

Merton Council's Health Impact Assessment for the Estates Plan  
March 2017

# Contents

1	Introduction .....	3
2	Purpose of a Health Impact Assessment .....	3
3	Planning context .....	3
4	Public Health context .....	4
5	The Estates Local Plan .....	5
6	The development options .....	5
7	HIA consultation.....	6
8	HIA Stages .....	6
9	HIA Screening Assessment.....	7
10	Types of HIA .....	8
11	HIA Scoping Assessment .....	8
12	Assessment and Appraisal.....	11
13	Appraising the Plan .....	24
14	Decant strategy.....	25
15	Recommendations .....	26

# 1 Introduction

- 1.1 This document is Health Impact Assessment for the Council's Estates Plan which covers the regeneration of the three estates in the borough Eastfields (Mitcham), High Path (South Wimbledon) and Ravensbury (Morden). The council has to produce a Local Plan document with estate specific development polices for each estate. The Plan's purpose is to guide any development proposals for each estate that may come forward over the next 10 to 15 years. The Plan is design led with consideration to accessibility, housing densities and of course health and well-being to name a few in accordance with planning policies. The Statutory Development Plan for the borough is formed of the Mayor's London Plan 2016, Merton's Core Planning Strategy 2011, the South London Waste Plan 2012, Merton's Sites and Policies Plan 2014, and Policies map 2014. These, along with national planning policies, will inform any planning application submitted should regeneration take place.
- 1.2 There are three options regarding the estates and the options have been consulted on with the estate residents, neighbouring residents and other interested parties including statutory advisor bodies.
- 1.3 There are three development options for the three estates:
1. Demolish and redevelop the entire estate
  2. Partial redevelopment
  3. Invest in the existing properties to bring them to minimum modern standard
- 1.4 Therefore this HIA has two tasks: firstly to examine the development polices within the Estates Plan; and secondly, the development options for the three estates. In both scenarios looking at the likely health impact including on the wider determinates of health. A HIA is an assessment tool to assist with the assessment of the health and wellbeing impacts of policies, plans and projects, and then to help guide the mitigation of harms. This HIA incorporates national, regional and local planning and health policies, strategies and guidance.

# 2 Purpose of a Health Impact Assessment

- 2.1 The purpose of HIA is to promote sustainable development by integrating health (including mental health) and wellbeing considerations into the preparation of plans or strategies; by identifying the key health and wellbeing issues and the groups that are likely to be affected by the implementation of the Plan or the development options. The HIA will be used to assess each stage of the Plan making process and make recommendations to mitigate identified negative impacts, to enhance the proposals or to secure a positive impact.

# 3 Planning context

- 3.1 The link between planning and health is well established. The built and natural environments are major determinants of health and wellbeing. The National Planning Policy Framework (NPPF) has three dimensions to sustainable development: economic, social and environmental. These dimensions give rise to the need for the planning system to perform a number of roles:
- an economic role
  - social role
  - an environmental role
- 3.2 The NPPF (paragraph 17) states that within the overarching roles that the planning system ought to play, a set of core land use planning principles should underpin both -making and decision taking. One of the core principles is:
- ...take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs*
- 3.3 Policy 3.2: 'Improving health and addressing health inequalities' in the Draft Further Alteration to the London Plan (2016) provides a London-wide policy framework for integrating health and planning. The policy seeks to improve health and address health inequalities by requiring new developments to be designed, constructed and managed in a way that improves health and wellbeing and promotes healthy lifestyle to help reduce health inequalities.
- 3.4 The strategic objectives in Merton's Local (Core Planning Strategy 2011) that relate to health and wellbeing are:

### **Strategic Objective 5**

*To make Merton a healthier and better place for people to live and work in or visit*

- Regeneration of the three estates will result in the provision of a wider choice and mix of housing to meet the needs of all sectors of the community. This objective will be addressed by the provision of new neighbourhoods characterised by modern, sustainable, housing (including affordable) that will meet the needs of the local population, including those already living in the three estates
- Regeneration must also result in the development of multi-generational spaces that promote community, and where healthy choices are the easiest choice, including access to green spaces, healthy and affordable food, limiting access to alcohol, and increasing opportunities for physical activity and active travel

### **Strategic Objective 7:**

*To make Merton a well connected place where walking, cycling and public transport are the mode of choice when planning a journeys.*

- The Estates Local Plan seeks to do this by improving links into the surrounding area of each estate and the creation of safe, accessible and active street networks

## **4 Public Health context**

4.1 As well as the planning policy documents, the HIA will be informed by a number of health and wellbeing reports, such as:

4.2 Joint Strategic Needs Study (Merton JSNA, <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>) - A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, wellbeing and social care services within a local authority area.

4.3 Health and Wellbeing Strategy 2013-2014, and the refreshed Strategy 2015-2018 (<http://www.mertonpartnership.org.uk/mp-home/mp-themes/mp-healthier.htm>) – informs the commissioning of health and social care service and partnership work to address the social determinants of health in Merton. It provides the focus for partnership work of Merton’s Health and Wellbeing Board and determines its core area of influence.

4.4 The Health Needs of East Merton report (2014) – a study commissioned by Merton Public Health to look at the health and wellbeing needs in the east of the borough. Ward Health Profiles for the three wards where the estates are located: Abbey Ward (High Path), Ravensbury Ward (Ravensbury) and Figge’s Marsh (Eastfields) (<http://www.merton.gov.uk/health-social-care/publichealth/jsna/ward-health-profiles.htm>)

4.5 The Merton Joint Action Plan for Prevention of Childhood Obesity 2016-2019 – a three year joint action plan, sitting under the Health and Wellbeing Board, based on a whole systems approach to preventing childhood obesity, and building on considerable joint working with partners over 2015/16, especially through Merton’s participation in the Pan London childhood obesity thematic peer review process.

### **Other commissioned studies.**

4.6 Of particular importance are the seven core principles and four priority themes within Merton’s Health and Wellbeing Strategy 2013-2014:

- Core principles:
  - Supporting everyone to take greater responsibility for their health and wellbeing
  - Encouraging everyone to make a personal contribution
  - Raising aspirations
  - Recognising mental health as a cross cutting issue integral to wellbeing
  - Focusing on tackling the worst inequalities in health and wellbeing
  - Promoting equalities and diversity
  - Working in partnership and promoting integration to achieve more
- Priority themes
  - Giving every child a healthy start
  - Supporting people to improve their health and wellbeing
  - Enabling people to manage their own health and wellbeing as independently as possible
  - Improving wellbeing, resilience and connectedness

4.7 And the priority themes of the refreshed 2015-2018 strategy:

- Best start in life – early years development and strong educational achievement
- Good health – focus on prevention, early detection of long term conditions, and access to good quality health and social care
- Life skills, lifelong learning and good work
- Community participation and feeling safe

- A good natural and built environment

### Other relevant strategic work

4.8 As well as the documents above, the HIA will be informed by the developing East Merton Model of Health and Wellbeing (EMMoHWB):

- The EMMoHWB is a partnership effort to build a local sustainable model of health and social care that is asset based, focusing on the whole person, community and wider health and care system, which has a preventative and proactive approach at its heart and fully embraces health and social care integration as well as the important links into the social determinants of health such as housing.
- The EMMoHWB will form a blueprint for the whole Merton vision for Health and Wellbeing transformation, taking a whole systems approach to design and implement a model of health and wellbeing that meets the health and social needs of the population, stemming the increase in the significant inequalities in health outcomes between the east and west of Merton, and providing more equal opportunities for all residents of Merton to be healthy.

Implementation of the Model in East Merton centres on the re-development of the Wilson hospital. The intention is that the site becomes an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer time.

The redevelopment of the hospital site provides the opportunity for a strategic approach to management of the wider public sector estate in the borough along with local community assets.

The council with partners have secured funding from the One Public Estates that will enable finalisation of the Asset and Delivery plan for the Wilson site, as well as a study to explore additional options for estates rationalisation across public sector organisations, and test the opportunities for housing developments and regeneration. It is anticipated that training, employment opportunities and housing may be provided over time-addressing the wider determinants of health.

The draft CCG primary care strategy (September 2016) proposes a locality based approach to development and delivery of primary care services in Merton. It is proposed that 4 networks of health care providers each servicing approximately 50,000 people could be set up<sup>1</sup>. These networks which would include the Practices would form localities – two in the east and two in the west.

## 5 The Estates Local Plan

5.1 As part of the regeneration process, the council has prepared the statutory Estates Local Plan in consultation with residents (tenants, leaseholders and freeholders) and in partnership with *Clarion Housing Group*. The aim of the Estates Local Plan is to guide development planning applications for each of the estates. The Estates Local Plan will provide a detailed guide to where homes, businesses, streets and shops should be, what the area could look and feel like (for example, building locations and heights, amount of open space, footpaths) and what other services are necessary (for example, playgrounds, cycle parking) to create sustainable development areas for people to live and work.

5.2 The council has undertaken public consultations asking residents living within and near the estates including local businesses and any other interested parties who might be interested, what the issues are on each of the estates and which options are best to address them. The comments received have informed the Estates Local Plan's development towards adoption. .

## 6 The development options

The Estates Local Plan initially set out three options

### Demolish and redevelop the entire estate

6.1 Redeveloping the whole estate would mean demolishing and replacing the existing buildings to provide well designed energy efficient new homes and general improvement to the neighbourhood, including connecting to surrounding areas.

### Partial redevelopment

6.2 Retain some buildings and redevelop the majority of the estate to provide a number of benefits, such as well designed energy efficient new homes but with fewer benefits to the neighbourhood.

### Invest in the existing properties to bring them to minimum modern standard

6.3 Refurbish all Clarion Housing Group and leasehold properties to ensure they meet current minimum housing standards and have reasonable kitchens, bathrooms, windows, wiring and installation. All leaseholders would have to share the costs of this work. This would not include changes to the outside areas.

<sup>1</sup> Primary care hubs paper 1/6/16 author Ben Homer

## Outcome of the option appraisal

- 6.4 The case for regeneration was approved by Cabinet (November 2016), taking account of the findings of the Revised Sustainability Appraisal that demonstrated redevelopment/partial redevelopment as a preferred option. The options of refurbishment of the current homes were rejected as the use of the land could not be optimised to provide the required increase in the quality or quantity of accommodation on the Estates and the needs for the Borough could not be met - in terms of current housing needs and projected changes in population growth, particularly affordable housing.
- 6.5 The redevelopment/partial redevelopment offers the opportunity to diversify the housing mix enabling a broader cross section of groups within the community to be catered for, including the young, elderly and vulnerable groups. The provision of a new community space and improved accessibility within the estate and to the wider area will help to promote community cohesion. Redevelopment is likely to have a positive effect on socio-economic inequalities, offering the opportunity for the education and skills of the population to be improved through the regeneration of the area and the potential increase in opportunities for training and new skills both in the construction and operation of the development. The redevelopment also provides opportunities for the layout, urban design and landscape of the areas to be improved, including accessibility to the surrounding area and facilities.
- 6.6 The HIA focuses on appraisal of the redevelopment /partial redevelopment of the Estates. The HIA does not conduct an appraisal of the initial options

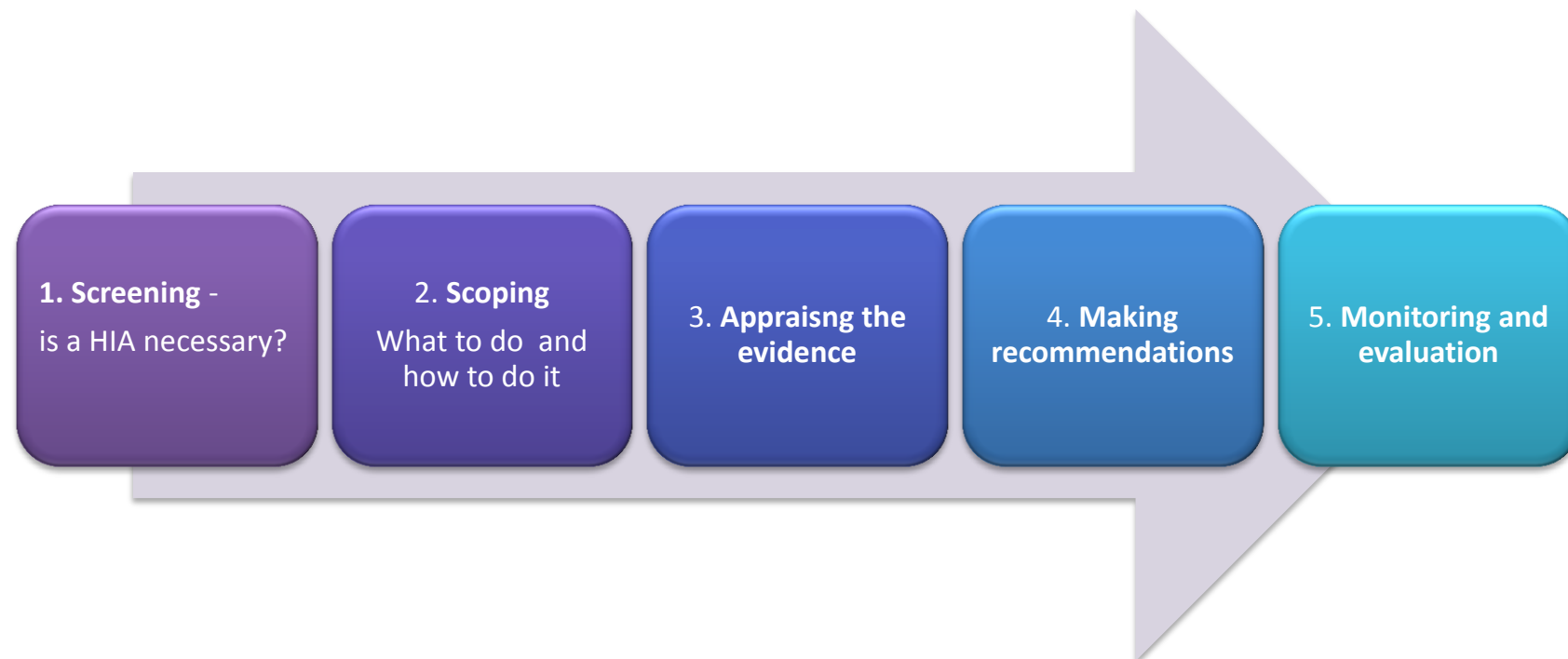
## 7 HIA consultation

- 7.1 All Merton's planning consultations are carried out in accordance with its Statement of Community Involvement (SCI) (2005). For the HIA (all stages) the council will be consulting with not only the public and interested parties, but also seeking the views from the following statutory bodies with responsibilities for health and wellbeing:
- NHS England (London)
  - Greater London Authority (GLA)
  - Merton Clinical Commissioning Group (CCG)
  - Merton Health and Wellbeing Board

## 8 HIA Stages

- 8.1 This section will be looking at the various stages of a HIA and explain what is required for each stage. As mentioned earlier, HIA's are an assessment tool to assist with the assessment of the health and wellbeing impacts of policies, programmes and projects. Figure 1, below outlines the five stages of a HIA:

Figure 1: HIA stages



- 8.2 *Screening*: determines whether a HIA is needed and whether it is likely to succeed and add value to a plan or strategy. As part of the screening a number of questions will need to be considered, for example:

- What type of project, program or policy decisions will the HIA address?
- What information is available
- What resources are available and what are the timescales

- 8.3 Screening necessitates an initial look at the potential impacts of a proposal//strategy on the local population and identifies any specific vulnerable groups that might be affected. If a HIA needs to be undertaken, the most appropriate type of HIA (e.g. desktop, rapid or full) needs to be determined at the screening stage.
- 8.4 *Scoping:* the main aim of the scoping stage is to establish the relevant criteria by which the proposals will be assessed. The criteria should relate to local priorities and needs as derived from community engagement and a profile of community health and wellbeing needs and facilities. It also needs to be established whether sufficient information is available to assess the proposals against the identified criteria.
- 8.5 *Assessment/Appraisal:* - involves two steps. Firstly, to establish a baseline of health and wellbeing of the population and vulnerable groups, for example those with disabilities who could be affected by the Estates Local Plan or strategy and to predict the potential health and wellbeing effects. Where an impact is identified, actions should be recommended to mitigate a negative impact or enhance or secure a positive impact. Secondly, to consider other (more indirect) conditions that influence the adverse impacts to health and wellbeing that could be affected by the or strategy, e.g. the local economy, air quality, access to open space, access to essential services, poor healthy lifestyles and lack of physical activities.
- 8.6 The assessment stage can involve a literature review, qualitative analysis and/or quantitative modelling. The assessment needs to identify not only the important health risks and benefits, but also their effect on vulnerable groups within the population (such as children, the elderly, people with chronic illnesses and ethnic groups, or those with low incomes). It is imperative that HIAs are conducted in an impartial, scientific way that identifies both the risks and the benefits associated with the Estates Local Plan.
- 8.7 *Recommendations (reporting):* This stage can guide decisions that protect and promote health and wellbeing. The actions required to integrate an HIA's analysis and recommendations into a decision making process will vary. In some cases, simply providing a thorough analysis that outlines the potential risks, benefits and costs of alternatives may help to make an informed decision that supports health and wellbeing.
- 8.8 In many cases, however, a HIA's ability to influence outcomes will require additional efforts, including the development of specific recommendations based on the analysis, as well as a health management plan that specifies who will implement each recommendation and how outcomes will be monitored going forward. Overall, a HIA should provide practical, specific actions that can be taken in order to promote health and avoid, minimise or mitigate adverse consequences.
- 8.9 *Monitoring and Evaluation:* this important step is often overlooked but it should be an integral part of the process after the proposals have been implemented. As the aim of a HIA is to inform decision making, it is a useful to evaluate how the information was used and whether or not it influenced decision making and developments. This will help to assess how effective the HIA process is in influencing decisions within a local authority.

## 9 HIA Screening Assessment

- 9.1 This HIA is assessing the Estates Local Plan which will meet the adopted strategic objectives in Merton's Core Planning Strategy (2011). It is not revisiting or assessing policies or strategies that have already been adopted. Figure 2 below establishes the planning policy context of the Estates Local Plan and its relationship with other plans and strategies it may have a link to:

Figure 2: Policy context

Section A – Policy content	
<b>Is the plan/programme/strategy new or existing?</b>	Yes, this is a new Plan for the three estates identified earlier in this report. The Estates Local Plan will sit within a suite of planning development s/documents/strategies which form part of Merton's Local Plan.
<b>Is the plan/programme/strategy a statutory requirement?</b>	Yes, the Estates Local Plan is a statutory requirement and once adopted will be part of Merton's Local Plan (Core Strategy 2011 and Sites and Policies 2014) and therefore, is required to be in conformity with the national, regional and local planning development policies.
<b>Are there links to existing strategies / s / programmes</b>	Yes, as well as Merton's Local Plan, this is linked to and is required to be in conformity with national, regional and local planning development s namely: The National Planning Policy Framework (NPPF) and associated guidance The London Plan 2016 Merton's Local Plan (Core Strategy 2011 and Sites and Policies 2014)  Furthermore, the Estates Local Plan is guided by Merton's Sustainable Community Strategy (SCS) and informed by the Joint Strategic Needs Assessment (JSNA), the Health and Wellbeing Strategy and the Strategic Objectives of Merton's Local Plan.
<b>At what stage is the /programme/strategy?</b>	Publication of the Estates Local Plan and associated sustainability appraisal for comments followed by submission to the Secretary of State for Communities and Local Government

## 10 Types of HIA

10.1 HIAs can be carried out at different levels depending on the complexity and expected impacts of the strategy or plan, and the timescales involved. There are essentially the following three types of HIA:

- A 'full' HIA involves comprehensive analysis of all potential health and wellbeing impacts
- A 'rapid' HIA is a more focused investigation of health impacts which considers both quantitative and qualitative evidence sources, including some stakeholder consultation.
- A 'desktop' HIA draws on existing knowledge and evidence to complete the assessment; often using a published 'checklist'.

10.2 Figure 3 below, sets out which type of HIA will be undertaken for the Estates Local Plan and the reasons for this decision:

**Figure 3:** Type of HIA

Determine type of HIA to be undertaken	
<b>Type of HIA to be undertaken</b>	<p>Desktop: in accordance with the guidance in the Major's draft Social Infrastructure SPG (2014) a desktop HIA would be appropriate for this Estates Local Plan.</p> <p>The Council is able to draw on a substantial amount of existing health and wellbeing knowledge and evidence, for example, Merton's Joint Strategic Needs Assessment (JSNA) is a 'live' document which is monitored and updated when new evidence presents itself. The JSNA analyses the health needs of the borough's population to inform and guide the commissioning of health, wellbeing and social care services within the borough. The JSNA underpins health and wellbeing strategies. The 'Health Needs of East Merton' study (2014) identifies the health needs of the population in the eastern half of the borough, which includes all three housing estates in the Estates Local Plan.</p> <p>The Health and Wellbeing Strategy (HWS) is reviewed every year, and was refreshed in 2015. The HWS sets the framework for commissioning plans across the NHS and the Council with key focus on the integration of services. The commissioning plans are 'held to account' by the Health and Wellbeing Board to make sure that they reflect the direction within the strategy.</p>
<b>Will community participation be undertaken as part of the HIA?</b>	None foreseen at this stage. This document and further iterations of the HIA will however be published at each statutory consultation stage for the Estates Local Plan.

## 11 HIA Scoping Assessment

### *Identifying vulnerable groups*

- 11.1 In Appendix 1 is a checklist of typical vulnerable / disadvantage groups as published in 'Health Impact Assessment: a practical guide to HIA'<sup>2</sup>. This guide also advises that the target groups identified as vulnerable or disadvantage will depend on the characteristics of the local population and the nature of the /strategy/proposal. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children living in poverty. This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages.
- 11.2 Merton is predominantly residential in character (42% of the area) but has a great variation in social mix and density of development, which is particularly prominent when comparing the eastern part of the borough with the western part. In this section the most vulnerable groups that could be affected by the Estates Local Plan will be identified but for a more in-depth study of health and wellbeing inequalities in Merton, refer to The Health Needs of East Merton study (2014) and Merton's JSNA (online).
- 11.3 The 2015 Indices of Multiple Deprivation show that Merton ranks 'very low' in terms of overall social deprivation compared to other London boroughs (28th out of the 33, where 1 is the most deprived) and the rest of England (213th out of 326). However, a number of pockets of deprivation exist within Merton. These pockets are mainly in the eastern wards (such as Cricket Green, Figge's Marsh, Pollards Hill and Ravensbury) and some smaller pockets in the western wards (Trinity, Abbey and Raynes Park).
- 11.4 Premature mortality (deaths under 75 years) is strongly associated with deprivation, with all wards in the east of the borough being more deprived and having higher rates of premature mortality when compare to the west of the borough.
- 11.5 Life expectancy in Merton is generally good however; there are differences when comparing the east and the west. In all wards in Merton men experience a shorter than average life expectancy than women. However, there are differences between some of the most deprived communities in the east of the borough compared with the communities in the west of the borough.

<sup>2</sup> Health Impact Assessment: a practical guide to HIA. Wales Health Impact Assessment Support Unit, November 2012.



- 11.6 These inequalities can be seen in differences in Circulatory Disease including Coronary Heart Disease (CHD) and Stroke, and Diabetes and for Chronic Obstructive Pulmonary Disease (COPD) across the different communities in Merton. Higher levels of these conditions are associated with areas of deprivation (generally the east of the borough) and are linked to higher levels of the major risk factors: smoking, hypertension and obesity.
- 11.7 There are also differences in incidence and mortality for all cancers, not only geographically but also between genders. This is reflected in differences in the prevalence of some of the main risk factors, such as smoking and obesity. Access to screening (the opportunity for early diagnosis) is below regional and national uptake.
- 11.8 In terms of smoking there are clear differences in rates within the borough with much higher levels again seen in deprived wards and communities. The levels of obesity and lack of physical activity are linked to deprivation in Merton and show an increasing trend that is of concern for future health.
- 11.9 Merton's Joint Strategic Needs Assessment (JSNA) highlights the following causes for concern:
- [Circulatory Disease](#): Under 75s death rate from Circulatory Disease (including Stroke) is higher than England and although the overall trend is downward there was a slight upturn in the last period and it is still the second biggest cause of premature death. The rate of stroke for under 75s increased for both men and women in the last period, although the overall trend is also downwards (2008-10).
  - [Diabetes](#): Diabetes recorded in primary care is 5.3% for the CCG overall, but ranges from 2% to nearly 10% by Practice. Comparing modelled to recorded prevalence of Diabetes suggests a proportion remains undiagnosed.
  - [Cancer](#): rates of deaths from Cancer in people aged under 75s have reduced, particularly for females, however it is still the main cause of premature death and inequalities remain with most deaths in the eastern wards.
  - [Respiratory Diseases](#): deaths from Respiratory Diseases have declined, but there are wide variations in hospital admissions by area.
  - [Mental Health](#): levels of depression are higher than for England, and although proxy measures for mental health outcomes are good, recovery rates following the use of Psychological Therapies are lower than England and London. This needs to be monitored in light of the potential impact of the recession on mental health and wellbeing.
  - [Sexual Health](#): Late diagnosis for HIV has increased to 46% in 2010 this is of concern particularly for Black African Communities and Men who have sex with men (MSM).
  - [Dementia](#): It is estimated that the rate of diagnosis of dementia in Merton is only 39%, which means that a proportion of older people are living with undiagnosed dementia.
- 11.10 Low birth weight is an important predictor of future health; a child with a low birth weight is more likely to die early or have poorer life outcomes than a child with an average birth weight. Low birth weight is more common for babies born:
- To mothers under the age of 20 and over the age of 40
  - In deprived areas
  - To parents from a low socio – economic background
  - To lone mothers
  - To mothers born outside the UK
- 11.11 These findings are reflected when comparing electoral ward data. In Merton 6.5% of babies were born with low birth weight between 2008 and 2010. This was significantly lower compared to the London rate of 7.5% and just lower than the South West London average of 6.8%. At ward level low birth weight births in Merton ranged from 3.9% in Wimbledon Park (west of the borough) to 8.8% in Longthornton (east of the borough). None of the variation seen is however statistically significant. During the 2008 to 2010 period, no wards in Merton had low birth weight rates that were significantly higher than the national average and two wards were significantly lower.

Figure 4: Health and well-being issues on each estate (as at August 2015 data)

	Eastfields estate	High Path estate	Ravensbury estate
Ward	Figge's Marsh	Abbey Ward	Ravensbury Ward
3LSOA (% figures are in bold)	LSOA E0103391	LSOA E0103357	LSOA E01003440
Deprivation	Relative to the rest of Merton and compared nationally, Eastfields is in Quintile 1 (most deprived).	Relative to the rest of Merton High Path is in Quintile 1 (most deprived); it is in national Quintile 2 (second most deprived)	Relative to the rest of Merton and compared nationally, Ravensbury is in Quintile 2 (second most deprived).
Age and family structure	Compared to Figge's Marsh Ward, the LSOA has Higher proportion of very young children 0 to 4 12.8% (9.3% Figge's Marsh ward) Lower proportion of adults aged 35 to 54 25.6% (28.8% Figge's Marsh ward ) Slightly higher proportion of those aged 55 to 79 16.5% (15.6% Figge's Marsh ward ) Higher proportion people under 65 living alone 27.8% (19.8% Figge's Marsh ward). Higher proportion of lone parent families with dependent children 16.7% (12.5% Figge's Marsh ward )	Compared to Abbey Ward, the LSOA has: Higher proportion of CYP aged 0 to19 22.5% (19.1 Abbey ward) and older middle aged adults aged 45-64 20.3% (17.1% Abbey ward) Lower proportion of adults aged 30 to 39 17.6% (25.8% Abbey ward) Significantly higher proportions of lone parent families 16.2% (6.8% Abbey ward)) both with dependent and non-dependent children	Compared to Ravensbury Ward, the LSOA has: Higher proportion of younger adults aged 25 to 39 26.9% (23.9% Ravensbury ward) Slightly higher proportion of very young children aged 0 to 4 8.2% (7.6% Ravensbury ward) Higher proportion of people under 65 living alone 20.1% (16.2% Ravensbury ward). Similar proportion of lone parent families with dependent children compared to ward (9.1%).
Housing: Overcrowding	Higher overcrowding in the LSOA than the rest of the ward and Merton; in particular households which include dependent children Of all households with dependent children in the LSOA, 51.8% are overcrowded (higher than the Figge's Marsh ward 40.2% or Merton 24%).	Higher overcrowding in the LSOA than the rest of the ward and Merton; in particular households which include dependent children Of all households with dependent children in the LSOA, 43.6% are overcrowded, higher than Abbey ward (22.4%) or Merton (24%).	Overcrowding similar to rest of the ward. As with the other estate LSOAs, a higher proportion of households with dependent children are overcrowded. Of all households with dependent children, 36.4% are overcrowded, similar to Ravensbury ward (35.0%), higher than Merton (24%)
Qualifications and economic activity	Low but comparable levels of qualifications LSOA 52.3% hold Level 2 or lower, compared to 48.9% in Figge's Marsh ward. Lower proportion (66.4%) of residents aged 16 to 74 are economically active, compared to 70.7% in Abbey ward (Merton: 74.9%). Smaller proportion retired (7.4% (7.7% Figge's Marsh ward, 8.6% in Merton) Higher proportion of unemployed 8.4% (6.2% Figge's Marsh ward, Merton 11.0%) Lower proportion of full-time employees 33.5% (36.7% Figge's Marsh ward, Merton: 44%)  Higher proportions of long-term sick or disabled 5.7% (3.8% Figge's Marsh ward, Merton 2.5%).  One third of households (33.3%) are households where no adults work compared Figge's Marsh ward (28.4%) and Merton (23.9%)	Lower levels of qualifications than ward or Merton, e.g. 43.7% of residents hold Level 2 or lower, compared to 24.9% in Abbey ward.  72.6% of residents aged 16 to 74 in this LSOA are economically active, compared to 80.9% in Abbey ward (similar to Merton). Smaller proportion retired than ward 5.3% (5.7% Abbey ward and borough) Higher proportion of part-time employees 11.6% (8.3% in Abbey ward). Lower proportion of full-time employees 41.7% (54.9% Abbey ward).  Higher proportion of long-term sick or disabled 6.3% (2.4% Abbey ward).  One third of households (30.2%) are households where no adults work, compared to Abbey ward (20.5%) and Merton (23.9%)	Comparable levels of qualifications to ward, e.g. 50.6% hold Level 2 or lower, compared to 51.6% in Ravensbury.  70.8% of residents aged 16 to 74 years in this LSOA are economically active, comparable to the Ravensbury ward (70.7%). Slightly higher proportion retired than ward 9.7% (9.2% Ravensbury or Merton) Slightly lower proportion of part-time employees 11.6% (12.6% Ravensbury ward). Slightly higher proportion of full-time employees 37.8% (36.7% Ravensbury ward)  Similar proportion of long-term sick or disabled compared to ward 8.9% (4.1% Ravensbury ward, but higher than Merton Over a quarter of households (28.7%) are households where no adults work, comparable to the Ravensbury ward (29.9%) but higher than Merton (23.9%)
Access to medical services (GP)	No GP within 200m4 1 GP within 500m 3 GPs within 1 km Highest proportion of LSOA residents registered in Tamworth House Medical centre (CR4 1DL)	1 GP within 200m 2 GPs within 500m 7 GPs within 1 km Highest proportion of LSOA residents registered in The Merton Medical Practice (SW19 1DG)	1 GP within 200m 5 GPs within 500m 7 GPs within 1 km Highest proportion of LSOA residents registered in Ravensbury Park Medical Centre (CR4 4DH)
Lifestyle risk factors (Smoking, alcohol,	Based on socio-demographic make-up of the area:5 Smoking:6 slightly lower expected prevalence of heavy smokers compared to ward, but higher prevalence of all other	Based on socio-demographic make-up of the area: Smoking: Likely higher prevalence of smoking compared to Abbey ward (number of people who smoked in the past year:	Based on socio-demographic make-up of the area: Smoking: Similar expected prevalence on all the smoking indicators to Ravensbury ward (people who smoked in the

<sup>3</sup> Super output areas (SOA) were designed to improve the reporting of small area statistics and are built up from groups of output areas (OA). A Low Super Output Area is a minimum of 400 – 1200 household. .

<sup>4</sup> Of the LSOA

<sup>5</sup> Using Experian modelled data

<sup>6</sup> Merton prevalence is 13.9% (2013 PHOF data), but this is based on different data source so not directly comparable

physical activity and diet)	types - people who smoked in the past year: 28.3% (24.6% Figge's Marsh ward), including those who tried to quit in the past year. Alcohol: in general, expected prevalence of drinking is higher in the LSOA compared to ward. Physical activity: Low participation in sports and exercise, comparable to the rest of the ward Diet: Lower proportions eating 5 a day 27.8% (32.8% Figge's Marsh ward)	28.2% ( 20.1% Abbey ward); higher expected prevalence of people who tried to quit in the past year  Alcohol: Expected prevalence of frequent drinking (once/week +) is lower compared to ward Physical activity: Low participation in sports and exercise, and slightly lower than Abbey ward Diet: Significantly lower proportions eating 5 a day compared to Abbey ward 27.9% (42.7% Abbey ward)	past year: 20.8%, 20.3% Ravensbury ward; similar prevalence of people who tried to quit in the past year.  Alcohol: in general, expected prevalence of drinking is higher in the LSOA compared to Ravensbury ward. Physical activity: Low participation in sports and exercise, comparable to the rest of ward Diet: Slightly lower proportions eating 5 a day compared to Ravensbury ward- 31.9% ( 34.0% ward)
State of health (self reported)	Higher rate of residents (all ages) reporting bad or very bad health (62.3 per 1,000), compared to both Figge's Marsh ward at 50.5 and Merton at 38.5, apart from the 65+ age group which at 172.7 per 1,000 is higher than Merton (146.1) but slightly lower than the ward (182.8). Particular differences in those aged 16 to 49: 35.7 per 1,000 (26.5 Figge's Marsh, 18.7 Merton) and 50 to 64: 191.9 per 1,000 (121.9 Figge's Marsh and 70.0 Merton). Particularly high rate in residents aged 0 to 15 (17.1 per 1,000) compared to 8.5 in the Figge's Marsh ward and 5.7 in Merton (and 6.3 in both High Path and Ravensbury).  Similar picture with self-reported disability: higher rate of residents with disability compared to both ward and Merton at 163.5 per 1,000 (141.5 Figge's Marsh, 126.4 Merton). Particular difference in children (0 to 15) and younger adults (16 to 49)	Higher rate of residents (all ages) reporting bad or very bad health 58.0 per 1,000 compared to both Abbey ward (34.3) and Merton (38.5) increasing with age.  Particular differences in those aged 16 to 49: 38.4 per 1,000 (16.1 Abbey ward and 18.7 Merton) and 50 to 64: 132.7 per 1,000 ( 75.4 Abbey ward and 70.0 Merton) Particularly high rate in residents aged 65+: 202.7 per 1,000 compared to 179.4 in Abbey ward and 146.1 in Merton (vs. 172.7 in Eastfields and 146.7 in Ravensbury)  Similar picture with self-reported disability: higher rate of residents (all ages) reporting disability compared to both ward and Merton (157.3 per 1,000 residents (105.1 Abbey ward and 126.4Merton). Particular difference in children (0 to 15) and younger adults (16 to 49).	Lower rate of residents (all ages) reporting bad or very bad health (44.3 per 1,000) compared to the ward (54.5) but higher than Merton (38.5) and increasing with age.  Comparable reported rates in those aged 0 to 15: 6.3 per 1,000 (5.7 in both Ravensbury ward and Merton). This is comparable to High Path and much lower than Eastfields. Lower rates than the ward average in all age groups apart from those aged 0 to 15: those aged 16 to 49: 26.1 per 1,000 (29.9 Ravensbury ward) and 50 to 64 78.6 per 1,000 (92.8 Ravensbury ward); and those aged 65+: 146.7 per 1,000 (183.4 ward).  Similar picture with self-reported disability: comparable or lower rate of residents reporting disability compared to Ravensbury ward: 154.3 per 1,000 residents (168.3 wars, but slightly higher than Merton average at 126.4).

