

Planning.apps@suffolk.nhs.uk

By Email Only:

**Colchester City Council Preferred Options Local Plan Regulation 18 Consultation
November 2025**

Suffolk and North East Essex ICB Response including the following:

Primary Care representation

East Suffolk and North Essex Foundation NHS Trust (ESNEFT)

Essex Partnership University Foundation NHS Trust (EPUT)

East of England Ambulance Service Trust (EEAST)

ICB Estates and Sustainability representation

12/12/2025

Dear Sir/Madam

As commissioners we have a statutory duty to respond to planning consultations and provide feedback for the support of health services. As an ICB we are working closer than ever with our planning colleagues in the LPA's and this will help us move forward for the benefit of our communities in Essex. Please find the Suffolk and North East Essex ICB comments to the Colchester City Council Preferred Options Local Plan Regulation 18 Consultation.

The publication of the 10-year health plan issued on 3rd July 2025 provides a direction of travel to enable a greater shift in improving life expectancy, tackling health inequalities and focus on prevention. Though there are no identified timescales to move to a new model able to provide continuous, accessible and integrated care, work continues. The core components of a new care model will be through 3 main shifts in the models of care provided across the health service;

- Hospital to community
- Analogue to digital
- Sickness to prevention

The focus on prevention will mean that access to appropriate care will be;

- As local as it can
- Digitally enabled
- In a person's home/place of residence where possible
- In a neighbourhood health centre (NHC) when needed
- Only in hospital if necessary

This means that the focus on having GP practices located in new developments will be replaced with a more financially sustainable model ensuring a digital first approach and looking more holistically at

community level, utilising our community pharmacies to support the management of long-term conditions, linking them to digital patient records.

To ensure we have a joined-up neighbourhood health and care team model, we need an agreed ‘core’ estate where we can ensure that multiple support services can come together to provide a ‘single front door’ for our communities, ensuring easier access and support working towards enabling multidisciplinary teams to operate at least 12 hrs a day and 6 days a week. This will maximise best value and offer social value for the public sector through co-location and their neighbourhoods. This is key for the next phase of integrated neighbourhood and place team development.

For emergency ambulance services, the 10-Year NHS Plan commits to only conveying to hospital where necessary and increasing the volume of “Hear and Treat” which will mean more call handlers are required at regional Emergency Operations Centres (EOC) which EEAST aims to provide from 2 centres in Norwich and Chelmsford.

2. Vision and Approach to Local Plan

Health Comments

Ref Number	Local Plan Section	Health Comments
P8 2.2	The way places are planned, designed and built can have a significant influence over health and wellbeing. All development should be designed to provide opportunities for healthy lifestyles and contribute to the creation of healthier and inclusive communities and help to reduce health inequalities for people of all ages and abilities through placemaking. The Council will continue to work with partners and health providers to improve and promote healthier and active lifestyles for our residents and communities. Health and wellbeing outcomes are embedded throughout the policies in the Local Plan.	<p>This is a very encouraging statement and the ICB is very supportive of the intentions of the local plan. The ICB will continue to work with Colchester City Council to promote healthier and active lifestyles and to begin to implement the NHS 10-Year Plan.</p> <p>ECC Public Health welcome and support that health and wellbeing outcomes are considered as an overarching theme and a strategic objective for the Local Plan that is embedded throughout the policies in the Local Plan.</p> <p>EEAST would request the Council ensure via a s106 contribution sufficient defibrillators are provided for the new community. This should include the cost of the device, an outdoor rated heated cabinet and the associated consumables, as well as the ongoing maintenance costs for a period of 10-years (circa £,500 per device). The cabinet needs to be located where there is electrical power and sufficient footfall to provide benefits to the new community. Research indicates 800 meters is the maximum distance to fetch a defibrillator. The s106 could be allocated either to the local parish council or to EEAST.</p>

<p>P9 2.13</p>	<p>The green network is important for many reasons. The Essex LNRS includes a target to double the amount of natural greenspace in Essex. There is scientific research that demonstrates the positive impact that nature has on mental health and wellbeing. The green network (or open spaces) and waterways have long been recognised as an essential component of resilient, healthy and sustainable communities - communities that respond to the climate emergency, promote health and wellbeing and protect and help nature to recover.</p>	<p>Greenspace and access to nature has benefits for physical and mental health. The ICB agrees that open spaces and waterways are essential components of resilient, healthy and sustainable communities and will support Colchester City Council in aiming to make these important factors with each planning application. The aim to double the amount of natural greenspace whilst trying to meet the levels of residential growth set out in the NPPF is admirable and the ICB will support this through the planning process.</p> <p>In central open space developers should establish of seating in open spaces and along walkways to provide the opportunity for residents to meet and supports those who have limited mobility to rest and enjoy the surrounding green space.</p>
<p>P11-12 2.19</p>	<p>This will be achieved through provision of new open spaces, biodiversity net gain, and wildlife corridors to create better connections between habitats. Colchester will have a real sense of community and be welcoming and inclusive—a destination of choice. Sustainable and inclusive communities will be created with a focus on diversity of place and valuing what is unique to Colchester—the countryside, coast, and city. Communities will have a varied mix of housing to meet the needs of all, including social and lower income households; and a range of jobs, including careers, that support a strong local economy and reduce the need for residents to commute outside of Colchester. Colchester's distinctive arts, culture, heritage, and tourism will improve the quality of life for residents, foster life-long learning, and boost the local economy. There will be enhanced public transport corridors and routes and an increase in active travel. Infrastructure will be future-</p>	<p>This will be achieved through provision of new open spaces, biodiversity net gain, and wildlife corridors to create better connections between habitats <u>and people, supporting physical and mental wellbeing. Healthy food environments will be promoted by enabling access to affordable nutritious food, supporting local food growing initiatives, and managing the density of unhealthy food outlets.</u> Colchester will have a real sense of community and be welcoming and inclusive—a destination of choice. Sustainable and inclusive communities will be created with a focus on diversity of place and valuing what is unique to Colchester—the countryside, coast, and city. Communities will have a varied mix of housing to meet the needs of all, including social and lower income households; and a range of jobs, including careers, that support a strong local economy and reduce the need for residents to commute outside of Colchester. Colchester's distinctive arts, culture, heritage, and tourism will improve the quality of life for residents, foster life-long learning, and boost the local economy. There will be enhanced public transport corridors and routes and an increase in active travel, <u>reducing air</u></p>

