

Spatial Planning and Health Needs Assessment

November 2023

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Introduction

The World Health Organisation defines health as ‘a state of complete physical, mental and social wellbeing’. As well as access to good quality healthcare services, there are many factors that affect health and wellbeing. These include the physical and social conditions in which people live, culture, education, housing, transport, employment, crime, income, leisure, and other services. These factors can influence health in either a positive or negative way, both directly and indirectly. They are usually known as the ‘wider determinants of health’ (see **Error! Reference source not found.**).

Planning and Health

Planning has an important role in influencing these wider determinants of health. Planning policies can directly or indirectly contribute to protecting and improving people’s physical and mental health and thus help tackle health inequalities.

The planning system alone cannot protect health, but it can take a lot of action to improve health and mitigate impact to poor health. Not all changes to the built environment require planning permission, therefore the scope of influence of planning is limited to those that do. Wider political and economic factors (e.g., national policy, legislation, and tax and spending decisions) have a much greater impact on health outcomes, but at a local level, enhancing the integration of our spatial and policy frameworks (e.g., open space strategy, open space audit, transport strategy, housing strategy) with learning from this needs assessment will facilitate addressing broader systemic challenges. If the planning system fails to ensure new development is of an appropriate standard, or to protect vital green infrastructure, the longer-term opportunities to improve health outcomes will be thwarted. Most importantly, in terms of outcomes, successful planning can help improve the economic prosperity of an area by providing land for development and jobs, deliver good quality new development and protect and enhance the environment. Increased prosperity enables people to make and afford healthier life choices.

Key health issues in Tower Hamlets

How these health issues are addressed in this Needs Assessment are highlighted in **bold**.

Planning policies and decisions should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles (Department for Levelling Up, Housing and Communities, 2023). This Needs Assessment (NA) identifies some of the key health issues in the borough and makes recommendations, led by local and national evidence, on how these issues can be addressed through planning. The assessment has been led by the Public Health team, with input from Planning colleagues and other experts as required. It considers the feedback of local residents (from sources such as the Healthwatch Healthy Neighbourhoods Report 2023), as well as the existing planning policy framework associated with each theme, when making recommendations.

This assessment supplements the policies of the Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits (London Borough of Tower Hamlets, 2020) which was adopted on 15 January 2020, but more importantly intends to inform the future Local Plan, currently in development, due to be adopted in 2025.

1. Rapidly growing population

The Census undertaken in 2021 recorded the population of Tower Hamlets to be around 310,000. This represents an increase of around 22% on the 255,000 people recorded in the 2011 Census. This makes Tower Hamlets the fastest growing borough in London (Office for National Statistics, 2021).

Much of the borough is in areas of open space deficiency. The need for high quality, accessible open space will only increase as the population continues to grow, and this is reflected in the report recommendations.

2. Childhood excess weight and physical activity

Each year, children are weighed and measured in both Reception and Year 6 in schools nationwide as part of the National Child Measurement Programme. The 2021-22 data shows that 20.4% of children in Reception in Tower Hamlets are overweight or obese, compared to 22.3% in England and 21.9% in London. The difference for the borough widens by Year 6, by which time 45.4% of children are overweight or obese, compared to an England average of 37.8% and a London average of 40.5% (Office for Health Improvement and Disparities, 2022). 23% of children and young people in the borough are physically active, compared with 47.2% across England (Office for Health Improvement and Disparities, 2022).

Excess weight levels vary by deprivation level, ethnicity, sex and disability status (London Borough of Tower Hamlets, 2022).

Low-income families are also at higher risk, as limited resources can make it difficult to afford and access healthy food and some leisure activities; with the high cost of living making this particularly challenging.

There is an over-proliferation of fast food outlets in Tower Hamlets, with many of them very close to schools. This contributes to an environment that makes it easier for people to make food choices that are damaging their health.

Recommendations around play, active travel, active environments and green spaces aim to encourage physical activity in children. It is also recommended that there is a restriction of new hot food takeaways and advertising near schools to improve the healthy eating environment around schools.

3. Mental health

Around a quarter of the adult population in Tower Hamlets has poor mental health (Office for Health Improvement and Disparities, 2022). The pupil attitudes survey has been carried out in schools in Tower Hamlets over several years: the latest survey undertaken in 2022 shows a reduction in children reporting they are happy with life (4 in 10 children) (London Borough of Tower Hamlets, 2022).

Environmental factors such as poor access to high quality green space, social isolation, poor housing conditions and exposure to noise pollution are all risk factors for poor mental health (Public Health England, 2019). The report's recommendations around these themes and others aim to improve the mental health of residents.

Health Impact Assessments will ensure that the needs of vulnerable groups are addressed as part of planning applications.

4. Health inequalities in the borough

Health inequalities are defined as avoidable differences in health outcomes between groups or populations – such as differences in how long we live, or the age at which we get preventable diseases or health conditions. Inequalities exist and affect residents in a multitude of ways

(Information taken from Tower Hamlets Annual Equality Report April 2020 - November 2021 (London Borough of Tower Hamlets, 2021) unless otherwise stated):

- i. Female healthy life expectancy lags behind male healthy life expectancy: male healthy life expectancy has improved over the last 10 years and is now like the average in England. Female healthy life expectancy is lower than males which is the opposite of the picture seen in England and London. Female healthy life expectancy has remained broadly similar for the last 10 years and is significantly worse than the England average (Office for National Statistics, 2021).
The ethnic employment gap amongst women is twice as wide in the borough (41%) than in London (13.9%— 2019-21) .
- ii. Inequalities by ethnicity: people from ethnic minority groups are more likely to report being in poorer health, and to report poorer experiences of using health services, than people from a White ethnic group (The health of people from ethnic minority groups in England, 2021). Ethnic minority households make up 72.4% of households on the housing register in Tower Hamlets, which includes 60.2% on the housing register recorded as from an Asian ethnic background, predominately of Bangladeshi heritage.
- iii. Inequalities by deprivation: based on the Indices of Multiple Deprivation, Tower Hamlets became significantly less deprived between the 2015 and the 2019, moving from 10th to 50th nationally, however, 60% of the borough is still within the 30% most deprived parts of England.
The borough has high levels of deprivation, that specifically impact children and older adults' health. In the period 2021/22, 48% of children were living in low-income families, highlighting significant poverty in the local population (Office for Health Improvement and Disparities, 2022).
- iv. Inequalities by disability: there are 20,293 households that contain at least one household member with a disability or limiting long term illness (2009 Strategic Housing Market Assessment). Less than half (46.8%) of all disabled people aged 16-64 were in employment compared with nearly three quarters (72.1%) of the non-disabled population (2019-21).
- v. Inequalities by age: only 69% of Tower Hamlets' residents aged 60+ have access to the internet at home compared to 96% of residents aged 18-34 years old (London Borough of Tower Hamlets, 2021)
Homelessness disproportionately affects younger age groups with 76% of residents who are homeless, or at risk of becoming so, are aged 16-44 (2019-20)

Health inequalities permeates all themes within the assessment and are reflected in the report's recommendations. Health Impact Assessments will aim to ensure that the needs of population groups experiencing health inequalities are addressed as part of planning applications.

5. High levels of overcrowding in homes, and homes with no central heating. Low proportion of owner occupiers and a high proportion of households renting privately
 - i. In 2021, 81% of households lived in purpose-built flats. This was the second highest proportion in England and was twice the proportion in the London region.
 - ii. There was a slight fall in the number of owner occupiers from 24.2% of households in 2011 to 23.1% in 2021. In 2021, Tower Hamlets had the lowest proportion of owner occupiers of any area in England. In tandem with this fall, there has been a rise in private renting from 32.6% in 2011 to 38.2% in 2021. Tower Hamlets had the 5th highest proportion of households renting privately in England.

- iii. Based on the measure of having too few bedrooms, 15.8% of households were overcrowded (19,130 households). This was slightly lower than in 2011 when it was 16.4% but it was the 4th highest rate of any area in England.
- iv. 3.1% of households in Tower Hamlets had no central heating in 2021 – this was the 8th highest proportion in England.

This needs assessment introduces these issues and makes high-level recommendations on housing. A dedicated Housing JSNA will provide further detail on this topic in due course.

6. Open space deficiencies in parts of the borough

The borough has a rich and historical environment, with more than 200 parks and open spaces but projections show that more wards will have more pronounced open space deficiency by 2031.

Large parts of the borough, where significant population increase is expected, are beyond walking distance (400 m) from parks above 2 hectares.

Some of the most deprived wards, mainly in the Whitechapel area and along the eastern borough boundary, have low levels of accessibility to and quantity of open space, whilst also projected to see some of the most intense population growth.

Much of the borough is in areas of open space deficiency. The need for high quality, accessible open space will only increase as the population continues to grow, and this is reflected in the report recommendations.

The purpose of this needs assessment

This needs assessment has 3 key purposes:

1. It provides detailed guidance on the relationship between spatial planning, the built environment and health, and provides evidence-based recommendations to improve health and address health inequalities through spatial planning levers.
Public Health, Planning officers, and other colleagues working in the built environment should use the needs assessment to understand and evidence the relationship between planning, the built environment and health in Tower Hamlets. The needs assessment should be used to identify and plan future work around spatial planning and health.
2. It supplements the policies of the existing Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits (London Borough of Tower Hamlets, 2020).
Planning officers should ensure the recommendations of the needs assessment are followed for any proposed development in the borough, and that they are introduced early on in planning discussions so that they can inform the design of the development.
3. It informs the future local plan, currently in development, due to be adopted in 2025.
Planning officers should ensure the recommendations of the needs assessment are followed in the policies of the new local plan. This needs assessment forms part of the evidence base of the Local Plan and should be published alongside it.

More broadly, this needs assessment aims to influence the breadth of planning and associated council strategies that will have an impact on residents' health through their interaction with their environment. Such strategies include the council's Open Spaces Strategy, Air Quality Action Plan and Play Charter. Relevant strategies are referenced in relevant chapters, and an extended list of strategies can be found in Appendix 1: Other local health related Strategies, Initiatives and Guidance.

Planning Policy Context

The Tower Hamlets Local Plan (current and future) sit within a broader planning policy framework (Figure 1).

National Planning Policy Framework (NPPF): The NPPF sets out the government's planning policies for England and how these are expected to be applied. It provides a framework within which locally-prepared plans for housing and other development can be produced (such as the London Plan and Tower Hamlets Local Plan).

The NPPF discusses the importance of 'promoting healthy and safe communities' and states that planning policies and decisions should:

"Aim to achieve healthy, inclusive and safe places which... enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling."

London Plan: The London Plan sets out the overall approach to planning and growth across London, produced by the Greater London Authority on behalf of the Mayor of London. The London Borough of Tower Hamlets Local Plan will be in general conformity with the London Plan.

Policy GG3, *Creating a healthy city*, states that to improve Londoners' health and reduce health inequalities, planning and development must; address the wider determinants of health in an integrated and coordinated way, promote active and healthy lives for all Londoners and assess the potential health impacts of development proposals and plans.

Tower Hamlets Local Plan: The Tower Hamlets Local Plan provides spatial policies, development management policies and site allocations to guide and manage development in the borough.

A number of its policies have direct or indirect impacts on the wider determinants of health. Indeed, it could be argued that almost every policy has some impact even if health is not its main emphasis.

Supplementary Planning Documents (SPDs): SPDs are Local Development Documents which can be prepared to support development plan policies. SPDs may be area-specific or topic-based, and are material considerations in the planning process.

Several local authorities provide Health Impact Assessment guidance and Healthy place-shaping guidance in the form of an SPD. For instance, Brent Council has a Residential Amenity Space and Place Quality SPD.

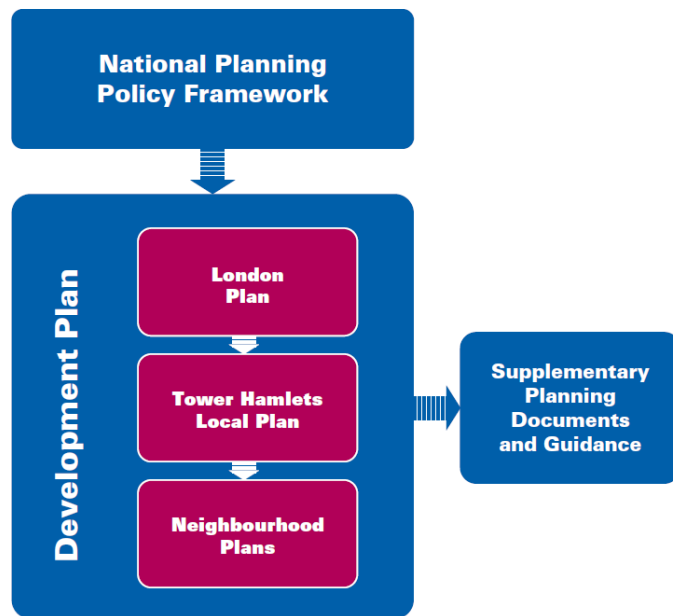


Figure 1: Relationship between the Tower Hamlets Local Plan and other relevant documents

How to use this Needs Assessment

Assessment Structure

This needs assessment is divided into 19 chapters, which sit within 5 themes:

1. Health Impact Assessments

Theme 1: Neighbourhood Design

2. Active Environments
3. Play

Theme 2: Housing

4. Permitted Development
5. High Quality, Affordable Homes
6. Housing for vulnerable groups
7. Indoor Air Quality
8. High Density Living

Theme 3: Natural and Sustainable Environments

9. Climate Change
10. Air Quality
11. Green Spaces and Green Infrastructure
12. Noise

Theme 4: Transport

13. Active Travel
14. Parking

Theme 5: Food Environment

15. Hot Food Takeaways
16. Community Food Infrastructure

- 17. Healthier Advertising
- 18. Betting Shops
- 19. Monitoring and Evaluation

Each chapter is structured as follows:

- 1. National evidence on the relationship between the chapter's theme and health
- 2. The planning policy context, as well as the related strategies and guidance for each theme
- 3. Local evidence for each theme and the needs of the borough
- 4. Recommendations following review of points 1-3.

Relationship to National Guidance

These themes are aligned with Public Health England's 'Spatial Planning for Health: An evidence resource for planning and designing healthier places' (Public Health England, 2017). This approach ensures that this needs assessment is aligned with national guidance, while recommending how it can be applied in Tower Hamlets through the consideration of local evidence, strategies, and policies.

Recommendations

1. Health Impact Assessments

HI1: Develop a new HIA Policy to ensure that HIAs are carried out at an early stage of the development and submitted as part of their planning application. The new policy should encourage predominantly all developments of a scale referable to the Greater London Authority (as set out in legislation) to be required to complete and submit a detailed health impact assessment.

HI2: Implement other recommendations from HIA Implementation Programme Review: this includes attending pre-application meetings with developers, to build capacity of planners to understand the wider determinants of health.

HI3: Ensure any recommendations within HIAs provide a monitoring indicator. Public Health and Planning teams should review how the monitoring of HIAs can be incorporated into Planning Obligations.

HI4: Work with planning team to devise and implement monitoring process for HIAs: this may include including an indicator for quantity and/or quality of HIAs in Local Plan monitoring, as well as planning obligations for developments.

HI5: Consider formalising Tower Hamlets HIA Guidance into Supplementary Planning Document (SPD) with aim of improving quality of HIAs received and to improve weight of HIA as planning consideration.

Theme 1: Neighbourhood Design

2. Active Environments

AE1: Conduct community research to understand the services that local residents want within walking/wheeling distance from where they live – this information will support future planning around 20-minute neighbourhoods.

AE2: Embed the ten principles within Sport England's Active Design Guidance and make reference to the guidance in the New Local Plan.

AE3: Ensure new homes are located in areas where day-to-day services are nearby and accessible by walking/wheeling.

3. Play

P1: Adopt the GLA SPG Standards for the quantum of dedicated play space required by new developments. E.g. provide a minimum of 10 square metres of high-quality play space for each child on all new developments to protect or re-provide existing amenity play spaces. The child yield calculator should be used to determine child numbers in a development.

P2: Embed the Play England 10 key design principles for creating successful play spaces into the New Local Plan and ensure they are followed by developers when designing and delivering play spaces.

P3: Encourage new developments that include play spaces to be positioned at least 50m away from highly used roads to ensure that vulnerable residents that are at a heightened risk of negative health outcomes, due to exposure to air pollution, are not impacted when playing.

P4: Utilise the learning from the Play Space Infrastructure Audit, conducted in 2023 on play space provision, to develop a strategy to improve access, opportunities and quality for all children and young people in their area.

P5: Ensure that play spaces meet the needs of the community, particularly vulnerable groups, eg. SEND children. Make use of robust community engagement, asset mapping and outcomes of the emerging Play Space Infrastructure Audit to ensure these needs are met.

Theme 2: Housing

4. Permitted Development

PD1: Liaise with Planning colleagues to ascertain impact and quality of permitted development in Tower Hamlets and review whether Article 4 directions need to be amended or enhanced.

5. High Quality, Affordable Homes

HQ1: Explore the theme of poor quality homes in the borough in Housing JSNA Chapter, including the gathering and analysis of Tower Hamlets data regarding fuel poverty, cold homes, overheating, overcrowding etc.

6. Housing for Vulnerable Groups

VG1: Liaise with ASC colleagues to ensure the Local Plan's Infrastructure Delivery Plan reflects the requirements for bed-based care facilities over the plan period.

VG2: Ensure that new homes are adaptable to the needs of the occupier, to allow them to stay in their homes for as long as possible.

VG3: Ensure that the recommendations in future Adult Social Care strategies are incorporated within planning policies, guidance and proposals.

7. Indoor Air Quality

IA1: Work collaboratively with Environmental Health and Planning colleagues and other relevant experts to put in place measures to ensure indoor air quality is acceptable within new and existing homes. This could be through planning policy, and may be measured through standards such as the WELL AP standard .

IA2: Gather relevant Tower Hamlets data on damp and mould in the borough, to understand most problematic areas, vulnerable groups and building types that are affected in the borough. Use the outcomes of this research to inform future work in this area.

8. High Density Living

HD1: Follow design guidance and recommendations within High Density Living SPD and integrate into policies of New Local Plan, as well as planning decision-making under the current Local Plan.

HD2: Ensure monitoring of High Density developments includes qualitative resident surveys, so that the data can inform future policies, guidance and recommendations around high density living.

HD3: Undertake research on the quality of high density developments since the adoption of the High Density Living SPD. Information such as community cohesion and access to play and open spaces should be gathered to inform future updates to the SPD and future policies and guidance. Location of planned high density schemes should also be mapped to ensure necessary infrastructure (including health infrastructure) is planned accordingly.

Theme 3: Natural and Sustainable Environments

9. Climate Change

CC1: Identify baseline emissions and prioritise robust monitoring associated with construction and development sites, to support the council's aims of becoming a net zero carbon council by 2025 and a net-zero carbon borough by 2045.

CC2: Develop an urban heat island reduction strategy, to ensure that mitigations - such as green or cool roofs, cool pavements, and increased vegetation and trees - are embedded within long-term planning efforts to help lower urban temperatures. Such cooling measures help to reduce impacts on public health and urban systems from extreme heat events.

CC3: Create more new green spaces and protect existing green spaces: this is of greatest importance in areas of greatest deficiency, such as the City Fringe, and will support good health and wellbeing.

CC4: Update the Flood Plan and ensure a focus on climate-related increased risk of flooding; recognising the risk to health from flooding and that more vulnerable people may be less able to reduce the risk of flooding in their lives.

10. Air Quality

AQ1: Ensure Air Quality Impact Assessments, including a dust risk assessment, are conducted on all new development sites.

AQ2: Encourage the use of newer less-polluting vehicles associated with development and construction.

AQ3: Source mechanical ventilation for internal air circulation from building roofs (away from the poor-quality air source).

AQ4: Position new developments that will be used by vulnerable residents, who are more susceptible to the adverse impact of air quality, such as care homes, schools or healthcare facilities, at least 50m away from highly-used roads.

AQ5: Achieve shared health benefits through complementary environmental policies (Air Quality, Carbon, Climate Change) within the planning and development decision making to minimise negative impact to health.

AQ6: Support the recommendations in the Air Quality Action Plan (2022) and take further action to address air quality, as outlined in the Air Quality Joint Strategy Needs Assessment (2023) recommendations.

Note: Air quality is a cross cutting theme throughout this document and consideration has been given to it in numerous chapters including Green Space and Green Infrastructure; Climate Change; Active Travel and Parking.

11. Green Infrastructure

G1: Create more new green spaces and protect existing green spaces.

G2: Undertake community engagement to support sustainability, encourage community ownership, management and maintenance of new and existing green spaces and community spaces.

G3: Improve links to existing publicly accessible open spaces. This is particularly important in the areas of greatest deficiency, such as the City Fringe.

G4: Develop design guidance for open and green spaces, which seeks to balance the needs of a growing population with diverse demands, with the need for open space to contribute positively to biodiversity, environmental mitigation and residents' health and wellbeing.

G5: Develop an Urban Greening Factor (UGF) to identify the appropriate amount of urban greening required by new developments to ensure all major development proposals contribute to greening and incorporate measures such as high-quality landscaping (including trees), green roofs and green walls.

G6: Adopt the NPPF guidance to identify, map and safeguard components of local wildlife-rich habitats and wider ecological networks, including locally designated sites of importance for biodiversity.