## 12 Assessment and Appraisal

12.1 The section of this report looks at the impacts of the Estates Local Plan on health and well-being, including direct and in-direct impacts for each estate. The Health and Wellbeing Checklist in Appendix 2 and the HUDU Rapid HIA Toolkit<sup>7</sup> have informed the identification of the key questions listed in Figure 5 below, this HIA will use to assess the Estates Local Plan's impact on health and wellbeing. Then Figure 5 assesses the impact of the Estates Local Plan against the Health and well-being objectives which have been formed based on a template from the HUDU, the health and well-being issue of each estate and Merton's health and well-being strategic objectives. It should be noted that this HIA is only looking at the Council's Plan for each estate, it is not reviewing other development plans within Merton's Local Plan, or the developer's plans for the estates themselves.

### **Data Limitations**

- 12.2 Quantified information, or data, is used to help explain how things are changing over time. However, this does not necessarily link cause and effect overtly and is limited in how well they can explain why particular trends are occurring and the secondary effects of any changes. The data, therefore, acts as an indicator and has been selected to monitor progress towards the achievement of particular objectives and to provide a tangible measure with respect to broader issues. This measure is often only a small component of meeting the objective so may simplify the issues and interactions.
- 12.3 The HIA relies, therefore, on a mixture of quantified data and professional judgement. Accordingly, the baseline includes a commentary with respect to the trend indicated by the current and historical data. Much of the data is collected or collated by external bodies and Merton Council has little control over the temporal and spatial scope of the data collected and whether collection methods may change in the future. There are some gaps in the data collected as not all information is consistently available.

<sup>7</sup> Rapid Health Impact Assessment Tool, London Healthy Urban Development Unit (HUDU), January 2013.

**Figure 5:** Estates initial analysis

Key questions	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing	High Path comment	Eastfields comment	Ravensbury comment
Housing - Accessibility						
1a. Will the Estates Local Plan provide accessible homes and public realm for older or disabled people?	<p>3.5 Enable people to stay in their own home as long as possible.</p> <p>3.6 Increase the preferred place of care and death for those who need end of life care services.</p> <p>4.5 Build a healthy environment including access to housing, local amenities, essential services and activities.</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>3.8 Housing Choice: requires 10% all new housing to be designed to be wheelchair accessible or easily adaptable for residents who are wheelchair users.</li> <li>7.2: Inclusive Environments</li> </ul> <p>Mayor's SPG 'Accessible London: achieving an inclusive environment' 2014</p> <p>Housing SPG 2016 Annex 2 Best Practice Guidance for Wheelchair Accessible Housing</p> <p>Merton Local :</p> <ul style="list-style-type: none"> <li>Core Planning Strategy 2011 policy CS 14: Design</li> <li>Sites and Policies 2014 - DM D2 Design consideration in all developments</li> </ul>	<p>Accessible and easily adaptable homes can meet the changing needs of current and future occupants and have a positive contribution to health and wellbeing.</p>			<p>1a. Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan should ensure that that any development proposals have consideration for the need of accessible homes and public realm for older people and those with reduced mobility, e.g. provision of benches, avoidance of trip hazards, space for parking of mobility scooters close to homes, provision of disabled toilets.</p>
Housing – Healthy living						
<p>2a. Will the Estates Local Plan provide development that provides sufficient daylighting, sound insulation, private space and Lifetime Homes (in accordance with the health and wellbeing credits contained in the Code for Sustainable Homes)?</p> <p>2b. Will the Estates Local Plan provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces?</p> <p>2c. Will the Estates Local Plan encourage the use of stairs by</p>	<p>1.2 Promoting the emotional wellbeing of our children and young people.</p> <p>1.3 Promoting a healthy weight.</p> <p>1.4 Helping young people to make healthy life choices.</p> <p>2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity.</p>	<p>London Plan 2016: Policy 2.18 Green infrastructure (communal space - Housing SPG 2016 design standard 1.2.3), 3.5 Quality and design of housing developments (Table 3.3 - minimum internal space standards and private amenity space provision),</p> <ul style="list-style-type: none"> <li>5.2 Minimising Carbon Dioxide Emissions,</li> <li>7.1 Building London's neighbourhoods and communities,</li> <li>7.2 An inclusive environment,</li> <li>7.5 Public Realm</li> <li>7.15 Reducing noise and enhancing soundscapes (Housing SPG design standard 5.3.1).</li> </ul> <p>Housing SPG 2016 design standards</p>	<p>Good daylighting can improve the quality of life and reduce the need for energy to light the home.</p> <p>Good lighting can help vulnerable older people avoid falls.</p> <p>Improved sound insulation can reduce noise disturbance and complaints from neighbours.</p> <p>The provision of an inclusive outdoor space which is at least partially private can improve the quality of life.</p> <p>Overcrowded dwellings can lead to negative mental health outcomes.</p> <p>Housing quality is an important determinant of health and a marker for poverty. The condition of housing stock is a major influence on the borough's capacity to reduce inequality.</p>			<p>2a. Development proposals are required to meet the existing planning policy requirements.</p> <p>2b. Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan should ensure that that any development proposals have consideration to for the need of high quality homes that provide sufficient daylight, sound insulation, private space and life time homes.</p> <p>2c. Some basic safety features for stairs are required by Building Regulations.</p> <p>The Estates Local Plan should ensure that that any development proposals have consideration to the building regulation requirements in regard to stairs. Furthermore, that they are located in safe, secure areas in keeping with Secure by Design practices. Although the Estates Local Plan will not give such detail, any development proposal would be required to ensure that stairs are well located to promote physical activity</p>

<p>ensuring that they are well located, safe, secure, attractive and welcoming?</p> <p>2d. Will the Estates Local Plan provide homes that are highly energy efficient (e.g. a high SAP rating)?</p> <p>2e. Does the design of the public realm maximise opportunities for social interaction and address the principles of Lifetime Neighbourhoods?</p>	<p>3.5 Enable people to stay in their own home as long as possible.</p> <p>4.2 Improve wellbeing through safer communities and community cohesion.</p> <p>4.5 Build a healthy environment including access to housing, local amenities, essential services and activities.</p>	<p>4.10.1, 4.10.2 and 4.10.3, 3.8 Housing choice (all new homes to be 'Lifetime Homes')</p> <p>Merton's Local : Core Strategy 2011 policies:</p> <ul style="list-style-type: none"> <li>• CS14: Design</li> <li>• CS: 15 Climate Change.</li> </ul> <p>Site and Policies planning policies 2014 DM D2 Design considerations in all developments</p>	<p>Factors that create risks to health include the presence of lead, asbestos, radon, house dust mites, cockroaches and other infestations; extreme low or high temperatures and inadequate ventilation, inferior air quality, dampness/mould, cramped conditions and multiple family occupancy, among others. Health outcomes that may result from these conditions include asthma, TB and some mental health disorders such as stress and depression</p> <p>Rather than having lifts at the front and staircases at the back of buildings hidden from view, it is preferable to have them located at the front to encourage people including those that are able to use them. This kind of approach can have a positive contribution to health and wellbeing.</p> <p>Energy efficient homes will result in reduced energy costs and reduce pressures on household expenditure.</p> <p>The public realm has an important role to play in promoting walking and cycling, vitality, social interaction and health and wellbeing. It can also affect people's sense of place, security and belonging. It is a key component of a Lifetime Neighbourhood.</p> <p>Shelter, landscaping, street lighting and seating can make spaces attractive and inviting.</p>	<p>of residents and visitors.</p> <p>2d. Developments proposals are required to meet the existing planning policy requirements.</p> <p>2e. Yes, although the Estates Local Plan will not give such detail, any development proposal would be required to evaluate the proposed open spaces and facilities to ensure opportunities for intergenerational interaction are maximised.</p>
---	--	---	--	--

Housing - Mix and affordability

<p>3a. Will the Estates Local Plan ensure the provision of a sufficient number and size of affordable homes in response to the identified local need.</p> <p>3b. What is the % difference between the existing and the proposed affordable units?</p> <p>3c. Will the Estates Local Plan ensure there will be a strategy in</p>	<p>1.2 Promoting the emotional wellbeing of our children and young people.</p> <p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Planning Policies:</p> <ul style="list-style-type: none"> <li>• 3.8 Housing choice</li> <li>• 3.11 Affordable housing targets.</li> </ul> <p>The revised London Housing Strategy 2014 sets out that 36% of affordable rented homes allocated funding in 2011-15 will have three or more bedrooms.</p> <p>Merton Local - Core Planning Strategy 2011 policies:</p> <ul style="list-style-type: none"> <li>• CS 8: Housing Choice</li> <li>• CS 9: Housing Provision.</li> </ul> <p>Sites and Policies Plan 2011 policies:</p>	<p>The provision of affordable housing can create mixed and socially inclusive communities.</p> <p>Regeneration may also displace residents, which can cause stress with effects on both physical and mental health by breaking up social networks and a sense of community among residents, for example.</p> <p>The provision of affordable family sized homes can have a positive impact on the physical and mental health of those living in overcrowded, unsuitable or temporary accommodation.</p> <p>Both affordable and private housing should be</p>	<p>3a. Development proposals are required to meet the existing planning policy requirements</p> <p>3b Development proposals are required to meet the existing planning policy requirements</p> <p>3c. This is not within the remit of the Estates Local Plan however, this HIA will be recommending that as part of any submitted planning proposal a comprehensive Decant Strategy is submitted with any submitted planning application.</p> <p>The Decant Strategy will need to identify all vulnerable groups and demonstrate how it will ensure that these vulnerable groups including people with mental health issues as well as disabled and</p>
---	--	--	--	---

place to protect vulnerable groups during temporary displacement?		<ul style="list-style-type: none"> <li>DM D2: Design</li> <li>DM H2: Housing Mix</li> </ul>	designed to a high standard ('tenure blind').	reduced mobility are not adversely impacted during each stage of development from commencement towards completion of the whole development.
---	--	---	---	---

Key questions	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing	High Path	Eastfields	Ravensbury
---------------	---	------------------------------	---	-----------	------------	------------

**Transport - Promoting walking and cycling**

4a. Will the Estates Local Plan actively promote cycling and walking through measures such as the provision of adequate cycle parking and cycle storage?	<p>1.3 Promoting a healthy weight.</p> <p>2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity.</p> <p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 policies:</p> <ul style="list-style-type: none"> <li>6.9 Cycling</li> <li>6.10 Walking, (Table 6.3 minimum standards for cycle parking provision).</li> </ul> <p>Housing SPG 2016 cycle storage space standards (design standards 3.4.1 and 3.4.2)</p> <p>Merton Local policies:</p> <p>Core Planning Strategy 2011 policies – CS 18 Active Transport,</p> <p>Sites and Policies Plan 2014 policies – DM T1: Support for sustainable transport and active travel.</p>	<p>Physical activity can significantly reduce a person's risk of many diseases and extend their life expectancy - physically active adults have a 20-30% reduced risk of premature death.</p> <p>There is also increasing evidence linking physical activity with mental wellbeing.</p> <p>Cycle parking and storage in residential dwellings can encourage cycle participation.</p>	<p>4a. Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan must ensure that that any development proposals have consideration to promoting cycling and walking by ensuring that there is adequate provision of parking and storage space and cycle lane/path are accessible and provide adequate links around the estate and surrounding area.</p>
--	--	---	--	--

**Transport – Safety and Connectivity**

<p>5a. Will the Estates Local Plan include traffic management and calming measures and safe and well lit pedestrian and cycle crossings and routes that connect to local and strategic cycle and walking networks and public transport?</p>	<p>1.3 Promoting a healthy weight.</p> <p>2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity.</p> <p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>6.2 Cycle Super Highways</li> <li>6.9 Cycling</li> <li>6.10 Walking</li> </ul> <p>All London Green Grid SPG 2012.</p> <p>Transport for London 'Legible London'</p> <p>Transport for London Bus Service</p> <p>Merton Local :</p> <p>Core Planning Strategy 2011 policies – CS 18 Active Transport</p> <p>Sites and Policies Plan 2014 policies</p> <ul style="list-style-type: none"> <li>DM T1: Support for sustainable transport</li> <li>DM T5 Access to the road network.</li> </ul>	<p>Traffic management and calming measures and safe crossings can reduce road accidents involving cyclists and pedestrians and can increase levels of walking and cycling. In addition, making roads accessible and safe for all abilities will encourage more social interaction and contribute to positive health and wellbeing.</p> <p>Developments should prioritise the access needs of cyclists, pedestrians and public transport users. Routes should be safe, direct and convenient and barriers and gated communities should be avoided.</p>	<p>5a. Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan should ensure that that any development proposals must have consideration to and include accessible public realm, for example footpaths which provide wheelchair/pram access and ensure the materials used to create footpaths and other walk ways are appropriate for all levels of mobility. Any development proposals should ensure that walking and cycling are given higher priority than vehicular modes of transport,</p>
---	--	---	---	---

Key questions	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing	High Path	Eastfields	Ravensbury
---------------	---	------------------------------	---	-----------	------------	------------

**Environment - Construction**

<p>6a. Will the Estates Local Plan minimise construction impacts such as dust, noise, vibration and odours?</p>	<p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan policies:</p> <ul style="list-style-type: none"> <li>5.3 Sustainable Design and Construction</li> <li>5.18 Construction, excavation and demolition waste</li> </ul> <p>Mayor of London 'The Control of Dust and Emissions from Construction Sites' 2014.</p> <p>Merton Local :</p> <p>Sites and Policies Plan 2014 policies:</p> <ul style="list-style-type: none"> <li>DM EP2: Reducing and mitigating noise</li> <li>DM EP4: Pollutants</li> <li>DM D2 Design consideration in all developments</li> </ul>	<p>Construction sites can have a negative impact on an area and can be perceived to be unsafe.</p> <p>Construction activity can cause disturbance and stress which can have an adverse effect on physical and mental health. Mechanisms should be put in place to control hours of construction, vehicle movements and pollution.</p> <p>Community engagement before and during construction can help alleviate fears and concerns.</p>	<p>6a. Development proposals are required to meet the existing planning policy requirements by way of Construction Management Plans as part of any submitted planning proposals.</p>
---	---	---	---	--

Environment - Air Quality				
7a. Will the Estates Local Plan minimise air pollution caused by traffic and energy facilities?	4.5 Build a healthy environment including access to housing, local amenities and activities.	<p>London Plan 2016 Policy 7.14 Improving Air Quality (a least 'air quality neutral'</p> <ul style="list-style-type: none"> <li>Housing SPG 2016 Design standard 5.6.1), 5.10 Implementing Urban Greening,</li> <li>5.3 Sustainable Design and Construction</li> </ul> <p>Merton Local :</p> <p>Sites and Policies Plan 2014 policies:</p> <ul style="list-style-type: none"> <li>DM EP2 Reducing and mitigating noise</li> <li>DM T1 Support for sustainable transport and active travel</li> </ul>	The long-term impact of poor air quality has been linked to life-shortening illnesses such as respiratory illnesses for example asthma, heart conditions and some cancers.	<p>7a. Development proposals are required to meet the existing planning policy and legislation requirements (air pollution and energy facilities)</p> <p>The Estates Local Plan must ensure that any development proposal includes traffic management measures that not only elevate congestion but, promote sustainable transport modes and that the street layout and form consider air pollution mitigation measures for example tree planting, separate pedestrian and car routes, good quality accessible footpaths, avoid creating pollution 'tunnels' ( narrow street surrounded by tall buildings).</p>
Environment – Noise				
8a. Will the Estates Local Plan minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?	4.5 Build a healthy environment including access to housing, local amenities and activities.	<p>London Plan 2016 Policy 7.15 Reducing noise and enhancing soundscapes</p> <p>Merton Local :</p> <p>Sites and Policies Plan 2014 policies:</p> <ul style="list-style-type: none"> <li>DM EP2: Reducing and mitigating noise DM T1 Support for sustainable transport and active travel.</li> </ul>	Reducing noise pollution helps improve the quality of urban life. High levels of noise can have an adverse impact to health and wellbeing. Excessive noise levels and continuous noise can lead to stress effecting cardiovascular symptoms such as high blood pressure (hypertension), sleep deprivation and disturbance.	<p>8a. Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan must ensure that street layout and form consider noise reduction measures for example tree planting, location of buildings on the estates; quiet zones etc. All development proposals must adopted good practise in regard to sound insulation within all homes.</p>
Environment - Open space				



<p>9a. Will the Estates Local Plan retain or replace existing open space and in areas of deficiency, provide new open or natural space, or improve access to existing spaces?</p> <p>9b. Will the Estates Local Plan set out how new publically accessible open space will be managed and maintained?</p>	<p>1.2 Promoting the emotional wellbeing of our children and young people.</p> <p>1.3 Promoting a healthy weight.</p> <p>1.4 Helping young people to make healthy life choices</p> <p>2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity.</p> <p>4.3 Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing.</p> <p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>7.1 Building London's neighbourhoods and communities</li> <li>7.18 Protecting Local Open Space and Addressing Deficiency</li> <li>Table 7.2 Public open space categorisation</li> <li>7.19 Biodiversity and Access to nature</li> </ul> <p>Merton Local –</p> <p>Core Planning Strategy 2011 policies CS: 13 Open space, nature conservation, leisure and culture</p> <p>Sites and Policies Plan 2014 policies:</p> <ul style="list-style-type: none"> <li>DM O1: Open space</li> <li>DM O2: Nature conservation, trees, hedges and landscapes.</li> </ul>	<p>Open spaces and the physical environment have particular roles to play with respect to encouraging healthy lifestyles. In an urban area with little access to countryside they represent one of the few places for outdoor exercise and relaxation, which have positive impacts on both physical and mental health.</p> <p>To maintain the quality and usability of open spaces an effective management and maintenance regime should be put in place.</p>	<p>9a. Development proposals are required to meet the existing planning policy requirements.</p> <p>Any development proposal should seek to ensure that Nelson Gardens is retained; or if it can not be it must be replaced by an equivalent or better park in terms of quantity and quality, in a suitable location in keeping with planning policies.</p> <p>9b. The Estates Local Plan can not specify how or by who will maintain or manage the accessible open space.</p> <p>This would be established as part of the planning permission submission process.</p>	<p>9a. Development proposals are required to meet the existing planning policy requirements.</p> <p>Any development proposal should seek to ensure that the protected open space along the eastern and northern boundary is replaced by an equivalent or better open spaces in terms of quantity and quality in a suitable location.</p> <p>9b. The Estates Local Plan can not specify how or by who will maintain or manage the accessible open space.</p> <p>This would be established as part of the planning permission submission process.</p>	<p>9a. Development proposals are required to meet the existing planning policy requirements.</p> <p>Any development proposal should seek to ensure that the protected open space along the southern boundary is replaced by an equivalent or better open spaces in terms of quantity and quality, in a suitable location.</p> <p>9b. The Estates Local Plan can not specify how or by who will maintain or manage the accessible open space.</p> <p>This would be established as part of the planning permission submission process.</p>
---	--	---	---	--	---	--

**Environment – Sports pitches and play spaces**

<p>10a. Will the Estates Local Plan retain or replace existing playing pitches and play spaces and in areas of deficiency, provide new playing pitches and play spaces or improve access to existing facilities?</p>	<p>1.2 Promoting the emotional wellbeing of our children and young people.</p> <p>1.3 Promoting a healthy weight.</p> <p>1.4 Helping young people to make healthy life choices.</p> <p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Policies:</p> <p>3.6 Children and Young People's Play and Informal Recreation Facilities</p> <p>3.19 Sports Facilities</p> <p>Shaping Neighbourhoods: Play and Informal Recreation SPG 2012 - benchmark standard of a minimum of 10sq.m per child regardless of age.</p> <p>Table 4.4 Accessibility to Play Space</p> <p>Merton Local :</p> <p>Core Planning Strategy 2011 policy: CS: 13 Open space, nature conservation, leisure and culture</p> <p>Sites and Policies Plan 2014 policy: DM O1: Open space</p>	<p>Regular participation in physical activity among children and young people is vital for healthy growth and development (mental and physical).</p> <p>The location of play spaces should be accessible by walking and cycling routes which are suitable for children to use.</p>	<p>10a. Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan should ensure that that any development proposals have consideration to ensure existing equipment, such as the green gyms etc are replaced and/or improved, are suitable for a wide range of community members (e.g. children, the elderly) and importantly are located in suitable locations that would encourage regular usage by the local community</p>
--	---	--	--	---

**Environment - Biodiversity**

<p>11a. Will the Estates Local Plan, contribute to nature conservation and biodiversity?</p>	<p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Policy 7.19 Biodiversity and access to nature.</p> <p>Table 7.3 London regional BAP habitat targets for 2020</p> <p>Merton Local:</p> <p>Core Planning Strategy 2011 policies CS:13 Open space, nature conservation, leisure and culture</p> <p>Sites and Policies Plan 2014: DM EP4 Pollutants.</p>	<p>Access to nature and biodiversity can contribute to mental health and wellbeing.</p> <p>New development can improve existing, or create new habitats or use design solutions (green roofs, living walls) to enhance biodiversity.</p>	<p>11a. Yes - Development proposals are required to meet the existing planning policy requirements.</p> <p>The Estates Local Plan should ensure that that any development proposals have consideration to the delivery of green infrastructure throughout all three estates not only for the benefit for conservation and biodiversity but also by considered as mitigation measures for flood risk management, air pollution and noise reduction.</p>
--	---	--	--	--

**Environment - Local food growing**

<p>12a. Will the Estates Local Plan provide opportunities for food growing, for example by providing allotments, private and community gardens and green roofs?</p>	<p>2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity.</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>• 5.10 Urban Greening</li> <li>• 5.11 Green Roofs and development site environs</li> <li>• 7.22 Land for Food</li> </ul> <p>Merton Local :</p> <p>Core Planning Strategy 2011 policies CS: 13 Open space, nature conservation, leisure and culture</p>	<p>Providing space for local food growing helps promote more active lifestyles, healthier diets and improves health and wellbeing.</p>	<p>12a. Development proposals are required to meet the existing planning policy requirements in regard to green infrastructure.</p> <p>The Estates Local Plan should ensure that that any development proposals have consideration to the provision of winter gardens and a community kitchen garden(s), ideally adjacent to any community hall/facility which should include cooking facilities.</p>
---	---	---	--	---

**Environment - Sustainable design**

<p>13a. Will the Estates Local Plan ensure that buildings (including homes) and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?</p>	<p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>• 5.3 Sustainable Design Construction, 5.9 Overheating and Cooling</li> <li>• 5.10 Urban Greening</li> <li>• 5.11 Green Roofs and development site environs</li> </ul> <p>Housing SPG 2016 Design Standard 6.3.1</p> <p>Merton Local :</p> <ul style="list-style-type: none"> <li>• Core Planning Strategy 2011 policies - CS: 13, Open space, nature conservation, leisure and culture, Waste management</li> <li>• CS: 15 Climate change.</li> </ul> <p>Sites and Policies Plan 2014 policy:</p> <p>DM EP1 Opportunities for decentralised energy networks.</p>	<p>Older people are more vulnerable to excess cold and heat, which can ultimately lead to death.</p> <p>Climate change with higher average summer temperatures is likely to intensify the urban heat island effect and result in discomfort and excess summer deaths amongst vulnerable people.</p> <p>Urban greening – appropriate tree ting, green roofs and walls; and soft landscaping can help prevent summer overheating.</p>	<p>13a. Planning policy and Building Regulations would ensure a minimum level of insulation of buildings but the extent to which the site layout and landscaping features would contribute to this matter is currently not evident.</p>
---	---	--	---	---

**Environment - Crime reduction and community safety**

<p>14a. Will the Estates Local Plan incorporate elements to help design out crime?</p> <p>14b. Will the Estates Local Plan incorporate design techniques to help people feel secure and avoid creating 'gated communities'?</p>	<p>4.2 Improve wellbeing through safer communities and community cohesion</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>• 7.1 Lifetime Neighbourhoods</li> <li>• 7.3 Designing Out Crime</li> </ul> <p>Secured by Design: designing out crime 2014 (Association of Chief Police Officers (ACPO))</p> <p>Merton Local :</p> <p>Core Planning Strategy 2011 policies CS 14: Design</p> <p>Sites and Policies Plan 2014: DM D2 Design considerations in all developments.</p>	<p>Crime is associated with social disorganisation, low social capital, and relative deprivation and health inequalities.</p> <p>Some of the most obvious links to health are the effects of personal violence and assault, which can have both mental and physical health consequences in the short and long term. In addition, crime rates affect people's sense of security and increases their experience of stress. Stress, in turn, causes hormonal levels to rise with potentially damaging health consequences.</p> <p>Violence may entail physical injury, permanent disability and even death as well as often resulting in time off work and financial losses which can materially affect health. In general, victims of violent crime experience deterioration in both their actual and perceived health; they have more chronic limitations on their physical functioning and increased medical consultation</p>	<p>14a. Development proposals are required to meet the existing planning policy requirements, which require developments to be in accordance with Secured by Design principles.</p> <p>14b. Development proposals are required to meet the existing planning policy requirements, which resist the creation of gated communities.</p> <p>The Estates Local Plan should make it clear the all proposals are required to adopt Secure by Design principles and liaise with the boroughs Met Police Secure by Design officer to ensure that the proposals seek to create safe communities.</p>
---	---	---	---	---

Key questions	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing	High Path	Eastfields	Ravensbury
<b>Community – Health services</b>						
15a. Has the impact on healthcare services been addressed?	3.4 Deliver timely access to good quality diagnosis, treatment and care in the most appropriate location.	<p>London Plan Policy 3.17 Health and social care facilities</p> <p>NHS London Healthy Urban Development Unit Planning Contributions Tool (the HUDU Model)</p> <p>Merton Local :</p> <p>Core Planning Strategy policy CS: 11 Infrastructure</p> <p>Sites and Policies Plan policy DM C1 Community facilities</p>	Poor access and quality of healthcare services exacerbates ill–health, making treatment more difficult. The provision of support services, including advice on healthy living and health choices can contribute to preventing ill health.	15a. The Estates Local Plan does not give housing details as it is not the role of the Plan to do so. The developer would need to demonstrate that the proposed development would not have an adverse impact to existing services.	<p>The Estates Local Plan should highlight that it is essential that the developer engages with Public Health Merton, NHS England and Merton CCG at the earliest opportunity to gain an understanding of the current health services in the area and the potential impact to health services that could occur due to increase of population by way of the development.</p>	
<b>Community - Education</b>						
16a. Has the impact on access to and the provision of additional places for primary, secondary, special educational needs and post-19 education been addressed?	<p>1.2 Promoting the emotional wellbeing of our children and young people.</p> <p>4.4 More people make a positive contribution to their own wellbeing through access to learning and development of skills</p>	<p>London Plan 2016 policy 3.18 Education facilities</p> <p>Merton Local :</p> <p>Core Planning Strategy 2011 policy CS: 11 Infrastructure</p> <p>Sites and Polices Plan 2011 policy DM C2 Education for children and young people</p>	Access to a range of primary, secondary and post-19 education improves self-esteem, mental health; develop social skills, job opportunities and earning capability.	16a. It is not within the Estates Local Plan's to assess however the Plan needs to highlight that this must be a consideration as part of any development.	<p>The Estates Local Plan must encourage that the developer engages with the appropriate educational department at the earliest opportunity to gain an understanding of the current education provision and the potential impact that development may cause.</p>	
<b>Community – Access to social infrastructure</b>						

<p>17a In accordance with the identified need for community services, will the Estates Local Plan promote the co-location of community services, retain existing community facilities or provide new good quality community facilities that are accessible and affordable?</p> <p>(For the purposes of the HIA, 'community facilities' consists of meeting places for adults and young people, such as faith-based, community centres, youth</p>	<p>4.3 Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing.</p>	<p>London Plan 2016 policies:</p> <p>3.16 Protection and enhancement of social infrastructure</p> <p>7.1 Building London's neighbourhoods and communities</p> <p>Merton Local:</p> <p>Core Planning Strategy 2011 CS: 11 Infrastructure</p> <p>Sites and Polices Plan 2014 polices:</p> <ul style="list-style-type: none"> <li>DM C1 Community facilities</li> <li>DM C2 Education for children and young people,</li> </ul>	<p>Good access to local services is a key element of a lifetime neighbourhood and additional services will be required to support new development. Failure to do so will place pressure on existing services.</p> <p>Not having access to local services can contribute to some health issues for the community. For example; disabled people and persons with reduced mobility can be more prone to mental illness like isolation, depression and social exclusion or feel cut off from the outside world.</p>	<p>17a. Development proposals are required to meet the existing planning policy requirements, which resist the net loss of community facilities and promotes the shared use of existing community facilities.</p> <p>Should a new community facility be part of any development proposals, they are required to be designed to be multi-functional and enable inter-generational activities, including growing and cooking, and physical activity.</p>
--	---	--	---	--

**Community - Local employment**

<p>18a. Will the Estates Local Plan provide opportunities for local employment and training, including apprenticeships, temporary construction jobs and long-term jobs?</p>	<p>4.1 Reduce poverty and increase income through economic development</p> <p>4.4 More people make a positive contribution to their own wellbeing through access to learning and development of skills</p> <p>4.5 Build a healthy environment including access to housing, local amenities and activities.</p>	<p>London Plan 2016 Policies</p> <ul style="list-style-type: none"> <li>4.12 Improving opportunities for all</li> <li>8.2 Planning obligations.</li> <li>7.1 Building London's neighbourhood and communities</li> </ul> <p>Merton Local :</p> <p>Core Planning Strategy 2011 policy CS: 12 Economic development</p> <p>Sites and Policies Plan 2014 policy DM E4: Local employment opportunities</p>	<p>Unemployment can lead to poverty and poor health and wellbeing such as depression and other illnesses linked to depression. Employment can aid recovery from physical and mental illnesses.</p>	<p>18a. Development proposals are required to meet the existing planning policy requirements.</p>
---	--	--	--	---

**Community – Access to local food shops**

<p>19a. Will the Estates Local Plan provide access to local (healthy) food shops?</p> <p>19b. Will the Estates Local Plan avoid an over concentration or clustering of hot food takeaways in the local area?</p>	<p>1.3 Promoting a healthy weight.</p> <p>1.4 Helping young people to make healthy life choices.</p> <p>2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity.</p>	<p>London Plan 2016 Policies:</p> <ul style="list-style-type: none"> <li>• 4.7 Retail and Town Centre Development</li> <li>• 4.8 Supporting a Successful and Diverse Retail Sector</li> <li>• 4.9 Small Shops</li> <li>• 7.1 Building London's Neighbourhoods and Communities</li> </ul> <p>Merton Local Sites and Policies Plan 2011 policies:</p> <ul style="list-style-type: none"> <li>• DM R1 Location and scale of development in Merton's town centres and neighbourhood parades</li> <li>• DM R2 development of town type uses outside town centres</li> <li>• DM R3 Protecting corner/local shops</li> </ul>	<p>A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centres and undermine attempts to promote the consumption of healthy food.</p>	<p>19a. The Estates Local Plan currently indicatively shows the location for 'active', ground level frontage which, subject to meeting policy tests such as sequential and impact test, could include retail units.</p> <p>The Estates Local Plan is not in a position to specify the number and type of retail.</p> <p>However the Estates Local Plan does seek to improve the permeability of the estate and thereby will improve access to the existing surrounding shops.</p> <p>19b. Development proposals will need to meet the existing planning policy requirements, which prevents the over concentration or clustering of</p>	<p>19a. No. The Estates Local Plan does not propose retail uses but however it does acknowledge that the northern part of the site is more than 400m (5min walk) from any local convenience store and should retail become part of the development this part of the estate would an ideal location.</p> <p>19b. Development proposals will need to meet the existing planning policy requirements, which prevents the over concentration or clustering of hot food takeaways.</p>	<p>19a. No. The Estates Local Plan does not propose retail uses but immediately to the north of the site on the northern side of Morden Road is a parade of shops which includes a convenience store and Morden town centre is less than 10 mins walk from the estate and accessible by local transport.</p> <p>19b. Not applicable. There are no proposed retail uses.</p>
--	--	---	--	---	---	---

<b>Health and well-being objectives</b>	
<b>Housing: providing high quality and design</b>	<p>Provide high quality housing standards and design that enhance the quality of the surrounding area taking into account the local context.</p> <p>All new housing is built to life time homes.</p>
<b>Housing: providing affordable homes and tenure mix</b>	Ensure that new housing provision provide accessible homes for older people and meet the diverse needs of existing residents and future occupiers.
<b>Housing: accessible housing</b>	Ensure that new housing provision provide accessible homes for older people and those with disabilities and meet the diverse needs of existing residents and future occupiers.
<b>Housing: over heating and cooling</b>	Ensure that buildings (including homes) and public space are designed to respond to winter and summer temperatures.
<b>Active travel and road safety</b>	<p>Promote active travel such as walking and cycling, above other modes of transport.</p> <p>Ensure that street layouts are inclusive design make it easier and safer for people to access facilities using public transport, walking or cycling.</p>
<b>Access to healthcare services and other social infrastructure</b>	<p>Ensure there are accessible active travel links to healthcare services and other social infrastructure.</p> <p>Ensure there is adequate provision of healthcare services and other social infrastructure to support growing population growth.</p>
<b>Access to education</b>	<p>Ensure that there are accessible active travel links to Children's Centres, schools and other social infrastructure for children and young people, as well as infrastructure that supports lifelong learning e.g. adult education.</p> <p>Ensure that there is adequate provision of education services to support expected child population growth, and to meet the educational needs of all ages across the life course, including the ageing population</p>
<b>Access to open space and natural spaces</b>	<p>Encourage the provision of accessible green spaces and a range of play spaces for children and young people based on the expected child population generated by the estates development and an assessment of future needs.</p> <p>Ensure all natural spaces and tree cover provides area of shade and seating, mitigate against climate change, assist in improving air quality, reduce noise pollution and create better local environments for all ages and population groups.</p>
<b>Reducing air pollution</b>	Provide an infrastructure to support low- and zero-emission travel/ non-vehicular modes of transport e.g. walking, cycling and promote greening of the environment for example appropriate tree planting that will help to reduce not only pollution levels but will assist in flood mitigation .
<b>Reducing noise pollution</b>	Ensure that sensitive locations and orientation of residential units can lessen noise impact.
<b>Crime reduction and community safety</b>	Ensure that design and layout decrease opportunities for anti-social behaviour or criminal activity both in residential, commercial and public spaces.
<b>Access to food growing</b>	Facilitate opportunities and conditions for local people to grow their own food.
<b>Access to local shops</b>	Ensure there are accessible links to local shops, whilst ensuring that those shops are health promoting (e.g. availability of healthy and affordable fresh fruit and veg, limiting the number of fast food takeaways, reducing the availability of cheap high strength alcohol).
<b>Creating social cohesion and lifetime neighbourhoods</b>	Facilitate social cohesion by creating safe and permeable environments with places where people can meet informally.

## 13 Appraising the Estates Local Plan

13.1 This section appraises the Estates Local Plan against the health and well-being objectives above (figure 5) and identifies any likely negative impacts on health and well-being or areas of concern. The findings from the assessment will form the basic of any recommendation made at the end of the report.

### ***Housing: providing high quality and design***

13.2 As with other boroughs in London, Merton experiences a high housing need and a low housing supply. However this need for housing should never be at the detriment of well designed and good quality homes. The Estates Local Plan seeks to ensure that any development proposals not only meet existing planning policies and legislation requirements on housing and design but are ambitious in their scope to provide high quality housing for Merton residents. The Estates Local Plan throughout strongly states that high quality design is required for all three estates by way of its policies and the overarching design principles. Furthermore the Estates Local Plan seeks to ensure that future homes will be of a high design standard meeting the diverse needs of the community including people with reduced mobility/disabled, older people and for families. This approach will have a positive impact on the health and well-being of future residents and those living nearby. The HIA will be making recommendation later in this report.

### ***Housing: accessible housing***

13.3 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on housing and design. The Estates Local Plan seeks to ensure that new housing provision on the three estates provides accessible homes to meet the diverse needs of existing residents and future occupiers. This HIA will be making recommendations later in this report.

### ***Housing: over heating and cooling***

13.4 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on over heating and cooling by ensuring that any development proposals are in line with Environmental Protection policies. The policies require that when preparing development proposals in accordance with Policy 5.3 of the London Plan, proposals should include suitable comparisons between existing and proposed developments in order to fully demonstrate the expected improvements. All new developments proposals should consider the following sustainable design and construction principles: avoidance of internal overheating; efficient use of natural resources (including water); minimising pollution; minimising waste; protection of biodiversity and green infrastructure and sustainable procurement of materials. It is important to note that this estate regeneration programme, the policies ensure improvements are measurable.

