

PLANNING POLICY & BUILT HERITAGE WORKING PARTY

Minutes of the meeting of the Planning Policy & Built Heritage Working Party held on Monday, 12 June 2023 at the Council Chamber - Council Offices at 10.00 am

Committee

Members Present:

Cllr A Brown (Chairman)	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
Cllr A Varley	

Members also attending:

Cllr W Fredericks

Officers in Attendance:

Planning Policy Manager (PPM)
Democratic Services Manager
Democratic Services Officer – Regulatory
Senior Planning Officer - ST

Apologies for Absence:

Cllr G Bull (Vice-Chairman)

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr G Bull.

2 PUBLIC QUESTIONS

None received.

3 MINUTES

The Minutes of the meeting held Monday 20th February 2023 were approved as a correct record.

4 ITEMS OF URGENT BUSINESS

None.

5 DECLARATIONS OF INTEREST

None received.

6 ANY OTHER BUSINESS AT THE DISCRETION OF THE CHAIRMAN.

None.

7 HEALTH PROTOCOL UPDATE

Officers Report

The PPM introduced the Officer's Report and updated Health Protocol; a

multiagency-owned document shared between members of the Norfolk Strategic Planning Group including planning authorities and health organisations. The PPM commented that one of the key frustrations from the public, with regards the Local Plan, was that the delivery of housing was not matched by healthcare provision or infrastructure more broadly. The PPM advised that Members were asked to consider and endorse the revised changes to the Protocol as identified on P.21 of the Agenda.

The meeting was adjourned at 10.11am due to an IT outage and was reconvened at 10.32am.

Members debate and questions

- i. Cllr N Dixon stated that whilst he was content with many aspects of the Protocol he was not content with the way in which it failed to consider and deal with certain components of health. With reference to Page 20, Paragraph 1.4 of the Officer's report, Cllr N Dixon noted that Members were asked to 'note the new approach to embedding health and wellbeing in spatial planning', but questioned what that actually meant in practice. He contended it was important that other elements of healthcare including mental, dental and public also be considered within the Protocol, and reflected that the lack of mental and dental health services had been a considerable issue locally. Cllr N Dixon affirmed that Members had a responsibility to ensure such elements were explicitly defined within the document as a critical part of the delivery of health and wellbeing services, to not do so would be a failed opportunity to place greater emphasis to those components of health.
- ii. Cllr J Toye, with reference to Page 20, Paragraph 2.4, questioned how this could be ensured in practice. He contended that large developers may choose to subdivide a site into smaller sites which, if taken alone, may not meet the 50 dwelling threshold figure, though would have if they had been considered collectively.
- iii. Cllr V Holliday asked how the 50 dwelling figure had been reached and whether this was implementable. She noted that within her Ward smaller developments had, over time, cumulatively resulted in 50 dwellings, but that this would not have been apparent at the outset. She questioned how cumulative development would be considered and managed. Additionally, Cllr V Holliday asked the PPM to offer examples how healthcare and public health had influenced the design and pre-planning of developments.
- iv. Cllr J Punchard supplied that through the Protocol a new doctor's facility had been built in his Ward. This had been completed to a high standard and with the appropriate physical infrastructure to provide services for mental health, district nursing, and minor surgeries. However, staffing the facility remained an issue meaning the resource could not be used to its fullest.
- v. Cllr P Heinrich sought clarity how it could be ensured that developers pay the relevant share of the cost of providing the services identified in the document. Further, with regards Paragraph 2.2, Page 20, Cllr P Heinrich asked, when combining two existing doctors' surgeries, the process of identifying suitable sites and whether these should be allocated in anticipation of demand.

