

PLANNING IN HEALTH

An engagement protocol between local planning authorities, the Norfolk and Waveney Sustainability and Transformation Partnership, Clinical Commissioning Groups, Health Partners and Public Health Norfolk and Public Health Suffolk

Revised August 2019

FOREWORD

This revision is based upon the previously [published version](#) from March 2017 and has come about in recognition of a need for greater collaboration between local planning authorities, health service organisations and public health agencies 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 5 year forward view¹. This revision recognises both the emergence of the [Sustainability and Transformation Partnership](#), moves toward integrated care systems and the publication on 24th July 2018 of the revised [National Planning Policy Framework](#)

This revision streamlines the processes and simplifies and shortens the protocol. This is designed to make it easier to use day to day and embed into the work of all partner agencies. Updated needs and population assessments will be published separately to increase the longevity of this document and make timely updates easier to access.

This revision also includes updates to include East Suffolk Council who is responsible for the Waveney part of the Great Yarmouth and Waveney CCG and the Norfolk and Waveney STP.

ACKNOWLEDGEMENTS

This protocol was first 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) for permission to use of their 'Planning Contribution Model'.

Amendments in 2018 have been made in collaboration with Public Health at Norfolk County Council, County and District Council planners and CCG and NHS partners. Amendments in 2019 have been made in collaboration with East Suffolk Council and Suffolk County Council.

¹ NHS Five Year Forward View. (2014) <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

CONTENTS

1	Introduction	5
1.1	Background	5
1.2	Aim	5
1.3	Objectives	5
1.4	Organisations Involved.....	6
2	The Planning Process – Key stages	11
2.1	Plan making	11
2.2	Planning applications	12
2.3	Implementation.....	13
3	Process for Health Commissioners’ Engagement in Planning	15
3.1	Plan making	15
3.2	Planning applications	16
3.3	Implementation.....	18
4	Accountability.....	20
5	Conclusion	20

[Appendix 1 - A Healthy planning checklist for Norfolk and East Suffolk](#)

[Appendix 2 - Key NHS and Public health contact details for Planning Applications.](#)

1 INTRODUCTION

1.1 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 upon 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, adversely impact on 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 2018 reiterates the presumption in favour of sustainable development. Previous [guidance](#) also states that “the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities”

This protocol will not in itself resolve workforce shortages within the NHS or other services. It may however enable surgeries and other services to expand their physical capacity, thereby making recruitment and retention easier in the longer run.

1.2 AIM

To formulate an engagement 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.

1.3 OBJECTIVES

Objectives for the engagement protocol are:

- To establish a working relationship and set a protocol for engagement between Norfolk and East Suffolk² Local Planning Authorities (LPAs), and relevant health and social care partners, commissioning bodies who cover Norfolk and Waveney and Norfolk County Council (NCC) and Suffolk County Council (SCC) Public Health.

² East Suffolk is covered by two Clinical Commissioning Groups (CCG), the Great Yarmouth and Waveney CCG and the Ipswich and East Suffolk CCG. East Suffolk is also covered by two Sustainability Transformation Groups (STP), the Norfolk and Waveney STP and the Suffolk and North East Essex STP. This protocol only applies to the part of East Suffolk within the area of the Great Yarmouth and Waveney CCG and the Norfolk and Waveney STP (which is essentially the former Waveney District Council area).

- To outline a 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 teams³
- To ensure that the principles of 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 NCC and SCC Public Health for input into planning applications and spatial plans.

1.4 ORGANISATIONS INVOLVED

Prior to the implementation of the Health and Social Care Act (2012) planning and purchasing healthcare services for local populations had been performed by the Primary Care Trusts was largely vested in clinical commissioning groups (CCGs), led by clinicians. These functions are now split between:

- (a) CCGs who control the majority of the NHS budget, though some highly specialist services; and
- (b) NHS England who commission primary care.

