

Annex C

Workshop Feedback

FEEDBACK FROM THE WORKSHOP ON THE IIA OF THE CENTRAL LONDON SUB REGIONAL DEVELOPMENT FRAMEWORK (SRDF) HELD ON 23RD SEPTEMBER 2005.

1 INTRODUCTION

This note sets out the key issues raised during the breakout session held during the Workshop on the Central London SRDF held at City Hall on September, 2005. The comments relate to the coverage of issues by both the SRDF and the Integrated Impact Assessment (IIA) (both specific and general) and also comments on the IIA methodology and appraisal framework.

2 WHICH KEY HEALTH ISSUES SHOULD BE IN THE SRDFS

This was the focus of discussion at the workshop. Participants felt that there were a wide range of issues that should be addressed in the SRDFs because of their relevance to Central London and to spatial planning. Data exists for most of these issues and could be provided to planners.

The list set out below also included some issues that were felt to be relevant to all SRDFs.

- Demographic characteristics now / future (all)
- Issues of mobility, diversity, tourists / visitors needs – service provision (Central in particular)
- Sexual health issues (ie. Soho) (Central)
- Pockets of deprivation (all)
- Health inequalities (all)
- Alcohol abuse – night time economy (Central)
- Housing affordability?
- TB (Central and West in particular)
- Drugs (all)
- Communicable diseases (all)
- Children in poverty (all)
- What do we want to promote?
- Boundaries? Significant
- Road accidents(all)
- Role on HUDU (all)
- Brief descriptions of health issues of the population of the sub region (all)
- Specific London issues and how these are being dealt with (all)
- Housing – Existing / New population (all)
- Employment – existing / new (all)

In addition a series of more cross cutting issues were raised in relation to SRDF. These were:

- Use of L.H.O data
- Relationships between services / health status
- Construction / developments – health impacts

- Health benefits of the Olympics
- Need to be “bold” - evidence for wider determinants of health
- Use of Data on access to health services
- Use of NHS plan-data

3 *IS THE IIA APPRAISAL FRAMEWORK USEFUL IN PROVIDING HEALTH INPUTS TO THE SRDF?*

The participants felt that the IIA and the appraisal framework should provide information on the extent to which the SRDFs provide clear information on how the following issues have been incorporated in to spatial planning at sub-regional level.

- Characteristics of the new population
- Do people want to move – Is their evidence of this
- What services do people want – is their evidence of this
- Does the SRDF recognise the spatial implications of key human resource issues eg the ‘churn’ of health service staff – will this continue?
- Tertiary health services – are these considered
- Tourist population – is this factored in? Are the specific needs/impacts of tourist/Visitor populations accounted for?
- Housing / infrastructure for health staff – are their need considered in terms of provision of key worker/affordable housing.
- How will SRDF effect health pathways
- Identify key interactions
- Environmental exclusion
- Equity effects of allocation of facilities
- Mental health
- Policing
- Air quality
- Prison population
- * using the data – relevance vs comprehensive
- Alignment of spatial and health planning
- Crime and disorder
- Access to food / food deserts

4 *WHAT CHANGES SHOULD BE MADE TO THE APPROACH AND ISSUES ADDRESSED BY THE IIA*

Participants felt that the IIA should assess the frameworks on issues such as;

- Capacity – to deal with/deliver on issues
- Funding – is it clear where the money is coming from?
- Timing – is it clear when delivery will occur
- Fit of SRDF boundaries with these of SHAs/PCTs
- Relationships with ongoing HIAs – II should use these in its evidence base
- Density, Equity issues
- Social mix policy.
- Leisure and transport – related issues that affect access
- Health – R + D – Biotech as a sector

- Health related industry - as a sector
- Private sector - health provision - what are the special implications of this?
- Greenspace / healthy living +access issues- also Green Infrastructure provision
- Quality of design / environment
- Safety / safety by design - issues

FEEDBACK FROM THE WORKSHOP ON THE EAST LONDON SUB REGIONAL DEVELOPMENT FRAMEWORK (SRDF) HELD ON 15TH JULY 2005

1. INTRODUCTION

This note sets out the key issues raised during the breakout sessions during the 15th July workshop in terms of the Integrated Impact Assessment Methodology, the East SRDF and SRDF's in general.

