

Health Outcomes	Consideration by developers <input type="checkbox"/> ✓	Consideration by planners <input type="checkbox"/> ✓ How?
General		
Mix of uses		
Provision for or enhancement of a mix of uses, including access to shops providing a range of food choices.	<input type="checkbox"/>	<input type="checkbox"/> Policy
High Density Development		
Appropriate density	<input type="checkbox"/>	<input type="checkbox"/> Policy Condition
Minimise high-rise and deck access buildings	<input type="checkbox"/>	<input type="checkbox"/> Policy
Ensure high density housing: <ul style="list-style-type: none"> • Minimises overlooking between properties • Is a mix of household types and tenures • Is designed to avoid 'neighbour noise' • Includes 'escape' facilities (e.g. green/open spaces, social, community and sports facilities) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Policy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Include provision for future management and maintenance	<input type="checkbox"/>	<input type="checkbox"/> Policy
Buildings		
Design residential buildings to Sustainable Code for Buildings Level 6 "Exemplar" development	<input type="checkbox"/>	
Design all other buildings to BREEAM "Excellent" standards.	<input type="checkbox"/>	
Design homes as Lifetime Homes	<input type="checkbox"/>	
Other		
Consider appropriate phasing of development (e.g. ensuring social and community infrastructure is in place prior to residents' occupation).	<input type="checkbox"/>	<input type="checkbox"/> Condition
Ensure community empowerment/involvement in regeneration schemes	<input type="checkbox"/>	<input type="checkbox"/> Policy
Consider the public health impacts within EIA	<input type="checkbox"/>	<input type="checkbox"/> Policy
Carry out HIA of major development and where appropriate in other schemes	<input type="checkbox"/>	<input type="checkbox"/> Policy

4.5 MONITORING HEALTH OUTCOMES

Boroughs should demonstrate that there are clear mechanisms for monitoring the outcomes of policies (including health policies) within their Core Strategy and DPDs. This is a test of soundness and necessary to ensure that plan and policy objectives are being met.

It is not the purpose of this guidance document to propose indicators to measure all health outcomes. However the list below proposes a range of possible indicators which could be used to monitor the policies outlined above. Planners and health practitioners should pick and choose indicators as appropriate to local circumstances. It should be noted that many of these are **planning** outcomes which could be used as a proxy to measure **health** outcomes.

It is recognised that there remain a number of barriers to monitoring health outcomes; data is often not available at an appropriate scale; data is not measured on a consistent basis and there is no obvious single source of data. As such it is critical that boroughs work in partnership with PCTs and other health practitioners to identify locally-specific health issues and consider how health objectives and policies can be measured.

Indicator	How to measure?
Mental Health	
% of GP visits for mental health problems	Recognised as difficult to measure due to compounding variables, but necessary to identify whether planning measures are having an appropriate effect on the borough's mental health issues
Number, location, type and quality of new open/green spaces provided as part of development/ regeneration schemes.	Measured as part of annual development control monitoring
Number of new open/green spaces provided as part of development/ regeneration schemes which are accessible by public transport and/or walking and cycling	Should be compared between wards to ensure access is equitable
Net change in open and green space provision.	Measured as part of annual development control monitoring
Number of new allotments provided as part of development/regeneration schemes	Measured as part of annual development control monitoring
Number and type of social infrastructure provided as part of development/ regeneration schemes addressing the need of the borough	Measured as part of annual development control monitoring
Number of social and community facilities which are accessible by public transport and/or walking and cycling	Should be compared between wards to ensure access is equitable

Indicator	How to measure?
Number of developments in flood risk areas incorporating flood resilient design measures	Measured as part of annual development control monitoring
Number of homes judged unfit to live in	Available at borough level from PCTs/London Health Observatory. This data would need to be monitored annually
Number of people with self-assessed good health	This would need to be measured at number of levels – e.g. for the borough as a whole, and individual regeneration schemes. Boroughs should endeavour to assess self-rated health before and after regeneration schemes to ensure desired health outcomes are achieved
Obesity and cardiovascular disease	
Number of children in the borough who are considered obese	Should be monitored annually
Number of deaths and hospital admissions as a result of cardiovascular disease	Should be monitored annually
Number of children in the borough with Type 2 diabetes	Should be monitored annually
Number of children engaging in 60 minutes of moderate of physical activity daily	Recognised that this will be difficult to measure in practice
Indicators proposed for open/green space above can be used as a proxy for encouraging physical activity and hence reducing obesity and cardiovascular disease.	
Number of new sports and leisure facilities provided as part of developments and regeneration schemes addressing the need of the borough.	Measured as part of annual development control monitoring
Number of new sports and leisure facilities provided as part of development/regeneration schemes which are accessible by public transport and/or walking and cycling.	Should be compared between wards to ensure access is equitable

