



# **SOCIAL INFRASTRUCTURE**

## **SUPPLEMENTARY PLANNING GUIDANCE**

**MAY 2015**

**LONDON PLAN 2015  
IMPLEMENTATION FRAMEWORK**

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The Mayor would like to thank those who contributed to this document by sharing case studies, photographs and responding to the consultation.

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**SOCIAL**

**INFRASTRUCTURE**

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# FOREWORD



In early 2015 London's population exceeded its previous 1939 high for the first time. London is now a more attractive place than ever before to live, to work and to visit and increasing numbers of people are choosing to do precisely that. The 2011 Census showed us that more people are being born in or moving to London and fewer are leaving to retire or bring up children.

My London Plan, updated in March 2015, set out the scale of the challenge we face in meeting this growth, with a need for 490,000 more houses and space for 170,000 more jobs over the next decade or so. Nor will the task end there; the population of London has grown every year since 1988 and there is no sign of this ceasing. London's growing population will also be a changing population with more younger and older people living in the city as both a proportion and in absolute numbers.

My 20:20 Vision sets out what is needed for London to remain the best city in the world and central to this is the imperative for steady improvements in public health and academic attainment while ensuring that gaps in inequalities do not increase. The benefits of growth must serve a broader objective

of improving Londoners' quality of life. Our social infrastructure, such as schools, GP surgeries, community venues, green spaces and places of worship, is an essential resource but is also part of our sense of place and a part of our identity. Increasingly we are seeing councils, communities and parents set up new academies and free schools – schools that take pride in their own ethos and culture. GPs are now working together through clinical commissioning groups and local authority public health departments to understand and meet local needs to improve health and reduce ill health. We are also giving all the help we can to those who are primarily responsible for planning to meet infrastructure need – London's boroughs.

The purpose of this Supplementary Planning Guidance (SPG) is to help anyone engaged in development or plan-making to understand the quantity and types of social infrastructure needed to support growth. Against a changing background of provision in our public services it provides sensible guidance that will help planners and non-planners to work together. This SPG sets out realistic steps to promote the delivery of infrastructure that is well-phased and located to meet identified need. One way of achieving this is through co-location of social infrastructure facilities with each other and with housing development so that we can help to meet both housing and social infrastructure needs at the same time.

A handwritten signature in black ink, which appears to be 'Boris Johnson'.

Boris Johnson  
Mayor of London



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1.

# INTRODUCTION

Over the 10 years since the 2001 Census, London's population grew by 900,000 (11.6 per cent). By 2020 it is forecast to exceed 9 million. Given this growth, it is important to ensure that new development, particularly in Opportunity and Intensification Areas (London Plan Policy 2.13), Areas for Regeneration (Policy 2.14) and large residential development (Policy 3.7), is supported by necessary social infrastructure. This is important not only for the quality of life for residents in new developments, but also the quality of life for the existing population, who should not see a reduction in the quality of their services, their health and wellbeing or their experience of living in London.

Social infrastructure should be designed to meet peoples' needs at all stages of their lives. This ethos is integral to the creation of lifetime neighbourhoods, and will help to bind communities together through the promotion of social interaction as well as allowing people to lead healthy, active lives. Social infrastructure includes provision for a wide range of services including those for health, education, community, cultural, play, recreation, sports and faith, and emergency facilities and services to meet other local needs that contribute to quality of life. Green infrastructure in all its forms is also a key component of social infrastructure.

Development should be accompanied by suitable levels of new, appropriate and enhanced social infrastructure if the full social and economic benefits of growth are to be realised. The National Planning Policy Framework (NPPF) and the London Plan, in particular policy 3.16, encourage boroughs to undertake an assessment of the quality and capacity of social infrastructure to meet the needs of its communities.

This document contains guidance to support London Plan Policy 3.16 on the Protection and Enhancement of Social Infrastructure, as well as policies 3.17 Health and Social Care Facilities, 3.18 Education Facilities and 3.19 Sports Facilities. It particularly focuses on those elements of social infrastructure that face the biggest strategic challenges - specifically health, education, sport, faith and burials. It is anticipated that some of the approaches in this document will be refined once new provision models for health and education facilities have bedded in further.

This document does not introduce new policy but provides guidance on the implementation of the London Plan policies listed above. It can be taken into account as a further material consideration when considering planning applications or in the preparation of plans and has weight as a formal supplement to the London Plan.

For further information on open space, the All London Green Grid SPG<sup>1</sup> and the Shaping Neighbourhoods: Play and Informal Recreation SPG<sup>2</sup> should be consulted. The Town Centres SPG<sup>3</sup> (section 1.5) also contains guidance on specific types of social infrastructure in town centres, including post offices, public toilets, police shop units, training centres, libraries and pubs.

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1 <http://www.london.gov.uk/priorities/planning/publications/all-london-green-grid-spg>

2 <http://www.london.gov.uk/priorities/planning/publications/shaping-neighbourhoods-play-and-informal-recreation-spg>

3 <https://www.london.gov.uk/priorities/planning/publications/town-centres-supplementary-planning-guidance-spg>

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This SPG provides guidance for:

- Borough planners and public health practitioners in gathering information about places as part of the evidence base for policies in their local plans and in assessing planning applications.
- Developers and their consultants in preparing planning applications in order to ensure that schemes respond to social infrastructure requirements, enabling them to recognise the role of social infrastructure provision in place making and its potential as a driver of value in development projects.
- Community groups and Neighbourhood Forums in understanding the requirements for social infrastructure in their areas to inform the preparation of Neighbourhood Plans.
- Local authority Directors of Public Health to shape and inform their role around planning and social infrastructure- linked to their responsibility for all of their local authority's duties to take steps to improve the health of the people in its area.

It is also designed to inform and shape thinking of the Health and Wellbeing Board and be included in local Health and Wellbeing Strategies.

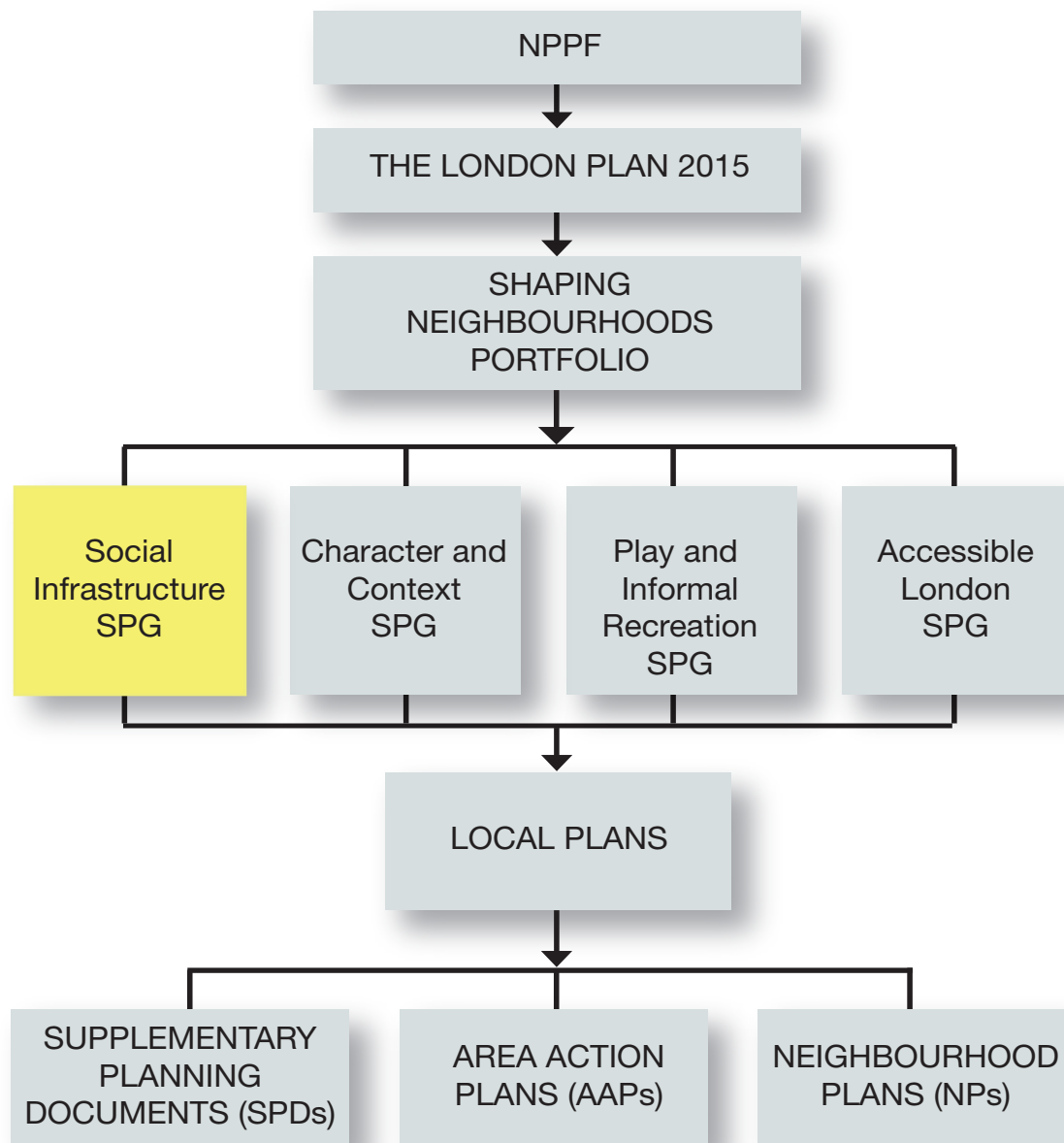
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## 2. POLICY CONTENT

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**Figure 1 Policy Context**

The policy context for this document is set out in Figure 1 above. In terms of the London Plan element, only the Shaping Neighbourhoods portfolio of SPGs is shown on the diagram. Details of other relevant London Plan SPGs are set out in the text below and are available on the GLA website. As will become apparent, the policy context reinforces the importance of social infrastructure as a key element in the creation of lifetime neighbourhoods from the national down to the local level.

## National Planning Policy Framework (NPPF)

The National Planning Policy Framework (NPPF)<sup>4</sup> sets out the Government's planning policies for England. Social infrastructure is a component of all three dimensions of sustainable development as set out in the NPPF (paragraph 7), and in particular the social dimension:

- Economic – achieving the right type of development in the right places to support growth and innovation;
- Social – supporting strong, vibrant and healthy communities - creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural wellbeing;
- Environmental – contributing to protecting and enhancing our natural, built and historic environment; and helping to improve biodiversity, use natural resources prudently, minimise waste and pollution, and mitigate and adapt to climate change.

The NPPF contains 12 core planning principles (paragraph 17). One of these relates specifically to social infrastructure, stating that planning should: “take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.”

The NPPF expands on this in Section 8 – Promoting Healthy Communities. To deliver the social, recreational and cultural facilities and services the community needs, planning policies and decisions should (paragraph 70):

- plan positively for the provision and use of shared space, community facilities (such as local shops, meeting places, sports venues, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;
- guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;
- ensure that established shops, facilities and services are able to develop and modernise in a way that is sustainable, and retained for the benefit of the community; and
- ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.

School provision is discussed in NPPF para 72 which emphasises that local planning authorities should:

- give great weight to the need to create, expand or alter schools; and
- work with schools promoters to identify and resolve key planning issues before applications are submitted

Paragraph 73 sets out the approach to sport and recreation facilities emphasising their contribution to the health and wellbeing of communities. Plans should:

- be based on robust and up-to-date assessments of the need for open space, sports and recreation facilities
- identify qualitative and quantitative surpluses and deficits in existing provision

<sup>4</sup> <https://www.gov.uk/government/publications/national-planning-policy-framework--2>

## London Plan Policies

The London Plan includes a number of policies relating to social infrastructure. The overarching policy is 3.16:

### **POLICY 3.16 PROTECTION AND ENHANCEMENT OF SOCIAL INFRASTRUCTURE**

#### **Strategic**

- A London requires additional and enhanced social infrastructure provision to meet the needs of its growing and diverse population.

#### **Planning decisions**

- B Development proposals which provide high quality social infrastructure will be supported in light of local and strategic social infrastructure needs assessments. Proposals which would result in a loss of social infrastructure in areas of defined need for that type of social infrastructure without realistic proposals for reprovision should be resisted. The suitability of redundant social infrastructure premises for other forms of social infrastructure for which there is a defined need in the locality should be assessed before alternative developments are considered.
- C Facilities should be accessible to all sections of the community (including disabled and older people) and be located within easy reach by walking, cycling and public transport. Wherever possible, the multiple use of premises should be encouraged.

## **LDF preparation**

- D LDFs should provide a framework for collaborative engagement with social infrastructure providers and community organisations:
  - a for the regular assessment of the need for social infrastructure at the local and sub-regional levels; and
  - b to secure sites for future provision or reorganisation of provision.

Where appropriate, boroughs are encouraged to develop collaborative cross-boundary approaches in the provision and delivery of social infrastructure.
- E Boroughs should ensure that adequate social infrastructure provision is made to support new developments. If the current use of a facility is no longer needed, boroughs should take reasonable steps to identify alternative community uses where the needs have been identified. Adequate provision for social infrastructure is particularly important in areas of major new development and regeneration and should be addressed in opportunity area planning frameworks and other relevant area action plans.
- F The Mayor will work with boroughs, relevant social infrastructure providers and the voluntary and community sector as appropriate to extend proposed supplementary guidance on social infrastructure requirements, especially at the sub-regional and Londonwide levels.

**Other policies relating to social infrastructure include:**

Policy 2.12 Central Activities Zone – Predominantly Local Activities

Policy 2.13 Opportunity Areas and Intensification Areas

Policy 2.14 Areas for Regeneration

Policy 2.15 Town Centres

Policy 2.16 Strategic Outer London Development Centres

Policy 2.18 Green Infrastructure: The Multi-functional Network of Green and Open Spaces

Policy 3.1 Ensuring Equal Life Chances for all

Policy 3.2 Improving Health and Addressing Health Inequalities

Policy 3.6 Children and Young People's Play and Informal Recreation Facilities

Policy 3.7 Large Residential Developments

Policy 3.9 Mixed and Balanced Communities

Policy 3.17 Health and Social Care Facilities

Policy 3.18 Education Facilities

Policy 3.19 Sports Facilities

Policy 4.6 Support for and Enhancement of Arts, Culture, Sport and Entertainment

Policy 7.1 Lifetime Neighbourhoods

Policy 7.2 An Inclusive Environment

Policy 7.13 Safety, Security and Resilience to Emergency

Policy 7.16 Green Belt

Policy 7.17 Metropolitan Open Land

Policy 7.18 Protecting Open Space and Addressing Deficiency

Policy 7.23 Burial Spaces

**Supplementary Planning Guidance**

**Shaping Neighbourhoods Portfolio of SPGs**

This SPG sits within the Shaping Neighbourhoods portfolio, which also includes the Character and Context SPG, the Play and Informal Recreation SPG and the Accessible London SPG. Together this set of SPGs provides guidance and advice on issues that have an impact on the planning and shaping of neighbourhoods. They support the creation of lifetime neighbourhoods, which are neighbourhoods that offer Londoners a good quality of life at all stages of their lives.

**Character and Context SPG 2014** – This SPG provides guidance on the physical, cultural, social, economic, perceptual and experiential attributes of character and context which should be taken into account in understanding different places. It provides guidance on different approaches and techniques that can be used in the presentation of character and context analysis as well as relevant data sources and resources. It is essential to understand the existing character and context of a place in order to inform implementation of the principles of Lifetime Neighbourhoods.

**Play and Informal Recreation SPG 2012** - This SPG provides guidance on the appropriate level of provision for play and informal recreational space in developments based on updated child yield calculations. It also provides innovative approaches to play provision in terms of facilities, locations, design

and management based on the Lifetime Neighbourhoods principles.

**Accessible London SPG 2014** – The Accessible London SPG provides advice to boroughs, developers, designers and planning applicants on implementing inclusive design principles effectively and on creating an accessible environment in London, with particular emphasis on the access requirements of disabled and older people. It also provides guidance on Lifetime Neighbourhoods.

### Other relevant SPGs

**Housing Supplementary Planning Guidance 2012** – This SPG sets out the main issues to do with housing delivery including supply, quality and design, choice, affordable housing, mixed use development and investment. There is also a section on social infrastructure which is complementary to this SPG, highlighting the importance of social infrastructure in supporting the successful delivery of homes.

**Town Centres SPG 2014** – This SPG sets out guidance in relation to the development and rejuvenation of London's Town Centres, which are focal points for creation of Lifetime Neighbourhoods. It also contains guidance on specific types of social infrastructure in town centres, including post offices, public toilets, police shop units, training centres and libraries.

**All London Grid SPG 2012** – This SPG provides specific guidance in relation to green infrastructure and the provision of open space. In particular it provides guidance on the design and management of green infrastructure and highlights the importance of these spaces for people to enjoy as well as providing opportunities for people to lead healthy active lifestyles, a key component of Lifetime Neighbourhoods.

### Local plans

Ensuring there are robust local plans in place, with policies that have regard to the social infrastructure of existing neighbourhoods, as well as the development of new neighbourhoods, will be key in meeting the needs of local communities. This is particularly important where places cross borough boundaries, so boroughs need to work with their neighbouring boroughs in developing their social infrastructure needs requirements.

### Neighbourhood Planning

Under the Localism Act 2011, neighbourhood planning can have a significant impact on the future of a local area. Ensuring there is shared understanding and provision of social infrastructure requirements is therefore essential. Where Neighbourhood Plans come forward, they will need to be in general conformity with strategic planning policies in the development plan for the local area, which includes the London Plan, as well as national guidance and legislation.

### 2050 Infrastructure Plan

The Mayor's 2050 Infrastructure Plan is not a formal planning document and exists specifically to look beyond the timeframe of statutory plans at London's long term needs. In this context the Social Infrastructure SPG should be seen as complementing the 2050 plan by setting out shorter term needs that can be met through development plans.

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# 3. PLANNING FOR SOCIAL INFRASTRUCTURE PROVISION

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Planning for social infrastructure in London is complex, with a changing service, commissioning and delivery landscape, an expanding population and an increasingly complex demography. This is further complicated by a range of stakeholders working on different strategic plans with different timescales for investment or delivery.

This section sets out a suggested process that can be used for assessing the strategic and local infrastructure requirements of an area. It is intended to be flexible enough to be applied in different circumstances and locations, while seeking to avoid being overly prescriptive so as to allow variation according to local circumstances. In particular, where projections of need are limited or difficult, as may be the case in LPAs heavily dependent on housing windfalls, infrastructure sectors themselves may be useful sources of information on short-term needs.

It should be noted that emergency services require unique approaches based on technical considerations such as response times and security, and are therefore likely to be developed by different means.

London Plan Policy 3.16 recommends that boroughs regularly assess the need for social infrastructure in order to support growth in their area. The conventional approach to infrastructure planning is to consider needs over the local plan period, usually 15-20 years. This model does not consider the exceptionally rapid change that we are experiencing in London, so it is therefore recommended that infrastructure plans are reviewed at least every 3 years in order to ensure their robustness. Equally, this rapidly changing environment should not lead to the conclusion that, in the absence of

plans, needs do not exist. Policy 3.16 provides guidance on both plan making and individual planning decisions, and the fullest efforts should be taken at every point in the planning process to ensure that development is adequately supported by social infrastructure.

Social infrastructure needs assessments can be done within the context of developing and updating strategic infrastructure plans (often called Strategic Infrastructure Delivery Plans) that have been commissioned by boroughs to inform their local plans. Alternatively, they may be undertaken separately, especially when considering social infrastructure requirements for smaller areas.

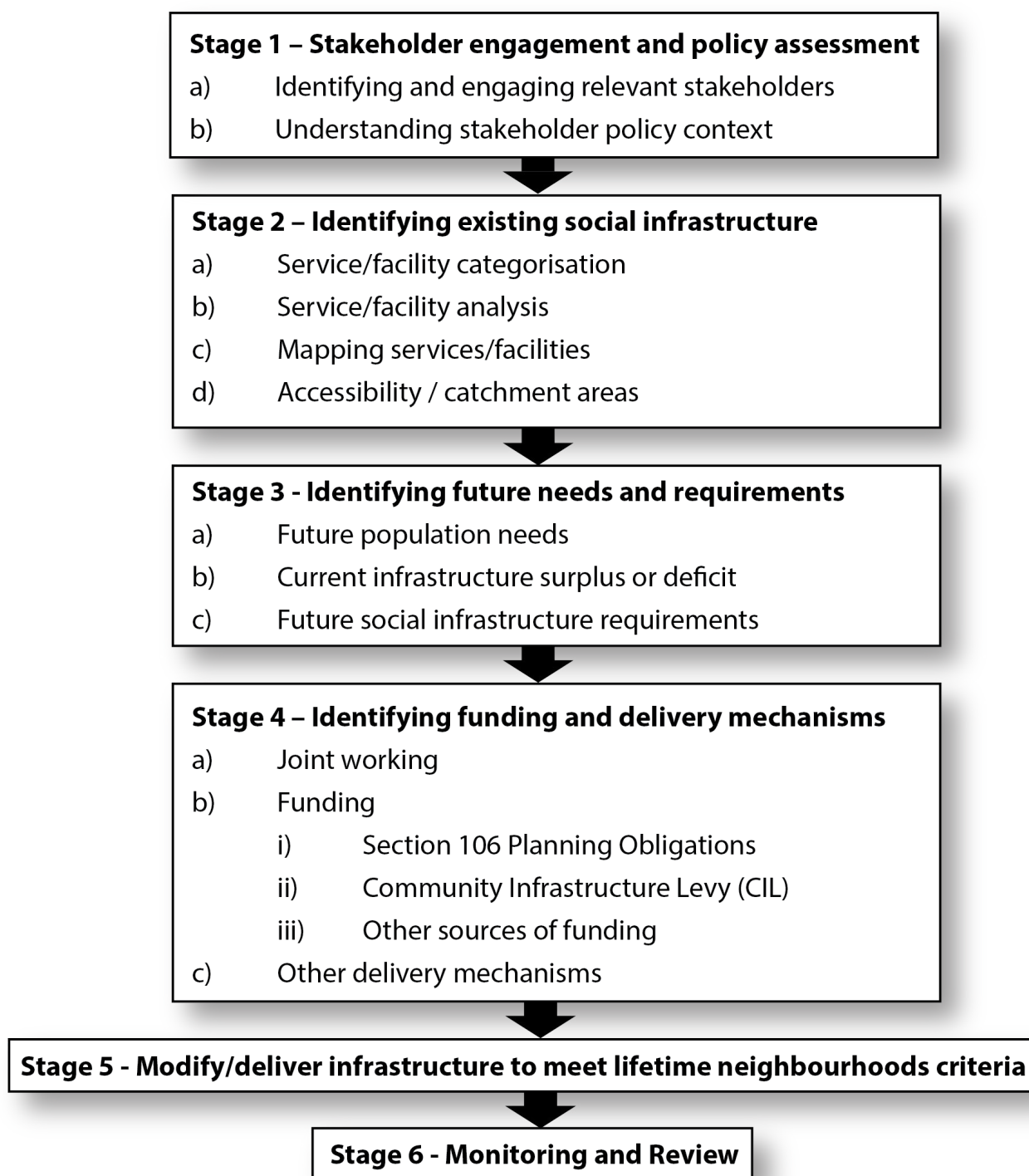
Housing development in those areas defined in the London Plan as Opportunity Areas and Intensification Areas (policy 2.13), Areas for Regeneration (policy 2.14) and large residential development (policy 3.7) will place significant pressure on existing social infrastructure and many of these areas may have limited existing provision. The regeneration of individual areas will require a comprehensive assessment of social infrastructure requirements including site availability and options for integrated provision of services.

A significant cross-cutting theme for all areas of social infrastructure provision is co-location of such infrastructure both with housing, and potentially also with other social infrastructure uses. The London Plan advocates co-location particularly in relation to schools (Policy 3.18); however this approach is also applicable to all other social infrastructure types. Policy 3.16 allows the loss of social infrastructure in particular areas where this is part of an overall programme for re-provision, and in doing so responds to the need to rationalise

property portfolios across the public estate. In the context of the significant increase in housing targets identified by the plan, more efficient use of land by social infrastructure providers offers the

opportunity to address housing and social infrastructure needs at the same time, and also to help fund this reorganisation of infrastructure provision.

**Figure 2 Social infrastructure planning process: an overview**



## Stage 1 – Stakeholder engagement and policy assessment

### A Identifying and engaging relevant stakeholders

Both the London Plan (Policy 3.16 D) and the NPPF (paragraph 162) encourage a collaborative approach to the assessment of social infrastructure needs assessment, including borough, sub-regional, and inner/outer London dimensions in the planning and delivery of social infrastructure.

