

Health Issues in Planning
Best Practice Guidance

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MAYOR OF LONDON

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Foreword by Ken Livingstone, Mayor of London

Although London is a city of wealth and opportunity, too many Londoners live in a poor quality environment. A wide range of factors can influence individuals' chances of being healthy. These include education, employment, housing, social networks, air and water quality, access to nutritious food as well as access to health and social care.

This is why, in addition to my ongoing commitment to improve health and reduce health inequalities in London, in the London Plan I committed to producing guidance to boroughs on promoting public health through planning.

This best practice guide shows how health inequalities can be tackled through planning policies and proposals, as well as through better partnership working between health and development planning sectors. Parliament is currently considering giving me a legal duty to prepare a health inequalities strategy for London. The work that has gone into this guide will contribute to the development of that strategy.

I commend this guide to those working on health issues in London and encourage those working at local level to use this report to promote health in emerging local development frameworks and development plan documents. I also look forward to continuing work to improve the integration of health and development planning in London to secure improvements to Londoners' health.



Ken Livingstone
Mayor of London



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Foreword from Sheila Adam, Regional Director Public Health

Whether a person enjoys good physical health and mental wellbeing is dependent on a range of factors, not just the availability of good health and social care services. The quality of a person's housing, the environment in which they live, the community support they enjoy, the nature of their employment, levels of income, education, how they travel, exercise, what they eat and drink and whether they smoke or misuse other substances, all of these factors influence health.

For over a century and a half, good evidence has existed on how these wider determinants of health impact on Londoners health and wellbeing and very importantly how their distribution has resulted in wide health inequalities between and within boroughs.

In 2007 there are still wide variations in the wellbeing of our residents, with thousands each year experiencing poor physical and mental health and early death from conditions that are preventable.

I recognise that the planning system has the potential to improve the health of Londoners by addressing some of the determinants of health. Ensuring that the planning system makes a positive contribution to health improvement is one of my key objectives. The London Plan begins to address this issue, but more work is needed at a local level if we are to harness the opportunities to tackle deep-rooted health problems.

This is complex and will require high quality partnership working between local planners and their health counterparts. Some of these partnerships are already in place and effective action is being taken. For others this joint agenda is newer. All of us though can benefit from sharing information and being aware of developing good practice.

This best practice guide is a valuable resource. It provides information on how the planning system can make a practical contribution to the health of Londoners. In time, if we take this agenda seriously it will help us all achieve a step-change in practice so that in future we can see measurable improvements in the health of all our citizens.



Sheila Adam

Regional Director Public Health



Part I: Introduction

1.1 Introducing planning and health

There is an important link between how places are planned and developments delivered and the health of the communities who live in them.

The new planning system encourages local authorities to create policies and plans that are more responsive to their local community. There is greater scope to address social, health and related poverty issues in local planning and to ensure that new development delivers safe, healthy and attractive places for people to live in. Local strategic partnerships are encouraging better coordination of service provision and planning, including health services.

Coordinated planning is especially important in the context of population growth. Recent changes in NHS policy to better serve the health needs of communities through modernisation and increased care in the community are reinforcing this push for more local responses to creating healthy communities. In London, the reorganisation of healthcare services under the direction of a single strategic health authority presents an opportunity to better integrate the strategic elements of planning and health through improved joint working.

This best practice guidance (BPG) draws together the ways that planning policy and development can tackle health inequalities, build healthier choices into the lives of Londoners and promote greater strategic integration of health and planning.

1.2 The purpose of this BPG

In producing this BPG, the Mayor is fulfilling part of his statutory duty to promote the health of Londoners. It is his intention that this guide will help boroughs tackle health inequalities and promote healthy developments, mainly through the production of their development plan documents (DPDs). This guide will also help local authorities to meet their obligations to promote wellbeing in their boroughs.

The Mayor's spatial development strategy - The London Plan (2004) - sets out an overarching vision to develop London as an exemplary, sustainable world city through the promotion of health and equality of opportunity in the development of the city. The London Plan provides policies to help integrate planning and health issues in new development. As a cross cutting theme in the London Plan health relates to many of the policies within the document. The following are specifically aimed at promoting health through new development and partnership working in London:

London Plan Policy 3A.17 Health objectives

UPD policies should promote the objectives of the NHS Plan, local delivery plans and modernisation programmes and the organisation and delivery of health care in the borough. This should be in partnership with the strategic healthcare authorities, Primary care trusts and local strategic partnerships and with voluntary and community organisations involved in delivering health services.

London Plan Policy 3A.20 Health impacts

Boroughs should have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough.

In addition, the London Plan also contains policies relating to the location of healthcare facilities and the maintenance of London's reputation as a centre of medical excellence:

London Plan Policy 3A.18 Locations for healthcare**London Plan Policy 3A.19 Medical excellence**

There are many other key policy areas including housing, employment, social infrastructure and open space that have health implications. These are listed in Appendix A. More specifically, Chapter 3 of the London Plan identifies the advantages of healthy planning and states, "The Mayor will, in collaboration with strategic partners, produce additional guidance to boroughs on promoting public health."¹

This BPG has been produced in response to this commitment and provides additional information on public health issues to support the implementation of the London Plan and its translation into development plan documents (DPDs). This BPG reflects the published London Plan (2004). Further Alterations to the London Plan were published in September 2006 for consultation and this BPG will be updated to reflect any resulting policy changes.

Although this BPG cannot set new policy, it can, following consultation and after revision, be taken into account as further guidance to the London Plan.

1.3 Who this BPG is for

This BPG provides more detailed guidance for local planning authorities, primary care trusts and the strategic health authority on how to implement the London Plan policies relating to tackling health inequalities and promoting healthy development.

For planners, it explains the principles of healthy planning and how they can be implemented in London through existing examples of good practice as well as existing tools and check lists for assessing the health impacts of new developments.

For architects, developers, designers and other professionals working on bringing forward development, it suggests where good technical advice and guidance can be found that can contribute to meeting the Mayor's vision of London as an exemplary, sustainable world city.

This BPG also provides information on integrating health and development planning, in addition to the promotion of partnership working, which the strategic health authority, primary care trusts and other health care organisations may find useful for reference during consultations on planning proposals.

1.4 How this BPG is structured

In order to provide clearer guidance for planning and development professionals and health providers using this BPG, it has been divided into four parts, of which this introduction forms the first. The remainder of the document is as follows:

Part 2: Key tools and approaches for promoting health - introduces the idea of 'Healthy Urban Planning' and sets out tools that are currently available to help planning professionals meet requirements regarding the location of healthcare facilities and in considering the health impacts of new developments.

Part 3: Focusing on tackling health inequalities - sets out the wider determinants of health and how planning policies can have a long-term impact on health and well-being. The determinants form the basis for each of the sections in this chapter, which are:

- Good quality and affordable housing
- Transport issues
- Employment and skills training
- Education and early life

- Access to services
- Community safety
- Liveability, open space and public realm
- Air, water and noise quality
- Access to fresh food
- Climate change.

Each section presents key health questions to consider when producing development plan documents (DPDs) and assessing development proposals. Relevant documents are also signposted to further aid understanding.

At the end of each section case studies provide examples of how policy has been turned into practice.

Part 4: Integrating health and planning – provides information on how the current changes to the planning system and the NHS in London present a useful opportunity to achieve effective partnership working between health and planning fields. It focuses on the integration of health service delivery as well as delivering healthier developments. It provides case studies of effective approaches implemented by city authorities and health organisations in their approach to planning for health. It focuses on the development of social infrastructure as a way to take healthcare needs into account in planning policy and practice.

Appendix A illustrates how health as a cross cutting theme in the London Plan relates to specific policies, many of which make a direct or indirect contribution to promoting good health and seeking to address health inequalities. Policies that are particularly important for promoting the health of Londoners are listed in the matrix and will help boroughs identify the potential health impacts of development.

Other appendices to the BPG provide a range of further resources including technical and policy references, useful contact organisations and websites.

1.5 How this guidance should be used

There are several ways in which this guidance can be used to promote health through planning:

1. Addressing health impacts of development (London Plan Policy 3A.20). For all planning applications for major new developments in London, applicants will need to demonstrate how their proposals address the relevant health impacts (see 2.3 of this BPG). Major strategic

developments that are referable to the Mayor (see glossary) are expected to enable wider public health benefits and mitigate against harmful health impacts. Carrying out an assessment of health impacts is a useful mechanism to demonstrate that this has been addressed.

2. Tackling health inequalities. When developing local policies for borough local development frameworks (LDFs) and development plan documents (DPDs) this BPG can provide examples of best practice that demonstrate linkages between planning policy and public health in the areas relating to the determinants of health. This best practice should be incorporated into planning policy at a local level whenever possible and should be used when considering new developments.
3. Integrating health service and development planning. Examples of good practice set out in Part 4 of this guide should be considered by planning and health delivery authorities for ways to promote the health of Londoners through the integration of health and planning.
4. The guide also provides a useful set of resources for further research in to public health issues.

1.6 Relationship to the London Plan and other Mayoral Strategies

The London Plan is part of the development plan for London as set out in the Planning and Compulsory Purchase Act 2004. It also integrates the spatial implications of the Mayor's other strategies. This BPG should be read with other BPGs and supplementary planning guidance (SPGs) and strategies relating to the London Plan. The detail of these is not repeated in this document.

The full list of SPGs and BPGs is set out in Appendix C. Of particular relevance is the SPG Accessible London: Achieving an Inclusive Environment (April 2004) and Sustainable Design and Construction (May 2006) and Draft SPG on Planning for Equality and Diversity in London (December 2006). The SPG Renewable Energy is due to be published in 2007. The Draft BPG on Urban Design and the Public Realm will also be published for consultation in late 2007.

In line with the new powers proposed, the Mayor will also be responsible for producing a Health Inequalities Strategy. As health inequalities are usually the long-term effects of a complex range of factors, the GLA's responses to this commitment will be developed to take a long-term perspective, with appropriate shorter and medium term goals established from the outset. This Health Inequalities Strategy will reflect the timeframe for the London Plan and its impact will need to be monitored.

Other strategies that will also be produced in line with the Mayor's proposed new powers include an Adult Skills Strategy, a Refugee Integration Strategy, a Housing Strategy and a Climate Change Adaptation Strategy. These strategies will have important health impacts relating to reduction of poverty, improved social capital and enhanced environments. Their implementation will be monitored, producing an opportunity to develop a wide-ranging set of health indicators.

1.7 Monitoring

The policies of the London Plan are assessed through the annual monitoring reports. Monitoring of the London Health Strategy is undertaken by the London Health Commission - which uses ten high-level indicators to measure progress on as detailed in Figure 1.1 below.

Figure 1.1 Monitoring health indicators

| London Health Strategy – high level indicators | Relevance to health inequalities | Indicators relevant to children and young people selected for this year's report |
|---|--|---|
| 1 Unemployment | Associated with morbidity, injuries, poisoning and premature mortality, especially coronary heart disease. Also related to depression, anxiety, self-harm and suicide. | Dependent children with no adults in employment in the household; young people not in full-time education or employment; types of workless household with dependent children |
| 2 Unemployment among Black and Minority Ethnic (BME) population | As above | Children in workless households by ethnicity |
| 3 Educational attainment: percentage of pupils achieving 5 GCSE grades, A*-C | Education reduces risk of unemployment and poverty which have a negative effect on health | In addition to GCSE grades used in previous reports, Key Stage 1, 2 and 3 performance; ethnicity and educational achievement |
| 4 Proportion of homes judged unfit to live in | Can cause or contribute to ill health or injury and exacerbate existing conditions e.g. through damp, cold, poor design or bad lighting | Dependent children living in overcrowded housing by ethnic group and London borough; homeless families with children living in temporary accommodation |
| 5 Burglary rate per 1,000 population | The factors that affect the local crime rate also seem to affect health. Crime can also affect health directly through feeling unsafe | Victims of crime, perpetrators; impact on future prospects and future health |
| 6 Air quality indicators – NO₂ and PM₁₀ | Polluted air can damage health. The young, the elderly and those with respiratory difficulties are particularly vulnerable | Air quality indicators – NO ₂ and PM ₁₀ |
| 7 Road traffic casualty rate per 1,000 population | Road traffic accidents are a major avoidable hazard to health, and there are large social class differences | Fatal and serious casualties by mode of travel; child road casualties in London boroughs |
| 8 Life expectancy at birth | A good summary indicator of the health status of the population | Life expectancy at birth by borough for males and females |
| 9 Infant mortality rate | The infant mortality rate is influenced by maternal health, social class and quality of care | Infant mortality, stillbirth rates, perinatal and neonatal mortality rates, and proportion of low birth weight babies by borough |
| 10 Proportion of people with self-assessed good health | A good indicator of health status in adults | Dependent children with a limiting long-term illness; population aged 10-14 who view their health as good; 15-19 year olds who view their health as good; 10-19 year olds reporting their health as good by ethnicity |

Source: 2005 review of the London Health Strategy high-level indicators

It is likely that these indicators will be developed as part of the monitoring framework for the Health Inequalities Strategy and it may be possible for them to be incorporated into a process for measuring the impact of the London Plan and this BPG on health outcomes in London.

In future, there will be increased scope and need for boroughs to measure the health impacts of their policies and developments in greater detail, especially with the increased focus on these issues in the development of the LDFs and DPDs. Possible indicators which could be used to monitor outcomes might include the scale of health facilities provided through development.

Part 2: Key tools and approaches for promoting health in planning

Introduction

Health is influenced by many factors. It is not only linked to age, gender and ethnicity, but to wider factors such as education, employment, income, housing, social networks, air and water quality, access to affordable nutritious food, and access to social and public services, including health and social care. Planners and development professionals are required to consider health in its broadest sense, including social and psychological elements such as wellbeing and fulfilment, which can be positively influenced by spatial planning processes.

The following sections of this chapter describe the healthy urban planning approach and a number of tools that are available to assist planners in promoting health in planning.

2.1 Healthy urban planning

Healthy urban planning focuses on the positive health impact of how we plan and build cities. It aims to improve the quality of the built environment and the quality of life of individuals and communities. It enables urban planners to consider the impact of their work on the health and wellbeing of local communities and ensures that health objectives are central to the decision making process in planning. Healthy urban planning contributes to achieving a sustainable future environment by integrating health considerations into city urban planning processes, programmes and projects.

Healthy urban planning is an important concept when planning for growth. It concentrates on potential improvements to public health that can be achieved through development of varying size and scale, while recognising that health itself is far more than the absence of illness; rather it is a state of physical, mental and social wellbeing. This approach recognises that there is inequality between access to environmental resources in different sections of the community and that to achieve improved health requires a shift in approach from the medical to social model of health.² The core principles of healthy urban planning are:

- planners focusing on human health, well-being and quality of life
- making health objectives central to the decision making process
- addressing health as a core element of sustainable development
- improving quality of the built environment in the context of the quality of life of individuals and communities.³

The new plan making process - with the introduction of the LDFs - allows for a focus on health and social wellbeing in urban planning. The greater emphasis on community empowerment and involvement in the

development of sustainable community strategies as part of this process will be a useful tool in ensuring that plans and policies that promote 'healthy urban planning' principles are effectively implemented. More information on healthy urban planning can be found in Section 4.4: Case studies in effective partnership working.

World Health Organisation - Healthy Cities Project

The WHO Healthy Cities programme engages local governments in healthy development through a process of political commitment, institutional change, capacity building, partnership-based planning and innovative projects. It promotes comprehensive and systematic policy and planning with a special emphasis on health inequalities and urban poverty, the needs of vulnerable groups, participatory governance and the social, economic and environmental determinants of health. It also strives to include health considerations in economic, regeneration and urban development efforts.

Over 1,200 cities and towns from more than 30 countries in the WHO European Region are healthy cities, including, Brighton, Belfast and the London borough of Camden in the UK. These are linked through national, regional, metropolitan and thematic Healthy Cities networks, as well as the WHO Healthy Cities network for more advanced cities. The WHO Healthy Cities programme is now in its fourth phase (2003-08). Cities currently involved in the Phase IV Network are working on three core themes: healthy ageing, healthy urban planning and health impact assessments. In addition, all participating cities focus on the topic of physical activity and active living. The Mayor has also signed up to the WHO Ageing Cities project that is looking to develop indicators for the development of ageing cities.

SIGNPOST: World Health Organisation - Healthy Cities Network
www.euro.who.int/healthy-cities

SIGNPOST: The Public Health Impact of Cities and Urban Planning, London Development Agency, March 2004

Using case studies to explore the ways in which the planning of buildings, transport and public life impact upon health this document presents a number of key challenges to planning for health:

- Absence of corporate approach to investment and service provision
- Regulations promoting sustainability
- Regulations promoting a liveable urban environment
- Conservatism of local government
- Lack of capacity in local government
- Lack of education about quality, sustainable design
- Lack of understanding of 'living tradition in the built environment'
- Community participation.

www.lda.gov.uk/server/show/ConWebDoc.746

SIGNPOST: Working with disabled people for inclusive access, Mayor of London, 2004

www.london.gov.uk/gla/publications/equalities/Disabled_access_report_pt1.pdf

2.2 Data sets and evidence bases

To form effective policies, an evidence-based approach must be employed. In May 2000 the Mayor formed the London Health Commission (LHC), which monitors progress in London against the key determinants of health in its annual 'Health in London Reports'.⁴ The LHC website provides a range of resources that relate to improving health and reducing health inequalities in London; including the determinants of health, population groups, lifestyle and behaviour and disease groups. The website also contains HIA information resources and evidence for health impact assessments (HIA). Datasets are available at local authority and ward levels and are a particularly valuable tool in developing an evidence base for planning for health.

The London Health Observatory is one of a network of nine regional public health observatories (PHOs) that were created in England following the publication of the White Paper 'Saving Lives: Our Healthier Nation'. The London Health Observatory covers the 7.3 million people that live in Greater London. The PHOs work in partnership with practitioners, researchers, regional and local health policymakers and the voluntary sector. Their main roles are in:

- monitoring health, healthcare and disease trends and highlighting areas for action
- identifying gaps in health information;
- advising on methods for health and health inequality impact assessments
- drawing together information from different sources in new ways to improve health
- carrying out projects to highlight particular health issues
- evaluating progress by local agencies in improving health and reducing inequality; and
- looking ahead to give early warning of future public health problems.

Boroughs are encouraged to make use of these resources in preparing their DPDs and in forming local strategic partnerships (LSPs) (please see Section 4.1: Drivers of change in health and planning, for more detail on LSPs). It is also important that boroughs consider local information and recognise the issues that are particularly relevant in their areas.

SIGNPOST: London Health Observatory website
www.lho.org.uk/Default.aspx

SIGNPOST: London Health Commission website
www.londonhealth.gov.uk

2.3 Assessing health impacts of developments and strategies

Developments, plans and strategies should have significant positive impacts on public health and health inequalities. Major developments, especially of high-quality housing, should make a significant positive contribution to the health of Londoners. Health impacts should be considered at the very outset of developing planning proposals or strategies to ensure positive health outcomes, as set out in London Plan policy 3A.20 below.

London Plan Policy 3A.20 Health impacts

Boroughs should have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough.

There are several tools available for assessing the impacts of a development. Health can be integrated into statutory assessments such as SEA, SA, EIA or a separate HIA can be undertaken.

Strategic Environmental Assessment (SEA) and Sustainability Appraisals (SA)

SEA and SA are statutory processes, often carried out in parallel, which deal with the strategic impacts of statutory plans. SEA is a process designed to ensure that significant environmental effects arising from proposed plans and programmes are identified, assessed, taken through public participation, taken into account by decision-makers and monitored. To aid understanding of health impacts it is vital that healthcare organisations are included in the development process for LDFs and DPDs. Sustainability appraisals incorporating SEA are mandatory for revisions to regional spatial strategies and for new or revised DPDs and supplementary planning documents (SPDs) to ensure that all potential negative impacts are identified and considered before approval and implementation.

The new requirements of the SEA Directive build upon existing relationships and good practice in environmental planning already carried out in the UK. The strong role of health issues in the new guidance on SEA will be increasingly important. Current guidance on SEA and SA can be found on the Communities and Local Government website as signposted below.

SIGNPOST: A Practical Guide to the Strategic Environmental Assessment Directive, ODPM (Now CLG), 2005

http://www.communities.gov.uk/pub/290/APracticalGuidetotheStrategicEnvironmentalAssessmentDirective_id1143290.pdf

SIGNPOST: Sustainability Appraisal of Regional Spatial Strategies and Local Development Documents, ODPM (Now CLG), 2005

http://www.communities.gov.uk/pub/346/SustainabilityAppraisalofRegionalSpatialStrategiesandLocalDevelopmentDocuments_id1161346.pdf

SEA also sets the framework for future assessment of development projects some of which require environmental impact assessment (EIA).

Environmental Impact Assessment (EIA)

EIA is a statutory process applying to some categories of planning projects and must be completed prior to consent being given. As many of London's developments are subject to this process it is a key tool for considering health implications. EIA is an important procedure for ensuring that the likely environmental effects of new development are fully understood and taken into account before it is allowed to go ahead.

Potential negative environmental impacts are also likely to have a negative impact on health and because of this, it is key that the health impacts of developments are considered thoroughly in EIAs and that healthcare organisations are engaged in the process. EIA is a significant mechanism through which the policies of the London Plan can be implemented.

SIGNPOST: European Commission - information on EIA and SEA
<http://ec.europa.eu/environment/eia/home.htm>

Health Impact Assessments (HIA)

HIA assesses the impact of the wider determinants on the population's health and wellbeing. It uses both quantitative and qualitative information; data from population needs assessments, literature reviews of the evidence base, and stakeholders and local people's experience and knowledge. It suggests how adverse effects could be mitigated and beneficial ones enhanced to inform decision makers of the potential effects of their policies, plans, programmes or projects on the population's health.

The SEA Directive requires consideration of the likely significant effects of a plan or programme on human health. A HIA might be used as part of SEA when considering how a plan or programme might affect people's health, and how positive effects could be enhanced and negative effects reduced. While environmental impact assessment (EIA) tends to focus on projects and strategic environmental assessment is applied to plans, programmes and policies, health impact assessment (HIA) can be applied to both although it is non-statutory. A comprehensive HIA can be used to ensure that the process of decision-making fully takes into consideration the wider public health and well-being issues. Recently, the HIA process has been influential in ensuring several large developments adequately address health issues. Kings Cross and Stratford City are good examples of where changes have been made to developments after conducting a HIA.

The London Health Commission has carried out a number of HIAs and drawn together HIA resources. The timing for when HIA takes place in the development process is critical. The earlier that the HIA is carried out, the more influential it can be.

SIGNPOST: London Health Commission's explanatory guide to producing Health Impact Assessments (HIAs)
www.londonhealth.gov.uk/hia.htm#Top

SIGNPOST: NICE Health Impact Assessment Gateway

NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. The Health Impact Assessment Gateway provides access to HIA related information resources targeted at planners and healthcare providers:

www.hiagateway.org.uk/page.aspx?o=WhatisHIA

SIGNPOST: The Healthy Urban Development Unit (HUDU) have produced information exploring the application of HIAs and Integrated Impact Assessments (IIAs)

www.healthyurbandevelopment.nhs.uk/pages/hudu_projects/hudu_projects5.htm

Integrated Impact Assessment (IIA)

The GLA is working with the London Health Commission and London Sustainable Development Commission to integrate the requirements of the HIA and the statutory SEA/SA into one assessment methodology. This integration could be a means of helping to achieve a full range of sustainable development and associated health benefits in a resource efficient way.

An innovative approach is being taken to the SA/SEA of the Further Alterations to the London Plan; the HIA assessment has been integrated into the SEA. The key integrative aspects of the method are:

- a health representative involved in all aspects of the assessment
- a literature review of the relevant health evidence
- key findings from the initial assessment tested on a health stakeholder workshop and the outcome from the workshop feed into the assessment
- A report bringing together the health findings of the assessment.

The advantage of integrating health into the SEA process is that this is an iterative process that aims to influence the plan as it develops, so health is considered at an early stage of plan/policy development. On the SA/SEA of the Further Alterations to the London Plan there was a close dialogue between policy makers, the SEA team and 'health' resources were focused on a single assessment process. Learning across the health and sustainability sectors was also engendered by this joint approach.

The London Sustainable Development Commission and the London Health Commission are also developing the use of virtuous cycles as an assessment of overall improvement to deliver sustainable development at personal, community, citywide, national and international levels.

SIGNPOST: London Health Commission website - IIA of the Further Alterations to the London Plan.

<http://www.londonhealth.gov.uk/urban.htm>

SIGNPOST: Draft Further Alterations to the London Plan - Sustainability Appraisal

<http://www.london.gov.uk/mayor/strategies/sds/further-alt/sds/docs.jsp>

SIGNPOST: London Sustainable Development Commission

http://www.london.gov.uk/mayor/sustainable-development/susdevcomm_background.jsp

2.4 Health and planning checklists

There are already a selection of different planning checklists that can be used by planning and development professionals to ensure they have thoroughly considered health impacts and how to tackle health inequalities in their policies and developments. They are of particular practical value in meeting the London Plan policies and objectives by ensuring that health promotion is considered as policies are developed.

NHS London Healthy Urban Development Unit (HUDU)

The NHS London Healthy Urban Development Unit (HUDU) was launched in February 2004, with the aim to significantly improve the health of Londoners by helping to create sustainable and healthy communities across the capital (see Section 4.2: Improving engagement between health and planning for more information).

HUDU has produced a Public Health Checklist, as a way of assessing a development proposal such as planning applications, master plans or development plans (Local Development Documents/Sub Regional Development Frameworks) for their contribution to improving health. The checklist links public health issues and planning policy objectives together and could be used by local authority planners, PCTs and SHA staff commenting on planning applications and development plans including:

- master plans
- area action plans
- local development frameworks and supplementary planning documents
- regional and sub-regional planning policies (regional spatial strategies).

Taking this work further, HUDU is also undertaking a project on the delivery of healthier communities, due to report later in 2007.

SIGNPOST: 'Watch Out for Health' Self-appraisal Public Health Checklist, HUDU, 2005

For further information the checklist can be found at:

http://www.healthyurbandevlopment.nhs.uk/documents/checklist_for_health/Watch_Out_For_Health_Planning_Checklist.pdf

SIGNPOST: Solid Facts, World Health Organisation, 2003

The World Health Organisation has produced a publication that focuses on the social gradient in health, and explains how psychological and social influences affect physical health and longevity. Solid Facts (2003) then looks at what is known about the most important social determinants of health today, and the role that public policy can play in shaping a social environment that is more conducive to better health.

<http://www.euro.who.int/document/e81384.pdf>

SIGNPOST: Creating Healthier Communities Toolkit, Neighbourhood Renewal Unit (NRU), 2005

This is a practical guide that seeks to help drive forward local health improvement and tackle health inequalities. It is aimed at those with an interest in this agenda, in particular local authorities, primary care trusts and other NHS bodies, neighbourhood partnerships, and local strategic partnerships. The government focus and commitment on improving health and tackling health inequalities is reflected in the Public Health White Paper Choosing Health (See 2.4 Key Health Reference Documents Below) and through national public service agreements (PSA) targets on health.

