

PLANNING FOR A HEALTHIER URBAN ENVIRONMENT IN TOWER HAMLETS

HEALTHY BOROUGH PROGRAMME
HEALTHY SPATIAL PLANNING PROJECT

Recommendations Summary Paper

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1. BACKGROUND

Tower Hamlets was awarded 'Healthy Town' status in 2008 and associated Government funding under the Healthy Community Challenge initiative until early 2011 to enable it to tackle health inequalities including obesity. The borough was one of nine Healthy Towns nationally and the only one to be successfully awarded in London. This detailed report along with the accompanying summary paper is derived from the evidence base for the Spatial Planning Project under the Healthy Borough Programme.

Overall, people within Tower Hamlets not only suffer from one of the worse levels of deprivation in the country but also ill-health challenges and a poor quality environment. The latter can have significant influence on health including general wellbeing arising from how and where people live. Research and policy focus on the links between health and planning in the past have included:

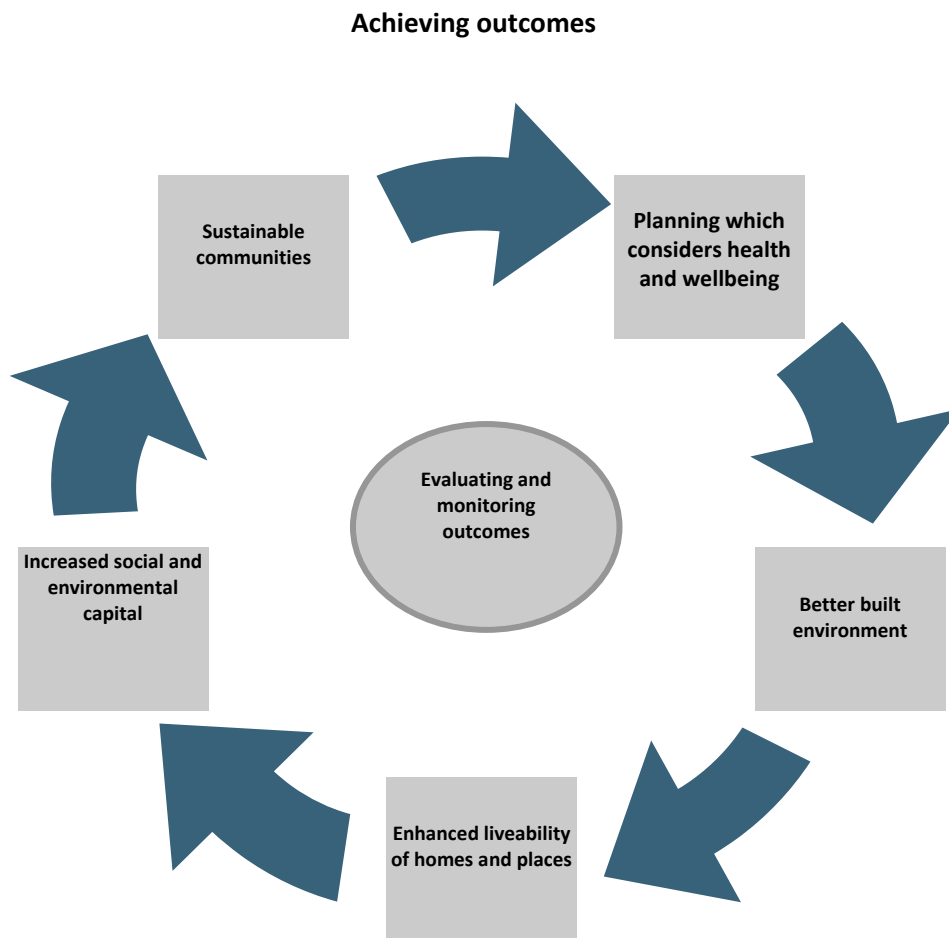
- Healthy Cities Programme initiated by the World Health Organisation (WHO) from the mid-1980s onwards
- *Healthy Urban Planning* by Hugh Barton and Catherine Tsourou published in 2000
- *Delivering Healthier Communities in London* by the NHS London Healthy Urban Development Unit (HUDU) in 2007
- *Good Practice Note on Delivering Healthy Communities* by the Royal Town Planning Institutes (RTPI) in 2009
- *The Social Determinants of Health and the Role of Local Government* by the Local Government and Improvement and Development Agency (IDeA) in 2010, and
- *Review of Health Inequalities in England post 2010* by Professor Sir Michael Marmot

Town or spatial planning is the means by which places are managed including the development and use of land. There is clear potential for spatial planning to have significant influence on health including wider determinants (i.e. impact on health arising from where and how people live) contributing towards a built environment which helps to support healthy living and mental wellbeing. This is recognised in the *London Plan (2011)* the spatial plan for the capital, and the *Draft National Planning Policy Framework (2011)* which seeks to simplify and consolidate national planning policy. The former treats health as a cross-cutting theme with links to a range of policy areas. The Plan contains strong policy statements on health improvement and reducing health inequalities as well as support for health infrastructure provision. The latter outlines the social role for planning in creating good quality built environments which reflect the community's needs and aspirations including wellbeing.