The Act also provided the legislation to create Public Health England (PHE), an executive agency of the Department of Health. PHE's role is advisory, and its aim is to protect and improve the nation's health and to address health inequalities. The Act further established local public health departments, which had formally been part of the NHS primary care trusts, within upper tier and unitary local authorities.

NHS CLINICAL COMMISSIONING GROUPS:

In the Norfolk and Waveney health area there are five local CCGs, each responsible for commissioning the majority of health services for the population in Norfolk and Waveney, including hospital treatment and community health care. The CCGs in Norfolk are:

- Great Yarmouth & Waveney CCG
- North Norfolk CCG

³ Up to date market information on adult social care can be found here:

<https://www.norfolk.gov.uk/business/supplying-norfolk-county-council/norfolk-care-market/information-resources-and-engagement/tools-to-help-you/market-intelligence-tool>

- Norwich CCG
- South Norfolk CCG
- West Norfolk CCG

Map 1: Local Government and Health Service Infrastructure in Norfolk (including Waveney)



NORFOLK AND WAVENEY SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)

The Norfolk and Waveney STP involves partnership working across all health and care sectors, including primary care, community care, acute hospitals, mental health, social care, district councils and the voluntary and community sector. The STP was established in 2016 and provides an integrated system of leadership, governance and service transformation. The STP's vision is 'to support people to live as full a life as possible with the maximum time at home'. To achieve this the STP currently has five strategic workstreams;

- Primary and community care
- Mental health
- Acute transformation
- Cancer
- Urgent and emergency care

The STP is required to produce an estates strategy reflecting the needs of the whole health economy, including both providers and commissioners. The strategy focuses on enabling new models of care, the rationalisation of estate, maximising the use of facilities, delivering value for money and enhancing patient experience.

NHS ENGLAND

NHS England authorises the clinical commissioning groups and 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 all GP practice contracts are between NHS England and the local GP provider. Since April 2017, the Norfolk and Waveney CCG's have delegated responsibility for the delivery of primary care medical services.

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 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.

