



# Public Health England

Protecting and improving the nation's health

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Rt Hon Sadiq Khan  
Mayor of London  
City Hall  
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02 March 2018

Dear Sadiq,

## **Re: Draft London Plan**

Public Health England (PHE) supports the ambition outlined in your London Plan for those involved in planning and development to address wider determinants of health, tackle health inequalities and improve the mental and physical health of Londoners.

The linkages between health and the built and natural environment have long been established and its role in shaping the social, economic and environmental determinants of health is increasingly recognised. However causal links between built environment and health are often complex and influenced by numerous, sometimes conflicting, factors. To ensure all Londoners enjoy a good quality of life will require sustainable communities which combine action on these factors<sup>i</sup>.

As you know, in March 2015, London partners collectively signed up to ten joint aspirations<sup>ii</sup> outlining what needs to be achieved to improve the lives of Londoners and achieve the shared ambition of London becoming the world's healthiest major global city. These aspirations built on the recommendations of the 2014 London Health Commission<sup>iii</sup> which articulated how London can close the health gap and achieve the necessary radical upgrade in prevention and public health outlined in the Five Year Forward View<sup>iv</sup>.

The London Health and Social Care Devolution Memorandum of Understanding (MoU)<sup>v</sup> was signed by Secretary of State (SofS) for Health and London partners in November 2017 with the aim of enabling the widest and fastest improvement in the health and wellbeing of Londoners. The MoU commits to action on preventing ill health including action on wider determinants of health including planning and housing.

London has the widest health inequalities in England. Through the publication of the Mayor's draft Health Inequalities Strategy Better Health for All Londoners<sup>vi</sup> you have outlined a commitment to ensuring that health and health inequalities are systematically considered in the development of your new strategies, including the London Plan.

### Creating a healthy city

- The London Plan is important in ensuring that different elements that make up a healthy place to live are looked at together; and that an integrated approach is taken to the design of high quality places for people to live.

- We support clause D of policy GG3 on Creating a Healthy City which requires the health and wellbeing impacts of development proposals to be assessed and refers to the use of health impact assessments (HIA). However, it is unclear whether the clause applies to all types of development proposals, or just major or strategic applications. At present, there is no supporting text which refers to the use of HIA, nor is there a definition in the glossary. We suggest that clause D is reworded to read “Use Health Impact Assessments to assess the potential impacts of major development proposals on the health and well-being of communities in order to mitigate any potential negative impacts and maximise the potential positive impacts including reducing health inequalities and improving overall health and well-being”.
- Consideration could also be given to whether the promotion of an Integrated Impact Assessment, which would also incorporate a Sustainability Assessment, Strategic Environmental Assessment and Equalities Impact Assessment, would be beneficial in aligning these processes and limiting workload and duplication. Early undertaking of Impact Assessments should also be encouraged.

#### Healthy food environment

- London partners remain committed to action on childhood obesity, consistent with recent national plans<sup>vii</sup>. In support of this approach, London partners have agreed through the devolution MoU to explore the interaction between planning policy and London’s health and wellbeing objectives.
- This is in support of London’s ambition to change the obesogenic environment to make the healthier choice the easier one. London has more overweight and obese children than New York, Sydney, Paris or Madrid. More than a third are overweight or obese by the time they leave primary school<sup>viii</sup>, highlighting the need for action. The London Great Weight Debate highlighted strong public support to change our high streets away from proliferation of unhealthy food and drink.
- PHE endorses policy E9C which sets out a requirement for development proposals containing hot food takeaway uses where they are within 400 metres distance of an existing or proposed primary or secondary school. It is recognised that this policy approach will help support wider initiatives to tackle childhood obesity. We suggest that the wording is amended to ‘shortest’ walking distance, given recent planning appeal decisions in Lambeth. Consideration should also be given to the potential for an increase in use of takeaway delivery services during peak school times and how this can be minimised.
- Clause C also encourages boroughs to consider whether it is appropriate to manage an over-concentration of A5 hot food takeaway uses within Local, District and other town centres through the use of locally-defined thresholds in Development Plans. Paragraph 6.95 goes further and states that the proliferation and concentration should be carefully managed through Development Plans, particularly in town centres that are within Strategic Areas for Regeneration which tend to have higher numbers of these premises. We consider that the policy should be strengthened to align with the supporting text. Different approaches to measure proliferation and concentration should be considered, for example Croydon’s ward density approach.

