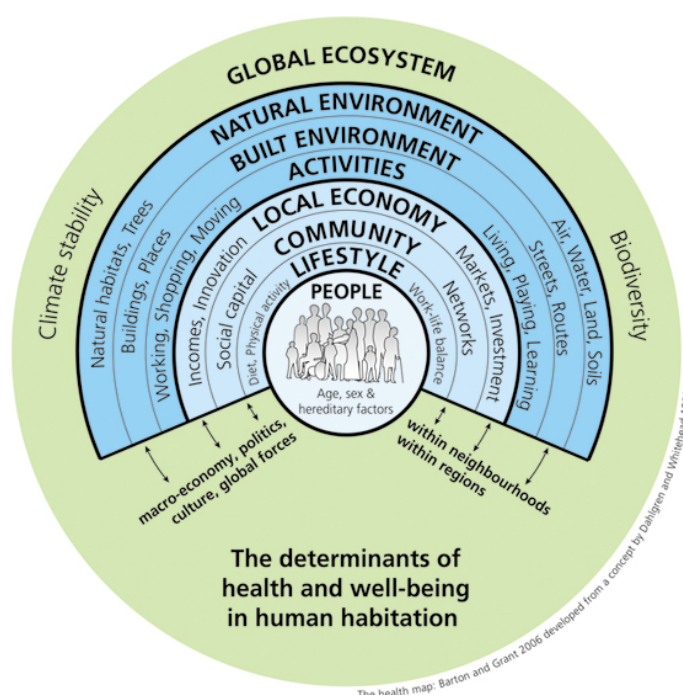


**Planning in Health: An Engagement Protocol Between Local Planning Authorities, Public Health and Health Sector Organisations in Norfolk**  
Report by Planning Policy Officer

<b>Summary:</b>	This report introduces the Planning in Health: An Engagement Protocol Between Local Planning Authorities, Public Health and Health Sector Organisations in Norfolk.
<b>Recommendation:</b>	Members are requested to approve the protocol.

## 1 Introduction

- 1.1 The link between planning and health has been long established, and the built and natural environments are major determinants of health and wellbeing. The Health Map (below) shows how individual determinants, including a person's age, sex and hereditary factors, are nested within wider determinants such as lifestyle choices, social and community influences, living and working conditions and general socio-economic, cultural and environmental conditions.



- 1.2 The Government is clear about the role of health and wellbeing in planning, stating that '*local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making*' (NPPG).

## 2 About the Planning in Health document

- 2.1 Work and discussion on the *Planning in Health: An Engagement Protocol Between Local Planning Authorities, Public Health and Health Sector Organisations in Norfolk* has been ongoing since 2015. Throughout this period support has come from several quarters, including each of the Norfolk Clinical Commissioning Groups (CCGs)<sup>1</sup>.
- 2.2 The Planning in Health Protocol seeks to explain the relationship of land-use planning to public health, giving an overview of the planning system to health professionals and an overview of health service commissioning structures to land-use planners. There are mutual commitments to discuss development-related pressures on healthcare services and opportunities for high-quality place-making to enable people to make healthier lifestyle choices. The Protocol also includes NHS England giving the opportunity for monitoring how population change from housing development could have an impact on all aspects of acute and primary care services across Norfolk.
- 2.3 The Protocol seeks for health professionals and town planners to work together to secure land or funding for new healthcare facilities required as a result of new development. To assist with such negotiations, appended to the Protocol is population modelling data to give an indication of future healthcare requirements for Norfolk. Based on each CCG area, projections are given on future demand for acute hospital beds, intermediate care beds, and the numbers of General Practitioners required. The population increases are modelled on low, medium and high scenarios for house-building rates, reflecting the uncertainty as to how economic conditions might affect the house-building industry in coming years. The second appendix to the Protocol is a Health Planning Checklist that consists of six place-making themes. Use of the Checklist is not mandatory; it is simply made available to all practitioners as a convenient method to appraise development schemes in advance of, or at the point of, making a planning application.
- 2.4 In agreeing the Protocol it is hoped that the local planning authorities will undertake their commitments as part of agreeing the Norfolk Strategic Framework (NSF). From a health services perspective, it is hoped that each Norfolk CCG will agree to the protocol via its Governing Body, and NHS England will give senior officer support to the Norfolk Protocol.
- 2.5 The main commitments in the Protocol are as follows. The table also shows how the Authority will/does address these.

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<sup>1</sup> Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. The Authority is within four CCGs: <http://voluntarynorfolk.brix.fatbeehive.com/ccg>

Main commitment	Broads Authority Actions
For planning authorities to meet at least twice a year with the CCG colleagues to discuss and agree ways in which town planning and healthcare challenges can be met.	The Authority lies within numerous CCGs. CCGs will be contacted about the best way to undertake this part of the protocol, especially considering the numbers planned for in the Broads Local Plan are very small relative to other Local Planning Authorities (although the cumulative impact is noted).
For planning authorities to add CCG colleagues to the list of organisations consulted on major planning applications of 50 dwellings or more, and for care homes, housing for the elderly, student accommodation and loss of open space.	The Development Management Team are aware of this commitment to consult the CCGs.
With colleagues from Public Health Norfolk, to model how house-building projections could affect population change and the consequent demand on healthcare services.	This is likely to be completed at a Norfolk level on review of the Planning in Health document.
To use the Healthy Planning Checklist, as deemed appropriate, to assess the quality of forthcoming development schemes.	Relying on this to be completed on a voluntary basis may mean this approach is not effective. Further, large scale schemes are rare in the Broads. Following discussions with Public Health on these issues, the policy approach in the draft Local Plan (see below) has been agreed with Public Health Norfolk. That being said, the checklist may be used for larger schemes following discussions with the applicant.

### 3 Health and the Local Plan

3.1 The Draft Local Plan has a policy relating to health, copied below. This has been produced with the support of Public Health Norfolk.

#### **Policy PUBDM44: Designing places for healthy lives**

Development proposals that support healthy choices, healthy behaviours and reduce health inequalities will be supported. All new housing, commercial and recreational development are required to explain how their development facilitates enhanced health and wellbeing through the provision of conditions supportive of good physical and mental health.

## **4 Summary and recommendation**

- 4.1 The links between planning and health have been known for a long time. This Protocol provides important background information relating to the needs of the population resulting from development in Norfolk as well as processes to follow to ensure that health continues to be an important consideration when planning and delivering development in Norfolk.
- 4.2 Members are requested to approve the study and protocol and note the actions taken by the Authority in relation to the main commitments arising from the Protocol.

## **5 Financial Implications**

- 5.1 There are no financial implications arising directly from the Protocol. Commitments in the Protocol for regular contact between planning authorities and health sector organisations are intended to be manageable within existing staffing resources. Likewise, work commitments in the Protocol are written with the need for efficiency in mind.

Background papers: None

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Appendices: [Appendix A: Planning in Health: An Engagement Protocol Between Local Planning Authorities, Public Health and Health Sector Organisations in Norfolk](#)