



London Healthy Urban Development Unit

Draft Revised Lambeth Local Plan Proposed Submission

Thank you for the opportunity to comment on the proposed submission version of the draft Local Plan. This response is submitted on behalf of Lambeth CCG. The CCG responded to the previous consultation on the draft revised Local Plan in December 2018. Overall, the CCG supports the objectives and policies of the plan. However, we do have some further comments relating to Policy D4 on Planning Obligations, the policy approach to assessing the health and wellbeing impacts of development, and comments on the supporting Infrastructure Delivery Plan.

Planning Obligations

The CCG considers that Policy D4 'Planning obligations' and Annex 10 are not consistent with Policy S2 'New or improved social infrastructure'. We support Clause d) of Policy S2 which notes that where it is not possible, or effective to meet the additional need through provision of new social infrastructure on site, a payment in lieu will be sought to contribute towards additional service provision in existing facilities. This statement is welcome as it acknowledges the importance of making best use of the existing healthcare estate and expanding infrastructure to provide additional capacity, where needed. This will require capital investment, including the use of developer contributions. We welcome the change to Objective 10 of the draft Plan which now supports the expansion of primary health care, hospital and social care facilities.

Policy D4 (clause b) i) limits the use of section 106 health obligations to on-site provision. There will be very instances where new on-site health facilities will be required and, in most cases, the site-specific impact of development can be addressed through financial contributions to improve and expand existing premises or other infrastructure, subject to the CIL Regulation 122 tests.

Therefore, we suggest that clause b) i) of Policy D4 is amended to read:

~~on-site~~ provision of infrastructure, such as education, health.....

We suggest that the last sentence of paragraph 4.17 is amended to read:

The provision of affordable housing, local improvements and/or additional facilities and requirements (including employment initiatives and ~~on-site~~ provision of specific infrastructure) and securing appropriate scheme implementation and control of phasing where necessary will be delivered through section 106 planning obligations.

We note that the charging approaches for monetary contributions are set out in Annex 10. National Planning Practice Guidance on Planning Obligations (paragraph: 004) encourages the use of standardised or formulaic approaches to assess the impact of development either through the use of CIL to address the cumulative impact of infrastructure in an area, or planning obligations to fund a project that is directly related to a specific development.

Paragraph 11.1.37 of the draft London Plan (December 2019) which supports Policy DF1 Delivery of the Plan and Planning Obligations advocates the use of the NHS London Healthy Urban Development Unit Planning Contributions Model (HUDU Model) to calculate the capital cost of the additional health facilities required to meet the increased demand generated by development.

Therefore, we suggest that Annex 10 includes a separate section on 'Monetary Contributions in lieu of on-site social infrastructure'. This should refer to clause d) of Policy S2 where the need for a monetary contribution in lieu of on-site provision could be identified as part of an assessment of social infrastructure impact for schemes of more than 25 residential units. The section could refer to the use of standardised or formulaic approaches to assess the cost impact of development, including the use of the NHS London Healthy Urban Development Unit Planning Contributions Model for health contributions and the use of regional cost multipliers for providing school places as referred to National Planning Practice Guidance.

Addressing the health and wellbeing impacts of development

In the response to the Draft Revised Local Plan, the CCG suggested that the health and wellbeing impacts of all large planning applications should be assessed in line with draft London Plan objective GG3 'Creating a Healthy City'. Clause D requires that the mental and physical health and wellbeing impacts of development proposals are assessed to mitigate any potential negative impacts and maximise positive impacts on new and existing communities. This could be done, for example, using Health Impact Assessments. National Planning Practice Guidance also refers to the use of health impact assessments as a useful tool to use where there are likely to be significant impacts (Healthy and Safe Communities Paragraph: 005).

We note that the Lambeth Staying Healthy Partnership Board (SHPB) responded to the draft Local Plan recognising that planning has an important role to prevent ill health, improve health and tackle health inequalities. The SHPB also recommended the use of health impact assessment for major developments. In response, the Council considered that the use of health impact assessments was unnecessary and would have significant resource implications.

We suggest that health impact assessment is a useful tool to demonstrate that all potential impacts have been considered in an integrated and consistent way and to justify measures to mitigate negative impacts and maximise health benefits. Over a half of all adopted and emerging Local Plans in London require health impact assessments for development proposals.

Whilst we understand the resource implications, these can be overcome by establishing a process whereby health and wellbeing is mainstreamed into the planning application process. This could include the involvement of the Council's public health team in pre-application discussions and the use of localised checklists to screen and scope health impacts and standardise health impact assessments undertaken by developers.

To reflect the National Planning Policy Framework (paragraph 91) and the National Planning Practice Guidance, the CCG suggest that an additional sentence is added to paragraph 4.8 under Policy D2 'Presumption in favour of sustainable development' to read:

The National Planning Policy Framework states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles. Therefore, planning decisions should take into identified local health and well-being needs and impacts and identify necessary mitigation measures taking into account local public health strategies. A health impact assessment is a useful tool to use where there are expected to be significant impacts and a health impact assessment for development proposals will be required in accordance with the Council's Local Application Requirements.

Infrastructure Delivery Plan

The CCG previously contributed to the Infrastructure Delivery Plan by providing evidence of infrastructure requirements and health projects in the infrastructure schedule. The Plan reflects the CCG estate priorities and the strong partnership approach under the Lambeth Together initiative and One Public Estate partnership. The schedule identifies the use of different sources of capital funding, including the use of developer contributions.

The CCG suggests an update to one project.

The total cost of the Clapham Park Group Practice is £3.7m and under the identified funding (source, where known) column the text should read:

£2.5m (NHS Estates and Technology Transformation Fund) for Phase 1 (completed) and £1.2m of CIL funding for Phase 2.