



Report

London Health Commission

Health Impact Assessment – Draft London Plan

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on behalf of the London Health Commission

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Core planning and development team

The following people and organisations were centrally involved in planning and developing events related to the policy appraisal workshop, and reviewing drafts of this report on behalf of the London Health Commission.

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Introduction

It is widely accepted that many factors can affect health and well being. Some of the major factors – such as poverty, the environment and transport – are influenced by local or regional government. Statutory policies, therefore, can have a significant effect on the health of local communities.

Health impact assessment (HIA) is a tool to ensure that all policies, strategies and practices are properly assessed in terms of how they will impact on health. The aim of HIA is to encourage decision-makers to build on the positive and reduce the negative impacts of their decisions.

Decisions affecting health are made in the private and not-for-profit sectors as well as the statutory sector. Accordingly, organisations in all sectors can play an important role – working together and separately – in improving the health of Londoners and reducing health inequalities among different communities and groups.

In pursuit of this goal, the London Health Commission is committed to carrying out health impact assessments on the Mayor of London's draft strategies. By the end of the summer of 2002, HIAs had been carried out on six draft strategies: transport, economic development, air quality, bio-diversity, municipal waste management and energy. Reports of these HIAs can be found on the London Health Commission website:

www.londonhealth.gov.uk/hia.htm

This report contains the findings of the HIA on the draft Spatial Development Strategy, widely known as the London Plan.

1. Framework for the health impact assessment

1.1 *Overview*

The process for carrying out a policy appraisal health impact assessment (HIA) of the Mayor's draft London Plan was agreed at the London Health Commission meeting of 11th July 2002.

The London Health Observatory summarised and updated a review of evidence which had been commissioned by the Greater London Authority and the London Health Observatory (1). This evidence is summarised in section 3 of the report (pages 26-28).

The health impact assessment of the Mayor's draft London Plan reflects the outcomes from four main gatherings for discussion, debate and scrutiny. These are:

- meeting of the London Health Commission on 11th July 2002;
- scoping seminar attended by London Health Commission members and other key stakeholders on 15th July 2002;
- policy appraisal workshop on 4th September 2002; and
- meeting of the London Health Commission on 19th September 2002.

At the policy appraisal workshop on 4th September, stakeholders from a variety of sectors had the opportunity to:

- bring their own experience and knowledge to bear on key questions about the draft strategy, and to share their views with other participants; and
- explore evidence linking spatial development and health and, where appropriate, to relate this to their own experience and recommendations.

This final HIA report on the draft London Plan was submitted to the Mayor at the end of September 2002.

1.2 *What is the London Plan aiming for?*

The draft London Plan is the Mayor's spatial development strategy. As such, it needs to synthesise the strategy and policy developments which the Mayor has pursued across the whole range of his responsibilities, and provide the framework for guiding London's developments over the coming decades.

The mayor describes his vision for the London Plan in the following way:

'My vision is to develop London as an exemplary sustainable world city, based on three interwoven themes:

- Strong, diverse long term economic growth

- Social inclusivity to give all Londoners the opportunity to share in London's future success
- Fundamental improvements in London's environment and use of resources.'

The draft Plan comments that:

'So that his vision can be fully implemented across all his strategies, the Mayor has set out five common themes for each strategy to ensure that London can become: a prosperous city, a city for people, an accessible city, a fair city and a green city. In the draft London Plan, each of these themes has been developed into a specific objective.' An additional objective relates to the future spatial structure of London. The objectives are listed below:

- Objective 1. Making the most sustainable and efficient use of space in London; encouraging intensification and growth in areas of need and opportunity (see Chapter 2)
- Objective 2. Making London a better city for people to live in (see Section 3A)
- Objective 3. Making London a more prosperous city with strong and diverse economic growth (see Section 3B)
- Objective 4. Promoting social inclusion and tackling deprivation and discrimination (see Section 3A and 3B)
- Objective 5. Improving London's transport (see Section 3C)
- Objective 6. Making London a more attractive, well-designed and green city (see Chapter 4).

Focusing on health

The summary of the draft Plan highlights the importance of health in the following terms:

'Health is far more than the absence of illness. It is a state of complete physical, mental and social well-being. A person's health is not only linked to age and gender, but to wider factors such as education, employment, housing, social networks, air and water quality, access to affordable nutritious food, and access to social and public services. The top priorities of the London Health Strategy are reflected in the Plan.¹

Demographic trends as well as policy shifts determine the scale of healthcare needs in particular locations. The plan, in seeking to accommodate London's projected population increase, also seeks to ensure that adequate healthcare facilities are provided as part of large scale commercial and housing development.'

In short, the London Plan sets a framework within which the Mayor, Greater London Authority and others will work together to improve the health of Londoners – and to reduce inequalities in health among different groups and communities.

¹ Note: These priorities are currently being reviewed and have been further developed by the London

1.3 Outline of the process

Shape and focus of the policy appraisal workshop

The one-day workshop took place on 4th September, 2002, at the Greater London Authority, City Hall.

The overall purpose of the workshop was to:

- provide participants with an overview of the contents of the draft strategy and of the development process underpinning it;
- brief participants on key aspects of existing evidence on the health impacts associated with the draft strategy; and
- encourage participants to share their own experience and knowledge in this area with colleagues, to discuss insights and analyses, and so to help shape recommendations going forward to those finalising the strategy.

Who attended, and what did they do?

Approximately 65 people attended, drawn from a range of sectors and levels of seniority. (See Appendix 1 on page 36 for a full listing of the participants).

Chaired by Len Duvall, Chair of the London Health Commission, an initial plenary meeting included a presentation on the draft Plan by Drew Stevenson from the Greater London Authority (GLA) London Plan team; an introduction by Jenny Mindell (London Health Observatory) to key aspects of evidence in the field; and an outline by Natasha Gowman of the process to be used for the HIA.

Participants then moved into facilitated small groups to discuss themes relating to clusters of policy proposals from the strategy.

These were:

- What are the implications for the determinants of health, and for health inequalities, of living in a more densely populated city?
- What are the implications for the determinants of health, and for health inequalities, of economic growth achieved mainly through the financial sector?
- How can we ensure that Londoners' access to services improves during, and after, the lifetime of this strategy?

After lunch, there was feedback on the discussions which were generally agreed to be cogent and well informed. Small groups in the afternoon focused on the topics:

- What are the implications for the determinants of health, and for health inequalities, of the policy proposals relating to:
 - Education, training and employment?
 - Housing (eg, density, brownfield development, location of major new developments, provision of affordable housing, etc)

- Delivering high quality essential services (including recruiting and retaining key workers), and the provision of health and social care services?
- Creating healthy communities, and promoting social inclusion through neighbourhood renewal?
- Recreation and leisure, including access to green and open spaces?

Participants filled in an evaluation form distributed at the end of the workshop.

Main findings and recommendations

The main findings and recommendations of the HIA on the draft London Plan are outlined in this section.

Many important health considerations were already incorporated in the draft strategy. The strategy team is to be congratulated on the work that has gone into the preparation of the strategy and on the diverse types of economic, social (including health) and environmental evidence which have been pulled together.

- Section 2.1** outlines those areas of the draft London Plan which it was felt could make a particularly significant contribution to improving health and reducing health inequalities.
- Section 2.2** outlines some areas of concern where it was felt that the proposed policies might contribute to harming population health and increasing health inequalities.
- Section 2.3** presents the detailed recommendations from the workshops, along with summaries of evidence in support of the recommendations.

