**City of London Local Plan**

Publication Stage Representation Form



Ref:

(for official use only

**Name of the Local Plan to which this representation relates: City of London City Plan 2036**

**Please return to the City of London Corporation by 6pm on 10 May 2021**

This form is in two parts:

**Part A** Personal Details

**Part B** Your representations(s). Please fill in a separate sheet for each representation you wish to make.

**Privacy Notice**

To ensure an open and fair public examination, it is important that the appointed Inspector and all other participants in the examination process know who has made representations on the draft City Plan 2036. All comments received, including the names of those making representations, will be made available in line with requirements in the Town and Country Planning (Local Planning) (England) Regulations 2012, including being published on the City Corporation’s website and being made available to the appointed Planning Inspector. In some cases, to administer and run virtual events by means of video or telephone conference, the Planning Inspectorate may need to know the email address and/or telephone number of those making representations. All other personal information will remain confidential and will be managed in line with the City Corporation’s Privacy Notice, which is available at: [Built Environment Privacy Notice](https://www.cityoflondon.gov.uk/assets/About-the-website/built-environment-privacy-notice.pdf)

The Planning Inspectorate has published a privacy statement for local plan examinations which is available at: [Planning Inspectorate Privacy Notice](https://www.gov.uk/guidance/local-plans#plans-privacy-statement)

**Part A**

1. Personal Details\*

\**If you appoint an agent, please complete only the Title, Name and Organisation (if applicable)*

*but complete the full contact details of the agent.*

First name: Paul

Last name: Coles

Address Line 1:Healthwatch City of London

Line 2: Portsoken Community Centre

Line 3: 14 – 16 Somerset Street London Line

4:

Post code: E1 8 AH

Telephone number: 020 3745 9563

Email address where relevant:paul@healthwatchcityoflondon.org.uk

2. Agents details where relevant:

First name

Last name

Address Line 1:

Line 2:

Line 3:

Line 4:

Post code:

Telephone number:

Email address where relevant:

Job Title where relevant:

Organisation where relevant:

**Part B – Please use a separate sheet for each representation**

Name or organisation: Healthwatch City of London

3. To which part of the Local Plan does this representation relate?

 Contribute to a flourishing society

Paragraph

Policy

Policies Map (A or B)

4.Do you consider the Local Plan is:

4.1 Legally compliant Yes No

x

4.2 Sound Yes No

4.3 Complies with the duty to co-operate Yes No

**Please add a x as appropriate**

5. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please to set out your comments here

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

**Healthwatch City of London response to the City Plan 2036**

**Overall impression and concerns**

Healthwatch City of London (HWCoL) are pleased to be able to comment on the City Plan 2036.

Healthwatch City of London primary concern is for the health and wellbeing of residents, workers, and students of the City of London, we note the lack of attention paid to this in the Plan.

The Plan does not sufficiently address the changing landscape of health and social care provision, namely the changes to the Primary Care Network, the recent merger of the North East London CCGs and the development of the Neighbourhood programme, and in doing so fails to take in account access to healthcare services. The changes may be recent but as the Plan is up until 2036, this should have been taken into account.

 The lack of provision for the changing needs and priorities for residents, workers, and students post COVID is an omission from the Plan. The recovery of Health and Social care services and that of the backlog in accessing appointments is of major concern, the Plan fails to take this into account.

Likewise, the ongoing needs for Covid 19 measures.

The primary aim of the City is to increase its capacity for business together with an increase in night-time and weekend footfall as it makes the City a “go to” destination. Many of the priorities compete for the same attention and limited space. Exactly how the City would make provision to meet all the objectives in Flourishing City whilst meeting its primary objectives is unclear. The Plan lacks detail on how these competing objectives will be met. Whilst its commitment is obvious, we feel there needs to be more detail on how this will be achieved and the impacts on those who work and live here.

The Plan does not give confidence that the health considerations are primary and neither does it feel to us that it sufficiently capitalises on the synergy that can be gained from communities working together. The vast number of smaller business and those in the construction industry appear to receive limited attention.

To maximise our impact and in line with our main concerns we have restricted our input to comment on the City’s approach to health and the impact of the Plan on the physical, social and mental wellbeing of the population.

**Infrastructure**

We acknowledge the Plan recognises the main contributors to poor health. However, it is difficult to see how the City will manage its commitment to improving health. There is no mention of the infrastructure for health and wellbeing including GP services, diagnostic centre, social care services, and mental health provision, required to support increased numbers of residents in the proposed new homes.

Healthwatch City of London proposes:

* An additional GP surgery sited in the City, given the proposed increase in residents under the housing programme.
* Increased access to NHS Services for City workers – a NHS drop-in centre located in the City.
* Focus on preventative measures, increase in screening programmes, facilities and locations in which to carry these out. The recent huge success of the vaccination programme, using an NHS number as the identifier, proves that this can be done.

