Rother District Local Plan 2020 – 2040

Health and Wellbeing Background Paper

Draft (Regulation 18) Version - April 2024

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1 Introduction

1.1 The health and well-being of local communities in Rother is a key priority to be addressed by the Local Plan and is a cross-cutting theme that will influence the development of all planning policies. This is highlighted by health and well-being coming through clearly in the Council's overall vision and spatial objectives for the Local Plan. The Council has worked closely with the East Sussex County Council's (ESCC) Public Health and Strategic Planning teams to help develop this background paper.

1.2 As a context, population health and wellbeing is impacted not only by individual behaviour, but by the wider determinants such as those within the built and natural environment. Some of the most pressing health challenges: such as obesity, mental health issues, physical inactivity, and the needs of an ageing population, can all be influenced by the quality of the built and natural environment. These wider determinants of health are influenced by the planning system and therefore improving both physical and mental health and wellbeing is integral to land use planning.

1.3 This can be achieved through areas such as place-making, design, regeneration, sustainable development, green infrastructure, active and sustainable travel, and development management. It is acknowledged that whilst most of the public health agenda is not a new concept for land use planning there is growing policy, guidance, and evidence of the specific links between the two areas and therefore there is a real opportunity to strengthen how health and wellbeing is addressed within the planning system. This will add value not only to existing work which already considers health impacts and inequalities but will also support work addressing shared objectives with health on tackling the climate change emergency and delivering an economic recovery post COVID-19.

1.4 This Background Paper will consider the health and wellbeing needs across Rother and how the Local Plan can address these. It will look at:

- the provision of local services, and facilities, along with better accessibility and connectivity within settlements which respond positively to improve health and wellbeing;

- identifying sites of social and economic value that should be retained;
- the needs of the whole population of Rother, and the different types of facilities that are required for different types of ages and vulnerability
- identifying synergies with other Background Papers, such as infrastructure and the role of the District's future infrastructure provision;
- the need for specific health and well-being policies and points which should be included within other policies to strengthen health and wellbeing within the Local Plan;
- the options for providing a policy requiring Health Impact Assessments in relation to certain planning applications; and
- the provision and enhancement of green and blue infrastructure, including sports provision and public rights of way.

1.5 As health and wellbeing is a cross-cutting theme for the Local Plan, other background papers will also incorporate aspects related to health and wellbeing where relevant:

- Green to the Core;
- Live Well Locally;
- Environmental Management;
- Housing; and
- Infrastructure.

2 Planning Policy Framework

Legislation

The Health and Social Care Act (2012)

2.1 The Act gives overall responsibility for national health protection to the Secretary of State and local health improvement to county and unitary local authorities. The key objective behind this transition was to facilitate local leadership in public health, making this the heart of the new public health system. Local authorities are therefore directly responsible for improving the health and wellbeing of their populations.

National Policy

2.2 A key requirement of the Local Plan will be to respond to the requirements of the National Planning Policy Framework (NPPF).

2.3 Chapter 8 of the December 2023 National Planning Policy Framework (NPPF) looks at promoting healthy and safe communities. This includes the need to:

- plan for healthy, inclusive and safe places (paragraph 96);
- provide the social, recreational and cultural facilities and services the community needs (paragraph 97);
- provide access to a network of high-quality open spaces and opportunities for sport and physical activity (paragraph 102).

2.4 These sections of the NPPF highlight the importance of creating places that address the needs of the whole population.

2.5 The NPPF sets out the Government's economic, environmental and social planning policies for England. The policies in the NPPF apply to the preparation of local and neighbourhood plans and to decisions on planning applications. Paragraph 8 of the NPPF discusses the three dimensions of sustainable development and the roles that the planning system plays to achieve this; an economic role, a social role and an environmental role. The social role is said to support strong, vibrant and healthy

communities with development that reflect the community's needs and support its health, social and cultural wellbeing. However, the social role should not be taken in isolation, but should be sought alongside the economic and environmental roles.

2.6 The NPPF highlights that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities by setting out the wide-ranging ways in which planning should promote healthy, inclusive and safe communities (Chapter 8). It focusses on promoting healthy communities ensuring that local communities are engaged in the planning process at all levels and that mechanisms are embedded to encourage people to choose healthy lifestyles. The NPPF places great emphasis on the importance of accessibility for all to high quality open space, safe communities, recreational facilities/services, walking and cycling, cultural facilities, and the importance of improving air quality, all of which can all make an important contribution to the health and wellbeing of communities. The Policy basis for considering health in the National Planning Policy Framework is detailed in Figure 1:

Figure 1: NPPF basis for Health and Wellbeing

Social objective of planning

- Paragraph 8: To support strong, vibrant and healthy communities

Health and wellbeing needs

- Chapter 8: Promoting healthy and safe communities
- Paragraph 96 (c): Enable and support health lifestyles, especially where this would address identified local health and well-being needs

Local health and wellbeing strategy

- Paragraph 97 (b): Support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community

Well-designed places

- Paragraph 97: Plan positively for the provision of shared spaces, community facilities and other local services
- Paragraph 101: Promote public safety
- Paragraph 135 (f): Create places that are safe, inclusive and accessible and which promote health and well-being

Effects of pollution on health

- Paragraph 191: Planning policies and decisions should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment

Health infrastructure

- Paragraph 16 (c): Plans should be shaped by early, proportionate and effective engagement between plan-makers and infrastructure providers
- Paragraph 100: Work proactively and positively to plan for required facilities

County Strategy

2.7 East Sussex County Council (ESCC) have created a Healthy Places team within the Public Health team. A key aspect of the team's work is 'planning for health' which aims to strengthen health and wellbeing considerations within the planning systemThey will work with Local Planning Authorities (LPAs) to deliver the County Council's statutory public health responsibilities and LPAs duties to deliver relevant elements of the National Planning Policy Framework through the planning system.

2.8 ESCC have produced a resource pack on Health and Wellbeing in planning. This brings together a range of documents that could be considered when developing policies for the Local Plan.

2.9 A Memorandum of Understanding (MOU) has been agreed and signed by ESCC Public Health Team and all (LPAs) in East Sussex It provides an overarching agreement and intention to work together countywide to improve the health and wellbeing of residents. It sets out the high-level actions that parties will take, including working together to agree specific actions around processes, engagement, and parameters to establish robust working outcomes and objectives. These will be developed into detailed agreements between Public Health and individual LPAs. The high-level actions include a requirement that Local Planning Authorities have a strategic, overarching policy on health and wellbeing, and that all policies reflect planning for health and wellbeing priorities and principles, alongside giving a greater emphasis to health and wellbeing in development management decision-making. The County's Public Health team would provide the relevant evidence and assistance required to ensure the MOU actions are successfully carried out.

2.10 ESCC are exploring how Community Hubs can be rolled out throughout East Sussex. These would have a multifaceted approach looking to join up education and training, finance, governance and democracy, and health issues and support all under one roof. Rother District Council will work with ESCC on any proposals that come forward within Rother to help shape these hubs for the needs of Rother residents.

Adopted Local Policy

2.11 The current Development Plan for Rother comprises: The Core Strategy (adopted 2014); the Development and Site Allocations (DaSA) Local Plan (adopted 2019); some saved policies from the Rother District Local Plan 2006 (adopted July 2006); 'Made' Neighbourhood Plans for Battle; Burwash; Crowhurst; Rye; Salehurst and Robertsbridge; Sedlescombe; and Ticehurst; and the East Sussex County Council, Brighton & Hove City Council and the South Downs National Park Authority Waste and Minerals Plan 2013 and Sites Plan 2017. A new Waste and Minerals Plan (2021) is currently at the Regulation 19 stage.

Core Strategy 2014 policies

2.12 Policies CO1 – CO6 (those in the Communities chapter) cover a wide range of issues concerning health and wellbeing. These topics include community and healthcare facilities, provision for both older and younger residents, as well as community safety.

2.13 In addition, health and wellbeing is a key theme that touches on a number of policy areas such as those to protect the environment, and accessibility to transport choices. These support the overall spatial strategy which was *"To achieve a pattern of activity and development that contributes to the Sustainable Community Strategy, the 'Spatial Vision' and responds to particular local circumstances and environmental resources."*

2.14 The Sustainable Community Strategy for East Sussex set out the vision for East Sussex to 2026 to address the inequalities in the county, create successful people and businesses and a sustainable environment. Local priorities were around supporting children and young people, community safety, cultural and leisure activity, reducing environmental impacts, employment and skills, health improvement, tackling congestion, affordable housing and sustainable construction.

Development and Site Allocations (DaSA) 2019 policies

2.15 The DaSA includes some policies relating to health and wellbeing. Many site allocations contain health and wellbeing policies, such as creating walking and cycling connections or providing sports provision.

2.16 Policy DCO1: Retention of Sites of Social or Economic Value builds on Core Strategy Policy CO1, expanding on how the Council will protect these sites. This includes community facilities and both the policy and supporting text explain the uses included.

2.17 Other policies target locations, primarily Policy BEX17 which states that *"within Sidley District Centre, further concentration of takeaway uses (within Use Class A5) will not be supported."* As paragraph 9.191 of the DaSA explains, Sidley is one of the most deprived areas within the district and for this small geographical area, the proportion of takeaways represents an over-concentration which could negatively impact on the health and wellbeing of the local population. Local consultation highlighted concerns by residents of the numbers of takeaways in Sidley and the impact on its function to perform as a shopping area in the daytime and the impact of external shutters on the shop facades.

3 Strategic/Corporate Policy Framework

Corporate Plan

3.1 Rother's Corporate Plan covers the period 2020-2027. There are several aims and actions that will have both a direct and indirect benefit on the health and wellbeing of the District. This includes an ambition to improve the levels of physical activity amongst residents experiencing socio-economic deprivation and poor health outcomes. More indirect actions include reducing the housing list which will put more residents into accommodation, and hopefully bringing better wellbeing.

Council Strategy Documents

Playing Pitch and Built Facilities Strategy (2023 – 2039)

3.2 The Hastings Borough and Rother District Councils Playing Pitch and Built Facilities Strategy replaces the Council's previous two strategies for Playing Pitches and Leisure Facilities. The new strategy builds on the importance of facilities for sport and physical activity to the health and wellbeing of the local population as well as recognising the vital contribution these facilities make to the local economy and quality of life for all residents, communities, and visitors.

3.3 The Strategy makes several policy recommendations which build on the Council's current adopted policies to ensure that new policies consider the quantity, quality and accessibility of provision under a need to protect, enhance and provide for the district. A key recommendation is that developments over 300 dwellings should provide on site provision in line with Sport England's Playing Pitch Calculator.

Open Space, Sport and Recreation Study (2006)

3.4 The Open Space, Sport and Recreation Study (2006) looked at all green spaces and sports provision within the District including sites and facilities in the ownership of Town and Parish Council's, the County Council and private owners. Local standards for quality, quantity and accessibility of provision were set enabling shortfalls in provision to be identified. This information was used to determine

green space, sport and recreation requirements within new residential developments.