	proofed and delivered where it is needed.	<u>pollution and promoting healthier lifestyles.</u> Infrastructure will be future-proofed and delivered where it is needed, <u>with innovative solutions that respond to climate change and support community health.</u>
P12-13		<p>Explicit bullet points under healthy, vibrant and diverse places to link back the health and wellbeing overarching theme and strategic objective with a strong focus on prevention</p> <ul style="list-style-type: none"> • “Create healthier food environments by managing the location and concentration of unhealthy food outlets to tackle obesity and diet-related inequalities” (links to policy PC1) <p>“Protect and enhance the environment to prioritise the prevention of ill-health and support mental and physical wellbeing”</p>

3. Strategic Policies

Policy ST1 Health and Wellbeing

Health Comments

Ref Number	Local Plan Section	Health Comments
P15	b) Provide healthy and affordable homes that meet the needs of the community.	<p>The ICB is in support of this but would like to bring to the attention of CCC the work that West Yorkshire Combined Authority has done in creating a guidance document on dementia ready housing.</p> <p>The number of people living with dementia in the UK is expected to double between 2025 and 2050 to almost 2 million. This is a significant challenge for the NHS and is forecast to cost the UK economy £42bn in 2024, rising to £90bn in 2040</p> <p>There is only enough specialist housing to accommodate 5% of the over-65 population so designing and adapting homes to be dementia-ready makes practical and economic sense. Most people want to stay at home as they age and staying in a community which is</p>

		<p>familiar and comfortable is beneficial for health and wellbeing.</p> <p>Dementia-ready housing</p> <p>ECC welcomes and supports Strategic Policy ST1, which aims to ensure that health and wellbeing outcomes are embedded throughout the Local Plan, and that all proposals promote the health and wellbeing of local communities in line with the NPPF.</p> <p>ECC makes the following recommendations to strengthen the policy and implementation of Health Impact Assessments: engaging prior to commencement, including C2 Use Class within HIA requirements, incorporating monitoring measures and ensuring robust processes in line with the EPOA Planning and Health Protocol.</p> <p>ECC recommends reference is made to the Essex Design Guide, EPOA Healthy Places Guidance and Health Impact Assessment checklist endorsed by the Essex Planning Officers Association (EPOA). The Essex Design Guide contains extensive explanatory information and guidance on:</p> <ul style="list-style-type: none"> ○ Health and Wellbeing – how positive characteristics and qualities of an environment can help people to achieve and experience better quality lifestyles. ○ Active Design Principles – provides guidance and a detailed checklist to guide the design (an evolution) of developments and through which to assess them in relation to health and wellbeing matters. This is included within the Essex Healthy Places guidance and checklist which has been endorsed by the Essex Planning Officers Association. ○ Livewell Development Accreditation (LDA) and Health Impact Assessment (HIA) – the LDA accredits developers in recognition of their contributions to health and wellbeing. This is based on a two-stage assessment using the
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		<p>new HIA criteria and a review by the Essex Quality Review Panel</p> <ul style="list-style-type: none"> ○ Health Impact Assessment (HIA) - relevant applications will need to be subject to the guidance in the Essex Healthy Places Advice Notes for Planners, Developers and Designers to ensure health and wellbeing is comprehensively considered and integrated into Plans and Development management policies. ECC recommends that these are to be required for residential developments of 50+ homes; Any other types of developments involving 1,000m² of new floorspace; and C2 use class developments. ○ ECC Developers Guide to Infrastructure Contributions (Revised 2024) – public health matters are included in section 6.6 including advice on healthy place-making ○ Reference to the need to undertake a Health Impact Assessment should be referenced in the Local Validation List. <p>The Health and Wellbeing Policy including the use of Health Impact Assessments should look to cover health and wellbeing in terms of the wider determinants of health and include references to matters such as:</p> <ul style="list-style-type: none"> ○ Contribute towards the strategic priorities of both Essex Joint Health and Wellbeing Strategy to help reduce health inequalities and improve the opportunities for adults and children to live well. ○ Link to Essex Joint Strategic Needs Assessment ○ have good access to services and facilities to support daily life and provide for the needs of their communities including education, employment, retail, public transport, healthcare, social, community and greenspace ○ be well designed to create safe, inclusive, and accessible places for all
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		<p>users and encourage social interaction and wellbeing</p> <ul style="list-style-type: none"> ○ Provides opportunities for access to services, facilities, and nature to support residents living with or affected by dementia, poor mobility, physical or sensory impairments. ○ create opportunities for healthy and active lifestyles including access to and the provision of new multifunctional green and blue infrastructure, spaces for play, recreation and sports, and better active travel including provision for safe and attractive well-connected pedestrian and cycle routes to support mental health wellbeing ○ provide good quality housing both externally and internally, to provide a healthy living environment now and in the future ○ support the provision of cultural infrastructure and public art to create a sense of place and identity ○ is climate resilient and as sustainable and energy efficient as possible to promote healthy environments ○ provide appropriate mitigation to avoid harmful health impacts/emissions. ○ provide opportunities for community involvement in the long-term management and stewardship of the new development ○ provide opportunities for growing food such as allotments, community gardens and orchards to improve access to local healthy food ○ creation of walkable neighbourhoods to support people to live healthy lifestyles having regard to the Essex Design Guide – A New Development Model for Essex ○ incorporation of Sport England and National Design Guide Active Design principles ○ Creation of a physical environment where people have the resilience to with life’s changes across the life course, such as a dementia-friendly environment
P15	In addition, and where appropriate, new development	Whilst the ICB and NHS in general will always try and support communities in

