



NHS London Healthy Urban Development Unit

Tara Butler
Future Merton Team
London Borough of Merton
London Road
Morden SM4 5DX

29th January 2021

Dear Tara,

Response to Merton's Local Plan Regulation 19 Stage 2a Consultation

This representation forms the formal response prepared by the NHS London Healthy Urban Development Unit on behalf of South West London Clinical Commissioning Group and emerging Integrated Care System. The Council's continuing commitment to improving the health and wellbeing of the community and the recognition of the contribution the planning process can make is welcome.

This letter sets out comments on specific policies and issues within the consultation document, however, we hope to continue discussions with the Council in relation to this response and the implementation of the plan. The plan reflects many of the challenges and opportunities for improving the health and wellbeing of the community and for the health service in delivering the NHS Long Term Plan, Merton Health and Care Together plan and the Borough Health & Care Estates Strategy.

Where possible comments are set out under the relevant chapter/section for ease of reference, however some do not necessarily fit within this format. Red italics are used where specific changes to policies are proposed to comply with the NPPF, the London Plan and deliver the vision set out in the draft plan

Comments focus on suggested amendments considered necessary for the Local Plan to be 'sound', to ensure that the health infrastructure is sufficient to meet the increased needs of a growing population and deliver the good growth aspirations in the draft plan and for clarity and accuracy.

Chapter 02 Good Growth Strategy

We welcome the strategy recognising the growing health inequalities in the borough and the multifaceted nature of the challenge in addressing this. The recognition that improving access to medical facilities is only part of the answer with improving social

and physical environment important is also welcomed. This should be reflected consistently throughout the plan.

We support the key priorities for the borough, particularly ensuring sufficient infrastructure, tackling health inequalities and promote healthy living, however for these to be deliverable and for the plan to be sound, we propose modifications to wording in later chapters.

The principles of walkable neighbourhoods should apply across the borough and not only in some areas, (referenced under Raynes Park and West Barnes sections), as should high quality design which if considered holistically contributes to physical and mental health and wellbeing.

Chapter 03 Urban Development Objectives

We broadly support the Strategic Objectives.

Strategic Objective 4 d) however appears to be repeated under Strategic Objective 5 b).

Strategic Objective 5 e) current reads “assessing the impact of major development on physical and mental health and wellbeing to maximise the positive impacts and minimise adverse impacts”.

It is important that the focus is on ensuring that developments contribute positively to the health and wellbeing of new and existing residents, and therefore we suggest that the objective should read “*developments will contribute positively to the physical and mental health and wellbeing of new and existing residents with adverse impacts mitigated where necessary*’. The assessment of proposals is the mechanism for ensuring that development achieves this objective.

It is essential that health and wellbeing are considered at the initial design stage of development and not later in the process when options are limited. A requirement for all major developments to be accompanied by a Health Impact Assessment, with the level of detail dependent on the nature and scale of the development would be welcomed. Guidance on HIAs can be found on the NHS HUDU website <https://www.healthyurbandevelopment.nhs.uk/our-services/delivering-healthy-urban-development/health-impact-assessment/>.

Chapters 04 – 09 Area Strategies

The South West London Clinical Commissioning Group together with NHS providers via the Merton Borough Estates Group (MBEG) have been working with the Council to assess the impact of the Local Plan’s expected growth and geographical distribution on health infrastructure and contributed to the preparation of the Infrastructure Delivery Plan. However, development may not take place as set out in the local plan in terms of phasing and location and therefore it is important that the Council, SWLCCG MBEG continue to work together to identify the impact of development and regularly update the IDP. This will be important to reflect challenges and opportunities arising from the Covid-19 pandemic which are still emerging.

We recognise that the different areas face distinct challenges and opportunities however, this does not explain the variation in the policies in relation to health and wellbeing. Where these would support the vision and objectives borough wide then they should apply across all areas, either through a borough wide policy or being repeated in each section. For example Policy N3.6 clause i) (Wimbledon chapter page p 7) would be relevant to all areas.

N3.6 i. Improving health and wellbeing by promoting walking and cycling: making the town centre more attractive, greener, safer, easier to get around for pedestrians and cyclists.

Some area chapters refer to healthy streets, however, again this is not consistent throughout the plan.

Many of the site allocations in these chapters refer to 'health' as a potential use, however, for the NHS the priority is to improve and expand the capacity of existing health infrastructure wherever feasible, provide new infrastructure where required and dispose of inappropriate infrastructure to meet the needs arising from the growth in the local plan and of the community as a whole. The Merton Borough Health and Care Estates Strategy sets out the anticipated programme for the NHS estate in the borough, and is reflected in the Council's Infrastructure Delivery Plan. It is important that this is updated to reflect new challenges and opportunities, and support the NHS Long Term Plan, the Merton Health and Wellbeing Strategy and the Merton Health and Care Together Plan.

However, it is important that all the site allocations refer to mitigating demands on health infrastructure.

Comments with respect to specific site allocations in these chapters are set out below.

