

PLANNING IN HEALTH

An engagement protocol between local planning authorities, the Norfolk and Waveney Integrated Care Board, Health Partners and Public Health Norfolk and Public Health Suffolk

Revised May 2022

FOREWORD

This revision is based upon the previously published version from August 2019 and has come about in recognition of a need for greater collaboration between local planning authorities, health service organisations, and public health departments in local government to plan for future growth and to promote health. It reflects changes in national planning policy and the need for health service organisations to deliver on the commitments within the NHS Long Term Plan which sets out how money will be spent on the NHS between 2019 and 2029.

This revision recognises the emergence of the [Norfolk and Waveney Integrated Care System \(ICS\)](#), an umbrella body bringing together the organisations planning, buying, and providing publicly funded healthcare to the population of the area. On 1st April 2020 the five Clinical Commissioning Groups (CCGs) were merged into the Norfolk and Waveney CCG. Subsequently On 1st July 2022, the N&WCCG was superseded by the Norfolk and Waveney ICS which includes an Integrated Care Partnership (ICP), and an Integrated Care Board (ICB) called NHS Norfolk and Waveney ICB.

This revision recognises the latest publication of the revised [National Planning Policy Framework](#), which sets out government's planning policies for England and how these are expected to be applied.

This revision streamlines the processes and simplifies and shortens the protocol to make it easier to use and embed into the work of all partner agencies. Updated population healthcare needs assessments as well as population and demographic change estimates will be published separately to increase the longevity of this document and facilitate timely updates. These will support plans to deliver new healthcare infrastructure formulated by NHS colleagues.

Following the Covid-19 pandemic and the long-term aspirations of the NHS to increase service delivery, planning in the health sector will need to be reviewed, which will lead to changes over the coming years. Notwithstanding this, the Protocol remains an important tool to ensure appropriate and continued engagement between the Norfolk and East Suffolk Local Planning Authorities and the health service communities.

ACKNOWLEDGEMENTS

This protocol was jointly prepared by staff at Norwich City Council, Broadland Council, and Norfolk County Council. It also built heavily upon other work across the country including The London Healthy Urban Development Unit (HUDU) which gave permission for use of their 'Planning Contribution Model'.

Amendments in 2022 have been made in collaboration with Public Health at Norfolk County Council, County and District Council planners, the Norfolk & Waveney ICS, and N&W CCG.

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1. HOW TO USE THIS PROTOCOL

1.1. WHAT IS THE PURPOSE OF THIS PROTOCOL?

The Planning in Health Protocol (hereafter the Protocol) presents a process describing how relevant NHS organisations, Norfolk & Suffolk County Council Public Health and the Norfolk and East Suffolk Local Planning Authorities jointly consult to ensure that health considerations are adequately accounted for in plan making and in planning applications and their subsequent developments. In this context, the term “health considerations” includes planning for health service provision (e.g. the provision of enough doctors’ surgeries to meet population needs) as well as ensuring that health promotion is considered in the design and provision of developments (e.g. the provision of walking and cycling infrastructure, or maintenance of good air quality).

Updates to this version of the Protocol are the addition of a new Section 1 (How to use this protocol) as well as revisions to the text describing changes to the health and social care system within which the Protocol operates.

1.2. WHO SHOULD USE THIS PROTOCOL?

The Protocol should be used by the Norfolk and East Suffolk Local Planning Authorities (LPAs), the Norfolk and Waveney Integrated Care System (ICS) Estates Group, in charge of the buildings and other infrastructure used to deliver healthcare, (who will liaise with relevant health and social care partners), and the Norfolk and Suffolk County Councils’ Public Health teams. Parts of the Protocol, the ‘Health Planning Checklist’ at the end of the document, can also support the LPAs in any discussions they have with developers. **It is the responsibility of the planning officer in the LPA overseeing a development to invoke the protocol.**

1.3. IN WHAT CIRCUMSTANCES SHOULD THE PROTOCOL BE USE?

The Protocol should be used when consultation is required on the potential health considerations associated with a development. This will be for:

- A housing development of 50 dwellings or more
- A development of less than 50 dwellings but which is still deemed to potentially impact on health services significantly
- A development that includes care homes, housing for the elderly, or student accommodation
- A development that involves the significant loss of public open space
- Any other type of development that could have significant health implications

Defining what is deemed to have impact on health services or significant health implications is challenging. It could, for example, be related to likely impacts on vulnerable populations, or to do with uses for employment sites. In cases where the planning officers are unsure the protocol should be used.

Other developments, such as those related to transport, minerals, or waste, are not considered in this protocol as these are covered under existing structures, processes, and legislation.

1.4. AT WHAT POINT IN THE PLANNING PROCESS SHOULD THE PROTOCOL BE USED?

The Protocol should be used at all points in the planning process from pre-planning discussions (when the need for elements such as a [Health Impact Assessment](#), a methodology used to judge the potential health effects of a policy, programme or project on a population, can be considered), the outline process (when the initial likely health considerations associated with any development can be scoped in or out and design implications can be flexibly considered) to the full planning application (when health considerations can be assessed in detail and any final modifications recommended).

1.5. WHAT ARE THE ACTIONS THAT THE PROTOCOL DESCRIBES?

At the *pre-planning application stage*, the ICS Estates Group and Public Health partners will be provided with information on the likely application and given the opportunity to comment. As part of their feedback, they will provide a view within 21 days (subject to negotiated extension time), on the key areas of focus of any Health Impact Assessment that is required.

At the *outline planning application stage*, the ICS Estates Group and Public Health partners will provide general comment within 21 days (subject to negotiated extension time) on health considerations in outline proposals that meet the inclusion criteria to be covered by this Protocol.

At the *full planning application stage*, the ICS Estates Group and Public Health partners will provide comments if appropriate on full planning applications that meet the inclusion criteria to be covered by this Protocol. These comments will be provided within 21 days of the receipt of the request for comment, (subject to a negotiated extension time). Responses will be reported in the planning officer's report.

1.6. WHAT OTHER ACTIVITIES SHOULD TAKE PLACE?

In addition to the Protocol being initiated as required, the LPAs, ICS Estates Group and Public Health teams should be in regular contact. This will include:

- The sharing of the Annual Monitoring Report (AMR) produced by each LPA at the end of the calendar year with the parties engaged in the Protocol.
- An annual meeting between all parties covered by the Protocol to consider the data within the AMRs, assess how well the Protocol is working, and discuss any other strategic and upcoming issues.
- Attendance at other meetings on an ad-hoc as-needed basis. This might include an LPA Local Plan Meeting where a development with significant health considerations is being considered.

1.7. WHAT TOOLS AND INFORMATION ARE AVAILABLE TO SUPPORT THIS PROTOCOL?

This document contains a checklist tool as well as a detailed background information on the planning process and how the Protocol integrates with it.

- The “Healthy Planning Checklist” tool is provided in Appendix 1. It provides a practical tool to assist developers and their agents when preparing development proposals as well as LPAs in policy making and in the application process. It also provides a framework for public health teams when considering health and wellbeing impacts of development plans and planning applications.
- The “Detailed background Information” section of this document (Section 2 and beyond) provides a detailed description of the current planning and health systems and structures (as of July 2022) as well as providing more information on the operation of the Protocol and how it integrates with those systems and structures. Further, it details the relevant partners to this Protocol by name. It is recommended that those not familiar with the Protocol or local planning for health process read this section before engaging.

