



## Health and Wellbeing Board

**Date:** MONDAY, 4 MARCH 2013  
**Time:** 1.45 pm  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL.

3. **RAPID HEALTH IMPACT ASSESSMENT OF THE LOCAL PLAN**

Report of the Acting Director of Community & Children's Services.  
*Item received too late for circulation in conjunction with the Agenda.*

**John Barradell**  
**Town Clerk and Chief Executive**

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# Agenda Item 3

<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	04 03 2013
<b>Subject:</b> Health and Wellbeing Board Response to the City of London Draft Local Plan	<b>Public</b>
<b>Report of:</b> Interim Director of Community and Children's Services	<b>For Decision</b>
<b>Summary</b> <p>The draft <a href="#">Local Plan</a> sets out the City Corporation's vision, strategy, objectives and policies for planning the City of London. It is currently undergoing a period of consultation, before a final version of the plan is prepared and published in autumn 2013. Responses to the consultation are due on 11<sup>th</sup> March.</p> <p>As the Local Plan will have an impact on health and wellbeing in the City, it was identified by the chairman that the Health and Wellbeing Board should respond to the consultation. A draft response was been prepared for the Board to approve. The draft was developed by the City and Hackney Public Health Directorate with input from primary care commissioning, City and Hackney Clinical Commissioning Group, the Commissioning Support Unit and the NHS Healthy Urban Development Unit. The response has been developed using the Healthy Urban Development Unit (HUDU)'s <i>Watch Out for Health</i> Impact Assessment Tool.</p> <p>The collated response includes a series of recommendations for ameliorating some of the negative health and wellbeing effects of the plan; as well as improving the contribution of positive aspects. This is attached as appendix 1.</p> <b>Recommendation(s)</b> <p>Members are asked to:</p> <ul style="list-style-type: none"><li>• Endorse the response and its recommendations.</li></ul>	

## Main Report

### Background

1. The Local Plan sets out the City Corporation's vision, strategy, objectives and policies for planning the City of London. It provides a spatial framework that brings together and co-ordinates a range of strategies prepared by the City Corporation, its partners and other agencies and authorities. It includes policies for deciding development

proposals. It takes account of projected changes in the economy, employment, housing need, transport demand, and seeks to maintain the quality of the City's environment and its historic heritage. It provides the strategy and policies for shaping the City until 2026 and beyond.

2. The draft Local Plan is currently undergoing a period of consultation, before a final version of the Local Plan is prepared and published in autumn 2013. As the Local Plan will have an impact on health and wellbeing in the City, it was identified by the chairman that the Health and Wellbeing Board should respond to the consultation, and that the following approach should be taken:
  - An assessment of the Local Plan, using the Healthy Urban Development Unit (HUDU)'s *Watch Out for Health* Impact Assessment Tool
  - Gathering additional views from HUDU, the NHS National Commissioning Board (NCB), City and Hackney Clinical Commissioning Group (CCG) and the Commissioning Support Unit (CSU) on the response.
3. Health Impact Assessment (HIA) is a process for evaluating the potential health effects of a plan, policy or project before it is undertaken. HIA is used for bringing health considerations to issues that are outside the medical sphere, but which have impacts upon the wider social determinants of health, for example, transportation and land use. An HIA can provide recommendations for improving the positive health impacts of a plan or policy, and ameliorating potential negative impacts. Although the Local Plan has undergone a sustainability appraisal that includes health impact assessment, which is carried out by the planning team and audited by external planning consultants, there is no legally defined process on how to carry this out, so there may be significant variation between impact assessments carried out by people in different professional roles.

### **Current Position**

4. An assessment using the Healthy Urban Development Unit (HUDU)'s *Watch Out for Health* Impact Assessment Tool has been rapidly conducted, to scope health and wellbeing issues that would be positively or negatively impacted upon by the City of London's draft Local Plan.
5. The response was contributed to by the Healthy Urban Development Unit; the Commission Support Unit; and the Clinical Commissioning Group. Although views from the National Commissioning Board were sought, they have not been forthcoming.
6. The collated response document includes the *Watch Out for Health* assessment and the responses from stakeholders, as well as a series

of recommendations for ameliorating some of the negative health and wellbeing effects of the plan; as well as improving the contribution of positive aspects. This is attached as appendix 1.