As an initial step, an analysis should be undertaken to determine which stakeholders should be involved. This will help gain access to the relevant data and information, as well as secure buy-in and agreement to both the process and any subsequent identified actions. In order to secure appropriate organisational buy-in, including political and corporate, it is advisable to secure agreement from senior representatives.

The number of stakeholders to be included will vary depending on the scope of the needs assessment (see figure 3), but are likely to include:

- Social infrastructure commissioners and providers, including health (local authority public health, primary, community, secondary/acute, NHS England, Public Health England), education (primary, secondary, further, higher), early years provision, adult social care, youth provision, open space, leisure, libraries, community centres, places of worship, emergency services (police, fire and rescue, ambulance). This may include the public sector or private sector as well as charitable organisations.
- Community groups and residents - in order to secure community

representation, a useful starting point is to contact known networks and groups. Local boroughs may hold contact lists for these groups through previous consultation processes. Different departments within boroughs may be able to complement these lists with further contacts. Community engagement is a powerful mechanism for identifying new approaches and solutions to the delivery of social infrastructure, although it may require specialist support. The Mayor encourages boroughs to involve local community and charitable organisations at an early stage, especially those who have not been involved previously.

- Developers who are known to be active in the area under consideration.
- Neighbouring boroughs.

It should be recognised at the outset that social infrastructure stakeholders often have different approaches for forecasting needs and identifying investment planning. This is why engagement with key stakeholders will be essential to identify existing provision, assessing future needs, and coordinating and supporting the delivery of provision.

Stakeholder engagement should continue throughout the process, but is especially important at the start (Stage 1) and when identifying delivery mechanisms (Stage 4). At other times this may simply take the form of keeping stakeholders informed of progress.

### B Understanding stakeholder policy context

The policy and planning documents that should inform the social infrastructure planning process will vary in different locations. It will be necessary to investigate through discussions with

stakeholders to source the most up to date and relevant information.

Documents relevant to all social infrastructure sectors include:

- The National Planning Policy Framework (NPPF).
- The London Plan and relevant Supplementary Planning Guidance (SPGs).
- Relevant Opportunity Area Planning Frameworks (OAPF) and associated Development Infrastructure Funding Studies (DIFS).
- Local Plans.
- Other local planning documents, such as Area Action Plans, masterplans, site specific development briefs, etc.
- Any Neighbourhood Plans (NP).
- Borough Infrastructure Development Plan.

A list of information sources relating to the specific social infrastructure sectors this document refers to, specifically health, education, sport and faith, are set out in figure 3 below.

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**Figure 3 Information sources on stakeholder policy context**

Sector	Stakeholders	Relevant strategies, tools & plans	Other points to consider
<b>Health &amp; Social Care</b>	<ul style="list-style-type: none"> <li>• Department of Health</li> <li>• Public Health England</li> <li>• NHS England</li> <li>• Clinical Commissioning Groups (CCGs)</li> <li>• Health and Wellbeing Boards</li> <li>• Local Authorities - including Adult and Children Social Care, and Public Health Departments and services in neighbouring boroughs/areas</li> <li>• acute hospital trusts</li> <li>• NHS Property Services</li> <li>• Community Health Partnerships</li> <li>• service users</li> <li>• Local Healthwatch</li> <li>• Wider community</li> </ul> <p>(see chapter 5 for further information on these stakeholders)</p>	<ul style="list-style-type: none"> <li>• Department of Health Guidance</li> <li>• Joint Strategic Needs Assessments</li> <li>• Joint Health &amp; Wellbeing Strategies</li> <li>• NHS, Adult Social Care and Public Health Outcomes Frameworks</li> <li>• CCG Commissioning Strategies</li> <li>• Hospital and clinical strategies (including out of hospital care)</li> <li>• London Health Inequalities Strategy*</li> </ul>	See Chapter 5 for further detail
<b>Education</b>	<ul style="list-style-type: none"> <li>• Department for Education;</li> <li>• Borough Education /Children's Departments</li> <li>• Library services</li> <li>• Schools (including free schools and academies)</li> <li>• Further and Higher Education providers</li> </ul>	<ul style="list-style-type: none"> <li>• Department for Education Strategies</li> <li>• Mayor's Education Inquiry</li> <li>• Borough Strategies</li> <li>• Schools, Further and Higher Education Strategies,</li> <li>• London Healthy Schools Strategy</li> </ul>	See Chapter 6 for further detail

\* <http://www.london.gov.uk/priorities/health/tackling-inequality>

Sector	Stakeholders	Relevant strategies, tools & plans	Other points to consider
<b>Sport/Physical Activity</b>	<ul style="list-style-type: none"> <li>• Sport England</li> <li>• Borough Recreation, Parks and Open Space Services</li> <li>• Wider community</li> </ul>	<ul style="list-style-type: none"> <li>• Sport England Strategy</li> <li>• Borough Strategies</li> </ul>	See Chapter 7 for further detail

## Stage 2 – Identifying existing social infrastructure

An essential part of planning and delivering social infrastructure is developing and building up an evidence base that can be used to help guide future decision-making. As previously mentioned, different stakeholders will have their own processes in terms of service planning, and the intention here is to complement and enhance existing processes to enable common processes to develop.

When discussing social infrastructure, it is useful to note the distinction between a *service* and a *facility* (usually a building). Some services can only take place in specific facilities; however there is a shift in thinking about where some types of healthcare can be provided. Not all health services need to be provided in a hospital, indeed an increasing amount of service previously provided in a hospital setting are now being provided in primary or community care settings. Primary and community healthcare services can also be provided in different ways which do not necessarily require dedicated premises, for example outreach services and technology (telecare). Other services such as sports and physical activity could take place in a number of facilities, such as parks, leisure centres or schools.

### a) *Service/facility categorisation*

Different types of services or facilities should be categorised under thematic headings and sub-headings in order to ensure a consistent approach is used from the start. This can be difficult as some categories will overlap.

They might also be delivered by different organisations, funded by different initiatives, and vary in mission and objectives. As a result, when identifying locations of facilities it may be easy to miss some services provided at the same facility. An example of how categorisation may be undertaken is illustrated in Figure 4 below. Local circumstances may suggest a different categorisation is more appropriate.

**Figure 4 Example categorisation of facilities**

Category	Sub-category
<b>Health &amp; Social care</b>	
Primary and community care <sup>2</sup>	Health centres; GP surgeries; walk-in centres; urgent care centres; mental health care centres, dentist surgeries; chemists/pharmacies; opticians.
Acute care	Hospitals
Social care <sup>3</sup>	Residential care, nursing homes; sheltered accommodation; supported housing and extra care housing; day centres, hospice
<b>Education</b>	
Childcare (note that childcare includes pre-school and school age children – it may be appropriate to categorise differently by using ‘pre-school’ for example)	Childminders; children’s centres; day nurseries; preschools/playgroups; crèches; nursery schools; extended schools; out-of-school services or kids’ clubs; and holiday playschemes/clubs.
Primary & Secondary education	Primary schools (infant & junior); secondary or high schools; free schools; academies.
Further education (may also include adults)	Sixth forms (within other school); Sixth form colleges; further education colleges; adult/lifelong learning centres.
Higher education	Universities.
<b>Sport/Physical Activity</b>	
Open spaces	Parks; playing fields; recreation grounds; playgrounds, school playing fields & playgrounds.
Sports facilities (public, private, third sectors)	Sports/leisure centres; gyms; swimming pools.
Community facilities	Schools, community centres/halls/rooms; youth clubs, any local use with a public benefit
<b>Faith</b>	
Places of worship	Churches, Mosques, Synagogues, Gurdwaras Temples, multi-faith centres, community centres where faith services are conducted.
<b>Cemeteries and Crematoria</b>	
	Graveyards, Cemeteries

\* Primary and community care can be integrated with social care provision including step down

\*\* Social care provision can be integrated with Primary and community care provision

It might also be useful to distinguish between *local or neighbourhood* services and facilities and *strategic* services and facilities, which may have implications for accessibility or catchment areas (see

Stage 2d below). Local or neighbourhood services or facilities are likely to be smaller scale services or facilities such as primary schools, GP practices and community centres. Strategic services or facilities

will serve a larger catchment area and are likely to include services such as secondary schools and, often for more than one borough, hospitals.

#### b) *Service/facility analysis*

In analysing the capacity and condition of existing social infrastructure services and facilities, a number of factors should be considered. These include:

- The size/floorspace of the current facility and any capacity for expansion
- The available service workforce and capacity for expansion
- New services/facilities and extensions to those existing that are guaranteed to be delivered
- The opening hours of the current services/facilities and any capacity for expansion
- Any planned closures of existing services/facilities
- Consideration of the local demographics and how this might impact on service users in the short/medium term
- The condition and operation of the current service/facility, for example:
  - ◆ Who are the target users?
  - ◆ Is it under- or over-utilised?
  - ◆ Is it having a positive impact?
  - ◆ Is it well located for its client group?
  - ◆ Is it physically accessible?
  - ◆ Is the facility currently in good condition?

Ensuring social infrastructure assessments are qualitative as well as quantitative is particularly important, as this may reveal potential opportunities for increased use through better design, management

and maintenance. The attractiveness of facilities e.g. the age of a building may have an impact on both the take-up of services and the efficiency/appropriateness of the service provided.

#### c) *Mapping services and/or facilities*

The location of existing social infrastructure services and/or facilities should be recorded on a map. In order to get an understanding of the context in which these services and/or facilities sit, it may be useful to include information such as general land uses in the area, for example residential, retail, industrial, recreation etc., as well as map socio-economic data for the area such as indices of deprivation.

As previously mentioned, there is an important distinction between a service and a facility. Facilities such as buildings are much easier to show on a map. However, as there may be a number of different services delivered in one facility, it is important all the services delivered there are recorded; this may be done through layering. It is also important to show the provision of services which are not necessarily delivered in a specific location. This may be illustrated by capturing the catchment area the service covers.

#### d) *Accessibility / catchment areas*

There is usually a limit in terms of the time and distance to which users of a service/facility are willing or able to travel. This can be largely influenced by the public transport routes and how easily services can be accessed by those routes. Measuring this will determine the catchment area for a service/facility and whether there are any gaps in provision. Data sources available to help measure this include:

Public Transport Accessibility Levels (PTALs). These are available at <http://www.webptals.org.uk/> and are a detailed and accurate measure of the accessibility of a point to the public transport network. PTALs reflect:

- o walking time from the point-of interest to the public transport access points;
  - o the number of public transport services available within the catchment;
  - o the reliability of the public transport service modes available; and
  - o the level of service at the public transport access points - i.e. average waiting time.
- TfL's Health Travel Analysis Tool (HSTAT)<sup>5</sup> model. This model can be used to assess the impact on travel and accessibility resulting from changes in the location of health services/facilities, including the addition of new services/facilities.
  - The Transport for London (TfL) Access to Opportunities and Services (ATOS)<sup>6</sup> maps provide information to boroughs on the accessibility of services/facilities such as primary and secondary schools, further education colleges, GP surgeries and quality food shopping.
  - TfL's model CAPITAL<sup>7</sup> provides minimum travel times *using* the public transport network for any combination of origins and destinations. CAPITAL combines a Geographical Information

System (GIS) and a transportation model to calculate walking times to/from the public transport network and travel times through the public transport network. Combining the results gives the overall minimum journey time for each origin/destination pair. A similar model has also been developed to extract road-based travel times for any combination of origin and destination points, taking congestion into account.

- Identifying walk zones of up to 1000m around services/facilities can demonstrate, if rather crudely, those communities who are well served and where there is a lack of provision. The drawback is that as the 1000m would be drawn as a radius from the service / facilities it does not take into account actual distance to travel or physical barriers; therefore some communities may look as though they are well served but in fact may not be able to access the service/ facility easily.

Local or neighbourhood services/facilities, such as primary schools and community centres, should be located within easy walking distance of potential users. This closeness may help to foster local community identity and 'spirit' through improved social networks – a core principle of lifetime neighbourhoods and an important determinant of community wellbeing.

Strategic services/facilities, such as secondary schools and hospitals, need to be located in accessible positions in terms of strategic walking/cycling networks and public transport (high PTAL ratings).

It should be noted that accessibility is also influenced by issues such as affordability (travel fares), perceptions of different travel modes, personal choices, the demographics of the service users and prior experiences. However, the

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<sup>5</sup> Travel and transport analysis for the NHS; <https://www.tfl.gov.uk/cdn/static/cms/documents/travel-and-transport-analysis-in-the-nhs.pdf>

<sup>6</sup> Further information is available in <https://www.london.gov.uk/priorities/planning/publications/town-centres-supplementary-planning-guidance-spg>

<sup>7</sup> Travel and transport analysis for the NHS; <https://www.tfl.gov.uk/cdn/static/cms/documents/travel-and-transport-analysis-in-the-nhs.pdf>

impact of these factors on the perceived accessibility, and therefore use, of local services/facilities can be difficult to predict or to model.

### **Stage 3 - Identifying future needs and requirements**

Future social infrastructure requirements will be determined by projections of future population needs and capacity of current provision to meet those needs.

#### *a) Future population needs*

Estimates of future social infrastructure requirements will be influenced by population projections and housing trajectories. The 2015 London Plan is based on the GLA's own population and household projections. These are considered more authoritative than projections currently provided by ONS and Department for Communities and Local Government (DCLG). It is not only the size, but the composition of the future population and housing stock that should be considered when assessing future service need. In particular, residential unit size and tenure and future population characteristics are important considerations. Residential unit size and tenure will influence the type of occupancy of housing stock. For example, large privately owned housing tends to have lower occupancy rates, whereas social rented housing is likely to have the highest occupancy rates, which will have significant impacts on local population numbers.

The socio-economic characteristics (including age, household composition, disability, and ethnicity) of the future population living in existing and planned developments will play a key role in determining their specific social

infrastructure needs. For example, an ageing population will place a higher burden on health and social care services (see Chapter 5 of this SPG), while rising birth rates impact on the required number of school places and safe places to play. The type of migration, both inwards and outwards, will also have an important impact on the future composition of a population.

#### *b) Current infrastructure surplus or deficit*

The analysis of the condition and capacity of existing social infrastructure in stage 2 may identify geographic areas of current surplus or deficiency. Combining this information with projections of population growth, demographic change and associated service needs, will help to identify localities with future deficiencies or surpluses in services/facilities.

In commercial areas, the social infrastructure needs of increased daytime populations resulting from business, office and retail floor space projections should also be considered. In the unique circumstances of the Central Activity Zone (CAZ), London Plan Policy 2.12 requires boroughs to work with social infrastructure providers to meet the needs of both local residents and the large numbers of visitors and workers.

#### *c) Future social infrastructure requirements*

Once future population needs have been determined and areas of surplus or deficit identified, this information should be used to forecast associated social infrastructure services/facilities requirements – including access, space requirements and/or the need to remodel services.

Boroughs should work with service providers to agree any standards of provision for different services and subsequent space requirements as these are a matter for local determination. Analytical tools available to support this

analysis are listed in Figure 5 below.

Identified future social infrastructure requirements should then be mapped to compare current capacity and accessibility of services/facilities with the location and scale of new demand.

**Figure 5 Data/information sources and analytical tools/guidance**

	Data/information sources	Analytical tools/guidance
<b>General population/housing</b>	<ul style="list-style-type: none"> <li>• London Datastore – Census/ GLA population projections</li> <li>• GLA Population yield</li> <li>• London Plan 2015 housing provision targets/ borough housing trajectories</li> </ul>	
<b>Health and social care</b>	<ul style="list-style-type: none"> <li>• Joint Strategic Needs Assessments (see section 5)</li> <li>• Borough Director of Public Health's Annual Public Health report</li> <li>• Public Health England's Local Health online resource <a href="http://www.localhealth.org.uk/#l=en;v=map9">http://www.localhealth.org.uk/#l=en;v=map9</a></li> <li>• Public Health Outcomes Framework Data Tool (<a href="http://www.phoutcomes.info/">http://www.phoutcomes.info/</a>)</li> <li>• GP Practice Profiles</li> <li>• Estate condition and utilisation surveys</li> </ul>	Strategic Health Asset Planning and Evaluation application (SHAPE)

	Data/information sources	Analytical tools/guidance
Education	<ul style="list-style-type: none"> <li>School role projections</li> <li>GLA child population yield</li> </ul> <p>Note that demand for free schools may not be driven by population/housing growth</p>	<p>The GLA carried out a piece of analysis combining the results of the 2011 Census with the London Development Database to create estimates of the number of children living in new housing developments. The results of this work, the underlying data, the methodology, and a tool to assist with estimating the population associated with new development are available to download from the London Datastore (<a href="http://data.london.gov.uk/dataset/population-yield-calculator">http://data.london.gov.uk/dataset/population-yield-calculator</a>).</p> <p>The Play &amp; Informal Recreation SPG provides methodological guidance for child occupancy of new housing development (Appendix 2, p85)* A general rule of thumb to estimate the number of schools that may be required:</p> <ul style="list-style-type: none"> <li>Approx. 3000 children require 1 primary school</li> <li>Approx. 6000 children require 2 primary schools and 1 secondary school</li> </ul>

\* <http://www.london.gov.uk/sites/default/files/Shaping%20Neighbourhoods%20Play%20and%20Informal%20Recreation%20SPG%20Low%20Res.pdf>

## Stage 4 – Identifying funding and delivery mechanisms

Once social infrastructure requirements have been identified, a decision must be made about the most appropriate delivery mechanisms, based on local policy, land use context and funding. The outputs from the modelling of future requirements should be treated as a starting point only, to guide discussions about the scope

and scale of potential needs. Policies, innovations in service delivery and model parameters will develop over time, so calculations should not be taken too rigidly. The available solutions to social infrastructure delivery are also likely to vary in different locations.

Boroughs should ensure that the needs of their current and projected population can be met before losing existing social infrastructure. If the current use of a service/facility is no longer needed,

boroughs should look for alternative community uses where other needs have been identified. Before planning for new services/facilities, boroughs and partners are advised to maximize the usage of existing facilities by taking up any surplus capacity, extending existing facilities or bringing into use unused and under-used facilities.

### *a) Joint working*

Stakeholders (as identified in Stage 1) should work together to agree priorities and plan delivery. This will help to avoid duplication when resources are limited and identify opportunities for joint funding, shared use of buildings and co-location of services.

Collaborative approaches between stakeholders can take a variety of forms in terms of:

- the use of resources: data, staff/scarcity skills, equipment and land
- joint working on cross-boundary priorities and overall policy direction
- the alignment of partners' planning processes or strategies
- the reorganisation of provision so that social infrastructure buildings/services complement each other locally or across borough boundaries.
- managing performance by working with other stakeholders to better deliver the outcomes and services that are important to local people.

### *b) Funding*

The majority of social infrastructure will be funded by the relevant social infrastructure providers and commissioners. Where there is a funding gap, it may be

appropriate to secure contributions through planning obligations (Section 106), planning contributions or planning agreements; or the Community Infrastructure Levy (CIL), particularly where assessments of need are regularly updated. Social infrastructure planning also brings reciprocal benefits to CIL planning work, helping to determine CIL Regulation 123 spending priorities.

### *i) Section 106 (S106) Planning Obligations*

London Plan Policy 8.2 lists priorities for planning obligations<sup>8</sup>. Priorities are transport, particularly Crossrail<sup>9</sup> and affordable housing. Weight is also given to tackling climate change, improving air quality and provision of social infrastructure.

Recent changes to legislation restrict the use of S106 to the mitigation of on-site impacts and prevents pooling of contributions from a number of developments. From April 2015<sup>10</sup> contributions may be secured by:

- work-in-kind constructed by the developer;
- a financial contribution;
- transfer of land for a facility.

Paragraphs 203 to 205 of the NPPF state that S106 contributions should be:

- necessary to make the development acceptable in planning terms;

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<sup>8</sup> London Planning Statement SPG 2014.

<sup>9</sup> Use of planning obligations in the funding of Crossrail, and the Mayoral Community Infrastructure Levy - SPG - See more at: <http://www.london.gov.uk/priorities/planning/mayoral-community-infrastructure-levy>

<sup>10</sup> The Community Infrastructure Levy (Amendment) Regulations 2014

- directly related to the development; and
- fairly and reasonably related in scale and kind to the development.

Policy 8.2 of the London Plan states that boroughs should set out a clear framework for negotiations on planning obligations in development plan documents, taking account of relevant legislation, central Government policy and guidance, and local and strategic considerations.

#### *ii) Community Infrastructure Levy (CIL)*

London Plan Policy 8.3 sets the strategic policy framework for CIL and explains how its introduction will affect the use of planning obligations to help fund infrastructure. This is, among other things, a significant delivery mechanism for Crossrail.

CIL is a charge that may be adopted by boroughs to help fund local infrastructure. Boroughs will need to rely on other revenue sources as well, but CIL can make an important “top-up” contribution. It is a standardised non-negotiable charge per square metre for new development. The levy is intended to encourage development by creating a balance between collecting revenue to fund infrastructure and ensuring that the rates are not so high that they put development at risk. A 25%<sup>11</sup> proportion of CIL in local communities with a Neighbourhood Development Plan in place can be spent locally on:

- the provision, improvement, replacement, operation or maintenance of infrastructure; or
- anything else that is concerned

with addressing the demands that development places on an area.

The NPPF suggests that, where practical, the Community Infrastructure Levy charging schedule and rates should be worked up and tested alongside the Local Plan. This should be directly related to the infrastructure needs assessment that underpins the Local Plan evidence base, and should identify the quantity and type of infrastructure required to realise local development and growth needs. This should inform a Regulation 123 list of local CIL infrastructure, which is intended to prevent CIL and Section 106 both being used to fund the same infrastructure. The rates should be supported by evidence, such as the economic viability of new development and the area’s infrastructure needs.

See DCLG Community Infrastructure Levy: Guidance<sup>12</sup> for more information.

#### *iii) Other sources of funding*

Lottery funding, grant-giving trusts and other funding sources may be appropriate to help fund social infrastructure requirements. Revenue costs, including maintenance and long term management, need to be considered from the earliest possible stage to ensure that social infrastructure provision is sustainable.

#### *c) Other delivery mechanisms*

There are a range of other mechanisms that can help in the provision and delivery of social infrastructure requirements. These include:

- Public Private Partnerships. Many Local Authorities finance improvements in

11 Or 15% in areas without a neighbourhood plan

12 <http://planningguidance.planningportal.gov.uk/blog/guidance/community-infrastructure-levy/>

leisure facilities by negotiating long term contracts with leisure operators who are able to secure loan funding to finance service improvements.

- **Social Enterprises.** Trusts enjoy VAT and Business Rate privileges and are frequently better placed than local authorities to attract external funding from lottery and grant-making trusts.
- **Community Asset Transfer.** This is a change in management and/or ownership of land or buildings from public bodies to community groups. Transfer options vary but communities typically take on the ownership or management of an asset on a freehold, long lease, shorter lease or a licence to occupy basis.
- **Community Land Trusts.** These enable occupiers to pay for the use of buildings and services at prices they can afford, while the value of land, subsidies, planning gain and other equity benefits are permanently locked in by the Community Land Trust. They work on a non-profit basis, raising money from new sources and unlocking other resources. They provide and manage assets such as community buildings, green spaces and parks.
- **Development Trusts.** A Trust receives revenue to fund its operations and activities, this may come from a variety of public and private sector sources. Activities that Development Trusts are involved in include developing and running sports and recreation facilities and managing community centres.
- **Local Asset Backed Vehicles.** These are a medium or long term partnership or joint venture between a local authority and a private sector investment partner which use assets to raise funds for investment projects.

- **Assets of Community Value.** These provisions give communities a right to identify a building or other land that they believe to be of importance to their community's social well-being. The aim is that, if the asset comes up for sale, then the community will be given a fair chance to make a bid to buy it on the open market. If the nominated asset meets the definition of an asset of community value, the local authority will list it, subject to rights of appeal by the owner.

### **Stage 5 – Modify/deliver infrastructure to meet lifetime neighbourhoods criteria**

Although there are inherent challenges, there may be options for combining social infrastructure with other uses, for example using residential development to cross subsidise the provision of educational facilities. Co-location or integration of different social infrastructure on the same site may also help to reduce management and maintenance costs and improve the quality of services.