Climate Strategy 2030

3.5 The Council's Climate Strategy builds on the previous Environment Strategy (produced in 2020) after the Council declared a climate emergency. The Climate Strategy sets out how the Council will use its powers and influence to make the district climate-resilient, and reduce emissions to net zero, by 2030. It sets out five objectives which cover:

- Buildings and Energy Efficiency
- Transport
- Resource Consumption and Waste
- Biodiversity and Land Use
- Energy Generation

3.6 Each of these objectives contains output mechanisms with which the objectives can be achieved. Many of these can be achieved through the planning system, such as supporting sustainable forms of transport which can be a positive for health and wellbeing.

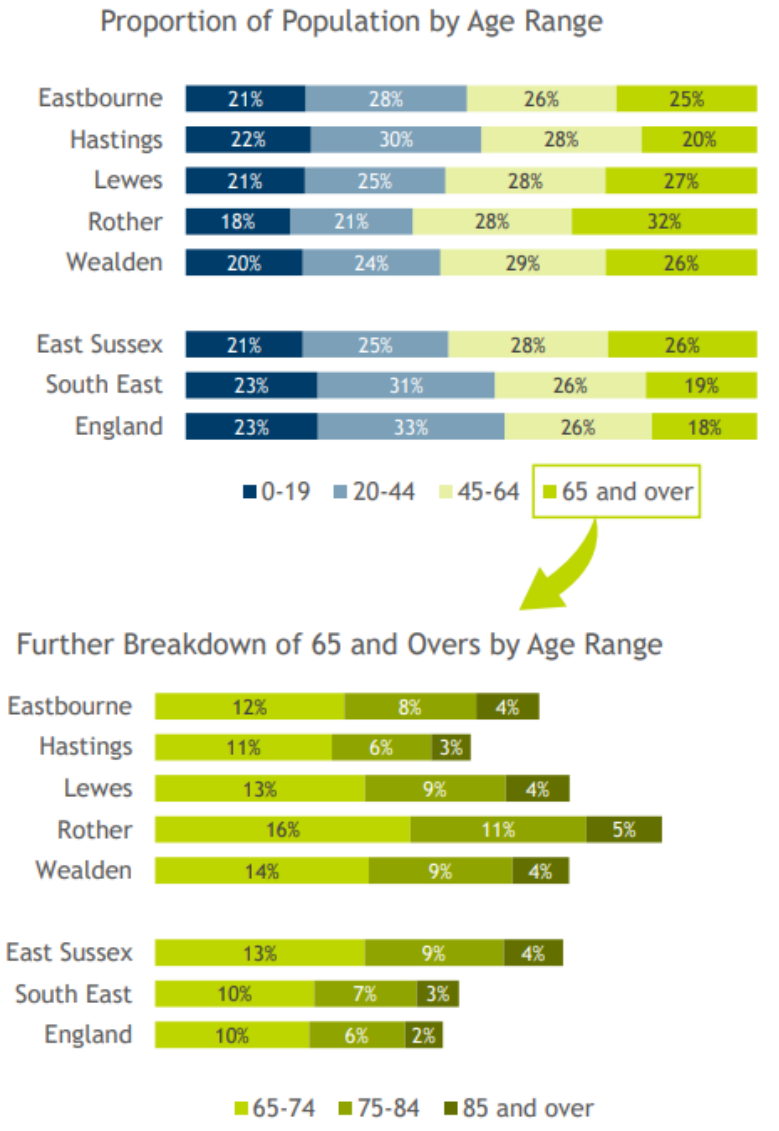
4 Facts and Figures

Key Facts for Rother

Population and Demographics

4.1 93,100 people currently live in Rother as per the 2021 Census, many dispersed across the rural area, but with nearly half living in Bexhill. There is a high proportion of people 65 years old and over, especially in Bexhill. The broad age structure of residents today is shown in Figure 2 below.

Figure 2: Age structure of Rother residents (2021 Census)

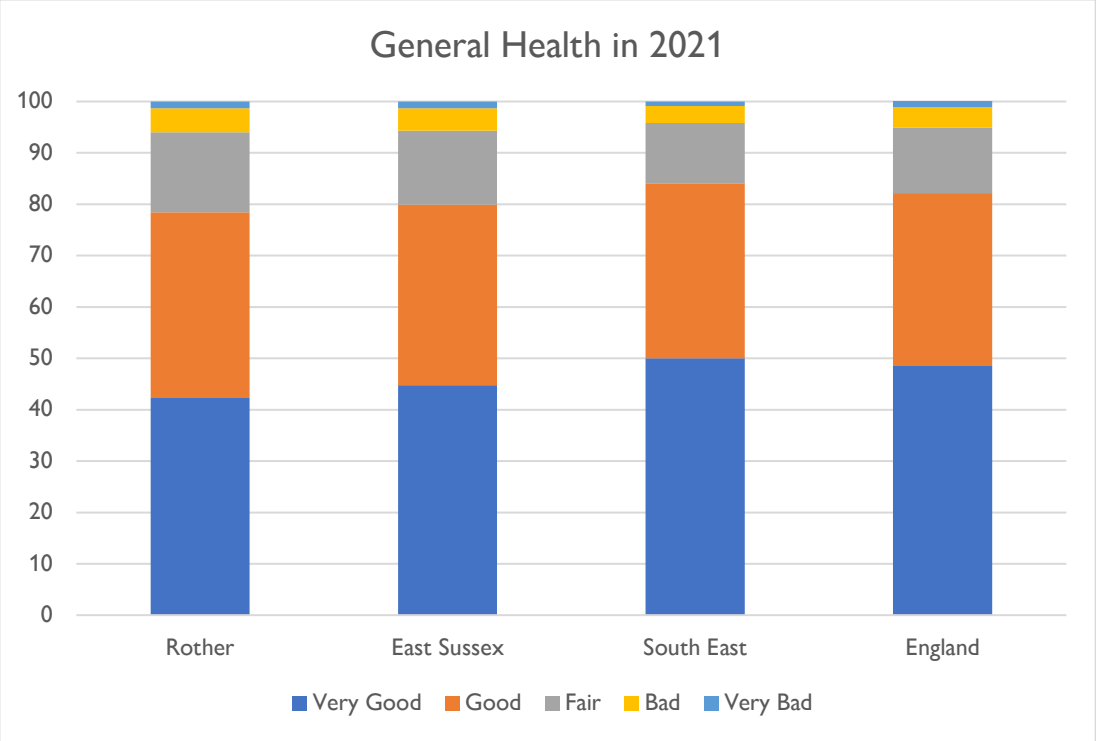


4.2 In 2020/21, 89.2% of older residents within East Sussex were able to achieve independence through rehab/intermediate care. This demonstrates a small increase of 0.8% from 2019/20.

Health

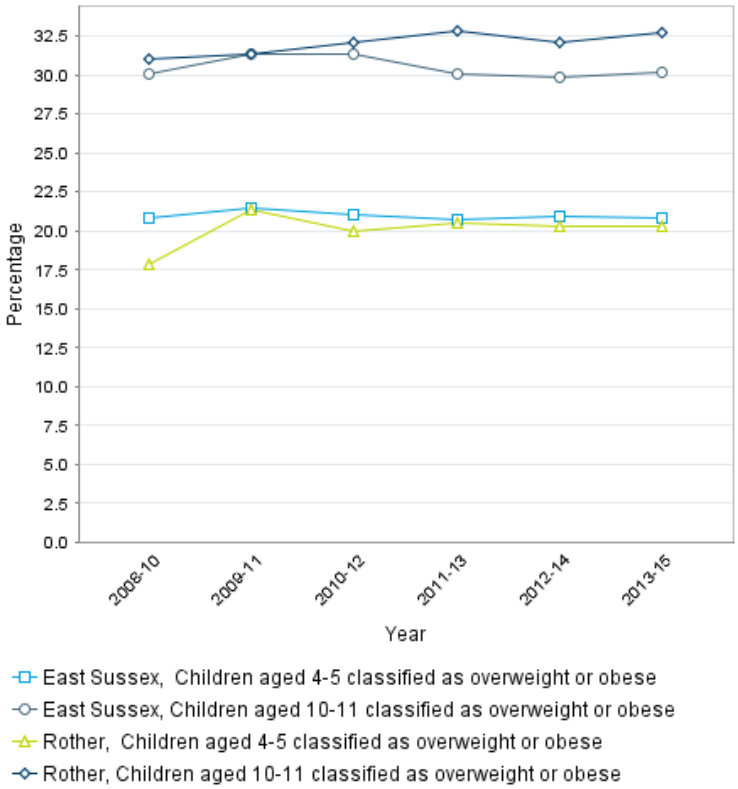
4.3 Rother District has a greater proportion of people with bad and very bad health compared to the rest of the County, the South East region and also England and Wales as a whole as shown in Figure 3. This is a key issue that will underpin several health and wellbeing policies in the Local Plan.

Figure 3: General health in 2021 (ESiF)



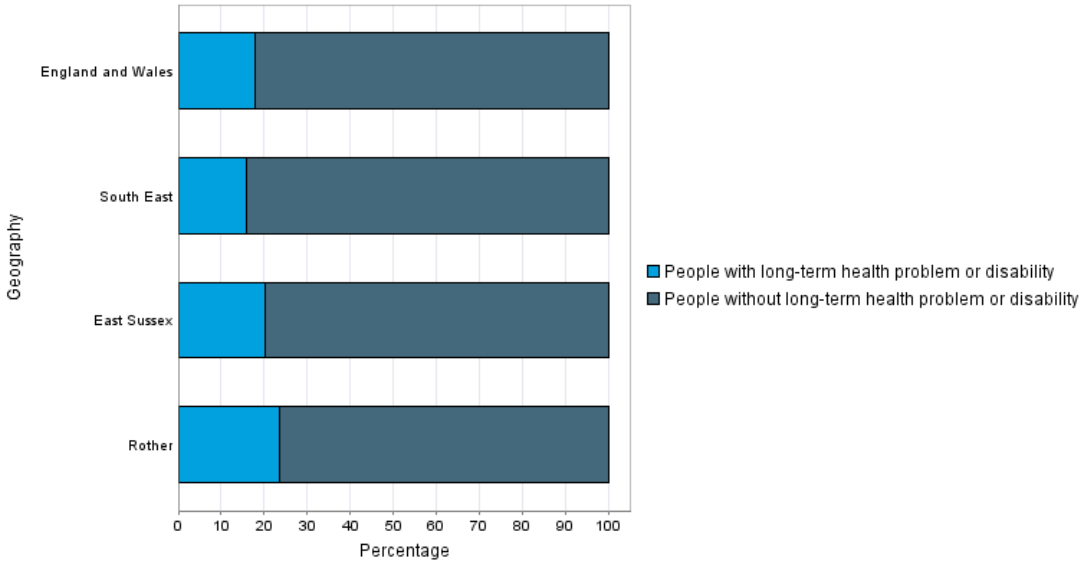
4.4 The levels of excess weight within children in Rother has increased slightly over the last 10 years (Figure 4). For those in Reception, this figure has remained slightly below the East Sussex average. However, for those in Year 6 this figure has been generally higher than the County average. This measurement is key to justifying the current policy on restricting takeaway uses in Sidley.