4.5 MONITORING HEALTH OUTCOMES

Indicator	How to measure?
Respiratory disease	
Number of deaths and hospital admissions as a result of respiratory disease	Should be monitored annually
Number of times per year levels of PM ₁₀ (measured as 24 hour mean) exceeds National Air Quality objectives	Already monitored through Air Quality Plans
Number of times per year levels of nitrogen dioxide (measured as 1 hour mean) exceeds National Air Quality objectives	Already monitored through Air Quality Plans
Number of times per year levels of ozone (measured as running 8 hour mean) exceeds National Air Quality objectives	Already monitored through Air Quality Plans
Number of trips made by walking, cycling and public transport	Already monitored through transport strategies
Excess winter (cold) and summer (heat) mortality	
Number of elderly people dying as a result of cold-related illness	Should be monitored on an annual basis
Number of elderly people dying of heat-related illness	Should be monitored on an annual basis
Number of new developments/ regeneration schemes incorporating measures to adapt to/mitigate for climate change	Measured as part of annual development control monitoring
Injuries	
Number of admissions to accident and emergency departments due to road traffic accidents	Should be measured on an annual basis to monitor the effectiveness of traffic management measures
Road traffic casualty rate per 1,000 population	Should be measured on an annual basis to monitor the effectiveness of traffic management measures
Number of child injuries arising from road traffic accidents	Should be measured at smaller scales i.e. between wards to ascertain whether traffic management measures are reducing inequalities in road traffic accidents.
Number of child fatalities arising from road traffic accidents	Should be measured at smaller scales i.e. between wards to ascertain whether traffic management measures are reducing inequalities in road traffic accidents
Number of developments located in areas well served by public transport	Measured as part of annual development control monitoring

Indicator	How to measure?
Healthcare provision	
Number and type of healthcare facilities addressing the social infrastructure needs of the borough.	Measured as part of annual development control monitoring
Number of healthcare facilities accessible by walking or cycling	Should be compared between wards to ensure access is equitable
Number of large-scale residential sites incorporating healthcare facilities	Measured as part of annual development control monitoring
Number of integrated health and leisure facilities	Measured as part of annual development control monitoring
Health impacts	
Number of EIA Screening Opinions considering the likely public health impacts of development proposals.	Split according to Screening, Scoping and Environmental Statement; monitored annually
Number of EIA Scoping Opinions considering the likely public health impacts of development proposals.	
Number of "significant" public health impacts for which mitigation is provided within Environmental Statements.	
Number of 'major' developments subject to HIA (where EIA is not required)	Measured as part of annual development control monitoring

REFERENCES

1. World Health Organisation (1947). The Constitution of the World Health Organisation. WHO Chronicle, 1 WHO, Geneva.
2. Department of Health; HM Government (16th November, 2004): Public Health White Paper: Choosing Health – Making Healthy Choices Easier.
3. G Dahlgren and M Whitehead: Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991.
4. Greater London Authority (September 2006). Draft Further Alterations to the London Plan (Spatial Development Strategy for Greater London).
5. The WHO European Healthy Cities Network: <http://www.euro.who.int/healthy-cities>
6. The WHO (1992) Twenty Steps for Developing a Healthy Cities Project. WHO Regional Office for Europe, Copenhagen.
7. The Settlement Model cited in: Barton, H; Davis, G and Guise, R (2003) Shaping Neighbourhoods, Spon, London.
8. Wanless, Derek, HM Treasury (February 2004): Securing Good Health for the Whole Population: Final Report.
9. Confederation of British Industry (May, 2001): Pulling Together.
10. Health in All Policies: Prospects and Potentials. Edited by Timo Stahl, Matthias Wismar, Eeva Ollila, Eero Lahtinen & Kimmo Leppo.
11. Department of Health (2007): Draft Guidance on Health in Strategic Environmental Assessment: Consultation Document.
12. Mayor of London (June 2007): Health Issues in Planning: Best Practice Guidance.
13. Department of Health (1999): Saving Lives our Healthier Nation – Action Plan.
14. Department for Health (2003): Tackling Health Inequalities: A Programme for Action.
15. Derek Wanless (2004): Securing good health for the whole population – Report to the Treasury.
16. Department for Health (November 2004): Choosing Health: Making healthier choices easier.
17. Department for Health (2006): Our health, our care, our say: A new direction for community services.
18. Local Area Agreements: www.communities.gov.uk/index.asp?id=1163655
19. Public Service Agreements: http://www.hm-treasury.gov.uk/spending_review/spend_sr04/psa/spend_sr04_psaindex.cfm

