



# **Policy LP9 Health and Wellbeing Evidence Report**

**Proposed Submission  
April 2016**

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# 1 Introduction and Policy Context

## Introduction

- 1.1 A joint Local Plan for the Central Lincolnshire area is being produced which will set the framework for how development will be considered across the districts of the City of Lincoln, North Kesteven and West Lindsey to 2036.
- 1.2 This Evidence Report (which is one of a collection) provides background information and justification for policy LP9, which relates to health and wellbeing.

## National policy

- 1.3 The National Planning Policy Framework (NPPF) was published in March 2012 and the National Planning Practice Guidance (NPPG) was introduced in 2014 which offers 'live' government guidance.
- 1.4 Section 8 of the NPPF concerns the promotion of healthy communities and there is a separate section on "Plan-making". The following paragraphs are particularly relevant:
  - Paragraph 69- Planning policies... should aim to achieve places which promote: opportunities for meeting between members of the community...; safe and accessible development, containing clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas.
  - Paragraph 70- planning policies and decisions should: plan positively for the provision and use of shared space, community facilities ... and other local services to enhance the sustainability of communities and residential environments...
  - Paragraph 171- Local planning authorities should ... understand and take account of the health status and needs of the local population... including any expected future changes, and any information about relevant barriers to improving health and well-being.
- 1.5 The above NPPF policy has been taken into account in preparing the Local Plan as a whole, and policy LP9 in particular.
- 1.6 In addition to national policy, part 53 of the National Planning Practice Guidance (NPPG) relates to health and wellbeing. It states that the link between planning and health has been long established, with the built and natural environments major determinants of health and wellbeing (Reference ID: 53-002-20140306) and advises that a health impact assessment may be a useful tool where there are expected to be significant impacts (Reference ID: 53-004-20140306).

# 2 Central Lincolnshire Context in Relation to Policy LP9

- 2.1 Low levels of physical activity, rising levels of obesity (in both adults and children), poor mental health, high rates of road traffic injuries and deaths, excess winter deaths and poor

access to primary care services in the rural areas are the key issues being faced by Central Lincolnshire in terms of health and wellbeing<sup>1</sup>.

- 2.2 The Central Lincolnshire Authorities are responding to these issues in a variety of ways, including the Lincolnshire Health and Care (LHAC) model. The model seeks to establish neighbourhood teams containing a range of health and social care professionals who will provide integrated services and urgent care for local people and thus reduce the pressure on emergency units in main hospitals. Commissioners and providers of healthcare services will work closely with the Central Lincolnshire authorities to ensure that development proposals are planned for and neighbourhood teams are structured to meet the needs of the communities they serve.

### 3 Local Plan Policy: Preliminary Draft

- 3.1 The Preliminary Draft version of the Local Plan (published for consultation in October – November 2014) included a policy on health and wellbeing (formerly policy LP7). The following issues were raised during the consultation on the Preliminary Draft version of the Local Plan.
- 3.2 It was commented that restricting hot food takeaways (criteria 'g' in the Preliminary Draft) based on health grounds would be unsound as the NPPF provides no justification for using the development control system to seek to influence people's dietary choices. The consultee explained that there is no adequate evidence to justify the underlying assumption made in relation to locating any A5 use within certain distances of each other.
- 3.3 It was also observed that criteria 'd' conflicted with section 5.9, which acknowledged that the Preliminary Draft Local Plan did not introduce the new national space standard or accessible homes standard.
- 3.4 Several comments were also made in relation to the proposal to require a Health Impact Assessment (HIA). The responses were mixed, with some suggesting that the requirement to undertake a HIA be removed altogether, and others supporting the requirement and suggesting that it be extended to smaller proposals. Specifically, the comments included that: national policy does not include the requirement for a HIA; in considering development and HIAs, the cumulative impact needs to be considered; that the HIA requirement should be extended to smaller developments, but infill of one to three houses could reasonably be exempt; and that the requirement for HIA should be deleted, or failing that, that the appropriate circumstances where it would be justifiably required should be set out.

### 4 Local Plan Policy: Further Draft

- 4.1 The policy in the Further Draft version of the Local Plan was amended from the original Preliminary Draft in response to comments received during the consultation and to remove duplicated principles/ requirements featured elsewhere in the Local Plan.
- 4.2 Specifically, the following criteria (as numbered in the Preliminary Draft version of the Local Plan) were removed due to duplication:

Criteria a:

The public realm, sports and recreational facilities were addressed in the 'Open Space, Sports and Recreation Facilities' policy.

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<sup>1</sup> As set out in the Joint Health and Wellbeing Strategy for Lincolnshire, Joint Strategic Needs Assessment and NHS Health Profiles for Lincoln, North Kesteven and West Lindsey.

