



Local Plan & Health Journey

For consideration by: Health & Wellbeing Scrutiny Commission

Date: 30 January 2020

Lead director: Ivan Browne

Useful information

- Ward(s) All
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1. Purpose of report

This report aims to inform the Health and Wellbeing Scrutiny Commission of health-related input to the Local Plan and the relationship built between the Public Health and Planning departments, over the past years.

- To evidence the relationship developed between Public Health and Planning departments in recent years.
- To provide details of specific health input to the Local Plan and associated policy.

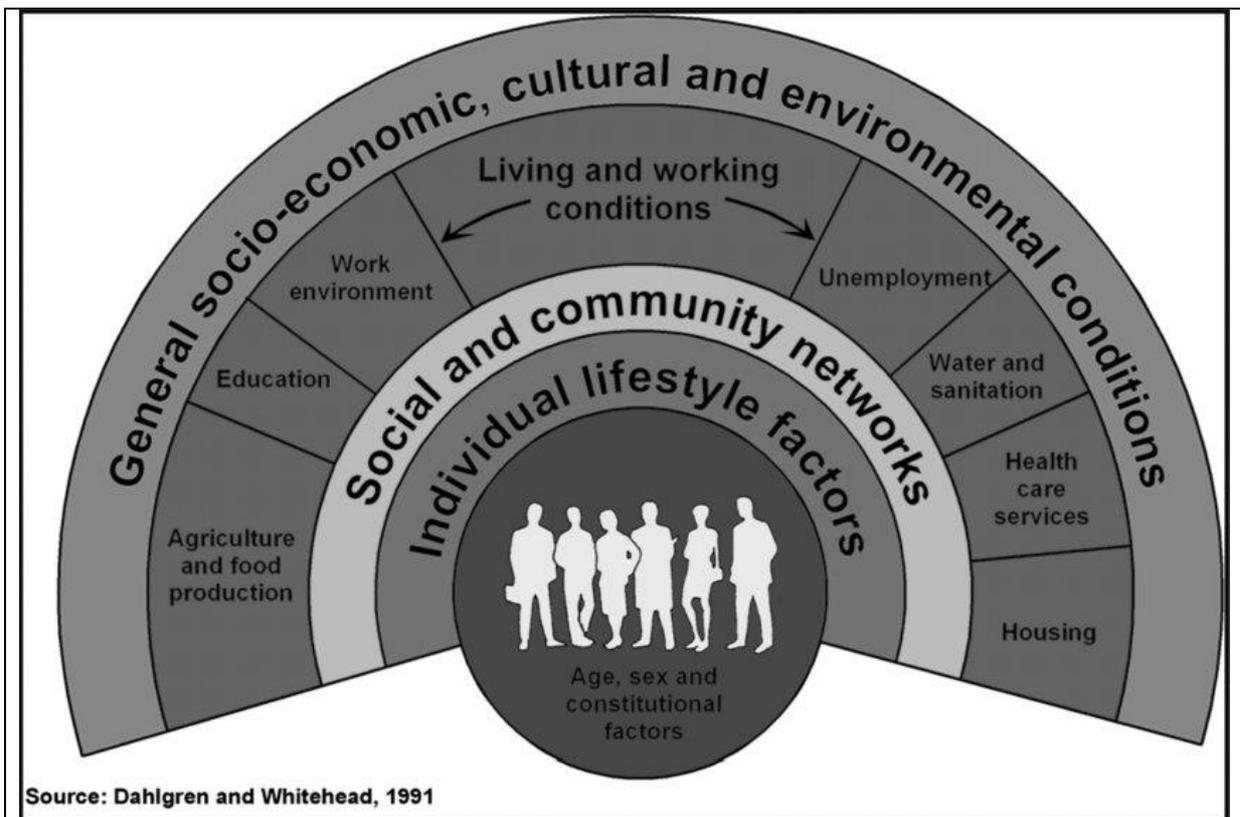
2. Report Summary *(to highlight key info /issues)*

2.1 Introduction and background

2.1.1 The Local Plan is the primary land use plan for the City. It runs for a period of 15 years. In 2013, Public Health transitioned from the NHS to the Local Authority, under the Health & Social Care Act 2020. As part of this transition, the Local Authority gained a duty to promote the health of its population¹.

