

growth and social infrastructure in spatial planning

Using the Thames Gateway as a case study example, Graham Haughton and Phil Allmendinger look at how spatial planning is taking a social turn

The planning system has once again begun to re-engage with key social infrastructure as part of the new emphasis upon spatial planning. Where planning was largely seen as a regulatory function throughout the 1980s and early 1990s, this has since given way to a widespread recognition of the need to co-ordinate and integrate a wide range of public and private plans and strategies over a range of spatial scales. Particularly in recent years, the term 'spatial planning' has been used to capture this wider notion of what it is to be a planner – to be a facilitator, negotiator and co-ordinator. The introduction of 'community strategies' and the recent proposal in the Planning White Paper to formally link them to the core strategies of local development frameworks provides a clear emphasis upon co-ordination.

While the linkages between different plans and strategies have been a focus of recent research,¹ social infrastructure remains a largely overlooked although critical dimension of spatial planning. But things are changing quickly on the ground, and social issues are again rising up the planning agenda. Practice has perhaps advanced most markedly in those areas scheduled for rapid population growth such as the Thames Gateway, and it is this we focus on here. This article reports on the results of interviews with 18 people from representatives from key organisations and agencies within London and

the Thames Gateway held between 2005 and 2007. All the interviews quoted here are from 2006 unless noted to the contrary.

In some ways this work complements our recent article in *Town & Country Planning* about the emergence of 'soft spaces' in planning.² Here, we are interested in how planning is learning to deal with 'soft' social infrastructure, such as schools, clinics, hospitals, day-care centres for the children and the elderly, and so forth.

We would argue that although planning documents have often paid lip-service to the importance of social inclusion issues in recent years, in practice it is something which planners have felt ill-equipped to engage actively with. The retrenchment of planning into its core regulatory functions during the 1980s led to a loss of capacity and skills as planners lost sight of their potential role in providing better co-ordination for the location of key social infrastructure, such as health and education facilities. In the meantime social infrastructure has largely merited only passing mention in statutory plans, with little precise guidance, for instance, on the location of such facilities. Yet location matters, not just for the social justice reasons of equity of access, noted many years ago by David Harvey,³ but because of contemporary sustainability, urban renaissance and planning concerns about mixed-use zoning



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and increasing population density to support local facilities.

We focus here on social infrastructure provision in the Thames Gateway,⁴ which for all its problems was felt by most people we spoke to as being ahead of the national game. For instance, Department for Communities for Local Government (DCLG) has recently funded a Social Infrastructure Framework project in Barking and Dagenham, which *‘identified funding and regulatory barriers to delivering integrated infrastructure’*.⁵ And in its Thames Gateway Interim Plan the DCLG has committed itself to working with other government partners to overcome barriers to integrated investment and service delivery and *‘to identify how best to ensure in advance provision of social infrastructure’*.⁵

The word ‘advance’ is crucial here, as will become obvious later. But as the Interim Plan makes clear, providing advance infrastructure as part of a major new development involves fighting against the grain of historical practice, despite the evident advantages which ought to be had from integrated approaches to investment.

Rediscovering how to plan for social infrastructure

There are three reasons why social infrastructure issues are coming to the fore once again within spatial planning.

The first is that there is simply so much investment taking place in new educational and

healthcare facilities, much of it centrally driven and little of it paying adequate attention to the wider spatial context of an area’s needs. Examples abound around the country of health authorities and others selling off city centre land at attractive prices in order to fund the development of new facilities on land that is cheaper but not necessarily in more accessible areas.

As we will see later, the health sector in the Thames Gateway has been innovative in its spatial thinking, yet still problems seem to remain. One interviewee (from ‘partnership agency A’) told us: *‘The health authority’s a big beast... which is slow to change direction... their strategy is to invest in the town centre sites with multiple uses to link the new clinics to social services... and other services... And town centres are the right sites for that multi-use... yet the property arm keeps disposing of town centre sites because they are the most valuable to dispose of... so they haven’t achieved institutional consistency between their policy and their purchasing strategy.’*

The second reason for greater attention being paid to social infrastructure is a pragmatic concern with improving quality of life – for all manner of local electoral reasons, but also with an eye to improving the overall competitiveness of an area. As one senior GLA elected member told us: *‘Other cities that we’re looking at are those that have maintained a good quality of life... increasingly the locational decisions made by big international companies*

won't be country critical... which would suggest that you need to concentrate on the sort of factors that will decide whether a company locates in London... What will make the difference... It might be high quality educational institutions... it might be a good environment... it might be the right social... cultural... and physical infrastructure...'