The toolkit aims to support this agenda by providing information and suggestions on how to address the complex issues surrounding poor health and health inequalities, with a particular emphasis on the need to engage in partnership working.

www.dh.gov.uk/ExternalLink?EXTERNAL_LINK=http%3A//www.neighbourhood.gov.uk/page.asp%3Fid%3D784

2.5 Key health reference documents

Key government guidance:

- Our Health, Our Care, Our Say: A new direction for community services (White Paper, 2006)
- Independence, Well-being and Choice (Green Paper, 2005)
- Choosing Health - Making Healthy Choices Easier (White Paper DH, 2004)
- Every Child Matters - Change for Children (White Paper, DfES, 2004)
- The NHS Plan: A plan for investment. A plan for reform (TSO, 2000)
- Delivering a Patient-led NHS (DH, 2005)
- 'Securing Our Future Health: Taking A Long-Term View' - an independent review by Derek Wanless - is the first ever evidence-based assessment of the long-term resource requirements for the NHS.
- Tackling Health Inequalities: a programme for action (DH, 2003a)

Other relevant documents:

- Health in London yearly reports, London Health Commission
- London Health Strategy, London Health Commission 2000

A full list of resource websites can be found in Appendix D of this document.

Part 3: Focusing on tackling health inequalities

3.1 The spatial planning approach

Health inequalities are spatially apparent in London - for example higher infant mortality rates and incidence of infectious diseases such as tuberculosis are closely related to the socio-economic characteristics of certain areas, often occurring in more deprived communities. The London Health Commission sets out three broad types of health inequality:

- inequalities in access to, or the provision of, determinants of health
- inequalities in access to health care (for example, some groups of young people describe difficulties in accessing appropriate health care services)
- inequalities in health or health outcomes (for example, there are six years difference in average life expectancy at birth between the best and worst boroughs in London).

Spatial planning can help to address these kinds of disparities by addressing some of their root causes through the development and regeneration agenda. The determinants of health are the areas that are known to have the greatest effect on wellbeing and health outcomes and need to be considered by planners in order to deliver healthy urban planning.

SIGNPOST: Highlighting areas of health inequality, Health in London 2005, LHC
www.londonhealth.gov.uk/hinl2005.htm - Top

3.2 Determinants of health

While access to health and social services affect the health of a population, most of the key determinants of health are outside the direct influence of health and social care, for example, education, employment, housing, and environment.

Figure 3.1 below presents the determinants of health in terms of layers of influence, starting with the individual and moving to wider society.⁵ To improve any element of health it is necessary to carry out 'coordinated action across a wide range of policy areas.'⁶ This is because improvements only to physical environments are not on their own sufficient to address health - action in other social and economic policy areas is also needed and this can best be done through a partnership approach.⁷ (See sections 4.2 and 4.4 for further information on engagement).

Figure 3.1 The Health Map

Source: Based on the Whitehead and Dahlgren (1991) diagram as amended by Barton and Grant (2006) and the UKPHA Strategic Interest Group (2006).

How planning policy can impact upon the main determinants of health:

(Taken from Healthy Urban Planning, (Barton & Tsourou, 2000))

Individual behaviour and lifestyle: The physical environment is shaped by planning decisions and can deter or enable a healthy lifestyle. The propensity of people to walk, cycle, or play in the open air is affected by the convenience, quality and safety of pedestrian and cycling routes and by the availability of local open space. It is especially important that children are encouraged to adopt regular exercise in childhood - regular

exercise 'protects against heart disease and by limiting obesity, reduces onset of diabetes. It promotes a sense of wellbeing and protects older people from depression.'

Social and community influences: Insufficient attention to maintaining and creating community cohesion in urban renewal projects can lead to the destruction of social networks. Regeneration can also produce a rich community life, by providing opportunities needed for social interaction such as common activities and meeting places: schools, post offices, pubs and convivial, safe streets. Sustaining local facilities and networks depends upon long-term strategies for housing, economic development and transport. Social support is also necessary for the most vulnerable groups.

Local structural conditions: Planning policy can directly affect personal health in a number of ways. For example London's lack of supply of affordable quality housing contributes to homelessness and overcrowding; accessible work opportunities can alleviate poverty and depression caused by unemployment; an accessible urban structure together with an efficient and affordable transport system can reduce social exclusion by opening up opportunities for people who are socially and economically marginalised. Transport planning also reduces the likelihood of accidents and well-designed parks and public spaces reduce fear of crime.

General socioeconomic, cultural and environmental conditions: At the broadest level, local urban planning impacts upon the quality of air, water and soil resources. It also affects the emissions of greenhouse gases that through climate change will have significant health consequences.

Linking urban planning and health outcomes

The London Plan notes that health is a key determinant in the quality of life of Londoners. Health itself is also influenced by a number of factors and there are various areas where urban interventions can have a direct or indirect impact on health outcomes. For example, the links between environment and health are well documented. Access to open space, improved pedestrian safety and air pollution are examples of direct linkages from spatial planning to improved health outcomes such as fitness, reduced incidences of cardiovascular disease, reduced accident pedestrian accident rates and healthy diet and body mass. While providing sports facilities, improving walk and cycle ways and providing allotments are examples of indirect linkages.

Equality issues are also a key consideration in the development of positive health outcomes. The Mayor's 'Planning for Equality and Diversity in London' draft supplementary planning guidance contains information on how planning can influence urban design and public realm, accessible, inclusive and safe environments, access to appropriate and affordable housing, access to employment and training opportunities, access to social infrastructure and provision of community facilities, access to public transport, walking and cycling facilities and access to retail, leisure and recreation facilities to meet the needs of London's diverse communities.

This BPG should be read in conjunction with the implementation points set out in the draft SPG.

SIGNPOST: Planning for Equality and Diversity in London: draft Supplementary Planning Guidance, Mayor of London, (December 2006)
<http://www.london.gov.uk/mayor/strategies/sds/spg-planning-for-diversity.jsp>

It is important to consider these direct and indirect linkages between health and urban interventions if effective policy is to be formulated. The following wider range of factors that affect Londoners' health and can be addressed through planning policy have been identified as:

- Good and affordable quality housing
- Transport issues
- Employment and skills training
- Education and early life
- Access to services
- Community safety
- Liveability, open space and public realm
- Air, water and noise quality
- Access to fresh food
- Climate change.

The following sections set out the London Plan policies relating to these factors and how addressing these determinants through spatial planning processes can directly and indirectly improve health and reduce health inequalities.

3.3 Good quality and affordable housing

The links between housing and health are many and complex. At the most basic level, housing provides shelter from the elements and safety. Meeting requirements for housing has a positive effect on health and wellbeing but often, the housing that has been provided in post war London has focused on the basic need for accommodation rather than on the quality of housing provided and the creation of social and community networks.⁸ This has created problems relating to the quality and accessibility of housing and related services. Promoting inclusive design principles for housing is key to creating healthy communities, while increasing the supply of affordable housing will make a major contribution to tackling health inequalities in London.

The key policies in the London Plan that relate to the provision of good quality housing that meets the diverse needs of Londoners include:

London Plan Policy 3A.1 Increasing London's supply of housing

London Plan Policy 3A.2 Borough housing targets

London Plan Policy 3A.3 Efficient use of stock

London Plan Policy 3A.4 Housing choice

London Plan Policy 3A.5 Large residential developments

London Plan Policy 3A.6 Definition of affordable housing

London Plan Policy 3A.7 Affordable housing targets

London Plan Policy 3A.8 Negotiating affordable housing in individual private residential and mixed-use schemes

London Plan Policy 3A.10 Special needs and specialist housing

London Plan Policy 3A.11 London's travellers and gypsies

London Plan Policy 3A.12 Loss of housing and affordable housing

London Plan Policy 3A.13 Loss of hostels, staff accommodation and shared accommodation

London Plan Policy 4A.1 Principles of urban design

London Plan Policy 4B.6 Sustainable design and construction

Key housing facts:

- Predicted population growth in London will create demand for 353,000 new homes over the next ten years.⁹

- The total number of unfit homes in London is 204,000, of which 82 per cent are in the private sector (this is a reduction of ten per cent in the total compared to the previous year).¹⁰
- Households that include someone with a long term illness or disability are more likely than others to live in non-decent¹ and unfit homes (37 per cent, compared to 31 per cent). However, income and ethnicity are also significant factors.¹¹
- England's ten worst local authority areas for overcrowding are all in London.¹²
- In London 28.5 per cent of households with dependent children live in overcrowded housing, rising to 41 per cent in Inner London. This compares with 12.3 per cent in England and Wales.¹³
- Poor housing can increase the risk of falls. For people aged 75 years and over, the number admitted to hospital following a fall increased by 3.6 per cent between 2000/01 and 2001/02, and by a further 6.8 per cent between 2001/02 and 2002/3.¹⁴
- Multiple housing deprivations appear to pose a health risk that is of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption.¹⁵
- Income is closely related to housing standards. In England in 2001, 42 per cent of households in the poorest fifth (with incomes of less than £7,400 p.a.) lived in non-decent homes, compared to 24 per cent of those in the top fifth (with incomes of £28,000 plus).¹⁶
- Over 481,000 households in London (16 per cent of all households) live in unsuitable housing (reasons for unsuitability include: too small, experiencing harassment, defective central heating, mobility problems or too expensive).¹⁷

Housing issues for Development Plan Documents (DPDs) to address:

- Do planning policies and development proposals encourage increased supply of housing and promote improved housing quality?
- Is the design of housing to a sufficiently high standard? What orientation does the housing have (natural light)? Is there sufficient insulation for warmth and soundproofing?
- In new developments, does the mix of dwelling and tenure type match the needs of the community, especially in large mixed-use developments?
- Have plans considered local need for social care or supported/extra care housing for older/disabled people?
- Are areas of poor housing identified and improvement or renewal planned?

¹ In line with Decent Homes Standards, for more information see: http://www.communities.gov.uk/pub/191/ADecentHomeDefinitionandguidanceforimplementationJune2006update_id1152191.pdf

- Is there scope to relieve overcrowding for more vulnerable groups in existing developments or improve existing developments?
- Are residential developments appropriately located and accessible in transport terms?
- Is sufficient open space and children's play space provided or are there opportunities to address deficits?
- Are the needs of children, disabled and older people considered?
- Have homes been designed to meet lifetime homes and wheelchair standards?
- Are the identified housing sites suitable for purpose and free of contaminants?
- Have sustainable design and construction practices been used in the development of new homes?

Healthy outcomes:

Thermal comfort; Reduced fuel poverty; Good sleep quality; Good mental health; Home safety improved; Community cohesion; General wellbeing.

Increasing supply while maintaining quality of design

London is suffering an acute shortage of houses for most of its population. There is not enough affordable housing being constructed to meet current demand; and as the number of households in London grows, demand for affordable housing will increase. The supply of new housing over the past 20 years has averaged about 20,000 units per annum, but only a small percentage is estimated to be affordable. The Mayor estimates that 31,900 new homes are needed each year, 50 per cent of which should be affordable.²

Large residential developments

In considering development proposals for large residential sites, boroughs should assess the need for community and ancillary services such as local health facilities, schools and public open space (see policies 3A.18, 3A.21 and 3D.10 of the London Plan). Planning frameworks for these large residential developments should identify the potential impacts on the surrounding areas and how these will be dealt with. These should be carried out in consultation with key stakeholders. In addition to the developer and landowner, the local authority should consult with Transport for London (TfL), the London Development Agency (LDA), the strategic health authority and primary care trust, housing associations and local communities. Where large residential sites are near to areas for regeneration, the appraisal should take account of social and economic impact assessments (see policy 3A.25 of the London Plan).

² London Plan Policy 3A.6 defines affordable housing as housing designed to meet the needs of households whose incomes are not sufficient to allow them to access decent and appropriate housing in their borough. This might include social housing, intermediate housing and in some cases, low-cost market housing.

Large-scale residential developments present the potential to provide not only additional housing and related uses, but to create a new neighbourhood and communities with their own character and identity where people will want to live and work. They will be capable of generating a mix of uses and a variety of activities, including commercial development, such as offices, workspaces, restaurants, leisure facilities and local shops and services. The pattern and scale of development should be designed to integrate land use with movement. The land uses with the highest levels of activity should be located close to the existing or proposed areas of highest public transport accessibility and should have the highest densities and greatest mix of uses.

Development planned in the Thames Gateway will be key to meeting future demands in London for new housing and will need to take careful consideration of the need for open space and social infrastructure provision, as well as flood risk management. The East London Green Grid, regional strategic flood risk assessment and social infrastructure framework are ways that these issues are being addressed in this growth area.

SIGNPOST: Better Neighbourhoods - Making higher densities work, CABE (2005)

This report investigates the barriers that prevent successful high-density schemes from being built. Why are the best examples of good quality, denser housing so few and far between? Where in the process do good developments fall down? How does the planning system help or hinder higher density?

The report also looks in detail at the benefits of higher density housing, challenging negative perceptions and demonstrating how higher densities can contribute to vibrant, successful neighbourhoods where people want to live.

www.cabe.org.uk/default.aspx?contentitemid=671&field=browse_subject&term=Housing&type=2

Addressing overcrowding

Overcrowding in childhood may contribute to a higher risk of respiratory disease in adulthood and significantly increases the likelihood of people rating their health as 'poor' in adulthood. It can also impact on educational attainment,¹⁸ while children living in cramped and often, emergency accommodation experience disturbed sleep, poor diet, hyperactivity, bedwetting, aggression and higher rates of accidents and

infectious disease.¹⁹ For adults, overcrowding also has severe impacts on mental health due to increased stress levels. Often it is those groups that are the most disadvantaged and vulnerable who are forced to live in overcrowded conditions. Increasing the supply of good quality housing in London is crucial to tackling the problem of overcrowding.

SIGNPOST: Supplementary Planning Guidance to the London Plan on Housing, Mayor of London, 2005

This SPG gives detailed guidance for boroughs on how to develop sites for housing and how to determine housing mix and density for any individual site. It emphasises that new developments should make the most effective and appropriate use of the land available, consistent with the principles of sustainable residential quality.

www.london.gov.uk/mayor/strategies/sds/spg_housing.jsp

SIGNPOST: 5 Year Strategy: People, Places and Prosperity, ODPM, 2005

A strategy to ensure that people have decent places to live by improving the quality and sustainability of local environments and neighbourhoods, reviving brown field land, and improving the quality of housing.

Complements the ODPM 5 year strategy for housing, Sustainable Communities: Homes for All (Jan 2005). Now available from Communities and Local Government at:

http://www.communities.gov.uk/pub/490/SustainableCommunitiesPeoplePlacesandProsperity_id1500490.pdf

Addressing special housing needs

Some vulnerable and disadvantaged groups have special housing needs, such as older people, disabled people or those with mental health issues. For the most vulnerable groups poor quality and inappropriate housing can have a marked impact upon health. The types of housing they require include sheltered housing with care support, staffed hostels, refuges, foyers and care homes and extra-care housing. Many people in housing need also have other needs that require care and support. Their particular needs should be identified and assessed as part of borough supporting people strategies.²⁰ There are particular issues in London relating to the availability of suitable housing for disabled people, including long waiting times for adaptations to be made to properties.

Given the importance of the link between inclusive design and healthiness, the Mayor has produced supplementary planning guidance to the London Plan to promote inclusive design and access to the built environment for disabled people, including policies on accessible housing, lifetime homes and wheelchair housing. It will be of interest to all planning authorities in London and developers (including house builders and housing associations, designers planners, access officers, and voluntary organisations, particularly disability organisations).

Ensuring housing is accessible means making sure it is suitable for a wider range of people with mobility issues, including older people and families with children, and also that it is adaptable in the case of unexpected poor health. Addressing the needs of all groups in housing and wider development is important to ensuring the creation of healthy and sustainable communities. The draft supplementary planning guidance: Planning for Equality and Diversity in London considers the key spatial issues for each of the Equality Target Groups in London and provides guidance on these issues.

SIGNPOST: Accessible London: Achieving an Inclusive Environment, Supplementary Planning Guidance to The London Plan, 2004

SPG Implementation Point 12: Lifetime Homes

SPG Implementation Point 13: Wheelchair Housing

The Mayor recommends that all London boroughs adopt the National Wheelchair Housing Association Group (NATWHAG) Wheelchair Housing Design Guide by Stephen Thorpe, 2nd edition published by the BRE in 2006.

www.london.gov.uk/mayor/strategies/sds/docs/spg_accessible_london.pdf

SIGNPOST: Accessible Living in London: A Feasibility Study for an Accessible Housing Register for London, Mayor of London, 2004

This report is based on research commissioned by the GLA and carried out by Pathways Research, to examine ‘the best way of improving information and access to wheelchair adapted and other accessible housing for disabled people in London’. The project arose from a commitment in the London Plan Policy 3A.4 (Feb 2004) and the London Housing Strategy 2003 that the Mayor would investigate the feasibility of establishing a London register of accessible housing in both the public and private sector. The report proposes that a web-based Accessible Housing Register (AHR) should be established on a Londonwide basis.

www.london.gov.uk/gla/publications/housing.jsp

SIGNPOST: Wheelchair Accessible Housing: Draft Best Practice Guidance, Mayor of London, March 2007

This draft BPG has been produced to provide advice on how to implement the London Plan policy on wheelchair accessible housing. London Plan policy states that at least ten per cent of new homes should be designed to be wheelchair accessible or easily adaptable for residents who are wheelchair users.

<http://www.london.gov.uk/mayor/strategies/sds/bpg-wheelchair-accessible-housing.jsp>

SIGNPOST: Planning for Equality and Diversity in London: draft Supplementary Planning Guidance, Mayor of London, December 2006

Section 3.6 sets out the importance of housing as an equalities issue. Section 4.4 sets out guidance on providing housing for disabled people.

<http://www.london.gov.uk/mayor/strategies/sds/spg-planning-for-diversity.jsp>

SIGNPOST: Towards joined up lives: Disabled and deaf Londoners' experience of housing, employment and post-16 education from a Social Model perspective, Mayor of London, 2006

A qualitative research study commissioned by the Mayor on the experiences of disabled Londoners. Following the social model of disability, it sets out to capture the views and experiences of disabled Londoners themselves and describes the barriers they face in their homes, in employment and in post-16 education.

www.london.gov.uk/mayor/equalities/docs/joined-up-lives.pdf

SIGNPOST: Getting a Move on - Addressing the housing and support issues facing Londoners with mental health needs, Mayor of London, 2003

A report about the housing and support issues that face people with mental health needs trying to return to life in the community after a period of treatment. It describes the experiences and views of people with mental health needs, and service providers, about trying to get the right housing and support.

www.london.gov.uk/mayor/health/docs/health_mental.pdf

SIGNPOST: Housing, health and social care for older people: building the links, Department for Health, 2002

A report about the housing and support issues that face people with mental health needs trying to return to life in the community after a period of treatment. It describes the experiences and views of people with mental health needs, and service providers, about trying to get the right housing and support.

Housing, health and social care for older people: building the links: The Department of Health - P&G: Health topics: Older peoples services

Keeping homes safe and warm

For those vulnerable households in both socially rented and privately owned housing, particularly the elderly, it is important to consider not just the type of home available for their needs, but also its maintenance and upkeep. Many elderly people, for example, are unable to afford to heat their home to sufficient standards in the wintertime. Last winter 3,000 pensioners in London died of cold related illnesses.²¹ Although the exact mechanisms have not been identified, it is thought that cold weather thickens the blood and increases the risk of heart attack and stroke, which are a particular risk for older people.²² Thermal comfort is also an issue for vulnerable households relating both to warmth in the winter and coolness in the summer. Designing in a high standard of insulation and orientating buildings to make the most effective use of solar gain can help to address these issues of fuel poverty and overheating.

SIGNPOST: The Winter Warmth campaign supported by the Mayor of London

This campaign provides advice to Londoners over the age of 65 about how to stay warm in the winter, sending out over half a million thermometers so they can monitor room temperature in their homes. An ideal temperature is 70°F (21°C). The campaign also aims to boost awareness of the benefits to which older people may be entitled, including grants available for energy efficiency improvements in the home such as installation of insulation or central heating.

SIGNPOST: The Mayor's Older People's Strategy, Mayor of London, 2006

Housing and Homelessness chapter: older Londoners live in some of the worst housing in the country, especially in the private rented sector. Around half of London's local authority homes and a fifth of those in the housing association sector also need renovation to reach the government's target of all social housing tenants living in decent homes by 2010. Older owners who cannot afford their upkeep occupy many unfit properties.

www.london.gov.uk/mayor/strategies/older_people/docs/older_peoplestrat.pdf

Sustainable design and construction

Detailed consideration should be given to the compatibility of uses, permeability and layout, sustainable design and construction (see London Plan Policy 4B.6), phasing, delivery mechanisms, management and maintenance of housing. It is important to ensure that housing built in London uses materials which are non-toxic and from renewable sources wherever possible. Construction methods should be non-damaging to the environment and residential and play areas should only be developed on brown field land that has been properly remediated and poses no contamination threat. Housing should also be designed to be as energy and resource efficient as possible.

SIGNPOST: Supplementary Planning Guidance to the London Plan on Sustainable Design and Construction, Mayor of London, 2006

Provides guidance on the way that the seven measures identified in the policy can be implemented to meet the London Plan objectives.

www.london.gov.uk/mayor/strategies/sds/sustainable_design.jsp

SIGNPOST: The Mayor's Energy Strategy, Mayor of London, 2004

'Green light to clean power', the Mayor's energy strategy, sets out his proposals for meeting the essential energy needs of all those living and working in London.

www.london.gov.uk/mayor/environment/energy/index.jsp

Policy into practice

Case Study: LB Ealing - Housing and Environmental Health team

In conjunction with Local Agenda 21 members (local residents) LB Ealing Housing and Environmental Health Team have been running a number of initiatives including: carrying out stencilling along road gulleys advising residents not to pour oil into them as the surface waters drains directly into the nearby watercourse subsequently impacting on the flora and fauna; a campaign to raise awareness about the impact that paving rear/front gardens has on local biodiversity, a campaign on localised flooding; work with neighbouring councils on improving the air quality in the areas. The latter project 'new solutions to shared pollution', coordinated by the West London Air Quality group, received funding from TfL, to carry out research into pollution from road traffic highlighting where the hot spots are. The outcomes include short and long-term measures to address air quality include investment in new vehicle technology, use of cleaner fuels, improvement to public transport hubs and links. **Contact:** Liza Ctori liz.ctori@ealing.gov.uk

Case Study: The Mayor of London, cut-price home insulation scheme

The Mayor has launched a new scheme to offer Londoners cut-price home insulation with £100 cash back for people in receipt of benefits. <http://www.london.gov.uk/insulate/offer/index.jsp>

3.4 Transport issues

'There is increasing recognition within the disciplines of planning and public health of the importance of the urban environment and its influence on healthy lifestyle choices, especially physical activity.'²³

Walking and cycling are two of the most sustainable means of travel and they offer significant health benefits to the individual in terms of fitness levels and the decreased risk of diseases relating to obesity and sedentary lifestyles. The London Plan has several policies that are designed to help encourage walking and cycling, and to incorporate measures to facilitate increases in these modes of transport in all new developments. These are illustrated below.

London Plan Policy 3C.20 Improving conditions for walking**London Plan Policy 3C.21 Improving conditions for cycling****London Plan Policy 3C.17 Allocation of street space****London Plan Policy 3C.18 Local area transport treatments**

This section concentrates on walking and cycling and the reduction of road and pedestrian accidents and other health benefits that these can bring. There are other aspects of transport policy that are important to healthy urban planning such as reduction in vehicle numbers bringing about improvements in air quality (see Section 3.10: Air, water and noise quality, for more on this).

Key walking and cycling facts:

The Health Survey for England (2003) gives the most accurate national data on current physical activity levels of the adult population.²⁴

- Londoners are even less physically active than the average for England: two-thirds of men, three-quarters of women, one-third of boys and half of girls in London are not sufficiently active for health.²⁵
- Activity declines dramatically with age: 58 per cent of men aged 16-24 were active at recommended levels compared to seven per cent of men aged 75 and over. Among women, the proportion active at the recommended level was fairly steady at 30 per cent to 32 per cent in women aged 16-54, before falling to just four per cent among women aged 75 and over. Among young people aged 2-15, four out of 10 boys and six out of ten girls are not meeting the recommended one-hour a day physical activity.²⁶
- The London Area Transport Survey (2001) found that just over half (53 per cent) of London's primary school children walked to school while 37 per cent were taken by car, and that 39 per cent of secondary school children walked while 20 per cent travelled by car.²⁷

Key road casualty facts:

- London's road casualty rate in 2002 was 5.6 per 1000 residents, an improvement on the previous year's rate of 6.1. This was due to a 7 per cent fall both in the number of slight and of serious/fatal injuries.²⁸
- After a sharp rise in London between 1995 and 2001, powered two wheeler casualties dropped in 2002; however, they are still far above the 1994-98 average.²⁹
- The pedestrian casualty rate of Afro-Caribbean children in London is more than double that of the next highest ethnic group.³⁰

- A study of over 4,000 children in London found that the child pedestrian casualty rate for the 10 per cent most deprived wards was around two and a half times that of the 10 per cent least deprived wards.³¹

Transport issues for DPDs to address:

Do planning policies and development proposals encourage and promote walking and cycling rather than reliance on the private car for short journeys?

Are the following options/issues included/addressed?

- Healthy walking and cycling routes to facilities?
- Open space, green space and parks to encourage recreational walking and cycling?
- Are existing barriers (legal or physical) to or deficiencies in provision for walking or cycling considered and addressed?
- Opportunities to promote safer road use and reduce road and pedestrian accidents?
- Opportunities to improve walking and cycling facilities within and around new developments?
- Possibilities to increase walking and cycling through developing green/active workplace travel plans?
- Possibilities to increase walking and cycling to school through developing green/active school travel plans?
- Well-managed spaces for everyone, including children and the disabled?

Healthy outcomes:

Increased fitness; Reduced risk of cardiovascular disease; Reduced levels of air pollution and Co2 emissions, Reduced noise; Improved mental health

Encouraging walking and cycling in London

Transport for London (TfL), working with boroughs has focused on improving all areas of walking and cycling, for example by improving the quality and accessibility of the public realm, developing the Mayor's 100 Public Spaces Programme and investing in road safety on the TfL route network and borough roads.

The level of cycling in London has historically been low compared with many other European cities, with less than two per cent of trips in London made by bicycle, a fraction of the level in cities such as Berlin (five per cent), Munich (12 per cent), Copenhagen (20 per cent) and Amsterdam (28 per cent). After 50 years of decline, however, due to a clear commitment to encourage cycling, there has been sustained growth

since 2002 and now London is the fastest growing cycling city in Europe. There is real potential for further growth. Half of all trips currently made in London are less than two miles, easily within cycling distance. Increased cycling provides benefits through reduced congestion, pollution and improved health.

Major deterrents to cycling include the level of traffic, unsuitable road design, and a lack of secure parking. Together this affects public attitudes as well as compromising cycling and road safety objectives. Nevertheless London already has over 4000km of routes that are recommended for cycling and an investment programme, of around £3 per head of the population, to upgrade the cycling environment and provide conditions that make it safe and easy to cycle. This investment is important in improving social inclusion, as key target equality groups - such as black, Asian and minority ethnic (BAME) communities, older people, children and young people - rely more heavily on walking and cycling than other groups because of their relative lack of access to a car. Whilst levels of walking activity decline with age, boroughs could use 'active ageing' initiatives to help to increase walking and cycling levels in older people.