2. THE IIA METHODOLOGY

There were relatively few comments on the IIA methodology. The critical one was that the IIA should seek to assess what types of change the SRDFs would make in terms of the new population and how this would relate to the existing population. The IIA needs to be more focused on characterising change as well as identifying opportunities and impacts. More emphasis should be placed on demographic change and its effects. Appraisal framework needs to look for evidence base of need and determine balance between regenerating existing communities and enabling sustainable new growth.

3. THE SRDF

The feedback relating to the EAST SRDF falls into two categories, specific issues relating to the East Region and generic issues that are relevant to all of the SRDFs.

Specific Issues - East SRDF

- The relative lack of health information in the SRDF reflects the late involvement of some health authorities in the process;
- The GLA recognised that some health related data that had been included in earlier versions of the SRDF has been edited out of the most recent version;
- The areas in the East that are outside the Opportunity and Intensification Areas are under represented in the current document;
- The SRDF should recognise that the way health is delivered in the East will need to change in the light of both new developments and new healthcare delivery policies and the associated infrastructure that will be developed;
- The SRDF should reflect more clearly on the fact that East London will have to take a disproportionate amount of the new population of London - this is likely to give rise to tensions - this is not addressed by the SRDF;
- East London has a young population - the needs/requests of that population are not reflected in the SRDF;
- The SRDF does not make sufficient links across themes e.g environment and development and the constraints and opportunities to development that making these links can help to identify;
- SRDF need to contain more specific as opposed to generic actions;

- Other regions must be more self sufficient, the current statements on waste management in the East SRDF are a fudge;
- In terms of employment there need to be clearer links between new jobs and local people. The sub-region may gain 250,000 new jobs but not all of these will be for residents of the region – what are the effects of this on the local population, what are the implications of this in terms of the local skills base?;
- The benefits of density of development are not brought out in the SRDF; and
- The SRDF needs to make more of the ‘Green Grid’ and its potential in the sub-region.

Generic Issues

- **Structure and organisations of SRDFs:**
 - SRDFs need to have a clearer introduction to their aims and objectives and their status with the hierarchy of London plans so as to provide readers with a clearer idea of their function and how they relate to other plans and sectoral policies;
 - The SRDFs need to tell a story ie provide details of:
 - Where are we going;
 - Where do we want to be;
 - How are we going to get there;
 - What are the key stages along the way big Q’s;
 - What is the expected population;
 - What transport, public infrastructure and employment will they require?;
 - Is current infrastructure sufficient;
 - is it in the right place and capacity?
 - SRDFs should contain definitions of key terms examples should include sustainable development, health, health pathways, health inequalities;
 - The overall objectives of the SRDFs should include health and diversity;
 - SRDFs should include a non-technical summary;
 - SRDFs should contain explicit information on monitoring – this would be useful to take forward borough level actions in a co-ordinated fashion and would also support London level monitoring;
 - It should be clear to the reader that SRDFs are likely to evolve over time;
 - How can SRDFs take account of overlap between sub-regions?; and
 - How can SRDFs be used to inform workforce provision e.g. for the NHS.
- **Information to be presented in SRDF:**
 - SRDF should contain a common set of baseline information covering the following issues:
 - General demographic – ethnicity, gender, age;
 - Housing quality and tenure;
 - Services access;

- Transport;
 - Access and accessibility;
 - Employment; and
 - Environment.
- Ideally the SRDFs would include maps to show the spatial distribution of inequalities, key issues etc;
- SRDFs should attempt to characterise the population that will 'arrive' as a result of the implementation of the SRDF, and compare it with the existing resident population;
- The text of the SRDFs should contain more description and analyses on the spatial distribution of inequalities;
- SRDFs should take account of climate change and energy issues; and
- SRDFs should include a health section.

