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02 March 2018

NHS England London Region's response to the Mayor's London Plan

Dear Sadiq Khan, Mayor of London,

Thank you for the opportunity to feedback on your London Plan. We welcome the draft plan and value the increased focus on health, particularly the wider determinants of health. This is a great opportunity to work across the system, and to jointly address the needs of Londoners.

We support the London Plan and have provided feedback on areas we feel need greater commitment along with highlighting new areas for consideration.
NHS Property Services will be providing a separate response, on our behalf, to address NHS estates and the London Plan.

Together we can work to make London the healthiest city in the world. Our strengthened working arrangements through the devolution agreement and the health and care strategic partnership board can show the value of operating at a local level to improve Londoners' health. Together, we can ensure that each of the capital's residents receive the best possible health and care services in a sustainable and efficient system.

We look forward to working with you to build a city that works for all Londoners.

Yours sincerely,

[redacted]

Professor Jane Cummings
Regional Director
NHS England (London)

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1. Chapter 1: Planning London's Future (Good Growth Policies)

We welcome the focus on inclusive growth and addressing inequality within this chapter. We recommend that the social infrastructure section of the plan recognise the potential for public sector organisations (e.g. Local Authorities and NHS organisations), which are often rooted in specific geographic areas, to serve as anchors within their community, contributing to the wider development of their area through added social value – including but not limited to strategic concerns around employment and procurement. This would reflect the policy in the culture section of the draft plan (Policy HC5) which references promoting clusters of cultural institutions where they can act as anchors for local regeneration and town centre renewal.

1.1. Policy GG3: Creating a healthy city

We would encourage the development of a universal set of 'health indicators' which can be used by local authorities when assessing applications for major developments.

The plan should also reflect the importance of loneliness, and social isolation, by encouraging 'prosocial' public spaces and lifestyles. Measures might include co-housing, extra-care facilities in accessible locations, non-commercialised public spaces, and other community facilities

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

It would be useful to prioritise safe and accessible active travel routes (e.g. cycle lanes, walking routes, etc). These should be prioritised throughout the Greater London area, including suburban areas. This would promote active travel in London's outer boroughs and not just central London.

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

Planning and regeneration can play a key role in developing healthy towns and communities, and offer a unique opportunity to bring together health and regeneration. The choices made now will influence the behaviours and independence of future generations, for example access to green spaces, including cycle paths, good transport networks which could assist in reducing car use and encouraging physical activity.

Additionally poor air quality has a negative impact on health across all ages, particularly for those with heart and lung conditions. Therefore, promoting active travel will also assist in reducing air pollution.

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

Infrastructure planning should take into consideration availability of open and good quality green spaces that can enhance wellbeing outcomes for all ages, and especially those of children. It is important that there is provision and maintenance of play/exercise equipment for all ages, activation and promotion of using assets, route finding/waymarking from local residential areas to increase engagement with green spaces and green infrastructure. It is also important that consideration is given to having green streets outside formal parks and green space (e.g.. trees, verges). Additionally, safe child friendly green spaces will promote public confidence and encourage families and carers to use these.

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

Evidence suggests that minor indoor interventions can have a positive health impact particularly for vulnerable groups, such as those with existing health conditions (e.g. children with asthma and those with cardiovascular conditions) and people with poor mobility. Therefore it is important that along with adequately heated homes, the indoor environment in social and affordable housing also enhances overall wellbeing (e.g. reduces risk of falls or installation of smoke alarms to reduce risk of injury through fire).

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

It may be useful to consider environmental factors other than food outlets that could have adverse effects on health, such as the clustering of low cost alcohol retailers, gambling and bookmakers, etc, particularly in areas of high deprivation.

Additionally it would be useful to promote healthier choices in public and private buildings through vending machines which encourage consumption of low sugar and low saturated fat food and drinks.

2. Chapter 3: Design

2.1. Policy D6: Optimising housing density

We support proposals to increase the density of existing residential areas of high transport accessibility, particularly in currently low-density outer boroughs. Research has shown that dense, mixed use (incorporating shops, community facilities etc) neighbourhoods increase walkability and reduce car dependency.

