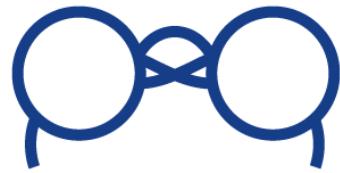


In focus

Healthy London Partnership



The London Plan: The spatial development strategy for greater London

7 December 2017 – Source: Mayor of London

The Greater London Authority released a new *The London Plan* on 29 November 2017. It replaces the previous version published by Boris Johnson during his time as Mayor of London. It aims to serve as a blueprint for London's future development, and the sustainable and inclusive growth of our capital. It includes remarks about making London a healthier city. Chapters one and five refer specifically to Londoners' health and health provision in the capital. Chapter 11 recognises the funding constraints. A public consultation on the plan runs until 2 March 2018.

Summary

London has evolved into distinctive residential streets, squares, markets, parks, offices, industrial and creative spaces. Its built environment has a profound impact on how and where Londoners live and interact. London faces significant projected population growth (70,000 every year), reaching 10.5 million in 2041. This new *The London Plan* responds to the pressure future growth is putting on land, housing, infrastructure and the environment, as well other significant issues including Brexit, air pollution; climate change; and entrenched inequality.

The document sets out what the Mayor is calling 'Good Growth'. Good Growth is about working to re-balance development in London towards more genuinely affordable homes; a more socially integrated and sustainable city, where people have more of a say; bringing the best out of existing places while providing new opportunities to communities. It brings together the geographical and locational aspects of the Mayor's other strategies (including health and health inequalities) and details how the Mayor's housing, social, economic, cultural, environmental and transport policies integrate for maximum impact. It states it is a holistic approach, using all available levers to shape our city for the better, and built around the needs, health and wellbeing of all Londoners.

To ensure that London's growth is Good Growth, each of the policy areas in the plan is informed by the six Good Growth policies including 'Policy GG3 Creating a healthy city'.

Policy GG3 Creating a healthy city

To improve Londoners' health and reduce health inequalities, those involved in planning and development must:

A Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities.

B Promote more active and healthy lifestyles for all Londoners and enable them to make healthy choices.

C Use the Healthy Streets Approach to prioritise health in all planning decisions.

D Assess the potential impacts of development proposals on the health and wellbeing of communities, in order to mitigate any potential negative impacts and help reduce health inequalities, for example through the use of Health Impact Assessments.

E Plan for improved access to green spaces and the provision of new green infrastructure.

F Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.

G Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.

The Mayor's key messages relating to health and health provision

Chapter 1: Creating a healthier city

- The health of Londoners is, to a large extent, determined by the environment in which they live. Transport, housing, education, income, working conditions, unemployment, air quality, green space, climate change and social and community networks can have a greater influence on health than healthcare provision or genetics. Many of these determinants of health can be shaped by the planning system, and local authorities are accordingly responsible for planning and public health.
- The scale of London's health inequalities is great, and the need to reduce them is urgent. Healthy life expectancy is lower in more deprived areas, and the differences between parts of London is stark – more than 15 years for men and almost 19 years for women. London's ongoing growth provides an opportunity to reduce these inequalities, and delivering Good Growth will involve prioritising health in all London's planning decisions.
- The causes of London's health problems are wide-ranging. Many of London's major health problems are related to inactivity. Currently only 34 per cent of Londoners report doing the 20 minutes of active travel each day that can help them to stay healthy, but good planning can help them to build this into their daily routine. Access to green and open spaces, including waterways, can improve health, but access varies widely across the city. Excessive housing costs or living in a home that is damp, too hot or too cold can have serious health impacts. A healthy food environment and access to healthy food is vital for good health. Good planning can help address all of these issues.
- The Healthy Streets Approach outlined in this plan puts improving health and reducing health inequalities at the heart of planning London's public space. It will tackle London's inactivity crisis, improve air quality and reduce the other health

impacts of living in a car-dominated city by planning street networks that work well for people on foot and on bikes, and providing public transport networks that are attractive alternatives to car use. It will also ensure that streets become more social spaces.

