

Development Management,  
Camden Town Hall Judd Street, London WC1H 9JE

Central Somers Town Regeneration Planning

Application 2015/2704/9

Dear Sir/Madam,

I regret I was not able to include my enclosures in the above submission on the 31<sup>st</sup> January 2016.

However, these are now enclosed with this letter.

- 1 Health before Illness.
- 2 Wellcome Trust Positively healthy The Pioneer Centre then, and now.
- 3 Suggested model of Pioneer Health Centre Somers Town
- 4 Physical Activity for Patients: An Exercise Prescription Royal College of Physicians

Yours sincerely,



Alan Spence

29 Russell Chambers Bury Place London Wc1a 2Jx



10<sup>th</sup> February 2016

Development Management, Camden Town Hall, Judd Street, London WC1H 9JE.

Central Somers Town Regeneration Planning Application 2015/2704/P

I, Alan Spence, 29 Russell Chambers, Bury Place, London, WC1a 2JX. [REDACTED]  
[REDACTED] 31/1/2016. ask the above Planning Application be refused .

The site of the application is a Neighbourhood and for it to have built a 240ft Tower on the edge of one of its gardens, is a desecration of being a settlement for living, working, enjoying repose and relaxation from domestic and living chores.

Higher by some 4x the size of buildings within its Neighbourhood, and 3x the height of trees diminishes the quality of life of this village and produce a vista alien to what exists to become a permanent critique of what has been lost of their residential sized community.

Further, whilst proposing an 80m residential Tower for Somers Town. LB Camden is contesting a Planning Inquiry –planning application-2014/1617/P, for a same sized residential Tower into a Neighbourhood at Swiss Cottage. To which, when LB Camden refused planning permission, the applicant took to an Appeal- Aug/Sept-which awaits the Inspector or Secretary Of State's decision.

No mention of the above is in the Report to Cabinet of 16<sup>th</sup> December 2015, or is there any explanation to Somers Town or Swiss Cottage communities of apparent double standards used by LB Camden between these two Neighbourhoods.

This act of LB Camden warrants refusal of permission for 2015/2704/P.

Ref.8.6 Submission to Cabinet says "the draft Somers Town Neighbourhood Plan does not currently have any weight in planning decisions". The ruling given by Mr Justice Wolf (1981) on the 'locus standi' of community groups-see Rebuilding Amid Change-Battle for Covent Garden, casts doubt on this, and should be looked into.

The Submission to Cabinet is lacking in the crucial importance of Health. Since the National Planning Policy Framework-March 2012 8.69 this policy has become a core part of the planning process-since strengthened by Five Year Forward and Better health for London in 2014.

Members of Camden Branch Co-operative Party developed within the context of the above a Health before Illness project which aimed to put prevention of illness- as principle in maintaining the health of people.

We submitted a copy to the Leader of the Council, the Cabinet member of Health and Wellbeing Board, and the three councillors for Somers Town. Originally, we had some response which lately, following what seems to be shortsightedness on the part of planning officials, this interest has declined.

However, the most recent initiative 'London deal paves way to transform health care across the capital' 15<sup>th</sup> Dec.2015- has listed a project for running a estates pilot, whatever that means, in either Barnet, Camden or other North Central London borough-hence if Camden Planning make good their deficiency and the borough can produce a winnable project, LB Camden may become a Pilot Borough.

Encl,



### Health before illness

The present NHS emerged out of a society in which only ill people sought a doctor. This way of working, seeing people as sick persons, entered the NHS at its foundation in 1948 and is the mode of approach which still dominates today's medical culture and practice.

The treatment of illness presently costs the UK £108.9 billion, or 9.6% of GDP. If we are to maintain improvement in health and a steady increase in life expectancy of our growing population, achieved, as we must note, as a consequence of having formed in 1948 a NHS with a remit to serve all of the population with costs paid for from general taxation. However, as people accumulate illnesses with ageing, and with growth of the aforementioned numbers of aged people, the funding of the NHS will rise to an estimated 12.6% of GDP by 2020 and require an extra £30bn of funding.

