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Planning Policy & Built Heritage Working Party

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Friday, 2 June 2023

A meeting of the **Planning Policy & Built Heritage Working Party** of North Norfolk District Council will be held in the **Council Chamber - Council Offices** on **Monday, 12 June 2023** at **10.00 am**.

At the discretion of the Chairman, a short break will be taken after the meeting has been running for approximately one and a half hours

Members of the public who wish to ask a question or speak on an agenda item are requested to notify the committee clerk before 10am, Thursday 8th June 2023 and arrive at least 15 minutes before the start of the meeting. This is to allow time for the Committee Chair to rearrange the order of items on the agenda for the convenience of members of the public.

Further information on the procedure for public speaking can be obtained from Democratic Services, Tel: 01263 516108, Email: Lauren.Gregory@north-norfolk.gov.uk.

Anyone attending this meeting may take photographs, film or audio-record the proceedings and report on the meeting. Anyone wishing to do so must inform the Chairman. If you are a member of the public and you wish to speak on an item on the agenda, please be aware that you may be filmed or photographed.

Please note that this meeting is livestreamed:
https://www.youtube.com/channel/UCsShJeAVZMS0kSWcz-WyEzg

Please note that Committee members will be given priority to speak during the debate of agenda items

Emma Denny
Democratic Services Manager

To: Cllr A Brown, Cllr G Bull, Cllr M Batey, Cllr N Dixon, Cllr P Fisher, Cllr M Hankins, Cllr P Heinrich, Cllr V Holliday, Cllr L Paterson, Cllr J Punchard, Cllr J Toye and Cllr A Varley

All other Members of the Council for information.
Members of the Management Team, appropriate Officers, Press and Public

If you have any special requirements in order to attend this meeting, please let us know in advance
If you would like any document in large print, audio, Braille, alternative format or in a different language please contact us

A G E N D A

1. APOLOGIES FOR ABSENCE

2. PUBLIC QUESTIONS

3. MINUTES 1 - 12

To approve as a correct record the Minutes of a meeting of the Working Party held on Monday, 20th February 2023.

4. ITEMS OF URGENT BUSINESS

To determine any other items of business which the Chairman decides should be considered as a matter of urgency pursuant to Section 100B(4)(b) of the Local Government Act 1972.

5. DECLARATIONS OF INTEREST 13 - 18

Members are asked at this stage to declare any interests that they may have in any of the following items on the agenda. The Code of Conduct for Members requires that declarations include the nature of the interest and whether it is a disclosable pecuniary interest. Members are requested to refer to the attached guidance and flowchart.

6. ANY OTHER BUSINESS AT THE DISCRETION OF THE CHAIRMAN.

7. HEALTH PROTOCOL UPDATE 19 - 54

Summary:	As part of the wider effort to foster a closer collaboration between local planning authorities, and other health service organisations to plan for future growth and to promote health, an updated engagement protocol has been produced through the Norfolk Strategic Framework 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. This report explains the updated Protocol and seeks its endorsement by North Norfolk District Council.
Recommendations:	**Recommendation to Cabinet that the Council approves the revisions to the Planning for Health Protocol for use when preparing Local Plans and determining planning applications.**

Contact Officer, telephone number and email:

Mathew Gutteridge; Senior planning Officer,
Email: matthew.gutteridge@north-norfolk.gov.uk Tel 01263 516224

8. EXCLUSION OF PRESS AND PUBLIC

To pass the following resolution (if necessary):

"That under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Part I of Schedule 12A (as amended) to the Act."

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PLANNING POLICY & BUILT HERITAGE WORKING PARTY

Minutes of the meeting of the Planning Policy & Built Heritage Working Party held on Monday, 20 February 2023 at the Council Chamber - Council Offices at 10.00 am

Committee Members Present:	Cllr A Brown (Chairman) Cllr N Dixon Cllr P Heinrich Cllr G Mancini-Boyle Cllr P Fisher Cllr R Kershaw
Substitute Members Present:	Cllr W Fredericks Cllr V Holliday
Other Members Present:	Cllr A Fitch-Tillett
Officers in Attendance:	Planning Policy Manager (PPM) Planning Policy Team Leader (PPTL) Senior Landscape Officer (SLO) Democratic Services Officer (DSO) Senior Planning Officer – MG Senior Planning Officer - ST

73 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr P Grove-Jones (Vice-Chairman), Cllr V Gay, Cllr N Pearce, Cllr J Punchard, Cllr C Stockton, Cllr J Toye.

Cllr W Fredericks was present as a substitute for Cllr P Grove-Jones, with Cllr V Holliday present as a substitute for Cllr J Punchard.

74 PUBLIC QUESTIONS

None.

75 MINUTES

The Minutes of the Planning Policy & Built Heritage Working Party meeting held Monday 16th January (meeting adjourned and resumed Monday 30th January 2023) were approved as a correct record.

76 ITEMS OF URGENT BUSINESS

None.

77 DECLARATIONS OF INTEREST

None.

78 UPDATE ON MATTERS FROM THE PREVIOUS MEETING (IF ANY)

None.

79 ANY OTHER BUSINESS AT THE DISCRETION OF THE CHAIRMAN AND AS PREVIOUSLY DETERMINED UNDER ITEM 4 ABOVE

None.

The Chairman re-ordered the Agenda and took Item 9 before Item 8.

80 NATIONAL PLANNING POLICY FRAMEWORK - CONSULTATION ON PROPOSED CHANGES

i. The PPM introduced the Officers report and advised the background to the report and recommendation. He informed Members that the government had gone out to consultation on a series of proposed changes to the National Planning Policy Framework (NPPF), expected to be followed by a further 2 to 3 rounds of consultation in 2023 including the Levelling Up and Regeneration Bill, additional consultation on the NPPF, and standard development management policies. These consultations would form a fundamental review of planning, with the expectation that Local Plans would be more streamlined, strategic, quicker to prepare, and subject to regular review roughly every 5 years or so.

The PPM highlighted the proposed changes 1 to 9 (Pages 99 to 103 of the Officers report) and invited Members questions regarding the Officers report, any of the specific changes and proposed responses.

Change 1 – Page 99 - The PPM advised that North Norfolk does not follow the standard methodology used to establish how many houses were required, and noted concerns about the 2014 household projections used in the formula. NNDC was classified in the exceptional circumstances category and used their own methodology, similar to other Local Authorities. He affirmed the UK government did not intend to remove the standard methodology, however proposed for this to be referred to as 'an advisory starting point' within the NPPF. It was considered that this would provide Local Authorities greater flexibility as they would not have to demonstrate that circumstances were exceptional, rather they would simply have to argue that there is good reason to depart from the standardised approach. The PPM expressed his disappointment and preference that the standard methodology be removed altogether, allowing Local Authorities the ability to establish their own targets on the basis of locally produced need. The PPM concluded, that the proposed change was a step in the right direction, albeit disappointing that the standardised methodology was to remain.

Change 2 – Page 100 – The PPM advised that although greater flexibility was proposed, it was unclear what might constitute grounds for departing from standard methodology. He noted use of language in the document, in particular references to 'Island of elderly' which was vague. The PPM stated unless the guidance was extremely exhaustive and cites every single example, Local Authorities would likely challenge that their particular reasons for departure weren't listed in the guidance, which would be problematic. He reiterated his earlier comments that the standard formula should be rescinded, with determination made by individual Local Authorities who better understood local factors.

Change 3 – Page 101 – The Working Party were advised this was not applicable to North Norfolk as it pertained to uncharacteristically high density.