- The social and environmental causes of ill-health are numerous and complex, and the people who are most affected by London's health inequalities tend also to be affected by other forms of inequality. Creating a healthy city with reduced health inequalities will make London fairer for everyone. The Mayor plays a pivotal role in bringing together a diverse range of stakeholders from service providers, boroughs, communities and the private sector in order to provide a more integrated approach to promoting a healthy city and reducing health inequalities. The Mayor will co-ordinate investment and focus regeneration initiatives in those parts of London most affected by inequalities, including health inequalities.

Chapter 5: Social Infrastructure

Social infrastructure covers a range of services and facilities that meet local and strategic needs and contribute towards a good quality of life. It includes health provision, education, community, play, youth, recreation, sports, faith, and emergency facilities. Planning associated with health provision is directly sited in 'Policy S2 Health and social care facilities' (p204).

- London's health care services are vital to maintaining and improving Londoners' quality of life. The health service is also one of the capital's major employers, with over 200,000 people working in the NHS in London. Several factors affect the demand for health services and facilities. These include a growing and ageing population, an increase in complex and long-term health conditions that need an integrated approach, and changes in patients' personal preferences. New treatments and technologies are also transforming the ability to predict, diagnose and treat conditions.
- The NHS Five Year Forward View identifies the need to prevent avoidable illness and transform the way that care is organised and delivered in order to meet increasing demands for healthcare within the resources available. It describes the following priorities:
 - supporting and enabling individuals to take better care of their own health and the health of their families and communities
 - undertaking a higher proportion of healthcare in community rather than hospital settings
 - making best use of available assets, including more flexible approaches to how facilities are used and the overall configuration of the health estate, which requires a mix of dis-investment in older, out-of-date facilities and re-investment in more modern, fit for purpose estate
 - ensuring that models of care change and continuously evolve ensuring that existing and planned new health infrastructure supports and facilitates change.

- There are currently four broad types of health infrastructure provision:
 - primary care – GP practices, plus community pharmacists, dentists and opticians
 - community healthcare – this covers a wide range of diagnostic and healthcare services, including non-acute mental health services, which provide a means of delivering care closer to home than from a hospital setting
 - acute provision
 - specialist provision.
- Sustainability and Transformation Plans (STPs) were produced by the NHS and local Government in 2016 to set out how local health and care services would evolve and become sustainable by 2020/21. Five subregional STPs were developed in London. These five-year plans set out in varying levels of detail the proposed changes to NHS hospital estates and primary care facilities in each area.
- Whilst there is no one-size-fits-all model of care, and an increasing blurring of the boundaries between primary, secondary (acute) and tertiary (specialist) health services, there are some broad underlying principles that underpin the planning of new facilities or changes to existing facilities. The NHS General Practice Forward View supports the provision of primary care at greater scale, with larger practices and/or more joined up networks of GPs offering a wider range of services to patients, including extended opening hours. This means fewer GP practices serving larger patient catchments (perhaps 10-20,000 people per practice) and operating from larger premises than is the norm at present. Models of community healthcare are based around larger population catchments (50,000 or more people) or localities to ensure individual services are viable, and to maximise the benefits of integrating and/or co-locating services in community healthcare centres or hubs, or in more flexible ways across localities or networks of service providers.
- In assessing the need for new health and social care facilities, consideration should be given to the location, scale and timing of new residential development, and the quality, capacity and accessibility of existing health and social care facilities to meet some or all of the growth. Joint Strategic Needs Assessments produced by local Health and Wellbeing Boards describe the current and future health and wellbeing needs of the local population and identify priorities for action which are set out in more detail in the Boards' Health and Wellbeing Strategies. These documents are valuable sources of evidence to inform the development and review of Development Plans.
- Where population growth and change is taking place at fairly modest levels, it may be possible to accommodate this through a combination of efficiency savings, service reconfiguration and small adjustments in capacity, for example, through the conversion of non-clinical space to consulting or treatment rooms. In areas of high or concentrated population growth, particularly in Opportunity Areas, it is more likely that new primary and community facilities or capacity will need to be provided. Boroughs have a key role to play in ensuring that the need for health and social care

facilities is assessed, that sufficient and appropriately-located sites are allocated for such facilities, and that mechanisms are in place to secure their provision through, for example, Section 106 or Community Infrastructure Levy contributions.

