

**MATTER 7: Place-Shaping & General Masterplan Approach**

**Issue 1: Is the application of Policy SP 3 to all allocated sites justified; and is it otherwise effective and consistent with national policy**

**Question 5. Part H(v) requires development to promote healthy and active lifestyles. Does the Plan as a whole respond sufficiently to the requirements of Section 8 of the NPPF on “promoting healthy communities” by facilitating social interaction and creating healthy, inclusive communities? Is a specific overarching policy on health and well-being required? (Reps ECC).**

1. In its current form, the Plan user has to look at multiple sections of the Plan to find health and wellbeing content and requirements without any understanding as to why these issues need to be addressed via the planning system. Within policies, health and wellbeing are not necessarily highlighted in that their objective is to achieve net gains to health or to support the meeting of health partners to address their objectives. Since the inclusion of health within chapter 8 of the NPPF and associated health guidance in plan-making documents from MHCLG, health and wellbeing should be an overt element of plan-making.
2. The LPSV as proposed has areas of health and wellbeing considerations mentioned mainly through SP 3, citing ‘provide high quality and imaginatively designed homes with gardens or access to usable and accessible amenity space, combining the very best of urban and rural living to promote healthy and active lifestyles and vibrant communities’ and SP 4 - ‘establish environments that promote health, happiness and well-being’ but these are specific to the Harlow and Gilston Garden Town. It is mentioned in Policy T 1 sustainable transport choices - ‘promote and improve safety, security and healthy lifestyles’. There is no reference in Policy DM 5 Green and Blue Infrastructure to health specifically in its policy wording. There is no reference to health and wellbeing in any of the vision statements for specific areas. The inclusion of ‘inequality’ is mentioned within the Vision for Waltham Abbey but not health inequality. The Vision for North Weald Bassett includes meeting the needs of residents via access to health facilities. Health is mainly addressed via the infrastructure chapter (within Essential Facilities and Services section) of the LPSV, however, health and wellbeing need to be mainly addressed via place-shaping / design, rather than in relation to just infrastructure considerations (as NPPF, NPPG, Essex Design Guide refer).
3. No health and wellbeing evidence have been included to support these elements of the plan and relevant evidence documents are not referenced in the evidence listing section where health features most, in the Infrastructure chapter. Health and wellbeing of residents is not included within the population profile on page 5. Health and wellbeing are also not mentioned within key issues for the Plan to address (paragraph 1.44). The population profile, other evidence and key issues to address may inform the Local Plan Vision for the District and could be expected to frame suitable Local Plan objectives and accordingly, policy responses. There is no reference to health in paragraph 1.46 ‘finding your way around this document’.
4. There is no signposting to current health and wellbeing strategies either at a national or local level as part of key evidence. EFDC has explicit health and place objectives in place within the

Epping Forest District Health & Wellbeing Strategy (2018-2028)<sup>1</sup>. The Essex Joint Health and Wellbeing Strategy (2018-2022)<sup>2</sup> has County wide-objectives around health improvement, which could be supported via the planning system. No Public Health datasets are referenced within the LPSV key evidence and health and wellbeing are not addressed within Appendix 3 covering monitoring of the Local Plan. Without reference to current baseline issues or explicit understanding as to why health elements have been included within the Plan, it is difficult to be assured whether it will meet these objectives or to provide understanding if they are supporting the delivery of the NPPF.

5. In response to these identified matters, Essex County Council (ECC) Public Health team has recommended that an over-arching Health and Wellbeing policy be included within the Plan so that it is clear to readers that EFDC is fully committed to using the planning process to ensure that positive health and wellbeing is part of the objectives of the Plan. This would support the NPPF outcomes of health and wellbeing efficiently, succinctly and immediately, as all of the aims of this national policy could be included. It would allow the Plan to include its own identified Health & Wellbeing strategy aims concisely that relate to place, aims of wider health partners and steer them to the signposting of local Public Health evidence, which is also identified as being required to underpin the LPSV as per the MHCLG guidance documents of plan-making and the role of health and wellbeing in plan-making. It would enable EFDC to highlight its intent, at an early stage, that the developer will need to assess health and wellbeing via a Health Impact Assessment.
6. ECC suggested examples to EFDC of possible policy approach, content and wording and other content as supporting text for consideration and adaptation for EFDC's own circumstances. These are included below.

