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DUT Driving Urban Transitions

Policy Brief

Locational Decision-Making for Essential Services in the 15-Minute City

POLICY BRIEF

Locational Decision-Making for Essential Services in the 15-Minute City

Findings and Policy Recommendations from DUT Project Social and environmental justice in 15 minutes (JiM).

Executive Summary

This policy brief examines the main influences on locational decisions for primary healthcare centres, primary schools, convenience retail, pharmacies and green spaces in Sweden, Poland, Türkiye, Spain and Norway, based on research carried out in the context of the DUT Urban Europe funded project **Social and environmental justice in 15 minutes (JiM).**

Across countries and sectors, five broad patterns emerge:

1. **The availability of land and its cost,** or availability of premises in existing buildings, are key drivers of the final locational choice for the services we looked at. Financial viability, demographic demand, and political considerations are other key factors.
2. **The spatial planning system is important**, because of it zones the land for these services, and also because in some countries it sets maximum walking distances to schools and health facilities. It is most important in the location of primary schools.
3. **Private actors unsurprisingly are driven primarily by market logics:** they are concerned with maximising their customer base, not how far away their customers live or how they access the service (e.g., Swedish PHCCs, Polish retail, private schools).
4. **Social justice is weakly operationalised** in practice in most cases, even where equality is a constitutional or legislative principle.
5. **Falling school populations in most countries** make school closures and mergers, not new school openings, a key locational issue. This obviously conflicts with the objective of making schools accessible.

Policy Recommendations: Prioritising the 15-Minute City

To ensure that all residents live within a 15-minute walk of essential services, reforms must address governance, finance, and planning instruments. Clearly many of the recommendations below would affect profitability of privately-provided services and increase the cost of public provision, such that some level of subsidy might be needed. More research is needed to understand and quantify this impact in more detail, and any reading of the policy recommendations should bear this in mind.

Make Accessibility Legally Binding by

- Stipulating maximum walking distances for different services in national planning law.
- Requiring walking/cycling accessibility impact assessments for all new facilities, and mitigation actions where accessibility is shown to be lacking.
- Prohibit or make closure of facilities more difficult if this significantly reduces the number of people who can reach their closest facility in 15 minutes.

Reform Funding

- Adjust reimbursement formulas to reward and increase provision in underserved areas.

- Related to the above, use weighted funding models to benefit disadvantaged neighbourhoods.
- Penalise over-concentration of facilities in high-income districts by reducing per-patient or per-pupil reimbursement for new facilities in these areas, where funding operates on this model.

Strengthen Land-Use Protection

- Protect land designated for schools, health, and green space from conversion.
- Require replacement provision within walking distance if facilities close.

Integrate Social Justice Metrics

In locational decisions (and related to the accessibility impact assessment), require the use of:

- Socioeconomic deprivation indices.
- Age distribution data.
- Car ownership rates.

Locational decisions should prioritise low-income, elderly, and child-dense areas.

Reduce Car-Dependent Standards

- Lower minimum parking requirements or introduce maxima instead.
- Supplement them with minimum pedestrian and cycling accessibility standards.
- Prioritise approvals of services in close proximity to high density housing.

Promote Mixed-Use Neighbourhoods

Cluster land uses to reduce travel distances.

MAIN POLICY BRIEF

1. Main Influences on Locational Decisions in different countries

1.1 Sweden

Primary Health Care Centres (PHCCs)
PHCCs are funded by the regional government and may be provided directly by the region, or via private providers funded by the region. PHCC location is largely shaped by the Health and Medical Services Act (rev. 2017) and the Law on Freedom of Choice in Healthcare (2008). Key influences include:

- Patient listing numbers (which drive economic viability).
- Private sector motivation: maximising access for a catchment population that will use their service. However, incentives provided by the region do steer private sector providers towards under-served and poorer areas.
- Availability of land, or premises. Medical facilities are not a specific land use in the spatial planning process; any land or premises designated as "public services" can be used.

Good accessibility by public transport is encouraged but not mandated, and, similarly, whilst walking distances should be minimised and walking environments be of good quality, there are no quantified criteria to define this. Ultimately, locational decisions for publicly-run PHCCs are made by regional level politicians and primarily reflect the need to ensure access to a PHCC for everyone, rather than accessibility *per se*.

