

### **Scrutiny Board (Health and Wellbeing and Adult Social Care) Comments on Leeds' draft Local Development Framework Core Strategy**

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#### **Balancing the Council's duties as a planning authority with its future public health responsibilities**

##### **Introduction and background**

1. In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. In February 2010, the final report 'Fair Society: Healthy Lives' was published and concluded that reducing health inequalities would require action on the following six policy objectives:
  - Give every child the best start in life;
  - Enable all children, young people and adults to maximise their capabilities and have control over their lives;
  - Create fair employment and good work for all;
  - Ensure healthy standard of living for all;
  - Create and develop healthy and sustainable places and communities;
  - Strengthen the role and impact of ill-health prevention.
2. As part of the NHS reforms arising from the Health and Social Care Act 2012, from April 2013 Public Health responsibilities will transfer from local Primary Care Trusts (which will be abolished and replaced by Clinical Commissioning Groups) to local authorities. This shift in responsibility will mean that local authorities will become directly accountable for public health services and outcomes from April 2013.
3. The Council is preparing the Local Development Framework (LDF) for Leeds, which consists of a number of Development Plan Documents and Supplementary Planning Documents that, together, make up the overall development plan.
4. The Core Strategy is the main document that details the key strategic policies and vision of the Local Development Framework (LDF) – setting out the broad framework that will guide the delivery of development and investment for Leeds over the coming years. All other LDF documents are directly guided by the Core Strategy. The policies set out in the Core Strategy must be supported by and referenced to appropriate evidence.
5. In June 2012, the Scrutiny Board (Health and Wellbeing and Adult Social Care) identified balancing the duties of a planning authority with public health responsibilities (through the Local Development Framework (LDF)) as a potential area for consideration during 2012/13. Recognising the on-going work of the Development Plan Panel in finalising the LDF Core Strategy, reference to this was again made at the September 2012 meeting of the Scrutiny Board (Health and Wellbeing and Adult Social Care).

## Scrutiny process

6. In order to help formulate comments on the draft Core Strategy for Leeds, we considered general issues associated with balancing the Council's duties as a planning authority with its future public health responsibilities, at our meeting on 24 October 2012. We heard from the following representatives, and would like to express our thanks for their input and contribution to our discussions:
  - Councillor L Mulherin (Executive Board Member for Health and Wellbeing), Leeds City Council
  - Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds/Leeds City Council
  - David Feeney (Head of Forward Planning and Implementation) –City Development, Leeds City Council
7. We were presented with and considered the following source documents/ information:
  - Proposed changes to text within the Core Strategy, to better reflect the health issues and priorities for Leeds and strengthen the relationship between planning and improving public health outcomes.
  - Core Strategy – Leeds Local Development Framework – Health Background Topic Paper (Publication Draft – February 2012)
  - Fair Society, Healthy Lives – The Marmot Review –Strategic Review of Health Inequalities in England post 2010 (Executive Summary)
  - Public Health in Leeds City Council – New Responsibilities – Report of Director of Public Health to the Executive Board (20 June 2012).
8. The Joint Director of Public Health made reference to an additional document produced by Marmot (The Marmot Review: Implications for Spatial Planning), which provided evidence on the relationship between aspects of spatial planning, the built environment, health and health inequalities.
9. The Joint Director of Public Health advised us that representatives from Public Health had contributed to the development of the draft documents presented – in particular the proposed changes to text within the Core Strategy – and had considered the following three broad questions, namely:
  - Whether the Core Strategy reflected planning's contribution to health;
  - Whether the Core Strategy covered the breadth of planning's contribution to health; and,
  - In terms of implementation, whether there was sufficient assurance that the health and wellbeing aspect of planning would become incorporated into development proposals as they occur over future years.
10. While earlier drafts of the Core Strategy had underplayed some of the health challenges facing the City and the potential contribution of planning in helping address such challenges, the Joint Director of Public Health provided assurance that the proposed changes to the Core Strategy text were much more reflective of:
  - The health issues facing the City,
  - The contributions that planning can make towards addressing the health issues facing the City; and
  - The Council's emerging Public Health duties/ responsibilities.

11. We welcome the general assurances provided by the Joint Director of Public Health and recognise that the proposed changes to the text of the Core Strategy significantly strengthen the published consultation draft.

