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1	Introduction	1
2	Purpose of a Health Impact Assessment	1
3	Planning context	1
4	Public Health context	2
5	The Estates Local Plan	3
6	HIA consultation	3
7	Health Impact Assessments	4
	HIA Stages	4
8	HIA Screening Assessment	5
	Types of HIA	6
	Identifying vulnerable groups	7
9	HIA Scoping Assessment	9
	Appendix 1: Vulnerable /disadvantage groups checklist	16
	Appendix 2: Health and wellbeing determinants checklist	17

1 Introduction

- 1.1 This document is the Health Impact Assessment (HIA) Scoping and Screening report for Merton's Estates Local Plan, hereafter referred to as the Plan. The Plan is for the following estates: Eastfields (Mitcham), High Path (South Wimbledon) and Ravensbury (Morden)¹.
- 1.2 A HIA is an assessment tool to assist with the assessment of the health and wellbeing impacts of policies, plans and projects. 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.
- 2.2 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.
- 2.3 The final HIA report will show how the final draft of the Plan will secure health and wellbeing benefits and how identified adverse impacts in the earlier drafts of the Plan have been avoided or minimised.

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 plan-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*

¹ All three estates are in the eastern part of the borough that is addressed in The Health Needs of East Merton report, January 2014.

3.3 Policy 3.2: 'Improving health and addressing health inequalities' in the Draft Further Alteration to the London Plan (2014), 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 Plan (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.

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.

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:

- **Joint Strategic Needs Study (JSNA, 2013/14)** - 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.
- **Health and Wellbeing Strategy** – informs the commissioning of health and social care service in Merton. It provides the focus for partnership work of Merton's Health and Wellbeing Board and determines its core area of influence.
- **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.
- **Other commissioned studies.**

4.2 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

5 The Estates Local Plan

- 5.1 On 9th July 2014, in response to proposals from Circle Housing Merton Priory Homes (CHMP), Merton Council decided to start exploring the possible regeneration of three estates; Eastfields (Mitcham), High Path (South Wimbledon) and Ravensbury (Morden). As part of the regeneration process, the Council is preparing a statutory document called the Estates Local Plan in consultation with residents (tenants, leaseholders and freeholders) and in partnership with CHMP.
- 5.2 The aim of the Plan is to guide development planning applications for each of the estates. The 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.
- 5.3 The council will be holding a number of 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 will inform the Plan's development towards adoption.
- 5.4 It should be noted that depending on the comments and views expressed, there may be a need to review the methodology and type of HIA for the Plan.

6 HIA consultation

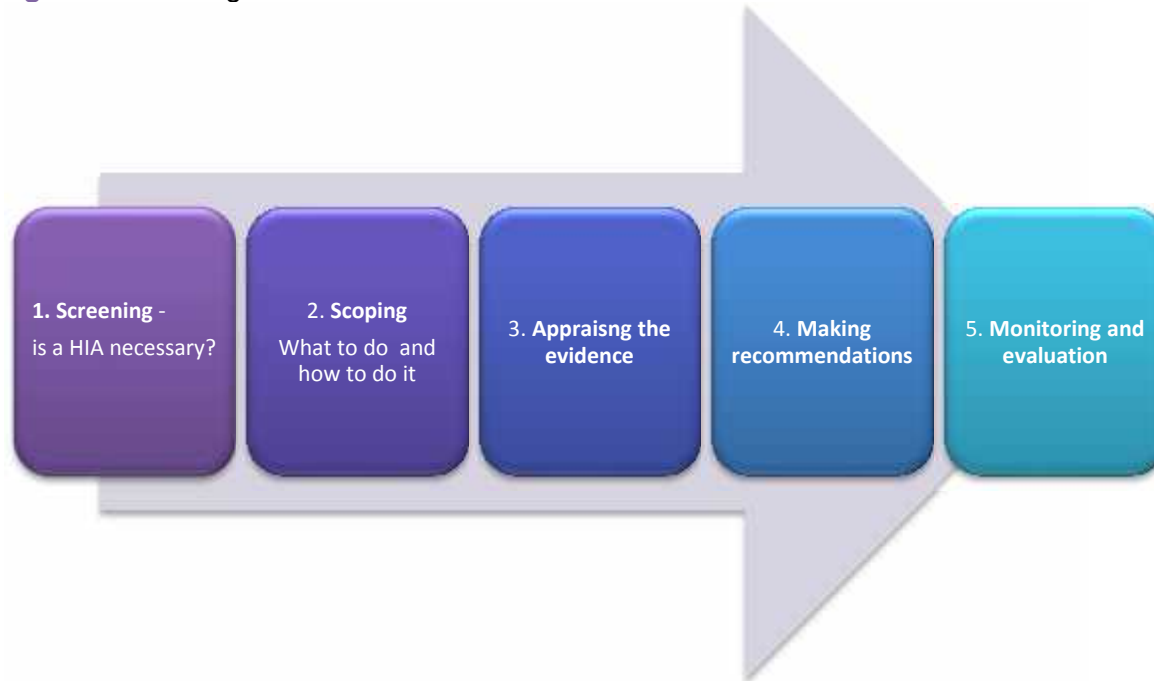
- 6.1 All Merton's planning consultations are carried out in accordance with its Statement of Community Involvement (SCI) (2005). For the HIA (all stages) the Council will be consulting with not only the public and interested parties, but also seeking the views from the following statutory bodies with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