**Health inequalities**

Account needs to be taken in the disparity of wealth across the City, the North of the City is seen as relatively affluent, in comparison to the South and East of the City, which ranks in some of the Country’s most deprived areas. The City also has a proportionately high number of rough sleepers, which are of concern to Healthwatch, the need for hostels to address this is not apparent in the Plan.

Healthwatch City of London proposes:

* An additional homeless hostel in the City of London and the retention of the Carter Lane hostel set up during the COVID pandemic.
* Access to a budget supermarket within the City, or on the City boundaries, for reasonably priced food
* Greater focus on closing the deprivation gap between areas of the City

**Post COVID work patterns**

The Plan also fails to address post Covid changes to the landscape for both business and residents alike. In ‘normal times’ nearly half a million city workers are present every day during the week, many students and many tourists and visitors. There is no mention of the shift of working patterns within the City, the likelihood of increased home working, vacant office, and retail space. How does the City propose to address this and make it an attractive place for people to work and live?

Healthwatch City of London proposes:

* Use of vacant office space for an additional GP surgery and diagnostic centre.
* Creation of testing and vaccination hub

It is also difficult to see how the City will manage its commitment to improving health and managing the impacts of developing a thriving economy and increasingly large and complex construction and building programme together with an increase in day-time population density.

**Mental Health and Wellbeing**

Increased emphasis needs to be placed on mental health and wellbeing following the COVID 19 pandemic. Patient demand for access to mental health services has accelerated since the start of the pandemic, how the City proposes access to mental health service providers and ancillary care is not addressed. The importance of the Cultural Mile in improving mental health has not been emphasised, neither has the importance of access to green space and exercise activities. The spiritual needs of the population and the adequate provision of places of worship also fails to be addressed.

Healthwatch City of London proposes:

* A newly created accessible multiuse building/hall in both the North and South of the City for social, wellbeing and physical activities provided by the charity sector, complimentary to services provided by the NHS and privately. Activities such as lunch clubs for older people, yoga, music groups, reading groups, faith groups. Outreach services should also be provided in these buildings.
* Provision for City workers in offices to have a quiet space for reflection.
* Reduction of noise in outside areas to enjoy recreation. Creation of more green spaces. Membership rates for low paid workers.

**Accessing facilities**

Accessing wellness and fitness facilities and the development of some shared health facilities are options we would ask the City of London to consider. This could include development of primary care facilities that could be accessed by workers who do not receive any additional healthcare benefits, including those on lower wages or working social hours. This would prevent people having to travel home for appointments.

Healthwatch City of London would like to see a diagnostic centre created and made available to City residents as a shared benefit.

We would also like to see the expansion of the public defibrillator scheme in all areas of the City including the retail area and there should be 24/7 access. The scheme is not advertised. A map of the location of the defibrillators so be readily available both hardcopy and digitally.

**New technology**

The use of new technologies has limited reference and we would like to see greater use of these technologies both in terms of achieving the benefits described in this section and keeping people informed. Consideration has not been given to the increased provision of medical appointments virtually.

Healthwatch City of London proposes:

* Offices should allow a safe and secure place for workers to attend medical appointments in a private space.
* Provision of sufficient and affordable access to broadband fails to be addressed. This must be available for all residents, especially as access to care is often now though non face to face appointments.

**Healthy eating**

The Plan does not mention access to healthy foods. There are any number of restaurants, bars and cafes but there is limited opportunity to buy food that is other than ready prepared. The City should give thought to developing an increased number of fruit and vegetable outlets within the City. The cost of food and lack of a substantial supermarket in the City raises concerns, especially with the need for a foodbank in the City since the pandemic hit.

Healthwatch City of London proposes:

* Access to a low-cost supermarket within or just outside the City boundary.
* Regular food markets for the purchase of fresh produce

**Transport**

Access to transport for some City residents especially the disabled people and the older people may prohibit going out to shop and greater consideration should be given to access to healthy foods adapting models issued in Tower Hamlets when dealing with urban food deserts.

Healthwatch City of London propose that secondary care appointments are provided locally without the needs for long journeys for the elderly and vulnerable population. Consideration needs to give as to the wisdom of long journeys to the Homerton Hospital when both Barts Health and UCLH provide services within easy reach. However, we recognise that some services may be provided outside these limitations. Access to transport servicing the main hospitals needs to be addressed. Health and Social care services are often provided outside of the City, it is vital that sufficient, accessible and frequent transport is available for residents to attend appointments.