- 20.** (ODPM, 2005): Planning Policy Statement 1: Delivering Sustainable Development
- 21.** Department for Environment, Food and Rural Affairs (May, 1999) Securing the Future: UK Government Sustainable Development Strategy.
- 22.** Royal Commission on Environmental Pollution (March 2007): 26th Report: The Urban environment
- 23.** Sustainable Development Commission (2007): Building Houses or Creating Communities: A Review of Government Progress on Sustainable Communities
- 24.** The Mayor's Strategies include the transport strategy, the London Development Agency strategy, the spatial development strategy, the London Biodiversity Action Plan, the municipal waste management strategy, the London air quality strategy, the London ambient noise strategy and the culture strategy.
- 25.** Mayor of London (May 2006): Sustainable Design and Construction: The London Plan Supplementary Planning Guidance.
- 26.** Mayor of London (April 2004): Accessible London: Achieving an Inclusive Environment: The London Plan Supplementary Planning Guidance.
- 27.** Mayor of London (June 2007): Health Issues in Planning: Best Practice Guidance.
- 28.** NHS London Healthy Urban Development Unit: Watch Out For Health Planning Checklist.
- 29.** Under the reforms of the planning system, PPGs are gradually being reviewed and replaced by PPSs.
- 30.** (ODPM, 2004): Planning Policy Statement 12: Local Development Frameworks
- 31.** Department of Health (2007): Draft Guidance on Health in Strategic Environmental Assessment: Consultation Document.
- 32.** Lewis G, Booth M. Are cities bad for your mental health? *Psychological Medicine* 1994; 24:913-915
- 33.** Takano T, Nakamura K, Watanabe M. Urban residential environments and senior citizens: longevity in megacity areas – the importance of walkable green spaces. *Journal of Epidemiology and Community Health* 2002; 56(12): 913-918.
- 34.** Mutrie N. The relationship between physical activity and clinically defined depression. In: Biddle SJH, Fox KR, Boutcher SH (eds). *Physical activity and psychological well-being*. London: Routledge, 2000.
- 35.** Wiltshire R. Rewriting the plot: Photographs and Images. <http://www.btinternet.com/~richard.wiltshire/le2.htm>
- 36.** Richard Louv (2005). *Last Child in the Woods: Saving our Children from Nature Deficit Disorder*,

REFERENCES

- 37a.** Bartlett S. Does inadequate housing perpetuate children's poverty? *Childhood*, 1998; 5:403-420.
- 37b.** Stewart W. *Children in flats: A family study*. London, England: National Society for the Prevention of Cruelty to Children: 1970.
- 38a.** Evans GW, Wells NM, Moch A. housing and Mental Health: A review of the evidence and a methodological and conceptual critique. *J Soc Issues* 2003; 59:475-500.
- 38b.** Freeman H. Housing. In: Freeman HL, Ed. *Mental Health and the Environment*. London, England: Churchill Livingstone; 1984; 197-225.
- 38c.** Gifford R. Satisfaction, health, security and social relationships in high rise buildings. In: Seidel A, Health T, eds. *Social Effects of the Built Environment*. London, England: E&FN Spon. In Press.
- 39.** Weich S, Blanchard M, Prince M, Burton E, Erens B, Sproston K. Mental health and the built environment: cross sectional survey of individual and contextual risk factors for depression. *Br J Psychiatry* 2002; 176:428-433.
- 40.** Halpern D. *Mental Health and the Built Environment*. London, England: Taylor and Francis Ltd. 1995
- 41.** CLG (November 2006): *Planning Policy Statement 3: Housing*
- 42.** Mayor of London (2005): *Housing – The London Plan Supplementary Planning Guidance*.
- 43.** Norris F, Kaniasty K. Psychological distress following criminal victimization in the general population – cross-sectional, longitudinal and prospective analyses. *Journal of Consulting and Clinical Psychology* 1994; 62 (1):111-123
- 44.** Evans D, Fletcher M. Fear of crime: Testing alternative hypotheses. *Applied Geography* 2000; 20:395-411.
- 45.** (ODPM, 2005): *Planning Policy Statement 1: Delivering Sustainable Development*
- 46.** (ODPM, 2005): *Planning Policy Statement 6: Planning for Town Centres*.
- 47.** *Living Streets, Streets are for Living*. The importance of streets and public spaces for community life, August 2001: 7-8.
- 48.** CLG (December 2006): *Planning Policy Statement 25: Development and Flood Risk*.
- 49.** *Town and County Planning* February 2007 (Volume 76 Number 2).
- 50.** Health Survey for England (HSE) (2002-04 data combined) (<http://dh.gov.uk/en/publicationsandstatistics/PublishedSurvey/HealthSurveyforEngland>)
- 51.** *Mortality Statistics cause. Series DH2 no30*. Office for National Statistics, London.

