

**WALTHAM FOREST LOCAL PLAN
DEVELOPMENT MANAGEMENT POLICIES
- EXAMINATION**

Matters and Issues for Examination in Public:

**Health and Wellbeing
Policy DM24**

**Hearing Session – 28 May 2013
Agenda Item 7**

1. Background

- 1.1 Core Strategy policy CS13 – Promoting Health and Well Being, states, “*the Council aim to create and develop healthy and sustainable places and communities*”. In order to achieve this part B of the policy states, “*by requiring all new developments to consider how it will contribute to improving health and reducing health inequalities. Where adverse impacts are identified, the development will be expected to demonstrate how it will address or mitigate against those impacts*”.

2. Main Issues

- DM24 part A is not considered to be an effective development management policy.
- In order for it to be effective, DM24 part A needs to specify the characteristics of health inequalities on which impact would be a material consideration; it needs to set parameters by which the impacts would be judged acceptable or otherwise. The justification for DM24 part A would need to justify the chosen characteristics by demonstrating that development can impact upon them and would need to justify the level at which the impact on the chosen parameters becomes significant.
- Inspectors proposed changes to paragraph 25.6

3. Council’s overall view of, and response to, representations and Inspector’s questions. Presentation of proposed amendments.

- 3.1 Two individual representors made comments on DM26. These representors were the Lee Valley Regional Park Authority and Natural England. Both these representors have supported the policy. The Council initial responses to their comments can be found in document SD17 - Consultation Report Part I, Summary of Representations and Council’s Response. The Inspector then provided a number of additional questions. The answers to these questions are set out in document KE154 – Council Response to Inspector’s Questions. The Inspector proposed an amendment to paragraph 25.6 in response to questions 165 and 169 as discussed in paragraph 4.2.2. However, the Inspector is still not content with the response to Q160.

4. The Council’s Position

4.1 Requirement for a Health Impacts Assessment

- 4.1.1 The Council recognise the Inspector’s concerns in relation to the effectiveness of policy DM24. The Council propose to amend the policy wording to DM24 part A and paragraph 25.2 in order to make the policy ‘effective’ as follows:

- 4.1.2 ~~“The Council will require~~ All Major Developments **will be required** to submit a Health Impact Assessment in order to demonstrate how ~~the proposed~~

~~development will impact on health inequalities~~ **it will benefit the health and well being of the local community. To contribute to a healthy community proposals should:**

- **Promote high quality housing;**
- **Promote access to good community services, particularly the impact on existing health provision;**
- **Encourage healthy lifestyles, particularly by promoting cycling and walking;**
- **Minimise air pollution; and**
- **Minimise the impact of noise.”**

4.1.3 Paragraph 25.2 to be amended and expanded as follows:

4.1.4 **“The most appropriate way to assess a planning applications impact on health and reducing health inequalities is by a Health Impact Assessment.** A Health Impact Assessment (HIA) has been defined as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of these effects within the population”. An HIA is a tool to appraise both positive (e.g. improving open space) and negative (e.g. poor air quality) impacts of development on different groups in the community that might result from the development. An HIA aims to identify all these effects on health in order to enhance the benefits for health and minimise any risks to health. New development may generally bring about a number of positive impacts however, it may also result in consequences that are unintended. These unintended effects may be good or bad for a person's health.

4.1.5 **There is a clear link between the location and conditions we live in and our quality of life. Access to decent and adequate housing is critically important in terms of health and well being. The physical and mental health of those living in small and overcrowded accommodation can be adversely affected. Likewise, the provision of an inclusive outdoor space which is at least partially private can improve the quality of life. In order to provide an adequate living (both internal and external) environment, proposals should meet the requirements of CS15 – Well Designed Buildings, Places and Spaces, DM30 – Design Principles, Standards and Local Distinctiveness, DM7 – Internal and External Amenity Space and London Plan Policy 3.8.**