## **Conclusion**

7. The City of London's Local Plan has the potential to have intense positive and negative health and wellbeing impacts for City communities.
8. Once the response is endorsed by the City's Health and Wellbeing Board it will be submitted to the City of London's planning Department, where it will inform the formal consultation.

## **Appendices**

- Appendix 1 – Response to the City of London's Draft Local Plan

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## **City of London Health and Wellbeing Board: Response to City of London Corporation Draft Local Plan**

### **Introduction and background**

The City of London Health and Wellbeing Board welcomes the opportunity to respond to the City of London Corporation's draft Local Plan. The Board has used the NHS Healthy Urban Planning Development Unit's 'Watch Out for Health Checklist' to assess the health and wellbeing impact of the draft Local Plan.

Following the checklist, key direct influences related to the plan are considered first including: housing; access to public services; opportunities for physical activity; air quality; noise and neighbourhood amenity; as well as accessibility and transport. Indirect influences are considered next by looking at the wider impacts on health of the plan as they relate to: crime reduction and community safety; food access; access to work; social cohesion and social capital; resource minimisation; and climate change.

The City of London has a small resident population of 7,400 people (2011 Census), but accommodates approximately 325,000 employees and 16,000 students. The resident population is predominantly of working age and is projected to grow to 10,800 residents by 2031 (GLA 2012 SHLAA projection). Between 2010 and 2031 the number of employees is projected to rise by 25,000 (GLA employment projections 2011).

### **Scoping of health and wellbeing issues**

#### **1. Direct influences on health**

##### **1.1 Housing**

The City's housing target (London Plan July 2011) is 1,100 additional dwellings between 2011 and 2021, or 110 dwellings per year. There are relatively few planning applications involving residential use. An exception is a current application at Sugar Quay, Lower Thames Street (12/01104/FULMAJ) which proposes 165 residential units.

There is no explicit mention of the Code for Sustainable Homes. Energy efficiency is required for all new developments in the City, including Housing developments. There is consideration of disabled residents: the plan requires all new and, where possible, converted residential units to meet Lifetime Homes standards and 10% of all new units to meet Wheelchair Housing Standards (or be easily adaptable to meet these standards).

There is no mention of orientation or internal layout, and housing mix is not mentioned, although the plan identifies that purchasing existing residential properties on the open market would be a potential way to meet housing needs, particularly for families<sup>1</sup>. Affordable and key-worker housing is acknowledged, although is more likely to be provided off-site.

**Recommendation:**

- 1. The plan should acknowledge the constraints upon welfare benefits in the current climate, and the fact that housing identified or defined as affordable may no longer realistically be so.**

## **1.2 Access to public services**

The draft Local Plan policies on social infrastructure (Core Strategy Policy CS22 and Development Management Policy DM 22.1) are unchanged and reflect the following:

- The need to work in partnership with neighbouring boroughs to plan healthcare services
- That healthcare services are needed for both residents and workers
- New facilities may be needed, but given limited opportunities there is the need to make best use of existing facilities and encourage flexible use of space and co-location of services where possible.

As such the policies are still supported.

The evidence to support the draft Local Plan comes from an Infrastructure Delivery Plan (March 2011) and a Social Infrastructure Audit (May 2010) which in turn is based on a 2009 Central London Infrastructure Study Social Infrastructure Audit. This 2009 audit used the HUDU model. The HUDU model has been run on the current housing target for the purposes of the draft Local Plan consultation. The model doesn't address the healthcare demands of the working population.