### ***Accessible and active travel***

13.4 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on accessibility and active travel. The Estates Local Plan recognises and seeks to ensure that accessibility across the three estates is improved which will contribute to the health and well-being of residents and visitors. This is achieved the policy requirements of street layouts, measure to be taken to improve street space and encouraging of greater sharing of the travel mode by seeking open, well connected, ease of movement and safe spaces for both pedestrians and cyclists.

### ***Access to healthcare services and other social infrastructure***

13.5 There is a need for the Estates Local Plan to state that there is a requirement for developers to engage with Public Health Merton, NHS England, Merton CCG and other relevant health providers including mental health at the earliest opportunity to gain an understanding of the current health services, current needs and future needs not only for the estates but surrounding area and to understand the potential impact to all health services that could occur due to increase of population by way of the development and also population growth. Although there are no policies in the Estates Local Plan with regards to healthcare services and other infrastructure however, as stated earlier in this report the Estates Local Plan will form part of Merton's Local Plan which does have policies on this matter and as such there is no need to duplicate the existing policies. However, the Estates Local Plan should sign post and/ or state that there is a need to engage with health service providers and that any submitted development proposal(s) will need to be supported with a estate specific HIA. Given the location of the three estates, the Estates Local Plan and any estate specific HIAs should also recognise the importance of and make reference to the developing East Merton Model of Health and Wellbeing, based around the pending development of a new health facility on the Wilson Hospital site.

### ***Access to education and training***

13.6 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on access to education and training. The Estates Local Plan does not have a policy with to regard to education and training however, as stated earlier in this report the Estates Local Plan will form part of Merton's Local Plan which does have a policies on education and training and as such there is no need to duplicate existing policies.

### ***Access to open space and natural spaces***

13.7 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on open space (green infrastructure). The Estates Local Plan seeks to ensure there is sufficient open space provided as part of any development proposals in line with existing planning policies (national, regional and local). The Estates Local Plan's own open space policy clearly state that any



development proposals are required to design suitable play(s) for all ages groups in accordance with the Mayor of London Play and recreation Supplementary Planning Guidance (SPG). Furthermore, the policy seeks to ensure that the appropriate locations on the three are considered for open space. This approach will have a positive approach to the health and well-being to future residents and those living in surrounding areas.

#### **Reducing air pollution**

- 13.8 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on air pollution. The Estates Local Plan does not have a policy on air pollution as there are existing Local Plan policies on this matter. However, the Estates Local Plan is not only informed by but builds on existing planning policies by way of the following policies Movement and access required, Open space, Environmental protection, Street network required and Land use policies. These policies promote sustainable transport modes, improved street layout; avoiding creating pollution 'tunnels' (narrow streets surrounded by tall buildings), good quality and green infrastructure such as maintaining existing mature trees, tree planting and opens space (including pocket parks).

#### **Reducing noise pollution**

- 13.9 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation (for example Building Regs) requirements on noise pollution. As part of any submitted planning proposal a Construction Management Plan is required. The Estates Local Plan by way of policies on open space, street layout and movement seeks to mitigate against noise pollution.

#### **Crime reduction and community safety**

- 13.10 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies, design standards and legislation requirements on crime reduction and community safety. The Estates Local Plan seeks to ensure that good quality design standards are adopted through the layout and design of the three estates one way this is achieved is by way of Secured by Design. Secured by Design is the official UK Police flagship initiative supporting the principles of designing out crime within developments both commercial and residential. Independent research shows that the principles of Secured by Design have been proven to achieve a reduction of crime risk by up to 75% by combining minimum standards of physical security and well-tested principles of natural surveillance and defensible space. The Estates Local Plan strongly recommends that Secured by design practise are adopted for all three estates and that developers engage with the borough's Crime Prevention Design Advisors (CPDA) and Police Architectural Liaison Officer(s). These principles have a direct positive impact on health and well being and wider determinates.

#### **Access to food growing**

- 13.11 The Estates Local Plan within the Design principles makes reference to food growing. The HIA will be making further recommendation on this matter later in this report.

#### **Access to local shops**

- 13.12 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies and legislation requirements on access to local shops. The Estates Local Plan recognises that access to services is important and that includes local shops. For the High Path it acknowledges the high street and the important role it plays. The Estates Local Plan seeks to ensure that any development on facing the high street complement, enhance and improve the high street. The Estates Local Plan also highlights the opportunity for a local shop for Eastfields recognising that the northern part of the estate is some distance away from a local shop. However, the HIA raises the issue that the type of food and drink that is sold by any local shop is outside the planning context, and will need to be addressed through partnership with the developer and local retailers. In regard to Ravensbury its existing location near a town centre (Morden) means it is serviced by local shops. The HIA will be making further recommendation on this matter later in this report.

#### **Creating social cohesion and lifetime neighbourhoods**

- 13.13 The Estates Local Plan seeks to ensure that any development proposals meet existing planning policies requirements on creating social cohesion and lifetime neighbourhoods. Although, a more balanced mix of tenures should be sought in all parts of development practically in areas where social renting predominates and there are concentration of deprivation to create a mixed and balanced communities. The HIA will be making further recommendation later in this report.

## **14 Decant strategy**

14.1 The primary potential negative impact of the redevelopment (full or partial) of the Estates Local Plan for health and wellbeing over the near time period, relates to the process of decant. The Estates Local Plan and developer proposals will need to ensure a robust decant management strategy is in place that takes into account the whole family and impact on their health and wellbeing including their mental wellbeing, and seeks to mitigate negative impacts, and has the following aims and objectives

#### **Aims**

- manage decant processes in an efficient and equitable manner
- cause the least possible disturbance to residents who are obliged to decant on either a temporary or permanent basis.

#### **Objectives:**

- fairness in the calculation of amounts due to residents if not determined by statute, using a fair basis for assessment of the loss or costs incurred
- make reasonable payments to residents who are being moved compulsory

- assist residents in moving and arranging any move required by the work
- attempt to ensure that accommodation is provided with similar adaptations where an individual has particular needs and their existing home has been specially adapted
- in situations where there is clear evidence of financial hardship caused by the move interim payments may be considered on a case by case basis
- assist residents who are particularly vulnerable, and suffer poor health, are able to have continuity of access to the relevant network of support services

## 15 Recommendations

This section will be making recommendations of the Estates Local Plan and for any submitted planning application that may come forward.

15.1 Any submitted development proposal(s) will need to be supported with a estate specific HIA that details how the proposals will not only improve health and wellbeing but reduce health inequalities by identifying and mitigating negative impact on particularly vulnerable groups. The developer should plan to evaluate the impact of the estates regeneration on the health and wellbeing of existing residents

15.2 The developer must ensure that design and management of the estates mean that the healthier choice is the easiest choice for residents, for instance to encourage residents to take the stairs instead of the lift through design; to provide residents with the ability to grow, buy and cook healthy food. The developer should work in partnership with Public Health Merton, including to sign up to the Merton Food Charter, the London Healthy Workplace Charter, and to promote the Healthier Catering Commitment for any retail units.

15.3 The developer should promote existing healthy lifestyle services to residents, and support residents to be more active for instance through development and promotion of active travel plans for residents on each estate.

15.4 The developer should ensure any plans for estates take into account the developing plans for the East Merton Model of Health and Wellbeing, both in terms of proactive and ambitious engagement with health and social care but also the wider determinants of health such as education, training, employment.

### Housing

15.5 Any housing must be designed and built high quality and to meet the diverse needs of the community now and of future occupiers ('needs' as identified by the local data about these population groups in the JSNA, including people with reduced mobility/disabled, older people and families)

15.6 Housing layout must promote social cohesion and mixing between types of housing, families and generations, and existing residents and further new occupants, based on good understanding of the current local population groups and demographics of likely future occupiers

15.7 A comprehensive Decant Strategy must be submitted with any planning application. The Decant Strategy will need to identify all vulnerable groups and demonstrate how it will ensure that these vulnerable groups including people with mental health issues as well as disabled and reduced mobility are not adversely impacted during each stage of development from commencement towards completion of the whole development.

15.8 Any development proposals should seek to optimise the provision of affordable housing to meet the need of the Merton population.

### Accessible and active travel

15.9 Any development proposals should ensure that walking and cycling are given higher priority than vehicular modes of transport. Any development proposals should seek to increase the mode share of cycling and walking compared to car use. In addition any development proposals should seek to enable and increase active travel by all residents, including those with reduced mobility

15.10 Any development proposals should ensure that good transport links that promote active travel are made with local assets, such as community centres and the new health facility to be developed in East Merton, including the development and promotion of active travel plans for residents on each estate.

### Access to healthcare services and other social infrastructure

15.11 The Estates Local Plan must state that there is a requirement for developers to engage with Public Health Merton, NHS England, Merton CCG and other relevant health providers including mental health at the earliest opportunity to ensure an understanding of the current health services, current needs and future needs not only for the estates but surrounding area and to understand the potential impact to all health services that could occur due to increase of population by way of the development and also population growth.

15.12 The Estates Local Plan must state that there is a requirement for developers to engage in particular with the development of the East Merton Model of Health and Wellbeing, lead by the Health and Wellbeing Board.

### Access to education and training

15.13 The developer must adhere with existing Merton Local Plan (Core Strategy 2011 and Sites and Policies 2014) policies around education and training.

### Access to open space and natural spaces

15.14 Any development proposals should maintain or increase available green space for all residents, include suitable play space for all ages, and develop better links to open/green space

15.15 Developers should promote use of green space to all residents, including those with reduced mobility, through development of active travel plans that set out links to local green assets

#### **Reducing air pollution**

15.16 Provide an infrastructure to support low- and zero-emission travel/ non-vehicular modes of transport e.g. walking, cycling and promote greening of the environment for example appropriate tree planting that will help to reduce not only pollution levels but will assist in flood mitigation .

#### **Reducing noise pollution**

15.17 A Construction Management Plan is required as part of any submitted planning proposal

#### **Crime reduction and community safety**

**15.18** All proposals are required to adopt Secure by Design principles and liaise with the boroughs Met Police Secure by Design officer to ensure that the proposals seek to create safe communities.

#### **Access to food growing**

15.19 Any development proposals should maintain or increase available space for all residents to grow, cook and eat their own food, including those from vulnerable groups and reduced mobility

#### **Access to local shops**

15.20 The Estates Local Plan highlights the importance of the high street in High Path, and the opportunity for a new local shop for Eastfields. However, the HIA raises the concern that local shops can either provide access to healthy and affordable fresh fruit and vegetables for local residents, or can provide unhealthy options including fast food, tobacco and high strength alcohol. This is outside the planning context, but will need to be addressed by the developer and any existing or new local retailers, in partnership with Public Health Merton in order to ensure healthy options for existing and future residents.

#### **Creating social cohesion and lifetime neighbourhoods**

15.21 A mix of tenures should be sought in all parts of development in areas where social renting predominates and there are concentrations of deprivation, in order to create lifetime neighbourhoods and a mixed and balanced communities that are inter-generationally and socially cohesive.

# Appendices

## Appendix 1: Vulnerable /disadvantage groups checklist

The target groups identified as vulnerable or disadvantage will depend on the characteristics of the local population and the nature of the /strategy/proposal. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children living in poverty. This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages.

Age groups
Children and young people Older people
Income related groups
People on low income Economic inactive Unemployed People who are unable to work due to illness
Groups who suffer discrimination or other social disadvantages
People with physical or learning disabilities/difficulties People with mental health problems People with long-term health issues Refugee groups People seeking asylum Travellers Single parent families Lesbian, gay, bi-sexual and transgender people (LGBT) Black and Asian Minority Ethnic (BAME) groups <sup>8</sup> Religious groups
Geographical
People living in areas known to exhibit poor economic and /or health indicators People living in isolated/over populated areas People unable to access services and faculties

Source: Health Impact Assessment: a practical guide to HIA. Wales Health Impact Assessment Support Unit, November 2012.

<sup>8</sup> May need to specify

Appendix 2: Health and wellbeing determinants checklist

(This is a guide and is not exhaustive)

Lifestyles				
Diet activity	Physical activity	Use of alcohol, cigarettes, non-prescribed drugs	Sexual activity	Other risk taking
Social and community influences on health				
Family organisation and roles	Citizen power and influence	Social support and social networks		
Neighbourliness	Sense of belonging	Local pride		
Divisions in community	Social isolation	Peer pressure		
Community identity	Cultural and spiritual ethos	Racism		
Other social exclusion				
Living/environment conditions affecting health				
Built environment	Neighbourhood design	Housing		
Indoor environment	Noise	Air and water quality		
Attractiveness of area	Green space	Community safety		
Smell/odour	Waste disposal	Road hazards		
Injury hazards	Quality and safety of play area			
Economic condition effecting health				
Unemployment	Income	Economic inactivity		
Type of employment	Workplace conditions			
Access and quality of services				
Medical services	Other caring services	Career advice		
Shops and commercial services	Public amenities	Transport (including parking)		
Education and training	Information technology			
Macro-economic, environmental and sustainability				
Government policy	Gross Domestic Product (GDP)	Economic development		
Biological diversity	Climate change			

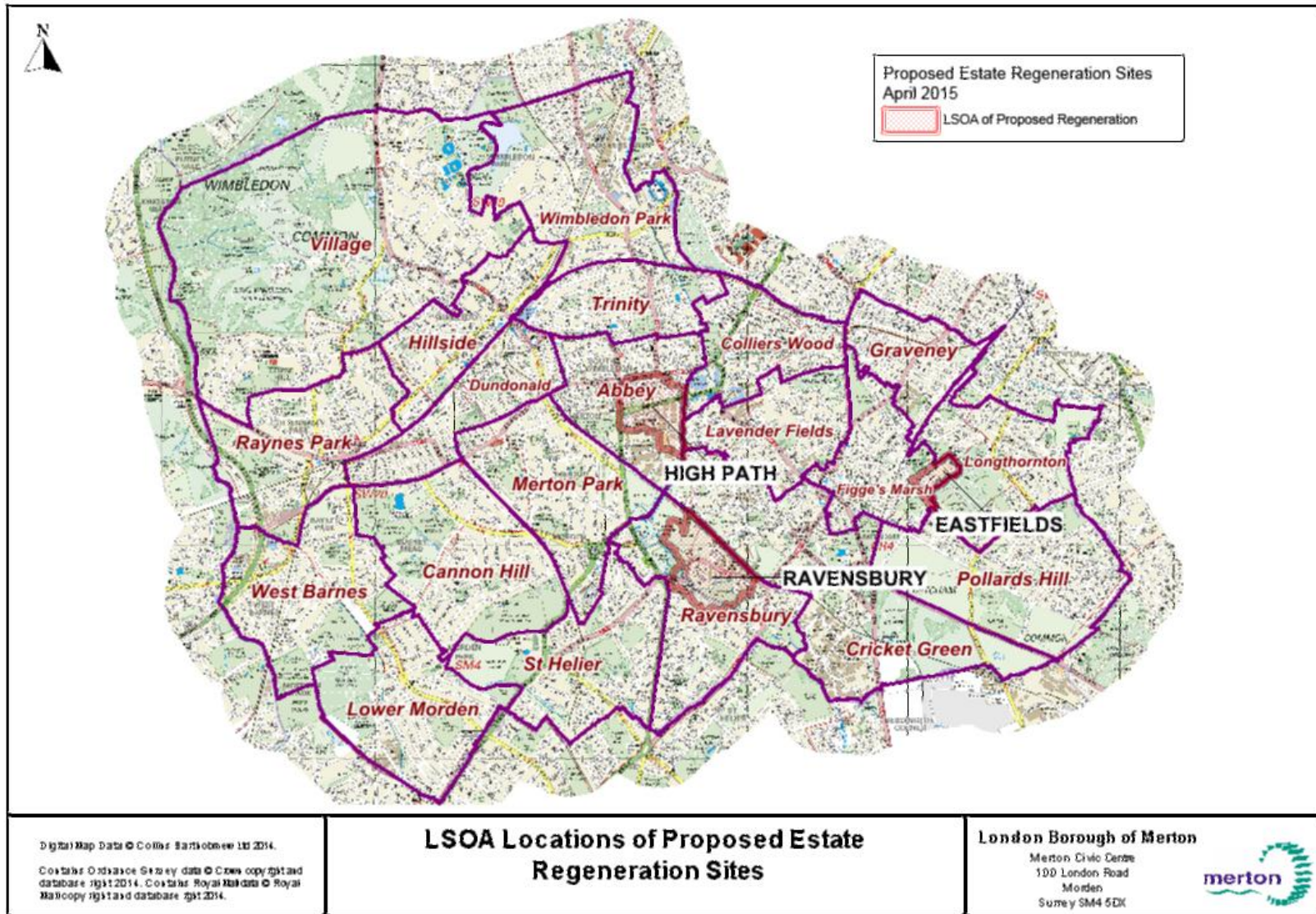
Source: Health Impact Assessment: a practical guide to HIA. Wales Health Impact Assessment Support Unit, November 2012.



# Appendix 3: Health and well-being profiles

## Eastfields - Overview

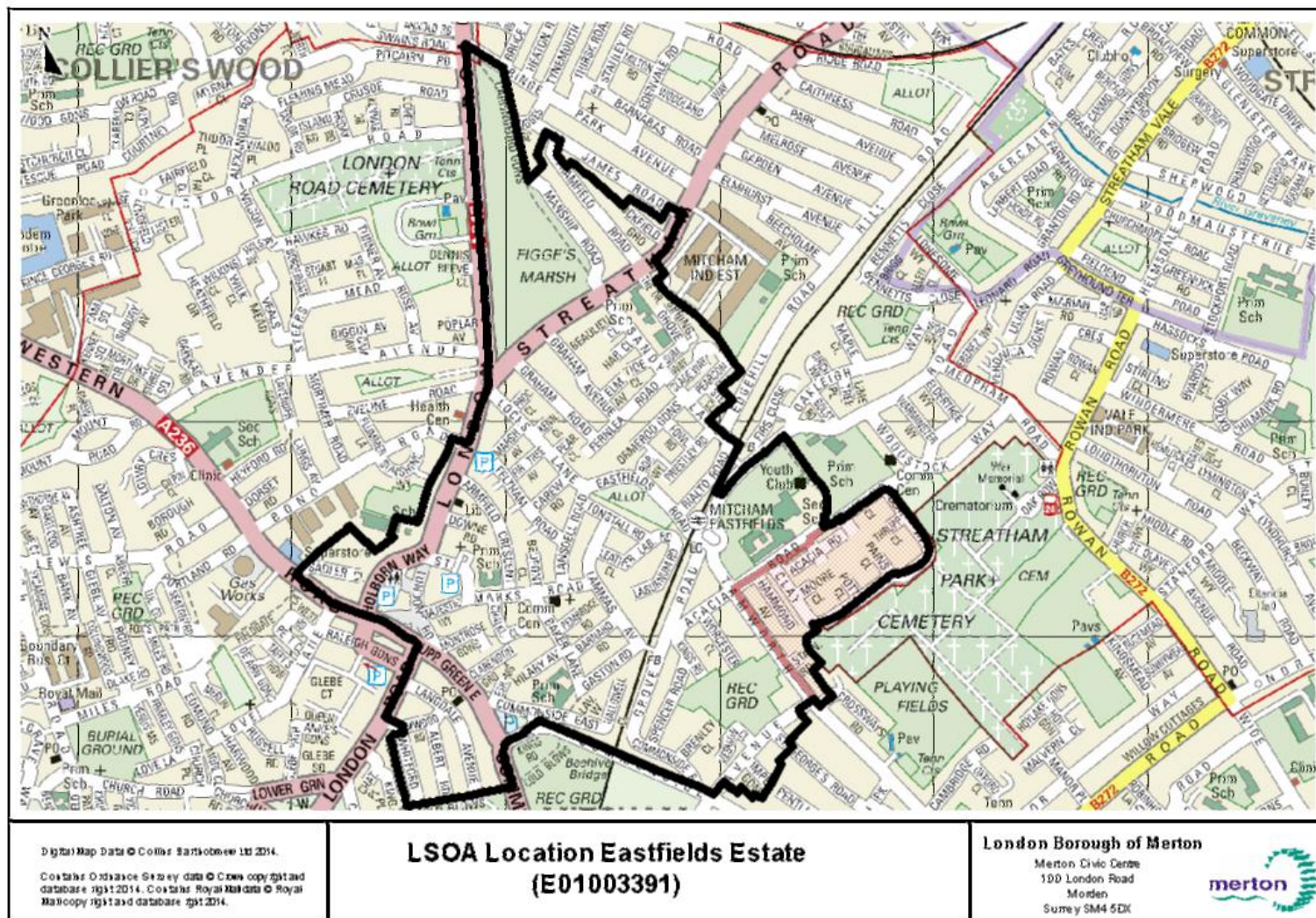
There are three proposed Estates for regeneration. Analysis on health and demographic data is going to be conducted on Lower Super Output Area (LSOA): Data availability, small numbers, not meaningful, easily compare to Ward and Borough level.



## Eastfields Estate

Eastfields Estate is located in Mitcham, within Figge's Marsh ward in Merton (LSOA E01003391).

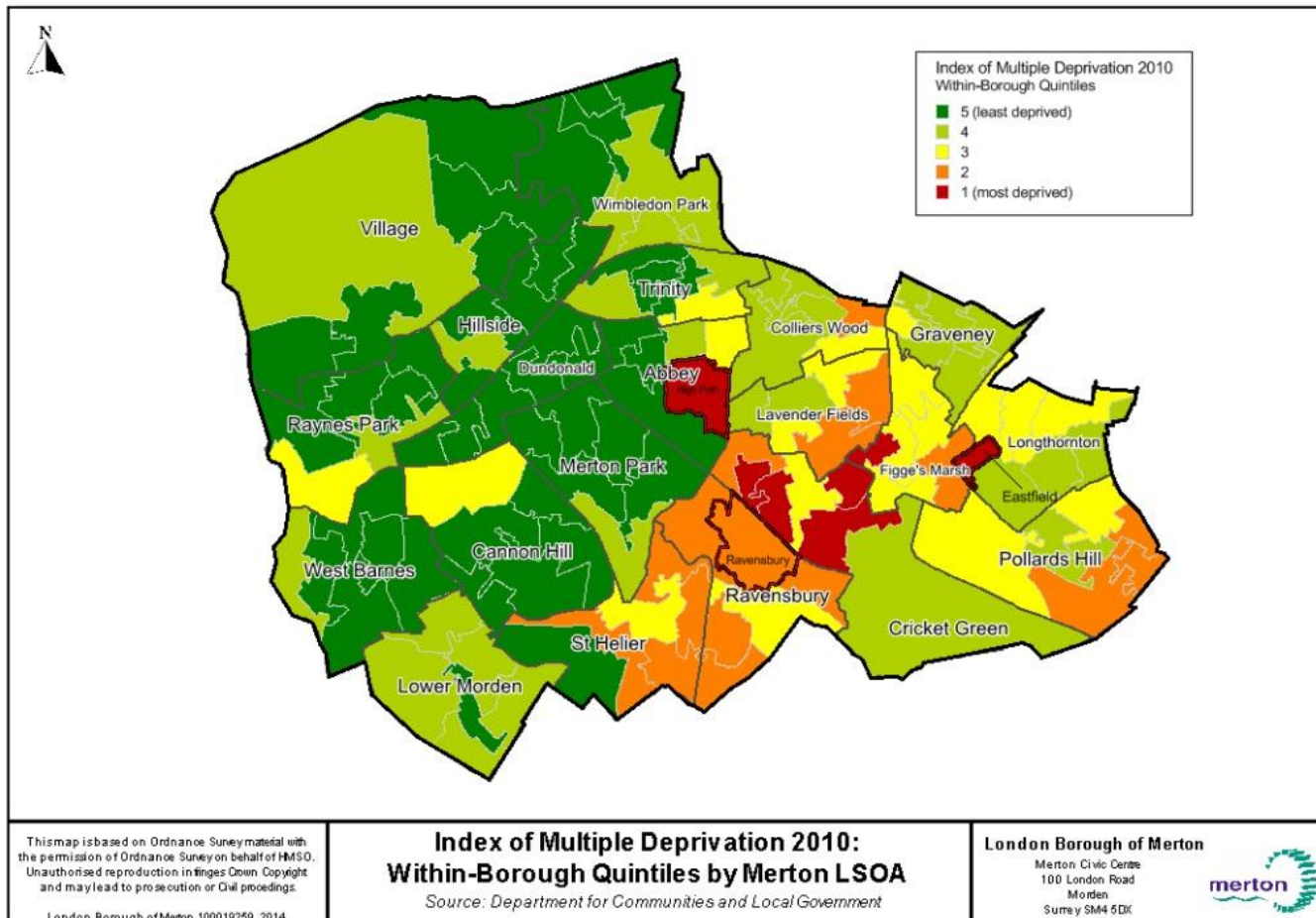
Approximately 66 housing units that form part of the Eastfields Estate (1-36 Clay Avenue & 32-62 Acacia Road) have been excluded as they are within output areas for which the majority of the dwellings are not part of the estate.





## Index of Multiple Deprivation (IMD) 2010

The IMD 2010 is designed to measure deprivation in its broadest sense and to reflect the multiple issues many deprived households face. The IMD is a combination of 38 different indicators across seven broad 'domains' (income, employment, health, crime, education, housing, and environment) and is calculated for every Lower layer Super Output Area (LSOA) in England. Each LSOA is given a deprivation score across each of the domains and indices and these scores can be used to rank every LSOA in England according to their relative level of deprivation. However, it is important to bear in mind that the overall scores for areas are a summary of the level and type of deprivation in that area - not all deprived people live in deprived areas, and not everyone living in a deprived area is deprived.

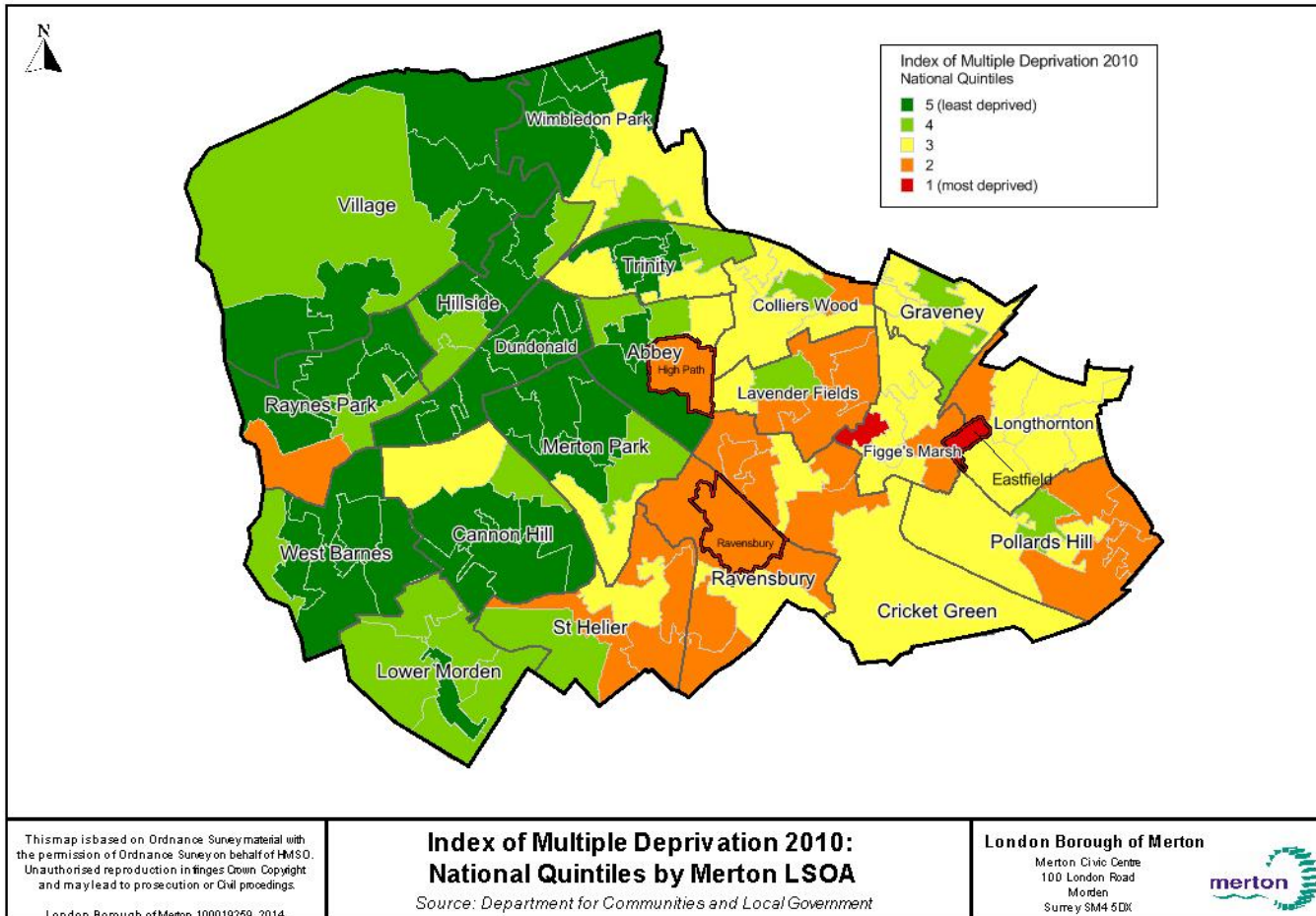


Within Merton comparison:

Note: relative measure of most to least deprived in Merton. Since Merton is generally quite well off, then the bottom quintile may include people who are not that poor (relative to the rest of UK).

High Path and Eastfields on Quintile 1, most deprived.

Ravensbury Estate on Quintile 2.

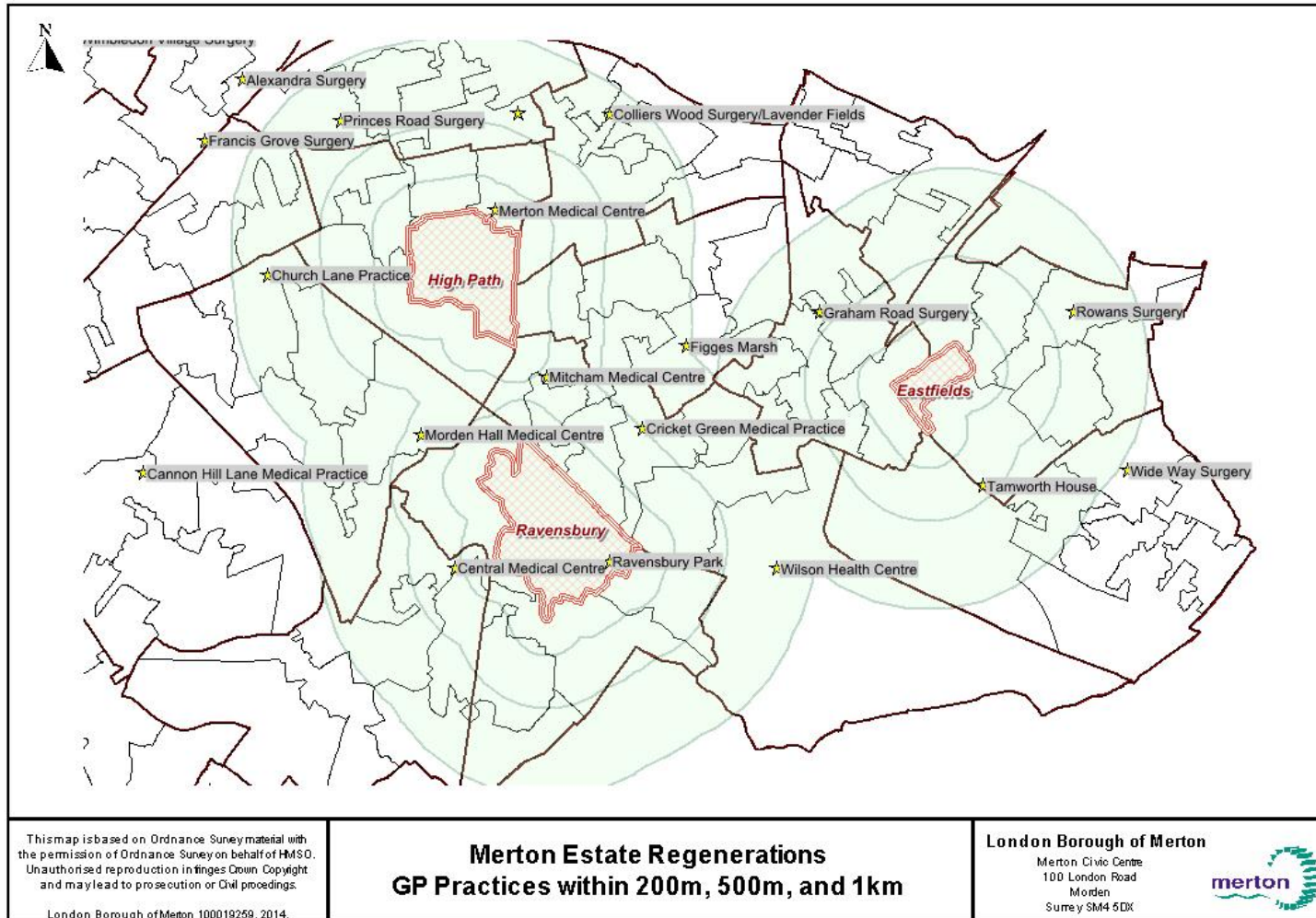


National comparison:

Eastfields on Quintile 1, most deprived

High Path and Ravensbury on Quintile 2

Access to GPs: GPs within 200m, 500m, and 1km from LSOAs.



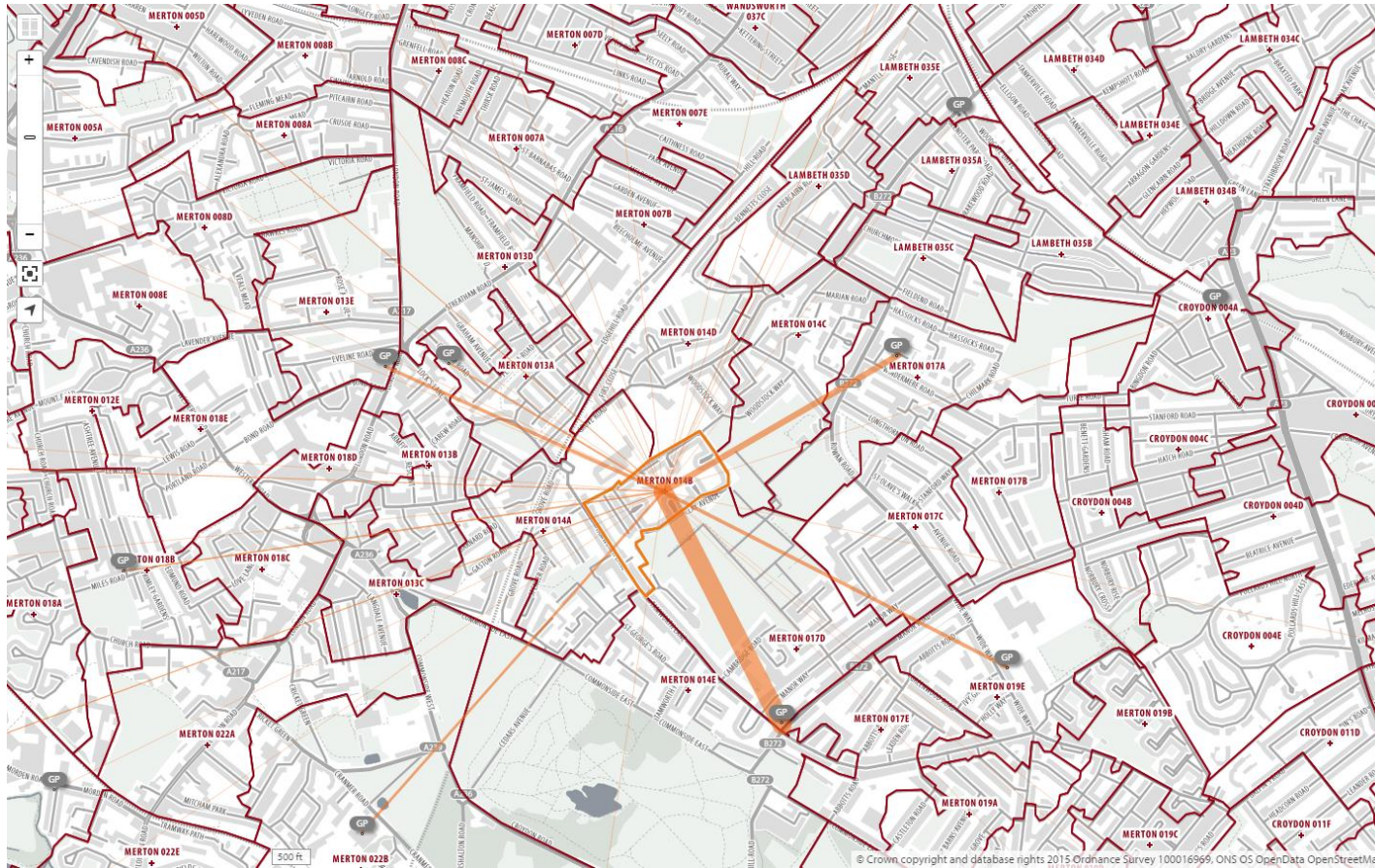
The map shows the GPs within 200 metres, 500 metres, and 1 kilometre from the three LSOAs of the three proposed estate regenerations.

