



**EXAMINATION OF THE CITY OF YORK LOCAL PLAN
2017-2033**

PHASE 4 HEARINGS

MATTER 14: Health and Wellbeing

CITY OF YORK COUNCIL STATEMENT

Matter 14 – Health and Wellbeing

14.1 Does Policy HW1 offer sufficient protection to existing community assets?

14.1.1 Yes. The policy and proposed modifications set out in Appendix 1 provide clear protection to existing community provision. The NPPF 2012 is clear on the importance of the social role in achieving sustainable development, alongside economic and environmental considerations. Bullet point 2 of Paragraph 70 requires local planning authorities to guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs. This approach is reflected in both Policy HW1 and the explanatory text.

14.1.2 The policy is positively drafted and provides a criteria-based approach to require re-provision on or off site. Only where it can be demonstrated that the community facility is surplus to requirements, cannot be adapted to another community use and, in the case of commercial facilities (public houses as an example) are no longer financially viable, would the loss of the existing facility be considered.

14.1.3 The policy also clearly requires re-provision to be secured through the planning permission or a planning obligation, as appropriate.

14.1.4 The supporting text has been modified to add clarity on the requirement to demonstrate that the facility would be surplus to requirements where a loss is proposed in a planning application.

14.2 Does Policy HW2 provide a sound basis for the provision of new community facilities?

14.2.1 Yes. It is considered that the approach to the provision of community facilities is justified by evidence and soundly based. The policy and proposed modifications set out in Appendix 1 provide a sound basis for the provision of new community facilities. The policy takes a two-part approach with part one related to the delivery of strategic residential sites and part two focused on general delivery of new facilities. These modifications are intended to enhance the clarity of the policy for decision making purposes in line with paragraph 154 of NPPF 2012.

14.2.2 Part one of the policy, as modified, requires all strategic residential developments within Table 5.1 of the Local Plan to provide an audit of existing community facilities and their current capacity as part of the planning application submission. Developments that place additional demands on existing services would be required to provide proportionate new or expanded community facilities.

14.2.3 This approach should be read in conjunction with the site specific policies for strategic sites (as denoted in Table 5.1 of the Local Plan by ST** and policies denoted by SS**). These policies identify the infrastructure, including community facilities, to be delivered as part of wider scheme delivery. This is further supported by infrastructure work undertaken as part of the evidence base. The Council's Infrastructure Delivery Plan 2018 (SD128) identifies community infrastructure needs and potential delivery partners between paragraphs 4.158 and 4.164. The CYC Infrastructure Note (EX/CYC/79) updates this work and refers in paragraph 10, bullet point 3 to the need for community facilities to accommodate increased demand associated with new housing development.

14.2.4 Appendix 1 Key Infrastructure Projects Schedule (EX/CYC/79) provides a list of the community infrastructure across the strategic sites at 4.03 to 4.05. This also includes an indicative timeframe for delivery. The viability of delivering this infrastructure has been tested. Appendix 2 of Matter 6 from Phase 2 Hearings (HS/P2/M6/IR/1b and 1b(i)) is 'City of York Local Plan Viability Update Addendum' which updates and refreshes the original viability testing in the CYC Local Plan Viability Assessment (CD018). Further viability testing was carried for three strategic sites as part of Phase 3; ST7 (EX/CYC/99a), ST14 (EX/CYC/99b), and ST15 (EX/CYC/99c).

14.2.5 On the basis of this evidence, it is considered that Part 1 of the policy relating to strategic residential sites as modified is sound. The sites are viable and deliverable including community facilities (and other required) infrastructure.

14.2.6 The second part of the policy relates to applications for standalone community facilities where there is a need or deficit. It is deliberately broad in scope to allow flexibility and to accommodate a range of potential community facilities.

14.3 Will Policy HW3 adequately address built sports facilities?

14.3.1 HW3, with the proposed modifications provides a clear set of criteria to both support the delivery of new built sport facilities as well as protect against the loss of existing facilities. The policy takes a three-part approach with part one related to the delivery of strategic residential sites, part two related to the loss of existing and part three focused on general delivery of new facilities. These modifications are intended to enhance the clarity of the policy for decision making purposes in line with paragraph 154 of NPPF 2012.

14.3.2 Part one of the policy, as modified, requires all strategic residential developments (as defined in the glossary and within Table 5.1) of the Local Plan to provide an audit of existing built sports facilities and their current capacity as part of the planning application submission. Developments that place additional demands on existing services would be required to provide proportionate new or expanded facilities, to meet the needs of future occupiers. These would be secured via developer contributions as appropriate. Additionally, the explanatory text has been modified to include clarity on management arrangements for new facilities.

14.3.3 Part two of the policy protects existing built sports facilities and provides specific criteria which would be used to assess the proposed loss of any existing facilities. This is in line with both the Councils Built Sports Facilities Strategy 2013 (SD084) and the requirements as set out in the NPPF 2012 paragraph 74 which require:

- an assessment which shows the facilities to be surplus to requirements
- the facilities would be replaced by equivalent or better provision
- the development is for alternative sports and recreational provision, the needs for which clearly outweigh the loss.

14.3.4 The policy also clarifies that where the proposal would only impact a part of the site or would not reduce the capacity then the proposal could be supported.