The Infrastructure Delivery Plan and Social Infrastructure Audit (May 2010) refer to Healthcare for London: A framework for Action, the NHS City and Hackney Commissioning Strategy Plan 2010-2015 and the Revised Primary Care Service and Estates Strategy (November 2007) which promote the establishment of four Primary Care Resource Centres, based on the Healthcare for London polyclinic model. However, it is now the NCB's responsibility to develop a primary care commissioning strategy.

The draft Local Plan (at paragraph 3.22.3) refers to 'care closer to home<sup>2</sup>' and the development of primary care clinical networks in City and Hackney. The CCG is currently working with the City of London Corporation and the Neaman Practice to look at "out of hospital" care (now called integrated care) to ensure an appropriate model is developed for

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<sup>1</sup> P191

<sup>2</sup> P199



the City. The old PCT strategies and commissioning plans will no longer be relevant post 31/3/2013.

The Social Infrastructure Audit notes that a significant number of residents use healthcare services in neighbouring boroughs, particularly in Tower Hamlets. In the short term (2006-2011) it concluded that increased demand could be absorbed within current services / facilities (the Neaman Practice). The Infrastructure Delivery Plan forecasts a longer-term need for 2.4 GPs between 2011 and 2026. Over the same period, it forecasts a primary care capital cost of £1,157,370, with a secondary care requirement of 20 bed spaces, with a capital cost of £2,990,780. The healthcare needs of city workers are not assessed. The Audit refers to the Liverpool Street Station Walk-in Centre (which closed in 2010).

These requirements are set in a different NHS policy context and against higher population projections available at the time.

**Recommendation:**

- 2. The CCG, NCB and local authority should work together to re-examine future health infrastructure requirements.**

**Healthy Urban Development Unit model outputs**

As a comparison, the HUDU model has been run on the current housing target (of 1,100 additional dwellings between 2011 and 2021). The model estimates future healthcare requirements and costs. Based on the ten year housing target the model predicts a net population increase of 1,329 (with 80% within the 15-59 age band). From this population increase it generates the following spaces and cost outputs.

<b>Healthcare activity</b>	
Acute and mental health beds	4.8
Number of WTE GPs	0.7
<b>Space requirements (sq.m.)</b>	
Secondary	240
GP and primary care services	125
<b>Capital costs</b>	
Acute	£790,000
Primary Healthcare	£365,000
Total	£1,115,000
<b>Revenue costs</b>	£6,235,000

The HUDU model doesn't assess the existing capacity of services or facilities. The outputs are indicative requirements subject to NHS commissioning strategies and plans, particularly those focused on moving services out of hospital closer to home and integrating care.

**Healthcare needs of the working population**

The HUDU model doesn't assess the healthcare requirements of a growing working population, forecast to rise by 25,000 between 2010 and 2031. It is important that services are provided for both a growing resident and working population.

The Local Plan acknowledges the need to provide health and community facilities for the large and growing working population<sup>3</sup>. The plan encourages health facilities to be included in the mix of commercial uses within office developments. The plan notes that health facilities provide a positive contribution to the City's economy, character and appearance, and provide support services for its businesses, residents, workforce and visitors<sup>4</sup>.

A report on the Public Health and Primary Healthcare Needs of City Workers<sup>5</sup> examines the health status of city workers and demand for healthcare services, looking at the implications of proposals to change GP boundaries. The Patient Choice Scheme is being piloted in some areas of England, and the evaluation is expected to report in summer 2013.

The study noted that city workers are mainly aged between 20 and 50 years and, as such, have age-related short-term healthcare issues such as respiratory/flu symptoms, but also more specific sensitive health issues related to stress, anxiety and depression. If provided with the opportunity to register with a GP close to work rather than close to home the majority of workers would choose dual registration at home and at work. Workers require services close to major transport hubs with flexible opening hours. Additional services addressing longer-term health needs, such as screening and prevention could be explored. The study found that, whilst private healthcare services are available, NHS services are required to cater for existing and future city workers. In addition to provision in the City, out-of-area services must be accessible for City residents and workers, in Tower Hamlets and Hackney.