G7: Conduct research into the relationship between access to open space and health issues such as obesity, poor mental health etc.

12. Noise

In partnership with the Noise Control team, review Policy D.ES9 ensuring it meets new standards and regulations in relation to noise and construction. Specific considerations should be given to:

N1: Minimise adverse noise impacts, refusing planning permission where the 'negative' or 'adverse' noise impacts are 'unacceptable' or would result in 'significant impact on health and quality of life'.

N2: Avoid building noise-sensitive developments where noise is identified above the significant observed adverse effect level.

N3: Mitigate and minimise the existing and potential adverse impacts of noise on, from, within, because of, or in the vicinity of new development.

N4: Only where a development falls within low observed adverse effect level LOAEL to SOAEL (amber on LBTH current local plan) British Standard 8233 should be met.

N5: Improve and enhance the acoustic environment by adopting and applying the principles of good acoustic design and promoting appropriate soundscapes.

N6: Conduct a noise assessment where a noise-generating development or a noise-sensitive development is proposed.

Theme 4: Transport

13. Active Travel

AT1: Apply the Healthy Streets Approach on development plans, with development proposals demonstrating how they will deliver improvements that support the ten Healthy Streets Indicators in line with Transport for London guidance.

AT2: Continue to promote active travel, with consideration to increase connection to and improve local walking and cycling networks as well as public transport and cycle parking.

14. Parking

PA1: Encourage car-free development and restricted parking provision on all new developments, with the exception of parking for disabled persons where there should be adequate provision. In particular, encourage locations with greater accessibility to public transport to be car-free.

PA2: Explore feasibility of releasing space allocated for car parking provision that could accommodate other more efficient uses, such as housing, employment, community facilities, play areas, amenity spaces and cycle parking. Furthermore, where residential parking spaces is permitted, make provision for ultra-low emission vehicles to enable carbon-free travel.

PA3: Ensure new residential developments do not exceed the maximum parking standards set out in the London Plan.

PA4: Ensure planning development supports residents to walk, cycle and use public transport, creating an environment that adheres to the Healthy Street principles.

PA5: Build on the current Local Plan's parking and car free development policy to incorporate T6 and T6.1-T 6.5 in the London Plan 2021.

PA6: Ensure cycle parking in new developments is well-designed and well-used. If cycle parking is not well-used, engage with residents to understand why this is and provide support where necessary to improve cycling uptake and use of cycle parking.

Theme 5: Food Environment

15. Hot Food Takeaways

HF1: Prohibit development proposals containing hot food takeaway uses where these are within 400 metres walking distance from the entrances and exits of an existing or proposed primary or secondary school.

HF2: Manage the over-concentration of hot food takeaway uses within town centres and other areas through the use of locally defined thresholds in development plans.

HF3: Where development proposals involving A5 hot food takeaway uses are permitted, encourage operators to comply with Tower Hamlets 'Food For Health' commitment standards. Where justified, ensuring compliance with the Food For Health Commitment through use of a condition.

HF4: Consider carrying out local research to understand correlation between child weight and exposure to hot food takeaways, to inform future policies and guidance.

16. Community Food Infrastructure

CF1: Include a new policy specific to food growing which includes the following stipulations for development plans:

- a. Protect existing allotments and encouraging provision of space for urban agriculture, including community gardening and food growing
- b. Identify potential sites that can be used for food growing, considering innovative solutions such as green roofs, walls and balconies, re-utilising under-used spaces and incorporating spaces for food growing in community schemes such as in schools and parks.
- c. Aim to maximise opportunities to increase accessible food growing space (including in educational facilities), particularly in areas expected to experience the highest level of open space deficiency.

CF2: Ensure the database for food growing space in Tower Hamlets remains up-to-date. Work collaboratively with the Women's Environmental Network (WEN), Regeneration team and others to understand who is using food growing spaces and barriers to community food growing.

17. Healthier Advertising

HA1: Include a new healthier advertising policy to consider the potential impact of high fat, salt, and sugar (HFSS) advertising when assessing new planning applications which include advertising sites.

HA2: Work with Planning department to consider Article 4 Direction to remove permitted development rights for new telephone boxes that are within 400m of a school. Alternatively, discuss options for restricting the advertisement of HFSS products on such telephone boxes.

18. Betting Shops

BS1: Prohibit any additional betting shops to open in the following areas, where clustering has been identified: St. Peter's, Spitalfields and Banglatown, Bethnal Green and Lansbury.

BS2: Manage the over-concentration of betting shops by adopting a 400m threshold policy, in which betting shops can not open within 400m of each other.

BS3: Manage the growing numbers of Adult Gaming Centres (AGCs) by including AGCs in the wording of Policy D.TC5.

BS4: Reverse the effects of clustering by restricting the conversion of betting shops into AGCs where the site is within an area of betting shop clustering or 400m from another betting shop or amusement centre.

19. Monitoring and Evaluation

ME1: Develop and publish monitoring framework for Spatial Planning and Health JSNA 2023

ME2: Embed monitoring framework in New Local Plan

1. Health Impact Assessment

Introduction and National Evidence

A Health Impact Assessment (HIA) is a process that identifies the health and wellbeing impacts (benefits and harms) of any plan or development project. A properly conducted HIA recommends measures to maximise positive impacts; minimise negative impacts; and reduce health inequalities.

Although more evidence is required to determine the normative effectiveness of HIAs in reducing health inequalities, it has been found that key recommendations from HIAs are eventually implemented within developments. The same paper recommends that HIA monitoring plans should be enforced to ensure that recommendations are followed up (Fischer, Chang, & Muthoora, 2023).

HIAs also increase awareness across sectors of how decisions may affect health, and detailed HIAs involve the communities who will be affected by proposals, supporting the development of environments and services that meet their needs (Chadderton, Elliott, Green, Lester, & Williams, Unknown).

Policy Context

Current Local Plan:

Policy D.SG3 Health Impact Assessments states that rapid HIAs should be carried out for major applications and developments which contain certain uses such as education and health facilities. Strategic applications should complete and submit a detailed HIA.

The London Plan:

Policy GG3: Creating a Health City - To improve Londoners' health and reduce health inequalities, the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities should be assessed, for example through HIAs.

NPPF:

Chapter 8: Promoting healthy and safe communities, Paragraph 92 describes how planning policies and decisions should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles.

Other Policies / Strategies:

- Tower Hamlets HIA Guidance
- Tower Hamlets HIA Implementation Report
- Health Impact Assessment in Spatial Planning, Public Health England
- HUDU Rapid Health Impact Assessment Tool
- HUDU Healthy Urban Planning Checklist

Tower Hamlets Evidence and Need

An external HIA Implementation Programme Review conducted between 2019- 2021 highlighted the importance of HIA to Tower Hamlets planning design-making processes and offered recommendations to maximise their role within the Borough. A summary of recommendations can be found below:

- Streamline the HIA Policy wording to focus on the largest applications.
- Public Health should allocate a dedicated lead for HIAs and attend pre-application meetings to engage directly with developers.
- Strengthen the Statement of Community Involvement (SCI) guidance to require:

- Health assessment criteria to be explicitly covered in consultation.
 - Groups who are particularly at risk of / suffer from common conditions in the Borough to be consulted (to seek to address health inequalities)
- Review assessment criteria and focus these on areas where community consultation would add much needed input.
- Supply developers with a locality baseline, identify vulnerable populations, priority health topics and key 'wider determinants' of health in each Area.
- Continue building the capacity of planners to understand the wider determinant of health approach and the role of planning and urban design to deliver the health prevention agenda.
- Explore opportunities to consider the upstreaming of HIA in planning policy and strategy, such as design codes and masterplans.
- Ensure the learning from HIAs inform design policies in local plans.

Recommendations

HI1: Develop a new HIA Policy to ensure that HIAs are carried out at an early stage of the development and submitted as part of their planning application. The new policy should encourage predominantly all developments of a scale referable to the Greater London Authority (as set out in legislation) to be required to complete and submit a detailed health impact assessment.

HI2: Implement other recommendations from HIA Implementation Programme Review: this includes attending pre-application meetings with developers, to build capacity of planners to understand the wider determinants of health.

HI3: Ensure any recommendations within HIAs provide a monitoring indicator. Public Health and Planning teams should review how the monitoring of HIAs can be incorporated into Planning Obligations.

HI4: Work with planning team to devise and implement monitoring process for HIAs: this may include including an indicator for quantity and/or quality of HIAs in Local Plan monitoring, as well as planning obligations for developments.

HI5: Consider formalising Tower Hamlets HIA Guidance into Supplementary Planning Document (SPD) with aim of improving quality of HIAs received and to improve weight of HIA as planning consideration.

Theme 1: Neighbourhood Design

2. Active Environments

Introduction and National Evidence

There is a wealth of high-quality evidence to show that investing in infrastructure to support walking can increase physical activity levels and improve mobility among children, adults and older adults (Public Health England, 2017). There is moderate to high quality evidence that indicates that prioritising active travel, through investment in cycling infrastructure, can lead to numerous health gains. For example, the implementation of new cycle lanes can lead to improved cardiovascular outcomes and improved weight status among children, adults and older adults (Public Health England, 2017).

Compact neighbourhoods, i.e. neighbourhoods with higher street connectivity (typically designed using finer grid patterns) with diverse land use mixes and greater residential densities are generally more conducive to non-motorised transport (Public Health England, 2017). A reduction in car use is also associated with better air quality (Le Quéré, et al., 2020).

20 Minute Neighbourhoods

The 20-minute neighbourhood is about creating attractive, interesting, safe, walkable environments in which people of all ages and levels of fitness are happy to travel actively for short distances from home to the destinations that they visit and the services they need to use day to day – shopping, school, community and healthcare facilities, places of work, green spaces, and more (Figure 2). These places need to be easily accessible on foot, by cycle or by public transport – and accessible to everyone, whatever their budget or physical ability, without having to use a car (Town and Country Planning Association, 2021).

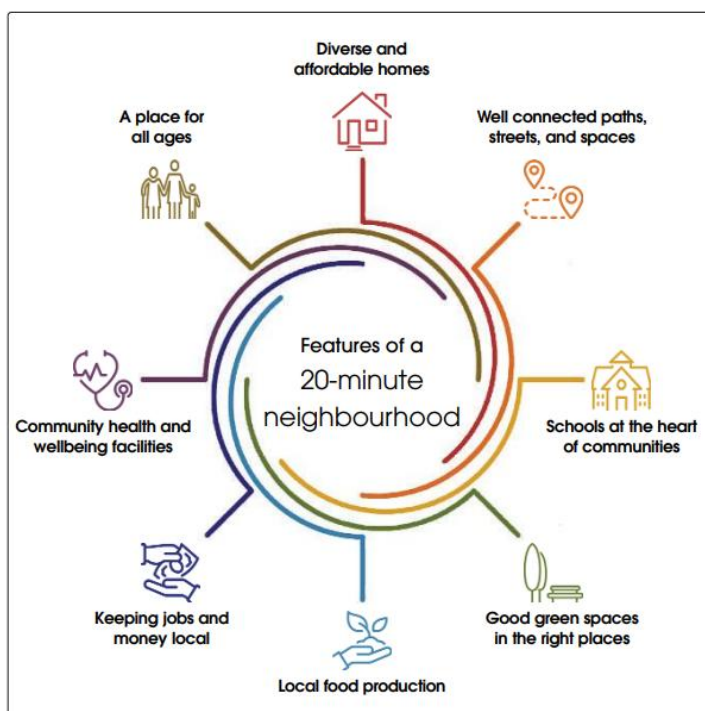


Figure 2: Features of a 20-minute neighbourhood, from 20-Minute-Neighbourhoods, Town and Country Planning Association

There are many health benefits of 20-minute neighbourhoods (Town and Country Planning Association, 2021):

1. Physical and mental health benefits of regular physical activity
2. Reduced healthcare costs as a result of reduced physical inactivity
3. Accessible healthcare, near where people live
4. Healthier diets, as a result of improved local food environment

Active Design Guidance, Sport England

Active environments are the spaces and places for people to be active. They are not just focused on delivering opportunities for sport and formal exercise. They seek to encourage all physical activity—such as active travel, children’s play, outdoor leisure and anything else that maximises opportunities for people to be active, as well as sport and exercise (Sport England, 2023).

The guidance is underpinned by ten principles, including a foundational principle of ‘Activity for all’ (Figure 3).

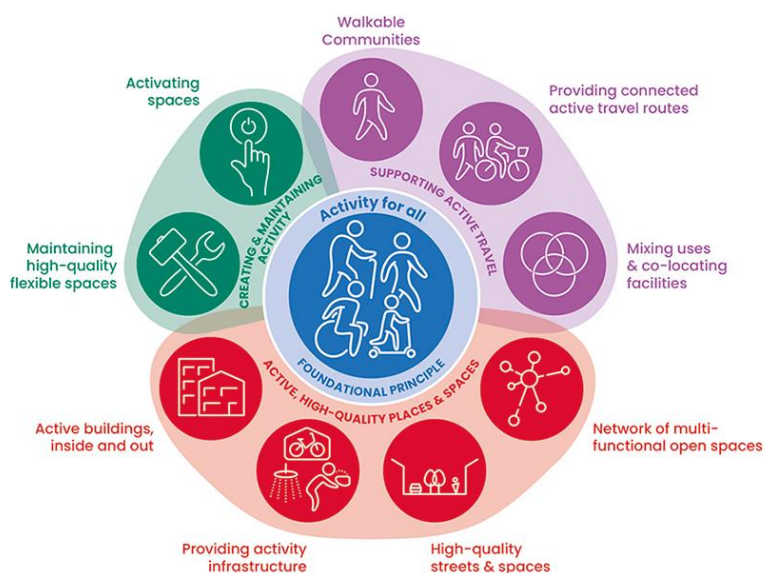


Figure 3: Active Design Diagram, from Sport England's Active Design Guidance

London Context

In London, Transport for London (TfL) analysis suggests that three quarters of journeys currently made by car could reasonably be made on foot, by bicycle or by public transport, and that there is the potential to reduce car use in all areas of London (Transport for London, 2017).

In 2018, TfL published research about the economic benefits of walking and cycling (Transport for London, 2023). Research shows that when streets and public spaces in London’s town centres and high streets are improved, retail rental values increase, more retail space is filled and there is a 93 per cent increase in people walking in the streets, compared to locations that have not been improved.

Policy Context

Current Local Plan:

Policy S.TR1 is the borough’s strategic policy on Sustainable travel, which support walking, cycling and public transport as priorities for the borough.

Detailed policies D.TR2, D.TR3 and D.TR4 go into further detail on how this strategic policy will be met. Measures include requesting transport assessments wherever necessary, and mitigation measures where congestion is anticipated to increase as a result of development. A sustainable approach to parking should be taken, giving priority to cycle parking, cycle-hire, car-club spaces and electric vehicle charging.

D.TC2 states that retail should be protected in local town centres, to ensure shops are within walking distance of residents.

S.OWS1 references the Green Grid Strategy – a network of active travel routes to improve access to key destination points and open spaces in the borough.

The London Plan:

Policy T1 Strategic approach to transport outlines how development plans should support the delivery of the Mayor's active travel targets through effective use of land and supporting a shift away from car use.

Policy T2 Healthy Streets outlines how development plans should promote and demonstrate use of, and identify opportunities to apply, the Healthy Streets Approach.

Policy T3 Transport capacity, connectivity and safeguarding outlines how development plans should develop effective transport policies and projects to support sustainable development and ensure the provision of sufficient and suitably-located land for the development of the current and expanded public and active transport system.

Policy T4 Assessing and mitigating transport impacts, including impacts on health and compatibility with the Healthy Streets Approach.

Policy T5 Cycling outlines how development plans and development proposals should help remove barriers to cycling and create a healthy environment in which people choose to cycle.

NPPF:

Paragraph 8 states that sustainable development should be achieved by 'fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being.'

Paragraph 92 states that planning policies and decisions should 'by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being.'

Other Policies / Strategies:

- Health Streets Approach: Healthy Streets is a human-centred framework for embedding public health in transport, public realm and planning.
- The London Mayor's Transport Strategy 2018 uses the Healthy Streets Approach to encourage more people to walk, cycle and use public transport
- The Tower Hamlets Cycling Strategy 2016 set out the borough's plans and aspirations for cycling from 2016-2026
- The Tower Hamlets Air Quality Action Plan 2022-2027 sets out action the council is taking to improve air quality in the borough.

Tower Hamlets Evidence and Need

Physical inactivity is one of the biggest challenges in Tower Hamlets (Office for Health Improvement and Disparities, 2022):

- 28% of adults are physically inactive
- 23% of children and young people are physically active
- 7% of adults cycle for travel at least 3 days a week
- 27% of adults walk for travel at least 3 days a week

A lack of physical activity has important ramifications for residents' mental and physical health and is also incredibly costly to the public sector. Over half of Tower Hamlets adults are overweight or obese (Office for Health Improvement and Disparities, 2022). 22.4% of Reception children in Tower Hamlets are overweight or obese, and in Year 6, 41.8% are overweight or obese (National child measurement programme, 2022).

As well as physical health, physical activity can protect against anxiety and depression, and there is robust evidence that physical activity is an effective adjunct treatment strategy for depressive, anxiety and stress related disorders, with emerging evidence for schizophrenia and bipolar disorders (McKeon, Curtis, & Rosenbaum, 2022). In Tower Hamlets, around a quarter of the adult population has poor mental health (London Borough of Tower Hamlets, 2022). Increasing active travel could therefore have a significant positive impact on residents' mental health.

Recommendations

AE1: Conduct community research to understand the services that local residents want within walking/wheeling distance from where they live – this information will support future planning around 20-minute neighbourhoods.

AE2: Embed the ten principles within Sport England's Active Design Guidance and make reference to the guidance in the New Local Plan.

AE3: Ensure new homes are located in areas where day-to-day services are nearby and accessible by walking/wheeling.

3. Play

Introduction and National Evidence

Play is fundamental to a child's development, helping them to learn about the world around them, make friends, be healthy and have fun. Play helps children develop creativity, social, physical, and cognitive skills, resilience, cultural awareness, risk management, decision making abilities and a sense of their own identity, instincts, ideas, and interests (Play England, 2009).

There is consistent evidence that having access to recreational infrastructure, such as parks and playgrounds, is associated with reduced risk of obesity among adolescents and increase in physical activity (Public Health England, 2017).

There is evidence that built environment strategies to promote physical activity can have a positive impact upon engagement in physical activity behaviours. For example, increasing access to playgrounds and recreational facilities is associated with increased walking among adolescents (Public Health England, 2017). Children say they feel happier outside; while learning and socialising with others, especially from age 2, helps children be school ready (ActEarly, 2023).

Space and opportunities for play, including playing out and outdoors free play, have been declining over decades. Increases in traffic and housing developments, restrictive street design and layouts, poor links between spaces for play and recreation, the loss of green and open spaces, changes in culture and attitudes as well as funding cuts and a reduced recognition of the importance of play within central government have compounded this. Developments should encourage children and young people to move around freely through safe streets and footpath networks that connect to more formal play provision, green spaces, and parks, and that follow the Healthy Streets Approach. (Wood, Bornat, & Biquelet-Lock, 2019)

Government and health professional guidelines state that children aged five to 18-years-old need one hour each day of what they call 'moderate to vigorous physical activity' to be healthy and well. The loss of the ability to play is having a huge impact on children's health and wellbeing. (NHS, 2021)

It should be recognised that children play in all sorts of spaces, including playgrounds, playing fields, skate parks and other recreation areas and this should generally be encouraged and taken account of in the design and layout of development. Where formal play provision is provided in new developments, it should be free, well-designed, accessible, inclusive, and stimulating, and should balance the need to be safe whilst also providing an element of risk, which is important for children's development. (Shackell, Butler, Doyle, & Ball, 2008)

Access to green space has been linked with reduced levels of childhood obesity. However, children in deprived areas are nine times less likely to have access to green space and places to play. (Public Health England, 2020)

The closer someone lives to open space, the more likely they are to use it and the less likely they are to be obese or overweight. The optimal distance to green/play space is less than 0.5km from home or under 5 minutes walking distance. Ease of accessibility is also a factor (Lee, Jordan, & Horsley).

In considering the design and layout of child play space, it is important to ensure that this responds to the needs of children within the development. Play space for all children should be provided on site. Where there are demonstrable site constraints, play space for under five-year-olds must be on site and older children's play space must be within the GLA's specified recommended distances. (Greater London Authority, 2012)

It should be recognised that particular focus should be placed on catering to the needs of children with SEND when designing play spaces. Tower Hamlets has more children with a Special need than other areas. There are 4372 active Education, Health and Care Plans (EHCP), the second highest EHCPs per capita in the country.

Including Disabled Children in Play Provision, a joint statement from the UK Children's Play Policy Forum and UK Play Safety Forum, states that society has failed in producing enough accessible and inclusive places for children to play within a reasonable distance of their homes. The statement defines the difference between accessible and inclusive play space and talks of positive, solution-focused attitude as being essential to include disabled children. (Children's Play policy Forum; UK Play Safety Forum, 2022)

Policy Context

Current Local Plan:

Policy D.H3 part 5 describes minimum space standards for play space and how this should be calculated. The explanatory text goes into further detail about design, layout and references Play England's 10 key design principles.