The plan could however do more to ensure that this planned densification yields truly mixed use areas to live and work which encourage physical activity. To achieve this, we recommend that the ‘Use Class’ system is used to build in flexibility of uses for

entrepreneurial and alternative activity (e.g., temporary community uses or pop-up enterprises that encourage communities to walk locally rather than travelling by car).[1]

3. Chapter 4: Housing

3.1. H15: Specialist older persons housing

The focus on housing and accommodation for older Londoners is very welcomed and supported. Underpinning any form of accommodation is the need to ensure optimum independence along with 'wrap around' access to services (health, social care and the third sector) when needed.

With this in mind, we wish to highlight that older people are not a homogeneous group. Accommodation therefore needs to be focussed on personal preferences; it needs to be age sensitive in design; accessible and located in settings that are acceptable to older people. Older people need to be central in the co-design process, along with this, commissioning and provision of older people's housing need to be integrated, with older people central to all decision making.

Models such as intergenerational care villages (as developed in Holland) should be considered as a model of 'good practice' and explored as a potential option.

3.1.1. Section 4.15.3: Specialist Accommodation

Shared accommodation in residential and nursing care should be the last option. The provision of such accommodation and subsequent delivery of care should focus on integrated commissioning and provision with 'wrap around' services aiming to proactively support wellbeing, skilled therapeutic care and proactive clinical management.

3.1.2. Section 4.15.9: Dementia

Consideration should be given to the evidence that support therapeutic environments for care - examples include the work undertaken by the Kings Fund, University of Stirling and University of Bradford.

3.1.3. Section 4.15.10: Residential nursing care accommodation

It is recognised that care home and domiciliary care providers are under significant pressure both from a quality and financial perspective. With a wide spectrum in the quality of provision across the capital along with different approaches to commissioning and provision, sustainability and transformation partnerships (STPs) provide an opportunity to develop new ways of working through integrated care systems. This allows for a larger, at scale approach across wider geographic localities without losing the focus on 'local' need.

Where appropriate, London wide solutions should be sought to address common themes that include capacity, workforce, variation in the quality of

[1] The 'Use Class' system defines that areas earmarked for residential development can generally only include housing.

provision, funding and commissioning. Demand will not only be led by increasing numbers of older people, but also due to individuals being appropriately discharged from hospitals with higher acuity levels, sometimes requiring a more specialist level of care.

4. Chapter 5: Social Infrastructure

4.1. Policy S2: Health and social care facilities

We agree that London's health care services are vital to maintaining and improving Londoners' quality of life, and we welcome the proposals within Policy S2.
We welcome the reference to taking the 'One Public Estate'[2] approach to managing health and care estates in the enabling infrastructure section (Chapter 11) and the general focus on supporting the delivery of efficient and effective healthcare estates in Policy S2. This is generally in line with the Government's recently published response to the Naylor review of NHS estates. However we believe the plan could do more to support one recommendation approved by Government by including specific reference to supporting the NHS to develop surplus land into homes for NHS staff. The Government's response stated this was a focus in areas where cost of housing has an impact on staff retention so has particular relevance to London.

In addition to its significant estates, the NHS is also a major employer, and buyer and transporter of goods. As a result of this, it has a significant carbon footprint. We expect London's health organisations to reflect the principles of the London Plan in their organisations' Sustainable Development Management Plans, detailing how they will minimise any negative impacts the organisation has on population health through their environmental, social and economic footprints. We recommend that the plan (Policy S2) requires Local Authorities and CCGs to work together, identifying where they can help deliver their respective sustainable development plans. We would also support the inclusion of a specific reference acknowledging that every NHS organisation holds these plans, in order to increase awareness of them amongst Local Authorities

