



The Association of Directors of Public Health Consultation Response

Technical consultation on the Infrastructure Levy

Objectives and Scope

This consultation seeks views on technical aspects of the design of the Infrastructure Levy. Responses will inform the preparation and content of regulations, which will themselves be consulted on, should Parliament grant the necessary powers set out in the Levelling Up and Regeneration Bill.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

Our Position

Health is an important asset for economic productivity.¹ It is therefore important to ensure that public health is placed at the centre of future national planning policy to improve population health and wellbeing, reduce the social cost of poor health and deliver on the levelling up mission.

Infrastructure has significant positive or negative impacts on population health depending on the way it is planned and designed. The availability of green spaces and infrastructure for active travel is important in improving air quality as well as physical and mental wellbeing. The provision of essential services such as GP surgeries and other health services directly affect population health. Supply and quality of affordable housing is also crucial, as people exposed to cold, damp, overcrowded living conditions are more susceptible to a range of illnesses, including respiratory and cardiovascular disease as well as mental health problems. These are all important areas that could be influenced by the new Infrastructure Levy.

Currently, Strategic Environmental Assessment (SEA) and Environmental Impact Assessment (EIA) include a legal requirement to consider the health impacts of new plans and development proposals. However, the proposed new Environmental Outcomes Report (EOR) that will replace SEA and EIA omits consideration of

population health. We urge the Government to ensure that the new EOR system provides an evidenced based, transparent and consistent approach to address the positive and negative health impacts of a development or that health considerations are required through a meaningful and legally sound alternative. At the same time the proposed Infrastructure Levy should ensure that the consideration of health is incorporated into all stages of the collection and usage of the levy.

ADPH is therefore submitting a response to the 'Technical consultation on the Infrastructure Levy' to emphasise the importance of public health in national and local planning. We believe health should be at the heart of levelling up as neither economic success nor wellbeing can be achieved in isolation.

Response to individual questions

Q2: Do you agree that developers should continue to provide certain kinds of infrastructure, including infrastructure that is incorporated into the design of the site, outside of the Infrastructure Levy? [Yes/No/Unsure]. Please provide a free text response to explain your answer where necessary.

Yes. Developers should continue to provide integral infrastructure that is incorporated into the design of the site outside of the Infrastructure Levy.

Integral infrastructure such as cycle parking areas, electric vehicle charging points and on-site green infrastructure can promote active travel, improve mental wellbeing and mitigate climate change. Bus stops, footways and crossings are important to improve connectivity. Carbon reduction design measures and biodiversity enhancements can also improve the environment and mental health. Therefore, it is important for developers to provide these infrastructures, not only to add value to the development, but also to improve the health and wellbeing of the population.

Since infrastructure is essential for the successful functioning of a site and could add value to the development, rendering it more attractive and profitable, the costs of providing these infrastructures should be part of the costs of development and should not be funded by the Infrastructure Levy.

The objective of the Infrastructure Levy is to mitigate the cumulative impact of new development on the local area and to support the development of an area. Therefore, it should not be used to fund infrastructure that is integral to the functioning of a site. It should also not be used to fulfil building and planning regulations.

Q4: Do you agree that local authorities should have the flexibility to use some of their levy funding for non-infrastructure items such as service provision? [Yes/No/Unsure]

Yes. LAs should have the flexibility to use some of their levy for non-infrastructure items such as service provision. This could enable them to respond to local needs more flexibly. In addition, where new developments increase the size of the local population, additional service provision may be needed to mitigate the additional cumulative demand associated with the new development. New infrastructure may also require additional supporting services. Hence, the levy should also be used on service provision.

However, as the Levy is one-off payment, it should not be used to replace essential service provision, for example health and social care services. These essential services should be adequately and sustainably resourced through central or devolved funding. Mechanisms to allow for local flexibility in how the levy is used should include criteria to ensure that funds are not misused in this way.

Q5: Should local authorities be expected to prioritise infrastructure and affordable housing needs before using the Levy to pay for non-infrastructure items such as local services? Should expectations be set through regulations or policy?

Yes, LAs should be expected to prioritise infrastructure and affordable housing needs before using the levy to pay for non-infrastructure items such as local services. The levy could for example be used for building schools and new primary care facilities; creating green space and play spaces; retrofitting housing with improved energy efficiency and ventilation; building infrastructures for active travel (eg highway alteration and cycle lanes); and improving public transport. Investment could also be made to transform space for community and commercial growing to support a more sustainable and accessible food system.