The supporting text to London Plan Policy 3.16, paragraph 3.90 sets out some criteria for the provision of new or expanded social infrastructure services/facilities. These should be:

- easily accessible to all sections of the community (including disabled people and older people) by meeting inclusive design principles (the Accessible London SPG should be consulted)
  - easily accessible by walking and cycling (see Stage 2d guidance)
  - well connected to public transport (see Stage 2d guidance)
  - affordable and compatible with social infrastructure service delivery plans
-

- well laid out and flexible, so that all the space is used efficiently
- safe and user friendly
- integrated with or complementing other neighbouring facilities or services as part of achieving a lifetime neighbourhood

## **Stage 6 - Monitoring and Review**

Annual monitoring and review of the operation of social infrastructure services/ facilities should be undertaken in a transparent manner, including all relevant stakeholders.

Monitoring and review should consider:

- The extent to which social infrastructure services are being delivered
- Any problems with implementation and their causes
- The lessons that can be learnt for future provision or implementation.
- Whether implementation or changing needs suggest revisions to provision

This process may suggest that a new or updated social infrastructure needs assessment should be undertaken.

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# 4. LIFETIME NEIGHBOURHOODS

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## Introduction

### *What are lifetime neighbourhoods?*

Lifetime neighbourhoods are places where people are able to live and work in safe, healthy, supportive and inclusive environments with which they are proud to identify.

The concept of lifetime neighbourhoods comes from thinking on the effects of aging populations which has highlighted the importance of the living environment as both a significant determinant of wellbeing and an important tool to improve independence in later life.<sup>13</sup> This means the broadest possible approach to access to both social infrastructure and everyday services such as shopping and transport. Lifetime neighbourhoods planning directly parallels the inclusive design approach, but with a greater emphasis on strategic scale and on the delivery of services, in order to maximise the potential of places and of the people who live in them.

Planning lifetime neighbourhoods is the mechanism that integrates the delivery of services with spatial planning, making them central to the development of social infrastructure. The Accessible London SPG<sup>14</sup> identifies social infrastructure as being integral to the creation of lifetime neighbourhoods, and in helping to bind communities together through the promotion of social interaction as well as allowing them to lead healthy active lives. This integration is achieved by looking at services in reference to the people who use them, understanding what is

needed and valued, and how this can be accessed. It is simplest to think of lifetime neighbourhoods as putting 'people' back into 'place'.

All forms of social infrastructure relate ultimately to human welfare and while the methods used and the services delivered may differ, the objectives are complementary. Different social infrastructure types have a reciprocal relationship and they benefit strongly from functional and spatial integration with each other, much as the overall mix of uses is essential to planning successful places.

This complexity of both planning and social infrastructure can often lead to failures by omission where problems defy solution because they fall between or outside of departmental control, or require coordinated action across different services. In the same way that the concept of placemaking seeks to address these omissions where they affect built environment, lifetime neighbourhoods planning tries to resolve omissions in the relationship between built environment and the delivery of services.

Lifetime neighbourhoods planning is not about a new plan, or stage in the planning process, instead it is at its most effective when fully embedded in the existing planning system as a part of existing local and neighbourhood plans and guidance.

While it emphasises flexibility, the concept of lifetime neighbourhoods does not mean always living in the same space. In fact it should mean the greatest possible choice of living arrangements including, for those who need and want it, specialised accommodation at different stages of life.

Policy development in lifetime neighbourhoods is still at a formative stage, and as such it is envisaged that this guidance will continue to be refined,

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<sup>13</sup> Lifetime Neighbourhoods, Department for Communities & Local Government, 2012. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6248/2044122.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6248/2044122.pdf) (accessed 28/01/15)

<sup>14</sup> <http://www.london.gov.uk/priorities/planning/publications/accessible-london-achieving-an-inclusive-environment>

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much like that on the different social infrastructure sectors, as the approach matures and more examples of good practice become available.

### **Lifetime Neighbourhoods in London**

Place has a particular importance both practically and emotionally in a city of London's size and global role, as a signifier of identity, an integrating force, and a mechanism to ensure the delivery of services. London's historical pattern of development as a patchwork of existing settlements remains strongly identifiable in its built form from the estates of the West End to the radial tube-based development of Metroland. It also stems from a strong political and institutional root in the continuing independence of London Boroughs and the City of London. This polycentric form of development makes a great deal of sense in a city so heavily dependent on the network form of public transport infrastructure, and this is set to be continued through the spatial policies of town centre intensification and Opportunity Areas set out in the London Plan.

London's neighbourhoods are not exclusive and vertically integrated communities that are cut off from each other and the broader city like a hierarchical urban 'tree'<sup>15</sup>. Boundaries are subjective and fluid, and neighbourhoods differ in size, role and the challenges that they present. Not all places, can be mixed and balanced, but they can be lifetime neighbourhoods provided that they meet the needs of the people who live in them.

The London Plan 2015 describes lifetime neighbourhoods planning principles for London. These are set out in London Plan Policy 7.1.

<sup>15</sup> Christopher Alexander. *A City is Not a Tree*. Design, London: Council of Industrial Design. Number 206, 1966

## **POLICY 7.1 LIFETIME NEIGHBOURHOODS**

### **Strategic**

- A In their neighbourhoods, people should have a good quality environment in an active and supportive local community based on the lifetime neighbourhoods principles set out in paragraph 7.4A.

### **Planning decisions**

- B Development should be designed so that the layout, tenure and mix of uses interface with surrounding land and improve people's access to social and community infrastructure (including green spaces), the Blue Ribbon Network, local shops, employment and training opportunities, commercial services and public transport.
- C Development should enable people to live healthy, active lives; should maximize the opportunity for community diversity, inclusion and cohesion; and should contribute to people's sense of place, safety and security. Places of work and leisure, streets, neighbourhoods, parks and open spaces should be designed to meet the needs of the community at all stages of people's lives, and should meet the principles of lifetime neighbourhoods.
- D The design of new buildings and the spaces they create should help reinforce or enhance the character, legibility, permeability, and accessibility of the neighbourhood.
- E The policies in this chapter provide the context within which the targets set out in other chapters of this Plan should be met.

**LDF preparation**

- F Boroughs should plan across services to ensure the nature and mix of existing and planned infrastructure and services are complementary and meet the needs of existing and new communities. Cross-borough and/or sub-regional working is encouraged, where appropriate.
- G Boroughs should work with and support their local communities to set goals or priorities for their neighbourhoods and strategies for achieving them through neighbourhood planning mechanisms.

Paragraph 7.4A sets out three clear principles which translate the concept of lifetime neighbourhoods into spatial objectives and highlight where planning needs to engage with other services and organisations. These are, that people at all stages of their lives;

1. can get around – neighbourhoods which are well-connected and walkable;
2. as far as possible, can have a choice of homes, accessible infrastructure and services, places to spend time and to work, with a mix of accessible and adaptable uses; and
3. belong to a cohesive community which fosters diversity, social interaction and social capital

In practical terms the application of these principles is intricately interlinked and the achievement of one is very much dependent on the others. Similarly, each of these principles relates closely to the three main participants in the lifetime neighbourhoods planning process; the planning system, public and private services, and the community.

Well connected and walkable neighbourhoods, are primarily a function of built environment, and particularly public realm, which is directly subject to planning powers and integral to plan making and planning decisions. However, both the desire to walk around neighbourhoods and the need to do so depends on a mix of uses that encourage interest and allow access to services.

Much of the use and service mix of an area is also subject to planning controls, from housing type and tenure, to the location of shops, offices and restaurants, and of course social infrastructure provision. But while these uses need planning approval they are not provided by the planning system itself and require both the latent demand and continuing commitment of public and commercial services and the broader community.

Social capital and a cohesive community are essential to the quality of a place but the most that the planning system can do is help to enable these. Similarly, they form the *raison d'être* for most types of social infrastructure and an essential underpinning to commercial activities, but depend ultimately on the people who live in and visit the neighbourhood.

**Planning lifetime neighbourhoods**

There are numerous design standards and checklists that cover elements of the lifetime neighbourhoods process. In the London context the three most notable are the WHO Age Friendly Cities checklist<sup>16</sup>, BREEAM for Communities<sup>17</sup>, and Building for Life<sup>18</sup>, and each have their strengths and weaknesses particularly at different stages of the process. This guidance

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16 [www.who.int/ageing/publications/Age\\_friendly\\_cities\\_checklist.pdf](http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf)

17 <http://www.breem.org/page.jsp?id=372>

18 <http://www.designcouncil.org.uk/knowledge-resources/guide/building-life-12>

does not aim to synthesise these different standards and it is instead recommended that they are used where they add most value to a particular plan or scheme.

The particular interventions needed to promote lifetime neighbourhoods will depend on the characteristics of the area. It is best to understand these by reference to the three lifetime neighbourhoods principles and the way in which these can be realised through the plan making and implementation process. The planning process is therefore one of testing an area or plan against the three lifetime neighbourhoods principles and determining a list of actions for each of the three main groups of stakeholders; the local planning authority, social infrastructure services, and the community.

### **1. Neighbourhoods which are well-connected and walkable**

Well-connected places are those which allow people to connect with each other and to services in their neighbourhood and beyond. Walkability in particular goes to the heart of lifetime neighbourhoods. It describes the ease with which pedestrians can get around outdoor spaces, and has crucial implications for individual access to services and facilities. Walkability strongly influences the likelihood of residents achieving the minimum level of physical activity that is recommended for adults to stay healthy, since it has been recognised nationally that the easiest way to do this is to incorporate activity such as walking or cycling for travel purposes, into everyday life.<sup>19</sup> A quarter of adults in London achieve the recommended 150 minutes of physical activity each week just through the walking and cycling they do for travel

purposes (active travel).<sup>20</sup> Making changes to street environments not only delivers health benefits from physical activity but also a wide range of other health benefits from reduced social isolation, noise, air pollution, and road danger

Improved pedestrian and cycle routes to schools and other social infrastructure are an important means of increasing physical activity levels through enabling active travel in all age groups.

This guidance does not aim to repeat the abundant documentation available on urban design and public space. The 'Healthy Streets' approach<sup>21</sup> used by Transport for London identifies the key elements essential for streets to become more inviting for the whole of society. This includes consideration of the provision of seating, shade & shelter, intimidation by motorised traffic, noise levels and personal security. It may also be useful to refer to TfL's London cycling design standards<sup>22</sup>, and pedestrian design standards<sup>23</sup> (due to be updated in 2015).

But it should also be recognised that for many people the availability of accessible and reliable public transport is needed to lead an active and independent life. The Accessible London SPG<sup>24</sup> provides further guidance on the importance of accessible transport options.

19 Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers (2011) Department of Health

20 Transport and health in London: The main impacts of London road transport on health (2014) Greater London Authority <http://www.london.gov.uk/sites/default/files/Transport%20and%20health%20in%20London%20March%202014.pdf>

21 Saunders in Improving the health of Londoners. Transport action plan. (2014) Transport for London <http://www.tfl.gov.uk/cdn/static/cms/documents/improving-the-health-of-londoners-transport-action-plan.pdf>

22 <https://www.tfl.gov.uk/corporate/publications-and-reports/cycling>

23 Pedestrian Comfort Guidance for London (2010) TfL [www.tfl.gov.uk/cdn/static/cms/documents/pedestrian-comfort-guidance-technical-guide.pdf](http://www.tfl.gov.uk/cdn/static/cms/documents/pedestrian-comfort-guidance-technical-guide.pdf)

24 <http://www.london.gov.uk/priorities/planning/publications/accessible-london-achieving-an-inclusive-environment>

London Plan guidance gives comprehensive and useful information about understanding existing neighbourhoods in the Character and Context SPG<sup>25</sup> which can help to understand how people relate to and value spaces and places. There is also useful information particularly on the design aspects of lifetime neighbourhoods in the Accessible London SPG.<sup>26</sup>

Questions to consider when reviewing plans and proposals:-

- Will plans and proposals make it quicker, more convenient and more pleasant to walk or cycle than to rely on a private car for short journeys?
- Are streets currently inviting a wide range, and high volume of pedestrians and cyclists? If not, why not? (Consider using the Healthy Streets Approach<sup>20</sup>)
- Are people able to incorporate the use of green and open space as part of their daily routine rather than for specific leisure excursions? (Further guidance is available in The All London Green Grid SPG)<sup>27</sup>
- Are existing barriers (legal or physical) to or deficiencies in provision for walking or cycling considered and addressed?
- Are there opportunities to promote safer road use and reduce traffic intimidation and injuries such as reducing vehicle speeds e.g. through speed limits and traffic calming measures?
- Are there opportunities to improve

walking and cycling facilities within and around new developments?

- Are there possibilities to increase walking and cycling through developing green/active workplace travel plans?
- Are there possibilities to increase walking and cycling to school through developing green/active school travel plans?
- Are there well-managed, inviting spaces for everyone, including older people, children and disabled people?
- Is there appropriate access to public transport for those that need it to lead independent lives?

## **2. A choice of homes, accessible infrastructure and services, places to spend time and to work, with a mix of accessible and adaptable uses**

Housing quality has strongly evidenced effects on general health and wellbeing.<sup>28</sup> In supporting a range of homes and services, lifetime neighbourhoods draw on a large number of other statutory plans and evidence as well as in depth engagement with service sectors and users. Similarly, service mix is intricately connected with the plans of social infrastructure sectors and broader planning around retail and employment. Much of the task for lifetime neighbourhoods planning lies in consideration of the individual place within this broader framework for city and borough-wide planning. Plans should seek to identify the opportunities that exist for broader strategic plans to help meet identified local needs and objectives.

Detailed information on specific social

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<sup>25</sup> Character and Context SPG especially Chapters 4 and 5. <http://www.london.gov.uk/priorities/planning/publications/shaping-neighbourhoods-character-and-context>

<sup>26</sup> <http://www.london.gov.uk/priorities/planning/publications/accessible-london-achieving-an-inclusive-environment>

<sup>27</sup> [www.london.gov.uk/priorities/planning/publications/all-london-green-grid-spg](http://www.london.gov.uk/priorities/planning/publications/all-london-green-grid-spg)

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<sup>28</sup> A select review of literature on the relationship between housing and health. Scottish Government Communities Analytical Services, 2010. Available from <http://www.apho.org.uk/resource/item.aspx?RID=99182> (accessed 26/01/2015)

infrastructure sectors appears in the following chapters of this document (5-8).

Questions to consider when reviewing plans and proposals:

- Is there sufficient housing that is affordable and that has the space to enable households to make necessary changes, for example as a result of poor health or impairments?
- How well does the range of housing choices that are available in the neighbourhood work for older people, families with children, young adults, disabled people and minority ethnic groups?
- Is sufficient open space, and children's play space, provided or are there opportunities to address deficits?
- How far do residents have local access to services and amenities?
- How do people access work and essential services?
- If people travel to access facilities then could these realistically be provided more locally?

### **3. A cohesive community which fosters diversity, social interaction and social capital**

A cohesive community is one of the most difficult lifetime neighbourhood principles to address through land use planning. Much like planning for community facilities themselves this is an area that must by definition be community-led. Walkability principles can be particularly useful here as they foster social interaction and improve urban civility, but ultimately social capital is generated and maintained by much more complex interactions. Information sharing will be particularly important so that development proposals take account not only of the community

interest in development directly affecting community facilities but also of broader opportunities for provision.

Planning authorities can help to spur community interaction and social capital by identifying where opportunities exist around community aspirations or existing facilities.

Further detail is provided in Chapter 9 Community Facilities.

Questions to consider *when reviewing plans and proposals*;

- Have locally significant facilities been identified and registered as assets of community value?
- Have community groups identified current and expected needs and opportunities?
- Are local people aware of the neighbourhood planning process and have local neighbourhood fora been established?
- If there is a neighbourhood plan does it identify lifetime neighbourhoods needs and objectives for other partners?
- Are there ways of making publically available information more 'open' by bringing it together in one place, or standardising its bases of comparison?

### **Implementing Lifetime Neighbourhoods**

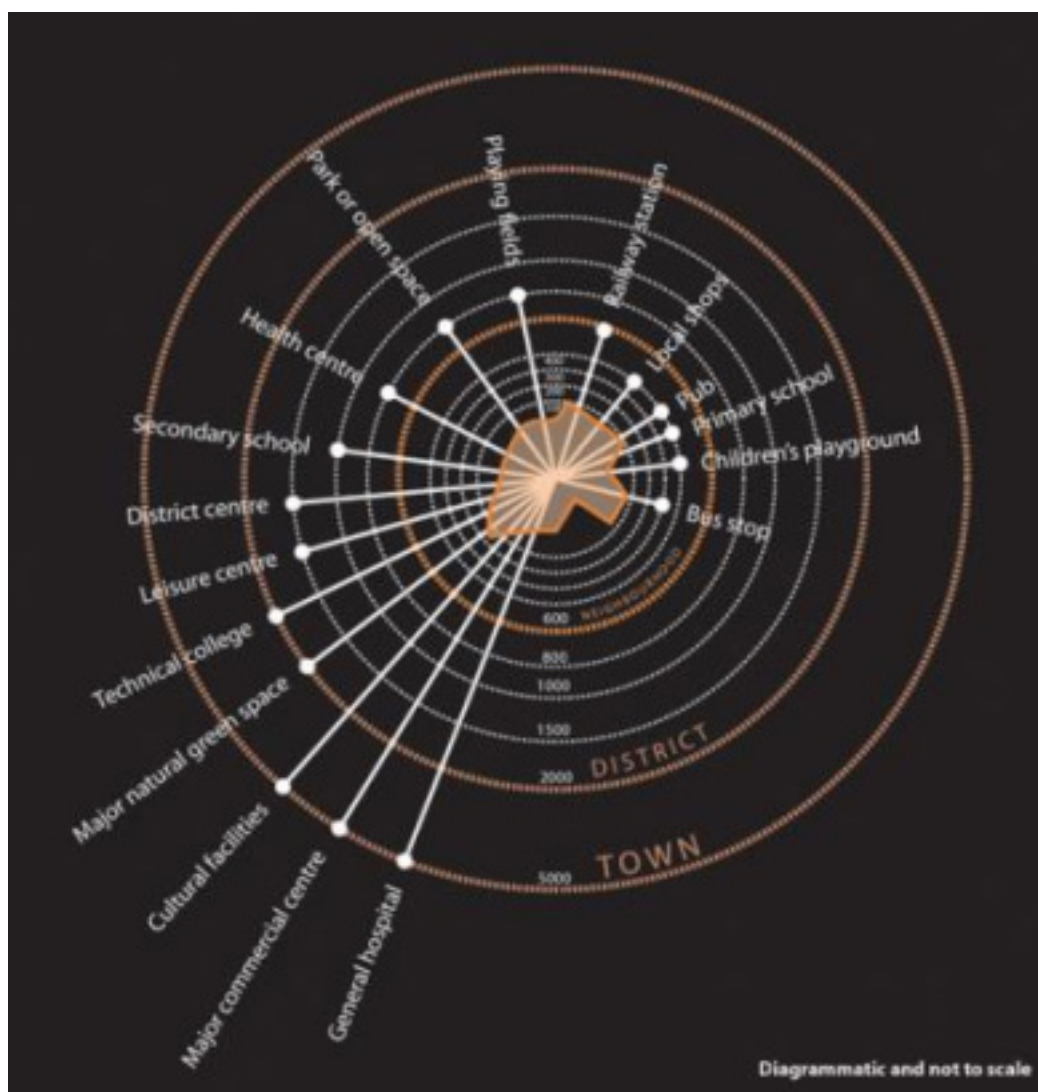
As the integration point for service delivery into spatial planning, lifetime neighbourhoods are profoundly shaped by changing patterns of service provision. Change in the provision of London's social infrastructure is currently being driven by a wide range of factors including the overall growth of population and employment, the restructuring of public services, and the localism agenda. Implementing Lifetime Neighbourhoods in London is about

securing the integration of services overall and with particular regard to their spatial aspects.

This spatial integration of services can drive mutually reinforcing benefits across social infrastructure sectors which help to prevent problems from occurring rather than just allowing remedial actions. In the case of health, for instance, it is clearly much better and more cost effective to prevent ill health, rather than require treatment once illness has occurred. Regular physical activity, for example, reduces the risk of adults developing a range of long term illnesses including heart disease, stroke, diabetes, osteoporosis,

some cancers and depression, and can be strongly facilitated by attractive, walkable neighbourhoods with good access to green space.<sup>29</sup>

Therefore, it is generally easiest to conceive of lifetime neighbourhoods by thinking about the way a person will access all of the services that they use on a daily basis. The diagram below is an indicative description of the social infrastructure network which sets out a hierarchy of provision derived from the population base of different infrastructure types and the distance of travel that this implies.



29 Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers (2011) Department of Health

Figure 7: Minimum reasonable accessibility standards at different gross densities in urban cities.

Local facility	Illustrative catchment populations	Minimum reasonable accessibility standards at different gross densities (assuming bendy routes)			
		40 persons per hectare	60 persons per hectare	80 persons per hectare	100 persons per hectare
Nursery / first school	2,000	600m	500m	400m	400m
Primary / middle school	4,000	800m	700m	600m	500m
Secondary school	8,000	1,200m	1,000m	700m	700m
Secondary school (large)	16,000	1,500m	1,200m	1,000m	1,000m
Health Centre (four doctors)	10,000	1,200m	1,000m	900m	800m
Local shop	1,500	500m	400m	400m	300m
Pub	6,000	1,000m	800m	700m	600m
Post office	5,000	800m	700m	600m	600m
Community centre	4,000	800m	600m	600m	500m
Local centre	6,000	1,000m	800m	700m	600m
District centre / superstore	24,000	1,900m	1,500m	1,300m	1,200m
Leisure centre	24,000	1,900m	1,500m	1,300m	1,200m

Source: Barton,H., Grant,M. and Guise,R. Shaping Neighbourhoods: A guide for health, sustainability, vitality (2003)

Effective implementation of lifetime neighbourhoods requires the co-ordination of statutory planning and development management, with the service planning and provision of infrastructure stakeholders, and the needs and activities of local communities. This complex process of information sharing and joint implementation can be assisted by the following strategies:

### Open information

Information from all of the participants in the social infrastructure planning and delivery process should be not just public but open, conforming wherever possible to common standards and mutually intelligible. Local authorities are best placed to influence this by aggregating or linking material in a single place on council websites, and promoting common geographical and chronological bases for statistical comparison.

### User profiles/segmentation

Undertaking test runs of how people access services and deal with broad welfare issues such as improving diet and levels of physical activity can help to inform whole service design by highlighting the problem areas. At a more refined level, user profiles and segmentation strategies can help to conceptualise the user base for services, Arts Council England<sup>30</sup> and Sport England<sup>31</sup> both have useful examples. An opportunity exists for lifetime neighbourhoods partners to co-operate on a common set of user profiles as a way to drive integrated bottom-up service design.

30 Arts Audiences: insight [www.artscouncil.org.uk/media/uploads/pdf/arts\\_audience\\_insight\\_2011.pdf](http://www.artscouncil.org.uk/media/uploads/pdf/arts_audience_insight_2011.pdf)

31 <http://segments.sportengland.org/>

### **Flexibility and multiuse**

Spatial access to infrastructure can be significantly improved when this infrastructure is co-located either with complementary infrastructure types or close to users. Particular services may be best accommodated by flexible rather than dedicated space so that they can serve specialised or changing needs. This brings the service closer to its client group and allows these activities to support each other and share costs.

### **Implementation Point 1- Lifetime Neighbourhoods**

In implementing London Plan policies and especially Policy 7.1, the Mayor will, and boroughs and other partners are advised to:

- Plan for neighbourhoods which are mixed in use and tenure, and easy and attractive to get around on foot.
- Apply the 'planning lifetime neighbourhoods' questions set out above to plans and applications as appropriate.
- Co-ordinate the evaluation of needs and the assignment of actions to meet these needs consistently across local plan documents, social infrastructure delivery strategies, and neighbourhood plans.
- Encourage the use of open information in local plans and strategies that is mutually intelligible and works from comparable statistical bases.

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# 5. HEALTH AND PROVISION OF HEALTH AND SOCIAL CARE

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The presumption in favour of sustainable development in the NPPF highlights the importance of achieving social, economic and environmental objectives; with health cutting across all three of these objectives. A section of the NPPF is dedicated to promoting healthy communities and highlights how the planning system can play an important role in facilitating social interaction, reducing inequalities and creating healthy, inclusive communities. This chapter expands on the need for infrastructure to promote health more broadly (London Plan Policy 3.2) and to enable provision of health and social care more specifically (London Plan policy 3.17).

### **The determinants of health and health inequalities**

London Plan policy 3.2 sets out the responsibilities of the Mayor and boroughs in improving the health of communities.