1.8. WHO ARE THE CONTACTS?

The local planning officer invoking and overseeing the implementation of the Protocol for a given development should use the following contact email addresses. Please make it clear that any contact is associated with the implementation of the Protocol.

NHS ICS Estates: nwccg.icsestates@nhs.net

NCC Public Health: phplanning@norfolk.gov.uk

SCC Public Health: phplanning@suffolk.gov.uk

2. DETAILED BACKGROUND

The importance of planning decisions on the health and wellbeing of the population has been recognised since the 19th century when reforms brought about by town planners and public health practitioners resulted in improved health and life expectancy. Many of the major disease and health issues affecting the population in Britain today are impacted by the environment in which people live, work and play ([Marmot, 2010](#)). Spatial planning can have a major positive impact on improving the environment in which people live or, if the health impacts of developments are not adequately considered, it can adversely impact people’s physical and mental health ([Ross and Chang, 2012](#)).

The [National Planning Policy Framework](#) (NPPF) requires local planning authorities to ensure that health and wellbeing and the health infrastructure are considered in Local and Neighbourhood Plans and in planning decision making. The revised NPPF 2021 reiterates the presumption in favour of sustainable development and now specifically includes economic, social, and environmental objectives. Government [guidance on promoting healthy and safe communities](#) also states that “the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities”

2.1. AIM OF THE PROTOCOL

To present a protocol containing a documented process outlining the input and linking of relevant NHS organisations and Public Health agencies with local planning authorities for planning for housing growth and the health infrastructure required to serve that growth. This attempts to both better understand and consider health service needs arising from development; and also make explicit the impact that the planning process, from plan making to determining applications, can have on:

- Health,
- Well-being and
- Long term health service demand.

The protocol will enable surgeries and other health service providers to plan for expanding communities in areas where new housing is to be built.

2.2. OBJECTIVES

Objectives for the protocol are:

- To establish a working relationship and set a protocol for engagement between Norfolk and East Suffolk¹ Local Planning Authorities (LPAs), and relevant health and social care partners within the ICS, Norfolk County Council (NCC) and Suffolk County Council (SCC) Public Health.
- To outline a standardised process for obtaining robust and consistent health and social care and public health information to inform plan making and planning decisions.
- To support appropriate health infrastructure, with technical input from appropriate public health, health, and social care information teams.
- To ensure that the principles of prevention, health and wellbeing are adequately considered in plan making and when evaluating and determining planning applications.
- To establish a collective response to planning consultations from relevant health and social care partners and commissioning organisations through the appropriate mechanism.
- To agree a defined threshold indicator for Planners to contact health and Public Health teams for input into planning applications and spatial plans.

¹ East Suffolk is covered by two Integrated Care Systems (ICS), the Norfolk and Waveney ICS and the Suffolk and North East Essex ICS. This protocol only applies to the part of East Suffolk within the area of the Norfolk and Waveney ICS (which is essentially the former Waveney District Council area)

2.3. ORGANISATIONS INVOLVED

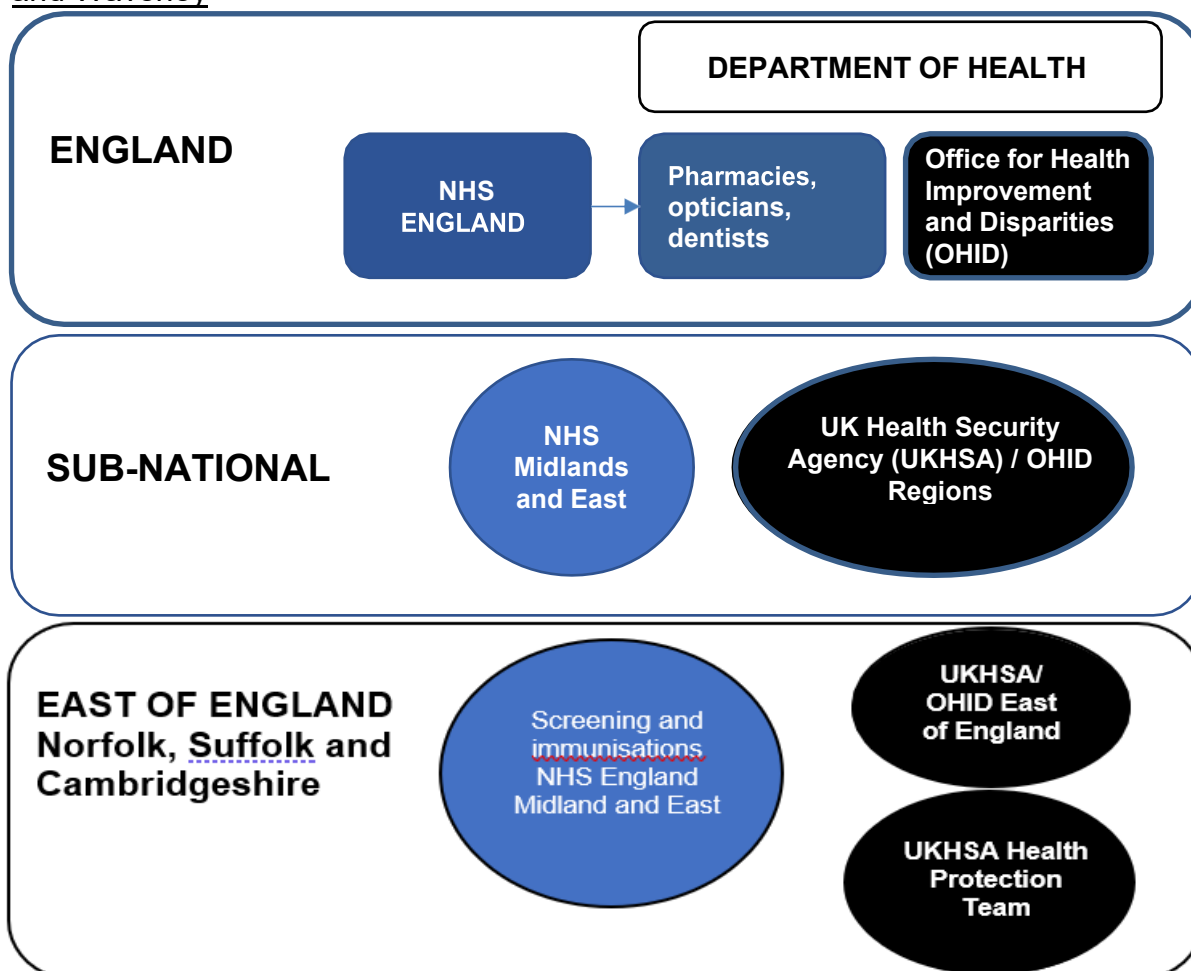
PUBLIC HEALTH FUNCTIONS IN ENGLAND

Following the Health and Social Care Act 2012, the NHS no longer has a public health function. Most of the public health workforce was transferred to Public Health England (PHE) at a national, regional, or sub-regional (in PHE Centre's) level and to local authorities at a local level, with a complementary set of roles and responsibilities. These have been further restructured in 2021 - [Public health system reforms: location of Public Health England functions from 1 October - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/public-health-system-reforms-location-of-public-health-england-functions-from-1-october) when PHE role and responsibility's were divided between the UK Health Security Agency and the Office for Health Improvement and Disparities.