- The co-location of facilities with other uses, such as other forms of social infrastructure or housing, is encouraged to use land more efficiently and to enable a more integrated service delivery.
- Development and regeneration proposals for an area provide an opportunity to rethink how land and buildings are used and whether there is a more optimal configuration or use of that land. Hospital reconfigurations are an example where more intensive and better use of a site can lead to a combination of improved facilities and the creation and release of surplus land for other priorities. The London Estates Board aims to improve the way surplus and underused NHS assets are identified and released, and provide a single forum for estate discussions in London, ensuring early involvement of London Government partners. Membership includes NHS partners, local Government, the GLA and national partners (central Government, NHS England, One Public Estate and the national NHS property companies).

Chapter 11: Funding the London Plan – health facilities

- The demand for health services in London is increasing due to a growing and ageing population and an increase in complex and long-term health conditions. As described in paragraphs 5.2.1 to 5.2.9 of the Plan, the NHS has set out the need to undertake a higher proportion of healthcare in community rather than hospital settings. However, many hospital sites contain old, poor-quality stock and there is a need for both replacement and maintenance. Investment is also needed in the workforce and digital technology to deliver service change.
- Across London, developer contributions are used to fund the capital costs of new or expanded primary and community care facilities in order to meet the increasing demand for services which arises from population growth in new developments. Boroughs should use the London Healthy Urban Development Unit Planning Contributions Model (HUDU Model) to calculate the capital cost of the additional health facilities required to meet the increased demand. Boroughs should also work with Clinical Commissioning Groups and NHS England to determine what investment is required by monitoring housing and population growth, keeping infrastructure plans up to date and working together to identify and develop projects towards which Section 106 and CIL contributions could be used.
- Section 106 in-kind contributions can be used to support the provision of new health facilities, particularly in Opportunity Areas where there is little or no existing infrastructure. Examples of in-kind contributions include: transfer of land to provide new primary and community care facilities construction and fit-out of new health facilities; and provision of ‘shell and core’ space at peppercorn rent. Funding sources for health buildings also include direct capital from central government and private funding through a variety of public/ private joint ventures. A specific fund for

Primary care estate, the Estates and Technology Transformation Fund (ETTF) is in the second of a four-year programme (to 2020).

- London's Sustainability and Transformation Plans (STPs) were published in October 2016 to set out how health and care services would evolve and become financially sustainable over the 5-year period to 2020/21. The plans outlined a requirement to spend £4.8 billion on existing health infrastructure in London just to keep it operationally functional. Further capital investment in NHS infrastructure of £2.1 billion is needed to meet the costs of transforming health services in London and accommodating population growth. Therefore, a total 5-year investment of £6.9 billion is required.
- ETF and developer contributions represent only a relatively small proportion of the capital funding required, so additional sources need to be identified. The London Health and Care Devolution Memorandum of Understanding offers significant opportunities to address health and care estate challenges. These include innovative approaches to realising value from underused and unused NHS land and buildings; working more collaboratively with the Mayor and London's boroughs; and taking the One Public Estate approach to health and care developments. The London Estates Board and London Estates Delivery Unit aim to support the effective delivery of local and sub-regional estates plans, including more efficient estate utilisation. This will better meet the health and care needs of Londoners now and in the future.

Other notable policies encouraging health and healthier lifestyles

Page 185 – Policy H14 Supported and specialised accommodation

Page 186 – Policy H15 Specialist older persons housing

Page 208 – Policy S3 Education and childcare facilities

Page 212 – Policy S4 Play and informal recreation

Page 256 – Policy E9 Retail, markets and hot food takeaways

Page 320 – Policy S11 Improving air quality

Page 403 – Policy T2 Healthy Streets

- ➔ **Respond to the consultation:** [https://www.london.gov.uk/what-we-do/planning/london-plan/how-comment-draft-london-plan](https://www.london.gov.uk/what-we-do/planning/london-plan/new-london-plan/how-comment-draft-london-plan)
- ➔ **Download The London Plan from the Mayor of London's website:** <https://www.london.gov.uk/what-we-do/planning/london-plan>