

## **CABINET**

**23 OCTOBER 2018**

### **REFERRAL FROM HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE: HEALTH IMPACT ASSESSMENTS**

Portfolio Holders:	Councillor David Brake, Adults' Services Councillor Jane Chitty, Planning, Economic Growth and Regulation
Report from:	James Williams, Director of Public Health Richard Hicks, Director Regeneration, Culture, Environment and Transformation and Deputy Chief Executive
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#### **Summary**

This report sets out a referral from the Health and Adult Social Care Overview and Scrutiny Committee held on 21 August 2018, in relation to a Member's item raised by Councillor Freshwater on GP provision on the Hoo Peninsula.

The Committee has requested the Cabinet to consider bringing forward the implementation of Health Impact Assessments for all planning applications of 25 or more new homes for the Hoo Peninsula and advise the Director of Public Health accordingly.

#### **1. Budget and Policy Framework**

- 1.1 Overview and Scrutiny Committees may make recommendations to the Cabinet arising from the outcome of the scrutiny process (Constitution – Articles of the Constitution - Chapter 2, Article 6, Paragraph 6.4).

- 1.2 At its meeting held on 21 August 2018, the Health and Adult Social Care Overview and Scrutiny Committee agreed to make a recommendation to Cabinet, as detailed in section 2 of this report.

## **2. Background**

- 2.1 The Health and Adult Social Care Overview and Scrutiny Committee considered a Member's item from Councillor Freshwater on 21 August 2018 as set out below:
- 2.2 "Residents and new residents are frustrated at the lack of ongoing transparent information where no real additional Medway healthcare services or NHS services or GP services have been provided for residents of 2,000 new homes already built on the Hoo Peninsula. There is great concern over new Local Plan 2035 proposals where thousands of additional new homes are to be built on the Hoo Peninsula. Section 106 payments and mitigation statements do not translate into real additional services and residents are asking that a new system, similar to the health impact statement be put in place and updated to provide transparent ongoing information on additional Medway healthcare services, NHS services and GP services being provided to meet the health needs of existing and new Hoo Peninsula local residents.
- 2.3 I would like the Health and Adult Social Care Overview and Scrutiny Committee to review the adequacy of existing and planned GP services for residents on the Hoo Peninsula. In particular I would like the Committee to consider:
  - a) The level of GP provision for Peninsula residents in 2013 as compared with 2018 and the projected provision for 2023 alongside actual population figures for 2013 and 2018 and projected population figures for 2023 and how this compares to the picture across the rest of Medway in terms of access to primary care.
  - b) The health impact for Hoo Peninsula residents of an increasing and ageing population, more complex health conditions and existing and planned housing development in the context of increasing pressure on GP services.
  - c) Whether enough is being done by Medway CCG, as the Commissioner of Primary Care, to minimise the extent to which Hoo Peninsula residents, who are unable to access GP services locally, are having to travel to the NHS Health Centre in Gillingham often involving a lengthy journey each way by public transport and a long wait once there.
  - d) Whether deliverable plans have been put in place by health service commissioners to address gaps in GP provision and meet increasing levels of demand for GP Services on the Hoo Peninsula in the longer term.
  - e) Whether Medway Council is doing all it can through its Public Health and Planning functions to ensure GP provision and associated transport

infrastructure is considered and taken into account when decisions are being made on future housing developments in the rural parts of Medway.

- f) Whether it consider that specific reference should be made in each of the Councils Local Plan 2035 scenarios to the Health Impact on the population of the Hoo Peninsula, where it is unlikely that sufficient health infrastructure and resources or any new substantial arterial roads will be put in place before houses on developments have been built. This will severely impact on the health of existing residents, including substantial increases in air pollution from both the reliance on cars and additional HGVs serving new commercial businesses (Highways England modelling and Declaration of Four Elms Hill Air Quality Management Area)”.

### **3. Director of Public Health’s Comments set out in the Health and Adult Social Care Overview and Scrutiny Committee report**

3.1 The Health and Social Care Act 2012 places a statutory duty on upper tier Local Authorities and NHS Clinical Commissioning Groups (CCGs), to develop a Joint Health and Wellbeing Strategy (JHWS). The JHWS provides a framework to monitor partnership working and collaboration to address issues impacting on the health and wellbeing of residents. Local priorities are generally derived from a range of sources, however the Joint Strategic Needs Assessment (JSNA) is the primary tool used to identify the key issues.