Change 4 – Page 101 – The PPM advised this also was not relevant to North Norfolk as there is no Green Belt within the district. He confirmed that 'Green Belt' was a specific designation, separate to Countryside and Green Fields, with Green Belts only existing around urban areas. However, noted the proposed changed may be impact North Norfolk and other Local Authorities with growth being directed elsewhere instead of the Green Belt, resulting in a ripple effect of development.

Change 5 – Page 101 – The PPM expressed support for the proposed change. He noted that the current housing target did not account for surplus delivery one year, with a fall in the next, stating there was no benefit in delivering additional homes above the target. The proposed provision would allow for the surplus to be taken off future years.

Change 6 – Page 101 & 102 – The PPM advised that Local Plans needed to be 'justified' in order to meet legal tests. To justify Plans, Local Authorities must consider a series of options and prepare a vast array of supporting evidence and background studies. The formal test of 'soundness' if softened would diminish the importance of supporting evidence.

Change 7 – Page 102 – Not relevant to North Norfolk.

Change 8 – Page 102 –Proposed changes to 'Duty to Co-operate' were considered by the PPM to be significant. Duty to Co-operate was a legal requirement which offered the Local Plan Examiner little by way of discretion of judgement. The replacement 'alignment policy' was not yet known, but would likely enable sensible strategic planning across authorities but not having to meet duty to co-operate standard.

The PPM spoke broadly about the other proposed changes outlined in the consultation document.

With reference to the Councils 5 year Housing Land Supply (HLS) and housing targets referenced in the document, the PPM advised that the government had indicated intention to streamline this process. Local Authorities would still be expected to deliver 5 year HLS but rather than be judged exclusively on the housing delivery test, Councils would be assessed on planning permissions granted. The PPM reflected this was a beneficial change as the granting of planning permissions was within the Local Authorities control, whereas the enacting of those permissions and building of developments was in the control of third parties.

The PPM considered the Council should object to the government's intention to introduce a standard set of national development management policies, and considered that whilst there were policies shared amongst several Local Authorities including flood risks, AONB, dark skies and more, the proposed change argued that where there was a conflict between local policies and national policies, national policies would take precedence. The PPM argued the proposal would devalue local democracy and undermine Local Plans. He reflected that contention surrounding Local Plans related not to development management policies, rather it was the strategic content, therefore the time-consuming part would remain.

The PPM noted the transitional provisions proposed, which recognised that Local Authorities were developing Local Plans at present and encouraged Councils to continue to develop and submit their Local Plans. Under the proposed transitional arrangements those submitted Plans would be examined under the existing regime. The PPM contended that it would be better for the government to introduce the proposed new tests, including the removal of duty to co-operate, in relation to current Plans, and expedite the process of current Plan preparation.

ii. The Chairman noted the Council challenged the standard methodology calculation relying on the 2014 projections, and asked why the 2014 figures were still being used.

iii. The PPM advised the Council had successfully challenged and won on appeal when arguing that the 2014 figures and projections for North Norfolk were wrong. The certainty offered by the 2014 figures was increasingly outdated, with the 2021 census expected to provide a benchmark of what was happening in the real world as opposed to projections. It was noted that the 2021 census figures would not be available till 2024.

iv. The Chairman asked if Local Authorities would have a buffer for its housing delivery target, and commented on the deliverability of the governments housing targets.

v. The PPM advised that the government sets a higher national target than the sum total of all Local Plans across the country to build in a plan failure contingency. He argued that government were aware that the national housing target figure would not be achieved, and commented there was little prospect the 300,000 figure would be delivered.

vi. Cllr N Dixon welcomed the proposed change to enable the 5 year HLS calculation to be judged on permissions granted, but contended that this may not go far enough. He affirmed that the Council were limited in the delivery of homes after allocating land in the Local Plan. Whether permissions were granted on those allocations was beyond the Local Authorities reach, and would be subject to planning proposals being submitted in the first instance, and in developers desire to build on the allocated land. He asked if the 5 year HLS assessment could instead be based on allocations made, not the delivery of those allocations. Cllr N Dixon noted that site allocations were subject to discussions with developers and land owners, and were assessed for their viability.

vii. The PPM acknowledged that in preparing the Local Plan, the Council were required to undertake a deliverability test to ensure that the Local Authority were confident the allocated land could be developed upon. This process involved discussions with developers, land owners and others. Under the current and transitional arrangement, if the Council could evidence housing growth in its Local Plan (when considered by the Planning Inspector), it would not be required to show a 5 year HLS outside the plan preparation process for the first 5 years. At the end of the 5 year period the Plan would be subject to review, the streamlined process would ensure Plans be subject to cyclical ongoing review processes. The PPM advised this would offer protection, as those Local Authorities which had adopted a Plan would not be subject to the presumption in favour of sustainable development. In order to

refuse planning permission under the presumption, Councils must demonstrate the adverse impacts of the development significantly outweigh the benefits. In practice this results in the approval of otherwise unsatisfactory development.

Those Local Authorities who had passed Regulation 18 and Regulation 19 stages, and were far advanced in their plan making would, under the transitional arrangements, only be required to demonstrate a 4 year HLS rather than the 5.

viii. Cllr N Dixon reiterated his preference that the 5 year HLS assessment be underpinned on site allocations contained in the Local Plan, not permissions granted.

ix. The PPM noted the process of development, from initial thoughts, through application and to completion, and advised, provided the Council could demonstrate the scheme would be deliverable in the 5 year period, that even those fledgling thoughts and conversations could be included within the Authorities 5 year HLS.

After the Local Plan had been examined and approved by the Inspector, the PPM advised the relevant site allocations would be added to the Councils 5 year HLS. The PPM agreed that it was only correct that sites be considered as part of the Councils 5 year HLS if they have been part of the aforementioned process.

The PPM affirmed that Nutrient Neutrality had significantly stymied house building in the district, and noted that the mechanisms available to the Council to promote development were limited. He advised that it appeared that there would be a new process brought in which would allow for the Local Authority to consider the Character of the applicant when considering planning applications. This would enable the Local Authority to consider whether a specific developer was sitting on permissions without developing them out. The PPM expressed some scientism about any mechanism intended to accelerate build out rates based on the behaviour of individual applications and developers. Rather, he contended that build out rates were determined by market conditions.

x. Cllr V Holliday asked whether proposal 3 could apply to high growth villages, regardless she expressed her support for the proposed condition.

xi. The PPM advised that density, as referenced in the proposal related to areas where there was no other option other than to build up at much high densities. The density considerations had nothing to do with delivering housing targets, and was different from the term densification. This proposal would not apply to North Norfolk which had ample room to grow out rather than up.

xii. In response to questions from the PPM and Chairman about the timeline for Consultation response, the DSO advised that the recommendation could not be altered to enable the PPM delegated permission from the Working Party to respond to the Consultation. The Working Party was not a decision making Committee and was bound by its terms of reference to make recommendations to Cabinet. It could not pass decisions in its own name.

xiii. Cllr P Heinrich proposed and Cllr R Kershaw seconded the Officers recommendation.

IT WAS UNANIMOUSLY AGREED by 8 votes for.

That Members of the Planning Policy & Built Heritage Working Party recommend to Cabinet that the Authority respond to the consultation as outlined in this report.

81 NORFOLK COAST AONB UPDATED MANAGEMENT PLAN (2019-2024), REVISED 2022

i. The SLO introduced the Officers report and recommendation. She advised that the Council had a statutory duty as a partner of Norfolk Coast Partnership to prepare and publish a plan for the management of the AONB, and to review that plan at intervals of no more than 5 years.