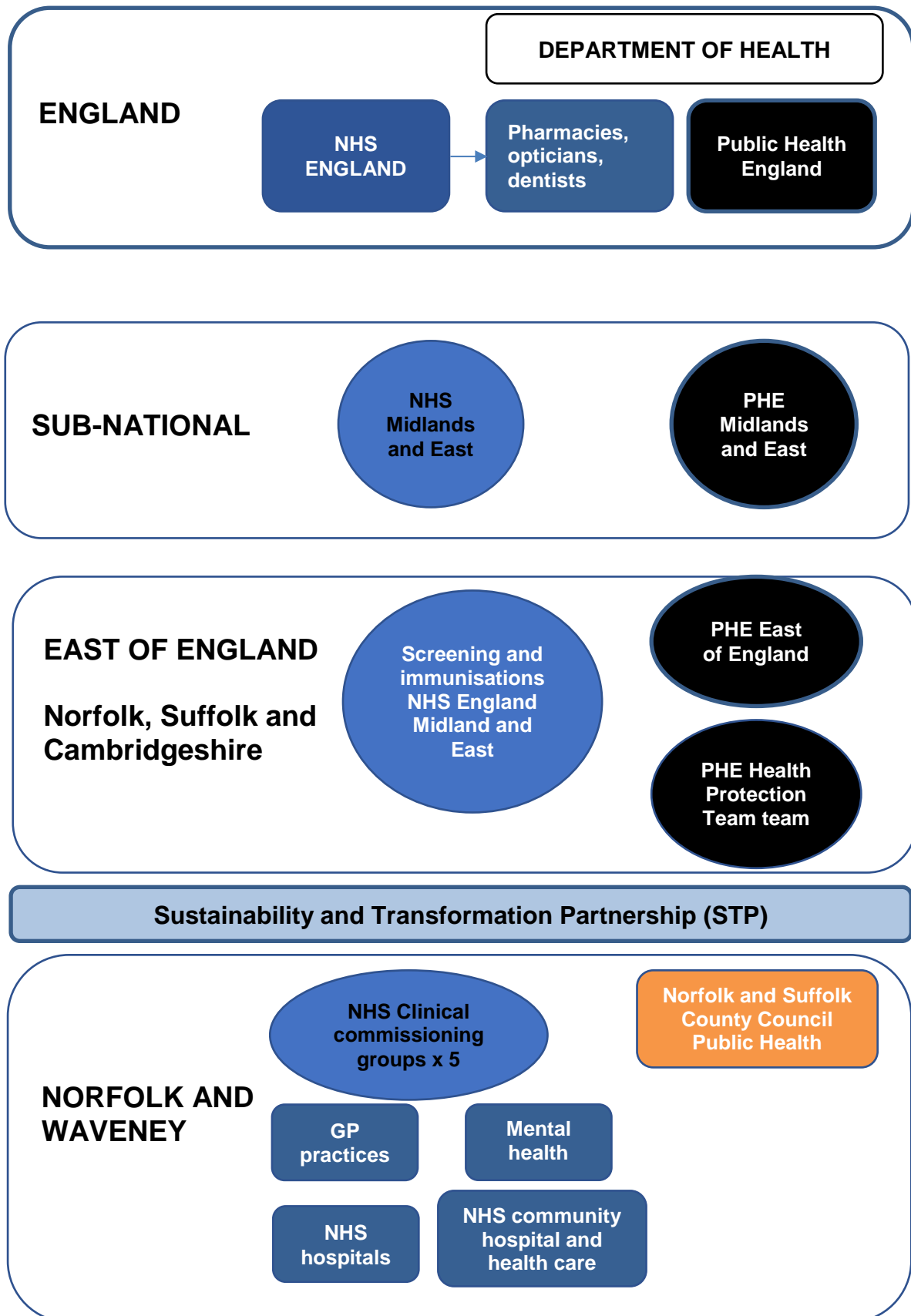
LOCAL AUTHORITY PUBLIC HEALTH, NORFOLK COUNTY COUNCIL:

Following the Health and Social Care Act 2012, the NHS no longer has a public health function. The majority of the public health workforce was transferred to Public Health England (PHE) at a national, regional or sub-regional (in PHE Centres) level, and to local authorities at a local level, with a complementary set of roles and responsibilities. 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.

PUBLIC HEALTH ENGLAND, EAST OF ENGLAND

The role of PHE 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 regional centre for PHE includes the Anglia area, with Norfolk, Suffolk and Cambridgeshire.

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



LOCAL PLANNING AUTHORITIES

The Norfolk and Waveney **health area** 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 Great Yarmouth and Waveney CCG)

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 district 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

HEALTH AND WELLBEING BOARDS:

Health and Wellbeing Boards bring together local authorities, the NHS, communities and wider partners to share system leadership across the health and social care system; and 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. 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
- Social care
- 111 and out of hours care
- The Ambulance Trust and patient transport

There are three key stages in the town planning process (illustrated in figure 2 below): plan making; planning applications and implementation.

2.1 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 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 require Local Plans to have strategic policies for (para.20):

- a) housing (including affordable housing), employment, retail, leisure and other commercial development;
- b) infrastructure for transport, telecommunications, security, waste management, water supply, wastewater, flood risk and coastal change management, and the provision of minerals and energy (including heat);
- c) community facilities (such as health, education and cultural infrastructure); and
- d) conservation and enhancement of the natural, built and historic environment, including landscapes and green infrastructure, and planning measures to address climate change mitigation and adaptation.

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 Councils 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 to be undertaken by developers of larger scale housing developments. In addition, local planning authorities have a 'duty to cooperate' on plan making. This requires them to work with prescribed bodies including CCGs and NHS England, as well as other local authorities, to cooperate on strategic cross boundary matters such as health infrastructure.

