

Bolton Metropolitan Borough Council
Development and Regeneration Department
Planning Control Policy Notes



1. Health, Well Being and Quality of Life

February 2006

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In April 2005 Bolton Council adopted its Unitary Development Plan (UDP) as the sole statutory land use plan for the whole Borough.

The Council has a number of Planning Control Policy Notes, of which this is one, providing detailed policy advice to supplement UDP policies and help those who wish to understand the Council's detailed planning requirements and advice.

The interpretation of this advice will relate to the circumstances and particulars of a planning application which will be determined on its own merits.

In the context of changing local, regional and national planning policies it may be necessary for the Council to revise its Planning Control Policy Notes to take these changes into account.

Prospective Applicants requiring clarification of the Note's contents should contact the Council's Planning Control Section.

Provision For Health, Well Being and Quality of Life

Introduction

1. The statutory planning system regulates development and the granting of planning permission invariably results in an increase in land values. These values have traditionally reflected the need to provide for any infrastructure, such as roads, which will facilitate the development of land. However, developers should take account of the costs of providing all necessary infrastructure including the making good of any shortfall in local health provision.
2. The construction of new housing will often place extra demands upon existing health facilities which may or may not have the capacity to accommodate additional patients. This will be a material consideration in the determination of any planning application and the Council will therefore take into account the capacity of local health facilities when dealing with applications for residential development.
3. The Council does not, as a rule, have the resources to construct health buildings or other infrastructure to keep pace with the rate of new development, and it will therefore seek contributions from developers towards providing such additional health infrastructure as is deemed to be necessary.
4. The purpose of this Policy Note, therefore, is to set out the Council's policy on the payment of contributions in connection with the provision of health facilities and to inform developers of such costs at an early stage in the development process. It follows that land values should reflect such costs.

Planning Obligations

5. A planning obligation is a legally binding agreement under Section 106 of the Town and Country Planning Act 1990 (as amended by the Planning and Compensation Act 1991) between the

landowner (a prospective developer) and the Council. An obligation may generally:

- (i) **Prescribe** the nature of the development (e.g. by requiring that a given proportion of housing is affordable);
 - (ii) Secure a contribution from a developer to **compensate** for loss or damage created by a development (e.g. loss of open space); or
 - (iii) **Mitigate** a development's impact (e.g. through increased public transport provision).
6. The obligation will generally be necessary to ensure that development proposals are compliant with UDP policies and enable a developer and the Council to overcome obstacles that can not be dealt with by planning conditions and that would otherwise result in the refusal of planning permission.
 7. Government policy is to be found in Circular 05/2005 'Planning Obligations' and Annex A of this Circular sets out the Statutory Framework for Planning Obligations.
 8. Annex B of this Circular advises how the powers under Section 106 may be used and Paragraph B15 relates to compensation, suggesting that if a proposed development would give rise to the need for additional or expanded community infrastructure which is necessary in planning terms and not provided for in an application, it might be acceptable for contributions to be sought towards this additional provision through a planning obligation.
 11. In order for the Council to obtain a contribution via a Section 106 agreement, the following tests must be satisfied.
 - The benefit must be *(i) relevant to planning; and (ii) necessary to make*

the proposed development acceptable in planning terms. In terms of health provision, this means that a housing development would have to generate a demand for health facilities which could not be met by existing infrastructure and which would bring the development in line with the objectives of sustainable development.

- The benefit has to be *(iii) directly related to the proposed development.* Contributions will therefore only be sought from new housing developments which generate a need for additional health facilities which cannot be met locally.
- The benefit must be *(iv) fairly and reasonably related in scale and kind to the proposed development; and (v) be reasonable in all other respects.* This means that the level of contribution sought must be fair and have a sound justification. Developers may reasonably be expected to pay for or contribute to the cost of all, or that part of, additional infrastructure provision which would not have been necessary but for their development. The effect of the infrastructure investment may be to confer some wider benefit on the community but payments should be directly related in scale to the impact which the proposed development will make.