### **Policy HC1 Health and Well-being Strategy**

Throughout the plan period, the Council will seek to deliver development and growth which has a positive impact on the health and well-being of residents, and address issues of health deprivation and health inequality in the Borough. In order to achieve this, the Council will:

1. Promote good physical and mental health and healthy lifestyles amongst residents by:
  - a. Ensuring access to high quality open spaces, and opportunities to engage in sport and recreation;
  - b. Providing opportunities for people to walk and cycle, both for recreation purposes, and also as part of their day to day activities; and
  - c. Encouraging residents to grow their own foods, and managing further provision of takeaways within the Borough.
2. Ensure that everybody has the opportunity to participate within the community, and access employment opportunities within the Borough by:
  - a. Ensuring community facilities are of a good quality and are located where they can be accessed by walking, cycling and public transport; and
  - b. Ensuring that the accommodation needs of older people and disabled adults are met, and are met in locations which enable residents to remain active members of the community.
3. Ensure that growth in the Borough is aligned to improvements in the provision of healthcare services by:

---

<sup>1</sup> See: <https://www.livewellcampaign.co.uk/app/uploads/2018/07/Epping-Forest-Health-Wellbeing-Strategy-2018-2028-FINAL.pdf>

<sup>2</sup> See: <https://www.livingwellessex.org/media/621973/jhws-2018-cabinet-aug-2018.pdf>

- a. Working with NHS England, the Clinical Commissioning Group, the Basildon and Thurrock University Hospital and other providers of healthcare services in the Borough to ensure those organisations have the built facilities they need to deliver their service plans;
  - b. Requiring developers to contribute towards the provision of built facilities, and other improvements to healthcare services alongside their proposals for residential development. Where specified in policies H5 to H22, contributions may be required in-kind upon the development sites. In all other cases, financial contributions towards off-site provision will be secured.
4. Ensure new development is designed and located to promote good health, and avoid sources of harm to health by:
- a. Requiring all developments of 50 homes or more, 1,000m<sup>2</sup> of floorspace or more, or fall within the A5 use class, set out in policy R16, to be accompanied by a Health Impact Assessment prepared in accordance with local guidance;
  - b. Requiring good quality design in new developments, including design which incorporates active design principles; and
  - c. Avoiding development in locations which may cause harm to human health by way of disturbance to the quality of life, or pollution.

## Chapter 13: Promoting Healthy Communities

### STRATEGIC POLICIES

#### Policy HC1: Health and Well-being Strategy

##### Policy Context

- 13.1 The *NPPF* identifies the role of the planning system in facilitating social interaction and creating healthy, inclusive communities. Local planning authorities are expected to promote inclusive and active environments which promote opportunities for community cohesion and activity, to enable communities to independently support their own health, social and cultural well-being.
- 13.2 The *PPG* defines a healthy community as a place that 'supports healthy behaviours and supports reductions in health inequalities'. This is not only restricted to promoting physical and recreational activities, but also includes enabling the creation of healthy living environments for people of all ages which supports social interaction and emotional health and well-being, which are equally important to resilient communities.
- 13.3 It is not however the role of the Local Plan alone to deliver healthy communities. The *NPPF* expects local planning authorities to work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being.
- 13.4 Local authorities have a crucial role in delivering sport and physical activity opportunities. Local health and well-being strategies<sup>9</sup> have highlighted physical inactivity as an issue that needs to be tackled. Sport England, through their 'Active Design' policy, promote 10 principles that promote activity, health and stronger communities through the way towns and cities are designed and built. Sport England also have a strategy 'Towards an Active Nation' which sets out their vision to encourage everyone to feel able to engage in sport and physical activity, regardless of age, background or level of ability.