#### **POLICY 3.2 IMPROVING HEALTH AND ADDRESSING HEALTH INEQUALITIES**

##### **Strategic**

- A The Mayor will take account of the potential impact of development proposals on health and health inequalities within London. The Mayor will work in partnership with the NHS in London, boroughs and the voluntary and community sector as appropriate to reduce health inequalities and improve the health of all Londoners, supporting the spatial implications of the Mayor's Health Inequalities Strategy.
- B The Mayor will promote London as a healthy place for all – from homes to neighbourhoods and across the city as a whole – by:

- a coordinating investment in physical improvements in areas of London that are deprived, physically run-down, and not conducive to good health
- b coordinating planning and action on the environment, climate change and public health to maximise benefits and engage a wider range of partners in action
- c promoting a strong and diverse economy providing opportunities for all.

- C The impacts of major development proposals on the health and wellbeing of communities should be considered, for example through the use of Health Impact Assessments (HIA).

##### **Planning decisions**

- D New developments should be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities.

##### **LDF Preparation**

- E Boroughs should:
  - a work with key partners to identify and address significant health issues facing their area and monitor policies and interventions for their impact on reducing health inequalities
  - b promote the effective management of places that are safe, accessible and encourage social cohesion
  - c integrate planning, transport, housing, environmental and health policies to promote

the health and wellbeing of communities

- d ensure that the health inequalities impact of development is taken into account in light of the Mayor's Best Practice Guidance on Health issues in Planning.

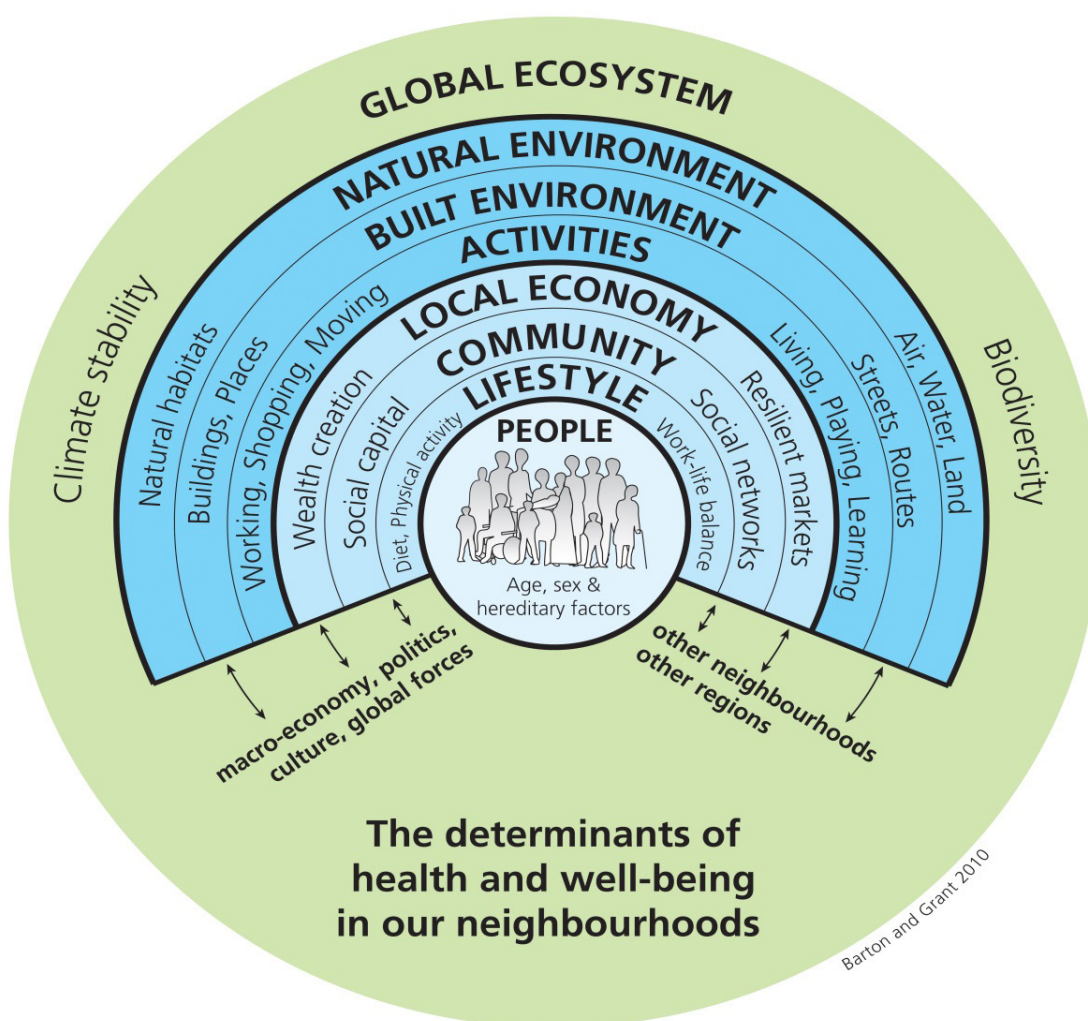
The London Plan notes that health is a key determinant of the quality of life of Londoners. Health, in turn, is influenced by a broad range of factors including those which can be modified by urban planning interventions (Figure 8).

**Figure 8 Determinants of health and wellbeing**

Planning impacts on health may be direct or indirect, intentional or unintentional. The physical environment is shaped by planning decisions and can deter or enable a healthy lifestyle.<sup>32,33</sup> As such, the infrastructure required to improve health extends far beyond services which diagnose and treat illness. Many of the social infrastructure

32 Obesity and the environment; increasing physical activity and active travel, Public Health England, 2013. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256796/Briefing\\_Obesity\\_and\\_active\\_travel\\_final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256796/Briefing_Obesity_and_active_travel_final.pdf) (accessed 27/01/2015)

33 Obesity and the environment; regulating the growth of fast food takeaways, Public Health England, 2013. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296248/Obesity\\_and\\_environment\\_March2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf) (accessed 27/01/2015)



Source: Barton and Grant 2006 developed from a concept by Dahlgren and Whitehead 1991

requirements to make London a healthy place for all align with the Lifetime Neighbourhoods principles described in Chapter 4:-

- The propensity of people to walk, cycle, or play in the open air is affected by the convenience, quality and safety of pedestrian and cycling routes and by the availability of local open space;
- Walkable neighbourhoods, created using the 'Healthy Streets' approach<sup>34</sup>, reduce the risk of road traffic injuries;
- Well-designed parks and public spaces reduce fear of crime;
- A lack of supply of affordable quality housing contributes to homelessness and overcrowding which affects health;
- Accessible work opportunities can alleviate poverty and depression caused by unemployment;
- An accessible urban structure together with an efficient and affordable transport system can reduce social exclusion by opening up opportunities for people who are socially and economically marginalised;
- Insufficient attention to maintaining and creating community cohesion in urban renewal projects can lead to the destruction of social networks.
- Conversely, regeneration can also produce a rich community life, by providing opportunities needed for social interaction such as common activities and meeting places: schools, post offices, pubs and convivial, safe streets. Social support is particularly necessary for the most vulnerable groups.

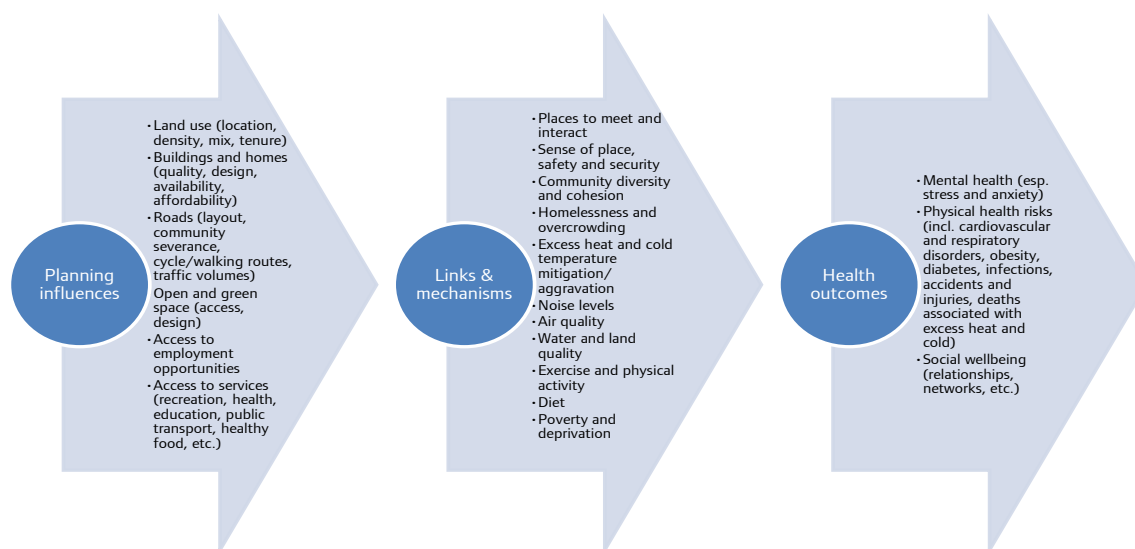
As part of this broad range of influences, the design, quality and access to social infrastructure, delivered to meet Lifetime Neighbourhoods standards, plays a central role in improving and protecting a community's health and wellbeing. Provision of public, communal and open spaces also makes a key contribution to residents' quality of life including mental wellbeing, and it is important to take account of the requirements of the whole community including children, older and disabled people. Action to promote health, either physical or mental wellbeing, is most effective when embedded throughout plans and guidance, as is described in the preceding chapter, and the impacts of development on health and wellbeing need to be considered across a range of development types.

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34 Saunders in Improving the health of Londoners. Transport action plan. (2014) Transport for London <http://www.tfl.gov.uk/cdn/static/cms/documents/improving-the-health-of-londoners-transport-action-plan.pdf>

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**Figure 9 Links between planning and health: a quick reference guide**



Source: GLA, Public Health Team, 2013

## Health Inequalities

People living in more deprived neighbourhoods, with poorer access to social support and social infrastructure, commonly experience the poorest health.<sup>35</sup> Planning plays an important role in addressing these social inequalities in health. The Mayor has a statutory duty to specify priorities for reducing health inequalities. Alongside the London Plan Policy 3.2, the Mayor commits to working with partners to create a healthier and safer environment for all Londoners in their homes, their neighbourhoods and other public spaces in objective 5 of his Health Inequalities Strategy.

The scale of physical development in London over the next 20-30 years presents a significant opportunity to regenerate deprived areas of the capital and create healthy communities by linking planning outcomes to health outcomes, as well as reducing the inequalities gap both within boroughs and across London. Opportunities to influence health inequalities will be the greatest in Opportunity Areas and Intensification Areas (London Plan Policy 2.13), Areas for Regeneration (Policy 2.14) and large residential development (Policy 3.7). The social infrastructure needs assessment methodology will help to deliver policy 3.2.

<sup>35</sup> Fair Society, Healthy Lives: strategic review of health inequalities post-2010. The Marmot Review. February 2010. Available from <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> (accessed Dec 2013)

**Implications for social infrastructure needs assessment:** Health impacts and inequalities should be considered primarily in Stage 3 (Identifying future needs and requirements).

### Provision of Health & Social Care

London Plan Policy 3.17 sets out the responsibilities of the Mayor and boroughs in meeting the needs of a growing and changing population in terms of health and social care provision.

#### POLICY 3.17 HEALTH AND SOCIAL CARE FACILITIES

##### Strategic

- A The Mayor will support the provision of high quality health and social care appropriate for a growing and changing population, particularly in areas of underprovision or where there are particular needs.

##### Planning decisions

- B Development proposals which provide high quality health and social care facilities will be supported in areas of identified need, particularly in places easily accessible by public transport, cycling and walking. Where local health services are being changed, the Mayor will expect to see replacement services operational before the facilities they replace are closed, unless there is adequate justification for the change.
- C Relevant development proposals should take into account the Mayor's Best Practice Guidance on *Health Issues in Planning*.

### LDF preparation

- D In LDFs boroughs should identify and address significant health and social care issues facing their area for example by utilising findings from Joint Strategic Needs Assessments.
- E Boroughs should ensure their public health team work with the local NHS, social care services and community organisations to:
  - a regularly assess the need for health and social care facilities at the local and sub-regional levels; and
  - b secure sites and buildings for, or to contribute to, future provision.
- F Boroughs should promote the continued role and enhancement of London as a national and international centre of medical excellence and specialised facilities.

### Changing population profiles

London's population grew by almost 900,000 (11.8 per cent) between 2001 and 2011; and by 2020 its population is forecast to exceed 9 million residents.<sup>36</sup>

Population growth will not be spread evenly across London, but is expected to be concentrated in certain areas - in particular in Opportunity Areas and Intensification Areas (London Plan Policy 2.13), and large residential developments (Policy 3.7). Areas for Regeneration (Policy 2.14) may also have specific social infrastructure needs related to their

<sup>36</sup> GLA 2012 Round Population Projections. Intelligence Update 05-2-13. GLA Intelligence. February 2013. Available from <http://www.london.gov.uk/sites/default/files/Update%2005-2013%20GLA%202012%20round%20population%20projections.pdf> (accessed Dec 2013).

regeneration objectives. As discussed previously, these developments offer real opportunities to improve health and address existing health inequalities for the resident population.

Health and care requirements will be affected as much by the make-up of the population as total numbers. While London is a relatively ‘young’ city, and will continue to be younger than elsewhere in England, it is expected to experience substantial growth in the older population, a trend that is already emerging in some boroughs, especially in Outer London. Recent projections suggest that the over 65s population could increase by around 50% (over 400,000) from 2011 to reach 1.4 million by 2031, while the over 90s population is expected to see a three-fold increase over this same period (to over 180,000)<sup>37</sup>. It will be necessary, therefore, to address the needs of an ageing population while also planning for the social infrastructure needed for young children. The incorporation of Lifetime Neighbourhood principles (Chapter 4) is essential to achieving this.

The health and care needs of an ageing population have significant implications for social infrastructure planning. Requiring new developments to meet standards set out in the Mayor’s Housing SPG<sup>38</sup> which will help to improve health and wellbeing outcomes. The Standards improve the internal design of new homes with minimum space standards, adequate room sizes and generous levels of usable, integrated storage and requirements for accessibility and adaptability.

More specialist care is likely to be required closer to people’s homes. Further guidance on this is provided in the SPG.

**Implications for social infrastructure needs assessment:** Changing population profiles should be taken into account mainly in Stage 3 (Identifying future needs and requirements).

### Changing health and social care delivery mechanisms

In response to service pressures imposed by an ageing population with increasingly complex health needs, on-going technological advances in health and social care, and significant financial challenges, traditional service delivery models are undergoing a fundamental review. The NHS Five Year Forward View<sup>39</sup> describes a new model which calls for a strong focus on health promotion and prevention of disease. At scale, the financial benefit of facilitating better health, rather than managing illness, is very significant. In 2002 the Wanless Report suggested that the savings to be gained by investing substantially in preventing ill health (the so-called ‘fully engaged scenario’) could be as much as £30 billion per year by 2022 (based on 2002/03 prices)<sup>40</sup>.

Within the care system, the changes involve a shift away from hospital based inpatient and outpatient services to care provided in community settings, in or nearer to people’s homes. There is likely to be closer integration between different services, such as hospitals and primary care services, or health and social care. A great deal of attention is being paid to remodelling emergency and urgent care services to alleviate pressures on hospital A&E departments and reduce emergency admissions. This is likely to require an expansion in primary care. At the same time, smaller GP practices are increasingly being consolidated into larger premises,

<sup>37</sup> GLA Intelligence, *op cit*.

<sup>38</sup> London Housing SPG, GLA 2012

<sup>39</sup> Five Year Forward View, NHS England 2014.

<sup>40</sup> Wanless, D: Securing Our Future Health: Taking a Long Term View. HM Treasury 2002

providing access to a much broader range of services, as part of a move to improve access to primary and community care.

The consequences for health and social care infrastructure are complex and local needs will be determined by local circumstances. A sharper focus on prevention and home-based care may lead to reduced space requirements, while the transfer of care out of hospital settings may increase space requirements for community-based facilities. This means that the current models that ascribe health needs directly to acute bed places are no longer an accurate way of capturing what needs to be commissioned across the health and social care system within London.

There is a key role for the planning system in supporting the service reconfiguration, as well as the modernisation of the NHS estate (see later in this Chapter), alongside supporting population growth. There is a particularly important need to access funding and provision of in-kind primary care facilities via s106 and CIL.

**Implications for social infrastructure needs assessment:** Changing health and social care delivery mechanisms should be considered alongside population growth at all stages of the social infrastructure needs assessment.

### Government changes to the planning and health sectors

#### National Planning Policy Framework (NPPF)

Health cuts across all three of the sustainable development objectives in the NPPF. The important role of the planning system in facilitating social interaction,

reducing inequalities and creating healthy, inclusive communities is highlighted throughout. Core planning principle 17 in the NPPF requires plan making and planning decisions to take account of and support local strategies to improve health, social and cultural wellbeing and to deliver sufficient community and cultural facilities and services to meet local needs. The NPPF also requires local planning authorities to work with public health leads, now based back within Local Government, and health organisations to develop a robust evidence base that takes into account changing future needs and potential barriers to improving health and wellbeing.

#### Neighbourhood planning and community engagement

The Localism Act of 2011 means that communities and organisations should have greater statutory support to take positive action to improve their health and wellbeing. For example, by identifying the need for new services/facilities or improving the quality of design of new buildings. Neighbourhood Plans must conform to the strategic elements of the local plan, including the provision of health infrastructure and other local facilities. The process of developing a Neighbourhood Plan should entail engagement with health bodies by Neighbourhood Forums who lead the process.

Boroughs are obliged to support neighbourhood planning processes, and an obvious way to do this is by sharing information that can inform the plan's evidence base. This should include Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (see section below) to help neighbourhoods understand the existing needs in an area and how they might be tackled.

### **Implications for Social Infrastructure Needs Assessment:**

Any Neighbourhood Forums and Neighbourhood Plans in place should be taken into account in Stage 1 (Stakeholder Engagement and Policy Assessment) of the social infrastructure needs assessment.

## **Health and social care sector reforms**

The NHS in England has undergone major restructuring. The Health and Social Care Act 2012 transferred responsibility for commissioning of most healthcare services to consortia of GPs, known as clinical commissioning groups (CCGs)<sup>41</sup>. Each CCG has a governing body with GP, nurse and secondary care representatives, the Local Authority Director of Public Health, plus at least two lay members. All GP practices must be a member of a CCG. This change is part of the Government's vision to bring decision-making about service provision closer to the people who use them, giving GPs responsibility for allocating local budgets to reflect local needs.

A new national body, NHS England, has also been established, with direct responsibility for commissioning non-CCG commissioned services (including primary care, specialist acute services and some public health services).

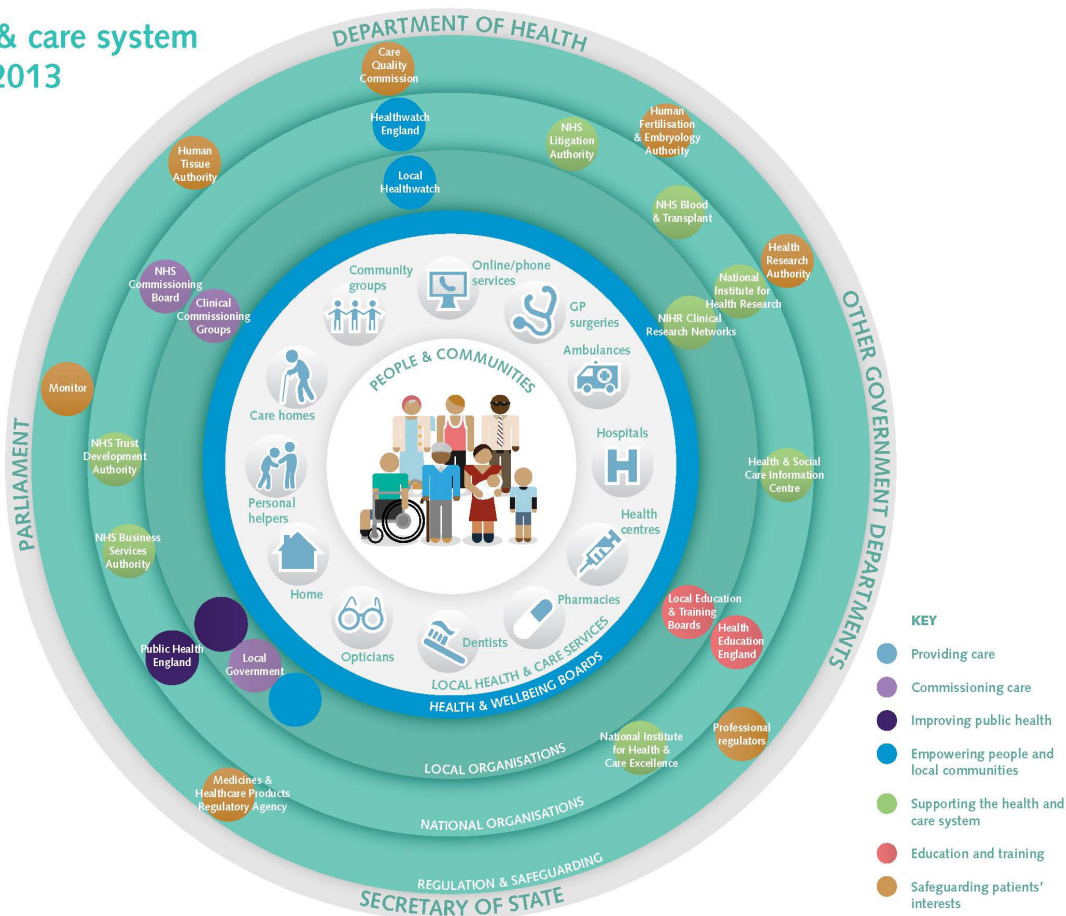
An overview of the new system of health care in England is provided in Figure 10. At a local level there are multiple stakeholders. More detail is available in the Department of Health document, *Guide to the health care system*<sup>42</sup> and in the sections below.

41 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216555/dh\\_134569.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216555/dh_134569.pdf)

42 Available via [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/194002/9421-2900878-TSO-NHS\\_Guide\\_to\\_Healthcare\\_WEB.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194002/9421-2900878-TSO-NHS_Guide_to_Healthcare_WEB.PDF) (accessed Dec 2013)

**Figure 10 The health and care system in England from April 2013**

### The health & care system from April 2013



Department of Health, *Guide to the health care system 2013*

**Implications for social infrastructure needs assessment:** CCGs, outcomes frameworks and commissioning strategies should be considered in Stage 1 (Stakeholder Engagement and Policy Assessment) of the social infrastructure needs assessment

### Health and Wellbeing Boards, Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

The 2012 Act gives boroughs strategic responsibility for promoting joined up

local commissioning of health, social care and public health services, through the establishment of statutory Health and Wellbeing Boards. These boards comprise strategic leaders from the local health and care system. Their make-up is largely locally determined, but statutory membership includes: the local authority directors of adult social services, children's services and public health; a representative from each CCG; one elected representative; and a local Healthwatch (service user organisation) representative.<sup>43</sup> It is also recommended that Boards include 'individuals with responsibility for the social determinants of health, including those working in education, planning and

43 For more information about Healthwatch visit <http://www.healthwatch.co.uk/> (accessed Dec 2013)

economic development.<sup>44</sup> Since April 2013, the planning of new health and care provision is determined by the local commissioning priorities set out in Joint Health and Wellbeing Strategies (JHWSs) produced by these new boards. These strategies are in turn informed by Joint Strategic Needs Assessments (JSNAs) of current and future population health and wellbeing needs and demand for services. Health and Wellbeing Boards should incorporate the wider determinants of health into their priorities, including the quality, design and availability of social infrastructure, and should have a particular focus on identifying and addressing health inequalities.

The JSNA may cover some health and personal social care services in addition to information about the wider aspects of health including poverty, employment, education, public safety, housing, planning and the environment. A good JSNA will provide an overview of intelligence taken from a range of sources. The JSNA will inform each Board's JHWS, which will identify local strategic priorities in order to support commissioners to commission services and interventions that achieve better health and wellbeing outcomes and reduce health inequalities. The local JSNA and JHWS are therefore expected to inform all local commissioning plans, including those of CCGs, and so support the integration of health and social care delivery.

JSNAs are also a potentially valuable source of evidence to inform the development and review of local plans, without the need to commission additional or separate studies.

The new arrangements, supporting a more strategic approach to local service

planning, also creates real opportunities for better sharing of evidence between partners (including planners) and addressing cross-boundary issues. The planning system can help deliver health benefits to support Joint Health and Wellbeing Boards through its influence on many of the determinants of health (see Figure 8).

**Implications for social infrastructure needs assessment:** Health and Wellbeing Boards are key stakeholders in Stage 1 (Stakeholder engagement and policy assessment). In addition, JSNAs are a potentially valuable source of evidence to inform a social infrastructure needs assessment, without the need to commission additional or separate studies. Planners need to work closely with their public health teams to ensure that JSNAs are providing the information that is needed for plan making. JSNAs and JHWSs should be considered in Stage 1 as well as Stage 3 (Identifying future needs and requirements) of the social infrastructure needs assessment.