14.3.5 Part three of the policy sets out the circumstances in which CYC would support new or expanded built sports facilities. This is considered to be positively worded and provide clear criteria on what proposals for new facilities must consider. It is deliberately wide in scope and not overly prescriptive to reflect the breadth of built sport facilities that may come forward.

14.3.6 The explanatory text has been updated to reflect the Sport England definition of Built Sport facilities and expanded to reflect specific York need as well.

14.3.7 As part of the submission documents, CYC submitted the Built Sports Facilities Strategy 2013 (SD084). These documents are in the process of being updated and the explanatory text is worded to refer to the 'most up-to-date Built Sports Facilities Strategy' to reflect the nature of this kind of strategy. Additional text has been proposed to include reference to other strategies which are intended to be produced and which would inform this policy when they are formally published.

14.4 Is the approach of Policy HW4 to childcare provision a reasonable one?

14.4.1 Yes, the policy with proposed modifications supports the protection of existing, the delivery of new and, where justified by evidence, the loss of existing childcare facilities. These modifications are intended to enhance the clarity of the policy for decision making purposes in line with paragraph 154 of NPPF 2012.

14.4.2 The policy provides a three part, criteria based approach to support new or expanded provision, ensuring provision addresses the needs which may arise from strategic sites and secures the provision of new childcare where demand requires. The policy is clear that developer contributions will be sought on strategic sites to address additional needs from strategic developments. The

protection of existing childcare facilities and new or expanded provision is set out and provides clear indication of where CYC would support proposals.

14.4.3 CYC Infrastructure Delivery Plan (SD128) provides an overview of childcare provision across the city. Infrastructure Note (EX/CYC/79) updates and further expands this work. At paragraph 35 EX/CYC/79 notes that an annual audit is undertaken to assess the sufficiency of early years and childcare places and determine whether existing supply is meeting current demand. However, there are challenges in accurately forecasting potential demand for the early years sector. This is reflected in the policy requirement around strategic sites and the requirement to submit an up to date audit to establish current capacity and need.

14.4.4 The Council's Viability Assessment (CD018) includes reference to childcare provision. The testing allowed for a S106 contribution per dwelling when testing typical housing typologies and strategic sites. This figure would incorporate potential contributions for childcare provision if necessary. This testing showed viability across nearly all residential site typologies and strategic sites. Appendix 2 of Matter 6 from Phase 2 Hearings (HS/P2/M6/IR/1b and 1b(i)) 'City of York Local Plan Viability Update Addendum' updates and refreshes the original viability testing in the CYC Local Plan Viability Assessment (CD018). Further viability testing was carried for three strategic sites as part of Phase 3; ST7 (EX/CYC/99a), ST14 (EX/CYC/99b), and ST15 (EX/CYC/99c).

14.4.5 This testing has not identified any significant impact to viability. It is considered the approach to childcare provision, both the provision of new facilities and the loss of existing is reasonable and justified against the evidence.

14.4.6 Modifications have been proposed to ensure the policy is positively worded and to remove text more appropriate to the explanatory section. Additionally, the modifications make it clear that where re-provision of facilities is acceptable, this will be secured via the S106 or as part of the consent itself. Additional text within the explanation relating to measures introduced by the government for childcare entitlement have been removed as it is not considered to add clarity to the application of the policy.

14.5 Can the manner in which Policy HW5 deals with healthcare services be described as sound?

14.5.1 The policy and proposed modifications set out in Appendix 1 are sound. These modifications are intended to enhance the clarity of the policy for decision making purposes in line with paragraph 154 of NPPF 2012.

14.5.2 The proposed modifications combines both primary and secondary care into one and clearly sets out that the provision of either primary or secondary care services will be supported where there is an identified need.

- 14.5.3 The policy also requires new strategic development to provide an assessment of the accessibility and capacity of existing primary and secondary care services as part of their planning submission. This ensures additional need is captured and additional facilities provided where need arises as part of development proposals.
- 14.5.4 The policy also includes specific sections on both York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust. This were included as allocations with CYC aware of specific proposals coming forward.
- 14.5.5 The relocation of services previously provided at Bootham Hospital to a new site on Haxby Road Allocation HC2 has been granted planning permission and the development completed. An application has been submitted by NHS Property Services to redevelop the hospital site for a residential care community. CYC will continue to work to support NHS on the redevelopment of this site. CYC will continue to support and work with the York Teaching Hospital NHS Foundation Trust on the HC1 allocation.
- 14.5.6 The Council's Infrastructure Delivery Plan 2018 (SD128) includes health infrastructure and provides an overview of existing as well as identifying future needs. CYC Infrastructure Note (EX/CYC/79) updates and further expands this work.
- 14.5.7 The Council's Viability Assessment (HS/P2/M6/IR/1b and 1b(ii)) tested typologies and strategic sites, allowed for a S106 contribution per dwelling. This figure would incorporate potential contributions for healthcare provision if necessary and in line with legal tests for use of planning obligations set out in the Community Infrastructure Levy Regulations (2012) as amended. This testing showed viability across nearly all residential site typologies and strategic sites.
- 14.5.8 Further viability testing was carried for three strategic sites as part of Phase 3; ST7 (EX/CYC/99a), ST14 (EX/CYC/99b), and ST15 (EX/CYC/99c).
- 14.5.9 This testing confirms that the Policy is demonstrably viable.

