

Proposed Submission Core Strategy for the Royal Borough of Kensington and Chelsea with a focus on North Kensington

Development Plan Document

Local Development Framework

Publication Stage Representation Form

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Responses must be received no later than midday Thursday 10 December 2009

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Do you consider the core strategy to be legally compliant?

Yes

No

Do you consider the core strategy to be Sound?

Please tick the appropriate box

If you have selected YES and you wish to support the legal compliance or soundness of the core strategy, please be as precise as possible when setting out your comments below

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Please attach additional pages as required

If you have selected NO do you consider the core strategy to be unsound because it is not.

Justified

Effective

Consistent with national policy

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Chapter 44 Relationship to the Community Strategy (pages 429-432)

The Proposed Submission Core Strategy does not reflect the concept of spatial planning (PPS1, para 30) in that it doesn't bring together and fully integrate Kensington and Chelsea PCT's strategic priorities to promote and improve health and wellbeing and give spatial interpretation to the aims of the Community Strategy 2008-2018 to improve and protect the overall health of the local population and reduce inequalities and to support children and young people to stay safe and be healthy. Chapter 44 states that these community strategy aims are not spatial issues.

As a result neither the vision or the strategic objectives refer to health or health inequalities and do not recognise that two components of the strategy: regeneration and residential quality of life have strong health implications and impacts.

We suggest that the core strategy should attempt to give spatial interpretation to the health aims of the community strategy.

Please attach additional pages as required

Continued...

Therefore, we suggest that the following health aims and health issues of the community strategy should be addressed in the core strategy.

Aim 1: To improve and protect the overall health of the local population and reduce inequalities in health by

- i. reducing the number of premature deaths caused by the main killers – cancer, heart disease and stroke
- ii. addressing our public health priorities: smoking, physical activity, nutrition, mental health and the wider determinants of health

Aim 5: To support children and young people to stay safe and be healthy by:

- i. halting the year on year rise in childhood obesity
- ii. improving food, nutrition and oral health in deprived communities
- v. encouraging and supporting children to have healthy lifestyles

It is recognised that spatial planning cannot address all the health conditions and their determinants, but we consider that the benefits to physical and mental health and wellbeing arising from the following determinants should be explicitly recognised.

- Access to good quality open space and biodiversity
- Opportunities for sport and recreation
- Improving housing standards and design
- Opportunities for active travel – walking and cycling
- Opportunities to access healthy food
- Local job, training and education opportunities
- Encouraging community safety
- Managing the health impact of development on noise, air quality and vibration.

We suggest that a cross-cutting approach is taken to ensure that benefits to health and wellbeing are explicitly mentioned in the vision, objectives, policies and supporting text where appropriate.

CV1 Vision for the Royal Borough: Building on Success

North Kensington contains some of the most deprived wards in London and as such is designated in the London Plan as an Area for Regeneration. London Plan Policy 2A.7 requires an integrated approach to deprivation in these areas, which includes proposals for health improvement. The regeneration in north Kensington element of the vision should acknowledge the need for an integrated approach whereby policy interventions to secure better transport, better housing and better social infrastructure will together have a positive influence on deprivation and health.

The ‘improving our residential quality of life’ element of the vision doesn’t mention the impact of new development, or health explicitly, but mentions design quality, environmental performance, flood risk, biodiversity, air quality and noise. These issues will have health impacts and it is suggested that the text refers to mitigating the impact of development, particularly on health, the environment and residents’ amenity.

3.3 Strategic Objectives

The 'residential quality of life' element of the vision relates to objectives CO2- CO7, but use of the phrases 'quality of life' or 'wellbeing' is not defined and we would suggest that reference to health is incorporated.

CO 2 Strategic Objective for Fostering Vitality

Our strategic objective to foster vitality is that the quality of life of our predominantly residential Borough is enhanced by a wide variety of cultural, creative and commercial uses which can significantly contribute to the health and well being of residents and to the capital's role as a world city.