The London Plan:

Part B Policy S4 Play and informal recreation of the London Plan states that development proposals for schemes that are likely to be used by children and young people should increase opportunities for play and informal recreation and enable children and young people to be independently mobile. The policy states the area of playspace required per child and design requirements of the space and its accessibility.

NPPF:

Paragraph 62 states that the size, type and tenure of housing needed for different groups should be assessed and reflected in planning policies. This includes children. Paragraph 8 b) mentions that open spaces are to reflect current and future needs and support communities' health, social and cultural well-being.

Other Policies / Strategies:

The Play Space Infrastructure Audit will map and audit all play parks within the borough, irrespective of ownership. The aim of the document is to guide the future approach to managing and enhancing existing play parks within the borough, whilst also informing the siting of future play provision.

GLA Play and Informal recreation Supplementary Planning Guidance (SPG): This document sets out to ensure that all children and young people have safe access to good quality, well-designed, secure and stimulating play and informal recreation provision, incorporating trees and greenery wherever possible. The document outlines the requirements placed on developers to provide play and informal recreation based on the expected child population generated by any scheme and an assessment of future needs. The guidance also advises Local Authorities to undertake audits of play and informal recreation provision and needs assessments in their areas to inform strategies on play and informal recreation that improve access, safety and opportunity for all children and young people.

Design for Play: A guide to creating successful play spaces was produced by Play England to assist those involved in designing, procuring and managing playspaces to create well used, well-loved and

well-maintained play spaces that have a coherent concept and clear design. The guidance offers ten design principles based on well-researched findings about what constitutes a good play environment. There are good practice models and guidance about the importance of engaging the community when designing and building play spaces. The principles state that successful play spaces are bespoke, well located, make use of natural elements, provide a wide range of play experiences, are accessible to both disabled and non-disabled children, meet community needs, allow children of different ages to play together, build in opportunities to experience risk and challenge, are sustainable and appropriately maintained, allow for change and evolution.

ActEarly Child Wellbeing and Play Policy Briefing presents key findings from ActEarly's research in Tower Hamlets and Bradford, and provides recommendations to improve children's wellbeing and play which stem from this research.

LBTH Play Charter sets out the vision for play in Tower Hamlets and calls on residents, businesses, voluntary organisations and charities, providers of childcare and education, the council, and developers to be imaginative and create initiatives, or build on existing projects, which embed play into the daily lives of our children and young people.

Good Growth By Design: Making London Child-Friendly highlights how the design of the built environment can increase opportunities for young Londoners to be independently mobile within their neighbourhoods and the city.

Tower Hamlets Evidence and Need

In January 2023, Tower Hamlets began to undertake an audit of the boroughs children's play spaces and sport and recreation infrastructure (i.e. outdoor gyms) and GIS mapping of housing association open spaces, with the intention of understanding if underutilised spaces could be repurposed to enable play. The audit will comprise all publicly accessible children's playgrounds, play spaces and sport and recreation infrastructure in the borough including those that have been provided through developer contributions and housing associations. The audit will include research, mapping and in-person site visits to all publicly accessible play and recreation spaces, and assessment of the play spaces against a provided matrix and Play England design principles. The audit is due to be completed by March 2024.

Healthwatch Tower Hamlets (a local, independent health and social care champion) ran an online survey for Tower Hamlets residents for 3 months between October and December 2022, and received 361 responses. The respondents were asked about opportunities for play in their neighbourhoods, and the results were as follows (Healthwatch Tower Hamlets, 2023):

"Half of the respondents (50%) told us they have good access to spaces with opportunities for play and recreation. People specifically commented on having access to a park within their local area. However, some noted that parks and other green spaces are not always well-kept and anti-social behaviour occurs within parks which can make them unpleasant."

'People from Bangladeshi backgrounds were most likely to say they do not have access to spaces with opportunities for play and recreation with the main reason being the lack of parks and green spaces in their local area.'

'Disabled residents are less likely to think that they have good access to spaces for play and recreation compared to residents with no disabilities (44% compared to 58% of heterosexual/straight people). Respondents mentioned a lack of seating in public places, feeling too anxious to go outside

due to a lack of mental health support, and the need for better access to spaces for those with visual impairments.'

ActEarly, a UKPRP funded research consortium conducted research into the factors affecting children's wellbeing in the borough, and found that half of Tower Hamlets households did not have private outdoor space for children to play.

Recommendations

P1: Adopt the GLA SPG Standards for the quantum of dedicated play space required by new developments. E.g. provide a minimum of 10 square metres of high-quality play space for each child on all new developments to protect or re-provide existing amenity play spaces. The child yield calculator should be used to determine child numbers in a development.

P2: Embed the Play England 10 key design principles for creating successful play spaces into the New Local Plan and ensure they are followed by developers when designing and delivering play spaces.

P3: Encourage new developments that include play spaces to be positioned at least 50m away from highly used roads to ensure that vulnerable residents that are at a heightened risk of negative health outcomes, due to exposure to air pollution, are not impacted when playing.

P4: Utilise the learning from the Play Space Infrastructure Audit, conducted in 2023 on play space provision, to develop a strategy to improve access, opportunities and quality for all children and young people in their area.

P5: Ensure that play spaces meet the needs of the community, particularly vulnerable groups, eg. SEND children. Make use of robust community engagement, asset mapping and outcomes of the emerging Play Space Infrastructure Audit to ensure these needs are met.

Theme 2: Housing

Housing is a basic human right and the quality and affordability of houses can determine the health status of residents. It is estimated that 15% of the UK's housing stock does not meet decent home standard and that the cost to the NHS of poor quality housing is £540 million per annum (Garrett, Margoles, Mackay, & Nicol, 2023) (DLUHC, 2020). Living in good quality and affordable housing is associated with numerous positive health outcomes for the general population and those from vulnerable groups.

The causal link between poor housing conditions and poor health outcomes is long established. The independent Marmot Review (Marmot, 2010) said housing is a 'social determinant of health', meaning it can affect physical and mental health inequalities throughout life.

Less easily assessed risk factors for poor health also include affordability, security of tenure, healthy and safe neighbourhoods, how well the building design and services support independence. These factors all form part of the wider relationship between health and housing (Southwark Public Health, 2017).

It is acknowledged that the Planning system alone cannot address the issues of housing. The approach being planned in partnership with developers and registered providers in Tower Hamlets is supported to ensure the ongoing delivery of new homes that meet local needs in terms of tenure, mix, bed size and design standards. Additionally, a Local Housing Needs Assessment (LHNA) has been developed to inform housing policy. The LHNA will identify current and future housing need in the borough, particularly taking into consideration the issue of overcrowding, as well as opportunities for strategic sites within the borough that permit growth of housing development alongside the required social infrastructure (e.g., schools and open space) to support these new communities.

Policy Context

Current Local Plan:

Policy S.H1 Meeting Housing Needs states that 58,965 new homes will be built between 2016-2031 and that a target of 50% of new homes will be affordable and encourages developments to meet the Home Quality Mark standard.

Policy D.H2 Affordable Housing and Housing Mix provides further detail on the affordable housing requirements of new development and the required unit sizes.

Policy D.H3 states that new homes should meet the London Plan space and accessibility standards, including 10% of dwellings meeting the M4(3) wheelchair user standard with the remainder meeting M4 (2) 'accessible and adaptable dwellings'.

Policy D.H4 Specialist Housing aims to protect existing specialist and supported housing, and that it is re-provided wherever necessary. New specialist and supported housing will be supported where it meets an identified need and is of high quality.

The London Plan:

Chapter 4 of the London Plan is dedicated to Housing and can be read for further context.

Other Policies / Strategies:

- Tower Hamlets Housing and Care Strategy (not yet published).
- Tower Hamlets Housing JSNA (not yet published)
- Tower Hamlets Local Housing Needs Assessment, October 2023

4. Permitted Development

Introduction and National Evidence

Permitted Development Rights (PDR) allow homeowners to undertake certain types of work, such as extensions, without the need to apply for planning permission. In 2013, PDR were extended to allow the creation of new dwellings through the change of use of buildings such as offices, agricultural, storage, light industrial, retail and various associated sui generis uses.

There has been increasing concern about the impacts of these extended permitted development rights, with a particular focus on office-to-residential conversions. Research commissioned by MHCLG considered the quality of homes delivered through PDR against those consented through full planning permission. Their research found that (Clifford, et al., 2020):

1. There was a notable tendency that PD schemes were more likely to be in primarily commercial and primarily industrial areas than planning permission schemes (eight times more likely).
2. only 22.1% of dwelling units created through PD would meet the nationally described space standards (NDSS), compared to 73.4% of units created through full planning permission.
3. 68.9% of the units created through PD were studios or one bedroom compared to 44.1% of the planning permission units.
4. 72.0% of the dwelling units created under PD only had single aspect windows, compared to 29.5% created through planning permission, whereas 67.1% of the planning permission units benefitted from dual or triple aspect windows compared to only 27.3% of PD units.
5. Regarding amenity space, just 3.5% of the PD units analysed benefitted from access to private amenity space, compared to 23.1% of the planning permission units.
6. Most PD schemes avoid CIL payment. Additional residential units create additional pressure on local infrastructure (particularly social infrastructure but also potentially green infrastructure, given the lack of amenity space provision in so many schemes).

Given these considerations, the report concluded that permitted development conversions seem to create worse quality residential environments than planning permission conversions in relation to several factors widely linked to the health, wellbeing and quality of life of future occupiers.

Tower Hamlets Context:

Tower Hamlets currently has two Article 4 directions which remove certain permitted development rights for a specific property or area, meaning a planning permission would be required (Article 4 Directions, 2023):

1. Change of use from Class E use to Residential in town centre locations
2. Change of use from residential dwellings to small houses in multiple occupation across the whole borough.

Further information can be found here: [Article 4 Directions \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk/article-4-directions)

Recommendations:

PD1: Liaise with Planning colleagues to ascertain impact and quality of permitted development in Tower Hamlets and review whether Article 4 directions need to be amended or enhanced.

5. High Quality, Affordable Homes

Introduction and National Evidence

Poor quality homes including those which are cold and or damp have a strong negative impact on mental health and can cause low self-esteem and increase isolation (Diggle, Butler, & Ward, 2017).

New and Retrofitted Homes, when well designed, constructed, and managed should alleviate the issues described below:

- i) *Cold Homes:* there is evidence to suggest that living in a warm and energy efficient property can improve general health outcomes, reduce respiratory conditions, improve mental health and reduce mortality. Retrofitting modifications to improve housing warmth and energy efficiency may help to reduce health inequalities among those from low-income groups, notably older adults and those living with chronic pre-existing conditions (Public Health England, 2017). Of the 33,810 low-income households identified by our Low-Income Family Tracker in September 2022, 15,855 (47%) are living in fuel poverty.
- ii) *Overheating:* Whilst the number of deaths in the winter months are consistently higher than the summer months, there are some days in the summer where there are more deaths than would be expected. These high number of deaths mainly occur on days defined as heatwaves (ONS, 2019), by Public Health England (Public Health England, 2018).

In a recent report into 90 instances of overheating (reported to Environmental Health Officers) (Good Homes Alliance, 2014), 30% were in converted flats, 48% in purpose-built flats and a surprising number (30%) were in relatively newly built flats - built after 2000.

- iii) *Overcrowding:* The negative impacts of overcrowding on communities, families and individual's health and well-being are widely known and linked to poorer health and educational outcomes, an impact on mental health and greater incidence of depression and anxiety (The Health Foundation, 2021). For young people, living in overcrowded conditions affects their ability to learn at school. Overcrowding can lead to children sharing a bedroom with parents or sleeping in living or dining rooms, with sleep being regularly disturbed and no place to study at home. Children living in overcrowded conditions are more likely to miss school due to illness and infection. It can also lead to delays in cognitive development (The Health Foundation, 2021).

Tower Hamlets has very significant demand for housing with 21,840 applicants on the Common Housing Register, and of these, 11,092 applications were from overcrowded households (London Borough of Tower Hamlets). Action is being taken to increase the supply of affordable homes; in 2022/23, 434 affordable homes have been consented with a further 394 affordable homes having been delivered since the start of this financial year (London Borough of Tower Hamlets).

- iv) *Housing Affordability:* the provision of mixed land use and affordable housing is strongly associated with improved safety perceptions in the neighbourhood, particularly among individuals from low-income groups (Public Health England, 2017). Housing is one of the largest costs to a household and can cause a great deal of financial stress. Nearly half of people who have stress related to housing report that it is due to lack of finances.

People who own and can afford their own homes tend to have higher life satisfaction, with those who rent privately having the lowest (Diggle, Butler, & Ward, 2017).

Social housing tends to be cheaper than other forms but is also allocated to those in disadvantaged circumstances, which is why 10% of social renters still spend more than a third of their income on housing.

One way of measuring the quality of housing is through the 'Decent Homes' standard, a tool used to measure the improving standards of socially rented homes. The standard assesses the level of thermal comfort, state of repair, whether the facilities are sufficiently modern, and the presence of any hazards. If a home fails to meet any of these requirements, it is considered 'non-decent'.

Tower Hamlets Context

The Healthwatch Tower Hamlets online survey asked Tower Hamlets residents for their thoughts on their homes, and the results were as follows (Healthwatch Tower Hamlets, 2023):

Those from Shadwell (43%), Blackwall and Cubitt Town (40%), Bromley North (40%), and Poplar (40%) were most likely to feel that the local homes Fully or Mostly supported the community's needs.

Respondents from Blackwall and Cubitt Town (60%), Spitalfields and Banglatown (54%), and Limehouse (40%) were most likely to feel that the housing did Not so much or Not at all support the needs of the local community.

When compared by ethnicity, people from Bangladeshi backgrounds were most likely to comment on the poor condition of housing (6%), whereas people from White British and White: Other White backgrounds said there was a lack of affordable housing in the borough (19% and 14% respectively).

Recommendations:

HQ1: Explore the theme of poor quality homes in the borough in Housing JSNA Chapter, including the gathering and analysis of Tower Hamlets data regarding fuel poverty, cold homes, overheating, overcrowding etc.

6. Housing for vulnerable groups

Introduction and National Evidence

There is broad agreement that the provision of affordable housing for vulnerable groups (including adults with intellectual disability and adult substance users) can lead to improvements in social, behavioural and health-related outcomes (Public Health England, 2017).

Tower Hamlets Context:

Tower Hamlets Adult Social Care (ASC) is due to launch a Housing with Care Strategy which will set out the requirements for bed-based care facilities over the next ten years (2023-32) across the full range of types of accommodation including care homes (both residential and nursing), Extra Care Housing (ECH), Shared Lives (adult placement), and Supported Living.

One of the primary aims of this strategy is to support people to live in their own homes as far as possible and to ensure there is a range of high-quality housing with care options for people who need them.

The recently published Tower Hamlets Local Housing Needs Assessment (London Borough of Tower Hamlets, 2023) projects that there will be a significant increase in the number of older people in Tower Hamlets. It is projected that between 2023 and 2038, there will be a 96.8% increase in 65+ and a 102.1% increase in residents over 75. An ageing population will see the numbers of disabled people continuing to increase, including a projected 91.9% increase in residents with mobility problems by 2038, and it is important we plan early to meet their needs.

A report by Habinteg on the economic and social value of wheelchair user homes found that the additional cost of building a wheelchair user home – instead of an accessible & adaptable home - for a typical disabled adult of working age is around £22,000, with the potential ten-year financial and social benefit to the individual and the public purse being around £94,000. The positive impact on the public purse for each household type benefits both national and local bodies. For local authorities, savings amount to around: £1,700 per year for a household with a disabled child; £4,800 for a household of working age, and £9,200 for a later year's household. The NHS also benefits by hundreds of pounds, per household, per year (Habinteg, 2023). In addition to an aging population, the proportion of adults living with learning disabilities and/or mental health problems is also projected to increase significantly as children and young people transition into adulthood.

Recommendations:

VG1: Liaise with ASC colleagues to ensure the Local Plan's Infrastructure Delivery Plan reflects the requirements for bed-based care facilities over the plan period.

VG2: Ensure that new homes are adaptable to the needs of the occupier, to allow them to stay in their homes for as long as possible.

VG3: Ensure that the recommendations in future Adult Social Care strategies are incorporated within planning policies, guidance and proposals.

VG4: Ensure the number of new homes meeting the wheelchair accessible M4(3) standard meets current and future needs.

7. Indoor air quality

Introduction and National Evidence

Around 16% of homes are estimated to have damp and mould. Microbes grow wherever there is water available (they feed from dust and dirt) and apart from leaks most moisture comes in from the air. Damp and mould are common when there is a presence of condensation and history of water damage and leaks. There is a strong evidence base linking damp and mould with respiratory symptoms, including shortness of breath, asthma and rhinitis (long term cold-like symptoms). (DPH Report East Sussex 2019-2020)

It has been shown that getting rid of damp and mould can reduce the respiratory symptoms and that well-designed, ventilated, and well-maintained buildings are important to prevent and control moisture.

Recommendations:

IA1: Work collaboratively with Environmental Health and Planning colleagues and other relevant experts to put in place measures to ensure indoor air quality is acceptable within new and existing homes. This could be through planning policy, and may be measured through standards such as the WELL AP standard (WELL, 2023).

IA2: Gather relevant Tower Hamlets data on damp and mould in the borough, to understand most problematic areas, vulnerable groups and building types that are affected in the borough. Use the outcomes of this research to inform future work in this area.

8. High Density Living

Tower Hamlets Context:

Tower Hamlets has the greatest number of tall buildings of any London borough (New London Architecture, 2023).

Tower Hamlets adopted their High Density Living SPD in December 2020. This SPD was informed by primary research carried out in the borough, which included surveys of residents living in tall buildings. Design Guidance and recommendations were put forwards as part of the SPD. The health-related outcomes of the research can be found below (London Borough of Tower Hamlets, 2020):

Of the residents surveyed, 37% did not think it was appropriate to live in a tall building with children, this was typically due to lack of green space and play space. In addition to the provision of stimulating play space, design of the development should acknowledge the movement of children and young people to promote independent mobility by mitigating real and/ or perceived risk. 79% of children did not play unsupervised; this was due to safety (36%), play space being too far from home (17%) and play space out of sight (12%).

Overcrowding: Across all case studies, 32% of those surveyed lived in a household with children or young people under the age of 16. These households occupied a range of home sizes, including one- and two-bedroom dwellings. 42% of households with children did not live in family homes (three bedrooms or more). 52% of three bedroom homes were occupied by flat sharers or other models where residents are not related.

Isolation: On average, 67% of residents living around high density buildings did not feel that people living in the building were part of the local community. This varied significantly between case studies; at one building 92% of neighbours said residents were not part of the local community whereas at another 92% found that they were. 82% of residents living around the building had never used facilities within it but 39% felt it had impacted their access to local services. This suggests factors including design, tenure and accessible uses all contribute to the integration of high-density buildings and its residents into the neighbourhood.

Active Travel: Many of the developments looked at featured large areas of cycle storage, sometimes located in building basements. However, from speaking with residents the researchers found that these were not well used, with 76% saying that they never use them. 26% of residents who own a bicycle said they stored it in their home, instead of the communal store.

Overheating: For many of the residents spoken to, overheating was a significant problem in the summer months, 40% found their homes got too hot. Some residents said that opening windows and balcony doors provided some relief, but pointed out that this exacerbated noise issues. 19% found their homes got too cold, with some residents saying this was due to difficulties with heating systems.

Recommendations:

HD1: Follow design guidance and recommendations within High Density Living SPD and integrate into policies of New Local Plan, as well as planning decision-making under the current Local Plan.

HD2: Ensure monitoring of High Density developments includes qualitative resident surveys, so that the data can inform future policies, guidance and recommendations around high density living.

HD3: Undertake research on the quality of high density developments since the adoption of the High Density Living SPD. Information such as community cohesion and access to play and open spaces

should be gathered to inform future updates to the SPD and future policies and guidance. Location of planned high density schemes should also be mapped to ensure necessary infrastructure (including health infrastructure) is planned accordingly.

Theme 3: Natural and Sustainable Environments

9. Climate Change

Introduction and National Evidence

In the UK, climate change has led to greater seasonal variation in weather patterns, meaning wetter winters, with more flooding and severe storms, and hotter, drier summers causing drought, excess death and increases in air pollution. Severe weather affects health and increases mortality, particularly amongst older people, children, and those with long-term conditions (ONS, 2022).

Groups at greatest risk of extreme heat include the elderly, people with chronic and severe illness, infants, homeless people, and individuals who are drug and alcohol dependant (ONS, 2022). Heat can exacerbate respiratory and cardiovascular conditions by increasing stress on the body and pollution in the air. In summer 2022, temperatures in the UK exceeded 40°C for the first time. During this ten-day period, the ONS reported 2,227 excess deaths in the UK, 10.4% above average (ONS, 2022). It is projected that number of heat related deaths will triple by 2050.

Temperatures can vary significantly even across a relatively small area. Densely populated city areas can be up to 12°C warmer than the surrounding countryside. This localized warming within cities is known as the urban heat island effect (Beddow, 2022). The 3 key recommendations from the UK Green Building Council to mitigate the issue are (UK Green Building Council, 2022):

- 1) Upgrade existing homes so that they are cool in the summer and warm in the winter
- 2) Mitigating overheating must be baked into new building standards
- 3) Put climate at the heart of the planning system.

This includes more robust specifications on multifunctional solutions, such as urban greening to provide shade, sustainable drainage systems, and the introduction of 'Environmental Net Gain' to specifically encourage adaptation benefits.