14.6 Is Policy HW6 a reasonable approach to the emergency services?

- 14.6.1 Yes, it is considered that the approach to emergency services is justified by evidence and soundly based. The policy and proposed modifications set out in Appendix 1 provide a sound basis for the provision of appropriate emergency services.
- 14.6.2 The Council's Infrastructure Delivery Plan 2018 (SD128) includes emergency services (fire ambulance and police). Additional facilities for ambulance services are identified but neither the Fire nor the Police service identified

specific additional infrastructure needs over the life of the plan. CYC Infrastructure Note (EX/CYC/79) updates and further expands this work.

14.6.3 The policy provides clear support from CYC for the provision of all new emergency services. This reflects that neither fire or police have specific requirements and provides a framework which allows any emerging need to be considered.

14.6.4 CYC has engaged with Yorkshire Ambulance Service (YAS) to understand their current needs, and this is reflected in the modifications proposed in Appendix 1 Plan. Specific reference has been removed to locations and requirements as YAS has advised the 'spoke' element of the hub and spoke model tend to be non-permanent in nature and relocated in response to demand shifts. The 'hub and spoke' strategy is intended to be flexible such that the existing standby points can be relocated, or supplemented, according to demand.

14.6.5 These modifications are intended to reflect the most up to date need and enhance the clarity of the policy for decision making purposes in line with paragraph 154 of NPPF 2012.

14.7 Will Policy HW7 be sufficient to secure healthy places?

14.7.1 Yes. The policy and proposed modifications set out in Appendix 1 provide sufficient guidance to deliver healthily places. Policy HW7, as modified, supports other design and placemaking policies within the plan and provides guidance on how to incorporate good design to support healthy places within this context.

14.7.2 Specifically, Policy DP3 'Sustainable Communities' provides overarching development principles to guide the creation of sustainable places. DP3 also references this connection, noting that detailed policy requirements in relation to these overarching principles can be found under the relevant section of the plan. Policy D1 'Placemaking' provides detailed guidance on physical form and layout of proposals.

14.7.3 The wording of HW7 builds upon placemaking and requires proposals for major residential development to consider and incorporate as appropriate design elements and facilities to support and promote healthy lifestyles. The policy modifications proposed include the provision of play spaces and outdoor gyms as well as lighting strategics to support safety in public spaces. The policy wording is modified to make it clear that healthy places involve delivering places for all ages, all abilities, all mobility levels and all life stages.

14.7.4 The policy also requires the submission of Health Impact Assessments as part of strategic site planning applications to ensure that the health impacts of development are adequately considered and mitigated.

14.7.5 These modifications are intended to enhance the clarity of the policy for decision making purposes in line with paragraph 154 of NPPF 2012.

Appendix 1 – Proposed Modifications

Policy HW1: Protecting Existing Facilities

The Council will work with local communities and voluntary sector organisations to help preserve and re-use existing community assets.

Development proposals which involve the loss of existing community facilities, or facilities last used for community purposes, will not be supported where:

- facilities of equivalent or greater capacity and quality (in terms of function, accessibility, adaptability and variety of use) are provided elsewhere on the site; or
- Where site constraints do not allow on-site re-provision, re-provide facilities of equivalent or greater capacity and quality (as defined above) are provided off-site, in a location that equivalently or better serves the local community's needs, which is well served by public transport and easy to reach on foot and by bike . ; or
- Where the facilities no longer serve a community function and demonstrably cannot be adapted to meet other community needs, or are surplus to requirements the loss of the community facility may be acceptable, subject to evidence demonstrating this. ; or
 - The assessment should identify alternative provision within the immediate area, which is accessible for current uses by public transport, foot and bicycle
 - in the case of commercial facilities, evidence is provided that demonstrates the facilities are no longer financially viable.-
- Developers must consult with the local community about the value of the asset and the impact that a loss of facilities may have-

If Where facilities are to be re-provided elsewhere, a clear commitment to replace them will be secured as part of the planning permission or S106 agreement. In a timely manner must be evidenced, in order for planning permission to be granted. Where the facilities have been re-provided or re-located in advance, evidence of this re-provision should be included within any planning application.

See also Policy H1 and T1

Delivery

- Key Delivery Partners: City of York Council; developers; infrastructure delivery partners; and community groups
- Implementation: Developer contributions

Explanation

6.5 For the purpose of the policies within this section, community facilities should be taken to mean the buildings, facilities, and services that meet the day-to-day-needs of communities. This may include libraries, post offices, public houses and

community meeting places, such as youth groups, places of worship, and parish and village halls. Since this is not an exhaustive list, proposals will be considered on an individual basis, with weight placed on the significance of the amenity to the local community, or relevant subgroup of the community.

6.6 Sports, childcare, medical and cultural facilities are excluded from this since they are covered by Policies HW3, HW4, HW5, and D3, respectively.