Even if the policy response to City workers does not include primary care access, there will still be a need to ensure urgent care and public health services are in place to serve the worker population. As care pathways develop, transport and access routes will also have to be taken into consideration.

#### **Recommendations:**

- 3. The Local Plan should take an explicit policy of recognising the health needs of city workers.**

#### **Current healthcare provision in the City**

Healthcare provision in the City comprises:

- The Neaman Practice, Half Moon Court (5 GPs)
- A GP clinic runs two days per week at the Portsoken Health and Community Centre – this is an interim arrangement
- St Bartholomew's Hospital (Barts) Hospital has a minor injuries unit and outpatient services.

#### **Out of City provision**

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<sup>3</sup> P30

<sup>4</sup> P41

<sup>5</sup> [The public health and primary healthcare needs of City workers](#) (2012) PHAST. COL research

The Social Infrastructure Audit notes that a significant number of residents use healthcare services in neighbouring boroughs, particularly in Tower Hamlets.

UCL and the Royal London Hospitals are significant providers of acute services to city residents

The majority of City residents are registered with the Neaman Practice in the City of London (81%), with the second largest registration being at the Spitalfields Practice in Tower Hamlets (9%). Overall 18% of residents are registered outside of City and Hackney PCT, the majority of which are registered with Tower Hamlets GPs (12%). Whilst the practice with the third largest City resident registration is in Camden overall, only 4% of City residents are registered with a GP in Camden PCT.

Table 1. GP practices with largest numbers of City residents<sup>6</sup>

<b>Practice</b>	<b>Count of City Residents</b>
<b>THE NEAMAN PRACTICE</b>	<b>6512</b>
<b>THE SPITALFIELDS PRACTICE</b>	<b>597</b>
<b>ST PHILIPS MEDICAL CENTRE</b>	<b>206</b>
<b>CITY WELLBEING PRACTICE</b>	<b>156</b>
<b>WHITECHAPEL HEALTH PRACTICE</b>	<b>88</b>
<b>CLERKENWELL MEDICAL PRACTICE</b>	<b>80</b>
<b>GRAY'S INN ROAD MEDICAL CENTRE</b>	<b>66</b>
<b>ST. KATHERINE'S DOCK PRACTICE</b>	<b>45</b>
<b>Other</b>	<b>251</b>
<b>Total</b>	<b>8001</b>

- It was envisaged that city residents would be served by the new Primary Care Resource Centre based at the current St. Leonard's Hospital Site. (The business case is still in draft form and undergoing review with NHS London. In general the services currently provided at St Leonards would continue to be provided there, activity volumes are subject to review).
- City and Hackney CCG is keen to work with the Neaman Practice to ensure that the service models commissioned for City residents are appropriate. The CCG plans to work with the Homerton, the provider at St Leonards, and the Neaman Practice itself to ensure accessible services are available. There may be some space at the Neaman Practice that could be utilised.

The surrounding area to the north and east of the City (the City Fringe) will experience considerable housing and economic growth. Around 7,000 dwellings are proposed in the City Fringe Opportunity Area which includes parts of Hackney (South Shoreditch) and Tower Hamlets (Spitalfields and Aldgate).

<sup>6</sup> Mapping of Health Services in the City of London (2012) Report to City and Hackney CCG

A new health facility is proposed on the Goodman's Field site in Aldgate, Tower Hamlets which is under construction. A new city dental practice opened in October 2012

Provision of core GP services now rests with the NCB, so they would need to consider if there is sufficient capacity to cope with current and estimated population.

### **Future options**

The HUDU model and the city worker health needs study both point to the need to expand healthcare services in the City. Such expansion should be done in conjunction with plans for new health provision in neighbouring areas, i.e. St Leonards and Aldgate. The implications for patient choice should be explored further. The study provides estimates of the impact of 100,000 workers registering close to their work.

