Exeter Plan

Hearing statement

Matter 13: Design, Health and Wellbeing

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1. Introduction

1.1 This hearing statement provides Exeter City Council's (the City Council's) response to the Examination Inspectors' questions raised in relation to Matter 13: Design, Health and Wellbeing.

1.2 The statement addresses each of the Issues within Matter 13 in turn:

- Issue 1: Design and Advertisements – Policies D1, D2 and D3
- Issue 2: Health, Wellbeing, the Environment and Pollution – Policies HW1 and HW2

2. Issue 1: Design and Advertisements – Policies D1, D2 and D3

Q1. Is it sufficiently clear what is meant by 'appropriate densities, massing and building heights' and 'reinstate former street patterns' for the purposes of Policy D1? How will these elements of the policy be implemented and how will it be effective in these regards?

Appropriate densities, massing and building heights

2.1 Taking the first part of this question regarding Policy D1(c), it is sufficiently clear what is meant by appropriate densities, massing and building heights. This is explained in the supporting text at paragraphs 13.5-13.11. It requires assessment of the site's relationship with the character of the local area and local context. Paragraphs 13.5 and 13.6 explain this further by referencing how proposals link to the surrounding area, the scale and design of buildings and how they relate to each other and public spaces, placemaking and high quality design. Paragraph 13.9 refers to delivering optimal densities whilst not being overbearing to the character of the proposal area. The following evidence also provides guidance and explanation to ensure this is sufficiently clear:

- EVB-H-08: Exeter Density Study
- EVB-HH-02: Exeter Skyline Study
- EVB-HH-03: Exeter Plan strategic allocations: Views, heights and capacity
- EVB-S-03: Liveable Water Lane SPD
- EVB-H-22: Residential Design Guide SPD

2.3 The net minimum residential densities recommended by the Exeter Density Study (EVB-H-08: pages 19 and 22) and the key views identified in the Exeter Skyline Study (EVB-HH-02) have informed the housing capacities of sites assessed in the Housing and Economic Land Availability Assessment (HELAA) (EVB-H-02a-d).

2.4 The supporting evidence and information available will support the development of proposals that are of appropriate density, massing and height for the setting of the proposal site. This evidence together with site appraisal, community engagement where relevant, and working with Development Management in the decision making process, will ensure effective implementation.

Reinstate former street patterns

2.5 With regard to Policy D1(f), historical street patterns are available on historic mapping, and current layouts often broadly follow historic layouts (Exeter Skyline Study: EVB-HH-02). However, the significant post war redevelopment that took place in Exeter often disregarded historical street patterns as it was focussed on car travel. In contrast, and as identified in the Exeter Skyline Study (EVB-HH-02, p31), pre-war developments tended to be more permeable as they relied on walkability and are of a finer grain. Where possible, reinstating historic street patterns will help proposals to reflect the historic environment, local character and identity and will deliver greater permeability and support active travel (policy STC3). Site appraisal will identify if reinstating former street patters is relevant to the site and development proposal.

2.6 Policy D1 can be effectively implemented through development management. It sets the design considerations for a development proposal to be considered favourably through its capacity to deliver high quality design and placemaking. A flexible and proportionate approach will be taken on a site by site basis and there will be a key role for the planning officer as part of the decision-making process in its implementation.

Q2. Is it sufficiently clear to users of the Plan what a comprehensive response to existing site constraints, utilities and infrastructure provision would entail?

2.7 Yes; the text used makes it clear to users of the Plan that, to achieve high quality development, site constraints, utilities and infrastructure provision must be considered comprehensively rather than on a piecemeal basis. This will be explored in developing a site proposal and the assessment and application of relevant evidence documents including any available masterplan, constraint mapping, conservation area appraisals and the Infrastructure Delivery Plan.

2.8 The detail and assessment will need to be proportionate to the scale and type of development and will involve discussions with relevant partners and agencies where relevant.

Q3. Do all developments need to provide high quality public realm and landscape design, making appropriate provision for public art and cultural activity as an integral part of the proposal?

2.9 No, not all developments need to provide high quality public realm and landscape design, making appropriate provision for public art and cultural activity as an integral part of the proposal. Provision will be proportionate to the scale and type of development.