**FEEDBACK FROM THE WORKSHOP ON THE IIA OF THE NORTH LONDON
SUB-REGIONAL DEVELOPMENT FRAMEWORK (SRDF) HELD ON THE 23RD
SEPTEMBER**

1 INTRODUCTION

This note sets out the key issues raised during the discussion of the North London SRDF and its IIA.

1.2 WHAT ARE THE KEY HEALTH ISSUES THAT NEED TO BE REFLECTED IN THE SRDF?

- There isn't sufficient information to assess the impact of the SRDF on health.
- Should the SRDF's be used to implement local level frameworks?
- Health is more the domain of the London Plan, the SRDF is to aid in identifying if there are any new requirements, ie access to employment, physical exercise etc.
- This document should be able to indicate where more local level assessments including HIA are required.
- The SRDF requires a greater understanding on health pathways in order to minimise harm and maximise benefits, ie employment does not necessarily mean health benefits. The SRDF needs to profile communities to identify local skills base and the likely uptake of employment opportunities.
- The SRDF requires more focus on health and inequalities and to distinguish between treatment based health care (ie health facilities) and preventative approaches (good health and wellbeing).

The SRDF baseline information needs to include:

- Community structure (age, sex etc);
- Make up;
- Susceptibilities;
- Existing health;
- Existing health care capacity; and
- Population forecast and future health needs.
- The SRDF provides an opportunity to coordinate cumulative impacts both beneficial and hazardous (ie coordinate major projects to develop a combined training program or more affective mitigation).
- Monitoring is required including both Hard and Soft indicators (clinical and consultation/qualitative).

- The SRDF needs more on sustainable and health indicators, ie carbon, biomass and local level economic predictions to assess the distribution of outcomes.
- etc.
- The SRDF is about sustaining growth, but what about local economic models?
- Need a breakdown of health pathways to maximise strategic benefits.
- Need to review the objectives of the SRDF, maybe go back to the Mayors.
- The SRDF needs more information on how health is influenced in order to pull out regional benefits.

1.3 *IS THE IIA FRAMEWORK USEFUL IN PROVIDING SUSTAINABILITY AND HEALTH INPUTS TO THE DEVELOPMENT OF SRDF'S*

The IIA does not lead to actions, ie what to do next.

The SRDF needs to:

- profile change in the sub region
- profile community health and susceptibilities; and
- identify potential health pathways and outcomes.

It is important to acknowledge that it is difficult to attribute or quantify health outcomes, the SRDF therefore provides an assessment of health based on available evidence and not a quantification.

The SRDF needs to identify potential health pathways and subsequent opportunities.

Require the evidence base of the IIA to be made available

Maybe the IIA is not suited to assess the SRDF.

Its to late to apply the IIA to the SRDF, and should have been earlier in the planning process to implement sustainability from the start.

1.4 *WHAT ARE THE KEY CHANGES THAT SHOULD BE MADE TO THE ISSUES COVERED BY THE IIA FRAMEWORK AND METHODOLOGY*

No specific issues were mentioned but the proposed changes/improvements to the SRDF would certainly require the appraisal framework to be modified.

**FEEDBACK FOR THE WORKSHOP ON THE IIA OF THE SOUTH LONDON
SUB-REGIONAL DEVELOPMENT FRAMEWORK (SRDF) HELD ON 29TH
SEPTEMBER 2005**

1. INTRODUCTION

The note sets out the key issues raised during the discussion of the South London SRDF and its IIA.

2. WHICH KEY HEALTH ISSUES SHOULD BE IN THE SRDF

Participants raised the following issues/concerns in respect of the coverage of issues in the SRDF.