4.2. Policy S3: Education and childcare facilities

4.2.1. Section 5.3.6: Special education needs and disability provision

Local authorities and clinical commissioning groups (CCGs) should be consulted, along with relevant user groups, especially if the schools will be providing in-reach healthcare. The improvement of schools should be intertwined with the work of STPs and special educational needs and disability (SEND) provision, to create a multi-agency partnership to support accessible and inclusive designs across the capital. Specifically, fully accessible bathroom facilities for those with special educational needs and disability should also be promoted within local authority and CCG areas. There is a lack

[2] One Public Estate (OPE) is a national initiative managed by central Government to enable public sector organisations to 'rationalise their asset and estates management'. This includes encouraging public sector bodies to share buildings where appropriate.

of facilities for people who require them and this restricts and limits SEND access to the community. If schools are to be open for access this would be a great opportunity to get more of these toilet facilities in use. There is a lack of provision for children and young people on the autism spectrum, both within mainstream provision and especially a lack of specialist provision for autistic young people with behaviour that may challenge others. In designing space, both within mainstream and specialist provision, it is essential that there be adequate access to functional outdoor space to learn and play is essential. Extensive worldwide scientific research into the benefits of outdoor learning versus indoor learning for children with autism points to the many benefits of outdoor play and learning for all children in terms of health, wellbeing and overall learning and development. Research on the physical benefits of exposure to nature has highlighted that time spent outdoors can help fight attention deficit hyperactivity disorder (ADHD). Psychologists have linked contact with nature to restored attention, recovery from mental fatigue and enhanced mental focus.

The following inclusive design principles underpin projects:

- Access – simple, clear layouts
- Space – more space is often needed for mobility aids, small group work, personal care, storage etc.
- Sensory awareness – thinking about acoustics, visual contrast, use of colour, light, sound etc.
- Enhancing learning through designs that take into consideration furniture, fittings and equipment support and promote optimum communication
- Flexibility and adaptability – eg. movable partitions to create flexible space
- Health and well-being – eg. ventilation, specialist medical and therapy facilities, effective hygiene and infection control
- Safety and security – eg. zoning to reflect different functions, security
- Sustainability – eg. designing schools relevant to local situations and needs

4.3. Policy S6: Public Toilets

Evidence reflects that older people, vulnerable groups and those with children are more likely to leave the house if they have confidence that there is provision of public toilets. These population groups are more likely to have health issues caused or worsened by physical inactivity

5. Chapter 6: Economy

5.1. Section 6.8.3: Life sciences

The Academic Health Science Networks (AHSNs) are vital to ensure London's global competitiveness now and in the future and will rely on an improved and fit for purpose infrastructure. Most of the 15 AHSNs' digital initiatives do not involve major infrastructure changes; however they will rely on the Mayor to support the growth of the tech and digital sector across all of London. Much of what is detailed below will support the case for change.

5.1.1. University College London Partners

UCLPartners have set out digital health as one of the key priority areas across their domains and work streams over the next five years. Their university, industry and clinical partners are at the leading edge in developing innovative digital technologies in important areas including AI and machine learning, augmented reality (AR) and leveraging social media to improve patient experience. For example, the telehealth and telecare group at City University led the way in developing and evaluating home-based monitoring and support for patients with long term conditions (LTCs).

UCLP has a strong track record in supporting the development, evaluation and implementation of digital innovation. In addition to scoping new technologies that match the greatest healthcare and social needs for patients and users, UCLP now has world leading experience in running innovation accelerator programmes such as the NHS Innovation Accelerator (NIA) and DigitalHealth.London together with collaboration and delivery within Care City. Digital innovation embedded across primary care is key to delivering population health improvement.

UCLP's approach to reducing the time taken for digital innovation to be adopted in everyday practice is based on:

- Helping to create an environment ready to adopt innovation for NHS entrepreneurs, and digital campaigns
- Helping individuals, teams and organisations to learn from each other

Existing/continuing work

UCLPartners has used its convening role to set up a joint forum across the 5 STPs in the region to collaborate and work together. This will have multiple benefits including:

1. Adding value to support the implementation of local digital roadmaps
2. Sharing learning from the local Global Digital Exemplars (GDEs) and fast followers and supporting the new call anticipated for local health and care record exemplars (LHCREs)
3. Working with academic and research partners including Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) and

university partners to build an evaluation and evidence base that allows informed decision making on which digital solutions should be adopted and spread rapidly

4. Ensuring system wide alignment with local, regional and national priorities.

Having developed strong relations, trust and a track record of consistent delivery across the North East London geographic footprint means UCLP are well placed to act as a digital innovation hub as set out in the Life Sciences Industrial Strategy.