The quality and safety of London's environment should be improved to make the experience of walking and cycling more pleasant, and an increasingly viable alternative to the private car. This has already happened in central London where there have been significant increases in both walking and cycling as a result of initiatives being introduced to complement the introduction of the Mayor's congestion charging scheme. There has been good progress and coordination between highway authorities to upgrade a strategic cycle route network (LCN+) to modern design standards by 2009/10, as well as opening up access by cycle to town centres, stations and parks.

SIGNPOST: Transport for London cycling information
www.tfl.gov.uk/cycles

Recreational walking and cycling

Walking and cycling are also important leisure and recreational activities that offer an inexpensive way to exercise and enjoy open and green space. As such, they should be promoted by borough planning policies and development design. Care should also be taken to ensure that people with disabilities and mobility problems are able to enjoy these activities, as the public realm is always not designed to enable access for all, including wheelchairs.

Walking and cycling in new developments

Major new developments should provide new, high quality, segregated pedestrian and cycle routes, which are direct and provide good connections to the existing pattern of streets, and to bus stops, stations and local amenities. New roads and junctions should be designed to make walking and cycling safer and easier, and with an appropriate speed limit. This is likely to require the re-allocation of road space, innovative design of junctions and the creation of additional bus stops. Where cyclists are to be excluded from pedestrian areas, a full risk assessment should be undertaken to ensure that the alternatives (mixing in with general motor traffic) provide sufficient safety, priority and access by cycle.

Cycle parking facilities should be provided in both commercial and residential development, and at transport interchanges, for staff and visitors (see Annex 4 of the London Plan on Parking Standards). Boroughs should ensure that the missing links in the walking and cycling networks, including parts of the six strategic walking routes identified in the Mayor's Transport Strategy, are completed as development opportunities arise. Planning briefs and master plans should include principles to encourage a high quality, connected pedestrian environment and facilities for cycling.

Mixed developments in particular are useful for encouraging walking and cycling, by locating facilities and housing within close proximity. This also has important community cohesion benefits.

SIGNPOST: The Mayor's Transport Strategy, Mayor of London, 2001/2004

The Mayor has made it clear that his top priority is tackling the transport crisis facing our city. He has been listening and talking to individuals and organisations about how best to solve London's transport crisis and published his Transport Strategy on 10 July 2001. www.london.gov.uk/mayor/transport/strategy.jsp

The Mayor published a Revision to his Transport Strategy on 11 August 2004. The Transport Strategy Revision sets out the policy framework within which proposals for a western extension to the congestion charge zone can be taken forward. www.london.gov.uk/mayor/congest/index.jsp

SIGNPOST: The Case for London - Transport Chapter, Mayor of London, 2004

The Case for London aims to secure more government funding for London. It demonstrates that greater investment in the capital is vital, because:

London is a powerful driver of the UK economy and needs investment to reinforce and develop this role for the future.

www.london.gov.uk/mayor/case_for_london/docs/ch2_transport.pdf

SIGNPOST: Business case for cycling in London - TfL 2004

This document forms the basis for TfL's cycling investment programme. It draws on studies to assess the impact of a range of initiatives and shows good net benefit to cost ratios. TfL has recently completed a 2006 business case which will shortly be added to the website

<http://www.tfl.gov.uk/>

SIGNPOST: Making the case: Improving health through transport, NICE, 2005

This publication is aimed at those interested in developing health and transport policies; those involved in partnership work with local authorities; those with responsibilities for NHS estates; and those developing work where transport will play a significant part.

www.publichealth.nice.org.uk/page.aspx?o=503416

Improving walking and cycling routes to facilities

Walking and cycling are particularly important for children and young people and other groups without direct access to a car. Improved pedestrian and cycle routes to schools and other social infrastructure are especially important to encourage walking and cycling for these groups and policies have been developed to assist this (see paragraph 4G.49, 4I.15 and proposal 4G.9 of the Mayor's Transport Strategy). In addition, the London Plan contains policies to improve the quality of the pedestrian environment to create a more compact city, to ensure that travel on foot and on bicycle are the most attractive options for short journeys (see chapter 4, Part B of the London Plan). For longer journeys, good pedestrian and cycle access to public transport is essential.

The number of children travelling to school by car has doubled over the last 20 years, with a corresponding decrease in walking and cycling to school.³² In 2003, the Department for Education and Skills (DfES) and the Department for Transport (DfT) published the Travelling to School action plan with the aim of bringing about a step change in home to school travel patterns, cutting congestion and pollution, and allowing many more pupils to take regular exercise. The Mayor has made a major commitment to encouraging walking and cycling to school. By 2009 all schools in London should have school travel plans and boroughs are encouraged to reduce car parking on school sites. Since 2004 TfL has been providing schools with modern cycle parking facilities to meet travel plan aspirations. Boroughs are encouraged to make schools hubs for the development of local cycling activity.

The trend for travelling to school by car is also closely linked to increased concerns over personal safety and initiatives such as 'Safe Route to Schools' have a key role to play in increasing walk and cycle to school levels. Simple measures such as improving lighting and road crossing points can greatly increase perceived personal security levels.

SIGNPOST: Travel to School Action Plan/ Good Practice Guide, DfT, 2003

The DfT has produced a new national standard for cycle training to ensure that trained children have the skills to cycle safely on the road.

www.teachernet.gov.uk/docbank/index.cfm?id=5154 A companion document 'Travelling to School' describes what schools, local authorities and bus operators around the country have been doing to promote walking, cycling and public transport and combat increasing car use.
www.teachernet.gov.uk/docbank/index.cfm?id=5172

SIGNPOST: London Cycle Guides TfL website

www.transportforlondon.gov.uk/streets/cycling/cycling-londoncycleguides.shtml#2
www.london.gov.uk/mayor/transport/cycling.jsp

Living streets and home zones

Home Zones are part of the Mayor's policy to create more child friendly neighbourhoods and to generally improve the quality of life for London's communities. The principle of home zones is that residential streets and neighbourhoods are redesigned to reduce the impact of cars and traffic and speed limits are introduced. They have been shown to reduce accidents,

provide greater access to space and reduce levels of local pollution, in addition to fostering a greater sense of community spirit and well being.

Home zones also engage local people through consultation and design, providing opportunities to develop and strengthen neighbourhoods and community links.

SIGNPOST: London Home Zones
www.londonplay.org.uk/home-zones/

SIGNPOST: Tomorrow's Roads: Safer for Everyone, DoH, 2001

The government's target is to reduce the number of people killed or seriously injured in Great Britain in road accidents by 40 per cent and the number of children killed or seriously injured by 50 per cent, by 2010 compared with the average for 1994/98, with greater reductions in disadvantaged communities. This document sets out the Government's framework for improving road safety. There are ten main themes:

- Safer for children
- Safer drivers - training and testing
- Safer drivers - drink, drugs and drowsiness
- Safer infrastructure
- Safer speeds
- Safer vehicles
- Safer motorcycling
- Safer pedestrians, cyclists and horse riders
- Better enforcement
- Promoting safer road use

The strategy contains many specific recommendations, but these should not be seen as strict guidelines for the future. Inevitably in the course of ten years, new ideas and technology will emerge which will help to achieve the target.

www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/pdf/dft_rdsafety_pdf_504644.pdf

Travel plans

Workplace travel plans are an ideal way to encourage greater levels of walking and cycling to work, which have significant personal health benefits in terms of exercise, but also help to lower local greenhouse gas emissions. This can have a measurable effect upon local air quality that, in

turn, has important impacts upon health. In the development of workplace travel plans it is important that appropriate parking and/or drop-offs for disabled people are provided to ensure that developments are accessible for all. All large developments should also provide for appropriate taxi ranks and coach/bus parking/stands.

Transport accessibility of healthcare facilities

It is important that healthcare facilities are accessible by walking and cycle and public transport. Provision for disabled parking spaces is also important. Locating these facilities in town centres or as part of a mixed-use development can help reduce the need for more people to travel by car.

Policy into practice

Case Studies: Walking and cycling

GLA Travel Plan A travel plan is a strategy aimed at promoting sustainable travel choices and reducing reliance on the car. Their benefits include:

- encouraging healthier forms of travel, in particular walking and cycling
- reducing exhaust emissions, air pollutants and climate change gases
- reducing noise
- helping with staff recruitment and retention, by improving travel choices

The GLA's Travel Plan was published in March 2005.

www.london.gov.uk/mayor/transport/docs/travel_plan.pdf

Camden's Workplace Travel Plans

Anyone living or working in London is affected by traffic and its impact on our health and quality of life. Travel plans are one way for businesses and organisations to help while improving their workplace and environmental performance. Here you can find information about what a travel plan is and how you and your organisation could benefit. You can also find out how to get started on a travel plan to suit the needs of your workplace.

nctn.camden.gov.uk/ccm/portal/

Bushey Park in Hampton cycle schemes for disabled people

www.companioncycling.org.uk/

3.5 Employment and skills training

'For people in employment, work is a key part of life. The environment we work in influences our health choices and can be a force for improving health - both for individuals and the communities they are part of. Work offers self-esteem, companionship, structure and status as well as income.'
Department of Health, *Choosing Health (White Paper) 2004*

Unemployment and associated poverty is an important determinant of the health of working age adults and of their children. People who are unemployed are likely to have higher rates of smoking, alcohol consumption, weight gain, use of illicit drugs and reduced physical activity. Young men who are without work are more prone to increased sexual risk-taking and reduced psychological wellbeing.³³

Improved access to local employment opportunities can allow all people to benefit from the city's future economic growth. Policies in the London Plan are aimed at improving the skills and employment opportunities for Londoners, so that local job opportunities are retained or created through economic regeneration. London presents particular opportunities relating to the site of the 2012 Olympics and Paralympics and the development of the Thames Gateway.

London Plan Policy 3B.1 Developing London's economy

London Plan Policy 3B.12 Improving the skills and employment opportunities for Londoners

Key employment and skills facts:

- Of London's working age households, one in five contain no working adults.³⁴
- The very high rates of unemployment among certain ethnic groups in London is an issue of particular concern requiring concerted action to reduce labour market discrimination.³⁵ Children from BAME groups comprise 58 per cent of all London's children living in workless households.³⁶
- The boroughs of Newham, Tower Hamlets and Hackney have the highest unemployment rates of all local authorities in England and Wales. The same boroughs have the lowest percentages of residents reporting good health.³⁷
- 28 per cent of disabled Londoners want to work but do not have a job.³⁸
- Two out of five jobseekers say lack of transport is a barrier to getting a job.³⁹

- Many women are restricted in accessing jobs due to the lack of affordable childcare. This problem, while it affects other types of households, is particularly marked for lone parent households, nearly two-thirds of which are dependent on income support. London housing and childcare costs play an important role in reinforcing the exclusion of many women with children from London's labour market.⁴⁰
- People from BAME groups are more than twice as likely as white people to be unemployed.⁴¹
- Participation in sports and exercise and walking is strongly related to household income (as are other factors of healthy lifestyles including consumption of fruit and vegetables and quality of housing), with men and women earning higher incomes being more likely to be regular participants.⁴²

Employment and skills issues for DPDs to address:

- Do planning policies and proposals encourage access to employment opportunities by addressing the skills gap through training?
- Is there opportunity to provide facilities for skills training in new development?
- Does the development or policy promote diversity in jobs for local residents, and provide opportunities for local business promotion?
- Does the development or policy increase the amount of affordable childcare provision locally?
- Are job opportunities easily accessible by local transport?
- Are jobs close to other services, notably childcare facilities?
- In regeneration schemes are jobs safeguarded for local people?

Healthy outcomes:

Improved mental health and general wellbeing; Greater levels of social interaction and community cohesion; Reduced poverty-related stress; Increased independence; fewer workless households; Reduced child poverty.

Addressing the skills gap

For Londoners to benefit from the rise in employment opportunities in London, its residents, its workforce and its businesses should be offered the right mix of learning and training provision. The Mayor's long-term aim is to improve the balance between people and jobs in London, to meet social as well as wider sustainability objectives. This will involve close partnership working with the LDA, the London Skills Commission, TfL, GOL/DfES, regional bodies, sub-regional agencies, the boroughs and partnerships and a wide range of other agencies dealing with skills and employment, discrimination, health, housing and other relevant partners.

As part of a package of new powers announced by the government in 2006, the Mayor has been asked to chair a new Skills and Employment Board for London which will develop a strategy for adult skills and employment and an annual plan to implement the strategy. Provision of affordable childcare is also an important factor in enabling people to make the most of employment opportunities, and provision is encouraged within regeneration and development schemes.

SIGNPOST: Sub Regional Development Frameworks, Mayor of London, 2006

The Mayor has published Sub Regional Development Frameworks (SRDFs) to provide a convenient step between the broad policies of his London Plan and their more local implementation through the plans and actions of the 33 London boroughs and other stakeholders. Further detail is included in the Mayor's Sub Regional Development Frameworks (SRDFs) at: www.london.gov.uk/mayor/planning/srdf/index.jsp

SIGNPOST: Case for London - Poverty and Worklessness, Mayor of London, 2004

The GLA fully supports the government's commitment to reducing poverty and increasing employment. This document shows that for the government to meet its national targets, more progress has to be made in London. This means addressing specific aspects of poverty in the capital, many of which arise from factors affecting a wide cross section of the capital's population, not just those living in poverty.
www.london.gov.uk/mayor/case_for_london/docs/ch3_poverty&worklessness.pdf

Other Links and key references

www.london.gov.uk/mayor/strategies/economic_development/index.jsp
www.lho.org.uk/HIL/Determinants_Of_Health/Employment.aspx
www.sd-commission.org.uk/pages/health.html

Employment opportunity for all

In 2003, the London Health Commission (LHC) launched the 'London Works for Better Health' programme which aims to:

- improve health and reduce health inequalities through employment and enterprise
- promote healthy and sustainable employment practices.

The programme has brought together health, employment and regeneration stakeholders across the capital to develop projects focusing on, for example, healthy and sustainable local economies, support for small businesses to be 'healthy employers' and public sector good corporate citizenship. This joined up approach has created an extensive new cross-sectoral network and increased awareness and understanding of the interrelationships between health, health inequalities and employment.

SIGNPOST: For further information about London Works for Better Health

www.londonhealth.gov.uk/regen.htm

SIGNPOST: The Mayor's Diversity Works for London Campaign, LDA

This campaign helps organisations to harness the benefits of a diverse workforce and supplier base, thereby providing excluded Londoners with a second chance to share in the city's opportunities and prosperity. Led by the LDA, the campaign aims to engage private, public and voluntary sectors in promoting equality, championing workforce and supplier diversity, and enabling businesses to ensure that all levels of their workforce reflect the diversity of London's population.

www.lda.gov.uk/server/show/ConWebDoc.867

SIGNPOST: The Mayor's Older People's Strategy, Mayor of London, 2006

Chapter 5 - Access to employment. This section focuses on employment and income issues that are significant to people aged 50 and over.

www.london.gov.uk/mayor/strategies/older_people/docs/olderpeoplestrat.pdf

SIGNPOST: Healthy Work, Productive Workplaces: Why the UK Needs More 'Good Jobs', LHC/The Work Foundation, 2005

This discussion paper brings together thinking by the London Health Commission and the Work Foundation on the relationship between health, work and productivity. It is a challenge to government, employers and the unions to rethink their whole approach to management, job design, skills development and skills utilisation. The call is for a more sophisticated public conversation about the linkages between work and health.

www.londonhealth.gov.uk/PDF/healthy_work.pdf

www.theworkfoundation.com/pdf/Healthy_Work.pdf

SIGNPOST: Towards joined up lives, Mayor of London, 2006

At the 2006 Disability Capital Conference, the GLA published the results of research into the views and experiences of disabled Londoners, aged 16 and over, on housing, post-16 education and employment. The report, 'Towards joined up lives', gives a vivid account of the experiences of disabled Londoners and identifies a range of significant barriers to their participation as equal citizens in all three areas. A programme is now under way to implement the recommendations arising from the research.

<http://www.london.gov.uk/mayor/equalities/joined-up-lives.jsp>

Promoting local business and local jobs

Nearly 25 per cent of London's businesses are small or medium enterprises (with 1-49 employees) and additionally, there are estimated to be up to 5000 social enterprises in London.⁴³ Many are keen to recruit from their local community and can or do provide openings to people with no previous employment history, from socially excluded groups or with mental and other health problems.

Healthy, sustainable communities foster smaller organisations as well as large ones, empowering local individuals to participate in their communities through self-employment or entrepreneurship - which, in turn, can help address employment and health inequalities. Although there has been a downturn in provision of facilities for these types of business, the public sector can work with the private sector to address barriers and stimulate market provision of business accommodation for SMEs.⁴⁴ It is also important to ensure that local services cater for local needs. Understanding the make-up of the local populations in terms of language and cultural appropriateness has a key role to play in this.

It is possible to use S106 agreements to improve local employment levels through the provision of training facilities, affordable start-up business spaces and community facilities which might be used for social enterprises. Boroughs should consider these options in their development plan documents and site-specific proposals, especially where there are high levels of localised worklessness.

Employment and skills in health and social care

Health and social care is the largest employment sector in London. Creating opportunities for local unemployed people, from a range of communities, to train for vacancies, and to continue to train once employed ('the career skills escalator'), will help to make the sector competitive in the London labour market. Faced with employment shortages at every level, and the difficulty of recruiting staff into London from other parts of the country, 'growing one's own' staff up to the highest level is a necessity and provides valuable training and employment opportunities.

Accessing employment and training opportunities

Ensuring that local people have good public transport options, especially those working within healthcare delivery is key to enabling barriers to employment and training opportunities to be overcome.

Policy into practice

Case Study: Making Health Work for Business, London Health Commission and the London Workforce Futures Partnership

With the Learning and Skills Council London South and others, the London Health Commission bid successfully for European Social Fund EQUAL money to scope and conduct pilot activity focusing on health and job retention, particularly in the context of small and medium sized enterprises (SMEs). The work includes providing resources to support SMEs to be 'healthy employers', raising awareness of the extension of the Disability Discrimination Act to SMEs, and the development of an NVQ 'healthy manager' module.

For further information, go to www.equalworkforce.org/default.aspx?menuid=352 and follow links to Round 2 funding.

EQUAL partners include Learning and Skills Council London South, London Health Commission, London Development Agency, Disability Rights Commission, London Development Centre for Mental Health, London First and other national, regional and sub-regional partners across sectors.

Case Study: Promoting Local Business: LB Haringey SMEs

Most of the businesses within the London borough of Haringey are SMEs, i.e. small and medium enterprises that employ 250 staff or less, with at least half of these BAME businesses. The council has carried out a SME procurement pilot which focused on: the use of community benefit clauses in tendering and contractual documents to allow use of SMEs in the supply chain and other community issues, to be evaluated as part of the normal procurement process.

More information can be found on the Improvement and Development agency web site www.idea-knowledge.gov.uk/ and Haringey council web site (www.haringey.gov.uk/)

Case Study: Employment and skills in health and social care

The Framework for Regional Employment and Skills Action (FRESA) was the structure and process through which the 19 organisations of the London Skills Commission identified the priorities and objectives for the region. This was based on a sound underpinning analysis of the economy and issues that the region faces. The breadth of activities developed through the London FRESA is now being taken forward and built on by the London Skills Commission in developing its regional skills partnership.

The NHS FRESA flagships in NE and NW London are using the NHS skills escalator framework to train, recruit, develop and retain thousands of workers into the sector over the next five years. It helps local people acquire the skills they need to access employment within the sector, develops their competencies and thereby increases their promotion prospects. The LDA has facilitated wide partnership working between key agencies including JobCentre Plus, the LSC's, HEI's, FE's and NHS. This successful model of working is now being rolled out within the London SHA.

<http://www.lda.gov.uk/server/show/ConWebDoc.496>

Learning for Work, Hammersmith Hospitals NHS Trusts The LDA is funding the Hammersmith Hospitals NHS Trust to run a Community Recruitment Apprenticeship Programme (Learning for Work). The three-year project aims to recruit 200 local people onto an intensive training and work experience package with Hammersmith Hospitals and primary care trust. Recruited clients are long-term, unemployed residents from the local community who have undergone an initial job assessment. They remain on benefits whilst they undertake a training programme, which

includes an introduction to the NHS and key skills training. People successfully completing this course can then move onto a 42-week paid and mentored job with the trust. The project has already delivered 88 learning opportunities, and moved 20 people into employment. The 'Learning for Work' project is also supporting the development of a multi-disciplinary skills centre based at Charing Cross Hospital. The project will use these facilities to provide further training to existing staff and bring both staff and trainers together in the same workspace. <http://www.lda.gov.uk/server/show/ConWebDoc.1168>

Barts and the London NHS Trust, Actions for Community Employment (ACE)

The Actions for Community Employment (ACE) project has ring fenced all entry-level vacancies for local recruitment - about 300 a year. This means that vacancies for admin and clerical positions, ancillaries, healthcare support worker and junior technical support staff are only advertised locally or through Job Centres. A dedicated community employment manager gets a clear picture of employment needs by talking to service managers. Then, together with staff from local job brokerage Employment Solutions and Job Centre Plus, candidates are screened by telephone before being assessed at group sessions. When this process - which takes only two weeks - is complete, suitable candidates are put forward for interview. The pilot programme for this initiative has already placed 150 local people in jobs, and ACE is now offering the service across all departments. We expect that 80 per cent of ACE vacancies will be filled locally making an annual contribution to local employment of around 240 people per year. The ACE programme expects to add more training and support to local people as it develops in the next year.

<http://www.bartsandthelondon.org.uk/formedia/press/release.asp?id=897>

3.6 Education and early life

Access to a high quality school education is a fundamental determinant of the future opportunities and life choices of London's children and young people and can have an important impact upon health - in both positive and negative ways. Higher educational achievement facilitates employment choices in later life and access to employment is a key determinant of health. Early life circumstances play a key role in children's overall life chances and issues relating to child poverty make these circumstances a key consideration in addressing health inequalities. The availability of good quality, affordable childcare and nursery provision is a

key foundation of good health and employment prospects.

The location and quality of schooling provision and the role of health services in public education planning in particular have potential to make contributions to the health of those who use them. Policies in the London Plan aim to reflect the demand and importance of education facilities and to ensure that their design considers health elements the planning of new developments.

London Plan Policy 3A.21 Education facilities

London Plan Policy 3A.23 Community strategies

Key education and early life facts:

- Analysis by the GLA shows a pupil forecast of 455,000 11-15 year olds in 2009/10, compared with a net public sector provision capacity (as at 2002/03) of 375,000 places. Boroughs with projected deficits of over five per cent are Kensington and Chelsea, Camden, Haringey, Hackney, Redbridge, Newham, Southwark, Lewisham and Bromley.⁴⁵
- There has been considerable improvement in GCSE attainment levels among London's pupils in recent years, with much of it driven by improved performance in Inner London. The gap between Inner and Outer London now stands at eight percentage points, compared to 14 points in 1998.⁴⁶
- However, GCSE attainment is below average for most non-white minorities, especially black Caribbeans. (If non-census categories are included, Gypsy/Roma and Travellers of Irish Heritage have the lowest attainment levels). Pakistanis, Bangladeshis and black Africans have intermediate results, which vary in different regions. Indians and Chinese perform well above average.⁴⁷
- The biggest single cause of child poverty is adult unemployment and worklessness. Over half a million of London's children (39 per cent) live in poverty.⁴⁸
- Risks of poverty are higher than the national average for children in all types of family in London, not just children in lone parent families. In Inner London - the child poverty rate is 51 per cent and in Outer London it is 34 per cent.⁴⁹
- Twenty-seven per cent of all children in the capital live in poverty before housing costs - 36 per cent in Inner London - compared to 21 per cent nationwide.⁵⁰
- A high proportion of those without work are from black, Asian and minority ethnic families and low levels of employment are one of the major reasons for the very high levels of child poverty among ethnic minority families in the capital.⁵¹

Education and early life issues for DPDs to address:

- Is the appropriate level of provision to meet current and future education demand being achieved?
- Is there potential to lever funding for educational facilities from developers?
- Do planning policies and proposals encourage access to well-designed and accessible education facilities?
- Is adequate space given for the provision of recreation and play facilities?
- Are education and childcare facilities safe and conveniently accessible by pedestrians, cyclists and by public transport users?
- Do planning policies and proposals encourage the further use of facilities for other community needs?
- Is the wellbeing of children and young people being properly considered in developments and planning policy documents? Are they being directly consulted with?
- Are joint facilities being considered to encourage intergenerational activity?

Healthy outcomes:

Equal access to education opportunities; Improved levels of educational attainment; Reduced absenteeism in schools; Healthier learning environments; Increased community cohesion; Increased opportunities for exercise; Reduced child poverty.

Addressing child poverty

The Mayor has set up a commission to help tackle child poverty in the capital. The role of the London Child Poverty Commission is to increase understanding of the causes of London's high child poverty rates and identify policies at national and local levels that will help reduce them. It will also identify ways to break the cycles of deprivation through the delivery of the capital's public services. The commission will play a crucial role working with central, regional and local government on developing practical solutions at national, local and neighbourhood level to child poverty in the capital.

The London Child Poverty Commission has produced a monitoring report that provides the baseline for monitoring changes relevant to child poverty in London, using 15 main indicators. It uses a balance of indicators related to incomes and employment among families with children, and indicators linked to children's quality of life and life chances, such as educational attainment and housing conditions.

SIGNPOST: Monitoring child poverty in London, The London Child Poverty Commission, 2006
<http://www.londonchildpoverty.org.uk/docs/monitoring-0906.pdf>

SIGNPOST: The London Child Poverty Commission, 2006
<http://www.londonchildpoverty.org.uk/about/index.jsp>

Provision for educational facilities

By 2016, London's school age population is projected to increase by almost eight per cent. Boroughs should ensure adequate school provision to cope with this increase, including the availability of land for any potential school expansion. Land already in educational use, including playing fields, should be safeguarded, and new sites identified to meet additional demands or changes in provision. Boroughs should identify at an early stage the need for additional schools, particularly where major new housing development is planned, and the Mayor will assist with this process.

SIGNPOST: Case for London - Education, Mayor of London, 2004

This chapter looks at the provision of education and health in London and the higher cost of living in the capital. It begins by looking at the general level of expenditure on education and health in the UK and then focuses on education, briefly examining some of the factors that impact on the cost of supplying education in London. It then considers the performance of schools in London, spending on London schools and some specific issues relating to education in London before making some policy recommendations.

www.london.gov.uk/mayor/case_for_london/docs/ch5_public_services.pdf

Design and accessibility of educational facilities

The identification of suitable sites should be carried out taking into account policies on the protection of open space in London and their accessibility by public transport as well as by walking and cycling. This should include culturally appropriate spaces to meet the needs of London's diverse communities.

Given that children spend half of their day in educational facilities, it is imperative that these are appropriately located and well designed. In particular, facilities for children should not be located near main roads or industrial areas, where air quality is likely to be poor and it is likely to be noisy. It is important that there is sufficient space for all the needs of the

pupils and that the building itself is well-ventilated, with access to green and open space and natural sunlight.

Safe access to schools is also necessary to allow pupils to feel safe walking to and from school (See Section 3.4: Transport issues, for more detail on 'Safer routes to school'.) This involves good design of walkways that are well lit and maintained.