CO 3: Strategic Objective for Better Travel Choices

Our strategic objective for better travel choices is that walking, cycling and public transport are safe, healthy, easy and attractive, and preferred by our residents to private car ownership and use.

3.3.12 – Last sentence. This is a strategic matter for the Royal Borough, being central to our success as an attractive, healthy and safe place to live, work and visit.

CO 5: Strategic Objective for Renewing the Legacy

Our strategic objective to renew the legacy is not simply to ensure no diminution in the excellence we have inherited, but to pass to the next generation a Borough that is better than today, of the highest design quality which promotes healthy, sustainable and inclusive communities for all, by taking great care to maintain, conserve and enhance the glorious built heritage we have inherited and to ensure that where new development takes place it enhances the Borough.

Para 3.3.14 should mention the importance of housing design quality and refer to positive impact that design can have on physical and mental health.

CO 7: Strategic Objective for Respecting Environmental Limits

Our strategic objective to respect environmental limits is to contribute to the mitigation of, and adaption to, climate change and to the health and wellbeing of residents by significantly reduce carbon dioxide emissions, maintain low and further reduce car use, carefully manage flood risk and waste, protect and attract biodiversity, improve air quality, and reduce and control noise within the Borough.

Chapter 29: Policies and Actions

We suggest that this chapter refers to the requirement for environmental impact assessment of large developments to shape development proposals and to mitigate against their negative impact. Furthermore, we suggest that the chapter refers to the health impact assessment of large developments as required by Policy 3A.23 of the London Plan.

29.2 Infrastructure and Planning Obligations (s106)

Policy C1 is supported, but we suggest that it refers to the list of measures in para 29.2.4.

Also, we suggest that the words "through them" in the first sentence of the paragraph 38.2.3 be deleted as we suggest that the Planning and Borough Development Directorate develop a direct relationship with the PCT on s106 matters.

Chapter 31: Fostering Vitality

Diversity within Town Centres

Policy CF3 (ii) is supported, but the supporting text should recognise the potential health benefits of limiting the proliferation of hot food takeaways.

Para 16.1.4 refers to the proliferation of poor-quality fast food outlets in Notting Hill Gate and para 16.3.3 states that the Council will discourage applications for new hot-food takeaways. We suggest that the paragraph refers to health benefits of reducing an over concentration of fast food outlets, which could be supported by wider healthy eating initiatives.

Street Markets

The supporting text to Policy CF4 should recognise the importance of providing access to fresh food and the role of street markets (and farmers markets) in doing this.

Chapter 32 Better Travel Choices

We suggest that Policy CT 1 recognises the health and environmental benefits of active travel and measures to management traffic and improve road safety.

Chapter 33: An Engaging Public Realm

33.2 What this means for the Borough

Para 33.2.2 refers to open spaces supporting physical activities and we suggest that the paragraph also refers to specific health benefits of physical activity.

Para 33.2.3 refers to lowering traffic speeds and improving pedestrian safety and should also refer to the potential to reduce road and traffic injuries.

Street Network

Para 33.3.6 refers to designing out crime and making design more inclusive. We suggest that this should be cross-referenced to Policy CL2 criterion a vii.

Policy CR1 is supported. However, there is no reference to the map of street connectivity (on page 190) and the need to focus on those areas where connectivity is poor.

Streetscape

We strongly support the Policy CR4 on streetscape and the positive steps that the Council have taken to improve the streetscape, the pedestrian environment, movement and safety in the borough.

Parks, Gardens, Open Spaces and Waterways

Policy CR5 is supported, but the supporting text doesn't match with the policy. Paragraph 33.3.25 doesn't consider new public open space to be a strategic issue, but the policy requires all major development in areas of deficiency to provide new open space. The policy (criterion e) refers to

provision of child playspace, but there is no reference in the importance of providing opportunities for child play and the health benefits, ie childhood obesity.

Criterion h refers to promoting the use of the Thames and the Grand Union Canal for health and well-being, but this is not explained in the text.

Para 33.3.24 suggests public open space deficiency in the south of the borough. Para 10.1.7 refers to Earl's Court lacking public open space and proposals to improve provision (para 10.3.16). This needs to be clarified.