2.2 PLANNING APPLICATIONS

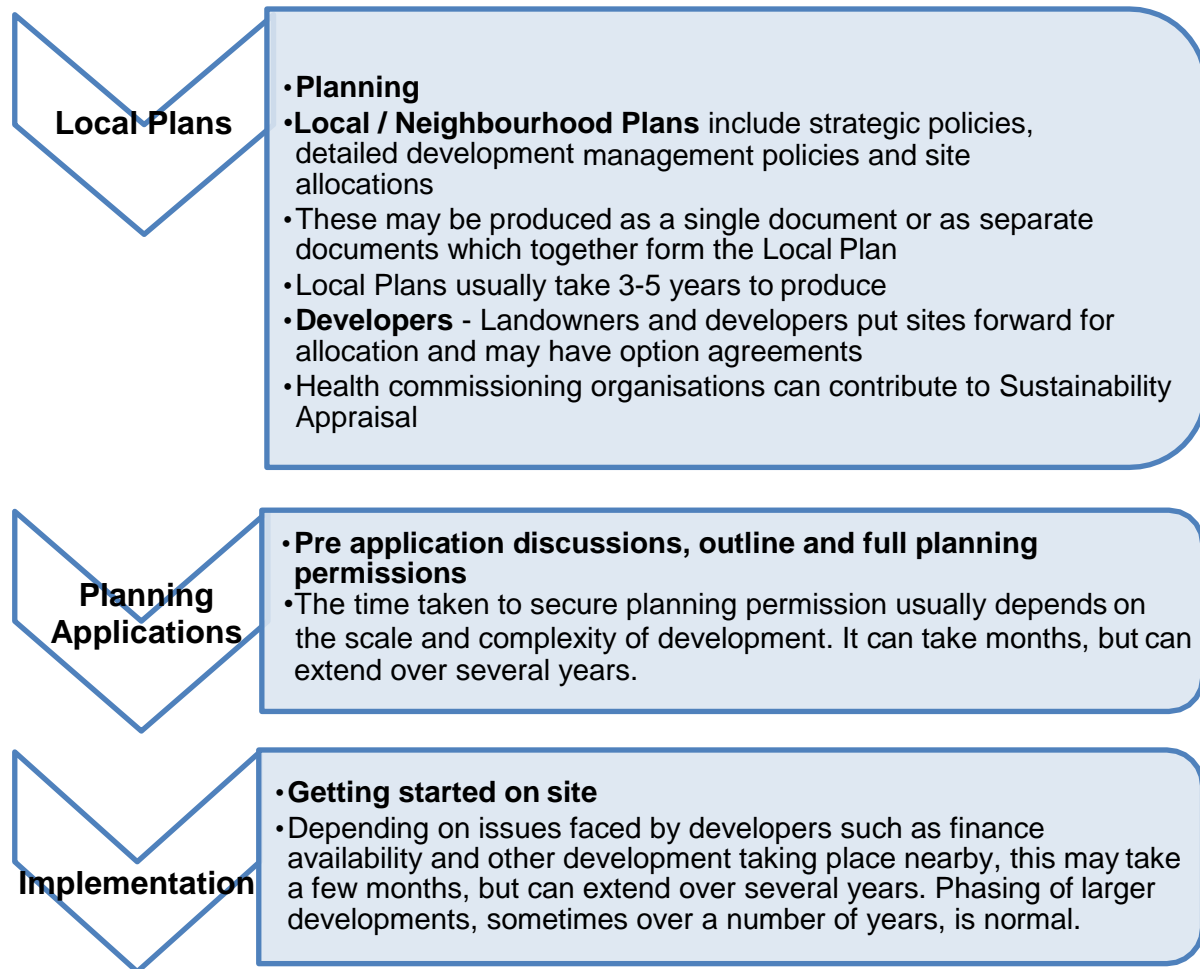
Except for limited types of permitted development such as the conversion of offices to housing, planning permission is required for housing development. An application will generally be granted permission if it is in accordance with the Local Plan, unless there are material considerations that indicate otherwise. The revised 2018 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 appeal 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. This is where the local authority's planning policies are applied in detail to planning applications made by promoters and/or house builders. 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.

