

## LOCAL PLAN SUB COMMITTEE - 16 JUNE 2020

### PART I – NOT DELEGATED

#### 11. LOCAL PLAN – TOPIC PAPER: HEALTH AND WELLBEING (DCES)

##### 1 Summary

1.1 This topic paper sets out the issues which the new Local Plan will need to address in relation to health and wellbeing and proposes policy wording to be contained within the new Local Plan.

##### 2 Details

2.1 The NPPF requires planners to consider health in a range of different ways. The framework's presumption in favour of sustainable development highlights the importance of achieving social, economic and environmental objectives (health and wellbeing encompasses all three). The Health and Social Care Act, which came into force in April 2013, introduced a new public health landscape. Within Hertfordshire, the previous NHS Primary Care Trust configuration has been reshaped into the Herts County Council Public Health Directorate working with District and Borough Councils in a two-tier formation, along with other vital health partners, statutory and voluntary, addressing local health need.

2.2 The Public Health Directorate has no planning functions and does not have the power to make requests for healthcare provision (such as GP surgeries) as this is the role of the Hertfordshire's Clinical Commissioning Group and NHS England<sup>1</sup>. Its priority is to promote and protect the health of Hertfordshire residents.

2.3 Watford and Three Rivers Health and Wellbeing Partnership was formed in 2008. It brings together partners from the public, voluntary and community sector to identify and respond to the health and wellbeing priorities in both areas. It is accountable to the Local Strategic Partnership in Three Rivers and Watford.

2.4 The Health and Wellbeing Partnership have set out in their Health and Wellbeing (Strategy 2016 – 2020) the social determinants of health, these factors include:

- Housing and living environment
- Work environment
- Transport
- Access to health and social care services
- Unemployment and welfare
- Education

2.5 HCC Public Health Department have also produced a Hertfordshire Health and Wellbeing Planning Guidance Document (2017) to aid local authorities and developers in the delivery of healthy development and communities and focusses on the principle of designing in health and wellbeing as an essential part of the planning process. The document sets out the key principles and aspirations of the

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<sup>1</sup> Officers are liaising with Herts Clinical Commissioning Group and NHS England in relation to health infrastructure as part of the preparation of the Local Plan.

Hertfordshire County Council's Public Health Department and builds on the Hertfordshire Health and Wellbeing Strategy and focusses on seven key areas:

- Air Quality
- Food and healthy choices
- Movement and access
- Neighbourhood spaces
- Housing and development design
- Local economy and employment
- Quality open space, play and recreation.

2.6 The way that we plan and design places has a significant influence over whether communities are able to live healthy lives. This is reflected in the National Planning Policy Framework paragraphs 91 and 92 (Appendix 1), consequently local plan policies should support population health by using public health evidence to inform policies to ensure that new development proposals support improvements to the health of the population.

2.7 The Draft Local Plan policies already considered/ to be considered by the Local Plan Sub Committee (for example, Residential Design & Layout and Accessible & Adaptable Buildings, Open Space, Sport and Recreation, Social and Community Facilities, Employment and Economic Development, Green Infrastructure Network, Sustainable Transport and Travel) encapsulate the requirements set out in paragraphs 91 and 92 of the NPPF and the Hertfordshire County Councils Health and Wellbeing Strategy and therefore do not need to be repeated in a separate Health and Wellbeing policy. However, it will be important to ensure that the principles of health and wellbeing are considered by developers at an early stage.

2.8 Health in Three Rivers.

2.9 Hertfordshire Public Health recently commissioned the Town and Country Planning Association (TCPA) to work directly with Hertfordshire Districts to provide the evidence required to facilitate the inclusion for Health and Wellbeing policies in Local Plans.

2.10 The TCPA has provided a brief report outlining the health inequalities for Three Rivers based on data from the following resources:

- Hertfordshire's Director of Public Health Annual Report 2018/2019
- Indices of Deprivation in Hertfordshire 2019
- Hertfordshire Health Evidence (Data Tools and Reports)

2.11 The TCPA report is summarised below.

2.12 Life Expectancy is 7.5 years lower for men and 7.9 years lower for women in the most deprived areas of Three Rivers compared with the least deprived. This means that the lives of people in the more deprived areas of the District are almost 8 years shorter than the lives of the most affluent which is a considerable health inequality.

2.13 In spatial terms, health problems in Three Rivers are concentrated in some particular areas of the District especially in the south which includes South Oxhey Ward, part of which is the 6<sup>th</sup> most deprived area in the County.