2.1.2 In 2017, Public Health was restructured, and the Healthy Places team was established to link to, and influence sections of the Council and other statutory agencies, to support delivery of those factors with greatest impact on health and wellbeing, typically known as the wider determinants of health¹. These include the social and community networks and the wider socio-economic, cultural and environmental conditions in which people live, work and take recreation and are widely considered to be primary drivers of health inequalities. These are shown in the diagram on p3.

¹ The wider determinants of health are societal and environmental factors that influence and impact on health and wellbeing. Examples are education, income, employment, housing, transport, noise and air pollution, town planning, etc. Variations in experience of these factors make for the majority of health inequalities, with resulting, detrimental impact on population health outcomes.



2.1.3 At its core, the wider determinants of health agenda seeks to collectively tackle the diverse range of social, economic and environmental factors which impact on people's health. The scale of this challenge means it must be approached from multiple fronts and influencing the Local Plan to support positive health and wellbeing outcomes is one element of this.

2.1.4 Both the National Planning Policy Frameworkⁱⁱ and the Department of Communities and Local Government *Health and Wellbeing Planning Practice Guidance* (HWPPG)ⁱⁱⁱ, emphasise the importance of collaboration between the Planning system and Health to improve the health and wellbeing of local populations.

2.1.5 Leicester's Joint Health and Wellbeing Strategy 2019-2024^{iv} recognises the critical interplay between general socio-economic, cultural and environmental factors and health and wellbeing, with one of its five overarching themes being wider environment-oriented. Some of the shaping of the built and natural environment comes via Planning policy and practice.

2.2 Overview and examples of local collaboration between Public Health and Planning on the Local Plan

2.2.1 Public Health has been involved in the development of the Local Plan work since the devising of options in 2014, with the bulk of work between the two departments occurring since 2017, when Public Health developed an extensive response to the 2nd Stage Local Plan Public Consultation (Emerging Options). This response:

- Incorporated evidence of health impacts of the built environment, green and blue space, urban design and housing;
- Made an overarching recommendation outlining the cross-cutting nature of health and wellbeing, with most sections of the Local Plan offering the potential to positively impact on the health of the local population;

- Offered secondary recommendations, around the consideration of a set of national Active Design Principles, broadening the requirement for Health Impact Assessments, and seeking to increase the available space for health generating activities such as food growing within [each] local community;
- Offered two endorsements around enacting the requirements of the AQAP and proposals for controls on the proliferation of gambling shops, pawnbrokers and pay day loan shops.

2.2.2 Planning policy is deemed by public health to be one of the more effective levers to drive long-term, far-reaching health improvement in society and tangible examples of this have been the local implementation of pedestrianisation within the city centre area and efforts made to develop infrastructure to encourage active travel.

2.2.3 The degree to which our Planning colleagues have understood our recommendations and intentions is manifest in a draft of the Local Plan, in which the Health and Wellbeing section (renamed from 'Public Health and Sports' as per the Consultation response, to emphasise that health is everybody's business) has been consciously moved to the front of the document, thereby subtly demonstrating its greater priority. The prevalence of the terms 'health' and 'wellbeing' also increased considerably in the most recent draft and represents a notable reprioritisation of health and wellbeing in the primary land use policy for this City.

2.2.4 Public Health considers this to be as a result of an increasing understanding on both sides of how each can cooperate to achieve physical, emotional, mental and quality of life improvements for the people of Leicester.

2.2.5 Potential, health-specific, Hot Food Takeaways (HFTs) Development Management Policy (DMP)

2.2.5.1 Public Health and Planning have thoroughly explored and debated the potential value of a health-specific, Hot Food Takeaways (HFTs) Policy in the draft Local Plan.