Redevelopment of St Bartholomew's Hospital<sup>7</sup> is noted as bringing new opportunities; however, these developments should not result in a decrease in local health care provision.

Possible future options in the City include:

- A greater role for pharmacies located near transport hubs.
- Out of hours and additional services
- Reinstating walk-in services that could complement the new 111 telephone service to enable to patients to access non-emergency healthcare – this is not currently on the agenda, but responsibility for commissioning walk-in centres will lie with the NCB in future.

The revenue cost implications of providing healthcare services for workers is significant. The weighted resource allocation formula for PCTs (and now CCGs) is based on resident population and because of its small residential population; the City of London has received little investment. Although the CCG only commissions services for the GP-registered population, the City of London has a public health grant that could potentially be used to commission wider public health services that impact upon the health and wellbeing of both residents and City workers.

## **1.3 Opportunities for physical activity**

New developments are required to maximise active transport modes and public transport.

### **Pedestrians**

The plan acknowledges the need for well-signposted walking routes around the Cheapside and St Paul's area<sup>8</sup>; however, there is arguably a case for providing improved signage for walking routes throughout the City, with particular need around the Barbican high walks

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<sup>7</sup> P69, 72

<sup>8</sup> P25

and the Beech Street tunnel. The plan requires that current routes be maintained<sup>9</sup> and that new pedestrian routes should be provided where feasible<sup>10</sup>; however, unless they are appropriately sign-posted, they will not be utilised. As well as providing improved signage for visitors to the City<sup>11</sup>, it should be noted that improved signage can be used to encourage workers and residents to use walking routes that they have previously not undertaken. For this reason, improved signage should not be limited to visitor attractions.

**Recommendation:**

- 4. Improve signage throughout the City to encourage walking amongst both residents and non-residents**

**Cyclists**

It is acknowledged that facilities for safer and responsible cycling must be improved<sup>12</sup> – this is a priority for City residents. New traffic calmed areas for pedestrians and cyclists<sup>13</sup> should ensure that all sets of users use the routes safely and without conflict. The plan identifies the need to improve effective and efficient flows of cyclists and pedestrians<sup>14</sup> – these should also be safe.

**Recommendation:**

- 5. Specific measures should be identified to create an environment that is friendly to both pedestrians and cyclists, rather than either/or.**

**Opportunities for exercise**

The plan recommends that loss of existing spaces be resisted, and that new facilities be encouraged under appropriate circumstances; however, the plan does not address the fact that sports facilities in the City are unevenly distributed to be in places accessible to workers, and are less accessible to residents, both because of their high costs and geographical locations.

**Recommendation:**

- 6. The Local Plan should aim to bring more accessible exercise opportunities to residents**

**Access to open and natural space**

The plan envisions increased access to good quality open spaces and recreational activities<sup>15</sup>, with new open and public space provided where feasible<sup>16</sup>, as well as new play space for children<sup>17</sup>. The improvement of the riverside walking space at Queenhithe<sup>18</sup> is a particularly positive development. The plan recognises the need to safeguard provision, and

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<sup>9</sup> P149

<sup>10</sup> P150

<sup>11</sup> P88

<sup>12</sup> P28

<sup>13</sup> P52

<sup>14</sup> P70

<sup>15</sup> p31

<sup>16</sup> P82

<sup>17</sup> P88

<sup>18</sup> P93, p95

improve access in the east of the City. The provision of open space for exercise is not directly addressed by the plan; although open spaces in the City are small, they do provide the potential for workers and residents to access affordable exercise, and this should be facilitated where possible, for example, through the provision of outdoor equipment.

**Recommendation:**

- 7. Open spaces should be acknowledged as providing opportunities for exercise, and this should be facilitated further where appropriate.**

## **1.4 Air quality, noise and neighbourhood amenity**

### **Construction impact**

Whilst the plan acknowledges that construction noise should be minimised, it acknowledges that it is inevitable because of the nature of the City as an area<sup>19</sup>.

