



Colchester Borough Council

**Independent Examination – Section 2 Colchester
Borough Local Plan 2017-2033**

Hearing Statement – Local Planning Authority

**Main Matter 11 – Policies DM1 to DM4 – Health and
Wellbeing, Community Facilities, Education Provision
and Sports Provision**

April 2021

Main Matter 11 – Policies DM1 to DM4 – Health and Wellbeing, Community Facilities, Education Provision and Sports Provision

Are the policies relating to Health and Wellbeing, Community Facilities, Education Provision and Sports Provision justified by appropriate available evidence, having regard to national guidance, and local context and CLP 1?

- 11.1 Yes, the policies relating to Health and Wellbeing, Community Facilities, Education Provision and Sports Provision are justified by appropriate available evidence, having regard to national guidance, local context and CLP 1. National guidance relevant to all of these policies is the last NPPF Core Planning Principle, which is that planning should ‘take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.’ (para 17). The following sections address how each of those policies addresses this Core Principle.
- 11.2 Policies DM1-4 provide further detail to supplement strategic policies SP6 in Section 1 and SG7 in Section 2 which outline the overall need for new development to be supported by required community infrastructure. As the Matter 2 Hearing Statement on Policy SG7 notes, Section 1 policy SP6 states that ‘development must be supported by provision of infrastructure, services and facilities that are identified to serve the needs arising from new development’. This key strategic requirement, which has been found to be sound, is supported by all the North Essex Authorities and is then carried forward in the Colchester Section 2 Policy SG7 which reinforces and reiterates the essential need for infrastructure provision. Policy SG7 requires that ‘all development proposals must demonstrate that there is sufficient appropriate infrastructure capacity to support the development, or that new capacity can be supplied and sustained over time both in physical and financial terms’.
- 11.3 The sections below look at each of the policies DM1-4 and explain their legislative basis, the evidence base on which they are justified, and particular contribution to meeting overall infrastructure and service needs.

Policy DM1 Health and Wellbeing

- 11.4 NPPF (2012) Para 69 states that ‘The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities.’ Health providers are increasingly focusing on the wider determinants of health and

support for healthy lifestyles and the requirements of Policy DM1 are intended to strengthen this approach by requiring that: *“All development should be designed to help promote healthy lifestyles and avoid causing adverse impacts on public health...”*

- 11.5 Adopted Section 1 Policy SP6 requires that ‘essential healthcare infrastructure is provided as part of new developments of appropriate scale in the form of expanded or new healthcare facilities including primary and acute care; pharmacies; dental surgeries; opticians; supporting community services including hospices; treatment and counselling centres.’ The policy also addresses the wide goal of promoting healthy communities by requiring new development ‘to maximise its positive contribution in creating healthy communities and minimise its negative health impacts, both in avoidance and mitigation, as far as possible’.
- 11.6 The Council’s Infrastructure Delivery Plan (IDP) (2017 ([EBC 5.3](#)) and 2021 update (to be added as EBC 5.13)) provides background on the latest developments in the integrated provision of healthcare and sets out general requirements for future provision to support need. The reports caution however, that the depth and extent of healthcare transformation means the exact nature of provision, whether in expansion of existing facilities or creation of new multi-purpose hubs, makes it difficult to pin down precise requirements to meet future demand associated with development.
- 11.7 To reflect that, health and planning partners are engaged in an ongoing collaborative process to refine the requirements for health infrastructure, an ‘Update on Cooperation’ has been agreed between the Council and health partners, in the absence of time to agree a Statement of Common Ground (attached as Appendix 1 and to be available on the Section 2 Examination-Statements of Common Ground web page). It highlights joint health and planning cooperation and notes that the issue of providing healthcare infrastructure is adequately covered by the general requirements of Policies SG7 and DM1 and by the site specific health care points identified in the 2021 Infrastructure Development Plan (IDP) update (to be added as EBC 5.13). This general requirement means that no specific healthcare requirements are listed in site allocation policies to allow flexibility to meet changing needs.
- 11.8 To aid the determination of site-specific requirements, Policy DM1 provides that Health Impacts Assessments (HIAs) will be required to establish a proposal’s health-related impacts and determine appropriate mitigation requirements. The HIA process is recognised and endorsed by Government as a recommended vehicle for the above purpose of assessing health and wellbeing impacts. It provides a comprehensive and systematic process for assessing health related impacts arising from proposed development. HIA ensures that the wider

determinants of health can be factored into the assessment process, including socio-economic, lifestyle and other considerations.