## Public health reforms

The 2012 Act also established Public Health England (PHE) as an executive agency of the Department of Health. PHE has a remit to protect and improve the health of the population and address inequalities in health outcomes.<sup>45</sup>

Reflecting the wider determinants of health (Figure 8), PHE's success in achieving its objectives relies on close working with the NHS, national and local government, the voluntary sector and industry. At local level, public health leadership now sits within local authority structures. Specialist borough public health teams (led by the Director of Public Health, a statutory chief officer) are tasked with developing, and supporting delivery of strategies to address local

44 House of Commons Communities and Local Government Committee. The role of local authorities in health issues. Eighth Report of Session 2012–13. Volume I, para 22, pp14. Available from <http://www.publications.parliament.uk/pa/cm201213/cmselect/cmcomloc/694/694.pdf> (accessed Dec 2013)

45 <https://www.gov.uk/government/organisations/public-health-england> (accessed Dec 2013)

priorities to improve health and reduce inequalities.<sup>46</sup> Borough public health teams commonly lead the preparation of JSNAs and play a key role in developing JHWBs within the framework of the new Outcomes Frameworks (see below), as well as providing advice to local NHS commissioners. Within the GLA there is also a dedicated Health team providing public health expertise and advice within the Authority.

The work of PHE and borough public health teams is governed in particular by the Public Health Outcomes Framework, which sets out desired outcomes for public health and a mechanism for measuring progress against these outcomes. The 2013-6 framework concentrates on two high-level outcomes to be achieved across the public health system:<sup>47</sup>

1. increased life expectancy
2. reduced differences in life expectancy and healthy life expectancy between communities.

These outcomes reflect a focus not only on how *long* we live (life expectancy), but on how *well* we live (healthy life expectancy) at all stages in our lives, a key element of building lifetime neighbourhoods. The second outcome focuses attention on reducing health inequalities between people and areas, through greater improvements in more disadvantaged communities.

In order to monitor progress towards these over-arching outcomes, a set of supporting indicators have been developed, which will be tracked nationally and locally and enable boroughs to benchmark their performance against that

of other local authorities, as well as the England average.<sup>48</sup> The indicators are grouped into four domains (see fig 11), many of which are directly or indirectly influenced by the planning system in general and social infrastructure in particular.

It is for Boroughs, in partnership with Health and Wellbeing Boards, to demonstrate improvements in public health outcomes by achieving progress against those indicators that best reflect local health needs (as set out in the Joint Strategic Needs Assessment, and reflected in the Joint Health and Wellbeing Strategy). It is therefore envisaged that specific progress against the measures in the framework will be built into the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy as appropriate. It should be noted that attributing any changes in outcomes observed to planning measures is complex. Local Borough Public Health teams are a good source of advice regarding monitoring and interpretation.

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46 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf) (accessed Dec 2013)

47 <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> (accessed Dec 2013)

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48 Public Health Outcomes Framework Data Tool - <http://www.phoutcomes.info/> (accessed Dec 2013)

**Figure 11 Public Health Outcomes Framework indicators relevant to planning**

Domain	Indicators relevant to planning
1. Improving the wider determinants of health	1.06 The percentage of adults with a learning disability or in contact with secondary mental health services who live in stable and appropriate accommodation 1.09 Sickness absence 1.10 Killed and seriously injured casualties on England's roads 1.14 The percentage of the population affected by noise 1.15 Statutory homelessness 1.16 Utilisation of outdoor space for exercise/health reasons 1.17 Fuel poverty 1.18 Social isolation 1.19 Older people's perception of community safety*
2. Health improvement	2.6 Excess weight in 4-5 and 10-11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s 2.11 Diet ** 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.23 Self-reported wellbeing 2.24 Injuries due to falls in people aged 65 and over
3. Health protection	3.1 Fraction of mortality attributable to particulate air pollution
4. Healthcare public health and preventing premature mortality	4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) 4.7 Under 75 mortality rate from respiratory diseases 4.13 Average health status score for adults aged 65 and over (Health-related quality of life) 4.15 Excess winter deaths

\* Currently data at local level is not available for this indicator.

\*\* This is a 'placeholder' indicator, pending further development or identification.

Source: DoH/ GLA Public Health team<sup>49</sup>

**Implications for social infrastructure planning:**

Relevant indicators in the Public Health Outcomes Framework should be reflected in JSNAs and JHWSs and should therefore be considered in stage 1 (Stakeholder engagement and policy assessment) and stage 3 (Identifying future needs and requirements) of the social infrastructure needs assessment. Borough public health teams will also be able to provide professional input.

**The NHS estate**

In April 2013, the Primary Care Trust and Strategic Health Authority estate transferred to NHS Property Services, Community Health Partnerships and NHS community health and hospital trusts. The NHS estate within London is complex and is mapped in the 'Better Health for London' report of the London Health Commission<sup>50</sup>. All organisations are looking to make more effective use of the health estate and support strategies to reconfigure healthcare services and improve the quality of care, and ensure that the estate is managed sustainably and contributes to carbon reduction targets. This will result in surplus sites being released for other purposes. In particular, NHS Property Services will be implementing a disposals strategy which will provide opportunities for new homes on surplus sites. 'Better Health for London' also notes the poor condition of many primary care facilities across London, and recommends investment and improvement. The consequences for spatial policy will need to be considered.

**Health Impact Assessment – a decision making tool**

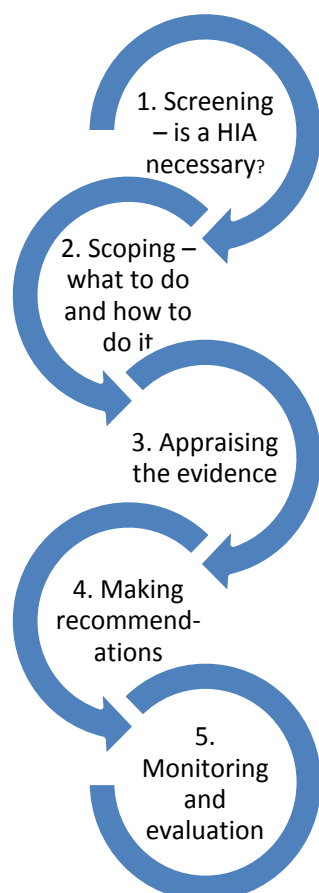
London Plan Policy 3.2 states that health and wellbeing impacts of major development proposals should be considered through a Health Impact Assessment (HIA). HIA is a practical decision-making tool that enables the potential positive and negative impacts of a proposal on health and wellbeing to be considered in a consistent, systematic and objective way. HIA is also a useful tool to inform the development of local policies and plans. It identifies opportunities for maximising potential health gains and minimizing harm, and addressing inequalities, taking account of the wider determinants of health (see Figure 8).<sup>51</sup> This section provides an overview of the HIA process. To have a material impact, a HIA should be undertaken as early as possible in the plan making or planning application process.

Assessment of the health impacts of a policy or plan - including those associated with social infrastructure needs - can be integrated in to a Strategic Environmental Assessment (SEA), Sustainability Appraisal (SA) or Environmental Impact Assessment (EIA), where these are required. The London Plan is subject to an Integrated Impact Assessment<sup>52</sup>, which brings together SA, SEA and HIA. For any proposal where such statutory appraisals are not required, and it is anticipated that there will be implications for people's health and wellbeing, a separate HIA should be considered.

50 Better Health for London, London Health Commission 2014.

51 Health Impact Assessment: a practical guide to HIA (WHIASU, 2012) - available from <http://www.apho.org.uk/resource/item.aspx?RID=44257> (accessed Dec 2013)

52 Integrated Impact Assessment (IIA) (APHO, 2007) -available from <http://www.apho.org.uk/resource/view.aspx?RID=48174> (accessed Jan 2015)

**Figure 12 Stages in a HIA**

GLA, Public Health Team

### Which type of HIA?

HIAs can be carried out at different levels, according to the resources available, the complexity and expected impacts of the proposal, and the timescales involved. Initial screening to determine the need for assessment is itself a form of HIA, and applicants should ensure that their proposals are supported by a proportionate level of assessment. HIAs are commonly categorised as ‘full’, ‘rapid’ or ‘desktop’:

- A ‘full’ HIA involves comprehensive analysis of all potential health and wellbeing impacts. It can be demanding in time and resources e.g. requiring an extensive evidence search, expert analysis and primary

data collection (including qualitative feedback from local residents and other stakeholders). Typically this can take several months to complete.

- A ‘rapid’ HIA is a less resource intensive process, involving a more focused investigation of health impacts, and usually takes days or weeks to complete (but still considers both quantitative and qualitative evidence sources, including some consultation with local stakeholders).
- The ‘desktop’ HIA draws on existing knowledge and evidence to complete the assessment, often using published ‘checklists’ developed for this purpose.

An approach for deciding on the type of HIA that should be required when considering a new plan or proposal is set out in Figure 13, and should be proportionate to the size of the plan or project type and its likely implications for health and social infrastructure. OAPFs or strategic planning application may require rapid HIAs as a minimum.

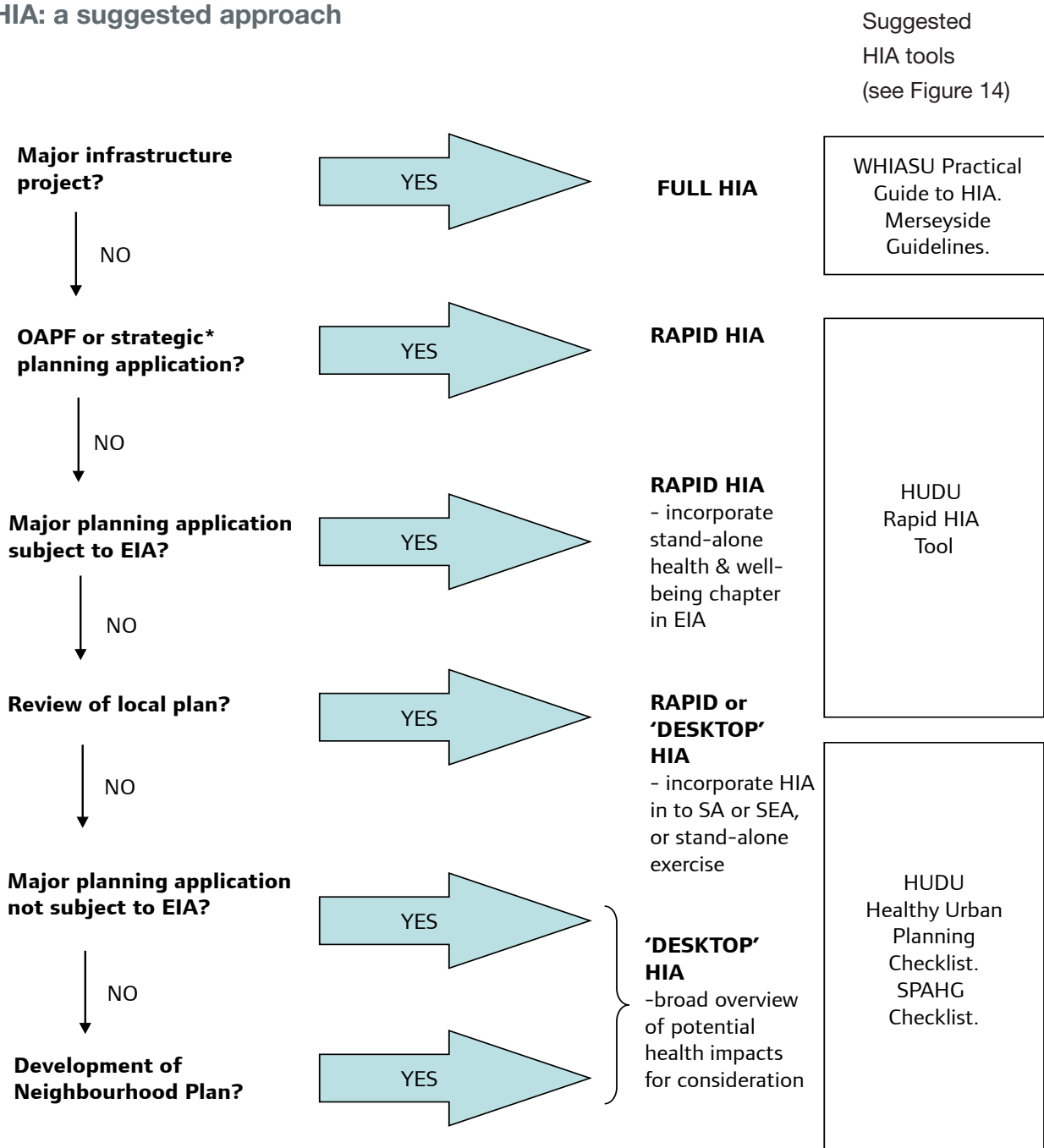
### Scoping a HIA

Before embarking on an HIA, a scoping exercise should be undertaken to agree:

- which impacts will be covered – the focus should be on the most significant impacts and/or those most likely to occur
- whose health will be considered - this includes groups of people who may be vulnerable to, or disproportionately affected by, the proposed changes (for example older people, children and young people, people with disabilities and long-term health conditions, certain ethnic minority or religious groups)
- the methods and evidence that will be used - sources of evidence may include published research; local data,

surveys and reports (e.g. the Joint Strategic Needs Assessment (JSNA) or Annual Public Health Report); expert analysis; as well as feedback from consultation with local residents and other stakeholders (see below).

**Figure 13 When to use different types of HIA: a suggested approach**



Source: GLA, Public Health Team

\* Referred to the Mayor of London

## Engaging with local stakeholders

When undertaking a full or rapid HIA, local residents and other affected groups should be invited to contribute their views on how the development will impact on people's health and wellbeing. This can be done through a range of different methods (including participatory workshops, focus groups and interviews), depending on the needs and preferences of the people being engaged. Engagement should be on-going, particularly during the construction phase of large developments when a HIA can be used to minimise the impact of construction noise and 24 hour working for example.

## Quality appraisal

To be of value, a HIA report should contain practical, evidence-based recommendations. To assist those reviewing HIA reports, a number of structured tools are available to critically appraise their quality (see Figure 14).

## Monitoring and review

As described previously, HIAs should be a decision-making tool. Their effectiveness in influencing plan making or planning decisions should therefore be monitored and reviewed through a formal process. Implementation of recommendations arising from a HIA may be monitored through SEA monitoring mechanisms (where relevant), the local Health and Wellbeing Board<sup>53</sup>, local authority scrutiny committees, or other relevant local mechanisms.

A full or rapid HIA report should set out clear arrangements for:

- monitoring the health and wellbeing impacts of the proposed

policy or development against agreed indicators and targets

- monitoring the implementation of mitigation actions and obligations and their effectiveness
- evaluating whether and how the HIA process has influenced the policy or plan.

For larger developments, a longer-term health study may be appropriate to monitor construction, operational and post-occupation impacts and mitigation measures.

## Sources of expertise and guidance

Borough Public Health teams<sup>54</sup> are a valuable source of support and advice on completing and appraising HIAs. They should be involved from the earliest possible stage in the process, for example providing advice and guidance during the planning stage of a HIA.

Effective HIAs benefit from early consideration, expertise to complete or appraise them, and monitoring of implementation to ensure they are useful tools which influence decision-making.

A selected list of useful online HIA tools and resources is provided in Figure 14

**Implications for social infrastructure needs assessment:** The results of a HIA can provide valuable evidence to inform Stage 3 of a social infrastructure needs assessment (Identifying future needs and requirements), and vice versa.

<sup>53</sup> Constituted by the Health and Social Care Act 2012, these boards are fully operational from April 2013 and exist to improve integrated working between local health care, social care, public health and other public service practitioners.

<sup>54</sup> Public health duties are now a local government responsibility and public health teams have transferred from Primary Care Trusts to their respective borough authority.

**Figure 14 Useful HIA resources****Toolkits and guidelines**

Health Impact Assessment: a practical guide to HIA. Wales Health Impact Assessment Support Unit (WHIASU), November 2012. <http://www.apho.org.uk/resource/item.aspx?RID=44257> (accessed Dec 2013)

The Merseyside Guidelines for Health Impact Assessment. IMPACT, 2001. <http://www.apho.org.uk/resource/item.aspx?RID=44256> (accessed Dec 2013)

Health Impact Assessment Tools: simple tools for recording the results of the Health Impact Assessment. Department of Health. 2010. Available from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216008/dh\\_120106.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216008/dh_120106.pdf) (accessed Dec 2013)

Comprehensive Health Assessment Toolbox. Peter Brett Associates, 2006. Available via <http://www.apho.org.uk/resource/item.aspx?RID=92878> (accessed Dec 2013)

World Health Organisation HIA Tools and Methods. <http://www.who.int/hia/tools/en/> (accessed Dec 2013)

Rapid Health Impact Assessment Tool. London Healthy Urban Development Unit (HUDU). January 2013. <http://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2013/12/HUDU-Rapid-HIA-Tool-Jan-2013-Final.pdf>

Healthy Urban Planning Checklist. HUDU. June 2013.

Steps to Healthy Planning: proposals for action (June 2011) – checklist (appendix 1).

Spatial Planning and Health Group (SPAHG). <http://www.apho.org.uk/resource/item.aspx?RID=105724> (accessed Dec 2013)

Tools for appraising the quality of HIA reports:

- Assessing the Quality of a HIA Report. WHIASU, 2012. <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=522&id=196293> (accessed Dec 2013)
- A review package for Health Impact Assessment reports of development projects. Ben Cave Associates, 2009. [http://www.bcahealth.co.uk/pdf/hia\\_review\\_package.pdf](http://www.bcahealth.co.uk/pdf/hia_review_package.pdf) (accessed Dec 2013)

**Case studies**

Tower Hamlets Council EIA Scoping Guidance. January 2012. Available via [http://www.towerhamlets.gov.uk/lgsi/601-650/608\\_development\\_control/pre-application\\_advice/eia\\_scoping\\_guidance.aspx](http://www.towerhamlets.gov.uk/lgsi/601-650/608_development_control/pre-application_advice/eia_scoping_guidance.aspx) (accessed Dec 2013)

Knowle West Regeneration Strategy. HIA participatory workshop report. July 2010. - <http://www.apho.org.uk/resource/item.aspx?RID=102036> (accessed Dec 2013)

Wales Health Impact Assessment Support Unit - examples of completed HIAs <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=10108> (accessed Dec 2013)

Reports of completed HIAs available from Public Health England's HIA Gateway - <http://www.apho.org.uk/default.aspx?RID=44538> (accessed Dec 2013)

**Implementation Point 2 - Health and social care**

In implementing London Plan policies and especially Policy 3.2, and Policy 3.16, the Mayor will, and boroughs and other partners are advised to:

Engage with relevant stakeholders to understand their development needs and commit to supporting such developments.

Plan across services to ensure that identified demographic needs are addressed within local plans and supported by necessary health infrastructure.

Consider both the impact of health needs on development and the impact of development on health needs.

Collaborate in the development of JSNAs and JHWSs to ensure that they identify spatial planning objectives and spatial aspects of need.

Apply HIAs wherever a development or plan may have significant implications for people's health and wellbeing.

Consider the possibilities for development plans in Opportunity Areas to improve health outcomes and facilities particularly where these coincide with areas of multiple deprivation

Evaluate the loss of existing health assets in light of any agreed programmes of re-provision with the overall goal of ensuring continued delivery of social infrastructure and related services.

Consider the location of facilities and their accessibility to their client groups.

Consider the use of s106 to monitor the effectiveness of HIAs



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# 6. EDUCATION REQUIREMENTS

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The Government attaches great importance to ensuring that a sufficient choice of school places is available to meet the needs of existing and new communities. Paragraph 72 of the NPPF, states that local planning authorities should take a proactive, positive and collaborative approach to meeting these requirements. They should:

- give great weight to the need to create, expand or alter schools, including free schools; and
- work with schools promoters to identify and resolve key planning issues before applications are submitted.

The 1944 Education Act also places a statutory duty upon local authorities to secure sufficient school places within their areas, which must now be met in collaboration with other providers such as free schools. The Mayor attaches great weight to the importance of ensuring the provision of high quality education. London Plan Policy 3.18 particularly supports the establishment of new schools, including free schools.

### **POLICY 3.18 EDUCATION FACILITIES**

#### **Strategic**

- A The Mayor will support provision of childcare, primary and secondary school, and further and higher education facilities adequate to meet the demands of a growing and changing population and to enable greater educational choice, including in parts of London with poor educational performance.
- B The Mayor strongly supports the establishment of new schools, including free schools and opportunities to enable local people

and communities to do this.

#### **Planning decisions**

- C Development proposals which enhance education and skills provision will be supported, including new build, expansion of existing or change of use to educational purposes. Those which address the current and projected shortage of primary school places and the projected shortage of secondary school places will be particularly encouraged. Proposals which result in the net loss of education facilities should be resisted, unless it can be demonstrated that there is no ongoing or future demand.
- D In particular, proposals for new schools, including free schools should be given positive consideration and should only be refused where there are demonstrable negative local impacts which substantially outweigh the desirability of establishing a new school and which cannot be addressed through the appropriate use of planning conditions or obligations.
- E Development proposals which maximise the extended or multiple use of educational facilities for community or recreational use should be encouraged.
- F Development proposals that encourage co-location of services between schools and colleges and other provision should be encouraged in order to maximise land use, reduce costs and develop the extended school or college's offer. On-site or off-site sharing of services between schools and colleges should be supported.

- G Development proposals that co-locate schools with housing should be encouraged in order to maximise land use and reduce costs.

### **LDF preparation**

- H LDFs and related borough strategies should provide the framework:
  - a for the regular assessment of the need for childcare, school, higher and further education institutions and community learning facilities at the local and sub-regional levels; and
  - b to secure sites for future provision recognising local needs and the particular requirements of the education sector.
- I Boroughs should support and maintain London's international reputation as a centre of excellence in higher education.

The unparalleled improvement in standards in London's schools also gives weight to the view that more than ever before London is a destination of choice for parents wishing to offer their children the best possible education. These factors have meant that the pupil growth rate in London is increasing at twice the rate of the national average.<sup>56</sup>

Currently, the majority of the shortfall is within primary schools and London boroughs have worked hard to expand and create extra places.<sup>57</sup> However, as the population growth moves through the school system there will be a growing pressure put upon secondary schools.

## **Changing population profiles**

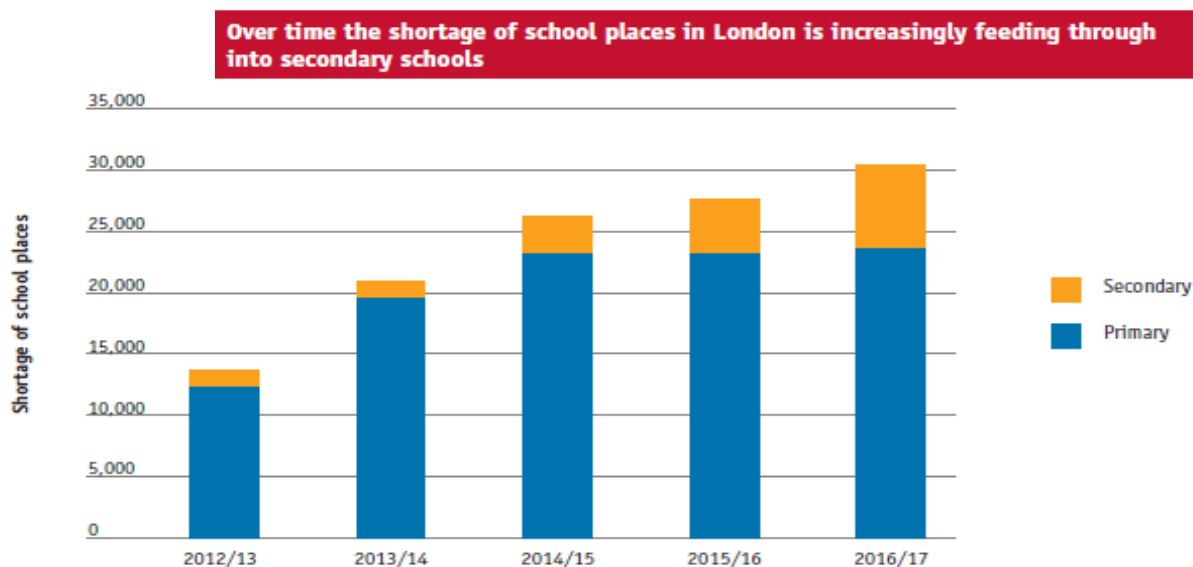
London boroughs have seen a significant rise in demand for school places due to a combination of population growth, economic factors and the increasing standards of education in London. The recent baby boom in the capital has led to an increased number of school aged children. The school-age population (5-19) within the capital grew by 107,000 over the 10 years between 2001 and 2011 – a growth rate of 8.2%<sup>55</sup>. To compound this pressure, outmigration from the capital has decreased from historic rates. The reasons for this are not wholly apparent but may, in the case of families, be in part linked to the recent economic downturn.