This report reviews health and its association with sustainability, the role of local government in advancing the health and wellbeing, evidence on the impact of planning as well as possible interventions to help improve outcomes for the local population.

2. RECOMMENDATIONS

Spatial planning decisions have profound impacts on the health and wellbeing of communities. If these impacts are to be optimised, the scope for delivering positive long-term health and wellbeing outcomes must be recognised and specific policies adopted to achieve this. The recommendations outlined in the following pages will assist or help realise the objectives outlined in the diagram below.



While there exists significant information and guidance on planning and health, a continued practical problem has been the need for practical tools or instruments to ensure that desired policy objectives can be translated into healthy developments on the ground (this is what this piece of work tries to address as an initial step). These are structured around key themes identified in the Kings Fund and HUDU joint report as well as the Marmot report and follow-on from the Homes and Communities Agency adopted Quality Standards checklist. These are separated into two categories i.e. housing and external impacts (see tables). They include areas such as housing design, outdoor pollution and transport, green and active space, and lastly sustainability and climate change.

Planners are under considerable pressure to deal with planning growth, associated workload, political as well as governmental considerations including budget constraints and pressures to process applications within appropriate timetables. Within this framework, planning can often be seen to be driven by rules and processes. There are also significant challenges in not over burdening developers with regards to demands, examples include multiple assessment studies and expenditure of unnecessary resources that are not relevant to mitigating the negatives impacts of proposed developments. All these factors generate competing and conflicting interests, whereby health, wellbeing and liveability can be overlooked without being realised. It is essential therefore that these elements are mainstreamed into the planning process as far as possible to help inform developers of requirements and enable planning officers to consider health and wellbeing more robust.

Potential tools for addressing health issues identified		Health issues potentially addressed
Housing	<p>1) Code for sustainable Homes (4 and above). This incorporates:</p> <ul style="list-style-type: none"> ▪ Sustainable design and construction of units ▪ A high degree of insulation and energy efficiency ▪ Homes that are accessible and adaptable to people’s changing circumstances (optional up to level 5) ▪ Considers daylight, sound insulation and flood risk 	<ul style="list-style-type: none"> ▪ Respiratory disease – preventing cold/damp homes ▪ Mental health – ensuring daylight, sound insulation and overcrowding is prevented
	<p>2) Building for Life (14 and above), assess how well homes and neighbourhoods are designed, these include:</p> <ul style="list-style-type: none"> ▪ Access to community facilities ▪ Building design and layout ▪ Social/tenure mix ▪ Access to public transport/cvertical cling provision ▪ Environmental sustainability/impact 	<ul style="list-style-type: none"> ▪ Cardiovascular/obesity – better design to enable walking and cycling ▪ Mental health – by providing social tenure mix for balanced communities, and positive environmental conditions
	<p>3) London Housing Design Guide, provides advice on:</p> <ul style="list-style-type: none"> ▪ Shared circulation, lift provision ▪ Car parking, cycle storage, refuse ▪ Minimum internal floor space (50 sqm for a 1 bed flat) ▪ Circulation in the home ▪ Dinning/kitchen area (23 sqm for a 1 bed flat) ▪ Bedroom size (8.4 sqm for a single bed flat) ▪ Provision of wheelchair accessible entrance level WC with drainage enabling a shower to be fitted in the future ▪ Bathrooms designed to incorporate ease of access to bath, WC and wash basin ▪ WCs capable of taking adaptations 	<ul style="list-style-type: none"> ▪ Mental health – by providing sufficient space for privacy, mobility in terms of physical access and use of facilities ▪ Obesity – by providing a sufficient space in the kitchen area to prepare and store food
	<p>4) Secure by Design, reviews planning application in light of:</p> <ul style="list-style-type: none"> ▪ Improve safety by considering design related crime and safety (helping mental health and wellbeing). 	<ul style="list-style-type: none"> ▪ Mental health – by addressing the fear of crime ▪ Cardiovascular/obesity – by enabling people to walk/cycle outside
	<p>5) Provision of affordable homes, via targets and design guidance help to ensure:</p> <ul style="list-style-type: none"> ▪ Residential stability and prevention of crowding 	<ul style="list-style-type: none"> ▪ Mental health – by addressing overcrowding