- 52.** Pretty J, Griffin M, Sellens M, Pretty C (2003): Green Exercise: Complementary roles of nature, exercise and diet in physical and emotional well-being and implications for public health policy. CES Occasional Paper 2003-1, University of Essex.
- 53.** Kuh, D.J.L and Cooper, C (1992). Physical activity at 36 years: patterns and childhood predictors in a longitudinal study. *Journal of Epidemiology and Community Health* Vol. 46, pp 114-19.
- 54.** Woolley, H. (2003). *Urban Open Spaces*. London, Spon Press.
- 55.** Potential Functions and Benefits of Urban Green Spaces Diagram cited in: URGE – Development of Urban Green Spaces to Improve the Quality of Life in Cities and Urban Regions (June, 2004): *Making Greener Cities: A Practical Guide*.
- 56.** Mayor of London (June, 2007): *Health Issues in Planning: Best Practice Guidance*.
- 57.** Mayor of London (May 2006): *The Mayor’s Food Strategy: Healthy and Sustainable Food for London*.
- 58.** Mile End Park Project Summary.
- 59.** *Town and County Planning* February 2007 (Volume 76 Number 2).
- 60.** Mayor of London (June 2007): *Health Issues in Planning: Best Practice Guidance*.
- 61.** *The guide to community preventative services: What works to promote health?* Atlanta, United States Centers for Disease Control and Prevention (2002).
- 62.** Edwards, P. and Tsouros, A. (2006). *Promoting physical activity and active living in urban environments: the role of local governments*. World Health Organisation.
- 63.** *Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling*. London. National Institute for Health and Clinical Excellence (2006).
- 64.** Sustrans (2006). *Active Travel: how to produce active directions for your visitors and staff*. London.
- 65.** Department of Health and ad hoc group on the economic appraisal of the health effects of air pollutants. *Economic appraisal of health effects of air pollution, report, 1999: Table 1*.
- 66.** Mayor of London (September 2002): *Cleaning London’s Air: The Mayor’s Air Quality Strategy*.
- 67.** *Air quality objectives and the deadlines against which these objectives should be met are set out in the UK’s Air Quality Strategy (January, 2000)*.
- 68.** The UK Air Quality Archive (available at <http://www.airquality.co.uk/archive/laqm/laqm.php>)
- 69.** The Mayor of London (2007). *Health Issues in Planning: Best Practice Guidance*.