6.7 The Council will work with local communities and voluntary sector organisations to help preserve and re-use community assets. Community facilities provide opportunities for recreation and for people to come together – two important contributors to individuals' mental health and wellbeing. Community facilities are also an essential part of enabling residents to meet their practical everyday needs. The National Planning Policy Framework (2012) (NPPF) supports the protection of community facilities, acknowledging their importance for the creation of inclusive and sustainable neighbourhoods.

6.8 A loss of local facilities that residents depend upon has the potential to erode community cohesion and exacerbate social isolation. Although a loss of facilities would affect all residents, groups likely to be particularly affected by loss of amenities include the elderly, those with reduced mobility, and those on low income, all of whom may struggle to travel to use alternative facilities. Chronic loneliness is a key concern highlighted by the older population of York (York's Joint Health and Wellbeing Strategy 2017-22 (2017)).

6.9 A loss of viable community facilities will only be permitted if they are replaced by facilities of equal or greater capacity and quality and met by developer contributions. **In exceptional circumstances, community facilities can be replaced by another use where they are surplus to requirements.** Applications which involve the disposal of community assets must therefore include an assessment of the current function, accessibility, and adaptability of the facility. **and The assessment must also demonstrate surplus provision within the immediate area which can compensate for the loss and which is accessible for current users by public transport, foot and cycle.** Applications must demonstrate how alternative facilities will meet or exceed these standards. As part of this process, it is expected that developers will consult with the local community to understand their needs. The approach to consultation should be agreed with the Council. Any replacement facilities must also meet the conditions for new facilities set out in Policy HW2, and should be replaced in a timely manner, so as to minimise the impact on communities in terms of meeting their daily needs and their enjoyment of community facilities.

6.10 The Local Plan has an important role to play in ensuring that community facilities are provided in the most effective and accessible way. Existing services must be protected as much as possible, however, it is also important to ensure that existing facilities are 'fit for purpose'. Changes in the economic climate may mean that some facilities are no longer financially viable. Only in such circumstances, and when no alternative community use is possible, a loss of facilities will be permitted. Evidence that the facilities have been marketed for a minimum of a year without success will be required to demonstrate they are unviable.

Delivery

- Key Delivery Partners: City of York Council; developers; infrastructure delivery partners; and community groups
- Implementation: Developer contributions

Policy HW2: New Community Facilities

i Applications for strategic residential developments must be accompanied by an audit of existing community facilities and their current capacity, prepared by the applicant. Developments that place additional demands on existing services will be required to provide proportionate new or expanded community facilities, to meet the needs of existing and future occupiers. These should be provided on site or, where on site provision is not possible due to site constraints, or where the council agrees provision could better meet needs elsewhere, developer contributions will be sought to provide new or expanded facilities. These additional facilities.

As the population grows and population demographics change over the plan period, new facilities will be required. The Council will work with communities and other partners to help address deficits in community facilities.

ii. The Council will support applications for new or expanded community facilities when an existing deficit or future need has been identified.

* Where appropriate, f Facilities should be designed to be adaptable and multi-purpose, in order to future-proof services and enable a wide range of community uses.

* Any new or expanded facilities must be accessible and well-served by public transport, footpaths and cycle routes.

See also Policy T1, ED8

Explanation

6.1 The NPPF encourages Local Authorities to proactively support the development of accessible community facilities that meet the needs of existing and future residents. Community facilities are defined under paragraph 6.5 and 6.6.

The Council seeks to address deficits in community facilities and supports the development of high-quality, accessible facilities. The aspiration is that, regardless of age, health or mobility, everyone should have access to the social and recreational benefits that community facilities provide.

As the population grows and population demographics change over the plan period, new facilities will be required. The Council will work with communities and other partners to help address deficits in community facilities.

The Council will support the development of new community facilities where there is an identified community need and the capacity to manage them. Such an assessment should be based on community consultation. Where appropriate, new facilities should be designed to be adaptable and multi-purpose, in order to future-proof services and enable a wide range of community uses. Facilities with a specific purpose will also be supported, when the development proposal is community-driven. The Council will support communities to bring about development through Community Right to Build Orders, in line with NPPF guidance.

New residential development must be accompanied by new or expanded community facilities, when existing facilities will not meet the needs of future occupiers. Such an assessment should be based on an audit of existing facilities. All strategic sites must include an assessment of the need for additional facilities and plan for their provision in their master planning.

Any new community facilities must be easily accessed on foot and by bike, as well as by public transport. This should be in line with Policy T1 'Sustainable Access'. While the proximity of community facilities has benefits for all residents, reduced travel time for essential services is particularly important for those who are less mobile, and those on low incomes who are less able to travel long distances. Services that are well-served by footpaths and cycle routes have additional physical and mental health benefits owing to the promotion of time spent outdoors, increased physical activity, and reduced vehicle emissions.

Reducing the pressures on statutory services by supporting people to better manage their own health and wellbeing is a key national and local priority. This is contingent upon individuals having access to the necessary facilities and support networks to meet their needs. Community-based solutions to health and wellbeing, such as joining clubs, attending peer-support groups or volunteering, are now acknowledged as effective and necessary alternatives to traditional health and social care interventions.

The NPPF encourages an integrated approach to development, and therefore multi-amenity developments will be favoured and promoted where possible. Such developments carry the benefits of reducing travel costs, creating community hubs, and making it easier for those with limited mobility to carry out their day-to-day activities. Enabling the elderly, long-term ill, and those with disabilities to continue to be independent and live in their communities is a key council priority. Networks of good quality community facilities are vital to the creation of resilient communities.

