

**MATTER 14: Infrastructure and Delivery**

<i>Issue 2</i>	<b><i>Are the requirements of Policy D2 concerning health Impact Assessments (HIA) justified, effective and consistent with national policy?</i></b>
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(ECC representation 65 refers)

**1. Is it clear in the policy wording and the supporting text that the purpose of HIA concerns wider health and well-being matters beyond health infrastructure?**

ECC Response

1. No. Using the current HIA wording will limit the scope and use of HIAs and not allow the positive and also unintended consequences on health and wellbeing from a proposal to be identified. In the current format, the wording of Policy D 2: Essential Facilities and Services identifies that HIA will be required to assess the impact of development proposals for Use Class C2 developments and Use Class C3 residential developments (over 50 units) upon access to healthcare infrastructure. Two nationally recognised best practice organisations in HIA including the London Healthy Urban Development Unit (HUDU) and Wales Health Impact Assessment Support Unit (WHIASU) identify that HIA should be used to assess planning proposals across the wider determinants of health and these can include impacts on healthcare infrastructure. ECC acknowledges that there is also a reference to measuring the wider impact on healthy living, which is considered helpful in principle. However, the concern is that the reference to measuring wider impact upon healthy living may not have sufficient emphasis and clarity. The risk is that applicants / developers focus on access to healthcare infrastructure, unless clear guidance is provided as to what 'wider impact upon healthy living' is likely to mean in practice. These wider considerations and determinants are outlined in the ECC response to question 3 below.
2. It is also necessary to recognise that other forms of developments than just residential developments will also require HIAs to enable an assessment of their impacts and these should be included in the policy with appropriate thresholds. For all these reasons, ECC maintains that unless an over-arching, single health and well-being policy is to be included within the Local Plan, the most appropriate way to ensure soundness in this regard is to incorporate a dedicated HIA policy. This would provide:
  - A single reference point for developers on HIA requirements, including guidance as to thresholds, scope and approach, ensuring that the right matters are taken into account
  - Clear requirements to help ensure that health and wellbeing matters are factored in at the earliest stage possible in the site / development appraisal and design stages, together with engagement with the LPA / PH teams to steer HIA requirements
  - Signposting to the up-to-date evidence base to help inform an appropriate response, together with reference to the relevant strategies

- Appropriate profile and attention to this requirement

**2. Essex County Council has indicated that the Department of Health does not issue guidance on HIA. Do the references within the policy require updating? Is specific guidance on the matters to be covered required within the Plan itself?**

ECC Response

3. Yes. ECC advises that there is no guidance on HIA use from the Department of Health and ECC is unclear as to which organisation referred to as 'NHS North Essex' is being identified in the text at paragraph 6.30 of the EFDC LPSV, or their HIA guidance. Therefore, this reference needs to be removed and an appropriate reference included in its place. HIA guidance can be found from multiple sources as mentioned in the ECC response to issue 2; question 1. In addition to this, the Essex Planning Officers' Association (EPOA) issued guidance (in 2008) which, does address the wider determinants of health and wellbeing<sup>1</sup>. In future, with the Essex Design Guide (EDG) update now available, In future ECC will signpost applicants, developers and LPAs to this directly, which will include the new EPOA HIA guidance from June 2019<sup>2</sup>. Guidance can also be sought from local Public Health teams, as per the recommendation within the MHCLG role of health and wellbeing plan making guidance (up-dated 2017).
4. There is no guidance on matters to be covered in HIAs within the LPSV, with the exception of healthcare infrastructure (please see ECC response to question 1). This point is addressed further in the ECC response to question 3 below.

**3. What type of information is expected in a HIA and how will developments respond to their recommendations?**

ECC Response

5. HIAs commonly cover the wider determinants of health as identified from the Barton and Grant Health Map based upon the wider determinants model by Dalgren and Whitehead. ECC encourages the consideration and assessment of:
  - **Active environments and active design principles**
  - **Active travel and travel planning**
  - **Design and standards of homes and housing**
  - **Access to open green and blue space**
  - **Community participation and neighbourhood development**
  - **Access to healthier food environments and locally sourced food**
  - **Education, skills development and employment opportunities including childcare provision**
  - **Access to healthcare infrastructure**
  - **Environmental sustainability**
6. In terms of process, ECC contends through its Public Health (PH) role, interests and expertise, that for development proposals to optimise the positive impacts they may have on health and wellbeing and to minimise any potential unintended consequences, that early advice and guidance is provided to applicants on what is expected of them