3.2 The Medway JHWS is currently in the process of refresh and is being reviewed by relevant council and CCG committees prior to final endorsement by Cabinet. The updated strategy will cover the period 2018 to 2031 and is focused on 5 themes:

- Giving every child a good start
- Enabling our older population to live independently and well
- Preventing early death and increasing years of healthy life
- Improving mental and physical health and wellbeing
- Reducing health inequalities

3.3 The Medway Public Health Department regularly refreshes the Joint Strategic Needs Assessment. The JSNA includes bespoke locality profiles. These profiles provide an in-depth analysis of local factors that could impact on health and wellbeing of a specific locality. There is a locality profile for the Peninsula which is refreshed periodically. The JSNA, locality profiles and other analyses, are used by commissioners such as the CCG, service providers and other stakeholders, for example NHS England, to tailor their services to best meet the needs of local people. It should also be noted that public health are directly involved in shaping the ‘Medway Model’. This new way of working focuses on developing and bringing together a range of NHS, social care, voluntary and community services to better meet local needs.

3.4 The Public Health Department engage strategically with the Planning Department. The new Medway local plan which is currently being consulted on, has had public health input. Medway Council is proactively engaging with

developers at a very early stage of planning. Developers now have to ensure proposals are in line with sustainable development goals set out in the Medway Local Plan. This means they need to take into account and provide mitigation for, any negative health impacts of their development at the planning stage.

#### **4. Head of Planning's Comments set out in the Health and Adult Social Care Overview and Scrutiny Committee report**

- 4.1 With the development of land to the east of Bells Lane as part of the 2003 Local Plan allocation (and appeal decision) the Council as Local Planning Authority secured an extension to the Bells Lane surgery in order provide for the new residents to the village. This extension and associated car park has been constructed. There have previously been some structural problems limiting its use which have now been resolved. The CCG has worked with the practice to find a solution to enable the additional facilities to be brought back into effective use.
- 4.2 With all major residential applications granted for residential development in and around Hoo in recent years, Section 106 contributions have been secured, in accordance with requests from the CCG, to go towards the provision of health facilities to help meet the needs of the growing community. The Council is in discussion with the CCG over the spend of the contributions received.
- 4.3 It is recognised that Medway is growing and the evolving Local Plan will need to plan for that growth. This not only means providing the housing to meet the needs of that growing population, but also providing the necessary infrastructure to meet their needs and this includes health provision. The Council is in consultation with the CCG about what is required and where and this will form part of the Local Plan going forward.

#### **5. Medway NHS Clinical Commissioning Group's Comments set out in the Health and Adult Social Care Overview and Scrutiny Committee report**

- 5.1 The CCG recognises that there is going to be a significant increase of population on the Hoo Peninsula. The Council's draft Local Plan recognises the current challenges on infrastructure and access to healthcare services. The scale of population growth will inevitably place challenges on the CCG to deliver new or expanded facilities to support our current providers whilst developing and growing their workforce to deliver services to this new population.
- 5.2 When the local plan is finalised the CCG will continue to work with the Council Planning Department and Public Health to agree where the growth in infrastructure is required. Initial thoughts are that the Hoo Peninsula will require its own Healthy Living Centre to deliver not only increased Primary Care but enable more health and social care services to be delivered locally to meet the growing needs of its population.

- 5.3 The current planning assumptions that the CCG are using are the Council's projections until 2021/22.
- 5.4 For the Peninsula Ward this equates to 267 new dwellings equating to an additional 641 people. For this period of time this compares favourably to other areas such as Strood and Rochester.
- 5.5 There are currently 3 Practices serving the Peninsula, St Werburgh, The Elms and The Parks. All lists are currently open to new registrations.
- 5.6 Initial review of GMS estate capacity has confirmed that there is physical space for practices to expand to meet initial predicted demand. Workforce within the practices continues to be a challenge and the practices are all actively working with the CCG via the Local Care Teams to implement the General Practice Forward View.
- 5.7 Patients at one local practice were temporarily being asked to travel to a branch surgery at Balmoral in Gillingham. This was due to building works at the main site and has since been resolved.