- 13.4 Local authorities have a crucial role in delivering sport and physical activity opportunities. Local health and well-being strategies<sup>9</sup> have highlighted physical inactivity as an issue that needs to be tackled. Sport England, through their 'Active Design' policy, promote 10 principles that promote activity, health and stronger communities through the way towns and cities are designed and built. Sport England also have a strategy 'Towards an Active Nation' which sets out their vision to encourage everyone to feel able to engage in sport and physical activity, regardless of age, background or level of ability.
- 13.5 Essex County Council have a statutory duty to 'improve the health of their local populations' and are responsible for public health across the county. A local Health and Well-being Board has been established in the Borough to facilitate this delivery, alongside the Essex Health and Well-Being Board. The *Joint Health and Well-Being Strategy for Essex (2012)* established a strategy for achieving this statutory duty. Basildon Council is one of the partners that has joined up with Active Essex, a publicly funded organisation hosted by Essex County Council, to be part of the '*Active Essex Strategy 2017 – 2021*', which has received national lottery funding to create innovative partnerships to make it easier for people to access sport and physical activity within Essex, therefore improving health and well-being.
- 13.6 At this time, NHS England commissions core GP services. Meanwhile, the Basildon and Brentwood CCG covers Basildon Borough and Brentwood Borough. The CCG is responsible for commissioning other primary and secondary healthcare services needed in this area, and prepares plans for this purpose. It is responsible for ensuring that its commissioning plans link to the *Joint Essex Health and Well-being Strategy*. As an acute service provider Basildon and Thurrock University Hospital has an important role in delivering services required by the CCG, and is therefore essential to the health and well-being of residents in the Borough, and neighbouring areas. There are a range of other providers for GP, community health and mental health services.
- 13.7 Meanwhile, Essex County Council is responsible for social care provision across all Essex Districts and Boroughs. Various strategies have been produced in order to ensure that social care provision responds to the various needs of different groups within the population including both young people and older people, however increasingly community based initiatives which reduce the need for costly residential based responses are favoured.

---

<sup>9</sup> Department for Digital, Culture, Media & Sport and Tracey Crouch MP (2015). *Sporting Future: A New Strategy for an Active Nation*

## Evidence Base

- 13.8 The *Linking Planning, Health and Wellbeing Topic Paper* draws together evidence from a range of sources to identify how the Local Plan can most effectively address matters of health and well-being in the Borough. In particular it draws on the *Joint Strategic Needs Assessment* and the *Joint Essex Health and Wellbeing Strategy*, as well as deprivation information in order to identify priorities for health and well-being that should be addressed through the Local Plan. The priorities identified are:
- Deprivation and inequality in health outcomes
  - Low rates of physical activity within the population
  - An ageing population (ageing well)
  - Improving mental health and well-being
  - Reducing the prevalence of adult and child obesity
- 13.9 Whilst it is likely that most people will suffer some form of ill health at some point, the *Linking Planning, Health and Wellbeing Topic Paper* presents evidence which shows that there is a significant link between deprivation, especially employment deprivation, and health outcomes. It is therefore essential in Basildon, where life expectancy for men varies by 10 years between the most deprived and least deprived wards, that access to services and employment are as much a focus for health and well-being as matters which are more traditionally linked to health.