To deal with this budgetary problem, it is suggested we begin to move the NHS from its almost total concern with sickness, to one with health as an equal partner: for if people are healthier it follows they require less 'illness' treatment and cost- besides contributing more to a GDP and being fitter persons.

To bring into use a change which deals with overconcentration on 'illness', we have to introduce 'Health' as a new speciality within the NHS.

Presently, a GP is the primary first visit of a patient with a problem for a practice to examine, probably also from a family in a neighbourhood practice. Examining GP's bring into action a memory bank of histories culled from experiences gained from attending to this individual /family and the many thousands of patients examined over the years. Hence, it is ILLNESS which predominates in thought and consequent action from the GP. More than likely a particular illness drove a patient to the GP in the first place but and, however, a GP will by induction examine that 'part' of the person which is the source of complaint. From this process of particularity rather than as a whole person, the GP prescribes the treatment to cure the complaint. If doubt remains, the patient is referred to hospital for its specialists to decide on further treatment, or not-given the paucity of diagnostic facilities carried by present-day GP's.

Because there is no regular examination of all patients on a GP's panel. A patient only too often attends the GP when in distress which, therefore, often requires a hospital consultation where it is found the problem is too late for remedial action to be successful-though hard work at very high costs is attempted to put right what could have been successful if done earlier. The patient's usual excuse is on the grounds of not wanting to either worry the family, or bother a busy doctor.

If however the NHS can put in place a solution to 'late' arrivals for hospital treatment by having a primary system preceding the present GP's, then the case load of hospitals would be reduced and freed up for earlier treatment of waiting list cases.

A Health Practitioner (HP) system is suggested which could be introduced as a pre-examination factor in a patient's treatment process, and which is prior to that of visiting a GP-as is presently the case.

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The HP's approach is to have families (where possible) as members of a practice, and via regular check-ups and discourse with the individual and family-either in joint-session or individual meetings, encourage the family to help each other to remain healthy. Thus, a HP sees people as 'healthy', as a whole person, who deduces by alert observation and discourse with patient and family, any deviation from wellness which warrant referral to a GP.

And, whereas an enhanced GP surgery is a diagnostic and treatment centre for an illness, a HP practice is a Family Wellness centre for health maintenance.

In the above pattern of having a HP service and a GP service and placing the HP as primary with the GP as secondary. A Health before Illness service is introduced into the NHS which will reduce budgetary costs: provide healthier people; of greater service to their community- also to the economy of England.

THE Peckham Pioneer Health Centre.

New as the above may seem, it is not so to those concerned with preventative medicine and have kept themselves informed of the above Centre and its success in reducing visits to GP's and population health-betterment during the years from 1935-39 when its full programme could be introduced along with its designed and purpose built Centre- opened in 1935,after several years piloting the project and campaigning for its introduction in the Peckham neighbourhood of South/East London. See description of Peckham by Lesley Hall, Senior Assistant Archivist in the Wellcome Trust Library. Appx. A

St Pancras & Somers Town Ward.

Prof. Anthony Kessel headed a research team for Camden's Primary Care Trust which identified St Pancras & Somers Town as "the most deprived ward in Camden and one of the most deprived in London-35% higher than national average" CNJ 3/1/2008. Such a damning report should have brought into being a special unit from amongst the gathering of London University, University College Hospital, Medical Research Council and Wellcome Trust, all with substantial presence within ten-minutes walking distance from Somers Town & St Pancras. Not so. Not a whimper let alone a roar at having this '35%' problem on its door-step. Hence, we may legitimately put this deficiency into our project as a must do test-context for verifying Swiss Cottage and its value in reducing this serious problem in health-and perhaps as a template for similar problems elsewhere in the UK.

Favourable to this aim is Camden Council's immanent intention to rebuild the Edith Neville Primary School & Children's Centre-Somers Town.