## **6. Health and Adult Social Care Overview and Scrutiny Committee – 21 August 2018**

- 6.1 Councillor Freshwater introduced his Member item in relation to GP Provision on the Hoo Peninsula. He felt that there was a lack of transparency about the plans for GP provision on the Peninsula as the population increased and that Medway NHS Clinical Commissioning Group (CCG) was not providing information about how this demand would be met. There were 2,000 new homes in the process of being approved or built, with a further 2,000 to be approved before the new Local Plan had been approved. The total resulting population increase would be around 9,000. Councillor Freshwater was asking for additional information to be included in a Health Impact Assessment but had not received satisfactory responses to his requests. Health Impact Assessments were being considered as part of the Local Plan consultation which had been considered by Cabinet in March 2018. However, it was not adequate to wait for the Local Plan process to be concluded as houses would already have been built.
- 6.2 Councillor Freshwater was also disappointed that a number of questions he had raised in the report had not been answered by the CCG or by officers. CCG projections and planning assumptions to 2021/22 had been based on 267 new dwellings on the Peninsula equating to 641 additional people. However, these estimates were considered to be well below the number of dwellings that would actually be built and this would have a significant negative impact on the provision of healthcare.
- 6.3 Councillor Freshwater requested the completion of a health impact assessment for all new planning applications of 25 or more dwellings on the Hoo Peninsula and questioned why there appeared to be resistance to undertaking a health impact assessment as part of a planning application.

- 6.4 The Director of Primary Care Transformation at NHS Medway CCG advised that the CCG used population projections based upon its joint work with the Council. It was acknowledged that a large number of houses were due to be built. Work would be taking place with the Council's Planning and Public Health Services to ensure that this was fully taken into account when planning future primary care provision on the Peninsula. Initial discussions had taken place with a building consortium on the Peninsula in relation to healthcare provision and work was also taking place with the emergency services to consider wider service provision.
- 6.5 The CCG considered that there would be sufficient GP capacity on the Peninsula for the next two years. After this, there would need to be physical expansion. Councillor Freshwater had raised an issue which had resulted in patients of one practice on the Peninsula having to travel to Gillingham to access a GP. This had been a physical building issue and had now been resolved. All GP lists on the Peninsula were currently open for new patients to register and there were no capacity issues. Work would be needed to address workforce challenges in relation to the number of GPs and nurses required in order to maintain capacity but this was a Medway wide issue.
- 6.6 Councillor Freshwater was concerned that the rural location of the Hoo Peninsula made it difficult to attract GPs to the area. He said that some residents had not been able to register with a local GP and had been told to register on St Mary's Island instead. He requested a meeting with the CCG and local practices to discuss capacity.
- 6.7 The Head of Planning acknowledged that there were infrastructure related challenges to address across Medway. Medway was growing, partly due to an increased birth rate and people living longer. Health issues were being considered via the Local Plan process, which included close working with the CCG. 800 to 1,000 new dwellings had been granted planning permission on the Peninsula in recent years. For any new developments over 10 units, consultation took place with the CCG and developers were asked for a contribution towards looking at measures to improve GP provision in the vicinity of the development. Wider consideration was being given in relation to how to meet the infrastructure needs of recent development and to look at how to make improvements in advance of growth. The Chief Operating Officer of the CCG added that the CCG would update its plans when growth projections were revised and that the CCG was fully engaged in the development of the new Local Plan.
- 6.8 A Committee Member expressed their support for the concerns raised by Councillor Freshwater and said that she had previously suggested that every motion to Council should have its public health implications considered. The wider impacts of development, such as on air quality, also needed to be taken into account. It was important for there to effective joint working to ensure adequate provision for the Hoo Peninsula and for the whole of Medway.