- 2.14 In Three Rivers as a whole 19.3% of children are overweight when they start school in reception year but by the time they leave primary school 29.7% are overweight. This means that one in three children in Three Rivers leaves primary school overweight with the long-term health consequences that implies.
- 2.15 However, in South Oxhey Ward more than 38% of children leave primary school overweight.
- 2.16 There are 14.5% people living with illness and disabilities in Three Rivers which is slightly more than the Hertfordshire average of 14.3%. However, in Abbots Langley & Bedmond, Carpenders Park and South Oxhey Wards this percentage is nearer 17% which is higher than the County average.
- 2.17 The recommendations of the TCPA are for Three Rivers to:
- 1) Include a strategic objective in the Local Plan to help reduce inequalities
  - 2) Try to ensure that new development in or near to the areas of health inequalities provide health benefits for those populations – such as better access to green space, improved public realm for walking etc., and
  - 3) Ensuring that health impact assessments are required for major developments in line with Hertfordshire County Council's Health Impact Assessment Position Statement.
- 2.18 With regards to 1) the Council's current Core Strategy contains a strategic objective relating to contributing to increased improved levels of health by supporting the location and provision of suitable open space, children's play space and sports facilities to increase opportunities to exercise as part of a healthy lifestyle for the whole community. This strategic objective will be revised and will be subject of a report to a future meeting of the Local Plan Sub Committee alongside other strategic policies.
- 2.19 As for 2) (as stated at paragraph 2.7) the draft Local Plan policies already considered/to be considered by the LPSC set out measures which will provide health benefits to existing/future residents in addition to strategies such as the Council's forthcoming Trees and Landscaping Strategy and capital programme for the improvement of its open spaces and play space will also help ensure this objective alongside the provision of physical health infrastructure as informed by the Herts Clinical Commissioning Group and NHS England and identified in the Infrastructure Delivery Plan.
- 2.20 With regards to 3) a Health Impact Assessment is a tool by which development proposals can be assessed as to its potential effects on the health of the population assessing both negative and positive health impacts with health inequalities being a key consideration to ensure that they are not increased further.
- 2.21 On the 1 November 2019 Hertfordshire Council published a Position Statement<sup>2</sup> outlining their stance on Health Impact Assessments (HIAs).

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<sup>2</sup> <https://www.hertfordshire.gov.uk/media-library/documents/public-health/health/hia-position-statement.pdf>

2.22 It sets out the thresholds for when developments need to submit an HIA in relation to residential and non-residential development as follows:

- Residential – 100 or more residential units
- Non-residential – HIA requirements will be determined by the nature, scale and location of development.

2.23 In the absence of specific national guidance as to how Health Impact Assessments should be undertaken, Public Health recommends that they should be undertaken using the Wales Health Impact Assessment Support Unit's Toolkit<sup>3</sup> (WHIASU) and assessed by their Quality Assurance Framework.

2.24 The HIA process is undertaken in stages set out in the table below:

HIA Stage	Additional Information
Stage 1: Screening	Undertaken using the WHIASU screening toolkit and will inform the next stage in consultation with Hertfordshire Public Health
Stage 2: Scoping	This stage determines the type of HIA required (desktop, rapid or full) by using the WHIASU scoping toolkit in consultation with Hertfordshire Public Health
Stage 3: Assessment	This should be undertaken by an independent experienced body with relevant expertise and qualifications appointed by the developer.

2.25 The Position Statement sets out that the completed assessments will then be assessed by Herts Public Health using the WHIASU Quality Assurance Framework

2.26 In order to ensure that major development proposals consider health and wellbeing as part of the design process the Draft Health and Wellbeing Policy requires that proposals for developments of 100 dwellings or more will need to submit a Health Impact Assessment with the planning application and proposals for non-residential development will need to undertake a screening exercise in consultation with Herts Public Health to determine the HIA requirements.

2.27 In practice, the Validation Checklist will need to be changed to require the submission of the HIAs with planning applications and a process put in place to forward them to Herts Public Health for the quality assessment to be undertaken and for Herts Public Health's comments to be returned for Officers consideration.

### **3 Health Infrastructure**

3.1 As stated in paragraph 2.2, Herts Clinical Commissioning Group and NHS England are responsible for the provision of health infrastructure such as hospitals, GPs and Health Centres, Dentists etc.

3.2 Officers have been consulting with both of these bodies in relation to the preparation of the Local Plan to consider the likely health infrastructure needed in relation to the

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<sup>3</sup> <https://whiasu.publichealthnetwork.cymru/en/>

planned growth. Details of the health infrastructure requirements will be set out in the Infrastructure Delivery Plan which will state what is needed, when it will be delivered and who is responsible for delivery and associated costs.

- 3.3 The Draft Health and Wellbeing Policy provides additional requirements relating to the sustainable location of new health facilities.

#### **4 Policy/Budget Reference and Implications**

- 4.1 The recommendations in this report are within the Council's agreed policy and budgets.

#### **5 Financial, Legal, Equal Opportunities, Staffing, Environmental, Community Safety, Public Health, Customer Services Centre, Communications & Website, Risk Management and Health & Safety Implications**

- 5.1 None specific.

#### **6 Recommendation**

- 6.1 That the Local Plan Sub Committee note the contents of this report and recommend to the Policy and Resources Committee the Draft Health and Wellbeing Policy as set out in Appendix 2

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#### **Background Papers**

National Planning Policy Framework (2019)

The Health and Social Care Act (2013)

Health and Wellbeing (Strategy 2016 – 2020)

Hertfordshire Health and Wellbeing Planning Guidance Document (2017)

Wales Health Impact Assessment

#### **APPENDICES**

Appendix 1 National Planning Policy Framework (Promoting healthy and safe communities)

Appendix 2 Draft Health and Wellbeing Policy