The plan does not explicitly acknowledge the effect of construction on the City's roads and pavements, which often disrupts pedestrian, cycle and traffic flow, increases the possibility of road traffic accidents, and prevents disabled access. Although developments are required to complete a transport impact assessment, it is unclear how or to what extent these issues are addressed within it, and how the City can further minimise or mitigate such disruptions.

**Recommendation:**

- 8. The effects of construction on the City's roads and pavements should be explicitly addressed**

### **Air pollution**

The Local Plan is careful to thoroughly examine the issue of air quality, with particular attention paid to nitrogen dioxide and PM10 particulate matter. There is also an impetus to reduce emissions associated with traffic serving the building. The Local Plan refers to, and is aligned with, the recent Air Quality Strategy.

### **Noise pollution**

The plan identifies the need to sound-proof, and impose noise controls on, night-time entertainment and related venues<sup>20</sup>. However, such restrictions must be developed in partnership with the City's licensing authorities; otherwise they will not be enforced. The plan includes measures for minimising noise from new developments and resolving noise conflicts. The plan notes the need to ensure quiet around residential areas, hospitals, schools, and other important sites. The *quiet spaces project* is referred to, but not explained in the plan<sup>21</sup>.

**Recommendation**

- 9. Noise controls on, night-time entertainment and related venues must be developed and enforced in partnership with the City's licensing authorities**

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<sup>19</sup> p193

<sup>20</sup> p56

<sup>21</sup> p109

### **Air quality**

When planting new trees<sup>22</sup>, the plan should acknowledge the need to minimise air pollution from allergenic tree pollen, and should discourage the planting of birch and/or predominantly male trees.

### **Recommendation**

#### **10. Air pollution from allergenic tree pollen should be minimised**

### **Daylight**

Daylight is essential for vitamin D synthesis. The Local Plan acknowledges the need to resist developments that would noticeably reduce daylight and sunlight available, and the usage of daylight and sunlight impact studies.

### **Amenity space**

The plan acknowledges that privacy may not always be possible in residential buildings, due to the density of development in the City<sup>23</sup>. Although the plan acknowledges the need for public toilets, particularly with regards to the needs of the elderly, disabled people, people with chronic illnesses, and carers with small children, the plan only notes the need for toilets in parts of the city where the night-time economy takes place<sup>24</sup>. This neglects the need to serve residential areas with free access to public toilets, as they have been shown to prevent social isolation and older people being caught in “food deserts”<sup>25</sup>. The plan acknowledges the need to clearly sign-post toilets.

### **Recommendation**

#### **11. Residential areas should be served with adequate free access to public toilets**

## **1.5 Accessibility and transport**

### **Streetscape**

The plan intends to enhance the public realm of the Aldgate area through pedestrianisation and other specific improvements<sup>26</sup>. It also acknowledges the need for streetscape to incorporate design that provides access for all the city’s communities, including disabled people<sup>27</sup>. The Local Plan does not explicitly acknowledge the need for street furniture to be positioned sympathetically to enable wheelchair access, for example, with minimum clearance.

### **Recommendation**

#### **12. The impact of street furniture on disabled people should be acknowledged**

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<sup>22</sup> P109

<sup>23</sup> P193

<sup>24</sup> P202

<sup>25</sup> WHO healthy cities

<sup>26</sup> P89

<sup>27</sup> P99

### **Accessible buildings**

The Local Plan aims to create access through inclusive design, which is a built environment that is “inclusive and safe for all of those who wish to use it, regardless of disability, age, gender, ethnicity, faith or economic circumstance”<sup>28</sup>. The plan requires the design of buildings to make them accessible for disabled people<sup>29</sup>.

### **Accessible public transport**

The plan acknowledges the need to consider disabled people when designing and implementing environmental enhancement strategies that encourage pedestrian and cycle travel; however, the plan does not explicitly address the public transport needs of disabled people.