- vi. Cllr J Toye commented that perhaps a tariff could be imposed, which would therefore mean that irrespective of the overall number of dwellings built, each house would contribute to services. He noted that there were many different ways which may help to address the potential 50 dwelling loophole.
- vii. The Chairman stated that he took issue with the Health Impact Assessment, and endorsed Member's concerns about developments being built out in stages, not meeting the 50 dwelling threshold, though reflected there may be little the Local Planning Authority could do to deter this. Further, he considered that the Protocol failed to give enough weight to commercial development's and considered this had been tacked on the appendix as an afterthought, noting that intensive agricultural units would likely impact the health of nearby communities. The Chairman asked if Planning Officers would be provided training into this document, and whether the protocol had been checked against the NPPF. Reflecting on Member's comments, the Chairman expressed his support that the Protocol make clearer its position on mental and dental healthcare, and agreed that these services should be given greater focus.
- viii. The PPM noted Member's suggestions regarding the narrow scope of the document, the absence of references to dentistry and mental health, and issues surrounding the cumulative impacts of small scale developments which may enable developers to avoid obligations. He relayed the consensus view of the Partners, that this was a targeted piece of work dealing with large house building and Doctor's Surgeries. The PPM considered Members were broadly in support of the Protocol, and suggested that the next review should look at the scope and breadth of the document in relation to those changes suggested by Members.
- ix. Cllr N Dixon sought clarification to the PPM's suggestion that Member's comments should be considered at the next review and not the current review/update which Members were being asked to endorse. He affirmed that he was under the impression that the Council, as a partner of the group would be able to influence the Protocol. Cllr N Dixon considered some of the changes could be implemented in a matter of months and, without starting afresh, this was capable of being resolved with minor changes to wording.
- x. The PPM advised that Members could, if they were not comfortable endorsing the document, go back to the partners citing the areas they considered to be deficient. The PPM cautioned this approach, and considered the changes identified by Members to be more substantive than changing wording alone and that this would take time. He recommended the Working Party endorse the document in its current form as an interim measure and request the Partners consider NNDC's comments moving forward.
- xi. Cllr V Holliday expressed her support for Cllr N Dixon's comments. She remarked that dentistry was to move to the Integrated Care Partnership for Norfolk and Waveney and mental health was already part of the ICP.
- xii. Cllr J Punchard stated that he would be supportive of endorsing the documents with regards updated terms and relevance of the document, but not of the document as a whole.
- xiii. Cllr J Toye sought confirmation over the time scale for tabling Member's

suggested amendments to the partnership.

- xiv. The PPM advised, having reflected on the Working Parties debate that if Member's were minded to do so, the Working Party could recommended to Cabinet that they accept the factual modifications to the framework in so far as they relate to the contact details, technical modifications, and statutory changes, but do not endorse the revised Health Protocol in its entirety, pending further consideration of the breadth of the document's content. Further, the Working Party ask that the partners expedite the overriding timeframe to take place in the next 9 months.
- xv. Cllr N Dixon expressed his support for this recommendation and stressed the importance that Members are able to consider and contribute to the final document. It was unacceptable that this be considered a rubber stamp exercise. He agreed that the outlined timeframe was appropriate and reasonable.
- xvi. Cllr M Hankins asked for details on the other partners and the scope of the group.
- xvii. The PPM confirmed that Norfolk Strategic Planning Group was a multi-agency group with partner members from all relevant local planning authorities working together for strategic cross boundary planning issues. This aided in having joined up processes and procedures and greater efficiency.
- xviii. Cllr J Toye noted that the 50 dwelling figure was not included in the recommendation and asked if this would be dealt with separately.
- xix. The PPM advised this was a technical implementation issue and would be dealt with at that level.
- xx. The Chairman sought clarity whether not endorsing the Protocol would have an adverse impact on Local Plan adoption.
- xxi. The PPM stated that the Protocol was referenced in the Local Plan, and whilst the Inspector may be curious as to the state of the Protocol, he did not envisage this critical in whether the Local Plan was adopted.
- xxii. Cllr J Toye proposed acceptance of the Officers recommendation. Cllr P Heinrich seconded.

RESOLVED

That Planning Policy Working Party recommend to Cabinet that the Council endorses the update to the Health Protocol (in so far as it relates to contact details, factual changes, and reference systems) but does not endorse the content of the protocol in its entirety.

Further, Planning Policy & Built Heritage Working Party recommends to Cabinet that the Council requests that the Norfolk Strategic Planning Framework reconsiders the scope of the Protocol including mental health, dentistry and public health in the broader sense, and addresses the issues around practical implementation.

8 EXCLUSION OF PRESS AND PUBLIC

None.

The meeting ended at 11.15 am.

Chairman