Mitcham

This chapter includes site allocations for three current NHS sites. We set out proposed changes below. This include clarification of existing uses and an approach which will provide sufficient flexibility for the NHS to respond to the challenges of a growing and changing population and provide modern facilities in accessible locations.

Site Mi2 Birches Close, Mitcham, CE4 4LQ Mitcham, CR4 4LA

This site currently accommodates adult and children and adolescent mental health services. The site has never provided space for primary care services and therefore it is inappropriate for the allocation to include a requirement for primary care facilities before residential development takes place. We suggest reference to relocation of the existing services in line with the Merton Health and Care Together Plan.

Site allocation: Residential, following *the relocation of existing services in line with the Merton Health and Care Together Plan* the completion and opening of a primary healthcare facility that will be provided at the Wilson Hospital site as part of the health and wellbeing campus. To

~~ensure that primary healthcare provision is delivered in this area and that there is no loss of potential NHS sites until this happens, the new primary healthcare facility must be built and operational before redevelopment can progress on the Birches site. Site allocated in Merton's Sites and Policies Plan 2014 as Site Proposal 21.~~

The first paragraph under the design and accessibility guidance should be deleted.

~~Design and accessibility guidance: To ensure that primary healthcare provision is delivered in this area and that there is no loss of potential NHS sites until this happens, the new healthcare facility must be progressed before redevelopment can progress on the Birches site.~~

Site Mi18 Wilson Hospital Cranmer Road, Mitcham, CR4 4LD.

The current building is unfit for modern health facilities and would require substantial investment to redevelop to provide 21st century health infrastructure. The site accommodates mental health and social prescribing services which serve a wider catchment area. The allocation should provide flexibility for the services to be re-provided elsewhere and the site being for residential use. Any relocation would involve improving services, potentially co-located/integrated with other uses and in a more accessible location.

Site allocation: Healthcare with community and enabling residential development, *or residential if the existing services are relocated within an alternative healthcare facility in the wider Mitcham area.*

The first paragraph under design and accessibility guidance should be deleted:

~~Development of the site an opportunity to provide a health centre and a community health hub in a neighbourhood with health inequalities and poor health~~

SITE Mi12 Sibthorpe Road Car Park, Mitcham, CR4 3NN

This allocation refers to town centre type uses. Given the substantial change in retailing, and the concern with the decline in town centres the allocation should also refer to community and health uses which can also contribute to the town centre's viability and vitality. (PPG Paragraph: 001 Reference ID: 2b-001-20190722)

Site allocation: Town centre type uses retail, food and drink, professional services, *community and health uses* and residential on upper floors.

Morden

Site Mo4 Morden Regeneration Zone

We support the site allocation including a health facility as a policy requirement given the level of housing and population growth in the Regeneration Zone and the wider area. All developments in the catchment area should be required to contribute to the cost of delivering this facility mitigating their direct impact on health infrastructure.

We ask that the site allocations are amended to make this requirement explicit. Site allocations refer to mitigation required, for example, 'potential parking, traffic and road

safety impacts on neighbouring streets and local amenity must be part of any development proposal’.

We also support the allocation for **Site Mo5 Morden Road Clinic and Morden Hall Medical Centre, Morden Road SW19 3DA.**

Raynes Park

Site RP1 Amity Grove Clinic, Amity Grove, SW20 0LQ

The site allocation, refers to the existing use as ‘medical clinic’. This should be amended to ‘vacant former health clinic’, as the site has not been used for health services for several years, with the various services having relocated to the Nelson Health Centre (SW20 8DA). The site allocation currently reads “Community use (Clinics, health centres, crèches, day nurseries, day centre) or residential if the community service is provided elsewhere”. Given the health services have re-located we suggest the allocation is amended to read “*Residential use*”.

To ensure the Local Plan is ‘sound’ the Council needs to ensure the infrastructure required to support the growth in the Local Plan is delivered (NPPF). Amending the site allocations within each of the chapter policies to consistently include ‘Mitigation measures for potential impacts on health infrastructure must be part of any development proposals.’

Chapter 15 Infrastructure

We welcome this chapter, however Policy IN16.2 Social and Community Infrastructure clause bii) should be amended to be in conformity with the Publication London Plan Policy S1 F 2)

b. Support and encourage the most effective use of social and community infrastructure, to support the changing priorities and needs in the borough. b. Require any proposals involving the loss of social and community infrastructure to clearly demonstrate:

- i. that the loss would not create, or add to, a shortfall in provision for the specific use, through providing a Community Needs Statement; and
- ii. that there is no viable demand for any other social and community infrastructure use on the site, through providing marketing and vacancy evidence for a period of at least 12 months *unless it forms part of public sector transformation plan.*

We suggest the following changes to paragraphs 16.1.53 – 16.1.54 for clarity and inclusivity.