- 6.9 A Member said that some of the GP surgeries mentioned by the CCG in the report were not in Peninsula ward and that others covered less than half the ward geographically. The Director of Primary Care Transformation at the CCG advised that GP surgeries often served populations in multiple wards and that GP catchments were not aligned to ward boundaries. The CCG was looking at where future growth would take place and would look to target GP provision accordingly.
- 6.10 The Head of Planning noted the importance of improving the general health of the population in order to reduce the demand for GP services. Factors to consider included the layout and design of new developments, air quality and the provision of park and green spaces. The draft new Local Plan was due to be considered by Cabinet in December. This would include policies relating to health and although the Plan would be a draft at this point it would carry weight in determining planning applications.
- 6.11 Committee Members were concerned that Councillor Freshwater's proposed request to Cabinet for health impact assessments to be completed for new planning applications of 25 or more dwellings on the Peninsula did not include details of potential benefits or cost implications.
- 6.12 The Committee agreed that the following matter be referred to Cabinet for consideration:
- 6.12.1 The Cabinet in the report 6th March 2018 - Medway Local Plan - Development Strategy Consultation - makes reference to the use of Health Impact Assessments to collect evidence-based information for planning and infrastructure needs for communities. Having regard to the current loss of evidence-based information for 2,000 homes already approved Peninsula homes, the Cabinet be requested to consider bringing forward the implementation of Health Impact Assessments for all Planning Applications of 25 or more new homes for the Hoo Peninsula and advise the Director of Public Health accordingly.

**7. Director of Public Health's and Director Regeneration, Culture, Environment and Transformation and Deputy Chief Executive's comments**

**Health Impact Assessments (HIA)**

- 7.1 The aim of a HIA is to highlight potential health impacts to the existing and future population to enable the developers and services to mitigate against the issues identified.
- 7.2 There are three commonly recognised types of Health Impact Assessment:
- A Desktop HIA: This provides a broad overview of potential health impacts. It draws on existing knowledge and evidence and can be carried out quickly (a few hours to a day);
  - A Rapid HIA: This type of HIA involves a more detailed assessment of potential health impacts and mitigation measures. It includes a broader

range of knowledge and evidence and may involve stakeholder consultation. It may take days or weeks to complete;

- A Full HIA: This is the most detailed form of HIA and is undertaken when the potential scale and severity of health issues warrant an in-depth investigation. It typically involves quantitative and qualitative information, data from health needs assessments and community engagement. This type of HIA may take months to complete and is more suited to complex proposals.

7.3 The World Health Organisation have proposed a specific methodology be used to undertake HIAs of the kind proposed by the Health and Adult Social Care Overview and Scrutiny Committee<sup>1</sup>. Within the UK the Healthy Urban Development Unit (HUDU), have produced a Rapid Health Impact Assessment Toolkit<sup>2</sup> based on the WHO guidance. This toolkit explains the purpose of HIA and a framework to undertake them.

7.3.1 'The HUDU HIA tool is designed to assess the likely health impacts of development plans and proposals, including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outline and detailed planning applications.

7.3.2 It helps identify those determinants of health which are likely to be influenced by a specific development proposal. It does not identify all issues related to health and wellbeing, but focuses on the built environment and issues directly or indirectly influenced by planning decisions. Not all the issues or assessment criteria may be relevant and the user is encouraged to prioritise specific actions which focus on key impacts.'

7.4 The Cabinet should note that undertaking any form of HIA is labour intensive. Even the process of performing a 'rapid' HIA on a single development would take one full time officer approximately 2 full working days to complete. Should initial screening require a full HIA, this would necessitate the use of additional council officers and resources to support the HIA process. This is because literature reviews, evidence searches, public consultation and engagement may be required. Findings from the HIA would then need to be presented to the relevant Committee and debated. Pending outcomes of any Committee discussions, developers may need to be consulted and a process of dialogue and negotiation to mitigate any negative health impacts entered into.

7.5 The Council has already taken action through the adoption of a HIA process within the new Local Plan, to prospectively require developers to take account of local health and wellbeing needs. This means any proposed developers have to include within their plans mitigation to improve and protect the health

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<sup>1</sup> Healthy urban planning, Hugh Barton & Catherine Tsourou 2000, World Health Organisation Europe. [www.euro.who.int/en/publications/abstracts/healthy-urban-planning](http://www.euro.who.int/en/publications/abstracts/healthy-urban-planning)

<sup>2</sup> HUDU Rapid Health Impact Assessment 5, NHS London Healthy Urban Development Unit 2013 <https://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2015/07/HUDU-Rapid-Health-Impact-Assessment-Tool-June-2015.doc>



of the population. This new proposal has been well received through the Development Strategy consultation and to this end Planning Policy and Public Health are exploring the best option for inclusion in the Draft Plan.