Policy Context

Current Local Plan:

Policy S.ES1 states proposals will be supported which minimize the use of natural resources and maximise climate change adaptation measures.

Policy D.ES4 requires development located in flood risk areas to provide a flood risk assessment as part of their applications, which should include an assessment of the impact of climate change.

The London Plan:

Policy SI 2 states that Major development should be net zero-carbon.

A minimum on-site reduction of at least 35 per cent beyond Building Regulations is required for major development. Residential development should achieve 10 per cent, and non-residential development should achieve 15 per cent through energy efficiency measures.

NPPF:

The National Planning Policy Framework (NPPF) encourages that the planning system should support the transition to a low-carbon future in a changing climate, taking full account of flood risk. The NPPF makes clear that 'mitigating and adapting to climate change' is a core planning objective and local development plans should reflect this principle.

Other Policies / Strategies:

In legislation (Climate Change Act, 2008) the UK Government has committed to:

- reduce emissions by at least 100% of 1990 levels by 2050; and
- contribute to global emissions reductions aimed at limiting global temperature rise to well below 2°C and to pursue efforts to limit temperatures to 1.5°C above pre-industrial levels.

Local planning authorities are also bound by the legal duty set out in Section 19 of the Planning and Compulsory Purchase Act 2004 (Planning and Compulsory Purchase Act, 2004), as amended by the Planning Act 2008 (Planning Act, 2008), to ensure that, taken as whole, plan policy contributes to the mitigation of, and adaptation to, climate change.

The Planning and Energy Act 2008 (Planning and Energy Act, 2008) sets out powers for local authorities to require a proportion of the energy need related to new development to be sourced in the locality of the development, through renewable or low-carbon generation. It also sets out powers for local planning authorities to set energy efficiency standards that exceed the energy requirements of the Building Regulations.

Tower Hamlets Evidence and Need

Average temperatures in the UK are increasing due to climate change but London is getting even hotter. This is due to the Urban Heat Island (UHI) effect, caused by the increased capacity of urban land surface (roads, buildings etc) to trap more heat, both from the sun and human activity, than vegetation, water and soil do. The UHI can mean that cities are up to 10°C hotter than surrounding countryside (Mayor of London, 2023). Many of Tower Hamlets residents are particularly vulnerable to the effects of extreme heat as Tower Hamlets is the most densely populated borough in the country with limited open and green spaces which increases the risk of extreme heat (Figure 4).

The overall provision of publicly accessible open space is low compared to other inner London boroughs with similar characteristics, as well as being far below national standards. The topography and urban form of the borough also makes it vulnerable to the effects of climate change from flooding and the urban heat island effect (London Borough of Tower Hamlets, 2020).

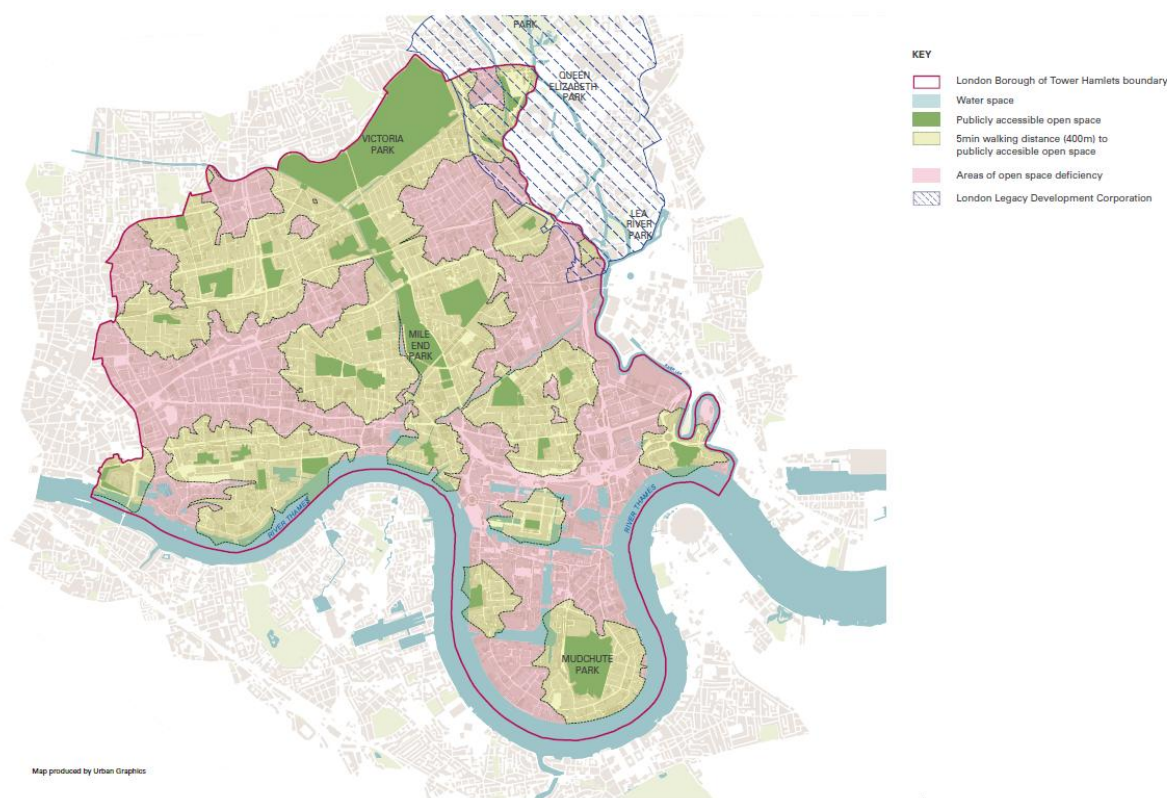


Figure 4: Open space deficiency map, Tower Hamlets Local Plan 2031

Recommendations

CC1: Identify baseline emissions and prioritise robust monitoring associated with construction and development sites, to support the council's aims of becoming a net zero carbon council by 2025 and a net-zero carbon borough by 2045.

CC2: Develop an urban heat island reduction strategy, to ensure that mitigations - such as green or cool roofs, cool pavements, and increased vegetation and trees - are embedded within long-term planning efforts to help lower urban temperatures. Such cooling measures help to reduce impacts on public health and urban systems from extreme heat events.

CC3: Create more new green spaces and protect existing green spaces: this is of greatest importance in areas of greatest deficiency, such as the City Fringe, and will support good health and wellbeing.

CC4: Update the Flood Plan and ensure a focus on climate-related increased risk of flooding; recognising the risk to health from flooding and that more vulnerable people may be less able to reduce the risk of flooding in their lives.

10. Air Quality

Introduction and National Evidence

Clear air is fundamental to health (WHO, 2022). Air quality is the term we use to describe how polluted the air that we breathe is (Defra, 2019). Each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution, with more also linked to exposure to indoor pollutants (RCP, 2016). The Greater London Authority (GLA) estimated that in 2019 there were between 3,600 and 4,100 premature deaths attributable to air pollution (Imperial College, London, 2021). Air pollution is one of the greatest environmental risks to health. By reducing air pollution levels, we can reduce the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory disease, including asthma (WHO, 2022).

Air pollutants are emitted from a range of both man-made and natural sources. Many everyday activities such as transport, industrial processes, farming, energy generation and domestic heating can have a detrimental effect on air quality (PHE, 2018).

Damaging air pollutants, for which there are national emission reduction commitments, are fine particulate matter (PM_{2.5}), ammonia (NH₃), nitrogen dioxide (NO₂), sulphur dioxide (SO₂), and non-methane volatile organic compounds (NMVOCs). Other ambient (outdoor) air pollutants include ozone (O₃) and carbon monoxide (CO).

Pollution in the London Borough of Tower Hamlets comes from a variety of sources. This includes pollution from sources outside of the Borough, and, in the case of particulate matter (PM), a significant proportion of this comes from outside of London and even the United Kingdom (UK). Of the pollution that originates in the Borough, the main sources of pollution are transport and domestic emissions from heat and power, and the main sources of PM in the borough are from traffic emissions, resuspension¹ of particles from traffic sources, such as brake or tyre wear and emissions from construction machinery (NRMM) (LBTH, 2022).

The impact of poor air quality on health is well researched and documented. The short-term impacts of air pollution (worsening of symptoms, hospitalisations, and deaths) and long-term impacts (disease development, attributable premature deaths, and years of lost healthy life) have been known, extensively studied, and reviewed for decades (Imperial College London, 2023).

Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. Short-term increases in levels of air pollution can also cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality² (OHID, 2022). Currently, there is no clear evidence of safe level of exposure below which there is no risk of adverse health effects (PHE, 2018).

In London the boroughs with the lowest fraction of mortality attributable to PM_{2.5} and NO₂ are outer London boroughs and the boroughs with the highest fraction of mortality attributable to PM_{2.5} and NO₂ are inner London boroughs. Tower Hamlets is ranked 6th highest (GLA, 2022).

¹ The annual mean PM₁₀ concentration in 2022 is greater at roadside sites compared to urban background sites. This is most likely due to the contribution of PM₁₀ emissions from road transport sources, predominantly from non-exhaust sources (brakes, tyres, and road wear), as well as the impact of resuspension due to vehicle movements (Department for Environment Food and Rural Affairs, 2023)

² The state of being subject to death, in epidemiological terms mortality is related to the number of deaths caused by the health event under investigation.

Importantly, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues because areas with poor air quality are also often the less affluent areas (Wheeler & Ben-Shlomo, 2005) (Pye, King, & Sturman, 2006). Air pollution affects everyone, but exposure and impact are not faced equally. Instead, the greatest impact is felt by the most vulnerable (UK Government, 2023).

Recent evidence indicates that living in an area with clear air can lead to positive changes in people's health behaviours. Improved air quality is associated with increased physical activity among older adults (Public Health England, 2017).

Measures to improve air quality have a wide range of co-benefits beyond improving health and reducing health inequalities such as economic and environmental improvements including climate change adaptation and mitigation (CBI Economics, 2020).

Policy Context

Current Local Plan:

Policy D.ES2: Air Quality states that all development is required to meet or exceed the 'air quality neutral' standard, which includes reducing reliance on private motor vehicles. The policy also requires that an air quality impact assessment is submitted for certain schemes, and that open spaces are positioned and designed to reduce exposure to air pollution.

Policy D.SG4 discusses how air pollution should be minimized during the construction of new development.

The London Plan:

Policy SI 1: Improving Air Quality states that development plans should seek to deliver further improvements to air quality. They should be at least Air Quality Neutral, submit an Air Quality Assessment, and be designed to minimize exposure to poor air quality. The impact on air quality during construction and demolition should also be reduced.

NPPF:

Paragraph 186: Opportunities to improve air quality or mitigate impacts should be identified, such as through traffic and travel management, and green infrastructure provision and enhancement. So far as possible these opportunities should be considered at the plan-making stage, to ensure a strategic approach and limit the need for issues to be reconsidered when determining individual applications.

Other Policies / Strategies:

Air Quality JSNA 2023 assesses the current and future health needs around air quality in the borough, takes into account a range of quantitative and qualitative evidence and puts forward recommendations around air quality for the borough.

Air Quality Action Plan 2022-2027 sets out action the council is taking to improve air quality in the borough.

Marsh Wall Cumulative Health Assessment aims to understand the impact that construction activity has had on the health of residents, workers and visitors in the Marsh Wall area, and outlines how current measures in place to address the health impacts of construction could be altered to improve health impacts in the future.

Tower Hamlets Evidence and Need

The main pollutants in outdoor air, from a health perspective, are generally regarded to be particles (measured as PM10 and PM2.5), oxides of nitrogen (principally NO₂), ozone (O₃), sulphur dioxide (SO₂), carbon monoxide (CO), and hydrocarbons. Table 1 provides an overview of the main sources of pollution in Tower Hamlets.

Tower Hamlets	PM10	PM2.5	NO _x
Domestic (predominantly heat power generation and biomass - such as wood burning)	6.68	6.67	36.7
Industrial and Commercial (predominantly due to industrial processes, and cooking)	136.34	62.03	430.1
Miscellaneous (such as fires and agriculture)	3.32	2.81	0.9
Resuspension (the removal of deposited material from the ground to the atmosphere, e.g. soil cultivation or traffic)	31.62	1.16	
Transport (such as road river, rail)	57.08	30.97	585.0

Table 1: Emissions at grid level for PM2.5, PM10 and NO_x in tonnes/year for all sources, by the LAEI database (2019)

The borough has the third highest carbon emission levels in London, while the whole of Greater London experiences pollution levels above the WHO recommended guidelines (London Borough of Tower Hamlets, 2020). Increasing development could worsen both, unless mitigating action is taken.

In 2021, 7.0% of all deaths among people in Tower Hamlets in 2020 can be attributed to particulate matter (PM2.5). This is compared to 5.5% in England (Office for Health Improvement and Disparities, 2022).

Each year in Tower Hamlets, there are several episodes of elevated air pollution concentrations that cause acute harms to health (Greater London Authority, 2022). Nonetheless, regular, long-term exposures to air pollution at lower concentrations is itself a significant public health concern (Ronaldson, 2022).

Transport: road transport accounts for 47% of NO_x emissions, 24% of PM10 and 26% of PM2.5 in the Borough.

Construction: Tower Hamlets has experienced the fastest growth in its housing stock in the country over the last decade with the number of dwellings increasing by 24% (London Borough of Tower Hamlets, 2020). Tower Hamlets also has one of the highest housing targets in London and is currently expected to accommodate an additional 54,000 new homes by 2031 (London Borough of Tower Hamlets, 2020). The Air Quality JSNA (2023) includes a robust review of evidence on 'Emissions from developments and buildings', and presents findings on this topic. The Air Quality Action Plan also addresses this issue.

Recommendations

AQ1: Ensure Air Quality Impact Assessments, including a dust risk assessment, are conducted on all new development sites.

AQ2: Encourage the use of newer less-polluting vehicles associated with development and construction.

AQ3: Source mechanical ventilation for internal air circulation from building roofs (away from the poor-quality air source).

AQ4: Position new developments that will be used by vulnerable residents, who are more susceptible to the adverse impact of air quality, such as care homes, schools or healthcare facilities, at least 50m away from highly-used roads.

AQ5: Achieve shared health benefits through complementary environmental policies (Air Quality, Carbon, Climate Change) within the planning and development decision making to minimise negative impact to health.

AQ6: Support the recommendations in the Air Quality Action Plan (2022) and take further action to address air quality, as outlined in the Air Quality Joint Strategy Needs Assessment (2023) recommendations.

Note: Air quality is a cross cutting theme throughout this document and consideration has been given to it in numerous chapters including Green Space and Green Infrastructure; Climate Change; Active Travel and Parking.

11. Green Spaces and Green Infrastructure

Introduction and National Evidence

There is consistent evidence that having access to recreational infrastructure, such as parks and playgrounds, is associated with reduced risk of obesity among children and adolescents and an increase in physical activity (Davison & Lawson, 2006)¹ leading to improved short- and long-term health. Living near green space, such as parks and other open spaces can improve health, regardless of social class (Mitchell & Popham, 2008). Parks are free of charge, therefore have the potential to benefit everyone including those on restricted incomes. Green infrastructure also contributes to climate change mitigation and adaptation.

Visual access to green infrastructure also has a positive impact on people's mental wellbeing, and the frequency of exposure is important. As such, in addition to the importance of public parks and formal recreational facilities, are smaller spaces that people will encounter naturally during their daily routines, including streetscapes, private gardens, workplace gardens, and views from home or office windows.

Access to, and engagement with, the natural environment is associated with numerous positive health outcomes, including improved physical and mental health, and reduced risk of cardiovascular disease, risk of mortality and other chronic conditions (Public Health England, 2017).

A recent study suggests that the provision of a large park (i.e., of around 1 hectare) unlocks greater health benefits than when additional green space is dispersed across the site in areas of less than 0.7 hectares. Such benefits include a potential reduction in cases of diabetes (Eaton, Hunt, & Black, 2023).

Policy Context

Current Local Plan:

Policy S.OWS1: Creating a network of open spaces states that proposals will be required to provide or contribute to the delivery of an improved accessible, well-connected and sustainable network of open spaces. This includes protecting existing open spaces, improving their quality, value, and accessibility.

The policy also states that proposals will deliver an improved network of green grid links in line with the Green Grid Strategy.

Proposals should also maximise opportunities to create/increase publicly accessible open space, particularly in locations which are expected to experience the highest level of open space deficiency.

Policy D.OWS3: Open Space and Green Grid networks describes how development on areas of open space will only be supported in exceptional circumstances. It also describes how strategic development should deliver new publicly accessible open space, and how development should contribute to the Green Grid. It also states that community allotments, gardens and pocket parks will be encouraged.

Policy S.ES1: Protecting and enhancing our environment describes how proposals should protect and enhance biodiversity, and improve opportunities to experience nature, in particular in deficient areas

Policy D.ES3: Urban Greening and biodiversity: Development is required to protect and enhance biodiversity, through retaining existing habitats and features of biodiversity value or replace them within a development. They should also protect and increase the provision of trees.

The London Plan:

GG3: Creating a healthy city G: plan for improved access to and quality of green spaces, the provision of new green infrastructure, and spaces for play, recreation, and sports.

Policy D8 Public realm: Development Plans and development proposals should: encourage and explore opportunities to create new public realm where appropriate.

They should also ensure the public realm is well-designed, safe, accessible, inclusive, attractive, well-connected, related to the local and historic context, and easy to understand, service and maintain; encourage active travel and discourage travel by car and excessive on-street parking; work with buildings to create vibrant public realm. Appropriate management and maintenance should be secured as part of the plans; green infrastructure such as trees support rainwater management, reduce air pollution and increase biodiversity. Opportunities should be explored for innovative approaches to improving public realm such as open street events and play streets.

G1 – green infrastructure – London’s network of green and open spaces, and green features in the built environment, should be protected and enhanced. Green infrastructure should be planned, designed and managed in an integrated way to achieve multiple benefits.

Development proposals should incorporate appropriate elements of green infrastructure that are integrated into London’s wider green infrastructure network.

G4 Open Space: include appropriate designations and policies for the protection of open space to meet needs and address deficiencies; promote the creation of new areas of publicly-accessible open space particularly green space, ensuring that future open space needs are planned for, especially in areas with the potential for substantial change; ensure that open space, particularly green space, included as part of development remains publicly accessible.

Development proposals should: 1) not result in the loss of protected open space 2) where possible create areas of publicly accessible open space, particularly in areas of deficiency.

G5 – Urban Greening: Major development proposals should contribute to the greening of London by including urban greening as a fundamental element of site and building design, and by incorporating measures such as high-quality landscaping (including trees), green roofs, green walls and nature-based sustainable drainage.

Boroughs should develop an Urban Greening Factor (UGF) to identify the appropriate amount of urban greening required in new developments. The UGF should be based on the factors set out in Table 8.2, but tailored to local circumstances. In the interim, the Mayor recommends a target score of 0.4 for developments that are predominately residential, and a target score of 0.3 for predominately commercial development (excluding B2 and B8 uses).

G6 – Biodiversity and access to nature: support the protection and conservation of priority species and habitats that sit outside the SINC network, and promote opportunities for enhancing them using Biodiversity Action Plans; seek opportunities to create other habitats, or features such as artificial nest sites, that are of particular relevance and benefit in an urban context

Development proposals should manage impacts on biodiversity and aim to secure net biodiversity gain. This should be informed by the best available ecological information and addressed from the start of the development process; Proposals which reduce deficiencies in access to nature should be considered positively.

G7 - Trees and woodlands: In their Development Plans, boroughs should: 1) protect 'veteran' trees and ancient woodland where these are not already part of a protected site, 2) identify opportunities for tree planting in strategic locations. Development proposals should ensure that, wherever possible, existing trees of value are retained. If planning permission is granted that necessitates the removal of trees there should be adequate replacement based on the existing value of the benefits of the trees removed, determined by, for example, i-tree or CAVAT or another appropriate valuation system.

NPPF:

Refer to paragraphs 98 to 103:

Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities, and can deliver wider benefits for nature and support efforts to address climate change. Planning policies should be based on robust and up-to-date assessments of the need for open space, sport and recreation facilities (including quantitative or qualitative deficits or surpluses) and opportunities for new provision.

Other Policies / Strategies:

Green Grid Strategy: The aim of the Green Grid Strategy is to create a framework for the design and delivery of appealing walking routes and associated green infrastructure across Tower Hamlets, to secure a healthy and attractive environment for residents, workers and visitors.

Open Space Strategy: The strategy details how the council and its partners plan to achieve and maintain the highest quality parks and open spaces that are safe and accessible to all of the borough's residents and visitors. The strategy also focuses on sustainability. It outlines the council's plan to cater for the future needs of the community and the environment in the design and use of open spaces.

Local Biodiversity Action Plan: The Local Biodiversity Action Plan (LBAP) for Tower Hamlets sets priorities and targets for conservation of species and habitats across the borough, and provides details of what actions we will undertake to achieve these targets. Organisations signed up to these actions include Council departments, Tower Hamlets Homes and other housing associations, charities such as Thames21 and community groups such as the Friends of Tower Hamlets Cemetery Park.

Sport England Active Design Guidance seeks to help planners, designers and everyone involved in delivering and managing our places to create and maintain active environments.