2.2.5.2 A dedicated paper exploring HFTs Policy was produced in early 2018 to help planners around decisions on the potential inclusion of a policy with the Local Plan. It included a literature review, intelligence gleaned conversations from colleagues in other Councils that had incorporated such policies, and interrogation of local data received from the Planning Department, listing A5 planning applications in last 5-6 years and liaison with our environmental health department. A5 is a Planning use class for HFTs, with those premises used specifically 'for the sale of hot food for consumption off the premises.'^v

2.2.5.3 This showed that the bulk of new A5 permissions had been granted prior to this time period. The findings generally concluded that the adoption of this policy would provide a limited health impact because:

- A policy would only apply to applications for new hot food takeaways. It could not be used to retrospectively address hot food takeaways already operational or with planning consent;
- Mapping the location of hot food takeaways alongside the prevalence of local childhood and adult obesity in the City had not shown a clear association between their siting and higher prevalence of these health-impacting issues in the City;

- The geography of the City means that a HFTs Policy would mostly affect small and micro-businesses, which may have a lesser impact on childhood obesity than larger fast food outlets and may also unduly penalise independent businesses;
- There could be a significant adverse economic impact for certain areas of the city;
- The food delivery landscape is radically changing the way people can access takeaways. Companies like Uber and Deliveroo now deliver from a wide array of existing food businesses, making the physical location of the business less of a factor in accessing high calorific food than in the past. People no longer need leave their own home to get a takeaway.

2.2.5.4 There is a localised evidence threshold that needs to be achieved to receive approval for a health-specific HFTs policy. Some other areas have struggled to meet this. To help quantify the potential local impact, a draft briefing of evidence was developed in mid-2019 with steer from Planning colleagues and constructed around the Milton Keynes HFTs policy pack. The findings supported that local implementation of a restrictive policy around secondary schools would only have negligible, if any positive impact on health and wellbeing.

2.2.5.5 A local trawl of HFTs related Planning applications in the 6 years to 2018 suggested that only 0.1%-0.3% of new food establishments in the City would have been subject to a health-related HFTs Policy in each of the preceding years.

2.2.5.6 While other areas have adopted HFTs policies, effective, obesity-reducing Planning action extends much beyond such policies, including further supporting and enabling food growing, active travel and recreational activity, as the Public Health submission to the 2nd Stage Local Plan Public Consultation recommended.

2.2.5.7 Whilst no decision has been taken on the inclusion of a Hot Food Takeaways Policy in the Local Plan, there has been a recognition that there should be a focus on a whole systems approach to the obesity challenge, with an emphasis on other projects falling out of the Food Plan and the Children, Young People and Families Healthy Weight Strategy, as a potentially more effective approach than relying on controlling only one small aspect of the obesogenic environment. This approach is yet to be fully developed but has been endorsed in principle in discussions with partners such as Leicester Changing Diabetes.

2.2.6 Interim Corporate Guidance - Achieving Well Designed Homes: Residential Space Standards, Amenities and Facilities (August 2019)

2.2.6.1 This Guidance was developed by the Planning Department in response to 'concerns...about the amount of residential development that has been completed recently in Leicester which includes small units (i.e. below the Nationally Described Space Standards- NDSS), with unsatisfactory levels of residential amenity and the consequential health and social impacts on both individuals and on the character of parts of the city'. It also 'encourages developers to use the NDSS in proposals, and through application of this Guidance the Council will receive NDSS compliant developments positively'.