Health Data Research UK

UCLP are supporting a pan London consortium bid to Health Data Research UK working across five of the world's leading universities to use health and biological data to improve patient outcomes in areas including actionable analytics, genomics embedded in healthcare (building on UCLP's track record as the highest recruiter for the 100,000 genome project (22.5% of national recruitment) and public health (particularly in improving the outcomes for hard to reach groups including the homeless and migrant populations).

NHS Innovation Accelerator (NIA)

25 of the 36 NIA innovations are digital, ranging from self-care apps and platforms to population risk stratification tools to genome analytics software. As such the NIA provides a national resource of carefully selected digital solutions represented by innovators committed to capturing and sharing their insights on scaling innovation in the NHS. NHS Digital and NICE, for example, have engaged with NIA Fellows/innovations to help inform the BETA versions of national digital infrastructure including the NHS Apps Library (e.g. myCOPD, Owise, BrushDJ) and the first wave of Healthcare App Briefings (e.g. Sleepio).

5.1.2. Imperial College Health Partners (ICHP)

The focus of the ambition of this AHSN is to support the digital strategy of the NHS by making the offer clearer, seeking to speed up the process of learning, as such focus will be on the following areas:

- Supporting uptake of digital innovation working with the NHS in relevant regions, including with STPs and ACS';
- Supporting innovators and brokering links with NHS members;
- In AI, playing a role in mapping current activities and proposing new work;
- Helping establish Digital Innovation Hubs; and,
- Using regional connections, convening power and expertise to undertake commissioned activity, to help partners including NHS England, NHS Improvement, and NHS Digital accelerate uptake and solve issues in the digital and AI space.

ICHP has been closely involved in the development of the digital INN and have worked in this area for some time, not least as co-founders of

DigitalHealth.London (DH.L). The INN document sets out the generic functions and we propose that specific contributions will be as follows:

- Continue to fund DH.L to provide the front door for companies and the NHS. In particular, ICHP are collectively providing a brokering, scouting and networking space;
- Continue to support the companies on the DH.L accelerator with the aim to raise funding to maintain the programme beyond the ERDF funding. One of ICHP's provider members has taken on six of the innovations, reaching 13,000 patients;
- Work with partners in NWL on specific priority areas which are currently diabetes, AF and outpatients but will evolve over time as part of the demand led model;
- Provide a tailored scouting and product assessment function for members using extensive national and international networks. Given the complexity of the digital market place this is increasingly a vital function; and
- Continue to work alongside the STP digital group to support the implementation of the proposed plans. An ongoing example is the work underway on behalf of the radiography community in the sector. ICHP have provided a matchmaking service to experience cutting edge AI solutions for image recognition.

5.2. Policy E9: Retail, markets and hot food takeaways

5.2.1. Point C

London's prevention partnership, which includes NHS England and our partner agencies, is particularly supportive of the policy in the plan that prevents new hot food takeaways opening within 400 metres walking distance of an existing or proposed primary or secondary school (policy E9, page 257, chapter 6).

We care about this because the NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050 (UK-wide) with the associated costs to society estimated to reach £49.9 billion every year. London has the highest rate of obesity in 10-11 year olds in England (23%) and, although there are some signs of improvement, the primary driver for obesity in children remains the increasing consumption of high sugar and fatty foods. The number of fast food retail outlets in London is increasing with the annual rate now at 10% and there is a high proportion of chicken shops in more deprived areas. Fried chicken shops are the new staple of London's high streets. An example of this is in the London Borough of Newham, one of the most deprived boroughs in the capital, which has over 258 hot food takeaway outlets; of which over a quarter are fried chicken shops.