2.10 Policy D1 sets the design considerations that apply for a development proposal to be considered favourably through its capacity to deliver high quality design and placemaking. The policy will be applied proportionately based on the scale and context of the development proposal and the potential to deliver/embed high quality public realm, landscape design, public art and cultural activity.

Q4. Is Policy D1 effective and justified by including references to supplementary planning documents and guidance?

2.11 Reference to relevant SPDs and guidance in the policy is justified by the importance the NPPF places on achieving well-designed and beautiful places (NPPF chapter 12). However, to ensure that policy D1 is effective and justified, the City Council would like to suggest the following main modification:

All development must ~~take into account~~ <u>have regard to</u> any relevant guidance outlined in any adopted design-related Supplementary Planning Document and/or design code'.

Q5. Are policies D1, D2 and D3 positively prepared, justified, effective and consistent with national planning policy?

2.12 Yes, polices D1, D2 and D3 are positively prepared, justified, effective and consistent with national planning policy.

2.13 The policies are positively prepared because they are consistent with achieving sustainable development and well-designed places. They have been developed through discussions with partners including Historic England and Natural England.

2.14 The policies are justified because they provide an appropriate strategy for the delivery of high quality design and placemaking and are considered appropriate through assessment in the Sustainability Appraisal (EXM-02a: paragraph 6.374 onwards, page 225) in the context of reasonable alternatives. Across all SA Objectives the policies are identified to achieve negligible, minor or significant positive effects.

2.15 The policies are effective because they have been developed with partners and will be implemented through the development management process. Taking a proportionate, pragmatic and flexible approach will help to ensure the policies are effective in delivering well designed, safe places.

2.16 The policies are consistent with national policy, particularly chapter 12 (paragraphs 131 to 141) of the NPPF.

Q6. In terms of this issue, are any of the suggested modifications in the Schedule of Suggested Modifications necessary for soundness?

2.17 Two main modifications have been suggested to Policy D1 in the Schedule of Suggested Modifications (CSD-03):

- SMM77 (CSD-03: p33) and
- SMM78 (CSD-03: p33).

2.18 Suggested main modification SM77 derives from discussions with Historic England following their representation (B-03), which are documented in the Statement of Common Ground (DTC-03h). Suggested main modification SM78 derives from discussions with Natural England documented in the Statement of Common Ground (DTC-03k). They are required for soundness because they will ensure that the policies are positively prepared, effective and consistent with national policy.

2.19 As set out earlier in this section, the Council would like to make a further main modification to policy D1 (this is not in the Schedule of Suggested modifications):

'All development must ~~take into account~~ <u>have regard to</u> any relevant guidance outlined in any adopted design-related Supplementary Planning Document and/or design code'.

2.20 One additional/minor modification is suggested:

- SAMM91 (CSD-03, p98). This makes reference to the consideration of the Exeter Skyline study in preparing development proposals at paragraph 13.9.

2.21 Whilst it is not considered that this additional/minor modification is required for soundness, it will provide greater clarity.

3. Issue 2: Health, Wellbeing, the Environment and Pollution - Policies HW1 and HW2

Q1. Is Policy HW1 justified, effective and consistent with paragraph 96 of the Framework, which requires planning policies to aim to achieve healthy, inclusive and safe places?

3.1 The policy is justified by Devon County Council's Joint Health and Wellbeing Strategy - Devon Health and Wellbeing[1] (EXM-02ad), the Town and Country Planning Association's Healthy Homes Principles[2], Homes England's Healthy Homes — a foundation for healthier and resilient communities[3] and Public Health England's Health Impact Assessment in spatial planning[4].

3.2 As explained in more detail in the response to question 9 below, the policy is also justified by the Sustainability Appraisal (EXM-02a), and is effective as it was developed through joint working with relevant partners.

3.3 Policy HW1 is consistent with paragraph 96 of the NPPF as it promotes community inclusion in accordance with paragraph 96a, ensures public safety and minimises crime in accordance with paragraph 96b and encourages healthy neighbourhoods, promotes active lifestyles and has a positive impact on health and wellbeing in accordance with paragraph 96c.