16.1.53. The Merton Borough Health and Care Estates Strategy is currently being collaboratively revised by the Merton Borough Estates Group and updated, with the final document to be approved by the Merton Health & Care Together Board. The draft Strategy sets out the vision and priorities for health and care premises in Merton to

support clinical priorities and align with the new Local Plan. The Strategy looks to support enabling independence, good health, wellbeing and accessible person-centred care, through a partnership approach across the borough. *Although Merton does not have an Acute or Mental Health hospital within its boundaries, the strategic priorities of key partners have been included in the document because they impact on Merton patients who attend those services.*

16.1.54. The Strategy includes an up-to-date assessment of the following sites in the borough and sets out the future health priorities based on the projected population and housing growth

- GP surgeries.
- Primary Care Networks.
- Properties owned by NHS Property Services, *Community Health Partnerships, private landlords* and other providers; and
- Vacant and underutilised health spaces.

Chapter 16 Places and Spaces in a Growing Borough

Strategic Policy LP D5.1

Placemaking and Design

This policy is broadly supported however, reference to design being required to support physical and mental health and wellbeing should be incorporated. This could be through amendments to clause iv

iv. That it enhances social cohesion *and mental and physical wellbeing* through creating buildings, spaces and environments that are long-lasting and adaptable through time, where people will choose to dwell;

Tall buildings

The Mayor and the NHS support the ambition for zero suicides and there is significant evidence relating to the role that tall buildings may play in increasing opportunities for suicides. We ask that an additional clause is included to ensure that tall buildings are designed to prevent suicide.

Proposed additional clause ix)

ix) Incorporate mitigation measures to help prevent suicide and accidental falls for example anti-climb methods, fences, barriers and rails, these will be well designed and should be integrated into the overall design of the building.

Public Health England's (PHE) paper Preventing suicides in public places provides further information.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769006/Preventing_suicides_in_public_places.pdf.

Chapter 12 Health and Wellbeing

Strategic Policy HW2 .1 Health and Wellbeing

This policy is supported.

Policy HW2.2 Delivering healthy places

We welcome the inclusion of this policy; however, we suggest that this is revised to give greater certainty of what is required for developers and also to help the delivery of the plan's vision and objectives.

We propose changes to this policy to ensure it is positively worded to contribute to the vision and objectives set out earlier in the plan, and for clarity for all those involved in the planning process. This includes using 'require' in place of 'expect', and a lower threshold for development in deprived area. Communities in more deprived communities have fewer years of healthy life and shorter life expectancy (PHE/NHS Digital) and therefore it is important to use all opportunities to improve mental and physical health and wellbeing to tackle health inequalities. Amendments could be through an additional clause or revision to the other clauses.

The Council ~~expect~~ *requires* development proposals to improve and promote strong, vibrant and healthy communities.

- a. The Council will ~~expect~~ *require* development proposals to:
 - i Contribute towards the health priorities of Merton Health and Wellbeing Board and partners to help reduce health inequalities across Merton.
 - ii Incorporate the Transport for London (TfL) Healthy Streets Approach as part of development proposals in accord with the design, housing, environment, economy and other policies in this plan that address the wider determinants of health and improve quality of life.
 - iii Encourage opportunities for food growing such as allotments, community gardens and other innovative food growing spaces as part of development proposals.
- b. The Council will:
 - i Use the Healthy Streets Approach to priorities health and wellbeing in planning decisions.
 - ii In line with Policy DM TC 7.11, manage and monitor proposals for new hot food takeaways found within 400 metres of the boundaries of a primary or secondary school to promote the availability of healthy foods. Where any development proposals involving hot food takeaways are permitted, the Council will require the operator to achieve and operate in compliance with, the Healthier Catering Commitment standard.
 - iii Require all ~~substantial~~ developments of 100+ residential units ~~and or~~ over 10,000m² nonresidential development to carry out a Health Impact Assessment (HIA).

Require a health impact assessment for major developments of over 50 homes in areas of multiple deprivation and health inequalities or identified within Merton's Joint Strategic

Health Needs and /or the Merton Health and Care Strategy as priorities for tackling health inequalities.

Additionally The Council may require a HIA for the following developments:

- If 1 or more hot foods takeaways are proposed.
- Major developments in areas identified by the Ministry of Housing, Communities and Local Government (MHCLG) Indices of Deprivation of being areas of multiple deprivation and health inequalities or.
- Cumulative impact - proposed development is in an area with ~~several~~ *two or more* other major developments planned or started.

All developments should be considering how they maximise their positive contribution to health and wellbeing, and this should be at the feasibility and conception stage and not at planning application stage. The Council's emerging HIA guidance should reference the different types of assessment, and provide examples of how early consideration of health and wellbeing can make a substantial difference.

Much can be done to maximise positive contributions to health and wellbeing for relatively small schemes and HIAs should not be restricted to developments over 100 + homes or over 10,000sqm of non-residential development. Most of the borough's planning applications are for smaller schemes and therefore to deliver the plan's aspirations the Council needs to ensure smaller schemes contribute positively to the mental and physical health and wellbeing of all communities.

We look forward to working with the Council in delivering the vision for the borough. Please do not hesitate to contact me to discuss any of the matters raised in this response.

Yours sincerely,

Mary Manuel

Mary Manuel
Head of the NHS London Healthy Urban Development Unit