High Path Estate has one GP within 200 metres, two GPs within 500 metres, and seven within 1 kilometre.

Eastfields Estate has no GP within 200 metres, one GP within 500 metres, and three GPs within 1 kilometre.

Ravensbury Estate has one GP within 200 metres, five GPs within 500 metres, and seven within 1 kilometre.

## Access to GPs: Where Residents are Registered



Residents in this LSOA are registered in 35 GPs.

The map to the left illustrates which GPs the residents in this LSOA are registered in. The thickness of the line denotes the number of residents registered in that specific GP – the thicker the line, the higher the number of residents registered in that GP.

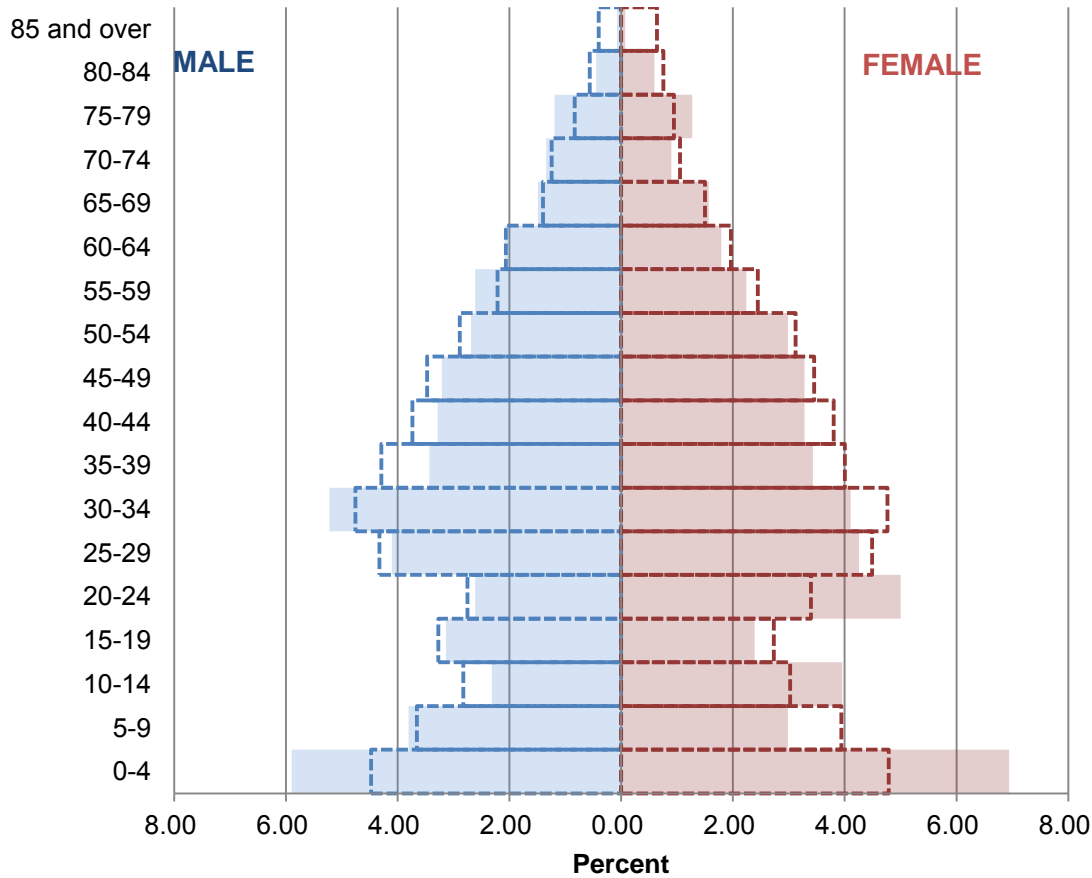
As indicated on the map, the highest proportion of residents are registered in Tamworth House Medical centre in Mitcham Common (341 Tamworth Lane, CR4 1DL).

(We have a list of all the GPs that residents are registered to, no indication of the number of residents registered there though.)

Population: Age Structure

**Eastfields Estate LSOA: Age Structure, 2013.**

Source: Population Estimates Unit, Office for National Statistics



Compared to Figge's Marsh, LSOA E01003391, where Eastfields Estate is located, has:

Higher proportion of very young children 0 to 4 (12.8% vs. 9.3%)

55 – 79 (16.5% vs. 15.6%)

Higher proportion of females aged 20 to 24 (5% vs. 3.4%)

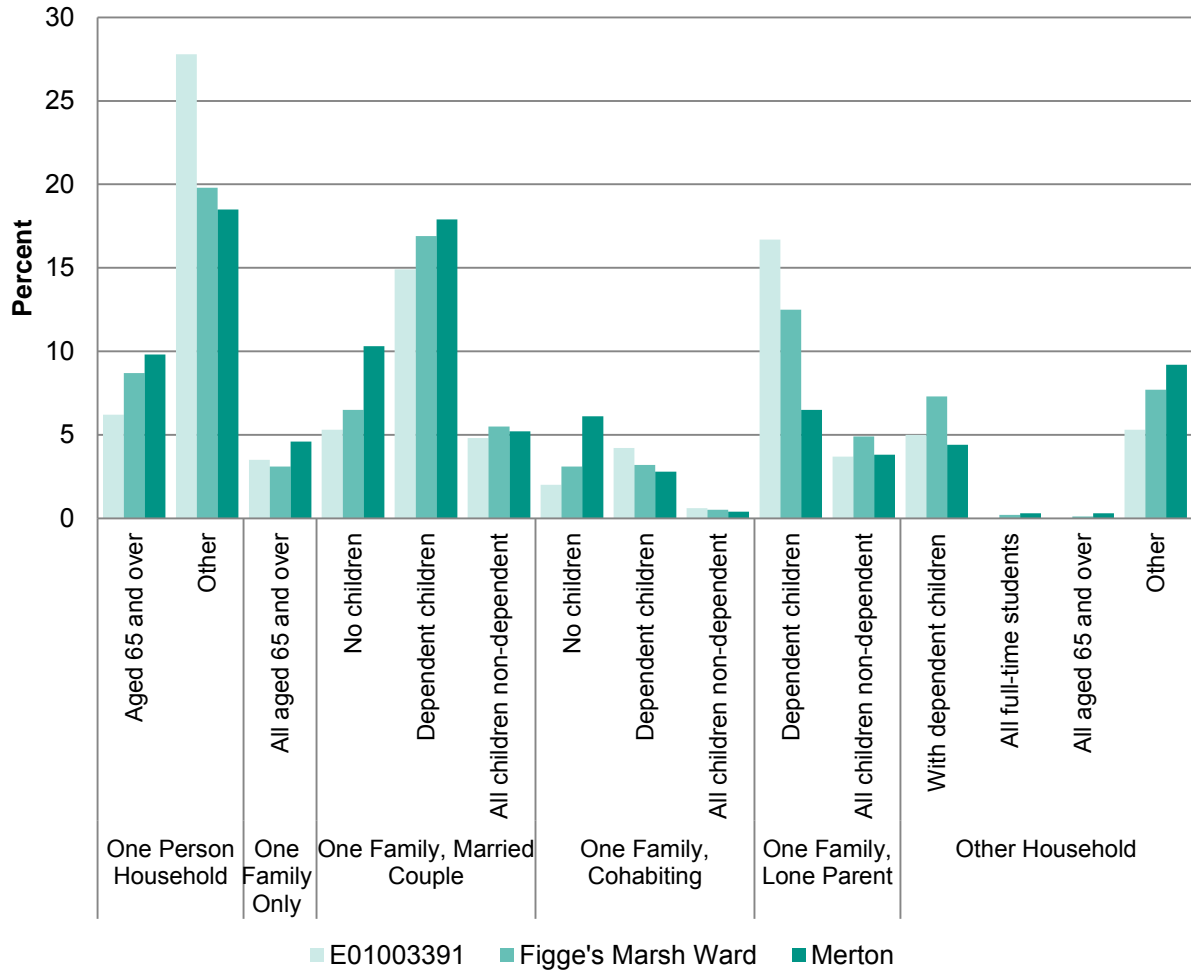
Lower proportion of adults aged 35 to 54 (25.6% vs. 28.8%)

▭ Figge's Marsh Ward Female 
 ▭ Figge's Marsh Ward Male  
▭ E01003391 LSOA Female 
 ▭ E01003391 LSOA Male

Population: Household Composition

**Eastfields Estate: Household Composition compared to Figge's Marsh Ward and Merton, 2011.**

Source: 2011 Census



LSOA E01003391 has:

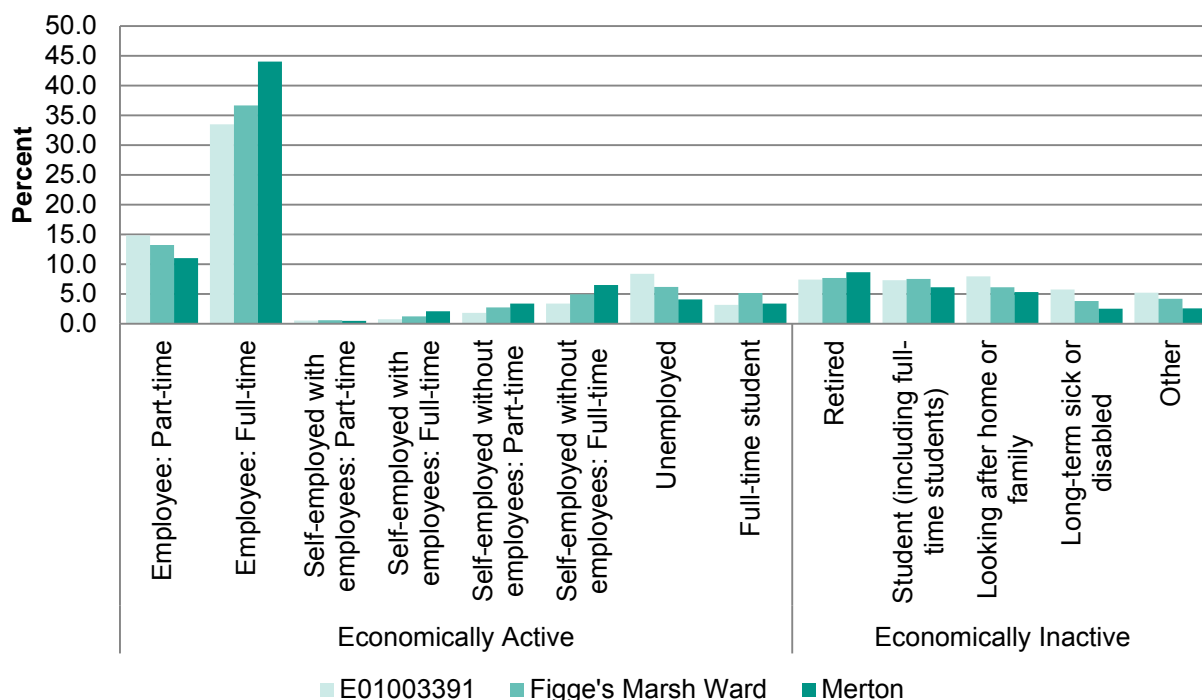
Higher proportion of one person – other households (27.8% vs. 19.8%). People under 65 living alone.

Higher proportion of lone parent with dependent children (16.7% vs. 12.5%).

Population: Economic Activity

### Eastfields Estate LSOA: Economic Activity (residents aged 16 -74) compared to Figge's Marsh Ward and Merton, 2011.

Source: 2011 Census



Economic activity relates to whether or not a person who was aged 16 to 74 was working or looking for work in the week before census. Rather than a simple indicator of whether or not someone was currently in employment, it provides a measure of whether or not a person was inactive participant in the labour market.

In 2011, two thirds (66.4%) of residents aged 16 to 74 years in this LSOA were economically active, and a third (33.6%) were inactive. Comparatively, Figge's Marsh Ward had a higher proportion (70.7%) of residents who were economically active.

LSOA E01003391 has:

Higher proportion of unemployed (8.4% vs. 6.2%).

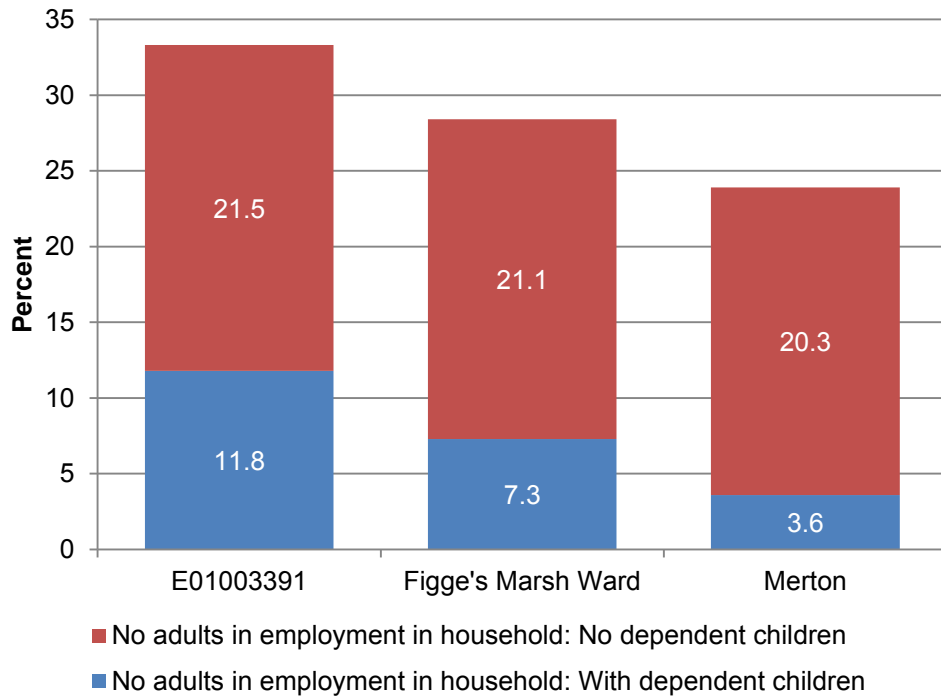
Lower proportion of full-time employees (33.5% vs. 36.7%) and full-time students (3.2% vs. 5.1%).

Higher proportions of residents looking after home (8% vs. 6.1%) and long-term sick or disabled (5.7% vs. 3.8%).

Population: Adults not in employment

### Eastfields Estate LSOA: Adults not in Employment compared to Figge's Marsh Ward and Merton, 2011.

Source: 2011 Census



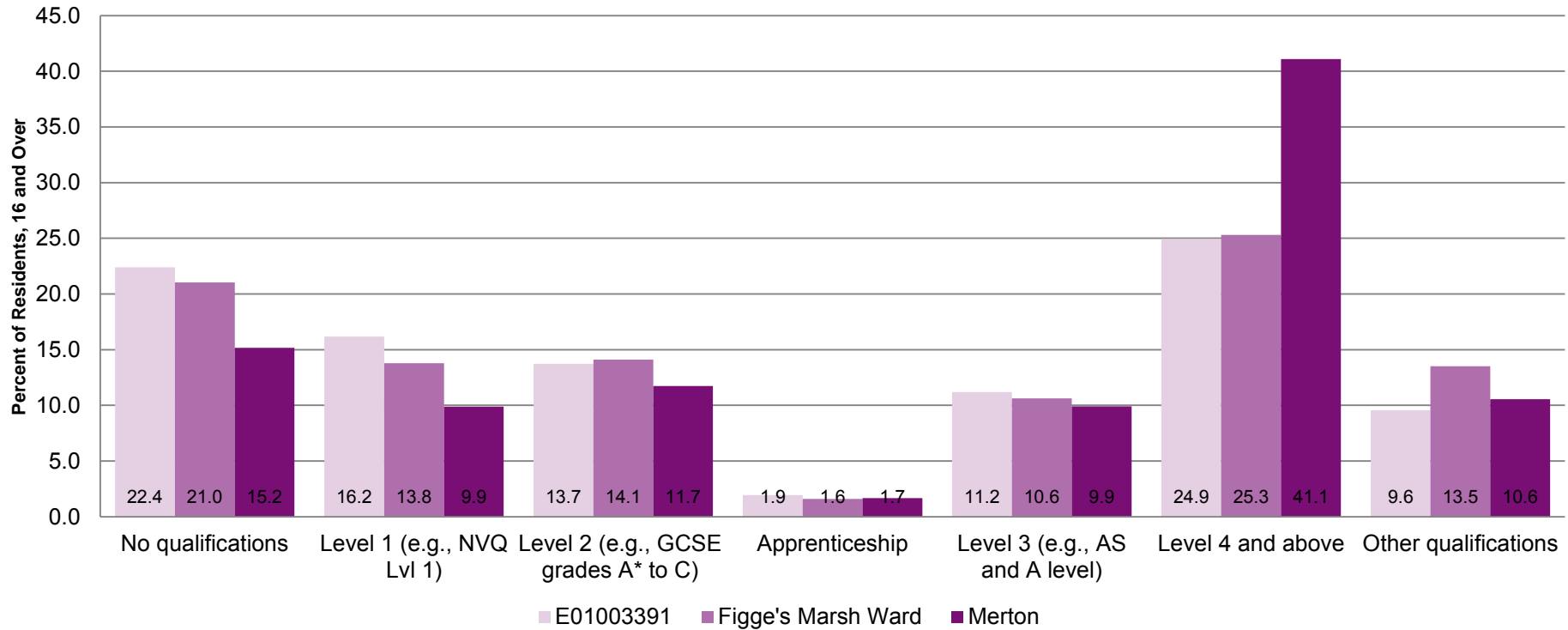
The graph on the left illustrates just the households with no adult in employment and whether or not they have dependent children.

One third of households (33.3%) in LSOA E01003391 were households where no adults work. Of those households, 11.8% were households with dependent children and 21.5% with no dependent children. This is a higher proportion compared to Figge's Marsh ward (28.4%) and Merton (23.9%).



### Eastfields Estate: Highest Level of Qualification compared to Figge's Marsh Ward and Merton, 2011.

Source: 2011 Census



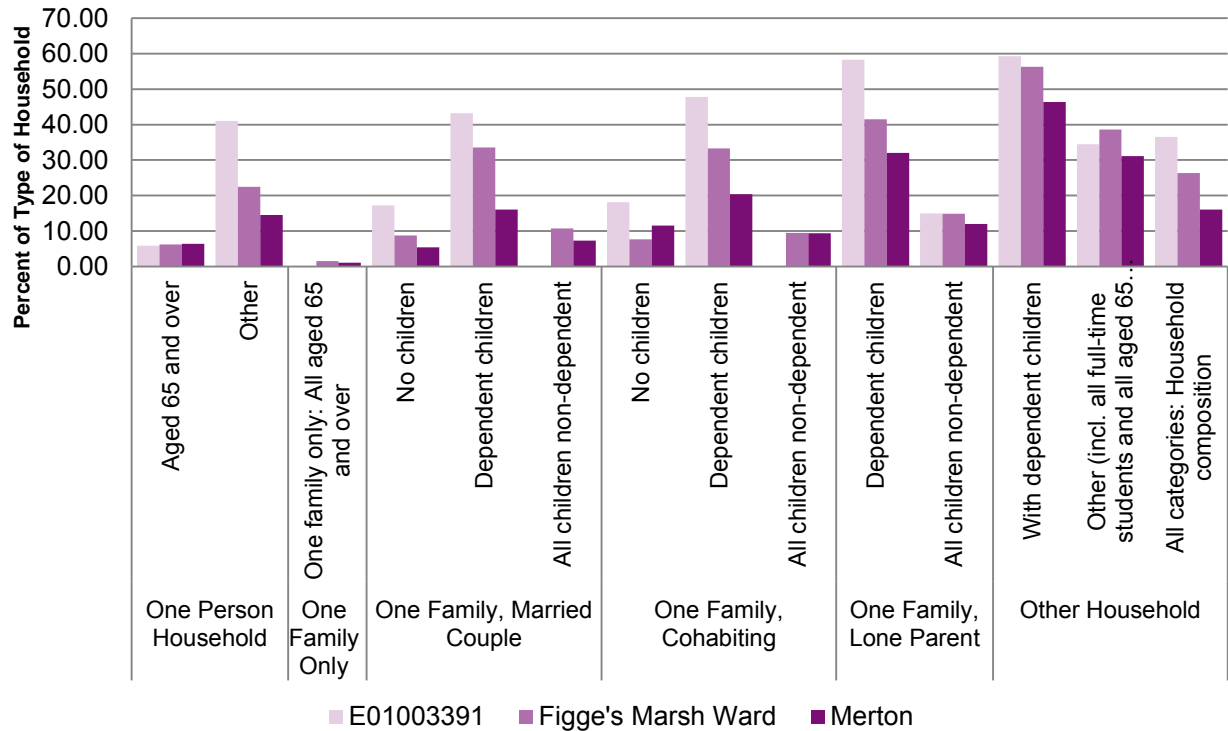
LSOA E01003391 has

52.3% hold Level 2 or lower. 48.9 in Figge's Marsh.

Comparable to Figge's Marsh.

### Eastfields Estate: Overcrowding by Household Composition compared to Figge's Marsh Ward and Merton, 2011.

Source: 2011 Census

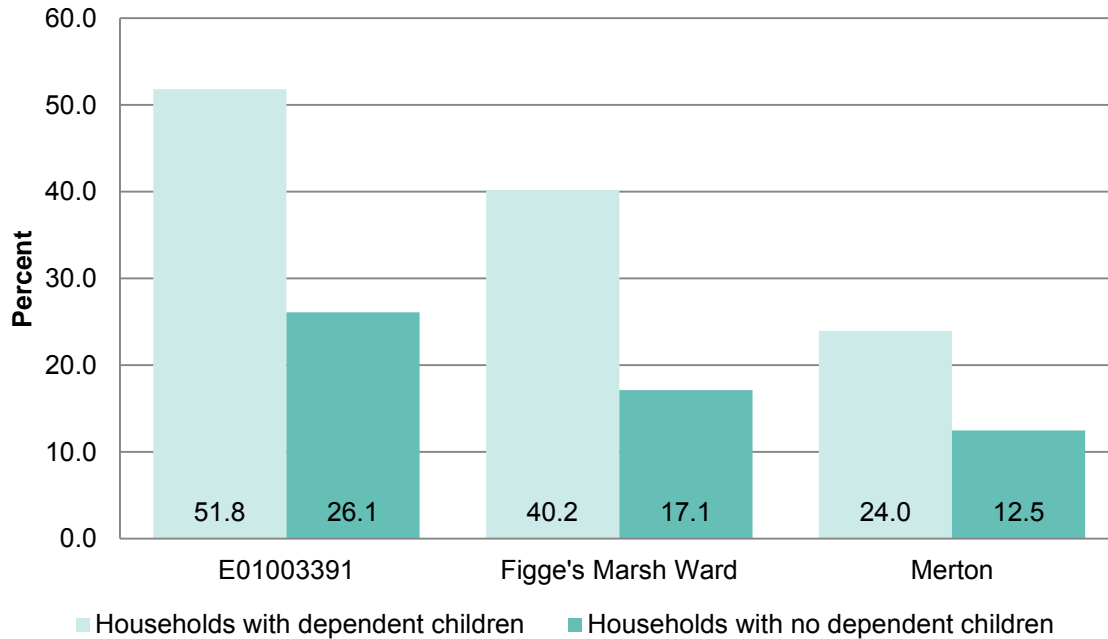


Overcrowding is measured in the Census through occupancy rating. Occupancy Rating provides a measure of under-occupancy and over-crowding. For example a value of -1 implies that there is one room too few and that there is overcrowding in the household. It relates the actual number of rooms to the number of rooms 'required' by the members of the household (based on an assessment of the relationship between household members, their ages and gender).

The graph to the left summarises the proportion of households by household composition which has an occupancy rating of -1 or less (one or more room too few for the household). As shown in the graph, a higher proportion of households which include dependent children were overcrowded. For example, 58.2% of lone parent household with dependent children live in an overcrowded accommodation compared to 15% of lone parents with no dependent children.

### Eastfields Estate LSOA: Overcrowding and Dependent Children compared to Figge's Marsh Ward and Merton, 2011.

Source: 2011 Census



Nationally, over two thirds (724,000) of the 1.1 million overcrowded households in England and Wales in March 2011 were households with dependent children, while the remaining 32% (338,000) were without dependent children.

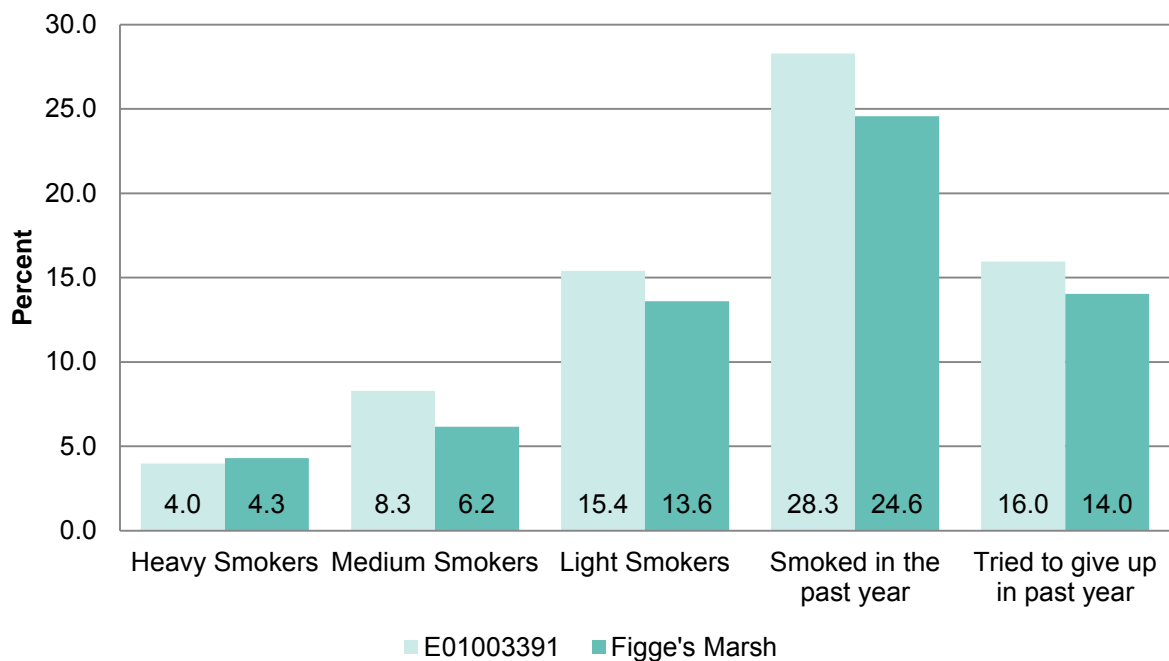
For LSOA E01003391, 57.8% of all overcrowded households were households with dependent children compared to 60.9% in Figge's Marsh ward.

As illustrated in the graph, of all households with dependent children in the LSOA, 51.8% were overcrowded. This is a higher proportion than Figge's Marsh (40.2%) and Merton (24%).

The Lifestyle section is based on Experian Mosaic data, which is a socio-demographic segmentation tool. Using this data, it is possible to calculate the expected prevalence of indicators such as diet and smoking, based on results from various national surveys. It is important to note that these are the expected prevalence based on the socio-demographic make-up of the area, not actual counts of individuals with the specific behaviour.

### Eastfields Estate: Expected Smoking Prevalence (residents aged 15 and over) compared to Figge's Marsh ward, 2014.

Source: Experian



Lifestyle: Smoking

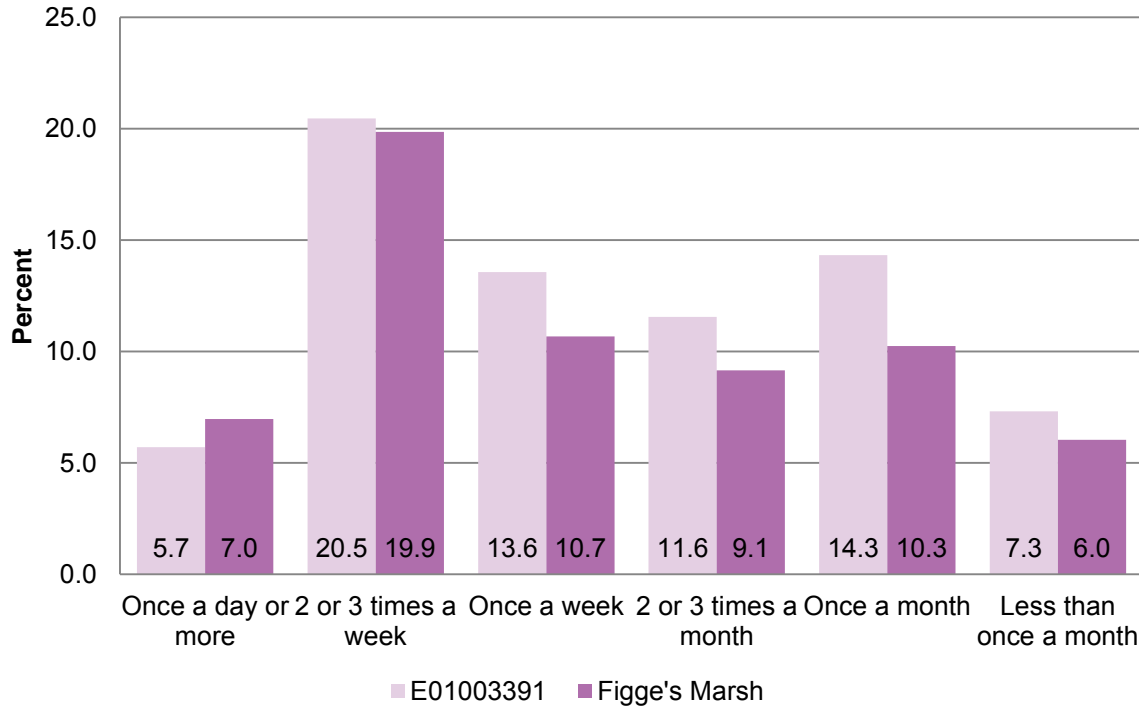
LSOA E01003391 has:

Slightly lower expected prevalence of heavy smokers compared to Figge's Marsh ward.

Higher expected prevalence on all other types, including those who tried to give up in the past year.

### Eastfields Estate: Expected Alcohol Consumption compared to Figge's Marsh Ward, 2014.

Source: Experian



#### LSOA E01003391

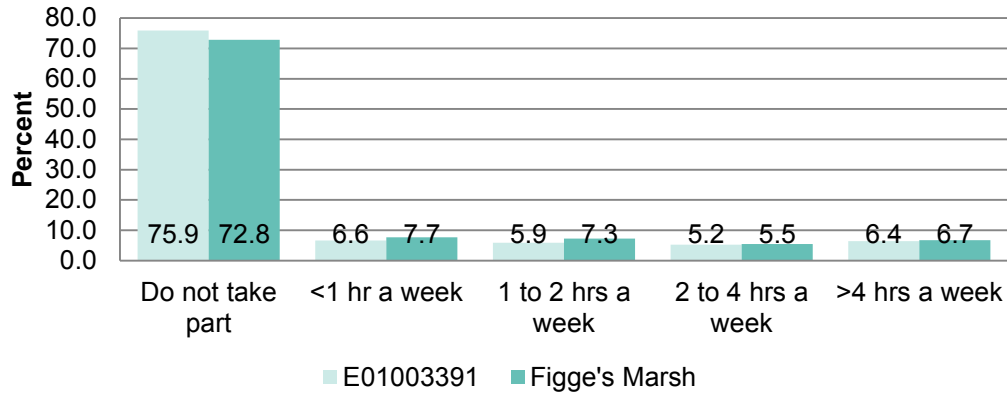
It is expected that 1 in 5 residents drink 2 or 3 times a week.

Except for the frequency of 'once a day or more', the expected prevalence of all drinking frequency is higher in the LSOA compared to Figge's Marsh ward.

Lifestyle: Physical Activity

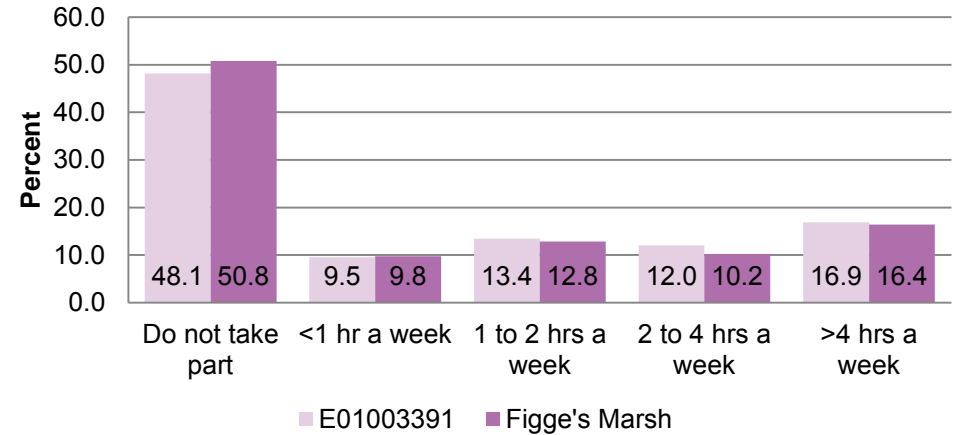
**Eastfields Estate: Expected Prevalence of Residents (aged 15 and over) in Sport Participation compared to Figge's Marsh ward, 2014.**

Source: Experian



**Eastfields Estate: Expected Exercise Frequency (residents aged 15 and over) compared to Figge's Marsh ward, 2011.**

Source: Experian



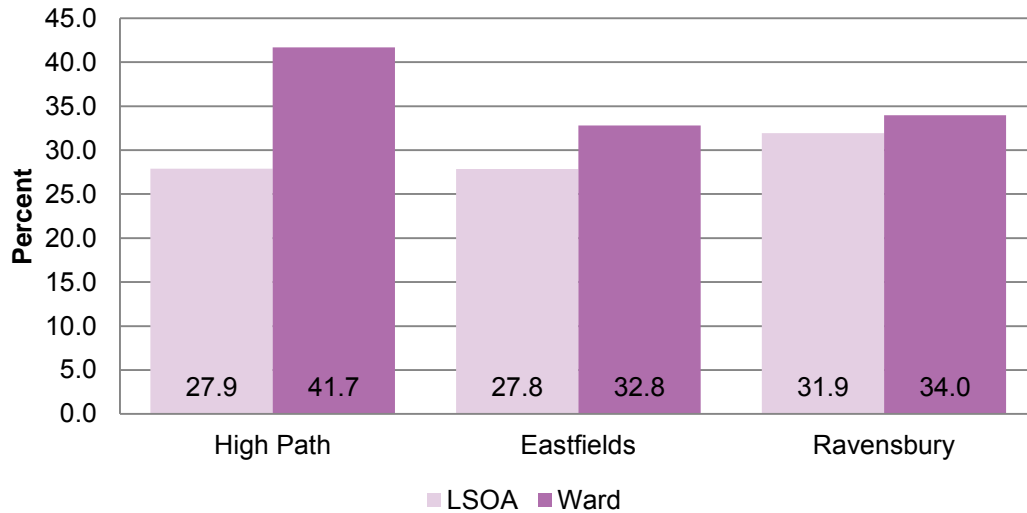
There are two different indicators for Physical Activity in Experian; frequencies of Sport Participation and exercise (jogging, walking, gym).