SIGNPOST: Schools for the future - exemplar designs, concepts and ideas, Department for Education and Skills, 2003

School buildings have a crucial part to play in helping to raise educational standards. The exemplar designs featured in this guide are intended to demonstrate how high standards of school building design can be achieved with cost guidelines to help streamline the development and procurement process.

www.teachernet.gov.uk/_doc/6113/Exemplar_Designs_compendium.pdf

Using S106 to address capacity shortfalls

Where appropriate, boroughs should use planning obligations to address shortfalls in school capacity arising from planned new housing development. Developers may be required to contribute to funding one-off capital costs of providing new permanent and temporary classroom space in order to meet rising school rolls. They may also be required to make provision for pre-school facilities and affordable childcare (London Plan Policy 6A.5).

Changes to the school curriculum and concurrent targets for educational attainment may also require the expansion and/or provision of additional school facilities, including facilities for children with special needs. The use of school buildings after hours, to support learning among the wider community, is one possible outcome.

The GLA demography group provides population forecasts to both the DfES and to boroughs to assist them in planning school requirements. In addition the group provides tailored estimates of potential population growth arising from proposed developments, based on information about anticipated future development provided by the boroughs. The group has also issued guidance on calculating potential child occupation of new development (DMAG Briefing 2005/25: Child Yield). This methodology estimates child yields by tenure and bedroom size mix and is widely used by many London boroughs.

Multi-use facilities

There is considerable scope to encourage the use of education facilities for wider community benefit. The government's expectation is for all primary and secondary schools to be developed as 'extended schools' over time, providing opportunities for children and their families to practice healthy lifestyles. Multi-agency health centres, located on a school site, will enable health professionals to work alongside education and social services staff and to share information and expertise⁵². Shared use of facilities, such as school computer facilities for training purposes for older people, can maximise the potential benefits of investment. For example, projects such as Sure Start - the government programme to deliver the best start in life for every child - are beginning to cater for the needs of older people.

Several healthcare centres have recently been located within schools, helping to create a facility that is more accessible to those who might not usually use a GP. These multi-functional facilities are also cost-effective to run as they save on space and running costs.

SIGNPOST: The Extended School Pathfinder Project, DfES, 2004

The evaluation of the Extended School Pathfinder Project has shown the benefit of delivering health services in schools, both in terms of improving school attendance and giving health workers access to children and families who might not otherwise attend a clinic or GP surgery.

www.dfes.gov.uk/research/data/uploadfiles/RR530.pdf

SIGNPOST: Sure Start.

<http://www.surestart.gov.uk/>

Pre-school provision

Demand for additional pre-school facilities may also rise, not only as a result of the government's early years strategy, but also because of changing work and lifestyle patterns. Childcare provision is currently an important facility for working parents and allows them to continue making a contribution to part of the economy.

In 2004, there were 70,900 registered day nursery places for under 5's in London, or 14.9 places per 100 children, compared to an English average of 17.8 places per 100 children. This represents a 25 per cent increase on the number of places in 2003. In 2004, Inner London had 28,100, or 14.6 places per 100 children, whereas Outer London had 42,800 or 15.1 places

per 100 children. This represents a four per cent increase on the number of places in Inner London in 2003, and a 46 per cent increase in the number of places in Outer London in 2003.⁵³

Meeting young people's health needs

Young people have very specific health needs. It is important that they have access to green open space (see chapter 3.7) and able to make healthy lifestyle choices. The protection of vulnerable young people is also an important issue. The Mayor is committed to meeting national targets for reducing teenage pregnancy in London, which remains high, and education can play an important role in this.

Standard 8 of the National Service Framework (NSF) for Children, Young People and Maternity Services relates to disabled children and young people, and those with complex health needs. The role of the primary care trusts (PCTs) will be critical in implementing it, for this and other NSF standards but effective joint working practices will be needed for implementation.

Co-locating services, in children's centres, extended schools and health settings, will mean more professionals working closely together, being able to recognise the additional needs of individuals early and handle issues effectively. The Every Child Matters: Change for Children programme is about radical change in the whole system of children's services to improve outcomes for all children and young people.⁵⁴ The five outcomes that children and young people have identified as key to wellbeing in childhood and later life are:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

Wherever possible, developments that are designed for, or will be used by, children should bear these outcomes in mind, especially where particularly vulnerable children such as refugees and asylum seekers are likely to be using them. Schools also need to be designed to meet the wider needs of the community where appropriate and to enable participation by disabled young people.

SIGNPOST: The Mayor's Children and Young People's Strategy: making London better for all Children and Young People, Mayor of London, 2004

The Mayor has published a strategy aimed at making London a more child-friendly city. The full strategy document, an executive summary, a leaflet and a child-friendly version of the strategy are available for download.

www.london.gov.uk/mayor/strategies/children/download.jsp

Other relevant GLA Education documents:

www.london.gov.uk/mayor/education/key-documents.jsp

SIGNPOST: Every Child Matters - Change for Children in Health Services, DoH & DfES, 2004

This document is primarily for health organisations - in the public, private, voluntary and community sectors - but also their partners, in particular, those in social care and education. It should be read by all those working in those organisations that commission, provide or manage services for children, young people and/or pregnant women. It performs two functions: it sets out the health agenda for children and details the support that government will provide for implementation of the National Service Framework for Children, Young People and Maternity Services.

www.everychildmatters.gov.uk/_files/B20E1492383F6ACA9DC8F87450281153.pdf

Policy into practice

Case Studies: Education and early life

Working with health providers Kidbrooke School, Greenwich

Working in partnership with children's services, including health, to provide a lunchtime health centre within the school. This multi-agency service is very well accessed by young people and co-ordinated by a paid worker. The service includes: One-to-one sessions with the school nurse and the family planning nurse, sessions with youth workers from the Children and Youth People's service, leaflets and information, referrals and signposting.

www.teachernet.gov.uk/casestudies/casestudy.cfm?id=427&subcatid=115&catid=36

**Engaging children and young people effectively on health issues:
TIC TAC Centre, Paignton Community and Sports College**

TIC TAC is a daily lunchtime health centre, on the site of Paignton Community and Sports College, available to all college pupils and staffed by health professionals to provide advice on a range of health issues. It is a teacher-free zone. The centre evolved through working with the practice manager of a local GP, a collaboration of nine medical practices, and consultation with parents on the governing body. It was set up to deal with the full range of health issues affecting young people at the centre, such as being put off visiting the GP and a lack of knowledge about access to contraceptive advice. The programme aims to enable young people reach their full potential by ensuring they are free from worry about their own health and the health of their loved ones - ultimately raising attainment. www.tic-tac.org.uk.

3.7 Access to services

The provision of good quality accessible public services, particularly health facilities, has a direct positive effect on human health. Failing to plan for the different culturally appropriate public service needs of an area leads to an unsustainable community. In contrast, by providing for good local public services, public participation and ownership can be encouraged, the need to travel minimised and improvements in health realised.

In this way planning policies can contribute to creating sustainable communities. The London Plan contains several policies aimed at improving access to services for all and maintaining social and community infrastructure.

London Plan Policy 3A.15 Protection and enhancement of social infrastructure and community facilities

London Plan Policy 3A.14 Addressing the needs of London's diverse population

London Plan Policy 3A.18 Locations for health care

London Plan Policy 3A.23 Community strategies

London Plan Policy 3A.26 Supporting neighbourhood plans

Key access to services facts:

- The absence of appropriate language support, advocacy, advice, and information about entitlements is cited as an important obstacle to access to good quality services.⁵⁵

- Twenty-eight per cent of households without access to a car find it harder to travel to get to shops, employment, healthcare and other services (only seven per cent of those in the highest income quintile have no access to a car, 62 per cent of those in the lowest income quintile do not have access to a car.⁵⁶
- Forty-one per cent of women aged 16 to 59 years in London have dependent children. Nearly 18 per cent of all women in this age group have at least one child aged under-five, and a further 13 per cent have at least one child aged five to ten. The impact of the lack of affordable quality childcare is particularly severe for London's lone parent families.⁵⁷
- London has particular health problems not found in the same degree as elsewhere across the country - London accounts for 43 per cent of TB cases in England and Wales, London has by far the biggest concentration of people living with HIV in the country, there are significant raised levels of mental ill health in parts of London and London has significantly higher numbers of drug users than other regions.⁵⁸
- There are only 59 GPs per 100,000 population in London compared with the England average of 64.⁵⁹
- GP list sizes in London are on average some eight per cent larger than the national average. In some areas the list size is over 20 per cent higher than the national average; in Southall and Ealing the list size is nearly 30 per cent higher.⁶⁰
- London receives 31 per cent of the nation's deprivation payments, signifying the large proportion of the London patient population classed as deprived.⁶¹

Access to services issues for DPDs to address:

- Has an assessment of local social infrastructure needs been carried out?
- Does development and planning policy proactively address shortfalls in social infrastructure and community facilities provision?
- Is there scope to address a shortfall in social infrastructure and community facilities through S106 agreements in mixed-use developments?
- Are there sufficient health services for the local population? Are services provided in a way that is culturally appropriate and safe?
- Are local good-quality and 'healthily-designed' public services available for use by all?
- Is there scope to provide any of the following in new developments or regeneration projects:
 - Libraries?
 - Community halls?
 - Meeting rooms?
 - Places of worship?

- Public toilets?
- Sports facilities?
- Has the need for children's play space and recreation facilities been assessed?
- Have the service requirements for young people, older people and disabled people been considered?
- Is co-location of services an option to maximise service provision and promote community cohesion (see chapter 3.6)?
- Has the local community been consulted on their public service requirements?
- Have facilities been placed within easy access by walking/cycling or public transport (see chapter 3.4)? Are they accessible for disabled people?
- Are existing facilities social infrastructure and community facilities protected?

Healthy outcomes:

Improved health and well-being; Increased levels of social interaction; increased sense of place and community; increased levels of physical exercise; increased safety; Cultural needs effectively met within community; Improved social capital and reduced isolation.

Mixed-use developments

Mixed-use development encourages a reduction in the need to travel long distances, by including a balance of housing, employment, commercial and other community facilities in the same area. Mixing uses can also help achieve intensive development by using the same space for more than one purpose. It contributes to vitality and safety by preventing areas becoming deserted and hostile. New developments should create or enhance a mix of uses within large buildings, within the development and/or between the development and its surroundings. Use of open space as well as buildings should be taken into account. Where mixed uses are problematic between housing and industrial areas, innovative design should be used to reduce noise and other nuisances.

In the London Plan, Chapter 3, Parts A and B encourage mixed use as part of predominantly housing or employment based developments. Chapter 5 indicates potential for mixes of use in many opportunity areas and other key development locations. Accessible and affordable community facilities are key to enabling the community to function. Local assessments of need will help to identify gaps in the provision of social infrastructure, which the development process can then seek to address. This is in line with concepts of sustainable communities. In some areas, additional community facilities to those listed above may be necessary.

It is also important to ensure that disabled and deaf people are able to access services, as many barriers still exist including lack of sign language interpretation, lack of physical accessibility or attitudinal barriers.

SIGNPOST: Access to Primary Care - A joint Mayor of London and London Assembly Scrutiny Report, 2003

Every day tens of thousands of Londoners have contact with dentists, GPs, health visitors, high street chemists and opticians. Londoners have a complex range of health needs and the role primary care services play in maintaining and promoting the health of Londoners cannot be overemphasised. The recent reorganisation of the NHS has involved changes in the structure for the delivery of primary care. The Mayor of London and the London Assembly have undertaken the first Londonwide consideration of access to primary care in the capital and how access might be improved. At the heart of this scrutiny is the consideration of whether the new NHS structures will deliver the improved primary care that London so desperately needs. The report brings together a wealth of best practice and data from all over London and beyond, and makes recommendations to health services on how they might improve access for Londoners.

www.london.gov.uk/assembly/reports/health/primary_care_access.pdf

SIGNPOST: Case for London: Public Services in Education and Health Chapter, Mayor of London, 2004

www.london.gov.uk/mayor/case_for_london/docs/ch5_public_services.pdf

Access to sports, recreational and community facilities

Sports and recreational facilities such as leisure centres, swimming pools and outdoor sports grounds provide important opportunities to increase activity levels through exercise. These, along with community facilities are also important elements in helping to increase social capital through interaction with other members of the community and benefit mental health. Where there is currently a deficit for the local community, these types of facilities should be provided for by boroughs. (For more on this see Section 3.9: Liveability, open space and public realm).

Designing healthy buildings

The design of buildings for public services has an important impact on the people who use them. CABI has put together the key elements of good healthcare buildings, which are:

- Good integrated design
- Public open space
- A clear plan
- A single reception point
- Circulation and waiting areas
- Materials, finishes and furnishing
- Natural light and ventilation
- Storage
- Adapting to future change
- Out of hours community use.

Buildings also need to be accessible for all, including disabled people.

SIGNPOST: Designed with care: Design and neighbourhood healthcare buildings, CABE, 2006

Contains tips for designing healthy buildings using 15 case studies of buildings that provide models of good design in the frontline of healthcare provision in the neighbourhood level.

www.cabe.org.uk/default.aspx?contentitemid=1158

SIGNPOST: Healthy Hospitals, CABE, 2004

CABE is working with the Royal College of Nursing and others to help raise awareness of the importance of good design in healthcare buildings and show that it has a direct impact on the lives of patients, nurses and doctors. www.healthyhospitals.org.uk/index.html

Access to public toilets

The concern about the declining quantity and quality of public toilet provision in the city - a shortage that causes problems for those who live and work here as well as visitors to London - has particular health impacts. Many people are unwilling to leave the house unless they can be sure of adequate and well-located toilet facilities and this can increase social isolation. In addition street cleanliness is reduced by this oversight.

London has experienced the highest decline in the number of local authority owned and run public toilets in the country. The London Assembly has produced a report on public toilet provision in London and makes the following recommendations:

- Local authorities should have a statutory duty to provide adequate publicly accessible toilets.
- That the Mayor publish a Londonwide map of available public toilets
- Local authorities improve sign posting of public toilets and encourage commercial premises to make their facilities available to all.
- Planning consent should require double the number of women's toilets as men's in all new developments or refurbishment schemes.
- The repeal of legislation banning local authorities from charging for urinals.

SIGNPOST: An Urgent Need: The State of London's Public Toilets, London Assembly Scrutiny Report, March 2006
www.london.gov.uk/assembly/reports/health/public-toilets.pdf

Planning for social infrastructure

The key to social infrastructure planning is effectively matching time and space of supply and demand. The application of London Plan policy 3A.15 requires this kind of assessment and a number of methodologies are currently being developed. One of these is the social infrastructure framework, which has been developed in relation to growth in the Thames Gateway and provides a starting point for determining required social infrastructure for new and existing communities, and where, when and how to best provide it to maximise the benefits and minimise the costs. It addresses existing deficiencies and geographic disparities but should be used alongside local knowledge of the demographics of communities so that it can take account of deprivation, ethnicity and faith requirements.

The SIF toolkit spreadsheet helps to model the impact of changes in population to inform the service planners in the different social infrastructure providers how best to plan with other service providers. Further information on SIF is detailed in Section 4.3: Delivering healthcare facilities - the NHS response.

Policy into practice

Case Study: The Thames Gateway Social Infrastructure Framework (SIF) HUDU

SIF has been developed as a tool for London boroughs and local strategic partnerships to coordinate its provision in relation to population growth. It is a tool that can be used in assessing local infrastructure needs and the development of LDDs alongside additional information about the needs /demographics of the local population.

http://www.healthyurbandevelopment.nhs.uk/pages/integrating_social_infrastructure/social_infrastructure.htm

Case Study: Islington UDP, Chapter 10 Community services Primary Care C11 The council will assist the Camden and Islington Health Authority in the identification of new sites and premises and the development and improvement of sites for health centres, clinics and surgeries so that they are accessible, suitably located and adequately distributed across the borough. The council will have regard in this to the health authority's strategy statement for the development of surgery premises.

C12 The council will normally grant planning permission for surgeries and health centres in residential areas except where these would cause exceptional environmental problems.

10.2.6 The council wishes to ensure that the needs for adequate and accessible primary care services are met in pleasant surroundings and will cooperate with the Health Authority in formulating policies to ensure this. Their impact on adjacent residential areas, for instance through car parking, will however be taken into account in judging planning applications.

Richmond Community Toilet Scheme

Richmond operates a community toilet scheme to ensuring that members of the public have access to toilet facilities across the borough. They ensure that buildings managed by the London borough of Richmond, which have suitable toilets, are accessible to the public during opening hours, for example the Civic Centre, libraries, pools.

They also plan to enter into agreements with businesses that will allow the public to use their toilets during their opening times, by paying an annual contribution towards the maintenance costs of those organisations that join the scheme.

www.richmond.gov.uk/public_conveniences

3.8 Community safety

Tackling real and perceived safety issues is important for promoting both physical and mental health in London. Crime and fear of crime can affect profoundly the quality of people's lives. Crime tends to be concentrated in areas of social deprivation and people from minority ethnic groups are at a greater risk of violent crime and of racial harassment. Fear of crime can also be a cause of mental distress and social exclusion and may prevent women, children and older people, in particular, from engaging in social activities and from accessing health services.⁶²

In its policies for designing a compact city, the London Plan considers safety concerns. Community cohesion is also closely related to perceptions of safety and addressing the needs of local people can help to build social capital, ownership and civic pride.

London Plan Policy 3A.21 Community strategies

London Plan Policy 4B.1 Design principles for a compact city

Community safety facts:

- London has the highest rate of recorded crime per head of population in the English regions. Recorded robbery, violence and vehicle crime are all above national averages. Rates of recorded crime are higher in Inner London (than outer London) for violence, burglary and car crime.
- Hate crime remains an issue for all ethnic minorities in London.⁶³ Non-white groups are more likely to be burgled but are not necessarily at greater risk of crime overall. Pakistanis/Bangladeshis are most likely to be the victims of crime in general and racist crime in particular. Police figures for London indicate that black Caribbeans tend to be victims of serious crimes like murder and rape while white people are at greatest risk of assault.⁶⁴
- A recent study of 100 London crack cocaine users found that the sample was spending an average of £800 each per week on drugs. Nine out of ten of these were committing crimes to fund their drug use. Those who were selling drugs to raise money were more likely to have committed violent offences and to have possessed firearms.⁶⁵
- In the two years to March 2004, 55 per cent of the 26,692 prisoners seen by London's prison drug workers had used crack cocaine in the 30 days before coming to prison.⁶⁶

Community safety issues for DPDs to address:

- Do planning policies and development promote crime reduction and community safety?

- Is there effective security and street surveillance in new developments?
- Does the design of new developments provide easily accessible and well-placed community space to allow for the development of social networks?
- Can improvements be made to 'perceived' unsafe areas that enhance the public realm through regeneration schemes?
- Can traffic calming and home zones be implemented to enhance pedestrian use of street space and reduce road accidents?

Healthy outcomes:

Reduced road and pedestrian accidents; Increased sense of place; Increased real and perceived personal safety; Higher levels of physical activity within local areas; Social interaction and community cohesion improved.

Creating safer communities

Urban planning has an important role to play in ensuring that neighbourhoods are designed with sufficient communal space and facilities to allow a social and community network to develop. The perceived threat of crime can be vastly reduced in neighbourhoods where communities are engaged in the management of the area and can be assured that they have some control and ownership of the communal spaces.

This is especially true in deprived neighbourhoods that face the negative impacts of drug and alcohol use. The use and sale of crack cocaine in particular has had an increasingly damaging effect on London's communities. Crack cocaine is sold in a number of ways, and dealing has proliferated in some deprived areas meaning that those living nearby have experienced a range of anti-social behaviour.

One study found that in areas where drug markets flourished, the related crime and social nuisance compounded other neighbourhood difficulties.⁶⁷ It found that although drug markets were not the sole cause of neighbourhood decline, they frequently impeded regeneration efforts, damaged community confidence and contributed to the poor reputation of an area. The study also found that involvement in selling crack cocaine offered significant economic opportunities for young people where formal labour market prospects were weak, diverting them away from legitimate opportunities. While crack houses also have a negative impact on the image and safety of an area.

Where these drug and alcohol related-problems have a pressing community impact, it is important that measures are put in place to deal with their effects (either through enforcement, education, treatment

and/or support measures). Crack house closure orders are one way to tackle drug-related crime, but must be used in combination with other community support mechanisms.

SIGNPOST: London: The Highs and Lows 2, A Report from the Greater London Alcohol and Drug Alliance GLADA, 2007

http://www.london.gov.uk/mayor/health/drugs_and_alcohol/docs/highs-lows2.pdf

SIGNPOST: The Crack Cocaine Strategy 2005 - 08, GLADA, 2005

www.london.gov.uk/mayor/health/drugs_and_alcohol/docs/GLADACCstrategy.pdf

SIGNPOST: The Case for London - Crime, Mayor of London, 2004

www.london.gov.uk/mayor/case_for_london/docs/ch6_crime.pdf

SIGNPOST: Making it Happen in Neighbourhoods: The National Strategy for Neighbourhood Renewal Four Years On, NRU, 2005

Divided communities with higher crime rates make it harder to be healthy. The government's neighbourhood renewal strategy recognises the links between different issues and is focused on working with communities to improve outcomes in the most disadvantaged areas. The strategy focuses on reducing crime and unemployment, and improving health, education, housing and the physical environment.

www.neighbourhood.gov.uk/publications.asp?did=1193

SIGNPOST: Creating Healthier Communities: a resource pack for local partnerships, NRU, 2005

This revised guidance seeks to help drive forward local health improvement and tackle health inequalities. It is aimed at local authorities, primary care trusts and other NHS bodies, neighbourhood partnerships and local strategic partnerships. The resource pack, which was a commitment in Choosing Health, is designed to support the wider efforts at national, regional and local level, in all areas, to join up and narrow the health inequalities gap between disadvantaged groups and areas and the rest of the country, while improving health for all.

www.neighbourhood.gov.uk/publications.asp?did=1382

SIGNPOST: Crime Reduction Toolkits

This website provides information and resources for people working to reduce crime in their local areas. It covers topics such as:

Street crime and robbery

Domestic burglary

Alcohol-related crime

Public transport

Fear of crime

Communities against drugs

www.crimereduction.gov.uk/toolkits/index.htm

SIGNPOST: Crime and community safety initiatives in London

Safer Travel at Night Campaign - an ongoing campaign involving the Greater London Authority (GLA), Transport for London (TfL) and the Metropolitan Police
Calling the Shots - an anti-gun crime programme for schools, aiming to encourage young people in London to develop a positive lifestyle away from violence and gun culture
Second London Domestic Violence Strategy - published in 2005, this second edition builds on the work of the first which, in 2001, was the first citywide response to the problem of domestic violence
Ban Replica Guns - the Mayor believes that there is ample evidence which shows that imitation firearms and air weapons are performing an important role in serious crime.

www.london.gov.uk/mayor/crime/new-initiatives.jsp

Designing out crime

Developments should be safe and secure, taking into account the objectives of the ODPM publication: Safer Places - the Planning System and Crime Prevention (2003). They should incorporate specific security requirements such as those relating to high-profile public and private buildings and spaces. At the same time, buildings should be made secure by turning inwards and presenting a blank wall or fenced-in enclosure to the street, but should provide an urban environment where outward looking buildings and natural surveillance contribute to, and benefit from, life at street level.

Good design is rooted firmly in an understanding and appreciation of the local social, historical and physical context, including urban form and movement patterns and historic character. Development proposals should show that developers have sought to provide buildings and public spaces that are designed to be beautiful and enjoyable to visit, as well as being functional, safe, accessible, sustainable and inclusive for all.

New building projects should ensure the highest possible space standards for users, in both public and private spaces inside and outside the building, creating spacious and usable private as well as public spaces. The placement of trees and shrubbery as well as use of lighting is key to the creation of 'safe' spaces. Regeneration projects should seek to improve local areas where there is a perceived or real threat to personal safety. Home zones are an important way to increase community cohesion and reduce the risk of traffic accidents involving children (for more information see Section 3.4: Transport issues).

SIGNPOST: Sustainable Design and Construction - Supplementary Planning Guidance to the London Plan, Mayor of London, May 2006
www.london.gov.uk/mayor/strategies/sds/docs/spg-sustainable-design.pdf

SIGNPOST: Designing Out Crime - Think Thief: A Designer's Guide to Designing Out Crime, Design Council. www.designagainstcrime.org/

SIGNPOST: How to deal with fear of crime within London's parks and green spaces

What are you scared of? The value of risk in designing public space, CABE, February 2005
[www.cabe.org.uk/default.aspx?contentitemid=477&field=filter&term=Public per cent20space&type=2](http://www.cabe.org.uk/default.aspx?contentitemid=477&field=filter&term=Public%20space&type=2)

SIGNPOST: Preventing Anti-Social Behaviour in Public Spaces, CABESPACE, 2004
www.cabespace.org.uk/publications/index.html

London as a 24-hour city

London is increasingly becoming a 24-hour city. Over half a million people regularly go clubbing at the weekend. Many more go to pubs, theatres and take part in other evening activities. There are also thousands of people travelling to and from work in the evening and throughout the night in order to keep London running effectively. Partly because of this 24-hour economy, London is a relatively safe city. However, ongoing public realm improvements and transport initiatives, including increased policing levels, will help to raise the level of safety and increase the perception of security amongst people travelling at night.

In health terms, there is also the issue of provision for health services in a 24-hour economy.

SIGNPOST: Best Practice Guide - Managing the Night Time Economy, Mayor of London, 2007

The Mayor has worked with strategic partners to develop a coherent and strategic approach to managing the night economy.

<http://www.london.gov.uk/mayor/strategies/sds/bpg-nighttime-economy.jsp>

Policy into practice

Case Studies: Community Safety

Richmond Community Safety Partnership The community safety partnership (CSP) involves various agencies working together to reduce crime and disorder within the borough. The partnership evolved following the Crime and Disorder Act 1998 which stipulates that local authorities and police services should be jointly responsible for the formulation and implementation of a strategy to reduce crime and disorder in the local authority area, in cooperation with other local statutory bodies.

www.richmond.gov.uk/home/policing_and_public_safety/community_safety_partnership/about_the_community_safety_partnership.htm

Islington UDP. Chapter 3 the environment - Community Safety: Env 12 Enhancing community safety and reducing opportunities for crime will be of the highest priority. Therefore, the council will require that the environment is designed and maintained with security as a key consideration.

www.islington.gov.uk/Environment/Planning/PlanningPolicy/UDP/Documents/default.asp

3.9 Liveability, open space and public realm

Access to nature, open space and the design of public realm all has important implications for health. There are substantial health benefits associated with access to, and use of, open spaces and good quality public realm, including better physical and mental health and increased social interaction. The state of London's physical environment - its streets, parks and open spaces - is linked to quality of life issues and because of this can also impact substantially on health.

Poor physical access to open space impacts crucially on older and disabled people and can contribute to social isolation. Parks and open spaces provide a vital free resource in which Londoners of all ages can play, exercise and access the natural world.