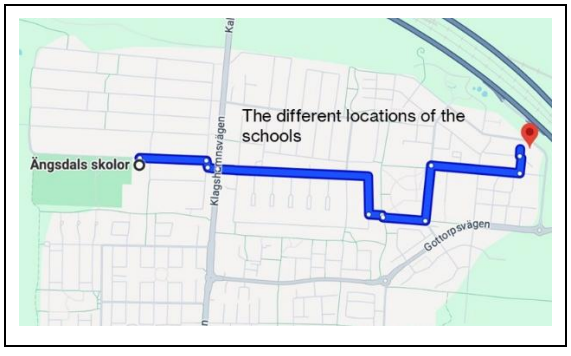
Municipal Primary Schools

Providing and funding primary schools is a municipal education department responsibility and land for schools is zoned in the comprehensive plan, but schools can be provided by the municipality or by private providers funded by the municipality. A range of factors influences the locational decision for new schools, and for which ones to merge or close: ensuring good accessibility on foot and minimising walking distances is one (although there are no quantified minima), but others include the need to reduce social segregation, demographic changes, land costs and availability and of course local politics. Meanwhile, private school providers respond primarily to:

- Demographic growth.
- Market reputation.
- Availability of premises.
- Municipal demand gaps.

Figure 1 below shows how the expansion of a private school in suburban Malmo was constrained by land availability: the original school in the west did not have enough land for expansion, and the only available site was on the very edge of the residential area.

Figure 1: Angsdalsskolor, Malmo



Dental clinics

Dental clinics are normally private practices that are funded on a per-patient basis by the region. There is no specific zoning category for dental clinics (they are public services) and it is relatively rare to build an entirely new building solely as a dental clinic – rather, the clinic will occupy a floor in a new or existing office building. There are no specific standards for accessibility and the clinics select their location on the basis of total population catchment and population forecasts (meaning that on occasion if population forecasts in new areas are not correct, a new clinic in that area is forced to close). For this reason, clinics locate in areas that are either easy to reach by car or well-served by public transport, or both.

1.2 Poland

Primary Schools

The 2016 Education Law sets maximum distances (3–4 km) beyond which communes must provide transport for primary school pupils, and some municipalities, such as Krakow and Gdynia, have much stricter standards, aiming for a maximum walking distance to school of 750 metres. However, land scarcity for public schools is common, and this is often a key factor in locational decisions – spatial planners may argue for a denser distribution of smaller schools, whereas education departments seek to minimise costs by expanding existing facilities. Efforts are made to provide safe walking and cycling facilities on the routes leading to each school.

Primary Healthcare

Patients may choose any PHC with a contract – some are provided by the private sector (which is paid on a per-patient basis), and others provided directly by regional government. There are limits on doctor–patient ratios, but no binding maximum distance standards, and private providers seek to maximise catchment populations based mainly on travel by car. In spatial plans, there is no specific land use for

medical facilities, and private providers often use existing premises, whilst public provision seeks available and lower cost land. Minimising travel distances and easy access on foot are therefore not key factors in the locational decision.

Convenience Retail

Post-socialist deregulation has led to a "free-for-all" retail geography. The main drivers of locational decisions are:

- Profit and customer profile.
- Parking availability.
- Access to main roads.
- Land availability.

Accessibility on foot is not a regulatory requirement. Social justice considerations are absent; the market determines provision.

1.3 Türkiye

Türkiye has amongst the strongest ***formal*** planning standards insofar as it defines maximum walking distances and maximum populations that should have access to at least one school or health centre.

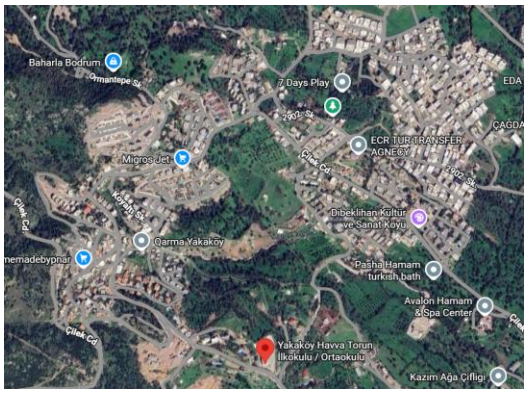
Primary Schools

Primary schools are provided by the National Ministry of Education, which makes the final decision on school locations. Maximum walking distance standards defined in national planning law are as follows:

- 500m (primary school)
- 1,000m (middle school)

Land use plans are legally binding but at the same time are frequently changed; in particular, land zoned for schools is rezoned as residential. It is also rare for the public sector to buy land for schools, further constraining the location in practice. This means that at times locations are selected that are not very accessible on foot and/or do not comply with maximum distance standards. This can be seen with the location of the new Hava Torun primary school in Bodrum, shown in Figure 2, below.

Figure 2 – Hava Torun primary school



Primary Healthcare Centres

Healthcare is also a central government competence, and the national Ministry and its provincial directorates collaborate on locational decisions. A key factor is the minimum and maximum number of patients for each family doctor (between 1000 and 4000) and planning law also stipulates that in urban areas nobody should have to walk more than 500m to their nearest PHC. However, studies have shown that in rural and poorer areas these standards are not always met.

