

BOLSOVER DISTRICT COUNCIL

HEALTHY, SAFE, CLEAN AND GREEN COMMUNITIES SCRUTINY COMMITTEE

**Where does Public Health fit
within Planning Policy?**

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Foreword of Councillor Sandra Peake

Chair of the Healthy, Safe, Clean and Green Communities Scrutiny Committee

The committee has, over the past year, considered the impact of large scale housing developments upon the general health and wellbeing of residents. The committee feels that more emphasis should be placed upon the social aspects when planning applications are being discussed at committee and should be included as a policy in the formation of the new local plan.

I would like to thank my committee members, Councillor Hilary Gilmour, my Vice Chair, all officers who have contributed to the review, and lastly Abby Brownsword, Senior Governance Officer and Claire Millington, Scrutiny Officer for their support and guidance throughout the year.

Sandra Peake

1. INTRODUCTION

This review followed concerns that development brings additional demands on local services and it was suggested that the current Section 106 Policy was not working to address public health issues.

Planning Practice Guidance states; 'Local planning authorities should ensure that health and wellbeing and health infrastructure are considered in local and neighbourhood plans and in planning decision making.'

'Local authority planners should consider consulting the Director of Public Health on any planning applications (including at the pre-application stage) that are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it. This would allow them to work together on any necessary mitigation measures.'

A health impact assessment may be a useful tool to use where there is expected to be significant impacts.

Similarly, the views of the Local Clinical Commissioning Group and NHS England should be sought regarding the impact of new development which would have a significant or cumulatively significant effect on health infrastructure and/or the demand for healthcare services.

Information gathered from this engagement should assist local planning authorities to consider whether the identified impact(s) should be addressed through a Section 106 obligation or a planning condition.

The Department for Communities and Local Government describes a healthy community as, *'a good place to grow up and grow old in. It is one which supports*

healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:

- *Active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities: green open space and safe places for active play and food growing, and is accessible by walking and cycling and public transport.*
- *The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments'*

Department for Communities and Local Government (2014) *what is the role of health and wellbeing in planning? - Planning Practice Guidance*

The aim of the review was to consider how public health issues were addressed through the planning process.

The Committee comprised the following Members,

Councillors;

Sandra Peake (Chair)	Hilary Gilmour (Vice Chair)
Toni Bennett	Dexter Bullock
Tracey Cannon	Pat Cooper
Clive Moesby	Tom Munro
Phil Smith	Ken Walker
Deborah Watson	

A list of Stakeholders involved in the review is attached as appendix 1.

EQUALITY AND DIVERSITY

Within the process of the review, the committee has taken into account the impact of equalities and the Improvement Officer has provided guidance and advice on the draft report.

2. RECOMMENDATIONS

- 2.1 That for major development applications of 20 or more houses a meeting with stakeholders be arranged whereby all stakeholders are invited to come together to discuss the requirements from S. 106 or planning conditions. This would allow all stakeholders to understand the range of requests and demands on the developer and would encourage engagement as to what is required and what should be priority. It should also be considered whether it would be appropriate for the developer to be involved in this meeting to provide them with a greater understanding of the requests and the reasons behind them.
- 2.2 That a “Hot Food Takeaways” policy is included in the publication draft or the Local Plan and is developed out of evidence provided by Public Health working with the CCG.

3. EVIDENCE

The following evidence was considered as part of the review:

- Department for Communities and Local Government (2014) What is the role of health and wellbeing in planning? – Planning Practice Guidance and; Promoting healthy communities – Planning Practice Guidance
- UK Healthy Cities Network
- Local Government Association (2016) Tipping the Scales – Case studies on the use of planning powers to limit hot food takeaways.
- Andrew Ross, Final Draft Consultancy (2013) – Obesity-based policies to restrict hot food takeaways: progress by local planning authorities in England.
- Health Impact Assessment - Presentation on HIAs focusing on The Avenue site in Wingerworth, North East Derbyshire by the Public Health Manager, DCC

4. KEY FINDINGS

Stakeholder involvement – Recommendation 2.1

It was suggested that it would be useful for all stakeholders to meet to discuss a major development whereby all stakeholders come together to discuss the requirements from S.106 but this could also be expanded to ensure that service areas and partners work together to achieve the aims and objectives of key strategies to improve the health and wellbeing of local communities in our district.

Working in this way would allow all stakeholders to understand the requests and demands on the developer from others and would also encourage discussions on what is or isn't required and what is priority. It could also be considered whether it would be appropriate for the developer to be involved in this meeting for the same reasons of understanding the demands and where the requests have come from.

One stakeholder stated;

The viability of S. 106 demands is critical and we need to balance these different demands. We can ask and negotiate but at the end of the day, it is not a statutory requirement.

Another relevant point raised was that on occasions, the Council's Corporate Plan priorities could create issues e.g. where the priority is to meet a specific target in relation to the number of houses built and an application may contribute towards this target, however the proposed development might be on land that is not suitable for various reasons, including its proximity to a motorway where air quality is poor, noise, safety, etc. All these factors affect public health and there needs to be a balance between realising a development and achieving what we need for a community.

One Stakeholder commented;

The relationship between the planning team and public health is positive; information sharing, consultation on Local Plan and interest in how health can be integrated into planning approaches is emerging but this could be strengthened and more consistently applied.

Planning policy and processes could use opportunities to consider the impact of new development on a range of issues which affect health and wellbeing, for example, increasing physical activity, enabling community cohesion and reducing isolations, ageing well and much more.

Some emerging planning policy and approaches are starting to consider promoting health and wellbeing – rather than just focusing on how healthcare will be provided to communities, e.g. exploring age/dementia friendly policies, lifetime home standard, and access to leisure, green space and greenways.