Delivery

- Key Delivery Partners: City of York Council; developers; infrastructure delivery partners; and community groups
- Implementation: Developer contributions

Policy HW3: Built Sport Facilities

The Council will support development that enables residents to enjoy and make use of built sports facilities.

Applications for strategic residential developments, must be accompanied by an audit of existing built sports facilities and their current capacity, prepared by the applicant.

Developments that place additional demands on existing built sport facilities will be required to provide proportionate new or expanded facilities, to meet the needs of future occupiers. Developer contributions will be sought to provide these additional facilities.

For strategic sites facilities should be provided on-site, where possible. If Where off-site provision is necessary or more appropriate, facilities should still be accessible to the community it will serve; residents; be well served by public transport; and be easy to reach on foot and by bike.

The loss of built sports facilities (either currently or last used for sports activities) will only be permitted in exceptional circumstances where:

- a needs assessment provided by developers, and in accordance with the most up to date Built Sports Facilities Strategy (or subsequent replacement strategy), identifies an over-provision in the area; or
- the development only affects part of the site and does not impact on reduce its value capacity for sport; or
- it would be replaced by a facility of equivalent or better quality and capacity, in a location that still serves the same community which is accessible by public transport, foot and bicycle. And that has adequate management arrangements.
- the proposal is for alternative built sports facilities where the need outweighs the loss of the existing facility.

Development for new or expanded built sports facilities will be supported where a deficiency in current or future provision has been identified, and when it is well located, accessible to all in terms of age and ability, subject to the specific sports uses proposed and when suitable infrastructure exists or can be created to manage and maintain the facility.

- Development of new sports facilities should be co-located with other health and community facilities and schools, where possible, to encourage participation in exercise.
- Any future demand should, in the first instance, be met through extensions and expansion of existing high-quality sustainable sites.

See also Policy ED9, T1

Explanation

Accessible built sports facilities are an integral part of encouraging people to be more physically active, tackling obesity, and improving the physical and mental health of communities. Local Planning Authorities play a key part in meeting these aims, by ensuring that the necessary facilities are close by, accessible to all, and able to meet demand.

Built sports facilities, as defined within the CYC Built Sports Facilities Strategy, include swimming pools, tennis courts, artificial grass pitches for ball sports and associated facilities football and hockey, sports halls, indoor and outdoor bowls, specialist indoor facilities and specialist outdoor facilities. In addition, indoor tennis courts, multi-use games areas, alongside more specialist outdoor provision such as athletics tracks, golf courses and cycle tracks along with the associated supporting infrastructure (changing rooms, club house) would be considered to form built sports facilities .

New development must not compromise current or future residents' health and wellbeing and the Council will work to safeguard existing sports facilities. Where new facilities are required to address need arising from a new development, suitable management arrangements and/or an appropriate operator would be required to be secured as part of the obligations.

York's built sports facilities will be protected unless it can be demonstrated that the use is no longer viable, is surplus to need, or that high-quality alternative provision can be made that maintains a service in the existing area of benefit. Need should be identified through consultation of the city's most up-to-date Built Sports Facilities Strategy. Developer contributions will be expected to support the development of new facilities, should new residential developments place additional demands on services above their current capacity.

The Council will support the development of new facilities where there is an identified need. Decisions on the need for new facilities will be based on the most-up-to-date Built Sports Facilities Strategy and other key evidence. The Council will be producing is developing a nNew Physical Activity and Sport Strategy for 2022 – 2032 and a Playing Pitch Strategy. Once formally published, these strategies will also inform the need for new facilities.

Regular physical activity significantly reduces the risk of developing chronic health conditions, including stroke, cancer and type II diabetes. These health benefits are realised even through a modest increase in activity levels. While a high proportion of York's residents participate in sport relative to the national average (61.5% vs. 56%), this still leaves a significant proportion who are inactive. The importance of Local Planning Authority intervention in the promotion of physical activity is further emphasised by Sport England's estimate that preventable health conditions associated with inactivity cost healthcare providers in York in excess of £3 million per annum.

In addition to the physical health benefits, participation in exercise is associated with improved mental health, and in particular, a reduced likelihood of developing depression and anxiety. The aspiration to be a mental health friendly city is a priority set out in York's Joint Health and Wellbeing Strategy 2017-2022 (2017).

Addressing health inequalities is a key council priority and this strongly depends upon ensuring that all communities have adequate access to sports facilities. It is essential that any new sports facilities are well served by public transport, and can be reached easily on foot and by bike. This should be in line with Policy T1 'Sustainable Access'. Proximity of sports facilities is a major determinant of whether individuals participate in exercise.

The Council will work proactively to ensure that high-quality facilities are delivered, since the quality as well as the availability of facilities has been found to correlate with participation in physical activity. The Council has approved and supported the delivery of the Community Stadium at Monks Cross and the policy will enable delivery of other facilities that meet the existing and future needs of residents.