2.1 *What we like ...*

We welcome the Mayor's vision of a socially inclusive city in which all Londoners have the opportunity to share in the city's success. We also welcome the plans for major improvements in London's environment and its use of resources. We recognise the need for strong, long term economic growth and the need to develop plans to maximise future opportunities.

We see the following areas of the Plan as being of particular importance in relation to the health and well-being of Londoners.

Housing and open space

We welcome the targets for affordable housing as described in Policy 3A.7 and laid out in table 3A.1 .

We welcome Policies 3D.10 and 3D.11 which set out the principle of protecting open spaces. We especially welcome the clause which recommends protecting 'local open spaces that are of value, or have potential to be of value, to local communities' (p.216). Planning restrictions which protect the Green Belt Boundary, Metropolitan Open Land and Green Corridors and Chains are important for maintaining and improving quality of life for people in London.

We welcome policies, such as 3A.3 and 3B.5, which promote mixed and multiple uses of buildings and facilities and will be beneficial to health and wellbeing.

Employment

We welcome policies, such as Policy 3B.13 which identifies a number of organisations with which the Mayor will work in partnership to improve skills and reduce barriers to employment. Involving employers from all sectors is critical to the success of the London Plan.

Impact assessment

We welcome Policy 3A.20 which recommends that boroughs should have regard to the health impacts of developments. We also welcome Policy Proposal 3A.26 which requires major developments to be the subject of social and economic impact assessments. (We believe, though, that this proposal should be extended further to include health and environmental assessment – see next section and Recommendation 7.ii on page 24.)

2.2 *What we are concerned about ...*

Clearly, any spatial development plan needs to be based on assumptions of considerable magnitude. Extensive expertise has helped to frame the assumptions in the Plan; and the Plan will be monitored and reviewed in the next Mayoral term. There is still some concern, however, that the Plan might not be sufficiently flexible to deal with changed circumstances if some of the key assumptions prove mistaken – particularly those relating to economic growth, population growth and housing demand. Specific concern is felt about the pre-eminent role in economic growth that the Plan assigns to the financial sector.

We are also concerned about another potential gap between intention and reality. Implementation of some aspects of the Plan, particularly in areas for intensification, might inadvertently bring about an increase in deprivation and health inequalities: for example the implementation and construction phase of major developments will mean considerable and long-lasting disruption for people in areas of intensification. The bulk of the employment related to such developments, both during the implementation and after completion, may go to people who do not live in the areas of intensification.

We see the following areas of the Plan as being of particular need of review to prevent inadvertent damage to the health and well-being of Londoners.

Regeneration

Workshop participants expressed concern that area-based initiatives do not solve multiple deprivation. Policies relating to regeneration such as 2A.4 and to development zones, such as 3C.1, may exacerbate existing inequalities for local communities. This particularly applies to areas for intensification where there may already be high levels of inequality, and where development may increase deprivation and social exclusion.

The predicted population growth and thus the level of development forecast for London requires smooth co-ordination between sectors. Quality of life for people living and working in London will be significantly impaired if the new infrastructure (transport, housing, schools) is not in place in time.

Employment

The draft London Plan forecasts enormous growth in the financial sector. The associated increase in employment opportunities is to be welcomed. However, there are two areas of concern:

- employers in the financial sector may see it as no part of their role to work towards reducing inequalities – for example, through drawing in people from deprived local communities and developing them as key members of the workforce at all levels of the organisation
- the draft Plan inadequately recognises the need for growth in other sectors.

Extending ‘the mainstream’

The Plan needs to encourage concerted effort to ensure that mainstream attention is paid to the needs of disabled people, black and minority groups, children and young people, and other vulnerable groups. Where appropriate, clear links need to be made to separate Mayoral strategies (on homelessness, for example). The Plan should also be clear about what will be covered by the supplementary planning guidance being prepared.

Housing

The draft London Plan has a comprehensive section on current and forecast housing need (section 3A). The total housing demand and need for affordable housing includes ‘the hidden homeless’ – such as households in temporary accommodation, concealed couples and lone parents and households sharing amenities (p.123). However, we would welcome a stronger emphasis on the need for a range of ‘care’ homes, including intermediate housing, supporting people who have been homeless in resettling in permanent accommodation.

Sports and culture

Policies 3D.4 and 3D.6 state how the Mayor will work to promote sports and culture. These policies focus on London as an international centre. The current policy proposals do not recognise that artists and athletes of international excellence are at the peak of a pyramid which trains and supports local talent and which addresses a range of local needs. An undue emphasis on excellence may increase inequalities and fail to strengthen local provision and access.

Promoting physical activity and participation in artistic, civic and social activities will contribute to reducing social isolation and to reducing the proportion of people who are sedentary.

See Box 1 for evidence linking health with these types of activity.

Impact assessment

We believe that Policies 3A 20 and 3A 26 should be strengthened and further linked so as to highlight the need for impact assessment of developments that encompasses social, economic, environmental and health dimensions.

Box 1 Arts and health and physical activity

This box relates to the heading, 'Sports and culture' above.

A longitudinal study compared levels of cultural activity with self-reported health:

- individuals who became less culturally active or those who were culturally inactive throughout the study reported poorer health compared with the culturally active.
- individuals who moved from cultural inactivity to cultural activity had the same level of self-reported health as the culturally active (2).

A cross sectional study found that attending cultural events is linked to longevity. People who rarely attended such events ran a 60% higher mortality risk than those attending most often. However, no conclusion about the causal mechanisms could be drawn (3).

cited in (4)

Exercise has the capacity to diminish morbidity and mortality within the population. The list of health aspects associated with low levels of exercise includes some major causes of death and disability and is composed almost exclusively of disorders that affect adult health. Most involve lifelong processes that begin during the child or adolescent years and surface clinically in later adulthood (5).

cited in (1)

2.3 *What we suggest ...*

There are eight main recommendations.

1. In every way possible, support community involvement in the delivery of the Plan and actively enable people in London to play a full part in democratic and civic governance.
2. Strengthen the delivery of the London Plan by identifying ways to resource, support and facilitate partnership working across all levels.
3. Ensure that the needs of particularly vulnerable groups – like the homeless and disabled people – are given mainstream attention (even where separate strategies are involved).
4. Use planning conditions and other mechanisms to work with major employers to ensure that the employment opportunities afforded by the forecasted growth are beneficial for everyone gaining work in this expansion.
5. Ensure that London's current population benefits from the Plan in equal measure with those coming new to London; and that the non-working population benefits along with workers.
6. Present a realistic vision of what regeneration can achieve – and encourage all agencies involved in regeneration to collaborate in building evaluation and ‘active learning’ into their initiatives.
7. With regard to new developments, press the case for – and, where appropriate, stipulate – integrated impact assessment which takes account of social, economic, environmental and health dimensions.
8. Make maximum use of existing resources – a welcome theme in the Plan. We recommend that this principle is extended to making better use of London's existing buildings.

What do the recommendations include?

The **recommendations** are described fully in the following pages.

Each recommendation has several specific, numbered **actions** attached to it. Where there has been agreement among those taking part in the Health Impact Assessment that these actions are linked to a specific **policy proposal** or proposals in the London Plan, these proposals are highlighted alongside the actions. Where no specific policy proposals are highlighted, those developing and implementing the London Plan are requested to review the draft Plan in light of the recommendations and take appropriate action.

Summaries of evidence in support of the recommendations are presented in boxes at the end of each section. This evidence comes from a number of reviews looking at health, and social, inequalities, including:

- the evidence sheets available to the workshop participants (these are summarised on pages 26-28);

- an earlier review which provided the main substance of these evidence sheets (1); and
- literature reviews eg Acheson Report (6), HIA for Regeneration Projects Volume II (7) and reviews to support other HIAs of draft Mayoral strategies (eg source 4).