London Plan Policy 3A.14 Addressing the needs of London diverse population

London Plan Policy 3D.7 Realising the value of open space

London Plan Policy 4B.4 Enhancing the quality of the public realm

London Plan Policy 4B.5 Creating an inclusive environment

Key liveability, open space and public realm facts:

- London has over 100 community gardens and 14 city farms, which are often located in some of the most deprived areas that lack other open spaces. Examples include the Phoenix Garden in Holborn and Freightliners Farm in Islington. They have a particularly important role to play in future efforts to ensure that biodiversity is accessible to all Londoners, and are an essential part of London's resource for environmental education.⁶⁸
- Hospital patients who are able to see green outside space from their bed or have a window view are reported as having much faster recovery rates.⁶⁹
- Improvements to open spaces, such as river restoration, can increase the overall number of users of the space as well as the frequency and duration of these visits.⁷⁰
- Many of London's more vulnerable groups such as women, older people, disabled and black, Asian and minority ethnic people feel excluded from using open spaces.

Liveability, open space and public realm issues for DPDs

to address:

- Do planning policies and proposals promote the use of and increase access for all to green and open space?
- Are open spaces well managed and safe, with appropriate facilities, such as public toilets?
- Are public realm proposals inclusive in their design to meet the needs of all Londoners, especially, children, the elderly and the disabled?
- Is sufficient provision of open space made for children and young people?
- Do development proposals offer the opportunity to improve nearby areas of parkland or public realm?
- Do development proposals and policy plans protect the amenity value of open space for communities?
- Has the potential for living and green roofs been promoted in planning policies and proposals?
- Do developments contribute to establishing a network of open space, by either improving linkages or contributing to areas of deficiency?

Healthy outcomes:

Opportunities for outdoor recreation; Physical exercise and play; Increased wellbeing and improved mental health; Improved air quality and reduced respiratory diseases; Increased levels of social interaction.

Liveability

As the city's population and economy grows and development intensifies, access to good quality open space offers release from the pressures of metropolitan life and provides relief from mental stresses as well as opportunities for exercise.

Making London an even more enjoyable city will contribute to making London a better city for people to live in - as will improving the quality of town centres and strengthening the leisure and cultural sectors. Protecting and enhancing London's wealth of open spaces will be especially important in making London a more attractive, healthier, well designed and green city.

All public spaces should offer inclusive access and ease of use, with a mixture of private and public spaces that feel safe. The highest quality of design in London's public places is needed to achieve a city that is more attractive, safer and easier to get around for everyone. This means ensuring the buildings that surround or house public places are appropriate, that the design, layout, furnishing and management of the public spaces themselves are of the highest quality and facilities such as public toilets are provided.

Natural planting and trees can enhance the public realm although care should be taken to avoid varieties that produce large amounts of pollen as this can have impacts for allergy sufferers. The effects of the increased summer temperatures expected as a result of climate change can also be mitigated by the use of natural, green areas, street trees and vegetated walls. This will become increasingly important in keeping London a 'liveable' city.

Public realm

A sustainable and inclusive public realm strategy offers the widest access to shopping and leisure activities for the greatest number of people, including those currently least able to enjoy them. To achieve successful public realm strategies, local authorities should focus policies that concentrate on the supply of retail and leisure facilities and services in the most accessible places and spread them between central London, town centres and development areas such as the Thames Gateway. This will help reinvigorate town centres and widen their role as accessible and diverse community centres.

Other policies should attempt to restrain the provision of competing retail and other activities in out-of town centre locations. London's specialist leisure activities are supported and protected through the designation of strategic cultural areas and tourism action zones.

Using green and open spaces

London's open spaces include green spaces, such as parks, allotments, commons, woodlands, natural habitats, recreation grounds, playing fields, agricultural land, burial grounds, amenity space, children's play areas, including hard surfaced playgrounds, and accessible countryside in the urban fringe. Civic spaces, such as squares, piazzas and market squares also form part of the open space network. Open spaces provide a valuable resource and focus for local communities, can have a positive effect on the image and vitality of areas and can encourage investment. They provide a respite from the built environment or an opportunity for recreation and a facility for exercise and sports. They promote health, wellbeing and quality of life. They are also vital facilities for developing children's play, exercise and social skills. Regular exercise is also acknowledged as a means of reducing obesity with consequent health benefits.

Reducing inequalities in access to green spaces and developing accessible local green spaces, for example community gardens and recreation grounds, should be included in development schemes as part of a stronger recognition of the impact of the environment on health - notably mental health and quality of life.⁷¹ It is important to consider how

deficiencies can be addressed in urban areas (including suburbs) and it may be necessary to look at new ways in which such deficiencies can be met if communities or users in dense urban environments are not to continue to be deprived of the benefits. Allotments can also provide opportunities for exercise and accessing healthy food (see Section 3.11: Access to fresh food).

Access for all

A truly inclusive society demands an environment in which a diverse population can exist harmoniously and where everyone, regardless of disability, age, sexuality, race or gender, can participate equally and independently, with choice and dignity. The design, construction and management of the whole range of buildings, spaces and places, are fundamental to this, (see London Plan policy 4B.5: Creating an inclusive environment). Parks and gardens can be improved for all and made suitable for people with impairments; for example blind people may particularly appreciate scented gardens.

Disabled people are not a homogenous group with identical needs. When the principles of inclusive design are applied from the beginning of the design process and the needs of disabled people are integrated with the needs of others, the public realm will also become accessible to other users who are excluded through poor design or discriminatory attitudes. This includes children, young people and older people and the Mayor has prepared supplementary planning guidance on creating inclusive environments.⁷²

It is important that boroughs' open space strategies reflect accessibility requirements and take maintenance and management issues of open spaces into account.

SIGNPOST: The Cleaner, Safer, Greener Communities Programme, ODPM

Led by ODPM (now CLG), this programme addresses the relationship between the quality of the local environment and the quality of life. The programme priorities, to which local authorities are central as they are responsible for delivering provision of open spaces, including the creation of attractive parks and open spaces, improving the physical fabric, making public spaces cleaner and maintaining them better, making places safer, providing for children and young people, tackling inequalities and engaging and empowering local communities.⁷³

www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/divisionhomepage/041599.hcsp

SIGNPOST: Tackling Health Inequalities Programme for Action, DoH, 2003

The programme for action sets out priorities for reducing health inequalities and addressing the underlying determinants of health. It identifies the importance of co-ordinated national, regional and local action on a range of issues. These include:

- the need to increase levels of physical activity especially among disadvantaged groups, older people and women
- the need to improve green spaces so that they can be used for exercise and provide children's play areas
- the need for better and safer local environments so people are more able to engage in social and physical activities in public spaces close to where they live and work.

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008268&chk=Ad%2BpLD

Maintaining high quality spaces

It is also important that open spaces and public realm are of a high quality to encourage people to use and enjoy them. A good environment is fundamental to good health, and can contribute to public health objectives; past improvements in the environment have dramatically improved health, but problems relating to litter, vandalism, and anti-social behaviour need to be reduced to further improve local environments. Adequate maintenance and a high level of general quality of open spaces is important when encouraging local communities to visit, relax and exercise in them. The quality of local environmental facilities is key to how regularly they are used by those in the local community (for more information see Section 3.8: Community safety).

Landscaping, improving wildlife diversity, increasing safety and maintaining and tidying footpaths all contribute to greater community participation, health benefits and general perceived desirability of an area. London's rivers and water bodies can provide important areas for recreation, allowing people to connect with nature and should be included as forming part of the open space network. Improving and managing rivers, in particular the opening and re-naturalising of culverted river channels, can be a major social and environmental asset to an area.

Planning for open spaces in the future will need consideration of the impacts of climate change. For example, climate change will mean that the distribution of species and habitat will change and the suitability of certain types of planting and their management will also need consideration. It is likely that 'dry gardens' will be less water-intensive and a more appropriate option as summer rainfall decreases. It will be important to ensure that open spaces are planned to allow species, habitats and the natural environment to flourish in the future. People are also likely to be spending more time outdoors in the summer.

For more information on climate change issues, please see Section 3.12: Climate change.

SIGNPOST: The Open Space Best Practice Guide,
Mayor of London, 2004

The guide sets out practical guidelines on the methodology and content of an Open Space Strategy within the London context. It provides advice on assessing the quantity and quality of open spaces and in identifying the needs of local communities and other users of open spaces.
www.london.gov.uk/mayor/strategies/sds/open_space.jsp

SIGNPOST: The Mayor's 100 Public Spaces

A project led by the Architecture and Urbanism Unit to create or upgrade 100 public spaces in London. Launched in July 2002 with ten pilot projects, the second phase, with an additional fourteen projects throughout London, is now under way.

SIGNPOST: The Countryside Agency - Greening the Gateway
http://www.countryside.gov.uk/LAR/Landscape/CIAT/Green_Gateway.asp

Children's play space

All children and young people need, and have a right, to enjoy their lives as full members of their communities and to fully inhabit a shared public realm. Being able to have fun in public spaces is one of the hallmarks of a vital and vibrant city. The Mayor believes that all young Londoners should be able to play within their local neighbourhoods and have safe and attractive play spaces within easy walking distance of their homes. Planning for local neighbourhoods and public spaces should incorporate

the needs and wishes of children and young people. It is important that children have access to a variety of open spaces for sport, play and to discover the natural world and improving access to nature, for all Londoners, is one of the key themes of the Mayor's Biodiversity Strategy (see Signpost below).

For younger children, having the time and space to play is an essential factor in their healthy emotional, social and physical development. For older children and young people, having opportunities to meet friends and to enjoy and develop their own cultural and recreational pursuits is equally important. However, young Londoners are increasingly restricted in their use of urban space and can end up adopting areas such as car parks or street corners for socialising where others in the community can perceive them as a threat. By providing the types of spaces that children and young people enjoy using such as skate parks, football pitches, basketball courts and swimming pools, they can be encouraged to adopt healthier lifestyles that will have life-long positive health impacts.

In the past, the needs of disabled children when using play spaces have largely been neglected and their interests have not been fully considered in the planning and designing of play spaces. To address this deficiency, in November 2003 the government launched good practice guidance on making play areas more accessible for disabled children. Targeting planners and play space providers, the guidance draws on case studies from around the country to demonstrate how play spaces can be improved for disabled children through relatively simple changes.

The Mayor has also produced supplementary planning guidance on providing for the play and recreation needs of children and young people under the age of 18 and the use of benchmark standards in the preparation of play strategies and in the implementation of Policy 3D.11i as set out in the draft Further Alterations to the London Plan.

SIGNPOST: Providing for Children and Young People's Play and Informal Recreation Draft Supplementary Planning Guidance, Mayor of London, 2006

<http://www.london.gov.uk/mayor/strategies/sds/spg-children-recreation.jsp>

SIGNPOST: Guide to Preparing Play Strategies, Mayor of London, 2004.

www.london.gov.uk/mayor/strategies/play/index.jsp

Living roofs and greening London

When space for recreation is at a premium, well designed, attractive roofs, balconies and terraces provide 'gardens' for homes and add to the social, environmental and economic value of the typical residential unit by providing a space where people can carry out some of their favourite activities - gardening, growing vegetables, outdoor eating, or simply relaxing and playing in the fresh air. They also provide places where wildlife can flourish. Many existing houses can be converted to have roof terraces, but modern, well-designed buildings in particular need to include the sort of high quality outdoor spaces that compensate for the lack of a private garden, adding substantially to the quality of life of their residents.

In addition to living or green roofs, the greening of urban buildings by introducing vegetation to walls, terraces, courtyards and roofs has many social and natural benefits. These benefits include improving air quality, reducing energy demand and helping buildings adapt to predicted climate change effects. As such, the greening of urban buildings should be encouraged as far as possible by boroughs in regeneration schemes and in new developments.

SIGNPOST: Greening London Documents: Mayor of London

Living Roofs: Promoting green roofs roof terraces and roof gardens across London

www.london.gov.uk/mayor/auu/docs/living_roof_statement.pdf

Living Roofs: Case Studies

www.london.gov.uk/mayor/auu/docs/living_roof_casestudies.pdf

Building Green - A Guide to Using Plants on Roofs, Walls and Pavements 2004

www.london.gov.uk/mayor/strategies/biodiversity/docs/Building_Green_main_text.pdf

SIGNPOST: Environment Agency

English Nature Leaflet 'Living Roofs'

<http://www.english-nature.gov.uk/pubs/publication/PDF/LivingRoofs.pdf>

Green Roofs, English Nature Research Report no. 498 (2003).

http://www.english-nature.org.uk/news/news_photo/Greenroofs.pdf

'Building Greener: Guidance on the incorporation of green roofs, green walls and the other features in buildings (RP714)' undertaken by Ciria and scheduled for publication within the next couple of months.

Trees and woodland

The Mayor has published the London Tree and Woodland Framework with the Forestry Commission and other strategic partners. Trees and woodlands play an important role in creating pleasant and healthy environments for people to live in. This can bring both mental and physical benefits for Londoners.

The most obvious contribution of trees and woodlands to health is by providing attractive and enjoyable environments for people to exercise in. Trees and woodlands, as components of open space and as links between spaces, can also encourage people to walk or cycle rather than use a car. The areas around playing fields offer particular opportunities for tree retention and enhancement. Improved staffing, management and design generally increases popularity and public use and this, in turn, reduces any level of perceived risk to security and personal safety associated with overgrown, unwelcoming areas. Design solutions, such as improving sight lines and making use of appropriate planting can address problems. The removal of trees or shrubs should only be considered as a last resort and be replaced with planting that improves the safety and security of the location.

An outlook onto trees and woodlands can help those suffering from ill health, whether mental or physical. Recovery rates from illness tend to be enhanced where trees can be seen present compared to where they are absent. Trees and woodlands, and contact with nature in general, can have a calming effect, helping to reduce stress as well as providing much needed shade in the summer. With the effects of climate change, the shading and cooling properties of trees will become more important.

SIGNPOST: The Tree and Woodland Framework for London, Mayor of London, 2005

People in London will come into contact with street trees more often than trees planted in other locations. The particular benefits that street trees provide include:

- enhanced quality of life for people living and working in London through promoting a sense of wellbeing and so promoting health
- increased privacy in residential roads and gardens through screening
- increased local property values: a survey of any estate agent's window will always show more expensive properties being in 'tree-lined streets'
- historical importance - many of London's street trees are from Victorian design

- linking areas of green space
- filtering airborne dust and pollution
- reducing temperature extremes at street level
- absorbing some traffic noise.

www.london.gov.uk/mayor/environment/forest/index.jsp

SIGNPOST: The Biodiversity Strategy, Mayor of London, 2002

www.london.gov.uk/mayor/strategies/biodiversity/index.jsp

Case for London - Environmental protection chapter, Mayor of London, 2004. www.london.gov.uk/mayor/case_for_london/docs/ch7_environment.pdf

London Parks and Green Space Forum

The forum is a partnership body of the key stakeholders whose work relates to open spaces. The forum provides takes a strategic overview of open space issues in London with the overall aim of promoting a network of accessible quality open space as a major contribution towards a healthier and more sustainable world city. The forum brings together four key groups of interest with responsibility for the regeneration and sustainable future of London's parks and green spaces, i.e. planning and design, parks management, biodiversity and users. www.lpgsf.org.uk

SIGNPOST: London's life force - How to bring natural values to Community Strategies, English Nature, 2005

This publication explains how the conservation of wildlife and the natural environment is linked to those issues that are mentioned most when people consider wellbeing of their community and condition of their local neighbourhood. It explores why these links are important and how the connections can be strengthened. It illustrates the benefits of integrating nature with initiatives related to health, housing, education, economic prosperity and the environment, and demonstrates these through case studies which are all London-based.

www.english-nature.org.uk/pubs/publication/PDF/LondonsLifeForce.pdf

SIGNPOST: Relevant Documents from CABE

- IS the grass greener? ... Learning from International innovations in urban green space management, CABE Space, July 2004
- A guide to producing Parks and Green Space Management Plans May 2004
- Green Space Strategies: a good practice guide May 2004
- Start with the Park: creating sustainable urban green spaces in areas of housing growth and renewal, 2005

www.cabespace.org.uk/publications/index.html

SIGNPOST: Environment Agency River Restoration

The Environment Agency has produced, with the Mayor of London, two strategies for restoring rivers:

Delivering Regeneration by Improving the Environment Science Summary; Environment Agency, 2006

<http://publications.environment-agency.gov.uk/pdf/SCHO0506BKWH-e-p.pdf>

Quality of Life, Health and The Environment Agency; Environment Agency, 2006

<http://publications.environment-agency.gov.uk/pdf/SCHO0805BJOF-e-e.pdf>

River Restoration: A Stepping Stone to Urban Regeneration. Highlighting the opportunities in South London, Environment Agency, 2002

Bringing your rivers back to life. A strategy for restoring rivers in North London, Environment Agency, 2005'

Policy into practice

Case Study: Environment Agency - health and community benefits of our river restoration work and open space improvements.

The Environment Agency carried out improvements to Sutcliffe Park in south London and found that usage of the park increased significantly (by 73 per cent) following the on-site improvements. They undertook similar enhancement works at Chinbrook Meadows in south London and found:

- People are using the park more. Three quarters of local residents surveyed said the river restoration had encouraged more people to use the park. Nearly a third of visitors say they now visit more often, with 38 per cent staying longer in the park.
- People have noticed that antisocial behaviour has gone down. 56 per cent of people said that there was less litter in the park, 43 per cent said that the amount of graffiti in the park had reduced and 20 per cent had fewer personal safety concerns after the river restoration.

Green Gyms - LB Newham

The purpose of green gyms (developed by British Trust Conservation Volunteers) is to provide people with the opportunity to improve their fitness by involvement in practical conservation activities such as planting hedges, creating and maintaining community gardens, or improving footpaths. Green gyms may improve the physical and psychological health, happiness and social support of participants.

www.btcv.org/greengym/

Healthy Hillingdon

This local promotion body brings together the parks department and Hillingdon's primary care trust in encouraging a wide range of health promotion initiatives. These include funding garden allotments for local people and organising events to encourage greater involvement in use of green space. More information can be found at:

www.hillingdon.gov.uk/education/education/healthy/index.php

Natural England

Bringing together English Nature, the landscape, access and recreation elements of the Countryside Agency and the environmental land management functions of the Rural Development Service, has formed a new body Natural England.

Natural England is working to ensure that green spaces are incorporated into the development of the Thames Gateway to secure the associated benefits for future and existing communities. More information can be found on the Thames Gateway Health and Green spaces network at:

<http://www.naturalengland.org.uk/>

3.10 Air, water and noise quality

Air quality impacts on human health, particularly affecting the very young, older people and those with existing heart and lung conditions. Water is a vital resource that must be used wisely in London if its quality and availability are to be maintained for future generations. Unwanted noise can cause mental ill health and new developments must be carefully vetted for their exposure of users to high ambient noise levels.

The London Plan contains policies to address air quality, water quality and to reduce the negative impacts of noise.

London Plan Policy 4A.6 Improving air quality

London Plan Policy 4A.12 Water quality

London Plan Policy 4A.14 Reducing noise

Key air, water and noise quality facts:

- High levels of air pollution are known to particularly affect those with cardiovascular and respiratory conditions.⁷⁴
- The pollutants of main concern in London – nitrogen and fine particles – are significant causes of ill health and mortality in the capital.⁷⁵
- Road transport emissions are responsible for over half the nitrogen dioxide and fine particles in London's air.⁷⁶
- Air travel from Heathrow Airport contributes both directly and indirectly to high levels of nitrogen dioxide in west London.⁷⁷
- A significant proportion (21 per cent) of air pollution in London comes from energy use in buildings, particularly for heating.⁷⁸
- In a MORI poll in London in late 2003, 46 per cent considered noise a problem (13 per cent a major problem, 33 per cent a lower level of problem), with 24 per cent including noise in their two or three top priorities for improving the quality of the environment in London.⁷⁹
- The GLA London Household Survey 2002 showed that road traffic noise was a concern for more Londoners than any other individual source of noise. The survey found that 13 per cent of respondents rated noise from road traffic where they lived a 'serious problem'.⁸⁰
- In addition, six per cent rated aircraft noise in this way; four per cent, noisy neighbours; four per cent, roadworks/construction/demolition; two per cent, trains/tubes; two per cent, pubs/clubs/entertainment; and two per cent, industrial/commercial premises.⁸¹

Air and noise quality issues for DPDs to address:

- Do planning policies and proposals promote improved air quality through use of zero or low-emission renewable energy sources or cleaner fuels?
- Do planning policies and proposals consider impacts on exposure of users or neighbours to air pollution?
- Has the development encouraged the use of sustainable transport modes such as walking and cycling?
- Do planning policies and proposals consider the noise impacts of new developments and noise considerations for people within them?
- Do planning policies and proposals reduce noise through better planning and design?
- Are proposals for late night entertainment and other 24-hour activities located away from areas that might suffer adverse negative impacts?
- Do planning policies and proposals safeguard against inefficient water use through the inclusion of water saving features?
- Are sustainable urban drainage systems to reduce the amount and intensity of urban run-off and pollution included in all planning policies and proposals near to watercourses?

Healthy outcomes:

Improved community tensions through reduced noise disturbances; Improved community relations; Reduced stress and improved levels of good quality sleep through reduced noise disturbances; Improved air quality and reduced levels of respiratory and cardiovascular problems; Reduced hospital admissions for respiratory and cardiovascular conditions; Improved access to waterways has fitness and wellbeing benefits; Improved levels of mental health.

Air quality

Poor air quality damages health and quality of life, particularly affecting the most vulnerable in society - the very young, older people and those with heart or lung conditions. The Mayor is legally required to reduce the levels of the seven locally managed pollutants in London's air to achieve the government's target through the Air Quality Strategy.

The EU has introduced legally binding targets for national governments to reduce air pollution to levels at which no or minimal effects on human health are likely to occur. The UK government has set targets for nine main air pollutants. Seven of these pollutants (nitrogen dioxide (NO₂), fine particles (or PM₁₀), sulphur dioxide (SO₂), carbon monoxide (CO), benzene, 1,3-butadiene, and lead) have to be addressed at the local level, including in London, while national and European Union measures will be used to tackle the other two (ozone and polycyclic aromatic hydrocarbons).

The Mayor's Air Quality Strategy provides guidelines on policies for LDDs and Supplementary Planning Guidance. It also gives guidelines on air quality assessments and outlines steps local authorities can take to improve air quality.

Boroughs should ensure their LDDs include policies that seek to reduce levels of pollutants referred to in the government's National Air Quality Strategy having regard to the Mayor's Air Quality Strategy, and taking account of the findings of air quality review and assessments, in particular where air quality management areas (AQMAs) have been designated. They are also encouraged to consider location and type of development in relation to air quality considerations. Further localised research and the use of environmental impact assessment (EIA) to collect data and examine health and planning pathways on a coherent and systematic basis will help to inform planning and policy decisions. Trees have a particularly cleansing effect on local air quality and could be used to address some localised air quality issues.

SIGNPOST: The Mayor's Air Quality Strategy, Mayor of London, 2002
www.london.gov.uk/mayor/strategies/air_quality/index.jsp

SIGNPOST: Development Control: Planning For Air Quality, National Society for Cleaner Air and Environmental Protection (NSCA), 2004
http://nscaorguk.site.securepod.com/assets/aq_dev_control_guidance.pdf

London Low Emission Zone

The Mayor made a manifesto commitment to introduce a low emission zone, to improve London's air quality. The objectives of the proposed LEZ are to move London closer to achieving national and EU air quality objectives for 2010, and to improve the health and quality of life of people who live and work in London, through improving air quality.

The proposed LEZ will encourage vehicle operators to clean up their fleets. It would mean that lorries, coaches and buses failing to meet a minimum pollution standard would pay a charge if they drive polluting vehicles into Greater London. Cars would not be affected by the introduction of the proposed low emission zone, but given the likely improvements in air quality walking and cycling will be encouraged.

SIGNPOST: London Low Emission Zone, Mayor of London Consultation, 2006
www.london.gov.uk/mayor/environment/air_quality/lez.jsp

Water quality

Historically London's waterways have suffered from severe pollution. Changes to legislation and regulation of pollution, combined with significant shifts in the types of industry in London, have reduced pollution and led to subsequent improvements in the biodiversity and attractiveness of most waterways. The result is that the Thames is now one of the cleanest metropolitan rivers in the world and a major visitor attraction.

There are still problems. In some cases the returning wildlife is subject to the threat of periodic pollution from urban run-off following heavy rainfall. There are still a number of tributary streams that are highly polluted, often with domestic sewage, and there is even the ongoing problem of sewage overflow into the Thames during times of moderate rainfall, in fact as little as 2mm per hour. During storms this can be worse. The Thames Tideway Strategic Study is examining the issue of storm sewage discharges to the Thames Tideway. The Mayor is keen to support this work and also to work in partnership with appropriate agencies to ensure that there is sufficient sewerage capacity for the scale of development envisaged in the London Plan.

Boroughs should promote the use of sustainable drainage systems where appropriate to reduce surface run-off and promote the use of water storage areas in new developments to manage flood risk, reducing the associated health risks. The Mayor is also producing a Water Strategy that will promote efficiency in water use and management in London.

It is also important to provide and protect water facilities for physical exercise including swimming pools, lidos and ponds.

Noise impacts

In a modern city, noise can be disruptive and is increasingly likely to be seen as a key quality of life issue. Very high levels of noise can damage hearing, but the levels of ambient or environmental noise experienced by city residents, even close to busy roads or airports, are well below these levels. However, these lower but persistent levels of noise can cause sleep disturbance, stress, and affect wellbeing in other indirect ways, especially due to poor insulation between housing.

Noise can also contribute to inequalities in health and everyone can

benefit from a less noisy environment. Full regard also needs to be paid to equalities issues, notably impacts on those who may be more vulnerable, whether socially, in terms of health, disability or otherwise.

The Mayor has a duty to consider the health and wellbeing of Londoners, and has produced a strategy for London on 'ambient noise' - long-term, predictable noise, mainly from transport and industry. The Mayor's Ambient Noise Strategy focuses on reducing noise through better management of transport systems, better town planning and better design of buildings, especially to reduce noise from neighbours in residential developments aimed at more deprived groups. It means being more careful where noisy activities are sited and protecting housing, schools, waterways and open spaces - places that should be peaceful havens.

The Mayor's Ambient Noise strategy sets out some of the main adverse impacts noise can have on health, these include:

- Annoyance, bother or irritation
- Increased sleep disturbance
- Hearing impairment
- Accelerating or intensifying impacts on mental health
- Impaired work performance
- Impaired learning and reduced motivation in children
- People becoming more withdrawn, and less helpful to neighbours
- Erosion of places of tranquillity within a busy city.

Planning policies should be considerate of the noise impacts of new developments and should seek to minimise impacts on existing developments. Considering the location of facilities in relation to surrounding noise generators, the installation of good quality insulation and the compatibility of land-uses where necessary are ways that noise impacts on health can be reduced through the planning process.

The Mayor's London Ambient Noise Strategy introduced the concept of areas of relative tranquility that could apply to areas within as well as at the edge of the urban area. Boroughs may choose to promote this in LDDs.

SIGNPOST: Sounder City: Mayor's Ambient Noise Strategy, Mayor of London, 2004

www.london.gov.uk/mayor/strategies/noise/docs/noise_strategy_all.pdf

3.11 Access to fresh food

Researchers are increasingly acknowledging the relationship between diet and health. The improvement of Londoners' collective diets could deliver significant benefits ranging from the reduced incidence of cancer and coronary heart disease to type-2 diabetes. Some aspects of Londoners' diet have already improved markedly over the past 50 years. The consumption of fresh fruit, for example, has risen substantially in London.