Finally, 2.1 million Londoners talked to us through the 'Great Weight Debate' and our findings identified access to healthy affordable food as a top priority for Londoners too.

In addition to supporting the commitments outlined in the plan, we know from 'Obesity and the environment: regulating the growth of fast food outlets' (2014) that most 'authorities have used a distance of 400m to define the boundaries of their fast food exclusion zone, as this is thought to equate to a walking time of approximately five minutes. However, in Brighton and Hove this was found to be inadequate to cover the areas actually used by pupils: an 800m radius is used as it covers significantly more lunchtime journeys'. We would welcome exploring with the Mayor and partners in health and local authorities whether we could be more ambitious in the London Plan commitment for the benefit of Londoners and their health.[3]

6. Chapter 10: Transport

6.1. Policy T2: Healthy Streets

It is encouraging to see the recognition of wider determinants of health as wide-reaching and varied, extending far beyond traditional healthcare facilities. Good sleep, however, is not mentioned despite being an important contributor to positive health outcomes. We believe the plan should address the impact that development can have on the sleep of local communities by requiring developers to include appropriate mitigation for occupants through the planning process; such as restricting the hours during which construction takes place.

We also encourage the Mayor to cover the management and maintenance of the public realm in the plan, not just its design, as a means to encourage physical and social activity. Local Planning Authorities should be encouraged to use Community Infrastructure Levy (CIL) funds creatively in this regard.

6.1.1. Section 10.2.3: Healthy Streets Approach

Children should specifically be addressed within the Healthy Streets approach. Developing pathways to support greater physical activity through walking and cycling, would be a contribution to the reduction in childhood obesity. We would also propose that routes to schools be prioritised.

6.1.2. Section 10.2.6: Strategic-planning level

The planning of other community infrastructures, such as new health facilities, will also be important to ensure that walking, cycling and public transport are the first choice of travel.

6.2. Policy T5: Cycling

We would encourage the inclusion of a requirement for the provision of cycling facilities for children within all residential and commercial developments.

[3] A more detailed response to Policy E9 can be found in Appendix 1

7. Chapter 11: Funding the London Plan

7.1.1. Section 11.1.36 to 11.1.40: Health Facilities

We welcome the reference in paragraph **11.1.37** to the Healthy Urban Development Unit (HUDU) model to help calculate infrastructure requirements, costs and developer contributions. It is vital that the NHS continues to receive a commensurate share of s106 and Communal Infrastructure Levy (CIL) developer contributions to help address demand driven by population growth and deliver localised transformation plans.

We note that section **11.1.40** recognises that s106/CIL and the Estates and Technology Transformation Fund (ETTF) represent only a small proportion of the capital required to deliver a modern and fit for purpose NHS estate in London, and that additional sources of funding will be required. The release of value from the reconfiguration and disposal of sites will be important in contributing to closing this gap. These and other matters will be part of the key focus of the London Estates Board.

Finally, we encourage the Mayor to promote a robust method of ensuring the provision of health and healthcare facilities is considered as an intrinsic element of any medium to large housing development early on in the process. As part of this we support the early inclusion of health care professionals in conversations on emerging proposals. To minimise variation in the way that different CCGs or STPs respond to planning consultation we would also encourage the introduction of a standardised mechanism within London to ensure local planning authorities (LPAs) and health representatives are communicating effectively. We suggest LPAs appoint a single ‘health liaison officer’ (as is sometimes the case with arboricultural matters) to encourage joined-up ways of working.

Appendix 1 – Detailed response to Policy E9

The findings from an independent evaluation of The Great Weight Debate helped inform the draft London plan.

Nine out of ten of more than 2,500 Londoners who responded to the Great Weight Debate survey said tackling London's childhood obesity epidemic should be either the top or a high priority for the capital.

Londoners were asked to list the top three things that they thought made it harder for children to live healthy lives in their area, with 60% ticking 'too many unhealthy food and drink options', 44% ticking 'too many fast food shops' and 33% ticking 'safety concerns for children (not letting them play outdoors unsupervised)'.