Who needs to respond to the recommendations?

The recommendations are directed in the first instance to the Mayor.

As a spatial development strategy for London, the London Plan is necessarily a complex and far-reaching document, of practical interest to a wide range of people and organisations. Our recommendations, we believe, reflect these characteristics.

Some of the recommendations relate to changes we would like to see in the London Plan itself.

Others relate to actions which we would like to see taken during the implementation of the Plan.

Some of these actions are within the power of the Mayor and the Greater London Authority while others are changes which are important to the delivery of the London Plan and which need to be taken by other agencies.

1. In every way possible, support community involvement in the delivery of the Plan and actively enable people in London to play a full part in democratic and civic governance.

- i. Make the remit of the Plan clearer – false expectations may be raised amongst people who are not clear what falls within the scope of the Plan
- ii. Include a relatively simple diagram to show the key relationships among different levels of organisation and partnership that are needed to transform the Plan into successful working on the ground. This diagram should be linked with the explanations given in the Glossary of terms such as unitary development plans, community plans and local strategic partnerships
- iii. Make clearer the links between different aspects of the Plan and be explicit about where links between policies need to be made
- iv. Ensure that the design of new developments caters for the diverse needs of London's population. In making this recommendation, we also welcome Policy 4B.5 which relates to creating an inclusive environment and states that the Mayor will require all future development to meet the highest standards of accessibility and inclusion.
- v. Encourage agencies to seek out and draw on innovative approaches to community participation, with the aim of ensuring that all local voices are heard. This recommendation is aimed at strengthening policy proposals such as 5.1 which describes how the Mayor will work with a wide range of partners including the voluntary and community sectors both locally and at the sub-regional level.

Box 2 Community development and social capital

The provision of community facilities does not constitute or develop social capital ... need greater participation and representation in growth and development of facilities.

Cattell (8)

Social capital has a material base: community involvement and effective participation require opportunities and social networks *eg* well run Tenant Management Co-ops. A thriving localised, regenerated community life needs appropriate facilities and meeting places.

Cattell (9) cited in (4)

In more heterogeneous high crime areas those who populate community panels and whose views are represented in other local organisations and initiatives are frequently white, older and middle class so that young people in local communities become defined as the criminal other.

Brown (10) cited in (4)

- vi. Ensure that children and young people are involved in consultation processes

- vii. Ensure that a balance is struck between the needs of the wider community and the needs of business when new developments are planned.
- viii. The impact of strategic developments in London on population health and health inequalities should be explicitly considered in the annual report which will measure progress on the Plan. The London Health Commission can advise on suitable indicators, based on the indicators developed for the London Health Strategy.
- ix. We welcome the inclusion in the Plan of the list of key performance indicators and the fact that they include targets for unemployment rates, in general and amongst black and minority ethnic groups.
- x. The Plan recognises that it can play an important role in designing out crime and improving community safety. In the implementation of the Plan it must be remembered that good physical and environmental design is only a partial solution to crime and people's fear of crime.
- xi. Improved street design to enable walking and to create safe areas for children's play should be encouraged for new developments and in existing areas- proposal 3C.16 on local area transport treatments should have the importance of safe areas for children to play added.

Box 3 Citizen participation

Citizen participation and empowerment have great significance to health. Participation in social and civic life is central to understanding empowerment. Participation is dynamic, unquantifiable and essentially unpredictable. The critical elements of the process are increased awareness and development of organisational capacities. Engaged, ongoing participation produces trust and networks that are the oil of social capital.

Participation may merely be the means of achieving a set objective or goal. This form of intervention tends to be driven by outsiders to the community and rarely results in any shift of decision-making power or resources to the local community.

Kawachi (11) cited in (4)

Box 6 Environmental design

The density of friendships and people's sense of neighbourliness decrease as traffic volumes increase (see (14) cited in (15)).

Children's play territory has been reduced as roads and pavements become more and more dangerous. Children's psychological development may be impaired by the curtailment of their sense of independence and personal mobility (16).

cited in (1)

Box 4 Crime and health

Poor design creates opportunities for crime and decreases residents' territoriality and willingness to use and defend local space.

The impact of fear of crime is not just upon individual freedoms and activities but is also focused on particular social groups in particular places frequently following and reinforcing divisions of social exclusion. Strategies aimed to address the fears of a particular group can exclude other marginalised groups. For example, reassuring female evening leisure seekers in town centres can mean restrictions on access for homeless people or those who drink alcohol.

Pain (12) cited in (4)

Box 5 Fully engaged

The Wanless Report looks at resources required to deliver a high quality health service. The authors state this will depend on the health needs and demands of the population, technological developments, workforce issues and productivity. As there is uncertainty around how these additional cost drivers will change, the Review has built up three scenarios.

The most favourable scenario is where the public is 'fully engaged': in this scenario public health improves dramatically with a sharp decline in key risk factors such as smoking and obesity, as people actively take ownership of their own health. [...] People have better diets and exercise much more. Targets for obesity are met quickly and maintained. Fewer people smoke: only one in six compared to around one in four today, matching levels in California where there has been intensive smoking reduction in recent years. These reductions in risk factors are assumed to be largest where they are currently highest, among people in the most deprived areas. This contributes to further reductions in socio-economic inequalities in health.

from Wanless (13)

2. Strengthen the delivery of the London Plan by identifying ways to resource, support and facilitate partnership working across all levels.

- i. In the implementation phase of the Plan there should be increased emphasis on partnership working. For example:
 - working with the education sector to ensure that the quality of education offered by schools is considered alongside capacity (partly in recognition of the fact that the perceived quality of schools plays an important role in attracting people to work in an area)
 - acknowledging the importance to Londoners' health of the provision of wider social care services – and further supporting the significant role played by the voluntary sector in providing these services.
- ii. The importance of timely input into planning from people with public health knowledge, including but not confined to those in NHS organisations, should be emphasised in the plan – this could be added to proposal 3A.20 on health impacts. (See also Recommendation 7.iii on page 24.)
- iii. Strategic developments within London and area-based regeneration programmes should bring real and positive change for local people - tighter requirements should be set for developers to ensure that they deliver benefits to established deprived communities through jobs and environmental improvements. The London Health Commission can advise on suitable performance targets/indicators

Box 7 Education, skills and health

Improving education for children leads to a wide range of improved health outcomes in later adult life (17).

The Acheson Report (6) quotes a range of evidence linking low levels of skills with continuing disadvantage: unemployment is associated with lower levels of educational attainment and other skills (18). A lack of skills may be a barrier to obtaining employment which can reinforce earlier or other disadvantage (19). 41% of disabled people of working age have no educational qualifications compared with 18% non-disabled people (20).

3. Ensure that the needs of particularly vulnerable groups – like the homeless and disabled people – are given mainstream attention (even where separate strategies are involved).