The role of the newly formed ([UKHSA](https://www.gov.uk/government/organisations/uk-health-security-agency)) is to offer leadership and scientific and technical advice at all organisational levels. This involves working with local authorities and the NHS to reduce rates of infection and provide evidence to establish effective strategies and inform commissioning.

The reform of the PHE also established ([OHID](https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities)). As a focus on, for example, smoking cessation and obesity, it also has an aim to "act on the wider factors that contribute to people's health, such as work, housing and education". Like UKHSA this will have a regional as well as national perspective. Figure 1 shows a schematic of how the organisations are represented at national, regional, and local level

Figure 1: NHS and Public Health Structures from the National to Local level in Norfolk and Waveney



NHS England

Commissions a wide range of specialist NHS services, including prison health services, medical services for the armed forces, and primary care medical and dental services. This means that GP practice contracts are between NHS England and the local GP provider. There are two main types of funding associated with ownership of general practice premises:

- The practice is a tenant with a landlord (leased)
- The practice owns the premises (owner/ occupier)

NHS England also authorises the integrated Care System (ICS) and Integrated Care Boards (ICB) which operate at the local level.

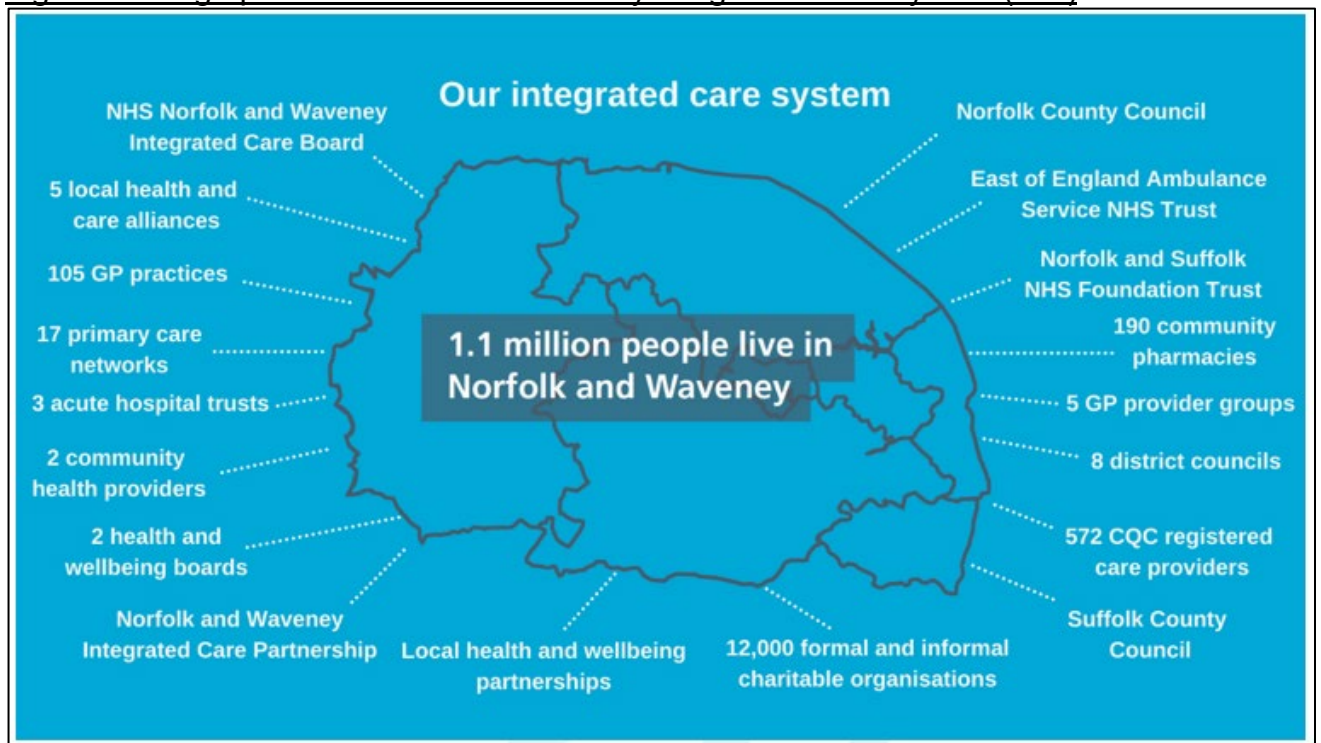
NHS Property Services

Following the Health and Social Care Act 2012, NHS Property Services was established as a private limited company owned by the Secretary of State for Health. NHS Property Services manages NHS property estates across England, with responsibility for 4,000 buildings, worth over £3 billion. The buildings are used to provide patient care such as GP surgeries and community hospitals. Norfolk is covered by NHS Property Services Midlands and East regional team.

NORFOLK AND WAVENEY INTEGRATED CARE SYSTEM (ICS)

The [Health and Care Act 2022](#) put ICSs on a statutory footing from July 2022, comprising of an Integrated Care Partnership and an Integrated Care Board. Figure 2 Illustrates how the various elements including, health care providers, NHS Trusts and Councils are brought together in Norfolk under the Norfolk and Waveney ICS

Figure 2: Infographic of Norfolk and Waveney Integrated Care System (ICS)



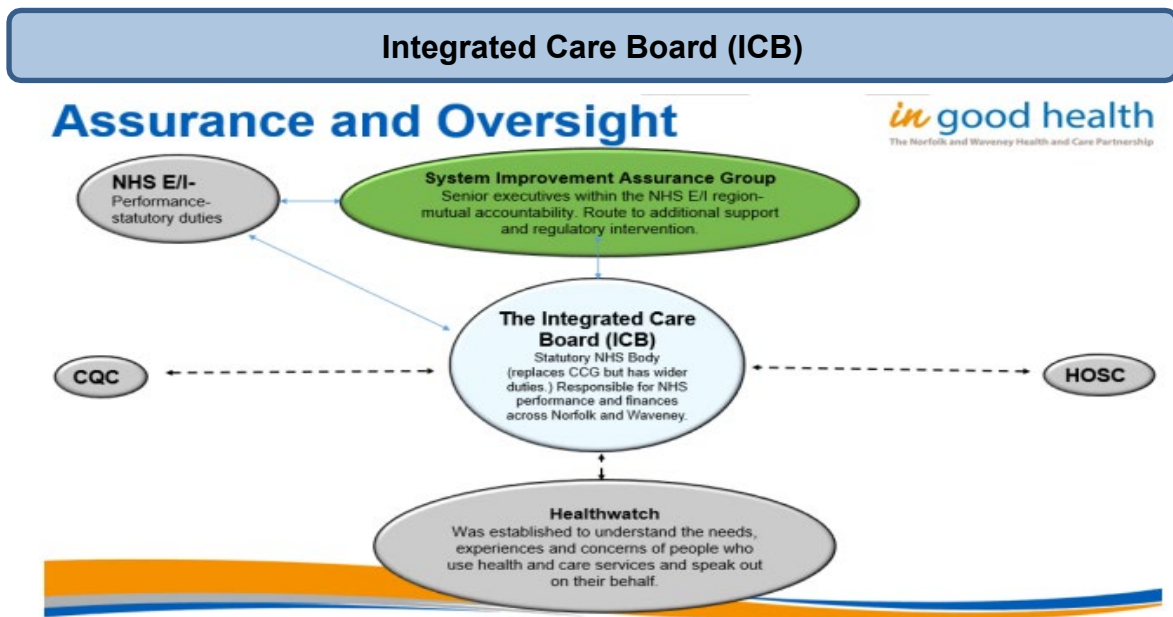
The Integrated Care Partnership (ICP)

Is an alliance of NHS providers that work together to deliver care by agreeing to collaborate rather than to compete. They include hospitals, community services, mental health services and GPs. The ICP will be responsible for bringing together a wider set of organisations, including County, Borough, City and District Councils, Norfolk Constabulary, and the Voluntary Sector, to agree an integrated care strategy for improving the health care, social care, and public health of the local population.