- 13.10 Evidence from studies and research across various urban areas, also shows that access to a good quality environment, with green spaces and places to walk, contributes towards both the physical and mental well-being of people ensuring that they are in the best health to engage in employment, or training which leads to employment. The quality of the physical environment is therefore key to addressing both health outcomes and issues associated with deprivation. However, this would indicate that the Basildon urban area (including Laindon and Pitsea) has a poor quality environment with limited green space and opportunities for walking etc., which is not the case. Whilst there is a need for the quality of some open spaces to be improved to promote increased appeal, use and activity there is an over-supply of open space in Basildon and most areas are of an adequate to good standard. The Basildon urban area also has a good, planned cycle network compared to other areas, albeit there is a need for some links to be improved. Despite this, Basildon has low rates of participation in regular physical activity and one of the lowest rates of cycling to work in Essex. Similarly, rates of walking to work could also be increased. Therefore, whilst the quality of the environment is important to health and well-being, it does not necessarily mean that people will engage in activity, or be less deprived, as there are a more complex range of matters to be addressed. Nonetheless, it cannot but help to remove or reduce the physical barriers to activity.
- 13.11 Obesity is also an issue within the Borough and is linked to poor health outcomes. Whilst physical activity can help to manage obesity, it is important to also create opportunities for people to eat well. The *Hot Food Takeaways Assessment* shows that there is a particular prevalence of takeaways in those parts of the Borough which are more deprived. Takeaway food is typically more calorific than home cooked food and can contribute towards obesity. There is evidence from other parts of England that actions to manage the prevalence of takeaways can contribute towards better health outcomes. Furthermore, opportunities to grow food locally such as in gardens and allotments can also contribute towards better eating, and better health outcomes. There is therefore evidence to suggest existing allotments should be retained and improved, whilst new allotments and gardens should be appropriately incorporated into developments.
- 13.12 Access to services and the right types of accommodation can also enable, or otherwise isolate people. This has implications for their ability to participate in both the community and in employment and training. Poor quality, or the wrong type of accommodation can make people ill, or else see them trapped in their homes. Opportunities to access services meanwhile ensures people can interact with others and get the support they need to thrive. It cannot however be assumed that services, and jobs are accessible if people cannot walk, cycle or get a bus to them, as not everyone, especially in deprived communities, has access to a car. The need for specialist accommodation in accessible locations for older people and disabled adults is especially important, as it will help these groups of people to stay healthy and well for longer.
- 13.13 Whilst there are measures that can be taken to ensure that both existing communities and new development create opportunities for people to live well, there will always be a demand for health

services, and evidence has indicated that an ageing population will continue to give rise to strains on these services into the future. There is therefore a need for the CCG and health service providers to review how they deliver their services to respond to current and emerging patterns of demand, and also new technologies. The Council has been working closely with NHS England, the CCG and Basildon and Thurrock University Hospital in this regard, and has already delivered a new health centre in Wickford via joint working arrangements and is about to commence work on a similar joint project with the hospital to modernise visitor and patient facilities as well as create additional clinical space.

- 13.14 There is also a requirement to consider how need arising from growth can be accommodated within the system. In the first instance, developments will be expected to limit need through the application of good quality design and layout which applies active design principles, as advocated in the *Essex Design Guide*. The Essex Planning Officers Association has prepared *Health Impact Assessment Guidance*, and this will be applied to all appropriate developments to ensure that opportunities to promote good health, and reduce impacts on health services have been incorporated into development. A Health Impact Assessment (HIA) allows for assessment of the development against a number of criteria that are known to influence health and well-being and enable Basildon Council to meet the *NPPF* objectives of creating healthy communities. The use of a HIA, as a material consideration, also enables Basildon Council to ensure that the positives benefits from the proposed development can be maximised whilst any identified negatives are either removed or mitigated against. In addition, a HIA may be required when it is identified through an Environmental Impact Assessment. In this instance, a HIA may be part of an expanded element to human health, as an integrated assessment or be required as a full HIA. The approach should be agreed by the Council early in the preparation of a planning application.
- 13.15 Whilst the Council expects development to minimise health impacts, there will remain a need for additional healthcare provision, and developments will be expected to contribute towards the expansion of services necessary to support growth. This may take the form of new GP hubs, the expansion of existing facilities, or the provision of infrastructure which enables existing facilities to be used more effectively, or for longer. It will be for NHS England and the CCG, in consultation with the service providers, to determine the types of interventions needed in each area to support growth. The Council will continue to work with NHS England and the CCG, and the service providers including Basildon Hospital, to determine the types of interventions needed as early as possible and incorporate these into the Borough's *Infrastructure Delivery Plan*.