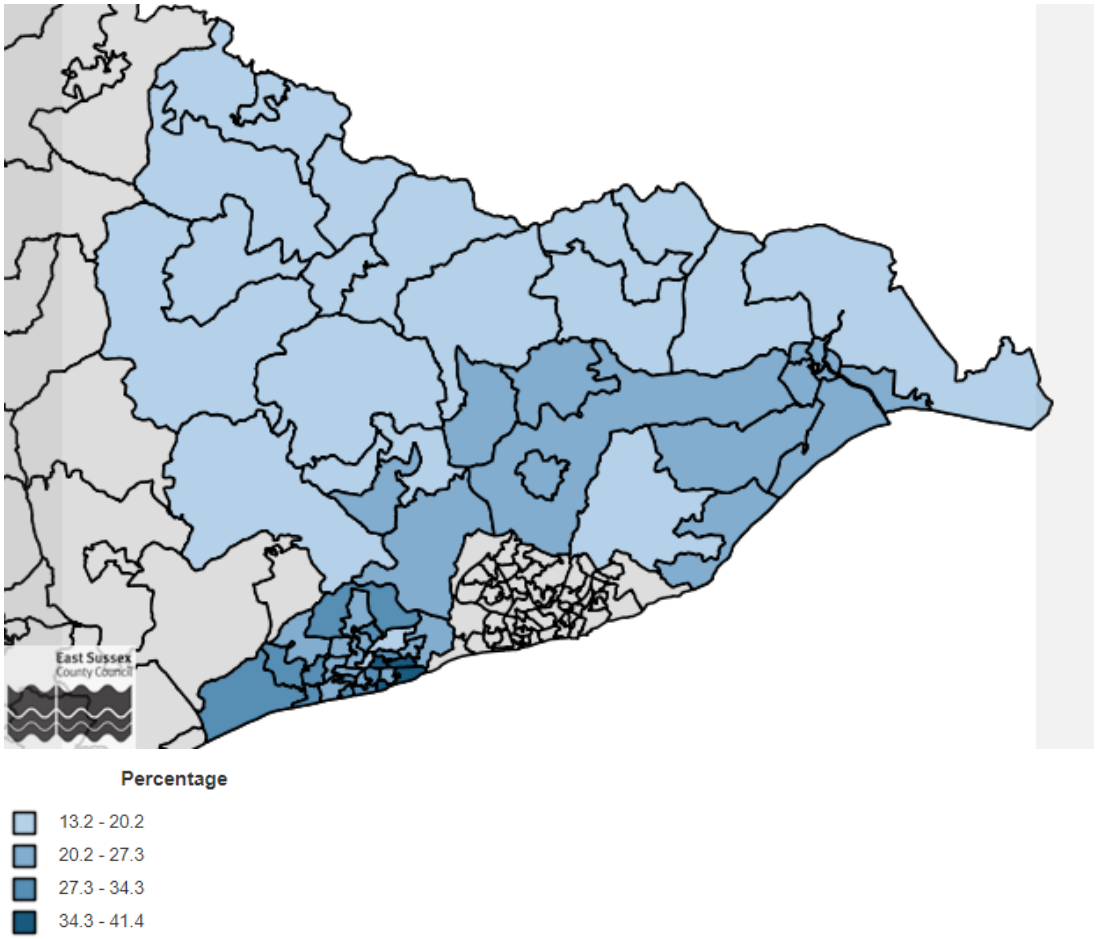
Figure 4: Childhood excess weight in Reception and Year 6 children, 2007/10 to 2013/16 (ESiF)



4.5 Figure 5 shows Rother has a slightly higher percentage of people with a long-term health problem or disability when compared to East Sussex, the South East and England and Wales as a whole. As can be seen from the map below, there is a greater concentration of limiting long-term illness in Bexhill, with the highest percentage in the Sackville ward.

Figure 5: Residents with limiting long-term illness in 2011 and map of wards (ESiF)





4.6 In 2019/20, the number of adults participating in sport was 76.0%. This represents a decrease of 1.5% since 2013.

Access to services

Figure 6: Percentage of people in Rother within 30 minutes public transport time of key services

Rother	2017	2019	Yearly change	Change since 2014
Employment Centres	94.6%	95.8%	1.1%	1.6%
Primary Schools	97.4%	98.5%	1.1%	1.1%
Secondary Schools	87.0%	85.8%	-1.2%	0.8%
Further Education	62.9%	46.3%	-16.6%	-18.5%
GPs	95.3%	95.0%	-0.3%	-2.0%
Hospitals	52.6%	8.4%	-44.2%	-42.6%
Food Stores	96.8%	100.0%	3.2%	3.5%
Town Centres	80.2%	81.8%	1.6%	-0.3%

4.7 27.3% of Rother residents were within 15 minutes to a town centre by public transport in 2019. This is a reduction of 2.0% from the figure in 2017.

SA/SEA Scoping Report Indicators

4.8 These indicators have been prepared as part of the SA/SEA Scoping Report to support the development of the emerging Local Plan. See Appendix 1: SA/SEA Scoping Indicators for the 2021 Local Plan Monitoring Report's SA/SEA annual monitoring.

Index of Multiple Deprivation

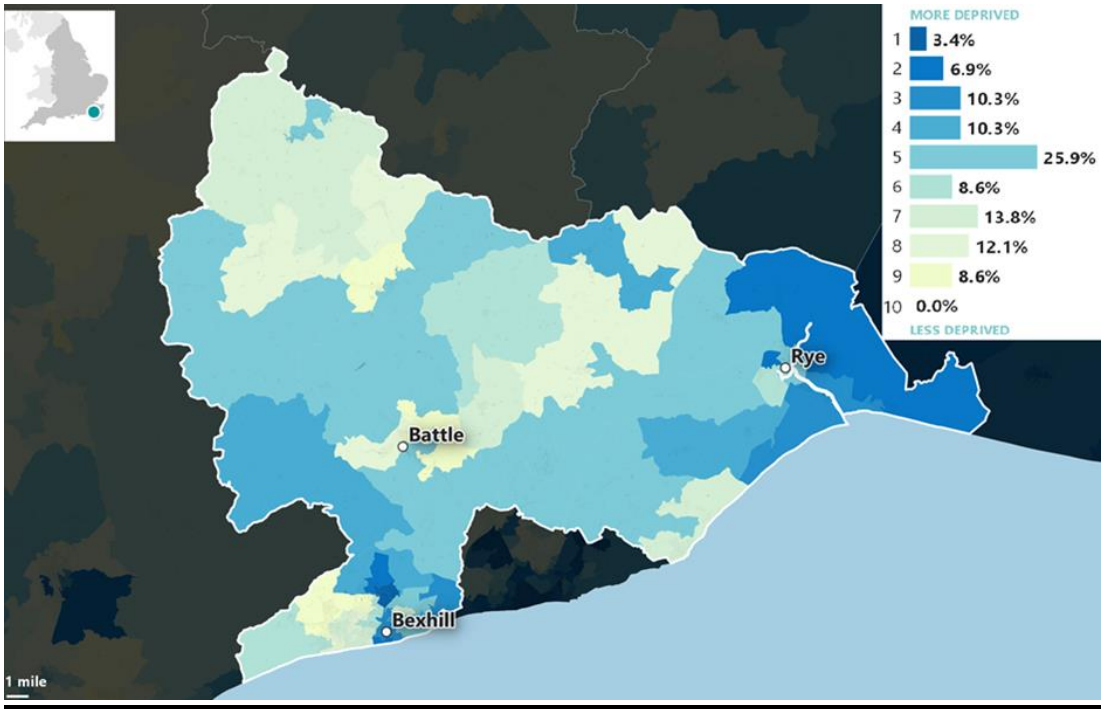
4.9 The 2019 Index of Multiple Deprivation (Figure 7) gives an overall rank for Rother of 135 out of the 317 English local authorities, with the most deprived authority ranked as 1.

Figure 7: Index of Multiple Deprivation

Year	2015	2019	Change
Overall Average Rank	**148**	**135**	**-13**
Income	144	134	-10
Employment	114	105	-9
Education, skills and training	128	151	23
Health deprivation and disability	176	151	-25
Barriers to housing and services	130	52	-78
Crime	250	226	-24
Living environment	137	120	-17

4.10 The map (Figure 8) shows the Indices of Deprivation 2019 data for Rother. The colours on the map indicate the deprivation decile of each Lower Super Output Area (LSOA).

Figure 8: Index of Multiple Deprivation by LSOA



4.11 The below table (Figure 9) shows the comparison between the percentage of LSOAs in Rother for each decile of deprivation, with the proportion of areas being in at least the 50% most deprived increased by 9.8%, with the 50% least deprived shrinking by 6.9%.

Figure 9: Deprivation changes by LSOA

Deprivation decile	2015	2019	Change
1: 10% most deprived	3.4%	3.4%	0.0%
2: 20% most deprived	6.9%	6.9%	0.0%
3: 30% most deprived	10.3%	10.3%	0.0%
4: 40% most deprived	8.6%	13.3%	4.7%
5: 50% most deprived	20.7%	25.9%	5.2%
6: 50% least deprived	15.5%	8.6%	-6.9%
7: 40% least deprived	15.5%	13.8%	-1.7%
8: 30% least deprived	8.6%	12.1%	3.5%
9: 20% least deprived	10.3%	8.6%	-1.7%
10: 10% least deprived	0.0%	0.0%	0.0%

Barriers to Housing and Services

4.12 The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing, such as affordability. The indicators used to constitute this domain are: Road distance to a post office, a primary school, a general store and a GP surgery. In addition, the domain draws on indicators for household overcrowding, homelessness and housing affordability. Between 2015 and 2019, the average rank of LSOAs for Rother changed from 130 to 52, with the score changing from 121 to 55.

Health deprivation and disability

4.13 The Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. The indicators that constitute this domain are: years of potential life lost (age standardised measure of premature death), comparative illness and disability ratio, acute morbidity (rate of emergency admission to hospital), and mood and anxiety disorders (derived from hospital episodes data, prescribing data and suicide mortality data). Since 2015 this domain has also been affected by the rollout of Universal Credit. For Rother, the average rank of LSOAs reduced from 176 to 151, with the average score also decreasing from 174 to 148.

Crime

4.14 Crime is an important feature of deprivation that has major effects on individuals and communities. The Crime Domain measures the risk of personal and material victimisation at local level. The indicators that constitute this domain are: the rate of violence per 1,000 at-risk population, the rate of burglary per 1,000 at-risk properties, the rate of theft per 1,000 at-risk population, and the rate of criminal damage per 1,000 at-risk population. As with the other sub-domains, the average rank reduced from 250 to 226 with the average score reducing from 252 to 221.