- Need to send the assumptions, evidence base and findings supporting out assessment to participants as the IIA lacks transparency at this moment
- The SRDF does not provide much information on health outcomes, Health section written by NHS, seemed not to have been included in the published version of the SRDF
- Sub regions may change, what does this mean for this IIA, on SRDF
- Housing outputs/type/ how does this effect current residents, does it meet needs etc?
 - How does housing meet healthcare capacity
 - How are services going to meet housing growth
 - mixed housing is required to ensure Sustainable Healthy communities
 - Employment in South is falling, how will this affect Health, maybe lack of jobs locally may increase commuting
 - Needs to be links between South and Central to understand Health, ie employment
 - Needs acknowledgment of boundaries and that Health Determinants don't recognise this
 - Health is a difficult integration issues
 - Not sure on the link to Health, ie need to identify practical outcomes on Health, How will Housing, transport etc influence Health, where area Schools going to be etc, Health needs and provision should be more explicit.
 - What area the health indicators to be used, ie How will you resource change ie pop change, deprivation, employment Housing, etc. be factored into the SRDF
 - This is a difference between Health need and Health improvements. The SRDF should tackle both...
 - Deprivation, you need to tackle existing problems and future needs
 - Need a positive statement at the beginning on health
 - Is there sufficient clarity on current health capacity and on what the implications of growth will have on health provision
 - Also such to address the wider determinates of health. They may be covered in SRDF but not integrated or articulated.
 - Have not articulated community concerns. Need to pick up inequalities.

- Problem with this is that Health sectors may be more interested in Hospitals rather than housing structure densities (possible link into other Health Areas)
- Need hard health and social indicators to see change and inequalities

3. *KEY PROCESS ISSUES*

The workshop participants identified a number of issues relating to the process of producing the SRDFs and the extent of integration of the health sector in that process. These are set out below.

- Need more collaboration with Health Sector
- Earlier collaboration with Health Sector would have been useful
- Health Sector doesn't forward plan, poor health integration is from poor feedback, need more organised work between Health sector and planning
- Health Sector is not allowed to look that far ahead, but if they could it would be a huge opportunity to ensure sustainable community health.
- Need to fashion a clearer role and function for the SRDF, because the Health sector don't 'see why they should be involved and have lost faith in this, therefore it has lost focus on health
- The SRDF lacks Health data on some concerns ie local levels of poor health, The SRDF team need to pass sections to relevant partners to ensure integration ie health passed or supported by health sector.
- Rather than comment on the document it would have been more constructive and encouraging if the Health sector were more involved at the start.
- NHS PCTs are all informed as to planning projects, not told about the assessments going on
- Good practise inherently requires more health input to target longer terms health improvement.
- PCTs struggling to identify relevance of the plans so SRDF indicators would be useful

The GLA noted that NHS chief executives had been approached 18 months ago but that little feedback has been received. The SRDF team had also wanted to say more about health-related issue but did not have the data to allow them to do so.

4. *WHAT SORT OF HEALTH ISSUES SHOULD BE REFLECTED IN A SRDF?*

The workshop participants were keen to explore a range of issues relating to the function and standing of SRDF's which are presented below along with the response from the GLS planner who presented the framework.

Q: why do the SRDF if it's not Statutory, what influence will it have

A1: *to set a framework for local planners to deal with SRDF issues*

A2: *to provide an SRDF baseline to aid implementation, its an informative document to aid implementations of the next generation of planning docs. (other fields will use the document to raise special/economic development*

A3: *it may be a material consideration in a planning context*

Q: are there links with the other SRDFs

A1: *there are cross references with other documents (Wandsworth Central SRDF) (Thames Gateway) etc*

A2: *Yes. But at a more regional than sub regional level*

5. **KEY ISSUES FOR THE IIA METHODOLOGY AND THE APPRAISAL FRAMEWORK**

There was limited discussion of the IIA but the following key issues were raised.

- The SRDF should be more of a spatial plan and not a sustainability document
- The integrated appraisal fails as the process was not integrated into the development of the SRDF
- Next time this is applied you (the IIA team) need to get earlier involvement in the process ie doing the plan.