## Notes

### Proposed / suggested Policy:

1. That above has been developed by Basildon Borough Council for its latest Reg 19 Draft Local Plan and is currently out for consultation. It is seen as comprehensive and good practice by Public Health - Basildon Borough Revised Publication Local Plan 2014 – 2034 October 2018
2. Part 1 c: encouraging residents to grow their own food has substantial benefits to the healthy eating (and obesity) agenda; it is also espoused as part of Garden Communities good practice in uniting planning and health, such as that produced by the TCPA
  - In planning terms this can be promoted both through domestic garden space and by allotments, both of which will be available to many residents of the district; accordingly, this seems worth including
  - However, on the managing / restricting further hot food takeaways in EFDC area point, it is probably too late in the day now to go down this route for EFDC, such as ensuring that the requisite evidence is available and that other requirements are in place. ECC would not raise an issue accordingly if EFDC does not choose to pursue this
3. Also, the relevant Health & Wellbeing Strategy is important, partly as evidence, including:
  - Essex Joint Health & Wellbeing Strategy 2018-22 (produced by Essex Health & Wellbeing Board)
  - NB The H & WB strategy is important as it both informs the Local Plan and the Local Plan in turns needs to help implement / deliver the strategy's aims
4. Policy part 2 (ability to participate in the community and access to facilities, employment opportunities etc.). This has clear benefits and helps link with the active / sustainable travel agendas; if included for EFDC LP, this would need to take into account cross-boundary

factors - access to such provision within adjoining areas – neighbouring districts, with substantial residential areas in EFDC located in areas near district boundaries

5. Policy part 3 covers linking growth to new healthcare infrastructure (the challenges in this in practical terms are acknowledged)
6. Policy part 4 deals with Health Impact Assessment (HIA) requirements; NB these need to consider wider impacts of new development – not just those in terms of whether new development is served by healthcare infrastructure / facilities
  - NB careful consideration is necessary to the thresholds at which to require a HIA with planning applications, as there are issues that may arise as a result of these being set at very low or at very high levels
  - NB Essex-wide HIA guidance is already in place, through EPOA (and has been updated recently). This is referred to in 13.14 above
  - This could be referred to as useful guidance for developers / applicants in how to approach producing a HIA and for decision-makers in what to expect from developers / applicants of their HIAs; help in dealing with these is available through the Public Health practitioners based in each local authority

#### Policy Context (section above)

7. The policy context section above provides useful explanatory / contextual info, particularly that deriving from the NPPF and NPPG. *Active Design* is useful to refer to in this, along with *Towards an Active Nation*; (Sport England); *Active Essex* as an organisation can assist in this area too - <https://www.activeessex.org/>

#### Evidence Base (section above)

8. This additional Local Plan section needs to refer to / explain (where necessary) the evidence base, including:
  - The Joint Strategic Needs Assessment (JSNA)
  - Public Health Profiles (produced by Public Health England) - Local Area Public Health Profile Epping Forest 2018- Public Health England
  - Essex Insights Local Authority Portrait Series Epping Forest 2016 - Essex Insights
  - The TCPA work on Planning and Health is also extremely helpful, particularly as it also links and relates well to Garden Communities; see TCPA website - <https://www.tcpa.org.uk/>
9. Further information on the Basildon BC Topic Paper mentioned above (para.s 13.8 & 13.9) may be available from ECC colleagues to help with advice on this option and an exploratory discussion may prove worthwhile

#### Implementation

10. Some of the sections above address areas of practical implementation already. In addition, the issue of an aging population is increasing in importance and highly relevant to EFDC district & demographics; partly because of the increasingly challenging dependency ratio (the ratio between salary earners and those on benefits/ pensions etc.). The challenge of care for increasing numbers of elderly people (often living in poor health with one or more health conditions) raises issues for costs of that care and how that care is delivered / kept sustainable
11. A response is that of seeking to avoid elderly people needing to live in institutional environments – care homes / nursing or retirement homes etc. for a range of reasons and enabling them to live independently in their own home. The ECC Independent Living (IL) Programme has been developed to help address these issues. This offers a practical

response that the planning system can help promote and deliver to address evidential issues of particular importance for EFDC area. See:

[https://www.livingwellessex.org/at-home/finding-somewhere-to-live/independent-living-\(extra-care\)-housing/](https://www.livingwellessex.org/at-home/finding-somewhere-to-live/independent-living-(extra-care)-housing/)

<http://www.independentessex.co.uk/>

The ECC IL programme is supported by a series of purpose-designed documents, dealing with evidence base