.
3. 'Independent Businesses in Britain are Coping with COVID Better Than Big Chains, Data Shows'. Financial Times, www.ft.com/content/840d3ae9-84b0-4f41-b7b1-b2a80248d460, accessed October 2020.
4. Jahshan E (2020), '20% of High Street Shops Won't Reopen After Lockdown, MPs Warned'. Retail Gazette, www.retailgazette.co.uk/blog/2020/04/20-of-high-street-shops-wont-re-open-after-lockdown-mps-warned/, accessed October 2020.
5. Archer T, Batty E, Harris C, Parks S, Wilson I, Aiken M, Buckley E, Moran R and Terry V (2019), Our Assets, our Future: The Economics, Outcomes and Sustainability of Assets in Community Ownership. Power to Change, www.powertochange.org.uk/research/assets-future-economics-outcomes-sustainability-assets-community-ownership/, accessed October 2020.
6. Higton J, Archer R, Steer R, Mulla I, Hicklin A (2019), The Community Business Market in 2019. CFE Research, Power to Change, www.powertochange.org.uk/research/community-business-market-2019/, accessed October 2020.
7. McClean S, Ismail S, Powell J, Jones M, Kimberlee R, Bird E, Shaw P (2019), Systematic Review of Community Business Related Approaches to Health and Social Care. Power to Change, www.powertochange.org.uk/research/systematic-review-community-business-related-approaches-health-social-care/, accessed October 2020.



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