- 11.9 As the HIA best practice guidance publication led by Public Health England (PHE) [Health Impact Assessment in Spatial Planning](#) states, '*Local authorities are encouraged to adopt policies that require an HIA to be carried out for certain types of developments in their local plan or spatial development processes*'. In Essex, this process is supported by comprehensive guidance in the form of the [updated Essex Planning Officer Association \(EPOA\) HIA](#) guidance (now hosted on the [Essex Design Guide website](#) pages) originally developed and introduced in 2008.
- 11.10 The development and agreement of the EPOA HIA guidance was carried out using a programme of collaborative joint working with all Essex local authorities, with the specialist input of Public Health professionals and extensive engagement with Essex-wide planning practitioners. This was undertaken to establish a consistent, evidence based and rigorous approach and methodology for HIA, so the requirement for HIAs in Policy DM1 is consistent with the planning process across all Essex LPAs.
- 11.11 The 2008 HIA guidance provided an agreed approach towards the thresholds and triggers for when HIA will be required to support planning proposals across Essex. This had regard to ensuring a proportionate approach is taken to the type of HIA work required and to be carried out for different types and scales of development proposals, according to the merits of each, on a case by case basis. The 2008 Essex Planning Officers' Association Health Impact Assessment guide has been up-dated and included in the web-based Essex Design Guide. It now includes the wider Essex Healthier Places guidance which gives more in-depth information on what needs to be considered when looking at health, wellbeing and the environment.
- 11.12 Policy DM1 provides that delivery of the health infrastructure, as determined to be required for new development in the IDP and through the HIA process, will be secured by planning conditions, Section 106 contributions or CIL. In line with national policy, all planning obligations are required to meet the tests of being necessary; directly related to the development; and fairly and reasonably related in scale and kind.
- 11.13 Policy DM1 as submitted is considered to be sound. Two minor modifications to the policy are proposed and listed in the Draft Schedule of Recommended Modifications ([CBC 1.6](#)) to add references to support for active lifestyles, reflecting representations to the Publication Draft from Sport England and the Bridleways Association. Additionally, a new paragraph 15.3, as included in the 'Update on Cooperation' in Appendix 1 is proposed to provide clarity on required

digital infrastructure improvements to support the delivery of healthcare. This will be added to the Draft Schedule of Recommended Modifications ([CBC 1.6](#)).

Policy DM2 Community Facilities

11.14 Paragraph 69 and 70 of the NPPF encourage planning authorities to:

create a shared vision with communities of the residential environment and facilities they wish to see the residents of those communities reflecting the facilities they wish to see.

This involves provision and use of shared space, community facilities and other local services, along with guarding against unnecessary loss of valued facilities. More specifically, as part of supporting prosperous rural economies Paragraph 28 of the NPPF 2012 addresses the importance of promoting the “retention and development of local services and community facilities”.

11.15 Policy DM2 is designed to safeguard existing community facilities whilst ensuring new developments deliver and/or make appropriate and proportionate contributions towards essential infrastructure required to support community wellbeing. The Local Plan Glossary provides a definition of community facilities. It is a wide-ranging list to reflect the many sorts of facilities that are required to support active communities, such as shops, pubs, places of worship, schools, libraries, community centres, health facilities, playgrounds, sports facilities, museums, and cemeteries.

11.16 Policy DM2 carries forward the Council’s established planning policy approach to community facilities found in Development Policy DP4: Community Facilities, in the 2001-21 adopted local plan, which also sought to both protect existing facilities and provide for new ones. In the first instance, Policy DM2 seeks to retain existing community facilities where they meet or will meet an identified need. It requires that those proposing a development that would result in the loss of community facilities, demonstrate that an alternative, equivalent facility either exists or could be provided within walking distance of the locality; or that it has been proven that the community facility is not economically viable and has been sufficiently marketed to establish whether there is any interest for any alternative community use / provider.