NHS Norfolk and Waveney Integrated Care Board (ICB)

Is the statutory legal entity which has replaced the CCG. The ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the ICS area. It will bring the local NHS together to improve population health and care. Figure 3 illustrates the role and responsibility of an Integrated Care Board.

Figure 3: role and responsibility of the Integrated Care Board



Place Boards and Primary Care Networks

In Norfolk and Waveney, five Place Boards will bring together colleagues from health and social care to integrate services with a focus on effective operational delivery and improving people’s care. GP services are brought together in Primary Care Networks. The distribution on Place Boards and Primary Care Networks is shown in Figure 4.

Figure 4: The 17 Primary Care Networks (PCNs), and 5 Places Boards



Local Authority Public Health, County Councils

In Norfolk and Suffolk, the Director of Public Health (DPH) and public health workforce is part of Norfolk and Suffolk County Councils respectively. The DPH is responsible for commissioning some mandatory and discretionary health services, for example sexual health, smoking cessation, drug and alcohol treatment, NHS Health Checks, and health improvement services.

Local Planning Authorities

Norfolk and Waveney is covered by a number of district, borough and city councils with local planning roles and responsibilities:

- Breckland District Council
- Broadland District Council
- Great Yarmouth Borough Council
- King's Lynn and West Norfolk Borough Council
- North Norfolk District Council
- Norwich City Council
- South Norfolk Council
- East Suffolk Council (covers the Waveney area of the Norfolk and Waveney ICS)

The Broads Authority, which is a statutory body established in 1989 with a duty to manage the Norfolk and Suffolk Broads, is also classified as a local planning authority. It is the sole planning authority in relation to land within the broads.

Norfolk County Council and Suffolk County Council (for the East Suffolk area) are responsible for determining planning applications related to mineral extraction, waste management facilities and developments by the County Councils, although planning applications associated with these matters fall outside the scope of this Protocol.

Health and Wellbeing Boards

[Health and Wellbeing Boards](#) are statutory bodies introduced in England under the Health and Social Care Act 2012 whose role is to promote integrated working among local providers of healthcare and social care. They bring together local authorities, the NHS, communities, and wider partners to share system leadership across the health and social care system. They have a duty to encourage integrated working between commissioners of services, and between the functions of local government (including planning). Each Health and Wellbeing Board is responsible for producing a Health and Well-being Strategy which is underpinned by a [Joint Strategic Needs Assessment](#), a document that provides local policy-makers and commissioners with a profile of the health and wellbeing needs of the local population. This will be a key strategy for a local planning authority to take into account to improve health and well-being.

OTHER HEALTH AND SOCIAL CARE PARTNERS:

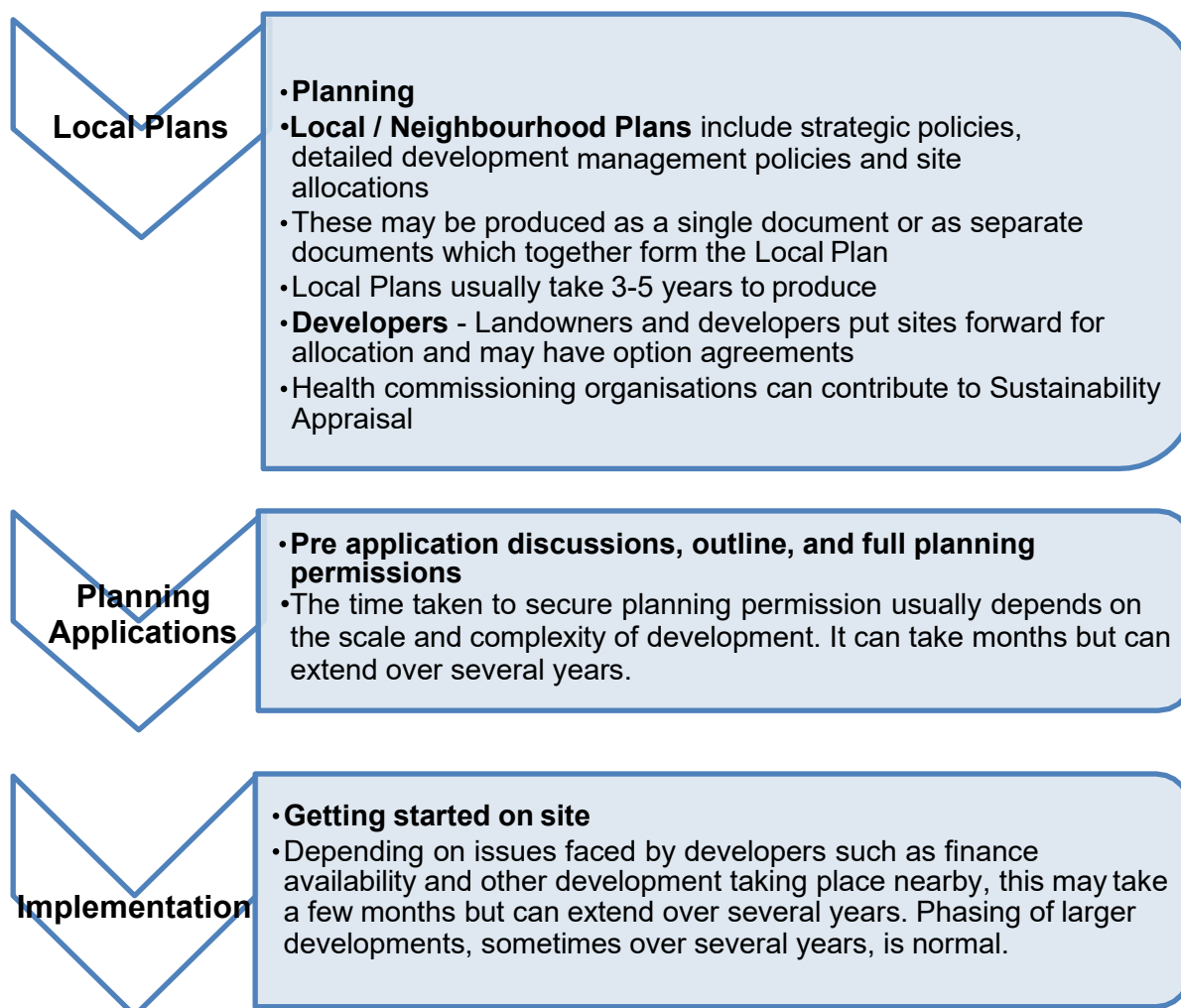
These include, but are not limited to:

- Acute Hospitals; Mental Health; Community Health; Social care; 111 and out of hours care; The Ambulance Trust and patient transport.

3. THE PLANNING PROCESS – KEY STAGES

There are three key stages in the town planning process (illustrated in figure 5 below): plan making, planning applications and implementation.

