



Health Street

Health creation as a new mission for our high streets

March 2023



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Is building more hospitals the answer?

Heatherwick Studio has always had an interest in healthcare spaces. We believe in the power of architecture to influence how we feel. As countless studies have shown, good design can make us more optimistic, calmer – happier, even. Nowhere is this more important than the places we turn to for healing, comfort and support with our health.

Our early investigations into healthcare design focused on hospitals. We undertook in-depth research into the commissioning of new facilities; we engaged with health ministers, specialists in hospital planning, the Royal College of Art, Helix Centre and many other organisations.

Through discussions, design charettes and team visits, we sought to deepen our understanding of the key issues. We examined health inequalities, an ageing population in which many are living longer, but not well, the rise of preventable chronic illnesses and pressures on GPs and hospital services.

Building bigger, more advanced hospitals seemed to be the prevailing trend, and in 2021 we submitted an entry for the Wolfson Economics Prize, which explored what the future hospital might look like.

However, as our research evolved, the evidence we had accumulated changed our minds. We didn't think that the solution was more expensive hospitals. We believed it was something different, something more affordable and sustainable – a new kind of 'place for health', which responded to local needs but addressed population-wide issues.



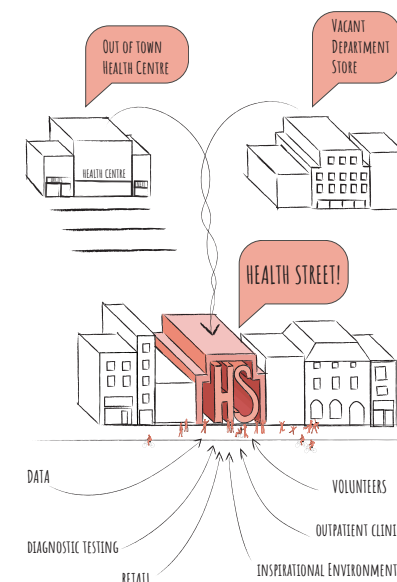
"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."

World Health Organisation

What should this place for health provide? Where should it be? What should it look like and how might it feel? And how does it relate to its setting – can it be part of the town or city it belongs to? We are still benefitting from the legacy of transformative initiatives of the past, from Victorian sewers to the 1956 Clean Air Act, but we have lost that ambitious urban perspective on health.

We tried to find new synergies and explore how town centres and high streets could help to grow healthier communities. by drawing on our insights from large-scale urban, retail and mixed-use projects and our understanding of healthcare priorities.

And we explored how to achieve this, not by building more, but by wasting less – repurposing existing buildings and bringing together people and clusters of services that fit, that can help each other out.



Wolfson Economics Prize submission - Reinventing the health centre as an alternative to building new hospitals

A place for health

We know what hospitals and GP surgeries look and feel like. We know their corridors, waiting rooms, signs, their clinical smell, beeping alerts and reception desks. While these facilities play a vital role in our health service, we currently understand them as places for illness – where we go for an operation, tests or treatment.



In 2012, we had the opportunity to design a place with a very different way of seeing health and illness – a Maggie's Centre, on the campus of St James's University Hospital in Leeds. Founded by the late Maggie Keswick Jencks, these centres are designed to lift the spirits. They provide spaces where people with cancer, and their friends and families can go to find free practical and emotional support. This purpose is manifest through their architecture: a series of inspiring, welcoming buildings by leading designers.

Heatherwick Studio's Maggie's is set on a slope, surrounded by gardens. We considered every aspect of the relationship between its architecture and the experience for visitors. The front door, for example, is a psychological threshold – the point at which

someone might start to accept a cancer diagnosis. Not everyone will be ready to open the door straight away, so there is a bench to sit outside, or a private path to wander quietly through the gardens. Inside, visitors are not confronted by a conventional reception space; instead, they find a welcoming window seat, a notice board, and a view through to the heart of the centre, with its communal table in the arc of a staircase leading to the kitchen.

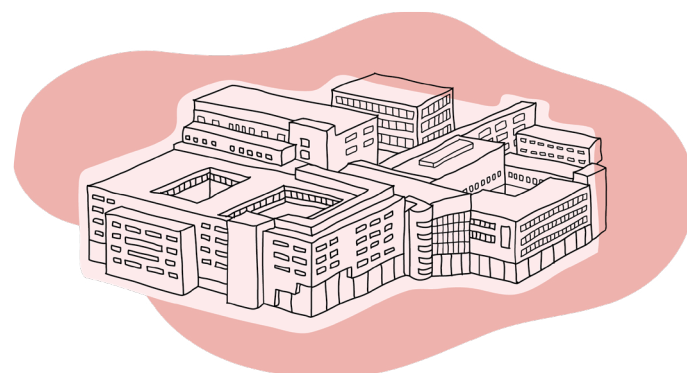
The kitchen table, a feature of all Maggie's Centres, represents another threshold; the point where visitors feel ready to share their experiences. Everything is on display so there is no awkward rummaging through cupboards to find a mug, and a clerestory fills the space with natural light. Above this there is a private space for staff to rest and gather strength, and a sheltered roof garden. At every step of the design, we learnt more about the needs of its visitors and staff.



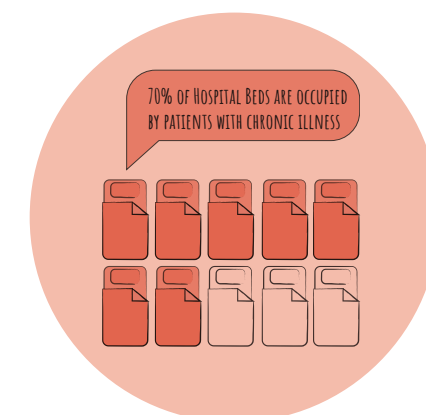
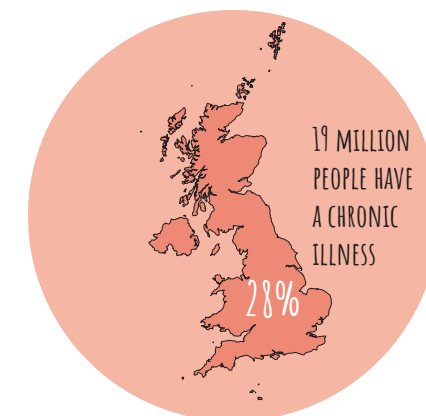
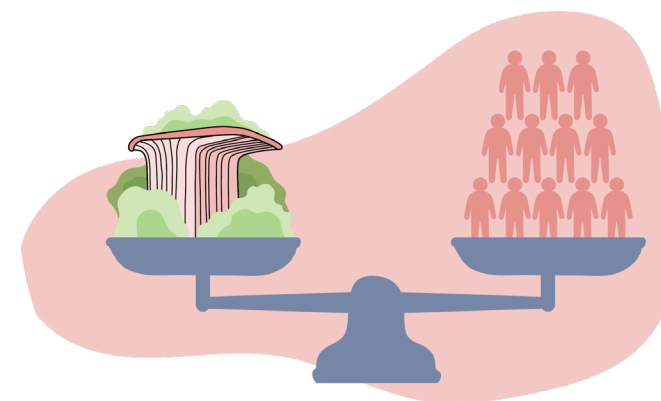
One of the many successes of Maggie's Centres has been bringing together a diverse range of holistic support services in a way that is accessible and readily understood as a concept. This mission is signalled and supported by bold, humane architecture – spaces purposefully conceived as the antithesis of clinical rooms. From our experience with Maggie's, we also recognised that the design of the service model is as, if not more, important as these physical spaces.

Why don't more healthcare settings combine holistic support with humane architecture? Primarily, because the NHS was established to treat illness, and the form and feel of its buildings follows this function. A fundamental shift is needed from only treating illness to also creating health and wellbeing. This would demand a change, not only in the operations and purpose of the NHS, but also in its relationships with people, communities and a far broader range of organisations.

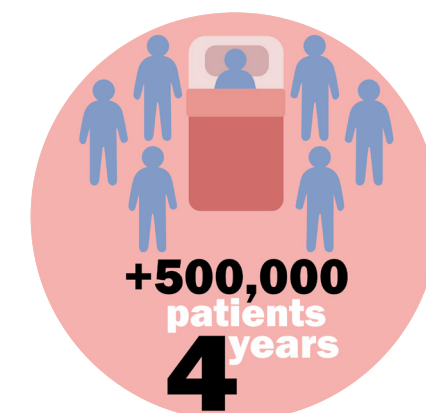
The historical policy separation of health and social care which took place in the 1970s has also made matters worse. For a number of reasons, ranging from political to administrative and financial the decision to decouple health services from social care services created barriers between them. Countless studies and reports have since shown that the absence of a unified health and social care approach has been a key stumbling block in the provision of effective and holistic health care in the UK. Although recent policy changes reintegrated the two services, most notably with a creation of a new minister for care in January 2018 which coincided with the renaming of the Department of Health to include social care, the two services are still not fully integrated



Cost is also a key issue. The National Health Service has become our national emergency service, and it is under enormous pressure. For public hospitals, often vast in scale, it is difficult to justify less conventional design approaches when any additional penny could go towards treating another patient. Given these pressures, it seems almost impossible to go beyond basic functional needs in planning services and facilities.