<sup>55</sup> <http://www.londoncouncils.gov.uk/policylobbying/children/schools/dothemaths2.htm>

<sup>56</sup> [www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/education-and-school-places](http://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/education-and-school-places)

<sup>57</sup> [www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/education-and-school-places](http://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/education-and-school-places)

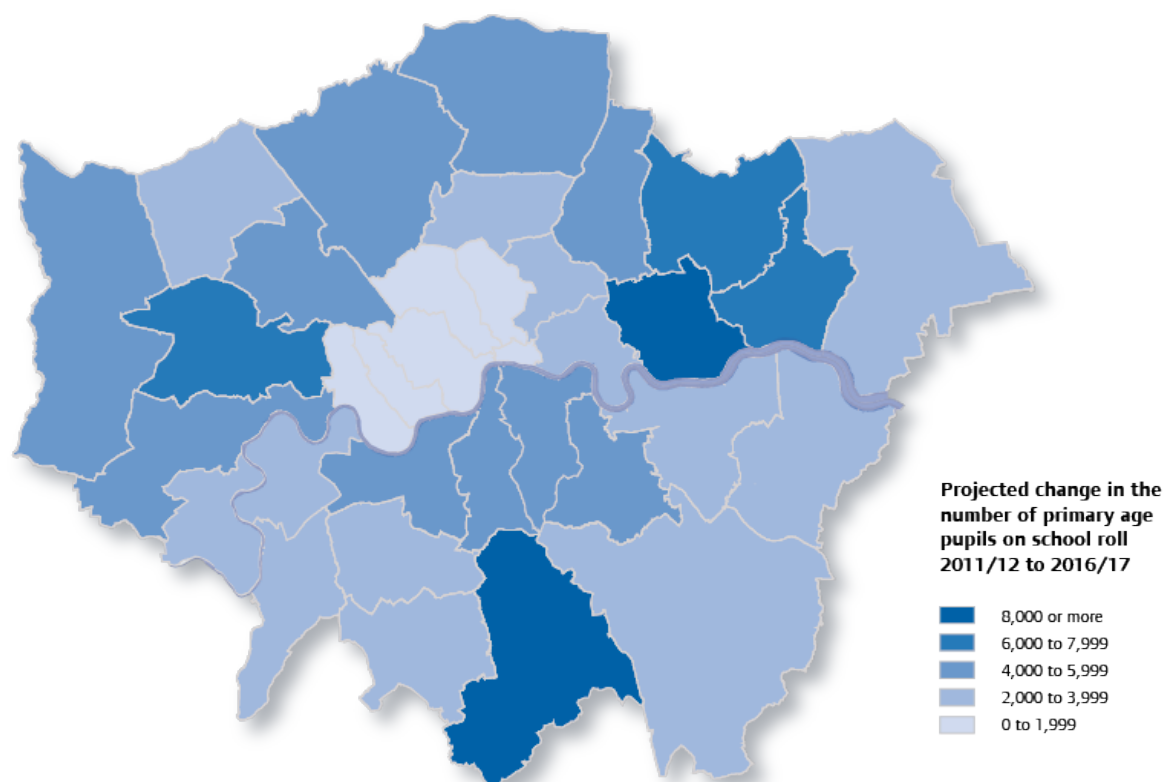
**Figure 15 The shortage of school places feeding through from primary to secondary over time**



The pattern of increase has not taken place simultaneously across all London boroughs and surrounding districts. Department for Education figures<sup>58</sup> indicate that up to 2016/17 the largest increases in children of primary school age will be in Croydon and Newham (see Figure 14 below), while the largest increases of secondary school age will be in Hackney, Newham, and Barking & Dagenham (see Figure 17 below).

<sup>58</sup> <https://www.gov.uk/government/publications/school-capacity-academic-year-2011-to-2012>

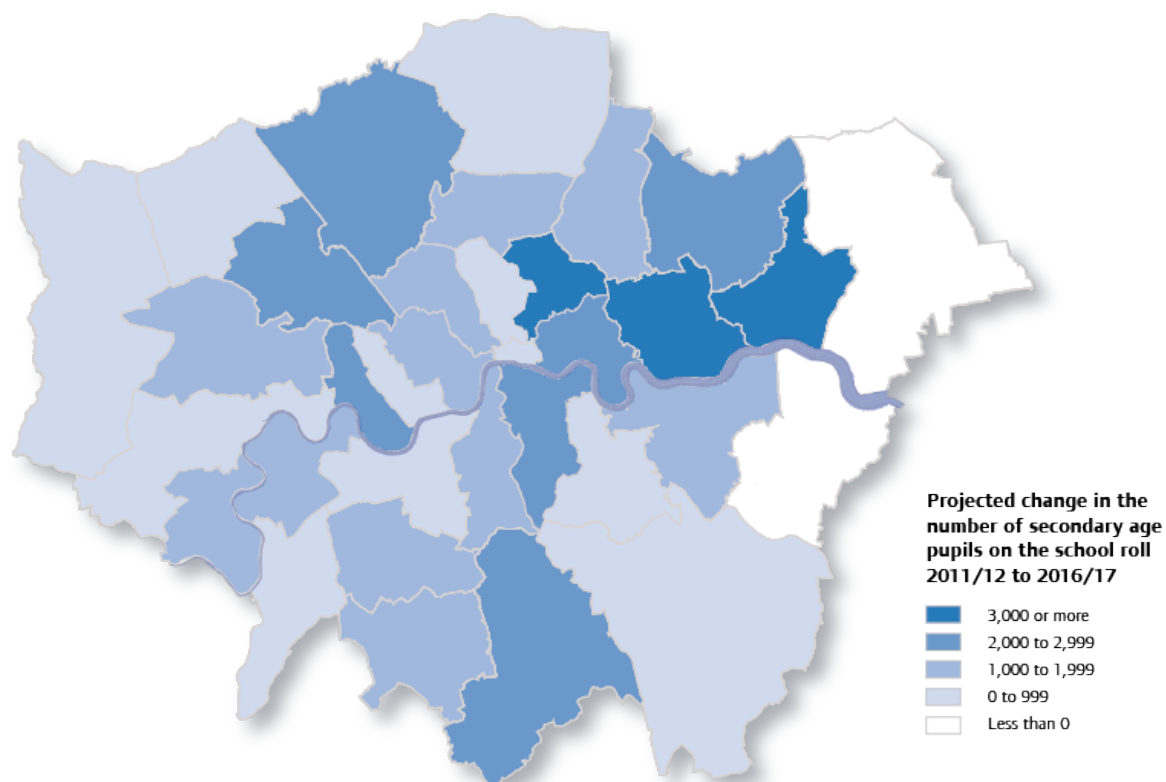
**Figure 16 Projected Change in Primary School Pupils**



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Greater London Authority 100032216 (2013)

Source: Department for Education  
<https://www.gov.uk/government/publications/school-capacity-academic-year-2011-to-2012>

**Figure 17 Projected Change in Secondary School Pupils**



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Greater London Authority 100032216 (2013)

Source: Department for Education  
<https://www.gov.uk/government/publications/school-capacity-academic-year-2011-to-2012>

**Implications for Social Infrastructure Needs Assessment:** Changing population profiles should be taken into account mainly in Stage 3 (Identifying future needs) of the social infrastructure needs assessment.

The GLA's Intelligence Unit offers a school roll projection service to individual boroughs on a subscription basis. In addition, the Intelligence Unit has recently launched the London Schools Atlas, a unique interactive map providing a detailed picture of London's schools and their pupils. One of the features of the Atlas is an optional map layer illustrating projected changes in the school age population between (currently) 2012/13 to 2017/18, helping to provide an indicative picture of future need for primary and secondary places.

The London Schools Atlas<sup>59</sup> covers primary and secondary provision, including academies and free schools. The Atlas uses data to illustrate current patterns of demand for school places at a pan-London level for the first time, rather than within boroughs alone. It also gives projected changes in demand from 2012/13 to 2017/18, helping provide an indicative picture of where pressure on primary and secondary school places might be in the future.

However, there are limitations with projecting school rolls both absolutely and more so on a borough by borough basis including;

- borough projections not being produced on a consistent basis making comparisons of projections difficult to interpret
- a lack of school capacity data making it

impossible to model changing patterns of cross-border mobility as available places at popular schools diminish with rising demand

- boroughs only have access to their own roll projections, leading to a lack of awareness of the wider context of demand for places.

The GLA carried out analysis combining the results of the 2011 Census with the London Development Database to create estimates of the number of children living in new housing developments. The results of this work; the underlying data, the methodology, and a tool to assist with estimating the population associated with new development are available to download from the London Datastore<sup>60</sup>.

Planning policy facilitating the development of new schools in appropriate places is essential to London's continued economic success, tackling exclusion and disadvantage and improving quality of life through the creation of lifetime neighbourhoods. Boroughs' strategic role should be to promote a good supply of strong schools and to encourage the development of new schools.

### **The Mayor's Education Inquiry**

The Mayor's Education Inquiry ran from December 2011 until the end of September 2012, and explored the critical challenges facing London's primary and secondary schools. The Final Report made 12 recommendations to the Mayor for practical action with key partners including schools, Government, boroughs, business, voluntary and community sector and cultural organisations.

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59 <https://www.london.gov.uk/webmaps/lisa/>

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60 <http://data.london.gov.uk/dataset/population-yield-calculator>

One recommendation was that the Mayor should work with boroughs and the DfE more closely to develop a strategic approach to the planning of school places, with a two-way sharing of data with the DfE. This would involve extending the GLA Intelligence Unit's subscription-based school rolls projections service for both primary and secondary schools. Analysing London-wide, consistent data on school rolls and capacity would allow for improved modelling by the GLA and the production of pan-London school roll projections, giving a better indication of the capital's, and individual borough's, shortfalls. In turn, the DfE could then more consistently verify actual needs before making funding allocations.

By taking such a role, the GLA could identify local areas with the greatest needs by looking at 'small area' data, and take account of the fact that many pupils live and study in different boroughs, as well as factoring in the areas surrounding London, such as Essex, Hertfordshire and Kent.

The Inquiry also recommended that the GLA should work with boroughs, London Councils and the DfE to play a more strategic role in supporting free school developments in London by identifying sites and targeting areas of local need. The Mayor agrees with the Inquiry that free schools can play an important role in helping to provide more good quality places where there is a shortage, and also in those places where there is no shortage yet parents feel the quality of provision is not good enough. There is also a recognition that free schools can help drive up standards and stimulate new thinking. Consequently, the Mayor has set up a unit in the GLA called new Schools for London, which will work in partnership with the boroughs and DfE to help find sites for approved free school groups. The

Mayor has also committed to auditing the GLA group estate for 10 buildings or sites for purchase by the DfE for free school developments.

**Implications for Social Infrastructure Needs Assessment:** The Mayor's Education Inquiry should be taken into account in Stage 3 (Identifying future needs) and Stage 4 (Identifying funding and delivery) of the social infrastructure needs assessment

## Recent reforms in the education sector

In the 16–18 age group, sixth form education is not compulsory at present, although mandatory education until the age of 18 is to be phased in under the Education and Skills Act 2008. This has already taken effect for 16-year-olds as of 2013, and will phase in for 17-year-olds in 2015.

It is likely that national education policy on the growing need for primary school places will favour greater choice in the nature of supply by allowing parents and non profit making organisations to set up new, independent schools and by encouraging existing schools to become academies with consequent freedom from local authority control. This new direction is likely to have spatial implications as the number and size of establishments change.

## Free schools

Free schools are a recent innovation and offer the opportunity for parent and teacher-led groups to propose a new school in an area where there is proven demand. Proposers have to meet criteria and undergo an assessment process. After the first approval stage they receive

a level of financial support and advice from the Department for Education and the Education Funding Agency to find and develop a site, recruit staff and develop their project.

The Mayor is keen to support the development of free schools in London, not only through increasing provision of places in areas where there is unmet demand but also in driving up the quality of provision. Boroughs should be able to provide information to free school promoters in relation to need obtained through the development of their strategic infrastructure plans and other studies that boroughs have commissioned to inform their local plans. Boroughs should identify at an early stage the need for additional schools arising from development and regeneration, particularly where there are existing shortages.

In August 2011, the Government issued a new policy statement on planning for schools development<sup>61</sup>, which emphasises the same standard of treatment for all state-funded schools. Its principles include:

- A presumption in favour of the development of state-funded schools, as expressed in the National Planning Policy Framework
- Streamlining the process for submitting and determining state-funded schools' applications as much as possible.
- Making full use of local planning powers to support state-funded schools applications.

Changes to the General Permitted Development Order came into force on 30 May 2013. This means that premises in the B1 (business), C1 (hotels), C2

(residential institutions) and D2 (assembly and leisure) use classes will be able to change use permanently to a state-funded school without the need for planning permission. A further temporary permitted development right will allow a building in any use class to change use to a state-funded school for one academic year.

### **Implications for Social Infrastructure Needs Assessment:**

Free schools should be considered in Stage 3 (Identifying future needs) and Stage 4 (Identifying funding and delivery) of the social infrastructure needs assessment.

Permitted development changes should be considered in Stage 4 (Identifying funding and delivery) of the social infrastructure needs assessment.

### **School Site Delivery**

Growing school age populations and new forms of education provision have implications for both existing and potential new schools. Land already in educational use should be safeguarded and any net loss of education space resisted unless there is strong evidence of a current or future lack of need. New sites should be secured to meet additional educational need, particularly in those areas defined in the London Plan as Opportunity Areas and Intensification Areas (Policy 2.13), and large residential development (Policy 3.7). Areas for Regeneration (Policy 2.14) may also have specific education needs related to their regeneration objectives. The identification of suitable sites should be carried out taking into account all policies in the London Plan and in particular accessibility by public transport, cycle and by foot. In drawing up their local plans, boroughs are strongly encouraged to identify suitable sites for new schools,

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<sup>61</sup> Policy statement: planning for schools development, Communities and Local Government 2011

taking account of population growth, existing poor educational performance, as well as any quantified Stage 4 (Identifying funding and delivery) need for the creation of free schools. As stated above, this information should be obtained through the development of boroughs' infrastructure plans, other studies commissioned to inform boroughs' local plans, and local knowledge of any need for new free schools.

All schools should consider the options for co-location of facilities, sharing facilities, and cross-subsidising school facilities with residential development, whether setting up as a new institution, moving site, expanding, or rebuilding. When identifying suitable sites for new schools through the development of their infrastructure plans, boroughs may consider that the expansion of one or more existing schools is an appropriate solution. In making these decisions, it is important that boroughs take into account any poor educational performance (as defined above) in those schools.

Any expansion of existing schools also needs to consider the consequences of any building on school playing fields or other open space. Use of MOL in particular needs to be subject to the demonstration of very special circumstances in line with London Plan Policy . In the case of school proposals on playing fields Sport England should be consulted at the earliest possible stage (see sport facilities section).

### **Implications for Social Infrastructure Needs Assessment:**

School site delivery should be taken into account in Stage 3 (Identifying future needs) and Stage 4 (Identifying funding and delivery) of the social infrastructure needs assessment.

### **Implementation Point 3- Planning for education facilities**

In implementing London Plan policies, especially Policy 3.18, the Mayor will, and boroughs and other partners are advised to:

- Plan across services to ensure that identified demographic needs are addressed within local plans and that the provision of education facilities complements as far as possible the broader objectives of the plan

Encourage the development of new schools and plan to meet the demographic demand for new schools and existing unmet need.

- Give full and thorough consideration to the importance of enabling the development of state-funded schools in their planning decisions.

- Apply through conditions any provisions necessary to make schools acceptable in planning terms.

- Ensure that schools are sustainable (this includes the provision of food, the use of energy, the disposal of waste and the travel involved in getting to the location) and meet the principles of inclusive design.

## Higher and further education

London has one of the largest concentrations of universities and higher education facilities in the world. Among those institutions are historic and world-famous colleges, modern universities, as well as a number of smaller and often highly specialised universities and colleges. Universities and their related activities provide many far reaching economic and social benefits

The Higher Education Institutions (HEI) sector is becoming increasingly competitive and universities face challenges in seeking to expand and offer better facilities and accommodation. The ability to attract the best students and staff to study and work in London's universities is essential to the future success of the higher education sector and in maintaining London's international reputation as a centre for excellence for higher education. Higher and further education providers should play a full role in supporting London in its growth by raising levels of innovation, creativity and global competitiveness and working towards assisting more people to join the labour force by removing barriers to work and enhancing skills levels. The London Plan states that although there is some uncertainty over the future of the London student population, there could be a requirement for 20,000-31,000 places over the 10 years to 2025. Further guidance on providing for Student accommodation is set out in the Housing SPG.

### Implementation Point 4- Planning for higher and further education

In implementing London Plan policies and especially Policy 3.18, the Mayor will, and boroughs and other partners are advised to:

- Collaborate to identify and quantify student needs, especially housing, and provide for those needs.
  - Engage with HEIs to understand their development needs and commit to supporting such developments through an appropriate policy response. The ability to provide ancillary services for higher education such as student accommodation, workspaces or incubator units for small spin-off businesses, sport facilities, and good transport links is essential for an effective and efficient higher education offer.
  - Respond to development needs through cross-borough co-operation where HEIs have campuses in different neighbouring boroughs.
  - Find new uses for existing stock and reinvent existing buildings.
  - Provide innovative, flexible and sustainable buildings for students and the wider community uses all day round.
  - Achieve savings by developing space sharing strategies.
  - Develop a strategic approach to student accommodation at the sub-regional level.
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# 7. SPORTS FACILITIES REQUIREMENTS

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Access to good quality sport provision can play an important part in enabling people to lead healthy active lifestyles; a key element in the creation of lifetime neighbourhoods. The Mayor is committed to increasing participation in, and tackling inequality of access to, sports and physical activity particularly amongst groups/areas with currently low levels of participation. Three Mayoral strategies contribute to his aim: The Mayor's Sports Legacy Plan, which aims to increase participation in sport and physical activity; the Health Inequalities Strategy, which seeks to empower individual Londoners and their communities in improving health, well-being and social inclusion in their areas; and the London Plan which deals with improving the quality of life of Londoners across a wide range of issues.

### **POLICY 3.19 SPORTS FACILITIES**

#### **Strategic**

- A The Mayor's Sports Legacy Plan<sup>1</sup> aims to increase participation in, and tackle inequality of access to, sport and physical activity in London particularly amongst groups/areas with low levels of participation.

#### **Planning decisions**

- B Development proposals that increase or enhance the provision of sports and recreation facilities will be supported. Proposals that result in a net loss of sports and recreation facilities, including playing fields should be resisted. Temporary facilities may provide the means of mitigating any loss as part of proposals for permanent re-provision. Wherever possible, multi-use public

facilities for sport and recreational activity should be encouraged. The provision of sports lighting should be supported in areas where there is an identified need for sports facilities to increase sports participation opportunities, unless the sports lighting gives rise to demonstrable harm to local community or biodiversity.

- C Where sports facility developments are proposed on existing open space, they will need to be considered carefully in light of policies on Green Belt and protecting open space (Chapter 7) as well as the borough's own assessment of needs and opportunities for both sports facilities and for green multifunctional open space.

#### **LDF preparation**

- D Within LDFs Boroughs should assess the need for sports and recreation facilities in line with the NPPF (paras.73-74) at the local and sub-regional levels regularly, and secure sites for a range of sports facilities.

In 2010 the GLA commissioned Strategic Planning for Sports Facilities in London<sup>62</sup> from Sport England. It provided an analysis of provision of sports halls, indoor swimming pools and artificial grass pitches at the Londonwide, sub-regional and borough level to inform a strategic assessment of sports facilities. The methodology applied to carry out the work was based on application of the Sport England's Facilities Planning Model

<sup>1</sup> Mayor of London. A Sporting Future for London. GLA, April 2009

<sup>62</sup> <http://www.london.gov.uk/priorities/planning/publications/strategic-planning-for-sports-facilities-in-london>

(FPM) and Sport England's Active Places<sup>63</sup> database of sports facilities<sup>64</sup>. The model identified existing deficiencies in sport provision from additional demand from population growth in 2021. The model also highlighted the areas with the greatest unmet demand in London per sub-region. Boroughs should plan strategically for the future provision of these core sports facilities. Further results can be found in the Report<sup>65</sup>. Boroughs are encouraged to use the results as part of their evidence base when planning for community sports facilities within their areas as well as planning at the sub-regional level.

In a constrained financial climate, refurbishment or modernisation of existing provision is critical to maximise sports facility use, improve lifestyles and increase sporting and educational participation in sport and physical activity. In areas, where there are high levels of unmet need, the provision of new facilities should be investigated. The Mayor will work with local authorities, national sports governing bodies, Sport England, sporting foundations and trusts, the private sector and others to provide investment to support the development of new facilities or the refurbishment of existing facilities.

Opportunities for shared use of sports facilities within educational institutions, commercial schemes, community centres, church halls, health and other institutions should also be explored. Shared use of sports facilities help reduce demand for new provision and enable greater, and potentially easier, access to sport facilities.

Provision within these other types of institutions may also help to promote healthy and active lifestyles to a wider range of people who may otherwise not specifically try to access those facilities.

There may be opportunities to identify complementary specialised sports facilities that can be shared by schools, the community and sports clubs. Attracting specialist clubs and coaches can assist in raising standards of performance and widen opportunities for students and community users, helping in the creation of lifetime neighbourhoods. If such a facility fills an identified gap in provision, funding may be available through a sport's national governing body or other partners.

Sports facilities should be accessible to all sections of the community, including older and disabled people, within easy reach by walking, cycling and public transport, affordable and safe. Lighting can enable the full use of artificial grass pitches and other outdoor sports provision, but consideration must be given to any demonstrable harm to residential communities or biodiversity.

Development proposals should ensure that inclusive access issues are addressed from the outset (see London Plan Policy 7.2) so that programmes such as the Inclusive Fitness Initiative can be effective in increasing disabled and older people's ability to participate. The Olympic Delivery Authority's approach to embedding inclusive design from the outset<sup>66</sup> has been effective at integrating inclusive design principles in the development process and can be used as a model of good practice. Sport England has also published an

63 <http://www.activeplacespower.com/>

64 TCPA's culture and sport planning kit may also be of use; <http://cultureandsportplanningtoolkit.org.uk/>

65 <http://www.london.gov.uk/priorities/planning/publications/strategic-planning-for-sports-facilities-in-london>

66 <http://learninglegacy.independent.gov.uk/publications/inclusive-design-strategy.php>

updated guidance note on Accessible Sports Facilities to ensure that new sports facilities meet inclusive design principles. Further information regarding inclusive design is set out in the Accessible London SPG.

### **Implications for Social Infrastructure Needs Assessment:**

These points are relevant to all stages of the social infrastructure needs assessment.

### **Playing pitch strategy**

Playing fields also offer a valuable resource for informal sport and play areas. Up-to-date playing pitch strategies provide a robust evidence base to inform school expansion. Playing field related issues can be discussed with Sport England and playing pitch strategies should take account of Sport England's new methodology<sup>67</sup>.

As a statutory consultee on planning applications that affect playing fields, Sport England's policy is to object to any planning application, which will result in the loss of a playing field, unless it meets one of five exceptions as defined in A Sporting Future for the Playing Fields of England.

Sport England believes that to ensure that informed decisions can be made by local authorities on the future of a playing field, all local authorities within England should have an up to date 'playing pitch strategy', either as a standalone document or forming part of a wider open space strategy. Sport England has produced new guidance on undertaking playing pitch

strategies, in Playing Pitches Strategy Guidance: An approach to developing and delivering a playing pitch strategy<sup>68</sup>. In preparing playing pitch strategies, boroughs may wish to undertake work in partnership with neighbouring boroughs to produce sub-regional assessments.

Playing pitch strategies will be a key input to open space strategies and may be a way of getting multiple uses on one site. The Mayor supports the establishment of multi-sport hub sites on playing fields in London. Facilitating multiple uses on one site creates a range of benefits not only through the saving of land, a particularly scarce resource in London, but also in the bringing together of different people which encourages social interaction and social inclusion and potentially the breaking down of barriers. The use of playing pitch strategies as well as open space strategies are therefore both important components and valuable resources for the creation and provision of lifetime neighbourhoods.