As part of this a Wellcome/Pimlico Family Health Centre could be built on this site as an element of its renewal. Providing a meaningful-if not to say crucial, extra dimension to this proposed project.  
Appx.E

Forethought or fortuitously as it may be, Camden, London has the opportunity before it to help bring into being a new arm of the NHS which will prove as beneficial as any other taken in the aim to provide 'Freedom from Fear' in health matters as propounded by its founder, Aneurin Bevan.

I hope we can take it as I believe he would have done had matters been more favourable to his overall mission than an aftermath to a nation suffering all the difficulties of an emergence from WW11.

Alan Spence Chairman, Camden-London Branch. The Co-operative Party. 15/7/2013

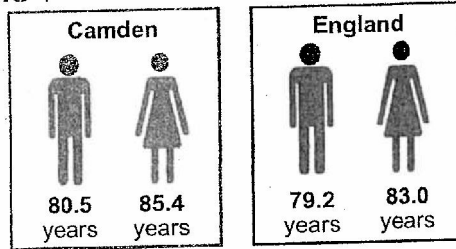
**HEALTH & WELLBEING**  
**St Pancras and Somers Town** November 2013

**Life expectancy**

**Longer lives and preventable deaths**

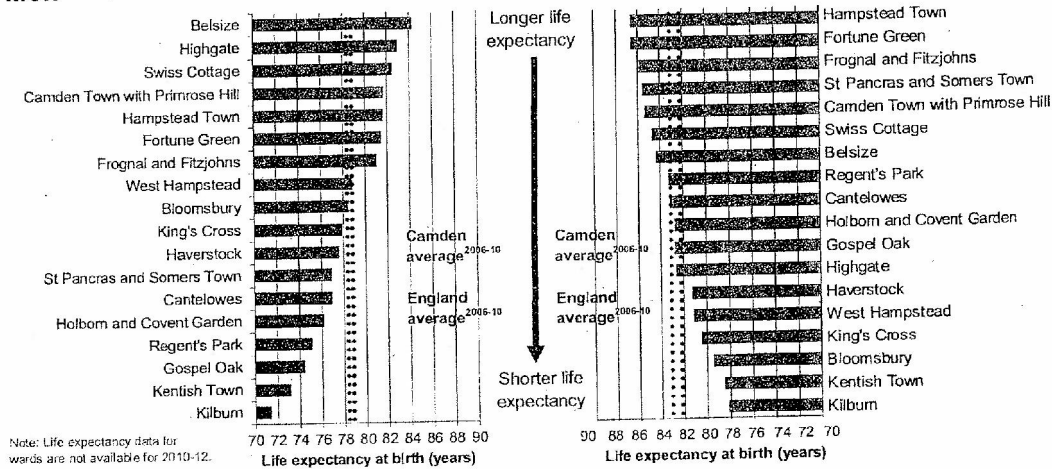
Life expectancy has been increasing in Camden and Camden women now live longer lives compared to the England average. Men in Camden have similar life expectancies compared to men across England<sup>2010-12</sup>.

Despite these improvements, there are marked inequalities in life expectancy: the most deprived in Camden will live for 11.6 (men) and 6.2 (women) fewer years than the least deprived in Camden<sup>2006-10</sup>.



**Men**<sup>2006-10</sup>

**Women**



Note: Life expectancy data for wards are not available for 2010-12.

About **60** St Pancras and Somers Town residents die each year<sup>2009-11</sup>  
**49%** of these are aged **under 75** years.

**Cancer** is the main cause of death in St Pancras and Somers Town<sup>2005-10</sup>.

Since 2002-06, life expectancy has **increased by 6 years** for men and **by 5 years** for women in St Pancras and Somers Town.

Ways in which deaths can be prevented include reducing levels of smoking, obesity, alcohol intake and increasing levels of physical activity and healthy eating. Residents should be encouraged to go for cancer screening, to have the winter 'flu vaccination, and to go for an NHS Health Check to assess their risk of getting heart disease. In the longer term, deaths can be prevented by reducing poverty across the borough.