Cheaper healthy food and drink, support for families to cook healthier food, limits on the number of fast food shops and less marketing and advertising of high fat and surgery food and drink were the top four factors that Londoners felt would support children in the capital to lead healthier lives.

The UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

London has more seriously overweight children than New York, Sydney, Paris or Madrid. The capital also has more obese children than anywhere else in England. More than a third are overweight or obese by the time they leave primary school.

The primary driver for obesity in children is the increasing consumption of high sugar and fatty foods.

The number of fast food retail outlets in London continues to increase and the annual rate increase is now 10% with a high proportion of chicken shops in more deprived areas.

Fried chicken shops are the new staple of London's high streets. For example the London Borough of Newham, one of the three most deprived boroughs in London, has over 258 hot food takeaway outlets, of which 28% are fried chicken shops.

Being overweight or obese puts children at increased risk of a range of health problems, including high cholesterol, high blood pressure, pre-diabetes, bone and joint problems and breathing difficulties. It can also affect a child's mental well-being, lead to low self-esteem and absence from school. Children who are obese are also much more likely to become obese in adulthood.

The Great Weight Debate findings are being used to inform every London borough's childhood obesity action plan and also informed the devolution deal for London, which now puts the capital in stronger position to tackle the childhood obesity crisis.

Healthy London Partnership is also now working with fast food shops, businesses and communities in three London boroughs (Southwark, Lambeth and Haringey) to pilot their ideas for making high streets healthier for children and young people through the Healthy High Streets Challenge.

In addition to supporting the commitments outlined in the plan, we know from 'Obesity and the environment: regulating the growth of fast food outlets' (2014) that most 'authorities have used a distance of 400m to define the boundaries of their fast food exclusion zone, as this is thought to equate to a walking time of approximately five minutes. However, in Brighton and Hove this was found to be inadequate to cover the areas actually used by pupils: an 800m radius is used as it covers significantly more lunchtime journeys'. We would welcome exploring with the Mayor and his partners in health and local authorities whether we could be more ambitious in the London Plan commitment for the benefit of Londoners and their health.

Attached is the supporting document which provides all the evidence behind the proposals including the information regarding the 400m perimeter.

Also attached for information the map of London with the 400m zones around all schools shown which as you will see coverage is quite extensive because of the density of London– as you will see from the map if this was extended to 800m this would cover all of London.

london_plan_topic_paper_on_hot_food_ta

Schools_within_400m_buff_2017.pdf

Appendix 2 – Healthy New Towns

This programme involves working with 10 demonstrator sites to test how new housing developments can improve health through the built environment and deploy new models of care in areas with no legacy constraints. The Barking Riverside demonstrator site is the only one in London and involves the construction of 10,800 homes between 2017 and 2031. The site has recently received £500m of funding for community facilities (including a new combined health and leisure facility), parkland and transport links from the Mayor of London and L&Q (the developer)[4]. To date, the site has carried out a range of work aimed at improving health outcomes including: developing 10 healthy place making principles and incorporating them into their section 106 agreement and launching a 'pop up' research laboratory in partnership with UCL, which will test research appropriate interventions for Barking and Dagenham to improve health, access and mobility. The site is also working to ensure an appropriate health offer is available from when the first occupiers move in through to when it is fully occupied.

We have already engaged with the Greater London Authority (GLA) and would like to strengthen this relationship over the following year to ensure health and health inequalities are given sufficient weight as part of new developments. We are keen to engage with the GLA throughout the production of our guidance publication (detailing the rational and instructions for developing healthier places) to help shape it and identify opportunities to work together to deliver the recommendations / findings. We believe the guidance publication will assist the GLA in thinking about design (Chapter 3), housing (Chapter 4), social infrastructure (Chapter 5) and green infrastructure (Chapter 8) as part of delivering future developments.

[4] https://www.london.gov.uk/press-releases/mayoral/mayor-and-lq-to-invest-500m-in-barking-riverside