



Health and Wellbeing

Background Paper

November 2024



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1. Introduction and policy context

This background Health and Wellbeing paper sets out the context and reasons for the policy position the Council is taking on health and wellbeing as part of its 'Regulation 19' (Proposed Submission) consultation. This paper outlines the impact of the 'Regulation 18' (Issues and Options) consultation by summarising the main concerns raised by respondents during the Issues and Options stage and presenting the new evidence that has emerged subsequently.

The National Planning Policy Framework (NPPF) and Planning Practice Guidance (PPG) provide the context for promoting health and wellbeing within plan-making. In compliance with the Planning and Compulsory Purchase Act 2004, plans must identify strategic policies and non-strategic policies, although, in the case of health and wellbeing there is a singular strategic policy.

The first stage of the Local Plan Review process was undertaken in summer 2023 when the 'Regulation 18' ('Issues and Options') consultation was held between 18th July and 29th September. It should be noted that at this time the NPPF was the version published on 20th July 2021, and it was this version under which the consultation documents were prepared. Since then, further versions of the NPPF have been launched, in September and December 2023. The latter version is the one under which the Regulation 19 Plan has been prepared and any implications for this are set out in this paper. It is important to note that, at the time of writing, a new NPPF is expected, following a government consultation in Summer 2024.

Chapter 2 of the NPPF (2023) sets out the principle of achieving sustainable development whilst understanding that the health status and needs of the population are integral parts of the development process. To achieve sustainable development there are three mutually supportive objectives: economic, social and environmental, of which the social objective encompasses the need for development "to support strong, vibrant and healthy communities" that have "accessible services and open spaces that reflect current and future needs and support communities' health."

Chapter 8 of the NPPF promotes health through the creation of healthy and safe places for communities, and the [Planning Practice Guidance](#) provides further clarification of the role planning has in advancing health and wellbeing. Paragraph 96 of the NPPF demonstrates this through highlighting that “planning policies and decisions should aim to achieve healthy, inclusive and safe places and beautiful buildings.” This paragraph indicates that this can be achieved through mixed-use developments and pedestrian-friendly street layouts, ensuring safety and accessibility with well-designed public spaces, and supporting healthy lifestyles with green spaces, sports facilities, and infrastructure that encourages walking and cycling.

Paragraph 97 demonstrates how planning policies and decisions can provide the social, recreational and cultural facilities and services the community needs. This paragraph shows how it is important to plan for shared spaces and facilities, support local health and wellbeing strategies, prevent the loss of valued services, ensure that shops, facilities and services modernise, and use an integrated approach for locating housing, economic uses and community facilities and services.

Paragraph 102 says that “access to a network of high-quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities.” It states that planning policies need to be based upon up-to-date needs assessments and opportunities for providing open space, sport, and recreation facilities. These assessments can determine what is needed and plan how to accommodate this.

Policies To Be Reviewed

There is one Health Policy (HW1: Health and Health Impact Assessments (HIA). Health Impact Assessments (HIAs) are helpful tools for determining planning applications where there will be potential significant effects upon health and wellbeing. Therefore, updates to this health policy were suggested as part of the Regulation 18 consultation.

2. Suggested approach at Issues and Options and the evidence base

Evidence Base

The way places are planned, designed, built, and managed has a significant influence over how communities can live healthy and fulfilling lives. Research shows that 60% of people's health status is determined by their socio-economic and physical environment.

The NPPF and the PPG formed the basis to the suggested approach at the Regulation 18 Stage of the Coventry Local Plan Review. Public Health England's LA Health Profile 2019, the English Indices of Multiple Deprivation (IMD) and the Office for National Statistics (ONS) provide a variety of data on health and wellbeing indicators in Coventry. This data presents a diverse selection of information on Coventry's health and wellbeing, as well as highlighting significant inequalities that exist across Coventry's neighbourhoods. For instance, the average life expectancy at birth in Coventry for 2017-19 was 82.2 years for females and 78.7 years for males, both of which were notably lower than the England average; not to mention the wide gap which means someone living in amongst the city's more deprived neighbourhoods die on average 10 years younger than a person living in amongst the city's least deprived neighbourhoods. Also, whilst Coventry is a relatively young city compared to the national average, there is an increasingly ageing population, which brings with it related health issues, such as over the Local Plan period there will be a 21% increase in the number of people aged 65+ with dementia and a 20% increase in those aged 65+ with mobility problems. As a result, the [One Coventry Plan](#) seeks to reduce the differences in health inequalities and health outcomes that exist in the city and improve wellbeing.