	<p>should support the provision of healthcare infrastructure to accommodate needs, in accessible locations, in line with the requirements outlined in the Infrastructure Delivery Plan and set out in site allocation policies.</p>	<p>the most accessible locations, this is not always possible due to rurality of the region. The aim will always be to try and move services into accessible locations other factors will come into the decision-making process. The NHS has to utilise existing estate where possible through the One Public Estate process and this might not always be in the most accessible locations, but we would like to have the support of CCC on these occasions.</p> <p>As per EPOA Planning and Health Protocol, ECC recommends the following additions to the policy:</p> <p>A Health Impact Assessment will be required for all residential development in excess of 50 units, <u>C2 use class</u>, or non-residential development in excess of 1,000sqm and hot food takeaways and fast food outlets in accordance with Policy PC1, in order to demonstrate that the development would have an acceptable impact on health and wellbeing. The Council will require Health Impact Assessments to be prepared having regard to the most up to date advice and best practice for such assessments. The purpose of the Health Impact Assessment will be to identify the potential health consequences of a proposal.</p> <p>ESNEFT welcomes the requirement within draft Policy ST1 for new development to support the provision of healthcare infrastructure, where appropriate, to accommodate needs in line with the Infrastructure Delivery Plan</p> <p>A new Ambulance Hub is required for Colchester as the current site is too small to meet existing demand and future demand. Around 1ha of land close to the hospital is required and could be co-located with other emergency services or CCC buildings.</p>
P15	<p>The Council will require Health Impact Assessments to be prepared having regard to the most up to date advice and best</p>	<p>Health partners in Essex have been involved in creating the EPOA Planning and Health protocol as guidance for LPAs and health authorities in working within</p>

	<p>practice for such assessments. The purpose of the Health Impact Assessment will be to identify the potential health consequences of a proposal.</p>	<p>the planning process. This document should be used as part of the most up to date and best practice for accessing impacts on health as well as guidance for HIAs in the county.</p> <p><u>The HIA must:</u></p> <ul style="list-style-type: none"> ○ <u>Be undertaken at an early stage of the planning process</u> ○ <u>Based on the latest Healthy Places Guidance (as promoted by the Essex Planning Officer’s Association)</u> ○ <u>Informed by current local public health data and community insight</u> ○ <u>Used to inform the design and layout of the proposal</u> <p><u>The scope of the HIA should be agreed prior to commencement of the assessment with development management and public health officers.</u></p> <p><u>The council will require the Health Impact Assessment to be prepared having regard to the most up to date advice and best practice for HIAs. The assessment should include recommendations on how positive impacts can be maximised and negative impacts on health inequalities avoided or mitigated.</u></p> <p>This policy should link to Place Policies which articulates a need to address specific health inequalities. ECC recommends including the following:</p> <p><u>Development proposals across the Place Specific Policies must demonstrate compliance with both Policy ST1 and the relevant Place Policy.</u></p> <p>ECC recommend that specific monitoring metrics are included to monitor the effectiveness of the Health and Wellbeing Policy, such as the number of HIA’s submitted and those completed to a good standard as part of the quality assurance process as per EPOA Planning and Health Protocol.</p>
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		HIA should include an assessment of the impact on emergency ambulance services.
P16 3.4	The policy acknowledges the interconnection between health and wellbeing and the climate, the environment, and place-making and design. Healthy lifestyles can be supported and improved through high quality inclusive design and planning, providing healthy homes, increasing inclusivity and providing access to local services; encouraging access to natural environments and encouraging active travel to enable communities to be physically active; and promoting access to healthy food.	<p>The ICB agrees that all of these factors are important in creating healthy and sustainable communities and each part as important as the others. If the policies are to be successful, then equal importance needs to be put into each of the focuses so that the cumulative impact can be felt.</p> <p>Quality design which builds in nature conservation helps the physical and health and well-being of residents eg interesting and varied roof lines, mental health benches, places for those with mobility issues to rest and enjoy the views (blue and green), permeable surfaces that can be used by wheelchairs, mobility scooters, pushchairs, walking aids)</p>

Policy ST2: Environment and the Green Network and Waterways

Ref Number	Local Plan Section	Health Comments
		Andrew to review

Policy ST3: Spatial Strategy

Ref Number	Local Plan Section	Health Comments
P22	Growth is directed across Colchester starting with the most sustainable and accessible locations in the urban area or close to, transport corridors and existing centres, where there tends to be a range of employment opportunities, facilities, services and travel choices for future communities.	<p>The ICB is supportive of this approach as in general the most accessible and sustainable locations will have significant health infrastructure already, and therefore meeting the population growth should be easier. It should be noted that there are locations might not be as desirable from a health infrastructure viewpoint as it would seem from outside, this could be due to restraints on a certain buildings, long term leases, or other factors that make strategic planning for growth difficult. The NHS 10-Year Plan aims to provide more health service in communities and this will require a strategic change for health facilities and where services are provided from outside of the acute setting.</p>

		<p>Transport corridors need to ensure access for emergency services. CCC needs to be aware that not all services can be provided locally due to capital and ongoing revenue cost implications.</p> <p>Helicopter Emergency Medical Services (HEMS) support EEAST in delivering high level critical care and transportation to specialist hospitals for patients that have severe or life-threatening injuries and medical conditions. To accommodate the different airframes that operate in this region, an equivalent size of a football field would be required to support both day and night landings. This space needs to be free of overhead and ground level obstacles eg trees and overhead cables and ideally be centrally located within the development with easy road access to and from. It would be preferable if lighting was available for the helipad, but as a minimum could easily be included in developers existing plans for open, leisure or sport space.</p>
P25 3.29	Growth in the other settlements, including some of Colchester's smaller villages, to support communities and provide opportunities to sustain and enhance facilities and infrastructure;	Larger growth in smaller villages could provide strategic issues for mitigating the impact. Most smaller villages have either no primary care or smaller branch practices that are likely in small facilities with limited ability to extend. The ICB would appreciate early conversations around possible locations being proposed for larger developments in smaller villages so that it can inform of any likely impacts and issues that could arise as early as possible.