REFERENCES

- 70.** The Mayor of London (2001): The Mayor's Transport Strategy.
- 71.** Research shows that of those 20 mph zones introduced in 2002, average speeds had reduced and accident rates had dropped.
- 72.** Sallis, J.F. (2002). Neighbourhood Environment Walkability Scale. Version 12/2002. San Diego University, 2002.
- 73.** Leslie, E et al., (2005). Residents perceptions of walkability attributes in objectively different neighbourhoods: a pilot study. *Health and Place* 11: 227-236.
- 74.** Help the Aged.
- 75.** CLG (December 2006): Consultation Planning Policy Statement: Planning and Climate Change – Supplement to Planning Policy Statement 1: Tomorrow's Climate, Today's Challenges.
- 76.** ODPM (2005): Planning Policy Statement 1: Delivering Sustainable Development.
- 77.** ODPM (2004): Planning Policy Statement 11: Regional Spatial Strategies.
- 78.** ODPM (2004): Planning Policy Statement 12: Local Development Frameworks.
- 79.** CLG (November 2006): Planning Policy Statement 3: Housing.
- 80.** National Statistics, Department for Transport, Table 11 available to the Department for Transport on the 13th of April 2007: Transport Statistics Bulletin, Road Casualties in Great Britain: Quarterly Provisional Estimates, Fourth Quarter 2006.
- 81a.** UNICEF (February 2001): A league table of child deaths by injury in rich nations, Innocenti Report Card No.2
- 81b.** Roberts, I (1996): Safely to School. *Lancet*: 347: 1642.
- 81c.** Christie, N. (1995): Social, Economic and Environmental Factors in Child Pedestrian Accidents: A Research Review. Project Report 116. Crowthorne: Transport Research Laboratory.
- 81d.** Avery, J.G, Jackson, R.H (1993): Children and their accidents. Sevenoaks: Edward Arnold.
- 81e.** Lyons, R.A, Jones S.J, Deacon, T. et al (2003): Socioeconomic variations in injury in children and older people: population based study. *Inj Prev* 2003, 9:33-7.
- 82.** Jones, S.J, Lyons, R.A, John, A and Palmer S,R (2005): Traffic Calming Policy can reduce inequalities in child pedestrian injury rates: database study. *Inj Prev*, 2005; 11: 152 - 156.
- 83.** Transport for London (2006): Central London Congestion Charging: Impacts Monitoring Fourth Annual Report.

84. Test of soundness vii states that *'the strategies/policies/allocations represent the most appropriate in all the circumstances, having considered the relevant alternatives, and they are founded on a robust and credible evidence base'*

85. The Core Strategy needs to conform to all nine tests of soundness. The questions set out in Box 4.1 relate specifically to the seventh test of soundness (which includes the consideration of relevant alternatives to strategies/policies/allocations in the plan).

86. ODPM (2004): Planning Policy Statement 12: Local Development Frameworks.

87. The Core Strategy needs to conform to all nine tests of soundness. The questions set out in Box 4.2 relate specifically to the seventh and eighth tests of soundness (including the provision of a robust and credible evidence base and provision of mechanisms for implementation and monitoring).

88. The Core Strategy needs to conform to all nine tests of soundness. The questions set out in Box 4.3. relates to the fifth test of soundness (having regard to the authority's community strategy).

89. Planning Officer's Society (July, 2005): Policies for Spatial Plans: A guide to writing the policy content of Local Development Documents.

90. ODPM (2003): Survey carried out as part of the relationships between Community Strategies and Local Development Frameworks.

91. The Core Strategy needs to conform to all nine tests of soundness. The questions set out in Box 4.5 relate specifically to the seventh and eighth tests of soundness (including the provision of a robust and credible evidence base and provision of mechanisms for implementation and monitoring respectively).

APPENDICES

APPENDIX 1: Consideration of Health in National Planning Policy Statements/Guidance Notes

Consideration of health in Planning Policy Statements/Guidance Notes

Accessibility to health facilities

PPS1: *Delivering Sustainable Development* sets out the overarching planning policies on the delivery of sustainable development through the planning system and so is the key policy that seeks to facilitate and promote sustainable and inclusive patterns of urban development. In preparing development plans, PPS1 requires planning authorities to provide improved access for all to health and community facilities and to services which promote healthy outcomes, such as open space, sport and recreation facilities.

PPS12: *Local Development Frameworks* reinforces this approach, suggesting that adopted proposals maps show where policies will be seeking to deliver community facilities, including health, education and social facilities, to assist regeneration and the achievement of sustainable communities.

Promoting healthy communities

PPS1 requires planning authorities to promote communities which are inclusive, healthy, safe and crime free, whilst respecting the diverse needs of particular sectors of the community.

PPG17 *Planning for open space, sport and recreation* recognises the role that open space, sports and recreational facilities have to play in promoting healthy living and preventing illness, and in the social development of children of all ages through play, sporting activities and interaction with others. The PPG includes principles for planning for new open space and sports and recreation facilities. Integrating open spaces is promoted at the regional, local and individual building level.

Influence of design on health

PPS1 states that high quality and inclusive design should be the aim of all those involved in the development process. This design should create well-mixed and integrated developments which have well-planned public spaces that bring people together and provide opportunities for physical activity and recreation. In terms of individual buildings, PPS3: *Housing* sets out a number of factors to consider when assessing design quality. These factors include the extent to which the proposed development provides, or enables good access to, community, green, open amenity and recreational space (including play space) in addition to private outdoor space such as residential gardens, patios and balconies.