Further progress is required as wide inequalities in diet persist across different social and cultural groups. In London, conditions related to over-nourishment are increasingly common in lower income groups as are difficulties in accessing fresh and nutritious food. Air pollution associated with road freighting of food in London also has a number of major health implications as well as contributing to London's carbon footprint and contributing to waste.⁸²

Spatial planning policy has a role to play in ensuring access to fresh food for example, by encouraging provision for local shops or allotments to meet local needs.

London Plan Policy 3D.3 Maintaining and improving retail facilities

London Plan Policy 3D.14 Agriculture in London

Key food facts:

- Over 80 per cent of London's food is imported and it makes a large contribution to carbon dioxide emissions and climate change.⁸³
- The term 'food deserts' are areas where there is no local provision of food, beyond junk food. Thirteen wards across three east London boroughs have been identified as 'food deserts'.
- The shift towards processed food and away from fresh produce, combined with a decline in cooking skills and nutritional advice have contributed to increased ill health, including coronary heart disease in London.⁸⁴
- The WHO estimates that by eating five portions of fruit and vegetables a day deaths from diseases such as coronary heart disease could be reduced by up to 20 per cent.⁸⁵
- The highest income households in London consume 2.5 times more fruit and vegetables than the lowest income households. The high fruit and vegetable consumption of some ethnic groups in London (e.g. Chinese men and women) hides the very poor diet of other groups, such as the Bangladeshi and Irish communities.⁸⁶

- The elderly in London are particularly vulnerable to under-nutrition, with 40 per cent of admittances to hospital aged 65 years or older being qualified as undernourished, while 12 per cent of those living in the community and 20 per cent in care homes are at risk of under-nutrition.⁸⁷

Key obesity facts:⁸⁸

- Obesity is becoming more of a problem in the UK.
- Obesity rates are rising rapidly in children and adults, increasing in adults by a third from 1994-96 to 2000-02. London's children and young people have higher levels of obesity than any other region in England.
- Although fewer Londoners are obese or overweight than the England average, almost three-fifths of men and half of women in London are overweight or obese.
- In 2003, obesity caused about 4,000 deaths in London, seven per cent of all London deaths, including 600 from heart attacks, 450 from stroke and over 300 from cancers.
- Obesity was also implicated in approximately 2,700 hospital admissions of Londoners for cancer, 2,500 for angina or heart attack, 2,400 for diabetes, and 1,300 admissions for stroke or raised blood pressure in 2002/03.

Access to food issues for DPDs to address:

- Do planning policies and proposals promote improved access to fresh food?
- Does the development plan allow for allotments, city farms, gardens and healthy living centres?
- Is good agricultural land safeguarded from development?
- Do planning policies and proposals avoid where possible centralisation of shopping and provision of large supermarkets to promote healthy town centres?
- Are local farmers' markets promoted by provision of potential pitches?
- Are there opportunities to address the poor accessibility of fresh food within 'food deserts'?
- Are recycling and composting facilities provided in new and existing developments?

Healthy outcomes:

Reduced food miles; Increased levels of healthy and balanced diets;
Reduced waste through encouragement of recycling and composting;
Improved environment.

The London Food Strategy

The food industry impacts upon every aspect of Londoner's lives, whether economic, social or environmental. The London Food Strategy (launched in May 2006) supports the Mayor's vision of a world-class sustainable food system for London by 2016. Key actions for the Food Strategy include:

- Ensuring commercial vibrancy: Better targeted business support, including training, aimed to support farmers, specialist food manufacturers, specialist markets, distribution partnerships and a diversity of food 'clusters', as well as promoting tourism, London's retail offer and London's food culture.
- Securing consumer engagement: Programmes of awareness raising, education, skills and other support, particularly in terms of health, to enable all Londoners both to understand food issues and to be able to act accordingly.
- Levering the power of procurement: A range of actions to support and encourage both public and private sector organisations to incorporate sustainability within their food procurement decisions.
- Developing regional links: Developing brokerage and support systems to enable producers in and around London to understand and access the opportunities of the London market.
- Delivering healthy schools: A range of actions with both short and long term benefits, involving improvement to school meals, training and equipment for cooks, and education and cooking skills for pupils.
- Reducing waste: A range of initiatives to bolster London's efforts to tackle its food-related waste problems, for both households and commercial and public organisations, around reducing food and packaging wastage and increasing composting.

SIGNPOST: London Food Strategy, London Food and London Development Agency, 2006
www.lda.gov.uk/upload/pdf/LDA_Food_strategy.pdf

SIGNPOST: Five fruit and vegetables a day campaign, DoH
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/FiveADay/fs/en

SIGNPOST: Poverty Eradication Bill
<http://www.publications.parliament.uk/pa/cm200102/cmbills/069/2002069.pdf>

Gardens and allotments

Allotments provide considerable areas of wildlife habitat, particularly in the increasing proportion that are managed organically or with minimal use of pesticides. They are particularly important in areas where many people do not have access to a private garden and for helping to bring communities closer together. Gardening and growing one's own food provides very important contact with nature, and can also involve the expression and celebration of Londoners diverse cultural origins through, for example, growing some of the ingredients for traditional cuisine, which can be hard to source in this country.⁸⁹

The importance of allotments as an integral part of a sustainable London will become greater as housing densities increase significantly in some parts of the capital. The role of allotments for growing food particularly contributes to the sustainability agenda. It is important to ensure that appropriate, uncontaminated land is used for this. These, too, can include important wildlife habitat such as ponds, hedges and rough grass. There are many ways in which gardeners and allotment holders can improve their sites as wildlife habitat without damaging their horticultural, aesthetic and recreational value and their use to provide locally sourced food for communities should be encouraged.

Healthy town centres

Healthy town centres have a huge role to play in improving access to fresh food. With a mixture of uses, including residential, employment, libraries, primary health care centres, educational establishments, bars, restaurants, cinemas and other leisure activities, they offer attractive focal points for their surrounding communities. Town centres are also more sustainable than out of centre shopping developments, which generate significant traffic volumes but tend to be inaccessible for many people, particularly Londoners without access to private transport.

The existence of thriving local convenience shopping is important, especially for less mobile people and those on low incomes who may experience difficulties in accessing fresh food. These shops need to be supplemented by retail provision of fresh, affordable food such as greengrocers and butchers shops to encourage healthy diets.

Local retail strategies, developed in partnership between communities, the retail industry and local authorities, can identify areas deficient in essential retail facilities and establish the means by which to stimulate investment. Coordinated planning and other interventions may be required to retain facilities, such as corner shops or small parades in estates that provide an essential social service but are on the margins of

economic viability. Improvements in e-infrastructure are required to enable access for all communities to internet facilities and services.

Food and Health Action Plan

The government has developed a food and health action plan to encourage and coordinate the action of a range of organisations to improve nutrition and health and to reduce health inequalities.⁹⁰ The plan addresses the difficulties of those individuals and households that have limited money for food and live in areas where food choice is restricted by local availability and lack of transport to large supermarkets. Making it easier for people, particularly for those without the use of a car, to access affordable and healthy food is also crucial in promoting healthy eating. DfT and DH have issued guidance on accessibility planning which sets out the main objectives for improving access to key services, including food shopping, and encourages those involved with delivering health improvements to work with local transport authorities on producing accessibility strategies for their area.⁹¹

SIGNPOST: Food and Health Action Plan, DoH, 2003
www.dh.gov.uk/assetRoot/04/06/58/34/04065834.pdf

Policy into practice

Cast study: Ealing's Food Matters Strategy

Food matters in Ealing because the borough has a large and diverse population with a wide range of health problems related to food. The Ealing, Hammersmith and Hounslow (EHH) Public Health Report (2001), indicates that the rate of chronic conditions such as coronary heart disease (CHD) are falling less rapidly than the national rate.

The aim of Ealing's Food Matters Strategy is to raise awareness of the importance of food in and to plan how health and welfare can be improved. It intends to enable people from all walks of life, to make responsible and informed choices about what they eat. The Ealing Food Matters Strategy is a pioneering approach based on working together with partners in the council, the primary care trust and the community and voluntary sectors to raise awareness of issues that involve food. For more information or to request a paper copy contact foodmatters@ealing.gov.uk or www.ealing.gov.uk/services/council/strategies_and_policies/food_matters_strategy/index.html

Case Study: Newham Food Access Partnership - Building healthy communities in the London borough of Newham

The Newham Food Access Partnership (NFAP) is a borough-wide umbrella group/forum for providers and advocates of food access projects. The partnership consists of twenty-two members, and they include statutory, voluntary and community groups. NFAP seeks to alleviate food poverty and improve the health and, welfare and prospects of all residents of the London borough of Newham. NFAP aims to:

- Promote and encourage healthy eating
- Increase consumption of fresh fruit and vegetables to families on low-incomes
- Supply quality fresh fruit and vegetables to communities in deprived areas at affordable prices
- Improve access to fresh fruit and vegetables in areas that are classified as 'food deserts' (areas with limited access to shops.)
- Expand and develop food access projects in schools
- Raise awareness of healthy eating message (in particular the 5-a-day initiative)
- Increase knowledge and skills concerning the buying and preparation of fruit and vegetables.

www.nfap.org.uk/

'The Right to a Healthy Diet' produced by a London charity, Aston-Mansfield, for NFAP explores the difficulties associated with accessing good quality fresh fruit and vegetables at affordable prices in the London borough of Newham and offers positive solutions.

www.nfap.org.uk/Right_to_a_healthy_diet.pdf

3.12 Climate change

The Mayor is committed to tackling both the causes and effects of climate change and it is a priority in the first review of the London Plan. In June 2005 the Mayor established the London Climate Change Agency, which is a driving force in reducing emissions in London and plays a key role in delivering the health agenda.

The evidence suggests that climate change will mean warmer, wetter winters and hotter, drier summers. On top of these changes will be an increase in the frequency and intensity of extreme weather such as heat waves, storms and tidal surges. These climatic changes will alter the patterns of morbidity and mortality in the population. There will be increased mortality from heat stress, but there may also be a reduction in cold-related deaths.⁹² Higher temperatures will exacerbate air pollution particularly in urban areas, and water shortages due to decreased groundwater supplies may become more common.

London Plan Policy 4A.15 Climate Change

Key climate change issues:⁹³

- By the 2050s winters will become warmer by 1 to 2°C and wetter by between 10 to 20 per cent. Summers will be 1.5 to 3.5°C and 20 to 40 per cent drier.
- By the 2080s winters will be up to 30 per cent wetter and up to 3.5°C warmer. Heavy winter rainfall could occur twice as frequently. Summers will be as much as 5°C hotter and 50 per cent drier.
- By the 2080s daily maximum temperatures of 33°C, which currently occur about one day per summer in the South East, could occur ten days per summer (medium high emissions scenario).
- By the 2080s the number of storms crossing the UK each winter could increase from five (the 1961-90 average) to eight.
- Summer cloud cover may decrease by as much as 18 per cent by the 2050s and summer soil moisture may reduce by 50 per cent or more by the 2080s.
- Snowfall amounts will decrease by between 50 to 100 per cent by the 2080s.
- Relative sea level in the Thames Estuary will continue to rise by between 26 and 86cm by the 2080s and will rise further in the future.
- In central London, the urban heat island effect currently adds up to a further 5 to 6°C to summer night temperatures, and this will intensify in the future.
- Sea levels are predicted to rise by around 20 to 86 centimetres, meaning tidal flooding and surges will be experienced more frequently.

Climate change issues for DPDs to address:

- Do development proposals meet the overarching objective to ensure development is adapted/adaptable to the climate change it will experience over its design life?
- Do development proposals ensure that DPDs encourage developers to refer to the latest climate change predictions?
- Do development policies and proposals attempt to reduce the impacts of climate change by:
 - Adapting existing buildings to cope with climate change?
 - Promoting the planting of trees, particularly street trees and the use of vegetated walls and living roofs?
 - Promoting sustainable design and construction principles in all developments?
- Do development proposals take into account how climate change could affect London's existing and planned infrastructure e.g. road, rail, airports, telecommunications, power lines, dams, water and sewerage pipes and drainage systems?
- Are planning departments working with other departments to increasing awareness of climate change issues at a local level and to promote behaviour change in consumption?

In relation to **flooding**:

- Is care taken not to locate flood vulnerable developments (such as schools and hospitals) in high flood risk areas (please refer to tables D1 and D2 in PPS 25)?
- Are the sustainable drainage methods and green space in new developments encouraged in case of increased flood risk?
- Are emergency planners and spatial planners working together to ensure that flood risk is managed?
- Are emergency services able to be operational in a flood?

In relation to **overheating**:

- Are developments designed to remain comfortable in all but the most extreme hot weather?
- Are planners and social service providers liaising in relation with the National Heatwave Plan?

In relation to **water**:

- Are opportunities to ensure water efficiency undertaken?

Healthy outcomes:

Thermal comfort and safety; Increased ability of vulnerable groups to respond in case of emergency; Buildings that remain fit for purpose through climate change; Adaptation measures in buildings will address health issues arising from the urban heat island effect (particularly increased mortality in vulnerable groups; Reduced flood risk; Continued public service provision and access to health and social care facilities in extreme weather events.

Adapting to climate change

It is now accepted by the overwhelming majority of the world's scientists, as represented on the Intergovernmental Panel on Climate Change (IPCC)⁹⁴, that climate change is already happening and further change is inevitable. Over the last century, the average global surface temperature rose by around 0.7°C and global sea levels have risen 10-20cm over the past 100 years. The Further Alterations to the London Plan set targets for carbon reduction and identify the need to meet the challenge of climate change through planning for already inevitable changes (adaptation) and achieving substantial reductions in carbon dioxide emissions to limit further changes (mitigation).

Spatial planning can exercise limited influence on behaviour and on the use of existing buildings, but it will strongly influence the way in which new development responds to the need for mitigation and adaptation.⁹⁵ It can also work in partnership with emergency service providers to plan and test future responses to the challenges of climate change.

The new UK Sustainable Development Strategy Securing the Future⁹⁶ confirms that we need to adapt to better manage the future impacts of climate change on the environment, economy and society, while Part G of the Framework for Sustainable Development on the Government Estate, Estates Management and Construction⁹⁷ commits government departments to carrying out climate change assessments to adapt estates practices and policies in the face of a changing climate.

We are already experiencing human induced climate change in London, and however successful we are in slowing this process, even if we stopped using fossil fuels tomorrow there would still be further changes in the climate. We will therefore have to learn to live with some level of climate change. The Mayor is producing a Climate Change Adaptation Strategy (forthcoming) which identifies that climate change will increase five key risks to London that will impact on public health:

- Flooding and increased windstorms
- Overheating
- Water shortages
- Subsidence and heave
- Windstorms.

London's adaptation response to climate change should follow four points:

- new development and infrastructure should be located, designed and constructed to be sustainable for the climate that it will experience over its design life
- existing development should be adapted to be as sustainable as possible
- cultural and behavioural adaptation will be required
- emergency planning and public awareness raising is essential.

SIGNPOST: Mayor's Climate Change Adaptation Strategy, (Forthcoming 2007)
www.london.gov.uk/climatechangepartnership/index.jsp

SIGNPOST: Sustainable Design and Construction SPG, Mayor of London, (2006)
<http://www.oursouthwest.com/climate/archive/checklist-for-development-nov-2005.pdf>

SIGNPOST: London Climate Change Partnership's report 'Adapting to Climate Change, Lessons for London' July 2006
<http://www.london.gov.uk/climatechangepartnership/adapting-jul06.jsp>

SIGNPOST: Adapting to climate change: a checklist for development Guidance on designing developments in a changing climate. London Climate Change Partnership (2005)
<http://www.oursouthwest.com/climate/archive/checklist-for-development-nov-2005.pdf>

Flooding and increased windstorms

London is vulnerable to flooding from five sources - tidal, fluvial, surface water, sewer and groundwater. The probability of flooding from all sources (except groundwater) will increase under climate change due to rising sea

levels, increasing tidal surges and more intense, heavier rainfall. In parallel, London's growth will increase the consequence of flooding events as more people and more assets will be within the flood zones. It is important that new flood sensitive development - especially health and social infrastructure - is located away from areas of high flood risk and that flood risk to new and existing development is managed through emergency planning, public awareness and flood resilience measures.

Flooding affects health, both directly through drowning, stress, post incident depression, contamination from sewage, and indirectly from the need to re-house people and businesses whilst the physical flood damage is repaired.

Overheating

Climate change will cause average summer temperatures to increase by up to 3.5°C by the 2050's, as well as a tenfold increase in the frequency of very hot weather, such as heat waves. In addition, London generates an urban heat island effect that means night temperatures in the city centre can be up to 8°C warmer than the greenbelt. This is beneficial in the winter, as it reduces heating demand and hence winter fuel poverty, but it may add to the heat stress during hot weather. It should be noted that weather that generates the strongest heat island intensity is also associated with poor air quality (e.g. ozone and PM10).

Heat places additional stress on the body, worsening pre-existing conditions, particularly chronic respiratory or cardiovascular disease. Other vulnerability factors include age (the very young and the old), gender (women are more sensitive than men), use of certain drugs, impaired cognition and mobility. In addition, social conditions also have an effect - overcrowding, poor quality housing, poor access to cool spaces and lack of clean secure ventilation all increase vulnerability.

SIGNPOST: What to do in case of a heatwave, DoH, 2006

www.dh.gov.uk/AboutUs/MinistersAndDepartmentLeaders/ChiefMedicalOfficer/Features/FeaturesArticle/fs/en?CONTENT_ID=4135398&chk=PXaynf

SIGNPOST: National Heatwave Plan, Health Protection Agency, 2006

www.dh.gov.uk/AboutUs/MinistersAndDepartmentLeaders/ChiefMedicalOfficer/Features/FeaturesArticle/fs/en?CONTENT_ID=4135398&chk=PXaynf

Water shortages

Londoners consume more water per capita than the rest of the UK whilst having less available water resources than Cairo or Tel Aviv. Climate change will increase the demand for water in summer, whilst reducing its availability. Droughts may therefore become more frequent resulting in restrictions for non-essential uses. Increased winter storage may reduce the impact of droughts, but only greater water efficiency will provide a long-term solution. The Mayor is producing a Water Strategy to address water shortage issues in the future (see Section 3.8: Air, water and noise quality).

Dehydration is a serious health risk and is rapidly debilitating. The risk of dehydration due to water conservation measures is low, as water companies have undertaken not to cut off mains supply during a drought to consumers who cannot afford to pay. Maintaining the quality of water during times of shortage is important in health terms.

The Mayor's Water Strategy will ensure efficient use of water resources in the future.

SIGNPOST: Draft Water Strategy, Mayor of London, March 2007
<http://www.london.gov.uk/mayor/environment/water/index.jsp>

Waste

In the warmer climate, decaying waste will smell more and issues may arise with infestation. Consideration is needed on where to store waste so that it does not detract from quality of life. This needs to be done together with consideration of separation of waste to enable effective recycling.

Checklist for development

The London Climate Change Partnership has produced, in partnership with the South East Climate Change Partnership and the East of England Sustainable Development Round Table, a checklist for development. This argues for the principle that 'developments should be designed to be adapted to the changing climate throughout their lifetime' and is designed to highlight to developers, their design teams, architects, investors, as well as policy makers, the need for developments to be climate proofed, at the outset. The guidance covers water re-use and efficiency, reducing flood risk, avoiding overheating and minimising damage from subsidence and heave.

The Mayor has produced a Climate Change Action Plan that sets out a series of measures:

- to fundamentally change the way London is supplied with energy
- to encourage and enable Londoners and businesses to use energy more efficiently
- to sustain London as a world-leader in sustainable transport and
- to ensure that new development in our growing city is of the highest environmental standards - fit for a very different future.

SIGNPOST: Climate Change Action Plan, Mayor of London, Forthcoming 2007
www.london.gov.uk/climatechangepartnership/docs

SIGNPOST: Adapting to climate change: a checklist for development: Guidance on designing developments in a changing climate, Climate Change Partnership, 2005
www.london.gov.uk/climatechangepartnership/docs/adapting_to_climate_change.pdf

London's Zero-Carbon Development Initiative

The Mayor of London and the LDA are planning to develop an area of the Thames Gateway in London, which will be based upon the lines of the zero-carbon development of Dongtan in China. The planned development at Gallions Park will make an important contribution to reducing the adverse social, environmental and economic effects associated with carbon-intensive growth by providing an exemplar type of development that reduces CO₂ emissions and secures wider health benefits. Further information on this development will be released shortly.

SIGNPOST: Investing London's Low Carbon Future, London Energy Partnership, 2006
<http://www.london.gov.uk/mayor/environment/energy/partnership-steering-group/docs/green-fund-summary.pdf>

SIGNPOST: Towards Zero Carbon Developments: Supportive Information for Boroughs, London Energy Partnership, 2006
http://www.london.gov.uk/mayor/environment/energy/partnership-steering-group/LEP_towards_zero_carbon_developments.pdf

Policy into practice

Case Study: Green Camden

Camden has introduced a range of schemes to encourage local residents to 'live, work, travel and shop in a more environmentally and socially responsible way'

www.camden.gov.uk/ccm/themes/green-camden/

Camden's Green Building Guide

This guide is aimed to help put into practice ideas and approaches to renovating homes and work places in an environmentally friendly way. It suggests a number of issues to consider so that the environmental impact of building work is reduced.

Topics include: renewing your boiler, buying appliances, changing a light bulb and even buying a new home or premises. It sets out the reasons for doing it and includes a checklist illustrating the opportunities for incorporating many of the issues in this guide, such as what materials to use, insulation and saving water.

www.camden.gov.uk/ccm/content/environment/planning-and-built-environment/sustainable-planning/green-buildings-guide---introduction.en

Part 4: Integrating health and planning

The issue of integrating health and strategic development planning is an important one if London is to continue to work towards its aim of becoming a world-class and exemplar sustainable city. The health dimensions of spatial planning in practice are not at present generally well developed in London. Similarly, planning strategies and policies often do not take sufficient account of the capacity of health service facilities and of the social infrastructure required in regeneration and redevelopment proposals.

This chapter sets out some of the innovative work that has been carried out in these areas including the use of spatial analysis to plan for provision of healthcare and the creation of healthy development plans for cities. This work makes a valuable contribution to meeting the health objectives set out below in the London Plan policy 3A.17 and can be viewed as ‘best practice’.

London Plan Policy 3A.17 Health objectives

LDD policies should promote the objectives of the NHS Plan, local delivery plans and modernisation programmes and the organisation and delivery of health care in the borough. This should be in partnership with the strategic health authorities, primary care trusts and local strategic partnerships and with voluntary and community organisations involved in delivering health services.

4.1 Drivers of change in health and planning

With the simultaneous modernisation of the NHS⁹⁸ and the implementation of the new planning system - which involves the development of local development frameworks - there is now huge potential to tackle the health inequalities that are so spatially evident throughout London. Local strategic partnerships in particular, will be an important mechanism to better meet the health needs and improve delivery of services at both strategic and local levels.

The new requirements for DPDs to undertake a sustainability appraisal (SA) and strategic environmental assessment (SEA) provide a good opportunity to identify these links between health and planning. As part of the Further Alterations to the London Plan, the London Health Commission and the London Sustainable Development Commission are working with the GLA to develop a methodology for SAs and SEAs that will also integrate the HIA requirements and are now applying integrated appraisal methods to some new Mayoral strategies.

There have been four main drivers of change, which make the integration of health and urban planning, not only necessary, but also potentially much easier. These include:

- The introduction of the Sustainable Communities agenda by the ODPM in 2003 - with a focus on social and economic neighbourhood renewal
- A new community-responsive planning system which focuses on the social, economic and environmental implications of land-use decisions since the introduction of the Planning and Compulsory Purchase Act 2004 (see Appendix B for more information the planning and legislative framework)
- The move towards one single Strategic Health Authority for London and
- NHS reforms, moving towards more community-based models of health and social care.

All of these changes are especially relevant in the context of predicted growth in London. Projections indicate that London's population will grow to 8.3 to 8.6 million people by 2025/6.⁹⁹ As a result of this there will be a considerable increase in demand for health care. This growth will also result in a change in the demographic profiles of populations across London, affecting the nature of health and social care demand.

Sustainable communities

Health and wellbeing are critical to ensuring the sustainability of communities. Overall, sustainable communities are:

- Active, inclusive and safe
- Well run
- Environmentally sensitive
- Well designed and built
- Well connected
- Thriving
- Well served
- Fair for everyone.

Regeneration can be a powerful tool to address health inequalities at a local level, by tackling some of the root causes of ill health and inequalities as described in Part 3 of this document (Focusing on tackling health inequalities) such as employment, training opportunities and better housing. However, regeneration can also offer opportunities to deliver health services in new ways, through the development of new primary care centres linked to other community facilities.

Since the introduction of the Sustainable Communities agenda government policy has recognised the need to address health inequalities at a pan-government level.¹⁰⁰ A number of agencies have been working to deliver the objectives of the Sustainable Communities Plan, including government offices, the NHS and the Neighbourhood Renewal Unit. The Mayor will also be preparing a Health Inequalities Strategy for London in 2007 to address this issue.

The Neighbourhood Renewal Unit

Neighbourhood management is a new approach to improving public services, building community capacity and promoting renewal in deprived areas. The approach was identified in 2000 by the government's Social Exclusion Unit as a potentially valuable tool to enable deprived communities and local services to improve local outcomes, by improving and joining up local services, and making them more responsive to local needs.

To test the effectiveness of neighbourhood management a national pathfinder programme was established by ODPM in 2001 to test out the potential of neighbourhood management programmes, and 35 pathfinders are now in operation. There has also been growing interest among policymakers in its potential to promote neighbourhood working, and the number of initiatives has been growing rapidly in recent years, with over 250 neighbourhoods now employing it in some form in England'. 'Neighbourhood management - at the turning point?' concludes that the 35 neighbourhood management pathfinders are a 'valuable tool' in regenerating deprived areas, recommending that the model should be rolled out more widely.

SIGNPOST: Neighbourhood management - at the turning point?
ODPM, 2006
www.neighbourhood.gov.uk/publications.asp?did=1728

Community strategies and local strategic partnerships

To be effective, it is important that regeneration empowers local communities and agencies to work together to address health inequalities in their areas. The linkages between sustainable community strategies and local development frameworks (LDFs) are a good way to achieve this, as LDFs should describe the elements of the sustainable community strategy that relate to the development and use of land and can take health considerations into account.

The core policies in the LDF take into consideration other policies that are relevant to the community strategy, including education, health, waste, biodiversity and environmental protection and they are implemented through the creation of local area agreements and area action plans, which are influenced by the local strategic partnership.

Local strategic partnerships (LSPs) are single non-statutory, multi-agency bodies, which match local authority boundaries, and aim to bring together at a local level the different parts of the public, private, community and voluntary sectors. They have a remit to bring about change in delivery of key services. Lack of joint working at local level has been one of the key reasons for lack of progress in delivering sustainable economic, social and physical regeneration, or improved public services, that meets the needs of local people. A combination of organisations, and the community, working co-operatively as part of an LSP will have a far greater chance of success.

LSPs are key to tackling deep seated, multi-faceted problems, requiring a range of responses from different bodies, as local partners working through a LSP will be expected to take many of the major decisions about priorities for their local area. Because of this they are central to the delivery of Neighbourhood Renewal projects.