3.4 Therefore, it is considered that Policy HW1 is justified, effective and consistent with paragraph 96 of the NPPF.

Q2. Would a separate Health Impact Assessment be necessary for all site allocations? If so, would this requirement consistent with Public Health England Guidance which advises that health impact assessments are a useful tool to use where there are expected to be significant impacts?

3.5 No, as currently worded policy HW1 will only require a separate Health Impact Assessment for 'large scale residential development' proposals as defined in the Exeter Plan Glossary (SUP-02: p7). Given the scale of these developments there is a clear likelihood of potentially significant health impacts due to the large number of homes being provided, and so it is justified that a proportionate Health Impact Assessment be required to facilitate the planning, design and assessment of these proposals.

3.6 The Plan does not currently require a Health Impact Assessment for schemes that fall outside of the definition of 'large scale residential development'. However, given that the Health and Safe communities PPG (paragraph, 005) describes health impact assessments as 'a useful tool to use where there are expected to be significant impacts', and as large scale non-residential developments also have potential for significant health impacts, as do other smaller scale development proposals in certain circumstances, the City Council would like to suggest a new main modification (not included in CSD-03) to

[1] https://www.devonhealthandwellbeing.org.uk/strategies/
[2] https://www.tcpa.org.uk/resources/healthy-homes-principles/
[3] https://www.gov.uk/government/publications/healthy-homes/healthy-homes-a-foundation-for-healthier-and-resilient-communities
[4] https://www.gov.uk/government/publications/health-impact-assessment-in-spatial-planning

Policy HW1 to ensure that this aspect of the policy is effective and consistent with guidance:

'Applications for large scale residential development proposals, and other development proposals which are expected to result in significant health impacts, will be accompanied by a proportionate Health Impact Assessment demonstrating how the proposal will: …'

3.7 An associated text change would be required in the supporting text at paragraph 14.8 to ensure consistency.

Q3. Is it sufficiently clear what is meant by 'large scale development' for the purposes of Policy HW1? How will the policy be implemented and how will it be effective in this regard?

Large scale development

3.8 The policy and supporting text refers to large scale residential development. The definition of large scale residential development is clearly set out in the Exeter Plan Glossary (SUP-02, p7) as 'developments which include 100 or more homes, 200+ student or co-living bed spaces, or a combination, subject to detailed planning and infrastructure considerations (already subject to suggested additional minor modification SAMM132).

3.9 The City Council would like to suggest a further additional minor modification to the Exeter Plan glossary (SUP-02) (this is a new suggested modification not included in CSD-03). The modification will involve combining the glossary's currently separate definitions of 'large scale residential development' and 'large scale commercial development' (page 7) into one overall definition of 'large scale development'. This modification will ensure that the terminology in policy C2 is sufficiently clear.

3.10 To ensure awareness of the definitions in the glossary, the City Council has suggested a modification (SAMM128, CSD-03: pp116-117) for the glossary to be incorporated into the Exeter Plan itself rather than being a separate document.

3.11 SAMM132 (CSD-03, pages 116-118) has also been suggested to provide certainty that mixed use schemes can also be 'large scale residential development' where the residential component of the scheme exceeds the thresholds in the definition.

3.12 Subject to SAMM128 and SAMM132, the meaning of 'large scale residential development' will be sufficiently clear for the purposes of Policy HW1, and indeed for the Plan as a whole.

How the policy will be implemented and effective

3.13 The policy will be implemented through the development management process. A proportionate Health Impact Assessment will be a validation requirement for 'large scale residential development' proposals meeting the definition, and planning officers will assess the application against Policy HW1, consulting with

relevant consultees (e.g. Devon County Council Public Health, NHS partners) as needed to agree and secure mitigation for any impacts identified.

3.14 As set out in the response to Issue 2 Question 3 above, a new modification is suggested to require a health impact assessment for other developments which are expected to result in significant health impacts. This would need to be established on a case-by-case basis at pre-application or validation stage and would help ensure that this aspect of Policy HW1 is effective and consistent with guidance.

3.15 The policy requirement for Section 106 contributions towards improved GP provision where necessary will also be implemented through the development management process. Planning officers will assess the proposal's impact on the capacity of GP surgeries within the catchment through consultation with the NHS Devon ICB. This can apply to residential development of any type and scale (i.e. it is not limited to 'large scale residential development') provided that the tests in Regulation 122 of the Community Infrastructure Levy Regulations 2010 (as amended) are met. It should be noted that the City Council is currently in discussion with the Royal Devon University Healthcare NHS Foundation Trust regarding the potential to consider wider healthcare contributions where justified through policy HW1 which, if pursued, would require consideration of a further modification to the policy.