PPS6: *Planning for Town Centres* recognises that well-designed public spaces and buildings, which are fit for purpose, comfortable, safe, attractive, accessible and durable, are key elements which can improve the health, vitality and economic potential of a town centre (para. 2.19).

Avoiding health impacts

PPS23: *Planning and Pollution Control* clearly states that potential impacts arising from development, which could have impacts on health, is capable of being a material consideration, in so far as it may arise from or may affect any land use. This provides a clear policy steer that seeks to avoid impacts on human health arising from development projects.

Consideration of health in Planning Policy Statements/Guidance Notes

Similarly, PPS1 advises that development plans should take account of environmental issues such as the management of waste in ways that protect the environment and human health. Whilst PPS10: *Planning for Sustainable Waste Management* expects modern and well-regulated waste management facilities operated in line with current pollution control techniques to pose little threat to human health, para. 30 reiterates policy set out in PPS23 acknowledging that planning operates in the public interest and seeks to ensure that the location of proposed development is acceptable and that health can be material to such decisions.

Taking into account relevant health strategies and plans

PPS12 requires local planning authorities to take account of the principles and characteristics of other relevant plans and programmes when preparing local development documents and in particular the core strategy. These should include the community strategy and strategies for, among other things, education, health, social inclusion, waste and environmental protection. This will ensure that the overarching objectives of the London Health Strategy and Local Delivery Plans are taken into consideration in the preparation of development plans.

APPENDIX 2: Consideration of Direct and Indirect Links to Health in the London Plan

Consideration of health in the London Plan, its Draft Further Alterations and accompanying documents

Objectives of regional planning policy

The London Plan sets out the Mayor's objectives, which Development Plan policies should take fully into account (Policy 1.1 *The Mayor's Objectives*). Health considerations are integrated within these objectives. The second objective, as revised by the Draft Further Alterations to the London Plan, seeks to make London a healthier and better city for people to live in. Key policy directions for achieving this objective include:

- Promoting policies to address health inequalities and the determinants of health in London and to improve the health of Londoners;
- Creating a cleaner, healthier and more attractive environment in all parts of London;
- Improving the provision of play space; and
- Improving the availability and quality of local services particularly education and health.

The fourth objective, also revised by the Draft Further Alterations to the London Plan, seeks to promote social inclusion and tackle deprivation and discrimination. A key policy direction for achieving this is to improve the provision of social infrastructure and related services including provision for health, playspace and childcare facilities and to address health inequalities.

Sustainable development

Health is recognised as a key element of sustainable development in the Draft Further Alterations to the London Plan. Policy 2A.1 *Sustainability criteria* states that the Mayor will, and boroughs and other stakeholders should, use a series of criteria in implementing the London Plan, and when considering Development Plan policies and planning proposals. These criteria include:

- Taking account of the impact that development will have on the health of local people;
- Preventing major accidents and limiting their consequences;
- Using a design-led approach to improve the quality of life; and
- Ensuring that development incorporates green networks that are planned, located, designed and managed as an integral part of the wider network of open space.

Addressing health is described as a core element of sustainable development in the Health Issues in Planning: Best Practice Guidance.

Providing for community facilities

The London Plan also requires Development Plan policies to protect and enhance existing health facilities and support the provision of additional healthcare in boroughs:

- Policy 3A.15 *Protection and enhancement of social infrastructure and community facilities* requires Development Plan policies to assess the need for social infrastructure and community facilities, including children's play and recreation facilities. It notes that adequate provision of these facilities is particularly important in major areas of new development and regeneration.
- Policy 3A.18 *Locations for health care* states that Development Plan policies should support the provision of additional healthcare within the borough as identified by the strategic health authorities and primary care trusts. The preferred locations for healthcare centres should be identified in appropriate locations accessible by public transport.

Consideration of health in the London Plan, its Draft Further Alterations and accompanying documents

The Draft Further Alterations to the London Plan seek to ensure that future residential development is located so as to be within reach of healthcare and other facilities. For example, the supporting text to policy 3A.5 *Large residential developments* states that 'in considering development proposals for large residential sites, boroughs should assess the need for community and ancillary services such as local health facilities, schools, leisure facilities, public open space and children's playspace' (para. 3.23).