Green Spaces

Under planning law, green space standards (e.g. 10 m^2 per capita) and walking distance targets (maximum walk to closest greenspace ~500m) are defined. However:

- Plans are frequently amended.
- Green areas may be converted due to development pressure.
- Social equity in distribution is weak in practice.

1.4 Norway

Primary Schools

Municipal education departments are

responsible for primary schools, and municipal land use planning departments for zoning land for education. Key influences on school locations are:

- Land availability and cost.
- Municipality's desire to avoid paying for school transport for pupils who live further than 2 km (Grade 1) and 4 km (Grades 2–10) from school.
- Keeping walking distances to a minimum and cycling and walking access safe and convenient.
- The need for school closures in a context of declining pupil numbers.
- Maintaining economic efficiency (cost per pupil).
- Local political pressures.

Primary Healthcare Centres

Primary healthcare is also a function provided at the municipal level, but there is no specific land use for medical facilities, so the land use plan has less influence over locations than for primary schools. There is a nationwide shortage of general practitioners (GPs – family doctors), who are contracted by the municipality. Due to this shortage, in practice GPs have considerable flexibility in where they choose to locate.

Food retail

Very few small food retail outlets remain in Norway; supermarkets are the norm. The municipality zones locations for retail and thereafter its provision is entirely in the hands of the private sector. According to interviews conducted for the project, the overriding factor in store location is ease of access by car, car parking, and maximising the car-based catchment population, to maximise profits. Provision of smaller more local stores would require subsidy.

1.5 Spain

Public primary schools

The Education Department of the respective autonomous community (e.g. Catalonia) is responsible for primary schools, and municipal land use planning departments for zoning land for education. Key influences on school locations are:

- Land availability and cost.
- The local (municipal) land use plan.
- Ensuring diversity amongst the school population.
- Keeping walking distances to a minimum and cycling and walking access safe and convenient.
- The need for school closures and mergers in a context of declining pupil numbers.
- Maintaining economic efficiency (cost per pupil).

in the Spanish system there is close collaboration between municipality and education service in locational decisions, and spatial proximity and easy access on foot are important factors, along with land availability and cost. An important issue in Spain is falling school rolls in many areas, but there is strong municipal and parental pressure to keep schools open as long as possible, which also supports 15mC principles.

Primary healthcare centres

A service again provided at the higher level of government, and one for which there is no specific land-use category. PHCs are provided in relation to population. Availability of land, or existing premises, and their cost, are main considerations in the locational decision. Beyond that, there is an attempt to site them in areas of high public transport accessibility.

Pharmacies

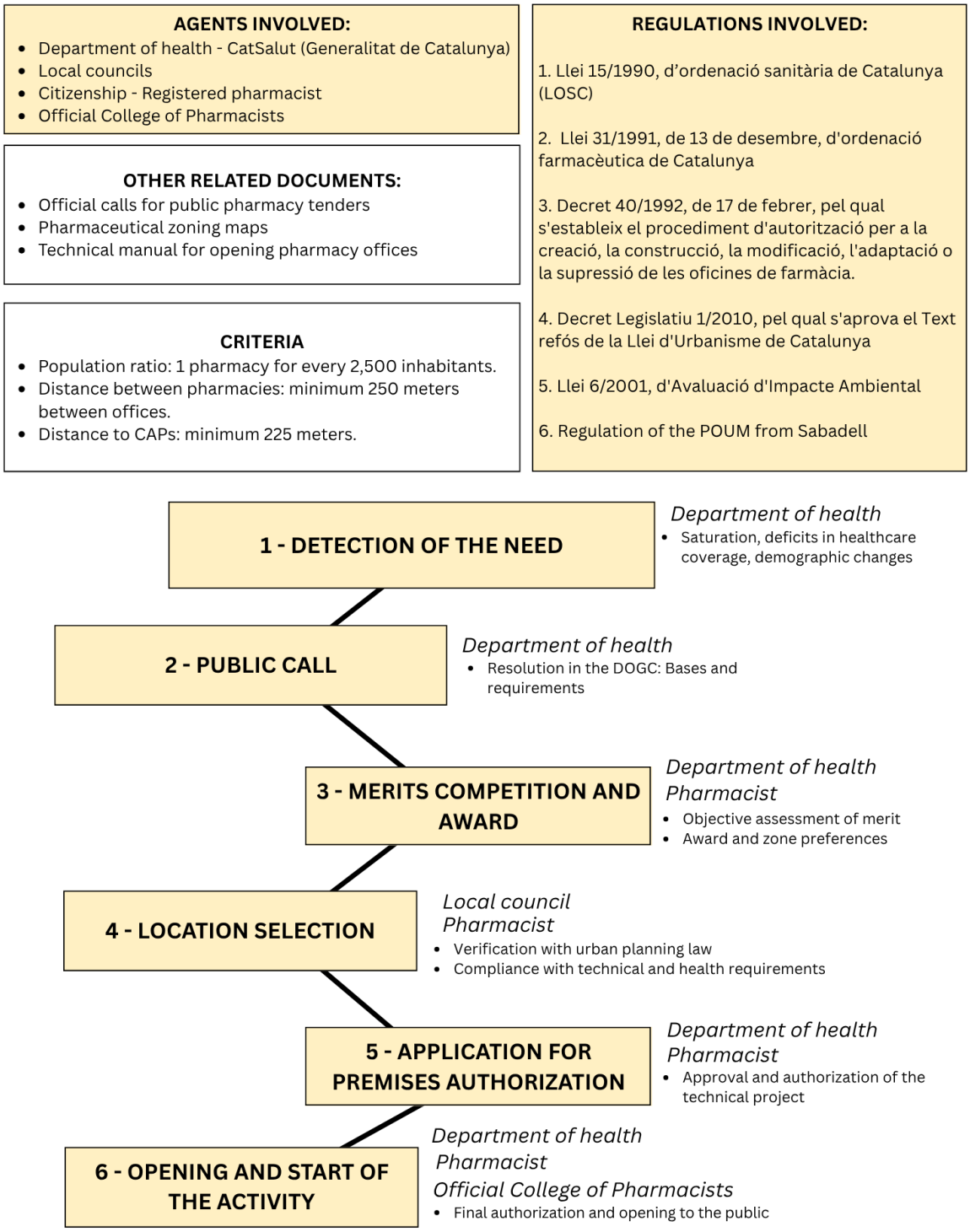
The total number and location of pharmacies in Spain is regulated by the Autonomous Community (AC). Each time the need for a new pharmacy is identified by the AC, there is a public tender to select the pharmacist who will operate the new facility. Then this pharmacist and the municipality select a location in the broad area of need previously identified. This leads to a very dense provision of pharmacies such that, even in a small town, it is rare for there not to be a pharmacy within walking distance. The locational decision making process for pharmacies in Catalonia, Spain, is shown in Figure 1.