It was noted that Norfolk Coast Partnership had been undertaking a structural review. The Partnership included representatives an Officer and Member representative from Norfolk County Council, Kings Lynn and West Norfolk, Great Yarmouth Borough Council, North Norfolk District Council and Natural England.

The SLO advised this was a slight refresh of the existing management plan and the intention was that a major review of the management plan be undertaken in due course pending guidance following the Glover review.

The SLO noted the main changes, as set out in section 1.5 of the Officers report.

ii. The Chairman noted North Norfolk was the third most bio-diverse area in the County and asked if there was a case to argue for an international dark skies designation. He reflected that light pollution had been a key issue for the Development Committee.

iii. The SLO advised there were areas of the UK which held the international designation, and commented that there was the intention to obtain other designations within the AONB. She acknowledged this was an area already covered NNDC Local Plan Policy EN1 specifically references Dark Skies and Policy EN2 which looks at retention of nocturnal character. The AONB team were working as a priority to publish further guidance. The SLO advised she would be happy to feedback any requests from the Council to Norfolk Coast Partnership.

iv. The PPM echoed the SLO comments and affirmed as a partner in the organisation, perhaps more could be done to effectively influence what it is the organisation does. The PPM reflected that when he was the Officer Representative that it was not the norm to routinely report back the work of the Partnership to the Council, which may have adversely impacted Members understanding of the Partnership and its functions. He considered the Council could be more active in directing the Partnership on what it does on the Councils behalf, including issues surrounding Dark Skies, and that this ought to feature in the next management review in the next cycle.

The PPM considered that the update presented to Members was effectively an interim review with the expectation that a more substantial review take place which would better engage with the district partners.

v. The PPTL stated that it was important not to confuse 'Dark Skies' designation with planning designation. Dark Skies designation applied to areas which were particularly dark and provided astrological views of skies in dedicated remote locations away from artificial lights. The Local Plan focused more on the character of the landscape, and the value features of the landscape as demonstrated through landscape studies.

vi. The SLO endorsed the PPTL comments that an international dark skies designation was not a planning designation. She argued there was much to be gained with working with other Partnerships in the wider AONB family.

vii. The Chairman asked how the duty to co-operate could be promoted.

viii. The PPM confirmed that as Member of the AONB Partnership, it was reasonable to ask for the Partnership to look into specific areas or projects i.e. Dark Skies designation. He noted that the Partnership had considered Dark Skies Designation, but it was considered that it may be challenging to achieve international status given the rigor of the application process. There were two tiers of designation, the first was locally designated dark sky observatory sites (which existed within the district), and the other was international designation.

ix. Cllr A Fitch-Tillett advised of changes to the Partnership in the last year, with a great change in the Officer lead and representation. Further, the publication of the Glover Report had impacted on the management plan. The document for consideration was intended to be a quick refresh to serve as place holder pending a large review which would implement guidance from the Glover Report. She offered insight as Vice-Chairman of the Partnership regarding the restructured team, and the intention for a Coastal Manager to be appointed.

With reference to the wider AONB family, Cllr A Fitch-Tillett commented that the various AONB Partnerships met annually and that she and the NNDC Officer representative would feedback discussions surrounding Dark Skies.

She recommended the refreshed report and commended the SLO for her input, noting the extensive list in Appendix 2 of all the aspects which needed to be considered as part of the Management Plan.

x. The Chairman commended the SLO and the Partnership for the document, and spoke highly of the glossary contained therein.

xi. Cllr W Fredericks thanked Officers and Cllr A Fitch-Tillett for her work. She asked if her ward of Mundesley could be considered within the AONB going forward.

xii. Cllr A Fitch-Tillett advised there was no intention to change AONB boundaries, and noted the challenges in achieving this status which would essentially require an act of parliament.

xiii. Cllr V Holliday echoed the Chairman's comments that more should be done

to protect dark skies. She questioned how GIRAMS payments were agreed to be spent, as it was considered by residents that they did not have enough say. In addition, she was interested with how the North Norfolk AONB compared with others, noting that out of 7 conditions, 5 were Amber, one of which had gone from Green to Amber in this administration. Cllr V Holliday enquired what assurance could be made that the document was actually protecting the District's excellent countryside and shoreline.

xiv. The SLO advised that the condition monitoring should influence priorities and actions, a matter from which the SLO as the NNDC representative on the Partnership has championed.

xv. The PPM defined GIRAMs and its purpose in collecting tariff payments off developers to be used in mitigation against visitor pressures on international designated wildlife sites. Since 31st March 2022 money had been collected (payable on the commencement of development) and pooled by Local Authorities. No agreement was in place as to how this money would be spent and administered. The current proposal was that a joint body would be established across the county with a Member and Officer Representative from each administration which would establish the rules, receive and agree bids.

He noted that it was not the AONB Partnership's tariff payment, nor was it for them to spend. However, Kings Lynn Borough Council had entered into a service level agreement with the AONB Partnership which would permit the Partnership to vet applications for funding, and make recommendations for expenditure.

The fund was expected to collect £17 million over the next 20 years, which would be utilised on many exciting and significant projects.

xvi. Cllr G Mancini-Boyle asked when the substantial review was to take place and if it would built on the good things contained within the current management plan. He asked if there was a consultation process with Local Member's and others who had greater knowledge of their area.

xvii. The SLO advised that the Partnership were awaiting guidance from the Glover review which would impact the next tranche of management plans. She affirmed that there was benefit in keeping what worked well and in engaging with the wider AONB family to share ideas. As part of the re-structure of the Partnership, sub-groups would be established to look into particular projects, such sub-groups were expected to consult more broadly with third parties and relevant stakeholders.

xviii. Cllr N Dixon advised he was content with the update, and was minded that there was scope for a broader discussion pending the larger review. He proposed acceptance of the Officer recommendation.

xix. The Chairman noted section 1.5 of the Officers report and the absence of reference to the Glaven Valley Rural Conservation Area designation and asked if this could be added. The SPO advised this would be added in due course.

xx. Cllr P Heinrich seconded the Officers recommendation.

IT WAS UNANIMOUSLY RESOLVED by 8 votes for.

That Members of the Planning Policy & Built Heritage Working Party recommend to Cabinet that the contents of the updated Norfolk Coast AONB Management Plan (2019-2024) are endorsed for use as a material planning consideration in the determination of planning applications.

Cllr A Fitch-Tillett left the meeting at 11.36am

82 LOCAL PLAN PROCESS AND BACKGROUND PAPERS UPDATE INCLUDING INFRASTRUCTURE DELIVERY PLAN (IDP) UPDATE - VERBAL REPORT/ PRESENTATION

i. The PPTL introduced the Officers presentation and outlined the current areas of work for the Planning Policy Team, Next stages for submission of the Local plan, Background Papers and Neighbourhood Plan update.

Current Areas of Work – Local Plan

The PPTL advised that the main focus and priority for Officers was the Local Plan, with Officers reviewing representations and creating a Schedule of proposed modifications for consideration through the examination. The next stage required the combining of the 5 Schedules into a single Schedule, as required for submission. Accompanying the submission would be a track changed version of the Local Plan which would consolidate the proposed additional modifications. The PPTL advised that Officers were reviewing the challenges and undertaking early high level work to pre-emptively prepare responses. Officers were also in the process of preparing the statement of common grounds, which would aid the Planning Inspector to narrow down key areas for examination.