### **Recommendation**

**13. The public transport needs of disabled people should be acknowledged**

### **Car-dependent disabled**

The plan acknowledges the need to facilitate modes of transport required by disabled people, whilst minimising the environmental impact of these modes<sup>30</sup>.

### **Road traffic injuries**

There is no explicit acknowledgement of road traffic injuries in the City and how these can be addressed, other than references to improving safety.

### **Recommendation**

**14. The impact of road traffic accidents in the City should be acknowledged, and specific measures to reduce them should be identified.**

## **2.1 Crime reduction and community safety**

Housing must adhere to *secured by design* standards<sup>31</sup>

The Local Plan acknowledges the need to actively manage the safety of night-time entertainment<sup>32</sup>. Particular attention should be paid to preventing violence against women and girls, which is not mentioned in the Local Plan, except for a brief mention of domestic violence<sup>33</sup>. This is especially important around venues that hold sexual entertainment licenses, to monitor the presence of sex workers and sexual assaults in the vicinity. The development of hotels in the City<sup>34</sup> should also consider the potential increase in local sex trade.

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<sup>28</sup> P107

<sup>29</sup> P99

<sup>30</sup> P147

<sup>31</sup> P191

<sup>32</sup> P26

<sup>33</sup> P58

<sup>34</sup> P111



Increased emergency resources to cope with increases in population<sup>35</sup> should take account of the need to provide additional support services for non-resident individuals. For example, there is currently a drug and alcohol support worker who provides interventions to those who are taken into custody on relevant offences. The majority of this support is provided to non-residents. A similar need may exist for non-resident women fleeing domestic violence.

The Local Plan acknowledges the need to work with the Safer City Partnership<sup>36</sup>, which is to be welcomed. The plan refers to the safety thirst scheme<sup>37</sup> – this scheme must be strengthened in order for it to have a sustained impact upon community safety.

As well as planning for the effects of terrorism<sup>38</sup>, the Local Plan should acknowledge the need to plan for other large-scale emergencies not related to terrorism.

The plan does not address the issue of access for emergency services – this is currently an issue for some residential estates in the City.

Although the plan welcomes new tall buildings<sup>39</sup> and publicly accessible rooftops<sup>40</sup> in the City, these can pose a safety risk through potential suicides.

#### **Recommendations:**

- 15. Violence against women and girls should be strictly monitored in relation to night time entertainment**
- 16. The sex trade in the City should be closely monitored: increases should be met with an increase in corresponding services to support the health of women in the sex trade, as well as assisting exit from the sex trade**
- 17. The Local Plan should take account of the need to provide additional support services for non-resident individuals**
- 18. The safety thirst scheme should be strengthened to make it more effective**
- 19. Large-scale emergencies not related to terrorism should be included in emergency planning**
- 20. Tall buildings and publicly accessible rooftops should be thoroughly assessed for suicide risk, and appropriate preventative measures should be put in place**

## **2.2 Access to healthy food**

Although the Local Plan acknowledges the need to encourage local retail facilities in Aldgate<sup>41</sup>, no mention is made of access to healthy food. This is particularly significant as the Portsoken ward has been previously identified as being a food desert. The increase in open space in Aldgate could also be used to develop community gardens/food growing schemes.

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<sup>35</sup> P57

<sup>36</sup> P186

<sup>37</sup> P187

<sup>38</sup> P59, p85

<sup>39</sup> P26

<sup>40</sup> P178

<sup>41</sup> 88

## Recommendations

### **21. Local access to healthy food should be prioritised in the east of the City**

## **2.3 Access to work**

The plan aims to maximise employment opportunities for residents in the east of the City<sup>42</sup>. This is to be welcomed. There are clear opportunities to link up sections of the Local Plan to contribute to this aim: where there is vacant retail floorspace<sup>43</sup>, encouraging usage by local community enterprises and “pop-ups”; and encouraging developers to utilise the local labour market, and provide training and skills programmes to local residents<sup>44</sup>.

The Local Plan does not acknowledge the need to provide childcare facilities in the City, for both residents and workers.