7 Health Impact Assessments

HIA Stages

7.1 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, plans and projects. Figure 1, below outlines the five stages of a HIA:

Figure 1: HIA stages



7.2 **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

7.3 Screening necessitates an initial look at the potential impacts of a proposal/plan/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.

- 7.4 **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.
- 7.5 **Assessment/Appraisal** - involves two steps. Firstly, to establish a baseline of health and wellbeing of the population and vulnerable groups, for example the disabled, that could be affected by the 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.
- 7.6 Secondly, to consider other (more indirect) conditions that influence the adverse impacts to health and wellbeing that could be affected by the plan 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.
- 7.7 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 Plan.
- 7.8 **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.
- 7.9 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.
- 7.10 **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.

8 HIA Screening Assessment

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

Figure 2: Policy context

Section A – Policy content	
1. Is the plan/programme/strategy new or existing?	Yes, this is a new Plan for the three estates identified earlier in this report. The Plan will sit within a suite of planning development plans/documents/strategies which form part of Merton’s Local Plan.
2. Is the plan/programme/strategy a statutory requirement?	Yes, the Plan is a statutory requirement and once adopted will be part of Merton’s Local Plan and therefore, is required to be in conformity with the national, regional and local planning development policies.
3. Are there links to existing strategies / plans / programmes	<p>Yes, as well as Merton’s Local Plan, this Plan is linked to and is required to be in conformity with national, regional and local planning development plans namely:</p> <ul style="list-style-type: none"> • The National Planning Policy Framework (NPPF) and associated guidance • The London Plan • Merton’s Local Plan <p>Furthermore, the Plan is guided by Merton’s Sustainable Community Strategy (SCS) and informed by Joint Strategic Needs Assessment (JSNA), Health And wellbeing Strategy and the Strategic Objectives of Merton’s Local Plan.</p>
4. At what stage is the plan/programme/strategy?	<p>The Plan is at Stage 1, known as ‘<i>Issues and Options</i>’ and is subject to a public consultation on the 15th September 2014 for 6 weeks.</p> <p>The consultation is the first opportunity for the Council to hear the views and comments from residents who live within and surrounding areas of each estate including local businesses, community groups and any other interested parties.</p>

Types of HIA

8.2 HIA’s 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’.

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

Figure 3: Type of HIA

Determine type of HIA to be undertaken	
Type of HIA to be undertaken	<p>Desktop: in accordance with the guidance in the Major’s draft Social Infrastructure SPG (2014) a desktop HIA would be appropriate for this 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.</p> <p>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.</p> <p>The recently completed ‘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 Plan.</p> <p>The Health and Wellbeing Strategy (HWS) is reviewed every year. The HWS sets the framework for commissioning plans across the NHS and the Council with key focus on the integration of services. The commission plans are ‘held to account’ by the Health and Wellbeing Board to make sure that they reflect the direction within the strategy.</p>
Will community participation be undertaken as part of the HIA?	None foreseen at this stage. This document and further iterations of the HIA will however be published at each statutory consultation stage for the Plan.

Identifying vulnerable groups

- 8.4 In Appendix 1 is a checklist of typical vulnerable / disadvantage groups as published in ‘Health Impact Assessment: a practical guide to HIA’². 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 plan/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.

- 8.5 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 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 (2013/14).