Chapter 34: Renewing the Legacy Architectural Design

Para 34.3.13 refers to good design and the aspects of functionality and robustness and in para 34.3.15 the relationship with sustainability. The functionality and robustness of design is closely related to physical and mental health which should be recognised.

We suggest that Policy CL 2 should refer to health and wellbeing in the context of function (how the building is used) and robustness (its ability to influence and adapt to (healthy) lifestyles and changing demography, ie children and older people).

Amenity

Para 34.3.42 refers to the relationship between amenity and quality of life. Amenity should be defined as it closely related to health and wellbeing.

Policy CL5 seeks to control levels of daylight and sunlight, privacy and noise and air quality. These factors have an impact on health and should be recognised. (see also Policies CE 5 and CE6)

Chapter 35: Diversity of Housing Housing Diversity

Para 35.3.28 refers to relationship between the provision of amenity space and outdoor environments and health benefits.

Policy CH2 refers to floorspace standards (criterion bii). Is there a particular need for larger family sized affordable housing? The community strategy refers to 'negotiating larger internal space standards on new affordable housing schemes delivered through planning agreements'.

Criterion h. requires housing schemes to include outdoor amenity space. This could attempt to link to areas of open space and play space deficiencies, particularly in the south of the borough (see Para 33.3.24).

Chapter 36: Respecting Environmental Limits Climate Change

Para 36.3.13 refers to local food production, but should also refer to the health benefits of access to fresh food.

We suggest that the supporting text to Policy CE 1 refers to the health and wellbeing element of the Code for Sustainable Homes, which links strongly to amenity issues.

Air Quality

Para 36.3.35 refers to the locations along the main vehicle routes which suffer from the worst air quality. We suggest that there is a reference to ill health caused by poor air quality.

Noise and Vibration

Policy CE6 refers to the impact on noise and vibration on amenity. Again amenity needs to be defined and linked to health and wellbeing (see Policy CL5). Reference should be made to noise transference between dwellings and the need for sound insulation and standards for vertical or horizontal positioning of noisy rooms or corridors (perhaps in Policy CH2).

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Chapter 2 Issues and Patterns: Our Spatial Portrait

We consider that the chapter does not fully identify the key health conditions and issues facing the royal borough and the spatial distribution of these conditions which manifests itself in significant health inequalities. Although the Joint Strategic Needs Assessment is referred to in the Evidence Base (Chapter 43), para 2.2.11 contains only a limited amount of information and analysis. It points to significant health inequalities, but provides no further details on specific health conditions and causes.

Map 4.1 is helpful, but we suggest that a map of the health deprivation and disability domain from the Index of Deprivation 2007 (Map 9.5 from 'A Picture of our Community') is included. This could be mapped against the broad locations for significant new housing shown on the Quantum of Development map on page 44. This is likely to show a strong spatial relationship between the deprived areas and the housing growth locations of North Kensington and Earl's Court.

Please attach additional pages as required

Continued...

Para 2.1.12 refers to 85% of the borough being within 10 minutes walk of a GP. It should recognise that there are inequalities in access to healthcare and some areas of the borough may be 'under-doctored' such as Earl's Court.

The section includes information on possible determinants or influences on health. Para 2.2.21 refers to walking and cycling 'above the national average'. This statement needs to be clarified. Para 2.2.40 and the map of open space accessibility suggests that there are areas lacking in open space and play space, but these areas are not identified. Map 1.4 and para 2.2.41 highlight air quality as a problem, particularly 'canyons' of poor air quality along transport routes. There may be strong correlation between high levels of respiratory disease in these areas.

Para 2.3.3 refers to differences between the north and the rest of borough in terms of deprivation and health inequalities as a 'broad spatial pattern'. However, this is not translated into a strategic issue for the core strategy and although para 2.3.19 refers to North Kensington having a 'unique set of issues that require an integrated approach to its regeneration' these issues are not mentioned or explored further. Furthermore, there is no objective which mentions regeneration in north Kensington.