## Recommendations

### **22. The Local Plan should include more detailed considerations of how resident employment will be increased**

### **23. The Local Plan should include an assessment of current childcare sufficiency for workers and residents**

## **2.4 Social cohesion and social capital**

The Local Plan aspires to improve the health of residents, particularly those in the east of the City where deprivation is highest<sup>45</sup>.

The plan does not explicitly address the issue of rough sleepers in the City. The City has the fifth highest number of rough sleepers in London, and this group suffers disproportionate health inequalities.

The issue of hostels and housing for rough sleepers is not acknowledged in the Local Plan, nor are issues around facilitating access to health services for this group.

Another group that is likely to experience high levels of health need include immigrant workers who service large hotels and provide casual construction labour. The need to ensure appropriate access to health service for this group should be considered, as “City workers” are by no means a homogenous group.

City.comm is referenced as a partner<sup>46</sup> – this organisation is no longer funded.

## Recommendations

### **24. The health and accommodation needs of rough sleepers should be acknowledged and facilitated**

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<sup>42</sup> 88

<sup>43</sup> P78

<sup>44</sup> P63

<sup>45</sup> P25

<sup>46</sup> P199

## **25. The health needs of immigrant workers should be included in planning services**

### **2.5 Resource minimisation**

The Local Plan requires all developments to have Sustainability Statements. For major development, standard methods of assessment, such as the Building Research Establishment Environmental Assessment Method (BREEAM) and Code for Sustainable Homes (CfSH) should be used wherever possible.

### **2.6 Climate change**

The Local Plan has fairly comprehensive planning policies to prevent exacerbating climate change, and addressing the impacts of it upon the City's environment.

## **Summary of recommendations**

- 1. The Local Plan should acknowledge the constraints upon welfare benefits in the current climate, and the fact that housing identified or defined as affordable may no longer realistically be so.**
- 2. The CCG, NCB and local authority should work together to re-examine future health infrastructure requirements.**
- 3. The Local Plan should take an explicit policy of recognising the health needs of city workers.**
- 4. Improve signage throughout the City to encourage walking amongst both residents and non-residents**
- 5. Specific measures should be identified to create an environment that is friendly to both pedestrians and cyclists, rather than either/or.**
- 6. The Local Plan should aim to bring more accessible exercise opportunities to residents**
- 7. Open spaces should be acknowledged as providing opportunities for exercise, and this should be facilitated further where appropriate.**
- 8. The effects of construction on the City's roads and pavements should be explicitly addressed**
- 9. Noise controls on, night-time entertainment and related venues must be developed and enforced in partnership with the City's licensing authorities**
- 10. Air pollution from allergenic tree pollen should be minimised**
- 11. Residential areas should be served with adequate free access to public toilets**

- 12. The impact of street furniture on disabled people should be acknowledged**
- 13. The public transport needs of disabled people should be acknowledged**
- 14. The impact of road traffic accidents in the City should be acknowledged, and specific measures to reduce them should be identified.**
- 15. Violence against women and girls should be strictly monitored in relation to night time entertainment**
- 16. The sex trade in the City should be closely monitored: increases should be met with an increase in corresponding services to support the health of women in the sex trade, as well as assisting exit from the sex trade**
- 17. The Local Plan should take account of the need to provide additional support services for non-resident individuals**
- 18. The safety thurst scheme should be strengthened to make it more effective**
- 19. Large-scale emergencies not related to terrorism should be included in emergency planning**
- 20. Tall buildings and publicly accessible rooftops should be thoroughly assessed for suicide risk, and appropriate preventative measures should be put in place**
- 21. Local access to healthy food should be prioritised in the east of the City**
- 22. The Local Plan should include more detailed considerations of how resident employment will be increased**
- 23. The Local Plan should include an assessment of current childcare sufficiency for workers and residents**
- 24. The health and accommodation needs of rough sleepers should be acknowledged and facilitated**
- 25. The health needs of immigrant workers should be included in planning services**