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

- 8.6 The 2010 Indices of Multiple Deprivation show that Merton ranks 'very low' in terms of overall social deprivation compared to other London boroughs (4th out of the 33, where 1 is the most deprived) and the rest of England (208th out of 354). However, a number of pockets of deprivation exist within Merton. These pockets are mainly in the eastern wards (such as Figge's Marsh, Cricket Green, Lavender, Graveney and Ravensbury) and some smaller pockets in the western wards (Trinity, Abbey and Hillside).
- 8.7 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.
- 8.8 Life expectancy in Merton is generally good however; there are differences when comparing the east and the west. In all wards with the exception of West Barnes men experience a shorter than the 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.
- 8.9 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.
- 8.10 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.
- 8.11 In terms of smoking there are clear differences in rates within the borough with much higher levels seen in again 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.
- 8.12 Merton's Joint Strategic Needs Assessment (JSNA) 2012 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, 75 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.

8.13 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

8.14 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.

9 HIA Scoping Assessment

9.1 The Health and Wellbeing Checklist in Appendix 2 and the HUDU Rapid HIA Toolkit³ have informed the identification of the key questions listed in Figure 4 below, which this HIA will use to assess the Plan's impact on health and wellbeing.

³ Rapid Health Impact Assessment Tool, London Healthy Urban Development Unit (HUDU), January 2013.

Figure 4: Key Questions

Key questions	Comments	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing
1. Housing - Accessibility				
<p>1a. Will the Plan provide accessible homes and public realm for older or disabled people?</p>		<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 Policy 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.</p> <p>London Plan policy 7.2: Inclusive Environments</p> <p>Mayor’s SPG ‘Accessible London: achieving an inclusive environment’</p> <p>Housing SPG Annex 2 Best Practice Guidance for Wheelchair Accessible Housing</p> <p>Merton Local Plan: Core Planning Strategy policy CS 14: Design</p> <p>Sites and Policies - DM D2 Design consideration in all developments</p>	<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>
2. Housing – Healthy living				

<p>2a. Will the 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 Plan provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces?</p> <p>2c. Will the Plan encourage the use of stairs by ensuring that they are well located, safe, secure, attractive and welcoming?</p> <p>2d. Will the 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>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>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>London Plan Policy 2.18 Green infrastructure (communal space - Housing SPG 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), 5.2 Minimising Carbon Dioxide Emissions, 7.1 Building London's neighbourhoods and communities, 7.2 An inclusive environment, 7.5 Public Realm and 7.15 Reducing noise and enhancing soundscapes (Housing SPG design standard 5.3.1).</p> <p>Housing SPG design standards 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 Plan: Core Strategy policies - CS14: Design and CS: 15 Climate Change.</p> <p>Site and Policies Plan policies DM D2 Design considerations in all developments</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. 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</p>
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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.

Energy efficient homes will result in reduced energy costs and reduce pressures on household expenditure.

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.

Shelter, landscaping, street lighting and seating can make spaces attractive and inviting.

3. Housing - Mix and affordability

<p>3a. Will the 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 Plan ensure there will be a strategy in place to protect vulnerable groups during temporary displacement?</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 Policy 3.8 Housing choice, 3.11 Affordable housing targets.</p> <p>The revised London Housing Strategy sets out that 36% of affordable rented homes allocated funding in 2011-15 will have three or more bedrooms.</p> <p>Merton Local Plan: Core Planning Strategy policy CS 8: Housing Choice and CS 9: Housing Provision.</p> <p>Sites and Policies Plan policy- DM D2: Design, DM H2: Housing Mix</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. Both affordable and private housing should be designed to a high standard ('tenure blind').</p>
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Key questions	Comments	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing
4. Transport - Promoting walking and cycling				
<p>4a. Will the Plan actively promote cycling and walking through measures such as the provision of adequate cycle parking and cycle storage?</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 Policy 6.3 Travel Plans, 6.9 Cycling, 6.10 Walking, Table 6.3 minimum standards for cycle parking provision.</p> <p>Housing SPG cycle storage space standards (design standards 3.4.1 and 3.4.2)</p> <p>Merton Local Plan: Core Planning Strategy policies – CS 18 Active Transport,</p> <p>Sites and Policies Plan 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. 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>

