



## **Independent Examination of Fenland District Council's Core Strategy submission**

### **Matter 2- Overarching Strategy and Targets, Question 4.**

#### **Written Statement of Cambridgeshire County Council**

#### **Matter 2- Overarching Strategy and Targets-**

#### **Policy CS2- Facilitating health and wellbeing for Fenland Residents.**

***Question 4. For large developments, Policy CS2 requires that the Design and Access Statement must include commentary as to how this policy has been met. Is the stated preference for this to be demonstrated through the use of a Health Impact Assessment Necessary and justified by local circumstances? If so, should this be a requirement rather than a preference?***

#### **1. Part of the Core Strategy that is unsound**

- 1.1 Cambridgeshire County Council (CCC) considers policy CS2 contained within the Fenland Draft Core Strategy to be unsound, failing to contain robust wording to address the existing health issues which will continue to affect Fenland over the plan period to 2031. Therefore, the use of a Health Impact Assessment (HIA) is necessary and justified given the local circumstances.
- 1.2 Policy CS2 should make clear that a Health Impact Assessment (HIA) must be submitted in conjunction with all applications above a set threshold. As currently worded, Policy CS2 will not ensure that an HIA will be submitted and fails to provide realistic thresholds for the provision of an HIA. In addressing the second part of the question, the use of a HIA should be a requirement.

#### **2. Soundness criterion to which that part of the Core Strategy fails**

- 2.1 CCC considers policy CS13 unsound under the following criterion:
  - 1) Positively Prepared, and
  - 4) Consistent with National Planning Policy

#### **3. Why that part of the Core Strategy fails.**

##### **3.1 Positively prepared**

- 3.1.1. Section 182 of the NPPF outlines the Test of Soundness under which local plans should be assessed. "A local plan submitted for examination will be considered sound where it has been positively prepared, justified, effective and consistent with National Policy". In terms of being positively prepared the NPPF requires local plans to be prepared based on a strategy which seeks to meet objectively assessed development and infrastructure requirements (Para 182, bullet 1).
- 3.1.2. The strategy of the Local Plan is to assess whether the health and well being of Fenland residents is satisfactorily addressed by new development, by

requiring applicants of major developments of 250 dwellings and over to include a commentary in a Design and Access Statement showing how Policy CS2 has been met; and to 'preferably' submit a Health Impact Statement.

This strategy is unsound for three reasons:

- the scope of Design and Access Statements may not (depending on the matters arising from any development) be sufficient to demonstrate that the health impacts arising from new development and / or the requirements of Policy CS2 have been met;
- the statement that an HIA is 'preferable' and not a firm requirement means that if the Design and Access Statement is insufficient for the purpose of assessing whether health impacts have been addressed and there no firm means of requiring an HIA, it will difficult to determine if / how Policy CS2 has been met;
- the threshold for major developments of 250 dwellings plus is too high to capture the size of planning proposals typically dealt with in Fenland and does not make any reference to non-residential development. This means that the majority of proposals will not need to demonstrate that they have met Policy CS2 through an HIA, and thus impacts may remain unaddressed.

The scope of a Design and Access Statement is set out in The Town and Country Planning (Development Management Procedure) (England) (Amendment) Order 2013 as follows:

*'(3) A design and access statement shall—*

*(a) explain the design principles and concepts that have been applied to the development;*

*(b) demonstrate the steps taken to appraise the context of the development and how the design of the development takes that context into account;*

*(c) explain the policy adopted as to access, and how policies relating to access in relevant local development documents have been taken into account;*

*(d) state what, if any, consultation has been undertaken on issues relating to access to the development and what account has been taken of the outcome of any such consultation; and*

*(e) explain how any specific issues which might affect access to the development have been addressed.'*

This is very different from a Health Impact Assessment which should typically:

- appraise the potential positive and negative health and well-being impacts of the proposed development on planned new communities and the adjacent existing communities in the development area
- Highlight any potential differential distribution effects of health impacts among groups within the population by asking 'who is affected?' for the impacts identified
- Suggest actions / mitigations that aim to minimise any potential negative health impacts and maximise potential positive health impacts, referencing where possible the most affected vulnerable group(s).