In LSOA E01003391, Sport Participation is quite low, with over three quarters of residents not taking part in any. The expected prevalence is comparable to Figge's Marsh ward, where 69% of residents do not take part.

In terms of exercise, LSOA E01003391 has comparable expected prevalence of residents who do not take part in any exercise compared to Figge's Marsh ward (48.1% vs. 50.8%).

### Expected Proportions of Residents (aged 15 and over) who Eat "5 a day", 2014.

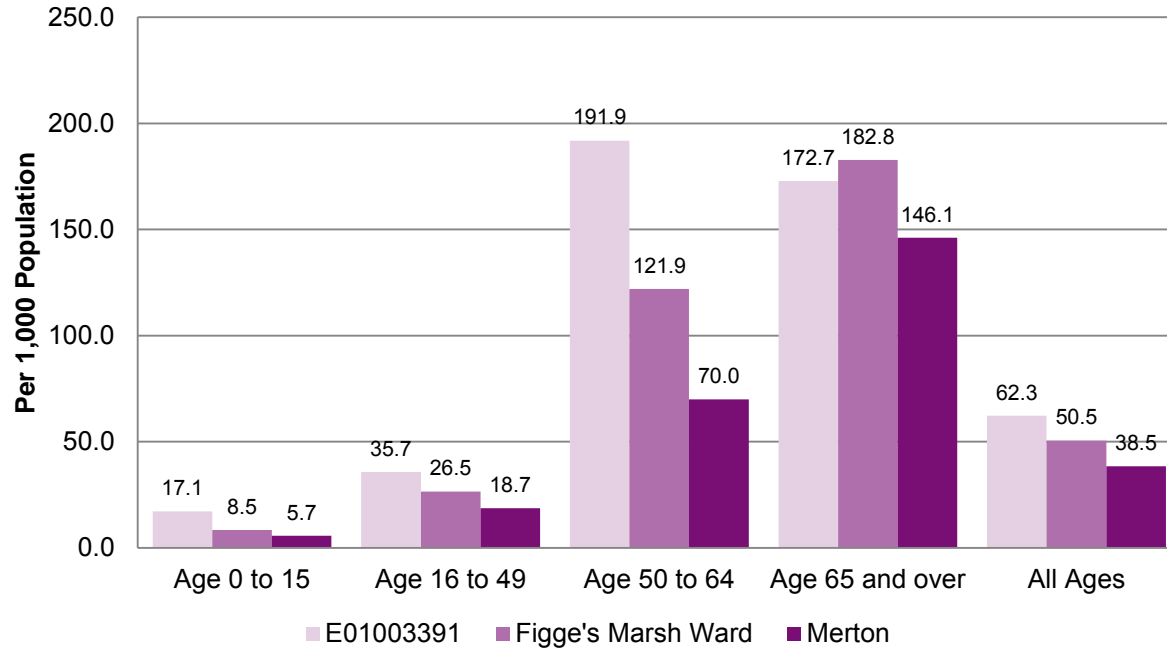
Source: Experian



The expected proportion of residents in LSOA 01003391 who eat 5 a day is lower compared to Figge's Marsh ward (27.8% vs. 32.8%).

### Eastfields Estate: Bad or Very Bad Health Age-Specific Rates (per 1,000 population) compared to Figge's Marsh Ward and Merton, 2011.

Source: 2011 Census



Note:

Please note that responses to the general health question in the 2011 Census were based on self-assessment.

LSOA E01003391 has

Higher rate of residents (all ages) with bad or very bad health.

Higher age-specific rates compared to Figge's Marsh ward, except for the 65 and over age group.

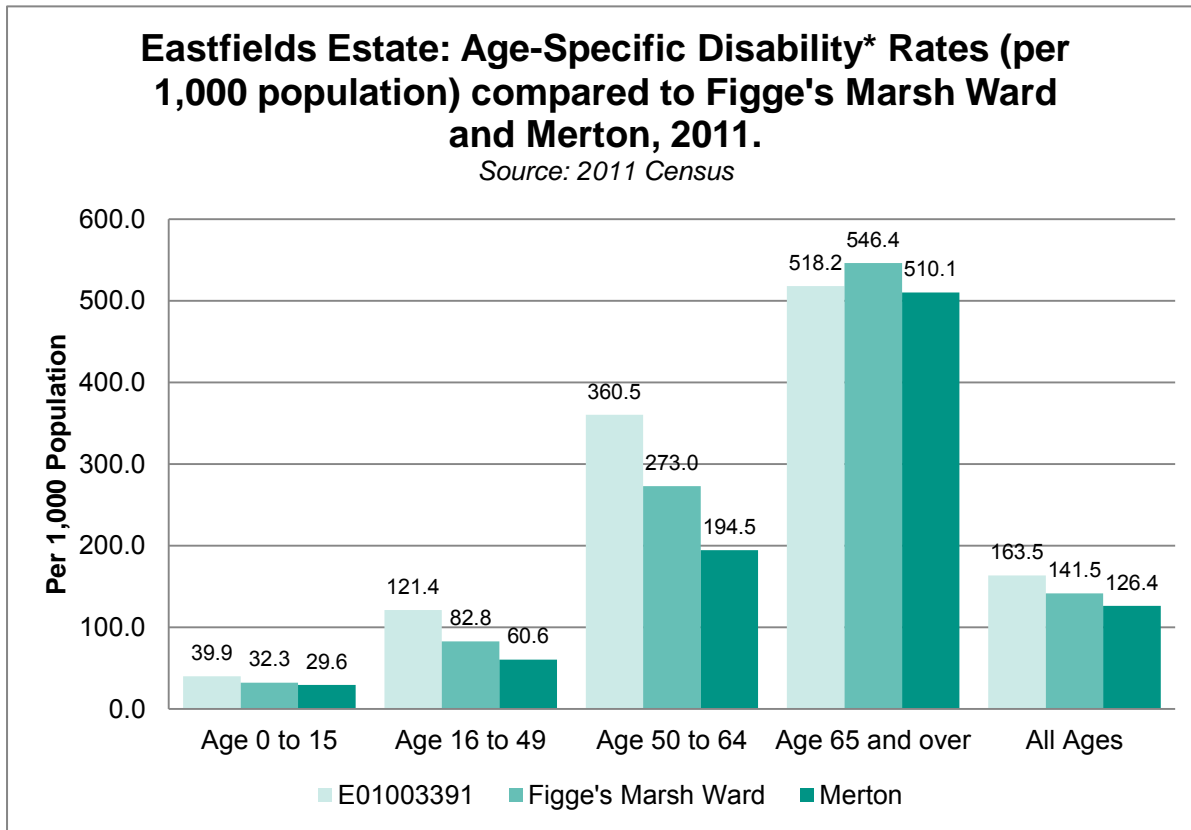
17.1 per 1,000 residents aged 0 to 15 reported bad or very bad health compared to 8.5 in Figge's Marsh ward.

191.9 per 1,000 residents aged 50 to 64 reported bad or very bad health compared to 121.9 in Figge's Marsh.

172.7 per 1,000 residents aged 65 and over reported bad or very bad health compared to 182.8 in Figge's Marsh.



Health: Disability



Note:

“Disability” refers to residents who stated that their daily activities were limited to the below question in the 2011 Census.

**23** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Include problems related to old age
- Yes, limited a lot
- Yes, limited a little
- No

Please note that responses to this question were based on self-assessment.

LSOA E01003391 has a higher rate of residents with disability compared to Figge’s Marsh ward (163.5 per 1,000 residents vs. 141.5).

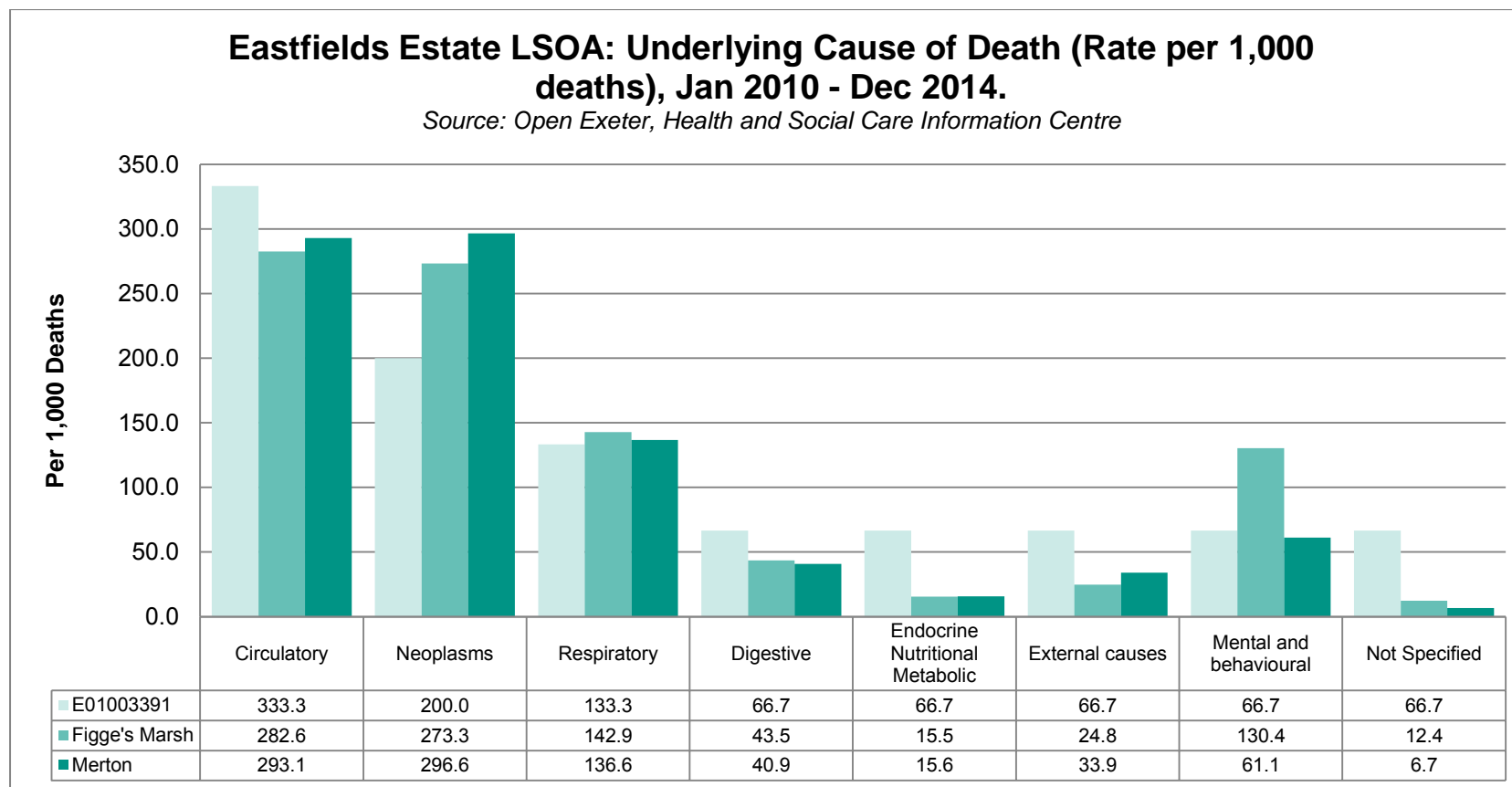
The rates are higher in most age groups but most notably in younger adults (121.4 per 1,000 residents aged 16 to 49 compared to 82.8 in Figge’s Marsh) and residents aged 50 to 64 (360.5 per 1,000 compared to 273 in Figge’s Marsh).

## Health: Causes of Mortality

Data for this section was extracted from Open Exeter. The numbers in the LSOA level data were very small, so a number of cautions have been taken:

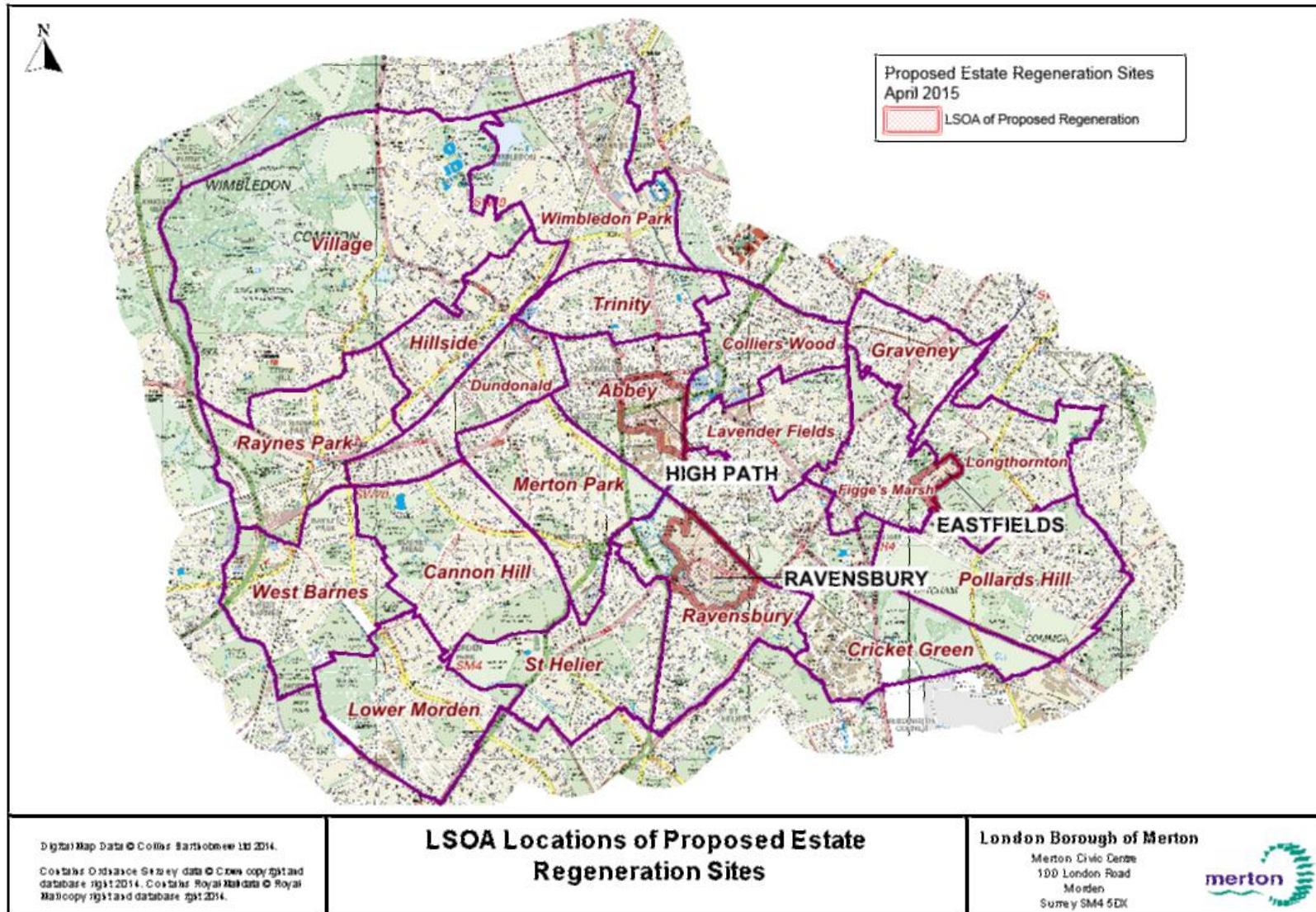
- data has been aggregated for 5 years, Jan 2010 to Dec 2014.
- the conditions have been grouped by main ICD-10 chapters
- the raw data has been analysed and turned into a rate per 1,000 deaths

The main causes of mortality in this LSOA are circulatory diseases (lower rate than Figge's Marsh), cancer (lower than Figge's Marsh) and respiratory diseases (lower rate than Figge's Marsh).



## High Path - Overview

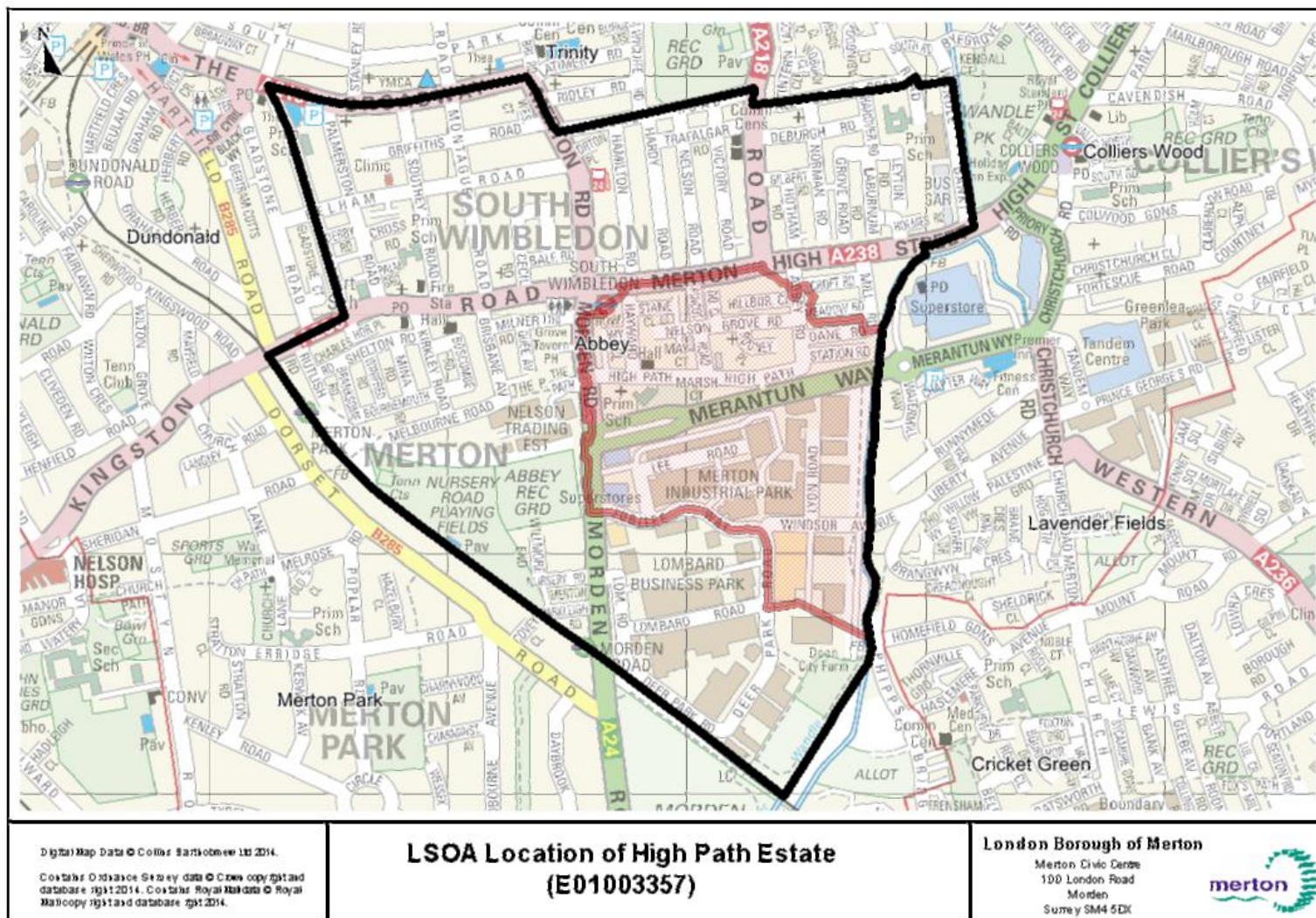
There are three proposed Estates for regeneration. Analysis on health and demographic data is going to be conducted on Lower Super Output Area (LSOA): Data availability, small numbers, not meaningful, easily compare to Ward and Borough level.



## High Path Estate

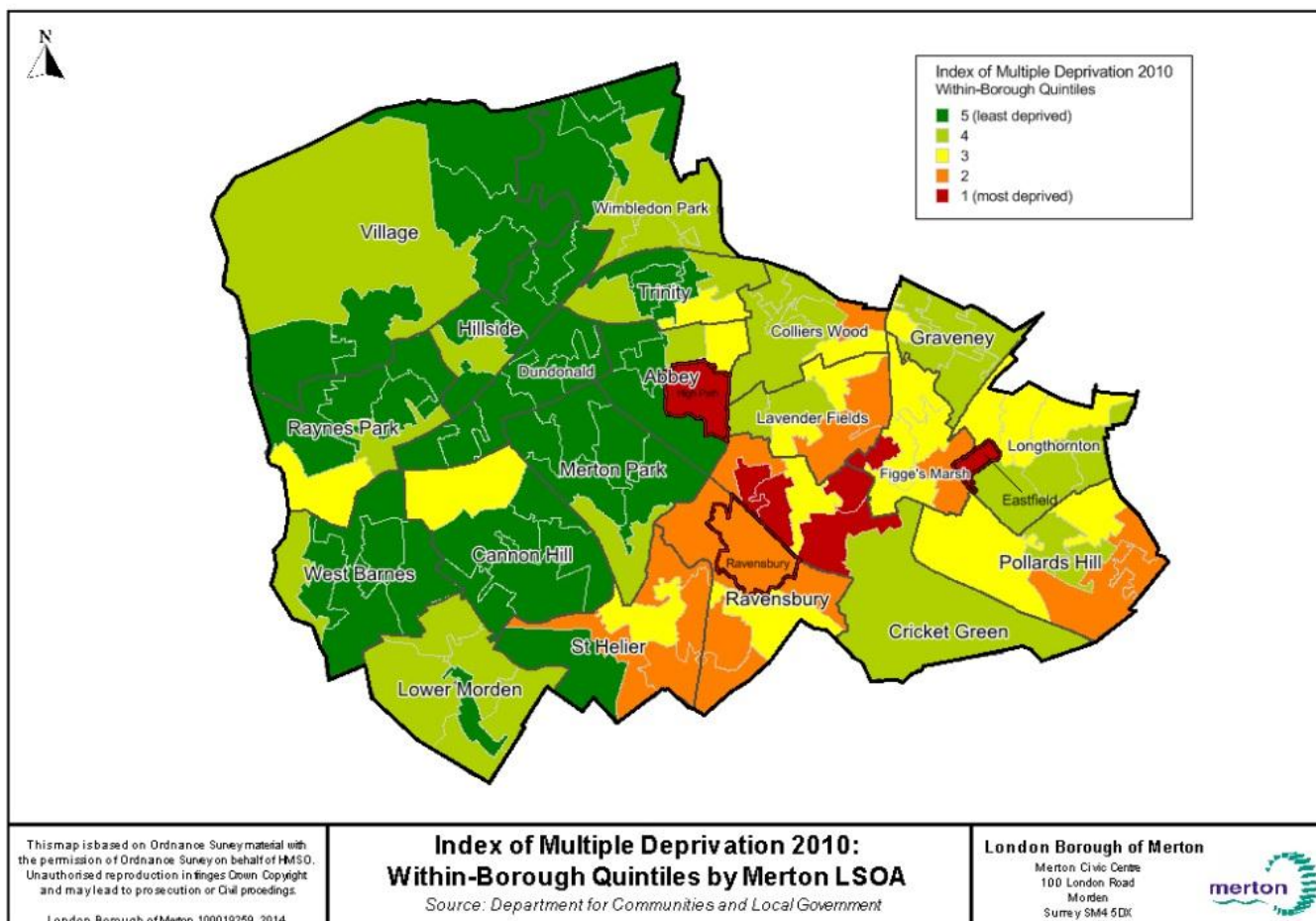
High Path Estate is located in South Wimbledon, within the Abbey ward in Merton (LSOA E0103357).

For the High Part Estate, only Units 1-6 of 1 Nelson Grove Road, 1-12 Lovell House & 1-9 Kelmscott House are not included because they form part of output areas for which the majority of the dwellings are not part of the estate. Only 19 houses which do not form part of the estate are included in the figures for the output areas of the High Path Estate.



## Index of Multiple Deprivation (IMD) 2010

The IMD 2010 is designed to measure deprivation in its broadest sense and to reflect the multiple issues many deprived households face. The IMD is a combination of 38 different indicators across seven broad 'domains' (income, employment, health, crime, education, housing, and environment) and is calculated for every Lower layer Super Output Area (LSOA) in England. Each LSOA is given a deprivation score across each of the domains and indices and these scores can be used to rank every LSOA in England according to their relative level of deprivation. However, it is important to bear in mind that the overall scores for areas are a summary of the level and type of deprivation in that area - not all deprived people live in deprived areas, and not everyone living in a deprived area is deprived.

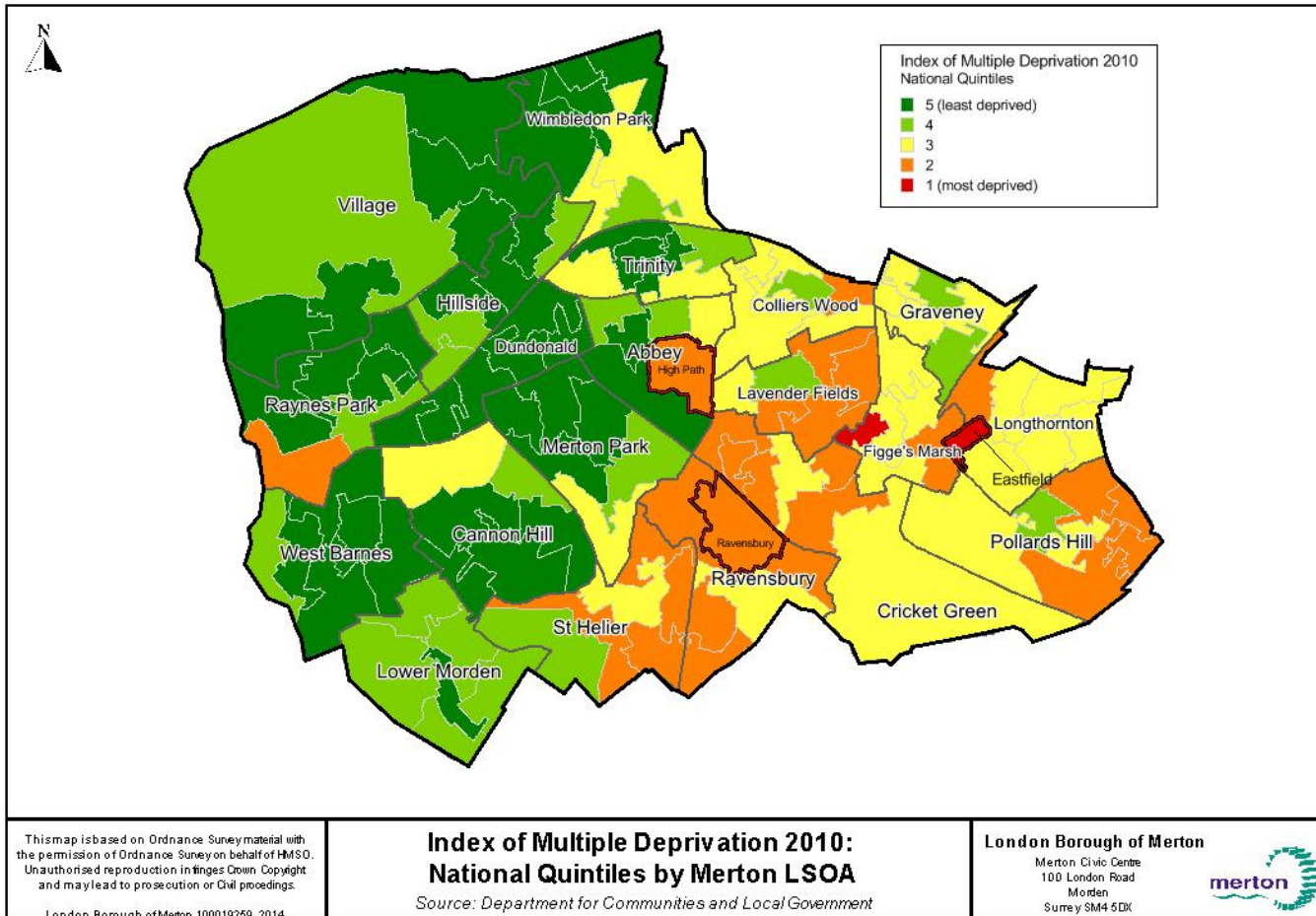


Within Merton comparison:

Note: relative measure of most to least deprived in Merton. Since Merton is generally quite well off, then the bottom quintile may include people who are not that poor (relative to the rest of UK).

High Path and Eastfields on Quintile 1, most deprived.

Ravensbury Estate on Quintile 2.

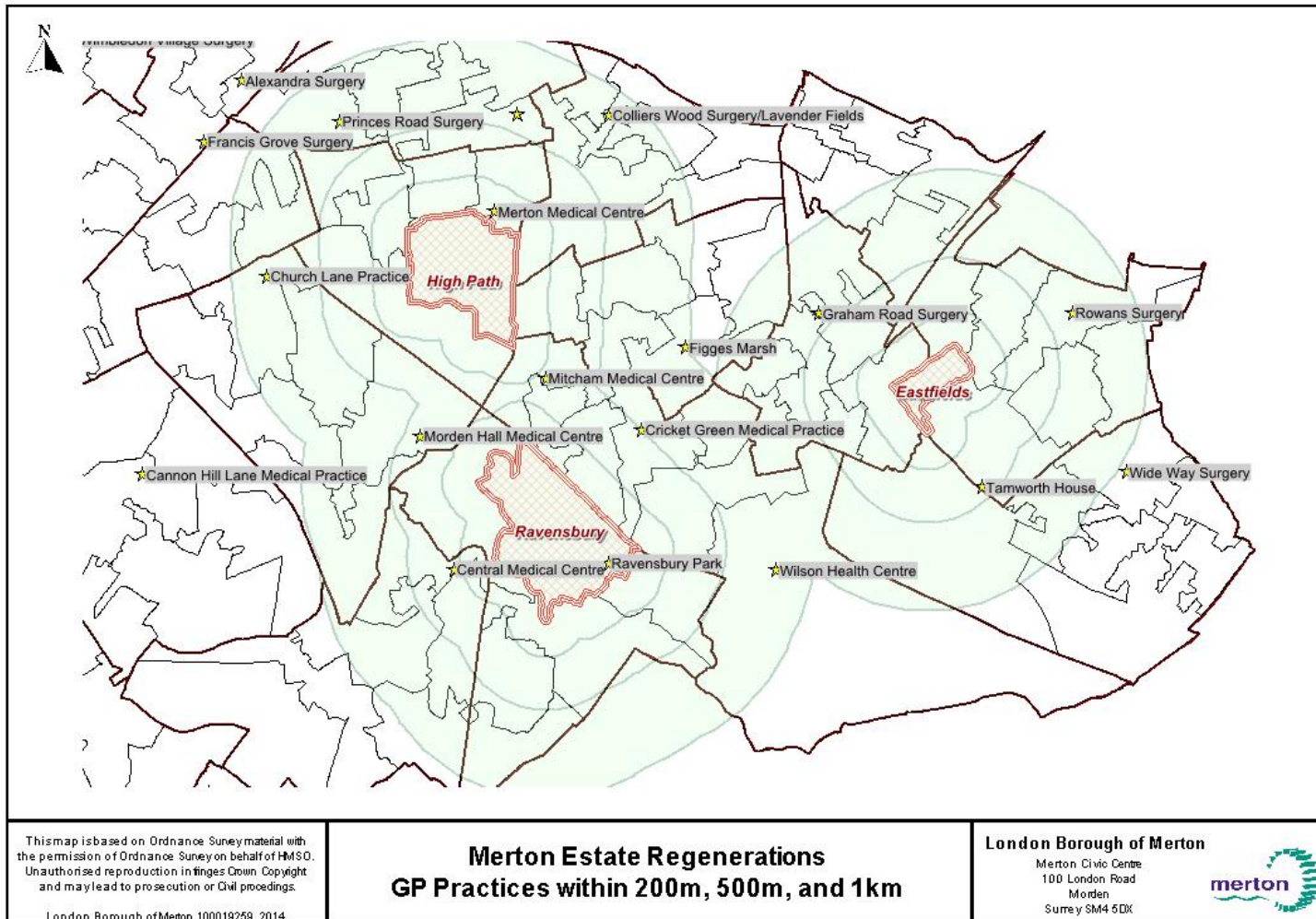


National comparison:

Eastfields on Quintile 1, most deprived

High Path and Ravensbury on Quintile 2.

Access to GPs: GPs within 200m, 500m, and 1km from LSOAs.



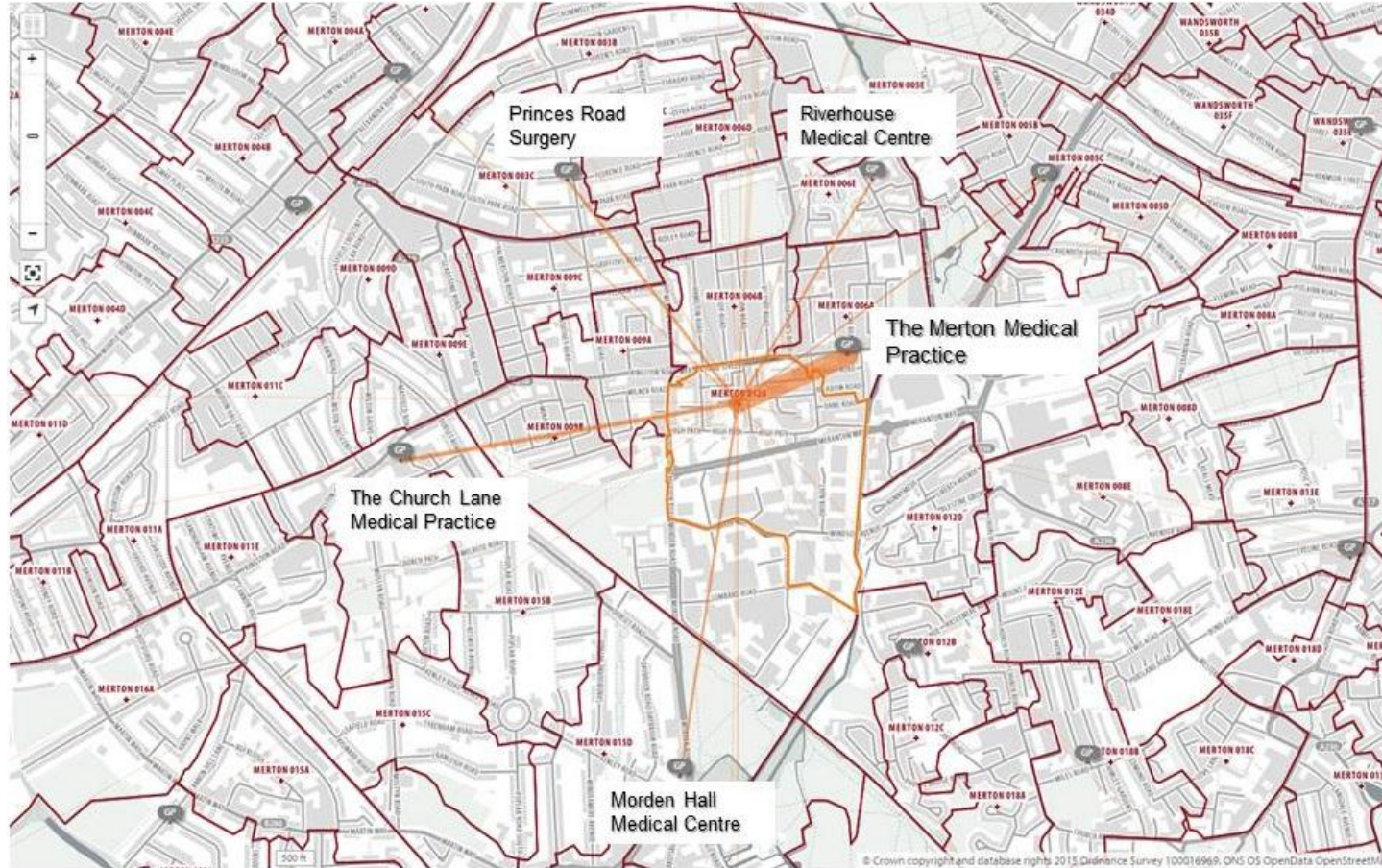
The map shows the GPs within 200 metres, 500 metres, and 1 kilometre from the three LSOAs of the three proposed estate regenerations.

High Path Estate has one GP within 200 metres, two GPs within 500 metres, and seven within 1 kilometre.

Eastfield Estate has no GP within 200 metres, one GP within 500 metres, and three GPs within 1 kilometre.