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38.6 Monitoring Strategic Objectives Policies

It is unclear how the objectives will deliver the components of the vision (regeneration, reputation and residential quality of life outcomes of the plan) and how the policies meet the objectives. The monitoring section (38.6 Monitoring Strategic Objectives Policies) should include the strategic objectives to identify the relationship between the objectives and the policies and help ensure that the objectives can be achieved and monitored.

It is unclear how the objectives will be measured as in many cases there is no baseline information or timescales given and many of the targets are not measurable or realistic and use the words 'to minimise', 'to increase' and 'to reduce'. We would strongly encourage the use of health indicators or targets, which could come from the Local Area Agreement (LAA). The LAA seeks to deliver improvements to public health through measures to reduce child obesity, increase participation in sport, improve food and nutrition and has a strong emphasis on tackling health inequalities, poverty and poor quality environments in the north of the borough.

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Chapter 30: Keeping Life Local
Chapter 37: Infrastructure

We recognise the requirement for sound infrastructure delivery planning in the core strategy and would like to highlight the gaps at this stage relating to the cost and timing of health infrastructure. In particular, the issue of timescales is of concern as this affects the ability of health infrastructure to respond to the scale and timing of housing growth. Specifically the vision does not refer to the general aspiration that all infrastructure, including health will be delivered to support the scale and timing of housing growth in North Kensington and Earl's Court.

It is recognised that not all costs and timescales are known at this stage and we welcome the commitment in paras 37.2.1 and 37.2.5 to keep the Infrastructure Delivery Plan and associated Infrastructure Schedule under review and work with partners, such as the PCT, to update it as costs and timescales become known.

Please attach additional pages as required

Continued....

Chapter 30: Keeping Life Local Social and Community Uses

We consider that para 30.2.1 should also recognise that the role of spatial planning is also to ensure that necessary infrastructure is provided to support the scale, location and timing of development planned for an area.

We suggest that Policy CK1 should refer to the proactive approach taken in the core strategy to identifying future health and social infrastructure requirements as demonstrated in the infrastructure schedule.

The reactive and protective stance of Policy CK1 may hinder the PCT's ability to relocate or upgrade GP premises, particularly GP practices operating from unsuitable accommodation, for instance single-handed GP practices located in former housing which does not meet DDA requirements.

Aside from referring to a new academy for the communities of North Kensington in criterion a, Policy CK1 doesn't refer to strategic social infrastructure requirements. Consideration could be given to reference to other corporate and partner actions in section 30.4, including the PCT's 'polysystem' model of care and the intention to develop a polysystem for the south of the borough commencing with the commissioning of an Urgent Care Centre at Chelsea and Westminster Foundation Trust and a polyclinic at a site in Earls Court. Also, Policy CK1 could refer to an aim of the community strategy (Aim4 viii.) to examine how sport provision in the south of the borough can be improved.

37.2 Infrastructure Schedule

We suggest that the infrastructure table (i) by area is cross-referenced to the area chapters and policies and the accommodation specification, cost and timescales for health infrastructure are clarified with the PCT as follows:

Kensal Gasworks - Additional GP premises required (after 2017?, no size specification or cost)

Wornington Green - New health premises possibly required (after 2015?, no size specification or cost)

Edenham Site - Location of health facility – possible alternative to Wornington Green (no timeframe, size or cost)

Latimer Area - Para 9.43 refers to 'co-ordination of health premises to better align service provision' – the opportunities are unclear.

Earl's Court area – Community facilities to be secured in redevelopment and possible expansion of Abingdon health Centre (no timeframe, specific requirements or costs)

Westway – opportunity for primary care facilities on the Maxilla School Site – no details of co-location opportunities or costs

South Kensington - Expansion of services required (by 2012, but not specified or costed)

King's Road - Increased medical provision within Hans Town and Stanley wards (2009 onwards, possibility of a hub and urgent care centre in this location?)

Notting Hill Gate – desire to secure premises or facility – Newcombe House?