Accessible London: Achieving an Inclusive Environment sets out a number of SPG Implementation Points which should assist boroughs when reviewing Development Plans and development control practices and procedures and when assessing planning applications. Implementation Point 15: *Health* states that the Mayor will and boroughs should endeavour to work with the Health Authority, National Health Service trusts and primary health care trusts to secure the provision of good quality health facilities that are well located and accessible to all users.

Promoting public health/avoiding health impacts

The Further Alterations to the London Plan recognise that health is far more than the absence of illness, but is made up of a person's physical, mental and social wellbeing (para. 3.87). It seeks to promote this definition of health in London. Policy 3A.20 *Health impacts* states that boroughs should require Health Impact Assessments for major new development proposals and have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough.

As set out in the NHS London Healthy Urban Development Unit's *Watch Out for Health*, a number of London Plan policies indirectly seek to promote health. For example, policies 3C.20 *Improving conditions for walking*, 3C.21 *Improving conditions for cycling*, and policy 3D.5 *Sports facilities* are likely to result in healthy outcomes from development and regeneration projects.

Improving London's open environment

The London Plan and its Draft Further Alterations recognise the health benefits of open spaces. Policy 3D.7 *Realising the value* of open spaces encourages the protection and promotion of London's network of open spaces and seeks to protect the many benefits of open space to communities, including those associated with health, sport and recreation, children's play, regeneration, biodiversity and the environment. Additional policies in the London Plan seek to identify broad areas of public open space deficiency and set priorities for addressing them and produce open space strategies to protect, create and enhance all types of open space.

The importance of open spaces on health is reinforced by the *Sustainable Design and Construction* SPG to the London Plan. It suggests that appropriate and imaginative measures to providing open spaces should be taken and encourages the consideration of multifunctional uses of open spaces where amenity spaces will be at a premium (page 23). *Accessible London: Achieving an Inclusive Environment* recommends that audits of parks and open spaces should identify improvements that are needed to make them accessible and inclusive to all potential users, regardless of disability, age and gender (Implementation Point 21).

APPENDIX 2: Consideration of Direct and Indirect Links to Health in the London Plan

Consideration of health in the London Plan, its Draft Further Alterations and accompanying documents

Influence of design on health

London Plan Policy 4B.1 *Design Principles for a Compact City* promotes high quality and inclusive design, which contributes to healthy communities. The Further Alterations to the London Plan recognise how sustainable design and construction can contribute to the good health of Londoners (para. 4.52). This is reinforced by the SPG to the London Plan on *Sustainable Design and Construction* which recommends a number of building specific measures to benefit the health of building occupiers (e.g. managing internal air quality, introducing natural light into buildings, etc).

Recognising health inequalities

The Draft Further Alterations to the London Plan recognise the health inequalities that exist in London and how providing facilities and addressing barriers to work (e.g. good public transport, skills development opportunities, etc) can help to tackle them (para. 3.62i). Policy 3A.14 *Addressing the needs of London's diverse population* states that policies in Development Plans should identify the needs of the diverse groups in their area, including the provision of healthcare facilities.

Health inequalities in London are dealt with in more detail in the *Health Issues in Planning: Best Practice Guidance (2007)*. This guidance document sets out how planning decisions can directly and indirectly improve health and reduce health inequalities through the following topics:

- Good quality and affordable housing;
- Transport;
- Employment and skills training;
- Education and early life;
- Access to services;
- Community safety;
- Liveability, public space and urban realm;
- Air, water and noise quality;
- Access to fresh food; and
- Climate change.

Sustainable Design and Construction recognises that overheating in London associated with the urban heat island effect can result in increased morbidity in vulnerable groups such as the very young and the elderly, people with long term limiting illness, the disabled and people with health problems (Section 2.2.3 of *Sustainable Design and Construction*).

Taking into account relevant health strategies and plans

Consistent with PPS12, which requires local planning authorities to take account of relevant plans and programmes, the Draft Further Alterations to the London Plan require Development Plan policies to promote the objectives of the NHS Plan, the 'Choosing Health' White Paper, Local Delivery Plans and Modernisation Programmes and the delivery of health care in the borough (Policy 3A.17 *Health objectives*). The NHS and Local Delivery Plans, for example, set out how the NHS will improve the health of the local population and narrow inequalities in health (para. 3.82 of the Draft Further Alterations to the London Plan).