It is less desirable to use the levy on service provision (eg health and social care services), as the levy is a one-off payment made in relation to a development. Services provided with one-off payments are also usually short term and unsustainable with limited reach and effectiveness. This could create more work, taking a disproportionate amount of capacity while leaving large gaps at the end of the funding. Long term, sustainable funding should instead be provided from the Government to ensure ongoing delivery of services.

If the levy is used on service provision, levy funding should be prioritised for services that support infrastructure. This could include the activation, promotion, and maintenance of infrastructure to encourage its use and ensure it remains usable in the long term. This could help promote infrastructure such as green spaces and active travel routes. These spendings are usually not counted as direct infrastructure spend, and so it will be useful to fund these services with the levy.

Clarity of policy coupled with a flexible approach to support local services with the levy would be welcomed. This could enable LAs to align with national priorities and plan, for example to encourage active travel, improve public transport, reduce greenhouse gas emission and enable effective climate change adaptation. Climate change mitigation and adaptation especially require coordinated effort from national, regional and local levels across different sectors in line with global targets. Strong national policies could guide local planning which could have a strong impact on the environment and population health.

Nonetheless, overspecification through regulations would reduce the capability of LAs to provide timely response to local needs through provision of infrastructure, affordable housing and local services. It would also overlook the diversities between and within local areas. Guidance should instead be provided to ensure an evidence-based approach in assessing the local situation and identifying infrastructure/ housing needs. A population health approach should be adopted to ensure that the additional infrastructure, affordable housing and local services provided would improve the health of the entire population without disadvantaging certain groups of population over another, thereby exacerbating health inequalities. The local community and professionals across public health, education, transport and planning should also be involved at an early stage in the development of Infrastructure Delivery Strategies to ensure that appropriate infrastructure, affordable housing and services can be identified in response to local needs.

Q6: Are there other non-infrastructure items not mentioned in this document that this element of the Levy funds could be spent on?

Yes. The infrastructure levy could fund several non-infrastructure items not mentioned in the document. However, it should be noted that the Levy is a one-off payment made in relation to a development. It should not be an excuse for the Government to reduce core LA funding. Services provided with one-off

payment are also usually short term and unsustainable with limited reach and effectiveness. This could create more work, taking a disproportionate amount of capacity while leaving large gaps at the end of the funding. Long term, sustainable funding should instead be provided from the Government to ensure ongoing delivery of services.

The following are our suggestions of what the levy could be spent on if it should be used on service provision:

- Community insights work to increase health literacy and to improve system wide large scale community resilience. This could have a longer-term impact and could aid public health work by laying the foundations for broader social movement approaches in public health campaigns, for example, around child vaccinations.
- Development of public health materials and resources.
- Training for the public and professionals on skills and tools like mental health first aid, and trauma-informed approaches.
- Community and voluntary sector projects that require a space in the neighbourhood.
- A study on the value of sustainable investment in large-scale preventative activity. This study could inform the economic and health policies of the next Government.

Apart from the suggestions listed above, the levy could also fund a public health role to ensure that the consideration of health is incorporated into all aspects of spatial planning function.

Currently, SEA and EIA include a legal requirement to consider the health impacts of new plans and development proposals. However, the proposed new EOR that will replace SEA and EIA omits consideration of population health. We urge the Government to ensure that the new EOR system provide an evidenced based, transparent, and consistent approach to address the positive and negative health impacts of a development.

There is increasing recognition that poor health has become a burden on the economy, an important reason why the UK has not 'bounced back' from the pandemic as quickly as other developed nations. Now is not the time to reduce the focus on supporting good health in any areas of public policy or law. With a new public health role that considers the health impacts of all plans and development proposals across all aspects of spatial planning function, the importance of population health and wellbeing could be reiterated effectively. The new public health role would also consider the impact of new plans and development proposals on health inequalities, thus preventing planning decisions from disadvantaging certain population groups over the others. Since the new public health role would have expertise on both public health and planning, it could also facilitate cross-sector and cross-departmental communication and collaboration. Under the current system there is very limited capacity within public health teams to engage with spatial planning as the Public Health Grant has suffered a 26% cut (in real terms on a per person basis) since 2015/16.²

Question 7: Do you have a favoured approach for setting the 'infrastructure in-kind' threshold? [high threshold/medium threshold/low threshold/local authority discretion/none of the above]. Please provide a free text response to explain your answer, using case study examples if possible.