Ravensbury Estate has one GP within 200 metres, five GPs within 500 metres, and seven within 1 kilometre.

## Access to GPs: Where Residents are Registered



Residents in this LSOA are registered in 38 GPs.

The map to the left illustrates which GPs the residents in this LSOA are registered in. The thickness of the line denotes the number of residents registered in that specific GP – the thicker the line, the higher the number of residents registered in that GP.

As indicated, the highest proportion of residents are registered in The Merton Medical Practice in South Wimbledon (12-17 Abbey Parade, SW19 1DG).

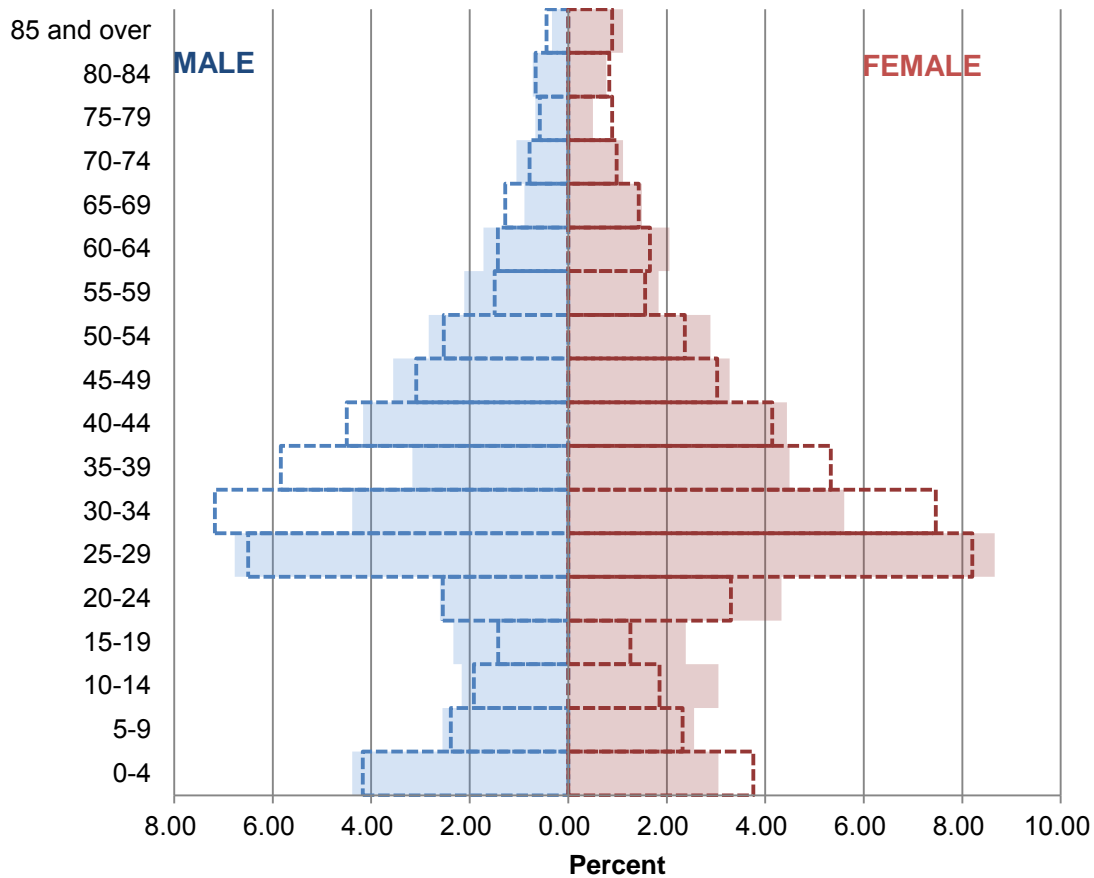
(We have a list of all the GPS that residents are registered to, no indication of the number of residents registered there though.)



Population: Age Structure

**High Path Estate LSOA: Age Structure, 2013.**

Source: Population Estimates Unit, Office for National Statistics



▭ Abbey Ward Female    ▭ Abbey Ward Male  
▭ E01003357 LSOA Female    ▭ E01003357 LSOA Male

Compared to Abbey Ward, LSOA E01003357, where High Path Estate is located, has:

- Higher proportion of females (53.6%) than males (46.4%)
- Higher proportion of CYP aged 0 to 19 (22.5% vs 19.1%) and older adults aged 45-64 (20.3% vs 17.1%)
- Lower proportion of adults aged 30 to 39 (17.6% vs 25.8%)

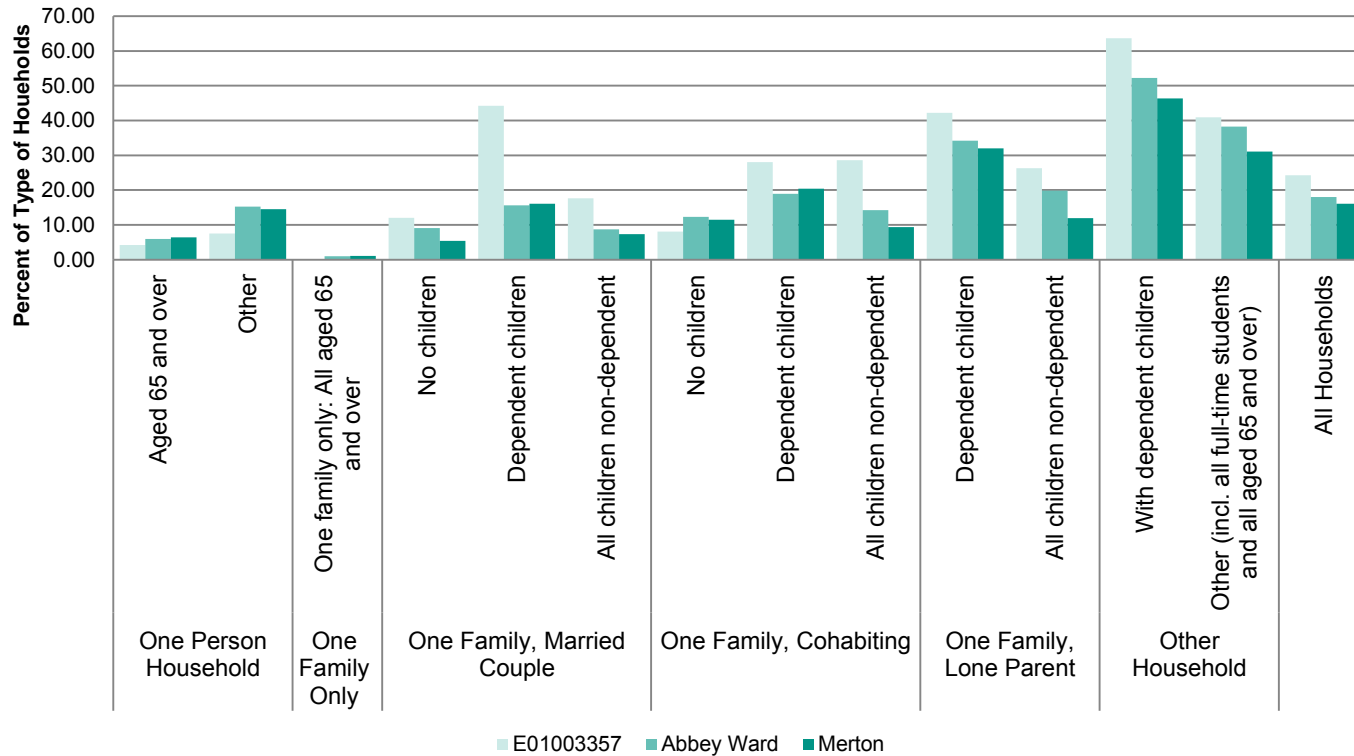
Implications:  
Education  
Health



Population: Overcrowding

### High Path Estate: Overcrowding by Household Composition compared to Abbey Ward and Merton, 2011.

Source: 2011 Census

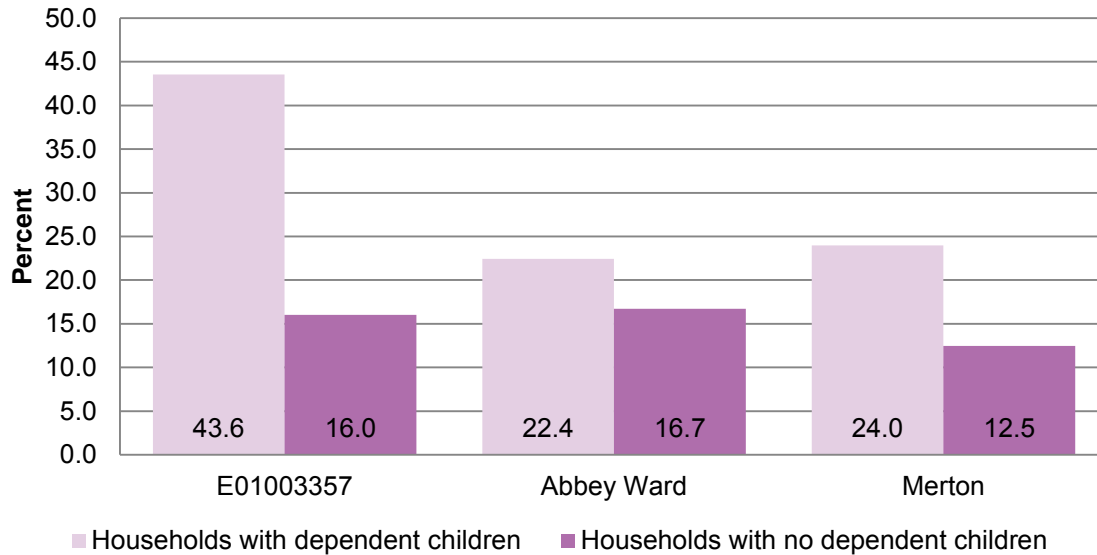


Overcrowding is measured in the Census through occupancy rating. Occupancy Rating provides a measure of under-occupancy and over-crowding. For example a value of -1 implies that there is one room too few and that there is overcrowding in the household. It relates the actual number of rooms to the number of rooms 'required' by the members of the household (based on an assessment of the relationship between household members, their ages and gender).

The graph to the left summarises the proportion of households by household composition which has an occupancy rating of -1 or less (one or more room too few for the household). As shown in the graph, a higher proportion of households which include dependent children were overcrowded. For example, 44,2% of married couple household with dependent children live in an overcrowded accommodation compared to 12% of married couple with no children.

### High Path Estate LSOA: Overcrowding and Dependent Children compared to Abbey Ward and Merton, 2011.

Source: 2011 Census



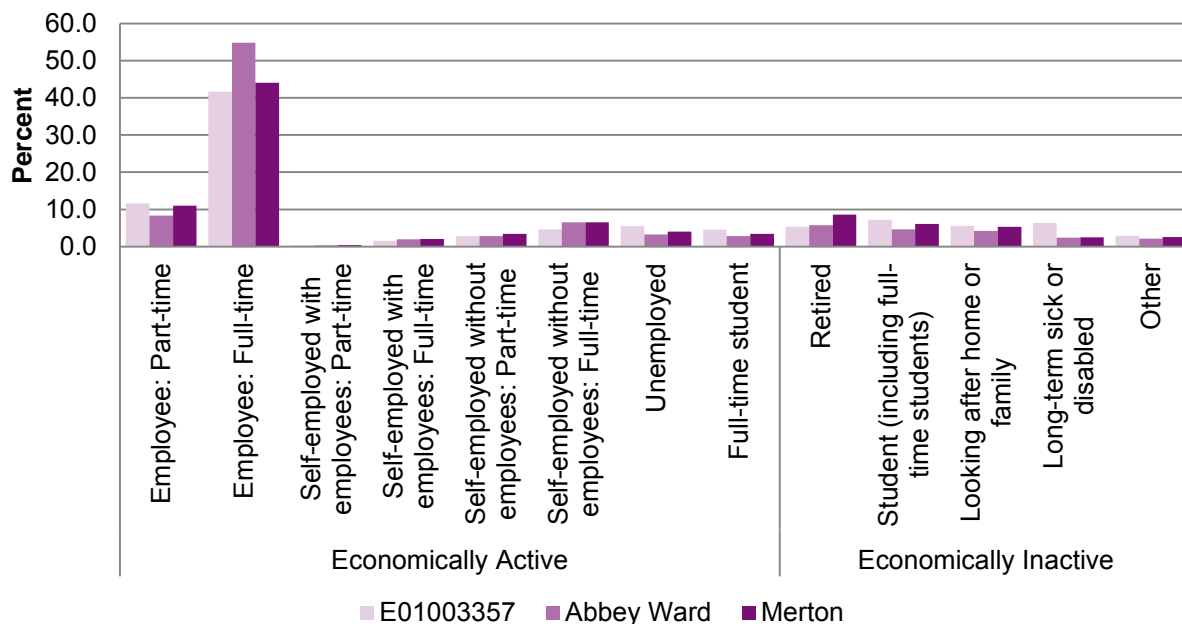
Nationally, over two thirds (724,000) of the 1.1 million overcrowded households in England and Wales in March 2011 were households with dependent children, while the remaining 32% (338,000) were without dependent children.

For LSOA E01003357, 53.8% of all overcrowded households were households with dependent children compared to 29.2% in Abbey ward.

Of all households with dependent children in the LSOA, 43.6% were overcrowded. This is a much higher proportion than Abbey (22.4%) and Merton (24%).

### High Path Estate LSOA: Economic Activity (residents aged 16 -74) compared to Abbey Ward and Merton, 2011.

Source: 2011 Census



Economic activity relates to whether or not a person who was aged 16 to 74 was working or looking for work in the week before census. Rather than a simple indicator of whether or not someone was currently in employment, it provides a measure of whether or not a person was inactive participant in the labour market.

In 2011, nearly three quarters (72.6%) of residents in this LSOA is economically active and the rest (27.4%) were inactive. Comparatively, Abbey ward had a higher proportion of residents who were economically active (80.9%).

LSOA 01003357 has:

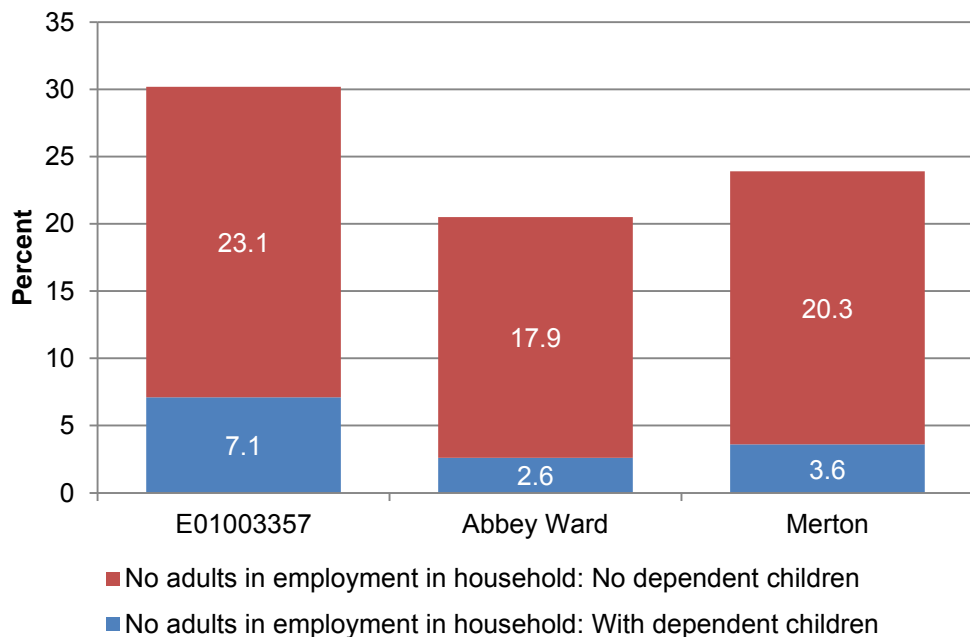
Slightly higher proportion of part-time employees (11.6% vs. 8.3%).

Lower proportion of full-time employees (41.7% vs. 54.9%).

Higher proportion of long-term sick or disabled (6.3% vs. 2.4%).

### High Path Estate LSOA: Adults not in Employment compared to Abbey Ward and Merton, 2011.

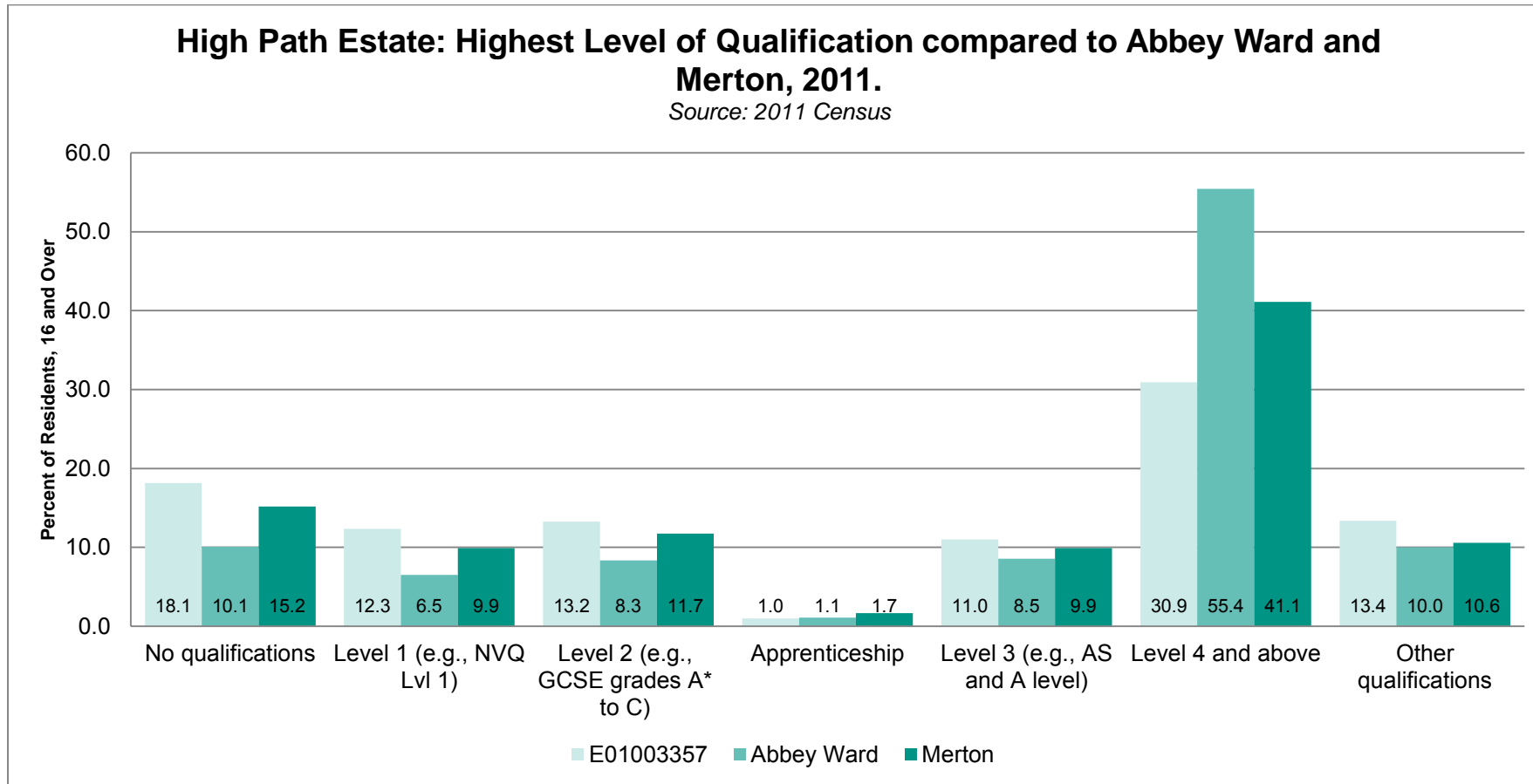
Source: 2011 Census



The graph on the left illustrates just the households with no adult in employment and whether or not they have dependent children.

One third of households (30.2%) in LSOA E01003357 were households where no adults work. Of those households, 7.1% were households with dependent children and 23.1% with no dependent children. This is a higher proportion compared to Abbey ward (20.5%) and Merton (23.9%).

Population: Qualifications



LSOA E01003357 has

43.7% hold Level 2 or lower. 24.9 in Abbey

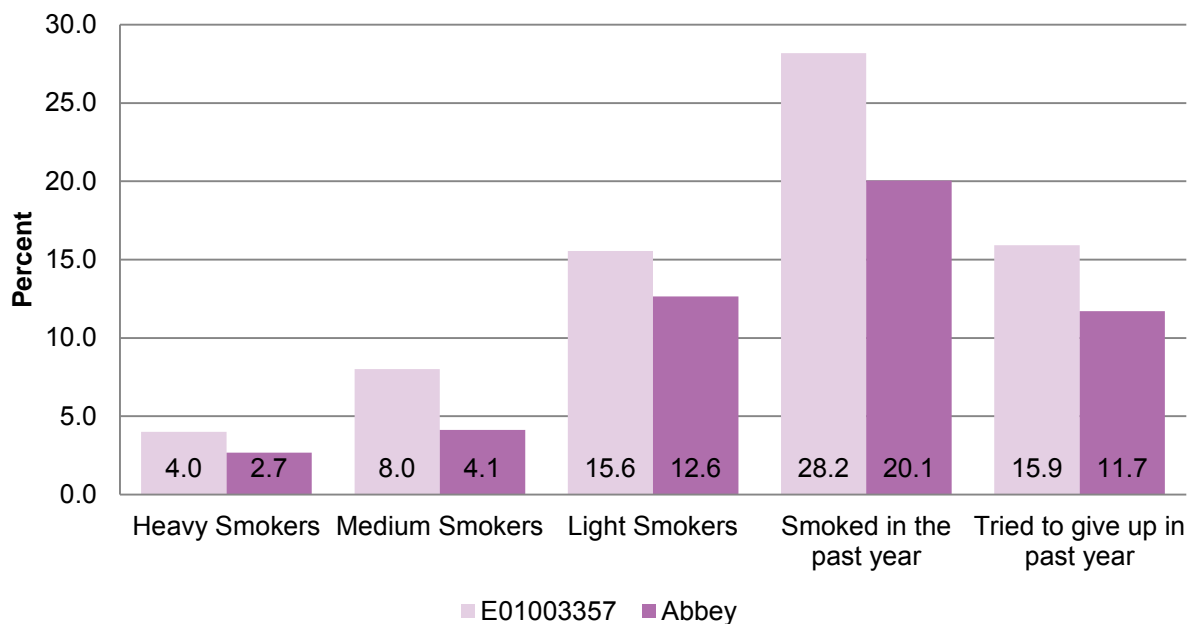
Lower proportion of over 16s holding Level 4 qualifications or above (30.9% vs. 55.4%).

Higher proportion of over 16s who hold no qualifications (18.1% vs. 10.1%).

The Lifestyle section is based on Experian Mosaic data, which is a socio-demographic segmentation tool. Using this data, it is possible to calculate the expected prevalence of indicators such as diet and smoking, based on results from various national surveys. It is important to note that these are the expected prevalence based on the socio-demographic make-up of the area, not actual counts of individuals with the specific behaviour.

### High Path Estate: Expected Smoking Prevalence (residents aged 15 and over) compared to Abbey ward, 2014.

Source: Experian



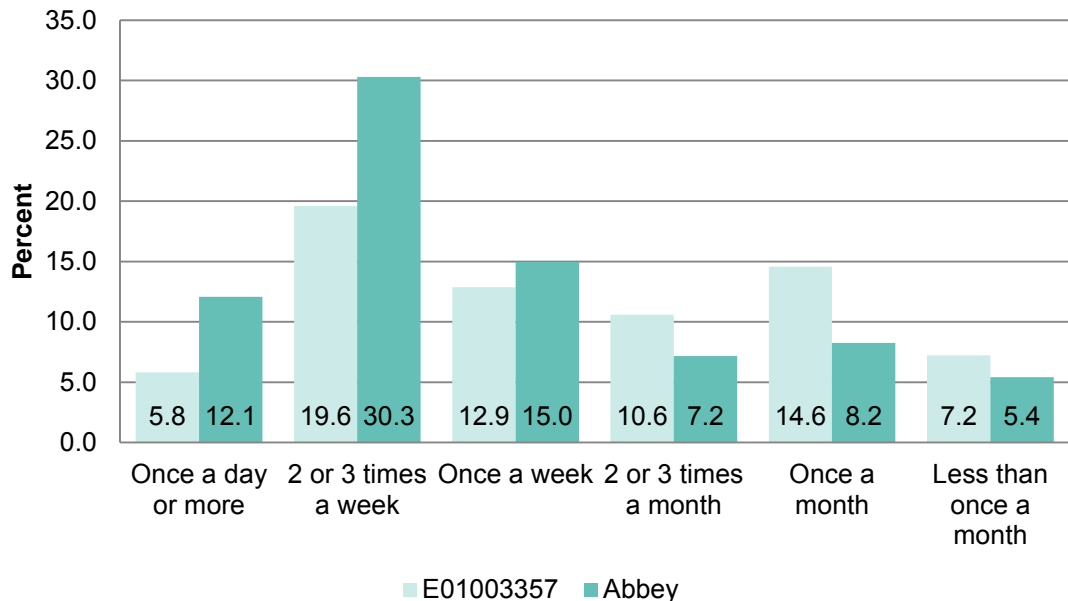
#### Lifestyle: Smoking

LSOA E01003357 has higher expected prevalence of smoking compared to Abbey ward. In particular the number of people who smoked in the past year (28.2% vs. 20.1%). It also has a higher expected prevalence of people who tried to quit in the past year.



### High Path Estate: Expected Alcohol Consumption compared to Abbey Ward, 2014.

Source: Experian



LSOA E01003357

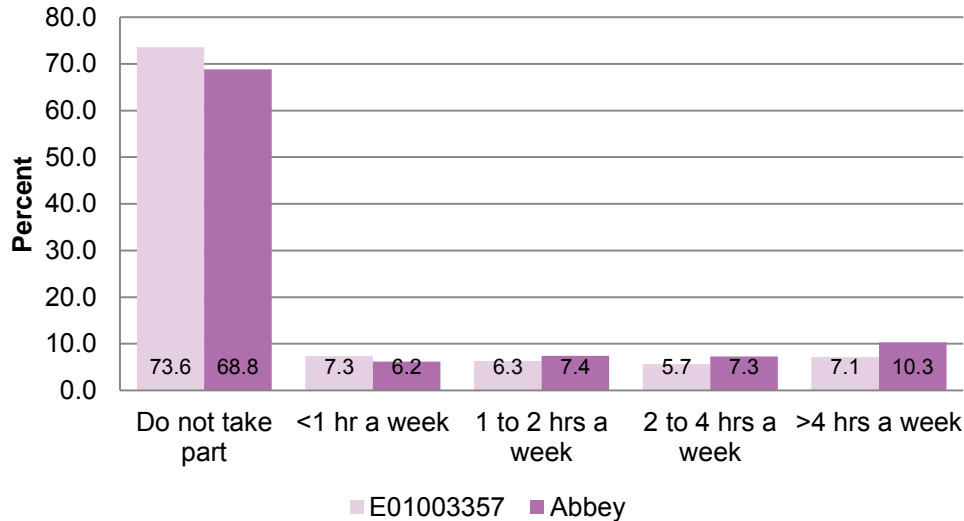
It is expected that 1 in 5 residents drink 2 or 3 times a week.

The expected prevalence of frequent drinking (once a week or more) are lower compared to Abbey ward.

Lifestyle: Physical Activity

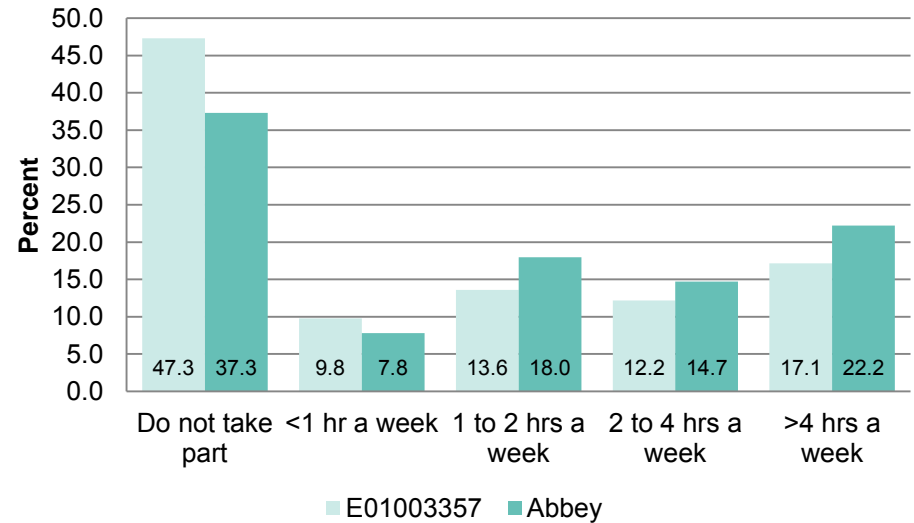
**High Path Estate: Expected Prevalence of Residents (aged 15 and over) in Sport Participation compared to Abbey ward, 2014.**

Source: Experian



**High Path Estate: Expected Exercise Frequency (residents aged 15 and over) compared to Abbey ward, 2011.**

Source: Experian



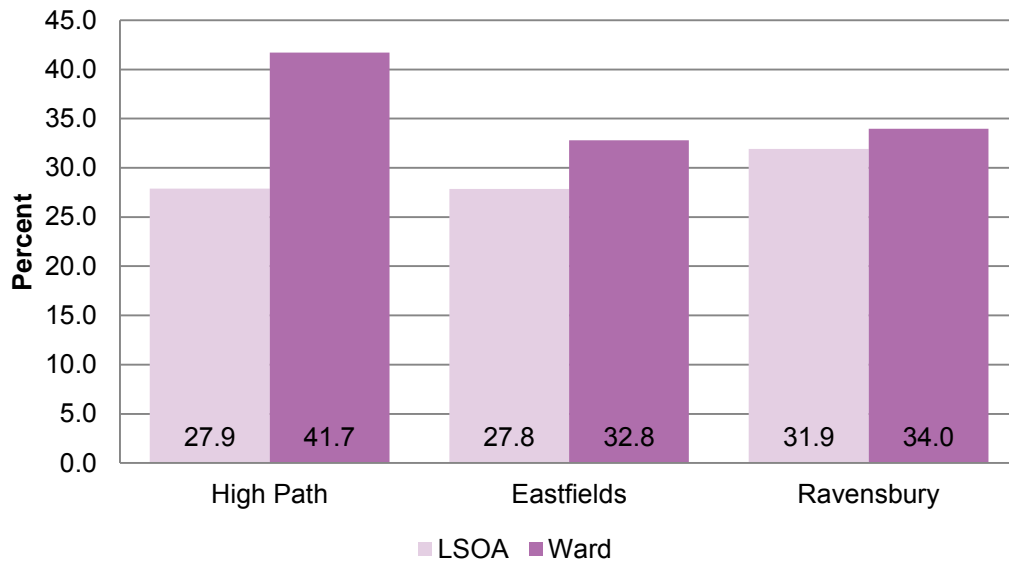
There are two different indicators for Physical Activity in Experian; frequencies of Sport Participation and exercise (jogging, walking, gym).

In LSOA E01003357, Sport Participation is quite low, with nearly three quarters of residents not taking part in any. The expected prevalence is higher than Abbey ward, where 69% of residents do not take part.

In terms of exercise, LSOA E01003357 has higher expected prevalence of residents who do not take part in any exercise compared to Abbey ward (47.3% vs. 37.3%).

### Expected Proportions of Residents (aged 15 and over) who Eat "5 a day", 2014.

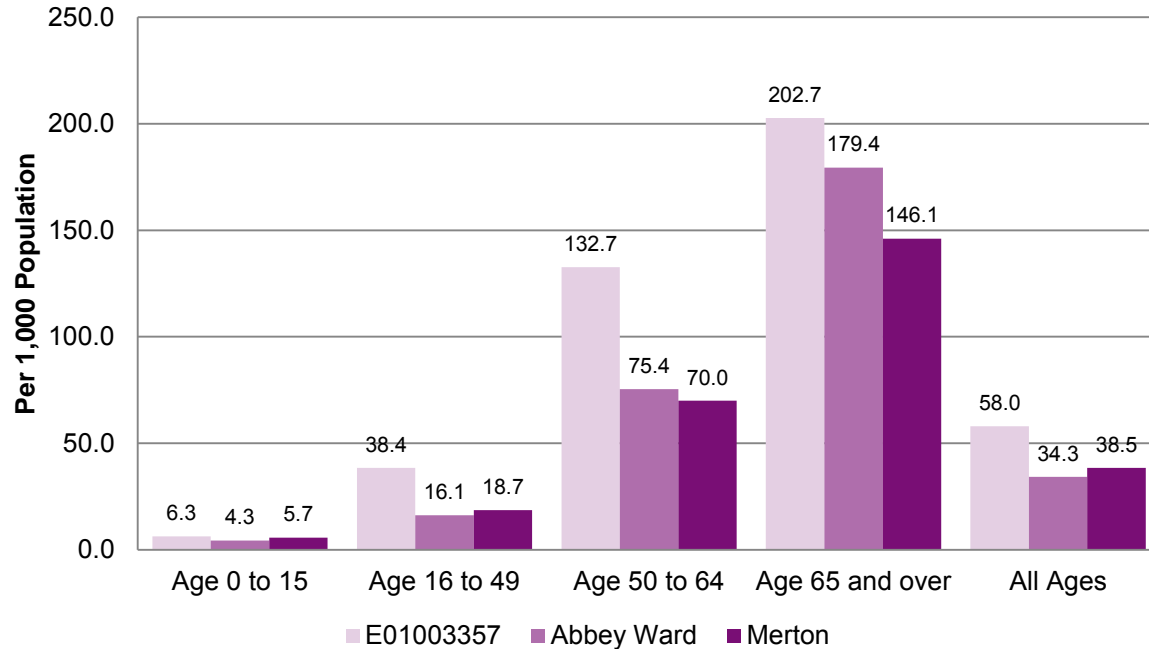
Source: Experian



The expected proportion of residents in LSOA 01003357 who eat 5 a day is lower compared to Abbey ward (27.9% vs. 42.7%).

### High Path Estate: Bad or Very Bad Health Age-Specific Rates (per 1,000 population) compared to Abbey Ward and Merton, 2011.

Source: 2011 Census



Note:

Please note that responses to the general health question in the 2011 Census were based on self-assessment.

LSOA E01003357 has

Higher rate of residents (all ages) with bad or very bad health.

Higher age-specific rates compared to Abbey ward.

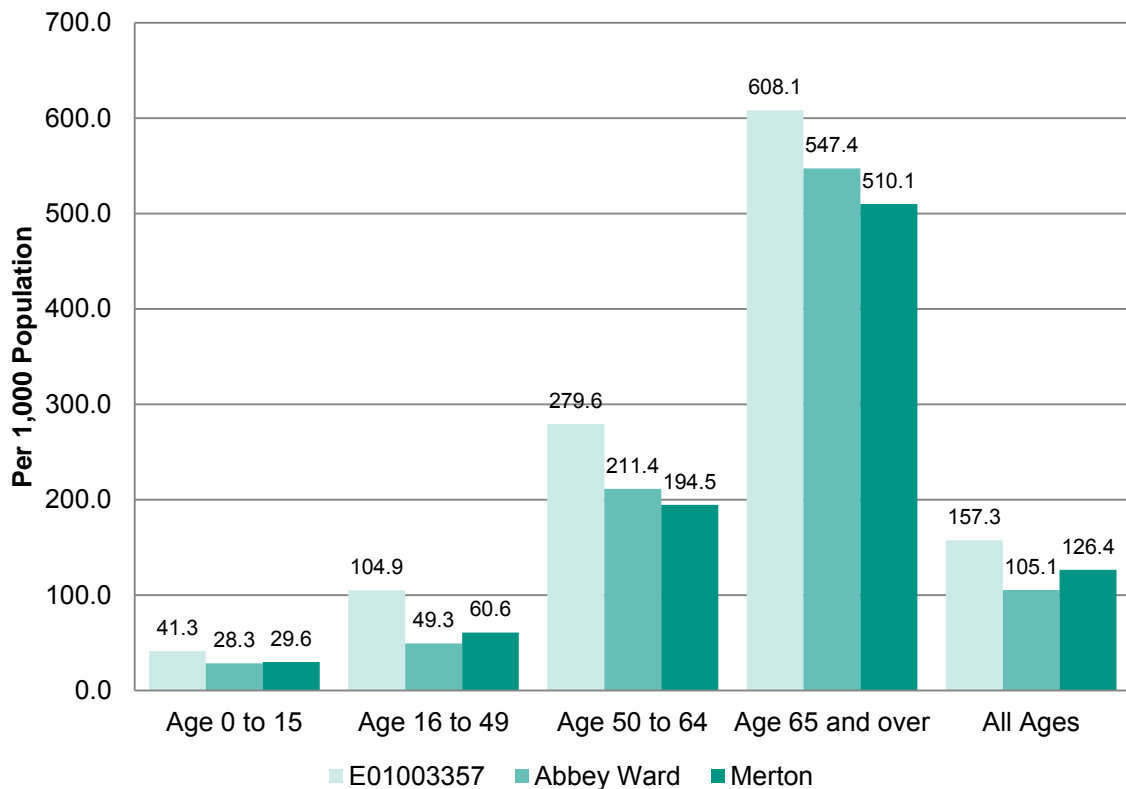
38.4 per 1,000 residents aged 16 to 49 reported bad or very bad health compared to 16.1 in Abbey ward.