Criteria b:

Travel, accessibility and connectivity was addressed in the 'Transport' policy.

Criteria e:

Residential amenity was addressed in the 'Design and Amenity' policy.

Criteria f:

Employment development was addressed in the 'Delivering Prosperity and Jobs' policy.

Criteria h: air quality was addressed in the 'Design and Amenity' policy.

- 4.3 In relation to the three key issues summarised in section 3 above, criteria 'g' in relation to hot food takeaways was not taken forward in the Further Draft version of the Local Plan. Criteria 'd' which made reference to housing space and adaptability over a person's lifetime was removed from policy LP9: policy LP10 'Meeting Accommodation Needs' was amended to include the requirement for some dwellings to be built to higher access standard. The policy requirement for a HIA was amended to require that all residential proposals must be supported by a HIA which is "commensurate with the size of the development and the anticipated impacts".
- 4.4 The consultation on the Further Draft Local Plan took place between October and November 2015. There was some support for policy LP9, though there were many detailed comments on how the policy wording and requirements could be improved and clarified, and some strong objection to the current wording of criteria 'c' which required Health Impact Assessment. Comments made included:
- Policy proposals need to be viability tested.
  - Detailed comments on criteria 'a', 'b', 'c' and 'd' regarding the weakness and ambiguity of these requirements, and concern that the requirements should be placed on other bodies rather than developers.
  - Requirement in respect of Health Impact Assessment needs more clarity. HIA should be commensurate with the size of the development and should be integrated into the Development Management process rather than separate: Bristol City Council's policy given as a good example.
  - Support for requirement in Preliminary Draft for development proposals to make a positive contribution to green spaces: this requirement should be reinstated.
  - Need a robust process for identifying health impact that takes account of cumulative effect of housing growth: suggestion that health impact tool is developed.
  - Co-location of health services with other services is generally supported.
  - Not clear how policy will be implemented.
  - Support for inclusion of matters such as allotments etc. alongside 'formal' health care provision.
  - Support for referencing other policies in LP9 (criteria e) rather than duplication.

## 5 Local Plan Policy: Proposed Submission

- 5.1 Comments made during the Further Draft consultation have been duly considered and the Proposed Submission version of policy LP9 has been revised from the Further Draft version.
- 5.2 In light of the key issues summarised above, criteria 'a' and 'b' have been amalgamated and the wording has been revised to provide greater clarity.
- 5.3 The new criteria 'b' (formerly criteria 'c') now includes a threshold for the requirement of a health impact assessment of 25 dwellings or 0.5 hectares. These thresholds align with the

site allocation thresholds used in the Local Plan. The criteria also clarifies that the HIA should be submitted at the application or master planning stage if appropriate.

- 5.4 Introducing this threshold also removes the burden of producing an HIA on small sites, where the impacts on health, and the ability of the site to respond to such impacts, are likely to be limited. Removing this burden is also in line with national policy to support self-build and smaller building companies.
- 5.5 The new criteria 'c' (formerly criteria 'd') now refers to 'creating' as well as 'safeguarding' and 'enhancing'.
- 5.6 Criteria 'e' from the Further Draft version has been removed as it was not necessary as all Local Plan policies will be considered as necessary when determining a planning proposal.

## 6 Alternative Reasonable Options

- 6.1 The following alternative options have been considered for this policy. (Option 4 is the preferred policy approach)
- 6.2 **Option 1, Further Draft Policy:** Local policy setting out key contributors to health and wellbeing and requirement for Health Impact Assessment (HIA) of residential development proposals. While Options 1 and 4 score the same in the Integrated Impact Assessment, Option 4 is taken forward as the preferred policy approach as it addresses the concerns raised about the ambiguity of the HIA requirement in the Further Draft version of the policy through the introduction of a threshold for the HIA requirement. This clarity will help ensure that the policy is applied consistently and proportionately.
- 6.3 **Option 2:** Local policy setting out key spatial contributors to health and wellbeing but without HIA requirement and rely on Public Health and the Clinical Commissioning Groups (CCGs). This option has been discounted because the preferred policy option is likely to generate more positive outcomes than this policy approach.
- 6.4 **Option 3:** Have no policy on health and wellbeing, rely on national policy. This option has been discounted because of the significant issues facing the Central Lincolnshire Authorities in terms of health and wellbeing. The built and natural environment is a significant contributor to health and wellbeing therefore planning has a vital role to play in improving the health and wellbeing of the residents of Central Lincolnshire.

## 7 Conclusion

- 7.1 This Evidence Report demonstrates the rationale for the proposed policy as contained in the April 2016 Proposed Submission Local Plan. We hope this helps demonstrate how we have responded to comments received during both the Preliminary and Further Draft consultations, as well as how the latest evidence and national guidance has been taken into account.