A good example of an effective community strategy that addresses health as part of a sustainability agenda is Barnet's Sustainable Community Strategy, drawn up by its local strategic partnership. The key objective of the partnership is to improve the quality of life in Barnet by addressing important issues affecting those who live and work there, such as health, housing, community safety, transport and education.

SIGNPOST: Barnet: A first class suburb, A Sustainable Community Strategy 2006-2016, LB Barnet, 2006

Theme: Healthier Barnet

‘Our vision is that by 2016 the life expectancy of all residents, but particularly those living in what are currently Barnet’s deprived wards, will have increased.’

Ambition: People are supported to take responsibility for their own health

Key measures of success:

- Reduce differences in mortality rates for cancer, heart disease and stroke between the most and least deprived wards, in line with national targets
- Reduce adult smoking rates
- Reduce the number of adults with a diagnosed sexually transmitted disease.

Our targets against these key measures of success can be found in the separate Community Strategy Action Plan

www.barnet.gov.uk/sus-community-strategy-2006-2016.pdf

Further projects, lead officers, targets and timescales can be found in the separate Community Strategy Action Plan.

London Strategic Health Authority

The new London Strategic Health Authority for London - NHS London - was formed on 1 July 2006.¹⁰¹ NHS London is responsible for ensuring that the capital’s health services deliver world-class care by:

- developing and implementing the healthcare in London strategy
- holding local organisations (see below) to account for the quality of the care which they provide
- ensuring capacity through the development of the workforce, technology and buildings.

NHS London manages the performance of 31 primary care trusts, 25 acute trusts, nine mental health trusts and the London Ambulance Service. The ten foundation trusts³ in London have greater freedom to manage their own affairs and improve services. NHS London is also preparing a strategy, to be known as Healthcare For London: A Framework For Action, which aims to achieve better health, deliver improved care and better outcomes

³ NHS Foundation Trusts are often referred to as ‘foundation hospitals’. They are a new type of organisation, created under the Health and Social Care (Community Health and Standards) Act 2003. NHS Foundation Trusts remain part of the NHS but have been set free from central government control.

and to strengthen London's global competitiveness in health science research. The strategy is driven by acceptance that:

- Medicine has changed, and will change more, and London's health services have not kept pace with these changes.
- As a result health and healthcare in London is not as good as it could be.
- London's world-class reputation in health science research is in jeopardy if it does not change.

Consultation and involvement in the strategy will include patients, the public, MPs, the Mayor of London, the Greater London Authority, London Councils, user organisations and academic institutions.

SIGNPOST: NHS London
<http://www.london.nhs.uk/>

Changing models of health and social care in the NHS

The 'Our health, our care, our say: A new direction for community services' White Paper (January 2006) has signalled a strategic shift in the way that health and social care is delivered through the NHS. It confirms the vision set out in the Green Paper 'Independence, well-being and choice'. Fundamental changes are now taking place in health model of care with services migrating from acute facilities to primary and community settings. The main focus in this new model is on better prevention services and earlier intervention, giving people more choice and a louder voice in how they access primary care, reducing inequalities in accessing community services and providing more support for people with long-term needs.

In practical terms, these changes will mean that:

- There will be more new GP surgeries, especially in areas where few now exist.
- There will be a growing number of GPs with Special Interests, offering specialist care.
- There will be more NHS Walk-in Centres and better access to out-of-hours, mental health, sexual health and other services, such as physiotherapy.
- New, modern NHS community hospitals will be built over the next five years, providing diagnostic services, day surgery, specialist clinics,

social services and outpatient facilities that are closer to people's homes and workplaces.

- There will also be more innovative schemes that take consultants out to community-based centres.

These changes in delivery will have practical implications for planning and boroughs will need to be aware of proposed developments and work with the NHS to ensure services are located in a way that meets local demand. The White Paper also sets out a commitment to improve joint working between health and social care

The implementation document 'Our health, our care, our say: Making it happen' provides an update on progress on implementation of the White Paper and sets out the next stages for delivery. It includes a road map to implementation and is a resource to support key actions for local implementation.

SIGNPOST: Our health, our care, our say: a new direction for community services, DoH, January 2006
http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay/OurHealthOurCareOurSayArticle/fs/en?CONTENT_ID=4127375&chk=Eq%2BTr5

'Our health, our care, our say: Making it happen', DoH, October 2006
<http://www.dh.gov.uk/assetRoot/04/14/00/65/04140065.pdf>

4.2 Improving engagement between health and planning

A vital part of integrating health and planning is the process of engagement between healthcare organisations and planning authorities. The 'Our health, our care, our say: A new direction for community services' White Paper notes that to deliver improved health care there will need to be greater integration and alignment between health and planning in terms of:

- joint outcomes framework (building on the seven outcomes identified in 'Independence, wellbeing and choice')
- aligning performance assessment regimes
- making greater use of Local Area Agreements (LAAs) to support planning across local services and
- aligning local authority and NHS budget and planning cycles.

The barriers to engagement must be overcome if planning and health authorities are to work together effectively to deliver the required health services and continue to reduce health inequalities as the population of London increases.

The HUDU Engagement Toolkit

The NHS Healthy Urban Development Unit (see Section 4.3 for more detailed information on the work of HUDU) has developed a toolkit for promoting engagement between primary care trusts (PCTs) and local authorities in the context of London's growth. It points out the need for a joint agenda and an integrated approach to health service planning if health needs are to be effectively met within the context of sustainable development. If engagement is not achieved, it is likely that opportunities will be missed and difficulties will arise for PCTs and local planning authorities in achieving their aims.

Local planning authorities will need to consider how to integrate health outcomes in their approach to strategy development and service delivery, while PCTs will need to become more effective at influencing both the urban planning agenda and decisions to ensure development improves health and to secure assistance with delivery of health care. PCT input can help local authorities ensure they are meeting their statutory obligations in relation to planning and the wider community wellbeing agenda. It can also make a substantial contribution to ensuring that local development frameworks meet the test of sustainability and soundness.

In light of this, health and urban planning professionals now find themselves needing to understand and relate to each other's sectors, plans and decisions in order to achieve strategies and plans that are truly integrated at the spatial strategic, delivery and organisational levels.

The NHS London Healthy Urban Development Unit, London Health and Urban Planning Engagement Toolkit: Improving health through urban planning engagement (February 2007) provides more detailed information on how to achieve structural alignment between local authorities and PCTs and is available on the HUDU website.

SIGNPOST: The HUDU London Health and Urban Planning Engagement Toolkit: Improving health through urban planning engagement (February 2007) is available at:
http://www.healthyurbandevelopment.nhs.uk/pages/improving_engagement/Intro_improving_engagement.htm

4.3 Delivering healthcare facilities - the NHS response

The NHS is an important partner to consider in the planning process as it is a major service provider, employer and landowner and should be actively involved in planning responses to growth proposals set out for London.

Understanding health service planning

Health service planning now operates on a three-year cycle, accompanied by resource allocations for the same three-year period. Local delivery plans (LDPs) reflect the priorities and planning framework improvement expansion and reform. These LDPs are prepared by each trust and primary care trust and then consolidated and signed off by the respective strategic health authority.

Strategic Service Development Plans (SSDPs)

Strategic service delivery plans (SSDPs) are social and healthcare service strategies that prioritise specific areas of healthcare need through joint planning by all healthcare providers. This approach ensures the development of an improved social and healthcare infrastructure for the future and facilitates the delivery of improved premises for local people and staff. The SSDP is also an integral part of the business-case process to support investment appraisal, assessment and procurement in identified new health and social infrastructure needs.

From the needs identified in a SSDP, the NHS Local Improvement Finance Trust (LIFT) scheme is a vehicle for delivering the new facilities and the financial support required. NHS LIFT is a vehicle for improving and developing frontline primary and community care facilities by allowing PCTs to invest in new premises in new locations, not merely reproduce existing types of service. It is providing patients with modern integrated health services in high quality, fit for purpose primary care premises.

LIFT sites are areas that have been encouraged to take an integrated approach to planning, bringing together all relevant premises requirements, based upon local service investments and the implementation of national priorities.

Investment in primary health and social care facilities, particularly in inner city areas, is a key government priority - it is clear that new buildings are required to provide people with modern integrated primary care services. New, modern services will require flexibility and joint planning with agencies responsible for other elements of social infrastructure to ensure coordinated services that are delivered in a timely way.

SIGNPOST: For more information on SSDPs and LIFT
www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT/AboutNHSLIFT/fs/en?CONTENT_ID=4000519&chk=D3TGGB

SIGNPOST: Good Corporate Citizenship in NHS, Sustainable Development Commission
<http://www.corporatecitizen.nhs.uk/>

Health service assessments

Health service assessments outline future requirements for the provision of health services in the Thames Gateway as well as the opportunities that exist to improve the health and quality of life for those existing communities in east London.

The population growth envisaged in the Thames Gateway area presents a significant challenge to the NHS but also offers a once in a lifetime opportunity to narrow the health gap between east London and the rest of the United Kingdom, and to achieve a step change in the way health care is delivered by focusing on smaller areas known as 'zones of change'. Below are two examples of strategic and local health services assessments by the NHS for the Thames Gateway.

Case Study: London Thames Gateway - Health Service Assessment 2003-2016

North East London Strategic Health Authority and South East London Strategic Health Authority have jointly prepared a Health Services Assessment for the Thames Gateway, which forms part of the London Thames Gateway Development and Investment Framework. It outlines future requirements for the provision of health services as well as the opportunities that exist to improve the health and quality of life for those living in existing communities in east London as part of the regeneration of the Thames Gateway area. It also provides broad estimates of the additional amounts of money that would be required to build and run the new services and train staff.

The focus of this strategic health services assessment is on the six zones of change, which are identified through the area development frameworks (ADFs) - the documents set out the proposed development pattern and detailed investment programme for each zone of change. These zones of change are closely linked to the local area action plans and encourage the linking of funding and joint targets to deliver services more effectively.

This project was followed up by a series of local assessments covering all PCTs within the Thames Gateway area.

www.nelondon.nhs.uk/thamesgateway/downloads/thamesgatewayfinalreport.pdf

Case Study: Barking and Dagenham PCT Health Services Assessment

This assessment follows on from the London Thames Gateway Health Services Assessment Stage 1 Final Report (October 2003), which emphasised that investment in housing, jobs, education and the environment in the Thames Gateway area would improve people's health as much as health services alone. However, while the strategic stage 1 assessment set out needs at the level of north east London as a whole and focused on those primary care trusts (PCTs) expected to see the greatest population growth, there are differences between the individual boroughs in north east London with regard to the expected amount of housing and population growth predicted. Therefore, more detailed work was needed at the local borough level to develop firm health service plans to address the existing health needs and deficiencies in current health service provision.

The rise in housing and population is expected to increase the proportion of children, adolescents and younger adults in Barking and Dagenham. In turn, this would lead to an increase in demand for services such as maternity care, child and adolescent mental health services and sexual health services. Housing and population growth will influence the overall amount of healthcare needed and the requirements for specific age and (in some instances) ethnic groups. Coupled with this, government policies and local aspirations will affect service models and the balance between different types of services.

www.nelondon.nhs.uk/downloads/HealthAssessment/BarkingDagenham.pdf

Delivering integrated social infrastructure

Health is more often being considered as part of a range of factors that comprise the social infrastructure of an area. Effective delivery of social infrastructure is vital to address health inequalities and contribute to the sustainability of new development.

One of the methodologies that have been developed to address this issue is the social infrastructure framework (SIF) for the Thames Gateway area. It provides a mechanism to identify the social infrastructure required

alongside housing developments. It is a borough-led partnership process based on providing cost-effective and integrated solutions to service delivery and promoting socially mixed and cohesive communities that integrate new with existing neighbourhoods. Its success depends on cooperative partnership working and the active involvement of all stakeholders and local communities.

The social infrastructure framework maps out the projected requirements of key social service sectors within a defined area. The key service sectors are: education (early years/childcare, primary, secondary); health and social care; recreation and leisure services; and emergency and essential services. It also includes a common methodology for developing localised social frameworks for the Thames Gateway, which has been tested in six locations across the Thames Gateway, resulting in six local level social frameworks.

The SIF is also informed by existing planning policy documents including the: London Plan; East London Sub Regional Development Framework; London Thames Gateway Development and Investment Framework; Local Development Frameworks and Area Action Plans. The resulting local level social frameworks should be fully integrated with design-led physical master plans to ensure delivery.

Case Study: Thames Gateway: Social Infrastructure Framework

In January 2005, the Office of the Deputy Prime Minister approved funding for the London Thames Gateway Social Infrastructure Framework (SIF) Project. The key aim of this Project is to identify the social infrastructure required to support the London Thames Gateway development agenda to assist in the creation of healthy sustainable communities in the Thames Gateway.

Recognising that community well-being requires a wide range of services and facilities to be properly planned and incorporated in the growth plans, the SIF addresses four broad social 'sectors', namely:

- education (early years/childcare, primary, secondary)
- health and social care
- recreation and leisure services, and
- emergency and essential services.

The Pilot - A Spatial Approach

Tower Hamlets is a good example of a borough that has integrated health and urban planning. This is partly because the borough has managed to achieve good integration between the community strategy, the LDF, the SSDP and the LAA. The city fringe area of the

borough was then chosen to take forward work that had already been undertaken as part of the area action plan and set out a more detailed picture of the area's infrastructure needs. This enabled the identification of demand 'hot spots' that will require the attention of service deliverers.

This was done through the analysis of spatial representations of current facilities in the area, compared against calculated requirement needs. Given that there is a great deal of demographic information plotted spatially which could be used to outline health inequalities in London, this is an approach that could be adopted more frequently in the planning of healthcare provision.

The project provides the opportunity to identify and develop a series of best practice models for integrated social facilities delivery and operation. It is also an excellent example of joint working across several agencies and partners. The project management group includes representatives from Communities and Local Government, Thames Gateway London Partnership, London Development Agency, London borough of Barking and Dagenham, North East London Strategic Health Authority, London Thames Gateway Development Corporation, and the NHS London Healthy Urban Development Unit (HUDU). HUDU is providing the overall project management role.

The project will come to an end in March and findings will be disseminated through the HUDU website.

www.healthyurbandevelopment.nhs.uk/documents/events_and_news/051116/051116_Thames_Gateway_Handout_Final_2.pdf

London Healthy Urban Development Unit (HUDU)

The aim of the NHS London Healthy Urban Development Unit (HUDU), launched in February 2004, is to significantly improve the health of Londoners by helping to create sustainable and healthy communities across the capital. It provides a useful resource for primary care trusts, strategic health authority, the GLA and boroughs in facilitating an effective response to development proposals and planning policy documents to ensure the provision of health services for communities and improved public health outcomes.

The unit actively tries to ensure that health facilities are integrated into the planning of new developments across London, including Stratford City, Croydon Gateway, and the Thames Gateway through mechanisms such as negotiating S106 planning obligations for health.

The HUDU Section 106 Model is a computer spreadsheet that calculates the required health facilities needed by the likely occupants of a housing development proposal. It works out the requirements of the new population in terms of primary care, acute care and mental health and assesses the likely revenue and capital costs to the local NHS. The HUDU model seeks to calculate the overall financial burden that is likely to fall on the PCT as a consequence of the proposed development. This information can then be used to influence the assessment of a planning application and secure funding for health services via Planning Obligation (otherwise known as Section 106) powers.

However, it should be noted that health will only be one of a number of Section 106 requirements, and it may often be the case that not enough support exists within the planning process to fund all of the likely health implication of new developments. In this case, the local authority, developers and local service providers will have to negotiate the most urgent priorities relating to the needs generated by the development.

The HUDU model has been used by some London local planning authorities and, since its launch in April 2005, has secured over £10 million for additional health services.

SIGNPOST: Further details of the HUDU Model are available at:
www.healthyurbandevelopment.nhs.uk/pages/s106_health_model/planning_contribution_tool_e.htm

4.4 Case studies in effective partnership working

Real, sustained improvement in health inequalities requires concerted action across agencies and interaction with other sectors. There are several examples of recent projects that have attempted to integrate health services planning with growth or regeneration plans, or which have attempted to set out a framework for the healthy development of a city. Good examples of these are set out below.

Case Study 1: Planning for Health in the London borough of Tower Hamlets

In Tower Hamlets, close working between the local authority and PCT has led to a high degree of integration between spatial planning and health service delivery. The council's 'Planning for Health' initiative seeks to ensure health resources will be available in the future to meet the needs of the borough's growing population and unique health patterns.

‘Planning for Health in Tower Hamlets’ is managed by the Development and Renewal Directorate (D&R) at the council and delivered with the Tower Hamlets primary care trust (PCT). It uses research to pinpoint exactly where there are health deficits, where future residential and commercial development is intended to take place and where work will be needed to minimise this increasing pressure on the health system.

The council has been able to secure new facilities for the local community using Section 106 processes and a joint health priority panel has been set up between the council and the PCT to prioritise how the money is spent to ensure the best possible outcome for the community.

This scheme was commended in the Mayor’s London Planning Awards 2006 in the Best Public Sector Planning Organisation category in recognition of the partnership approach between the council and the PCT.

SIGNPOST: Tower Hamlets Planning for Health

<http://www.towerhamlets.gov.uk/templates/news/detail.cfm?newsid=6818>

Case Study 2: The Greenwich Health Engagement Project

The Greenwich Teaching Primary care trust (GTPCT) recognised the need to engage in the planning system to address a range of pressures largely linked to significant population growth and change within the London Thames Gateway. However, its limited understanding and experience of the planning system and limited capacity were key barriers to engagement.

The GTPCT and NHS London Healthy Urban Development Unit (HUDU) developed the ‘active research’ approach to investigate the realities of engagement and then to share the learning with other PCTs across London. This approach has also helped to boost the capacity of the GTPCT to deal with immediate pressures. The Greenwich Health Engagement project was co-funded by the London Development Agency and GTPCT and involved contracting a town planner to work within the PCT from May 2005 to March 2006.

The town planner worked with the GTPCT to gain an understanding of the health service and its interests, identified the areas of the planning system it needed to engage with, made recommendations on what it should do to engage, and worked ‘hands on’ on a number of case studies to test the recommended approach.

The GTPCT has considered the recommendations from this project, and intends to develop its ongoing capacity to engage. The learning from this project has also contributed to the HUDU Health and Urban Planning Toolkit: Improving health through urban planning engagement February 2007 (see Section 4.2: Improving engagement between health and planning).

Case Study 3: Manchester Joint Health Unit

The Manchester Joint Health Unit was established in April 2002 and is funded by the three Manchester primary care trusts and Manchester City Council. It was set up in recognition of the fact that Manchester has some of the most challenging health problems in the country. The main aim of the unit is to co-ordinate efforts to reduce inequalities within the city, and between the city and the rest of the country.

Despite the best efforts of the NHS, the health gap between Manchester and the rest of the UK has continued to widen over the past 30 years. The unit intends to bring together all of the key players in public sector agencies and in the community and voluntary sector in order to harness activity on the ground and improve the health of local communities. The priorities of the unit are to coordinate action around four key themes:

- Tackling the major killers
- Healthy children and families
- Improving access
- Healthy neighbourhoods.

These priorities are in line with the government's framework for reducing health inequalities. The unit also aims to:

- support the health inequalities partnership for the city, one of the seven thematic partnerships under the umbrella of the local strategic partnership
- lead the production and development of a strategic health plan for Manchester
- develop an investment strategy for health for the use of external funds (e.g. New Opportunities Fund, Neighbourhood Renewal Fund)
- provide a dedicated health intelligence and research function to frontline staff from all sectors
- provide support to local authority health overview and scrutiny
- facilitate the Healthy Communities Improvement Partnership established to provide a public health practice exchange.

SIGNPOST: Manchester Joint Health Unit and the Manchester Strategic Health Plan

<http://www.manchester.gov.uk/health/jhu/>

<http://www.manchester.gov.uk/health/healthplan/contents.htm>

Case Study 4: The Glasgow Centre for Population Health

The Glasgow Centre for Population Health is a research and development centre. It works across the boundaries of research, policy, implementation and community life to shape a healthier future for Scotland. The centre brings people with different perspectives together to commit to fresh thinking and approaches to improve Glasgow's health through programmes which

- develop a better understanding of health in Glasgow
- evaluate the health impacts of local strategies, and
- will lead to new ways of enhancing population health in the 21st century.

The centre has a focus on the particular characteristics of Glasgow, including health inequalities but the approaches used and resulting learning will have implications for many cities and regions.

SIGNPOST: Glasgow Centre for Population Health

<http://www.gcph.co.uk/>

Case Study 5: Milton Keynes Health and Social Care

The Milton Keynes and South Midlands growth area has carried out some interesting work on addressing the health impact of the new urban developments from the start of the planning process, while encouraging a dialogue between health and social care on the one hand and urban planners and housing developers on the other. A checklist has been compiled by Ben Cave Associates with the active engagement of planners and developers. This and other related documents appear in the Signpost below:

SIGNPOST: MKSM Health and Social Care documents

The first element of the toolkit is the spatial planning checklist which has been developed to give health and social care planners an understanding of the spatial planning system and a sense of the most effective points and means by which to influence that system to ensure public health issues are fully considered.

Key elements Spatial Planning

Spatial Planning Checklist

Planning for access

Healthy Sustainable Communities: What works?

www.mksm.nhs.uk/PageAccess.aspx?PageId=385

Case Study 6: Healthy Urban Planning in Brighton

Brighton and Hove PCT is working to integrate health considerations into city urban planning processes, programmes and projects by:

- increasing awareness and creating a common understanding of the concept of healthy urban planning
- gaining local practical experience from the application of healthy urban planning principles and approaches and
- working towards mainstreaming healthy urban planning in Brighton and Hove.

A local healthy urban planning working group brings together city planners, transport planners and public health specialists to steer the development of healthy urban planning in the city. Planners are contributing to the city health development plan. This plan explains the links between city planning and health, and focuses on action to make the city a healthier place to live in. The Healthy City Manager participates in the local development framework partnership (a sub-group of the 2020 Community Partnership).

SIGNPOST: Brighton and Hove PCT: Healthy Lives Website

www.brightonhovecitypct.nhs.uk/healthylives/index.asp

Brighton and Hove: City Health Development Plan

Brighton and Hove is a member of the World Health Organisation Healthy Cities Project - which requires a high standard of strategic planning, partnership and political commitment to health improvement across the city. As part of this membership they are required to produce a city health development plan.

The plan produced is an excellent example of how a city's health is influenced by the conditions in which the residents live and the plan presents an overview of the success or failure of much of the work that is currently being carried out locally to improve health and tackle the broader determinants of health. The city health development plan makes recommendations for actions that would further improve health and reduce health inequalities and concludes with a framework for action across a variety of partnerships to ensure that city planning is influenced by, and has a positive influence on the health of local people.

The report is aimed in particular at those who are best placed to take action to improve health and reduce health inequalities within the city. This includes people who are policy and decision-makers, service developers and providers across all sectors within the city. It also has a focus on community involvement and inclusion. This report exemplifies the kind of approach that could be useful for tackling health inequalities and identifying areas where health and urban planning could be better integrated.

SIGNPOST: Health in a Healthy City: The Annual Report of the Director of Public Health 2005 and Brighton and Hove City Health Development Plan 2004/5

www.brightonhovecitypct.nhs.uk/healthylives/healthycity/profile/documents/AnnualPublicHealthReport20045.pdf

Appendix A: Functional linkages: Health in the London Plan

The health of Londoners

Health is a critical determinant of the quality of all our lives. A range of factors affect the health of Londoners and these are outlined in Table 4C.1 of the London Plan, which is duplicated below. Factors such as access to leisure facilities, fresh food or decent living conditions can all lead to healthier, longer lives. Planning decisions have the potential to influence these factors and the following table sets out the areas where there is a link to improving health.