Permission was granted in May 2012 for the York Community Stadium at Monks Cross. Detailed planning consent was approved in 2015 and a Section 73 application was approved in 2016 for some minor amendments. Construction is expected to be complete by the end of 2018. The stadium will provide a new home for both of York's professional sports teams, York City Football Club and York City Knights Rugby League Football Club. The new development will provide new leisure facilities and opportunities for the wider community including a new swimming pool, outdoor 3G pitches and climbing facilities and a new gym, dance studio and fitness centre, which will also be used by NHS patients to help improve their rehabilitation. A new community hub will include an Explore Learning Centre; outpatient facilities for the York Teaching Hospital NHS Foundation Trust; the York NHS Training and Development Centre; and a new York Against Cancer Centre. The development will also provide a number of commercial facilities, including a state-of-the-art thirteen screen Imax cinema, two large retail units and five restaurants.

Delivery

- Key Delivery Partners: City of York Council; developers; infrastructure delivery partners; and community groups
- Implementation: Built Sports Facilities Strategy; and developer contributions

Policy HW4: Childcare Provision

The Council will support development ~~proposals for new or expanded childcare provision where~~ that helps meet the city's need for childcare provision.

~~All new strategic sites Applications for strategic residential developments, and as listed in Table 5.1 must be accompanied by will be expected to conduct~~ an audit of existing childcare facilities and their current capacity. If increased demand from new residents would be expected to exceed the existing capacity of facilities in the vicinity, ~~additional new~~ facilities must be incorporated into the masterplanning of the site. ~~Developer contributions will be sought to provide new or expanded facilities, and supported by developer contributions unless it can be demonstrated that this is not viable or deliverable.~~

Proposals which ~~fail will lead to the loss of to protect~~ existing childcare facilities ~~must will be refused unless it can be demonstrated~~ that the provision is no longer required, ~~or no longer viable, or if that~~ equivalent replacement facilities ~~can will~~ be provided elsewhere. ~~This will be secured as part of the planning permission or S106 agreement.~~

Applications for new childcare provision should be accompanied by an assessment that demonstrates the need for additional childcare provision in the locality. ~~The Council will work with schools, parents and carers to ensure that their needs are understood.~~

Any proposed new or replacement childcare facilities should be sited in accessible locations within or near to the areas of identified need, they should be well-served by public transport, and be easily accessible by walking and by bike.

See also Policy ENV2 and T1

Explanation

As reflected in York's Joint Health and Wellbeing Strategy (2017-22), it is a Council priority to ensure that children are happy, healthy, and get the best start in life. The provision of good quality childcare is essential for early childhood development and has significant implications for economic wellbeing, since childcare gives parents or carers the opportunity to pursue education, training, or employment.

There are a number of different types of childcare provision, including childminders, day nurseries, playgroups, crèches, holiday schemes, and out-of-school clubs.

The demand for childcare is dynamic and dramatic changes can take place over a short period of time. ~~In September 2010, all three and four year olds became entitled to 15 hours per week of free early education, and in 2013, the Government introduced additional childcare entitlement for two year olds meeting certain criteria. A further increase in childcare entitlement for three and four year olds with working parents is expected from September 2017. This is likely to create even greater demand for childcare provision in the city.~~

The Council has a statutory duty to ensure adequate childcare provision is available. The loss of existing childcare facilities will be strongly resisted unless it can be demonstrated that the provision is surplus to demand, no longer financially viable, or that equivalent alternative provision can be made.

To help ensure that childcare in York matches the needs of local families and that any gaps in provision are met, applications for new childcare facilities will be supported when they are in accessible locations, and are accompanied by a needs assessment demonstrating a need for provision in the locality. Childcare provision will be particularly encouraged in areas with good air quality, in close proximity to open space.

The noise and traffic impacts arising from any childcare provision proposals, particularly for residential communities, should be taken into account in line with Policy ENV2 'Managing Environmental Nuisance'.

Delivery

- Key Delivery Partners: City of York Council; developers; infrastructure delivery partners; and community groups
- Implementation: Developer contributions

Policy HW5: Healthcare Services

Primary and Secondary Care

The Council will work closely with GPs and the NHS Vale of York Clinical Commissioning Group (or any successor organisation) to understand the current and projected primary care needs of communities.

The Council will support the provision of new or enhanced primary and secondary care services when there is an identified need.

Improved, enlarged or additional primary or secondary healthcare facilities will may be required to support residential developments that place additional demands on services beyond their current capacity, in line with the National Planning Policy Framework.

Developer contributions will be required to support the increase in provision. An assessment of the accessibility and capacity of existing primary and secondary care services will be required at the application stage for all residential strategic sites

Development P proposals which fail to protect include existing primary or secondary care services must re-provide the service as part of the proposal or involve the loss of services, will not be supported, unless it can be demonstrated the facilities are no longer required or that relocating facilities would better meet the community's needs.-

Any new primary or secondary care facilities must be easily accessible by public transport, walking, and cycling.

Secondary Care

The Council will work closely with the York Teaching Hospital NHS Foundation Trust, and with Tees, Esk and Wear Valley NHS Foundation Trust (or any successor organisations), to understand their needs; help ensure their sites are fit for purpose; and enable them to provide safe, effective and sustainable healthcare, for the plan period and beyond.