The PPTL advised the purpose of the background papers was to bring together the evidence to justify the reasoning behind the topic area, they would also help clarify matters for the Planning Inspector. Some of the background papers were required for legal purposes to meet legal tests i.e. demonstrate compliance with the duty to co-operate. The background papers, consulted in at Regulation 18 and or 19 stages, included(not exhaustive) ; approach to setting the housing target, distribution of growth, approach to employment, infrastructure delivery plans, green infrastructure, site selection methodology, housing construction standards, approach to renewable energy, coastal change and management, historic impact assessment, small growth village boundary review, strategic policy identification, D2C compliance statement, AGS study update, equalities statement, soundness/legal check sheets, site assessment booklets and examination library. The PPTL advised majority of work on these background papers was in progress to bring them up to date.

The PPTL noted the submission preparation process which included the appointment of a programme officer (pending submission) whose role would be to act as the co-ordinator the between the Council and the Examiner. This would ensure that the Planning Inspector remained impartial. Further, Officers would be expected to set up an examination library; an online resource where all submission documents, evidence, supporting documents, correspondence and examination matters would be published.

Other Work

In additional to Local Plan work, Officers continued to work on Nutrient Neutrality, fulfil monitoring requirements (5 year HLS, Housing flow return, and AMR 2022/2023) which required months of dedicated Officer work, provide pre application advise, maintain brownfield register, Self-Built Register, Norfolk Strategic Framework including GIRAMS and Neighbourhood Plan Support, which has been significant time resource this year to date.

Neighbourhood Plans

The PPTL advised that it had been a very busy year so far with Neighbourhood Plans, with two plans at examination stage – Blakeney & Holt. Blakeney was in late stages of examination with work actively ongoing to implement the 14 recommendations for modification following independent review, with a further 3 incorporated that are required by Officers, all of which would be subject to referendum in due course.

With regards Holt, an examiners report was expected within the coming weeks. Significant work had been undertaken to slim down, refocus and reappraise the Holt Plan to ensure it be more bespoke in its local purpose.

The PPTL noted that the Wells-next-the-sea Neighbourhood Plan was progressing well, with a consultation undertaken summer-time last year on regulation 14. Since, detailed feedback had been provided by Officers, with HRA/ SEA screening reports out for statutory consultation due to end 27th February 2023. Following that the required Decision notices on whether further Habitats Assessment and a Strategic Environmental Assessment are required will be issued.

It was noted that progress with the Stalham Neighbourhood Plan was thought to slow, but was still ongoing. Cley-next-the-sea would be launching their initial consultation on 8th March, and it was understood that work was no longer progressing in relation to Overstrand and Mundesley Parish Councils Neighbourhood Plans.

LCWIP

The PPTL advised that Norfolk County Council were consulting on the Local Cycling and Walking Infrastructure Plan (LCWI) for Norfolk and that this had now been rescheduled until after the Local Elections. The detail of the emerging LCWIP had been reported to the Working Party in December 2022. The PPTL showed early examples of mapping where potential improvements to the cycling and walking network could be improved, where feasibility studies could be conducted, and investment may be required. He contended that it was important that the Council engage with this consultation, and noted that this would not commence till mid-May and not Q1 as previously thought.

ii. Cllr N Dixon expressed his disappointment that the Officers presentation and verbal update had not been provided in the form of a written report or other written submission, and circulated to Members ahead of the meeting. He considered this would have allowed members time to digest information and

form meaningful questions on the details provided.

iii. The PPM advised this report was for information only and did not require resolution, it was intended to offer Members an update on the depth and spread of what the team were working on and provide an update to the background work required ahead of submission.

Cllr W Fredericks left the meeting at 12.00pm

iv. The PPTL advised the background papers had been viewed by Members at earlier stages of the Local Plan process (Regulation 18 and 19), they were Officer Papers which justify the Plan and the approaches taken but do not make recommendations to the Plan.

v. Cllr N Dixon reiterated his comments that the Working Party should have been supplied the Officers presentation with the Agenda. This would have allowed Members to ask meaningful questions, and aided in the efficacy of the meeting.

vi. The Chairman considered the Local Plan had been discussed at length by the Working Party, and Members had been offered ample time to debate its contents.

vii. The PPM acknowledged Cllr N Dixons comments, and understood his frustration that the single line item on the agenda did not capture the full extent of the Officers presentation. He noted the Neighbourhood Plan update was not referenced on the agenda, and therefore Members may not have been prepared to discuss this matter. However, the PPM assured the Working Party that this item was for information only, and was to inform Members of current work.

viii. Cllr N Dixon endorsed the submission of the Local Plan, which had been developed on for over 6 years, and commented it would be remise for the Local Plan not to be agreed for submission within this Administration. With respect of the Infrastructure Delivery Plan (IDP), Cllr N Dixon advised he had benefited from a 1 to 1 meeting with the PPM, and considered all Members of the Working Party would benefit from greater insight on the IDP. This would better enable Members to have a greater understanding of where the IDP fits within the overall Local Plan, its site allocations, and where the all-important infrastructure would be adequately considered and integrated in the Plan.

ix. The PPTL advised the IDP builds on the Infrastructure Delivery Statement, published during the Regulation 18 stage and shared on the Council's website. The IDP collates all the Infrastructure delivery requirements within the Local Plan, adding contextual information, outlines various investment strategies (i.e. Anglian Water), and pulls together where site allocations specially call for any level of investment. He advised it was a live-document, regularly updated as new information comes to light. The PPTL commented that the IDP would help the Council going forward to align priorities and funding opportunities which would help in the delivery of the Local Plan and the priorities in respect of economic investment, in turn influencing the priorities of the corporate plan. The PPTL reminded members that the IDP was circulated to all members of the working party as an action of a previous meeting before Christmas and he offered to provide an overview at the

meeting .Members declined such an insight at this time.

x. The PPM agreed with Cllr N Dixon that raising the profile of infrastructure delivery, how it works and the contents of the IDP, would be of interest collectively to the Working Party. He advised, following submission of the Local Plan, that he would there was an option to include an item on a future agenda to discuss the wider Infrastructure Delivery, which could include the IDP. He noted that infrastructure delivery was a matter of interest to the public, and it was important Members understood this important area of work.

xi.

83 EXCLUSION OF PRESS AND PUBLIC

None.

84 TO CONSIDER ANY EXEMPT MATTERS ARISING FROM CONSIDERATION OF THE PUBLIC BUSINESS OF THE AGENDA

None.

85 ANY OTHER URGENT EXEMPT BUSINESS AT THE DISCRETION OF THE CHAIRMAN AND AS PREVIOUSLY DETERMINED UNDER ITEM 4 ABOVE

None.

The meeting ended at 12.12 pm.

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Chairman

Registering interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1** (**Disclosable Pecuniary Interests**) which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2** (**Other Registerable Interests**).

"**Disclosable Pecuniary Interest"** means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.

2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.

3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which ***directly relates*** to one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which ***directly relates*** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

8. Where a matter arises at a meeting which ***affects*** –
    a. your own financial interest or well-being;
    b. a financial interest or well-being of a relative, close associate; or
    c. a body included in those you need to disclose under Other Registrable Interests as set out in **Table 2**

    you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter ***affects*** your financial interest or well-being:
    a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
    b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

    You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

    If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the

	councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i)) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were

	spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* ‘director’ includes a member of the committee of management of an industrial and provident society.