11.17 Policy DM2 also covers the need for new community facilities and requires that new development should either provide or contribute to the cost of provision of new community facilities to meet the needs of new and expanded communities. There are a variety of ways with which the Council identifies community facility need, including regular consultation with key community groups and Parish/Town Councils, and audits of existing facilities. Specific contribution requests are informed by Building Cost Information service (BCIS) cost estimates for community centres and Census figures for average household size.

11.18 The wording of Policy DM2 as submitted is considered sound, but would benefit from the following two recommended minor modifications:

- To clarify that criteria (iii) applies to both criteria (i) and (ii) by adding the words “**(in both cases)**” after ‘and’ at the end of criteria (ii). This would mean that all proposals where the loss of a community facility is involved would, in the first instance, need to demonstrate that the existing facility could not be viably used or marketed before the consideration of an alternative nearby facility or use.

- Addition of a new criteria (iv) as suggested by Essex County Council which would ensure state funded schools are excluded from the policy's provisions. As currently worded, Policy DM2 could prevent the relocation of a school into new buildings or the sale of an asset to fund improved education services. The change will also ensure consistency between Policies DM2 and the coverage of education issues in DM3. These are referenced in the SoCG with ECC (to be added to Statement of Common Ground examination webpage)

11.19 The Council has clarified with the University of Essex in its Statement of Common Ground (to be added to Statement of Common Ground examination webpage) that any community use of its facilities is ancillary to its primary use as a university and that it is not covered by the criteria in Policy DM2 on loss of community facilities. It notes, however, that any open space in the University would be subject to the criteria in Policy DM17 relating to loss of public or private open space.

Policy DM3 Education Provision

11.20 Paragraph 72 of the 2012 NPPF states that:

The Government attaches great importance to ensuring that a sufficient choice of school places is available to meet the needs of existing and new communities. Local planning authorities should take a proactive, positive and collaborative approach to meeting this requirement, and to development that will widen choice in education.

11.21 In this instance, the key collaborator for the Council as the Local Planning Authority is Essex County Council (ECC). ECC is the relevant authority as defined by the Education Act 1996 responsible for providing sufficient school places in Colchester. ECC's local education authority role also includes early years and childcare, Special Education Needs and Disabilities, and Post 16 education. The Statement of Common Ground agreed between ECC and Colchester Borough Council (to be added to Statement of Common Ground examination webpage) confirms the collaborative approach to education planning taken by the authorities. ECC publishes a yearly 10-year Schools Organisation Plan for Essex school places which informs and is informed by future growth plans as set out in Essex authority Local Plans. ECC education

requirements have been documented in the Infrastructure Delivery Plan 2017 ([EBC 5.3](#)) and 2021 Update (to be added to examination website as EBC 5.13)

- 11.22 The first section of Policy DM3 seeks to protect existing educational facilities. It provides a criteria-based approach to considering any proposals which would involve the loss of such a use. They would need to meet three criteria:
- (i) No other alternative educational, or community use can be found;
 - (ii) Satisfactory alternative and improved facilities will be provided; and
 - (iii) The area of the site to be redeveloped is genuinely in excess of government guidelines for playing field provision, taking into account future educational projections.
- 11.23 The second section provides that the Local Planning Authority will respond positively to applications for the creation of new school and education facilities. These applications would include those generated by the requirements of Policies SP6, SG7 and DM2 for new development to provide or contribute towards the provision of infrastructure. Policy DM2 specifically mentions education as an element of required community facilities.
- 11.24 ECC have suggested modifications to ensure the policy is positively worded and consistent with Policy DM2, as proposed to be modified. For both policies DM2 and DM3, ECC have suggested modifications to allow for educational facility redevelopment where appropriate. The wording suggested for Policy DM3 provides that such proposals would be supported where the local community is and will remain adequately served by alternative provision and receipts from the sale of the land will be invested in improved or expanded education facilities in the locality. These recommended minor modifications are referenced in the SoCG (to be added to the Examination website) and will be added to the Schedule of Recommended Modifications.