This ward profile has been produced by Camden and Islington public health intelligence team. Please visit [www.camdendata.info](http://www.camdendata.info) for the census 2011 ward profiles for demographic information. For more information contact [publichealth.intelligence@islington.gov.uk](mailto:publichealth.intelligence@islington.gov.uk) or call 020 7527 2832.

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**welcome**trust



## Positively healthy

### The Pioneer Health Centre, then and now

**In the interwar years, Peckham's Pioneer Health Centre provided a fascinating experiment in public health. Lesley Hall, Senior Assistant Archivist in the Wellcome Library explains.**

There is a longstanding belief, dating back many centuries, that it is possible to achieve a state of positive health (rather than merely avoiding disease). This has usually been considered in terms of what individuals could do to improve their well-being through lifestyle choices, distinct from the public health approach that focuses on preventing sickness through the provision of clean water, vaccination programmes, discouraging risky habits and so on. The Pioneer Health Centre, however, placed the family unit and participation in a community, rather than the solitary individual, as central to a healthy life.

In 1924 Drs George Scott Williamson and Innes Hope Pearse were approached by a group of wealthy and socially concerned young people about establishing a birth control clinic. Williamson and Pearse convinced them that a centre embodying broader health provision for the whole family and advancing a research agenda would be even more useful. A 'pilot project' opened in 1926 in an ordinary house in the London suburb of Peckham to put into practice their existing ideas and to identify the factors that would actively generate health.

The Pioneer Health Centre combined periodic health overhauls and medical advice for all members of the families that joined, with a community centre for social activities. The latter were organised by the members themselves, and all age groups mingled. One early and shocking discovery from the overhauls was how few of the Centre members had nothing wrong with them and how pervasive ill-health was in this relatively comfortable south London suburb without extremes of either poverty or wealth.

By 1929 the Centre had outgrown its home (despite an overflow hut being built in the garden) and the project was temporarily suspended while money was raised to build a purpose-designed Pioneer Health Centre with improved

facilities, including a swimming pool and a well-equipped gymnasium, plus expanded facilities for family health overhauls. In 1935 the new building, designed by the architect Sir Owen Williams, was opened. It was constructed so that seeing between and moving from one area to another would be easy, and to encourage informal contact, thus facilitating spontaneous development of social interaction and activities in an organic community setting as a major contribution to wellbeing. All parts of the building were in use - including the flat roof, where exercise classes took place.

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FIRST  
READING

Important observations of child development were made, using specially designed nursery equipment. A Home Farm was established at Oakley Farm, Bromley Common, Kent, to supply organic produce and fresh milk to Centre members at cost price, following revelations of the poor state of nutrition prevalent in the community.

The Centre had to close with the outbreak of war - its vast expanses of glass became a liability in the Blitz - and was eventually requisitioned for use as a bomber-part factory. However, a number of mothers and children were evacuated to the Home Farm, until this was commandeered by the RAF. In 1945 a remarkable and persistent campaign by member families led to the release of the building by the Government. Although it was in a very messy condition, a major clean-up effort resulted in a re-opening party in March 1946.

The Centre continued for several years, but was eventually forced to close in 1950. Funding had always been a problem, since membership never achieved the levels necessary for the Centre to be completely self-financing, while because of the upheavals of the War and its aftermath the local population was much less stable. The Centre's practices and philosophy would not fit into the newly formed National Health Service. The project became the Pioneer Health Centre Ltd, which aimed to promote the lessons learned from Peckham, and set up new centres on similar lines.

The Centre, and the numerous books and articles about it, continued to be an inspiration and to influence those who wanted to inculcate a positive state of wellbeing rather than simply providing for the treatment or prevention of illness. While several projects failed for diverse reasons, recently the Government has set up a Healthy Living Centres initiative with generous Lottery funding. These not only draw on the example of the Peckham Experiment, the Pioneer Health Centre Ltd is actively involved in the project.

The archives of the Pioneer Health Centre are available to view (by appointment) in the Wellcome Library.