Policy ST4: Development in the Countryside

Ref Number	Local Plan Section	Health Comments
P27 3.31	Areas outside of settlement boundaries are defined as 'Countryside'. Within the countryside, there are a number of very small villages and hamlets and isolated clusters of dwellings which lack any community facilities or access to services or public transport and rely on nearby larger settlements to meet their daily needs. It is essential that	Proposing growth in areas categorised as countryside in the spatial strategy hierarchy would be problematic (depending on scale of development). The reason that developments get categorised as countryside is lack of infrastructure provision and it is unlikely that health would look to move new health services into the area. This results in a greater need for individual travel to get to appointments as the facility will

	<p>development is restricted in the countryside to protect landscape, character, quality and tranquillity.</p>	<p>not be within walking distance of development.</p> <p>CCC needs to be aware that not all services can be provided locally due to capital and ongoing revenue cost implications. Therefore, support for residents in these areas need to be provided through public transport and provision of safe cycling routes. Encouraging economic growth close to where people live should include access to superfast broadband. Emergency services and visiting health/social staff are becoming more reliant on access to digital technology when working remotely.</p>
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Policy ST7: Infrastructure Delivery and Impact Mitigation

Ref Number	Local Plan Section	Health Comments
P37	<p>a) Financial contributions towards new or expanded facilities and the maintenance thereof; b) on-site provision of new facilities (which may include building works); c) off-site capacity improvement works; and/or d) the provision of land.</p>	<p>The ICB is supportive of all those things listed in the section as suitable methods for mitigating impact of growth. The ICB is happy to work closely with CCC and developers so that the best mutual agreement can be agreed on each development in conjunction with any IDP and any other accompanying strategic work.</p> <p>In addition, the requirement in draft Policy ST7 for all development to be supported by the provision of infrastructure, services and facilities that are identified as being needed to serve the needs arising from the development is welcomed. ESNEFT concurs with the proposed approach of only granting planning permission if it can be demonstrated that there is sufficient and appropriate infrastructure capacity to support the development or that such capacity will be delivered by the proposal at an appropriate time to meet the requirements of the development. Furthermore, the requirement to demonstrate that infrastructure capacity will prove sustainable over time in physical and financial terms is also welcomed.</p>

		<p>The recognition that mitigation of impacts on infrastructure could be secured in a range of ways (including financial contributions, on-site provision, and off-site provision) is welcomed, alongside the requirement to agree mitigation measures with infrastructure providers as well as the Council. This would allow mitigation measures to be tailored to suit specific development requirement in accordance with NHS strategies for future healthcare provision.</p> <p>Community facility needs to include all emergency services (ambulance, fire and police). The cost of a new Ambulance Hub for Colchester is likely to be in the region of £22m and have a life span of 30 years</p>
P38	The Council will consider introducing a Community Infrastructure Levy (CIL) and will implement such for areas and/or development types where a viable charging schedule would best mitigate the impacts of growth.	The ICB would be supportive of the introduction of CIL. We have seen in other LPAs that it allows for greater opportunities for infrastructure delivery. CIL allows the ICB to better forecast how and what it would like to spend the CIL on and due to its nature is better for pooling funds for cumulative growth and allows for larger infrastructure projects to come forward.
P38 3.64	An Infrastructure Delivery Plan (IDP) is being prepared to inform and support the Local Plan. This has been developed with infrastructure service providers and partner organisations to determine where additional infrastructure is necessary. The IDP will sit alongside the Plan and provide specific detail on the main items of infrastructure required, when they are likely to be required, and who will provide them. The IDP will be supplemented by updated evidence over the lifetime of the plan which will inform the infrastructure to be provided in relation to individual developments	The ICB will work closely with CCC on creating a robust and detailed IDP that looks to implement the NHS 10-Year Plan and moving services closer to home and in the community. The ICB also iterates that the IDP should be a live document and should be updated regularly to reflect changes to specific strategies and in general to inform how and when projects are likely to come forward.

Policy ST8: Place Shaping Principles

Ref Number	Local Plan Section	Health Comments
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P41	l) Provide streets and shared spaces that are accessible, overlooked and active and promote inclusive access and safety.	<p>The ICB would like to add that dementia friendly streets guidance and best practice should be considered as part of any streets and shared space design as promoting inclusive access and safety.</p> <p>Utilisation of Health and Emergency Service Design Codes, Planning Protocol Quality design which builds in nature conservation helps the physical and health and well-being of residents eg interesting and varied roof lines, mental health benches, places for those with mobility issues to rest and enjoy the views (blue and green), permeable surfaces that can be used by wheelchairs, mobility scooters, pushchairs, walking aids). Easy access and egress for emergency services in pedestrianised areas which include sufficient space for public to stand clear of moving emergency vehicles. Ongoing liaison with emergency services to support effective and safe design.</p>
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Policy ST9: The Tendring Colchester Borders Garden Community

Ref Number	Local Plan Section	Health Comments
P42	e) a Sports and Leisure Park to serve the local community and for the expansion of sports facilities for the University of Essex;	<p>The ICB will continue to work with the TCBGC project team and developers to provide up to date information as part of the health strategy and site specific HIA. The ICB also recognises that there are opportunities to work with the university and other stakeholders in providing health services in the proposed leisure and sports park in line with the NHS 10-Year Plan.</p>

4. Environment

Health Comments

Ref Number	Local Plan Section	Health Comments
		<p>*Andrew Comments</p> <p>Include as part of residential and commercial design places for nature to be incorporated into the buildings (eg Swift nesting boxes), fencing (eg hedgehog shelters/gaps, planted living walls instead of fencing). All of these help residents to enjoy nature and provide nature corridors.</p>

5. Green Network and Waterways

Health Comments

Ref Number	Local Plan Section	Health Comments
		* Andrew Comments

7. Net Zero Homes and Buildings, Renewable Energy and Water

Health Comments

Ref Number	Local Plan Section	Health Comments
		<p>* Andrew Comments</p> <p>EEAST recommend building all homes and commercial buildings to BREEAM standard or PASSIVHAUS. As a minimum EEAST recommends the proposed 40% affordable/social housing are built to Passivhaus or BREEAM Excellent standards, as this would provide significantly long-term environmental savings for residents who are more likely to be from the most deprived backgrounds or have limited disposable income.</p>

8. Homes

Policy H2: Affordable Housing

Health Comments

Ref Number	Local Plan Section	Health Comments
P96	The Colchester Local Housing Needs Assessment identifies a clear and acute need for social and affordable rented housing, this should be prioritised where delivery does not prejudice the overall delivery of affordable homes.	Whilst the ICB understands that affordable rented housing should be prioritised, we think identifying NHS and emergency services staff (both clinical and administrative) staff as key workers and the need for key worker housing should also be included. Key worker housing is a very important part of staff retention in and around NHS properties and recognising this is something the ICB would like to work with CCC on.