Tower Hamlets Evidence and Need

Tower Hamlets has more than 200 parks and open spaces of which more than 170 are publicly accessible (Figure 5). The majority is owned and managed by the council. However, there are some parts of the borough that suffer from an open space efficiency (Figure 4: Open space deficiency map, Tower Hamlets Local Plan 2031Figure 4).

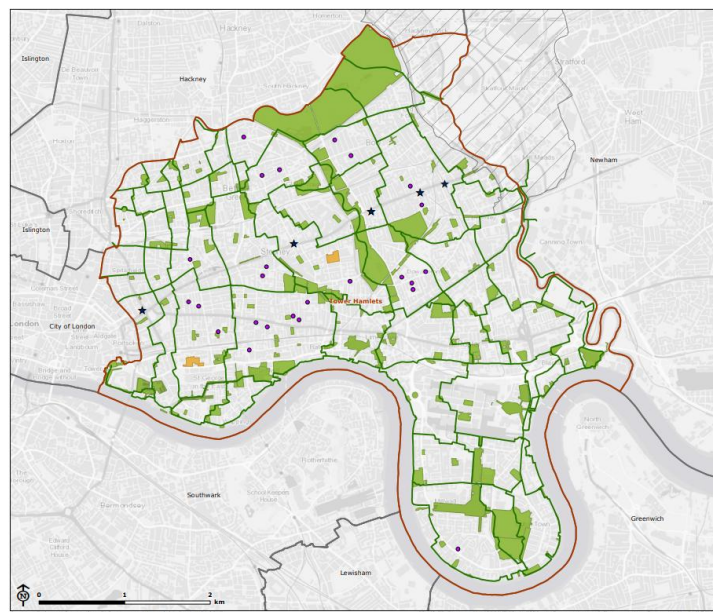


Figure 5: Map of green spaces in Tower Hamlets (2017)

Providing new open space continues to be a challenge in Tower Hamlets - even with investment, rapid population growth is a challenge for the provision of open space. As a result, the amount of open space per resident is reducing. Population projections show that more wards will have more pronounced open space deficiency by 2031: only two wards (Mile End and Bow East) are projected to have above 1.2 ha/ 1,000 residents, which is the Tower Hamlets standard (London Borough of Tower Hamlets, 2017) this is predominantly due to the Borough's two largest parks (Victoria Park and Mile End Park) being located in these Wards.

Large parts of the borough, where significant population increase is expected, are beyond walking distance (400 m) from parks above 2ha. The following areas will be particularly affected by this: Whitechapel, Fish Island, Bromley-by-Bow, Poplar Riverside, and the Isle of Dogs (London Borough of Tower Hamlets, 2017). Some of the most deprived wards, mainly in the Whitechapel area and along the eastern borough boundary, have low levels of accessibility to and quantity of open space whilst also projected to see some of the most intense population growth. These areas also have some of the lowest levels of engagement in physical activity. The greatly increasing demand for land, especially for housing, in recent years has put pressure on the existing parks and open spaces in the borough, which covers a relatively small area.

Recommendations

G1: Create more new green spaces and protect existing green spaces.

G2: Undertake community engagement to support sustainability, encourage community ownership, management and maintenance of new and existing green spaces and community spaces.

G3: Improve links to existing publicly accessible open spaces. This is particularly important in the areas of greatest deficiency, such as the City Fringe.

G4: Develop design guidance for open and green spaces, which seeks to balance the needs of a growing population with diverse demands, with the need for open space to contribute positively to biodiversity, environmental mitigation and residents' health and wellbeing.

G5: Develop an Urban Greening Factor (UGF) to identify the appropriate amount of urban greening required by new developments to ensure all major development proposals contribute to greening and incorporate measures such as high-quality landscaping (including trees), green roofs and green walls.

G6: Adopt the NPPF guidance to identify, map and safeguard components of local wildlife-rich habitats and wider ecological networks, including locally designated sites of importance for biodiversity.

G7: Conduct research into the relationship between access to open space and health issues such as obesity, poor mental health etc.

12. Noise

Introduction and National Evidence

Exposure to excessive noise is associated with poorer mental health outcomes, particularly among older adults and children. It is also linked with higher anxiety levels among adults (Public Health England, 2017).

Noise is an important Public Health issue (World Health Organization, 2019). Noise pollution occurs when unwanted sounds enter the environment. The potential health effects of noise pollution include increased stress levels, sleep disturbance, or hearing damage (Halperin, 2014).

Noise is almost always around us, whether natural, such as birdsong, or from human activity, such as vehicle traffic. However, noise build-up can have a significant impact on health and wellbeing. Compared to other types of pollution, people often overlook noise pollution as a health hazard (Passchier-Vermeer & Passchier, 2000). Tower Hamlets has seen significant population growth, due to increases in human activity, it is likely noise pollution is getting worse.

Unwanted sounds can have a range of mental health effects. The brain is always monitoring sounds for signs of danger, even during sleep. As a result, frequent or loud noise can trigger anxiety or stress. With continued exposure to noise pollution, a person's sensitivity to stress increases. People living with noise pollution may feel irritable, on edge, frustrated, or angry. If a person feels they cannot control the amount of noise in their environment, its impact on their mental health intensifies. Environmental noise is also a common cause of sleep disturbance. A person may experience (Halperin, 2014):

- difficulty falling asleep
- inability to stay asleep
- waking too early

Sounds can also reduce the depth and quality of sleep, altering the amount of rapid eye movement sleep. This can impact a person's mood and ability to concentrate (Basner, Muller, & Elmenhorst, 2011).

Research shows that younger children are much more susceptible to poor acoustic conditions than adults, with children in their primary school years experiencing greater detrimental effects of noise and reverberation. Noise does not affect all children equally and pupils with autism are often very sensitive to specific types of noise (University College London, 2021).

The management of noise should be an integral part of development proposals and considered as early as possible. Managing noise includes improving and enhancing the acoustic environment and promoting appropriate soundscapes. This can mean allowing, with justification, an increase in noise levels at certain times or in certain locations.

Policy Context

Current Local Plan:

Tower Hamlets provides guidance on assessing noise from plant, including Policy D.ES9 within Section 3 of the Tower Hamlets Plan 2031 provides criteria for assessing noise from newly installed plant and machinery. Policy D.ES9 states:

“Development is required to demonstrate that the level of noise emitted from any new heating or ventilation plant will be below the background level by at least 10dBA.”

Policy D.SG4 – Minimise levels of noise during construction. Cumulative impact of construction in an area should be considered.

Policy S.DH1 – Use design to ensure developments are not unacceptably impacted by noise pollution.

The London Plan:

Policy D3 states that development proposals should help prevent or mitigate the impacts of noise and poor air quality from both external and internal sources.

Policy D8 states that development should aim to reduce the impact of traffic noise.

Policy D13 states that new noise-sensitive development should be separated by existing noise-generating businesses through distance, screening, internal layout, soundproofing, insulation and other acoustic measures.

Policy D14 states that developments should avoid significant adverse noise impacts on health and quality of life, while improving and enhancing the acoustic environment and promoting appropriate soundscapes, such as Quiet Areas and spaces of relative tranquility. It also recommends that boroughs should identify and nominate new Quiet Areas.

NPPF:

The National Planning Policy Framework (NPPF) states that planning policies and decisions should aim to:

- Mitigate and reduce to a minimum, potential adverse impacts resulting from noise from new development and avoid noise giving rise to significant adverse impacts on health and quality of life.
- Identify and protect tranquil areas which have remained relatively undisturbed by noise and are prized for their recreational and amenity value for this reason.

The Planning Practice Guidance on noise states that noise needs to be considered when new developments may create additional noise and when new developments would be sensitive to the prevailing acoustic environment. It also states that opportunities should be taken, where practicable, to achieve improvements to the acoustic environment. The NPPG states that noise can over-ride other planning concerns but should not be considered in isolation from the other economic, social, and environmental dimensions of the proposed development.

Other Policies / Strategies:

The Noise Policy Statement for England (NPSE) sets out the Government’s long-term vision to ‘promote good health and a good quality of life through the effective management of noise within the context of Government policy on sustainable development’ which is supported by the following aims:

- Avoid significant adverse impacts on health and quality of life;
- Mitigate and minimise adverse impacts on health and quality of life;

Putting Health into Place, Principles 4-8: Design, Deliver and Manage provides several recommendations to improve environmental soundscapes, including the design of green

infrastructure, ensuring the façade provides sufficient protection against external noise and ensuring internal spaces have sound absorbing finishes to keep noise to a minimum. Sites should also be assessed – those with high noise pollution should be avoided.

Tower Hamlets Code of Construction Practice (CoCP) guides developers and contractors on the environmental, public health and safety aspects of construction, and is the main tool for controlling any environmental impacts during the construction and demolition phase of developments. The CoCP aims to assure residents that the mitigation of impacts to personal health and the environment are being taken into account according to best practice.

The CoCP states that baseline noise surveys should be carried out prior to any works commencing in order to provide a basis for determining acceptable noise levels for each site a programme of on-site noise monitoring is also required to demonstrate compliance with agreed standards.

Tower Hamlets Evidence and Need

To provide a better understanding of the impacts of construction activity on residents, a survey was undertaken of resident attitudes to construction activity as part of this work. Of the 118 responses received to the survey, 76% of LBTH residents felt that their health had been affected by construction activity. In particular, the concerns of residents focussed primarily on the generation of noise and air pollution from construction sites. 38% of residents reported having health conditions that had been directly worsened by these impacts (Volterra Partners, 2023).

This survey was undertaken on the LetsTalk Tower Hamlets platform and was available to all LBTH residents. 48% of responses were from individuals in the Marsh Wall area (57 residents).

The Healthwatch Tower Hamlets online survey also received feedback from Tower Hamlets residents on how noise affects their health (Healthwatch Tower Hamlets, 2023):

“Reduction in cars would reduce pollution which is currently having a detrimental on everyone's health. It would also reduce the impact of noise on sleep.” **Female, 25-34, White British**

“It will lead to cleaner and safer environment for residents. Control of nighttime economy is important as the noise and risks of violence will help mental health of residents.” **Female, 55-64, Chinese**

“Environmental health needs to stop ignoring noise issues. My street has very noisy residents where one can hear music playing in different buildings at 2am in warm weather.” **Physical or mobility impairment/Autism, Female, 25-34, Any other white background.**

According to the Adult Psychiatric Morbidity Survey conducted in 2014, the self-reported prevalence of common mental illnesses CMI in Tower Hamlets was 22.8% or around 55,000 people. In contrast, the total number of CMIs recorded in primary care (CEG, 2019) was 22,770. The prevalence of severe mental illnesses (SMI) in Tower Hamlets is 1.2% compared with 1.09% across North East London (2020/2021). The highest rates of SMI diagnosis are among residents with Black / Black British ethnicity.

Tower Hamlets receives approximately 5000 complaints per year about noise (including those related to construction and development) and takes action on excessive levels of noise considered to be a statutory noise nuisance (London Borough of Tower Hamlets). The Council can offer support with

problems, complaints or enquiries concerning noise from construction sites or building works occurring outside of permitted hours.

Recommendations

In partnership with the Noise Control team, review Policy D.ES9 ensuring it meets new standards and regulations in relation to noise and construction. Specific considerations should be given to:

N1: Minimise adverse noise impacts, refusing planning permission where the 'negative' or 'adverse' noise impacts are 'unacceptable' or would result in 'significant impact on health and quality of life'.

N2: Avoid building noise-sensitive developments where noise is identified above the significant observed adverse effect level.

N3: Mitigate and minimise the existing and potential adverse impacts of noise on, from, within, because of, or in the vicinity of new development.

N4: Only where a development falls within low observed adverse effect level LOAEL to SOAEL (amber on LBTH current local plan) British Standard 8233 should be met.

N5: Improve and enhance the acoustic environment by adopting and applying the principles of good acoustic design and promoting appropriate soundscapes.

N6: Conduct a noise assessment where a noise-generating development or a noise-sensitive development is proposed.

Theme 4: Transport

13. Active Travel

Active travel refers to modes of travel that involve a level of physical activity. The term is often used interchangeably with walking and cycling, but active travel can also include trips made by wheelchair, mobility scooters, adapted cycles, e-cycles, scooters, as well as cycle sharing schemes (UK Government, 2019).

The biggest transport-related impact of development on public health in London is the extent to which it enables physical activity from walking, cycling and using public transport. Streets make up 80% of London's public spaces (Transport for London, n.d.).

Playing and physical activity, or getting to school by bike or walking instead of taking the car, are effective ways for children and young people to keep physically and mentally well. This is important because there are now more children in Year 6 who are overweight or obese than are a healthy weight (London Borough of Tower Hamlets, 2022). Regular physical activity also has important health benefit for adults, helping to prevent or manage many common conditions such as Type 2 diabetes (UK HSA, formerly Public Health England)

The health consequences of physical inactivity stretch beyond the risk of becoming an unhealthy weight. Lack of physical activity is associated with a number of adverse health effects including elevated all-cause mortality, cardiovascular disease mortality, cancer risk, risk for metabolic diseases and musculoskeletal diseases (Park, 2020). Tower Hamlets residents have higher levels of early death due to long-term conditions such as heart disease and stroke, compared to other boroughs (London Borough of Tower Hamlets, 2022). For this reason, it is important to reduce sedentary time as much as possible.

As well as physical health, physical activity can protect against anxiety and depression, and there is robust evidence that physical activity is an effective adjunct treatment strategy for depressive, anxiety and stress related disorders, with emerging evidence for schizophrenia and bipolar disorders (Grace McKeon, 2022). Around a quarter of the adult population in Tower Hamlets have poor mental health and the borough has the worst rate of early death for people with severe mental illness in London (London Borough of Tower Hamlets, 2022). Regular physical activity has a crucial role to play in improving the mental health of our residents.

The benefits of active travel extend beyond health; Copenhagen, a city which has made a deliberate shift towards walking and cycling culture, estimates that with 1.4km cycled every day there is an economic benefit of up to £1.5 million daily, and 32 percent of all high street and supermarket spending comes from people who have travelled to the shops via bike (Russell et al, 2020)

Policy Context

Refer to Chapter 2: **Active Environments** for policy context

Tower Hamlets Evidence and Need

The Tower Hamlets (TH) Local Implementation Plan (LIP) (2019), TH Local Plan: Managing growth and sharing benefits 2031, the London Mayor's Transport Strategy (2018) and the London Plan (2021) all endorse the Healthy Streets approach to increase active travel. The Healthy Streets Approach is an evidence-based approach to improve health and reduce health inequalities, which will help

Londoners use cars less, and walk, cycle and use public transport more. The approach supports the London Mayor's aim that by 2041 all Londoners will be able to undertake at least the 20 minutes of active travel each day. The Healthy Streets Approach aims to bring about positive changes to the character and use of the city's streets. High quality, pleasant and attractive environments with clean air and enough space for dwelling, walking, cycling and public transport use must be provided.

The Healthy Streets Approach uses 10 indicators (Figure 6) that reflect the experience of being on streets. These indicators are based on evidence of what is needed to create a healthy, inclusive environment in which people choose to walk, cycle and use public transport; and which is easy for people using wheelchairs, mobility scooters and buggies.



Figure 6: Healthy Streets Indicators

Each street can be assessed against these indicators and given a Healthy Streets Index Rank (Figure 7). Tower Hamlets benefits from a high Healthy Streets Scorecard as a borough, ranked 7th in London (Healthy Streets Scorecard, 2023).



Figure 7 Greater London Healthy Streets Index Map

The Healthwatch Tower Hamlets online survey asked Tower Hamlets residents for their thoughts on traffic in their neighbourhoods, and the results were as follows (Healthwatch Tower Hamlets, 2023):

29% of respondents would like to see a reduction in motorised traffic with residents telling us it is having a negative impact on their health and well-being through pollution and the inability to safely travel around the borough by cycling or walking. This was more important to residents from White backgrounds whereas people of Bangladeshi ethnicity saw it as less of a priority with only 8% saying they would like to see a reduction in traffic and more walking/cycling opportunities.

The Tower Hamlets Cycling Strategy 2016 has a vision for Tower Hamlets to be one of the easiest and safest places to cycle in London and to make cycling the natural choice of transport for most people. It outlines 3 key principles that will guide all future cycling projects and initiatives:

1. A Better Cycle Network: Both the quality and quantity of cycling infrastructure and facilities needs significant improvement.
2. Safer Cycling: Safety is the primary concern of existing and potential cyclists and how Tower Hamlets addresses this critical issue is key.
3. Cycling for All: This principle can be divided into two parts. Firstly, the promotion of cycling for all age groups, from 8 to 80 years old, is driven by the health benefits it offers, aiming to eliminate barriers that hinder cycling. Secondly, the objective is to enhance the cycling environment, which in turn improves conditions for local businesses and enhances public spaces.

Recommendations

AT1: Apply the Healthy Streets Approach on development plans, with development proposals demonstrating how they will deliver improvements that support the ten Healthy Streets Indicators in line with Transport for London guidance.

AT2: Continue to promote active travel, with consideration to increase connection to and improve local walking and cycling networks as well as public transport and cycle parking.

14. Parking

Introduction and National Evidence

Implementing effective parking policies is important for promoting public health by encouraging active transportation modes such as walking, cycling and public transit, while reducing reliance on private vehicles and mitigating air pollution and sedentary lifestyles.

Parking pricing and availability affects the rates of private car ownership and use (Kirschner & Lanzendorf, 2019), with research highlighting that having access to private or reserved parking triples the likelihood of car ownership (Christiansen, Fearnley, Hanssen, & Skollerud, 2017). Research has also found that increasing parking charges can lead to a reduction in car use (Millard-Ball, Siegman, & Tumlin, 2004) (Albert & Mahalel, 2006). The largest cities in Germany, Austria and Switzerland (Munich, Berlin, Hamburg, Vienna and Zurich) have all significantly reduced the share of car trips over the past 25 years despite high motorization rates. All of these cities implemented roughly the same policies to discourage car use, and of these policies, by far the most important has been parking management (Buehler, Pucher, Gerike, & Götschi, 2016). Overall, there is strong evidence that parking pricing and availability can lead to a reduction in car use.

A reduction in car use has important implications for the public's health. For example, evidence suggests that residents of neighbourhoods with more car traffic nuisance (including noise, smell and aggressive driving) report worse general and mental health than residents living in areas with fewer car traffic, regardless of age, gender or socio-economic position (Putrik et al, 2014). Furthermore, through various psychosocial and stress-related mediators, evidence suggests traffic noise may be associated with a higher risk of coronary heart disease (Banerjee et al, 2014).

Evidence suggests that certain parking policies may help achieve more sustainable travel. For example, one study explored whether changes in parking policy were associated with differences in commute mode to work. Results found relaxation of parking policy was associated with higher proportions of trips made by motor vehicle, and lower proportions involving walking, cycling and public transport (Cairns, Newson, & Davis, 2010).

The evidence suggests that for parking policy to be effective, it needs to happen in conjunction with other policies and incentives that make active travel attractive and affordable. For example, the University of California introduced unlimited access to free bus travel for their students and achieved a 56% increase in students travelling to campus by bus and a 20% decrease in solo driving in the first year of the policy (Brown, Hess, & Shoup, 2023). Parking policy can undermine efforts to increase active travel. For example, one study found that employer benefits for public transport, walking and cycling were not effective when employees also enjoyed free parking (Hamre & Buehler, 2014).

In 2023, TfL published research about the economic benefits of walking and cycling, finding that people walking, cycling and using public transport spend the most in their local shops; 40 per cent more each month than car drivers (Transport for London, 2023).

In light of having worse air quality than London, and residents' poor health in Tower Hamlets (London Borough of Tower Hamlets, 2022), revising and improving parking policies is an important lever the council has to improve the health of our residents.

Policy Context

Current Local Plan

Policy D.TR3 Parking and Permit-Free-Development outlines the need for development planners to prioritise sustainable approaches to any parking ensuring priority is given to space for cycle parking, the allocation of car club spaces, enough charging points, and any parking spaces are distributed across all tenure types with priority given to family homes and accessible properties. Development must also comply with the parking standards for vehicles and bicycles. This policy seeks to ensure that parking is controlled and managed both on-street and off-street to facilitate sustainable travel patterns and address congestion. It also states accessible parking bay provision should form a proportion of the overall parking provision (as calculated using the Mayor of London's Housing Supplementary Planning Guidance).

Policy S.TR1 Sustainable Travel outlines the need to improve travel choice and sustainable travel in the borough, which includes prioritising the needs of pedestrians and cyclists as well as access to public transport.

Policy DTR 2 Impacts on the Transport Network refers to the requirement for major developments or developments that may have a significant impact on the transport network to submit a transport assessment or statement as part of the planning application. These must provide a long-term strategy to meet sustainable transport objectives and should contain a package of measures that will minimise the number of car-borne trips, for example by restricting car parking provision.

London Plan

Policy T6 Car parking. This policy emphasises that car parking should be restricted in line with levels of existing and future public transport accessibility and connectivity. It also states car free development should be the starting point for all development (whilst still providing parking for disabled persons).

Policy T6.1 Residential parking

Policy T6.2 Office parking

Policy T6.3 Retail parking

Policy T 6.4 Hotel and leisure uses parking

Policy T 6.5 Non-residential disabled persons parking

Other Policies and Strategies

The Tower Hamlets Air Quality Action Plan 2022-2027 identifies parking considerations as one of the key policies that influences air pollution (and therefore health). Key actions committed to in this plan related to parking and car free development include:

Planning and Highways teams to reduce the use of private cars by residents by encouraging car free developments and limiting number of parking spaces in new developments. This includes reviewing all major planning applications every year to ensure they meet the latest parking standards and including parking standards for new developments in the Local Plan.