5 Evidence

Rother as an Age Friendly Community

5.1 In September 2021, Rother District Council was approved as an age-friendly community as defined by The World Health Organisation's (WHO) Global Network of Age-friendly Cities and Communities. In addition, the Council also joined the UK Network of Age-friendly Communities. The WHO Network connects cities, communities and organisations across the world that support the full participation of older people in community life and promote healthy and active ageing.

5.2 As part of its commitment to becoming recognised as age-friendly, the council has been working in partnership with East Sussex County Council and Rother Voluntary Action to actively support and engage with older people in the district. Some of the actions from these discussions could feed into the Local Plan, particularly around engagement on their needs for the future place shaping of Rother.

Links between planning and health and wellbeing

5.3 Population health and wellbeing is impacted not only by individual behaviour, but by the wider determinants such as those within the built and natural environment. Some of the most pressing health challenges: such as obesity, mental health issues, physical inactivity, and the needs of an ageing population, can all be influenced by the quality of our built and natural environment. These wider determinants of health are influenced by the planning system and therefore improving both physical and mental health and wellbeing is integral to land use planning. This is through areas such as place-making, design, regeneration, sustainable development, green infrastructure, active and sustainable travel, and development management.

5.4 It is acknowledged that whilst most of the public health agenda is nothing new for land use planning there is growing policy, guidance, and evidence of the specific links between the two areas and therefore there is now a real opportunity to strengthen how health and wellbeing is addressed within the planning system. This will add

value not only to existing work which already considers health impacts and inequalities but will also support work addressing shared objectives with health on tackling the climate change emergency and delivering an economic recovery post COVID-19.

Neighbourhood Design

Planning principles and measures	Impact on health and wellbeing	Health and wellbeing outcomes
Improved connectivity and walkability. Mix of land uses with provision of services: health, education, retail, community, cultural and recreational. Local employment, workspaces, and training opportunities. Inclusive and accessible places and buildings for all ages and abilities. Well-designed attractive, safe public realm where people can meet.	Social engagement, interaction, and cohesion Increased physical activity opportunities for all. Improved access to health and social facilities, services, and employment. Reduction in harmful pollutants due to reduced reliance on cars.	Improved mental wellbeing. Reduced risk of cardiovascular disease. Reduced risk of type 2 diabetes. Keeping musculoskeletal system healthy. Reduced obesity and overweight levels and associated conditions. Improved mobility among older adults.

Housing

Planning principles and measures	Impact on health and wellbeing	Health and wellbeing outcomes
Improved quality of housing. Good design including orientation, ventilation, and energy efficiency. Increased provision of affordable and diverse housing for all, including groups with specific needs for example elderly and disabled.	Warmth and energy efficiency. Improved indoor air quality and light exposure. Improved engagement with healthcare services.	General health improvements. Asthma outcomes improved. Reduction in excess winter deaths. Reduced risk of cardiovascular disease, type 2 diabetes, some cancers. Improved quality of life and mental wellbeing.

Healthier Food

Planning principles and measures	Impact on health and wellbeing	Health and wellbeing outcomes
Community food growing infrastructure including allotments and gardens. Access to healthier, affordable food for all. Healthy highstreets with a diversity of shops and retail outlets selling healthier food.	Healthier eating and change in dietary behaviours. Change in attitudes towards healthy eating. Increased access to healthier food. Opportunities for physical activity and social connectivity.	Reduction in obesity and associated conditions. Improved mental health and wellbeing. Reduced risk of cardiovascular disease type 2 diabetes, stroke, some cancers and musculoskeletal conditions.

Natural and sustainable environment

Planning principles and measures	Impact on health and wellbeing	Health and wellbeing outcomes
Reduced exposure to environmental hazards (air and noise pollution, light and odour). Access to and engagement with nature. Safe, improved existing and new open green and blue natural spaces. Integrated play and recreation opportunities for all. Adaption to climate change: flood risk and temperature changes. Urban greening: street trees, green roofs, and walls.	Reduced exposure to particulate matter and excessive noise. Increased physical activity opportunities for all. Reduced impact from weather extremes (hot and cold). Social participation and cohesion.	Reduced risk of chronic obstructive pulmonary disease, reduction in infant mortality and improved respiratory function among children. Reduced risk of developing lung cancer. Reduction in obesity and associated conditions. Reduced risk of cardiovascular disease, type 2 Diabetes, stroke, mental health problems, musculoskeletal conditions, and some cancers. Improved mental wellbeing.

Transport

Planning principles and measures	Impact on health and wellbeing	Health and wellbeing outcomes
Safe, attractive active travel infrastructure for all which links to key destinations. Public transport opportunities. Prioritise active travel and road safety. Enable mobility for all ages and activities.	Increased mobility. Increased physical activity opportunities for all. Social participation and cohesion.	Reduction in obesity and associated conditions. Reduction in road traffic accident injuries. Reduced risk of cardiovascular disease and type 2 diabetes. Keeping musculoskeletal system healthy. Improved mental wellbeing.

Spatial Planning for Health: An evidence resource for planning and designing healthier places (2017) and the Spatial Planning and Health Getting Research into Practice (GRIP): study report (2019)

5.5 In 2017, Public Health England published the 'Spatial Planning and Health: evidence resource for planning and designing healthier places' to establish an authoritative and evidence-informed set of principles for designing healthy places from an evidence review examining the links between health, and the built and natural environment. Findings from the report identified that 'local authorities, planning committees and Health and Wellbeing Boards were ranked as the top 3 organisations/decision-making bodies perceived to have the greatest responsibility for integrating health into spatial planning at the local level. Town planners, both those involved in setting policy and in development management along with directors of public health, were the top 3 professions perceived to have the greatest responsibility for integrating health into local planning'.

5.6 The GRIP report follows up on the initial Spatial Planning for Health, identifying the following key actions for consideration:

- **Integrate local health and wellbeing needs and priorities into the local plan and decision-making process** - Planning teams have a responsibility to formalise the statutory joint strategic needs assessment of health and the joint health and wellbeing strategy in local plans and planning decision processes as required by the NPPF. Heads of Planning have a key role

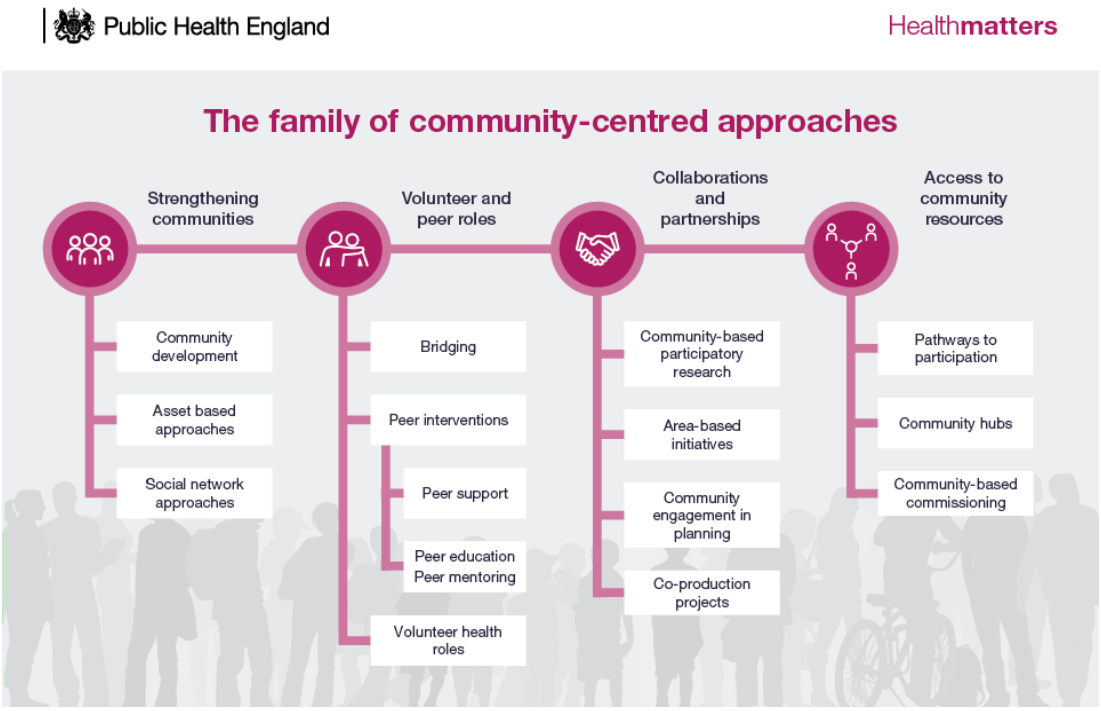
to ensure their local plans are up to date and meet those health and wellbeing requirements in the NPPF and PPG. Achieving this can also help to leveraging support and compliance by housebuilders and planning applicants.

- **Establish clear communication and engagement processes between public health and planning teams** - This will ensure public health teams have a clearer understanding of how and when to engage with their planning colleagues to have maximum influence and input on health and wellbeing issues. Directors of public health have an important role to making this happen with the agreement of the Heads of Planning.
- **Spatial planning and health resources to meet the practical needs of both planning and public health professionals** - Planners require more concise and visual information while public health professionals rely on robust and detailed analysis of evidence. The Resource provides a useful example how these needs can be met in 1 document without compromising on quality. National and local bodies, including PHE, can recognise these different needs when developing future resources and the impact they will have on document format, length and style.

Community-centred public health: Taking a whole system approach

5.7 Building healthy, resilient, connected and empowered communities is a public health priority shared across many sectors. A whole system response is needed to maximise impact and improve the health of the poorest fastest. This involves scaling a range of community-centred approaches, addressing community level determinants and working at all levels of a system. Local decision makers can adopt the key elements, values and principles of a whole system approach to community-centred public health to improve the effectiveness and sustainability of action to build healthy communities. Communities are a central part of the public health system and community-centred ways of working should be integral to whole system action to improve population health, as shown in Figure 10 below.

Figure 10: Public Health England community-centred approaches to health



Putting Health into Place

5.8 As outlined in the NHS' 'Putting Health into Place' (2019), health commissioners have local clinical and estates strategies, which should inform local authority development plans and strategies to ensure that they are aligned, and the required services and infrastructure are planned with healthier built environments in mind and new ways of providing integrated health and care services that also provide social value.

Health Impact Assessment in spatial planning

5.9 Health Impact Assessments (HIAs) are a useful a tool that help to identify the health impacts and unintended consequences of a plan or project and the potential health impacts that they might have on the local population. They require the need to develop recommendations to maximise the positive impacts and minimise the negative impacts, while maintaining a focus on addressing health inequalities. By bringing such health considerations to the fore, HIAs add value to any project, proposal, policy and strategy and help to put people and their health at the heart of the planning process for example. Local authorities are encouraged by public health to adopt policies that require an HIA to be carried out for certain types of

developments in their local plan or spatial development processes. See Appendix 2: Health Impact Assessments for a flow chart of how HIAs can be developed and implemented.