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67 Playing Pitches Strategy Guidance: An approach to developing and delivering a playing pitch strategy. Sport England 2013.

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68 <http://www.sportengland.org/media/217868/pps-guidance-october-2013-updated.pdf>

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### **Implementation Point 5 - Planning for sports facilities**

In implementing London Plan policies and especially London Plan Policy 3.19, the Mayor will, and boroughs and other partners are advised to:

- Plan across borough boundaries and particularly on a sub-regional basis to ensure access to a full range of sports facilities
  - Plan across services to ensure that identified demographic needs are addressed within local plans and that the provision of sports facilities complements as far as possible the broader objectives of the plan
  - Consider the findings provided in the GLA Technical Report on sport facilities
  - Consider the need for specialist facilities which meet the needs of London's diverse population and the scope for health, educational and other institutions in providing strategic sports provision.
  - Invest in the modernisation and refurbishment of existing stock if appropriate rather than the funding of new development.
  - Promote multi-sport hubs to provide facilities for a range of sports in one location.
  - Refer to the Mayor's Best Practice Guidance on open space strategies.
  - Prepare a playing pitch strategy on a sub-regional basis, across borough boundaries within or similar to those groupings used in the London Plan.
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## 8. BURIAL NEEDS

Creating neighbourhoods that meet the needs of people at all stages of their lives extends to the provision of burial spaces. When people die the decisions they have made, or their family have to make on their behalf, about what happens to their remains are often influenced by their faith. Approximately 75% of the deceased are cremated but this can vary significantly by faith. Consequently this has implications for the amount of land local authorities will need to provide for burials. London Plan Policy 7.23 encourages local authorities to provide burial space in close proximity to their residents, to reduce the costs/time in travelling to visit deceased loved ones.

London based on the then 2010 GLA demographic projections and existing provision up to 2031, allowing for the variation in burial rate by faith. The Map shows that 8 boroughs are at full capacity, 9 boroughs have less than 10 years supply, 5 boroughs have between 10 and 20 years supply, 9 boroughs have more than 20 years supply and 1 (Newham) can reuse graves indefinitely.

### **POLICY 7.23 BURIAL SPACES**

#### **Strategic**

- A The Mayor will work with boroughs, cemetery providers and other key stakeholders to protect existing burial spaces and to promote their re-use or new provision.

#### **LDF preparation**

- B Boroughs should ensure provision is made for London's burial needs, including the needs of those groups for whom burial is the only option. Provision should be based on the principle of proximity to local communities and reflect the different requirements for types of provision.

In 2010, the Mayor commissioned research on burial capacity across London and the report was published in March 2011<sup>69</sup>. Figure 18, to the right, shows burial capacity across

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69 <http://www.london.gov.uk/sites/default/files/Audit%20of%20London%20Burial%20Provision.pdf>

Figure 18: Capacity status of London boroughs



GLA, Audit of London Burial Provision 2011

Figure 19 Capacity of London Boroughs

Borough area	Total cemetery space (ha)	Interments 2009	Estimated virgin grave spaces required, 2010-11 - 2030-1	Capacity	Capacity status
Barking & Dagenham	22.0	na	7,851	na	2
Barnet	135.9	865+	17,553	60+years	4
Bexley	21.0	300	8,913	4,080	3
Brent	17.3	203	11,538	Reclaiming	2
Bromley	32.3	103+	12,441	9,080+	3
Camden	30.0	111e	9,244	FULL	1
City of London			309	NO PROVISION	1
Croydon	25.0	300e	14,172	Reclaiming	2
Ealing	51.8	549+	12,943	3,200	3
Enfield	40.0	na	13,540	na	3
Greenwich	61.0	471	11,162	7,480+	4
Hackney	13.4	6	9,789	FULL	1
Hammersmith & Fulham	51.5	267	5,493	5,340	2
Haringey	24.3	na	8,961	2 years	2
Harrow	19.4	158	9,023	200+	2
Havering	17.0	419	9,934	na	2
Hillingdon	70.0	359	9,541	18,250	4
Hounslow	36.9	433e	8,587	20,418	4
Islington				NO PROVISION	1
Kensington & Chelsea	16.2	na	5,271	FULL	1
Kingston upon Thames	16.1	105	5,816	1,966+	3
Lambeth	17.0	56	10,503	FULL	1
Lewisham	39.7	na	9,116	20+years	4
Merton	53.5	429+	7,260	20,996	4
Newham	120.7	777+	11,973	Re-using	5
Redbridge	18.7	205	12,805	13,800	4
Richmond upon Thames	73.3	879	6,116	26,600	4
Southwark	50.9	na	9,078	INSUFFICIENT INFORMATION	
Sutton	16.23	196+	7,721	30+years	4
Tower Hamlets	0	0		NO PROVISION	1
Waltham Forest	21.7	171	11,093	5,200	2
Wandsworth	77.5	372+	8,225	2-3years	2
Westminster	0	0	7,795	NO PROVISION	1
<b>Total</b>	<b>1,190.3</b>	<b>7,734+</b>	<b>293,766</b>	<b>136,610+</b>	

GLA, Audit of London Burial Provision 2011

Figure 20 below shows how different faith groups have varying preferences for whether or not they choose to be buried.

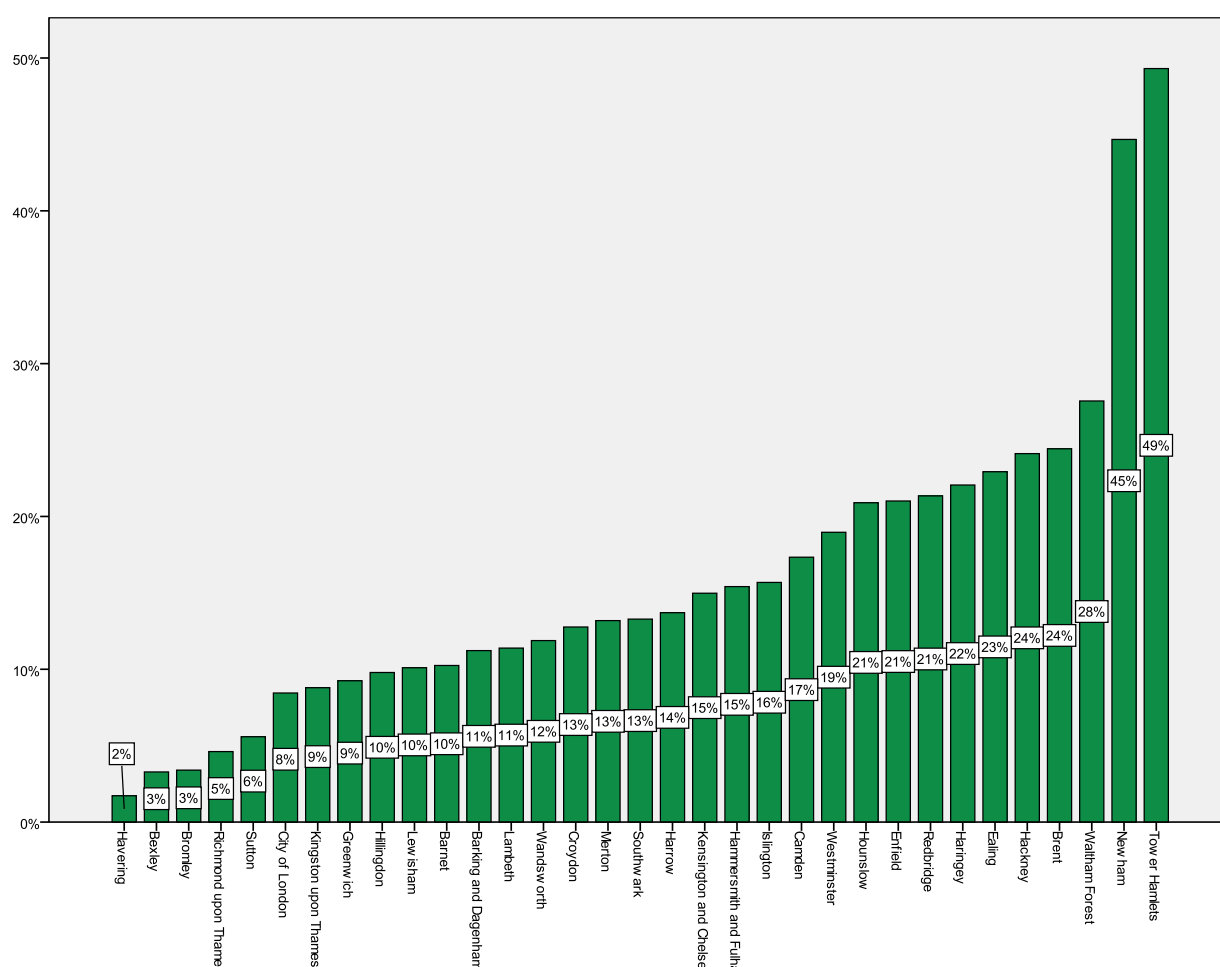
**Figure 20 Burial Rate by Religion**

Religion	% choosing burial
Muslim	99
Jewish	96
Buddhist	91
No religion	50
Christian	27
Sikh	16
Hindu	10
All Other Religions	68

GLA, Audit of London Burial Provision 2011

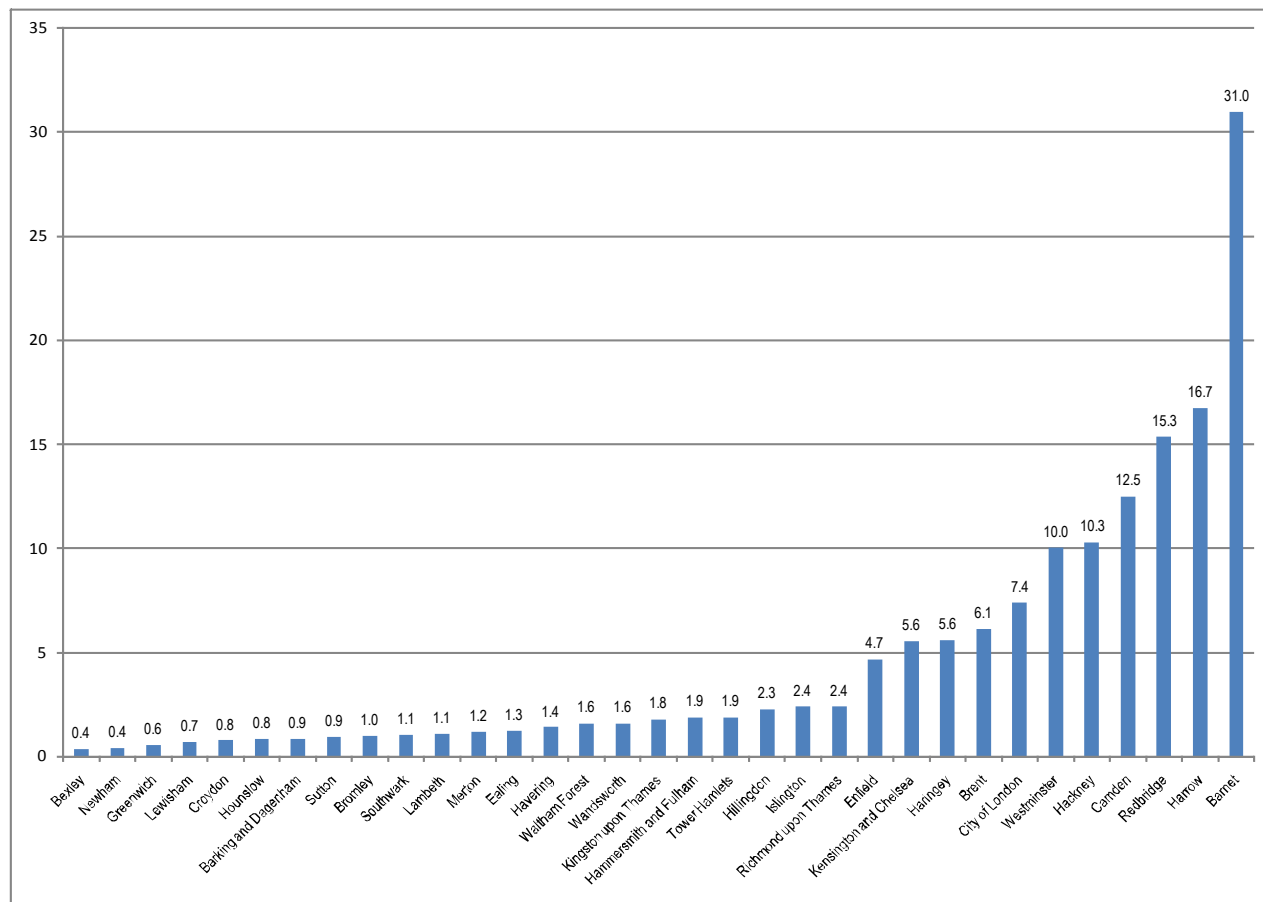
The Muslim and Jewish faith groups have the highest percentage of people choosing to be buried, 99% and 96% respectively. As Figures 21 and 22 below demonstrate those boroughs with large populations of faiths that require burial such as Muslims and Jewish faiths are going to face increasing pressure to provide burial spaces. In addition to requiring burials, generally speaking, these faiths also tend to seek one interment in each grave, and would not favour any measure to re-use grave space, or reclaim unused space in an existing grave. This has implications for the amount of land required to meet these burial needs.

**Figure 21: London boroughs by the projected percentage of all estimated burials that will be Muslim, 2010/11-2030/1.**



GLA, Audit of London Burial Provision 2011

**Figure 22 London boroughs by the projected percentage of all estimated burials that will be Jewish, 2010/11-2030/31.**



GLA, Audit of London Burial Provision 2011

For many faiths each burial does not necessarily require an individual burial space. In the UK, it is commonly the case that graves contain more than one person. Burials can take place in ‘unpurchased’ graves – i.e. graves where no right of burial has been bought – with other, unrelated people. The numbers of burials that take place in unpurchased graves are decided by the burial authority, taking into account factors such as soil conditions and the resources available to enter at deeper depths. In the case of purchased graves, family or friends buy the right to be buried in a particular grave, and to be able to specify the other individual people who may be buried in that grave.

Boroughs are encouraged to actively examine the potential that reuse of graves offer to them. Figure 24 below shows the options available to local authorities. ‘Reuse under faculty jurisdiction’ refers to the bishop of the relevant diocese granting the burial authority permission to remove remains from one section of consecrated land to another section of consecrated land.

Legislation to permit reclamation of grave space was established under S9 of the Greater London (General Powers) Act 1976, which permitted burial authorities

in London to extinguish burial rights in graves where no burial has taken place for 75 years. As yet unused space within the grave could then be used for the purpose of further burials. This process did not disturb any existing remains in the grave, and has been termed 'reclamation' (see Figure 23).

A further option was opened to London boroughs by s74 of the London Local Authorities Act 2007, which permits burial authorities – following the notification procedure set out in the 1976 Act – to use the full depth of any reclaimed grave in order to permit more burials. The provision relates to graves that are at least 75 years old, but does not require a licence to be sought from the Ministry of Justice. It was anticipated that this amendment would facilitate what has been termed a 'lift and deepen' approach to grave re-use, whereby any disinterred remains from a particular grave would be placed in another container and re-interred deeper in the same grave, freeing the desired depth for re-use. This change in legislation therefore offers local authorities the option to re-use *purchased* graves where the right has been extinguished and where the necessary faculty has been secured. The regulation does not apply to unpurchased or 'common' graves since no rights exist in those graves.

S25 of the Burial Act 1857 does not apply 'in cases where a body is removed from one consecrated place of burial to another by faculty granted by the Ordinary for that purpose.' The Corporation of London has used this legislation to introduce a system of grave re-use in a consecrated section of the City of London Cemetery in Newham. This process of re-use does not use a 'lift and deepen' method, since the legislation specifies the removal of remains from one

consecrated place to another. Rather, the process disinters remains and relocates them to a 'designated grave', which is situated at the end of the row of re-used graves.

**Figure 23: Reclamation and re-use summary**

Process	Legislation	Function	Applicable to	Disturbance of remains allowed?
Reclamation	S9, Greater London (General Powers) Act, 1976	Burial authority able to extinguish burial rights	Purchased grave where the last interment was 75 years previously  Unconsecrated ground; consecrated ground <i>if</i> faculty secured	No
Reclamation and re-use	S74, London Local Authorities Act, 2007	Burial authority able to disturb remains in graves where right had been extinguished	Purchased grave where the last interment was 75 years previously  Unconsecrated ground; consecrated ground <i>if</i> faculty secured	Yes
Re-use under faculty jurisdiction	Permitted under S25 Burial Act, 1857	Disturbance of remains permitted in consecrated land where body is moved from one consecrated place to another, under faculty	No time limit on previous burial  Consecrated land only, if faculty secured	Yes

GLA, Audit of London Burial Provision 2011

**Implementation Point 6 - Burial Spaces**

In implementing London Plan policies and especially Policy 7.23, the Mayor will, and boroughs and other partners are advised to:

-Consider the needs and capacity assessment for burial space set out in Figures 18 to 22

-Consider the impact that different burial practices may have on the demand for new plots

-Promote reuse of existing plots where appropriate and within the scope of existing legal powers

-Where demand cannot be met locally, boroughs should cooperate in planning across their boundaries to deliver necessary burial land

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# 9. COMMUNITY FACILITIES

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Development, protection and enhancement of community facilities are activities that must by definition be community-led. There is no single approach suitable to all types of community facility or to all plans. Boroughs can usefully employ demographic data to help shape their engagement strategies and understand the emerging needs of their communities with reference to such information as religious adherence and age profile. Plans for community facilities should arise from actual expressed local needs and priorities. Efficient utilisation of these facilities is as important as any other form of social infrastructure, and the needs and opportunities that they present will be best understood by reference to the people who use them. It is not suggested, for example, that local planning authorities attempt to decide the degree to which a church is under or over-utilised, but it is reasonable to seek the views of the parish on whether existing premises suit their needs. All forms of democratic and community bodies will be useful in highlighting these needs including neighbourhood fora even where these have not yet produced Neighbourhood Plans.

Community facilities is a broad area of planning and covers themes and uses that range in scope from strategic issues like burial land to matters such as public seating areas that are best dealt with on an individual application basis. The scope of social infrastructure set in London Plan policy 3.16 is deliberately broad and it is not proposed to produce specific guidance on all aspects of these uses. Instead, where a thematic area is not covered elsewhere in this document or in other policy or guidance, it should be addressed by a combination of the approach set out in the Lifetime

Neighbourhoods chapter for facilitating multiuse and managing demand, and by the general approach to community facilities detailed here.

### **Planning for Community Facilities**

Community facilities are not closely defined by the London Plan or NPPF and it is suggested that an inclusive approach is taken which recognises as forms of community facility any expressed local need for uses with a public benefit.

Planning for community facilities is not a separate activity in and of itself, but should instead form an appropriate part of the preparation of local and neighbourhood plans and SPDs as necessary. As always the work should be proportionate to the task at hand and exhaustive efforts to identify every community group with an interest in using or establishing community facilities is unnecessary. Instead, these groups will be best served by a process which enables them to identify needs as and when they arise.

The range of powers available and necessary to fund, realise and protect these facilities is similarly broad and ranges beyond the remit of the planning system. While planning authorities should take a lead role in promoting these uses, it is not realistic to expect local plans to solely define the need for community facilities or to secure their protection. Instead, boroughs should aim to build upon the provisions in London Plan policy 3.16 that set out a policy framework for the management of community facilities through the planning process, and which support the use of other powers and opportunities set out in the Localism Act. This approach should be flexible enough to allow local groups to identify their priorities as and when they arise, outside of the formal local plan review process.

The most effective way to do this is likely to be a list that is maintained alongside the register of Assets of Community Value, or as part of a Neighbourhood Plan where one has been adopted.

The London Plan identifies that voluntary and community groups often find it difficult to find premises suitable for their needs; unused or underused facilities should be brought into use as much as possible to help address their accommodation needs. (LP 2011 para 3.90)

However, the resource constraints which often characterise community facility uses should shape the approach to their planning. Many of these uses operate on a charitable or non-commercial basis and may have grown organically to make use of what buildings, funds or in-kind resources were available to them. In consequence, those facilities already in existence may operate from buildings that are not well suited to their activities, are not easily accessible, and which are expensive to run. Continuing revenue costs may well be a greater constraint to active and prospective community uses than the capital costs of setting them up. Co-location of uses and multi-use facilities are often the best way to address these problems. Opportunities for co-location may emerge after long and careful planning, or they may be one-off products of particular development proposals. In either case it is very helpful in maximising these opportunities that local needs are identified in advance and easily available to people who have a local interest.

Boroughs are now charged with maintaining a series of different forms of evidence material to the planning process but not necessarily constituting formal local plan designations or relating directly to planning powers. Because some of this evidence derives from legal rather than planning processes, it may make sense to keep as much of this evidence as possible in one place in order to best publicise its availability. For example, the list of Assets of Community Value could be combined with the register of local (non-statutory) heritage assets where there may be some overlap, and also with any identified needs for community facilities.

This evidence will most easily take written form, but can also be mapped to help ensure that it is captured in constraints searches. Whatever form is taken, it is important that the information can be easily updated to reflect the most current information, for example as a living document on the web.

### **Managing community facilities**

The London Plan supports protection of valued community facilities in policy 3.16, but in order for those to be applied successfully it is necessary to establish the value and the viability of the use in question. The Localism Act 2011 and Neighbourhood Planning (General) Regulations 2012 introduced a range of new powers to help local people to improve their area and local services. The most useful power for the management of community facilities is the Community Right to Bid which provides the opportunity to bid on registered Assets of Community Value to groups that would sustain their existing use. These powers effectively halt sale of the premises for a guaranteed minimum period in order to

allow counter proposals to be developed.

Registration of assets has considerable value for the successful application of Policy 3.16 by helping to satisfy the provisions relating to ‘defined need’ which often relies on a more subjective judgment than other forms of social infrastructure. The Asset of Community Value process can also provide a solution to the problem of testing the viability of community uses, as the bidding process secured by the Act will clearly demonstrate whether or not there are workable proposals to sustain or reuse the premises. Uses for which there is both an established local value and a demonstrably viable use will be much easier for boroughs to protect through the planning process.

There is more useful information on how to plan for and manage specific types of community facilities in the Town Centres SPG<sup>70</sup> particularly in Chapter 1, and in the Accessible London SPG<sup>71</sup> regarding engaging with communities and setting clear expectations about the way that local plans deal with these uses.

### **Implementation point 7 – Community facilities**

Boroughs are advised to:

Maintain an up-to-date list of local demand for community facilities, considering the possibility of a single list of Assets of Community Value, non-designated heritage assets, and identified need for community facilities

Encourage local groups and neighbourhood fora to identify and prioritise their needs for different forms of community facilities.

Engage with development proposals which offer opportunities for the development of community facilities, particularly where the development plan identifies a need for new or replacement provision.

Encourage the registration of community facilities as assets of community value to provide proof of their importance in the determination of local planning applications

Encourage co-located and multi-use facilities, particularly where these can help to minimise capital or revenue costs to community groups

Build upon the provisions in Policy 3.16 that set out a policy framework for the management of community facilities through the planning process, and which support the use of other powers and opportunities set out in the Localism Act

<sup>70</sup> <http://www.london.gov.uk/priorities/planning/publications/town-centres-supplementary-planning-guidance-spg>

<sup>71</sup> <http://www.london.gov.uk/priorities/planning/publications/accessible-london-achieving-an-inclusive-environment>

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# APPENDIX 1

## CASE STUDIES

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### Case Study, ARK Atwood and Amberley Waterfront

#### Place

- Constrained urban site (0.37 ha) bounded by the Grand Canal to the south.
- Amberley Estate, a large Westminster City Council housing estate immediately to the east of the site, is a 1970's 4-7 storey social housing development made up of approximately 330 units, the majority of which are flats. Amberley Road, a stuccoed Victorian terrace largely converted into flats and in use as social housing, forms the longest street frontage to the north, with an electricity substation to the west.
- Not within a conservation area, no listed buildings on site
- Mixed existing buildings owned by Westminster Adult Education Services (WAES) which is being partially relocated to another site as part of service reorganisation
- PTAL 5 with good bus and rail connections

#### Project

- New two form entry primary school with nursery and reception up to Year 6 for 450 pupils including library, kitchen/ lunch hall, and separate school and nursery play areas to the rear.
- New WAES facilities including classrooms, a Learning Resource Centre, and 20 crèche places and a separate street front access.
- 47 market 1, 2 & 3 bed flats with private amenity space, overlooking the canal to the south.
- The scheme demonstrates both co-location of housing with social infrastructure and of complementary social infrastructure forms on the same site.