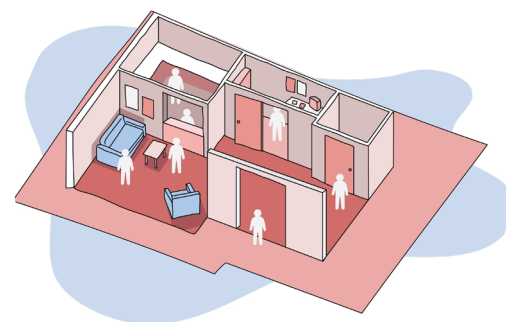
9 MILLION PEOPLE A YEAR ARE SENT HOME FROM A&E WITH ADVICE THAT COULD HAVE BEEN RECEIVED ELSEWHERE



BED OCCUPANCY LEVELS ARE CONSISTENTLY ABOVE RECOMMENDED LEVELS; THE NHS WOULD HAVE TO TREAT AN ADDITIONAL 500,000 PATIENTS FOR FOUR YEARS TO CLEAR THE CURRENT BACKLOG (THAT DOESN'T INCLUDE THE HIDDEN BACKLOG)

The story is much the same for GP surgeries, albeit at a smaller scale of building. According to our research, the size of these spaces is driven primarily by out-of-date specifications based on the core quantitative function of consultations/number of patients, making it difficult to justify more generous provision. GPs are also facing enormous pressures.

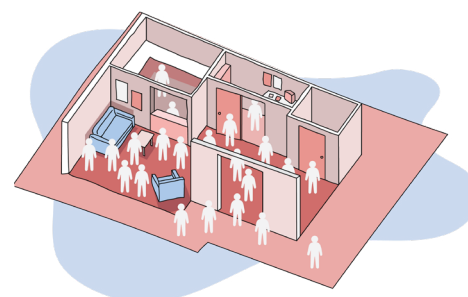
To help to address this, they have more support functions, such as social prescribers and dieticians, but they lack the facilities and budget for them to operate effectively. Either there isn't space, there isn't enough funding for that space, or there isn't a network nearby to deliver on these more holistic, comprehensive health initiatives.



GPs CENTRES ARE NOT DESIGNED TO ACCOMMODATE THE NUMEROUS SUPPORT TEAMS THEY NOW HAVE.

These pressures are combined with our understanding of healthcare buildings only as places for treating illness. And because we tend to go to these spaces when we are ill, when something feels wrong, or in an emergency, the institutional nature of these environments can compound what is often already a negative experience.

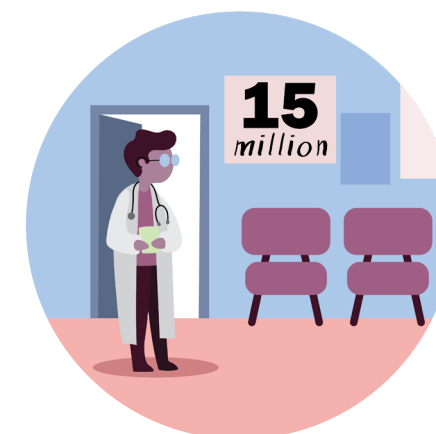
The consequence is that we don't engage with healthcare settings unless we really have to – and some people avoid them entirely, falling through the net of preventative care. Missed appointments for GP and hospital appointments cost vast sums of money each year; not wanting to go may be costing us millions.



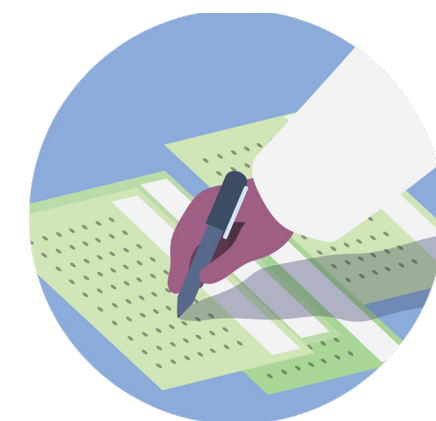
While online and telephone consultations increased significantly during the Covid-19 pandemic, along with the benefits of convenience, they represent a further loss of contact with patients, and of opportunities for them to meet each other.



How we feel about these places is important. If we associate them only with illness, then we need a different kind of place for health – a place that is not just for treating illness, but which aims to address wider issues and help people live well for longer.



THERE WERE MORE THAN 15 MILLION WASTED GP CONSULTATIONS IN 2019, AT A COST OF £216M PER YEAR, AND 1.2 MILLION GP HOURS.



ACCORDING TO SOME SPECIALISTS, AROUND ONE IN SEVEN PROCEDURES IN HOSPITALS SHOULDN'T BE TAKING PLACE AT ALL

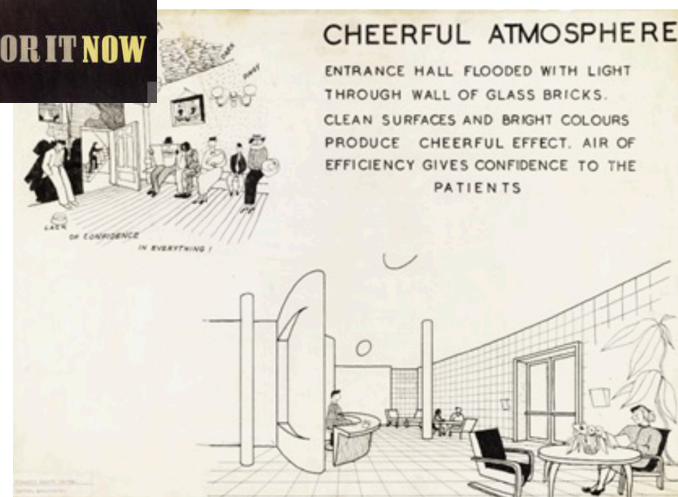


GPs ARE OVERLOADED, THE NUMBER OF PATIENTS PER GP PRACTICE IS 22% HIGHER THAN IT WAS IN 2015, BUT THE WORKFORCE HAS NOT GROWN WITH THIS DEMAND

Ambition of health centres

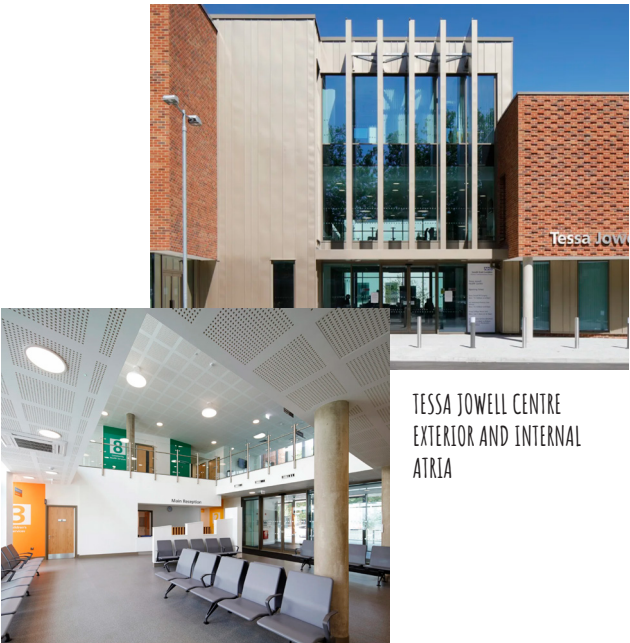
Health centres have already tried to be a different kind of place for health, in their original incarnations: not a hospital, but more than a GP surgery. Early examples, which combined optimistic architecture with health services and other activities, have left an inspiring built legacy. In London, think of the ambition of the 1926 Pioneer Health Centre (often referred to as the Peckham Experiment),

or the 1949 John Scott Health Centre in Hackney, which combined GPs, dentists, care services, minor operations, diagnostics, psychiatry, a lecture hall, garden and canteen. Or Finsbury Health Centre in Islington, with its light, airy Modernism. Even the NHS itself has its origins in a collection of health and community services, which ultimately came together to improve the health of the public at a national scale.



While the functionality of the health centre has continued, as a concept it has lost its meaning. For many, it is just another word for GP surgery. Their look and feel still tends to be institutional, perceived as places for illness, and when their health services and spaces come from the same model as the 'enhanced' GP surgery, the offer is not radically different. Many recent health centre developments have been built out of town, encouraging journeys by car. These facilities bring together ever more siloed clinical services within a municipal building around a clinical atrium. Social care is rarely incorporated. Subsequent models, such as polyclinics, have also faced criticism.

More recently, the wider civic role that health centres can play has been recognised. Some new facilities are being built in urban centres and combined with complementary uses, such as leisure centres and community space, like West Norwood Health and Leisure Centre. The Tessa Jowell Health Centre in East Dulwich, offers a wider hub for health, the NHS Foundation Trust describes its aim as bringing 'hospital services' closer to the community. The Shields Centre in Glasgow, is a neighbourhood health centre, incorporating two GP surgeries, social work services and community garden.