12. The Circular also advises that the cost of maintenance and other recurrent expenditure should not normally be borne by the developer, except where such facilities are predominantly for the benefit of users of the associated development. Given the likely wider public use, the costs of the day to day provision of health facilities cannot therefore be sought and contributions can only cover the capital costs of new buildings and not the resource cost of machinery, staff, furniture and maintenance.

13. The Circular advises that where the combined impact of a number of developments creates the need for infrastructure, it may be reasonable for

the associated developers' contributions to be pooled, in order to allow the infrastructure to be secured in a fair and equitable way. In some cases, individual developments will have some impact but not sufficiently to justify the need for a discreet piece of infrastructure. In these instances, Local Planning Authorities may wish to seek contributions to specific future provision, however spare capacity in existing infrastructure provision should not be credited to earlier developers.

14. However, where an item of infrastructure is necessitated in advance of a series of developments, the later developers may still be required to contribute the relevant proportion of the costs, providing this is set out in advance.

Planning Policy

15. Development Plan policies are a crucial pre-determinant in justifying the seeking of any planning obligations since they set out the matters which, following consultation with potential developers, the public and other bodies, are agreed to be essential in order for development to proceed. The policy guidance in this Note amplifies the following Development Plan policies.

16. The Planning and Compulsory Purchase Act 2004 sets regional planning within statute for the first time as part of the Development Plan and PPS11 Regional Spatial Strategies (RSS) reveals the main principles of the new arrangements are to deliver policy better at the regional level and contribute to the culture change necessary to deliver the Government's Sustainable Communities Plan. Regional Planning Guidance for the North West was adopted in March 2003 (RPG13) and as a result of the 2004 Act, this has become RSS for the North West (NWRSS). A full review is due to be published in draft by the North West Regional Assembly for submission to Government in 2006.

17. NWRSS Policy UR1 'Urban Renaissance' states that the sustainable regeneration of the Region's urban areas will be a regional priority. Local Authority strategies and

programmes should promote urban renaissance by reviving communities and co-ordinating health resources to tackle poverty and promote social inclusion. Successful urban regeneration will require complementary improvements to healthcare facilities and voluntary and community agencies can assist Local Authorities in meeting these aims.

18. NWRSS Policy UR2 'An Inclusive Social Infrastructure' states:

Local Planning Authorities should liaise closely with health service providers in developing and implementing strategies and development plans. These should:

- Facilitate the modernisation of local health services, in line with the Core Development Principles and the Spatial Development Framework, informed by partnership working with Primary Care Trusts on Health Improvement and Modernisation Plans and Health Action Zones;
- Promote the provision of other facilities necessary for local communities, and maximise the potential of existing community buildings and other facilities, wherever there is potential for mixed use; and
- Have regard to the impacts of proposed developments on the health of local communities so that they support health improvements and the narrowing of health inequalities. This will require working in partnership with the appropriate public health expertise in the Government Office, health authorities and Primary Care Trusts.

19. NWRSS states that 'Social Infrastructure' can be taken to include health facilities and land-use planning decisions can make an important contribution to ensuring such facilities are accessible to all who might need or wish to use them. Local Planning Authorities should take this fully into account when preparing their development plans and should ensure that the land-use dimension of health issues,

relating to healthcare facilities and the wider influences on a healthy quality of life are taken into account.

20. The Council's UDP includes a policy commitment which will ensure that all new housing developments are only built in areas where there is adequate existing or potential infrastructure.

21. UDP Policy H3 'Determining Housing Applications' states:

"The Council will permit housing development within the urban area provided that the following criteria are met:

(iii) the existing and potential infrastructure has the capacity to absorb the development;"

22. UDP Policy CP4 'Provision of Health and Community Facilities' states:

"The Council will permit the development of health services and community facilities either close to or accessible to the communities they serve."