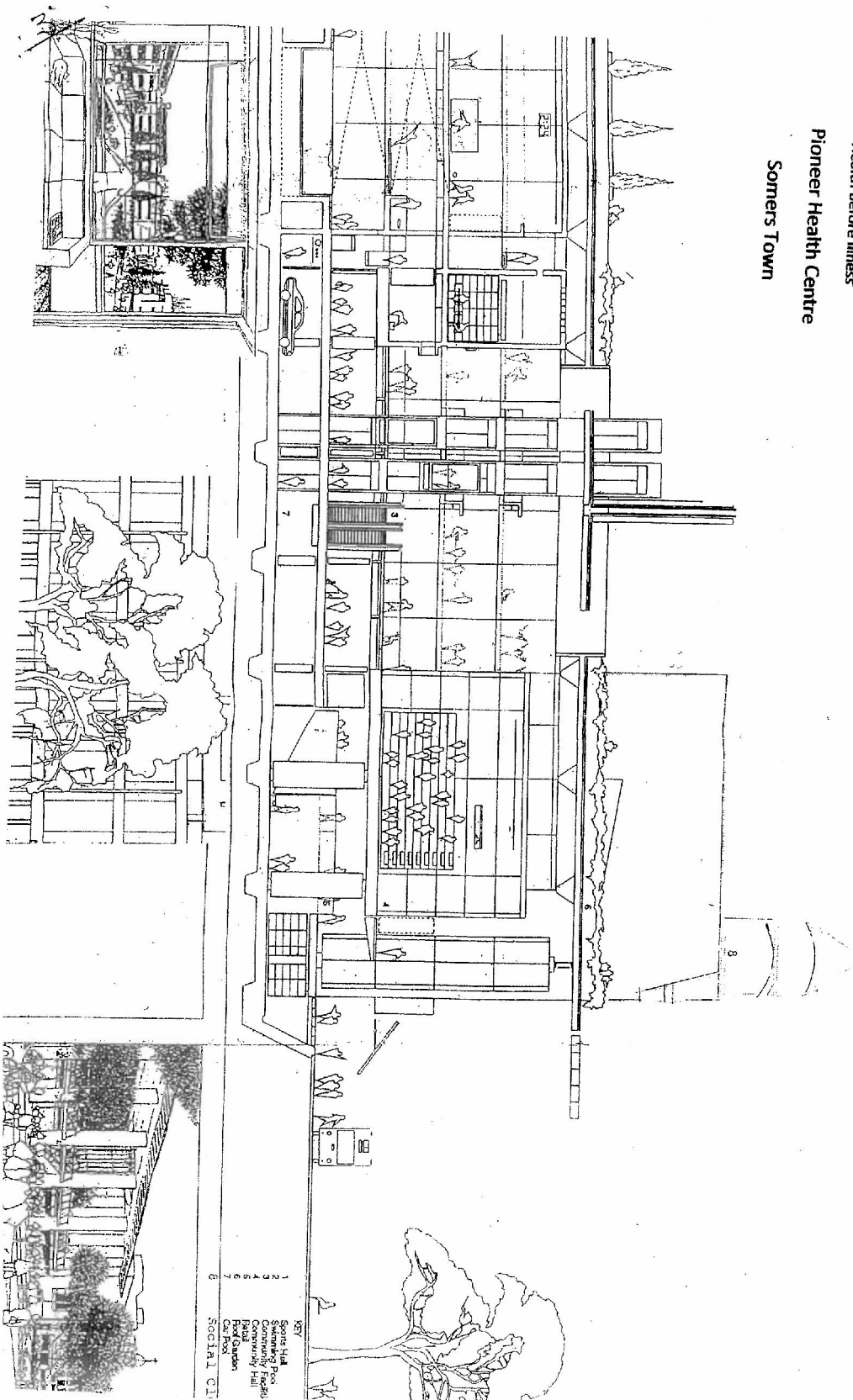
## See also

- [Positive Health](#): Details of the Peckham Health Centre exhibition in the Wellcome Library reading room