- The London Devolution MoU committed partners to explore options to further restrict the advertising and marketing of unhealthy food and drink in specific locations based on health harm. Consideration should be given to opportunities for the London Plan to facilitate action on this ambition.
- Policy E9D is supported in requiring compliance with the Healthier Catering Commitment for development proposals for A5 hot food takeaways and collaboration on an evaluation of this policy would be welcomed by PHE.
- Policy D7M states: ‘Ensure the provision and future management of free drinking water at appropriate locations in new or redeveloped public realm’. Encouraging people to drink more water in London is in line with government ambitions to reduce childhood obesity and PHE supports this policy. As part of this provision prioritisation of the most deprived areas of London for free drinking water sites would be also welcomed.
- Consumption of sugar sweetened drinks, compared to non-sugar sweetened drinks, results in greater weight gain and increases in body mass index in children and adolescents due to increased energy intake. Encouraging the consumption of drinking water is in line with the Healthy Schools London programme<sup>ix</sup> which encourages children to drink unsweetened drinks regularly throughout the day to reduce sugar intake.

#### Healthy streets

- Policy T2 on promotion of the Healthy Streets approach and reducing the dominance of vehicles on London’s streets in development plans is welcomed and could bring health benefits through increased physical activity through encouraging walking or cycling<sup>x</sup>, providing a safe and cleaner environment with less noise and improved air quality. In London 44% of adults aged 40 to 60 walk less than 10 minutes continuously each month at a brisk pace<sup>xi</sup>.
- Facilitating a shift toward greater active travel will require the necessary infrastructure and further consideration of provision of cycle parking and park and ride options in outer London would be welcomed.

#### Mental health and suicide prevention

- Policy GG1(C) is welcomed to provide and improve public spaces in order to encourage a sense of belonging and where communities can develop and flourish. This has the potential to support ambitions to increase social integration, reduce loneliness and improve mental wellbeing for all ages within local communities in support of the ambitions of Thrive London to improve the mental wellbeing of Londoners<sup>xii</sup>.
- PHE states the importance of incorporating suicide prevention measures in the design stage of all new public buildings, multi-storey car parks, bridges and other infrastructure projects and to make it a condition of planning consent<sup>xiii</sup>. It would also be welcomed to extend similar consideration to atriums within buildings.
- In relation to Policy D8, reference to the potential impact of tall building design on suicide prevention and reducing access to the means of suicide would be welcomed.
- In relation to building design, PHE recommends particular consideration be given to lighting. There is strong evidence that increasing the likelihood of intervention by a third party during a

suicide attempt, for example by improving lighting which can eliminate hiding places or make suicidal individuals conspicuous<sup>xiv</sup>, taken with other interventions significantly reduced the number of suicides per year<sup>xv</sup>.

- PHE welcomes the inclusion of Policy H15 in consideration of specialist housing for people living with dementia. In line with Mayoral priorities and the commitments of the Prime Minister's Challenge that by 2020 over half of people with dementia will be living in dementia-friendly communities<sup>xvi</sup> PHE suggests Policy H15 be extended to bring dementia-friendly communities into scope.

### Infrastructure and environment

- Policy D1 on London's form and characteristics covers a range of issues and areas relating to form and characteristics but sadly doesn't refer to supporting health and well-being. It is suggested that an additional clause under A could be added 11 support mental and physical health and well-being and an additional clause 7 to B incorporate construction and design methods and details which support health and well-being including energy efficiency, noise insulation, suicide prevention, and accessibility.
- Additional supporting text should be included highlighting how the form and character of places and buildings can have a significant impact on mental and physical health and well-being. High quality design, effective sound insulation, safe and inclusive design all contribute to good health. However, design should also seek to minimise social isolation, with effective use of public areas, and good lighting and measures to help prevent suicides and accidents.
- Access to and engagement with the natural environment is associated with numerous positive health outcomes, including improved physical and mental health, and reduced risk of cardiovascular disease, risk of mortality and other chronic conditions<sup>xvii</sup>.
- There is unequal access to green space across England with people living in the most deprived areas being less likely to live near green spaces<sup>xviii</sup> and ambitions on reducing inequalities and improving health outcomes for the most deprived should be considered in delivery of Policies G1, G4 and D13 Part B on green infrastructure and local green, open and quiet space.

### Air quality

- Policy SI1 is welcomed to improve air quality which can, in turn, protect human health and minimise inequalities. Long term air pollution exposure is detrimental to cardiovascular and respiratory health. In London, the air pollution encountered has been suggested to cut short 9,416 lives a year<sup>xix</sup>. Older people, children and those with pre-existing illness are more vulnerable to the adverse health effects of air pollution.

### Housing

- The considerate design of spaces and places can help to promote good health; access to goods, services and employment; and alleviate, or in some cases even prevent, poor health<sup>xx</sup>. Health is not experienced equally in London and this is partly explained by housing conditions.