Furthermore, since 2013 Coventry has been recognised as a Marmot City and participated in the UK Marmot Network, adopting many principles of this into the 2017 Local Plan. Town planning can contribute so much to the health of our population, and Coventry as a 'Marmot City' is dedicated to this. This means Coventry City Council is committed to improving public health and tackling the health inequalities that exist

across the city, through the Marmot Principles. Coventry City Council aims to reduce prevent and tackle health inequalities by embedding the following Marmot Principles:

1. Give every child the best start in life
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives
3. Ensure healthy standard of living for all
4. Create fair employment and good work for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle racism, discrimination, and their outcomes
8. Pursue environmental sustainability & health equity

The Local Plan review seeks to further align with this corporate strategy by strengthening the Marmot City approach by supporting the social and economic development of the city as well as improving access for residents to social infrastructure, public transport, open green space, education and employment and good quality housing for all. Creating healthy places for the future, where the healthy choice is the easy choice for residents.

Moreover, climate change and reducing emissions in the city is a fundamental issue that underpins all policies of the Local Plan review. The five development pathways in the Council's Climate Change Strategy, which was in draft form at the time of the Issues and Options consultation, are crucial for improving health and wellbeing. These comprise:

1. Lower emission developments and achieving a net zero future;
2. Improving the circular economy in terms of recycling and reusing resources;
3. Ensuring developments protect habitats and the city's wildlife;
4. Resilient developments (such as improving the energy efficiency of homes) so the city can better cope with the consequences of climate change and so it can better anticipate, prevent, absorb and recover from shocks; and
5. Fairer green developments that address the effects of climate change on vulnerable and low-income families.

Tackling climate change is an integral part of the One Coventry Plan, with the other key priorities being increasing the economic prosperity of the city and region and improving outcomes and tackling inequalities.

These are themes which are addressed throughout the plan, not just through the policies on health, because like climate change, health is a cross-cutting issue. Also, there are other intersectional issues that are covered in this chapter, as well as others, due to the cross-sectoral nature of health, this includes: housing, transport and accessibility, education and employment, access to green and open space, social infrastructure, designing safe and healthy places, environmental hazards and food environment.

In addition, [the Coventry Health and Wellbeing Strategy 2019-2023](#) provided a plan for reducing health inequalities and improving health and wellbeing across the city. In terms of improvements across Coventry's health indicators, the strategy highlighted the importance of not viewing health in isolation and instead recognising the need to improve a variety of factors collectively. [The Coventry Joint Strategic Needs Assessment \(JSNA\) 2019](#) provided an extensive range of evidence about health and wellbeing across Coventry to assist understanding about local people and communities and to aid decision-making.

Suggested Approach

The data and evidence discussed in this section can be explored in further detail in the [Health Topic Paper 2023](#). At the Issues and Options stage this selection of information and data indicated the need for, and importance of, updating Policy HW1 given the need to address the health and wellbeing challenges present across the city through planning. This is because Policy HW1 reflects the Council's priorities for promoting good health, reducing the disparities in deprivation across the city, addressing health inequalities and underpinning our Marmot City approach. As a result, we proposed change to Policy HW1 to better recognise the importance of considering health outcomes through the planning system. This is because, Policy HW1 only requires major developments, that meet defined criteria to undertake a HIA, with the associated Health Impact Assessment Supplementary Planning Document (SPD) setting out the criteria for this in detail.

The Council concluded that every major planning proposal should have specific regard to health matters. As a result, the Issues and Options Consultation suggested that Policy HW1 should be altered and expanded so that all major applications (proposals for 10 or more homes) are required to demonstrate how they have considered relevant health and wellbeing issues through the submission of a supporting health statement or included as within the Design and Access Statement. At this stage it was also proposed that the threshold for when a full HIA must be carried out for housing developments should be lowered from the current 150 dwelling threshold. This was because many of Coventry's housing sites are smaller than 150 homes but can still have a significant impact upon people's physical and mental health. It was considered that the threshold would have to balance the Council's priority to protect and improve the health of residents whilst also keeping it proportionate to the size and type of development proposals.

To ensure better consideration of health outcomes through the planning system, but also to ensure the process was not too onerous, a checklist was proposed for major developments that do not trigger the need for a full HIA. The checklist would require developers to demonstrate how their proposal considers health and wellbeing. We suggested that one way of achieving this could be through the validation criteria, requiring applications to address the aforementioned health related topics through their Design and Access Statements, or through a supporting health statement. It is also suggested that for Outline applications this should be demonstrated and addressed at both the Outline and detailed stages to reflect the evolution of development proposals from gaining outline planning permission to the reserved matters being submitted. It also considered, at this stage, that the Health Impact Assessment SPD ultimately needs updating in line with any changes that are made during the review process.

In summary, the Issues and Options consultation suggested that an expanded Health and Wellbeing policy would expect new development to help improve the quality of life within the city through promoting healthy lifestyles, supporting the creation of healthier communities and helping to reduce health inequalities.