Parking team to use parking policy to reduce pollution emissions. This commits the council to use fees and charges to discourage heavily polluting vehicles in favour of greener vehicles, to have a surcharge for diesel cars and heavily reduced parking fees for electric vehicles, applying to both residents and visitors. The Council will also encourage car clubs that use Hybrid or solely electric vehicles into the Borough and will investigate using car clubs for council staff business use.

The council has not updated the **Transport Strategy** since the change in political leadership in 2022 and therefore does not have a strategy that reflects the current administration's ambition in this area.

Tower Hamlet's Third **Local Implementation Plan (LIP, 2019)** is a statutory document prepared under the GLA Act that requires the Borough to detail its proposals for implementing the Mayor for London's Transport Strategy (MTS) within the borough. The MTS target for Tower Hamlets is 89% of all trips to be made on foot, by cycle or using public transport by 2041 in the Borough, compared to the 81% observed in 2016/17. One of the borough's priority objectives in it is that 'Tower Hamlets will be clean and green, with less motor traffic and cleaner air'. Outcomes include reduced rat running traffic, maximising car free development and walking, cycling and public transport prioritised in new developments.

The **2018 London Mayor's Transport Strategy** has a vision to reduce car use across London. It calls for the London Mayor, TfL and London boroughs to work together and for Councils to fulfil their statutory duties and take targeted action to discourage unnecessary journeys by car.

Tower Hamlets Evidence and Need

Even though car ownership is relatively low in the borough (Office for National Statistics, 2021), and a significant proportion of car journeys in Tower Hamlets are made through the borough by commuter traffic, there are still many short car journeys (less than 2km and often in local residential streets) made by residents where an alternative mode of transport could be used (Tower Hamlets Council, 2022).

In Tower Hamlets, demand for on-street parking exceeds capacity, creating a significant amount of stress across the borough's street network (London Borough of Tower Hamlets, 2020). This demand has also increased significantly in recent years as a result of population growth. In addition, the issue of on-street parking outside of controlled hours (usually overnight and at weekends) often overcrowds streets; results in unacceptable safety and accessibility issues for vulnerable road users; and, in some cases, restricts traffic flows and increases journey times (London Borough of Tower Hamlets, 2020).

A reduction in car use is associated with better air quality (Quéré, 2020). In Tower Hamlets, over 222 tonnes (of the 392 tonnes attributed to road transport) of NO_x per year is attributed to diesel cars and diesel LGV. Tower Hamlets declared itself an air quality management area in 2003, defined as an air quality action zone where improvements in air quality must be implemented.

The borough is estimated to have fulfilled just 8% of its cycling potential with an additional 200,000 daily trips that could be made by residents on bikes switching from alternative modes (London Borough of Tower Hamlets, 2019). Residents have reported that cycle parking is scarce and often expensive in the borough and more needs to be done to address this (London Borough of Tower Hamlets, 2019). While many large employers in Tower Hamlets make provision for employees who want to cycle, demand often outstrips supply and many smaller organisations find it difficult to provide any cycle parking (London Borough of Tower Hamlets, 2019).

As part of the High Density Living SPD research, residents surveyed were asked where they store their bike. 70% of residents surveyed stored their bike in the dedicated cycle store of their building, with 26% storing their bike at home. Interviews highlighted security concerns with the large cycle stores. Two out of the nine cases had instances where homeless people had broken in and slept in the stores (London Borough of Tower Hamlets, 2021).

In 2021 there were 302 people killed or seriously injured on Tower Hamlets roads, which is higher than the England average (Office for Health Improvement and Disparities, 2022). Road traffic accidents can be reduced if there is a decrease in vehicle congestion through a reduction in car use (Yasin, Grivna, & Abu-Zidan, 2021).

Recommendations

PA1: Encourage car-free development and restricted parking provision on all new developments, with the exception of parking for disabled persons where there should be adequate provision. In particular, encourage locations with greater accessibility to public transport to be car-free.

PA2: Explore feasibility of releasing space allocated for car parking provision that could accommodate other more efficient uses, such as housing, employment, community facilities, play areas, amenity spaces and cycle parking. Furthermore, where residential parking spaces is permitted, make provision for ultra-low emission vehicles to enable carbon-free travel.

PA3: Ensure new residential developments do not exceed the maximum parking standards set out in the London Plan.

PA4: Ensure planning development supports residents to walk, cycle and use public transport, creating an environment that adheres to the Healthy Street principles.

PA5: Build on the current Local Plan's parking and car free development policy to incorporate T6 and T6.1-T 6.5 in the London Plan 2021.

PA6: Ensure cycle parking in new developments is well-designed and well-used. If cycle parking is not well-used, engage with residents to understand why this is and provide support where necessary to improve cycling uptake and use of cycle parking.

Theme 5: Food Environment

15. Hot Food Takeaways

Introduction and National Evidence

Research indicates that increased access to unhealthier food retail outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviours among children residing in low-income areas (Public Health England, 2017).

One study in the UK on the greater access to unhealthy food has shown this may disproportionately affect those in more deprived areas (Cummins, Petticrew, Higgins, Findlay, & Sparks, 2005). Data from the UK also shows the presence of fast-food influences the food choices of children during their time at school (Davis & Carpenter, 2009).

Research by the Royal Society for Public Health found that nearly all children's visits to fast food outlets were on the return route from school to their home. This means that understanding the immediate environment around schools and how to influence it is a critical stage in improving the flow of healthier food options in a child's everyday experience (Royal Society for Public Health, 2019).

A study by Public Health England (Public Health England, 2018) found definitive evidence that in some areas, particularly in areas of high deprivation, small, independent food retailers are being undermined by a proliferation and density of hot food takeaways, creating what it terms 'food deserts', which are defined as areas of poor access to the provision of healthy affordable food.

Takeaway food outlets provide a popular service and contribute to the local economy, particularly the night-time economy. Whilst there is demand for these facilities, it is recognised that takeaway outlets tend to sell food that is high in fat, salt, or sugar, and low in levels of beneficial nutrients (Public Health England, 2017). Regular consumption of these types of foods over time can increase a person's risk of being overweight or obese as well as increasing the risk of chronic diseases (Elizabeth, Machado, Zinöcker, Baker, & Lawrence, 2020). Some takeaway food can represent a low-cost option to the consumer which may enhance its appeal to children and those with low incomes (Public Health England, 2020)

Whilst planning (policy and decisions) can in some circumstances control the location of new hot food takeaways on health grounds, the lack of control over existing outlets and the ability to travel and/or order online for home delivery means planning's role is severely limited. Control of and demand for existing takeaways is beyond the remit of planning.

Policy Context

Current Local Plan:

Policy D.TC5 in the Tower Hamlets Local Plan 2020-2031 seeks to control the location of any new hot food takeaways. Any new applications will only be supported within the Central Activities Zone, Tower Hamlets Activity Areas, Secondary Frontages of District Centres, Neighbourhood Centres or Neighbourhood Parades where they meet the following criteria.

- There must be a separation of at least four non-A5 units between each new hot food takeaway unit.
- The percentage of A5 units would not exceed 5% of the total number of units within Major, District or Neighbourhood Centres.

- Within Neighbourhood Parades there would be no more than one A5 unit.
- The proposal is not within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre.
- The proposal will not harm the amenity of surrounding properties.

The London Plan:

Development proposals containing A5 hot food takeaway uses should not be permitted where these are within 400 metres walking distance from the entrances and exits of an existing or proposed primary or secondary school. Boroughs that wish to set a locally determined boundary from schools must ensure this is sufficiently justified. Boroughs should also carefully manage the over-concentration of A5 hot food takeaway uses within town centres and other areas through the use of locally defined thresholds in Development Plans.

NPPF:

Whilst the 2021 NPPF does not contain specific reference to hot food takeaways, it advises that planning policies and decisions should enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs, including access to healthier food.

The associated planning practice guidance on Health and Wellbeing: Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission).

Other Policies / Strategies:

Policy D.TC5 forms part of the Tower Hamlets Child Healthy Weight Action Plan 2022-2023, which includes actions around promoting, supporting an enabling play for all children, restricting advertising of unhealthy food and drink, and enlisting more fast-food businesses to participate in the Food for Health programme.

Tower Hamlets Evidence and Need

A study conducted in 2017, highlighted that Tower Hamlets had 46 hot food takeaway and confectionery stores around each secondary school, compared with the London average of 25. Figure 8 demonstrates where hot food takeaways are located across Tower Hamlets, with one school having as many as 60 hot food takeaways within a 400 m radius.

The Hot Food Takeaways Topic Paper (to be published as part of New Local Plan evidence base) outlines the problems and causes of unhealthy weight in Tower Hamlets. It describes our borough's notably imbalanced food environment and highlights the link between what is sold on our high streets and high rates of diet related diseases. Finally, it sets out the current evidence base informing policies aimed at restricting the density of hot food take away and their proximity to schools.

A policy analysis was conducted internally in 2022 to review progress against Policy D.TC5 between 2019 - 2021 with specific consideration for the proposal not being within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre. A Summary of the results can be found below in Table 2.

	All HFT Applications	Permitted	Refused	No Decision Yet
2019/2020	12	5	6	1
2020/2021	4	0	3	1

Table 2: Decisions taken against Policy D.TC5

Between 2019 and 2021 56% (9) of all (16) hot food takeaways planning applications were refused. Out of those, 66% (6) were refused using Policy D.TC5. This shows the effectiveness of the policy in reducing hot food takeaways and improving the food environment in Tower Hamlets. The Paper recommended that Tower Hamlets should renew Policy D.TC5 in the refresh of the Local Plan and adopt the 400m radius as per current London Plan Policy – these 400m buffer zones are illustrated below in Figure 8.

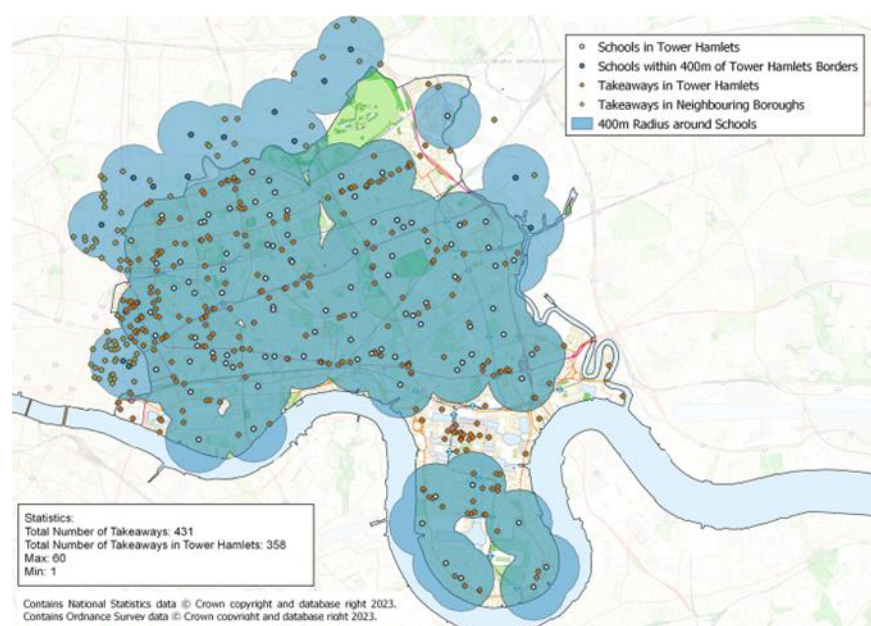


Figure 8: Schools in Tower Hamlets and neighbouring Boroughs with a 400m buffer zone around them, with all hot food takeaways highlighted.

Recommendations

HF1: Prohibit development proposals containing hot food takeaway uses where these are within 400 metres walking distance from the entrances and exits of an existing or proposed primary or secondary school.

HF2: Manage the over-concentration of hot food takeaway uses within town centres and other areas through the use of locally defined thresholds in development plans.

HF3: Where development proposals involving A5 hot food takeaway uses are permitted, encourage operators to comply with Tower Hamlets 'Food For Health' commitment standards. Where justified, ensuring compliance with the Food For Health Commitment through use of a condition.

HF4: Consider carrying out local research to understand correlation between child weight and exposure to hot food takeaways, to inform future policies and guidance.

16. Community Food Infrastructure

Introduction and National Evidence

Community food growing is the cultivation of land by groups based on residential estates, faith premises, places of employment, schools or within neighbourhoods (Sustain, 2014).

There are multiple benefits to community food growing. Food growing can bring communities together, help people make friends and feel less isolated, make areas safer, and improve people's physical and mental health and wellbeing (Greater London Authority, 2018). Involving children in food growing can encourage them to eat more fruit and vegetables (Greater London Authority, 2018). Urban food growing has many environmental benefits including contributing to London's green infrastructure and providing diverse habitat for London's biodiversity, including pollinators. It also contributes to helping make London a National Park City (Greater London Authority, 2018). Urban farming and food growing projects create social enterprises, boost local economies and provide jobs, training and apprenticeships, as well as thousands of volunteering opportunities which can help Londoners develop skills and lead to employment (Greater London Authority, 2018).

Policy Context

Current Local Plan:

Policies in the Tower Hamlets Local Plan 2020-2031 that refer to gardening and urban agriculture include Policy D.H3, Housing standards and quality, Policy D.OWS3.6 Open space and green grid networks and HIA Policy. Only the HIA policy makes specific reference to food growing.

The London Plan:

Policy G8 Food growing:

In Development Plans, boroughs should:

- 1) protect existing allotments and encourage provision of space for urban agriculture, including community gardening, and food growing within new developments and as a meanwhile use on vacant or under-utilised sites
- 2) identify potential sites that could be used for food production.

Policy S3, Education and childcare facilities in the London Plan 2021 states 'The design of education and childcare facilities is critical to the creation of a good learning environment... Where possible, natural features such as trees, greenery, forest schools and spaces for food growing should be incorporated into playgrounds and school sites, recognising both the health and educational benefits these can provide.'

NPPF:

Paragraph 92. C) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

Para 120 b) recognise that some undeveloped land can perform many functions, such as for wildlife, recreation, flood risk mitigation, cooling/shading, carbon storage or food production;

Other Policies / Strategies:

The Mayor's London Food Strategy 2018 prioritises the need to help all Londoners to be healthier and for the food system to have less of a negative environmental impact.

The Capital Growth Network is London's food growing network, which continues to promote community food growing across the capital, as well as delivering food-growing skills and employment opportunities for Londoners.

The role food growing plays in reducing food poverty is recognised in the **2019 Food Poverty Joint Strategic Needs Assessment (JSNA)**, which recommends supporting the development of new spaces for community food growing and protecting existing spaces (London Borough of Tower Hamlets, 2019).

Tower Hamlets Evidence and Need

In Tower Hamlets, some of the key health related diseases and challenges appropriate food infrastructure could help alleviate include:

- Childhood excess weight. There are now more children in Year 6 in Tower Hamlets who are overweight or obese than are a healthy weight (London Borough of Tower Hamlets, 2022)
- Adult health. Compared to other places, in Tower Hamlets there are higher levels of early death due to long-term conditions such as heart disease and stroke, both of which are linked to the food people eat (London Borough of Tower Hamlets, 2022).
- Adult mental health. Around a quarter of the adult population in Tower Hamlets has poor mental health (London Borough of Tower Hamlets, 2022). Unhealthy diet is emerging as a significant correlate and risk factor for mental health issues such as depression (Dash, Clarke, Berk, & Jacka, 2015)
- Over-proliferation of fast-food outlets. There is a high proliferation of hot food takeaways per secondary school compared with the other boroughs in London. This contributes to creating an environment that makes it easier for people to make food choices that are damaging their health (Public Health England, 2017).

The role food growing plays in reducing food poverty is recognised in the Tower Hamlets Food Poverty Joint Strategic Needs Assessment (2019), which recommends supporting the development of new spaces for community food growing and protecting existing spaces.

The Regeneration Team commissioned the Women's Environmental Network (WEN) to produce a database of food growing space in Tower Hamlets. The complete list includes: 7 allotments; 2 city farms; 9 community centre supported gardens; 43 community gardens; 28 housing association gardens; 21 orchards; and 23 school of children's centre gardens. The postcode E3 has the highest distribution of growing spaces whilst E9 has the lowest.

Recommendations

CF1: Include a new policy specific to food growing which includes the following stipulations for development plans:

- a. Protect existing allotments and encouraging provision of space for urban agriculture, including community gardening and food growing
- b. Identify potential sites that can be used for food growing, considering innovative solutions such as green roofs, walls and balconies, re-utilising under-used spaces and incorporating spaces for food growing in community schemes such as in schools and parks.

c. Aim to maximise opportunities to increase accessible food growing space (including in educational facilities), particularly in areas expected to experience the highest level of open space deficiency.

CF2: Ensure the database for food growing space in Tower Hamlets remains up-to-date. Work collaboratively with the Women's Environmental Network (WEN), Regeneration team and others to understand who is using food growing spaces and barriers to community food growing.

17. Healthier Advertising

Introduction and National Evidence

Having a poor-quality diet and in particular consuming ultra-processed foods (which are often advertised) is associated with several non-communicable diseases including obesity and obesity-related outcomes, cardiovascular and metabolic diseases, breast and all cancers, depression, gastrointestinal disorder, frailty in the elderly, and also premature mortality (Monteiro, 2019).

Research shows that being exposed to foods and drinks that are high in fat, salt and sugar (HFSS) is linked to a preference for HFSS products (Boyland & Halford, 2013), more snacking (Boyland, 2016), and consuming more calories from HFSS products (McGale, 2018). Advertising of unhealthy foods is therefore a Public Health issue.

There is an important health inequality element to HFSS advertising. Both children and adults from lower socio-economic groups are more likely to be exposed to advertisements for HFSS foods (Yau A, 2021) (Palmer G, 2021). Research also suggests that ethnic minority groups have a higher likelihood of exposure to food marketing outdoors (Finlay, 2022). In Tower Hamlets, a healthier advertising policy is likely to have a positive impact particularly among residents from minority ethnic backgrounds, among whom certain health conditions, such as child excess weight (NHS Digital, 2022) and Type 2 diabetes (Chowdhury, Uddin, Khan & Haque, 2015) are more prevalent.

Alongside barriers to affording and accessing healthy food, HFSS advertising magnifies the problem. It does so by normalising unhealthy diets and contributes to a strong link between child obesity and deprivation (NHS Digital, 2019).

As well as outdoor food and drink advertising in the form of billboards, bus stops, smart benches and advertising columns, advertising on telephone boxes is another issue contributing to the negative health implications of junk food advertising. For example, a Trojan telephone box is a kiosk installed for the purpose as an advertising space over that of its use for phone or communications. In line with the ASA regulations, when within 100 metres of a school, any advertisement not meeting the Nutrient Profiling Model's standards may be removed (though only when a complaint is submitted). Furthermore, the boxes themselves, falling under a particular public amenity classification, have not required the level of planning permission that an advertising hoarding or billboard would. With a rise of over 900% in applications across some local authorities, despite the downturn in their use for communication, the surge in these telephone boxes, often occurring near each other, point towards their use primarily as advertising space.

With a rise of over 900% in applications across some local authorities, despite the downturn in their use for communication, the surge in these telephone boxes, often occurring near each other, point towards their use primarily as advertising space.

London Context

In February 2019, TfL updated its Advertising Policy, stating that an advertisement will be unacceptable if (p) it promotes (directly or indirectly) food or non-alcoholic drink which is high in fat, salt and/or sugar ('HFSS' products), according to the Nutrient Profiling Model managed by Public Health England.

An independent evaluation of TfL's policy conducted by the London School of Hygiene and Tropical Medicine (LSHTM) found there has been an estimated 6.7 per cent decrease in average weekly household purchases of energy from HFSS products, and the average weekly purchases of chocolate

and sweets fell by 19.4 per cent (Yau, et al., 2022). This equates to a 1000 calorie decrease in energy from unhealthy food purchases in Londoners' weekly shopping.

Policy Context

Current Local Plan:

Policy D.DH10: Advertisements, hoardings and signage states how these items must be well-designed and well-integrated within the public realm, however there is no mention of what is advertised on these sites.

The London Plan:

Policy HC5: Advertising is referred to in the plan only as it relates to creative industries and their role in informing, supporting, and influencing the capital's cultural offer, and their ability to deliver economic and social value.

NPPF:

Paragraph 136: The quality and character of places can suffer when advertisements are poorly sited and designed. A separate consent process within the planning system controls the display of advertisements, which should be operated in a way which is simple, efficient, and effective. Advertisements should be subject to control only in the interests of amenity and public safety, taking account of cumulative impacts.

Other Policies / Strategies:

A healthier advertising policy was approved by London Borough of Tower Hamlets in May 2023. The policy will restrict the advertising of unhealthy food and drink products. The policy will restrict the advertising of products high in fat, salt, and sugar (HFSS) on all council-owned estates, assets and through procured advertising service contracts (London Borough of Tower Hamlets, 2023).