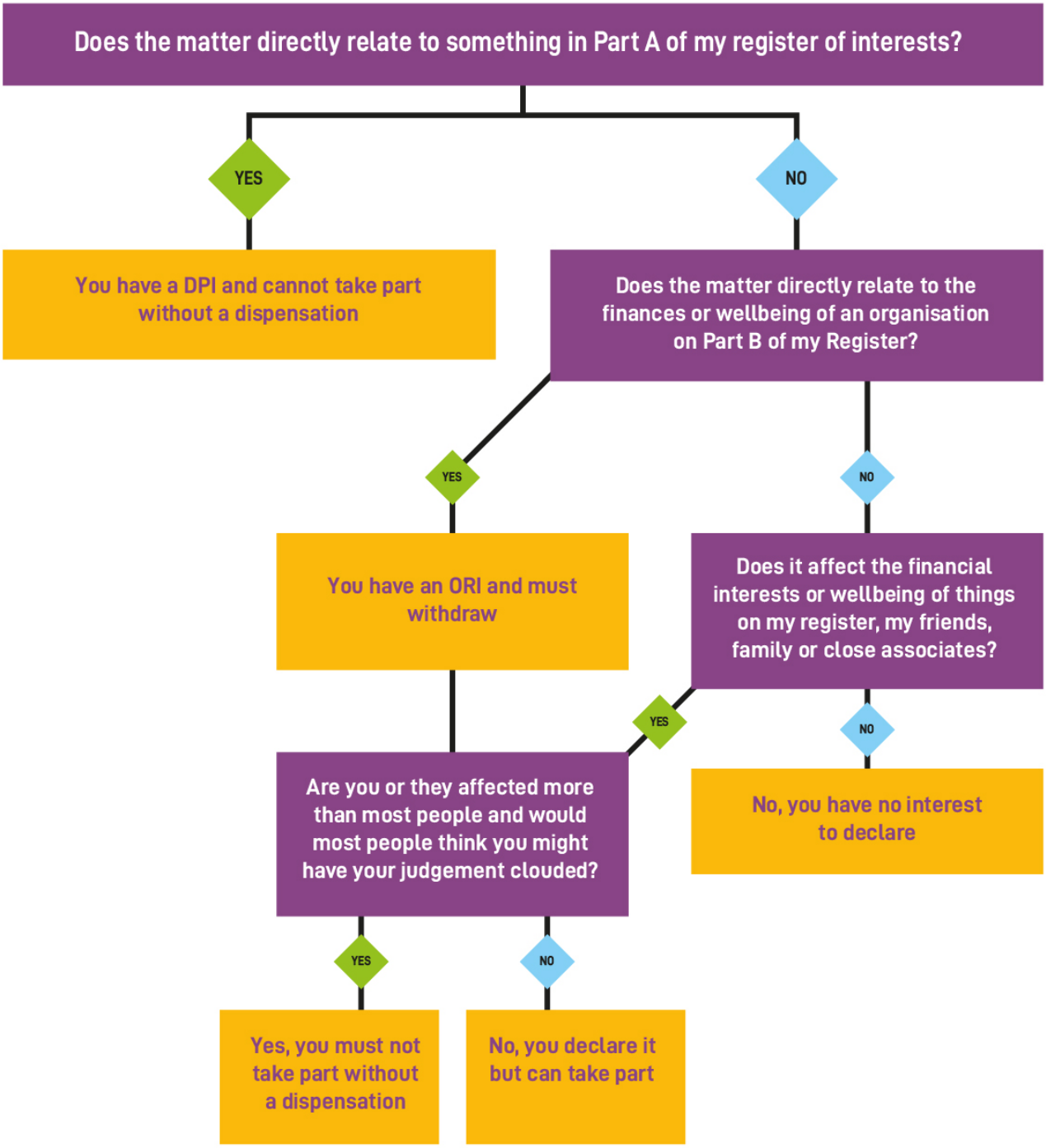
* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

a) any body of which you are in general control or management and to which you are nominated or appointed by your authority

b) any body
   (i) exercising functions of a public nature
   (ii) any body directed to charitable purposes or
   (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)


Does the matter directly relate to something in Part A of my register of interests?
YES
NO
You have a DPI and cannot take part without a dispensation
Does the matter directly relate to the finances or wellbeing of an organisation on Part B of my Register?
YES
NO
You have an ORI and must withdraw
Does it affect the financial interests or wellbeing of things on my register, my friends, family or close associates?
YES
NO
Are you or they affected more than most people and would most people think you might have your judgement clouded?
No, you have no interest to declare
YES
NO
Yes, you must not take part without a dispensation
No, you declare it but can take part

Agenda Item No_____

Health Protocol Update

Summary: As part of the wider effort to foster a closer collaboration between local planning authorities, and other health service organisations to plan for future growth and to promote health, an updated engagement protocol has been produced through the Norfolk Strategic Framework 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.

This report explains the updated Protocol and seeks its endorsement by North Norfolk District Council.

Recommendations: **Recommendation to Cabinet that the Council approves the revisions to the Planning for Health Protocol for use when preparing Local Plans and determining planning applications.**

Cabinet Member(s)	Ward(s) affected

Contact Officer, telephone number and email:

Mathew Gutteridge; Senior planning Officer, matthew.gutteridge@north-norfolk.gov.uk Tel 01263 516224

1. Introduction

1.1 The Planning for Health Protocol is a multiagency-owned document between planning authorities and health organisation and has been updated through the Norfolk Strategic Planning Group. It has been endorsed by Norfolk's Health and Wellbeing Board District Council Subcommittee and by Norfolk's Members' Planning Forum and the commitment to its endorsement in the use of planning is part of the Agreement 18 in the Norfolk Strategic Planning Framework shared separation objectives for a growing County and Statement of Common Ground May 2021. All Norfolk Planning Authorities are signatories to the existing Protocol and are currently engaged in a process of endorsing the updated version.

1.2 The process governing how health organisations are consulted about planning applications is set out in the Planning in Health Protocol. It sets out how relevant NHS organisations, public health and local planning authorities jointly consult to ensure that health considerations are adequately accounted for in plan making, planning applications and their subsequent development.

The council first adopted the use of the Health Protocol in late 2017 and endorsed an updated version August 2019.

1.3 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 structural changes in the wider NHS 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.

1.4 The Planning Policy & Built Heritage Working Party is asked to:

- Note the new approach to embedding health and wellbeing in spatial planning
- Adopt the revised Planning in Health Protocol

2. Health Protocol

2.1 The Planning in Health Protocol (known as the Protocol) includes 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 the health considerations are adequately accounted for in plan making and in the application process. It essence it sets out when and how Local Authorities will consult health providers and establishes a framework for expected responses.

2.2 In the context of this report, 'Health Considerations' includes planning for health services with the provision of facilities such as doctors' surgeries, as well as ensuring that health promotion is considered in the design and implementation of developments in the context of promoting active travel, cycling infrastructure, or maintaining good air quality.

2.3 The Protocol is designed for use by:

- Norfolk and East Suffolk Local Planning Authorities
- Norfolk and Waveney Integrated Care System (ICS) Estates Group
- Norfolk and Suffolk County Council's Public Health teams.

2.4 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

2.5 In light of the above criteria, most of the Local Plan's proposed allocations would fall under the requirement for a health Protocol to be undertaken, though this is not expressly set out within each site allocation policy as it is already evoked through Policy HC2 'Health and Wellbeing' in the emerging Local Plan, which includes requirements for all major developments to be informed by the Healthy Planning Checklist which is included within the Protocol.

2.6 Any applications, including the Local Plan's allocations that fall under the requirements in Policy HC2 are required to consult the ICS Estates Group and Public Health partners. The Council is in regular contact with both of these groups through publishing the Annual Monitoring Report, and ongoing co-operation through the Norfolk Strategic Forum to assess how well the Protocol is working and discuss any other strategic and upcoming issues. A panel of officers meets on a regular basis to review the operation of the protocol and discuss specific proposals.