3.16 In order to facilitate healthcare needs being met, the policy also supports the delivery of new healthcare facilities 'where they are easily accessible by public transport and link effectively to walking and cycling routes'. Given the need for new healthcare facilities, and given that other policies[5] already address the sustainability of locations for new development, the City Council has suggested a main modification SMM79 so that the policy supports new healthcare facilities 'particularly' where they are sustainably located (CSD-03; p33).

3.17 Finally, the policy also seeks to promote the co-location of healthcare provision with other services and facilities by supporting such proposals.

Q4. Is Policy HW1 sufficiently clear how any potential adverse health and wellbeing impacts from residential or other development that is not 'large scale' would be dealt with? Is the policy effective in this regard?

3.18 Policy HW1 seeks to address the potential for significant adverse health and wellbeing impacts from 'large scale residential development'. It does so by requiring a Health Impact Assessment addressing elements such as community inclusion, healthy neighbourhoods, active lifestyles and public safety, with these being described in more detail in the supporting text paragraphs 14.10 to 14.14. With the additional main modification set out above, Policy HW1 will also address the potential for significant adverse impacts resulting from other developments where the potential for significant health impacts is identified.

3.19 Policy HW1 also seeks to address the proposal's impact on the capacity of GP surgeries within the catchment (noting ongoing discussions with Royal Devon University Healthcare NHS Foundation Trust regarding other contributions).

[5] Policies IF3, STC1 and STC2 all provide protection against unsustainable locations for development.

3.20 Furthermore, health and wellbeing impacts are also addressed through other policies in the Plan which apply to all development, such as:

- Policy HW2: addresses any adverse environmental health impacts including noise, light, vibration, air and water quality.
- Policy D2: addresses designing out crime, which is an important component of physical and mental wellbeing.
- Policy H16: addresses residential amenity and living environments.
- Policy STC1-3: promote safe and active travel.

3.21 In order to make Policy HW1 clearer in this regard, the City Council would like to suggest a new modification (not included in CSD-03). The suggested modification would insert a new opening sentence at the start of Policy HW1, prior to the element of the policy requiring a health impact assessment for 'large scale residential development' and 'other proposals which are expected to result in significant health impacts' relating to all development proposals:

'All development proposals should avoid harm to the health and wellbeing of users of the development and of neighbouring occupiers.

Applications for large scale residential development proposals…'

Q5. Is the evidence to support contributions towards GP provision sufficiently robust to ensure it meets the tests for planning obligations?

3.22 The evidence to support contributions towards GP provision is sufficiently robust to ensure such contributions meets the tests for planning obligations.

3.23 There has been significant involvement from the Integrated Care Board in the preparation of the Exeter Plan, including through the HELAA which has identified the need for improvement to GP infrastructure.

3.24 There is also an established methodology and evidence for justifying GP contributions. This was established jointly by the NHS and Devon County Council working in partnership[6]. Based on the methodology, contributions are sought through the development management process following case-by-case analysis and justification provided by the NHS. This ensures that contributions meet the tests in paragraph 57 of the NPPF:

a) necessary to make the development acceptable in planning terms;
b) directly related to the development; and
c) fairly and reasonably related in scale and kind to the development.

3.25 This approach is well-established across the Greater Exeter area.

[6] Available at: https://devoncc.sharepoint.com/:b:/s/PublicDocs/Planning/EZjfnQL_iQ9Kkn8aFvTpOHAB3CzsVU0dTFGuqO-NOAyQOg?e=021dJp

Q6. How has access to secondary healthcare been considered? Would any secondary healthcare contributions also be required?

3.26 As submitted, the Plan does not set out a policy requirement for Section 106 contributions towards secondary or community healthcare infrastructure.

3.27 The City Council has engaged with the Royal Devon University Healthcare NHS Foundation Trust (the RDUH) and the NHS Devon Integrated Care Board (the ICB) during the plan-making process, as set out in the Duty to Cooperate Log (EXM-02u; pp31-32). The RDUH did not provide a Regulation 19 representation to the plan, but did do so during the full Draft Regulation 18 consultation, identifying their position that the Plan should support contributions towards secondary and community infrastructure in addition to primary care contributions.