## **Comments on the draft Core Strategy and other information presented**

### General matters

12. We discussed general complexities associated with health and well-being and the relationship with inter-dependencies such as employment, income, housing, education and the built environment. As such, we believe it is important that the Core Strategy provides a sufficient framework for areas of the City that have historically had higher levels of deprivation, to benefit from improved greater consideration of the impact of planning and development proposals on the health of the City and local communities.

### Greenspace availability

13. We were advised that the general availability and/or provision of green space would form part of the 'site allocation' process. We were advised that this process would consider where different aspects of provision (including green space, housing etc.) should be allocated across the City.
14. We recognise the difficulties associated with creating additional open/ green spaces in existing highly populated urban areas. We welcome the Core Strategy's overall policy aim to improve opportunities for walking and cycling, and access to green infrastructure across the City. However, we believe the protection of existing playing pitches forms an essential part of the general policy objectives and is fundamental to the Council's future public health responsibilities.
15. Furthermore, where issues associated with the re-provision of playing pitches elsewhere in the City are considered, the 'elsewhere' needs to be considered within the context and demographics of those communities where the original provision may be lost.

### Health Background Topic paper (February 2012)

16. We were concerned about the rapid Health Impact Assessment process adopted to consider the health implications / considerations of planning (outlined in the Health Background Topic paper). We believe this reinforces and reflects the position that, historically, health implications have not been considered early enough within the planning/ development processes.
17. Nonetheless, we acknowledge the assurances provided by the Joint Director of Public Health, and details of a much closer working relationship between City Development and Public Health that has developed over recent months. We are hopeful that such closer working will continue into the future. We welcome the proposal to establish a health and planning reference group, and believe this has the potential to ensure the policy objectives outlined in the draft Core Strategy are considered and implemented in practice.
18. We queried the accuracy of the population growth projections (approx. 200,000 by 2033 (20 years)) detailed in the Health Background Topic paper (February 2012)), as the projections represented more than double the current health

dynamic in the City (i.e. the difference between current rates of births and deaths in the City). Such population growth projections will have significant potential implications across the City – for example in terms of infrastructure and the availability of affordable housing across the City.

19. We were advised that changes to the affordable housing policy were proposed, which would make the policy applicable to all residential developments (from 1 property upwards). Given the relationship between housing and health, we welcome this proposal.
20. However, we believe population projections and the associated potential implications for the City's infrastructure need to be material considerations for the health and planning reference group.
21. As part of our consideration of the Health Background Topic paper, we discussed some of the changes made to the Core Strategy policies as a result of the Health Impact Assessment work undertaken. We made specific reference to 'Improving opportunities for local people to get jobs through S106 employment opportunities' and concerns among members around the strength of language used. Despite the suggestion that with a policy in place, the issues raised were associated the application and implementation of the policy, we believe that wording of relevant policies should be strengthened to read 'Local people to get jobs through S106 employment opportunities'.
22. Given the date of the Health Background Topic paper (i.e. February 2012), it is disappointing that there is no reference to the additional document (highlighted by the Joint Director of Public Health) produced by Marmot (The Marmot Review: Implications for Spatial Planning), which provided evidence on the relationship between aspects of spatial planning, the built environment, health and health inequalities. We understand that this report was published in 2011.

#### Future advice and guidance on public health

23. We discussed the range of existing and anticipated public health guidance from the National Institute for Health and Clinical Excellence (NICE) to local authorities. We recognised the need to take into account the best available evidence and guidance when considering the contribution of planning in improving public health. However we also recognised the organic nature of evidence and guidance, which would therefore be difficult to reflect in a long-term strategy document.
24. We acknowledge the advice regarding the importance of the ongoing involvement of Public Health professionals within the planning process, and the key role of the Joint Director of Public Health in ensuring that the most up-to-date guidance / evidence is made available and considered by the health and planning reference group.
25. However, within the Core Strategy, we believe it would be useful to specifically reflect on the important role of NICE (or any successor body) and other recognised health organisations in developing and/or updating public health guidance for local authorities. We believe this is particularly important where such guidance may relate to the contribution of planning in addressing public health matters, and therefore may be a material consideration of the health and planning reference group.

## **Conclusion**

26. We hope that our comments and observations inform the ongoing discussions and consideration of the draft Core Strategy, including those held at the Scrutiny Board (Sustainable Economy and Culture) and the Executive Board, ahead of the final draft being presented for agreement at Full Council in November 2012.

**Councillor John Illingworth**  
**Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care)**

**October 2012**