Comments made from consultation with the CCG indicate that the CCG's have been advised not to respond to consultations where the sum awarded as S.106 is likely to be less than £30,000.00 but the Committee would question how officers can be satisfied that the right priorities for an individual development are considered regardless of the amount of S.106 if stakeholders are only engaged in certain circumstances?

Most stakeholders involved in the review felt that involvement should be at an earlier stage than S.106 consideration.

All the points made above strengthen the need for a group discussion over the requirements of an individual development and would go some way to meeting requests for consistency and strengthening of current processes.

Members were pleased to note for the first time at the Planning Committee in January 2017 that reports to Planning Committee referred to health, open space, etc,

Using planning powers to limit hot food takeaway – Recommendation 2.2

Concerns over takeaways and the proximity to schools or the number of establishments within a certain area were raised a number of times throughout the review and initially Members were of the view that there was nothing the Authority could do in terms of powers to tackle the location of takeaways in relation to schools.

During the review, the Committee has identified best practice from the Local Government Association, Tipping the Scales - case studies on the use of planning powers to limit hot food takeaways. These case studies show what other local authorities have done to address similar issues.

Other examples of authorities that have supplementary planning documents that cite obesity concerns relating to hot food takeaways or have restricted the number of establishments through exclusion zones are discussed in the overview of English local planning authority policies on hot food takeaway which showed that in January 2013, there were 21 local planning authorities that had policies or draft policies designed to restrict hot food takeaways to help curb obesity in the local area by either restricting the number of establishments in a concentrated area or by imposing restrictions on areas surrounding schools.

Members heard from the Public Health Manager about the work with Chesterfield Borough Council and how they are working to restrict hot food takeaways in areas with high levels of obesity.

The Committee feels that the use of a supplementary planning document around this issue should be considered and would be prepared to assist in further research and evidence gathering on this matter if requested to do so.

Local Plan Consultation

The Healthy, Safe, Clean and Green Scrutiny Committee held a special meeting for consultation on the draft local plan and relationships with Health and Wellbeing and were satisfied that the whole of the Local Plan has a focus on Health and Wellbeing.

Chapter 3 addresses the vision of the Plan, part of which is that:

“Local people will have benefited from the opportunities for a healthier lifestyle, improved job opportunities, more housing, and the increase in facilities that this can help to deliver”.

Difficulties in the issues of contributions from developers in order to help deliver infrastructure were discussed and the Committee sought reassurance that developers were requested to submit costs/valuations for a development if they were to argue that the development wasn't viable for a level of S.106 contributions requested. If necessary, the District Valuer would be asked to consider the viability.

What can be done differently?

Every stakeholder involved in the review was asked what would you like to see done differently?

The following points were raised;

- Further consideration of wider health and wellbeing issues, which may include increasing physical activity, enabling community cohesion, reducing isolations and aging well, with policies explicitly stating their intention to promote health and build communities which enable people to be healthy – implementation of UK Healthy Cities/Communities philosophy and principles.
- Health featuring in wider service areas because of Council's sign up to Healthy Cities Network and the delivery of "Healthy Bolsover" Locality Plan.
- Linking into wider national policy drivers on health and planning but more locally encourage some small practical changes including a detailed partner review on proposed developments and ensuring responses are encouraged from partners.
- It would be more effective to have a group discussion with consultees rather than individually and in isolation.

The Committee questioned whether the Authority had made use of Community Infrastructure Levies (CIL) and discussed examples of other local authorities where CIL had a negative impact on building rate. (Newark and Sherwood District Council). A lot of officer time and effort was required and the benefits simply weren't apparent.

A decision was to be taken by the steering group on appropriate use of CIL and the Committee was advised that it was likely that S.106 was still considered the best option.

5. CONCLUSIONS

We need to be clear who we consider is responsible for health provision in any new development. We have discussed this point with our stakeholders and agree that the responsibility for healthcare provision ought to lie with the NHS and not necessarily the developer. Negotiations via the Planning Officer with the NHS through the CCG makes sense but there are so many other demands on S.106 monies that the developer cannot be expected to deliver public health provision, although it may contribute towards it.

The provision of appropriate healthcare is only one aspect of promoting public health and planning policy can have a significant positive or negative impact on wider health and wellbeing issues. An increased willingness to consider the impact of planning policy on wider health and wellbeing issues was acknowledged by stakeholders but it was stated that this needs to be maintained, particularly when faced with difficult economic and regeneration choices and developer pressures.

All stakeholders are aware of their role and the reasons why they are consulted and respond to applications accordingly. Most stated that they would like to be more involved or be involved in the process at an earlier stage.

From listening to our stakeholders there is a need for a robust consultation process at the earliest point possible to ensure that the right priorities are identified for individual developments and the communities that are impacted by them.

APPENDIX 1

LIST OF STAKEHOLDERS

Councillor Brian Murray-Carr	-	Portfolio Holder for Health and Wellbeing
Councillor Mary Dooley	-	Portfolio Holder for Leisure
Councillor John Ritchie	-	Portfolio Holder for Planning and Local Plan (Watching Brief)
James Arnold	-	Joint Assistant Director – Planning and Environmental Health
Lee Hicken	-	Joint Assistant Director – Leisure
Sharon Gillott	-	Environmental Health Manager
Rob Routledge	-	Interim Planning and Policy Manager
Pam Brown	-	Chief Executives and Partnerships Manager
Jessica Clayton	-	Partnership, Performance and Sustainability Officer
Mandy Chambers	-	Public Health Principal, Derbyshire County Council
Richard Keeton	-	Public Health Manager, Derbyshire County Council
Gareth Harry	-	Chief Commissioning Officer, NHS Hardwick CCG