FEEDBACK FROM THE WORKSHOP ON THE IIA OF THE SUB-REGIONAL DEVELOPMENT FRAMEWORK (SRDF) FOR WEST LONDON HELD ON 3RD OCTOBER

1 **INTRODUCTION**

This note sets out the key issues raised during the discussion of the West London SRDF and its IIA. The issues raised in discussion relate to the coverage of issues by both the IIA and the SRDF (both specific to West London and more generally) and also comments made about the IIA methodology and the appraisal framework.

2 **WHICH KEY HEALTH ISSUES SHOULD BE IN THE SRDF**

- Current population/new populations-what are their characteristics, what areas/ do they share and what are the different implications for the SRDF?
- What is distinct about West London, specific, inequalities, needs of new populations etc

- Where will new population be accommodated and how will that affect local areas- what does that mean for local health care provision?
- High risk areas such as Heathrow and major roads that are associated with particular health problems
- Changing health care provision – particularly in relation to primary care and health care facilities.
- Need to capture changes in population growth in relation to space and time
- TB+ sexual health issues key for West SRDF
- Hammersmith , Hounslow – significantly lower life expectancy – this should be brought out in the evidence base to highlight intraregional disparities
- More data on health inequalities/deprivation needed to strengthen document
- Current primary care development data supplied but – not reflected in the document – also large secondary care facilities not discussed. Include issues about accessibility to health care facilities.

More broad ranging issues raised by the participants included:

- Criteria based approach to health care developments – issues should be fed into the London Plan
- Difficulty of mapping new populations – prevents people from mapping new populations
- Links between Western Wedge and links to other areas of London and other areas i.e the Western Corridor
- Using LSP's to put together regional issues for the PCT's

In addition, the group noted that health is a cross cutting issue that it may be difficult to include specifically in a document such as the SRDF but that it is important that the wider determinants of health are addressed.

Looking at the wider social exclusion/deprivation agenda a number of other issues of relevance to the SRDF were identified. These are set out below.

- Air quality at Heathrow – v. poor, noise + mental health + refugee issues associated with airport, issues not picked up by IIA or the framework

- There is no HIA of airports –this is significant in terms of the importance of Heathrow in the sub-region and the health issues that it raises.
- Western Wedge – transport access to services – need for integrated transport. Need for public transport user issues to be addressed e.g access.
- Effects of cumulative small growth – need to think about planning services
- Index of Deprivation long term trends and the need for pan social infrastructure
- Education problems and noise from airport
- Key issues for housing – what type is proposed + linking to type of population growth and shortage and need to build housing at high density may not be suitable for families
- Reasonable housing and access to facilities
- Fear of crime issues and how that curtails lives- recent survey suggests that fear of crime in the areas is a significant issue (maybe tackled through design guidelines and not through SRDF although could be mentioned)
- Supplementary planning guidance and its role in influencing decisions
- Need for allotments/food strategy (sustainable)
- Small local parks rather than big regional facilities – questions of access by deprived/excluded communities.

It was also felt that the status of the SRDFs was not helpful.

3

KEY ISSUES RELATING TO THE IIA METHODOLOGY AND THE APPRAISAL FRAMEWORK

The following issues were raised by workshop participants with respect to the IIA methodology and the appraisal framework used to assess the SRDF.

- Guidance coming from ODPM – sustainability guidance, SEA guidance
- Relationship to of the SRDFs and the assessment LDF

- Pockets of responsibility for EIA still doesn't consider health – IIA is helpful in this respect
- How much do you gain from integration and how much do you lose on the detail from the IIA method – this should be taken into consideration
- IIA Framework – how much is LSDC and how much has been added
- Should we rely on post-hoc appraisals or be clever in setting plan objectives
- Important that the LSDC or other groups/processes provide indicators and then link them to appraisal
- Process of consultation very important in IIA. Engagement in partnership is as important as a tool
- The IIA's are useful for stakeholders to develop methods of assessment
- Use indicators from LAA in SRDF's to improve delivery on ground. (although may miss this if only LAA indicators are used).
- Use existing indicators – do not invent new ones. The use of existing indicators helps to build a coherent picture of delivery and impact.
- Review of boundaries of sub-regions