Figure 5: The key planning stages for building development



3.1. PLAN MAKING

The planning process is plan-led and local planning authorities produce Local Plans to set the planning strategy for their area, to be achieved through strategic policies and through site allocations and detailed development management policies. These may be supported by detailed non-strategic Neighbourhood Plans, with the latter combining with the Local Plan to form the development plan for the local authority area.

These policies are used to assess planning applications. Local Plans include housing targets. The allocation of sites establishes the principle that specific types and scales of development are appropriate in specific locations. This includes allocating sites for housing and mixed-use development to meet housing targets. It also provides healthcare planners and commissioners with the potential to take a long-term strategic approach to allocating sites to meet health infrastructure needs.

Local Plans may be produced as a single document or as a suite of documents. In general, a Local Plan will take three to five years to produce. Local Plans, and Neighbourhood Plans (usually prepared by Parish and/or Town Councils), must take account of guidance in the [National Planning Policy Framework](#) (NPPF). The NPPF sets out the wide-ranging ways in which planning should promote healthy and safe communities (Chapter 8) and requires Local Plans to have strategic policies which aim to achieve healthy, inclusive, and safe places (para.92)

Local Plans are subject to Sustainability Appraisal (SA) to assess the likely economic, social, and environmental effects of policies. Specific questions are generally included about the built and natural environment encouraging healthy lifestyles and providing necessary health service infrastructure. This is an opportunity to ensure LPAs are considering the relative merits of different sites and policies properly against public health related issues. The considerations that go into the Sustainability Appraisal are essential to what follows in the Local Plan and so early engagement in the Sustainability Appraisal process by Public Health and wider health commissioners can make the biggest difference to the resultant local plan.

Increasingly, assessment of the viability of development is important and local planning authorities must ensure that costs resulting from policy requirements would not make development unviable. Therefore, all local plans should contain policies to ensure health issues are considered in new development. Many more recent local plans set a requirement for health impact assessments (HIA) to be undertaken by developers of larger scale housing developments, defined according to [current guidance on HIA use](#) in the planning process. In addition, local planning authorities have a 'duty to cooperate' on plan making. This requires them to work with prescribed bodies including ICSs and NHS England, as well as other local authorities, to cooperate on strategic cross boundary matters such as health infrastructure.

3.2. PLANNING APPLICATIONS

Except for limited types of permitted development such as the conversion of offices to housing, planning permission is required for housing development. An application will generally be granted permission if it is in accordance with the local plan, unless there are material considerations that indicate otherwise. The revised 2021 NPPF also enables housing to be developed if there is no demonstrable supply of a five-year land supply for housing or previous three years delivery was 75% or less of the housing requirements of an area. Since there is a substantial cost to making a planning application, most promoters usually only apply if they are reasonably confident of getting consent. If an application is refused there is an appeals process via the Secretary of State, which can be costly for the promoter or developer.

- Pre application discussions: Early consultation and liaison on development proposals, although not always a formal requirement, is beneficial in enabling policy requirements to be clearly set out and in resolving potential problems or conflicts before a formal application is submitted. Following any discussions, developers submit either outline or full planning applications.

- Outline applications: An application for outline planning permission allows a decision to be made on the general principles of how a site can be developed. Outline planning permission is granted subject to conditions requiring the subsequent approval of one or more detailed 'reserved matters'. On large sites, it is common to secure an outline permission for the whole site and then to apply for full permissions for specific phases of development over time.
- Full applications: An application for full planning permission results in a decision on the detail of how a site or part of a site can be developed. The planning officer dealing with an application will often negotiate and suggest ways to improve the scheme; but the main part of the job is to make a recommendation to approve or refuse planning consent. An officer may have delegated responsibility to issue consent, but on large schemes that decision is usually taken by a council's Planning Committee. If planning permission is granted (which usually lasts for 3 years), subject to compliance with planning conditions, development can take place.

3.3. IMPLEMENTATION

The final stage is implementation of a planning permission. The timing of the implementation of schemes granted planning permission, and in some cases whether they are implemented at all, cannot be guaranteed. From the developer's perspective the planning system is only an element of the construction process. Issues may arise that delay implementation. These can be varied, and often relate to market conditions, site costs, access to finance and the availability of construction staff or materials.

4. PROCESS FOR HEALTH COMMISSIONERS ENGAGEMENT IN PLANNING

The process for health commissioners' engagement with the planning process is set out in detail below and is also summarized in Figure 6 at the end of this section.

4.1. PLAN MAKING

The extensive consultation that takes place on plan making provides the most significant opportunity for health partners including the ICS to use their expertise to ensure that Local and Neighbourhood Plans reflect national and local health priorities adequately.

During the preparation of their Local Plans the respective LPAs will need to consult all statutory and other agreed health² and social care consultees and at "Regulation 18 and 19" statutory consultation stages. Each of the groups of organisations will be responsible for responding on their own behalf in a manner which meets the deadlines for the planning process.

² There will be a single point of contact for NHS / health engagement via the ICS Estates' Group –see below

To meet NPPF requirements, it is important for relevant health planning and commissioning bodies to ensure that strategic Local Plan policies reflect their own strategic priorities and the available evidence base.

Evidence on likely long term overall growth needs and the consequent strategic health needs will be key. Public Health and local planning authorities in Norfolk and East Suffolk have made available provisional figures, based on demographic modelling, for likely annual and long-term population growth in each area. This evidence assists both Local Plan making authorities and the relevant healthcare commissioning body and ICS to assess future health facilities and workforce needs and to plan accordingly.

This evidence is intentionally “high level” to assist strategic planning. It is provided at the place level and is not intended to be site specific as it is the role of the relevant healthcare commissioning body and ICS to determine how best to address the health care needs resulting directly from specific new developments. However, updated data will in the future be publicly available online which will, along with an improved understanding of the implementation of new housing schemes, provide a valuable evidence base to assist healthcare planners and commissioners in planning for health needs in the medium and long term.

In addition to this, health partners will use comprehensive health planning tools which provide detailed information on health estate, travel times to services, clinical indicators such as prevalence, GP workforce data, and mapping future housing trajectories. It may also be possible for health care planners and commissioners to propose specific sites to be allocated for health infrastructure development to meet medium to long term needs.

4.2. PLANNING APPLICATIONS

While Norfolk County Council and Suffolk County Council Public Health are informed of planning applications for larger housing developments (typically 10 or more dwellings or of an area of 1 hectare or greater) as county councils are statutory consultees, other health planning and commissioning bodies are not listed nationally as statutory consultees on such applications. One of the aims of this document therefore is to raise awareness of the importance of local planning authorities in Norfolk and East Suffolk gaining input on housing developments not only from Public Health, but also from relevant health service planning and commissioning bodies. The ICS estate groups role as coordinator between local planning authorities, health partners and the ICS will assist both in ensuring that development is planned to enable healthy lifestyles and allow service delivery to be planned effectively. Guidance is offered [nationally](#) on some considerations on who to engage.

The ICS Estates’ Group³ will be able to offer a “one stop” approach for planners to engage with the wider health system and garner views on, for example, primary and acute provision, patient needs and direct consultation requests to the ICS. This will not of course preclude individual GP surgeries or other health partners responding on an individual basis.