132.7 per 1,000 residents aged 50 to 64 reported bad or very bad health compared to 75.4 in Abbey ward.

202.7 per 1,000 residents aged 65 and over reported bad or very bad health compared to 179.4 in Abbey ward.

### High Path Estate: Age-Specific Disability\* Rates (per 1,000 population) compared to Abbey Ward and Merton, 2011.

Source: 2011 Census



Note:

“Disability” refers to residents who stated that their daily activities were limited to the below question in the 2011 Census.

**23** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Include problems related to old age
- Yes, limited a lot
- Yes, limited a little
- No

Please note that responses to this question were based on self-assessment.

LSOA E01003357 has a higher rate of residents with disability compared to Abbey ward (157.3 per 1,000 residents vs. 105.1).

The rates are higher in all age groups but most notably in children (41.3 per 1,000 residents aged 1 to 15 compared to 28.3 in Abbey) and younger adults (104.9 per 1,000 residents aged 16 to 49 compared to 49.3 in Abbey).

## Health: Causes of Mortality

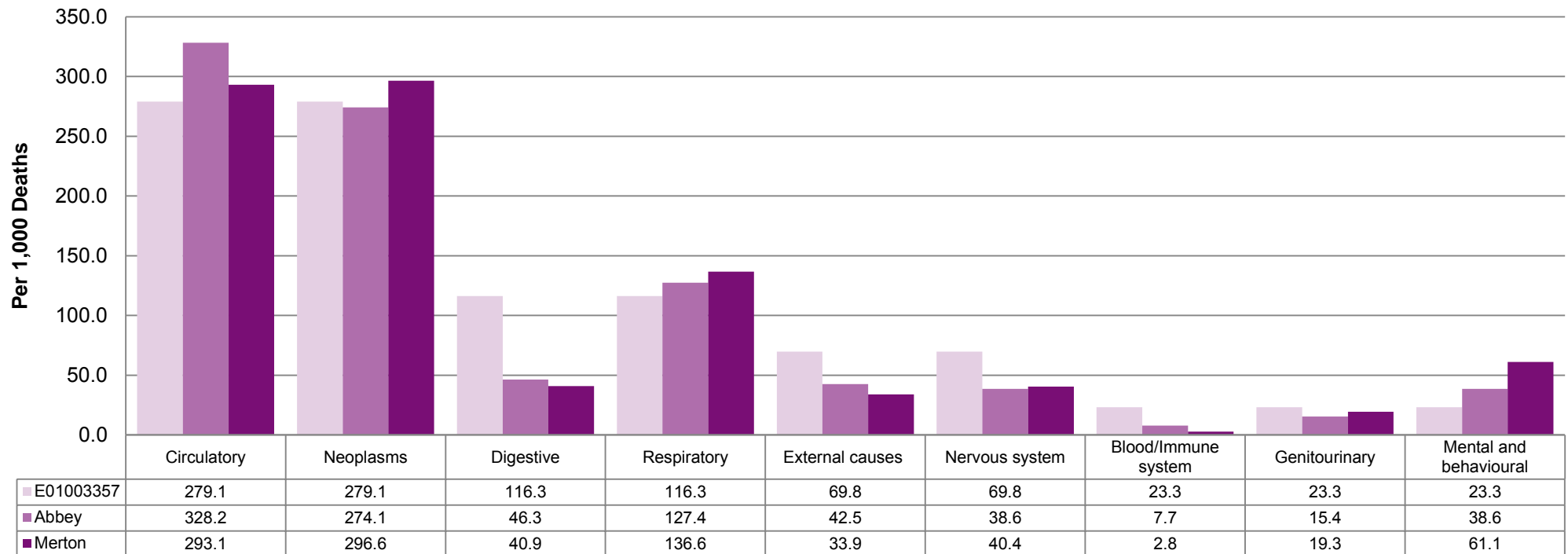
Data for this section was extracted from Open Exeter. The numbers in the LSOA level data were very small, so a number of cautions have been taken:

- data has been aggregated for 5 years, Jan 2010 to Dec 2014.
- the conditions have been grouped by main ICD-10 chapters
- the raw data has been analysed and turned into a rate per 1,000 deaths

The main causes of mortality in this LSOA are circulatory diseases (lower rate than Abbey), cancer (comparable to Abbey) and digestive (much higher rate than Abbey).

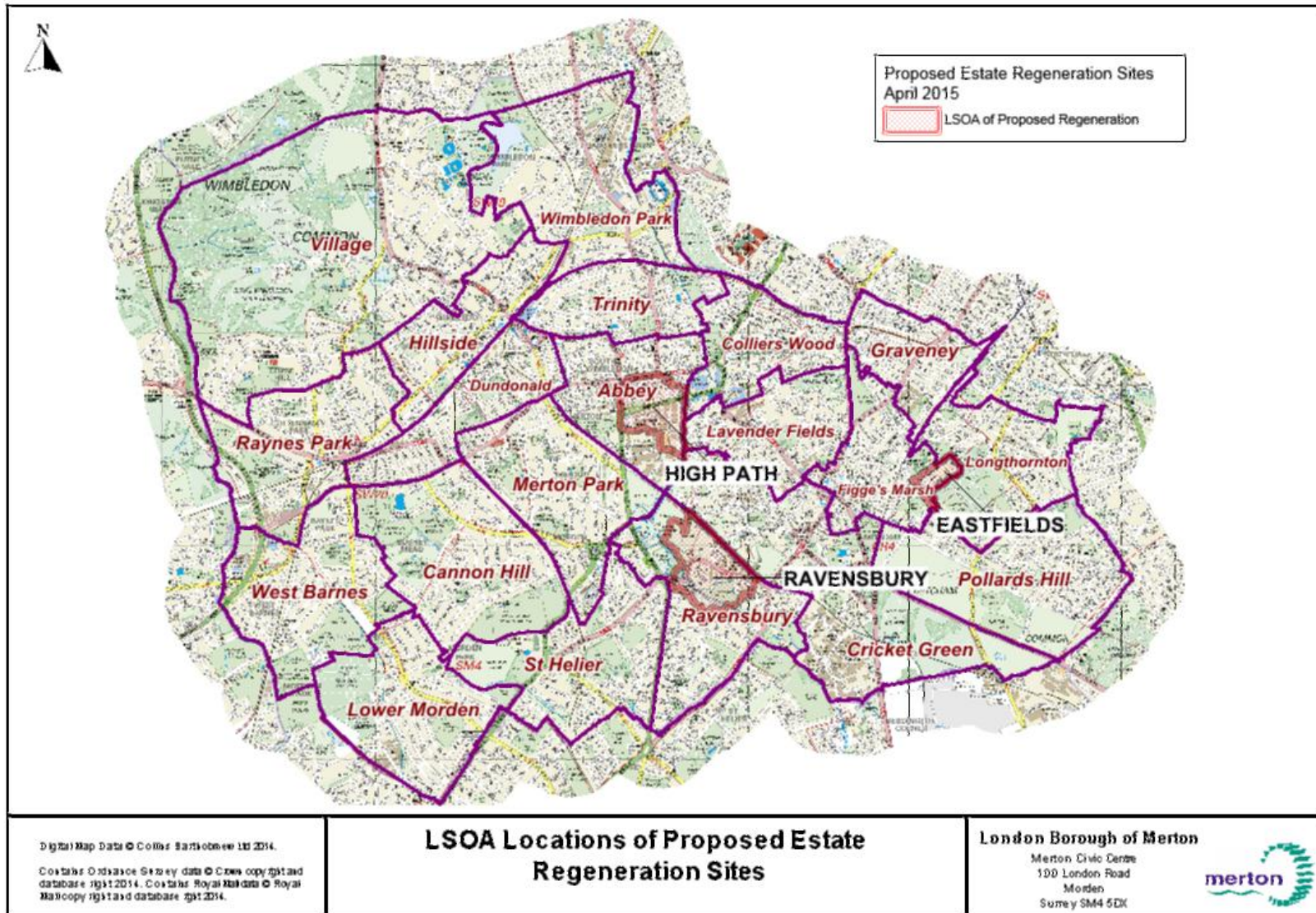
### High Path Estate LSOA: Underlying Cause of Death (Rate per 1,000 deaths), Jan 2010 - Dec 2014.

Source: Open Exeter, Health and Social Care Information Centre



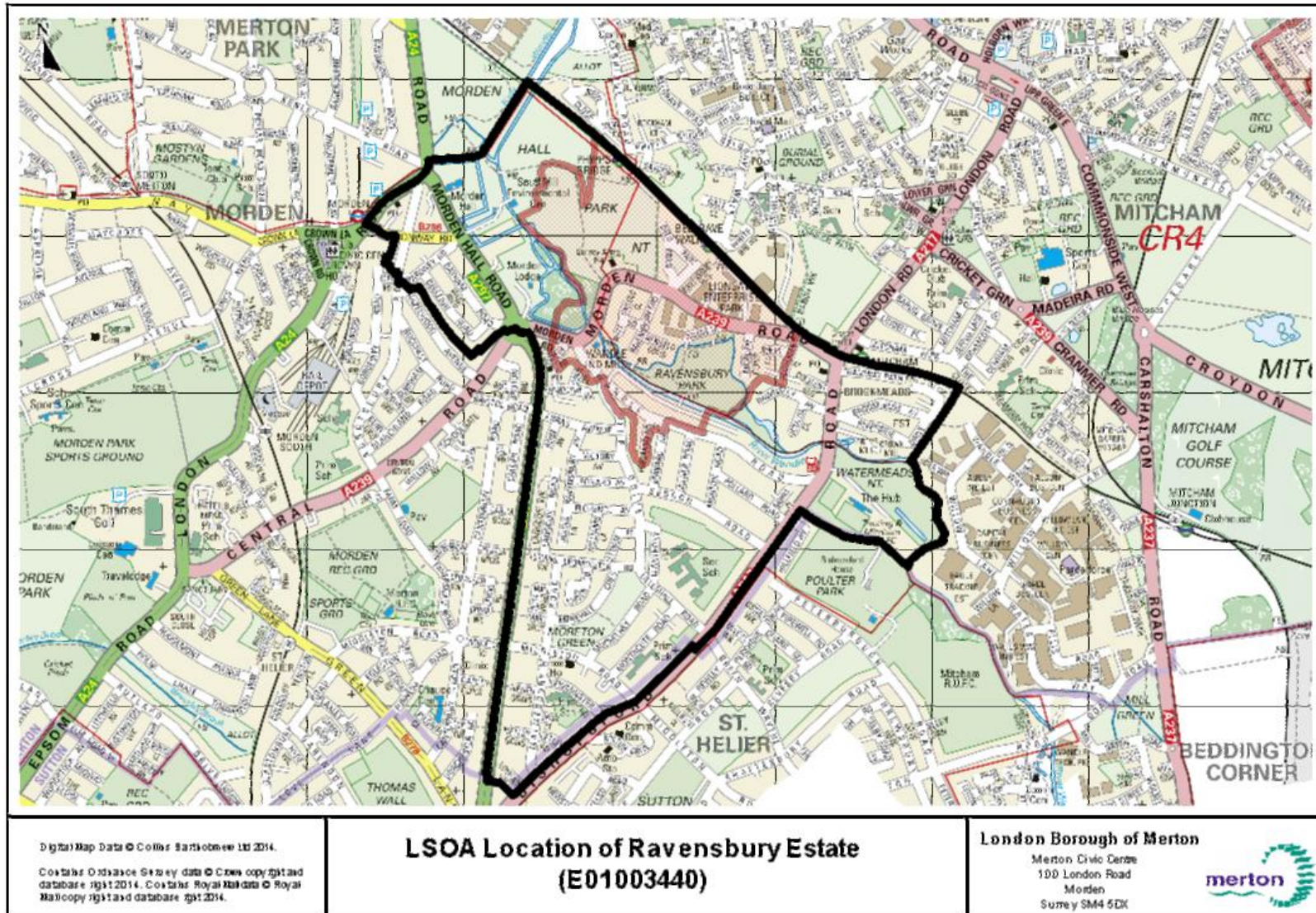
## Ravensbury - Overview

There are three proposed Estates for regeneration. Analysis on health and demographic data is going to be conducted on Lower Super Output Area (LSOA): Data availability, small numbers, not meaningful, easily compare to Ward and Borough level.



# Ravensbury Estate

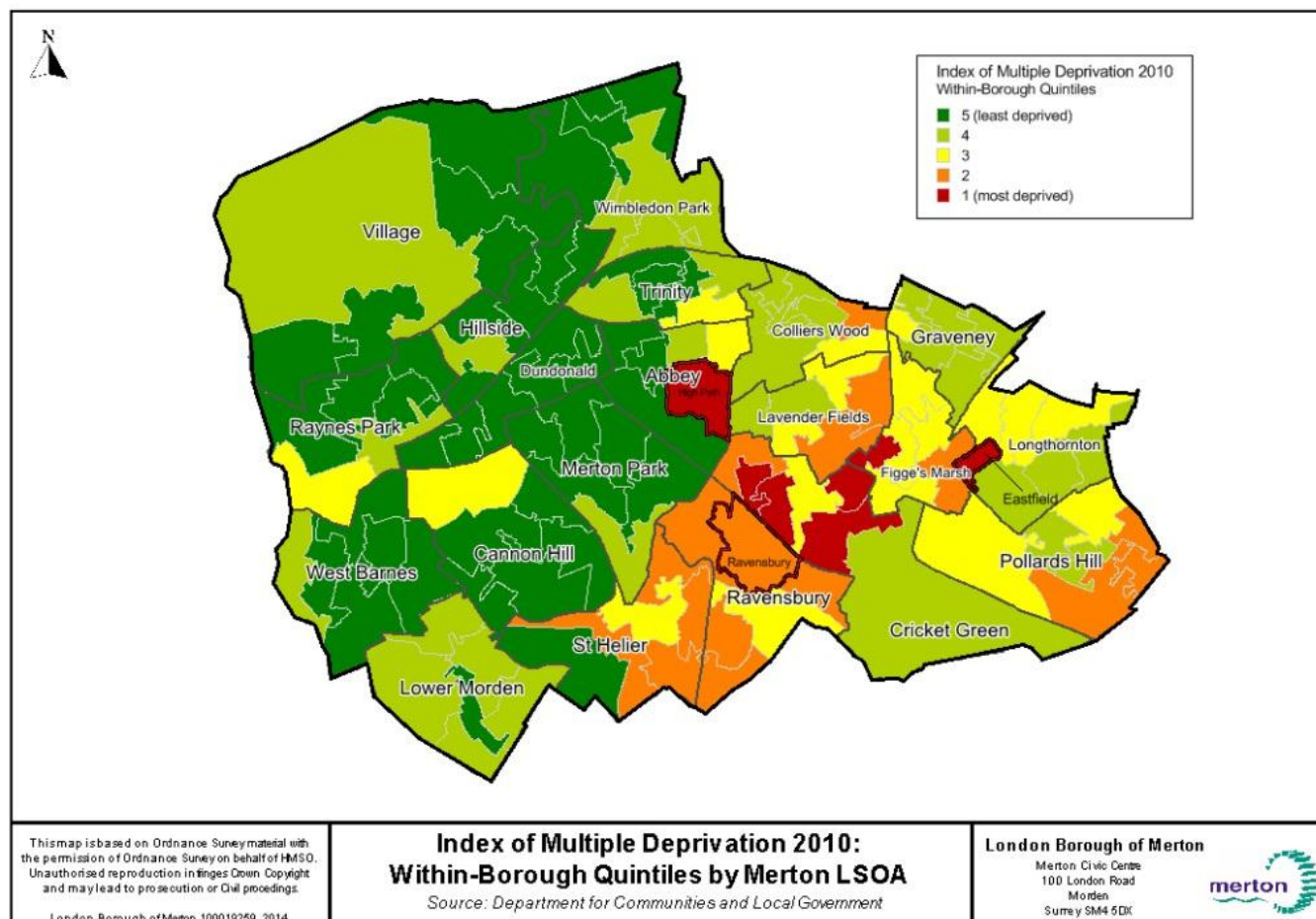
Ravensbury Estate is located in Morden, within Ravensbury Ward (LSOA 01003440).





## Index of Multiple Deprivation (IMD) 2010

The IMD 2010 is designed to measure deprivation in its broadest sense and to reflect the multiple issues many deprived households face. The IMD is a combination of 38 different indicators across seven broad 'domains' (income, employment, health, crime, education, housing, and environment) and is calculated for every Lower layer Super Output Area (LSOA) in England. Each LSOA is given a deprivation score across each of the domains and indices and these scores can be used to rank every LSOA in England according to their relative level of deprivation. However, it is important to bear in mind that the overall scores for areas are a summary of the level and type of deprivation in that area - not all deprived people live in deprived areas, and not everyone living in a deprived area is deprived.

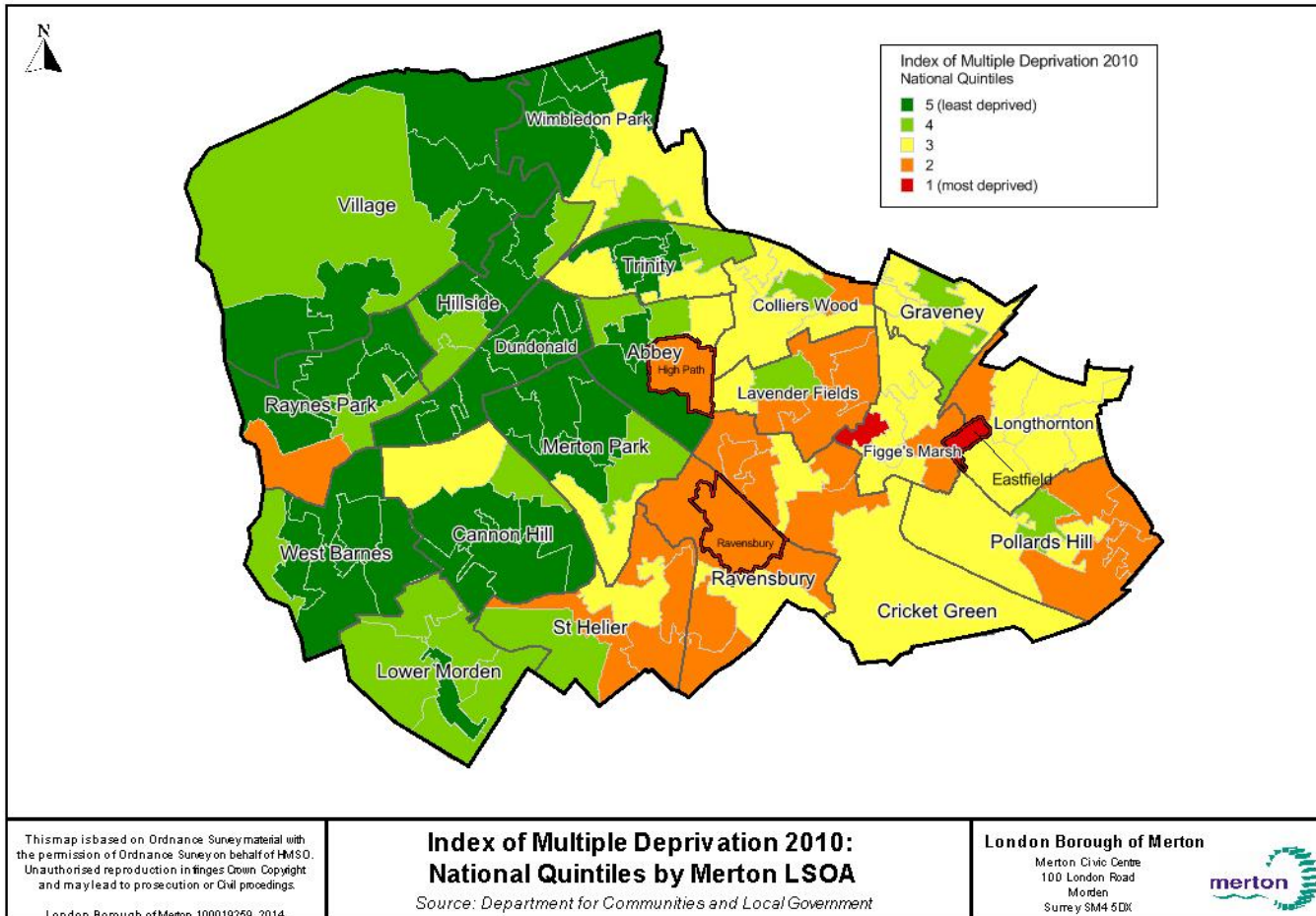


Within Merton comparison:

Note: relative measure of most to least deprived in Merton. Since Merton is generally quite well off, then the bottom quintile may include people who are not that poor (relative to the rest of UK).

High Path and Eastfields on Quintile 1, most deprived.

Ravensbury Estate on Quintile 2.

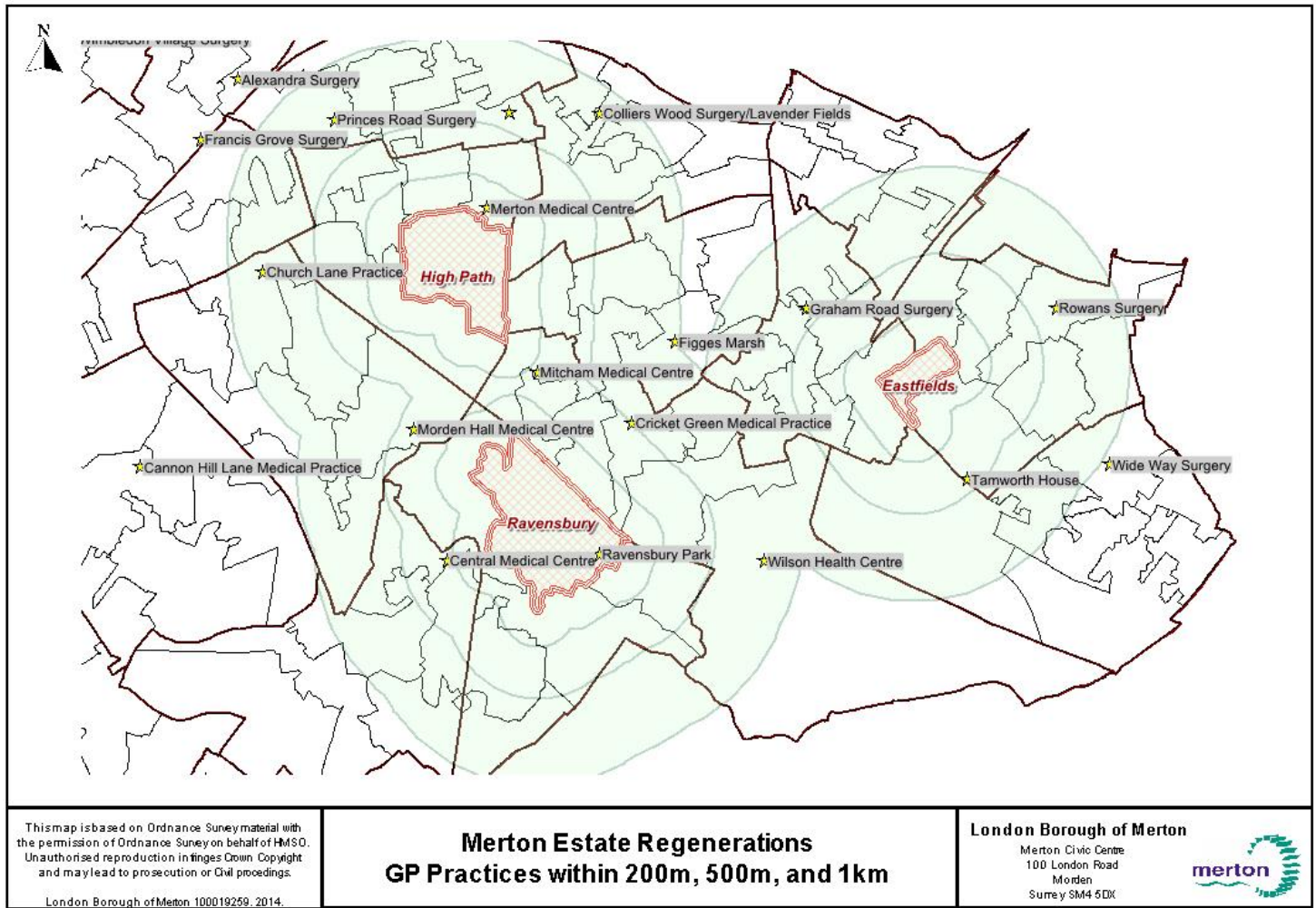


National comparison:

Eastfields on Quintile 1, most deprived

High Path and Ravensbury on Quintile 2

Access to GPs: GPs within 200m, 500m, and 1km from LSOAs.



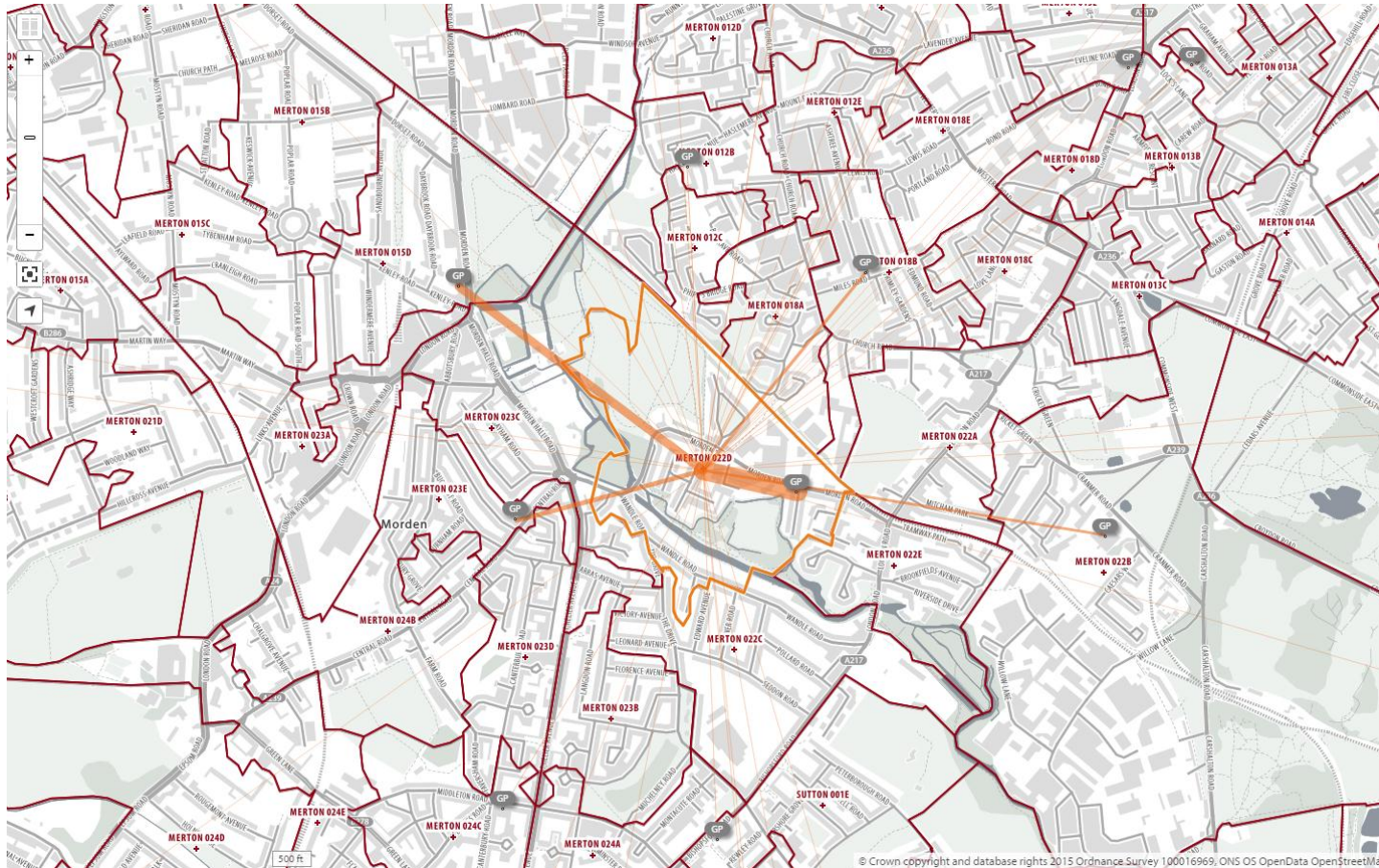
The map shows the GPs within 200 metres, 500 metres, and 1 kilometre from the three LSOAs of the three proposed estate regenerations.

High Path Estate has one GP within 200 metres, two GPs within 500 metres, and seven within 1 kilometre.

Eastfield Estate has no GP within 200 metres, one GP within 500 metres, and three GPs within 1 kilometre.

Ravensbury Estate has one GP within 200 metres, five GPs within 500 metres, and seven within 1 kilometre.

## Access to GPs: Where Residents are Registered



Residents in this LSOA are registered in 42 GPs.

The map to the left illustrates which GPs the residents in this LSOA are registered in. The thickness of the line denotes the number of residents registered in that specific GP – the thicker the line, the higher the number of residents registered in that GP.

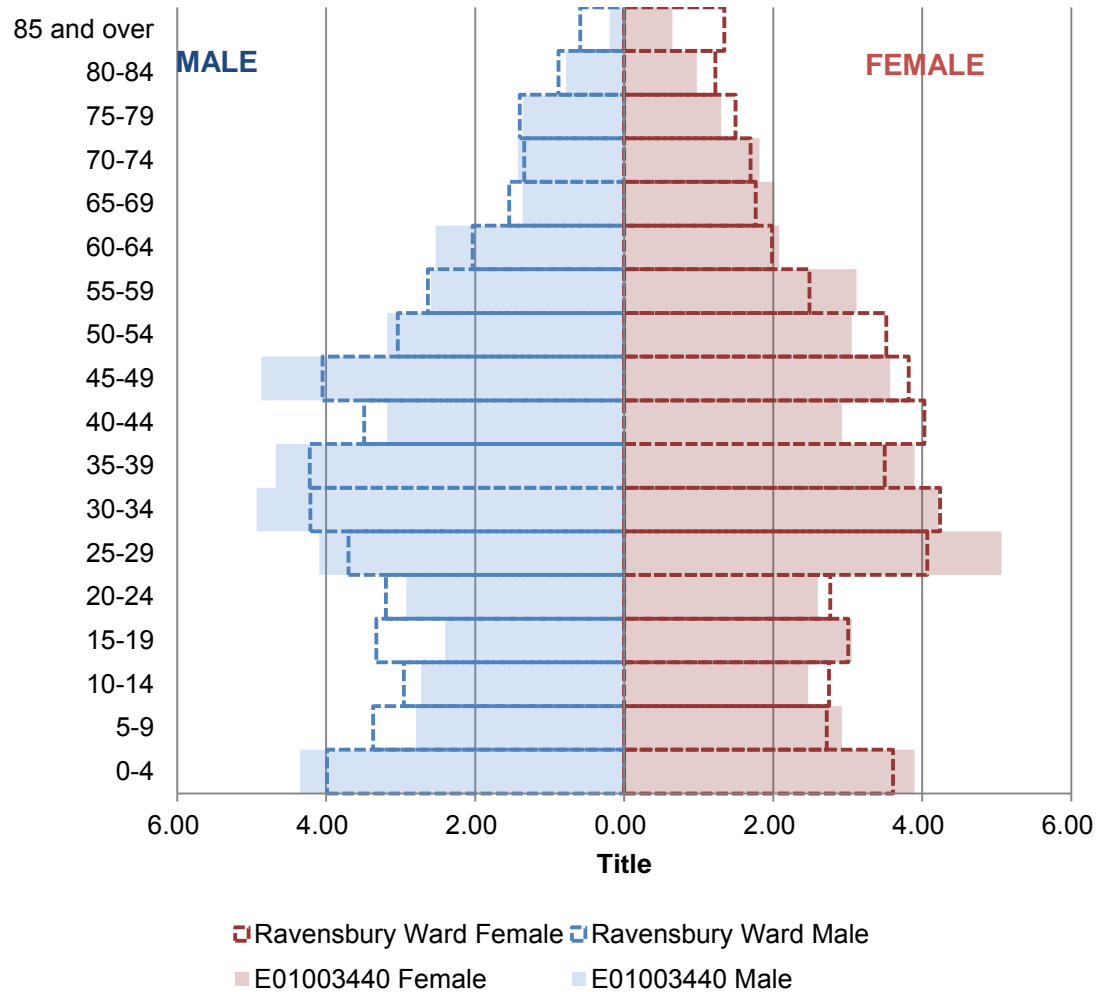
As indicated on the map, the highest proportion of residents are registered in Ravensbury Park Medical centre in South Wimbledon (Ravensbury Lane, CR4 4DH).

(We have a list of all the GPS that residents are registered to, no indication of the number of residents registered there though.)