Policy H4: Houses in Multiple Occupation (HMOs)

Ref Number	Local Plan Section	Health Comments
		HMOs are difficult for the ICB to obtain health mitigation on a scale that is sufficient to meet the needs from growth. Due to HMOs being (in general) one occupation rooms the s106 funding is usually much lower than standard residential developments.

Policy H5: Specialist Housing including Housing for an Aging Population

Ref Number	Local Plan Section	Health Comments
P101	All proposals within the Colchester Urban Area for 500 dwellings or more, are expected to include a mix of housing to meet a range of needs. This should include housing for support (sheltered/retirement housing), housing with care or nursing and residential care homes.	<p>The ICB understands the need for new care facilities and facilities for an aging population and is supportive of this policy in general. The ICB is keen for CCC and all LPAs to understand the impact care facilities have on primary care services due to the way in which patient appointments are made within that setting. Primary care services spend multiple hours per week attending the various care homes within their respective Primary Care Networks (PCNs) seeing patients and this can't be mitigated through usual physical infrastructure increases via s106. This results in more appointments being done away from the surgery and less availability in the surgeries for standard appointments.</p> <p>There are possible locations that could accommodate more specialist accommodation than others and working together to identify these areas could be a useful way of trying to mitigate the impacts on PCNs going forward.</p> <p>Care homes (<u>including Extra Care and other Older People's accommodation</u>) should not be built in Flood Zone 2 or 3 areas unless effective flood proofing and evacuation plans which do not involve emergency services are in place.</p>
P104 8.28	<p>The Local Housing Needs Assessment has identified the following specific housing needs for older and disabled persons in the plan period:</p> <ul style="list-style-type: none"> • 1,600 housing units with support (sheltered/retirement housing) • 1,000 housing units with care • 850 nursing and residential care bedspaces • 800 dwellings for wheelchair users (meeting building standard M4(3)). 	<p>It is understood that there is a clear need for specialist accommodation like those mentioned in this section of the policy. The ICB would wish to be involved from early inception of specialist accommodation development so that it can interject important health information for specific areas before planning applications can progress. There are possible locations that could accommodate more specialist accommodation than others and working together to identify these areas could be a useful way of trying to mitigate the impacts on PCNs going forward.</p>

Policy H7: Gypsies, Travellers and Travelling Showpeople

Ref Number	Local Plan Section	Health Comments
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P105	d) provide access to a range of services such as shops, education, health and community facilities;	It should be noted that this demographic of people are identified as being areas of health deprivation (in general). Making sure that people with high levels of health deprivation are able to access health services as easily as possible will help to try and reverse this trend.
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Policy EN8 H7: Flood Risk and Sustainable Drainage Systems (SuDS)

Ref Number	Local Plan Section	Health Comments
	<p>Planning permission will only be granted where it has been demonstrated that:</p> <p>a. the site will remain safe from all types of flooding throughout the lifetime of the development; and</p> <p>b. flood risk will not increase on or off site as a result of the development.</p>	<p>Flooding significantly affects residents physical and mental health in both the short and long term.</p> <p>Health and emergency services buildings should not be built in Flood Zone areas 2 and 3</p> <p>Community hubs should not be built in Flood Zone areas 2 and 3 as they are often used as places of refuge.</p>

9. Economy

Policy E4: Retail and Centres

Health Comments

Ref Number	Local Plan Section	Health Comments
P118	<p>Town Centre: Colchester City Centre is at the top of the hierarchy, reflecting its role as the principal focus for shopping, services, culture, leisure and other commercial activity in Colchester.</p> <p>District Centres: provide an important role principally serving the convenience-based needs of their local catchments.</p> <ul style="list-style-type: none"> • Highwoods • Tollgate • Turner Rise • Tiptree • West Mersea • Wivenhoe <p>Local Centres: provide an essential role providing a range of small shops and services to meet the basic needs of local communities, serving a small catchment.</p> <ul style="list-style-type: none"> • Local centres defined on the Policies Map 	<p>The ICB understands the hierarchy process and agrees in principle with the outcomes in this policy. The District Centres identified in the local plan all meet the criteria to be where they are in the hierarchy, but not all of the district centres are in the same position from a health strategy point of view. The ICB think it is imperative that CCC and health partners work together to optimise the opportunities for growth in line with health infrastructure. Some areas might be better suited to taking more residential growth than others and this might not be just based on raw data.</p> <p>Some district centres could become locations for community health centres (in line with NHS 10-Year Plan) and some locations might have health facilities severely constrained and therefore not able to meet proposed population increases.</p>

		Working closely with CCC through the planning process, identifying strategies in the IDP, being open and transparent (relatively) with each other on strategic issues, and coordinating responses to planning applications will be vital in making this work.
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10. Community and social infrastructure