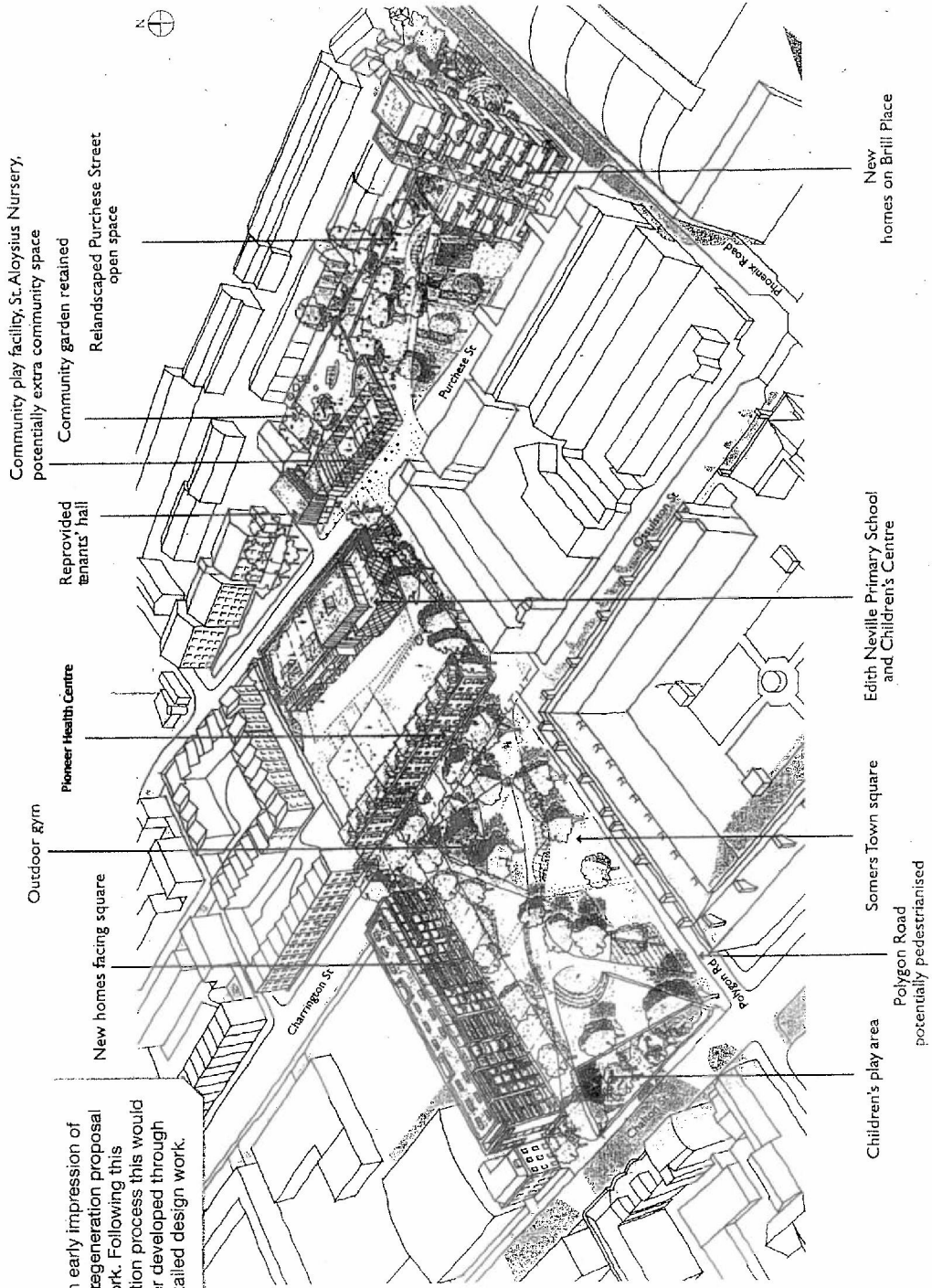
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'Health before illness'  
**Pioneer Health Centre**  
**Somers Town**



This is an early impression of how the regeneration proposal could work. Following this consultation process this would be further developed through more detailed design work.