### How co-location shaped the proposals

- WAES service reorganisation plans called for the retention of some facilities at Amberley Road but most adult education to be concentrated elsewhere, this meant the need for a completely different type of building than that which already existed on the site.
- Co-location allowed part-funding of the new school with housing and redevelopment of the existing facilities which would have been inappropriate for their proposed use.
- Playground space was located in the middle of the development between the school and the residential blocks to provide physical separation that aids privacy for both. The façade of the housing that faces into the site is largely service uses such as stairs and bathrooms.
- The very different context of the north and south edges of the site is matched to the different functions of residential and school uses. The main block of the school therefore addresses the urban context of the street and the residential component enjoys an outlook over the canal and neighbouring park. Housing and school uses also complement each other in being chiefly occupied at different times, minimising the conflict and improving natural surveillance of the site.
- The final co-located scheme was the result of numerous studies to assess the opportunities for redevelopment of existing buildings, mix of uses on site, and form of housing to be provided.

Photographs courtesy of Architects Pollard Thomas Edwards

Photographer - © Tim Crocker



### **West Norwood health and leisure centre (WNHLC) case study**

#### **Context**

- In 2009 the London Borough of Lambeth's West Norwood Masterplan identified the need for a joint service centre to contribute to the revitalisation and regeneration of West Norwood as a town centre.
- The centre intended to co-locate health, leisure and local authority services in one building.
- The health business case for the centre was based on public health data demonstrating that West Norwood has:
  - ♦ high levels of childhood obesity
  - ♦ numerous deprived housing estates exacerbating health inequalities locally
  - ♦ a high proportion of people with high, and often unmet, levels of health needs, including children, adults with learning and physical disabilities, isolated older people and homeless people
  - ♦ high level of needs for dental provision for under 5 year olds.
- Community consultation conducted as part of the Masterplanning process identified the need for local leisure services. The local community's primary interest in the development has continued to be leisure provision.

#### **Project**

- The project was jointly led by the Regeneration team at Lambeth Council and colleagues from NHS Lambeth.
- Public Health professionals worked with colleagues from the former PCT and NHS Property Services to develop a business plan for a co-located health and leisure service.

- NHS Lambeth commissioned the dental academy from King's College Hospital to provide dental services to meet the high level of needs for dental provision for under 5 year olds in the area.
- The principles of a wellness service model were used as the basis for planning how to operationalise the centre. This was based on a number of national approaches to wellness including the NHS Confederation.
- The centre has a number of trained health champion volunteers (local residents) working in the community to raise the profile of the centre and encourage residents to use the facilities.
- The WNHLC is a new community facility which brings together:
  - ♦ leisure provision (a 25m pool; 100 station fitness gym; dance studio)
  - ♦ GP services
  - ♦ Kings College University dental academy and KCH community dental services
  - ♦ London Borough of Lambeth customer service centre
- commissioned community health services, including:
  - ♦ health visitor team
  - ♦ speech and language therapy
  - ♦ health trainers
  - ♦ diabetes
  - ♦ substance misuse
  - ♦ smoking cessation

#### **Community space**

- ♦ the grounds of the centre are used extensively by the local community as a play area, informal meeting space, green space and in partnership with the locally-based Open Works programme

- ♦ there is a large, dividable community room on the ground floor which is used both by the centre as part of its programme provision but also by community groups, such as the Tenants & Residents Association, as a meeting or activity space.
  - ♦ meeting rooms on the Lower Ground floor are primarily used by tenants of the centre but are also available for community usage
  - ♦ the Centre has become the fifth hub for the monthly Norwood Feast, with the car park, entrance area and internal 'Street' used for music and dance as well as food and crafts
- The leisure facilities and Lambeth Customer Centre have provided additional services to the area however most of the health services were relocated into the centre from other premises locally.
  - Reasons for relocation of health services included:
    - ♦ enhancing the quality and location of premises
    - ♦ integration of services to enable patients' health needs to be met more holistically and efficiently.

The Centre was shortlisted for a **Health Service Journal** Award for improved partnership between health and local government.

## Discussion

- WNHLC's mission is to develop and deliver an integrated, co-production approach with all services, in conjunction with West Norwood's residents, to be a 'catalyst for a healthier West Norwood'.
  - This vision and the subsequent
- Integration Plan were developed through a co-production approach involving all the partners and commissioners in the centre, alongside local residents (initially through Patient Participation Groups and more recently, through the volunteer team).
- The Integration Plan identified a number of key areas in which an integrated, collaborative approach would provide benefit to the local community, patients and the services operating through the centre. These included:
    - ♦ raising aspirations - providing access to employment, training, work experience and career inspiration for local children and adults
    - ♦ promoting health and wellbeing: agreeing and utilising an overall simple and accessible wellbeing framework and common narrative for all the services and activities of the centre (see Wheel of Wellbeing below)
    - ♦ the community at its heart with:
      - \* shared outreach and engagement activities, particularly with the centre's target groups
      - \* local volunteers signposting and engaging with the community, and helping to lead co-production activities to facilitate the centre's on-going development
    - ♦ cross-referral and integrated activities: mapping and promoting pathways between services in the centre and in the locality
  - The partnership between the CCG, Public Health, NHS Property Services, NHS community health services and Lambeth leisure, facilities management and customer services teams has continued to be built on throughout the development and into its go-live phase.

- While a centre such as WNHLC has potential to make an impact across a wide range of outcomes, the centre is likely to be most successful if there are a small number of foci which all partners will work together to address.
- The ‘Five Ways to Wellbeing’<sup>72</sup> have been adopted as the integrated framework for all services using SLAM NHS Trust’s ‘Wheel of Wellbeing’<sup>73</sup> website and resources.
- Angela Dawe, Director of Operations and Strategic Development - Adult Local Services, says: “West Norwood Health and Leisure Centre is an innovative new build that brings together health and leisure facilities on one site. Our vision is that the centre will soon become a healthy lifestyle hub for people with long term conditions such as diabetes.”  
*“This is an exciting project to improve the overall health and wellbeing of local people. We’re looking forward to working with the leisure teams to encourage local people to get active and lead a healthier lifestyle.”*<sup>74</sup>
- Work is continuing with services to identify how they will contribute to tackling childhood obesity, the priority public health area for West Norwood, and the other key performance indicators (KPIs) for the centre. Agreed KPIs include proxy measures towards addressing health inequalities and supporting mental health and resilience, as well as increasing physical activity, promoting cross-referral and working to engage those who are not currently registered with a dentist or GP.



## Wheel of Wellbeing

Wheel of Well-being is owned by South London and Maudsley NHS Foundation Trust (SLaM) and is licensed under a Creative Commons Attribution Non-Commercial Share-Alike 4.0 International License.

credit ‘David Tett Photography, 2014’

<sup>72</sup> Nef (2008), Five ways to wellbeing

<sup>73</sup> <http://www.wheelofwellbeing.org/>

<sup>74</sup> <http://www.guysandstthomas.nhs.uk/news-and-events/2014-news/20141209-West-Norwood-centre.aspx>



### **Social Infrastructure SPG Case Study- London Borough of Croydon: Good practice in Community Facilities**

#### **Context**

- As part of the preparation of the Croydon Local Plan: Detailed Policies and Proposals, Croydon Council identified a need to plan for and provide additional healthcare facilities to meet the need arising from the planned population growth and development across the borough.
- The Council had previously worked with NHS Property Services to identify their requirements for facilities for the Council's Infrastructure Delivery Plan.

#### **Project**

- The Spatial Planning Service arranged a series of six meetings with NHS Property Services, NHS England, Croydon University Hospital NHS Trust, London HUDU and Croydon CCG alongside the Council's own Public Health service. The purpose of the meetings was to bring together the Council and NHS partners to establish new ways of working, to share information on the planned growth and development in the borough and to identify suitable sites for healthcare facilities.
- The first stage of the process involved sharing information on proposed housing sites, housing numbers and the phasing of this development. This information was mapped alongside existing GPs, pharmacies and GP networks to allow the NHS to establish the impact of proposed development on existing facilities and where future demand may arise.

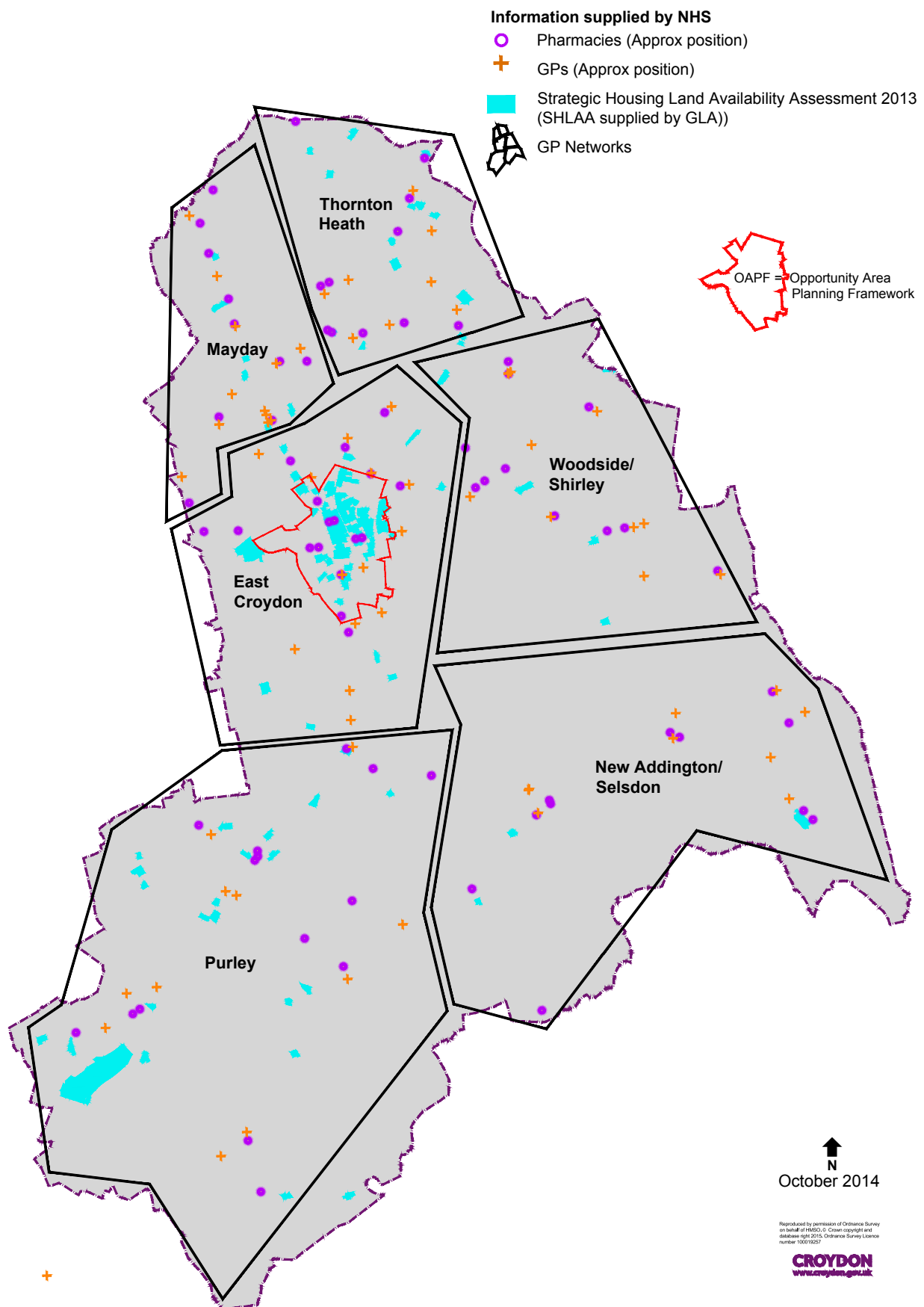
- Proposed housing sites were mapped by phase to identify where healthcare facilities are needed as a result of development currently coming forward and where healthcare sites will be needed to be allocated for the later stages of the plan. This gave the NHS the opportunity to contact developers on a number of sites which are currently coming forward to discuss the potential of providing healthcare facilities as part of these developments.
- Once the areas of need were identified, the Council's Estates and Assets team were invited to the meetings to identify whether there were any Council assets that could be used by the NHS.

#### **Discussion**

- It was important to ensure that all relevant partners and officers from both the Council and NHS partners were involved from the beginning of the process to ensure that key decisions could be made and all relevant information was shared. One of the key challenges at the beginning of the process was to understand the structure of the NHS and the role of each of the partners. Whilst work initially began with just NHS Property Services, it became apparent that the involvement of NHS England and the CCG were also needed to make key decisions.
- As this way of working was a new approach to both the Spatial Planning Service and the NHS, clear deadlines for providing and sharing information and the continuity of officers was important to ensure momentum in the project.
- Once all of the relevant officers and partners were involved in the process,

there were different responsibilities for providing information and making decisions. For example, the Council's Spatial Planning Service and Public Health Service provided data on housing numbers and population projections and were responsible for producing the maps of the proposed housing sites. NHS Property Services co-ordinated all of the NHS partners and worked with NHS England to assess the capacity of existing facilities and identify the need for new facilities and services. London HUDU was involved in determining what these requirements meant in terms of floor space. NHS England was also responsible for liaising with developers.

- The meetings brought different services in the Council, including Spatial Planning, Public Health and Estates and Asset Management, together with different organisations in the NHS. This established new ways of partnership working and ensured that all relevant information was shared. These meetings have allowed new contacts and relationships to be established and will ensure that the work between the Council, NHS and developers to plan for and provide adequate healthcare facilities to meet the need arising from the planned growth and development across the borough is on-going.
  - Identified sites will be included in the Croydon Local Plan Detailed Proposals: Preferred and Alternative Options and delivery will be monitored through the annual Infrastructure Delivery Plan.
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## Social Infrastructure SPG - Camden Active Spaces project

### Context

- In Camden, childhood obesity at reception and year 6 (10/11 yrs) is higher than the London and national average.
- Prevention and treatment of obesity amongst reception and year 6 pupils was identified as a priority by the health and wellbeing board in Camden.
- Regular physical activity in children is necessary to achieve and maintain a healthy weight and improves general physical health and psychological wellbeing. Regular physical activity helps to prevent and manage over 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions.
- Something radical and original had to be done to inspire our children to be more physically active and healthy.

### Project

- Inspired by Proactive Camden (PAC - Camden's strategic partnership) Camden Active Spaces are original, imaginative, challenging and never-before-seen structures in the playgrounds of seven schools designed to provide greater and more varied opportunities for pupils to be physically active.
- Designed by the children, teachers and other stakeholders and facilitated by carefully selected design experts, Active Spaces raise the bar of physical activity provision for children and young people and their families. They form the basis for new, challenging but accessible

programmes of physical activity to inspire young people and their families to become more active and healthy during and outside the school day.

- Camden Clinical Commissioning Group (CCG) shared and supported the vision and allocated £785,000 to the project and an additional £310,000 was provided by Camden Council through the Public Health Department. Each selected site was awarded a share of the funding and three schools contributed additional funding to enhance the scope and quality of their Active Spaces.
- The project is anticipated to increase levels of physical activity in children and young people in Camden and make a positive contribution towards lowering the risk of a number of health conditions.
- Seven local authority school sites were selected based on existing data including deprivation, numbers of pupils receiving Free School Meals, obesity levels, play provision, site suitability and community usage, including current and anticipated usage of existing facilities. To be considered, schools had to agree to support community use, making the new facilities accessible for pupils, families and the local community outside of school hours.
- Erect Architecture with Wayward Plants and Land Use Consultants led design consultations with the aim to develop new resources to increase levels of physical literacy amongst young people.
- Each school has been provided with a unique facility for school and community use increasing access to areas of the existing school playground that were either underused or out of use.

- Training and development is being used to ‘activate’ the spaces and will centre on providing individuals within schools and local communities with support to create structured and unstructured activity programmes both during and outside of school hours.
- Active Spaces are intended for use by groups in the local community such as parent-teacher associations, children’s services and community clubs and organisations. Schools will take full ownership to maximise school and community use and will be supported to build new relationships with the local community and inspire local organisations to be more active and for ongoing sustainable delivery.
- Designs at each site are unique with inclusion of bespoke climbing structures, rope structures and timber trails, trampolines, football pitches, and a mixture of outdoor gym equipment.
- Researchers at University College London will monitor and evaluate the project over the first 12 months.

### Discussion

- The project demonstrates strategic partnership working across a variety of organisations led by Pro-Active Camden, the borough-wide strategic partnership for sport and physical activity in Camden and Islington.
- Joint funding was provided by Camden CCG and Camden Council through the Public Health Department, and the project was managed by Camden Council.
- The Camden Joint Strategic Needs Assessment (JSNA), data from the PE, School Sport and Young People strategy, NICE Guidelines, Health and

Wellbeing Board priorities (Healthy Weight and Healthy Lives) and the Chief Medical Officers’ physical activity recommendations all support this intervention to address physical inactivity.

- The Children and Young People’s Needs Assessment, a sport and physical activity needs assessment for children and young people commissioned by Pro-Active Camden, provides a robust evidence base and further recommendations to support the initiative.
- The Health and Wellbeing Board’s priority to measure levels of obesity annually will enable evidence of impact in the short term to be gathered across all primary schools.
- The impact of Active Spaces on levels of activity and fitness will be measured by University College London. Baseline data has been collected in 450 children and follow up measurements are taking place after the construction and after one year of use. Researchers are using ActiGraph technology to measure young peoples’ physical activity levels over a seven day period in conjunction with activity diaries. Further qualitative data will be collated on wellbeing, mental health, educational attainment and social cohesion.

Illustrations courtesy of Camden Council.



Carlton Primary School, Camden



Haverstock Secondary School, Camden.

## Nunhead Green Pocket Park

### Context

- The term ‘pocket park’ can be used to describe small spaces in the public realm that can be greened to offer an area for rest or recreation. Pocket parks can challenge the common perception of what a park can be. They can range from traditional town centre greens, to the transformation of unusual spaces, such as underused parking bays, roof tops, canal banks, or uninspiring amenity spaces associated with bus stops or road junctions.
- Pocket parks can also be created as meanwhile spaces giving a temporary use to an otherwise underutilised piece of land, perhaps in the early stages of the development process. They can often be created at relatively low cost and with short delivery times.
- The key principles of pocket parks are that they are: publically accessible, greener, and foster the idea of shared space. They should also encourage physical activity and help build community cohesion through providing opportunities for play, gardening, recreation, volunteering, and contact with nature.
- In 2012 the Mayor of London launched a Pocket Park programme with the ambition to create or improve 100 Pocket Parks across London by March 2015. The programme promoted the pocket park concept through provision of grants to local authorities, housing associations, and community groups, to enable them to design, and deliver 100 improved spaces.

### Case Study

- Nunhead, in the London Borough of Southwark, is often described as an urban village, with Victorian terraces, a high street with independent shops, and a ‘village’ green at its heart. However, it is also much urbanised, has pockets of deprivation and high density housing, and low provision of quality open space.
  - The green had become tired, underused and misused, due, in part to an outdated design and layout. The aim of the project was to create the sense of a village green by:
    - ♦ Designing out anti social behaviour by opening up sightlines and barriers
    - ♦ Installing new play equipment and a performance space to encourage imaginative play
    - ♦ Establishing new planting and installing artwork to reinvigorate the space
    - ♦ Improving seating, paths, and lighting to encourage more frequent use of the space
  - The enhancement of the green complemented a suite of regeneration projects taking place in and around Nunhead aimed at promoting a more vibrant, active and welcoming public realm, funded through the Mayor of London’s Outer London Fund and Pocket Parks Fund, the London Marathon Charitable Trust and Section 106 funds secured by Southwark Council.
  - The new village green opened in autumn 2014 with tremendous local support. There has been an increase in people using the space with many more families enjoying it as an active outdoor space.
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## Discussion

- The links between health and wellbeing and access to quality open space are well documented.<sup>1</sup> London Plan open space standards encourage the provision of a range of different open spaces of various scales and typologies, including pocket parks which should be provided within 400m of every home.
- Many of the pocket parks created through the Mayor's Pocket Parks programme are easily replicable across London. The programme has shown that small scale, relatively low cost interventions can make tremendous physical and social enhancements.
- The concept of pocket parks has been embraced by the public and community groups.
- The creation of pocket parks and the provision of green space should be considered an integral part of planning for improved health and wellbeing, as parts of London become more densely developed to accommodate a growing population, and the number of elderly people increases as a result of increased life-expectancy.

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<sup>1</sup> Improving access to green spaces. Health equity briefing 8 - September 2014. Public Health England [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355792/Briefing8\\_Green\\_spaces\\_health\\_inequalities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355792/Briefing8_Green_spaces_health_inequalities.pdf)

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Before



After





## Case Study - Kidbrooke Village Regeneration

### Context

- The Ferrier Estate was a former council housing estate located in the London Borough of Greenwich. The large estate was constructed from concrete panels which span 74 blocks comprising 1,906 homes, with a labyrinth style which made the estate inaccessible and isolated.
- Built in the late 1960s, the Ferrier was for its time an award winning system-built development.
- In the later years the Ferrier became rundown and synonymous with high levels of crime and antisocial behaviour. Continued under-investment and many 'problem' tenants being housed on the estate were contributing factors to its decline.
- To non-residents the Ferrier was a 'no go' concrete jungle. Although at its height there was a tight knit multicultural community, that spirit was lost over time.
- The Ferrier's predominantly lower socio-economic profile contrasted with more affluent surrounding neighbourhoods.
- As with all large estate regeneration projects not all residents were happy to see change and leave the place they called home, but all have been offered the right to return.

### Project

- £1bn regeneration works started in 2009 with demolition works to regenerate 109 hectares of land.

- Kidbrooke Village has an approved masterplan to deliver over 4,000 homes (with at least 35% affordable) across six phases including new parkland and 35ha of open space.
- The Vision for Kidbrooke is to create a sustainable mixed tenure suburb.
- The regeneration has been led by the Royal Borough of Greenwich (RBG), the GLA/ Homes and Communities Agency and registered providers; Southern Housing Group and Viridian.
- A new station and bus exchange will be built at Kidbrooke Station.
- Completion of the scheme is expected in 2030.
- Affordable housing was brought forward to allow ex Ferrier residents to be rehoused sooner, moving in September 2010.

Phase	Tenure		Total
	Affordable	Private	
1	229	219	<b>448</b>
2A	115	n/a	<b>115</b>
2	190	410	<b>600</b>
3	367	616	<b>983</b>
4	137	237	<b>374</b>
5	325	561	<b>886</b>
6	166	431	<b>597</b>
<b>Total</b>	<b>1529</b>	<b>2474</b>	

\* 977 homes (535 affordable) delivered as of 2014

\* Phase 2 & 4 currently under construction

## Discussion

### Creating a lifetime neighbourhood

- The Vision – To create a community with a huge emphasis on quality of life through the physical environment and how people live and use space.
- Mixed facilities - including new schools, local shops, leisure facilities, expanded health facilities and transport improvements. An interim Village Centre including: Sainsburys local, PCT, Coffee shop, Pharmacy, Dentist.
- Mixed tenures – high quality homes for rent, shared ownership, private homes for sale, plus senior living homes. Housing has been designed tenure blind creating a cohesive environment and social mix.
- Public and private partnership - relationship involved in the regeneration has been key to the success thus far to create a sustainable lifetime community. Public investment and collaborative working between, RBG, Berkeley Group, TfL & GLA has underpinned the development progress.
- Infrastructure – having good transport links in place to allow the flexibility of movement through different methods of transport.

### What has worked well?

- Public investment – has been key to allow the affordable units to be brought forward and facilitate enabling works to take place.
- Partnership – successful partnership working to ensure that developmental direction and issues are managed.
- High quality design – homes designed to high quality, the design of green open

spaces and public realm creating a calm environment.

- Mixed tenures – The mix of tenures has created a broader mixed community comprising of former Ferrier residents and those new to Kidbrooke. The early completion of many of the affordable homes allowed tenants from the former Ferrier Estate to return and remain in the area close to family and friends.
- Social cultural life – the results of the residents' social sustainability survey conducted six months after the completion of the first two phases when compared to Office for National Statistics Output Area Classification (OAC) for Kidbrooke Village were largely in line or received a more positive rating.
- Transport – Good transport links, train and bus.

### Learning points

- Senior living (tenure mix) - meeting the needs of the different demographics moving into the area
- Social cultural life – Compared to the OAC, links with neighbours was negative which is likely to be a consequence of the early stage of the development at the time. The survey will need to be repeated once more residents have moved in and more community facilities put in place.



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Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

### Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

### Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

### Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

### Hindi

यदि आप इस दस्तावेज की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

### Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

### Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دیے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

### Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مرسلّة العنوان أدناه

### Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