Policy CS1: Retention of Community Facilities

Health Comments

Ref Number	Local Plan Section	Health Comments
P126	Any proposal that would result in the loss of a site or building currently or last used for, or allocated for the provision of community / social infrastructure including community facilities, services, leisure or cultural activities that benefit the community, will only be supported in cases where the Council is satisfied that:	<p>The requirements of draft Policy CS1 in relation to the ‘loss’ of community facilities would be contrary to the NPPF, which states that planning policies and decisions need to take account of local strategy to improve health and well-being for all sections of the community (paragraph 98).</p> <p>The policy requirements may not align with the health strategies for future healthcare provision, which needs to be predicated on achieving the best possible health outcomes for the population while providing a cost-effective and efficient service. Restricting provision to certain locations and requiring the proposed level of marketing evidence could jeopardise delivery of this strategy and, therefore, flexibility needs to be built into the policy wording to ensure that it represents an appropriate strategy for securing sustainable development.</p> <p>In light of the above, it is requested that requirement (a) of Policy CS1 is amended to read “An alternative equivalent facility to meet local needs and serve existing and future communities is, or will be, provided. <i>in an equally or more accessible location within a minimum walking distance of the locality (800m or the minimum distance based on that appropriate for the facility being provided as set out in the relevant evidence);”</i></p> <p>Centralised EV charging locations for buses, local authority, health, social and</p>

		emergency vehicles to maximise usage of the charging resources. Ensure sufficient electrical power to health sites as part of the move to Carbon Net Zero.
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Policy CS2: Enhancement of and Provision for Community Facilities

Ref Number	Local Plan Section	Health Comments
P128	These will be secured through the use of planning conditions and by Section 106 contributions or CIL/equivalent infrastructure levy. Contributions may be pooled towards larger community infrastructure projects to cumulatively contribute towards provision on a larger scale where a need has been identified.	The ICB will endeavour to identify cumulative impacts in the IDP and look to use CIL/equivalent infrastructure levy to part fund the larger projects. It is important that health facilities are protected from intrusive growth that could impact on facilities extending into adjacent land as part of meeting the increase in population from development.

Policy CS4: Sports Provision

Ref Number	Local Plan Section	Health Comments
	All outdoor sports facilities will be protected for sports use	Helicopter Emergency Medical Services (HEMS) support EEAST in delivering high level critical care and transportation to specialist hospitals for patients that have severe or life-threatening injuries and medical conditions. To accommodate the different airframes that operate in this region, an equivalent size of a football field would be required to support both day and night landings. This space needs to be free of overhead and ground level obstacles eg trees and overhead cables and ideally be centrally located within the development with easy road access to and from. It would be preferable if lighting was available for the helipad, but as a minimum could easily be included in developers existing plans for open, leisure or sport space.

11.Place and Connectivity

Policy PC1: Healthier Food Environments

Health Comments

Ref Number	Local Plan Section	Health Comments
P137-138	ECC welcome and support the inclusion of the Healthier Food Environments policy in line with the NPPF Paragraph 97 looking to manage hot food takeaway in the City.	

The NPPG (paragraph: 004 reference ID:53-004-20190722) states planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission). In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Planning policies and proposals may need to have particular regard to the following issues:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds
- evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations
- over-concentration of certain uses within a specified area
- odours and noise impact
- traffic impact
- refuse and litter

ECC recommend reviewing emerging example from Castle Point Local Plan Regulation 19 Policy – Policy TC5

Office for Health Improvement and Disparities (previously Public Health England), provides guidance on [healthy weight environments: using the planning system](#) including planning restriction on fast food takeaways.

ECC recommend the following according to the [Cambridge University Takeaway Management Zone Guidance](#) – a toolkit for managing takeaways near schools - giving consideration to the following:

- The links between takeaway use, health impacts, obesity, deprivation and research
- Links to national and local strategies objectives around health and wellbeing
- Purpose for limiting access to takeaway by addressing clustering and concentration
- Defining areas where children and young people congregate
- Defining boundaries and distance of the restriction zones
- Consideration of takeaway opening times within permitted areas
- The applicability of the policy to addressing concentration of takeaways
- Providing a distinction between:
 - **Over-proliferation:** where the hot food takeaway would be located equals or exceed the UK national average per 1000 population
 - **Over-concentration:** permission not granted where % of HFT exceed certain % within designated centres
 - **Clustering:** preventing the clustering of HFT where not allowing X amount to not be located adjacent to each other
- Consider links to local healthier catering commitments such as Tuck-IN adopted across Essex.

Suggested preceding text:

The *NPPF* states that planning policies should ‘enable and support healthy lifestyles and reduce health inequalities. The *PPG* states that planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. This includes through access to a wide range of healthier food production and consumption choices.

Poor diet and obesity are leading causes of mortality. The location of takeaways, particularly where young people gather such as schools, youth facilities and other locations, can have the potential to influence behaviour which is harmful to health and the promotion of healthy lifestyles. There are clear and evidenced links between takeaways and fast food and obesity amongst all age groups. This policy takes those health considerations into account and seeks to support both national and local promotion of healthy lifestyles and healthy weight which is one way to achieve this through promoting healthier food environments to enable people to make healthy choices to live well.

In line with the *NPPF*, controlling the development of takeaways within walking distances of places where young people gather will limit children’s exposure to the influences on making less healthy food choices. This policy also seeks to avoid concentration of takeaways which can harm the health of all sections of the community by reducing choice and opportunities for less healthy food choices and preventing such outlets from dominating the street of local centres.

Policy Text

New development must safeguard and, where appropriate, create or enhance the role of allotments, orchards, community gardens and food markets to promote healthy lifestyles by providing access to healthy, fresh, and locally produced food, providing food growing opportunities and for exercise and recreation. Allotment provision must be well located to residential areas and community spaces, with suitable access arrangements for all.