Community play facility, St. Aloysius Nursery, potentially extra community space

Community garden retained

Relandscaped Purchase Street open space

Reprovided tenants' hall

Pioneer Health Centre

Outdoor gym

New homes facing square

Charrington St

Polygon Road

Children's play area  
potentially pedestrianised

Somers Town square

Edith Neville Primary School and Children's Centre

New homes on Brill Place

## Sport and exercise medicine in the UK and Ireland

**Donald AD Macleod**

*British Association of Sport and Exercise Medicine*

Sport and exercise medicine is at the threshold of exciting developments in the UK and Ireland. The health benefits of promoting risk-free exercise to all the population, irrespective of age but principally for the young and old, have been accepted. Participation in, and striving for success in sport will inevitably carry risk. Exercisers, sports participants and governing bodies of sport can legitimately expect the medical profession to meet their expectations for advice about prevention, treatment and rehabilitation of sports injuries and illnesses, as well as using exercise to enhance recovery from a wide range of clinical problems.

Postgraduate educational opportunities are available to doctors who wish to develop their professional interest in sport and exercise. The British Association of Sport and Exercise Medicine was established in 1953 and it continues to co-ordinate a wide range of educational programmes as well as publishing, with BMJ Publications, the highly respected British Journal of Sports Medicine. The UK and Sports Councils established the National Sports Medicine Institute in 1992. This organisation also supports educational programmes. Taught masters degrees (MSc) are available from several universities, with London leading the way in 1992. Bath University has established a highly respected distance learning programme.

In 1989, the Academy of Medical Royal Colleges acknowledged public and professional expectations by establishing the Intercollegiate Academic Board of Sport and Exercise Medicine. The board is responsible to its parent colleges and faculties for setting, appraising and developing basic and higher training programmes in sport and exercise medicine, mirroring the standards required by all recognised specialties in British and Irish medicine.

The final step in the development of the specialty is the provision of jobs in academic and NHS practice, by governing bodies of sports, by national and regional institutes of sport and professional clubs. In every respect, progress is being

## Sports and physical activity for all

**Yvette Cooper MP**

*Parliamentary Under Secretary of State for Public Health*

Physical activity is now rightly called the 'best buy' in public health. The health benefits include reducing the risks of coronary heart disease, stroke, osteoporosis, obesity and hypertension. The Government has set the scene for its plans to develop this area through the 'Active for Life' physical activity programme. We are now looking to focus on the routes by which people of all ages may benefit directly through exercise. This includes action in conjunction with local primary health care teams, through the so-called 'exercise on prescription' scheme. This is an important means by which suitable patients will benefit from direct action by the health service.

The Government is conscious that local health professionals themselves are key levers of change. In addition to health issues like smoking cessation, local GPs also have a role to play in spreading the health benefits of exercise. The advantage of GP based health promotion is that people may be more likely to pay attention to health messages if they get the message from primary care teams, rather than from other sources. Progress along these lines is already under way in many parts of the country with the so-called 'health walks' programmes.

In addition to primary care, it is essential that the wider impact of active lifestyles, like modes of travel such as walking and cycling are focused, so that people understand that the changes we are advocating are part of a long-term plan to develop health and in its widest sense, to improve quality of life.

The Government is also seeking to take specific action to improve physical activity based around schools. These include promoting safe and healthy modes of travel to school and action to promote sport and exercise for young people.

Taken together, these initiatives will be an effective means of delivering health gains, because they have the co-operation of several key agencies to bring about benefits for the local community and the environment.



ROYAL COLLEGE  
OF PHYSICIANS

**PHYSICAL ACTIVITY FOR  
PATIENTS: AN EXERCISE  
PRESCRIPTION**

**Thursday 8 June 2000**

**Abstracts**

Royal College of Physicians  
11 St Andrews Place, Regent's Park, London NW1