5. Transport – Safety and Connectivity

<p>5a. Will the 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 Policy 6.2 Cycle Super Highways, 6.3 Strategic walking routes, 6.9 Cycling and 6.10 Walking All London Green Grid SPG.</p> <p>Transport for London ‘Legible London’</p> <p>Transport for London Bus Service</p> <p>Planning Guidelines</p> <p>Merton Local Plan: Core Planning Strategy policies – CS 18 Active Transport,</p> <p>Sites and Policies Plan policies – DM T1: Support for sustainable transport and DM T5 Access to the road network.</p>	<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>
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Key questions	Comments	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing
6. Environment - Construction				
6a. Will the Plan minimise construction impacts such as dust, noise, vibration and odours?		4.5 Build a healthy environment including access to housing, local amenities and activities.	<p>London Plan Policy 5.3 Sustainable Design and Construction</p> <p>London Plan Policy 5.18 Construction, excavation and demolition waste</p> <p>Mayor of London 'The Control of Dust and Emissions from Construction Sites'.</p> <p>Merton Local Plan: Sites and Policies Plan – DM EP2: Reducing and mitigating noise, DM EP4: Pollutants and DM D2 Design consideration in all developments</p>	<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>
7. Environment - Air Quality				
7a. Will the 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 Policy 7.14 Improving Air Quality (a least 'air quality neutral' – Housing SPG Design standard 5.6.1), 5.10 Implementing Urban Greening, 5.3 Sustainable Design and Construction</p> <p>Merton Local Plan: Sites and Policies Plan - DM EP2: Reducing and mitigating noise and DM T1 Support for sustainable transport and active travel.</p>	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.

8. Environment - Noise

8a. Will the 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.

London Plan Policy 7.15 Reducing noise and enhancing soundscapes

Merton Local Plan:
Sites and Policies Plan DM EP2:
Reducing and mitigating noise and DM T1 Support for sustainable transport and active travel.

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.

9. Environment - Open space

<p>9a. Will the 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 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 Policy 7.1 Building London's neighbourhoods and communities</p> <p>London Plan Policy 7.18 Protecting Local Open Space and Addressing Deficiency, Table 7.2 Public open space categorisation</p> <p>London Plan Policy 7.19 Biodiversity and Access to nature</p> <p>Merton Local Plan –</p> <p>Core Planning Strategy policies CS: Open space, nature conservation, leisure and culture</p> <p>Sites and Policies Plan policies – DM O1: Open space and DM O2: Nature conservation, trees, hedges and landscapes.</p>	<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>
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10. Environment – Sports pitches and play spaces

<p>10a. Will the 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 Policy 3.6 Children and Young People’s Play and Informal Recreation Facilities, 3.19 Sports Facilities</p> <p>Shaping Neighbourhoods: Play and Informal Recreation SPG - 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 Plan: Core Planning Strategy policies CS: Open space, nature conservation, leisure and culture</p> <p>Sites and Policies Plan policies – 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>
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11. Environment - Biodiversity

<p>11a. Will the 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 Policy 7.19 Biodiversity and access to nature.</p> <p>Table 7.3 London regional BAP habitat targets for 2020</p> <p>Merton Local Plan – Core Planning Strategy policies CS: Open space, nature conservation, leisure and culture</p> <p>Sites and Policies Plan – 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>
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12. Environment - Local food growing

<p>12a. Will the 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 Policy 5.10 Urban Greening, 5.11 Green Roofs and development site environs, 7.22 Land for Food</p> <p>Merton Local Plan: Core Planning Strategy policies CS: 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>
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13. Environment - Sustainable design

<p>13a. Will the 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 Policy 2.7, 3.7 and 5.2, 5.3 Sustainable Design and Construction, 5.9 Overheating and Cooling, 5.10 Urban Greening, 5.11 Green Roofs and development site environs</p> <p>Housing SPG Design Standard 6.3.1</p> <p>Merton Local Plan:</p> <p>Core Planning Strategy policies - CS: 13, Open space, nature conservation, leisure and culture, Waste management and CS: 15 Climate change.</p> <p>Sites and Policies Plan policies – 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 planting, green roofs and walls; and soft landscaping can help prevent summer overheating.</p>
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14. Environment - Crime reduction and community safety