In May 2010 World Health Organization (WHO) Member States endorsed Resolution WHA63.14, calling for limits on the marketing of food and non-alcoholic beverage products to children (WHO, 2010). The policy aim is to reduce the harmful impact on children of marketing of HFSS foods. The overall policy objective is both to limit the exposure of children to HFSS food marketing and to reduce the power of such marketing.

Section 2B of the National Health Service Act 2006 requires the Council to take such steps as the Council considers appropriate for improving the health of the people in Tower Hamlets. Therefore, the implementation of a healthier advertising policy is part of the Council's legal function.

A healthier advertising policy in Tower Hamlets also reflects the Public Services (Social Value) Act 2012. The Act states that all public bodies are required to consider how their services impact on the economic, social, and environmental well-being of the area.

Section 111 of the Local Government Act 1972 provides that local authorities (subject to any certain statutory restrictions) have the power to do anything calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions. Local authorities have the responsibility for improving the health of their local population. An advertising policy intended to tackle child obesity and improve public health is clearly calculated to facilitate that function.

Sustain, an alliance of organisations and communities working together for a better system of food are supporting councils to develop their healthier advertising policies and have developed a healthier food advertising toolkit for councils (Sustain, 2022).

In the Mayor's London Food Strategy (2018) one of the key commitments was to ban junk food advertising on the entire Transport for London network from February 2019. It also states the mayor will support change by 'promoting the role that food can play in making streets healthy places, where people are surrounded by more healthy food and good food businesses and are not bombarded by marketing and promotion of less healthy food.' A public consultation by the Greater London Authority, launched in May 2018, found 82% of Londoners support a junk food advertising restriction (GLA, 2018).

Tower Hamlets Evidence and Need

In Tower Hamlets, advertising hoardings include Community Information Panels (CIPS), BT link units, Agripa panels, railing banners, lamp post banners, bus stop advertising, event advertising, and pop-up advertising in parks. Advertising is in both digital and print format. Advertising contracts are primarily held by the Highways team, and Communications team.

In 2018, researchers in Tower Hamlets investigated the amount and type of adverts within a 200m radius of selected schools in Tower Hamlets and identified 369 adverts. 36% (n=134) of the adverts promoted food/non-alcoholic beverages and 68% of these were classified as less healthy (i.e., high fat, sugar, and salt products). Nearly all (97%) of food/non-alcoholic beverage adverts required deemed consent, which the local planning authority has the power to restrict. The results of this project demonstrate the significant exposure of children and young people to potentially harmful adverts in Tower Hamlets and the important role the local planning authority can play to restrict these.

In Tower Hamlets there are considerable challenges regarding healthy weight in children. Refer to the Introduction, section 'Key health issues in Tower Hamlets' for further information.

Recommendations

HA1: Include a new healthier advertising policy to consider the potential impact of high fat, salt, and sugar (HFSS) advertising when assessing new planning applications which include advertising sites.

HA2: Work with Planning department to consider Article 4 Direction to remove permitted development rights for new telephone boxes that are within 400m of a school. Alternatively, discuss options for restricting the advertisement of HFSS products on such telephone boxes.

18. Betting Shops

Introduction and National Evidence

A literature review conducted by Wardle et al. (2012) found that proximity to gambling premises was associated with development of problem gambling, and that “high machine density accounted for 77% of the variation in gambling expenditure per adult” (Wardle, Keily, Astbury, & Reith, 2014). Overall, the researchers found that betting machines are associated with high rates of problem and at-risk gambling. Consequently, a clustering of betting shops and AGCs leads to a clustering of betting machines which places the population at a greater risk of developing problem and at-risk gambling alongside suffering the associated harms (Wardle, Keily, Astbury, & Reith, 2014).

There are several major health outcomes associated with problem gambling, including high suicide rates, self-harm, and mental illness (OHID, 2023).

Further, for every individual struggling with gambling problems, it is estimated that six others will be affected (Goodwin, Browne, Rockloff, & Rose, 2017). In most instances, these will be members of their immediate family; although, research has shown that women and girls are disproportionately impacted (OHID, 2023).

Concerns about the clustering of betting shops in deprived areas are shared by local businesses and residents, and property developers (Woodhouse & Grimwood, 2018). Clustering can negatively affect high street vitality by reducing competition, discouraging investment, and limiting choices for residents (Woodhouse, 2018). There is also an association between gambling severity and criminal convictions, although more research is needed to establish a definitive link (Lind et al, 2021).

Policy Context

Current Local Plan:

Policy D.TC5: New betting offices/shops will only be supported within the Central Activities Zone, Tower Hamlets Activity Areas, Canary Wharf Major Centre or Secondary Frontages within District Centres; new amusement centres, casinos and lap-dancing clubs will only be supported within the Central Activities Zone, Tower Hamlets Activity Areas or Canary Wharf Major Centre. Such uses will be resisted where:

- a. there is an over concentration of such uses which could give rise to negative cumulative social impacts.
- b. the site is near a school or sensitive community, cultural or social facilities, and
- c. the proposal would detrimentally impact the amenity and character of the area.

The London Plan 2021

The London Plan recognises that the over-concentration of betting shops can have a harmful impact “on mental and physical health and wellbeing, amenity, vitality, viability and diversity”.

Policy SD6 Town Centres and High Streets, Part A) The vitality and viability of London’s varied town centres should be promoted and enhanced by:

- 6) supporting the role of town centres in building sustainable, healthy, and walkable neighbourhoods with the Healthy Streets Approach embedded in their development and management.

NPPF:

Paragraph 90: Planning should consider the impact of the proposal on town centre vitality and viability, including local consumer choice and trade in the town centre and wider retail catchment.

Paragraph 92: Planning policies should aim to achieve healthy, inclusive, and safe places which enable and support healthy lifestyles, especially where this would address identified local health and well-being needs. This includes using active street frontages.

Tower Hamlets Evidence and Need

Our population is particularly vulnerable to developing problem and at-risk gambling: estimates put prevalence in the borough at twice the national average (LBTH, 2016). Tower Hamlets residents' demographics and health status (e.g. age, sex, prevalence of addiction, prevalence of mental illness, and employment rates) place many individuals at an increased risk. The prevalence of problem gambling in Tower Hamlets is estimated to be 1.3%, twice the national average, with 3% at moderate risk (LBTH, 2016). This suggests that there are approximately 3,000 problem gamblers and 6,000 at moderate risk in the borough, although this is likely to be an underestimate due to the hidden nature of addiction (LBTH, 2016).

Risk factors include (OHID, 2023):

- Mental health problems and learning disabilities
- Drug and/or alcohol misuse
- Economic inactivity/unemployment
- Deprivation
- Poor health, low life satisfaction and wellbeing
- Young age – prevalence is highest in 16–34-year-olds
- Being male

When attempting to estimate the local prevalence, statistical techniques have been used to recognise the population profile of the borough (e.g. age, sex and ethnicity). Current estimates put levels of problem gambling in Tower Hamlets at 1.3% - twice the national average - with 3% at moderate risk. This would equate to in the region of 3,000 problematic gamblers with 6,000 at moderate risk. Again, this is likely to be an underestimate, due to the hidden nature of addiction.

Figure 9Figure 9 maps betting shops across Tower Hamlet's wards, with clusters highlighted and LSOAs marked for levels of deprivation. There are 37 betting shops in the borough and across Tower Hamlets there are four distinct clusters, in St. Peters (5), Lansbury (4), Spitalfields and Banglatown (3) and Bethnal Green (3) (see Figure 10). All of which are in the highest quartile for deprivation.

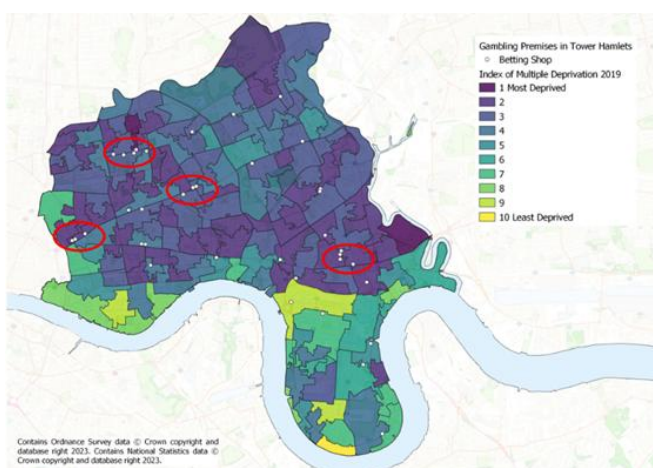


Figure 9: Mapping of Betting Shops in Tower Hamlets Wards, with Clusters Highlighted and LSOAs Marked for Levels of Deprivation

In the years between 01/04/2018 - 22/03/2022, no new betting shop licenses were applied for. Rather, all applications were for a change of use. Of concern is the number of betting shops in 2020 requesting license change to adult gaming centres (AGCs). AGCs are currently missing from the wording of Policy D.TC5. Including them in the policy, will prevent further clusters from forming.

Year	Total no. applications	Applications for Changes per Use Class								Permitted	Rejected
		Adult gaming centres	A1 use	A3 use	E use	Sui generis (excluding AGC)	C3 use	F1 use	Multi-use		
18	2	-	1	1	-	-	-	-	-	2	-
19	1	-	-	-	-	1	-	-	-	1	-
20	7	3	-	-	2	-	1	-	1	4	3
21	2	-	-	-	2	-	-	-	-	1	1
22	2	-	-	-	-	-	1	1	-	2	-

Total:	14	3	1	1	4	1	2	1	1	10	4
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A1 = Shops* A3 = Restaurant & Cafes* E = Commercial, Business & Services* Sui Generis = No class specified*
C3 = Dwellinghouses** F1 = Learning & Non-Residential Institutions*

Sources: *Town & Country Planning England, 2020 **Savills, n.d

The most common conversions in Tower Hamlets were to class E use followed by AGCs. Two proposals for AGCs were rejected, both appealed this decision. One on Roman Road won its appeal on the basis that it would have a neutral effect on the wider community, because the location had previously been used as a betting shop. The recommendations of this paper would have prevented this justification in favour of the appeal.

Concentration of betting shops in deprived areas presents health, social, and economic challenges. The paper recommends adopting a threshold approach to prevent clustering and incorporating AGCs into the policy to protect young adults from problem gambling.

Recommendations

BS1: Prohibit any additional betting shops to open in the following areas, where clustering has been identified: St. Peter's, Spitalfields and Banglatown, Bethnal Green and Lansbury.

BS2: Manage the over-concentration of betting shops by adopting a 400m threshold policy, in which betting shops can not open within 400m of each other.

BS3: Manage the growing numbers of Adult Gaming Centres (AGCs) by including AGCs in the wording of Policy D.TC5.

BS4: Reverse the effects of clustering by restricting the conversion of betting shops into AGCs where the site is within an area of betting shop clustering or 400m from another betting shop or amusement centre.

19. Monitoring and Evaluation

It is important to understand whether the recommendations within this needs assessment have been met in the Current and New Local Plan, as well as other work.

A monitoring framework will be developed ahead of the New Local Plan adoption in 2025 to assess the performance of the recommended policies in this Needs Assessment. This is required to see if they are performing as intended towards delivering the Vision and Objectives.

With the Planning team, it has been agreed to embed the monitoring framework within the Council's Annual Monitoring Report (AMR). Further work is required to agree the monitoring indicators that will be used within the framework to understand the impact of these recommendations.

Recommendations

ME1: Develop and publish monitoring framework for Spatial Planning and Health JSNA 2023

ME2: Embed monitoring framework in New Local Plan

Bibliography

- Council of Europe. (2019). *Air Pollution: a challenge for public health in Europe*. Parliamentary Assembly.
- ActEarly. (2023). *Child Wellbeing and Play: The role of income, love and environment*. London: ActEarly.
- Albert, G., & Mahalel, D. (2006). Congestion tolls and parking fees: a comparison of the potential effect on travel behavior.
- Article 4 Directions. (2023, September 12). Retrieved from Tower Hamlets Website: https://www.towerhamlets.gov.uk/lgnl/planning_and_building_control/planning_policy_guidance/Article_4_Directions.aspx
- Basner, M., Muller, U., & Elmenhorst, E. (2011). Single and combined effects of air, road, and rail traffic noise on sleep and recuperation. *Sleep*, 34(1):11–23.
- Beddow, D. H. (2022, August 15th). *UK Green Building Council*. Retrieved from <https://ukgbc.org/news/how-the-urban-heat-island-effect-makes-cities-vulnerable-to-climate-change/>
- Boyland, E. (2016). Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food or non-alcoholic beverage advertising on intake in children and adults. *The American Journal of Clinical Nutrition*.
- Boyland, E., & Halford, J. (2013). Television advertising and branding. Effects on eating behaviour and food preferences in children. *Appetite*.
- British Heart Foundation. (2023, October 13). *British Heart Foundation*. Retrieved from Why is Air Pollution an issue?: <https://www.bhf.org.uk/what-we-do/policy-and-public-affairs/creating-healthier-environments/air-pollution>
- Brown, J., Hess, D., & Shoup, D. (2023). Fare-free public transit at universities: An evaluation. *Journal of Planning Education and Research*. *Journal of Planning Education and Research*, 23, pp. 69–82.
- Buehler, R., Pucher, J., Gerike, R., & Götschi, T. (2016). Reducing car dependence in the heart of Europe: lessons from Germany, Austria, and Switzerland.
- Cairns, S., Newson, C., & Davis, A. (2010). Understanding successful workplace travel initiatives in the UK. *Transportation Research Part A: Policy and Practice*, 44:473–94.
- CBI Economics. (2020). *Breathing life into the UK economy (2020) Quantifying the economic benefits of cleaner air*. Clean Air Fund.
- Chadderton, C., Elliott, E., Green, L., Lester, J., & Williams, G. (Unknown). *Health Impact Assessment: A practical guide*. Cardiff: WHIASU.
- Christiansen, P., Fearnley, N., Hanssen, J. U., & Skollerud, K. (2017). Household parking facilities: relationship to travel behaviour and car ownership.
- Clifford, B., Canelas, P., Ferm, J., Livingstone, N., Lord, A., & Dunning, R. (2020). *Research into the quality standard of homes delivered through change of use permitted development rights*. London: Ministry of Housing, Communities and Local Government.

- Climate Change Act*. (2008). Retrieved from <https://www.legislation.gov.uk/ukpga/2008/27/contents>
- Cummins, S., Petticrew, M., Higgins, C., Findlay, A., & Sparks, L. (2005). Large-scale food retailing as health intervention. *Journal of Epidemiology and Community Health* 59, 1035-40.
- Davis, & Carpenter. (2009). Proximity of Fast-Food Restaurants to Schools and Adolescent Obesity. *American Journal of Public Health* 99, 505-510.
- Davison, K., & Lawson, C. (2006). Do attributes in the physical environment influence children's physical activity? A review of the literature. *International Journal of Behavioural Nutrition and Physical Activity*.
- Department for Levelling Up, Housing and Communities. (2023). *National Planning Policy Framework*. London: Department for Levelling Up, Housing and Communities.
- Diggle, J., Butler, H., & Ward, R. (2017). *Brick by brick: A review of mental health and housing*. London: Mind.
- Ding, D., & Gebel, K. (2012). Built environment, physical activity, and obesity: What have we learned from reviewing the literature? *Health and Place*, 100-105.
- DLUHC. (2020). *English Housing Survey*. London: DLUHC .
- Eaton, E., Hunt, A., & Black, D. (2023). Developing and testing an environmental economics approach to the valuation and application of urban health externalities. *Frontiers in Public Health*.
- Elizabeth, L., Machado, P., Zinöcker, M., Baker, P., & Lawrence, M. (2020). Ultra-Processed Foods and Health Outcomes: A Narrative Review. *Nutrients*.
- Ethnic inequalities in mortality in England*. (2023, September 06). Retrieved from The King's Fund: <https://www.kingsfund.org.uk/blog/2023/09/ethnic-inequalities-mortality-england>
- Finlay, A. R. (2022). A scoping review of outdoor food marketing: exposure, power and impacts on eating behaviour and health. *BMC Public Health*, 22(1431).
- Fischer, T. B., Chang, M., & Muthoora, T. (2023). Health Impact Assessment in two Planning Projects in England: Reflections on Normative Effectiveness. *Yet to be published*, TBC.
- Garrett, H., Margoles, S., Mackay, M., & Nicol, S. (2023). *The cost of poor housing in England by Tenure*. BRE.
- GLA. (2018). *Mayor confirms ban on junk food advertising on transport network*. Retrieved April 24, 2023, from <https://www.london.gov.uk/press-releases/mayoral/ban-on-junk-food-advertising-on-transport-network-0#:~:text=The%20decision%20follows%20a%20public,under%20Public%20Health%20England%20guidelines>.
- Good Homes Alliance. (2014). *Preventing overheating: Investigating and reporting on the scale of overheating in England, including common causes and an overview of remediation techniques*. Good Homes Alliance.
- Goodwin, B., Browne, M., Rockloff, M., & Rose, J. (2017). A typical problem gambler affects six others. *International Gambling Studies*.

- Grace McKeon, J. C. (2022). Promoting physical activity for mental health: an updated evidence review and practical guide. *Current Opinion in Psychiatry*, 35(4), .
- Greater London Authority. (2012). *Shaping Neighbourhoods: Play and Informal Recreation Supplementary Planning Guidance*.
- Greater London Authority. (2018). *The London Food Strategy*. London: Greater London Authority.
- Greater London Authority. (2022). *Air Quality in Tower Hamlets: A guide for Public Health Professionals* .
- Halperin, D. (2014). Environmental noise and sleep disturbances: A threat to health? *Sleep Science*.
- Hamre, & Buehler. (2014). Commuter mode choice and free car parking, public transportation benefits, showers/lockers, and bike parking at work: evidence from the Washington, DC Region,. *Journal of Public Transport* .
- Healthwatch Tower Hamlets. (2023). *Healthy Neighbourhoods in Tower Hamlets*. London: Healthwatch Tower Hamlets.
- Healthy Streets. (2023). *Healthy Streets Resources*. Retrieved from Healthy Streets: <https://www.healthystreets.com/resources>
- Healthy Streets Scorecard. (2023). *Healthy Streets Scorecard, Tower Hamlets*. Retrieved from Healthy Streets Scorecard: https://www.healthystreetscorecard.london/your_borough/tower-hamlets/
- House of Commons Library. (2021). *Overcrowded housing (England)*.
- Kirschner, F., & Lanzendorf, M. (2019). Parking management for promoting sustainable transport in urban neighbourhoods. A review of existing policies and challenges from a German perspective. .
- Korn , D., & Shaffer, H. J. (1999). Gambling and the Health of the Public: Adopting a Public Health Perspective. *Journal of Gambling Studies*.
- LBTH. (2016). *Gambling in Tower Hamlets*. Retrieved June 17, 2023, from https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Gambling_fact_sheet_2016.pdf
- Le Quéré, C., Jackson, R. B., Jones, W. M., Smith, J. A., Abernethy, S., Andrew, R. M., & De-Gol, A. J. (2020). Temporary reduction in daily global CO2 emissions during the COVID-19 forced confinement. *Nature Climate Change*.
- Lee, A. C., Jordan, H., & Horsley, J. (n.d.). *Value of urban green spaces in promoting healthy living and wellbeing: prospects for planning*.
- Local Government Association. (2022). *Future health challenges: public health projections - childhood obesity*. London: Local Government Association.
- London Borough of Tower Hamlets. (n.d.). [Unpublished Council data].
- London Borough of Tower Hamlets. (2016). *Housing Evidence Base*. London: London Borough of Tower Hamlets.

- London Borough of Tower Hamlets. (2017). *Parks and Open Spaces 2017-2027*. London: London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2018). *Market Position Statement: Mental Health*. London: London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2019). *Tower Hamlets JSNA Spotlight on: Food Poverty*. London : London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2019). *Tower Hamlets Transport Strategy 2019-2041*. London: London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2020). *Borough Profile 2020*. London: London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2020). *High Density Living*. London: London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2020). *Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits*. London.
- London Borough of Tower Hamlets. (2021). *Tower Hamlets Annual Equality Report April 2020-November 2021*. London : London Borough of Tower Hamlets.
- London Borough of Tower Hamlets. (2022). *Air Quality Action Plan 2022-2027* . London.
- London Borough of Tower Hamlets. (2022). *Tower Hamlets Annual Public Health Report*. London.
- London Borough of Tower Hamlets. (2022). *Tower Hamlets Child Healthy Weight Action Plan 2022-2023*.
- London Borough of Tower Hamlets. (2022). *Tower Hamlets Pupil Attitudes Survey*.
- London Borough of Tower Hamlets. (2023). *Healthy Advertising Policy approved by Cabinet*. Retrieved from London Borough of Tower Hamlets:
https://www.towerhamlets.gov.uk/News_events/2023/May/Healthy-Advertising-Policy-approved-by-Cabinet.aspx
- Marmot, M. (2010). *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*.
- Mayor of London. (2023). *Heat, Climate Adaptation, Climate Change*. Retrieved from london.gov.uk:
<https://www.london.gov.uk/programmes-and-strategies/environment-and-climate-change/climate-change/climate-adaptation/heat>
- McGale, L. (2018). *J. See it, want it, buy it, eat it: how food advertising is associated with unhealthy eating behaviours in 7 -11 year old children*. Cancer Research UK.
- McKeon, G., Curtis, J., & Rosenbaum, S. (2022). Promoting physical activity for mental health: an updated evidence review and practical guide. *Current Opinion in Psychiatry*, 270-276.
- Millard-Ball, A., Siegman, P., & Tumlin, J. S. (2004). Solving Stanford's Parking Shortage: New Solutions for an Old Problem.
- Mitchell, R., & Popham, F. (2008). Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*, 1655-1660.