3.28 During the plan-making process, the City Council established a Healthcare Infrastructure Working Group with the RDUH to explore the link between development and healthcare infrastructure more fully and to better understand the position of the RDUH regarding secondary and community healthcare infrastructure and the wider public health/health and wellbeing agenda.

3.29 The working grouped helped to facilitate discussions; however, it did not fully resolve the differing positions on the issue of Section 106 contributions; the City Council is of the view that there has been insufficient evidence to justify a requirement within Policy HW1 for Section 106 contributions to secondary and community healthcare infrastructure, whilst the RDUH advocates the justification for such contributions.

3.30 Notwithstanding the above, the City Council recognises the public benefits arising from investment in secondary healthcare facilities and, in addition to the policy support for the development of new healthcare facilities, the City Council considers that there is potential for CIL to be spent on the delivery of physical infrastructure for strategic secondary healthcare subject to the appropriate Governance process. This is reflected in the infrastructure list in the Annual Infrastructure Funding Statement 2024/25 (EXM-02j; pp15-16). Subject to CIL governance and prioritisation, CIL is considered to be the more appropriate means by which development can contribute financially towards investment in secondary healthcare infrastructure.

3.31 It should be noted that the City Council is still in discussion with the RDUH regarding the potential to consider wider Section 106 healthcare contributions where justified; evidence is currently being reviewed. If appropriately justified by such evidence, and if pursued, this would require consideration of a further modification to Policy HW1.

Q7. Is criterion e) of Policy HW1 necessary? Is this element already covered by Policy D2?

3.32 Notwithstanding that ‘designing out crime’ is already covered by Policy D2, it is necessary for this element (‘ensure public safety and minimise crime through appropriate design’) to be included as a criterion for Health Impact Assessments (HIAs).

3.33 Inclusion within an HIA will ensure that applicants give due consideration to designing-out crime, providing planning officers and consultees with a more detailed and systematic written explanation of how it has been addressed as part of the development proposal. Although Policy D2 requires attention to designing out crime, it does not require the submission of a written explanation of how it has been addressed, which is considered to be beneficial both in terms of the design process and also the planning assessment for applicable development proposals.

3.34 For these schemes, the policy will also ensure that the full range of determinants of health and wellbeing (as set out in criteria a-e) are planned for in an integrated way. Given that there is some complexity in the range of factors that interact to determine health and wellbeing, there is benefit in these elements being considered together, iteratively and alongside each other as part of planning and design through the HIA.

3.35 Finally, requiring that HIAs address crime reduction and community safety is consistent with Public Health England's guidance: *Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams*[7]. Annex 2 ('Health and wellbeing outcomes in planning') of the guidance includes "Crime reduction and community safety" in a list of examples of planning principles and policy areas for HIAs to assess, relevant to local context. Safety, crime and fear of crime have an important impact on physical and mental wellbeing, and HIAs will be more effective and complete if this element is included.

Q8. Are the requirements set out in policies HW1 and HW2 justified, consistent with national planning policy and based on robust, up to date evidence? Have these requirements been adequately tested to ensure that they are viable and deliverable? How will they be funded?

3.36 Policy HW1 is justified, based on robust up to date evidence and consistent with national planning policy (see response to Q1 above).

3.37 Policy HW2 is justified by the evidence provided by designation of the Air Quality Management Area[8], the 'Air Quality Annual Status Report (ASR)'[9], the City Council's 'Contaminated Land Strategy'[10] and the Environment Agency's 'Land Contamination: Technical guidance'[11].

3.38 Policy HW2 will be effective in ensuring development is suitable for its proposed use and is appropriate for its location; this is consistent with paragraph 189 of the NPPF which requires development to take account of ground conditions and any risks from land instability and contamination, and paragraph 191 of the NPPF which requires new development to mitigate and reduce impacts from noise and light pollution.