Some locations are more suited than others for fast food outlets and takeaways. All proposals for these uses need to consider to the following factors, and should reflect the relevant evidence, to inform the planning decision:

Impacts on children and young people:

- a) *The Council will refuse proposals for hot food takeaways and fast-food outlets within 400m walking distance of the boundary of a nursery, a primary school, a secondary school, a community college, playground, or youth facilities and other places where children and young people frequent.*
- b) *Within designated centres proposals for hot food takeaways and fast-food outlets will be supported unless there is evidence that the impacts of clustering or cumulative impact resulting from an over concentration of such uses is having an adverse impact on local health, pollution or anti-social behaviour;*

Concentration of takeaways:

- c) *In order to ensure that excessive concentration of hot food takeaways and fast-food outlets are avoided, proposals for hot food takeaways falling within sui generis use class will be supported where the following thresholds are not exceeded:*
- a. ***Within a Town Centre, no more than X% of shop units comprise hot food takeaways;***
 - b. ***Within local shopping parades comprising 6 or less shop units, no more than X% of the shop units comprise hot food takeaways;***
 - c. ***Within local shopping parades comprising X to X shop units, no more than X% of the shop units comprise hot food takeaways; and***
 - d. ***Within local shopping parades comprising X or more units, no more than X% of the shop units comprise hot food takeaways.***

Amenity Impacts and Health Impact Assessment:

- d) *In all other areas proposals for hot food takeaways and fast-food outlets a Health Impact Assessment will be required in order to appropriately consider the impacts of such uses on local health, pollution or anti-social behaviour. Where impacts are shown as having an adverse impact as a result of the proposal, or cumulative impacts on communities / catchments they are intended to serve, proposals will be refused unless they can be satisfactorily mitigated.*

In cases applying to criteria b) and c), evidence will need to include indicators such as levels of obesity, areas of deprivation, or other health indications with a recognised link to healthy eating. Evidence demonstrating significant levels of adverse health impacts arising from air quality and pollution, and evidence of excessive anti-social behaviour in the immediate vicinity of the proposed use will also be relevant.

Where the Council are minded to approve proposals, conditions may be used to restrict the hours of operation where this is appropriate and supported by relevant evidence.

Reasoned Justification/ Supporting Text:

In seeking to promote access to healthy, fresh, and locally produced food. It is important that we create a healthy food environment in our town centres and local communities. The policy supports the aims and objectives of the Essex Healthy Weight Strategy and NHS North East Essex Health and Wellbeing Alliance in improving health and wellbeing, tackling obesity (particularly childhood obesity), and reducing health inequalities in the City.

The Essex Healthy Weight Strategy (2024 – 2034) priorities addressing factors that influence the food environment, ensuring that the environment in Essex supports and enables people to maintain a healthy weight and minimises the risks of excess weight. Some focus areas include healthy food and drink advertising policies and how new developments can support healthier food

provision. Promoting access to healthy and locally sourced food, providing communal and individual food growing opportunities, ensuring provision and access to local food shops, limiting access to hot food takeaways (e.g., limits on distances from school or limits on the proportion within town and city centres) are recognised as planning measures that can enable residents to live healthier lives.

The policy aligns with and supports national public health and planning policy that seeks to ensure communities live in an environment which enables and promotes healthier lifestyles, the Government’s National Obesity Strategy highlights that eating out can contribute towards obesity through the consumption of more calories.

The Joint Strategic Needs Assessment shows that obesity for adults in Colchester is higher than the national average and slightly lower for children in year (including overweight). Obese children are more likely than children of a healthy weight to be obese adults and have an increased risk of developing chronic diseases in adulthood. It is therefore necessary to ensure that the mix of uses, and the way in which buildings and spaces in town centres are designed promote active lifestyles and a healthy food environment.

The policy applies to those facilities where young people’s behaviour and dietary choices may be influenced by the proximity and concentration of takeaways outlets. The policy is supported by national strategies to reduce childhood obesity, which is identified as public health priority with significant health and economic consequences. Locally, this policy seeks to help achieve strategic public health objectives to stop the increase in childhood obesity and to close the childhood obesity gap, in which children in more deprived areas are more likely to be obese than those in less deprived areas.

‘Schools and other places where children and young people frequent’ is defined as the entry points to nursery, primary and secondary schools, a community college, youth, and community centres, and playgrounds.

In assessing whether a proposal for a new takeaway would be acceptable, its distance from the definitions above will be measured according to realistic walking routes. In some cases, a new takeaway located beyond 400m from the defined youth facilities may not be acceptable due to local factors which would result in the outlet being likely to have a harmful influence on children’s behaviour and choices, for example by being prominently located on a main walking route.

Within designated centres, it may also be necessary to reduce or limit the influence of a takeaway outlet through the use of a planning condition to restrict opening hours. This would seek to restrict opening hours during school lunch breaks and the end of the school day, when the behaviours of children and young people are most likely to be influenced.

A group of researchers including the University of Cambridge, University College London and Office for Health Improvement and Disparities conducted economic analysis and found that takeaway management zones are associated with net economic benefits for local authorities, national government, and the NHS. They

also found that there were general public acceptability and young people perceived takeaway management zones to have some positive impacts.

Concentration of takeaways

Hot food takeaways are now a common features of town centres, high streets, and local centres and are recognised as a popular choice in the food offer. However, they have a greater potential to have a detrimental impact on residential amenity and environmental quality. Where concentration of hot food takeaways is present, this can result in adverse impacts on the vitality and viability of a retail centre and limit investment of other retail use.

Traditionally, hot food takeaways (sui generis use class) differ in purpose from restaurants or cafes (use class E(b)), however some businesses classified as restaurants also offer takeaway services. This increased proliferation of hot food takeaways over recent decades is reducing the diversity of retail offer, as well as having significant influence over food consumption patterns.

Whilst local shopping parades are a sustainable location for hot food takeaways because they are close to where people live, there are, in some instances where the number of takeaways in such parades dominates use class E(a) shopping provision, reducing diversity of local retail available.

Hot food takeaways can contribute towards unhealthy lifestyles. The Office for Health Improvement and Disparities (previously, Public Health England) has advised that increased exposure and opportunity to buy fast food (including proximity and opening hours) results in increased consumption levels which can have negative effects on health. This is because over exposure to takeaways is shown to increase the risk ill health and obesity by encouraging ‘out of home’ eating, where meals are more likely to contain high levels of sugar, salt, and fat which are linked to obesity and related health conditions. A proliferation of takeaways is likely to be harmful to people’s health by reducing the diversity and range of food choices on offer, restricting potential access to healthy food.

England has one of the highest rates of obesity in Europe and in the developed world. Public health evidence and the Global Burden of Disease highlights that obesity is one of the most widespread threats to health and well-being in the country and that there is a link between excess body weight and diseases such as type 2 diabetes, cancer, and heart disease. This impacts on the cost of health and care provision and the ability of health services to support local communities.