- 7.6 The Cabinet should also note that undertaking a HIA for developments of 25 homes (and below) will mean:
- The data derived from the process will be based on small numbers, have a low confidence level and therefore be open to challenge from Developers.
  - GP provision is a consideration for NHS Medway CCG. The CCG have in place a strategy to bring forward additional capacity to manage population growth on the Hoo Peninsula. They are actively considering what additional health provision may be required given the developments on the Peninsula through the implementation of the 'Medway Model' process.
  - Undertaking HIA will not provide any specific additional information on the actual health needs of individuals moving to any new residential developments (unless they are extra care schemes). This therefore defeats the object of the process
  - Key issues such as infrastructure impacts (air quality and travel) will be determined through the current planning and development control processes.
- 7.7 The Council has an adopted Developer Contributions guide and any development over 10 dwellings in size is likely to require a contribution towards the provision of local healthcare facilities. The CCG are advised of all such applications and require contributions in line with the guide based on the Medway Model. They also advise of the health centre, surgery or facility to which the contribution should be aimed.
- 7.8 The Council's Public Health Team receive the weekly list of all applications and work with the planning case officer on the health implications of any proposed development. This relates to far more than surgery provision but considers the whole layout of schemes including layout, open space, links to community facilities etc. The Planning case officer also consults with the Environmental Health Team, who amongst other things will comment on air quality and the necessary mitigation required in accordance with the adopted Kent and Medway air quality guidance, upon which Medway is the leading authority in the County.
- 7.9 While recognising the concerns of the Committee, the Planning Authority is already undertaking an HIA as part of the ongoing Local Plan process, while also involving the CCG and Public Health in that process. In addition, the Authority follows adopted practice for the processing of applications over 10 dwellings in size with consultation including the CCG and Public Health which results in significant contributions to local health facilities and improvements to plans in the interests of Public Health. There is no statutory requirement to undertake HIAs for applications in excess of 25 dwellings and thus the Council could open itself up to the award of costs on appeal if it was to require developers to undertake them or delay the processing of an application as a

result. In light of the above it is not considered appropriate or a good use of resources to undertake HIAs as recommended by the Committee.

## **8. Risk Management**

- 8.1 There are no specific risk implications arising from the report conclusions to take no further action. The risks of bringing forward the implementation of Health Impact Assessments for all planning applications of 25 or more new homes for the Hoo Peninsula are set out in section 7 of the report.

## **9. Financial and Legal Implications**

- 9.1 To delay planning applications as a result of requiring a HIA could result in an increase in appeals with the consequent financial implications of the costs of defending the appeals as well as potential costs awards against the Council. In addition the delay could impact on the Council's housing delivery targets, impacting on New Homes Bonus income as well as the consequences of failing to meet the future Housing Delivery Test.
- 9.2 Costs would also be incurred to recruit and retain one FTE Officer at band 4/5 to screen and process all HIAs.
- 9.3 Section 9F of the Local Government Act 2000 requires the Council to ensure that its Overview and Scrutiny Committees have power to make recommendations to the Leader and Cabinet in respect of the discharge of Council functions (executive and non-executive) and also on matters which affect the authority's area or the inhabitants of the area.
- 9.4 Agreement of the Local Plan is a matter for Full Council. Cabinet would always comment at an earlier stage on elements of the Local Plan and the Local Plan itself. The Constitution allows for referrals by Overview and Scrutiny Committee to Cabinet. Cabinet has a role on deciding Planning Policy. This proposal can therefore be decided by Cabinet.

## **10. Recommendation**

- 10.1 That Cabinet is asked to agree that current practices appropriately consider and address the health impacts arising from new planning applications and the likely allocations within the emerging Local Plan, and that no further action is necessary or appropriate.

## **11. Suggested Reasons for Decision**

- 11.1 The Health and Adult Social Care Overview and Scrutiny Committee has made this recommendation to Cabinet in accordance with its entitlement, under the Council's Constitution, to make recommendations to Cabinet arising from the outcome of the scrutiny process (Constitution – Articles of the Constitution - Chapter 2, Article 6, Paragraph 6.4). Cabinet is, therefore, required to consider its response.

11.2 Bringing forward the implementation of Health Impact Assessments for all planning applications of 25 or more new homes is not considered appropriate or necessary for the reasons set out in section 7 of the report, Director of Public Health's and Director Regeneration, Culture, Environment and Transformation and Deputy Chief Executive's comments.

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**Appendices**

None

**Background Papers**

None