- i. The needs of homeless people should be more fully addressed in the Plan: this should include definitions, and current levels, of homelessness. This should be in advance of, and in addition to, the forthcoming Mayoral strategy on homelessness.
- ii. Ensure effective planning for affordable housing of diverse types including housing for families and intermediate housing for people with special needs. In proposal 3A.7 account should be taken of the need for affordable housing for different groups including older people and families with children.
- iii. The definition of the term ‘keyworkers’ should be expanded and made more explicit.
- iv. Ensure that the Plan supports the ability of workers to access a range of accommodation which meets their needs. We support proposal 3A.15 on resisting the loss of staff hostels and accommodation but this must be supplemented with additional provision of other types and sizes of accommodation.
- v. The need for social care provision should be considered alongside health service provision: policy 3A.18 should be amended to reflect this.
- vi. The Mayor should develop incentives in planning processes to encourage the establishment of care homes: for example each community/unitary plan should include targets for care home places in the area. The aim should be to provide sufficient residential care facilities to preserve social networks and discourage displacement to the outer fringes of the capital or outside London.
- vii. The Plan should place greater emphasis on the needs of disabled people, black and minority groups, children and young people and other vulnerable groups - the plan should be clear about what will be covered by the supplementary planning guidance being prepared.
- viii. The Plan should emphasise the need to promote the use of open space, art, leisure, culture, particularly amongst those population groups who are most disadvantaged . For example, proposal 3B.11 concerning the tourist industry should be modified to make clear that a better visitor experience for all requires access for all, including disabled people. Careful cross-referencing across policy proposals would help to highlight areas for common action.
- ix. The Plan should include provision for siting ‘difficult to place’ services such as for people leaving prison and for drug and alcohol services

- x. In the implementation of the Plan it will be essential to ensure that sufficient data is available to monitor access for disabled groups to buildings and services.

Box 8 Street homelessness and temporary and poor housing

The prevalence of the following health problems is three times as high among rough sleepers as in general population: chronic chest conditions, breathing problems, frequent headaches, musculoskeletal problems and difficulties in seeing.

The prevalence of the following health problems is twice as high among people living in temporary accommodation as in the general population: chronic chest conditions; breathing problems; frequent headaches; musculoskeletal problems; and difficulties in seeing

(21) cited in (22)

The BMA (23) report that

- a general lack of space and cooking apparatus in temporary accommodation eg kettles at floor level leads to high rates of accidents reported for children
- poor, or absent, kitchen facilities mean that people have to rely on food from cafes and takeaways and this contributes to relatively high rates of gastroenteritis
- normal child development may be impaired through lack of space for safe play and this is linked to relatively high rates of stress, skin disorders and chest infection
- stress from living in poor and cramped spaces undermines personal and parental relationships

People moving from temporary to permanent accommodation often have to furnish, and then find the money to heat, their new homes which are often larger. Families report that the most useful help during resettlement would be financial assistance in moving, and in furnishing and decorating the new homes (24).

cited in (1)

4. Use planning conditions and other mechanisms to work with major employers to ensure that the employment opportunities afforded by the forecasted growth are beneficial for everyone gaining work in this expansion.

- i. Make explicit that the Framework for Regional Employment & Skills Action (FRESA) discussed in proposal 3B.13 will involve a wide range of employers and partners, for example primary care trusts could be involved
- ii. Support and raise the status of industries other than the financial sector. This should include social enterprise, which should be supported through the provision of affordable business space.
 - Policy 3A.3 describes how boroughs should make better use of existing housing through their empty property strategies.
 - Policy 3B.1 describes how supply side blockage of premises should also be removed for social enterprise which has a vested interest in the local community.
- iii. In the implementation of the Plan, the NHS and other public service employers have a major role to play in improving the attractiveness of jobs and recruiting local people to work in local services. Private sector employers also have a major role to play. Organisations such as Learning and Skills Councils and Local Strategic Partnerships must engage with employers and encourage them to develop the local workforce and recruit locally. This should include ‘forward planning’ to ensure disadvantaged Londoners acquire basic skills and a route into employment where development of business is planned.
- iv. In the implementation of the Plan, work should be undertaken with employers and developers to influence their policies, for example providing incentives, on recruitment, and on social and environmental responsibility.
- v. In the implementation of the Plan, the Mayor’s profile could be used to good marketing and persuasive effect – in particular, to promote the value of working in the public sector in London.

Box 9 Job creation

Employment does not necessarily lead to health improvement: the health consequences of employment and unemployment are directly contingent upon the quality of the work ((25) cited in (7)). The groups which face the highest risk of experiencing the adverse effects of unemployment appear to be middle-aged men, youth who have recently left school, the economically marginal such as women attempting re-entry to the labour force and children in families in which the primary earner is unemployed (26).

Likewise job creation does not necessarily 'trickle down' as job opportunities for the long-term unemployed, and is neither a sufficient, nor necessary, condition for reducing long-term unemployment. Employment policy should include measures to tackle possible discrimination by employers and better targeting of vacancies to long-term unemployed people (27). Ethnic minority unemployment is more than double that of comparable White sub-populations (28).

cited in (1)

Box 10 Skills escalator ... employment and health

Organisations, including those in the health and social care sector, aspire to be suppliers of high quality, culturally sensitive services that local communities feel they 'own', want to use and are proud of.

To reach this goal organisations need to become 'employers of choice' that is they need to be seen as first-class employers who provide well-supported jobs with a career structure for those who want one.

A career skills escalator shows how institutions must look beyond their boundaries to identify how people with basic levels of skill can join the escalator. Through pre-, and post-, employment training people can then move up to higher skill. Access points onto the escalator at every level of skill or training will ensure a steady stream of new recruits coming in and moving through the system.

(adapted from 29,30)

- 5. Ensure that London's current population benefits from the Plan in equal measure with those coming new to London; and that the non-working population benefits along with workers.**
- i. Revise the vision of the Plan to value the contributions to London made by non-working Londoners and ensure their needs are adequately met through the policy proposals. Children, older people, some disabled people, and other Londoners in full-time unpaid caring roles, are not part of the workforce and there is little in the Plan to benefit them.
 - ii. Strengthen policies on provision of community facilities, particularly childcare – proposal 3A.16 about protection of community facilities should have childcare added, and consideration should be given to childcare provision within major new developments
 - iii. In the implementation of the Plan, initiatives to improve skills and employment opportunities for Londoners must focus on promoting the types of working environments which are supportive of health, not just low paid and temporary contracts
 - iv. Bringing business money in for social use through section 106 planning could have far-reaching consequences and should be further encouraged in the implementation of the Plan. Work should be undertaken to identify clear arguments and legally plausible cases for linking funds of this kind with the health and wellbeing of the local community, Disseminate clear and practical guidance on the use of section 106.
 - v. Change the emphasis of the proposal on sports facilities - we fully support the development of London's sporting facilities but would like to see the emphasis of proposal 3D.6 changed such that the needs of local people are highlighted in addition to identifying sites for national and international sports venues and promoting London as home for the 2012 Olympic games.
 - vi. Take appropriate measures to encourage the inclusion within major new developments of leisure facilities that are accessible to the wider local community.

Box 11 Economic development, regeneration and social inclusion

The South East attracts, through inter-regional migration, a more than proportional share of the potentially upward mobile young adults. A significant proportion 'step off' the escalator by migrating away from the South East when they achieve higher levels of both status and pay (31). The economic opportunities in London are not available to all. The size and diversity of the South East's labour and housing market and the relative ease with which one can achieve anonymity mean that it is a likely destination for those seeking work, shelter or new social relationships not from a position of strength but of weakness. Migration, between 1971 and 1981, into the South East Region served to enhance social polarization (31).

cited in (1)

A longitudinal cohort of 274 long-term residents in a town in Tennessee, USA 1990-1993 were surveyed during a period of local economic recovery (32). The follow-up period was 3 years. It was found that family incomes for existing residents declined during the period as new jobs went to incoming workers. The following health outcomes were noted

- average physical health (measured by the Duke Health Profile) worsened by the end of the period
- average numbers of visits to health care providers increased slightly, but not significantly greater at the end of the period
- mental health improved slightly by end of the period, but not a statistically significant change

cited in (7)

Families with an unemployed head of household are at the highest risk of poverty (33).