2.3 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.

Figure 2: The key planning stages for building development



3 PROCESS FOR HEALTH COMMISSIONERS' ENGAGEMENT IN PLANNING

3.1 PLAN MAKING

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

Norfolk Public Health and Suffolk Public Health (for the East Suffolk area) will continue to respond via Norfolk County Council and Suffolk County Council respectively as well as individually as required. During the preparation of their Local Plans the respective LPAs will need to consult all statutory and other agreed health⁴ and social care consultees and in particular 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.

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 CCG area. This evidence assists both Local Plan making authorities and the relevant healthcare commissioning bodies 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 CCG level and is not intended to be site specific as it is the role of the relevant healthcare commissioning bodies 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, mapping future housing trajectories (taken

⁴ There will be a single point of contact for NHS / CCG / health engagement via the STP Estates' Group – see below

from [Annual Monitoring Reports](#) AMRs). This is in order to provide an aid to health care planning in relation to population and housing growth in Norfolk and Waveney.

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.

3.2 PLANNING APPLICATIONS

While Norfolk County Council and Suffolk County Council Public Health are informed of planning applications for significant housing developments 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 not only from Public Health, but also from relevant health service planning and commissioning bodies on housing developments. The STP estate groups role as co-ordinator between local planning authorities, health partners and CCG's 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 STP Estates' Group⁵ 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 appropriate CCG. This will not of course preclude individual GP surgeries or other health partners responding on an individual basis.

It is particularly important that Public Health and relevant healthcare planning and commissioning bodies via the appropriate coordinating mechanism 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 STP 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 STP Estates' Group will be engaged with and comments

⁵ 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 CCG and NHS service engagement

sought on pre-application proposals in Norfolk **for all housing developments of 50 dwellings or more⁶, for those including care homes, housing for the elderly, student accommodation and for proposals which would lead to significant loss of public open space** when resources allow. Public Health and Health partners may adjust this threshold of 50 dwellings in the future in consultation with the local authority planners. Where HIAs are required, which currently only applies in Greater Norwich (and only for developments of over 500 dwellings), pre-application discussions should include the HIA's scope and nature in order to embed health planning considerations. Over time the use of HIAs should be used for all developments of this size and more generally where possible.

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.

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 Health 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. The relevant health authorities, and Public Health will 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, Public Health England, NHS England Area Team and NHS Estates if required, and the respective CCGs, 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

⁶ See the comment above about developments below 50 dwellings which may require an initial view from the STP Estates' Group

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 CCG or any other relevant health service commissioning body, as its 'duty to cooperate' as created in the Localism Act 2011 and subsequent amendment(s).

3.3 IMPLEMENTATION

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 and the relevant CCG's for the area that it covers. 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.

LPA's may also provide more regular delivery updates or more detailed forecasts. The potential for providing more detail to aid Public Health and the STP Estates' Group. Attendance, subject to availability of officer resource, at bi-annual meetings held between district planning policy officers and Norfolk County Council officers will ensure that Public Health and health commissioners are informed of the best available information on implementation for each district.

Figure 3: 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>LPA's 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 timeframe 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 LPA's through their published AMR's and attendance at bi- annual Local Plan meetings with the respective LPA's.</p>	
<p>4. Accountability</p> <p>Public Health will report to the Health and Wellbeing Board annually, on a 'need to know basis'.</p>	

4 ACCOUNTABILITY

Public Health, through the Directors of Public Health, will provide an annual report to the Health and Well-being Boards on its contribution to Local Plans and on responses provided to local planning authorities on planning applications. This report will be provided on 'a need to know' basis.

5 CONCLUSION

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 well-being. Housing quality, air pollution, road infrastructure, access to green space and walkability of our neighbourhoods, along with many other social and environmental factors, contribute directly to our health and well-being 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 well-being.