[7] Public Health England, October 2020: "Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams". Available online at: https://assets.publishing.service.gov.uk/media/5f93024ad3bf7f35f184eb24/HIA_in_Planning_Guide_Sept2020.pdf
[8] https://exeter.gov.uk/clean-safe-city/air-quality/air-quality-monitoring/air-quality-monitoring-summary/
[9] annual-status-report-2025-accessible-web-version.pdf
[10] https://exeter.gov.uk/media/6167/ecc-contaminated-land-strategy-2022-2027-final-version.pdf
[11] https://www.gov.uk/government/collections/land-contamination-technical-guidance

3.39 The requirements of polices HW1 and HW2 have been adequately tested to ensure they are viable and deliverable through the Local Plan Viability Assessment (EVB-IF-01). The costs of HW1 are covered in the viability testing by the allowances for Section 106 contributions and CIL (EVB-IF-01a: table 4.13). HW2 is not considered to have viability implications (EVB-IF-01a: appendix B, page 57).

Q9. Are policies HW1 and HW2 positively prepared, justified, effective and consistent with national planning policy?

3.40 Yes, policies HW1 and HW2 are positively prepared, justified, effective and consistent with national planning policy (see responses above, specifically to question 1 and question 8).

3.41 The policies are positively prepared because they are consistent with achieving sustainable development and promoting healthy and safe communities. They have been developed through discussions with partners, including the Royal Devon University Healthcare Foundation Trust, the NHS Devon Integrated Care Board and the Environment Agency.

3.42 The policies are also justified because they provide an appropriate strategy for the delivery of sustainable development, social wellbeing and promote healthy and safe communities and are considered appropriate through assessment in the Sustainability Appraisal (EXM-02a: paragraph 6.394 onwards, page 230) in the context of reasonable alternatives. Across all SA Objectives the policies are identified to achieve negligible, minor or significant positive effects. Contributions to GP provision are justified by evidence.

3.43 The policies are effective because they can be delivered through the development management process and have been subject to significant discussion with relevant partners.

3.44 The policies are consistent with national policy, particularly paragraphs 96 (achieving healthy, inclusive and safe places), 123 (safeguarding and improving the environment and ensuring safe and healthy living conditions), 180f (remediating and mitigating despoiled, degraded, derelict, contaminated and unstable land) and 189 (ground and conditions) of the NPPF.

Q10. In terms of this issue, are any of the suggested modifications in the Schedule of Suggested Modifications necessary for soundness?

3.45 The City Council has suggested a main modification to policy HW1 such that the policy supports new healthcare facilities in all situations (irrespective of location), but ‘particularly’ where they are sustainably located (CSD-03: SMM79, p33). This change is necessary for soundness to ensure the policy is positively prepared and effective in delivering new healthcare facilities over the plan period.

3.46 The City Council has also suggested a main modification to policy HW2 to insert the word ‘no’ as the policy currently suggests that only developments with unacceptable impacts will be permitted (CSD-03: SMM80, p33). This change is necessary for soundness to ensure the policy is consistent with national policy

guidance and is supported by the Environment Agency's Statement of Common Ground (DTC-03g: page 29).

3.47 Two further new main modifications (not included in CSD-03) are suggested in response to the questions above.

3.48 Paragraph 3.5 suggests that policy HW1 is amended to read:

'Applications for large scale residential development proposals, and other development proposals which are expected to result in significant health impacts, will be accompanied by a proportionate Health Impact Assessment demonstrating how the proposal will: …'

3.49 This change is necessary for soundness to ensure the policy is effective and consistent with guidance.

3.50 Paragraph 3.18 suggests that a new opening sentence is inserted into policy HW1 to read:

'All development proposals should avoid harm to the health and wellbeing of users of the development and of neighbouring occupiers'.

3.51 This change is necessary for soundness to ensure the policy is effective and deliverable.

3.52 Associated new additional/minor modifications would also be needed in respect of both of these new main modifications to ensure consistency and to clarity (see 3.5 and 3.18 above).

3.53 A potential further main modification may also be considered to address the ongoing discussions with the RDUH regarding secondary and community healthcare contributions.

3.54 There were no additional/minor modifications already presented in the schedule of suggested modifications (CSD-03).

4. Summary

4.1 This hearing statement has been prepared by the City Council in response to questions asked in relation to Matter 13 of the Exeter Plan Examination.

4.2 All questions associated with Matter 13 have been answered.