



South West London

Sutton and Merton Borough Teams

London Borough of Merton Consultation on Draft detailed planning policies – February 2013

Background

This is the final consultation stage of the Sites and Policies Development Plan (known as stage 3). The plan contains draft detailed planning policies, potential sites for development and proposed land use designations. Once adopted, it will guide decisions on planning applications in Merton, replacing Merton's unitary Development Plan 2003.

All the draft policies only contain specific details that are not already covered in earlier plans such as the Merton Core Planning Strategy 2011 or the Mayor's London Plan 2011.

Sutton and Merton PCT have been consulted at all stages of the Core Strategy and Sites and Policies process.

The Stage 3 consultation closes on 27th February 2013. This document is the Sutton and Merton PCT response to the stage 3 consultation and is supported by Merton Clinical Commissioning Group.

Detailed Planning Policies

The sites and policies consultation covers two main activities:

- 9 detailed policies - comments provided by the Director of Public Health
- Development sites in Merton's five districts of Colliers Wood, Mitcham, Morden, Raynes Park and Wimbledon. – SMPCT Estates manager and Better Healthcare closer to Home (BHCH) Programme.

Detailed Planning Policies

Housing and Health

The association between housing conditions and physical and mental ill health has long been recognised (NICE 2005¹). There are a number of factors that affect this relationship including:

- The indoor environment e.g. the presence of indoor pollutants such as asbestos, carbon monoxide etc.)
- Cold and damp
- Housing design or layout (e.g. hazardous design)
- Noise levels
- Overcrowding
- Local infrastructure e.g. transport, access to green spaces, local health services, shops etc
- Neighbourhood safety
- How housing is allocated amongst the population
- Lack of housing (homelessness)

There is a lack of evidence around the cost-effectiveness of housing interventions to improve health and wellbeing. However, there is some evidence around the following interventions:

- Rehousing of people with defined medical needs improves mental health and wellbeing.
- Rehousing people from slum areas improves long-term health (but may worsen short-term health)
- Improving housing energy efficiency e.g. new windows, positively improves health.
- Interventions to modify home hazards reduce falls amongst older people
- Provision of free smoke alarms may reduce fire injuries
- Home visits to low income groups plus education and media campaigns may encourage parents to make their homes safer for children.

DM.H1

The policy aims to provide supported housing for vulnerable groups and those who are part of the criminal justice system. It states that potential supported housing will be assessed according a number of factors including access to amenities such as parking, public transport, shops, services and safe amenity space as well as the safety of the internal and external environment plus meeting relevant housing design standards.

The definition of vulnerable groups contained in the policy matches those commonly known to suffer worse health and wellbeing outcomes compared to the general population (the housing needs of low income groups would be addressed elsewhere e.g. affordable housing).

Public Health is satisfied therefore that policy H1 aims to meet the housing needs of vulnerable groups that relate to health and wellbeing.

DM.H2

The policy aims to create socially mixed communities. There is evidence that areas with more mixed social composition tend to be more popular, more satisfying to live in, and have better services than poorer areas (Department for Communities and Local Government 2010ⁱⁱ). Therefore, creating more mixed communities is an important strand in work to reduced health inequalities.

Public Health welcomes the statement that development proposals will be assessed against a set indicative housing mix of smaller and larger units to suit different house-hold compositions such as single people, families with children and older people.

Public Health recommend that where a developer has made a case for not providing the indicative housing mix, the impact of this non-mixed housing should be carefully monitored. Also, where the opportunity arises, improving the social mix of existing areas should be considered e.g. through mixing tenure types or improvements to facilities and services to encourage a mix of income levels.

DM.R5 Food and Drink/leisure and entertainment uses

Public Health welcome the policy statement that proposals that result in over-concentration of hot food take-away outlets will not be permitted and that the Borough is judged to have no areas of deficiency when it comes to representation of these outlets. Limiting the number of hot food take-away outlets will help in creating environments where foods lower in saturated fat are more easily available and cheaper than those high in saturated fats (such as those traditionally sold in take-away outlets) (NICE 2010ⁱⁱⁱ). **Public Health also recommend that planning permission for hot food take-away outlets is further restricted in areas within walking distance of schools (as recommended by NICE).**

The requirement for applicants to demonstrate that a leisure facility is no longer viable (when applying for closure/change of use) is welcome. This could be strengthened by a requirement to demonstrate that there are alternative leisure facilities in the area. Public Health welcomes the statement that there is potential for additional health club facilities within the Borough. Ensuring that these facilities can be accessed by different population groups, including those with disabilities and low income groups, would further strengthen the health benefits of such facilities.

Sites Proposals

The Primary Care advisor has reviewed all sites and confirms previous comments that there is sufficient capacity in existing sites that are not listed below to meet primary healthcare demand from new housing developments.

NHS Sutton and Merton owned sites have been proposed in the sites and policies consultation as list below.

| No | Ref | Site name | Suggested uses | Programme |
|----|----------|-------------------------|---|-----------------|
| 1 | SP 22 | Patrick Doody Clinic | Health (D1), residential (C3) Possible GP premises | BHCH Nelson LCC |

| | | | | |
|---|-------|--------------------|---|------------------|
| 2 | SP 23 | Amity Grove Clinic | Residential (C3), Community (D1) | BHCH Nelson LCC |
| 3 | SP 20 | Wilson Hospital | Nursing Home(C2), residential(C3), Health (D1) | BHCH Mitcham LCC |
| 4 | SP 21 | 1-7 Birches Close | Mixed residential(C3), residential institution (C2),health (D1) | BHCH Mitcham LCC |
| 5 | SP 53 | Brook House | Hotel (C1), nursing home(C2), residential(C3), day nurseries/crèche/education (D1), | N/A |
| 6 | SP 24 | Morden Road Clinic | Healthcare (D1) | GP capacity |

For note Canons Leisure Centre in Mitcham is not listed as a development site. This site is under consideration as a possible location for a Mitcham Local Care Centre.

Comment to sites

NHS Sutton and Merton comment that:

- The proposed uses for SP 22, 23, 20, 21 and 24 are acceptable.
- The proposed uses for SP 53 should include D1 Healthcare.
- The Canons Leisure Centre should be included with mixed leisure and healthcare uses as a possible site for the Mitcham LCC.

We would be pleased to discuss these comments if required. For clarifications please contact the individuals named below.

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ⁱ [Housing and Public Health: a review of interventions to improve health. NICE 2005](#)

ⁱⁱ [Mixed Communities. Evidence review. Department for Communities and Local Government. 2010](#)

ⁱⁱⁱ [Preventing cardio-vascular disease. NICE 2010](#)