

City of London Draft Submission Local Plan 2040

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To: Planning Policy Consultations <PlanningPolicyConsultations@cityoflondon.gov.uk>

1 attachments (210 KB)

HUDUCityofLondon2040LocalPlanresponse14June24.pdf;

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Dear Policy Team,

Please find attached the NHS London HUDU representation which has been prepared in consultation with the NEL ICB and local Trusts.

Please let me know if you have any queries.

Kind regards,

Mary

Mary Manuel (She/her)

[REDACTED]

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NHS London Healthy Urban Development Unit

Rob McNicol
Assistant Director
Strategy and Policy
City of London Corporation
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London EC2P 2EJ

14th June 2024

Dear Rob,

City of London Plan Revised Proposed Submission Draft Consultation

Thank you for the opportunity to comment on the City's revised Proposed Submission Draft Local Plan consultation and for meeting with NHS colleagues to provide further detail regarding the document. This response has been prepared in consultation with the North East London Integrated Care Board and local NHS Trusts.

We have followed the format of the consultation document, wherever possible, in providing comments, however, where it makes sense to combine comments, for example thematically, we have done so for ease of reference and clarity. Where there are specific requested amendments to the consultation draft policies and text these are shown in red italics.

Strategic Priorities

We welcome the three strategic priorities, and in particular the focus on inclusive environments and enhancing the City's social infrastructure as well as creating a healthier and safer city for everyone under 1.3 Social Objective.

Health Inclusion and Safety

Strategic Policy S1 Healthy and Inclusive City and the following HL policies are all supported.

We ask the wording Para 3.1.3 is amended to reflect the new NHS organisations "The City Corporation will work with the ~~City and Hackney~~ *North East London* Integrated Care Board and other NHS and community organisations to regularly assess the need for health and social care facilities locally and sub-regionally".

Policy HL5: Location of protection of social and community facilities

While we welcome this policy generally there is concern that there is no reference under 2) to facilities being affordable. Affordability is important for social and community facilities to be sustainable. This includes infrastructure and service providers such as the NHS as well as voluntary and community organisations. Making community space available to local community organisations for specific hours at a discounted or nil cost as part of the planning process can be invaluable to the health and wellbeing of local people. We would welcome reference to the inclusion of space for community health and wellbeing activities for example group education sessions, vaccination awareness events, group consultations and other health prevention activities.

Policy HL6 Public Toilets

We suggest that the first line of Clause 1 is amended to read:

1. Requiring the provision of a range of directly accessible public toilet facilities for ~~a range of users~~ *all within the community* including

This revised wording may be more helpful in the City achieving its objectives with our concern that 'a range of users' could exclude access for some within the community.

Policy HL9 Health Impact Assessment (HIA)

We welcome this policy, however, suggest amendments to the supporting text.

Para 3.10.5 An additional sentence to support the implementation of HIA recommendations would be helpful. *"Recommendations from the HIA will normally be expected to be implemented and may be secured through the use of planning condition or the relevant S106 planning agreement as appropriate"*.

Para 3.10.7 refers to HIAs not focusing solely on health infrastructure. This is important not just to comprehensive HIAs but also rapid HIAs and we suggest is moved to paragraph 3.10.4.

Policy HS5: Student accommodation and hostels

We note that Clauses 1 a. and 1b of this policy refer to 'high standards of design and amenity for occupants' and 'appropriate amenities for occupants in the local area'. While we support this approach, we suggest this could be strengthened to ensure there are adequate facilities for students reflecting the proximity to social and community infrastructure and that the design provides sufficient quantity and variety of community/communal space onsite. This should consider the named university/universities the accommodation is linked to and the accessibility to its/their facilities.

The Temple, The Thames Policy Area and the Key Areas of Change

This section sets out 7 areas of change within the City. Of particular interest are the two areas which reference St Bartholomew Hospital.

The Smithfield and Barbican Key Area of Change

Strategic Policy S23: Smithfield and Barbican

Suggested amendments to Clause 7 ~~Seeking to m~~ *Minimise*ing pollution.....

This wording is clearer in the intention and enabling the delivery of the City's Strategic priorities.

St Bartholomew Hospital falls within this area of change. We welcome the recognition of the importance of improving the air quality to protect the health of the public including the comparatively large residential population and hospital patients.

The map on page 279 shows the existing conditions within the area, and the map on page 280 spatial priorities. These include pedestrian routes close to the hospital. We would ask that early engagement for any proposals are held with Barts NHS Trust to ensure that proposals have no adverse impacts on the amenity or operation of the hospital and opportunities for improving these are maximised.

We note the policies' recognition of the sensitive nature of hospitals along with other uses in relation to development, including the vulnerable users and therefore the need to ensure adequate sunlight and daylight, and operational noise and light do not adversely affect these sites and users.

The Smithfield Area of Change

Strategic Policy S24 Smithfield

We welcome the aim of the policy to support the continued presence of the St Bartholomew's Hospital, however, we suggest that the policy should be expanded to explain what will be required by developments as set out below:

Clause 1. *Expect developments to* supporting the continued presence of St Bartholomew's Hospital, *and avoid any adverse impact on its operations or the amenity of the hospital for its staff and patients.*

Strategic Policy S26: Planning Contributions

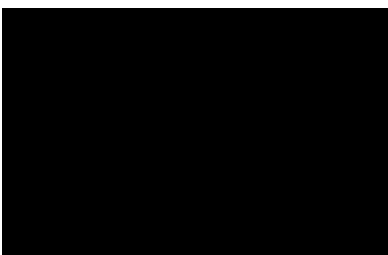
Clause 2 a) of this policy refers to site specific mitigation meeting statutory tests and then in clauses b) – h) details different types of infrastructure requirements. Given the 7 further clauses and the absence of reference to social and community infrastructure in this section we suggest a new clause *i) social and community facilities.* This addition is justified to meet Social Objective 1.3 at the beginning of the draft plan.

We have not commented specifically on the Infrastructure Delivery Plan with the North East London Integrated Care Board leading the co-ordination of health infrastructure requirements in the area and will continue to liaise with the City regarding the Infrastructure Delivery Plan as it is updated and implemented.

We welcome the ongoing engagement between the City and HUDU and other parts of the NHS in the plan making process and look forward to continued close working with yourselves as the plan progresses.

Please contact me to discuss any of the matters set out in this response.

Yours sincerely,



Mary Manuel
Head of the NHS London Healthy Urban Development Unit