The key London Plan Policies for health are:

London Plan Policy 3A.17 Health objectives

London Plan Policy 3A.18 Locations for healthcare

London Plan Policy 3A.19 Medical Excellence

London Plan Policy 3A.20 Health impacts

Other key London Plan Policies with health impacts are:

London Plan Policy 3A.5 Large residential developments

London Plan Policy 3A.7 Affordable housing targets

London Plan Policy 3A.8 Negotiating affordable housing in individual private residential and mixed-use schemes

London Plan Policy 3A.14 Addressing the needs of London's diverse population

London Plan Policy 3A.15 Protection and enhancement of social infrastructure and community

London Plan Policy 3B.1 Developing London's Economy

London Plan Policy 3B.12 Improving the skills and employment opportunities for Londoners

London Plan Policy 4A.15 Climate Change

London Plan Policy 6A.4 Priorities in planning obligations

Table A3.1 of the London Plan is reproduced below to show how policies relate to the cross cutting themes of health and equalities throughout the plan.

| Health | Social and economic factors (for example: poverty, employment, social exclusion) | Environmental factors (for example: air quality, housing, water quality) | Lifestyle factors (for example: diet, physical activity) | Access to services (for example: education, NHS, leisure, transport) | Equalities |
|---|---|---|---|---|-------------------|
| Policy 1.1 The Mayor's objectives | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 2A.1 Sustainability criteria | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 2A.2 Opportunity Areas | ✓ | ✓ | | ✓ | ✓ |
| Policy 2A.3 Areas for Intensification | ✓ | ✓ | | ✓ | ✓ |
| Policy 2A.4 Areas for Regeneration | ✓ | ✓ | | ✓ | ✓ |
| Policy 2A.5 Town centres | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 2A.6 Spatial strategy for suburbs | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3A.1 Increasing London's supply of housing | ✓ | ✓ | | | ✓ |
| Policy 3A.4 Housing choice | ✓ | ✓ | | | ✓ |
| Policy 3A.7 Affordable housing targets | ✓ | ✓ | | | ✓ |
| Policy 3A.9 Partnership approach and Sub-Regional Development Frameworks | ✓ | ✓ | | | ✓ |
| Policy 3A.10 Special needs and specialist housing | ✓ | ✓ | | | ✓ |
| Policy 3A.11 London's travellers and gypsies | ✓ | | | ✓ | ✓ |
| Policy 3A.13 Loss of hostels, staff accommodation and shared accommodation | ✓ | | | ✓ | ✓ |
| Policy 3A.14 Addressing the needs of London's diverse population | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3A.15 Protection and enhancement of social infrastructure and community facilities | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3A.16 The voluntary and community sector | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3A.17 Health objectives | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3A.18 Locations for health care | | | ✓ | ✓ | ✓ |
| Policy 3A.19 Medical excellence | | | ✓ | ✓ | |
| Policy 3A.20 Health impacts | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3A.23 Community strategies | ✓ | | ✓ | ✓ | ✓ |
| Policy 3A.24 Meeting floor targets | ✓ | | ✓ | ✓ | ✓ |
| Policy 3A.25 Social and economic impact assessments | ✓ | | | | ✓ |

| | | | | | |
|---|---|---|---|---|---|
| Policy 3A.26 Supporting neighbourhood plans | ✓ | | | ✓ | ✓ |
| Policy 3B.1 Developing London's economy | ✓ | | | | ✓ |
| Policy 3B.4 Mixed-use development | ✓ | | | ✓ | ✓ |
| Policy 3B.9 Creative industries | ✓ | | | | ✓ |
| Policy 3B.10 Tourism industry | ✓ | | | ✓ | ✓ |
| Policy 3B.12 Improving the skills and employment opportunities for Londoners | ✓ | | | ✓ | ✓ |
| Policy 3C.1 Integrating transport and development | ✓ | ✓ | | ✓ | ✓ |
| Policy 3C.2 Matching development to transport capacity | ✓ | ✓ | | | ✓ |
| Policy 3C.3 Sustainable transport in London | ✓ | ✓ | | | ✓ |
| Policy 3C.9 Increasing the capacity, quality and integration of public transport to meet London's needs | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3C.12 Improved Underground and DLR services | | | | ✓ | ✓ |
| Policy 3C.13 Enhanced bus priority, tram and bus transit schemes | | | | ✓ | ✓ |
| Policy 3C.16 Tackling congestion and reducing traffic | | ✓ | | ✓ | ✓ |
| Policy 3C.17 Allocation of street space | | ✓ | | | ✓ |
| Policy 3C.18 Local area transport treatments | | | | ✓ | ✓ |
| Policy 3C.19 Improving conditions for buses | | | | ✓ | ✓ |
| Policy 3C.20 Improving conditions for walking | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 3C.21 Improving conditions for cycling | | | ✓ | | ✓ |
| Policy 3C.22 Parking strategy | | ✓ | | | ✓ |
| Policy 3D.1 Supporting town centres | ✓ | ✓ | | ✓ | ✓ |
| Policy 3D.2 Town centre development | ✓ | ✓ | | ✓ | ✓ |
| Policy 3D.3 Maintaining and improving retail facilities | ✓ | | | ✓ | ✓ |
| Policy 3D.4 Development and promotion of arts and culture | | | ✓ | ✓ | ✓ |
| Policy 3D.5 Sports facilities | | | ✓ | ✓ | ✓ |
| Policy 3D.6 Visitors' accommodation and facilities | | | | ✓ | ✓ |

| | | | | | |
|--|---|---|---|---|---|
| Policy 3D.7 Realising the value of open space | ✓ | | | | ✓ |
| Policy 3D.10 Open space provision in UDPs | | ✓ | ✓ | ✓ | ✓ |
| Policy 3D.11 Open space strategies and audits | | ✓ | ✓ | ✓ | ✓ |
| Policy 3D.15 Burial space | | | | ✓ | ✓ |
| Policy 4A.6 Improving air quality | | ✓ | ✓ | | ✓ |
| Policy 4A.12 Water quality | | ✓ | | | |
| Policy 4A.14 Reducing noise | | ✓ | | | ✓ |
| Policy 4A.15 Climate change | | ✓ | | | ✓ |
| Policy 4A.17 Dealing with hazardous substances | | ✓ | | | ✓ |
| Policy 4B.1 Design principles for a compact city | ✓ | ✓ | | | ✓ |
| Policy 4B.4 Enhancing the quality of the public realm | ✓ | ✓ | | ✓ | ✓ |
| Policy 4B.5 Creating an inclusive environment | ✓ | | ✓ | ✓ | ✓ |
| Policy 4B.6 Sustainable design and construction | ✓ | ✓ | ✓ | ✓ | |
| Policy 4B.7 Respecting local context and communities | ✓ | | ✓ | ✓ | ✓ |
| Policy 4B.10 London's built heritage | | ✓ | | | ✓ |
| Policy 4B.11 Heritage conservation | | ✓ | | | ✓ |
| Policy 4C.1 The strategic importance of the Blue Ribbon Network | ✓ | ✓ | | | ✓ |
| Policy 4C.16 Increasing sport and leisure use on the Blue Ribbon Network | | | ✓ | ✓ | ✓ |
| Policy 4C.17 Increasing access alongside and to the Blue Ribbon Network | ✓ | ✓ | | ✓ | ✓ |
| Policy 4C.18 Supporting facilities and activities in the Blue Ribbon Network | | | | ✓ | ✓ |
| Policy 5A.1 Sub-Regional Development Frameworks | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 5B.1 The strategic priorities for Central London | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 5B.2 Development in the Central Activities Zone | ✓ | ✓ | | ✓ | ✓ |
| Policy 5B.3 Special Policy Areas | ✓ | ✓ | | ✓ | ✓ |
| Policy 5C.1 The strategic priorities for East London | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 5D.1 The strategic priorities for West London | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policy 5E.1 The strategic priorities | ✓ | ✓ | ✓ | ✓ | ✓ |

for North London

| | | | | | |
|--------------------------------------|---|---|---|---|---|
| Policy 5F.1 The strategic priorities | ✓ | ✓ | ✓ | ✓ | ✓ |
|--------------------------------------|---|---|---|---|---|

for South London

| | | | | | |
|--|---|---|--|--|---|
| Policy 6A.1 The Mayor's own powers and resources | ✓ | ✓ | | | ✓ |
|--|---|---|--|--|---|

| | | | | | |
|------------------------------------|---|---|--|---|---|
| Policy 6A.2 Working in partnership | ✓ | ✓ | | ✓ | ✓ |
|------------------------------------|---|---|--|---|---|

| | | | | | |
|--|---|---|--|---|---|
| Policy 6A.4 Priorities in planning obligations | ✓ | ✓ | | ✓ | ✓ |
|--|---|---|--|---|---|

| | | | | | |
|---|---|---|--|--|---|
| Policy 6A.6 Generation and use of resources | ✓ | ✓ | | | ✓ |
|---|---|---|--|--|---|

| | | | | | |
|---|---|---|--|--|---|
| Policy 6A.7 Increasing the capacity of London | ✓ | ✓ | | | ✓ |
|---|---|---|--|--|---|

| | | | | | |
|---------------------------------------|---|---|---|---|---|
| Policy 6A.9 Working with stakeholders | ✓ | ✓ | ✓ | ✓ | ✓ |
|---------------------------------------|---|---|---|---|---|

| | | | | | |
|---------------------------------------|---|---|---|---|---|
| Policy 6A.10 Complementary strategies | ✓ | ✓ | ✓ | ✓ | ✓ |
|---------------------------------------|---|---|---|---|---|

| | | | | | |
|-----------------------------------|---|---|---|---|---|
| Policy 6B.1 Monitoring and review | ✓ | ✓ | ✓ | ✓ | ✓ |
|-----------------------------------|---|---|---|---|---|

| | | | | | |
|--------------------------------|---|---|---|---|---|
| Policy 6B.2 Measuring progress | ✓ | ✓ | ✓ | ✓ | ✓ |
|--------------------------------|---|---|---|---|---|

References

- 1 A health evidence base for the draft London Plan. Ben Cave. GLA, 2002
- 2 Health Impact Assessment Screening Tool. Draft for Piloting. GLA, 2001

Appendix B: Planning & Legislative context

Under the new planning system (Planning and Compulsory Purchase Act 2004) local planning authorities must prepare and maintain a local development scheme (LDS) specifying which local development documents (LDDs) they propose to prepare, their subject matter, geographical area and the timetable for their preparation and revision. The LDDs, taken as a whole, must set out the local planning authorities policies relating to the development and use of land in their area. Local planning authorities statement of community involvement must be included in the LDS as an LDD. The statement will apply to the preparation and revision of the LDSs and to the exercise of certain development control functions. The statement will be subject to independent examination. LDDs must be prepared in accordance with the LDS and with regard to national policies, the London Plan and their community strategy.

The changes to the planning system have provided an opportunity for greater community ownership of development in their neighbourhoods. It is key that health providers use this opportunity to engage with local borough planners to influence the new developments and for borough planners to do the same to harness wider public health benefits for local residents.

Planning Policy Statement 1: Delivering Sustainable Development

Planning shapes the places where people live and work and the country we live in. Good planning ensures that we get the right development, in the right place and at the right time. It makes a positive difference to people's lives and helps to deliver homes, jobs, and better opportunities for all, whilst protecting and enhancing the natural and historic environment, and conserving the countryside and open spaces that are vital resources for everyone. But poor planning can result in a legacy for current and future generations of run-down town centres, unsafe and dilapidated housing, crime and disorder, and the loss of our finest countryside to development.

Planning should facilitate and promote sustainable and inclusive patterns of urban and rural development by:

- making suitable land available for development in line with economic, social and environmental objectives to improve people's quality of life
- contributing to sustainable economic development
- protecting and enhancing the natural and historic environment, the quality and character of the countryside, and existing communities
- ensuring high quality development through good and inclusive design, and the efficient use of resources and

- ensuring that development supports existing communities and contributes to the creation of safe, sustainable, liveable and mixed communities with good access to jobs and key services for all members of the community.

Development plans should promote development that creates socially inclusive communities, including suitable mixes of housing.

Plan policies should:

- ensure that the impact of development on the social fabric of communities is considered and taken into account
- seek to reduce social inequalities
- address accessibility (both in terms of location and physical access) for all members of the community to jobs, health, housing, education, shops, leisure and community facilities
- take into account the needs of all the community, including particular requirements relating to age, sex, ethnic background, religion, disability or income;
- deliver safe, healthy and attractive places to live and
- support the promotion of health and wellbeing by making provision for physical activity.

Community involvement

Local communities should be given the opportunity to participate fully in the process for drawing up specific plans or policies and to be consulted on proposals for development. Local authorities, through their community strategies and local development documents, and town and parish councils, through parish plans, should play a key role in developing full and active community involvement in their areas.

The Planning and Compulsory Purchase Act 2004 requires local planning authorities to prepare a statement of community involvement, in which they set out their policy on involving their community in preparing regional spatial strategies, local development documents and on consulting on planning applications.

Guidance on statements of community involvement, together with details of the government's overall approach to community involvement, is set out in more detail in 'Community Involvement in Planning: The Government's Objectives'.

PPS 12 Local Development Documents - Key principles of community engagement

The government's principles for community involvement state that:

- i. community involvement that is appropriate to the level of planning. Arrangements need to be built on a clear understanding of the needs of the community and to be fit for purpose
- ii. front loading of involvement. There should be opportunities for early community involvement and a sense of ownership of local policy decisions
- iii. using methods of involvement which are relevant to the communities concerned
- iv. clearly articulated opportunities for continuing involvement as part of a continuous programme, not a one-off event
- v. transparency and accessibility and
- vi. planning for involvement. Community involvement should be planned into the process for the preparation and revision of local development documents.¹⁰²

The Health Act 1999 set out a duty of partnership and co-operation between NHS bodies and local authorities 'to secure and advance the health and welfare of the people of England and Wales'. **The Local Government Act 2000** created a discretionary power for councils to 'promote or improve economic, social or environmental wellbeing of their area'. Wellbeing includes health. The legislative framework set the duty for local authorities to produce a community strategy (produced in partnership with local communities through the local strategic partnerships), and promote economic, social and environmental wellbeing of local communities. In addition to these new powers the act also includes powers for the Secretary of State to remove legislative obstacles in the pursuit of wellbeing¹⁰³. The act places a duty on local authorities to actively promote economic, social and environmental wellbeing in their community strategies and subsequent use of the power should be linked to the objectives in the strategy. The power can be used in other circumstances providing they promote wellbeing (i.e. the power can be used even if the community strategy is still to be produced).

The LGA suggests the 'power of wellbeing is a tool to help make the best use of resources to tackle difficult problems and bring together the fragmented structure of community support and governance. The power greatly expands a council's ability to form partnerships and share resources to tackle cross-cutting problems around for example climate change, community safety, public health, regeneration and social exclusion.'¹⁰⁴

Ways in which the act has been used successfully

The power is very good news for sustainable development because it removes many previous actual or perceived barriers to local authorities' direct involvement.

Some examples:

Tourism and regeneration in Torbay: A public private sector partnership has been set up to promote tourism and address deprivation in the area.

Employment in Greenwich: A temporary employment agency has been set up by the London borough of Greenwich to provide the council with temporary workers. The agency will improve the terms and conditions of temporary workers and its profits will be invested in the local community.

Suntan lotion in Hastings: the borough council has run a campaign to promote safe sunbathing by distributing suntan lotion, either for free or at low prices. It has done this by working in partnership with a local pharmaceutical manufacturer.

Housing in Wakefield: Wakefield MDC has used the power to acquire houses on a local housing estate which was in decline, in order to provide improved accommodation.¹⁰⁵

Possible ways the power could be used to make an area more sustainable

Some potential examples are:

Direct involvement in energy savings companies. The new flexibility and the power to promote wellbeing mean that local authorities will be able to finance and own renewable energy plants and sell electricity directly to householders in its area. They will also be able to sell cheaper energy and provide energy effecting support as part of a strategy to tackle fuel poverty.

Powers to bring empty properties back into use. Again, the ability to act within a trading company and to transfer assets will mean that councils will be able to buy, renovate and sell properties. Proposed changes to give councils the discretionary power to charge full council tax on second homes and long-term empty homes will help bring properties back into use. More information is available from www.emptyhomes.com

Community level action and development. The power and ability to transfer assets to other agencies will make it more possible to build community development trusts, Community Trusts etc through which to take forward sustainable development action.

Use of income from civil penalties: The Local Government Act 2003

provides greater freedoms for the use of income from fines for dog fouling, litter and parking offences, for use for local environmental improvement. High performing councils are likely to have discretion in how this income is used than other councils.¹⁰⁶

The power can therefore be used to strengthen the local accountability of health issues and secure wider public health benefits for local communities.

Legislative context above highlights ways in which the planning system can beneficially influence public health. Planning as a has always been closely linked to health with the first Town and Country Act 1909 dealing with health and housing '...The object of the bill is to provide a domestic condition for people which their physical health, their morals, their character and their whole social condition can be improved...and hopes to secure, the more healthy home.'¹⁰⁷ Further to this, with the establishment of the Green Belt (London Home Counties) Act 1938, the planning system focused on preventing urban growth whilst safeguarding the countryside. Modern developments within the structure and delivery of the planning system demonstrate that the profession has almost come full circle with an emphasis being placed on mixed, balanced and sustainable communities that improve the health and wellbeing of local communities. Community involvement is viewed as fundamental to the success of new developments.

The NHS Healthy Urban Development Unit (see Section 4.2 for more information) have helpfully explained the changes to the new planning system to ensure that development plans support and promote health and wellbeing.

www.healthyurbandevelopment.nhs.uk/pages/hudu_projects/hudu_projects4.htm

The Department of Health is supporting the development of Local Area Agreements (LAAs) as an important new planning process, which brings health inequalities and health outcomes to the forefront of local community planning. LAAs are based on three 'blocks':

- children and young people
- safer and stronger communities and
- healthier communities and older people.

Outcomes in each block will be negotiated between local authorities (and their partners) and GORs on behalf of central departments. PCTs in the pilot areas will lead the development and delivery of the health elements of LAAs.¹⁰⁸

Appendix C: Supplementary Planning Guidance and Best Practice Guidance

The London Plan provides the framework for the Mayor to produce more detailed strategic guidance on issues that cannot be addressed in sufficient detail in the plan. To provide detailed advice on its policies, supplementary planning guidance (SPG) and best practice guidance (BPG) documents are being produced. They are initially published in draft for consultation.

SPG documents

Accessible London: achieving an inclusive environment

This SPG provides detail on the policies in the London Plan that promote inclusive design. It sets out a framework and policies for achieving the highest standards of safe, easy and inclusive access for all people, regardless of disability, age or gender. It will be of interest to all planning authorities in London, developers including house builders and housing associations, designers, planners, access officers, and voluntary organisations, particularly disability organisations.

Draft published July 2003

Final publication 27 April 2004

Industrial Capacity

SPG on implementation of the plan's policies to ensure adequate industrial capacity to meet London's needs and, in line with the national requirement, manage and coordinate the release of surplus stock. The SPG will also detail how the wider policies in the London Plan bear on employment land, in line with national policy. Surplus employment land should help meet strategic and local requirements for other uses such as education and community activities and, in particular, housing.

Draft published September 2003

Housing

SPG on planning for housing provision, including guidance on how LDD policies should promote future housing provision in line with the London Plan policies will be set out in SPG. Further guidance on the basis for setting borough affordable housing targets consistent with the Londonwide target, and that recognise sub-regional and regional demand/capacity mismatches, will be set out in SPG on affordable housing.

Affordable Housing:

Draft published July 2004

Final publication November 2005

Sustainable Design and Construction

Sustainable design and construction can reduce the consumption of resources, cut greenhouse gases and contribute to the good health of

Londoners. It can ensure that buildings are adaptable and responsible in protecting the environment and make the most of natural systems, including local ecosystems. It is based on principles to ensure that buildings are adaptable and responsible in protecting the environment and make the most of natural systems including local ecosystems. Sustainable design seeks to ensure that buildings are safe and secure for the users; these issues will be addressed through the SPG.

Draft publication early 2005

Final publication May 2006

View Management Framework

This draft SPG provides guidance on the policies in the London Plan with respect to the protection of strategic views and proposes to update the regional guidance in RPG3a, dated 1991. It explains the London View Protection Framework promoted by the London Plan and how designated views and important landmarks within them are to be treated. It promotes a method of assessment that will assist with principles of good design, local urban design policies and the management of these views generally.

Draft publication Spring 2005

Final publication Summer 2007

Land for Transport Functions

London has experienced problems in retaining land for transport purposes and in new land being made available for expanding transport provisions, for example, to support the large growth in bus services by provision of terminals and garages. Transport needs to be provided where activity is most intense, where land is scarce and competition from other uses is strongest.

Draft publication May 2006

Final publication Autumn 2007

Renewable Energy

The Mayor in partnership with London Renewables will produce SPG on renewable energy. This will set out broad guidelines to define locations where stand-alone renewable energy schemes would be appropriate and set criteria for the assessment of such schemes. The Mayor will encourage use of the range of renewable energy technologies, which should be incorporated wherever site conditions make them feasible. Development not initially incorporating photovoltaic cells should be of a suitable design and orientation to support them later. Work on feasibility will be attached to SPG and so be subject to public consultation.

Draft publication Autumn 2007

Final publication Spring 2008

Planning for Equality and Diversity in London

Not only are some communities and individuals disadvantaged by where they live, some also experience other forms of disadvantage and discrimination.

The key spatial and land use issues faced by different communities in outlined in the London Plan. Building on these issues the Mayor will prepare Supplementary Planning Guidance to help boroughs implement policy 3A.14.

Draft publication December 2006

Final publication Summer 2007

Retail Need Assessments

Guidance on implementing policy to meet strategic needs, including reconciliation with local capacity, in terms of broader town objectives and the sequential test -a sequential approach to identifying suitable sites.

Sub-Regional Development Frameworks will be central to this process.

Draft publication Summer 2005

Final publication Winter 2006

Best Practice Guides

Development Plan Policies for Biodiversity (draft)

The Mayor expects the biodiversity and natural heritage of London to be conserved and enhanced for the benefit of this and future generations. He will assist boroughs in doing this with advice on LDD policies for biodiversity. Planning applications should give full consideration to the effects, both direct and indirect, of development upon biodiversity and wildlife habitat. Indirect effects include increased use and disturbance, hydrological changes, level of noise, pollution, shading and lighting disturbance.

Draft published 29 October 2004

Final publication Summer 2005

Guide to Preparing Open Space Strategies

The London Plan recognises the valuable contribution that open spaces play in providing a good quality environment that makes London an attractive place to live, work and visit. In order to understand fully the provision of open space and the demands and needs placed on them, the London Plan states that the boroughs should produce an open space strategy. The guide will assist this process and establish a common framework for benchmarking and strategic planning in London. The guide sets out practical guidelines on the methodology and content of an open space strategy within the London context. It provides advice on assessing the quantity and quality of open spaces and in identifying the needs of local communities and other users of open spaces.

Draft published June 2003

Final publication March 2004

Supermarket Sites

The Mayor will work with strategic partners to develop a coherent and strategic approach to housing and supermarket sites. In doing so they should involve stakeholders, including their local communities.

Draft published January 2004

Final publication Forthcoming

Managing the Night Time Economy

The Mayor will work with strategic partners to develop a coherent and strategic approach to managing the night economy. In doing so they should involve stakeholders, including their local communities.

Draft publication May 2006

Final February 2007

Urban Design and Public realm strategy

The Mayor will work with strategic partners to develop a coherent and strategic approach to the public realm. Boroughs should develop local objectives and implementation programmes for their public realm. In doing so they should involve stakeholders, including their local communities.

Draft publication Summer 2006

Final publication February 2007

Tomorrow's Suburbs

In collaboration with boroughs, the Mayor has prepared good practice guidance and a 'sustainable suburbs' toolkit to guide development policies in suburban centres, employment areas, neighbourhoods and heartlands.

Draft publication spring 2005

Final publication May 2006

Appendix D: Useful websites

Websites

| | |
|---|--|
| Action Energy | www.actionenergy.org.uk |
| Association for Environmental Conscious Building | www.aecb.net |
| Beddington Zero Energy Development | www.bedzed.org.uk |
| BEDZED | www.bedzed.org.uk |
| BRECSU | www.energy-efficiency.gov.uk |
| Building Research Establishment | www.bre.co.uk |
| CABE | www.cabe.org.uk |
| Carbon Trust | www.thecarbontrust.co.uk |
| Centre of Excellence for Sustainable Buildings | www.sustainable.doe.gov.uk |
| CIRIA | www.ciria.org.uk |
| Combined Heat and Power Association | www.chpa.gov.uk |
| Constructing Excellence | www.constructing excellence.org.uk |
| Construction Resources | www.ecoconstruct.com |
| Children First for Health | www.childrenfirst.nhs.uk |
| Department of Health | www.dh.gov.uk/Home/fs/en |
| Energy Efficiency Advisory Service | www.saveenergy.co.uk |
| Energy Saving Trust | www.est.co.uk |
| Environment Agency | www.environment- agency.gov.uk |
| Green Building Store | www.greenbuildingstore.co.uk |

| | |
|--|--|
| Government Office for London | www.gos.gov.uk/gol/161430/?a=42496 |
| Health Development Agency | www.had.nhs.uk |
| Health and Safety Executive | www.hse.gov.uk/ |
| Health Protection Agency | www.hpa.org.uk |
| Healthy Urban Development Unit (HUDU) | www.healthyurbandevelopment.nhs.uk/ |
| Housing Corporation | www.sustainabilityworks.org.uk |
| Integer | www.interproject.co.uk |
| LEARN: Low Energy Architecture Research Unit | www.unl.ac.uk/LEARN/ |
| Lifetime Homes | www.lifetimehomes.org.uk |
| LIFT | www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/NHSLIFT/fs/en |
| Living roofs | www.livingroofs.org |
| London Biodiversity Partnership | www.lbp.org.uk |
| London Boroughs | www.lho.org.uk/Useful_Links/LondonBoroughs.htm |
| | www.go-london.gov.uk/boroughinfo/ |
| London Development Agency | www.lda.gov.uk |
| London Health Commission | www.londonhealth.gov.uk |
| London Health Observatory | www.lho.org.uk/ |
| London Hydrogen Partnership | www.lhp.org.uk |

| | |
|---|---|
| National Health Service | www.nhs.uk/ |
| National Health Service Direct | www.nhsdirect.nhs.uk/ |
| National Institute for Health and Clinical Excellence | www.nice.org.uk/ |
| Minority Ethnic Communities and Health | www.minorityhealth.gov.uk/ index.htm |
| Primary care trust (PCTs) Website Finder | www.nhs.uk/England/ AuthoritiesTrusts/pct/list.aspx |
| Regional Public Health Group (London) | www.gos.gov.uk/gol/ publichealth/?a=42496 |
| Rethinking Construction | www.rethinking construction.org |
| Sustainable City Initiatives | www.lsx.org.uk |
| Sustainable Homes | www.sustainablehomes.co.uk |
| Tall Buildings | www.cityoflondon.gov.uk |
| UK Government Sustainable Development | www.sustainable -development.gov.uk |
| NHS - Young People | www.nhs.uk/youngpeople/ |

Glossary

Major development

There are two levels of major development addressed by the SPG and the London Plan policy (4B.6):

- **Major Developments Referable To The Mayor**

The Mayor's London Plan policy refers only to planning applications which must be referred to the Mayor according to Parts I - IV of the Town and Country Planning (Mayor of London) Order 2000. Examples include 500 dwellings, 30,000 sq m commercial space in the city, 20,000 sq m and 15,000 sq m of commercial space in and outside Central London respectively.

- **Major Developments as defined by the boroughs**

Each borough is able to define what it considers to be a major development. It is suggested that the definition adopted by boroughs is that currently used both by the ODPM PS2 form that each district planning authority must use to report general developments, and by other London boroughs that have already adopted or are in the process of adopting a similar policy.

- **Major Developments can be defined as:**

For dwellings: where 10 or more are to be constructed (or if number not given, area is more than 0.5 hectares).

For all other uses: where the floor space will be 1000 sq metres or more (or site is 1 hectare or more). Area of site is that directly involved in some aspect of the development. Floor space is defined as the sum of floor area within the building measured externally to the external wall faces at each level. Basement car parks, rooftop plant rooms, caretakers' flats etc. should be included in the floor space figure.

Care Trusts

Are NHS bodies that work in both health and social care settings. Care Trusts have been

established in areas where it is felt that closer integration between health and social care is needed or would be beneficial at a local level.
www.dh.gov.uk

Department of Health (DH)

The Regional Public Health Group is part of the DH. The DH is responsible for overseeing the development of the NHS and social care, assessing the performance of health and social care services, guiding senior NHS staff, improving public health and providing support to Ministers.

Local strategic partnerships (LSPs)

Are responsible for developing and overseeing comprehensive local programmes with action across partnerships to improve social, economic and environmental wellbeing.
www.dh.gov.uk

NHS Trusts

Are responsible for running most hospitals, delivering front line health care to their local population.
www.dh.gov.uk

Open space

All land that is predominantly undeveloped other than by buildings or structures that are ancillary to the open space use. The definition covers the broad range of open space types within London, whether in public or private ownership and whether public access is unrestricted, limited or restricted

Previously developed or brown field land

Includes both land and premises and refers to a site that has previously been used or developed and is not currently fully in use, although it may be partially occupied or utilised. It may also be vacant, derelict or contaminated. This excludes open spaces and land where the remains of previous use have blended into the landscape, or have been overtaken by nature conservation value or amenity use and cannot be regarded as requiring development

| | |
|---|---|
| Primary care trusts (PCTs) | <p>Improve the health of the local population working in close partnership with local authorities, the voluntary sector and others who have an impact on health. They develop primary and community health services and commission specialist/secondary care for their local population.</p> <p>www.dh.gov.uk</p> |
| Renewable Energy | <p>Renewable energy is that generated from sources that do not require the use of exhaustible materials (such as fossil fuels).</p> |
| Strategic Health Authority (StHAs) | <p>Support PCTs and NHS Trusts in delivering the NHS Plan in their area, build capacity and support performance improvement across all their local agencies.</p> <p>www.dh.gov.uk</p> |
| SRDFs | <p>Sub regional development plans are frameworks providing policy direct and focus for each of the five identified sub-regions. They are produced by the Mayor in partnership with boroughs and other stakeholders and provide guidance on Opportunity, Intensification and Regeneration Areas, town centres, suburbs and Strategic Employment Locations.</p> |
| Workforce Development Confederations | <p>Are responsible for planning and advice on short, medium and long term workforce requirements to plan the skills and workforce required to provide the best possible health care services.</p> <p>www.dh.gov.uk</p> |

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Other formats and languages

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Chinese

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Vietnamese

Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مراسلة العنوان أدناه

Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

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