**Disabled access**

Healthwatch City of London is disappointed to the failure to address the needs and requirements of the disabled (both physical and mental) population and visitors in the Plan. Attention should be paid to physical accessibility across the City and to office and residential space.

Healthwatch City of London proposes:

* Clearly defined dropped and tactile pavements installation near road crossings
* Adequate sound and lighting warning for crossing roads, adequate time allowed to cross the road.
* Alternative entrances adjacent to revolving doors are just some areas that need including as a minimum requirement.

**Aging demographic**

The Plan fails to address the aging demographic of both the workforce and the population. Social isolation is a major concern within this population. With working life extending more focus needs to be placed on the City of London being a dementia and age friendly City.

Healthwatch City of London proposes:

* Local access to secondary care with referral to Barts Health or UCLH, preventing elderly people having to travel for over an hour for an appointment.
* Provision of dementia cafes across the City
* Local clinics for dementia services and access to care that enables independence.

Finally, Healthwatch City of London proposes the building of a single point of access facility for all services provided by the City of London Corporation, akin to a Town Hall where residents can obtain advice regarding housing, benefits, employment, social care etc.

**Detailed Comment**

**HIC1 Inclusive buildings and space:** whilst this section provides the right feeling, there is limited comment on how those considering major development will be encouraged to comply with the proposed standards. The language is ‘should ‘. How this will be enforced is not made clear. We would suggest that businesses are required to fully engage with local communities as a condition of their Planning application. Consideration should be given to how they identify their local community, ensuring that everyone has a voice. There has been a feeling recent planning applications’ have failed to engage sufficiently and often this is ‘lip service’. However, the mutual benefits can be many, and HWCoL would like to suggest a more robust framework for developing these mutual benefits. It is also difficult to see how this policy will work given security issues.

Healthwatch City of London proposes:

* Transparent and easy to respond to consultation processes, provided both online and in print. Engagement with NHS and charity sector service providers as a minimum requirement.

**HIC2 Air Pollution:** Once again the policy expresses the right sentiment however, air quality in the City remains poor. It is essential the City enforces the regulations. We note the recent Transport Strategy and expect to see progress as a result of its implementation. No mention is made if the implementation of the new traffic routes in the City increased or decreased air pollution. Increased building activity will increase traffic to small areas and dust and noise will be a problem. The increased use of electric vehicles in missing from the Plan.

Healthwatch City of London proposes:

* The City commits to minimising large-scale building works where children live and play.
* A larger number of smoke free public places with a reduction in associated litter.
* Restricting deliveries and access to night- time hours is one solution, but this must not impact on residents. Night-time traffic should not be directed through residential areas.
* Provision of electric charging points in both public areas, and in residential setting should be enforced in new buildings.

**HIC3 Noise and Light Pollution:** An important area with the right commitments however, we would like to see a greater emphasis on ‘must’ rather than ‘should’. The City should be at the forefront of managing noise and light pollution and have much to show the rest of the world. Perhaps working with designers and builders to develop new ways of managing these urban problems.

Healthwatch City of London proposes

* A commitment from the City to be a world leader in minimising Noise and Light Pollution.
* The City commits to reducing light and noise pollution at night in residential areas, where we know the impacts on poor sleep and mental health may be greatest.
* The City’s night-time street lighting is sufficient to ensure vulnerable members of the community feel safe but should not contribute to night light pollution for residents.
* A requirement of lighting assessment and as well as a noise assessment should be enforced.
* The increased juxtaposition of tall buildings and workspace encroaching on residential areas natural light is one area that must be assessed.

**HIC5 Location and protection of Social and Community Facilities:** this section addresses the removal of space due to building programmes and is less about the benefits of a well-developed accessible open space, however we would like to see the City develop an open space strategy, which commits to quiet places. There are many good examples of this around the City. We note the recent consultation on the use of CIL monies and there may be proposals to use monies to develop quiet spaces. Encouraging visitors into the city especially those with small children or indeed young adults, will require access to space that is unpolluted by noise, poor quality air, smoke and the impacts of excessive consumption of alcohol.

Healthwatch City of London proposes:

* That new housing developments should always include access to adequate communal and social space.
* Office space also provide a space for charitable use, especially following the need for health and wellbeing activities in light of the pandemic.
* As mentioned above, a provision of a multiuse space in both the North and South of the City. The space would be used for activities for older people, such as a lunch club, mother and child groups, exercise classes. And as place where outreach services could be provided.

