Creative Health and the Built Environment

Context:

In June/July 2026, the House of Lords Built Environment Committee invited suggestions for future topics of inquiry. Submissions of 300 words were asked to answer the following prompts:

- What is the problem that needs to be addressed?
- How does it relate to the built environment and/or some of the following areas: planning, transport, infrastructure and housing?
- How is the Government currently involved in this area? Are there things that the Government could be doing more, less or differently to make this part of the built environment better?
- Is this a new or innovative area of investigation? Why?
- How can this topic deliver economic growth sustainably?
- Who should the Committee invite as witnesses to learn more about this topic?

This document contains NCCH's submission, proposing an inquiry which explores how creative health and design could become a stronger part of public spaces and healthcare environments.

NCCH Submission:

We have a society that often neglects healthy behaviours when they are at odds with productivity or convenience. Our built environment does not provide sufficient incentives to do otherwise. Building on recent work of the committee, which recognizes the link between built environment and health and well-being, we propose an inquiry focused on artistic qualities of the built environment and the impact on health behaviours.

Examples include painting stairs to make them the more desirable route compared to lifts and escalators. Whilst planning policy encourages considerations like these, there is a lack of statutory mandate, meaning that active design frameworks are frequently treated as optional check-boxes rather than enforceable planning requirements during planning or renovation of public buildings. Likewise, we know that art in hospitals and other healing environments impact recovery time, mental health and experiences of pain, yet implementation of arts in hospitals is unevenly distributed - contributing to health inequalities.

The recent 10-year Health Plan for England says it wants a greater focus on prevention. So far, that has focused on primary care and neighbourhood health centres, yet 80% of health outcomes are determined by factors outside of clinical systems. To deliver on real prevention goals, we need a 'health in all policies' approach, making use of opportunities - such as built environment policies - as opportunities for cultural change. Better health means better engagement in the economy and for longer, supporting the committee's interest in sustainable economic growth.

This inquiry would move beyond traditional spatial planning to examine how artistic stakeholders, public health teams, and designers can co-create healthy and therapeutic public and clinical spaces. It would specifically investigate how to establish mandatory statutory mechanisms for creative health in planning, ensuring that the benefits of neuro-aesthetic design are equitably distributed across all communities rather than confined to high-end developments.

Teams such as Birmingham Public Health have already pondered the relationship between health behaviours and the built environment. Likewise, organisations like Hospital Rooms and Paintings in Hospitals have demonstrated the powerful impact of art and design in care environments. They would make for great witnesses, to learn more about this topic, along with organisations/research centres like Centre for Urban Design and Mental Health, DoWell (Design for Health and Wellbeing), National Arts in Hospitals Network (NAHN), and National Centre for Creative Health (NCCH).

Submitted 22nd June 2026