



Colchester Preferred Options Local Plan - Regulation 18 Representation

Policy ST1: Health and Wellbeing

We support the overarching objective of Policy ST1 in seeking to promote healthier and more inclusive communities and recognise the important role that planning can play in influencing health and wellbeing outcomes. However, we consider that, as currently drafted, the policy would benefit from clarification, greater proportionality, and a clearer local justification to ensure it is effective, deliverable, and consistent with national policy.

1. Clarity and Definition of “Healthy Homes” (Criterion b)

Criterion (b) requires new development to “provide healthy and affordable homes that meet the needs of the community.” While the intention is supported, the policy does not define what constitutes a “healthy home.”

As drafted, this introduces uncertainty for applicants and decision-makers and risks inconsistent interpretation.

National policy and existing regulatory frameworks already address many aspects of housing quality and health, including space standards, building regulations, ventilation, daylight, overheating, and environmental performance.

We recommend that the policy cross-refers explicitly to established national standards and guidance, rather than introducing an undefined policy requirement. Without this clarification, the criterion risks duplicating existing controls while adding ambiguity to the development management process.

2. Health Access Requirements (Criterion f)

Criterion (f) requires all new development to “provide access for all to health facilities and services, a range of employment opportunities, and sport and recreation facilities.”

While this is an appropriate aspiration at a strategic level, it is not realistic or proportionate to apply this requirement uniformly to all forms of development, such as:

- Small-scale residential schemes
- Windfall developments
- Rural schemes

Access to services is influenced by location, scale, and context, many of which are beyond the direct control of individual development proposals. We therefore recommend that this criterion is

reframed to acknowledge proportionality and context, for example by making clear that it applies *where reasonable and appropriate having regard to the scale and nature of development*.

3. Healthcare Infrastructure and Reliance on the Infrastructure Delivery Plan

The policy states that development should support healthcare infrastructure provision “in line with the requirements outlined in the Infrastructure Delivery Plan (IDP) and set out in site allocation policies.”

We consider that undue reliance on the IDP creates uncertainty, as the IDP is a supporting document rather than part of the statutory development plan and is subject to change over time.

To provide greater certainty and transparency, we recommend that:

- Site-specific healthcare infrastructure requirements are clearly identified within the relevant site allocation policies themselves; and
- Policy ST1 refers to these site-specific requirements rather than relying primarily on the IDP.

This approach would better align with good plan-making practice and ensure that infrastructure expectations are clear at the point land is allocated.

4. Threshold for Health Impact Assessments (HIAs)

The policy requires a Health Impact Assessment for all residential development in excess of 50 dwellings. We consider this threshold to be disproportionately low.

Health Impact Assessments can be complex and resource-intensive, and requiring them for relatively modest schemes risks placing unnecessary burdens on smaller developments.

We recommend increasing the residential threshold to **150 dwellings**, which would:

- Better target HIAs at developments likely to generate strategic or cumulative health impacts; and
- Improve proportionality and effectiveness while still supporting the policy’s objectives.

5. Duplication of National Policy and the “Alternative” Approach

Paragraph 3.6 dismisses the alternative of relying on national policy. However, we consider that this alternative warrants more balanced consideration.

Much of Policy ST1 closely reflects:

- Section 8 of the adopted NPPF (Promoting healthy and safe communities); and
- Chapter 16 of the emerging NPPF, which further strengthens the national emphasis on health, wellbeing, placemaking, and active travel.

As currently drafted, Policy ST1 largely repeats national policy without adding a clear Colchester-specific dimension, such as:

- Locally evidenced health challenges
- Spatial priorities for health improvement

- Distinct local standards or requirements justified by evidence

Without this local specificity, the policy risks adding limited value beyond national policy, while increasing complexity and regulatory burden.

We recommend that greater reliance is placed on national policy, with local considerations addressed through more targeted policies elsewhere in the Plan.