Population: Age Structure

### Ravensbury Estate LSOA: Age Structure, 2013.

Source: Population Estimates Unit, Office for National Statistics



Compared to Ravensbury Ward, LSOA E01003440, where Ravensbury Estate is located, has  
 Higher proportion of adults aged 25 to 39 (26.9% vs. 23.9%)  
 Slightly higher proportion of very young children aged 0 to 4 (8.2% vs. 7.6%)

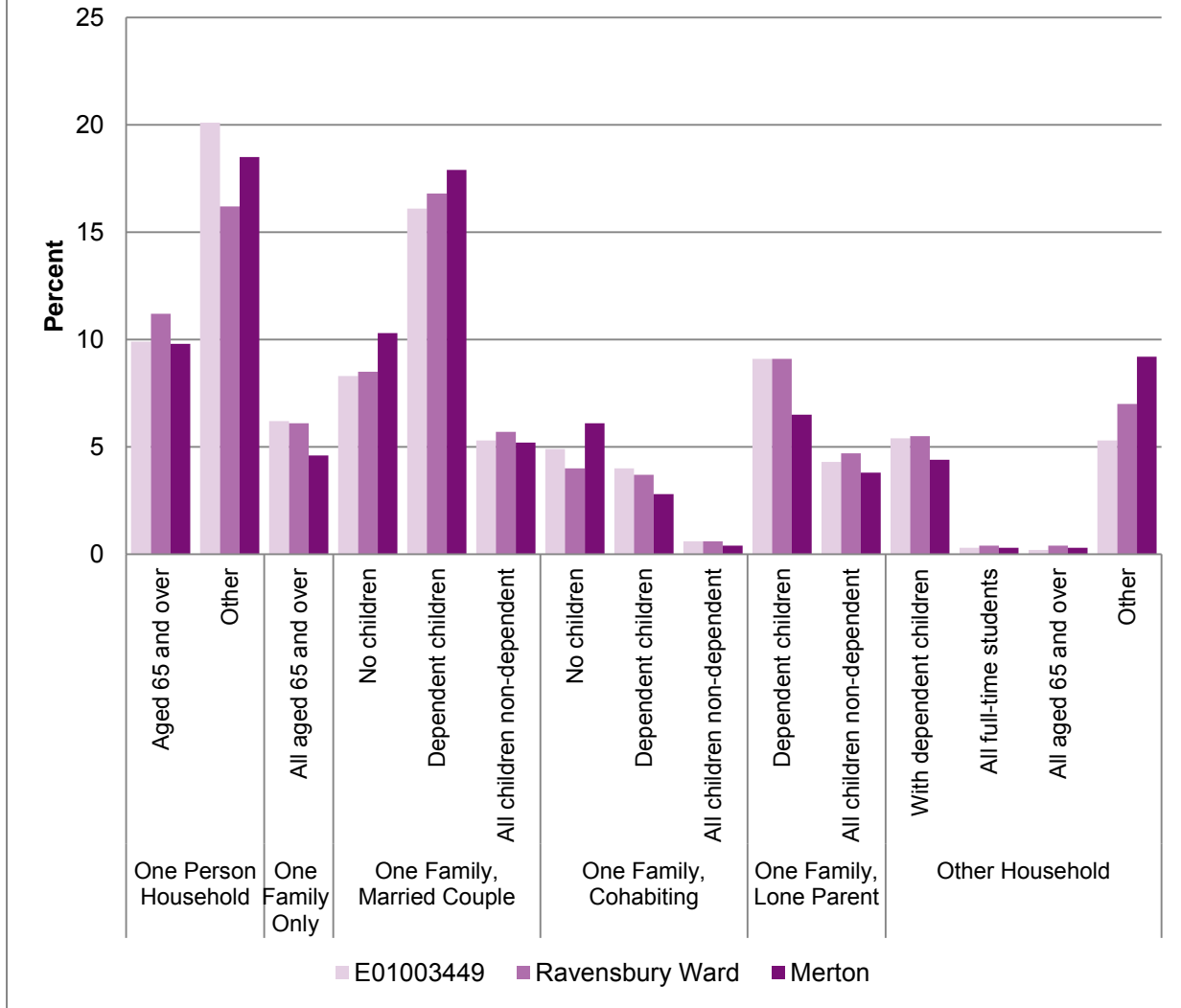
Population: Household Composition

### Ravensbury Estate: Household Composition compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census

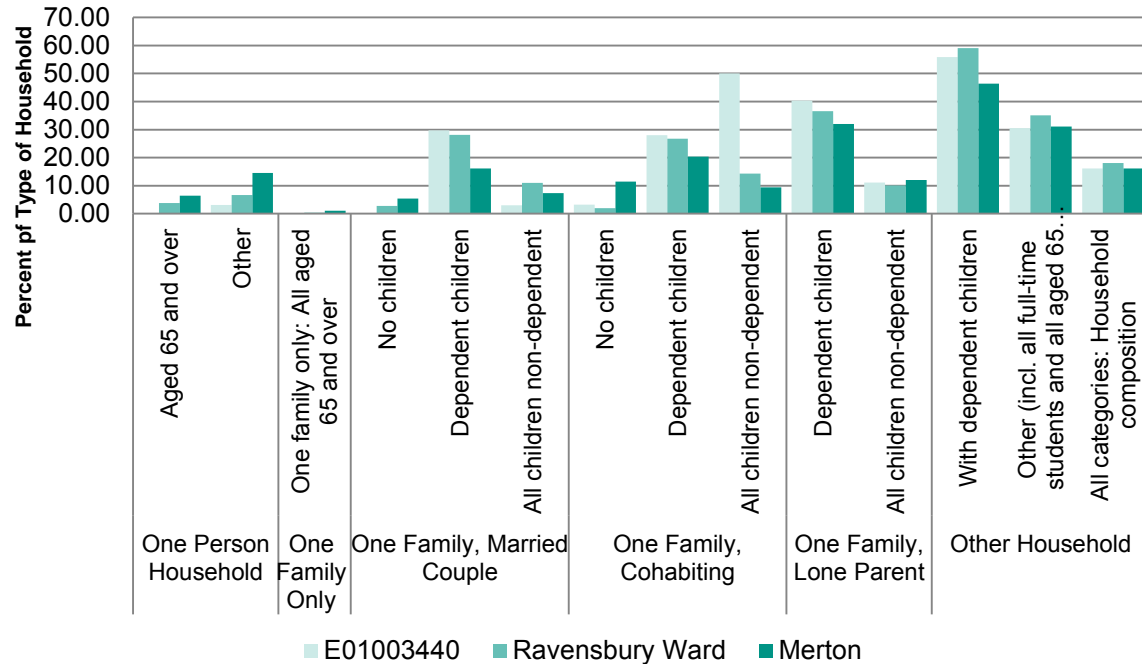
LSOA E01003440 has:

Higher proportion of one person – other households (20.1% vs. 16.2%). People under 65 living alone.



### Ravensbury Estate: Overcrowding by Household Composition compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census



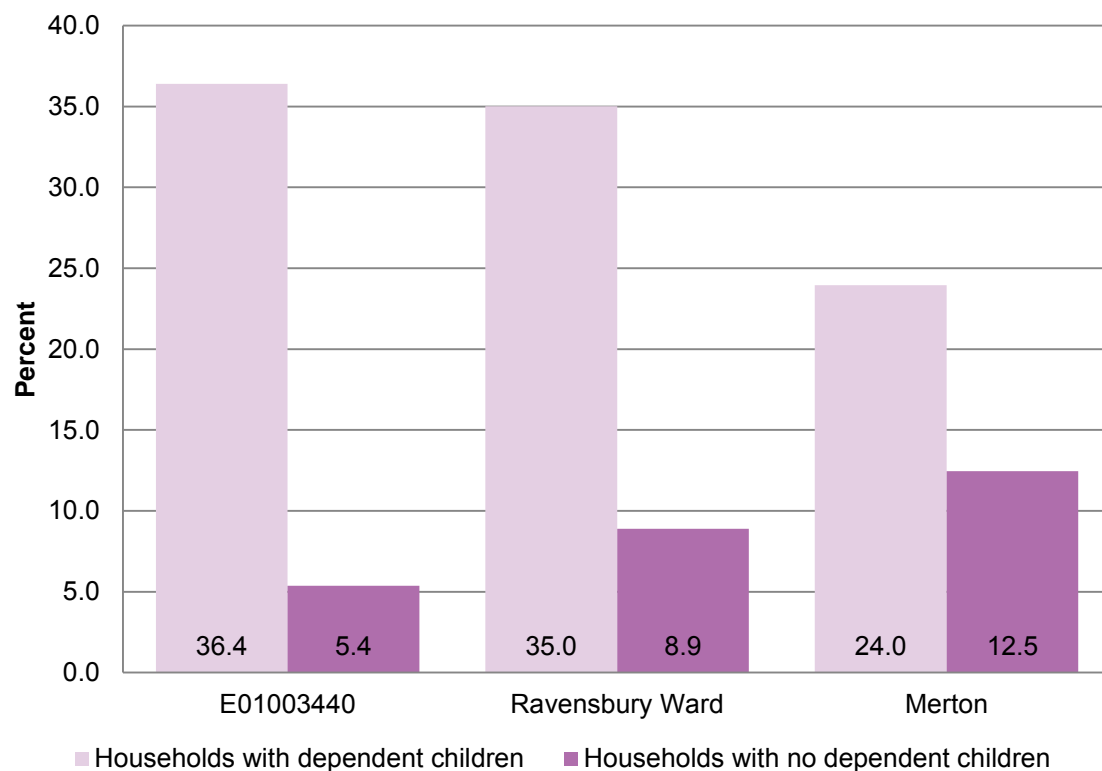
Overcrowding is measured in the Census through occupancy rating. Occupancy Rating provides a measure of under-occupancy and over-crowding. For example a value of -1 implies that there is one room too few and that there is overcrowding in the household. It relates the actual number of rooms to the number of rooms 'required' by the members of the household (based on an assessment of the relationship between household members, their ages and gender).

The graph to the left summarises the proportion of households by household composition which has an occupancy rating of -1 or less (one or more room too few for the household). As shown in the graph, a higher proportion of households which include dependent children were overcrowded. For example, 44,2% of married couple household with dependent children live in an overcrowded accommodation compared to 12% of married couple with no children.

## Population: Dependent children and overcrowding

### Ravensbury Estate: Overcrowding and Dependent Children compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census



Nationally, over two thirds (724,000) of the 1.1 million overcrowded households in England and Wales in March 2011 were households with dependent children, while the remaining 32% (338,000) were without dependent children.

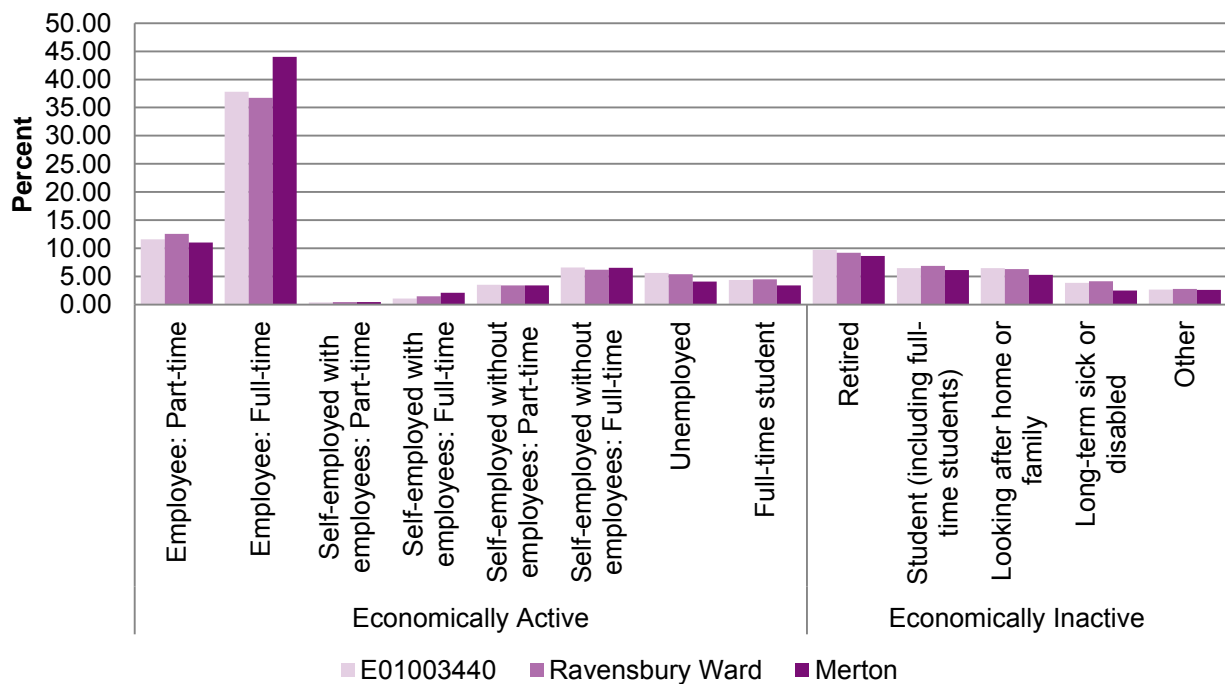
For LSOA E01003440, 78.2% of all overcrowded households were households with dependent children compared to 68% in Ravensbury ward.

Of all households with dependent children in the LSOA, 36.4% were overcrowded. This is similar to Ravensbury (35%) and Merton (24%).



### Ravensbury Estate: Economic Activity (residents aged 16 -74) compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census



Economic activity relates to whether or not a person who was aged 16 to 74 was working or looking for work in the week before census. Rather than a simple indicator of whether or not someone was currently in employment, it provides a measure of whether or not a person was inactive participant in the labour market.

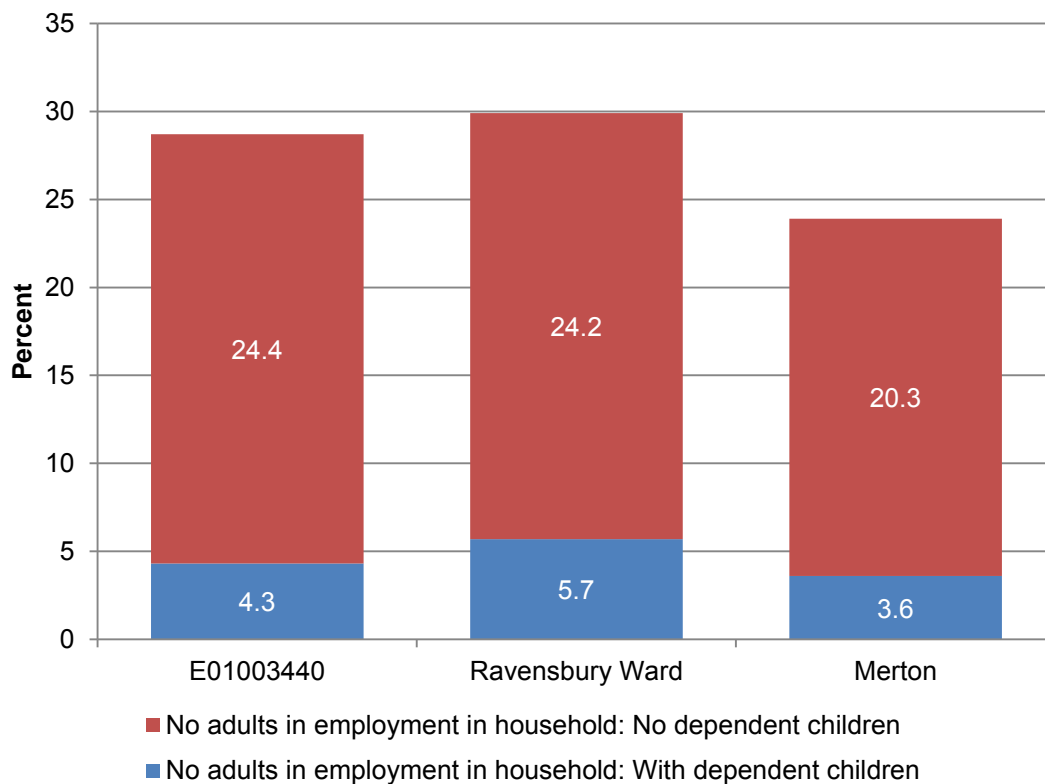
In 2011, 70.8% of residents aged 16 to 74 years in this LSOA were economically active, and 29.2% were inactive. These proportions are comparative to Ravensbury Ward, where 70.7% of residents were economically active.

LSOA E01003440 has

Population: Adults not in employment

### Ravensbury Estate LSOA: Adults not in Employment compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census

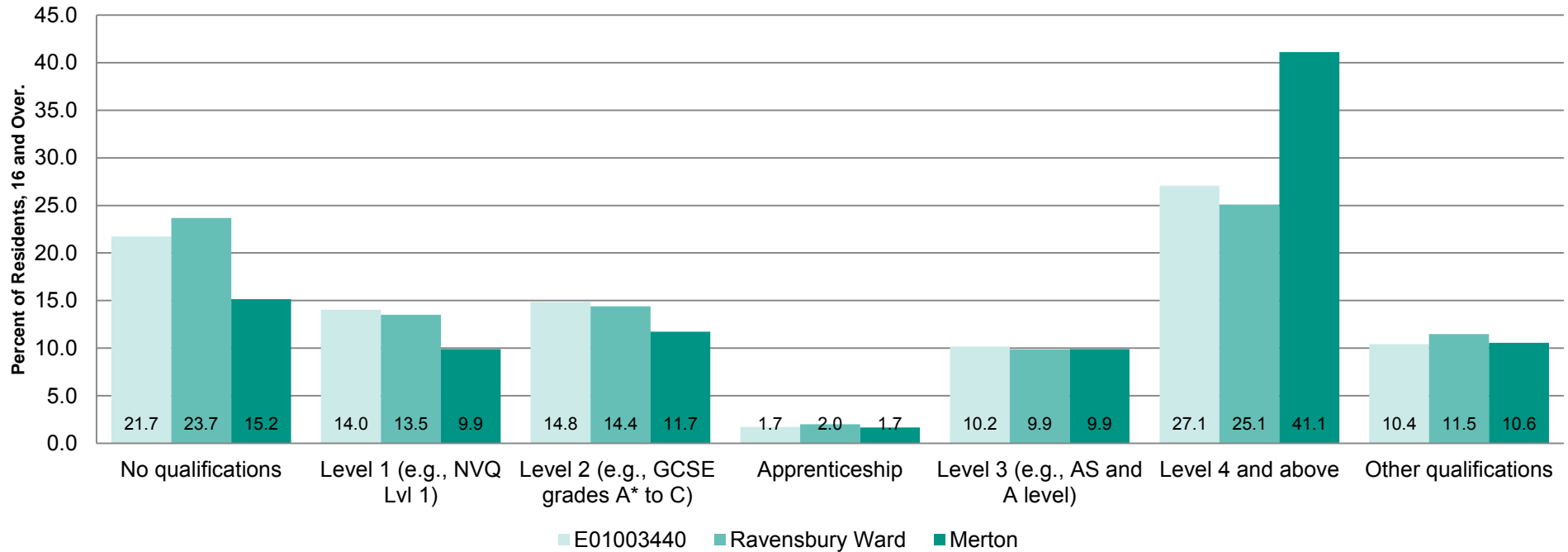


The graph on the left illustrates just the households with no adult in employment and whether or not they have dependent children.

Over a quarter of households (28.7%) in LSOA E01003440 were households where no adults work. Of those households, 4.3% were households with dependent children and 24.4% with no dependent children. This is comparable to Ravensbury ward (29.9%) but higher than Merton (23.9%).

### Ravensbury Estate: Highest Level of Qualification compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census



LSOA E01003440 has

50.6% hold Level 2 or lower. 51.6% in Ravensbury.

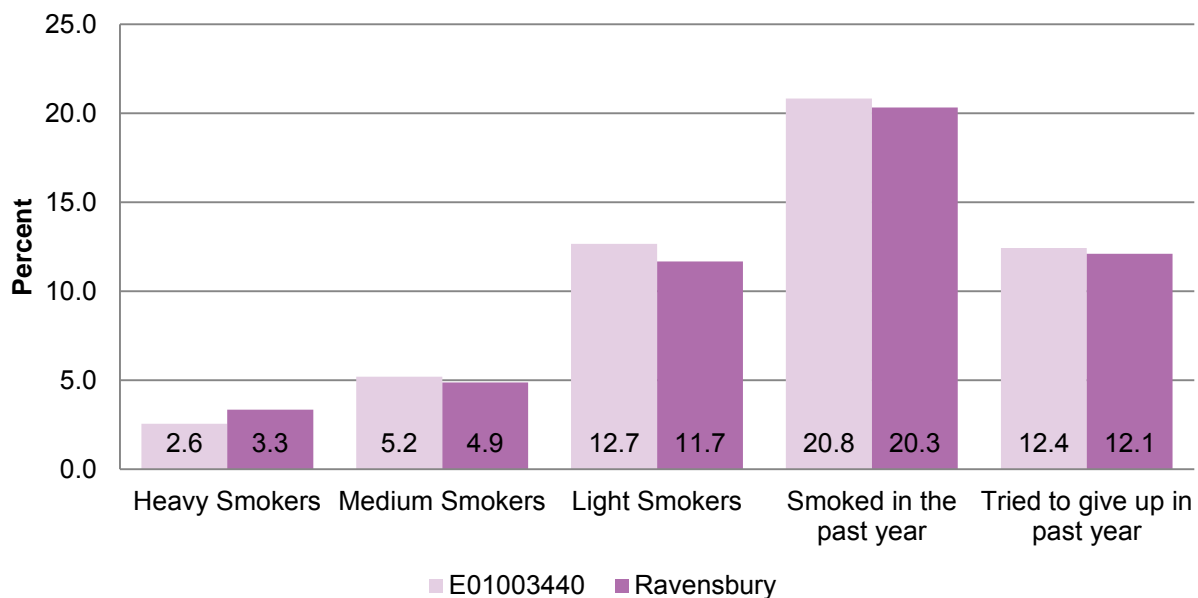
Lower proportion of over 16s who hold no qualifications (21.7% vs. 23.7%).

Comparable to Ravensbury ward.

The Lifestyle section is based on Experian Mosaic data, which is a socio-demographic segmentation tool. Using this data, it is possible to calculate the expected prevalence of indicators such as diet and smoking, based on results from various national surveys. It is important to note that these are the expected prevalence based on the socio-demographic make-up of the area, not actual counts of individuals with the specific behaviour.

### Ravensbury Estate: Expected Smoking Prevalence (residents aged 15 and over) compared to Ravensbury ward, 2014.

Source: Experian

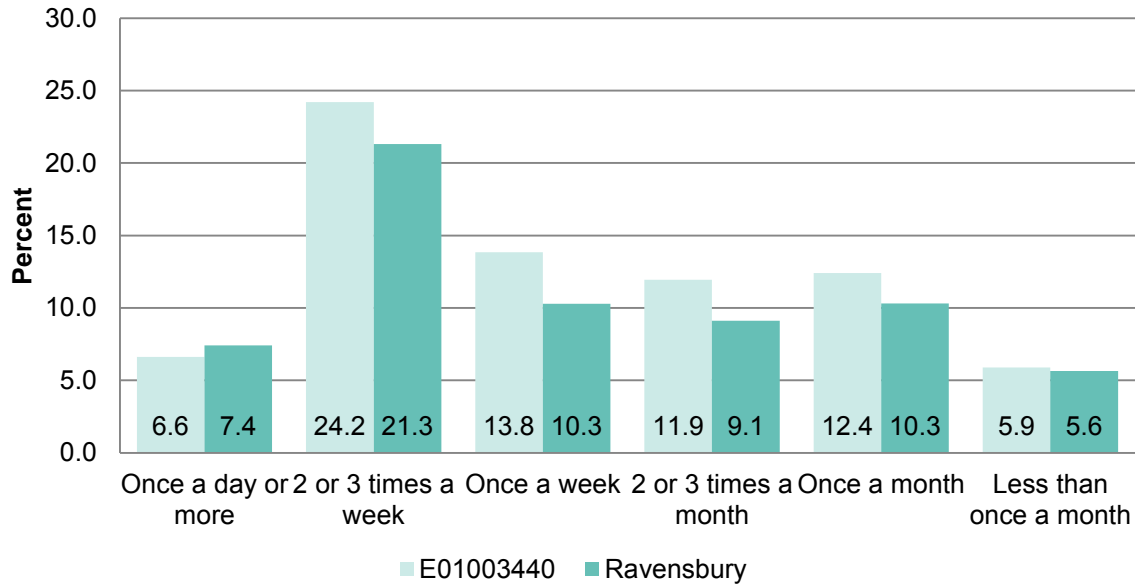


Lifestyle: Smoking

LSOA E01003440 has similar expected prevalence on all the smoking indicators to Ravensbury ward.

### Ravensbury Estate: Expected Alcohol Consumption compared to Ravensbury Ward, 2014.

Source: Experian



#### LSOA E01003440

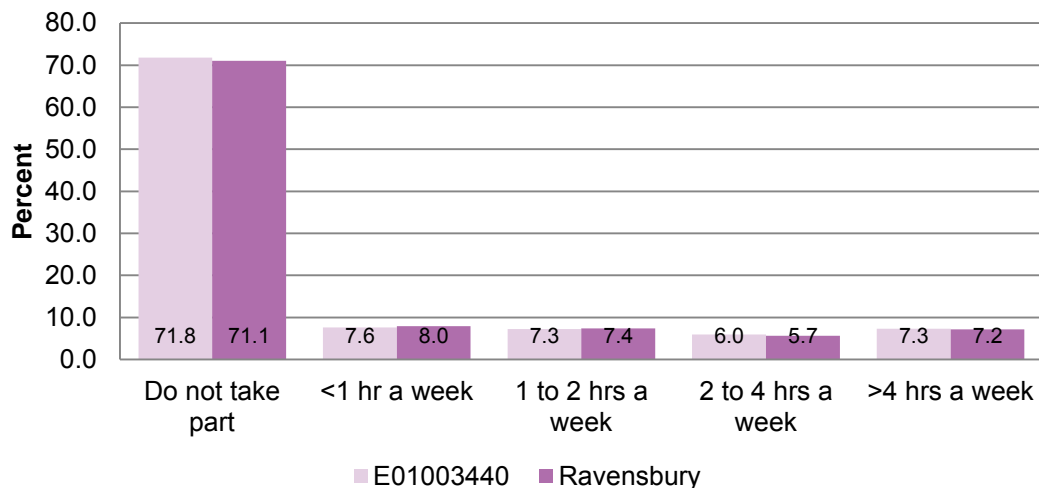
It is expected that 1 in 4 residents drink 2 or 3 times a week.

Except for the frequency of 'once a day or more' (where the expected prevalence is comparable), the expected prevalence of all drinking frequency is higher in the LSOA compared to Ravensbury ward.

Lifestyle: Physical Activity

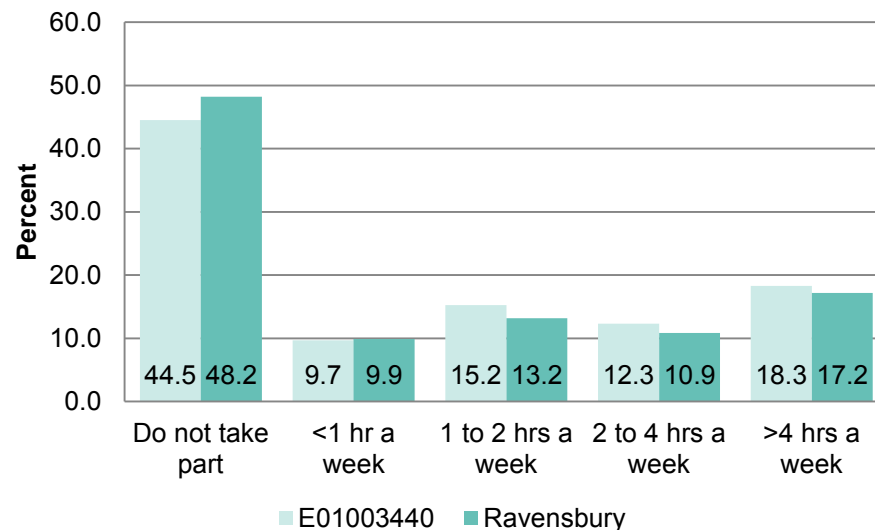
**Ravensbury Estate: Expected Prevalence of Residents (aged 15 and over) in Sport Participation compared to Ravensbury ward, 2014.**

Source: Experian



**Ravensbury Estate: Expected Exercise Frequency (residents aged 15 and over) compared to Ravensbury ward, 2011.**

Source: Experian



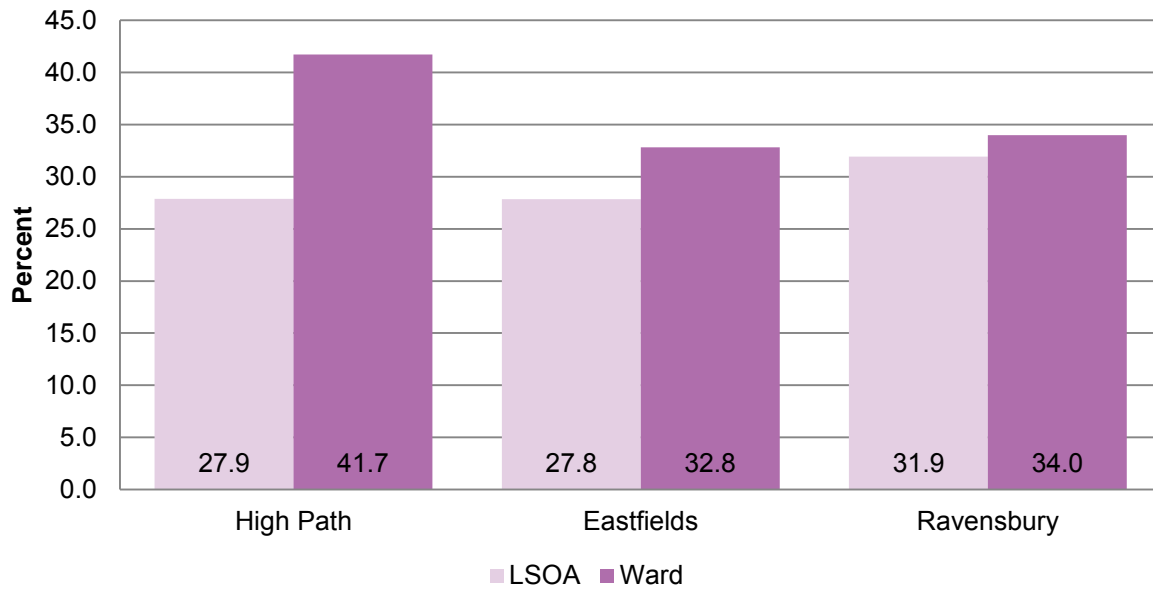
There are two different indicators for Physical Activity in Experian; frequencies of Sport Participation and exercise (jogging, walking, gym).

In LSOA E01003440, Sport Participation is quite low, with over 70% of residents not taking part in any. The expected prevalence is comparable to Figge's Marsh ward.

In terms of exercise, LSOA E01003440 has comparable expected prevalence of residents who do not take part in any exercise compared to Figge's Marsh ward (44.5% vs. 48.2%).

### Expected Proportions of Residents (aged 15 and over) who Eat "5 a day", 2014.

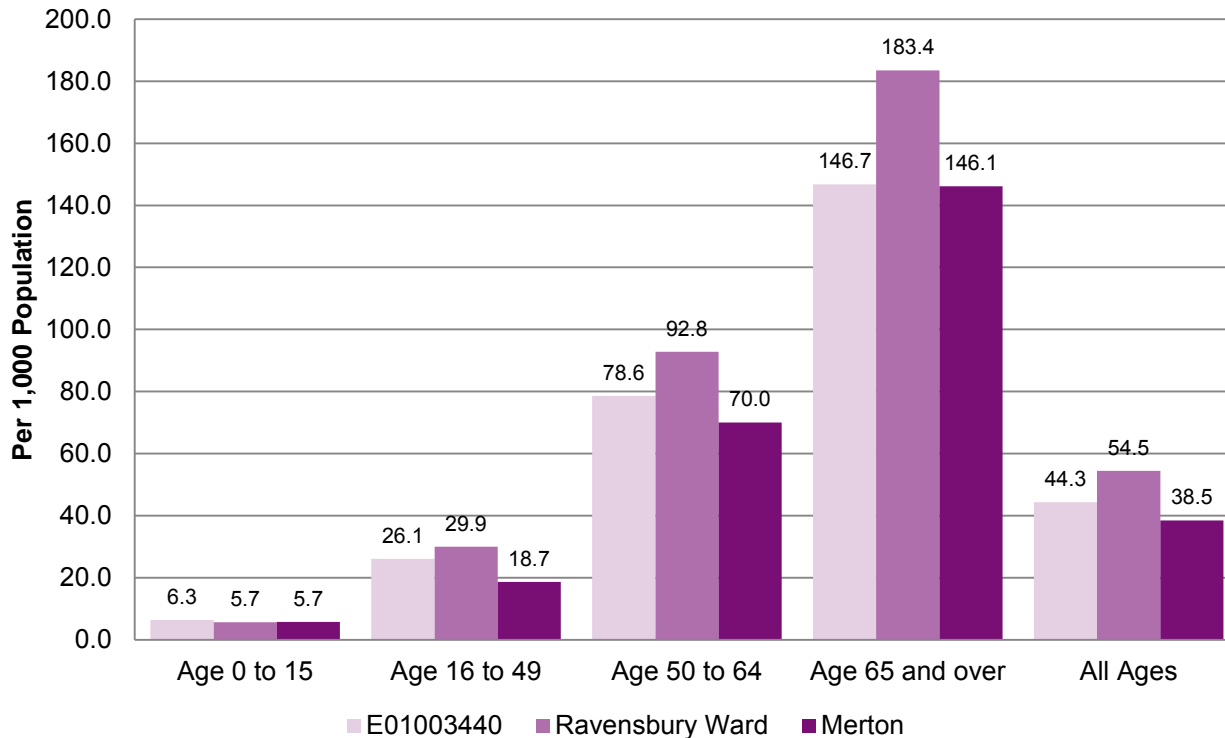
Source: Experian



The expected proportion of residents in LSOA 01003440 who eat 5 a day is comparable to Ravensbury ward (31.9% vs. 34%).

### Ravensbury Estate: Bad or Very Bad Health Age-Specific Rates (per 1,000 population) compared to Ravensbury Ward and Merton, 2011.

Source: 2011 Census



Note:

Please note that responses to the general health question in the 2011 Census were based on self-assessment.

LSOA E01003440 has

Lower rate of residents (all ages) with bad or very bad health.

Lower age-specific rates compared to Ravensbury ward.

26.1 per 1,000 residents aged 16 to 49 reported bad or very bad health compared to 29.9 in Ravensbury ward.

78.6 per 1,000 residents aged 50 to 64 reported bad or very bad health compared to 92.8 in the ward.

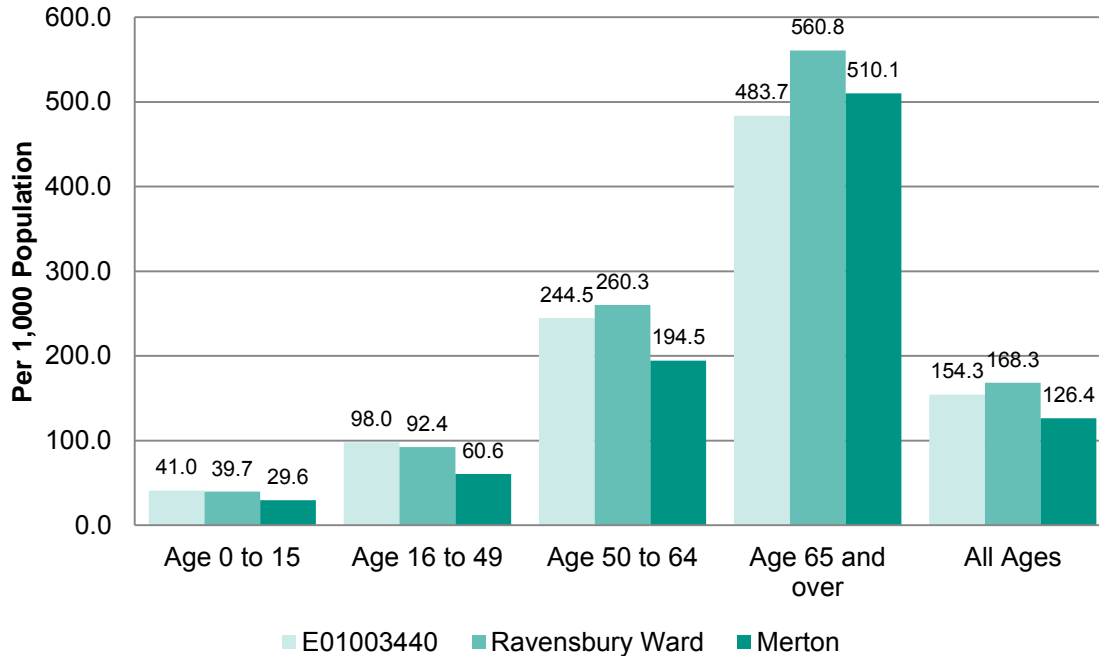
146.7 per 1,000 residents aged 65 and over reported bad or very bad health compared to 183.4 in the ward.



Health: Disability

**Ravensbury Estate: Age-Specific Disability\* Rates (per 1,000 population) compared to Ravensbury Ward and Merton, 2011.**

Source: 2011 Census



Note:

“Disability” refers to residents who stated that their daily activities were limited to the below question in the 2011 Census.

**23** Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Include problems related to old age
- Yes, limited a lot
- Yes, limited a little
- No

Please note that responses to this question were based on self-assessment.

LSOA E01003440 has a lower rate of residents with disability compared to Ravensbury ward (154.3 per 1,000 residents vs. 168.3).

The rate in only higher in younger adults (98 per 1,000 residents aged 16 to 49 compared to 92.4 in Ravensbury).

## Health: Causes of Mortality

Data for this section was extracted from Open Exeter. The numbers in the LSOA level data were very small, so a number of cautions have been taken:

- data has been aggregated for 5 years, Jan 2010 to Dec 2014.
- the conditions have been grouped by main ICD-10 chapters
- the raw data has been analysed and turned into a rate per 1,000 deaths

The main causes of mortality in this LSOA are circulatory diseases (lower rate than Ravensbury ward), cancer (lower than ward) and respiratory diseases (much higher rate than ward).