³ This group has oversight of NHS buildings and other estate and will be able to access tools to map and plan for future growth with a specific health perspective. From 2018 it has agreement to act as a conduit for cross-county NHS service engagement

It is particularly important that Public Health and relevant healthcare planning and commissioning bodies, via the mechanism detailed in this protocol, are consulted on proposals for development aimed at groups in society with distinct health needs such as the elderly and students. The respective LPAs should therefore consult Public Health and health partners on planning applications submitted for housing developments of 50 dwellings or more and for all planning applications including care homes, housing for the elderly, student accommodation and any proposals which would lead to significant loss of public open space. This should include any relevant pre-application discussions.

For developments below 50 dwellings which may have an impact upon health services then the ICS Estates' Group should also be contacted for an initial view. Discussions and comments provided on all planning applications will make use of the criteria set out in the Health and Wellbeing Checklist (Appendix 1). Planning officers should make developers aware of this checklist and the benefits of taking account of it in working up housing proposals.

PRE-APPLICATION DISCUSSIONS

Since pre-application discussions are held for most of the larger scale proposals, Public Health and the ICS Estates' Group will be engaged with and comments sought on pre-application proposals in Norfolk for all housing developments of 50 dwellings or more⁴, for those including care homes, housing for the elderly, student accommodation and for proposals which would lead to significant loss of public open space. Public Health and health partners may adjust this threshold of 50 dwellings in the future in consultation with the local authority planners. However, during this review (2022) it was still felt to be a suitable threshold.

Active consideration of other developments related to, for example transport and minerals and waste, were considered to be included within the scope of the protocol. However, it was felt that there are existing structures, processes and legislation which cover these types of development.

Some LPAs within Norfolk and East Suffolk are introducing requirements for HIAs to be produced for larger developments and all partners are encouraged to consider broader use of HIAs or similar tools to understand broader health, wellbeing and prevention opportunities afforded by development and to minimise unforeseen circumstances. To this end colleagues have been approached by the Town and Country Planning Association (TCPA) with an offer to provide support to work with all signatories to the protocol about how it may best be supported to work across Norfolk and East Suffolk.

Pending revised tools and guidance the current Appendix 1 is to be retained to help support existing plan making and development requirements to build wider determinants of health into the planning process.

Engagement in pre-application discussions will, in many cases, be the most important stage of involvement in the planning application process as it enables Health and Social care partners and Public Health to influence the design principles of development at its earliest stage.

⁴ See the comment above about developments below 50 dwellings which may require an initial view from the ICS Estates' Group

OUTLINE PLANNING APPLICATIONS

Consultations on outline applications provide an excellent opportunity for health partners and Public Health to comment on emerging development proposals, influencing the eventual development form and identifying whether additional health facilities may be required to serve the community. Adding to the information gained through the Local Plan site allocation process, outline applications enable health and Public Health to gain further knowledge of the scale and likely timescale for delivery of housing. They also provide an additional opportunity for NHS consultees and public health to influence the form of a development before detailed proposals are submitted. Only a proportion of major housing applications, usually the larger scale and more complex proposals, will include an outline phase.

FULL PLANNING APPLICATIONS

Consultation on a full planning application is the final opportunity for health partners and Public Health to influence development proposals. As this is late in the planning process, there will be limited scope for change, highlighting the importance of consultation on outline planning applications. The relevant health authorities, and Public Health will, if deemed appropriate, provide a written response to a consultation from a planning officer within 21 days of the consultation subject to negotiated extension time. This period includes an opportunity for communication between health and social care partners, Public Health, United Kingdom Health Security Agency, NHS England Area Team and NHS Estates if required, and the ICS, on the initial results of modelled output. The criteria set out in the Health and Wellbeing checklist (see Appendix 1) will be used as the basis of detailed comments.

The written response from health and Public Health will be reported in the planning officer's report. Where health partners and Public Health have provided a written response to a planning application case officer, they should receive in writing notification of the planning decision including any relevant conditions attached to the planning decision. It is expected that the relevant local authority will maintain communications between the planning officer, Public Health and the respective ICS or any other relevant health service commissioning body, as its 'duty to cooperate' as created in the Localism Act 2011 and subsequent amendment(s).

4.3. IMPLEMENTATION

Where developer funding is considered appropriate towards health provision associated with new residential development and is in line with the [Community Infrastructure Regulations \(2010 as amended\)](#), this will normally be secured either through Planning Obligations; and/or Community Infrastructure Levy funds. Local Authorities will need to record any such funding arrangements in their annual Infrastructure Funding Statements (IFS).

Since the timing of the implementation of schemes granted planning permission cannot be guaranteed, it is very important that both Public Health and health commissioners have access to the best available information on delivery that the LPA can provide. In most cases, the main source of information will be the Annual Monitoring Report (AMR) produced by each local planning authority, usually at the end of the calendar year. The appropriate mechanism should be in place for each AMR to be shared by the LPA with the ICS. It is suggested that there be an annual meeting between partners to this protocol to consider the data within the AMR and review how well the protocol is working.

There are several existing meetings at different geographical levels which include planners, NHS colleagues and Public Health. The protocol will not prescribe the form and function of these but recommends a range of engagement processes to meet a wide range of information and consultation needs.

4.4. CONTACT DETAILS FOR PROTOCOL USE

NHS ICS Estates: nwccg.icsestates@nhs.net

Norfolk County Council Public Health: phplanning@norfolk.gov.uk

Suffolk County Council Public Health: phplanning@suffolk.gov.uk

Figure 6: Summary Table – The Involvement of Health and Norfolk Public Health in the Planning Process

<p>1. Plan making</p> <p>Extensive consultation over a significant period provides the opportunity for Health and Social Care partners and Public Health to ensure that Local Plans reflect national and local health strategies and priorities and address infrastructure needs;</p> <p>Health partners and Public Health to take account of Local Development Schemes and ensure evidence is available for consideration by plan makers.</p>	
<p>2. Planning applications</p> <p>Health and Social care partners and Public Health to be consulted on all planning applications for housing developments of 50 dwellings or more, and for care homes, housing for the elderly, student accommodation and loss of open space.</p> <p>LPAs will also consult on those sites less than 50 dwellings where there is likely to be cumulative impact (exceeding 50 dwellings) when considered with other contiguous application/s or applications close by.</p> <p>Health partners and Public Health comments to focus on ensuring development will enable healthy lifestyles and allow service delivery to be planned effectively.</p>	
Pre-application discussions	Health partners and Public Health will attend meetings as appropriate and provide comments on all pre-application proposals consulted on, when resources allow.
	Where HIAs are required discussions should include its scope and nature.
Outline planning applications	Health partners and Public Health will provide comments on all pre- application proposals they are consulted on; usually only large complex proposals are included in outline phase.
	Enables health partners and Public Health to enhance their intelligence on the scale and time frame for housing developments and to influence the form of development.
Full planning applications	Final opportunity for health partners and Public Health to influence development proposals.
	Through the appropriate mechanism, health partners and Public Health will provide a written response within 21 days of receipt of the request, in consultation with relevant commissioning health bodies, subject to negotiated extension time. Response will be reported in the planning officer's report.
<p>3. Implementation</p> <p>Health partners and Public Health provided with best available information on implementation from the LPAs through their published AMRs and attendance at bi- annual Local Plan meetings with the respective LPAs.</p>	
<p>4. Accountability</p> <p>Public Health will report to the Health and Wellbeing Board annually, on a 'need to know basis'.</p>	

5. CONCLUSIONS

It is widely acknowledged that the environment in which we are born, grow, live, work and play (Marmot, 2010) is a major determinant of our health and wellbeing. Housing quality, air pollution, road infrastructure, access to green space and walk- ability of our neighbourhoods, along with many other social and environmental factors, contribute directly to our health and wellbeing and can impact on our ability to live healthy lifestyles. The ability to access appropriate health services when we need them is also a key requirement for our health and wellbeing.