Example HIA policies in Local Plans

5.10 **Coventry City Council's** Local Plan was adopted in December 2017. Policy HW1 of the Local Plan requires that an HIA is carried out on (amongst other uses) residential schemes over 150 homes and non-residential over 1ha. This policy is supported by a Supplementary Planning Document which sets out the requirements and framework for carrying out an HIA in Coventry. The HIA toolkit used in Coventry was developed by Birmingham City Council to be used within the West Midlands Combined Authority.

5.11 The draft **Crawley Borough Council** Local Plan contains Strategic Policy SD2 which, alongside a number of Health and Wellbeing initiatives, would require an HIA with qualifying major planning applications as set out in their future Local List of Requirements.

5.12 The Joint Core Strategy for **Broadland, Norwich and South Norfolk** (adopted 2011, amended 2014) contains Policy 7: Supporting Communities. Here, HIAs are required in all locations where over 500 dwellings are proposed, even if the development proposal in question forms only a part. Health impact assessments will also be expected in the case of proposals for over 100 dwellings in areas not identified in the Joint Core Strategy. An advice note published in 2012 sets out technical details as well as a matrix to use for the HIA.

5.13 In the **South Cambridgeshire** Local Plan (2018), Policy SC/2 sets out the requirements that for developments of 100 or more dwellings or 5,000m^2 or more floorspace a full Health Impact Assessment will be required For developments between 20 to 100 dwellings or 1,000 to 5,000m^2 or more floorspace the Health Impact Assessment will take the form of an extended screening or rapid Health Impact Assessment. These are detailed in an adopted Supplementary Planning Document.

5.14 The **Tower Hamlets** Plan (2020-2031) policy D.SG3 requires certain developments to submit a rapid Health Impact Assessment:

- Major development within an area of sub-standard air quality (as designated and shown on the Policies Map).
- Developments which contain any of the following uses:
    - Education facilities
    - Health facilities
    - Leisure or community facilities
    - A5 uses (hot-food-takeaways)
    - Betting shops
    - Publicly accessible open space.
- Applications (as set out in legislation) that get referred to the Greater London Authority must submit a detailed Health Impact Assessment. This includes developments that are of 150 residential units or more.

The State of the Union: Reuniting Health with Planning in Promoting Healthy Communities

5.15 The Town and Country Planning Association produced a report in 2019 that set out eight thematic recommendations, aimed at national governments, their respective agencies, and policy-makers in local areas. The recommendations are:

- An integrated approach to planning for health and wellbeing
- Local powers to drive change
- Clear expectations on planning for health
- Planning for healthcare infrastructure
- Health evidence in planning
- Evaluation of health in policies and development proposals
- Capacity and capability of public health planners
- Professional and sectoral training

Sport England Active Design

5.16 Published in May 2023, the updated Sport England Active Design guidance sets out how the design of our environments can help people to lead more physically active and healthy lives. There are nine principles related to the built and natural environments which sit under the foundation principle of 'Activity for all'. The

guidance has been produced with Active Travel England and the Office for Health Improvement and Disparities.

5.17 There are also many other documents which relate to health and wellbeing which can be linked to planning, including:

- Annual Report of the Director of Public Health in East Sussex 2019/20: Health & Housing
- Annual Report of Director of Public Health, 'Work, Skills and Health' (2021/22)
- COVID Stories: Investigating the impact of COVID-19 on local communities within East Sussex, April 2021
- East Sussex Whole-System Healthy Weight Plan 2021-2026
- East Sussex Joint Health and Wellbeing Strategy, 2016-2019
- East Sussex Environment Strategy 2020
- Transport Strategy for the South East (June 2020)
- Local Transport Plan (LTP) 3 and emerging LTP 4
- East Sussex County Council Local Cycling and Walking Infrastructure Plan (LCWIP)
- East Sussex alcohol harm reduction strategy 2021-2026
- Health Equity in England: The Marmot Review 10 Years on (Institute of Health Equity, 2020)
- Chief Medical Officer's Annual Report 2021 – Health in Coastal Communities
- NHS Long Term Plan's
- East Sussex Joint Strategic Needs and Assets Assessment: Health inequalities briefing (March 2022)
- East Sussex Health and Care Partnership Plan (2021/22)
- Healthy Hastings and Rother – Working Together to Reduce Health Inequalities (Summer 2019)

6 Consultation and Engagement

Early Local Plan Engagement Responses

6.1 As part of a wider program of Early Engagement on the direction of the Local Plan Update, the Council produced an Early Engagement Form to consult its members, parish/town councils and other targeted organisations on the direction the Local Plan should take. This consultation took place between Monday 17 August and Friday 9 October 2020. The Early Engagement Form consisted of 24 questions within the following Local Plan topic areas:

- The Vision of the Local Plan
- Objectives of the Local Plan
- Housing
- Employment
- Infrastructure
- Climate Change
- Natural and built heritage assets
- Community
- COVID-19
- Other Planning Issues

6.2 When responding to what the vision should be, the responses relating to health and wellbeing can be broadly grouped into the following categories:

- Social/Community
    - A community led focus
    - Improved health
    - Reduced deprivation
    - Low crime rates
    - Removal of deprivation hotspots
    - Recovery from COVID-19
    - High quality/enjoyment of life indices
    - Increased facilities for improved lifestyles
    - Increased disability access
    - At least one "social zone" in Bexhill TC.

  - Sustainable life-time communities
  - Increased focus on care for the elderly
  - People's happiness as a vision
  - Community development
  - Planning for new facilities: GPs/schools/etc
- Environment
  - Increased green space
  - Nature friendly
  - Biodiverse countryside
  - High quality development design
- Transport
  - Better cycling and walking facilities
  - Sustainable transport

Working Groups

Local Plan Managers Group

6.3 The East Sussex Local Plan Managers Group is made up of Planning Policy managers across the county to discuss key planning issues as well as best practice. Progress updates on each authority's Local Plan are also discussed. As health and wellbeing is a crosscutting theme across many Local Plan policies, discussions regarding the Public Health team's ability to assist in planning matters resulted in training being offered to officers across ESCC to cover the different areas that the Public Health team can provide guidance on.

Rother District Council internal working group

6.4 In April 2023, a working group of internal officers from across the Council was devised in a step to help inform the policy development before going out to formal public consultation. The working group has met on a regular basis to discuss the contents of this background paper, starting with discussion on the remit of the health and wellbeing background paper. This then led into detailed discussions on the specific policies that the Local Plan can contain to help compliment (where possible) the Council's wider ambitions. The preferred policy options have been shaped by these discussions.

East Sussex Planning for Health Working Group

6.5 The East Sussex working group has been set up by the Healthy Places team within ESCC Public Health team to bring together ESCC Public Health officers with Planning Policy and Development Management officers from all authorities within ESCC, alongside other relevant officers, such as in transport. The working group will support the development of a county wide approach to 'planning for health' and a framework for managing HIA. It will also consider, discuss and review HIA tool options, checklists, QA review framework and draft protocol and guidance documents as the relevant policies are implemented.

6.6 There has also been training and workshops delivered by ESCC to help officers gain a greater understanding of HIAs, as well as specific meetings with ESCC officers to devise a local approach to HIAs and the broader policies in the health and wellbeing chapter.

Duty to Cooperate and Engagement

6.7 Rother District Council had conducted meetings with the Clinical Commissioning Group that operated in Rother (before its redesignation as the Sussex Integrated Care System/Board), as well as East Sussex County Council. These types of meetings with external organisations will continue to occur throughout the preparation of the Local Plan.

6.8 As mentioned above, ESCC have provided training regarding health in planning specifically to support the introduction of Health Impact Assessments. A Memorandum of Understanding (MOU) has been signed by the Public Health Team within ESCC and all LPAs in East Sussex. It outlines how they will work together to deliver the County Council's statutory public health responsibilities and LPA's duties to deliver relevant elements of the NPPF through the planning system. The Council have also been having meetings with the Health Places Team to shape this background paper and the policy options.

7 Key Issues

7.1 Based on the evidence base, there are several key issues and policy leavers that will need to be considered when developing the Local Plan.

A holistic approach to health and wellbeing

7.2 As has been evidenced in this background paper, the overall health and wellbeing in Rother is a key crosscutting theme for the whole Local Plan and covers many areas beyond those identified in this background paper.

7.3 As shown through the Index of Multiple Deprivation, the levels of most deprivation indicators have gotten worse between 2015 and 2019. As such, it is the aim of the Local Plan to enable measures that will help improve these and therefore contribute to a holistic health and wellbeing approach for Rother. This will occur throughout the Local Plan policies and as such is not limited to those presented later in this background paper.

7.4 Any issues around facilitating the necessary infrastructure to support health and wellbeing will also be supported through infrastructure policies that are being explored within the Infrastructure Background Paper.

Neighbourhood design

7.5 The design of neighbourhoods plays a major role in underpinning the health and wellbeing of communities. A mix of accessible and well-connected land uses can facilitate and host the necessary services needed to support health and wellbeing.

Housing

7.6 Ensuring that there is good quality housing is partly interlinked with design and when combined can help to reduce poor quality places to live. This can feed into the wider aims of improving the health of Rother.

7.7 However, policies relating to housing will be covered in the Housing Background Paper and will incorporate aspects that relate to and/or improve health and wellbeing. These will take into account Rother's status as an age-friendly community.

Healthier food

7.8 As previously stated, the levels of overweight or obese children in Rother is higher than the East Sussex average. There is also evidence to support policy positions on reducing this.

7.9 The adopted DaSA (2019) contains a policy (BEX17) to limit the number of hot food takeaways within Sidley District Centre. This will be reviewed in line with all other existing policies and a decision will be made on the boundaries to apply this policy to.

Natural and sustainable environment

7.10 Opportunities for additional and improved open space and recreation should be achieved in the Local Plan. The Council has updated its Playing Pitch Strategy and Leisure Facilities Strategy to form a new Playing Pitch and Built Facilities Strategy. The Council is in the process of updating the Open Space and Green Infrastructure Study. These three documents will highlight existing spaces and facilities and also show gaps in coverage.

7.11 It is acknowledged that harms to the natural environment, such as air and noise pollution, can impact health and wellbeing. As with other overlapping issues for the Local Plan, these types of issues are being covered in the Environmental Management Background Paper. Climate change is covered in the Green to the Core Background Paper.

Transport

7.12 As Rother is made up of a large rural area alongside several urban settlements, there is a need to improve the transport options available, particularly those which are sustainable. The Local Plan should also help enable increased opportunities for

active travel. Transport Modelling and a shared evidence base has been commissioned by the Council to look at the transport measures required to support proposed development in the Local Plan including maximising active and sustainable transport measures to mitigate impacts.