3. Changes to the Revised Protocol

3.1 The currently in-use health protocol was brought to this committee in August 2017, following a period of consultation, the protocol was included within the Norfolk Strategic Framework, NSF Endorsement report in February 2018. The document has been in use since then and was initially updated in August 2019 which was referenced in the NSF Endorsement report in August 2019. The protocol is being reviewed for a second time; the proposed revisions were first drafted in May 2022 and endorsed by the Norfolk Strategic Framework, NSF in September 2022.

3.2 The revisions to the currently adopted health protocol involves changes that:

- Recognise and incorporate the Norfolk and Waveney Integrated Care System (ICS), which is an umbrella body that deals with planning and the buying and provision of publicly funded healthcare to the population of the area,
- Update to reference the latest publication of the National Planning Policy Framework,
- Simplifies the protocol to make it easier to use and embed into the work of all partner agencies.
- Provides an updated healthcare population needs assessments, as well population and demographic change estimates that will be published separately to the protocol to increase the longevity of the document and allow for future updates.

4. Conclusion / Recommendations

Recommendation to Cabinet that the Council approves the revisions to the Planning for Health Protocol for use when preparing Local Plans and determining planning applications.

5. Financial Implications and Risks

Introduction of the Protocol would have very minor resource implications in terms of staff time but in many respects reflects best practice which is already occurring. There are no financial implications.

Appendix
Planning for Health Engagement Protocol May 2022 (attached)

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 otherwork 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.

Contents

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 ACTVITIES 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 Suffolk[1] 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

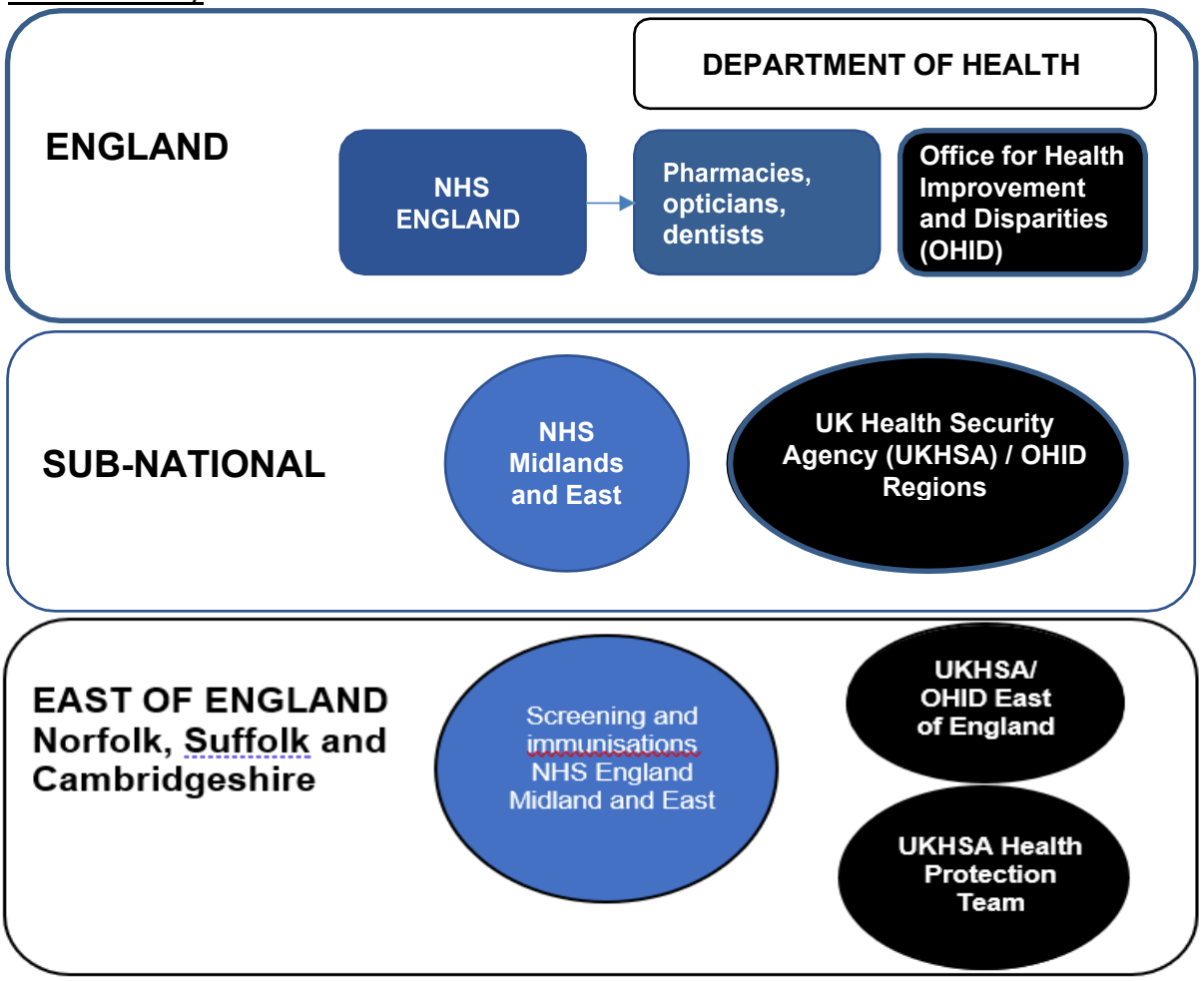
PUBLIC HEALTH FUNCTIONS IN ENGLAND

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) when PHE role and reasonability's were divided between the UK Health Security Agency and the Office for Health Improvement and Disparities.

The role of the newly formed (UKHSA) 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). 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)

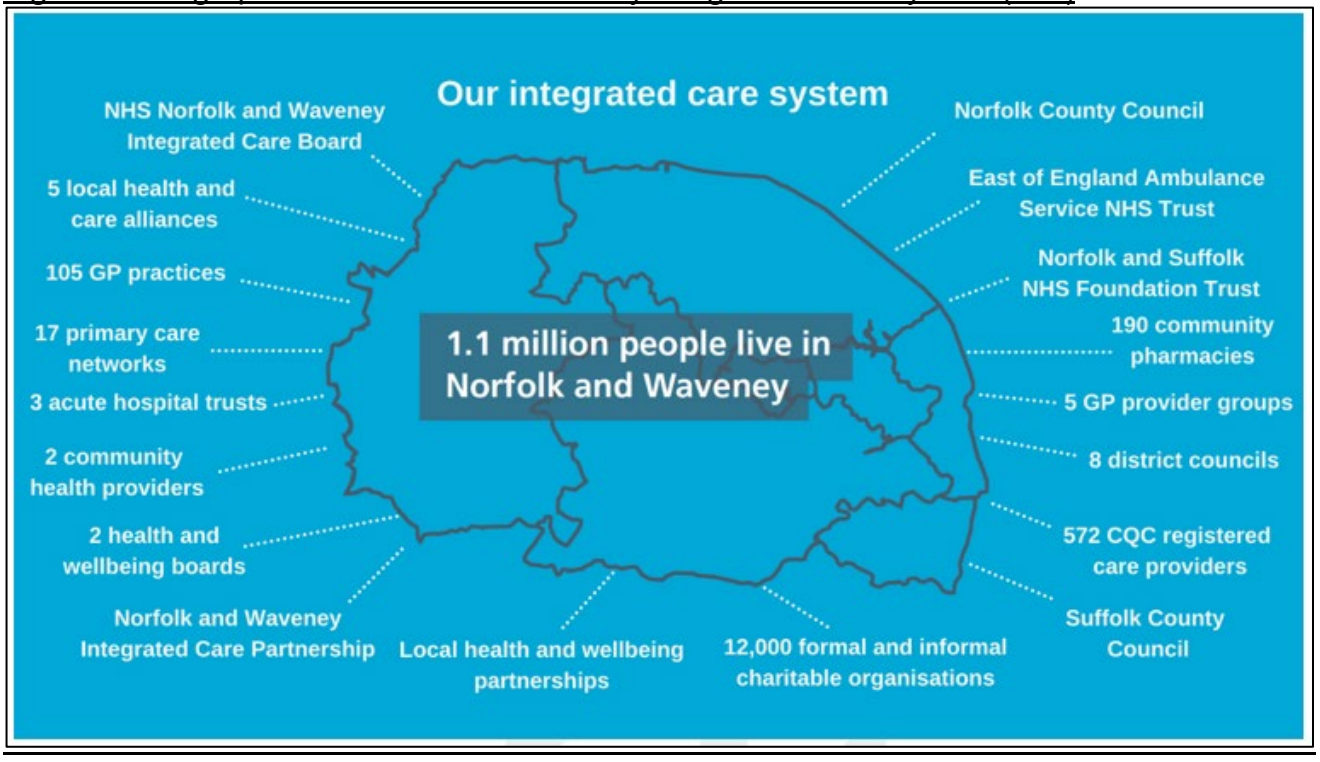
The practice owns the premises (owner/ occupier)