The third reason is the way in which government funding cycles seem to work against providing adequate up-front investment in anticipation of local population expansion. This partly stems from differences in funding cycles, as suggested by the interviewee from 'partnership agency A': 'The spending cycles for health and education are essentially the spending reviews... they get capital on a three-year cycle... Sometimes when they do a PFI, it's a longer cycle... So it is difficult guaranteeing more than three years in advance what the programme will be... Ideally they should be land-banking in the right location in anticipation of the growth agenda... but that requires a capital programme that runs 15 years ahead...'

'We think very soon it's going to be a critical element of whether we can persuade the local primary care trust to basically put the facilities in at the right time... They're all aware of the problem... but this formula-based provision that education and health work to... is all pretty reactive really.'

The related problem is trying to sort out who should pay for the provision of new infrastructure: dedicated sources of funding for the Thames Gateway, the mainstream budgets of central government departments, PFI, or private developers of new housing? While large development proposals are relatively easy to deal with in terms of negotiating developer contributions, there are much greater problems when it comes to addressing the cumulative needs generated by small-scale incremental developments.

An interviewee from 'partnership agency B' said: 'Using Greenwich Peninsular as an example, there is a requirement for one if not two school sites... The way, in old-fashioned terms, that was negotiated was... 'alright, developer, you provide the site for free and we the council will trust to luck that we can get the funding for the school based on the number of people who are going to be living around there... in due course'. Completely unsustainable, because by the time the people are there, you [already] need the school... This was slightly exceptional... but the primary school and health centre that were built at Greenwich Millennium Village, were actually funded by English Partnerships... Not only the site [but] the building as well. Simply to demonstrate the point that unless you get social facilities... the school... the health centre... there almost before the first resident moves in, the first resident is going to send little Johnny down the road three miles in a car...'

A further frustration for public officials charged with delivering rapid development is that they currently lack the fiscal flexibility to invest early in the development process and capture the benefits later. The interviewee from 'partnership agency A' told us: 'The big opportunity for us is to capture the value later on... as regeneration gets a grip, the land and property values go through the roof... I think what we'd be far more interested in is some sort of long-term value capture programme... But what that means is that the Treasury has to be quite creative about up-front investment... So we have to be quite clever... what's clear is that we're not going to fund what we need through section 106s...'

The spatial dimension of this becomes central when it comes to considering whether the sites chosen are actually the best for the function, or simply chosen because they are all that is left after the market has made its choices for more profitable activities. While local authorities and central government favour getting developer contributions through negotiated section 106 agreements, this is not always either possible or desirable, nor will it necessarily lead to the best possible outcome.

Again one interviewee from a partnership agency told us: 'Where it's problematic is when you've got private sector proposals coming forward for sites that don't in themselves require a new school but cumulatively [across the] area they do. There just isn't a proper process of how to manage that... A planning authority... if they know they are reaching a pinch-point on a school catchment, might negotiate a section 106 for social infrastructure... but that's unusual... because that development doesn't generate that step-change in demand... it's cumulative. Even if the education authority had a [long-term] capital programme, they would often have difficulty justifying it because there is no certainty [that a private sector development will take place] so everybody waits. And then you're into retro-fitting... and what gets squeezed [is] the playing fields and all that stuff... or the ideal location... you're looking for the scraps of what's left over. If you were really doing this properly it's the first thing you would do...'

Health sector leading the way?

A clear example of the growing focus upon social infrastructure and the embedding of the notion of spatial planning can be found in the planning of health provision in the Thames Gateway. Early work on the Gateway focused upon physical regeneration and largely overlooked the need for social infrastructure. The London Mayor convened a meeting of the major social infrastructure providers in 2002 and invited them to submit plans on how their proposals related to the Gateway. Surprisingly, there are no national level plans on how the Gateway relates to health planning, even though an influx of up to 300,000 people into the Gateway

area to 2016 would have a serious impact upon health provision. While normal health planning is Census based, it was clear that the Gateway would require up-front investment given the population changes involved.