York Teaching Hospital NHS Foundation Trust

The Council will support the redevelopment of York Teaching Hospital NHS Foundation Trust (as identified on the Proposals Policies Map) to enable it to expand its capacity; to uphold and improve the quality of secondary care it delivers; and ultimately to remain on its existing site for the long term, ensuring the optimum delivery of secondary care services in York.

The Council will support the redevelopment of the staff car park on the existing York Teaching Hospital NHS Foundation Trust site to meet its immediate need for increased capacity in Accident and Emergency. The Council will work with York Teaching Hospital NHS Foundation to develop a new

A Travel Plan will form part of any detailed planning application to ensure that the loss of car parking facilities will be appropriately managed to ensure not compromise access or to care is not compromised.

To enable the Trust to expand existing clinical facilities the Council will support the development of the extension to York NHS Hospital Trust site (as shown on the Proposals Policies Map as HC1), for health and social care purposes, such as a GP practice or short-term residential care. The Council will continue to work with the Trust to help them make additional changes to their site as their needs change over the plan period.

Tees, Esk and Wear Valley NHS Foundation Trust

The Council will support Tees, Esk and Wear Valley NHS Foundation Trust in the relocation of services previously provided at Bootham Hospital to a new site on Haxby Road, in order to provide the best patient care (as shown on the proposals policies map as HC2). Future consideration of the Bootham Park Hospital site must follow a full appraisal of the significance of the historic buildings, landscape and archaeology on site. Any redevelopment proposals must arise out of this understanding, in order to enhance or better reveal their significance into the long term.

See also Policy T1

Explanation

The NPPF requires local planning authorities to understand and facilitate local strategic healthcare priorities.

Primary care is typically the first point of contact with health professionals it is generalist, rather than specialist, in its nature and covers GPs, pharmacists, opticians and dentists.

The Council will work closely with GPs and the NHS Vale of York Clinical Commissioning Group (or any successor organisation) to understand the current and projected primary care needs of communities.

Secondary care refers to specialist health care, which typically depends on a referral from a primary care provider.

The Council will work closely with the York Teaching Hospital NHS Foundation Trust, and with Tees, Esk and Wear Valley NHS Foundation Trust (or any successor organisations), to understand their needs; help ensure their sites are fit for purpose; and enable them to provide safe, effective and sustainable healthcare, for the plan period and beyond.

Healthcare facilities are important for both the treatment of illness and for educational purposes, in relation to physical activity, diet, alcohol and smoking.

Healthcare services must be responsive to the current and projected needs of local communities. The assessment submitted to support planning applications should

reflect the catchment for each kind of healthcare facility, reflecting that primary and secondary care facilities provide very different services and their catchment areas reflect that. This is contingent upon having appropriately located sites, which are able to cope with local demand and provide a sustainable and effective service. The Council will help protect existing healthcare facilities and support the relevant bodies to expand their premises, or seek alternative, more suitable sites, where appropriate.

6.37 Any new medical facilities should be easily accessible by foot, bike and public transport, in line with Policy T1 'Sustainable Access'. Co-location of new health facilities with other community and sports facilities will be encouraged. The development of new primary and secondary care facilities should be guided by the design considerations set out in Health Building Note 11: Facilities for Primary and Community Care Services (2013) produced by the Department of Health. Currently 100% of the York population can access pharmaceutical services within a 10 minute drive time. The provision standards for pharmacies will be set out in the forthcoming City of York Pharmaceutical Needs Assessment 2018-2021.

It is important that York retains its role as a major secondary healthcare provider for the wider sub area. As such the Council will support the York Teaching Hospital NHS Trust to make the best use of their site, ensuring that they are able to meet both their strategic and clinical objectives. The Council will also support Tees, Esk and Wear Valley NHS Trust in their relocation, in order to provide the best patient care.

The population of York is expected to change significantly over the course of the Local Plan, with a significant increase in the older adult population and a corresponding increase in the number of individuals with long-term health conditions. New developments will also give rise to localised changes in demographics. Additional or adapted healthcare services may be required to respond to changing needs over the plan period. This will require working collaboratively with healthcare providers and their communities. Any new healthcare facilities that are required as a result of additional residential development must be supported through developer contributions.

Delivery

- Key Delivery Partners: City of York Council; developers; York Teaching Hospital NHS Foundation Trust; Tees, Esk and Wear Valley NHS Foundation Trust; NHS Vale of York CCG; and infrastructure delivery partners
- Implementation: Developer contributions

Policy HW6: Emergency Services

The Council will work closely with Yorkshire Ambulance Service NHS Foundation Trust, North Yorkshire Police, and North Yorkshire Fire and Rescue Service, to ensure that their changing needs are understood. The Council will support the development of new emergency service facilities, where there is a demonstrable need, and in appropriate locations that enable them to meet necessary response times.

The Council will support the Yorkshire Ambulance Service NHS Foundation Trust's new 'Hub and Spoke' estate model. Hubs provide essential clinical and maintenance and facilities, while spoke facilities provide additional opportunities for ambulances to be stationed close to areas of demand. The Council will support the development of additional sites for ambulances at key points in densely populated areas, close to major highways.