Table 1: Dominant Influences on Location

Country	Service Type	Dominant Logic	Role of Spatial Planning Law	Market Influence
Sweden	PHC (privately -provided)	Patient-based funding	Weak	High
Poland	Retail	Profit/parking	Weak	Very high
Türkiye	Schools/ PHC	Legal distance rules	Strong in theory, modified in practice	Low
Norway	Schools	Municipal planning and provision	Strong	Low
Spain	Pharmacy	Dense spatial distribution, regulated provision	Strong	Low

Figure 1: – Example of locational decision-making process: Pharmacy in Catalunya, Spain

(Figure Produced by GEMOTT, Autonomous University of Barcelona)



2. In the Countries Studied, is Easy Accessibility on Foot a Priority?

Where it is a high priority

- Publicly-operated primary schools in all countries – access on foot and keeping travel distances short is an important if not the most important factor in locational decisions.
- Pharmacies in Spain – the regulated nature of provision means that there is a very dense distribution of pharmacies.

Where it is a lower priority

- Swedish PHCs and dentists (market-driven).
- Polish retail and PHCs (market-driven).
- Private schools in all countries (demand-driven, total catchment population more important than how school is accessed).

Why Accessibility Is Often Secondary

1. Financial viability pressures.
2. Free-choice systems encourage use and provision of facilities located further away.
3. Land scarcity and cost.
4. Political negotiation and development pressure, with – in some countries - rezoning of land intended for public services.
5. Parking requirements reinforcing car dependence.

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3. Do Social Justice Considerations Play a Role?

Stronger role

- Türkiye: Equality principles in law for health and schools, uneven implementation.
- Spain, Norway and Sweden – social integration important factor in locational decisions for schools.
- Norway: Universal provision model, but closures affect many areas.

Where social justice is a minor issue

- Norway and Poland retail.
- Poland PHCs.
- Sweden dental clinics.

In most cases, social justice is **an aspiration but not operationalised** in site selection.

Conclusion

Across Sweden, Poland, Türkiye, Spain and Norway, locational decisions for essential services are shaped by a mix of market forces, demographic projections, planning law, and political negotiation.

While accessibility on foot is formally recognised in some contexts, it is frequently overridden by economic efficiency or market dynamics. Social justice considerations remain secondary or inconsistently applied.

To achieve equitable 15-minute neighbourhoods, accessibility must move from aspiration to obligation, by ensuring that it is a priority in funding systems, planning law, and governance structures.

Acknowledgements

This Policy Brief was produced on the basis of work carried out by project partners Malmo University, Autonomous University of Barcelona, Gazi University, Municipality of Bodrum, Cracow University of Technology, Gdansk University, and Molde University College. The project received funding from the Driving Urban Transitions programme, which has been co-funded by the European Commission, under grant agreement number 101069506, and from partner countries' respective research funding agencies. Cover picture by Tom Rye.