Monitoring and review mechanisms

7.13 As with any Local Plan policy, there is a need to devise indicators that can help to monitor health impacts and benefits. The indicators currently being used for relevant policy areas are shown in Section 4: Facts and Figures. Once the preferred policies are chosen, the indicators will be contained in a monitoring framework that will append the Local Plan.

8 Vision and Spatial Objectives for the Local Plan

Vision

8.1 Health and wellbeing is a golden thread that runs through the whole vision for the Local Plan. Enhancing the health and wellbeing of Rother's population is a core tenet of the vision, as is the desire to provide appropriate facilities for the community. Other aspects of the vision, such as net zero carbon ready developments and sustainable transport promotion, will also have a benefit on health and wellbeing.

Spatial Objectives

8.2 There are ten spatial objectives which set out how the vision will be achieved. Some of these directly relate to health and wellbeing covering the support for community facilities (part of objective 7) and achieving safe, healthy, vibrant and mixed communities prioritising physical and mental health (part of objective 9).

9 Policy Options

9.1 The policy options in this chapter have been comprised from the vision and objectives of the Local Plan, the key issues that relate to health and wellbeing, and the available evidence at the time of writing. Many of the policy areas contain a single policy option where it has been considered that there are no practical alternatives to the policy's overall direction, taking into account the suitability of existing policies. There are some policy areas that contain different policy options where there are distinct options that would materially alter the policy direction.

Policy area 1: Health and Wellbeing

9.2 The Council is working closely with its partners to ensure that local planning, health systems and sustainability work together to adopt a clearly defined set of priorities and an integrated approach to planning for health, wellbeing and the environment. The following policy option aims to ensure that health and wellbeing is considered throughout the Local Plan.

Policy option 1a: Provision and improvement of health and community wellbeing

9.3 This policy option enhances existing policy CO2 from the Core Strategy. This policy option also draws on aspects of CO3, CO4, and CO5 as well as linking to other areas of the Local Plan where relevant.

New or improved physical health, mental health and other wellbeing facilities and services which meet population needs and are accessible will be supported, and will be addressed though development site allocations, planning permissions and/or developer contributions in accordance with the latest Rother Infrastructure Delivery Plan.

The design and function of new development must help to create healthy, inclusive and safe places which reduce health inequalities, support and address the health and wellbeing needs in Rother as identified in the Joint Strategic Needs Assessment.

In order to maximise opportunities to enable healthy lifestyles and equality for all, new development must demonstrate how it will:

(i) *Meet the principles of high quality design that is safe and secure and support Rother's Overall Priority to 'Live Well Locally' through ensuring, accessible and inclusive layout and design which uses appropriate materials and ensures community safety and cohesion;*

(ii) *Avoid or mitigate unacceptable harmful impacts and health risks from air, noise, light and odour pollution;*

(iii) *Maximise opportunities for physical activity through the creation and improvement of high quality open space, play and recreation and incorporate biodiversity and green and blue infrastructure to enable climate change resilience (in line with Policy A,B and C in the Local Plan);*

(iv) *Be supported by necessary infrastructure provision, including prioritising the use of accessible sustainable and active transport measures which improve access and link developments to key services and facilities reducing social isolation, enabling active lifestyles and improving social cohesion and connectivity;*

(v) *Provide space for food growing both within in community gardens, allotments and/or private gardens to ensure food security.*

Policy area 2: Health Impact Assessments

9.4 Health Impact Assessments (HIAs) allow for health and health related impacts to be assessed as part of an application. There is no statutory trigger point for these to be required. As such, the following policy options consider different scenarios for the Council requiring an HIA. It is possible for the preferred option to be combined into other policy areas so that policies cover all health and wellbeing aspects.

Policy option 2a: HIAs on all non-domestic applications

9.5 This policy looks at requiring an HIA on all non-domestic applications to ensure that health impacts resulting are always picked up and addressed as part of the planning process.

The Council will require a Health Impact Assessment for all non-domestic applications.

Policy option 2b: HIAs on all major applications

9.6 Another threshold could be requiring an HIA on all applications that are defined as major under the Development Management Procedure Order. For most applications that occur within the District, the trigger point would be a proposal for 10 or more dwellings or a non-residential building that is 1,000 square metres or more.

The Council will require a Health Impact Assessment for applications that are classed as major development under the Development Management Procedure Order, and any subsequent amendments.

Policy option 2c: HIAs on all large-scale applications

9.7 A third minimum level that could be required would be to set a higher figure to represent the largest scale of development that occurs in the District. The thresholds for this policy option would be higher than those proposed in policy option 2b and based on the scales of applications the Council typically receives to try and make the HIA policy proportionate.

The Council will require a Health Impact Assessment for applications, including change of use, that meet the following criteria:

(i) 100 or more new dwellings;

(ii) New non-residential floorspace 2000 square metres or more; or

(iii) a site of 5 hectares.

Policy option 2d: HIAs within deprived areas

9.8 A further consideration for HIAs is for them to be targeted in specific locations which are at the highest levels of deprivation. This would mean HIAs are focused on the areas which may have greater health disparities which could be addressed through new development.

An HIA will be required for any major developments within wards[1] of the District that are within the 20% most deprived nationally in the Index of Multiple Deprivation.

Policy option 2e: No requirement for an HIA

9.9 Finally, the Council could not require an HIA to be submitted alongside any application, maintaining the current policy position.

Policy area 3: reducing harmful impacts on health

9.10 Part of Policy BEX17 of the DaSA states that "*within Sidley District Centre, further concentration of takeaway uses (within Use Class A5) will not be supported*." This was based primarily on two points. The first was the local desire, as expressed through the Heart of Sidley's survey of residents. The second was from data in 2018 that forms part of ESCC Joint Strategic Needs & Assets Assessment (JSNAA) highlighting relevant indicators for the Sidley area. In addition to this, in the 2019 Index of Multiple Deprivation, the two most deprived lower super output areas (which across England and Wales each have an average population of 1500) in Rother were in Sidley.

9.11 Since the adoption of the DaSA, there have been changes within the Use Class Order. This saw the removal of Class A5 and from 1 September 2020 hot food takeaways (for the sale of hot food where consumption of that food is mostly undertaken off the premises) was moved to sui generis. Secondly, it appears that there is no newer data available on the JSNAA website to show a more recent position on the underlying health data.

Policy option 3a: restricting hot food takeaways in Sidley District Centre

9.12 As such, it could be felt that this part of BEX17 is still suitable and can be carried forward as below.

[1] Currently these are the four wards of Bexhill Central, Bexhill Sidley, Eastern Rother, and Rye & Winchelsea. This may change over the lifetime of the Local Plan as the Indices of Multiple Deprivation is updated.

Within Sidley District Centre, further concentration of hot food takeaway uses (as defined under Sui Generis) will not be supported.

Policy option 3b: restricting hot food takeaways around schools and parks

9.13 An alternate approach would be to restrict hot food takeaways within 400m of any school. There would also be scope to include parks as these are also often frequented by children and families. This is a common approach used by many local authorities as evidenced by a PHE report in 2020. The PHE report considers using 800m, which represents a 10-minute walk, but using an 'as the crow flies' buffer means actual walking distances would likely be greater than 10 minutes due to built form. Other sui generis uses such as betting shops would not be sensible to target in this approach due to the people using them. As such, an alternative approach, as set out in policy option 3c, may be more appropriate.

Proposals for a hot food takeaway (currently defined as sui generis) will not be supported where the proposal is within 400m of the boundary of a school or park.

Policy option 3c: reducing harmful impacts on health through a limit on various uses

9.14 As mentioned above, promoting heathier neighbourhood uses can also be taken through a limit on the prevalence of certain uses. The specific sui generis uses being considered are hot food takeaways, betting shops, casinos and pay day loan shops. This policy option does allow scope for applicants to demonstrate that the proposed use would be appropriate.

Applications for new development, change of use to or the further concentration of the following uses will not be supported unless it can be demonstrated there will be no negative impacts on the health and wellbeing of the local population:

(i) Hot food takeaways;
(ii) Betting shops;
(iii) Casinos; and
(iv) Pay day loan shops.

Policy area 4: Community Facilities

9.15 The third policy area to look at is the provision of community facilities across the District. The following option provides a general policy to support the provision of community facilities and services across the District. Where particular facilities are required to support site allocations, these will be identified at the next stage of the Local Plan.

9.16 A footnote for the existing Core Strategy Policy CO1 contains the Use Classes that would be considered as community facilities: C2, D1, and D2. The use classes would need to be reviewed in light of the changes to the Use Class Order, in part as Class D has been revoked. This could either involve referencing the new Use Classes or defining the specific types of uses, though permitted development rights may make this challenging.

Policy option 4a: community facilities and services

9.17 This policy option looks at carrying forward policy CO1 of the Core Strategy.

The provision or improvement of community and social facilities and services[2] *to meet local needs will be achieved by:*

(i) *Permitting new, improved or replacement community and social facilities and services in appropriate accessible locations where they meet identified community needs, having regard to population characteristics and recognised standards of provision;*

(ii) *Facilitating the co-location of facilities to form community hubs and meet the evidenced needs of a broad a range of community activities, as far as reasonably practicable, particularly when considering new buildings;*

[2] For the purposes of defining community and social facilities and services, the definition comprises medical, health and social services; local shops and halls, and a wide range of arts, culture, education, leisure, recreation, religious facilities (categorised as C2, E(d) – (f), F1, F2 as well as pubs, bingo halls, cinemas, concert halls, dance halls, night-clubs, theatres and venues for live music performance, as defined as sui generis in the current Use Classes Order).

(iii) *Not permitting development that would result in the loss of sites or uses currently or last used as community and social facilities and services unless the proposal meets the tests of Policy XX – Retention of sites of Community, Economic or Social Value; and*

(iv) *Where deemed reasonable and necessary, the Council will remove certain permitted development rights via condition to restrict the ability of an approved use to change to one that does not function as a community facility or service.*

Policy area 5: Green and Blue Infrastructure

9.18 Some of the key issues identified can be summarised as needing to address green and blue infrastructure. The Core Strategy contains policies (CO3 and EN5) regarding this, as well as DaSA policy DEN4.

Policy option 5a: green and blue infrastructure

9.19 The policy option looks to combine and enhance existing policies as a means of meeting the strategic key issues identified.

Green and blue infrastructure[3] will be designated on the Local Plan's Policies Maps. These designations will be determined through a new green and blue infrastructure study, which will be carried out following consultation on this draft Local Plan. It will form part of the submission version of the Local Plan.