- In delivery of Policy D4 on Housing Quality and Standards, the potential impact of safety, noise and acoustic privacy, indoor air quality, indoor temperatures, natural light, access to high quality green infrastructure, accessibility, indoor and outdoor space and neighbourhood design on health outcomes throughout the life course should be considered. The Plan should acknowledge that the quality of new housing across all tenures plays a key role in influencing the health and well-being of future residents and that the housing standards in Policy D4 and supporting guidance are important to help improve Londoners' health.

### Noise

- Policy D13 is welcomed to improve and enhance the acoustic environment by reducing noise and promoting good acoustic design and appropriate soundscapes. Long term noise exposure affects health, wellbeing, productivity and the natural environment, and has a significant social cost<sup>xxi</sup>.
- We welcome the requirement (in part B) to identify and protect Quiet Areas in parts of Metropolitan Open Land and local green spaces as access to quiet and tranquil spaces has a positive impact on mental health and wellbeing.

### Economic growth

- Ambitions in the London Plan for fostering inclusive economic growth are welcomed as a key strand of work needed to tackle health inequalities. Meaningful work or other activity is one of the most important determinants of health. Equally, a healthy workforce is essential to productivity and in turn growing a good economy in London. Moving into employment can have a transformative effect on the lives of those with poor mental health. Better investment in tackling worklessness will likely lead to better outcomes for the individuals transitioning into employment, their families and their wider local communities<sup>xxii</sup>.

### Night-time economy

- While we are supportive of proposals to boost the night-time economy, further consideration of how health will be considered in this process would be welcomed. HC1 B could be strengthened to: delivering positive benefits that sustain and enhance the historic environment, as well as contributing to the economic viability, accessibility and environmental quality of a place, and *to health* and social wellbeing.
- Policy HC7 clause A (2) sets out how boroughs should “support proposals for new public houses to stimulate regeneration, cultural quarters, the night-time economy and mixed-use development, where appropriate.” We suggest that clause A (2) of this policy is deleted as it does not add to the protection of public houses and potentially could exacerbate issues created by significant concentrations of licensed premises.

### Monitoring and evaluation

- Additional indicators to measure health outcomes and impacts would be welcomed as part of the London Plan alongside those already indicated. These should align with those adopted through the Mayor's Health Inequalities Strategy. A list of relevant indicators including from the Public Health Outcomes Framework is outlined below.

- Where available at lower spatial level, developers should be encouraged to use this information during the planning process to consider targeted interventions, for example the onsite provision of public parks where the development is in an area of open space deprivation, or a more systematic approach to requiring community facilities in new areas identified as having high levels of reported social isolation / loneliness.

Creating a healthy city	<ul style="list-style-type: none"> <li>• <a href="#">Healthy life expectancy at birth (Male)</a></li> <li>• <a href="#">Healthy life expectancy at birth (Female)</a></li> <li>• <a href="#">Life expectancy at birth (Male)</a></li> <li>• <a href="#">Life expectancy at birth (Female)</a></li> </ul>
Childhood Obesity	<ul style="list-style-type: none"> <li>• <a href="#">Child excess weight in - 10-11 year olds</a></li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• <a href="#">Self-reported wellbeing - people with a low satisfaction score</a></li> <li>• <a href="#">Self-reported wellbeing - people with a low worthwhile score</a></li> <li>• <a href="#">Self-reported wellbeing - people with a low happiness score</a></li> <li>• <a href="#">Self-reported wellbeing - people with a high anxiety score</a></li> <li>• <a href="#">Social Isolation: percentage of adult social care users who have as much social contact as they would like</a></li> </ul>
Built Environment	<ul style="list-style-type: none"> <li>• <a href="#">Percentage of physically active adults - current method</a></li> <li>• <a href="#">Percentage of physical inactive adults</a></li> <li>• <a href="#">Utilisation of outdoor space for exercise/ health reasons</a></li> <li>• <a href="#">Killed and seriously injured by cars</a></li> </ul>
Environment	<ul style="list-style-type: none"> <li>• <a href="#">The rate of complaints about noise</a></li> <li>• <a href="#">Percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime</a></li> <li>• <a href="#">The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time</a></li> <li>• <a href="#">Fraction of mortality attributable to particulate air pollution</a></li> </ul>
Night time economy	<ul style="list-style-type: none"> <li>• <a href="#">Admission episodes for alcohol-related conditions - narrow definition</a></li> </ul>

Yours sincerely,



Yvonne Doyle CB MD  
Director for London

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