Studies of the adequacy of state benefits identify unemployed households with dependent children as being particularly badly off (34-36).

cited in (6)

6. Present a realistic vision of what regeneration can achieve – and encourage all agencies involved in regeneration to collaborate in building evaluation and ‘active learning’ into their initiatives

- i. Acknowledge the limitations as well as the strengths of regeneration. Area-based initiatives are able to ‘reach the parts that other initiatives can’t reach’. However, they cannot provide all answers to all problems. Indeed, past experience suggests that they are likely to create new problems of their own.
- ii. Where possible, encourage strong and clear links between regeneration activities and mainstream delivery.
- iii. Encourage all agencies involved in regeneration to collaborate in:
 - learning from relevant research and past experience – in particular, in relation to the need for full community participation; and
 - developing approaches to evaluation which will enable all those involved to learn as they go along – and make appropriate changes in their practices as a result of this learning.
- iv. In the implementation of the Plan, it should be ensured that public health professionals have the opportunity to influence planning decisions and develop related skills and planners have opportunities to learn about public health.

Box 12 Regeneration

Local area-based programmes are important but in isolation they have a limited ability to encourage sustainable change and reduce social, and health, inequalities (37,38):

- regeneration programmes address inequalities in society at a local level. Local programmes must cope with, and can do little to influence, changes in wider society, for example changes in policy or in the macroeconomic situation such as economic recession (39); and
- public health evidence has many examples of links between health and disadvantage but there are not so many published examples of improving determinants of health and a subsequent improvement in health (40).

The process of developing and agreeing indicators should not be an academic exercise conducted in isolation (40). There is a real value in engaging with partners

- to agree and define the indicators so that the intervention focuses on areas of need and is not driven by outputs which have been chosen arbitrarily; and
- to develop a clear understanding of the aims and objectives of the regeneration programme and how the interventions may be expected to affect health

- v. Care should be taken to ensure that regeneration does not gentrify areas and so force local residents to move.
- vi. Require new developments to be net 'exporters of energy'.
- vii. The Plan should encourage 'forward planning' in the development of skills and employment opportunities for Londoners, with Learning and Skills Councils working with developers and employers to create pathways to employment well in advance of new facilities opening. This should be added to proposal 3B.13. (See Recommendation 4.iii.)
- viii. Planning for regeneration areas should include planning for banking services or credit unions where existing services are inadequate

Box 13 Gentrification

Gentrification is "the rehabilitation of working-class and derelict housing and the consequent transformation of an area into a middle-class neighbourhood" (41, p1).

The term 'gentrification' refers to a process of class succession and displacement in areas characterised by working-class and unskilled households (42,43).

Gentrification appears to improve the physical and social fabric of an area. However, social problems are usually evacuated through the 'improvement' of neighbourhoods: the subsequent absence of social problems is thereby used as evidence that gentrification has positive social impacts (43).

cited in (4)

7. With regard to new developments, press the case for – and, where appropriate, stipulate – integrated impact assessment which takes account of social, economic, environmental and health dimensions.

- i. We welcome proposal 3A.20 which states that boroughs should have regard to the health impacts of major new developments.
- ii. We suggest that proposal 3A.26 be expanded to include the need for health, social, environmental and economic impact assessments.
- iii. We recommend that work should be undertaken to develop a full range of training and development opportunities from short courses to postgraduate programmes so that people from all sectors can undertake health, social, environmental and economic impact assessments.

Box 14 Health impact of high density

A community based case-control study (44) looking at traffic volume, speed and curbside parking found that

- the risk of injury, especially for child pedestrians, increased with traffic volume;
- a high density of curb parking was associated with increased risk; and
- risk increased with mean traffic speeds over 40kph.

Disadvantaged urban areas tend to be characterized by high traffic volume, leading to increased levels of air and noise pollution and higher rates of road traffic accidents without the benefits of access to private transport (45).

cited in (7)

8. Make maximum use of existing resources – a welcome theme in the Plan. We recommend that this principle is extended to making better use of London's existing buildings.

- i. Focus on improving existing building stock and bringing empty properties back into use – we welcome proposal 3A.3 regarding this, but such actions need further strengthening.
- ii. Exploring the potential for more flexible use of existing resources for example buildings.
- iii. Cycling, walking and reducing the need to travel should be emphasised throughout the Plan in addition to greater use of public transport –we welcome proposals 3C.18 and 3C.19 but would like to see ‘green’ travel strengthened in proposals 3C.1 and 3C.2
- iv. There should be an emphasis in the plan on access to healthy affordable food, both through supermarkets, high street shops and street and farmers markets – for example access to healthy affordable food could be strengthened by specifying it in proposal 3D.3 on maintaining and improving retail facilities

Box 15 Food and the environmental footprint of food production

The WHO recommend that cities consciously pursue a greater degree of food self-reliance and produce more food locally (46). Cities will continue to remain dependent on imported food from national and international supply; increasing the availability, and the local production, of vegetables and fruit are important for improving the nutrition security and health of urban populations, improving the sustainability of cities and stimulating economic growth.

Critics of supermarkets argue that supermarkets are able to offer low prices to consumers because they pay their suppliers extremely low prices; this has grave consequences for the rural economy ((47) cited in (48)).

A diet low in vegetables and fruits is associated with an increased risk of heart disease. Estimates suggest that 30%-40% of certain cancers are preventable by increasing daily intakes of vegetables, fruit and fibre (49). Low intake of fruit and vegetables is also associated with micronutrient deficiencies, hypertension, anaemia, premature delivery, low birthweight, obesity, diabetes, and cerebrovascular disease in addition to heart disease and cancer (50).

cited in (1)

3. Materials provided to workshop participants

3.1 Summaries of evidence used in the recommendations

The following summaries are based on evidence sheets which were handed to participants before the workshop. These evidence sheets were prepared by Rhiannon Walters for the London Health Observatory (LHO). They were based on Ben Cave's *Rapid review of health evidence for the draft London Plan* (1) which was commissioned by the GLA and the LHO to support the development of the London Plan.

The evidence sheets, and the rapid review, are fully referenced. A general list of references to these summary paragraphs are provided at the end of each section.

Employment, education and training

Economic growth and changing demography bring with them planned and unplanned changes in patterns of employment which in turn have consequences for health and the determinants of health. Economic growth can introduce inequality in access to employment. Policies which address other aspects of spatial development such as the development of business space, economic development in particular sectors, transport planning, and community development all have impacts on employment.

Economic growth and a changing population profile affect need and demand for and supply of education and training. Care is needed to ensure that education and training reduce and do not increase inequalities and social exclusion, and that they meet the needs both of London's population and of its current and future employers. Providing education and training which meets the needs of employers, especially in deprived areas and targeted at unemployed and other disadvantaged people, will improve people's opportunities for employment and could reduce social exclusion. Expansion of education and training has consequences for other determinants of health, both good and bad. Identifying successful business opportunities for the higher and further education sectors will create employment and may affect transport and housing. Policies and initiatives such as community development and the provision of green space can in themselves be educational by contributing to knowledge and skills.

References (7,8,15,17,25-27,45,51-66)

Housing

Population and economic growth can expand the demand for and supply of housing. Housing supply needs to be appropriate for London's population to avoid worsening inequality and social exclusion. It also needs to take account of the location and accessibility of existing and planned or expected jobs and services. Housing influences health and determinants of health from the hazards and employment opportunities in construction through to

the changing social mix in areas of established housing. London's transient populations are especially vulnerable in the housing market.