**HIC6 Public conveniences:** Healthwatch supports the increase in facilities, especially at night-time when access is more limited and night- time revellers are often in need. This is a problem near residential areas. We are pleased there is a City public toilet App (<https://www.cityoflondon.gov.uk/services/transport-and-streets/clean-streets/Pages/Public-Toilets.aspx>) however feel this could be better publicised and improved through consultation with City residents and workers. The map needs to be made available in a non-digital format for those who do not have/use apps, and for visitors to the City. We would also ask the City to consider a pilot of some monitored public shower facilities, especially for rough sleepers. We are aware of the Community Toilet Scheme which is excellent and could be further developed as suggested.

**HIC7 Sport and recreation:** this section appears to be aimed at the private market. We would like to see a greater emphasis on facilities for those who cannot afford gym membership, particularly those on zero hours or who work overnight or in unsocial hours. Many of these workers are unseen and their voice is unheard. We would like to the see the City encourage providers of recreational and sports facilities to provide cheaper or free access for these groups of people. Likewise, residents who may not have access to community facilities including young mothers, the elderly, those with disabilities, the unemployed or groups who find gym membership prohibitive. Access to sports, recreation and green space should not be underestimated for the impact it has on improved mental health and wellbeing.

Healthwatch City of London proposes:

* Options for providing access for younger people through working with local business and providers of membership gyms.
* The City should create outdoor facilities for gym classes and the availability and access to open green spaces. The Olympic park and other boroughs have similar facilities.
* The requirement for new residential buildings should provide adequate outdoor space for leisure facilities, with provision of communal games such as petanque or table tennis.
* Green gym equipment should be installed for free use to encourage exercise for those unable to pay extortionate gym membership fees.

**HIC8 Play areas and facilities:** whilst this section is highly commendable there is limited information, and it appears to be more aspirational. We would urge the City to think about the safeguarding of children and safety generally when considering how to implement more access. With the increased number of families now residing in the East of the City, more affordable homes and more provision of family friendly spaces needs to be considered.

* The requirement for new housing developments to provide safe, secure family friendly recreational space, with appropriate play equipment installed to encourage physical and mental health.

**H1 Location of New Housing:** HWCoL supports the comments made in 4.3.7 regarding protection of residential areas but given the proximity of business and new developments alongside the established housing stock it is difficult to see how this is enforceable.

Any new housing within the City would require additional primary care services and access to good diagnostic services, schools, access to transport and open spaces. This access could be coupled with increased provision for city workers who do have access to healthcare though their workplace. Likewise access to the purchase of high quality, healthy and affordable food.

New, affordable housing needs to be fit for family use, with size appropriate rooms and facilities. The building of adapted and accessible dwellings needs to be enforced.

Healthwatch City of London proposes

* An additional GP surgery sited in the City, given the proposed increase in residents under the housing programme.
* Increased access to NHS Services for City workers – a NHS drop in centre located in the City.
* Focus on preventative measures, increase in screening programmes, facilities and locations in which to carry these out. The recent huge success of the vaccination programme, using an NHS number as the identifier, proves that this can be done.

**H3 Residential Environment:** It is difficult to see how the commitments in this section are achievable given the City’s primary aims. It would be good to see exactly how the City intends to achieve this goal and how communities will work together. HWCoL would like to see more information.

**H8 Older persons Housing:** This section is limited, and we would suggest, given the growing older population, and the requirement to keep people in their homes for longer that more consideration be given to this section. HWCoL would be happy to participate in this.

Healthwatch City of London proposes:

* A requirement for dwellings for access to parking and other facilities for carers and healthcare professionals required to support people in their own homes.
* Access to open spaces and easily accessible community facilities should be considered.
* An increase in sheltered/independent living units which would provide independence for the older population. Units should provide space for carers/family to stay.
* Space should be provided within these dwelling for provision of health and social care facilities and clinics.
* The location of these units nearer public transport will allow residents greater independence.

**Conclusion**

In conclusion, although we recognise that the draft Plan was established pre and during the COVID 19 pandemic, we feel that it does not sufficiently address the impact this will have on the City of London, for example the it is not yet known the impact of the increased shift of workers working remotely from home, and from a practical point of view the impact financially on the ancillary businesses; the impact of shielding, lockdown and isolation on the mental health of the population, and the access to services for those who suffer.

**Gail Beer, Chair**

**Paul Coles, General Manager**

**Rachel Cleave, Engagement and Communications Coordinator**

**Healthwatch City of London on behalf of the Board.**

**10 May 2021**

***Please note:***  *In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.*

***After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.***

7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

**Please add a x appropriate**

x

**No**, I do not wish to participate in hearing session(s)

**Yes**, I wish to participate in hearing session(s)

***Please note*** *that while this will provide an initial indication of your wish to participate in hearing session(s), you may be asked at a later point to confirm your request to participate.*

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

***Please note:*** *The Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.*

9. Signature: Paul Coles

Date:10/05/2021