TESSA JOWELL CENTRE
EXTERIOR AND INTERNAL
ATRIA



THE SHIELDS CENTRE
EXTERIOR AND INTERNAL
ATRIA

WEST NORWOOD HEALTH
AND LEISURE CENTRE
EXTERIOR AND INTERNAL
ATRIA

This new civic dimension comes a tendency to overscale the architecture and over-medicalise the functionality. Most significantly, there is rarely any relationship between the different providers in a building – a co-located library, leisure centre and GP practice, for example, was not conceived as an integrated model, with each element now operating entirely independently. In character and feel, they still result in clinical environments, white atriums, co-locating more and more curative, siloed health services in one building. Its a pattern that persists throughout many of our new build health centres.

We need to think differently about what 'health' really means and how its created – to see health as more than an absence of disease. We need to rethink the problem and widen our understanding of health to something much more far-reaching and holistic. If we don't, can we really expect different results if today's health centres don't have a different kind of service, or a more humane kind of space?



Impacts of inequalities

Most healthcare outcomes are driven by social factors, such as where you live, what you do for a living, your income, education, housing, access to services, your social life. These are the social determinants of health. By understanding these better, we can start to make more targeted interventions. They are the foundations of health equalities and inequalities. Life expectancy is now declining for the poorest 10% and is not rising for the poorest 40%. There is also disparity in quality of life and health as we age, and a difference of 20 years in healthy life expectancy between and within areas of the UK. It's a social injustice that needs long-term societal change, not just better access to healthcare.

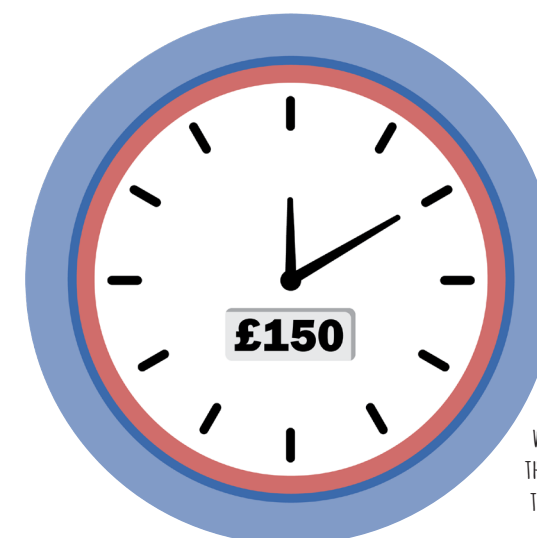


A focus on improving health, or 'health creation' is vital, rather than simply treating illness. Social determinants increasingly shape our health outcomes through life; as we live longer, we are more likely to develop complex, ongoing conditions, and the more deprived we are, the earlier in our lives this happens. The extra years added to our life expectancy, and the appearance of obesity related conditions such as diabetes, at ever younger ages, puts more pressure on our health and care system. As a result, many of us might be living longer, but we're not living well.

"The last decade has been marked by deteriorating health and widening health inequalities. People living in more deprived areas outside London have seen their life expectancy stalling, even declining for some, while it has increased in more advantaged areas."
Health Equity in England:
The Marmot Review 10 Years On

To tackle health inequalities, we need to tackle socio-economic inequalities and create the right kind of welcoming spaces in our towns and cities can support that. And they need to offer more than medication. When GPs are allocated £150 per person, per year, they simply can't be expected, in 10-minute consultations, to explore the root cause of underlying social issues, such as employment, loneliness, a language barrier, or poor housing conditions. However, they are expected to detect and make appropriate referrals.

People need guidance with their health, but they also need choice, respect, and the space to pursue the activities that nurture them, and we need to better understand and respond to these broader needs. There is a reason the concept of relational care has gathered momentum in recent years – empowering the person in need of care and health support rather than providing them with one-directional, non-reciprocal service, allows for sense of agency and ownership.



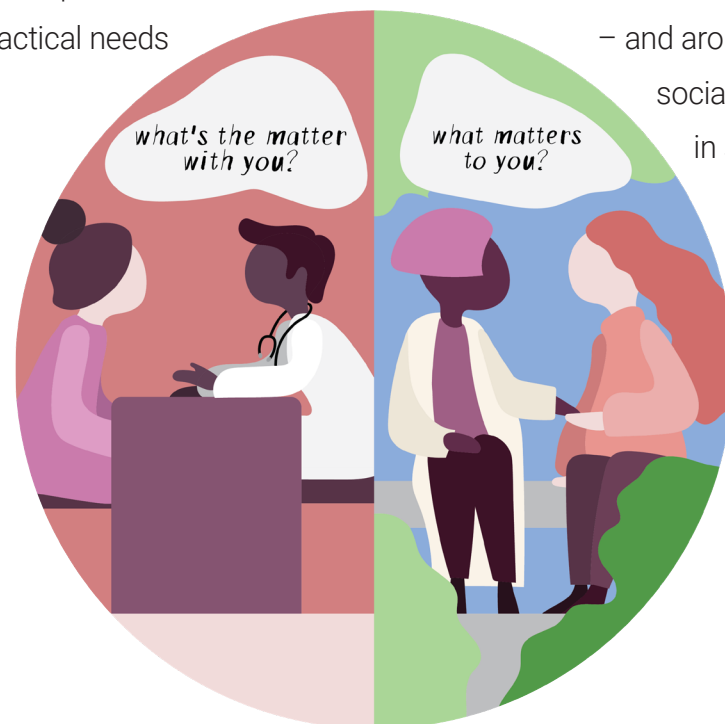
WHEN GPs ARE ALLOCATED £150/PERSON/YEAR, THEY SIMPLY DON'T HAVE THE RESOURCES TO GET TO EXPLORE IN (10-MINUTE CONSULTATIONS), UNDERLYING SOCIAL ISSUES, SUCH AS EMPLOYMENT



Measures to empower change

Social prescribing aims to address underlying social issues by enabling people to be referred to non-clinical services, from legal and housing advice to exercise classes.

It is based upon understanding the social determinants of health. Link workers – or social prescribers – are trained to ask, ‘what matters to you’, as opposed to ‘what’s the matter with you’. From this, they help people find a more personalised solution to help address their social, emotional, or practical needs to improve their health.

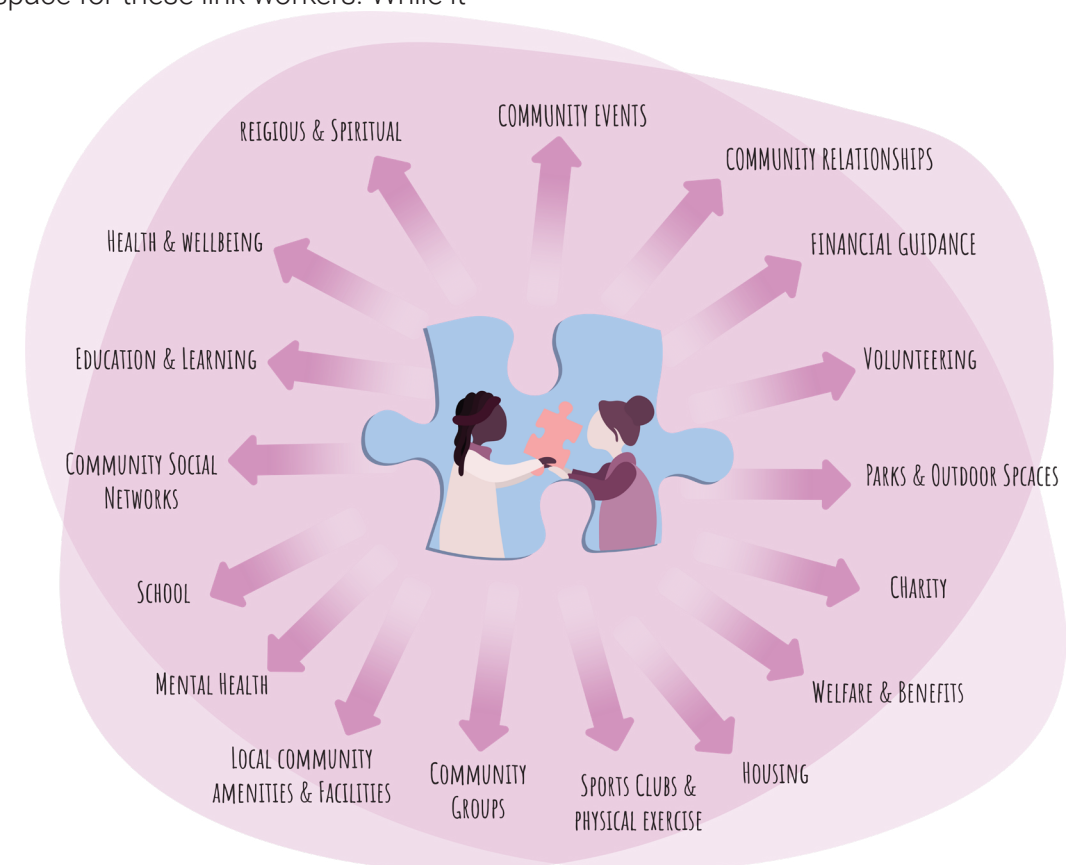


This approach often builds connections with charities, community and faith groups, local businesses, and social enterprises. The ‘prescriptions’ connect people to activities like art classes, choirs, gardening, and carpentry workshops, to name a few. There is no single set of needs, however, as every community is different. In one deprived area, for example, 40% of referrals are about housing, debt, welfare benefits and access to emergency food – and around 10-15% of social prescribing clients in such communities present with suicidal ideation.