	Potential tools for addressing health issues identified	Health issues potentially addressed
Outdoor pollution & transport	6) Air quality assessment: <ul style="list-style-type: none"> Assessment of major developments and potential impacts including additional pollution from road traffic and demand on natural resources 	<ul style="list-style-type: none"> Respiratory disease – by limiting or helping to reduce air pollution
	7) Sustainable travel/transport: <ul style="list-style-type: none"> Car free developments Green travel plans Cycling/walking routes Public transport 	<ul style="list-style-type: none"> Cardiovascular/obesity – through facilitating cycling and walking
Green and active space	8) Protection of existing open, green space and parks: <ul style="list-style-type: none"> Using planning policy outlined in the national planning policy (PPS9 and PPS17) as well as regional planning policy guidance including London Plan (2008) on Metropolitan open land, Blue Ribbon Network, children and young people’s plan and amenity space. 	<ul style="list-style-type: none"> Cardiovascular/obesity – to enable walking, cycling, and play activities
	9) Creation of new green spaces: <ul style="list-style-type: none"> Development and implementation of the Green Grid project as outlined in the LDF Core Strategy to help promote active and healthy lifestyles. 	<ul style="list-style-type: none"> Mental health – by providing green space Cardiovascular/obesity – to enable walking, cycling, and play activities.
	10) Promoting opportunities for sport and physical activity: <ul style="list-style-type: none"> Use Sport England guidance on active design to promote active recreation 	<ul style="list-style-type: none"> Cardiovascular/obesity – to enable physical activity
Sustainability and climate change	11) Sustainable development: <ul style="list-style-type: none"> As outlined in PPS1 and Policy 2A.1 of the London Plan, there is a need to consider sustainability as part of any development Renewable energy (including 20% onsite as set out in the London Plan) Zero carbon developments Code for Sustainable Homes (see above) Sustainable travel/transport (see above) 	<ul style="list-style-type: none"> Respiratory disease - by limiting or reducing air pollution
	12) Flooding prevention measures: <ul style="list-style-type: none"> Drainage systems Appropriate run-off areas Green space, green/brown roofs 	<ul style="list-style-type: none"> Mental health – by mitigating against flooding

3. KEY POINTS

The recommendations outlined from this report as a result of the review process are structured around: 1) assessments to help evaluate development schemes; 2) ensuring homes are sustainable and healthy; 3) design support for health and wellbeing; 4) involving residents; and 5) influencing development at an early stage.

1. ASSESSMENTS TO HELP EVALUATE DEVELOPMENTS

- Health Impact Assessment (HIA) to be carried out on Area Action Plans (AAPs), master plans and large scale regeneration developments.
- Use of Building for Life (BfL) assessment for sustainable neighbourhoods at the application and post-occupation stages to gauge how well developments have integrated and delivered positive outcomes.
- BfL assessments should be carried out for all major residential applications (150 plus units) with a minimal rating of Level 14 (good) or above at the planning application stages.

2. ENSURING SUSTAINABLE HOMES ARE HEALTHY

- All new homes should be assessed against the health and wellbeing criteria set out in the Code for Sustainable Homes (CfSH), the national standard to guide industry in the design and construction of sustainable homes.
- All developments to meet at least Level 5 of Code for Sustainable Homes to ensure homes are healthy.
- Lifetime Homes Standard (mandatory at Code Level 6) should be considered by developers to ensure that homes are adaptable in meeting the needs of occupants at different stages of their life.

3. DESIGN SUPPORT FOR HEALTH AND WELLBEING

- A proactive approach to design should promote the health and wellbeing of new residents.
- Design and Access Statements should outline how health and wellbeing have been considered.
- Ensure sufficient design expertise and capacity to help with the delivery of a high quality environment and restrict opportunities for developers to dilute design quality when individual planning consents are granted.
- Use of the Mayor of London's Interim Housing Design Guide and Housing Supplementary Planning.
- Guidance to ensure provision of good quality and liveable homes for all.

- To facilitate flexibility, developers and registered social landlords should be encouraged to adopt modular housing design to facilitate future changes in housing needs within the borough.
- Drawings submitted for developments at the application stage should reflect real size furniture by having standard size tables, chairs, sofas and beds. This will help visually inform purchasers of new homes as to room size, layout and circulation space.
- There should be reasonable storage space for occupants including household appliances, clothes and personal belongings. There should also be sufficient space for food storage and preparation while separate kitchen and living space should be the norm. Where open plan kitchen and living space layouts are proposed these should be justified.
- The concept of ‘active’ design should be pursued by designers and developers including for example designing welcoming stairwells, informal play areas, walking and cycling routes to enable people to be physical active in their daily lives.
- Access ramps and lifts should be able to accommodate use of a ambulance trolley beds where practicable, for example ISO standard 13 person lifts should always be provided in the rectangular configuration as this can accommodate a trolley bed as apposed to the square configuration which cannot.

4. INVOLVING RESIDENTS

- Along with review of BfL assessment at post-occupation stages, qualitative information via sample interviews should be gathered from residents on how well developments have contribution towards sustainability and liveability within their localities.

5. INFLUENCING DEVELOPMENT AT AN EARLY STAGE

- Pre-application discussions and consideration of health impacts should take place with developers before scheme initiation where possible and the use of assessments including BfL and CfSH should be monitored to ensure that they are effective in delivering desired outcomes.
- Currently developers are not accountable for the long-term impacts of their development on their occupants. There should be a long-term study of health impacts arising from the construction and occupation of individual developments, which could be funded by developers via Section 106.

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