This is recognised by the National Planning Policy Framework which sets out wide ranging ways in which local planning authorities together with their public health and health service colleagues can contribute to maintaining the health promoting environment.

This paper outlines a documented process that will help to ensure that local planning authorities can work effectively with their Public Health and health service colleagues to ensure the recommendations within the National Planning Policy Framework are carried forward and that the principles of promoting health and wellbeing through the local planning system are implemented across Norfolk.

The collaboration between the Norfolk and Waveney ICS, Public Health, and local planning authorities in following this documented process provides an opportunity to share expertise between the sectors and to support the healthy growth across the communities of Norfolk and East Suffolk. Through the use of the health care requirements modelling tool it will also assist in the long-term strategic planning of health service infrastructure.



Appendix 1 A Healthy planning checklist for Norfolk and East Suffolk

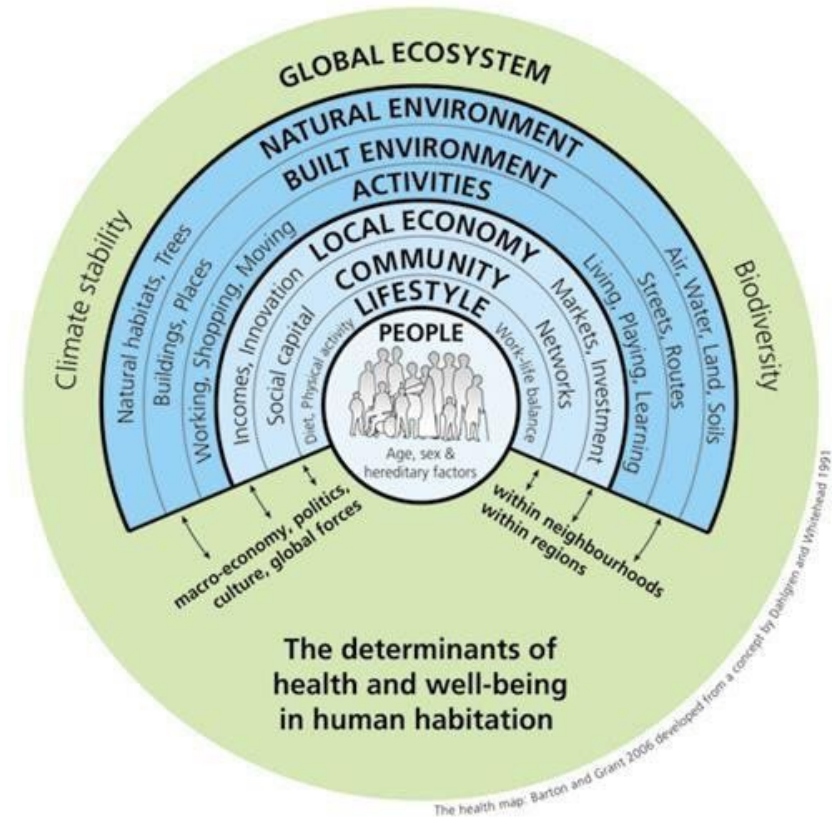


The links between planning and health are long established. The Health Map⁵ shows how lifestyle factors are nested within the wider social, economic, and environmental determinants of health which are, in turn influenced by the built and natural environments in which we live. We know that developments that are carefully planned for and managed may contribute positively to the health and well-being of a community. National Planning Policy Guidance requires local planning authorities to ensure that health and well-being, and health infrastructure are considered in local, and neighbourhood plans and in planning decision making.

The Healthy Planning Checklist for Norfolk has been developed to facilitate joint working to improve health. It is based upon the London Healthy Urban Development Unit (HUDU) Rapid Health Impact Assessment Toolkit⁶ and the Royal Town Planning Institute (RTPI) Principles for Healthy Communities⁷. The Checklist is intended to provide a practical tool to assist developers and their agents when preparing development proposals and local planning authorities in policy making and in the application process. It also provides a framework for Norfolk County Council Public Health when considering health and wellbeing impacts of development plans and planning applications.

The checklist is structured around six healthy planning themes:

- Partnership and inclusion
- Healthy environment
- Vibrant neighbourhoods
- Active lifestyles
- Healthy housing and
- Economic activity



⁵ Barton H and Grant M (2006) **A health map for the local human habitat** The Journal of the Royal Society for the Promotion of Health November 2006 126: 252-253,

⁶ London Healthy Urban Development Unit (2013) Rapid Health Impact Assessment Tool www.healthyurbandevelopment.nhs.uk

⁷ RTPI Principles for Healthy Communities in RTPI (2009) Good practice note 5: Delivering healthy communities.

USING THE CHECKLIST.

The checklist is designed to highlight issues and facilitate discussion and can be used flexibly, reflecting the size and significance of the development. It is best used prospectively, before a plan or proposal is submitted, but can also be used concurrently and retrospectively. Used prospectively it can help assess plans and proposals and inform the design and layout of a development and influence those factors that can impact on the health and wellbeing of residents and the wider communities of Norfolk.

Consideration should be given to each of the six healthy planning themes. It is acknowledged that there will be crossover with other assessments, including environmental impact and transport assessment, and an integrated approach is encouraged.

HEALTHY PLANNING CHECKLIST				
	Criteria to consider	Comments and recommendations	Policy requirements, standards, and evidence	Why is it important?
THEME 1	PARTNERSHIP AND INCLUSION			
Engagement	<p>Health and planning are integrated at an early stage of plan making and proposal preparation.</p> <p>Communities, including vulnerable and hard to reach groups have been engaged in the development of plans and policies.</p>		<p>Planning Policy Guidance, who are the main health organisations a local authority should contact and why?</p> <p>National Planning Policy Framework Chapter 8. National Planning Policy Framework - GOV.UK (www.gov.uk)</p> <p>Healthy and safe communities - GOV.UK (www.gov.uk)</p> <p>National Design Guide – Chapter U3 (social inclusivity)</p>	<p>Community engagement before and during construction can help alleviate fears and concerns.</p> <p>Creating a sense of community is important to individual's health and wellbeing and can reduce feelings of isolation and fear of crime.</p> <p>Planning can support communities and improve quality of life for individuals by creating environments with opportunities for social networks and friendships to develop.</p>
Integration	<p>The design creates environments where people can meet and interact and connects the proposal with neighbouring communities.</p>			

THEME 2		HEALTHY ENVIRONMENT		
Construction	The plan or proposal minimises construction impacts such as dust, noise, vibration, and odours.		National Planning Policy Framework Chapter 15 and e.g. paragraph 174(e) National Planning Policy Framework - GOV.UK (www.gov.uk)	Construction activity can cause disturbance and stress which can have an adverse effect on physical and mental health. Mechanisms should be put in place to control hours of construction, vehicle movements and pollution.
Air quality	The plan or proposal minimises air pollution.		National Design Guide – Chapters R1, R2, R3 (Resources)	The long-term impact of poor air quality has been linked to life-shortening lung and heart conditions, cancer, and diabetes.
Noise	The plan or proposal minimises the impact of noise caused by traffic and commercial uses through attenuation, insulation, site layout and landscaping.			Reducing noise pollution helps improve the quality of urban life.
Sustainable energy and materials	The plan or proposal maximises opportunities for renewable energy sources and promotes the use of sustainable materials.			Access to nature and biodiversity can have a positive impact on mental health and wellbeing.
Biodiversity	The plan or proposal contributes to nature conservation and biodiversity.			New development can improve existing, or create new, habitats or use design solutions (green roofs, living walls) to enhance biodiversity.