LA discretion. Local areas vary in geographical size, population size, population density and local needs and resources. Setting a one-size-fit-all threshold across all LAs will limit the flexibility for LAs to effectively respond to local needs and circumstances. It would also overlook the diversities between and within local

areas. Therefore, it is important to enable LAs to set their own qualifying threshold, which they could set out in their Infrastructure Delivery Strategy. This could be supported with guidance to ensure an evidence-based approach in assessing local situation and identifying infrastructure/housing needs. The local community and professionals from different sectors across public health, education, transport, and planning should also be involved at an early stage in the development of Infrastructure Delivery Strategies to ensure that appropriate infrastructure, affordable housing and services can be identified in response to local needs.

Question 24: To what extent do you agree that the strategic spending plan included in the Infrastructure Delivery Strategy will provide transparency and certainty on how the Levy will be spent?

Agree to some extent. The strategic spending plan included in the Infrastructure Delivery Strategy will provide transparency and certainty on how the levy will be spent. It will also enable LAs to engage the local community, professionals and other bodies across public health, education, transport and planning on how the levy may be spent. This will ensure that local delivery of infrastructure and affordable housing are in line with population needs. However, since construction price and other associated costs could fluctuate with the market, this could create uncertainty for the strategic spending plan. The Infrastructure Delivery Strategy should thus be reviewed from time to time and there should be a buffer for unexpected changes.

Question 25: In the context of a streamlined LAs document, what information do you consider is required for a local authority to identify infrastructure needs?

Since the Infrastructure Levy could fund affordable housing as well as education, healthcare, emergency services and transport infrastructures according to population needs, an evidence-based approach is required to understand local needs and how those needs will change with new developments. This requires an estimation of projected population change as a result of the new development. An understanding of the present state of the local area is also needed, including the existing resources and infrastructure available as well as its population characteristics (eg diversity, health needs, extent of health inequalities). To understand how the new development would lead to new infrastructure needs, an analysis on the nature of the population flow is required (eg whether the new development would attract more population to stay in the local area, or whether it would simply attract more population to travel to work from neighbouring districts). It is also important to understand the impacts of the new development (eg environmental impacts, associated economic opportunities, health impacts), so that new infrastructure could be put in place as mitigation measures. This could be facilitated with data supported with effective data collection and sharing arrangements across sectors and departments at local, regional and national level. This could also be facilitated with related policies such as the proposed new EOR system. The new proposed EOR system will replace SEA and EIA and omits consideration of population health. We urge the Government to ensure that the new EOR system incorporate a legal requirement to consider the health impacts of new plans and development proposals. The new EOR system should provide an evidenced based, transparent, and consistent approach to address the positive and negative health impacts of a development.

It is important to learn from good practice from other areas or regions. The local community and professionals from different sectors across public health, education, transport, and planning should be involved at an early stage in the development of Infrastructure Delivery Strategies to ensure that

appropriate infrastructure, affordable housing and services can be identified in response to local needs.

Question 26: Do you agree that views of the local community should be integrated into the drafting of an Infrastructure Delivery Strategy?

Yes. Communities should be involved in the design and implementation of Infrastructure Delivery Strategy to reduce inequalities. There should be an inclusive approach to community engagement with strategies in place to engage disadvantaged groups. Community engagement improves health through its impact on the development and delivery of more appropriate and accessible interventions, as well as through its direct positive impact on social cohesion, development of social capital, individual self-esteem and self-efficacy for those who are engaged.³ A meta-analysis examining community engagement and its impact on health inequalities showed that public health interventions using community engagement strategies for disadvantaged groups are effective in terms of health behaviours, health consequences, feelings of control over health behaviour and perceived social support. In the UK, there are community/health champions – community members who volunteer to promote health and wellbeing or improve conditions in their local community.⁴ They are key connectors in communities and their work can help to address health inequalities, both in the context of short-term emergency response and longer-term health promotion and prevention.²⁵ The King's Fund [model to improve community health](#) accounts for four main areas: community development, commissioning, communities in care pathways and in service design. This model can be harnessed to promote a whole system approach and further community wealth building.

References

- ¹ Chief Medical Officer, Chief Medical Officer's Annual Report 2021 Health in Coastal Communities. 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005216/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf [Accessed February 2023].
- ² The Health Foundation, Public Health Grant. 2023. <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed> [Accessed May 2023].
- ³ O'Mara-Eves A, Brunton G, McDaid D, et al, Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Southampton (UK): *NIHR Journals Library Public Health Research, No. 1.4*. 2013. <https://www.ncbi.nlm.nih.gov/books/NBK262824/> [Accessed November 2022].
- ⁴ Office of Health Improvement and Disparities, Community champions programme: guidance and resources. 2022. <https://www.gov.uk/government/publications/community-champions-programme-guidance-and-resources/community-champions-programme-guidance-and-resources#fn:1> [Accessed November 2022].