

Scrutiny Board: Health – 15 December 2009

Briefing Note

Local Development Framework

Context

1. Following reforms to the national planning legislation in 2004 (Planning & Compulsory Purchase Act), local planning authorities are now required to prepare Local Development Frameworks (LDF) for their areas. The LDF is not a 'single plan' but the term for the collection of Local Development Documents produced by the local authority, which collectively delivers the spatial planning strategy for its area (taking into account economic, social and environmental issues). Local Development Documents (LDDs) in turn include the Core Strategy, Area Action Plans, thematic Development Plan Documents and Supplementary Planning Documents. Such documents need to where possible reflect the priorities established through Sustainable Community Strategies (SCS) and Local Area Agreements (LAA). It should be noted also that LDDs prepared at a local level, must also be in general conformity with the relevant Regional Spatial Strategy (RSS), which also constitutes part of the Development Plan.

The LDF in Leeds

2. Within this overall context, in Leeds, work is underway across a number of Local Development Documents (agreed with the Secretary of State via the City Council's Local Development Scheme). The principal documents are the Core Strategy, Area Action Plans, the Natural Resources & Waste Development Plan Document and a number of SPDs (including the Biodiversity & Waterfront and Eastgate and Harewood Quarter SPDs, which have since been adopted by the City Council). The Regional Spatial Strategy for Yorkshire & the Humber was Adopted in May 2008 and as a consequence, the range of LDDs currently in production will need to be in general conformity with this document.

The Core Strategy

3. The Core Strategy is the overarching and central document of the LDF process. Recently revised Government guidance (Planning Policy Statement 12: Local Spatial Planning) has reaffirmed and elevated the role of the Core Strategy, both as part of the LDF and as an element of the overall strategic planning across a local authority area.
4. In describing Core Strategies, PPS 12 (Section 4), indicates that they need to provide the following:
 - i) an overall vision which sets out how the area and the places within it should develop,

- ii) strategic objectives for the area focusing on the key issues to be addressed,
 - iii) a delivery strategy for achieving these objectives. This should set out how much development is intended to happen where, when, and by what means it will be delivered. Locations for strategic development should be indicated on a key diagram; and
 - iv) clear arrangements for managing and monitoring the delivery of the strategy.
5. In Leeds, work commenced on the Core Strategy in 2006 and following an initial period of informal consultation (September – December 2006), to help scope the overall approach, Issues & Alternative Options consultation took place in October – December 2007. Following on from this work, the Core Strategy ‘Preferred Approach’ has been prepared for a further period of informal consultation (26 October – 7 December 2009), with a view to formal Submission to the Secretary of State (for Public Examination in Autumn 2010 and Adoption in early 2011).
6. The public health agenda is integral to the LDF. As noted above, the LDF and the Core Strategy in particular, must take into account a wide range of economic, social and environmental issues. It is not the role of the Core Strategy however to duplicate national guidance or related strategies but to give ‘spatial expression’ to addressing identified issues, though relevant strategic objectives and policy approaches. The emerging Core Strategy therefore seeks to give spatial expression to the importance of public health via the need to tackle deprivation in priority areas, the need to retain and enhance the quality of the physical environment (including Green Infrastructure & Greenspace provision and connectivity), promotion of walking and cycling and through the provision of health care facilities in appropriate locations.
9. The Vision for Leeds (Community Strategy) is a key element in informing the overall strategic approach of the Core Strategy. Consequently, the longer term ambitions for ‘going up a league as a city’, ‘developing Leeds’ role as the regional capital’ and ‘narrowing the gap between the most disadvantaged people and communities and the rest of the city’, have provided an overarching context for the “Spatial Vision” of the emerging Core Strategy document. The focus of this is “For Leeds to be a distinctive, competitive, inclusive and successful city, for the benefit of its communities, now and in the future.” In support of this approach a series of key priorities are emphasised (including the desire for the communities of Leeds to be places “...where people are able to realise their full potential, have good health, access to good quality homes, jobs and education, and enjoy a good quality of life”.
10. These approaches are then developed further through a series of interconnected Strategic Themes and Spatial Objectives. In particular, within the Sustainable Communities Theme, the desire to support