<sup>1</sup> See: EPOA guidance hosted on Uttlesford DC's website:  
<https://www.uttlesford.gov.uk/article/2719/Health-and-Wellbeing>

<sup>2</sup> See: <https://www.essexdesignguide.co.uk/>

and that these recommendations are provided early enough to influence the masterplan and/or pre-application stage. This should be led by the local planning authority, with support being available from the ECC PH team as required. If an HIA requirement is only dealt with through a validation checklist process as currently proposed by EFDC, recommendations may be made that require a development proposal to undergo substantial review and redesign at this late stage. With these considerations in mind, ECC recommends that HIA requirements are dealt with through clear and robust Local Plan policies (with the benefit of supporting guidance to reinforce them) instead of through a planning application validation list process.

**4. Is there value in requiring HIAs for allocated sites, or should the health impacts already have been assessed through the plan-making process?**

ECC Response

7. As outlined above, HIA as a tool should be highlighted to the applicant at the earliest possible stage so that advice and guidance can be given that influences master planning and initial design. An HIA is a means of making an individual site and development assessment which considers local need and allows for discussion around local issues.
8. ECC points to the EPOA guidance mentioned above as the recommended key reference point to determine which development proposals should be subject to HIA. It may be the case that at Local Plan making stage, preparing a HIA for site allocations may prove too early to address changes in circumstances, such as changes in development parameters, between that point in time and planning application / implementation stages. Developments on allocated sites, along with other (unallocated) developments would benefit most from applying HIA considerations at the earliest possible design stage, including masterplanning where that is part of the process. In practice, this would generally mean using the HIA considerations in respect of a developer / designer preparing proposals, when developments move beyond the Local Plan allocation stage towards the implementation stage, through masterplanning and / or planning application.

**5. Is the threshold for the production of an HIA at 50 dwellings proportionate?**

ECC Response

9. Yes. ECC acknowledges that this is an important question that requires careful consideration. There are no nationally agreed criteria on these thresholds. EPOA set this (developments of 50 units) as the local threshold in 2008. As well as the need to ensure that the right kinds and scale of developments are subject to HIA, further considerations include those of facilitating timely developments and not burdening applicants / developers unnecessarily, plus the resources needed to assess HIAs. In this context, ECC advises that the type of HIA should be proportionate i.e. desktop, rapid or full), with its content tailored to the case and advice can be provided on this by PH teams.

**MATTER 16: Development Management Policies**

<b>Issue 1</b>	<b><i>Are the Development Management Policies in the Plan justified, effective and consistent with national policy in respect of the specific matters set out below? Are there any other issues concerning their soundness?</i></b>
<b>Policy DM 9: High Quality Design</b>	

**19. For effectiveness, should paragraph 4.69 make reference to the Essex Design Guide? (Reps ECC).**

ECC Response

10. The EDG 2018 reiteration and update includes all elements of design including new design guidance on ageing populations, garden communities, digital considerations and health. It also includes the Sport England Active Design Principles and is endorsed by Sport England for use by local planning authorities. Reference to the EDG provides an effective signposting method for developers and planners on up-to date design guidance and standards used in Essex.

11. The EDG includes health and wellbeing for the first time. The information provided on this theme was provided by a multitude of experts including the Public Health team of ECC, Public Health England, NHS England, Community Health Partnership (now known as NHS Improvement), Active Essex, Sport England and other health representatives. Therefore, referring to the EDG would provide design guidance from multiple health stakeholders in an effective and comprehensive manner. ECC considers that since paragraph 4.69 of the LPSV focuses on design matters and quality development, this would be the appropriate place at which to include a new reference to the EDG. The Inspector is therefore respectfully requested to support this modification and recommend it accordingly.

**20. Should Part A, perhaps A(v) require design measures to promote healthy communities as suggested by paragraph 4.70 of the supporting text? (Reps ECC).**

12. Yes. ECC recommended, in its formal representations to the EFDC LPSV, that consistency was necessary between paragraph 4.70 and Policy DM 9 in relation to this matter. Discussions between ECC and EFDC towards developing the statement of common ground (SoCG) between the two parties have included this question. EFDC has agreed to propose a modification on this matter to Policy DM 9, as follows:

Policy DM 9 part A point (v)

'(v) incorporate design measures to promote healthy communities and individuals, and reduce social exclusion, the risk of crime, and the fear of crime'

13. ECC has agreed to withdraw this representation subject to this modification being proposed and accepted. The Inspector is respectfully requested to support this change and recommend it accordingly.