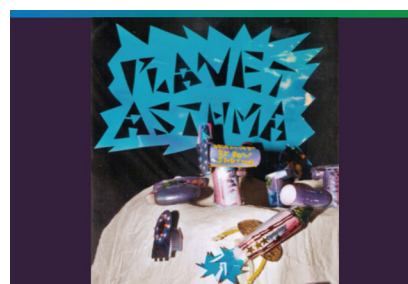
Reaching into many different aspects of society, the methods of social prescribing lie at the core of health creation. Although social prescribing has been around for decades, it wasn’t adopted by the NHS until 2019. At present only the social prescriber is funded, not the services – and many GP premises do not have the space for these link workers. While it

is positive to see growing realisation that the primary care workforce needs to expand and diversify, they need more and different types of spaces to work effectively as multi-disciplinary teams. Otherwise, this holistic expertise is not being used to its full potential to benefit the public.



Nurturing health creation

Bromley by Bow Centre in East London is a place where social prescribing is used to its full potential. The centre puts the idea of treating the root cause first, and has done since 1990s. Recognising that “health is primary driven by social factors, not medical ones”, current activities at the centre include welfare, legal and financial advice, including fuel poverty support, a food bank, healthy lifestyles programmes, extensive adult learning and employability initiatives, arts and cultural programmes. Instead of a single centre, it is a framework of activities and related spaces. This has been a catalyst for innovative programmes, such as Planet Asthma , a learning resource which used art and technology to raise awareness of childhood asthma and was rolled out in primary schools.



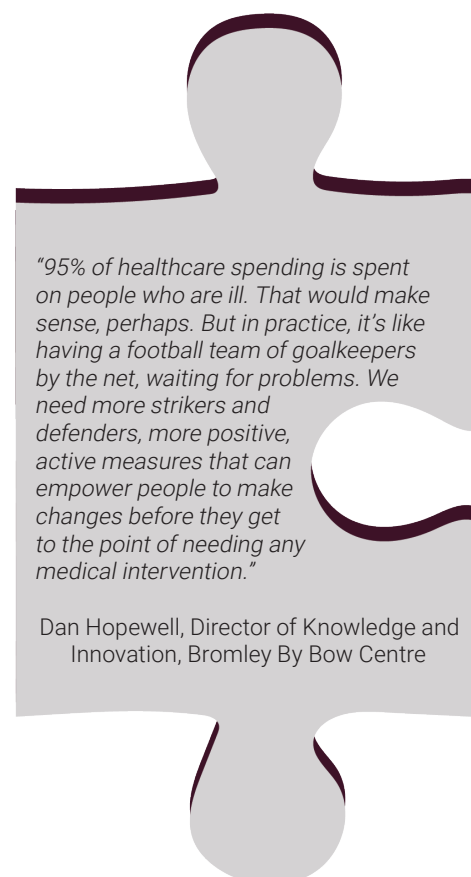
PLANET ASTHMA SCHOOLS PROGRAMME

Its origins are in meeting local needs – it started out as a cluster of services, including a nursery, dance school and community café, in a church. It remained in this form for over a decade before the decision was made to expand to incorporate a health centre. This incremental growth allowed a values-based approach towards an understanding of health based on social determinants and prioritised the agency of local people. Today the General Practice has 7,500 registered patients and the community programmes serve around 12,000 people each year, of whom around 1,000 come via social prescribing. As a highly successful initiative, Bromley by Bow has often been studied internationally as a model with potential wider applicability.



It has created the ideal conditions for self-initiated referral, with the vast majority accessing the community centre and its programmes without being prescribed. The activities of Bromley by Bow Centre are 70% health creation and 30% treating illness. And most importantly of all, it is owned and managed by the community. Designed for people, rather than systems or machines, the centre sees the community as co-producers.

As a result, the place feels like theirs, as opposed to the anonymous service user in a typical health centre. The design matches place to principles in a similar way to a Maggie's Centre. The spaces are bright, welcoming, and incorporate a garden where visitors can relax, do some gardening or an outdoor class. The paving and facade incorporate elements made by people using the centre, while inside, the gardens and rooms are adorned with artwork and sculptures made in its various classes.



“95% of healthcare spending is spent on people who are ill. That would make sense, perhaps. But in practice, it's like having a football team of goalkeepers by the net, waiting for problems. We need more strikers and defenders, more positive, active measures that can empower people to make changes before they get to the point of needing any medical intervention.”

Dan Hopewell, Director of Knowledge and Innovation, Bromley By Bow Centre

From health centre to health street

Like Bromley by Bow, the model for Health Street is based on recognising that health is mostly driven by social, not medical factors. Taking this broader view of health, the goal is to:

- **help change the perception of what makes up our health,**
- **broaden the understanding of social factors influencing our health**
- **encourage people to take active positive measures to improve their health**
- **support our primary and secondary healthcare places with a new place focused on health creation.**

Focused on towns and cities, Health Street takes the opportunity to shift in scale from the neighbourhood health centre to a town-centre health street. Scaling up from a building within a neighbourhood, to a street in the town-centre brings a broader urban presence where the range of services can be spread out across numerous buildings and outdoor spaces along a street.

Where the health centre focuses deeply on one local community, the health street has potential to reach numerous communities within a town or city. It's more central location can connect with people of different ages, interests and needs. It can benefit from the "while I am in town" mentality of people likely to stop-by while visiting as well as connecting with people working with jobs in the city centre.



A larger street presence brings potential to take advantage of the national drive of moving outpatient diagnostics out of hospitals into the community. Missed outpatient appointments cost the NHS millions annually and occupy precious space in hospitals that don't need to be there.

Over 50 Community Diagnostic Centres (CDCs) are planned nationally with more in the pipeline. They will house diagnostic services from blood-testing to MRI scans.

Vacant retail spaces like large anchor units in shopping centres are being transformed into them.



Now the NHS has adopted social prescribing, there's opportunity to create places where this approach is used to its full potential on a bigger scale. Its part of a shift toward preventative medicine and wellness – the idea that health is more

than 'not ill' – which has led to the establishment of Integrated Care Systems. Across the UK, there are 42 new partnerships between local authorities, the voluntary sectors and NHS services. Their aim is to facilitate more joined-up care. Health Street can support and build on these initiatives

New purpose for the high street

The so-called 'death of the high street' means more than empty shops and streets, it means the hollowing out of any social purpose. Although always a place for shopping, the high street has also served a social function: as a point of connection, a place to meet, gossip in the post office, discover the local area, find out what's going on in the community.

It's decline is not just a result of online retail and the pandemic; it's also a consequence of development strategies that respond only to market opportunity. We have witnessed short-term solutions result in failure. Large clusters of businesses exploit commercial footfall but are not in service to the community. The trend in our town and city centres has been to prioritise footfall and spend, but now there's an opportunity to prioritise once again this free and informal social interaction.

The high street represents an ideal place for health – an accessible, everyday space, for everybody. It has scope to allow more generosity in terms of space, and more unconventional design approaches for both health creation and retail. With large-scale retail no longer requiring the same volume of city centre sites, high streets have been left with difficult holes to fill, but they bring opportunities for new health initiatives like community diagnostic centres.