Policy DM 4 Sports Provision

- 11.25 NPPF 2012 recognises that the planning system can support healthy, inclusive communities and can help achieve this through planning positively for ‘the provision and use of shared space’ including sports venues alongside other facilities (Para 70), as well as guarding against the loss of such facilities, and ensuring their enhancement in line with need.
- 11.26 Para 73 identifies that ‘Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and well-being of communities’ and that policies should be based on assessments of the ‘... needs for open space, sports and recreation facilities...’ and that these should be used to inform what provision is required. Para 74 states that existing open

space, sports and recreational buildings and land should not be built on in most circumstances.

- 11.27 Policy DM4: Sports Provision identifies that Colchester Borough Council will work with sports providers, to protect, enhance and deliver new sport and leisure facilities. It recognises that new strategic facilities will be delivered at hub sites, helping to deliver the sport and leisure needs identified in the [EBC 5.8 Indoor Sports Facilities Strategy June 2015](#), [EBC 5.11 Playing Pitch Strategy and Action plan June 2015](#) and in any relevant governing body sports development plans. New residential development ‘... will also be required to contribute to the provision or enhancement of sport or leisure facilities where a need has been identified’. These contributions will be proportionate and evidence-based as required by the CIL tests of reasonableness contained in national legislation.
- 11.28 The policy allows for development on existing facilities in a limited criteria-based manner.
- 11.29 The Vision for North Essex in CLP1 emphasises that ‘Sustainable development principles will be at the core of the strategic area’s response to its growth needs, balancing social, economic and environmental issues’ and that ‘Green and blue infrastructure and new and expanded education and health care facilities enabling healthy and active lifestyles will be planned and provided along with other facilities to support the development of substantial new growth...’
- 11.30 Policy SP8 Development and Delivery of a New Garden Community in North Essex identifies that development needs to comply with a number of principles including that the new community will be structured to create ‘... sociable, vibrant and walkable neighbourhoods with equality of access for all to a range of community services and facilities including health, education, retail, culture, community meeting spaces, multi-functional open space, sports and leisure facilities.’ It also is clear in Policy SP9 Tendring/Colchester Borders Garden Community that any planning application will address ‘the provision of sports areas with associated facilities; and play facilities’. And ‘Indoor leisure and sports facilities will be provided within the new community, or contributions made to the improvement of off-site leisure facilities to serve the new development.’
- 11.31 The Council accepts Sport England’s recommendation to note the potential for community use of school sports facility and will add the following amendment to the Proposed Schedule of Recommended Modifications (CBC1.6):

*The Local Planning Authority will seek to secure community use as part of all new strategic sports proposals and as part of other smaller sport and leisure schemes submitted, **including school sports facilities**, where it is practical to do so*

Do policies DM1 to DM4 provide clear direction as to how a decision maker should react to a development proposal?

- 11.32 Yes, policies DM1 to DM4 provide clear direction as to how a decision maker should react to a development proposal. The policies establish requirements for the infrastructure needed to ensure new development plays its part in building healthy, inclusive and active communities. They ensure that existing facilities are retained wherever possible and that new community facilities should be provided as part of development where appropriate, or alternatively, that a proportionate contribution should be made to community facilities. They provide detail on the more general requirement of Section 1 Policies SP6 and Section 2 SG7 which require that all new development should be supported by, and have good access to, all necessary infrastructure.
- 11.33 As the Council's Matter 2 Hearing Response on Policy SG7 notes, all planning obligations are required to meet the tests of being necessary; directly related to the development; and fairly and reasonably related in scale and kind. This is in line with national policy contained in the 2010 CIL regulations (122) and Planning Practice Guidance.
- 11.34 All planning obligations concerning provision of community facilities, including health, education and sports provision, will therefore be justified based on the particular circumstances of each case. This means that the Council will require each request for development to contribute to infrastructure provision to be tied to a clear evidence base demonstrating its necessity and relationship to the site. The Council's Infrastructure Delivery Plan 2017 (EBC 5.3) and 2021 Update (EBC 5.13) contain information on the requirements arising from Local Plan allocations for health, education and sports provision. Requests for funding for Borough-wide and strategic projects will be made on the basis that residents/users of the development will benefit from the project and that the amount requested is proportionate to the scale of development proposed. The Council's planning policies provide, as national guidance requires, sufficient flexibility to take into account viability considerations.