References (23,24,31,59,60,67-86)

Delivering essential services, including health and social care provision

Essential services include:

- health and social care, law enforcement and emergency services
- utilities
- education
- public transport
- food retailers
- leisure services
- financial services

In all of these services there is a risk of services being provided in inverse proportion to need, increasing inequality and social exclusion. In considering growth of population and a changing population profile, the ability of essential services to cope with increased demand must be considered in order to ensure access to services for all. Planning for business and housing gives the opportunity to ensure that new development meets population needs. Essential services are staffed by key workers, and provision of living conditions – housing and transport – which will retain these workers in London are an important aspect of provision. Not all providers of essential services are in the public sector: small food retailers, for example, are also essential to the health of individuals and communities.

References (7,15,47,61,62,68,87-95)

Neighbourhood renewal

Neighbourhood renewal is a response to the concentration of poverty and social exclusion in particular areas. It uses targeted investment to improve environments and services and enhance social support. It acts on determinants of health such as employment, housing and transport, and should result in health gain for deprived communities and a reduction in geographical inequalities. However, scope for impact is diminished where important determinants of health and wellbeing lie outside the area, or cannot be influenced by the intervention. False expectations should not be raised, and initiatives should not address factors in isolation.

Fear of crime may not arise from an accurate perception of crime itself, but both crime and the fear of crime have adverse impacts on individuals, and risk increasing social exclusion. Alcohol, occupation and the physical environment may have an impact on risk of crime. New developments should include measures to safeguard the quality of adjacent residential areas and reduce the risks of assault and crimes against the person. Developing effective ways to manage the conflicting pressures brought about by the 24 hour economy must include measures reduce the risks of assault and crimes against the person associated with working, or going out, at night.

References (6-8,25,27,31,37,39,47,59,79,80,83,86,92,96-110)

Recreation and leisure

Leisure and recreation facilities such as sports, and streets friendly to leisure, walking and cycling, green space and cultural venues have benefits for individuals and communities. As economic growth and population change bring changes in land use, these facilities must keep track of changing need. Recreation and leisure facilities should be developed in such a way as to avoid increasing social inequalities and social exclusion. Risks include allowing culturally determined values to guide funding and reduce the capacity of cultural pursuits to foster social inclusion, failing to make facilities accessible to people with disabilities, and failing to make facilities welcoming and accessible (through costs, transport, opening hours or ambience) to all those who could benefit. Development of cultural facilities can create employment, but may also have unwelcome impacts such as noise.

References (5,6,45,78,111-115)

3.2 Summaries of policy proposals

The scoping of the HIA workshop for the draft London Plan identified issues of key importance for the focus of the HIA workshop.

The following issues were identified in order to focus, but not to confine, the discussion in the HIA workshop groups:

1. education, training and employment;
2. housing;
3. delivering high quality essential services;
4. creating healthy communities, and promoting social inclusion through neighbourhood renewal; and
5. recreation and leisure, including access to green and open spaces.

The workshop participants were given summaries of the policy proposals in the draft London Plan.

The summaries were prepared by the Core Team and are provided below.

Each issue is introduced with

- an explanation of the **Plan's assumptions**;
- **key directions** indicated in the draft Plan;
- **questions** to consider in the workshop session; and
- **relevant policy proposals** for consideration.

The workshop participants also received the full text of the policy proposals.

Basis for the Plan's assumptions

The basis for the Plan's assumptions is set out in key documents, including Planning for Growth, which sets out the statistical basis for the strategy, and technical reports including GLA population and household forecasts 2001-2006 and The Future of Employment in Greater London.

A list of SDS technical reports can be found at

http://www.london.gov.uk/approot/mayor/strategies/sds/tech_rpts.jsp

1. Education, training and employment

Key directions

The draft London Plan is based on projections that suggest London's school age population will have risen by more than eight per cent by 2016. The draft Plan aims to meet the needs of these children through proposals to increase school provision, both through additional provision as part of new developments in areas of increasing population density, and steps to address shortfalls in existing school capacity.

The proposals relating to employment are based on the assumption that more than 600,000 new jobs are likely to be created within the life of the Plan. This assumes continued marked growth in the financial and business sectors, as well as growth in distribution, hotels and catering, retailing, health and education, entertainment, leisure and the creative industries. Employment in utilities, manufacturing, construction and transport is expected to continue to decline.

Questions

- Will the proposals within the draft Plan secure the improvements in quality and the increase in capacity necessary to provide young Londoners with education for the best possible start in life (3A.21)?
- Is the nature of the employment that the policy proposals aim to encourage likely to be supportive of health, for example through the working environments likely to be provided (including likely working hours, job security, job control, and physical working conditions), or the level of pay employees in growth sectors would be likely to receive (3B.7,10,11,12)?
- Will sufficient support be available through education, training and skills acquisition, to ensure that disadvantaged Londoners are able to seize new opportunities for employment (3A.21-22)?
- Will the proposals in the Plan do enough to remove the barriers to employment, including mobility, childcare provision? (3B.13)?
- Will the proposals address the spatial factors that contribute to rates of unemployment among some black and ethnic minority communities being more than twice as high as the London average?

Relevant policy proposals

- 2A.4 Areas for regeneration
- 3A.21 Education facilities
- 3A.22 Higher education
- 3B.6 Strategic Employment Locations
- 3B.7 Supporting innovation
- 3B.10 Creative industries
- 3B.11 Tourism industries
- 3B.12 Environmental industries

3B.13 Improving skills and reducing barriers to employment

2. Housing: eg density, brownfield development, location of major new developments, provision of affordable housing

Key directions

The draft Plan explains the population projections used, which assume that the rate of population growth in London will accelerate, reaching 8.1 million by 2016 (an increase of 700,000). The policy proposals aim to address the problems with housing supply that affect the existing population, as well as meeting the needs of an increasing number of future residents. The draft Plan proposes policies for:

- Opportunity Areas: capable of accommodating substantial new jobs or homes, where potential should be maximised.
- Areas for Intensification: significant potential for more intensive use, but more limited than Opportunity Areas.
- Areas for Regeneration: areas where there is substantial and multiple deprivation and social exclusion.

There is an emphasis on mixed use, mixed tenure developments, and higher housing density. The mayor is developing a separate strategy to address the problems affecting homeless people in London.

Questions

- Are the draft proposals likely to address the problems affecting housing supply in London (3A.1 – 5)?
- Could more be done at this stage, through the draft Plan, to address the needs of London's homeless, including the 'hidden homeless', and people who are insecurely housed or living in overcrowded accommodation (3A.12, 3A.4, 3A.7)?
- Do the proposals adequately address the housing needs of specific ethnic communities, and will they contribute to social inclusion (3A.21, 3A.4, 4B.1, 4B.7)?
- What needs to be done to ensure that the proposals lead to improvements in the quality of London's housing stock, for example by ensuring that sub-standard housing - which can contribute to poor health - is improved (3A.3)?
- Do the policy proposals fully address the spatial factors that affect key worker recruitment (3A.6-8, 3A.14-15)?

Relevant policy proposals

- 3A.1 Increasing London's supply of housing
- 3A.2 Borough housing targets
- 3A.3 Efficient use of stock
- 3A.4 Housing choice
- 3A.5 Large residential developments
- 3A.6 Definition of affordable housing
- 3A.7 Affordable housing targets

- 3A.8 Negotiating affordable housing in individual schemes
- 3A.12 Special needs housing
- 3A.13 London's travellers and gypsies
- 3A.14 Loss of housing and affordable housing
- 3A.15 Loss of hostels, staff accommodation
- 3A.21 (statement, not a policy proposal)
- 3A.23 Addressing the needs of London's diverse population
- 4B.1 Design for a compact city
- 4B.7 Respect local context and communities.