<p>14a. Will the Plan incorporate elements to help design out crime?</p> <p>14b. Will the 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 Policy 7.1 Lifetime Neighbourhoods, 7.3 Designing Out Crime</p> <p>Secure by Design: designing out crime (Association of Chief Police Officers (ACPO))</p> <p>Merton Local Plan: Core Planning Strategy policies CS 14: Design</p> <p>Sites and Policies Plan – DM D2 Design considerations in all developments.</p>	<p>Crime is associated with social disorganisation, low social capital, 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>
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Key questions	Comments	Merton Health and Wellbeing Strategy Outcomes	Planning Policy requirements	Why is it important to health and wellbeing
15. Community – Health services				
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 Plan: Core Planning Strategy CS: 11 Infrastructure</p> <p>Sites and Policies Plan policies – 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.
16. Community - Education				
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 Policy 3.18 Education facilities</p> <p>Merton Local Plan: Core Planning Strategy CS: 11 Infrastructure</p> <p>Sites and Polices Plan – 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.

17. Community – Access to social infrastructure

<p>17a In accordance with the identified need for community services, will the 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><i>(For the purposes of the HIA, 'community facilities' consists of meeting places for adults and young people, such as faith-based, community centres, youth centres, etc).</i></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 Policy 3.16 Protection and enhancement of social infrastructure, 7.1 Building London's neighbourhoods and communities</p> <p>Merton Local Plan: Core Planning Strategy CS: 11 Infrastructure</p> <p>Sites and Polices Plan – DM C1 Community facilities, DM C2 Education for children and young people,</p>	<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>
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18. Community - Local employment

<p>18a. Will the 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 Policies 4.12 Improving opportunities for all and Policy 8.2 Planning obligations.</p> <p>London Plan Policy 7.1 Building London's neighbourhood and communities</p> <p>Merton Local Plan: Core Planning Strategy policies – CS: Economic development Sites and Policies Plan policies – 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>
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19. Community – Access to local food shops

<p>19a. Will the Plan provide access to local healthy food shops?</p> <p>19b. Will the 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 Policy 4.7 Retail and Town Centre Development, 4.8 Supporting a Successful and Diverse Retail Sector, 4.9 Small Shops, 7.1 Building London’s Neighbourhoods and Communities</p> <p>Merton Local Plan - DM R1 Location and scale of development in Merton’s town centres and neighbourhood parades, DM R2 development of town type uses outside town centres, DM</p>	<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>
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9.2 Figure 5 below shows how the decision-making timescales of the Plan relate to the stages of the HIA, and demonstrates how the HIA will have an opportunity to inform decisions:

Figure 5: Estate Local Plan and HIA decision-making timescales

Dates	Plan Stage	HIA Stage
Autumn 2014 / Winter 2014	Issues and Options	Screening and scoping
Winter 2014 / Spring 2015	Preferred Options	Assessment (of each option)
Winter / Spring 2015	Preferred Option	Assessment
Summer / Autumn 2015	Submission (sign off by Councillors)	Recommendations (with monitoring programme)
Summer / Autumn 2015	Pre-submission	Recommendations (with monitoring programme)
Autumn / Winter 2015	Submission to the Secretary of State who appoints an independent planning inspector to examine the Estates Local Plan	Recommendations (with monitoring programme)
Autumn / Winter – 2015	Examination of Local Plan, including Examination in Public (EIP) hearings (timetable set by the planning inspector)	Recommendations (with monitoring programme)
Submission of planning application		Monitoring

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 plan/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.

1. Age groups ⁴
Children and young people Older people
2. Income related groups
People on low income Economic inactive Unemployed People who are unable to work due to illness
3. Groups who suffer discrimination or other social disadvantages
People with physical or learning disabilities/difficulties Refugee groups People seeking asylum Travellers Single parent families Lesbian, gay, bi-sexual and transgender people (LGBT) Black and Asian Minority Ethnic (BAME) groups ⁵ Religious groups
4. 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.

⁴ Could specify age range or target different age groups for special consideration.

⁵ May need to specify

Appendix 2: Health and wellbeing determinants checklist

(This is a guide and is not exhaustive)

<ul style="list-style-type: none"> Lifestyles 		
Diet	Physical activity	Use of alcohol, cigarettes, non-prescribed drugs
Sexual activity	Other risk taking activity	
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> 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	
<ul style="list-style-type: none"> Economic condition effecting health 		
Unemployment	Income	Economic inactivity
Type of employment	Workplace conditions	
<ul style="list-style-type: none"> 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	
<ul style="list-style-type: none"> 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.