

February 2013

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 families¹. 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'² 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

¹ P191

² 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.

Healthcare activity	
Acute and mental health beds	4.8
Number of WTE GPs	0.7
Space requirements (sq.m.)	
Secondary	240
GP and primary care services	125
Capital costs	
Acute	£790,000
Primary Healthcare	£365,000
Total	£1,115,000
Revenue costs	£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 population³. 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 visitors⁴.

A report on the Public Health and Primary Healthcare Needs of City Workers⁵ 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

³ P30

⁴ P41

⁵ [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 residents⁶

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

- 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).

⁶ 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 Hospital⁷ 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 area⁸; however, there is arguably a case for providing improved signage for walking routes throughout the City, with particular need around the Barbican high walks

⁷ P69, 72

⁸ P25

and the Beech Street tunnel. The plan requires that current routes be maintained⁹ and that new pedestrian routes should be provided where feasible¹⁰; however, unless they are appropriately sign-posted, they will not be utilised. As well as providing improved signage for visitors to the City¹¹, 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 improved¹² – this is a priority for City residents. New traffic calmed areas for pedestrians and cyclists¹³ 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 pedestrians¹⁴ – 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 activities¹⁵, with new open and public space provided where feasible¹⁶, as well as new play space for children¹⁷. The improvement of the riverside walking space at Queenhithe¹⁸ is a particularly positive development. The plan recognises the need to safeguard provision, and

⁹ P149

¹⁰ P150

¹¹ P88

¹² P28

¹³ P52

¹⁴ P70

¹⁵ p31

¹⁶ P82

¹⁷ P88

¹⁸ 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 area¹⁹.

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 venues²⁰. 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 plan²¹.

Recommendation

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

¹⁹ p193

²⁰ p56

²¹ p109

Air quality

When planting new trees²², 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 City²³. 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 place²⁴. 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”²⁵. 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 improvements²⁶. It also acknowledges the need for streetscape to incorporate design that provides access for all the city’s communities, including disabled people²⁷. 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

²² P109

²³ P193

²⁴ P202

²⁵ WHO healthy cities

²⁶ P89

²⁷ 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”²⁸. The plan requires the design of buildings to make them accessible for disabled people²⁹.

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 modes³⁰.

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* standards³¹

The Local Plan acknowledges the need to actively manage the safety of night-time entertainment³². 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 violence³³. 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 City³⁴ should also consider the potential increase in local sex trade.

²⁸ P107

²⁹ P99

³⁰ P147

³¹ P191

³² P26

³³ P58

³⁴ P111

Increased emergency resources to cope with increases in population³⁵ 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 Partnership³⁶, which is to be welcomed. The plan refers to the safety thirst scheme³⁷ – 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 terrorism³⁸, 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 buildings³⁹ and publicly accessible rooftops⁴⁰ 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 Aldgate⁴¹, 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.

³⁵ P57

³⁶ P186

³⁷ P187

³⁸ P59, p85

³⁹ P26

⁴⁰ P178

⁴¹ 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 City⁴². 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 floorspace⁴³, 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 residents⁴⁴.

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 highest⁴⁵.

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 partner⁴⁶ – this organisation is no longer funded.

Recommendations

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

⁴² 88

⁴³ P78

⁴⁴ P63

⁴⁵ P25

⁴⁶ 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**