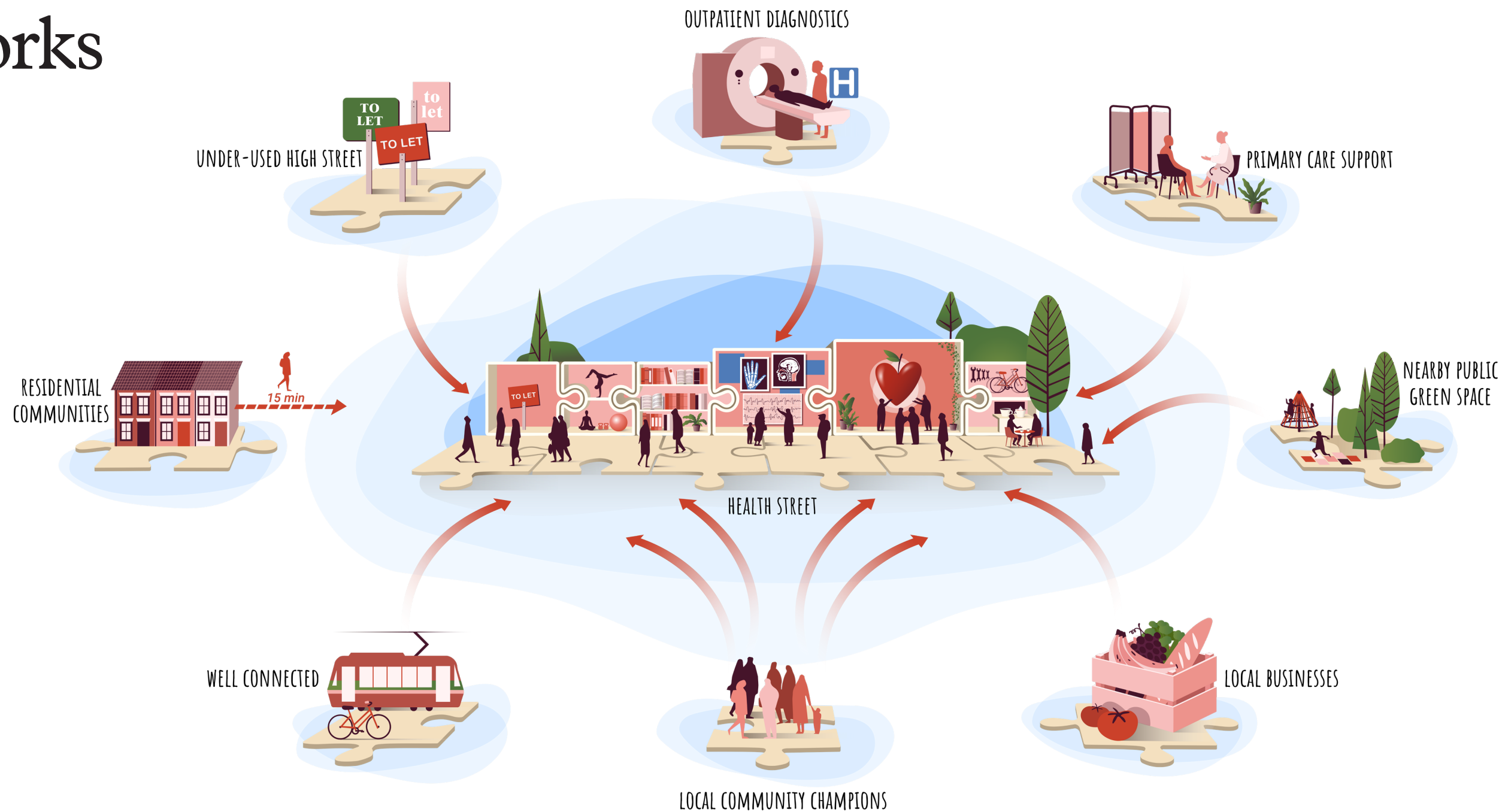
The health street model is based on community need rather than simply market demand. Just because there is market demand doesn't mean it's good for a community or good for health. The benefits can be economic, as well as social. The rise of regenerative retail initiatives in the UK, like Incredible Edible in Todmorden, the Small Food Bakery in Nottingham or the 'community-wealth-building' model in Preston, demonstrate the potential of this approach.

Combining the principles of health creation and regeneration retail Health Street can give the high street a new social and civic purpose. It's conceived as a place that encourages people not only to improve their health but also to inspire people to start businesses – social enterprises that attract and become part of the community, starting conversations, not just transactions.

Principles of regeneration retail

- sell things that are good for the community and environment
- retail that builds community and local investment
- food retail linked to regenerative farming
- cluster complimentary businesses that share knowledge and resources
- collaborating with suppliers to strengthen both businesses

How Health Street Works



Health Street is a flexible framework for growing wellbeing. It's not a rigid formula but just like anything that grows, it needs certain conditions to grow and requires some essential ingredients in a certain order.

Ideal conditions to grow:

- a retail street in the town or city centre, in need of re-activation
- proximity to multiple residential communities within a 15minute walk
- excellent public transport links, cycle routes and bike parking.
- a nearby public green space ideally within walking distance
- plans for relocation of outpatient services into the city
- local businesses and community groups passionate about health creation & an ambitious innovative ICS

How Health Street Works

Essential ingredients in order:



- **assemble community champions: the key decision makers for how the street grows**, these are a committed group of representatives across local community groups, businesses, charities, and healthcare, who believe in the value of supporting health creation.



- **find the seed space: the catalyst for incremental change on the street** this is a large ground floor retail unit with flexible open space, used as a community hub. It needs capacity to host community events and offer locally grown or made healthy food.



- **make it feel welcoming: an inspiring environment and frontage** it needs planting, natural materials and daylight. Community champions can engage local people in its design, and explore co-creating it with them, so the space feels theirs, without excluding the broader population who it should also attract.



- **identify some room to grow: pinpointing other vacant spaces on the street for future growth**, like other vacant ground floor units or the spaces above them, taking into account their availability and ownership. Bringing more diverse uses to the street, means more of these spaces can now be activated.



- **provide community diagnostics: inviting the relocation of outpatient services to the street**, to become an anchor tenant. Spaces like department stores or multi-storey anchor retail units have large spaces above ground with good service access which makes them ideal for CDCs.



- **build a network: researching other businesses, groups and activities to join the street.** It needn't be retail but what they should support health creation and have mutually beneficial relationships with businesses and groups already connected with the seed space. Incrementally they will reactivate the street.



- **expand to the outdoors: extending the presence of health creating activities out onto the street**, with outdoor exhibitions, pop-up events, play areas, drinking fountains, communal seating, better lighting, public toilets. More planting can help make a stronger connection with a nearby public green space.

The Health Street framework



Establishing a successful Health Street framework will require an incremental process of 'design', 'curate' and 'sustain'.

This means surveying the needs and opportunities of the city, researching and curating businesses that have mutually beneficial relationships, and testing, to ensure that the design and relationships are in support of the service, and that there is flexibility and sustainability built into the framework. It will also require close cooperation with Primary Care Networks (PCNs) and the city's Integrated Care System.

It would also require incorporating place-based programmes targeting some of the more deprived communities.

These programmes, run by the community champions, would usually start in the community but after establishing participation would move to the seed space, allowing participants to see themselves in the space which otherwise might not feel relatable, and forging a sense of 'ownership' from the outset thus maximising chances for them to use the seed space to their greatest advantage.

New activities and programmes could emerge from the tenants of Health Street, such as retailers helping people to find clothes post-surgery.

Over time, there is scope for primary care services to relocate, with a GP centre that puts social prescribing first like at Bromley by Bow, or other complimentary services like pharmacies, dentists, opticians or blood donation centre. Although the community champions role is to ensure the feel of the place does not become 'medical' in any way.

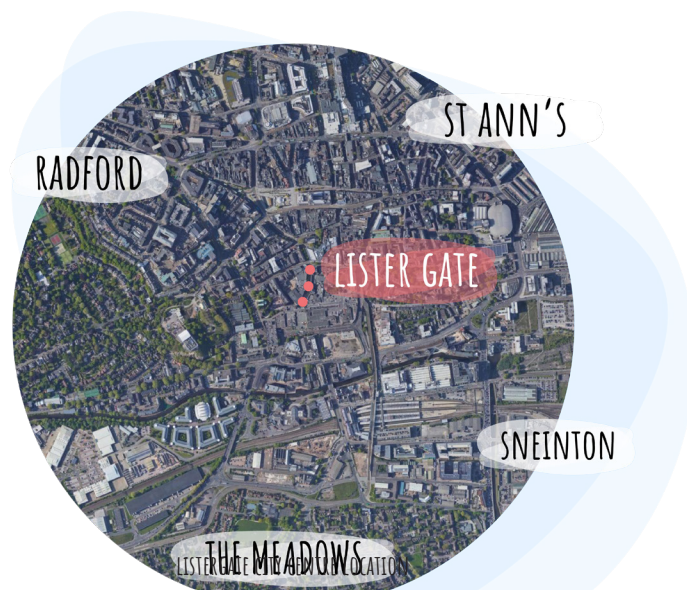
Health Street serves the needs of the community, rather than only the market; it gives people the opportunities they need, not simply more things to buy.

It aims to bring life back to the high street by increasing the diversity of uses in a way that supports health creation and helps businesses do more for local people, encouraging new services and businesses to reactivate the vacant spaces over time. The seed space provides a new social hub whilst the whole framework along the street becomes a new place for health for the city.

Putting the idea into practice

To develop the idea, we looked at how Health Street might take root in a declining city centre high street. The studio is currently working in Nottingham, the 9th largest city in the UK with an inner-city population of approximately 330,000 people. It is ranked as 11th most deprived out of 317 local authority districts in England, with many of the consequent health issues highlighted in this report. We chose Lister Gate, a pedestrianised high street located very centrally within the city centre of Nottingham.

Lister Gate has the ideal conditions to grow a Health Street framework. It currently has a high proportion of vacant premises, a major department store that closed during the pandemic, and some high street chains. It has excellent public transport links by bus, tram, and train nearby, making it highly accessible to large numbers of people. Being a relatively compact city, its location is accessible within a 15-minute walk, or short journey on public transport, by numerous neighbouring communities with potential to access residents from at least four neighbourhoods experiencing deprivation, including The Meadows, St. Ann's, Sneinton and Radford. The Green Heart* is a new public green space planned at its southern end, and the city has plans for a centrally located community diagnostics centre.