2.2.6.2 Public Health was involved in the development of this guidance, not least because it provides a public statement of the council's objectives and support for the

principle of introducing the NDSS, including a template to measure how applications respond to these standards. The guidance also provides some assistance to planning officers in negotiations on planning applications to improve the quality of residential accommodation through emphasising how existing policies will be applied to improve accommodation standards. As such, the guidance could contribute to the safeguarding of the health and wellbeing of the population and address socio-economic-related health inequalities. The Public Health contribution was twofold. It developed:

- A Public Health section briefly talking to the negative health impacts of limited and poorly designed residential space, amenities and facilities and the positive health and wellbeing gains from a built and natural environment that is sensitive to the needs of the population;
- An appendix introducing Health Impact Assessments (HIA), and an example of a Rapid HIA in relation to Housing Quality and Design.

2.2.7 Work to support the *Leicester & Leicestershire Strategic Growth Plan*

2.2.7.1 Public Health has worked with Planning to support the development of the *Leicester & Leicestershire Strategic Growth Plan*.

2.3 In development / ongoing

2.3.1 Discussions are ensuing around the potential for a Public Health-led Health Impact Assessment, working closely with Planning colleagues, as part of the forthcoming Local Plan Public Consultation. The Local Plan will be out for public consultation in the spring and another consultation is also planned for later in the year. There is further scope to continue to work with Planning colleagues to refine the scope of health and wellbeing the Plan.

2.4 Conclusion

2.4.1 While collaboration between Planning and Public Health can render some health and wellbeing improvements, it takes a lot of evidence and time to prepare a Local Plan and get it adopted at an independent examination so that we can start implementing those policies and see the result in new development.

2.4.2 This means, that despite the very best efforts of both professions, work to leverage the Planning system can only achieve so much. This makes it more imperative to consider work around the Local Plan as simply one tranche of wider determinants work, rather than an end in itself.

3. Recommendations

3.1 Scrutiny members are asked to:

- Note the relationship built between the Public Health and Planning
- Note wide-ranging health input to Local Plan and associated policy.

4. Financial, Legal and other implications

Financial implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext. 37 4003

Legal implications

No legal comments from a commercial perspective. This may require input from my [legal] planning colleagues.

Mannah Begum, Principal Solicitor (Commercial & Procurement), Ext. 37 1423

As the report is for noting there are no direct legal planning implications at this time.

Jane Cotton, Planning and Highways Lawyer, Legal Services, Ext. 37 0325

Climate Change and Carbon Reduction implications

There are no significant climate change implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

Equalities implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Whilst there are no direct equality implications arising from this report, the areas of work cited in the report between Public Health and Planning should lead to improved outcomes for people from across a number of protected characteristics and should help towards advancing equality of opportunity and fostering good relations, such as the adoption of the Nationally Described Space Standards (NDSS) by having housing designed to support people to live independently, safely and well.

Sukhi Biring, Equalities Officer, 454 4175

5. Supporting information / appendices

6. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a “key decision”?

No

References

ⁱ Department of Health. 2012. The New Public Health Role of Local Authorities. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf

ⁱⁱ National Planning Framework. February 2019. Available at: <https://www.gov.uk/government/publications/national-planning-policy-framework--2>

ⁱⁱⁱ Department of Communities and Local Government. 2014-2017. Health and Wellbeing Planning Policy Guidance. <https://www.gov.uk/guidance/health-and-wellbeing>

ⁱⁱⁱ Leicester City Council. 2019. The Joint Health and Wellbeing Strategy 2019-2024 <https://www.leicester.gov.uk/media/185984/joint-health-and-wellbeing-strategy-2019-2024.pdf>

^v Planning Portal. Use Classes. https://www.planningportal.co.uk/info/200130/common_projects/9/change_of_use

Footnote References

European Centre for Health Policy (1999) *Health Impact Assessment: Main concepts and suggested approach (Gothenburg Consensus)*, Brussels: European Centre for Health Policy.

Elliott E, Harrop E, and Williams GH (2010) Contesting the science: public health knowledge and action in controversial land-use developments, in P. Bennett, K Calman, S Curtis and D Fischbacher-Smith (eds) *Risk Communication and Public Health (second edition)*, Oxford: Oxford University Press