Local food growing	The plan or proposal provides opportunities for food growing, for example by providing allotments, private and community gardens.			Providing space for local food growing helps promote more active lifestyles, better diets, and social benefits.
Flood risk	The plan or proposal reduces surface water flood risk through sustainable urban drainage techniques, including storing rainwater, use of permeable surfaces and green roofs.			Flooding can result in risks to physical and mental health. The stress of being flooded and cleaning up can have a significant impact on mental health and wellbeing.
Overheating	The design of buildings and spaces avoids internal and external overheating, through use of passive cooling techniques and urban greening.			<p>Climate change with higher average summer temperatures is likely to intensify the urban heat island effect and result in discomfort and excess summer deaths amongst vulnerable people.</p> <p>Urban greening - tree planting, green roofs and walls and soft landscaping can help prevent summer overheating.</p>

THEME 3		VIBRANT NEIGHBOURHOODS		
Social infrastructure	The plan or proposal contributes new social infrastructure provision that is accessible, affordable, and timely.		<p>Planning Policy Guidance. How should health and well-being and health infrastructure be considered in planning decision making?</p> <p>National Planning Policy Framework paragraph 20,92c, 93 National Planning Policy Framework - GOV.UK (www.gov.uk)</p> <p>Healthy and safe communities - GOV.UK (www.gov.uk)</p>	<p>Future social infrastructure requirements are set out in the local authority infrastructure plans and developments may be expected to contribute towards additional services and facilities.</p>
	The plan or proposal promotes access to a range of community facilities and public services (such as health, education, and cultural infrastructure) that are well designed and easily accessible.		<p>National Planning Policy Framework - GOV.UK (www.gov.uk)</p> <p>Healthy and safe communities - GOV.UK (www.gov.uk)</p>	<p>Good access to local services is a key element of a lifetime neighbourhood and additional services will be required to support new development.</p>
Access to fresh food	The plan or proposal provides opportunities for local food shops and avoids an over concentration or clustering of hot food takeaways.		<p>Planning Policy Guidance, what is a healthy community? How can planning create a healthier food environment?</p> <p>Healthy and safe communities - GOV.UK (www.gov.uk)</p> <p>National Design Guide Chapter U1 (mix of uses)</p>	<p>A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centre's and undermine good dietary behaviour</p>

THEME 4	ACTIVE LIFESTYLES			
Access	<p>The plan or proposal protects and enhances existing and/or provides suitable new accessible green and open space, play and sports spaces, woodlands, and allotments (or provides alternative facilities in the vicinity). It sets out how these new spaces will be managed and maintained for the lifetime of the development.</p>		<p>National Planning Policy Framework Chapter 8 Promoting healthy and safe communities National Planning Policy Framework - GOV.UK (www.gov.uk)</p> <p>National Planning Policy Framework Chapter 9 Promoting sustainable transport National Planning Policy Framework - GOV.UK (www.gov.uk)</p> <p>Safe, sustainable development aims and guidance notes for local Highway Authority requirements in Development Management, Norfolk County Council. Highway Guidance for Development</p>	<p>Access to open space and community facilities has a positive impact on health and wellbeing. Living close to areas of green space, parks, woodland, and other open space can improve physical and mental health regardless of social background.</p>

<p>Travel and transport</p>	<p>The plan or proposal has a travel plan that includes adequate and appropriate cycle parking and storage and traffic management and calming measures.</p> <p>The layout is highly permeable and includes safe, well-lit, and networked pedestrian and cycle routes and crossings.</p> <p>The plan or proposal minimises travel to ensure people can access facilities they need by walking cycling and public transport.</p> <p>The plan or proposal keeps commercial vehicles away from areas where their presence would result in danger or unacceptable disruption to the highway or cause irreparable damage.</p>		<p>National Design Guide Chapters M1, M2 & M3 (movement)</p>	<p>A travel plan can promote sustainable transport and address the environmental and health impacts of a development.</p> <p>Cycle parking and storage in residential dwellings can encourage cycle participation. Traffic management and calming measures and safe crossings can reduce road accidents involving cyclists and pedestrians and increase active travel.</p> <p>Developments should prioritise the access needs of cyclists and pedestrians.</p> <p>Developments should be accessible by public transport.</p>
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THEME 5	HEALTHY HOUSING			
<p>Accessibl ehousing</p>	<p>The plan or proposal meets all the requirements contained in National Housing standards for daylighting, sound insulation, and private space.</p> <p>The plan or proposal provides accessible homes for older or disabled people.</p>		<p>National Planning Policy Framework Chapter 12 Achieving well-designed places National Planning Policy Framework - GOV.UK (www.gov.uk)</p> <p>National Design Guide Chapters H1, H2, H3, L2, & U2</p>	<p>Good daylighting can improve the quality of life and reduce the need for energy to light the home.</p> <p>Improved sound insulation can reduce noise disturbance and complaints from neighbours. The provision of an inclusive outdoor space which is at least partially private can improve the quality of life.</p> <p>Accessible and easily adaptable homes can meet the changing needs of current and future occupants.</p>
<p>Healthy living</p>	<p>The plan or proposal provides dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces.</p> <p>Practical use for garden space is provided and where garden space is impractical effectively managed communal garden space will be provided.</p> <p>The plan or proposal encourages the use of stairs by ensuring that they are well located, attractive and welcoming.</p>			<p>Sufficient space is needed to allow for the preparation and consumption of food away from the living room to avoid the 'TV dinner' effect.</p> <p>Rather than having lifts at the front and staircases at the back of buildings hidden from view, it is preferable to have them located at the front to encourage people including those that can use them.</p>

Housing mix and affordability	Neighbourhoods are designed with a mix of housing types and tenures and provide accommodation, which is adaptable to cater for changing needs, including the ageing population.			The provision of affordable housing can create mixed and socially inclusive communities. The provision of affordable family sized homes can have a positive impact on the physical and mental health of those living in overcrowded, unsuitable, or temporary accommodation.
	Affordable housing is integrated in the whole site and will avoid segregation.			Both affordable and private housing should be designed to a high standard ('tenure blind').

THEME 6	ECONOMIC ACTIVITY			
Local employment and healthy workspaces	<p>A range of employment opportunities are available within the neighbourhood or is accessible by sustainable travel means.</p> <p>The plan or proposal includes commercial uses and provides opportunities for local employment and training, including temporary construction and permanent 'end-use' jobs.</p>		<p>National Planning Policy Framework Chapter 6 Building a strong, competitive economy</p> <p>National Planning Policy Framework - GOV.UK (www.gov.uk)</p>	<p>Unemployment generally leads to poverty, illness, and a reduction in personal and social esteem. Employment can aid recovery from physical and mental illnesses.</p> <p>Creating healthier workplaces can reduce ill health and employee sickness absence.</p>