3. Summary of key issues raised by respondents at Issues and Options

Regarding Policy HW1 responses to four questions were sought at the Issues and Options stage. While this section gives a brief summary of these, all representations and supporting evidence from the consultation are published on the Local Plan Review section of the Council's website.

Firstly, there were mixed responses, with a range of comments received, to the question concerning the expansion of the policy so that all major developments are required to demonstrate how health issues have been considered and addressed either within the Design and Access Statement or a separate supporting health statement.

Those in support of the proposal felt that the Health Impact Assessment should also be updated, and that this should include PBSA. Whereas those objecting indicated that the proposal would be excessive and that the process was unclear. There were further comments suggesting that it would be more appropriate to consider health impacts through the Design and Access Statement, that a change to the threshold would need to be justified and that Health Equality Impact Assessments would be more affected. Additional remarks were made about the need for health infrastructure. There was one comment that there was no Health Impact Assessment for the Regulation 18 document.

With regards to the question requesting comments on the proposed checklist and its content, several respondents suggested topics which they felt should be included, e.g. transport, parking, energy efficiency, active lifestyles, health infrastructure, air quality. Some respondents argued that health should not be 'split out' and felt that it should underpin all policies whilst others said it was too onerous or duplicated other policy areas. Others were concerned that health related infrastructure had not been delivered. It was also commented that neighbourhood planning could play a role.

There was a mix of responses to the question on the proportional threshold for housing developments requiring a full HIA. Different thresholds were suggested, such as the policy remaining unchanged at 150 dwellings or more, or being reduced to 100 dwellings or more, or 50 dwellings or more. Some responses felt that a HIA should be required on a case-by-case basis whilst others had differing views on what level should trigger a full HIA. Some felt other developments, not just residential, should also require HIA. Others felt that the Design and Access Statement was an appropriate place to address health matters.

Concerning the question requesting comments on the stage at which HIAs and health checklists should be required most respondents felt that it should be required at both the outline approval and reserved matters stages. However, there were several objectors who felt that this would be unduly onerous. From this, further recommendations and suggestions were made, such as, HIAs should only be required at outline stage unless it was clear that further detail would be needed later; HIAs should only be required for full/reserved matters applications; and HIAs should set out broad principles/parameters for outline applications (which could sit within a DAS or be dealt with through a screening approach) then could move into a full assessment at the Reserved Matters stage.

4. Policy changes to address the evidence and comments received

Policy HW1 has been updated to address comments from the Issues and Options Consultation and internal discussions between the Public Health team and planning officers.

The representations supported the suggestion to update the policy to include a requirement for all major developments that don't trigger a full Health Impact Assessment (HIA) to consider health via the Design and Access Statement or separate supporting health statement and for further guidance to be included in an updated Health SPD. The representations also signified that the threshold for requiring a full HIA should remain as per current policy, but clarification is needed for when less traditional types of residential accommodation will require a HIA if these are for 150 bedspaces and over.

So, further to the representations received and further to consultation and discussions with Public Health officers, it has been decided that to keep policy requirements proportionate and so they don't become overly onerous, the threshold for developments required to undertake a full HIA should remain as per current policy (150 dwellings or more or a site area of 5 hectares or more) and that this should be for all forms of residential developments. This includes for example, developments providing 150 PBSA or co-living bedspaces and over. As a result, the explanatory text of HW1 has been revised in line with the changed policy wording with further detail to be included in an updated Health SPD, which is currently being worked on.

To address the new requirement that all major developments that don't meet the full HIA threshold need to consider the health implications of their proposals, point 1 of Policy HW1 has been updated and a new point 4 has been added to reflect this. As stated above, this approach is considered proportionate and reasonable to identify the health implications of all major developments. The new policy wording also states the need to consider health matters in line with an updated Health SPD.

The reference in Part 3 of Policy HW1 to CIL has been removed and replaced with a broad reference to developer contributions to ensure resilience given potential planning reform.

5. Conclusions

The Coventry Local Plan Review has sought a well-developed and clear policy on health and wellbeing that ensures health outcomes are better considered through the planning system. This is vital to assist planning policy in guiding the City of Coventry to a healthier and happier future. This background paper has explored updates made to the health and wellbeing chapter, including changes to Policy HW1: Health and Health Impact Assessments (HIA). In summary, these updates to policy include:

- Guidance for incorporating health considerations into schemes that do not meet the full HIA threshold.
- Revisions to the explanatory text to include a requirement for HIAs for all residential development.
- The HIA SPD will be reviewed and updated, and this update is referenced in policy.
- Policy reference to CIL has been replaced with broader reference to developer contributions to ensure resilience to planning reform.