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 well-being through the local planning system are implemented across Norfolk.

The collaboration between the Norfolk and Waveney STP, CCG's, 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 healthcare 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

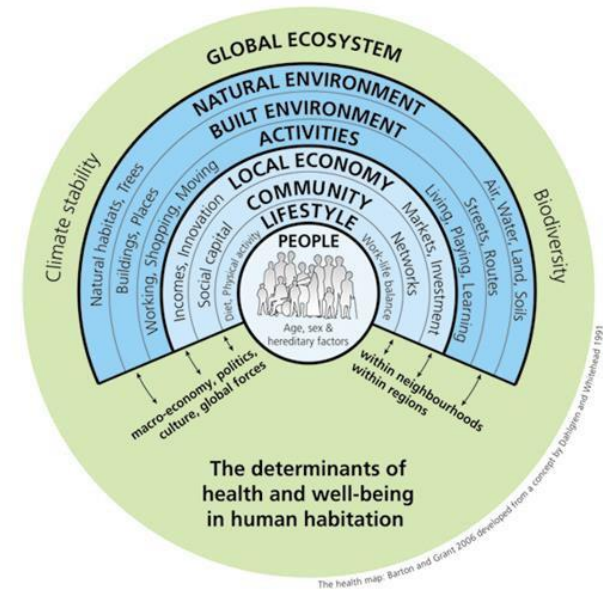


The links between planning and health are long established. The Health Map^{iv} shows how lifestyle factors are nested within the wider social, economic, and environmental determinants of health which are, in turn influenced by the built and natural environments in which we live. We know that developments 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 Toolkit^v and the Royal Town Planning Institute (RTPI) Principles for Healthy Communities^{vi}. 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



^{iv} 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,

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

^{vi} 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>National Planning Policy Framework Chapter 8. http://planningguidance.communities.gov.uk/</p> <p>Planning Policy Guidance, Who are the main health organisations a local authority should contact and why? http://planningguidance.communities.gov.uk/</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	The design creates environments where people can meet and interact and connects the proposal with neighbouring communities.			

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 170(e) http://planningguidance.co https://www.gov.uk/government/publications/national-planning-policy-framework--2	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.			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 promote 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.			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. Urban greening - tree planting, green roofs and walls and soft landscaping can help prevent summer overheating.

THEME 3		VIBRANT NEIGHBOURHOODS		
Social infrastructure	The plan or proposal contributes new social infrastructure provision that is accessible, affordable and timely.		National Planning Policy Framework paragraph 20, 91c, 92b http://planningguidance.communities.gov.uk/ Planning Policy Guidance. How should health and well-being and health infrastructure be considered in planning decision making? http://planningguidance.communities.gov.uk/	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.
	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.			Good access to local services is a key element of a lifetime neighbourhood and additional services will be required to support new development.
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.		Planning Policy Guidance, What is a healthy community? (ID: 53-005-20140306) http://planningguidance.communities.gov.uk/	A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centres and undermine

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>Healthy Environment National Planning Policy Framework Chapter 9 http://planningguidance.com/munities.gov.uk/</p> <p>Safe, sustainable development: aims and guidance notes for local Highway Authority requirements in Development Management, Norfolk County Council. https://www.norfolk.gov.uk/rubbish-recycling-and-planning/planning-applications/highway-guidance-for-development/publications</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>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		
Accessible housing	<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 http://planningguidance.communities.gov.uk/</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>
Healthy living	<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 are able to 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 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>Economic Activity National Planning Policy Framework Chapter 6</p> <p>http://planningguidance.communities.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>

Appendix 2 Key NHS and Public health contact details for Planning Applications.

Key NHS and Public health contact details for Planning Applications.

Organisation	Contact Email
NHS STP Estates	stpestates@nchc.nhs.uk
NCC Public Health	phplanning@norfolk.gov.uk