3. Delivering high quality essential services

Summary of policy proposals

Key directions

The population growth assumed by the draft London Plan will result in increased demands on public services, including health and social care provision, education and transport. The draft Plan also proposes a strategic planning framework to ensure adequate provision is made for health and education facilities across London, as well as measures to strengthen London's skills base through education and training.

The draft Plan states that a lack of affordable housing is contributing to skills shortages in the public sector, with key workers on low and moderate incomes unable to live and work in London. The draft Plan requires at least 23,000 new homes to be built each year, and that new housing developments should promote mixed and balanced communities. It proposes as a target that fifty percent of these should be 'affordable'.

Questions

- Will the policy proposals ensure that investment in public services is directed to where it is most needed (3A.18)? Will investment be adequate to meet the increased demand that the economic and spatial policies are likely to create?
- Is providing subsidised or low cost housing a more efficient and sustainable response to housing shortage than increasing public sector pay in the capital (3A.6-8)?
- What is the role of staff hostels and accommodation in recruiting and retaining staff? Should this be supported above other forms of housing provision (3A.15)?
- How important is the provision of education, training and skills acquisition in determining the quality of service provision? Will the proposals within the draft Plan adequately address specific areas of skills shortage (3A.21-22, 3B.13)?
- Do the proposals maximise the opportunities to improve health by increasing the ease with which Londoner's can obtain a healthy, affordable diet (3D.1-3)? Will they improve access to other services

which are essential to social inclusion, for example banking services (no specific policy proposals)?

Relevant policy proposals

- 3A.1 Increasing London's supply of housing
- 3A.2 Borough housing targets
- 3A.6 Definition of affordable housing
- 3A.7 Affordable housing targets
- 3A.8 Negotiating affordable housing in individual schemes
- 3A.15 Loss of hostels, staff accommodation and shared accommodation
- 3A.17 Health objectives
- 3A.18 Locations for health care
- 3A.19 Medical excellence
- 3A.20 Health impacts
- 3A.22 Higher education
- 3B.13 Improving skills and reducing barriers to employment
- 3D.13 Improving retail services

4. Creating healthy communities, and promoting social inclusion through neighbourhood renewal

Summary of policy proposals

Key directions

The draft Plan considers issues affecting social inclusion, and aims to recognise and support diversity and address the specific needs of different groups of Londoners, linked to the development of local community strategies. Policy proposals aim to promote the involvement of local people in shaping decisions that will affect the development of their area. It considers how to balance the interests of existing communities, including marginalised communities, against the needs of the new neighbourhoods envisaged by the Plan.

The draft Plan identifies fear of crime as Londoners' chief concern. The draft Plan aims to promote safe, secure environments through policies on designing buildings and public spaces, and by supporting the employment of more key workers in the police service.

Policy proposals to improve the ease with which Londoners can access essential services which are supportive of health include measures to address transport, as well as the location of new housing and amenities.

Questions

- Will the proposals lead to the creation of communities and neighbourhoods which support health?
- Do the proposals adequately address the spatial factors that can reduce crime and contribute to community safety (4B.1, plus reference to safety in 3B.1)

- Will the policy proposals a) reduce the need to travel or b) improve the ease of travel and use of the streets, for Londoners whose mobility is limited by low income, age (children and older people), or disability (3C.11, 3C.16, 3D.1, 3D.2, 3C.15, 4B.4)?
- Will the proposals support social inclusion and cohesion, and the protection and enhancement of community facilities (4B.5, 4B.7)?
- Do the proposals maximise the opportunities to improve health by increasing the ease with which Londoner's can obtain a healthy, affordable diet (3D.1-3)? In particular, does the emphasis within the draft Plan on supporting small local shops (which may be more expensive and offer less choice or quality) support health improvement (3D.3)? [Note: the term 'convenience shopping' used in the plan is a planning term, used to distinguish between 'convenience' shops, which sell many types of goods, and 'specialist' shops, which sell a single type of goods. It does not have the same meaning as the colloquial term 'convenience store'.]
- Will they improve access to other services which are essential to social inclusion, for example banking services (no specific policy proposals)?

Relevant policy proposals

- 3A.16 Protection of social infrastructure and community facilities
- 3A.23 Addressing the needs of London's diverse population
- 3A.24 Community strategies
- 3C.1 Integrating transport and development
- 3C.2 Matching development to transport capacity
- 3C.13 Road scheme proposals
- 3C.15 Allocation of street space
- 3C.18 Improving conditions for walking
- 3C.19 Improving conditions for cycling
- 3C.20 Parking strategy
- 3D.1 Supporting town centres
- 3D.2 Retail and leisure development in town centres
- 3D.3 Maintaining and improving retail facilities
- 3D.6 Sports facilities
- 4B.1 Design for a compact city
- 4B.4 Enhancing the quality of the public realm
- 4B.5 Creating an inclusive environment
- 4B.7 Respect local context and communities

5. Recreation and leisure, including access to green and open spaces

Summary of policy proposals

Key directions:

The draft London Plan aims to improve quality of life for Londoners, including by promoting enjoyment of culture and the arts. The draft Plan includes policy proposals to support growth in the tourism, entertainment, leisure and hospitality sectors.

It also aims to support the development and maintenance of healthy neighbourhoods, and other measures which make it easier to live a healthy lifestyle, such as access to sports and recreation facilities and opportunities for active leisure, and the preservation and use of open spaces.

Questions:

- Will the proposals lead to an increase in active leisure, and the use of open spaces? What more could be done (3D.6, 3D.10 - 11)?
- Will the proposals improve the ease with which people can choose to lead a healthy lifestyle, including through physical activity such as walking, cycling, sports and active leisure (3D.6, 3c.18-19)?
- Is the balance struck between walking and cycling, and public and private transport, optimum for health?
- Do the policy proposals adequately support improvements in school sports facilities, and their use by the wider community? (3D.6)
- Do the proposals adequately address the spatial and economic barriers that can prevent some Londoners from enjoying a range of cultural and leisure activities (3B.10-11, 3D.4)?

Relevant policy proposals:

- 3B.10 Creative industries
- 3B.11 Tourism industry
- 3D.4 Development and promotion of arts and culture
- 3D.6 Sports facilities
- 3D.10 Protecting open spaces
- 3D.11 Improving open space provision
- 3C.18 Improving conditions for walking
- 3C.19 Improving conditions for cycling

4. Appendices

Appendix 1 Participants in policy appraisal workshop

In alphabetical order ...

Name	Organisation
Jerome Albarus	Nichols Employment Agency
Sara Apps.....	Greater London Authority
Chitra Arumugan.....	Lambeth, Southwark and Lewisham Health Authority
Sue Atkinson	Directorate of Health and Social Care
Kathleen Banks.....	Ethica
Allan Barker	Office of National Statistics
Ian Basnett.....	Camden Primary Care Trust
Jane Belman	London Voluntary Service Council
Caroline Boswell	Office of the Children’s Rights Commissioner
Caron Bowen.....	London Health Observatory
Marsaili Cameron.....	Independent Consultant
Lorna Campbell	London Civic Forum
Jane Carlsen.....	Greater London Authority
Ben Cave.....	Independent Consultant
Lisa Charlambous.....	IVAC
Anna Coote.....	King’s Fund
Sarah Corlett.....	Commission for Racial Equality
Paul Crooks	Westminster Primary Care Trust
Helen Davies	Greater London Authority
Karen Dinsdale	Directorate of Health and Social Care
Len Duvall	London Health Commission
Meral Ece.....	London Borough of Islington
Teresa Edmans.....	King’s Fund
Obadiah Elekima	Directorate of Health and Social Care
Kathy Elliott.....	Islington Primary Care Trust
Caroline England.....	London Borough of Hackney
Annette Figueiredo.....	Age Concern
Charlotte Fitzgerald	Royal Borough of Kingston upon Thames
Carole Forrest.....	Housing Corporation
Janet Fyle	Royal College of Midwives
Evelyn Gloyn	London Borough of Ealing