sustainable and inclusive communities in support of good public health via SC.2 (the improvement in provision of a wide range of high quality health, education, cultural, and leisure facilities, as the focus for communities, and with extended community use and linkages) and SC.3 (the creation of new buildings and spaces around them, which are of high quality and enhance the local environment in providing positive and distinctive character, a strong sense of place and allow the wider connectivity and accessibility of areas), is highlighted. Policy SC6 of the Preferred Approach also makes explicit reference to the need for high quality health facilities, the sustainable location of facilities and the need to work in partnership with a range of agencies, in the delivery of ‘...modern and joined up healthcare provision in sustainable and accessible locations, targeted towards the needs of local communities, and aiming to reduce spatial health inequalities across the District’.

Current Planning Policies

11. Following the introduction of the LDF system of plan making, it is recognised in national legislation, that transitional arrangements are necessary to allow existing planning policies (where they remain relevant and consistent with national planning requirements) to be ‘saved’, until they are replaced by new LDF policies.
12. In Leeds, following consideration by the Secretary of State, relevant policies contained as part of the Adopted UDP and subsequent UDP Review (2006) have been saved. These policies consequently provide a local planning policy context to support public health priorities, where these can be directly addressed via the planning system. The UDP policies in turn cover a diverse range of General and Topic based policies in support of the wider public health agenda. These include the need to address amenity and health issues as part of detailed planning considerations (GP5) and well as detailed policies in relation to Environment, Transport, Housing, Leisure, Urban Regeneration and Access for all, which support the need for good public health through their intent and scope.
13. As noted above (paras. 1 & 2), the City Council is also progressing a number of Supplementary Planning Documents as part of the overall LDF. A series of Supplementary Planning Guidance documents (prepared under the former Development Planning system) have also been ‘saved’, where they are considered to be still relevant. The purpose of these supplementary documents is to amplify aspects of adopted Development Plan policy in relation to specific matters. Within this context, particular emphasis has been given to detailed design and area based matters via detailed Design and area based Statements, as well as topic based guidance where necessary. Through the promotion of urban design and the protection and enhancement of local areas, such guidance provides a positive contribution to public health through improving quality of life and sustainability across Leeds. With this context, implementation issues associated with seeking to improve public health, have included a focus upon the development of ‘Lift’ schemes within existing town and district

centres (as a basis to provide accessible public health facilities to local communities), together with the preparation of Travel Plans (linked to development proposals), to promote walking and cycling, as well wider environmental benefits.

Sustainability Appraisals

14. An integral component of the preparation of Development Plan Documents, under the LDF system, is the need for such plans to be prepared with the benefit of a Sustainability Appraisal. The purpose of this is to consider the merits of planning documents in relation to a range of environmental, economic and social objectives as part of an integrated approach and as a basis to ensure that such Plans contribute to the principles of sustainable development. Within this context, public health issues form part of the suite of social objectives to be assessed via this process. Consequently, every policy that is written in a Development Plan Document, is tested for its impact against the following SA objective (as a basis to consider ways that the policy can be improved) ' Will it improve conditions and services that engender good health and reduce disparities in health across Leeds ?'. To help answer this question we ask the following sub-questions have been identified:
 - i). Will the policy promote healthy life-styles, and help prevent ill-health ?
 - ii). Will the policy improve access to high quality, health facilities ?
 - iii). Will the policy address health inequalities across Leeds ?

15. At a strategic level, such an approach is consistent with the principles of Health Impact Assessments, in ensuring that public health considerations are integral considerations to the plan making and policy formulation process. It should be noted however, Health Impact Assessments, as advocated by the Department of Health, have no planning status and therefore are not 'material' in making planning decisions.