LISTER GATE WITHIN THE CITY CONTEXT



LISTER GATE WITHIN THE FUTURE CONTEXT OF BROAD MARSH VISION



LISTER GATE TODAY



SOME OF THE VACANT UNITS



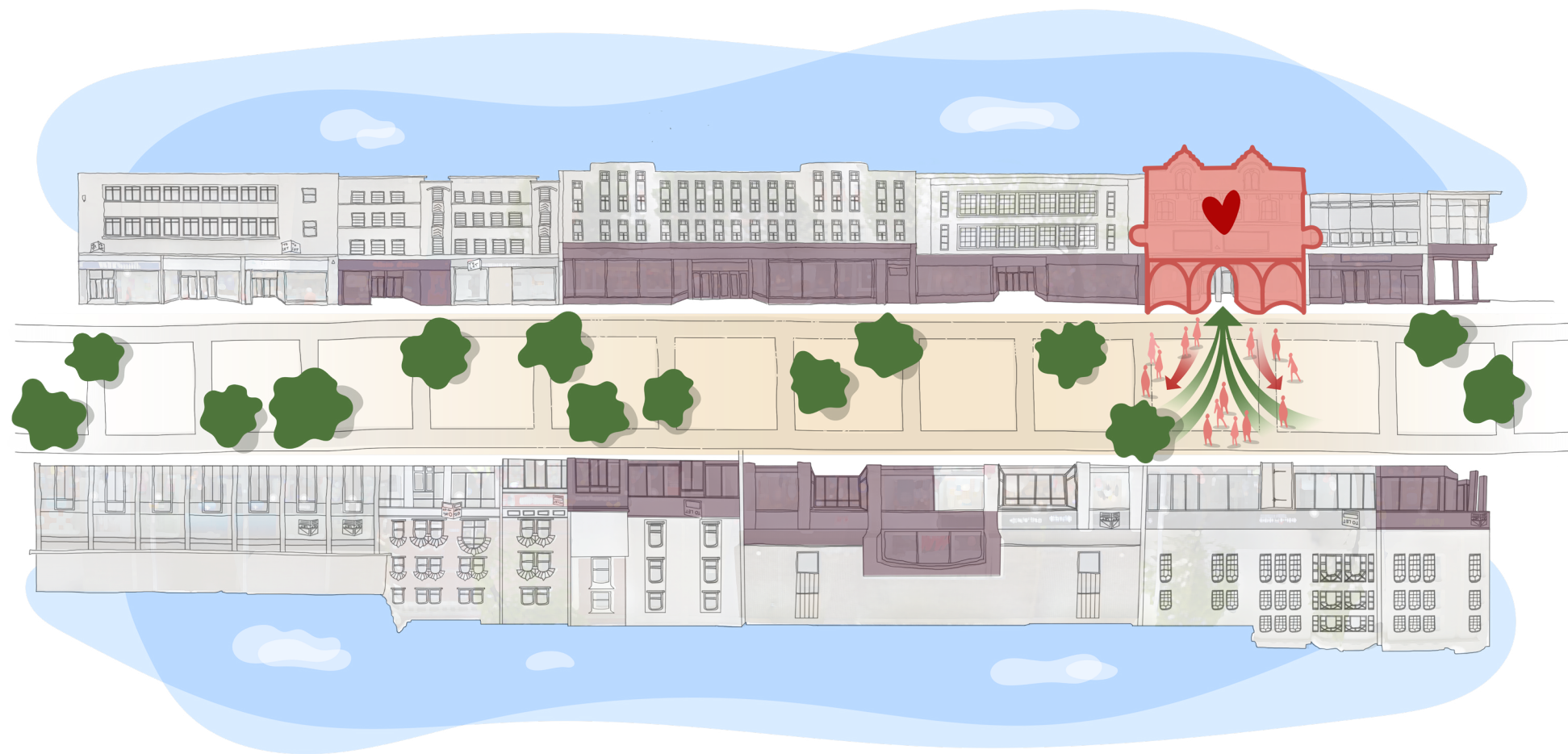
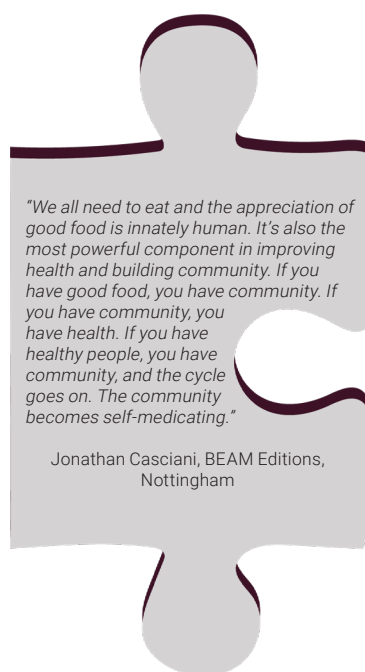
Assembling community champions

Knowing some key businesses and organisations through our work in the city, we considered who could be likely community champions to instigate a health street. City Arts breaks down barriers to reconnect people with art, their work includes place-based arts programmes focused on health in nearby communities. Small Food Bakery is a local bakery and advocate for food justice. Trinity Farm believe everyone should be able to get fresh healthy, organic food from their local area, they deliver food boxes and are looking for a city centre presence. Primary, an artist-led contemporary visual arts organisation that run a free public programme of exhibitions and events. There is no doubt many more great possibilities. Other key stakeholders to involve early on could be the city's culture board The Nottingham Project and key figure from the city's ICS.



Finding the seed space

The next step for the community champions would be to find a seed space on Lister Gate. For this theoretical scenario, we have selected No. 10-12 Lister Gate, a vacant former EE mobile phone shop with a generous street frontage, 3 floors above and basement, with remnants of historic charm dating back to 1903. With the diverse mix of community champions, there is potential to house a form of indoor food market on the ground floor to entice people in, and then host community events on the floor above, programmed, in the first instance, by the different arts organisations but would be welcome and open to many others.



Making it feel welcoming

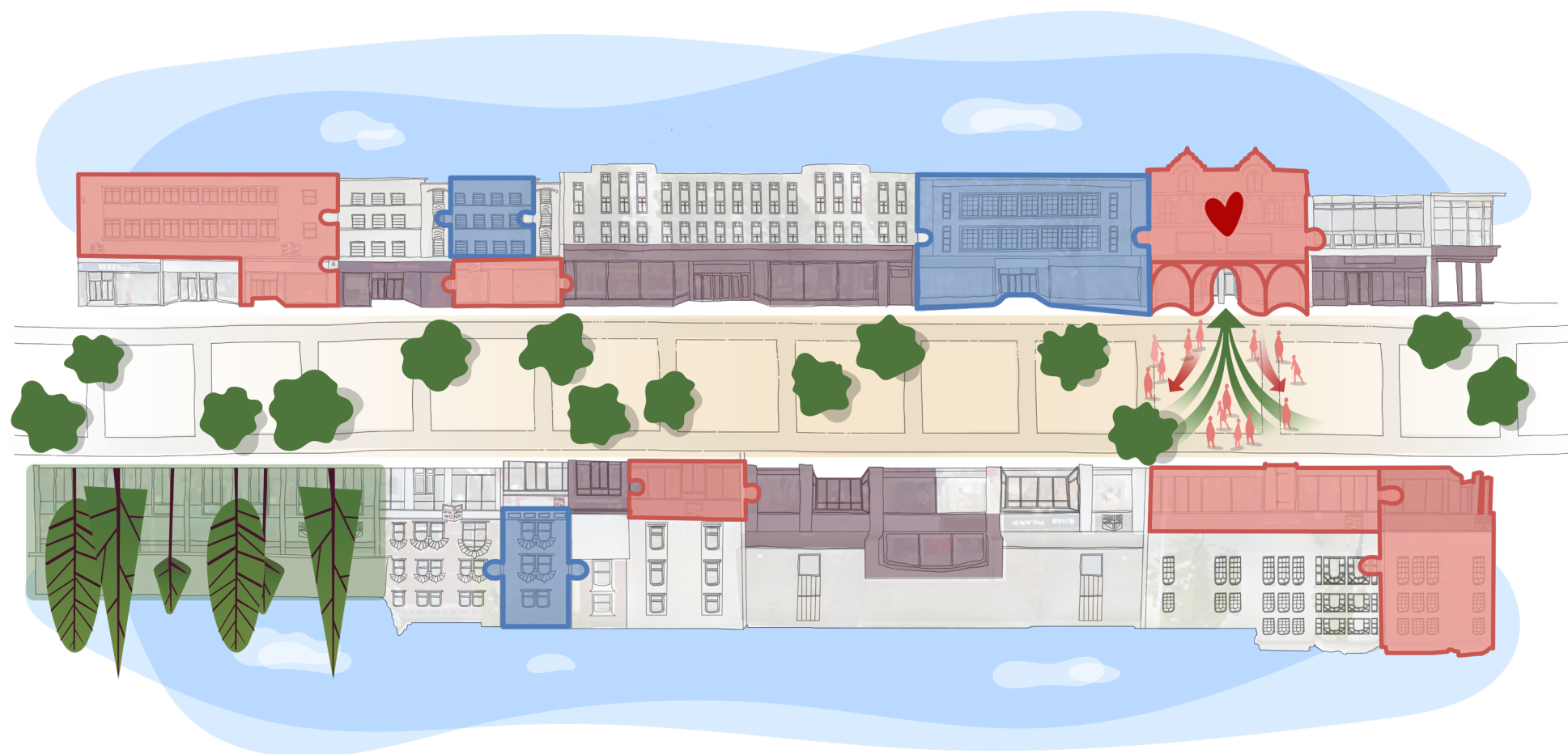
We learned at Maggie's how the entrance can be a major psychological threshold; its appearance signalling whether it's a place for you. The existing shopfronts of the seed space can be transformed to create an inviting experience; a space you enter without somehow acknowledging you're entering it, with a design that draws people naturally inside without intimidating or feeling unattainable.