It is considered that the concentration or clustering of takeaways uses in centres can dominate the retail environment, limiting the number of units available for healthier food choices ad resulting in an over-exposure of takeaway uses which may influence behaviour. Managing the clustering, proliferation, and overconcentration of takeaways in retail centres can help reduce the harmful impact and prevention the creation of fresh food deserts, in which residents have limited access to nutritious, affordable, and appropriate food.

An overconcentration of takeaways is considered to be where hot food takeaways and fast-food outlets constitute X% or more of the total number of units within local centre or parade. An unacceptable concentration will also be

	<p>considered to arise where X% or more hot food takeaways and fast-food outlets would be adjacent to each other.</p> <p>Amenity impacts and Health Impact Assessment</p> <p>Takeaways have the potential to negatively affect their surroundings due to issues associated with noise, odour, fumes, litter, highways impact and increased activity associated with both customer and delivery riders.</p> <p>Litter has the potential to cause considerable annoyance to residents, other businesses and can even have public health implications. Whilst takeaway operators cannot always control where waste is deposited by customers, the council may see fit to require conditions such as asking premises to undertake litter picking beyond the immediate vicinity for litter generated from off-sales and the provision of bins and advisory signage.</p> <p>National Institute for Health and Care Excellence (NICE) guidance on prevention of cardiovascular disease and prevention of Type 2 diabetes state that local authorities should influence planning permission for food retail in relation to preventing and reducing cardiovascular disease including improving the nutritional quality of the food they provide. Across Essex, Environmental Health has developed and implemented a healthier catering scheme, TuckIN, to support healthier eating objectives, hot food takeaways and fast-food outlets will be encouraged to support this scheme.</p> <p>A Health Impact Assessment will be required to appropriately consider the impacts. Health Impact Assessments are a useful tool in ensuring that the wellbeing of the community is considered as part of the design process and will be required to ensure that proposals for development selling hot food takeaway contribute to the creation of a healthy food environment.</p>
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Policy PC2: Active and Sustainable Travel

Ref Number	Local Plan Section	Health Comments
P139-140		* Andrew comment

Policy PC3: Parking Standards

Ref Number	Local Plan Section	Health Comments
	The amount of car parking should take account of the following factors	Include provision for EV charging
	11.16 The Essex Parking Guidance has been updated	Utilisation of public EV charging facilities should allow sufficient for ambulances and no restrictions on number of visits per day. Cycle parking should be secure, well lit, store various types of cycles (eg tricycles, scooters) and also support those with limited strength (ie lifting)

Policy PC7: Residential Schemes on Greenfield Sites

Ref Number	Local Plan Section	Health Comments
P153-155		* Andrew comment

12.Place Policies

Policy OA4 Northern Gateway

Health Comments

Ref Number	Local Plan Section	Health Comments
P171	d) Provision for a range of other uses including but not limited to, housing for care, commercial, health care provision, energy infrastructure, employment generating uses and recreation / community provision;	<p>The ICB would wish to be involved from early inception of specialist accommodation development so that it can interject important health information for specific areas before planning applications can progress. There are possible locations that could accommodate more specialist accommodation than others and working together to identify these areas could be a useful way of trying to mitigate the impacts on PCNs going forward.</p> <p>The ICB would want it noted that although it mentions possible provision for health care within this development, it has not been discussed with the ICB and is speculative on the part of CCC.</p> <p>The attached heat map shows the ideal location area for a new Ambulance Hub – 1ha of land is required to facilitate this.</p> <p>Utilise heat capture from data centres to support heating of residential & commercial properties</p>

Policy PP17: Land South of A12, Marks Tey Growth Area

Ref Number	Local Plan Section	Health Comments
P197	b) A mix of other uses which support a sustainable community appropriate to the scale of development including public open space to accommodate formal and informal sport and leisure, community facilities, local services and local centres;	Essex ICB to comment

Policy PP18: Land North of A120, Marks Tey Growth Area

Ref Number	Local Plan Section	Health Comments
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P199	b) A mix of other uses which support a sustainable community appropriate to the scale of development including public open space to accommodate formal and informal sport and leisure, community facilities, local services and local centres;	Essex ICB to comment
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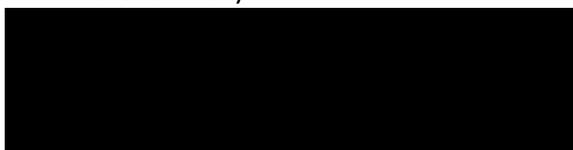
Policy PP19: Land North of Oak Road, Tiptree

Ref Number	Local Plan Section	Health Comments
P206	n) Any site specific infrastructure requirements from the IDP (likely to include education provision, highway mitigation, water and wastewater and specific community, sport and open space provision). There is an expectation that the development will include the delivery of a health/community building on land set aside in earlier phases of the development and as articulated in the Tiptree NP.	Essex ICB to comment

Policy PP24: Land Northwest of the Fire Station, Wivenhoe

Ref Number	Local Plan Section	Health Comments
P216	h) The total number of dwellings will be spread between this site and the area currently set aside for a care home as part of the neighbourhood plan allocation;	There are possible locations that could accommodate more specialist accommodation than others and working together to identify these areas could be a useful way of trying to mitigate the impacts on PCNs going forward.

Yours faithfully



Chris Crisell

Estates Strategic Planning Manager

Suffolk and North East Essex ICB

Cc Jane Taylor – Integrated Care Manager NEE Alliance

Cc Zoe May – Head of Business Relationships EEAST

Cc Cara Gosbell – Head of Estate Strategy ESNEFT

Cc Aarti O’Leary – Lawsons Planning Partnership on behalf ESNEFT

Cc Amber Nyoni – Strategic Planning and Public Health Lead ECC Public Health

Cc Lynn Stimson – Deputy Director Health and Wellbeing NEE Alliance

Cc Dan Turner – Head of Estates Systems SNEE ICB