Appendix 1

Update on Cooperation

CBC and North Essex CCG (on behalf of Suffolk and North East Essex ICS partners, particularly East Suffolk and North Essex Foundation Trust (ESNEFT), Essex Partnership University Trust (EPUT), East of England Ambulance Service Trust (EEAST))

April 2021

Section 2 Policies related to Health and Wellbeing

1. Colchester Borough Council has been working in cooperation with health sector colleagues including North Essex CCG on a range of health-related matters including development of policies and proposals in the emerging Colchester Local Plan, the Tendring Colchester Borders Garden Community, and securing s106 legal agreements from larger developments towards health infrastructure. Currently, to continue this collaborative approach to address the wider planning impacts of health care infrastructure requirements, a series of workshops on developers' contributions is underway. Whilst the Council and NHS colleagues would have liked to have entered into a Statement of Common Ground in the run-up to the examination hearings for the Section 2 Local Plan, health colleagues are currently under significant pressure in responding to the COVID-19 pandemic and the tight timescales for the examination have not been sufficient to achieve the full signing off process which would normally involve an all-service response from different sections of the NHS.

2. The North East Essex CCG submitted largely supportive comments to the following Section 2 Local Plan. It noted that the NHS needed to be fully engaged in the process of delivering the infrastructure covered by Policy SG7 (Infrastructure Delivery and Impact Mitigation). The specific need for health infrastructure to support proposed allocations was highlighted at Middlewick (SC2), Stanway (WC2), Rowhedge (SS13) and Tiptree (SS14). The CCG welcomed the commitment to Health Impact Assessments in Policy DM1: Health and Wellbeing and did not suggest any amendments to the policy.

3. Accordingly, the only potential modifications arising from the CCG comments concern the precise wording to be attached to health infrastructure requirements in to serve the specific areas noted above. On this point, the Council considers that the issue of providing healthcare infrastructure is adequately covered by the general requirements of

SG7 and DM1 and by the site specific health care points identified in the 2021 Infrastructure Development Plan (IDP) update to be added to the Council's evidence base and that no specific healthcare requirements should be listed in site allocation policies. Relying on this general requirement and the latest IDP update will permit flexible solutions for each site that address changing forms of healthcare provision and will provide facilities that are based on the specific requirements identified in Health Impact Assessments.

4. The Council has been having ongoing constructive conversations with Mrs. Jane Taylor who is intending to appear on behalf of NHS North East Essex CCG on 27th April 2021 in relation to Matter 11: Policies DM1-4. In particular, this is to advise that there have been discussions around the way in which the provision of primary care is changing to embrace digital channels, something that was not fully reflected in the text of the Section 2 Plan as submitted in 2017.

5. In the absence of a Statement of Common Ground, the Council has agreed with the CCG the following approach to Section 2 and any proposed modifications:

a) In terms of Place Policy references to healthcare provision, agreement on cross-reference to Policies SG7 and DM1 means that the CCG is no longer requesting additional new health criteria for policies on Middlewick (SC2), Stanway (WC2) and Tiptree (SS14). The following modification would be proposed to be added to the Schedule of Proposed Section 2 Modifications:

Deletion of Rowhedge Policy SS13 criteria (iv) *Provision of new health services to be agreed with the North Essex Care Commissioning Group*

b) to provide clarity on required infrastructure improvements to support the delivery of healthcare;

New Paragraph 15.3 to precede Policy DM1: Health and Wellbeing

Primary care is adopting a Digital First approach to primary care investment. An agreed Integrated Care System Road map for Suffolk and North East Essex was introduced in 2019, many of the initiatives were brought forward as a result of the response to Covid 19 and have already proven successful. GP practices, care homes and community service providers have been using telephone/video consultations, smartphone applications to enable patients to request prescriptions and appointments. Practices within Primary Care networks will enable digital first options to improve fast access to primary care, reducing waiting and travelling time for patients, services will include outpatient follow up appointments and medication reviews. Consequently, the need for high speed broadband access and flexibility in terms of the provision of digital health infrastructure to any new housing development is crucial in order to ensure the success of the Digital First approach.