4.1.6 **Provision and access to good quality community services not only in the context of healthcare but also education and community facilities has a direct positive effect on human health. The use of primary care and preventative health care services is dependent on a number of factors including physical access to health facilities and transportation. In addition, poor development can restrict or hinder access in terms of orientation and layout of places and buildings, further it can restrict access to a range of services and facilities leading to disadvantage for certain groups in the community, such as the elderly, women, children**

and people with impairments. In order to demonstrate accessibility and good access to community services and public transport, proposals should meet CS13 – Promoting Health and Wellbeing, , CS3 – Providing Social Infrastructure, CS7 – Developing Sustainable Transport and with reference to the Infrastructure Delivery Plan and DM18 – Social Infrastructure proposals should assess the impact on existing health services.

4.1.7 Reducing dependence on motor vehicles and providing secure and attractive open and green space can lead to more physical exercise and reduce level of heart disease and stroke. Walking and cycling, in particular, improve our health and fitness. In order to encourage health living proposals should meet the requirements of CS13 – Promoting Health and Wellbeing, CS7 – Developing Sustainable Transport, ,DM17 - Parking, London Plan Policy 6.3 (C) Travel Plans, London Plan Policy 6.9 Cycling and DM13 – Open Space, Sport and Recreation.

4.1.8 The long-term impact of poor air quality has been linked to life-shortening lung and heart conditions, breast cancer and diabetes. Noise pollution can have a detrimental impact on health via hearing impairment, sleep disturbance, cardiovascular and psycho-physiological effects. Proposals should seek to minimise air pollution by meeting policies and standards in DM25 – Environmental Protection London Plan Policy 7.14 Improving Air Quality, at least 'air quality neutral' – Housing SPG Design standard 5.6.1, London Plan Policy 5.10 Implementing Urban Greening London Plan and Policy 5.3 Sustainable Design and Construction. They should also seek to reduce noise pollution by meeting the requirement of DM25 – Environmental Protection and London Plan Policy 7.15 Reducing noise and enhancing soundscapes.

4.1.9 HIAs are aimed at assisting applicants and agents to help identify important health impacts and ensure that proposed developments carefully consider key determinants to protect human health. **The Council recognises that different applications will have different impacts on health and health inequalities, so the exact content of an HIA should be agreed with the Council before its undertaking.**

4.1.10 It is the Council's view that the above changes address the Inspectors concerns in relation to effectiveness and that DM24 part A should be retained as proposed above.

4.2 Inspectors proposed changes to paragraph 25.6

4.2.1 The Inspector has proposed the following amendments to paragraph 25.6:

4.2.2 **“As opposed to other unhealthy foods sold in retail uses which fall within the general retailing use class, hot food takeaways are in a use class of their own and so may be managed within a specific planning policy.** In recent years there has been concern that the high number of hot

food takeaways in the borough are causing a number of detrimental impacts. **Feedback from consultation with over 2,500 local residents showed significant dissatisfaction with both the number of local Hot Food Takeaways and their impact on the vibrancy and quality of town centres.** Compared to other retail uses, an overconcentration or clustering of HFTs are likely to have a detrimental impact on amenity and on the retail character and function of a shopping centre. Such harmful impacts relate to increased incidence of litter, smells, crime and anti-social behaviour, noise and general disturbance, parking and traffic problems. Where concentrations occur in our town centres, they can pose a serious threat to the local economic vitality and viability. **The Council's Annual Monitoring Report 2011-2012 shows that the average percentage of HFTs within primary and secondary frontages is 5%. By limiting new HFTs (and improving existing ones), the viability and vitality of our town centres will be enhanced. Better town centres means a better local economy. A stable local economy enhances the opportunity to attract and retain wealth in the borough which is locally identified as a key priority."**

4.2.3 The Council confirms that it accepts these amendments.

5. **Conclusions**

5.1 The Council is of the view that further modifications to Policy DM24 and the justification in this paper above would satisfy all outstanding issues with the Health Being chapter of the Development Management Policies DPD.