Here, the feel of an indoor food market with awnings, enticing displays of local food, large openings to walk through and changing displays that sparks curiosity could help achieve this. Working with local groups and community champions, would be crucial to identify the cultural barriers that might be at play to design an entrance point that feels equally friendly to different people from across the city.



Identifying room to grow

The next step involves understanding the possibilities of other buildings and spaces along on the street to be able to envisage new opportunities for future tenants of Health Street. Identifying ownership structures, existing and upcoming vacancies, and relevant planning applications in the short to medium-term, is part of this process. In the next decade hundreds of new homes are likely to be built near the Broadmarsh site. With that may come demand for a new GP surgery. There will be hundreds of students living on Lister Gate in the former M&S department store soon. Medical students could occupy space a GP surgery for opportunities for practical experience.



Building a network

Then the network for the health street framework on Lister Gate is built by surveying the needs of the city and then researching and curating businesses and organisations to suit those needs. Our research involved taking to a group of young people from Nottingham about what they would want to see in the city centre. Many of the ideas, listed here, are fully aligned with health creation and would diversify the high street offer.

Building this network of organisations involves testing how new businesses would be mutually beneficial to others on the street. For example, a rehearsal space for the Nottingham Operatic Society could also offer breathing classes for people living with COPD, thereby supporting social prescribers based in the seed space.



Providing community diagnostics

Next the community champions would advocate for the location of a CDC to Lister Gate. There are plans for a city centre community diagnostics facility in Nottingham. The former M&S and WHS are both suitable for a CDC but are scheduled for student housing. The New Look, whilst currently occupied, could become a viable option soon, with the company closing stores across the country. It has servicing from Stanford Street and two large floorplates

above ground level. It was also benefit from being located next to the seed space. As CDCs lack after-care, nothing happens after the appointment – the seed space can bridge the gap and help ease the anxiety caused by receiving or waiting for a diagnosis, providing a space where people can find information and connect with others. The CDC could be complimented with primary care support like social prescribing, physio, dieticians within other spaces on the street.

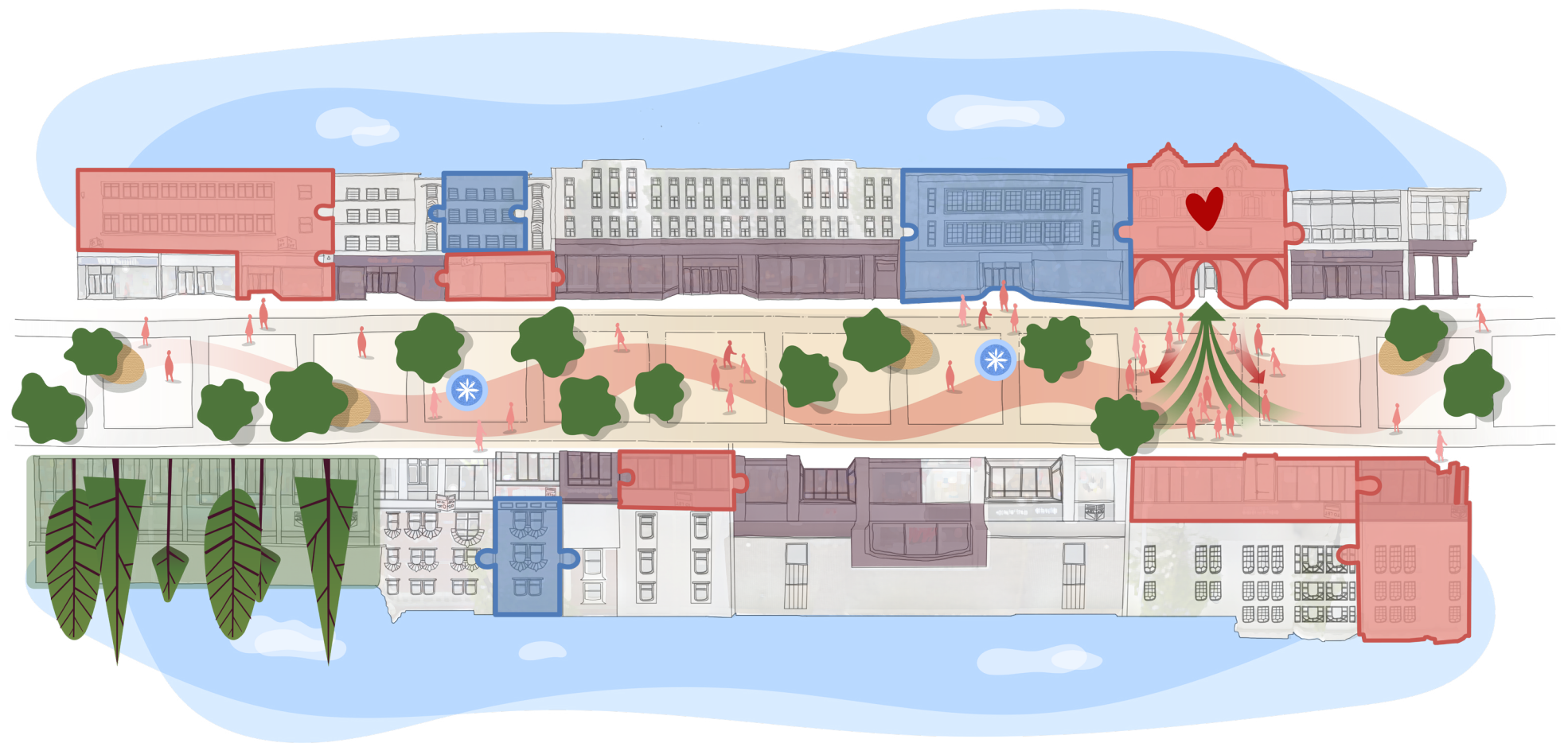


Expanding to the outdoors

Finally, the framework should extend further outdoors, with initiatives that create something unexpected on the street, to signal this street is a Health Street.

There could be a giant outdoor communal table to encourage social lunch breaks for people working in the city, seating could be designed to encourage talking to someone new, or outdoor exhibitions run by free public art programmes could activate the street. Drinking fountains, accessible public toilets, and bicycle parking could be designed in an inventive way whilst providing vital infrastructure enabling people of all ages to spend time here.

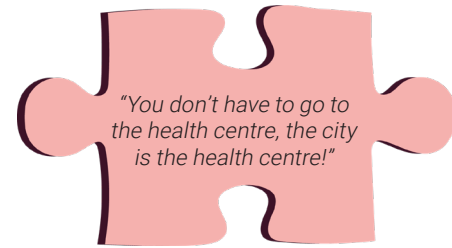
More planting and greenery could be introduced, and roof top spaces could be used for outdoor activities. Our research with the young people we spoke to in the city indicated the kinds of things they would like the Green Heart, the new public green space planned at the southern end of the street, but some of these things, listed here, could start on Lister Gate.



Ideas from young people

space for yoga / space for making music
 free wifi so everyone can do their college or
 school work / a community youth centre where
 kids from different backgrounds can come together
 street food stalls / an arcade
 a place where you can see people skating, where
 people can spray paint, where people can express
 themselves / a knife crime workshop, where
 children could learn about it / a free youth gym / a
 speakers corner, for talks and discussions

What's next



We want to refine the model by working with a town or city interested in pursuing a Health Street pilot. Through this launch, we would like to hear from places that are interested in bringing new mission and purpose to their high streets through a focus on health creation and regenerative retail, with a view to finding a place willing to be the location for a pilot of the model.

We want to connect with community champions to learn how the model could adapt to work in their location. This could involve working with community groups currently delivering place-based programmes to trial moving an established programme from a residential area to a central location nearby and explore potential updates required to the programmes to make the transition successful for its participants.

We want to hear from an ambitious ICS interested in testing a place-based approach to health creation. Now the leads for all 42 place-based ICS's have been implemented, we are interested to learn of places that want to take a more radical approach, and would be willing to explore what supporting a Health Street framework would mean for them, and what opportunities it could bring.

We want to develop an operational model of the Health Street framework. We have had offers from other organisations to share their lessons learnt and from this we would build the operational model using their experience and expertise. Based on incremental growth, we would explore models which take account of the growing seed space to also incorporate social, educational as well as commercial aspects of the vision to maximise the chances of the projects longevity and lasting impact.