The protection, enhancement and provision of green and blue infrastructure, including sufficient, well-managed and accessible, sports and recreation spaces, both formal and informal, will be achieved by:

(i) Safeguarding existing green and blue infrastructure (designated through this Local Plan's Policies Map) from development, and only permitting its loss where it

[3] Green infrastructure includes parks, open spaces, playing fields, woodlands – and also street trees, allotments, private gardens, green roofs and walls, sustainable drainage systems (SuDS) and soils. Blue infrastructure includes the coast, rivers, streams, canals and other water bodies.

results in improved provision (in terms of quantity and quality) as part of a redevelopment or elsewhere within the locality.

(ii) *Permitting proposals for the improvement of existing, or provision of new, green and blue infrastructure, in localities where deficits are identified.*

(iii) *Requiring development proposals to respond to and incorporate existing green and blue infrastructure, and integrate new, into design proposals, including providing links to existing green and blue infrastructure outside the development's boundaries. The quantum of green and blue infrastructure provided should be based on applying:*

- the recommendations of Rother's Playing Pitch and Built Facilities Strategy and Sport England's standards, across all relevant spaces within the district (and any successor or other documents as identified as relevant by the Council);
- the Natural England Green Infrastructure Framework and its Principles and Standards;
- Securing either direct provision of new or financial contributions towards improvements to existing green and blue infrastructure to ensure adopted standards are maintained within the locality;

(iv) *Requiring developments of more than two hectares or 50 dwellings (whichever is the smaller) to produce a Green Infrastructure masterplan as part of their proposals.*

(v) *Requiring developments of more than 300 dwellings to provide playing pitches on site in line with the recommendations of Rother's Playing Pitch and Built Facilities Strategy and Sport England's standards.*

(vi) *Giving particular support for sensitive water-based recreation along the coast and in any other bodies of water, having due regard to biodiversity, environmental and amenity considerations. This includes any cross-border recreation activities that will benefit from waters within Rother which should be detailed in a cross-border management plan.*

Policy area 6: Public Rights of Way

9.20 Rother District benefits from a vast rights of way network. However, current policy on this is light which is covered by Core Strategy Policy CO3(v) which sets a desire to increase and improve access to them.

Policy option 6a: Public Rights of Way

9.21 As such, this policy option looks to strengthen the position and cover more than the current position which promotes access.

New public rights of ways and any other public networks such as the National Cycle Network and greenways will be supported, particularly where there is a local deficiency in terms of access or a lack of connectivity to settlements, visitor attractions and facilities and services or between rights of way. Any proposals would be subject to all relevant policies within this Local Plan.

Any current public rights of way will be protected by ensuring that development does not cause an adverse impact. Where any planning application involves a public right of way, or is in close proximity to one, proposals must demonstrate the measures taken to maintain, enhance and/or enable access to the existing public right of way network for all ages and abilities, including where a public right of way runs adjacent to the proposed site. This includes considering the character, quality, and public enjoyment of the network, as well as the specific needs of different users;

If any alterations to a public right of way are proposed, to demonstrate the overriding benefit of doing so. In the circumstances that an alteration is considered acceptable, the mitigation will involve at a minimum providing the same level and scale of access as was already existing. This will likely be secured through planning obligations/legal agreement.

Policy area 7: Combe Valley Countryside Park

9.22 The Combe Valley Countryside Park covers an area of 600ha within Rother District and Hastings Borough and contains several designated and protected areas. The Countryside Park was set up to facilitate the restoration of the landfill areas within it and to manage the countryside between the towns. It was established jointly by

Rother District Council, Hastings Borough Council and East Sussex County Council and now a Community Interest Company (CIC) since 2015 to oversee the strategic direction of the Countryside Park.

9.23 There are many different policies within the Core Strategy and DaSA that make reference to the Countryside Park. These include the overarching principles of the Countryside Park as well as providing its boundary.

9.24 The boundary of the Countryside Park (as defined in policy HAS1 currently) will need to be reviewing in line with practice of reviewing other types of allocations/boundaries to determine its suitability. This will occur at a later point in the Plan process.

Policy option 7a: Combe Valley Countryside Park

9.25 As such, there is the ability in this new Local Plan to consolidate policies under one policy regarding the Countryside Park. This policy option looks to incorporate the relevant parts of Core Strategy polices BX1, HF1, CO3, and EN5, as well as DaSA policy HAS1. As mentioned previously, the Countryside Park established a CIC after the adoption of the Core Strategy, as such the current policies referenced above will require some modification to bring them up-to-date.

Land between Bexhill and St. Leonards, from Galley Hill and the coast in the south to Crowhurst to the north, as shown on the Policies Map, is allocated as the Combe Valley Countryside Park.

The Countryside Park acts, in part, as a strategic gap between Hastings/St Leonards and Bexhill. The Countryside Park also enables an increase in access to the countryside and promoting improvements to the rights of way network, especially around the urban area of Bexhill, for both the residents and visitors alike.

Within the Countryside Park area, proposals will only be acceptable where they:

(i) are small in scale and are directly related to the aims of the area as a key open space for Bexhill and Hastings and their wider catchment;

(ii) provide for the proper conservation and, where appropriate, management of the land-based and marine designations within it and creates net gains to biodiversity within the Park; and

(iii) accord with the provisions set out in Policy X [Strategic Gaps].

10 Sustainability Appraisal

Summary of policy areas from sustainability appraisal

Policy area	Option	Comments and recommendation
Policy area 1: Health and Wellbeing	A standalone policy with several criteria to support the general provision and improvement of health and community wellbeing	Core Strategy policies CO2-CO5 currently cover a range of policy areas and demographics to address the need of improving health and wellbeing. Policies CO4 and CO5 currently address supporting younger and older people respectively and it is felt that these can be absorbed into a single overarching policy to avoid overlap with other policies which will be supporting similar themes to CO4 and CO5. It is therefore recommended to take this policy as the preferred option.
Policy area 2: Health Impact Assessments (HIA)	HIAs on all non-domestic applications	As previously explained, HIA is a new policy area for the district. Whilst proposing for HIA to cover many applications, in essence any new dwelling or change in employment floorspace, would mean health issues are covered most comprehensively, this would likely be disproportionate for the smaller scales of development and therefore not to recommend this policy option.
Policy area 2: Health Impact Assessments (HIA)	HIAs on all 'major applications'	Taking a step up in development scale, requiring HIAs on major applications would naturally result in less applications being scoped in but mean the policy is more proportional to the scales of development that could act on the recommendations of an HIA making the HIA more effective. However, due to capacity and resourcing, this policy option is not recommended.
Policy area 2: Health Impact Assessments (HIA)	HIAs on all large-scale applications	Building on the previous policy option, this proposal seeks to increase the threshold for residential and non-residential applications. However, based on capacity, this option would be more practical to implement and is therefore recommended.
Policy area 2: Health Impact Assessments (HIA)	HIAs within deprived areas	Focusing HIAs on the scales set out in the second policy option but in particular geographic locations will pick up issues that a higher district wide threshold would not cover. However, it is recommended that this will be a consideration on top of a larger district wide threshold to ensure the greatest number of applications are scoped in.

Policy area 2: Health Impact Assessments (HIA)	No requirement for an HIA	The Council have tested the scenario of not having an HIA policy, which will mean that health issues resulting from new developments would not get readily picked up in one assessment. This policy option is not being recommended, even if other policies in the Local Plan may address some of the issues that are identified in an HIA.
Policy area 3: Promoting healthy neighbourhood uses	Retaining BEX17	This policy option would seek to retain the existing policy of restricting hot food takeaways within Sidley District Centre. This policy would by definition have a limited coverage and is therefore not being recommended.
Policy area 3: Promoting healthy neighbourhood uses	Promoting healthy neighbourhood uses through a proximity based approach	This policy options would expand the restrictions of hot food takeaways and therefore cover a greater part of the district. This policy option is therefore recommended.
Policy area 3: Promoting healthy neighbourhood uses	Promoting healthy neighbourhood uses through an absolute limit	As discussed in the policy options section, the uses listed would mean the largest coverage of uses. It is recommended that this policy be taken forward in tandem with the proximity restrictions on hot food takeaways.
Policy area 4: Community Facilities	A standalone policy with several criteria to support community facilities and services	This policy options looks to in essence carry forward the existing Core Strategy policy CO1, and therefore this policy option is recommended.
Policy area 5: Green and Blue Infrastructure	A standalone policy with several criteria to support green and blue infrastructure	This policy option is recommended as it carries forward and enhances on existing Core Strategy policies CO3 and EN5 and DaSA policy DEN4, as well as being in line with the NPPF.
Policy area 6: Public Rights of Way	A standalone policy to support public rights of way	This policy option extensively builds on existing Core Strategy policy CO3(v). It is recommended to take forward the proposed policy. The policy premise is also supported by the NPPF.
Policy area 7: Combe Valley Countryside Park	A standalone policy to support the Countryside Park	It is recommended to take forward this policy option as it primarily consolidates existing Core Strategy policies BX1, HF1, CO3 and EN5 and DaSA policy HAS1.

Appendix 1: SA/SEA Scoping Indicators

Health and Wellbeing

Indicator	Result	Data/Commentary
Life expectancy at birth (2011-2020) Source: ESiF	No significant change (Increase)	The most up to date data is from 2018/2020. In 2017/2019 the average life expectancy at birth was 82.30. This is compared to the slight increase in 2018/2020, where the average life expectancy was 82.35. This is a slight increase of 0.05 years.
Standardised Mortality Ratio (2019) Source: ESiF	Declining	The most up to date data is from 2019 which stated the standardised mortality ratio was 92 (the baseline is that of England and Wales which is 100). This was as increase from the ratio of 86 in 2018.
Residents with long term illness (2022) Source: ESiF	Declining	The data projects that in 2024 that 24.0 people per 100 will have a limiting long-term illness. This is an increase on 23.8 people per 100 in 2023 and 23.7 in 2022.
Children Aged 4-5 classified as overweight or obese (2014-16) Source: ESiF	Declining	The latest figure for 2014/16 is 22.0%, an 8.4% increase from 2013/15. Long term picture shows gradual increase. More recent data not available.
Children Aged 10-11 classified as overweight or obese (2014-16) Source: ESiF	Improving	The latest figure for 2014/16 is 31.0%, a 5.2% decrease from 2013/15. Long term picture shows no trend. More recent data not available.
Levels of activity and inactivity, 16+ (Nov 2020/21) Source: Sport England	Improving	Levels of high activity (defined as 150+ minutes a week) increased from 61.6% to 66.6% between 2020/21 and 2021/22. Levels of fair activity (defined as 30-149 minutes per week) decreased from 11.9% to 8.8%. levels of inactivity (defined as less than 30 minutes a week) deceased from 26.5% to 24.7%.
Median and lower quartile affordability ratios, Workplace-based (2022) Source: ESiF Median affordability ratio	Improving	Median workplace-based affordability ratios decreased from 13.69 to 12.19 between 2021 and 2022.
Median and lower quartile affordability ratios, Workplace-based (2022) Source: ESiF Lower Quartile affordability ratio	Improving	Lower quartile workplace-based affordability ratios decreased from 12.47 to 10.77 between 2021 and 2022.
Dwelling stock by tenure (2022) Source: Department for Levelling Up, Housing Communities Table 100	Improving	The number of dwellings with private registered providers of social housing increased from 4,598 to 4,530 between 2021 and 2022. Over the same period, dwellings in the private market sector grew from 41,897 to 42,099.
Households on waiting list (2023) Source: RDC	Declining	The numbers of households on the housing register increased from 1,868 to 2,095 between January 2022 and January 2023.
Homeless households' number and rate, (2017/18) Source: ESiF	Declining	The numbers of households homeless in 2017/18 was 122 (or 2.83 per 100). This was an increase from 2016/17 from 110 households (or 2.58 per 100). This is the most up-to-date comparable data.
Access to services within 30 minutes of public transport / walking (2019) Source: adapted from several tables on ESiF	Declining	Access to services within 30 minutes of public transport in Rother changed between 2017 and 2019 as follows: - Employment Centres: increase from 94.6% to 95.8% - Primary Schools: increase from 97.4% to 98.5% - Secondary Schools: decrease from 87.0% to 85.8% - Further Education: decrease from 62.9% to 46.3% - GPs: decrease from 95.3% to 95.0% - Hospitals: decrease from 52.6% to 8.4% - Food Stores: increase from 96.8% to 100.0% - Town Centres: increase from 80.2% to 81.8%