23. The reasoned justification to this policy states that health facilities include clinics, health centres, doctor's surgeries, dentists, and chiropodists. This may also include health facilities within other community buildings and Primary Care Resource Centres.

24. During the life of the previous plan, major health service facilities were consolidated at the Royal Bolton Hospital site, off Minerva Road/Plodder Lane, Farnworth. Although not specifically allocated, the Council will continue to support the location of health service facilities at the Royal Bolton Hospital. The Council will also support the creation of additional facilities within local communities around the Borough.

25. Where residential development schemes will lead to a substantial increase in the local population and the pressure on local community facilities, the Council may require developers to provide additional

community facilities where there is an identified need or pressure on existing services.

26. Over recent years there has been pressure for particular types of facilities. An example of this is the demand for care facilities as a result of the increasing emphasis on Care in the Community.
27. In certain parts of the Borough the provision of community facilities is inadequate. In some instances facilities are required to meet the needs of different groups in the population, such as ethnic minorities, religious groups, elderly people, people with disabilities, children and families. The Council will ensure that the demand for such facilities is met in appropriate locations.
28. Many community facilities and services are provided by voluntary and other organisations which may cover areas of service outside those provided by the Council, or supplement the Council's existing services. Many of these bodies are non-profit making. The Council will aim to help such organisations in providing community facilities.

Guidance

29. This policy will be applied on full planning applications for all private developments of 25 residential units or more including new build, conversions and changes of use. Calculations on the numbers of health professionals, including doctors and dentists likely to be generated by a development will be based upon the numbers of residential units. Elderly persons' accommodation where occupancy is restricted by condition, and affordable or social landlord's housing will not be subject to any contribution.
30. In cases where an outline application is submitted on a site which may accommodate 25 residential units or more, any planning permission will be so conditioned to comply with the Council's policy on the provision of health facilities.

31. Whilst the Council will seek to obtain contributions for the provision of health facilities where there is a shortage of such facilities, if the viability of an otherwise worthwhile development is threatened, (for example if the scheme involves the retention of listed buildings or the reclamation of a badly contaminated site), the Council may reduce or waive the payment of the contribution due to the high site development costs. In such cases evidence of the development costs and returns from the development should be submitted with any request for the payment to be waived as part of the submitted planning application.

Assessing the Level of Contribution

32. Contributions will only be sought in connection with proposed housing developments where the new housing will generate a need which cannot be met by existing local facilities in accordance with the following key factors:
 - The number of residents expected to be generated by any proposed development, based upon the numbers and types of residential units proposed.
33. Consideration of this key factor will indicate the degree of any shortfall in health provision and the scale of the developers' contribution.
34. In assessing the pressure on health facilities, the Council will consider the likely supply and demand situation taking account of any unimplemented planning permissions for new residential units dwellings. The payment of any contribution will be timed to allow for the provision of any necessary infrastructure when it will be required and will take account of the construction period for the development and the implementation of any extant planning permissions.
35. Contributions toward the capital costs of providing additional primary care accommodation will be negotiated with developers of proposals that provide additional dwellings in areas where:

- (i) The primary care facility serving the catchment area within which new housing developments would fall is already full; or
- (ii) new developments would result in the total number of patients exceeding the capacity of the primary care facility; and
- (iii) spare capacity in adjacent primary care facilities cannot be used to meet the deficiency of patient places; and
- (iv) there are no existing proposals for financing the additional places which are required.
36. Primary Care Centres are an essential community facility that must be provided for housing developments. They should be provided within reasonable travelling distance. Where there is no suitable provision locally and there are no existing proposals for financing additional places required by a housing development, this could be sufficient grounds for refusing planning permission. If a local Primary Care Centre is full it may be possible to use surplus capacity in adjacent areas. Where this is not appropriate, the capacity of the local Primary Care Centre will have to be increased.
37. The Primary Care Trust (PCT) is given limited resources by Central Government (DOH) to improve local Primary Care provision and health in general. Most importantly, the resources relate to historical population numbers recorded by Census and mid-Census Estimates. It is, therefore, very appropriate for developers to contribute to the cost of community facilities when new developments seek planning permission.
38. The PCT compiles a rolling assessment of health needs and publishes a Strategic Service Development Plan at periodic intervals.
39. The provision of health facilities will require Staff and Premises. Based on the National GP Contract each GP should serve 1800 patients on average. The Primary Care Trust preference is for GP services to be provided as health centres
- with a minimum of 4 GP's plus support services. This equates to a surgery serving 7,200 patients. Similarly each General Dental Practitioner (GDP) should serve between 1,300 and 1,500 patients on average.
40. Consequently 5 GDP's will service an equivalent patient population as 4 GP's. The indicative capital cost for a health centre of sufficient size to meet PCT requirements is estimated at £580,000 based on the Primary and Social Care Premises Planning and Design Guidance Financial Model published by NHS Estates.
41. Based on this estimate and using a household population figure of 2.4 people per dwelling the estimated capital cost per dwelling at 2004 prices is:
- | | |
|---|--------------|
| Population served by surgery | 7,200 |
| Equivalent number of dwellings (calculated at an average of 2.4 persons per dwelling) | 3,000 |
| Total cost of providing a health centre (which equates to 4 GP's and 5 GDP's) | £580,000 |
| Cost per dwelling (£580,000 / 3,000) | £193* |
- *£224 at 2008 prices
42. Depending on the scale of development this contribution may be made towards either the provision of new facilities or the extension of existing facilities.

The Planning Obligation

43. Planning Obligations will take the form of an Agreement under Section 106 of the Town and Country Planning Act 1990 (as amended) between the developer and the Council. All Agreements will be prepared by the Council's Legal Services Department and the developer will be expected to pay the legal and administrative costs of the Council in drawing up the Agreement.
44. Applicants will be informed as soon as possible if a contribution will be required, together with its approximate level. The Legal Services Department will be briefed to contact the applicant at an early stage so that the preparation of the Agreement will not unduly delay the issue of any decision notice.
45. The Agreement will be drafted such that it will come into effect when the planning permission is granted, however, the obligation to comply with its requirements will not arise unless the permission is implemented by the commencement of the development on site. After implementation, the terms of the Agreement will be enforceable.
46. All sums specified in Agreements will be subject to the payment of interest which will be calculated with regard to the base rate on the date of the Agreement. The timing for the payment of the commuted sum will usually be at the commencement of the development so as to allow sufficient time for the infrastructure to be available when the need for it arises. In the case of larger schemes the phasing of payments may be acceptable and this will usually be at the time of first occupation of 40% of the dwellings. Payments received after the appointed time will be subject to an interest calculation as detailed above together with an additional 3%.

47. All payments will be used for the purpose(s) specified in the Agreement. The payment and any interest (at base rate prevailing at the time) accruing less the Council's reasonable costs will be reimbursed if the sum is not spent on the provision of the required health infrastructure within a reasonable timescale. It should, however, be borne in mind that the actual provision of the health infrastructure may be dependent upon the receipt of other developer contributions which may not be generated until separate development schemes come forward.

Conclusion

48. This Note is one of a series produced by the Council to give general guidance to developers and the public. The interpretation of this advice may sometimes change as a result of different circumstances and particulars. Each application will be treated on its merits within the context of the general policy guidelines set out in this Note.
49. In all cases early discussions with Bolton PCT and the Council's Adult Services Department is advised so that any need for additional health infrastructure can be addressed at an early stage in the development process. Addresses for the relevant officers can be found at www.bolton.gov.uk.
50. As new Government guidance emerges or changes are made to the UDP, it may be necessary to revise this document in order to take such changes into account.