The London NHS successfully argued for £20 million of pump-priming for the area to prepare for the population influx. It also published a 'Social Infrastructure Framework'⁶ which allows planners and others to cope with the needs of people (education, health etc.) when planning for major projects.

The impact has been recognised, as demonstrated by a Civil Service interviewee: *'The strategic framework that we're publishing feeds into the other departments as well so they're starting aligning their plans... We work with the Department of Health for example... they've aligned their spending to Thames Gateway and they're giving extra spending to the growth areas now... But we also work with the primary care trusts and strategic health authorities... so that they know what's going on in the area... and they can respond to where the need is going to be... so again it does tailor... although there are quite a few different layers.'*

'New ways of working are emerging which place the emphasis on the quality of the interaction between planners and their counterparts in other sectoral agencies'

Nevertheless, the nature of spatial planning means that co-operation remains based upon persuasion. The interviewee from 'partnership agency B' said: *'There is still a debate about the great mismatch between service providers delivering social infrastructure... because however well the developer and the local authority plan it, if the primary care trust won't play ball you're stuffed. So there is a bit of an issue... which I take to be part of spatial planning...'*

Following emergency cutbacks in the NHS, the dedicated unit responsible for co-ordinating health investment in the Thames Gateway was abandoned in early 2007, so it is no longer clear whether the initial momentum will be maintained.

Resolving co-ordination issues

For many years planning seemed to forget how to deal with social infrastructure – a loss of collective memory and expertise since the 1960s and 1970s, when issues such as the location of education and health facilities usually merited mention in both regional and local planning documents. But in rediscovering the role for planning in relation to social infrastructure, new ways of working are

emerging which place the emphasis on the quality of the interaction between planners and their counterparts in other sectoral agencies.

Issues remain, not least co-ordinating investment timescales to ensure that past mistakes of letting residential development take place ahead of adequate provision of education and health facilities are not repeated. In truth, practitioners are all still searching for ways of resolving difficult co-ordination issues, not least addressing the priorities of different partners and finding innovative ways of combining funding streams to best effect.

What appears to be emerging is that spatial planning documents have a key role in the array of different strategies and plans being produced across different sectors, in terms of providing a spatial framework for future development and so providing greater certainty for both state and private sector investments. But spatial planning documents have not assumed primacy. Rather, they appear to be being used as part of an interacting process of mutual reinforcement across different strategy documents. This may be a good thing. Planners are not necessarily always trying directly to address social issues – but are rather making sure that they are working with those with a direct remit in particular areas to ensure that their work takes account of agreed planning priorities – and vice versa.

As one leading national planning stakeholder told us: *'I think spatial planning will really be achieved when the water authorities... health authorities... education authorities... start doing spatial plans. It doesn't matter what we the planners do... but once they start doing spatial plans then it's arrived.'*

Planning it seems is all around us, not just in spatial plans.

● **Graham Haughton** is Professor of Human Geography in the Geography Department of Hull University, and **Phil Allmendinger** is Professor of Planning and Director of the Centre for Planning Studies at the University of Reading. This work was funded under ESRC grant number RE-000-23-0756. Further details, including working papers, can be found at www.hull.ac.uk/geog/research/GFH1.htm

Notes

- 1 *Shaping and Delivering Tomorrow's Places: Effective Practice in Spatial Planning*. UCL and Deloitte, for the RTPI, 2007
- 2 G. Haughton and P. Allmendinger: 'Soft spaces in planning'. *Town & Country Planning*, 2007, Vol. 76, Sept., 306-8
- 3 D. Harvey: *Social Justice and the City*. John Hopkins Press, Baltimore, USA, 1973
- 4 This work is part of a major Economic & Social Research Council sponsored study entitled 'Integrated spatial planning, multi-level governance and state rescaling'. The project team includes Dave Counsell and Geoff Vigar
- 5 Thames Gateway Interim Plan. DCLG, 2006, para. 7.11
- 6 *Thames Gateway Social Infrastructure Framework*. EDAW for the London Thames Gateway Social Infrastructure Framework Partners. Office of the Deputy Prime Minister, 2004