Siwan Hayward.....	Greater London Authority
Vicky Hobart.....	Directorate of Health and Social Care
Gemma Hughes	Directorate of Health and Social Care
Judith Hunt	London Health Observatory
Nigel Jackson	Opinion Leader Research
Bobbie Jacobson.....	London Health Observatory
Mike Joffe.....	Imperial College
Peter Keble	Barnet Council
Dan Keech	London Food Link
Paul Kennard.....	Havering Primary Care Trust
Hilary Kirkbride	Directorate of Health and Social Care
Murda Kutay	Barking & Dagenham Primary Care Trust
Jan Leigh.....	London Borough of Wandsworth
Peter Lewis	London Cycling Campaign
Karen Lock	London School of Hygiene & Tropical Medicine
Elizabeth Manero	London Health Link
Maxi Martin.....	London Borough of Merton
Rachel Maybank.....	NHS Confederation
Maggie McNab.....	Hounslow Primary Care Trust
Reg McLaughlin.....	Greater London Action on Disability (GLAD)
Brendan McLoughlin.....	Directorate of Health and Social Care
Graham Mills	Directorate of Health and Social Care
Jenny Mindell.....	London Health Observatory
Jess Mookherjee	Healthier Lewisham
Lesley Mountford.....	Greater London Authority
Tim Newman.....	London Borough of Newham
Martin Parsons	London Borough of Bromley
Paula Penn	Kingston Primary Care Trust
Alidi Petri	Bexley Primary Care Trust
Paul Plant.....	Directorate of Health and Social Care
Bridget Puntis.....	London Borough of Greenwich
Hannah Rapport.....	London Borough of Lambeth
Rhon Reynolds.....	Black Londoners' Forum
Julia Ricketts	Directorate of Health and Social Care
Lance Saker	Directorate of Health and Social Care
Melanie Smith.....	Kensington & Chelsea Primary Care Trust
Visakha Sri Chandraskeera.....	Housing Corporation
Drew Stephenson.....	Greater London Authority
Lucy Thomas.....	Directorate of Health and Social Care
Liz Trayhorn.....	Healthy Kingston
Judy Templeton	Office of Children's Rights Commissioner for

Rashmi VarmaConfederation of Indian Organisations
Patrick VernonBlack Londoners' Forum
Colleen WilliamsLondon Borough of Westminster
David WoodheadKing's Fund
John YatesDirectorate of Health and Social Care

Appendix 2 Written submission of evidence

Health, equity and the environment: can planning play a role?

Michael Marmot

International Centre for Health and Society
Department of Epidemiology and Public Health
University College London

These notes record my statement to the Royal Commission on Environmental Pollution at a meeting at Wiston House on Friday 1st September 2000 after the day spent going through the evidence.

Very little of the evidence that has come to the study on planning and environment has dealt with health directly. In fact, a point made by the evidence from the Royal College of General Practitioners (RCP(00)467) is that health is too often left out of planning considerations. The evidence from NERC (461) suggests that at the heart of environmental planning might be “the need to plan to prevent and minimise harm to the health of living organisms (this includes people)”.

Basic principles

1. Health is a basic human need. The extent to which there are needs distinct from preferences, that are not culturally determined, will be taken up when we have the discussion on needs. For the time being, it is reasonable to work on the assumption that improving the health of the population, and reducing social inequalities, is a worthwhile goal. Certainly the Government in its 1999 White Paper “Saving Lives – Our Healthier Nation” put improving health and reduction in inequalities as its two over-arching goals.
2. Health is affected by the three strands of sustainable development: social, economic and environmental.
3. Given that, health status can serve as an integrated measure of how well a society is delivering well-being to the population. Whatever problems and disagreements there are about the measurement of health, they are probably a great deal less than the problems attending to some of the other “outcomes” of sustainable development. Social inequalities in health are a particular manifestation of the operation of social, economic and environmental influences.

Health is geographically distributed

4. There are persisting regional differences in health in the UK.
 - Taking mortality rates as the indicator, Scotland and Wales have worse health than England.
 - For more than 100 years, Glasgow has had worse health than
Edinburgh

- North of England has worse health than the South-East.
5. Within regions, there are persisting small area variations.
 - The poorest parts of Glasgow have double the mortality rates of the richest parts.
 - In the London region, South Camden and Lambeth North have more than twice the mortality rates of Croydon South and Teddington, Twickenham and Hampton (The Health of Londoners Project. Mapping Health for Primary Care Groups, April 2000).

Context or composition

6. In seeking to understand how these geographic distributions of health come about, there have been two types of explanation proposed: context and composition. Although treated as distinct they are clearly related. The “composition” explanation suggests that some areas have higher mortality rates than others because the characteristics of individuals who live in those areas predispose them to poor health. The context explanation does not dispute the importance of composition, but argues there are environmental effects on health that determine area level variations over and above the characteristics of individuals who reside in those areas.
7. The distinction between context and composition is somewhat artificial. If the relation between a social variable and health outcome is non-linear, an individual level effect can appear to be one of context. To put it in different language. Low social status is related to ill health. The effect of having a high degree of residential segregation may be to amplify this effect. In other words, if a school has only children from poor families, a neighbourhood only families in poverty, there may be an emergent property of social deprivation of areas that appears to be related to ill health over and above the socio-economic characteristics of individual residents.
8. Even were all the geographic differences due to composition, there may still be implications for planning to deal with the effects of residential segregation according to socio-economic position.

Causes of geographic distribution of health

9. It is tempting to try and group the causes under the headings of human capital, social capital, physical and environmental capital. If there is too much argument over the definition of these, such a grouping may lose in clarity what it appears to gain in neatness.
10. The Secretariat has “The Solid Facts” publication that we prepared for the European Office of WHO. It groups social determinants of health into ten which should be put alongside those from the physical and biological environment. Adapting those leads to a list of causes of geographic and social inequalities in health that looks something like:
 - Social characteristics of communities
 - Transport
 - Housing

- Food deserts – food retailers are loathe to locate in poor parts of inner cities leading to difficulty of access to nutritious food
- Employment
- Economics relating to house prices
- Access to amenities

11. These need all to be added to the variety of influences that would come under environmental capital.

Is there a role for the planning system to deal with spatial inequalities in health?

12. Lichfield's evidence (445) and the CAG Report (203) suggest that land use planning should be seen as broader than the regulation system of planning permission. If the Royal Commission on Environmental Pollution agrees that health could serve as a unifying theme, it is then reasonable to ask how the planning system could deal with the three strands of sustainable development, social, economic and environmental to improve health and reduce inequalities.

13. There has been an exercise, co-ordinated by the London Regional Office of the NHS Executive to develop a London health strategy. It has had disparities in health between parts of London as a major focus. This will be translated into a London Health Commission which will advise the GLA. The Commission is in the process of being set up now. It is one example of how a wider approach to the determinants of health can feed into the political process.

14. It will be noted that I have said nothing about health care facilities. These are of course an important response to the distribution of health status. In addition the NHS is a major employer. It has been estimated that the NHS spending on health care contributes 6% to London's GDP. This rises to 10% if the indirect effect of spending by health workers is taken into account. The NHS provides about 4,000 jobs per London borough – 7,000 if contracted staff are included (Travers, Glaister and Graham, NHS Executive London, June 2000).

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