(South Cambridgeshire District Council, Health Impact Assessment Supplementary Planning Document, Para 2.9).

A Design and Access Statement and an HIA have a different purpose, they are not inter changeable, and one alone cannot be relied to assess whether the full requirements of CS2 have been satisfactorily addressed by a proposal.

- 3.1.3. Policy CS2 states that development proposals “should contribute to the Council’s goal of Fenland’s residents achieving the highest attainable standard of health” and “should positively contribute to creating a healthy, safe and equitable living environment”. Health Impact Assessment is a tool which can support this policy and enable the District Council to ascertain whether the policy requirement has been met.
- 3.1.4. The Cambridgeshire Health and Wellbeing Strategy 2012-17 (see Appendix A) contains a priority to “create a sustainable environment in which communities can flourish” (priority 5) focusing on “ensuring that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term. Health Impact Assessments is a tool which can achieve this.
- 3.1.5. Currently the policy is worded so as to render Health Impact Assessments preferable rather than mandatory, particularly for developments over 250 dwellings. This strategy is unsound because it fails to provide clear guidance as to when an HIA will be required, and this absence of a firm requirement means that it may not be possible to assess if a development will meet the terms of Policy CS2, and facilitate the health and well being of Fenland residents. The District Council should require an HIA for all development of an appropriate scale and nature.

An HIA should be required for non-residential development as well as residential proposals. Both types of development can give rise to health impacts and can address / deliver the health and well being objectives set out in Policy CS2. In the case of non-residential development this can particularly address criteria 6 of Policy CS2 which concerns employment opportunities, and an HIA can assist in determining impacts / actions to be taken in this respect. Applying the requirement for Design and Access Statement / HIA’s only to one type of development will mean not all the objectives of CS2 may be met.

- 3.1.6. With regard to thresholds there is no overriding evidence to justify the threshold specified in Policy CS2. Indeed, over the past 5 years, the District Council has only received one application for over 250 dwellings (Source: Fenland District Council, see appendix B). A more realistic threshold for residential proposals would be 20 to 250 dwellings requiring an extended screening or rapid HIA, whereas a full HIA would be required for developments over 250 dwellings.
- 3.1.7. Similarly for non-residential development a threshold of between 1000 to 5000 m2 would require an extended screening or rapid HIA, whereas a full HIA shall be applicable for non-residential development for 5000 m2 and over would be appropriate. This would capture an appropriate sized application. Over the past 5 years, 34 planning applications were submitted to Fenland District council for non-residential developments with a floorspace of between 1000 – 5000 m2, whereas only eight were submitted with a threshold of over 5000 m2.

Amending Policy CS2 to take into account the above would deliver a local plan with a sound strategy and policy for ensuring that the health and well being of Fenland residents is assured.

### **3.2. Consistent with National Planning Policy**

- 3.2.1. Paragraph 17 of the NPPF, outlines the 12 core land-use planning principles which underpin both plan-making and decision-taking. The 12th principle states that planning should *“take account of and support local strategies to improve health, social and cultural wellbeing for all”*, which is also referred to within the Health and Wellbeing Policy Evidence report, dated March 2013, submitted as part of the evidence base. The report refers to the Joint Strategic Assessment Needs for Cambridgeshire (JSNA), which highlights some of the poor levels of health compared with the rest of Cambridgeshire, the East of England and national averages. Accordingly, policy CS2 does not go far enough and should insist that HIA’s are used as a requirement not a preference.
- 3.2.2. Paragraph 171 of the National Planning Policy framework (NPPF) states *“Local Planning Authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population such as for sports, recreation and places of worship including expected future changes and any information about relevant barrier to improving health and wellbeing.”*
- 3.2.3. Greater effort is required on behalf of the local authority in addressing the health concerns of Fenland. As both the JSNA and NHS Profile Fenland 2012 have identified, Fenland continues to have a number of health issues that need addressing. One of the goals of HIA is to recognise these issues and bring together the health status and needs of the local population by integrating health projects into planning policy. Without HIA’s being undertaken, it will be difficult to assess the impact that major developments will have on the health and well-being of local residents.