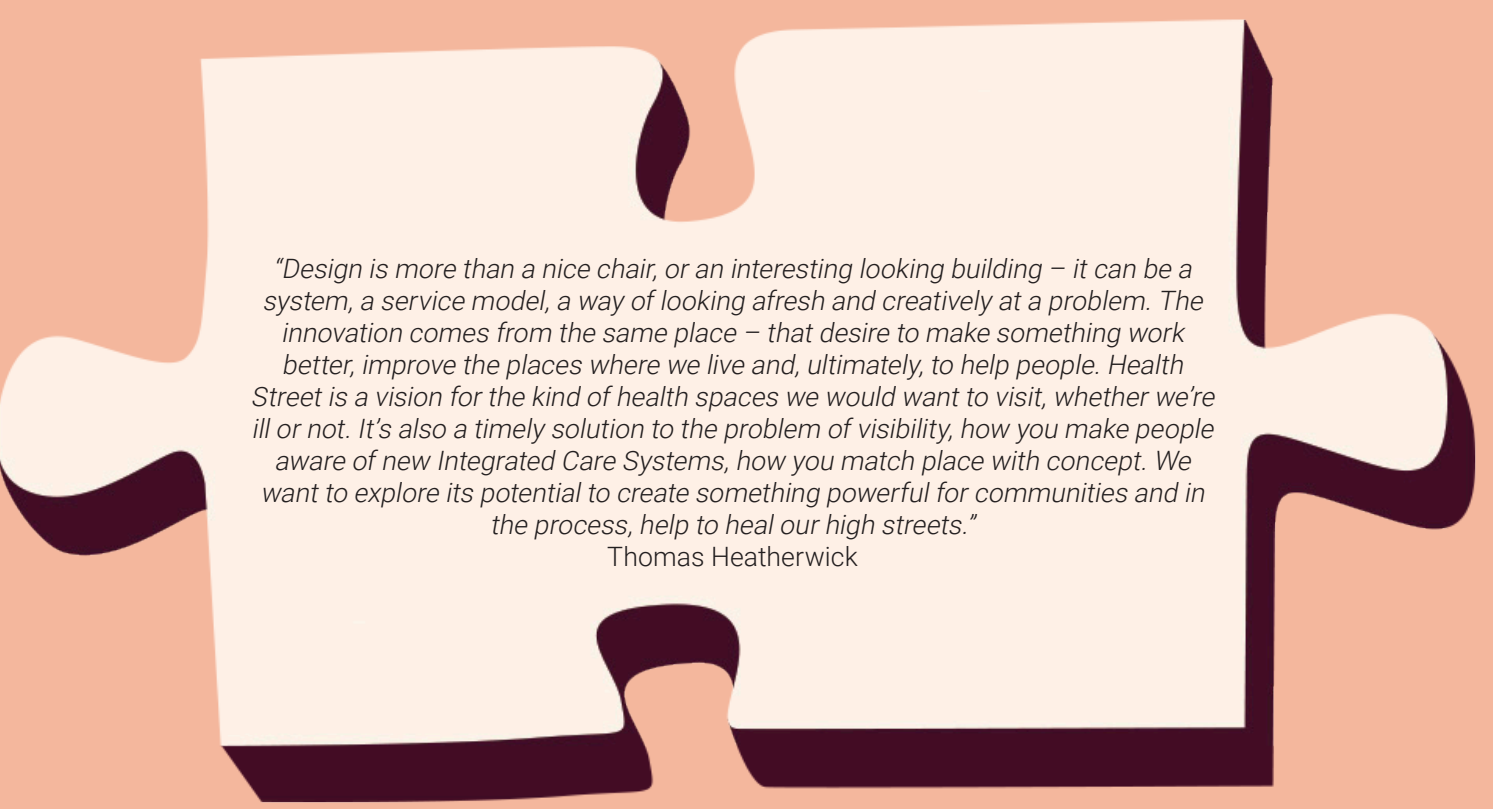


We want to consider opportunities for innovative design within the model. By connecting with the place, community champions and ICS that could make Health Street a reality, and by developing an operation model, we may then be able to identify innovative design opportunities that could bring a strong visual identity to a Health Street. This could relate to street furniture, shopfronts, public realm design of the street itself, or the interior of the seed space. We're very open to what these could be.

Other opportunities to consider next are:

- how **a high street location could engage with young people**, who tend to interact less with health services, even though it's the time they are laying the foundations for their future health.
- how health street could **help medical students gain practical learning** from its everyday operation as part of a more holistic care network as well as providing spaces for adult learning and ESOL classes.
- how health Street could **provide a forum to engage the public on national health issues** – a place to share knowledge and understanding on national priorities and innovation like the human genome.
- how health Street could **play a role with digital inclusion**, helping people get online, with capacity to support digital inclusion and outreach schemes, as well as future NHS digitisation initiatives.
- how Business Improvement Districts (BIDs) could be **refocused on improving health**, as part of the health street framework. This could shape the content and outlook of retailers to promote healthier choices*.
- how **a 'micro-BID' could be established** to focus solely on the area of one Health Street. Local Authorities could take this further by overhauling business rates for businesses offering wellbeing services.
- how Health Street could **help the high street regain a sense of identity and individuality**, in contrast to the homogenous high streets of today, with the same chain of shops wherever you go.
- how Health Street could **help reduce the disproportionate costs associated with treating chronic illness** by better supporting individuals through care in the community**.
- how Health Street could **halt unnecessary demolition and construction** in a climate emergency, as the framework is based upon making use of existing spaces. If successful as a service, it may reduce both the need and desire to construct more out of town health centres, medical schools and hospitals.





"Design is more than a nice chair, or an interesting looking building – it can be a system, a service model, a way of looking afresh and creatively at a problem. The innovation comes from the same place – that desire to make something work better, improve the places where we live and, ultimately, to help people. Health Street is a vision for the kind of health spaces we would want to visit, whether we're ill or not. It's also a timely solution to the problem of visibility, how you make people aware of new Integrated Care Systems, how you match place with concept. We want to explore its potential to create something powerful for communities and in the process, help to heal our high streets."

Thomas Heatherwick

Team

Heatherwick Studio designs places that put people first: a new public park, a workplace that doesn't feel like work, homes surrounded by gardens, a Maggie's Centre that gives respite from the hospital environment. We are curious about how things work, from the mechanism behind the button that calls the lift the top floor, to the reasons for making a building so tall in the first place. As designers, our approach is holistic. With every project, we bring together the expertise of a broad multidisciplinary team – engineers, architects, specialists in data, modelling and landscape – with the shared aim of making a place better. The Health Street vision has been informed by a series of workshops with people who have spent decades working in the UK's civic and health sector, from clinicians on the frontline to researchers turning innovations into improved care provision, including:

- Ana Yael, artist
- Chris Santin, former Chief Investment Officer, Primary Healthcare Properties PLC, now Fund Manager, Schroders Capital
- Clare Richards, Founder of ft'work
- Dan Hopewell, Director of Knowledge and Innovation, Bromley By Bow Centre
- Dr. Hugh Porter, GP at the University of Nottingham Health Service, Clinical Director and Interim lead of Nottingham City Integrated Care Partnership (ICP)
- Dr. Jonathan M Clarke, Imperial College London
- Emma Andrews, Director of Planning, Savills
- Lee Walker, Director, The Nottingham Project
- Jackie Marshall-Cyrus FRSA, Jackie's Revolution
- Fiona Wright, Director, British Business Improvement Districts
- Suzannah Bedford, City Arts, Nottingham
- Wolfson Prize collaborators include: Daniel Dickens, Innovation lab, Helix Centre; Helen Rowbottom, KHP Ventures; Roger Graef, documentary film maker; Stephen Barter, real estate investment advisor; Harry Hymen, Founder of Primary Health Properties

Endnotes

1. Channon B. (2019) Happy by Design: A Guide to Architecture and Mental Wellbeing, RIBA Publishing
2. Deeny S., Thorlby R., Steventon A (2018) Briefing: Reducing emergency admissions: unlocking the potential of people to better manage their long-term conditions, The Health Foundation, <https://www.health.org.uk/sites/default/files/Reducing-Emergency-Admissions-long-term-conditions-briefing.pdf>
3. Rolewicz R. (2021) What does the GP workforce look like now, Nuffield Trust, <https://www.nuffieldtrust.org.uk/news-item/what-does-the-gp-workforce-look-like-now>
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5. Stokes Lampard H. (2018) Good GPs have always practised social prescribing, GPOne.org.uk, <https://www.gponline.com/professor-helen-stokes-lampard-good-gps-always-practised-social-prescribing/article/1463868#:~:text=In%20fact%2C%20a%20recent%20RCGP,to%20a%20social%20prescribing%20service.>
6. Decades ago, more than 50% of consultations were carried out by GPs, now that is well under 50%: nurses and healthcare assistants take up more than half, pharmacists undertake some medication reviews, and there is support from link workers, care co-ordinators and health and wellbeing coaches for the 30% with long-term conditions.
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8. Nottingham Insight, (2019) Deprivation and Poverty, Nottingham Insight, <https://www.nottinghaminsight.org.uk/themes/deprivation-and-poverty/>

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