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

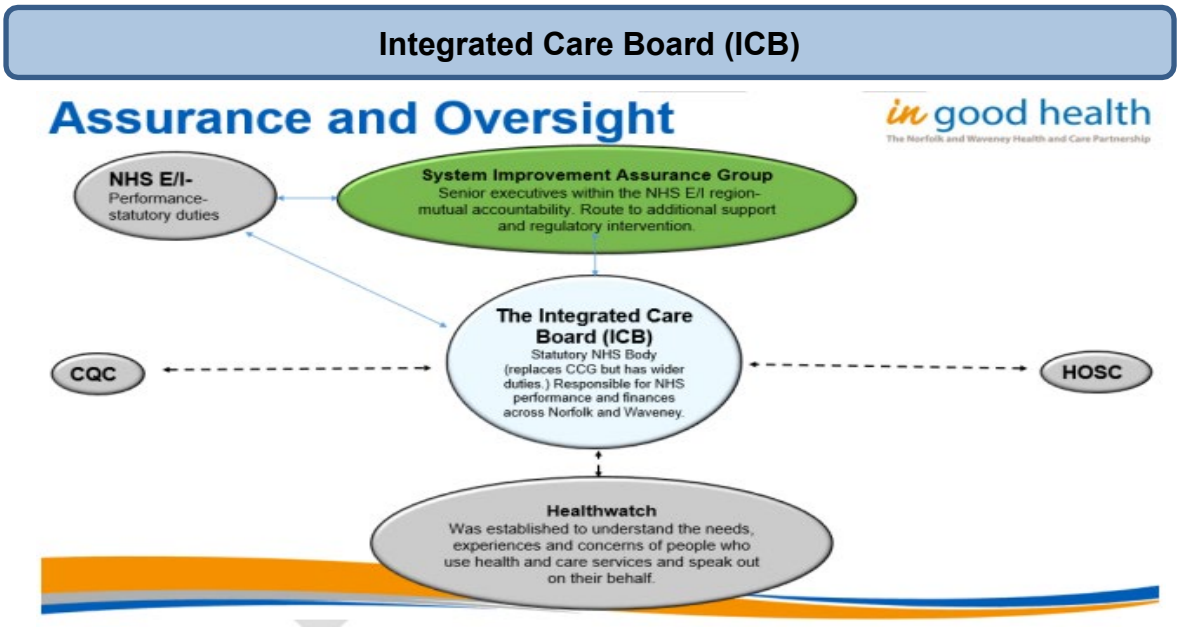
Figure 2: Infographic of Norfolk and Waveney Integrated Care System (ICS)



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 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 andWaveney 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:

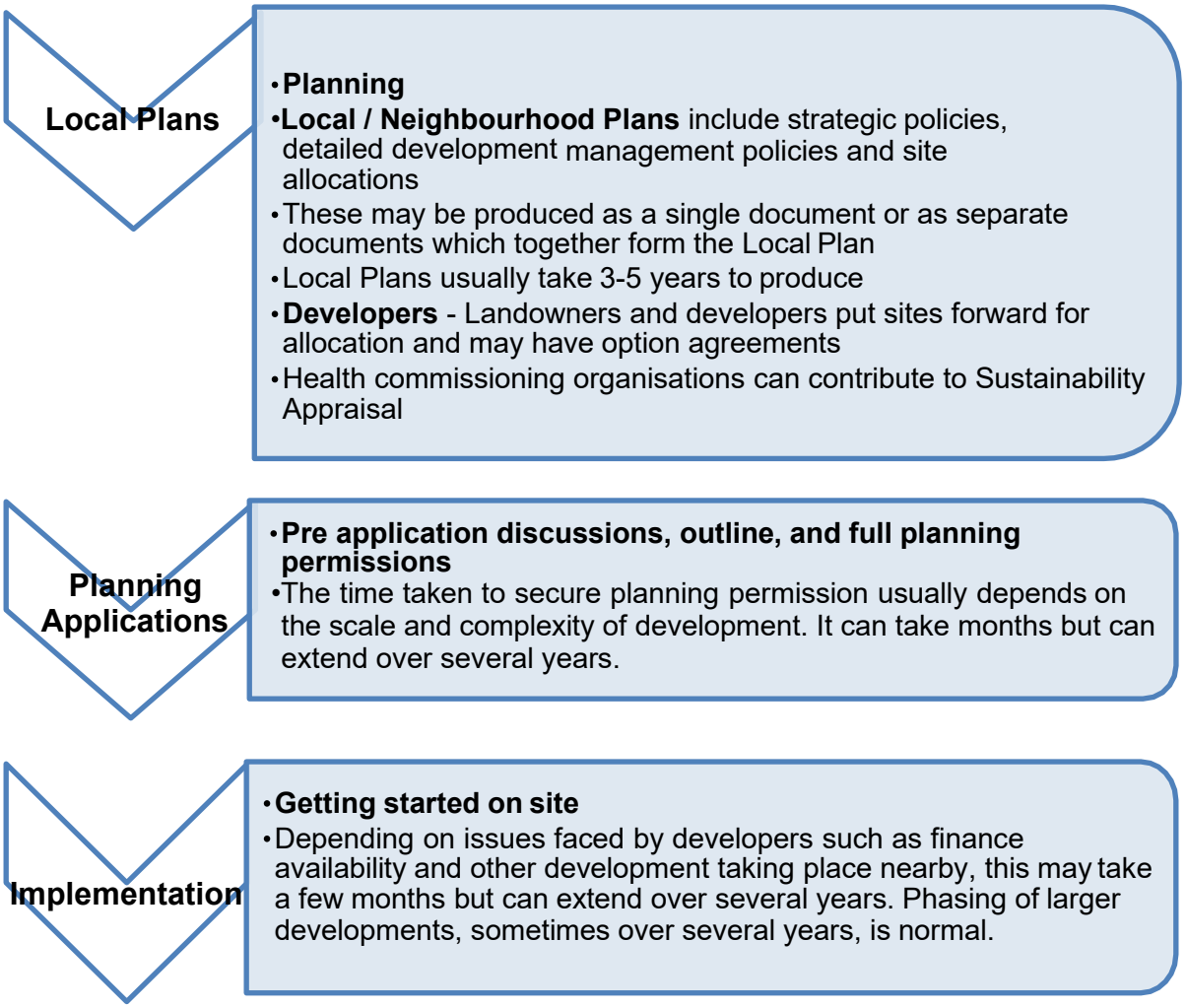
These include, but are not limited to:

- 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 heathy 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 onstrategic 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 COMISSONERS 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 health[2] 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' Group[3] 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 more[4], 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 Kingdome 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 PlanningProcess

<table>
<tr><td colspan="2">1. Plan making
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 andpriorities and address infrastructure needs;
Health partners and Public Health to take account of Local Development Schemes and ensureevidence is available for consideration by plan makers.</td></tr>
<tr><td colspan="2">2. Planning applications
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.
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.
Health partners and Public Health comments to focus on ensuring development will enable healthy lifestyles and allow service delivery to be planned effectively.</td></tr>
<tr><td rowspan="2">Pre-application discussions</td><td>Health partners and Public Health will attend meetings asappropriate and provide comments on all pre-application proposals consulted on, when resources allow.</td></tr>
<tr><td>Where HIAs are required discussions should include its scope and nature.</td></tr>
<tr><td rowspan="2">Outline planning applications</td><td>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.</td></tr>
<tr><td>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.</td></tr>
<tr><td rowspan="2">Full planning applications</td><td>Final opportunity for health partners and Public Health toinfluence development proposals.</td></tr>
<tr><td>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 extensiontime. Response will be reported in the planning officer’s report.</td></tr>
<tr><td colspan="2">3. Implementation
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.</td></tr>
<tr><td colspan="2">4. Accountability
Public Health will report to the Health and Wellbeing Board annually, on a ‘need to know basis’.</td></tr>
</table>

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.

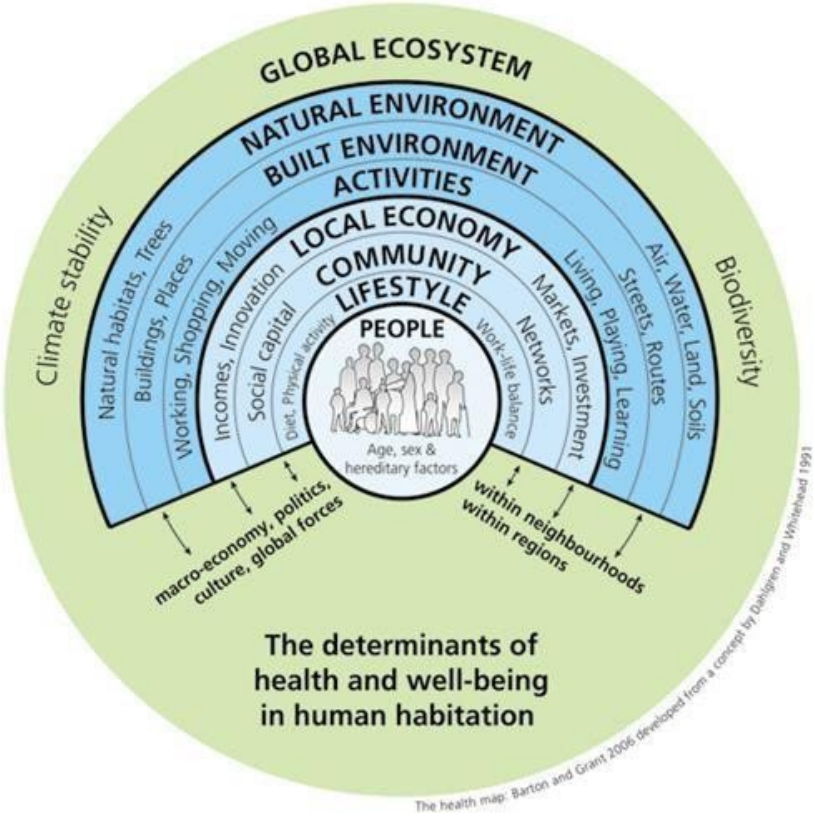
The collaboration between the Norfolk and Waveney ICS, Public Health, and local planning authorities in following this documented process provides an opportunity to share expertise between the sectors and to support the healthy growth across the communities of Norfolk and East Suffolk. Through the use 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

A HEALTHY PLANNING CHECKLIST FOR NORFOLK

The links between planning and health are long established. The Health Map [5] 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[6] and the Royal Town Planning Institute (RTPI) Principles for Healthy Communities[7]. 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.



- 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 2006126: 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.

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 INCL USION			
Engagement	Health and planning are integrated at an early stage of plan making andproposal preparation. Communities, including vulnerable and hard to reach groups have been engaged in the development of plans and policies.		Planning Policy Guidance, who are the main health organisations a local authority should contact and why? National Planning Policy Framework Chapter 8. National Planning Policy Framework - GOV.UK (www.gov.uk) Healthy and safe communities - GOV.UK (www.gov.uk) National Design Guide – Chapter U3 (social inclusivity)	Community engagement before and during construction can help alleviate fears and concerns. Creating a sense of community is important to individual's health and wellbeing and can reduce feelings of isolation and fear of crime. Planning can support communities and improve quality of life for individuals by creating environments with opportunities for social networks and friendships to develop.
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 174(e) National Planning Policy Framework - GOV.UK (www.gov.uk) National Design Guide – Chapters R1, R2, R3 (Resources)	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 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.			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.		Planning Policy Guidance. How should health and well-being and health infrastructure be considered in planning decision making? National Planning Policy Framework paragraph 20,92c, 93 National Planning Policy Framework - GOV.UK (www.gov.uk) Healthy and safe communities - GOV.UK (www.gov.uk) Planning Policy Guidance,what is a healthy community? How can planning create a healthier food environment? Healthy and safe communities - GOV.UK (www.gov.uk) National Design Guide Chapter U1 (mix of uses)	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.			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

THEME 4	ACTIVE LIFESTYLES			
Access	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.		National Planning Policy Framework Chapter 8 Promoting healthy and safe communities National Planning Policy Framework - GOV.UK (www.gov.uk) National Planning Policy Framework Chapter 9 Promoting sustainable transport National Planning Policy Framework - GOV.UK (www.gov.uk) Safe, sustainable development aims and guidance notes for local Highway Authority requirements in Development Management, Norfolk County Council. Highway Guidance for Development	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.

Travel and transport Page 52	The plan or proposal has a travel plan that includes adequate and appropriate cycle parking and storage and traffic management and calming measures. The layout is highly permeable and includes safe, well-lit, and networked pedestrian and cycle routes and crossings. The plan or proposal minimises travel to ensure people can access facilities they need by walking cycling and public transport. 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.		National Design Guide Chapters M1, M2 & M3 (movement)	A travel plan can promote sustainable transport and address the environmental and health impacts of a development. 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. Developments should prioritise the access needs of cyclists and pedestrians. Developments should be accessible by public transport.

THEME 5	HEALTHY HOUSING			
Accessible housing	The plan or proposal meets all the requirements contained in National Housing standards for daylighting, sound insulation, and private space. The plan or proposal provides accessible homes for older or disabled people.		National Planning Policy Framework Chapter 12 Achieving well-designed places National Planning Policy Framework - GOV.UK (www.gov.uk) National Design Guide Chapters H1, H2, H3, L2, & U2	Good daylighting can improve the quality of life and reduce the need for energy to light the home. 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. Accessible and easily adaptable homes can meet the changing needs of current and future occupants.
Healthy living	The plan or proposal provides dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces. Practical use for garden space is provided and where garden space is impractical effectively managed communal garden space will be provided. The plan or proposal encourages the use of stairs by ensuring that they are well located, attractive and welcoming.			Sufficient space is needed to allow for the preparation and consumption of food away from the living room to avoid the 'TV dinner' effect. 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.

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