### **4. How the Core Strategy can be made sound**

- 4.1 The threshold of 250 dwellings as currently detailed in policy CS2 fails to take account of the scale of development that Fenland is likely to experience across the plan period. HIA’s will help address the health issues that are affecting Fenland, identifying the potential health consequences of a proposal on the population of the surrounding area and maximising the positive benefits. Lowering the thresholds for the requirement of HIA is an effective way of achieving this. Appropriate thresholds would be those contained in policy SC/2 of the South Cambs Draft Local Plan which requires HIA to be provided for planning applications for developments of “20 or more dwellings or 1000 m2 of floorspace”. Cambridgeshire County Council contends evidence relating to past planning applications shows that these thresholds are also appropriate to the applications the District Council considers, including applications for larger non residential development.
- 4.2. Policy CS2 should be re-worded to ensure applications that fall within the set thresholds must submit an HIA, and this is not a ‘preference’ but a ‘requirement’.
- 4.3 Accordingly, the revised approach and thresholds for HIA requirements will prove effective in assessing the health impacts of the proposed major development.

## **5 The precise change and wording required.**

- 5.1. Cambridgeshire County Council proposes the following amendments to policy CS2. Additional wording has been underlined, whereas the ~~striketrough~~ has been used for the deleted wording.

### ***Policy CS2 – Facilitating Health & wellbeing of Fenland residents***

*Development proposals should contribute to the Council's goal of Fenland's residents achieving the highest attainable standard of health, irrespective of their race, religion, political belief, economic or social condition, sex or age.*

*Development proposals should positively contribute to creating a healthy, safe and equitable living environment by:*

- *Creating an environment in which communities can flourish (see all policies in this plan);*
- *Creating sufficient and the right mix of homes to meet peoples needs, and in the right location (see CS3, CS4 and CS5);*
- *Assisting people to live in their own homes for as long as possible ('Lifetime Homes') (see CS5);*
- *Building homes which are easy to warm (CS14 (A)) and safe from flooding (CS14 (B));*
- *Promoting high levels of residential amenity see in particular CS7 & CS16);*
- *Creating opportunities for employment in accessible locations (see CS3 and CS6);*
- *Promoting and facilitating healthy lifestyles (see, for example, CS7, CS15 and CS16);*
- *Providing good access to health, leisure and recreation facilities (see, for example, CS7, CS13 and CS16);*
- *Providing and maintaining effective, sustainable and safe transport networks to ensure access to all essential services (see CS15);*
- *Helping to reduce crime, the fear of crime and anti-social behaviour (see CS17);*
- *Considering the equality and diversity requirements of residents and local communities (see, for example, CS5, CS7, CS16 and CS17); and*
- *Avoiding adverse impacts (see in particular CS16);*

*Development proposals should also acknowledge, and provide or protect as appropriate, the roll of allotments, farm shops and farmers markets in providing access to healthy, affordable and locally produced food.*

*All major developments will be required to produce a Health Impact Assessment to show the positive impact on the health and wellbeing of new and existing residents. These requirements are broken down as follows:*

- *For developments of 250 or more dwelling or 5000 m2 or more floorspace a full HIA will be required*
- *For developments between 20 to 250 dwellings or 1000 to 5000 m2 floorspace the HIA will take the form of an extended screening or rapid HIA.*

~~*For large developments (especially the new urban extensions and other site of 250 dwellings or more) the Design and Access statement must include commentary as to*~~

~~how this policy has been met, preferably through the use of health impact assessment.~~

## **Appendices**

### **Appendix A**

Cambridgeshire County Council - Cambridgeshire Health & Wellbeing Strategy 2012-2017 (source: <http://www.cambridgeshire.gov.uk/NR/rdonlyres/15D48C47-A6F7-4C35-B540-F0FA5168D988/0/CambridgeshireHealthWellbeingStrategy20122017.pdf>)

### **Appendix B**

Major applications to Fenland District Council between 2008-2013 (source: [http://www.fenland.gov.uk/publicaccess/tdc/tdc\\_home.aspx](http://www.fenland.gov.uk/publicaccess/tdc/tdc_home.aspx))