Indicator	Result	Data/Commentary
Access to services within 15 minutes of public transport / walking – Urban areas (2019) Bexhill Source: adapted from several tables on ESiF	Declining	Access to services within 15 minutes of public transport in Bexhill changed between 2017 and 2019 as follows: - Employment Centres: increase from 98.8% to 99.6% - Primary Schools: increase from 86.6% to 90.3% - Secondary Schools: decrease from 24.0% to 22.3% - Further Education: increase from 17.1% to 18.8% - GPs: increase from 72.7% to 75.6% - Hospitals: decrease from 26.5% to 0.0% - Food Stores: increase from 81.0% to 100.0% - Town Centres: decrease from 38.1% to 36.6%
Access to services within 15 minutes of public transport / walking – Urban areas (2019) Battle Source: adapted from several tables on ESiF	Declining	Access to services within 15 minutes of public transport in Battle changed between 2017 and 2019 as follows: - Employment Centres: decreased from 48.8% to 48.2% - Primary Schools: increased from 48.5% to 48.6% - Secondary Schools: decreased from 54.1% to 45.5% - Further Education: remained 0.0% - GPs: decreased from 86.5% to 80.4% - Hospitals: remained 0.0% - Food Stores: increased from 86.5% to 100.0% - Town Centres: decreased from 78.7% to 72.7%
Access to services within 15 minutes of public transport / walking – Urban areas (2019) Rye Source: adapted from several tables on ESiF	Declining	- Employment Centres: increased from 22.5% to 22.6% - Primary Schools: decreased from 21.1% to 15.6% - Secondary Schools: decreased from 26.6% to 26.0% - Further Education: decreased from 32.5% to 0.0% - GPs: remained 100.0% - Hospitals: remained 0.0% - Food Stores: increased from 95.2% to 100.0% - Town Centres: decreased from 100.0% to 92.6%
Police recorded crime (2020/21) Source: ESiF	Improving	Most up to date data is from 2020/21. Crime per 1,000 population decreased from 63.3 to 52.8 between 2019/20 and 2020/21. For violence against the person over the same period, there was a decrease from 22.3 to 20.9.

Natural Landscape

Indicator	Result	Data/Commentary
Access to open and green space, (2021) RDC An accessible natural greenspace, of at least 2 ha in size, no more than 300 metres (5 minutes' walk) from home	No change	33% of total households
Access to open and green space, (2021) RDC At least one accessible 20 ha site within 2 km of home	No change	53% of total households
Access to open and green space, (2021) RDC At least one accessible 100 ha site within 5 km of home	No change	14% of total households
Access to open and green space, (2021) RDC At least one accessible 500 ha site within 10 km of home	No change	0% of total households

Transport

Indicator	Result	Data/Commentary
Cycling at least 3 x per week (percentage of adults aged over 16) (2020/21) Source: ESiF	Declining	The latest data is from 2020/21, which was 1.5% of adults over 16, which compares with 3.5% in 2019/20, and showed a declining trend.

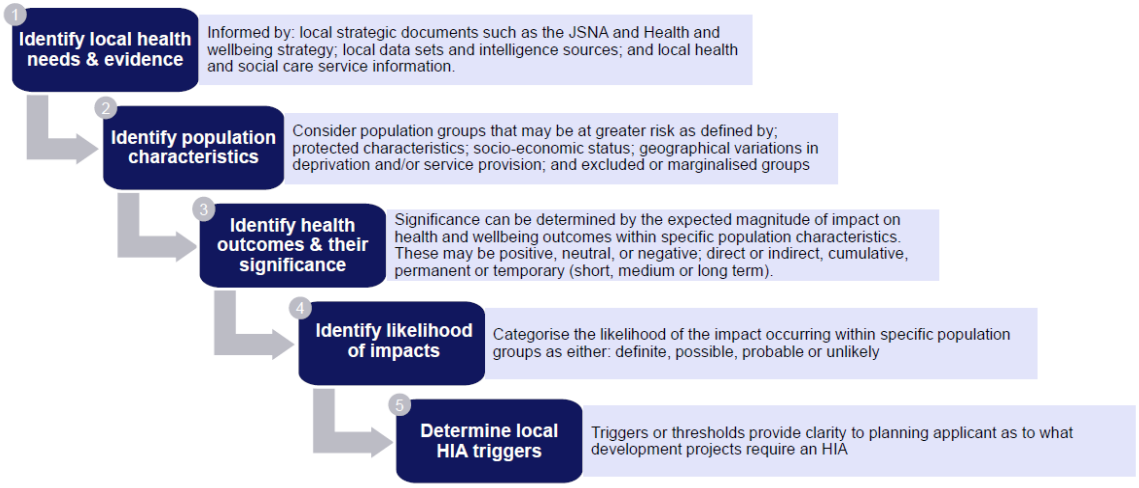
Appendix 2: Health Impact Assessments

Appropriate use of each HIA type

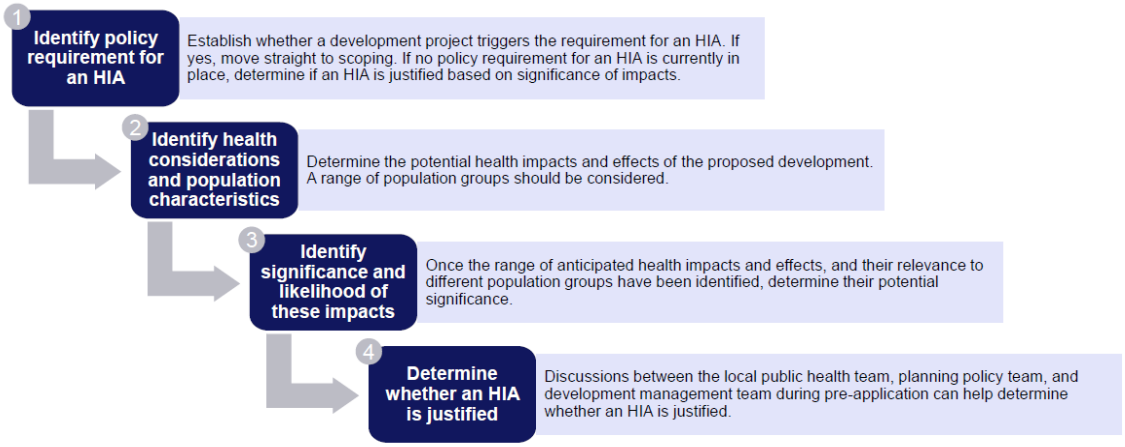
Public Health England (2020): Health Impact Assessment in spatial planning - A guide for local authority public health and planning teams

	Purpose	Type of HIA	Responsibility	Implementer
HIA for plan-making	New/ review of strategic/ joint spatial plans and local plans	In SA/SEA or as standalone Comprehensive or Rapid	Local planning authority	Public health with planning team or HIA practitioner
	New/ review neighbourhood plan	In SA/SEA or as standalone Comprehensive or Rapid	Parish/ town council or neighbourhood forum	HIA practitioner
	New/ review of supplementary planning document	Desktop	Local planning authority	Public health with planning team
HIA for development projects	Major infrastructure project (ie NSIPs)	In EIA or standalone Comprehensive	PINS and planning applicant	Planning applicant with HIA practitioner
	Major EIA planning applications	In EIA or standalone Comprehensive or Rapid	Local planning authority and planning applicant	Planning applicant with HIA practitioner
	Other and non-EIA planning applications determined by local trigger	Rapid	Local planning authority	Planning applicant with HIA practitioner
	Other planning applications with health impact but outside of local trigger	Desktop	Local planning authority	Planning applicant with HIA practitioner

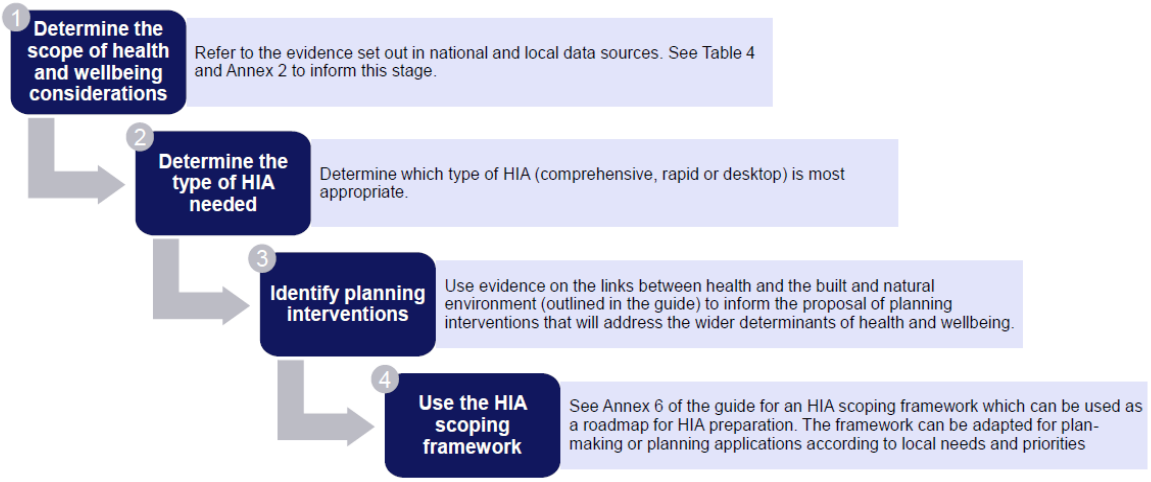
Stages for developing HIA policy and guidance from Public Health England



Stages for screening planning applications



Stages for scoping planning applications



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