The following sites may be required to provide have been identified as requiring additional spoke facilities:

- ST7: Land East of Metcalfe Lane
- ST8: Land North of Monks Cross
- ST9: Land North of Haxby
- ST15: Land West of Wigginton Elvington Road

Such facilities would need to provide:

- A 6 x 3m serviced building with water, electricity and drainage.
- Parking facilities for two ambulances.

These facilities would need to be located within the development and close to the main highway.

See also Policy T1

Explanation

The Council will work closely with Yorkshire Ambulance Service NHS Trust, North Yorkshire Police, and North Yorkshire Fire and Rescue Service, to ensure that their changing needs are understood. It is essential that there is adequate emergency service cover across the city. This is conditional upon having appropriately located sites, which enable providers to meet necessary response times.

The Council will work with the police, ambulance and fire service to ensure that their current and projected needs are understood. The Council will support the relevant bodies to expand their premises, or seek alternative, more suitable sites, where appropriate.

The Council will support the Yorkshire Ambulance Service NHS Foundation Trust's new 'Hub and Spoke' operating model and will work with the organisation to ensure

the necessary sites for additional 'spoke facilities' are identified and developed. This is a necessary part of catering for people in new developments, who are not currently served by the existing system. It will allow the ambulance service to provide services in a more time and cost-effective manner and meet revised national NHS response times.

Delivery

- Key Delivery Partners: City of York Council; developers; Yorkshire Ambulance Service NHS Foundation Trust; North Yorkshire Police; and North Yorkshire Fire and Rescue Service; and infrastructure delivery partners
- Implementation: Developer contributions

Policy HW7: Healthy Places

Proposals for **major** residential developments must provide a statement **as part of any detailed planning application**, proportionate to the size of the development, showing how the following design principles have been adequately considered and incorporated into plans for development:

- well-designed streetscapes that encourage residents to spend time outdoors;
- the provision of safe, easy to navigate and attractive public footpaths and cycle paths between dwellings, to encourage physical activity;
- **the incorporation of formal and informal play spaces and outdoor gyms to encourage physical activity for all age groups and abilities;**
- good connections to neighbouring communities and green spaces, in the form of footpaths and cycle routes, including the extension and protection of public rights of way, where appropriate;
- ~~spaces for communities to come together;~~
- adaptations to **designing** buildings and public spaces **to be accessible for all ages and life stages, including** for those with limited mobility;
- considerations for how the design may impact on crime or perception of safety, **including lighting strategies for public spaces;** and
- buildings that are adaptable to the changing needs of residents.

Details of how these principles have been considered should be noted **included** in the Design and Access Statement accompanying the proposal.

All new strategic sites **as defined in the glossary and as listed in Table 5.1,** must complete a Health Impact Assessment (HIA) **prior to the submission of a and submit as part of the** planning application. HIAs are a means to systematically assess the potential health risks and benefits of new developments on existing and future communities. They promote the development of actions to mitigate negative impacts and maximise community benefit.

See also Policies D1, D2, ENV2 and GI3

Explanation

The NPPF strongly supports planning conditions that promote well-designed developments which support healthy lifestyles. Through good urban design, the built environment can promote more active lifestyles and time spent outdoors. Helping people to be more active and walk more is a key priority for the city, and an integral part of tackling obesity and improving mental health (Joint Health and Wellbeing Strategy 2017-22 **or any subsequent updates**).

The Council will support development that demonstrates how consideration has been given to the layout and presentation of buildings and the public realm, towards these ends. Such considerations should be proportionate to the size of the development and reported in a Design and Access Statement. The design principles within Policy HW7 build on those set out in Policy D1 'Placemaking', but place greater emphasis on the implications of good design for mental and physical health.

The Council will support developments that are pedestrian- and cycle-friendly and well connected to neighbouring areas, local amenities, parks and open spaces. Busy lifestyles often mean that people have little time to dedicate to physical activity, unless it can be integrated into their routine as a means of getting around. Developments that improve access to open spaces through the protection and extension of public rights of way will be supported, where appropriate.

The NPPF acknowledges the important role the planning system plays in facilitating social interaction and creating healthy, inclusive communities. The Council will encourage development that provides spaces where communities can come together, reducing social isolation. Development should be inclusive and meet the needs of all residents, young and old, irrespective of mobility. Strong community networks also have implications for crime, and good design can be utilised to create developments that reduce crime and/or residents' fear of crime.

With a growing and ageing population with more long-term health conditions, designing healthy places is an essential part of coping with the increased demand placed on health and social care and future proofing our communities. Policy HW6 provides the opportunity to embed preventative health measures into the fabric of our communities, through the promotion of physical activity and time spent outdoors, with the potential to make enduring changes to residents' health and wellbeing.

HIAs are a crucial tool for identifying the positive and negative health impacts of new developments and the necessary remedial actions to minimise negative and maximise positive benefits. This information should be incorporated into site masterplanning. HIAs help identify particular subgroups of the population that are likely to be affected by the development. This is a key to ensuring that health inequalities are not exacerbated. The Council will develop **guidance for developers building on work by Public Health England and best practice from other Council's.** ~~supplementary planning guidance on the development and completion of HIAs and work with developers to produce this documentation.~~

Delivery

- Key Delivery Partners: City of York Council; developers; infrastructure delivery partners; and community groups
- Implementation: Design and Access Statements, Health Impacts Assessments