- Monteiro, C. C. (2019). *Ultra-processed foods, diet quality, and health using the NOVA classification system* . Retrieved August 30, 2023, from https://edisciplinas.usp.br/pluginfile.php/4867253/mod_resource/content/1/Ultraprocesado%20foods%20%20health.pdf
- National child measurement programme. (2022). *Office for Health Improvement and Disparities*. Retrieved from www.gov.uk/government/statistics
- New London Architecture. (2023). *London Tall Buildings Survey 2023*. London: New London Architecture.
- NHS. (2021). *Physical activity guidelines for children and young people*. Retrieved from <https://www.nhs.uk/live-well/exercise/exercise-guidelines/physical-activity-guidelines-children-and-young-people/>
- Office for Health Improvement and Disparities. (2022). *Public Health Profiles*. Retrieved from <https://fingertips.phe.org.uk>
- Office for National Statistics. (2021). *Census 2021*. Retrieved from Census 2021: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies>
- OHID. (2023). *The economic and social cost of harms associated with gambling in England*. London: OHID.
- ONS. (2019). *Do summer heatwaves lead to an increase in deaths?* Retrieved from ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/dosummerheatwavesleadtoanincreaseindeaths/2019-10-07>
- ONS. (2022). *Climate-related mortality and hospital admissions, England and Wales*. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/climaterelatedmortalityandhospitaladmissionsenglandandwales/2001to2020>
- Palmer G, G. M. (2021). A deep learning approach to identify unhealthy advertisements in street view images. . *Sci Rep*, 11(1).
- Park, J. (2020). Sedentary Lifestyle: Overview of Updated Evidence of Potential Health Risks. *Korean Journal of Family Medicine*, 41(6), 365-373.
- Passchier-Vermeer, W., & Passchier, W. (2000). Noise exposure and public health. *Environmental Health Perspectives*, 123-131.
- Planning Act*. (2008). Retrieved from <https://www.legislation.gov.uk/ukpga/2008/29/contents>
- Planning and Compulsory Purchase Act*. (2004). Retrieved from <https://www.legislation.gov.uk/ukpga/2004/5/contents>
- Planning and Energy Act*. (2008). Retrieved from <https://www.legislation.gov.uk/ukpga/2008/21/contents>
- Play England. (2009). *Making it Happen: Implementing the Charter for Children's Play*. NCB.
- Public Health England. (2017). *Obesity and the environment: density of fast food outlets*. Public Health England.

- Public Health England. (2017). *Spatial Planning for Health: An evidence resource for planning and designing healthier places*. London: PHE Publications.
- Public Health England. (2018). *Healthy High Streets: Good placemaking in an urban setting*. Public Health England.
- Public Health England. (2018). *Heatwave mortality monitoring report 2020*. Retrieved from [www.gov.uk: https://www.gov.uk/government/publications/phe-heatwave-mortality-monitoring](https://www.gov.uk/government/publications/phe-heatwave-mortality-monitoring)
- Public Health England. (2019). *Mental health and wellbeing: JSNA toolkit*. Public Health England.
- Public Health England. (2020). *Using the planning system to promote healthy weight environments: Guidance and supplementary planning document template for local authority public health and planning teams*. London: PHE Publications.
- Public Health England. (2020). *Improving access to greenspace A new review for 2020*.
- Pye, S., King, K., & Sturman, J. (2006). *Report: Air Quality and Social Deprivation in the UK: an environmental inequalities analysis*. London: DEFRA.
- Quéré, C. L. (2020). *Temporary reduction in daily global CO2 emissions during the COVID-19 forced confinement*. Nature.
- Ronaldson, A. e. (2022). *Associations between air pollution and multimorbidity in UK Biobank: A cross-sectional study*. *Frontiers in Public Health*.
- Royal Society for Public Health. (2019). *Routing out childhood obesity*.
- Shackell, A., Butler, N., Doyle, P., & Ball, D. (2008). *Design for Play: A guide to creating successful play spaces*.
- Smith, D., Cummins, S., Clark, C., & Stansfeld, S. (2013). Does the local food environment around schools affect diet? Longitudinal associations in adolescents attending secondary schools in East London. *BMC Public Health*.
- Southwark Public Health. (2017). *Housing and Health: Housing conditions and the private rented sector*.
- Sport England. (2023). *Active Design: Creating active environments through planning and design*. Sport England.
- Sustain. (2014). *Planning sustainable cities for community food growing*. Sustain.
- Sustain. (2022). *Healthier Food Advertising Toolkit*.
- The Health Foundation. (2021). *Relationship between overcrowding and mental health*. The Health Foundation.
- The health of people from ethnic minority groups in England*. (2021, February 17). Retrieved from The King's Fund: <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>
- Tower Hamlets Council. (2022). *Cabinet paper (Tower Hamlets), 30/11/2022. Reintroduction of four main parent Controlled Parking Zones. Report of Ann Sutcliffe, Corporate Director of Place*. London.

- Town and Country Planning Association. (2021). *20-Minute Neighbourhoods*. Town and Country Planning Association.
- Transport for London. (2017). *Transport Classification of Londoners - Presenting the Segments*. London: Transport for London.
- Transport for London. (2023). *Economic benefits of walking and cycling*. London: Transport for London.
- UK Government. (2019). *Future of Mobility: urban strategy*.
- UK Government. (2019). *Policy Paper. Air quality: explaining air pollution- at a glance*. London.
- UK Government. (2023). *Air Pollution and Inequalities in London*. London.
- UK Green Building Council. (2022, August 9th). *UKGBC*. Retrieved from <https://ukgbc.org/news/3-key-policies-the-uk-isnt-built-for-this-heat-the-next-prime-minister-must-take-this-seriously/>
- Volterra Partners. (2023). *Marsh Wall Cumulative Health Assessment*. London.
- Wardle, H., Keily, R., Astbury, G., & Reith, G. (2014). 'Risky places?': mapping gambling machine density and socio-economic deprivation. *Journal of Gambling Studies*.
- WELL. (2023). *WELL V2 Standard*. Retrieved from Standard | WELL V2 (wellcertified.com)
- Wheeler, B. W., & Ben-Shlomo, Y. (2005). Environmental equity, air quality, socioeconomic status, and respiratory health: a linkage analysis of routine data from the Health Survey for England. *Epidemiol Community Health*, 948-54.
- WHO. (2010). Resolution WHA63.14. *Sixty-third World Health Assembly*. Geneva: WHO.
- Wood, J., Bornat, D., & Biquelet-Lock, A. (2019). *Child Friendly Planning in the UK*.
- Woodhouse, J. &. (2018, January). *Betting shops: Licensing and planning issues (House of Commons Library Briefing Paper, Number 6919)*. Retrieved October 10, 2023, from <https://commonslibrary.parliament.uk/research-briefings/sn06919/>
- World Health Organization. (2019). *Environmental noise guidelines for the European Region*.
- Yasin, Y. J., Grivna, M., & Abu-Zidan, F. M. (2021). Global impact of COVID-19 pandemic on road traffic collisions. *World Journal of Emergency Surgery*.
- Yau A, A. J. (2021). Sociodemographic differences in self-reported exposure to high fat, salt and sugar advertising: A cross-sectional analysis of 2019 UK panel data. *BMJ Open*, 11.
- Yau, A., Berger, N., Law, C., Cornelsen, L., Greener, R., Adams, J., . . . Cummins, S. (2022). Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt and sugar products across the Transport for London network: A controlled interrupted time series analysis. *PLOS Medicine* 19.

Appendix 1: Other local health related Strategies, Initiatives and Guidance

There is a wide range of local health related strategies and guidance relevant to planning for health, these include:

[Spatial Planning and Health Needs Assessment 2016](#)

This JSNA recognised that spatial planning decisions have profound impacts on the health and wellbeing of communities. If these impacts are to be optimised, the scope for delivering positive long-term health and wellbeing outcomes had to be recognised and specific policies adopted to achieve this. The JSNA was designed to address these specific areas that are pertinent to the current Tower Hamlets local plan.

[Air Quality Needs Assessment \(2023\)](#)

This assessment provides a comprehensive evidence review of the harms and impacts of Air Quality with recommendations. The [Air Quality Action Plan \(2022\)](#) sets out action the council is taking to improve air quality in the borough. The action plan is published as part of our duty to London Local Air Quality Management.

[Healthy Weight Programme](#)

In Tower Hamlets, a whole systems approach is applied that enables coordinated long-term action to address factors that cause or contribute to unhealthy weight levels and aims to promote healthy weight levels locally. Our approach emphasises the importance of partnership working to support residents, with work falling under three themes: healthy places, healthy settings and healthy services.

Under Healthy Places, work is taking place at an environmental level to address spatial planning, regeneration, play, advertising and unhealthy fast food. The aim is to design a living environment that is conducive to good health by making the healthier choices easier and more accessible.

The Healthy Weight Action Plan is accessible [here](#).

[Physical activity and sport strategy](#)

This strategy is guided by a set of priorities and outcomes that define the desired achievements. The focus lies on the impact on people's lives and the envisioned future, rather than solely on specific actions to be taken. The vision is to foster healthier and happier lives for local residents in the borough of Tower Hamlets, achieved through increased participation in sports and physical activity. The goal is to ensure that every individual in Tower Hamlets perceives accessible and suitable sport and physical activity opportunities in their local area and receives the necessary support to engage. The aim is for the manifold benefits of sports and physical activity to reach the entire population, whether they participate actively or engage as spectators. The link between physical activity and health and wellbeing is evident, underscoring the importance of reducing inactivity to address health concerns prevalent in the borough, including specific health issues and high rates of childhood obesity. Moreover, recognizing that physical activity naturally fosters connections and social interaction it can effectively address issues such as social isolation, provide positive engagement avenues for young people, and promote greater community integration.

Play Charter

Time, space and opportunities for play, including playing out and outdoors free play, have been declining over decades. Increases in traffic and housing developments, the loss of green and open spaces, changes in culture and attitudes as well as funding cuts and a reduced recognition of the importance of play within central government have compounded this. The loss of the ability to play is having a huge impact on children's health and wellbeing. This charter outlines Tower Hamlets ambition to improve the provision of Play across the Borough.

Climate Emergency

Tower Hamlets was of the first councils in England to declare a climate emergency and is at the forefront of addressing climate change. Tower Hamlets has committed to become a net zero carbon council by 2025 and a net zero carbon borough by 2045 or sooner. Tower Hamlets has developed a Net Zero Carbon Action Plan which sets out goals and commitment to tackling the climate emergency.

Open Spaces Strategy

The Tower Hamlets parks and open spaces strategy aims to ensure that the borough's parks and open spaces reflect the shared vision of the council and its partners: to improve the quality of life for everyone living and working in Tower Hamlets. Parks and open spaces are important elements of all the borough's community plan themes: living safely; living well; creating and sharing prosperity; learning achievement, leisure and excellent public services. The strategy details how the council and its partners plan to achieve and maintain the highest quality parks and open spaces that are safe and accessible to all of the borough's residents and visitors. The strategy also focuses on sustainability. It outlines the council's plan to cater for the future needs of the community and the environment in the design and use of open spaces.

Housing Statements and Strategies

The council's housing services are governed by policies and strategies developed by our strategic housing team. Responsible providers (RPs) housing services are governed by their policies and strategies which are required to deliver the terms of tenancy and lease agreements and meet relevant legislation. RPs are required to take due regard of the borough's Tenancy Strategy and work with the council to support the delivery of overall borough-wide strategies and projects. Collectively a number of policies and strategies have been developed to clarify strategic working arrangements, these include Homelessness and Rough Sleeping Strategy 2018-2023; Tower Hamlets Housing Strategy 2016.

Housing Evidence base November 2016; and the Overcrowding and Under Occupation statement.

Tower Hamlets Asset Strategy: Scoping, Principles and Priorities Paper (2015-2020):

This paper sets out how the Council intends to develop the strategy for determining its ongoing and future property needs and move from the current position to a more fit for purpose streamlined estate efficiently and effectively.

Tower Hamlets multi-agency flood plan (2017):

With over 36695 properties within the borough at risk of flooding (almost 30% of the total number of properties), Tower Hamlets has tens of thousands of residents at risk of losing their homes and businesses. This plan covers a borough-based responses; however, floods will not have regard for political and administrative boundaries. As such this plan must be shared and liaison arrangements

made with agencies from neighbouring resilience fora. An updated plan is in development and will be published as part of the new Local Plan evidence base.

Transport Policies

To deliver on the Tower Hamlets Air Quality Action Plan 2022-2027 the council is attempting to create a cleaner, greener and more attractive borough, where it is safe and easy to travel and where the environment is protected for future generations. To deliver this, the council is committed to achieving an increase in share of journeys made by public transport, cycling and walking and reduction in proportion of journeys made by car. The council has also identified through its Transport Strategy a number of key themes it needs to achieve in order to provide all residents and visitors to the borough with the opportunity to travel around sustainably.

Food Poverty Needs Assessment (2020)

The food environment is a risk factor for food poverty. This Needs Assessment considers the impact food poverty has in Tower Hamlets with a specific focus on the inability to afford, or have access to, food to make up a healthy diet.

Tower Hamlets Health and Wellbeing Board and Strategy

The Tower Hamlets Health and Wellbeing board is a statutory committee of the council. This means senior leaders from the NHS, Tower Hamlets, Healthwatch and the voluntary and community sector can work together to improve the health and wellbeing of people in Tower Hamlets and reduce health inequalities.

The health and wellbeing board aims to improve the health and wellbeing of local people and tackle health inequalities by:

- identifying local health needs and priorities, and making sure commissioning plans reflect the findings of our analysis of local health needs, the Joint Strategic Needs Assessment (JSNA)
- preparing and publishing a joint health and wellbeing strategy based upon the needs identified within Tower Hamlets health and wellbeing profile
- plan the delivery of integrated local services by addressing the underlying factors of health and wellbeing
- encouraging agencies to collaborate
- communicating and engaging with the public and other stakeholders about how to achieve the best possible quality of life

The Tower Hamlets HWB strategy can be accessed [here](#).

Social Prescribing

Social Prescribing is a non-medical intervention to support people's health and wellbeing. Referral routes are typically GPs, other medical professionals and include self-referrals. These interventions are often provided by the Voluntary, Community, Faith and Social Enterprise sector (VCFSE). Green Social Prescribing involves referrals to nature-based interventions and activities that link people to natural environments.

Mental Health

The Centre for Mental Health has developed a briefing for Councils with policy options to adopt to become a 'Mentally Healthier Council', including improvements to the environment such as affordable, quality housing; use of licensing powers to reduce access to alcohol; fostering environments which enable physical activity; and supporting community spaces and events.

Importantly, these interventions must be administered in a way that prevents inequities between groups. There is also national guidance about how to modify public places where someone might choose to die by suicide to interrupt the individual in crisis and enable opportunities for seeking help. Trauma-informed approaches to designing the built environment can also support good wellbeing by fostering safety and trust, sharing power between institutions and communities and addressing cultural, historical and gender issues.

[Integrated Impact assessment](#)

Tower Hamlets conducted an Integrated Impact Assessment (IIA) on the Local Plan that contained a Sustainability Appraisal, Habitats Regulation Assessment, Health Impact Assessment and Equalities Impact Assessment. The IIA is an iterative process that looks at the significant effects of the emerging plan and the reasonable alternatives and culminates in a final report. The IIA looks at the social, economic and environmental effects of the plan's, vision, objectives, policies and site choices and tests them against a series of Local Plan Objectives.

There is no statutory requirement for HIA. Undertaking HIA helps ensure that health and wellbeing are properly considered in planning policies and proposals. The process looks at the positive and negative health and wellbeing impacts of development as well as assessing the indirect implications for the wider community. Within the context of the Local Plan, the aim is to assess the main health and wellbeing impacts of policies and proposals in order to identify any opportunities for the emerging planning policies to maximise the benefits and avoid any potential adverse impacts.

The HIA used the NHS Healthy Urban Development Unit (HUDU) Rapid HIA Assessment Matrix to analyse the impact of the Local Plan. The results suggest that policies will help to secure development that will contribute to a range of positive effects. These relate to factors like housing, transport and mobility, access to healthy food; access to work and training; minimising the use of resources; and climate change. A recommendation arising from the previous HIA, undertaken at the Regulation 18 stage was that the Local Plan could reference designing out crime principles more generally, e.g., Secured by Design (Association of Chief Police officers. Secured by Design, New Homes 2010) and the recommendation has been incorporated in the Regulation 19 Draft Local Plan in Policy D.DH2 'Creating attractive and safe streets and spaces.'

[Statement of Community Involvement \(SCI\)](#)

The Tower Hamlets Statement of Community Involvement sets out how you can get involved in the planning of your local area. This includes preparing the Local Plan and other planning policies, and the process for making decisions on new developments. All local authorities are required to produce a Statement of Community Involvement and to keep it updated. The previous Tower Hamlets Statement of Community Involvement was adopted in July 2012 and updated in September 2017. The 2017 update made minor alterations to bring the Statement in line with changes in legislation related to policy making.

[Infrastructure Delivery Plan: Health and Social Care Infrastructure Chapter \(2023\)](#)

The Health and Social Care Infrastructure Chapter of the Infrastructure Delivery Plan (IDP) (2023) details the provision of and need for public, primary, community and secondary health care facilities. Considerable work is also underway to better understand the social care infrastructure requirements across Tower Hamlets, early thinking is embedded within this chapter, with more detailed plans due to be available by Summer 2023 and will be reflected in later iterations of the IDP.

Healthcare planning is essential for all healthcare services and capital infrastructure assets. Key factors include the efficient integration of the primary care, acute hospital, health and well-being and

mental health and social care sectors. It is increasingly recognised that patients have to access more than one of these services over their lifetime. While integrated healthcare planning and infrastructure/asset planning across these complex and multi-faceted categories is often challenging, it has the potential to be hugely beneficial to patients when they access healthcare, especially when facing complex needs.

The NHS operates the publicly funded health facilities in the borough, and the Council works collaboratively with NHS Northeast London Integrated Care Board as joint partner of the Northeast London Health & Care Partnership (NELHCP) to deliver new or expanded health facilities.

Health and social care infrastructure is improved through capital investment, which is a key part of meeting current and future patient needs, supporting our NHS and other service delivery colleagues to do their jobs effectively, in well-designed and safe settings.

Investment in well-designed buildings can also improve productivity and reduce costs across the wider healthcare estate, for example, reducing running and maintenance costs, reducing walking times for staff and creating cleaner, greener buildings for the future.

By virtue of their complexity and need for future flexibility, capital investments in healthcare provision tend to involve the planning system and delivery over multiple years, and as such, the quality of capital plans and delivery projects is higher when they have certainty of timescales and budgets over a multi-year period. The Council recognises this and are committed to facilitating this multi-year investment approach to support growth in the borough, whilst maintaining the ability to provide rapid support and delivery expertise for capital investment in response to unforeseen issues arising from the COVID19 pandemic or any resulting fiscal policy in light of wider economic considerations.

The Health and Social Care Infrastructure Chapter of the IDP (2023) therefore focuses on the long-term physical assets, sites and capital required to support the delivery of healthcare in the borough, including secondary and primary care (GP's, pharmacies, dentists and optometry services etc.).

Ultimately, all planning comes down to identifying the needs of the target population and then determining the best means for meeting those needs – population health management. However, within the health sector there is uniqueness about the planning process that does not tend to occur with other forms of infrastructure. This includes:

- The demographic challenge: an ageing population and increasing numbers of people with long-term conditions including serious disabilities, increasing demand on the NHS to prevent, cure and manage diseases, alleviate suffering and extend life expectancy, creating additional costs.
- Complex relationships: the healthcare industry is also made of many separate entities, not always operating in a coordinated manner and sometimes at cross-purposes and characterised by a variety of different customers.
- Rising expectations: the public wanting more from their public services, to match the choice, customer service and personalisation they get elsewhere, and wanting services to be more local and convenient.
- Fluctuations in demand and the fact that health service providers are often dealing with significant challenging forces e.g. pandemics
- Financial characteristics: different from other infrastructure types whereby the end-user may not make the consumption decision or pay for the service provided. Much of the healthcare estate in the borough is also privately owned.

- Diversity of functions: different entities perform different functions, e.g., a hospital, performs multiple functions simultaneously. The functions can range from, providing for the healthcare needs of a population to providing a community healthcare provision.

Research and Evaluation

The history of health determinants in Tower Hamlets over centuries has been one of poorer health due to poverty, poorer housing, poorer environments, and poorer diets amongst other factors. This history has led to profound health inequalities within the borough and between the borough and elsewhere in the UK.

The built and natural environment has an important role in influencing these wider determinants of health, with planning policies directly or indirectly contributing to protecting and improving people's health and helping tackle those health inequalities.

It is crucial that decisions made are grounded in the best available evidence, ensuring confidence in delivering appropriate and cost-effective responses to address the material and health requirements of residents. This includes incorporating rigorous evaluation methods to ensure the achievement of intended outcomes.

Tower Hamlets council is committed to developing and delivering research partnerships with academics and our communities to collectively generate the necessary research evidence for informing policy and delivery decisions.