

REPORT TITLE	Planning In Health Protocol
Executive Summary	The purpose of this report is to consider progress made on the Planning in Health Protocol following endorsement by the Norfolk Strategic Framework
Options considered.	Not to endorse the Protocol.
Consultation(s)	The Action Plan has been informed by stakeholder engagement and the Norfolk Strategic Framework
Recommendations	<p>Members of the Planning Policy & Built Heritage Working Party:</p> <ol style="list-style-type: none"> I. note the updated content and the new approach to embedding health and wellbeing in spatial planning and II. recommend to Cabinet that the revised Planning for Health Protocol be used when preparing Local Plans and determining planning applications.
Reasons for recommendations	To ensure appropriate consideration of Health in Planning
Background papers	Health Protocol

Wards affected	All
Cabinet member(s)	Cllr Andrew Brown, Portfolio Holder for Planning & Enforcement
Contact Officer	Iain Withington, Acting Planning Policy Manager iain.withington@north-norfolk.gov.uk

Links to key documents:	
Corporate Plan:	The report addresses themes: Meeting Our Housing Need, Investing in Our Local Economy and Infrastructure and A strong, Responsible & Accountable Council.
Medium Term Financial Strategy (MTFS)	N/A

Council Policies & Strategies	Adopted and emerging local plan
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Corporate Governance:	
Is this a key decision	No
Has the public interest test been applied	No
Details of any previous decision(s) on this matter	Norfolk Strategic Framework 23rd October 2024 <ul style="list-style-type: none"> • PPBHWP June 2023

1. Purpose of the report

- 1.1 The purpose of this report is to consider progress made on the Planning in Health Protocol following endorsement by the Norfolk Strategic Framework.

2. Introduction & Background

- 2.1 The Planning in Health Protocol provides a collaborative way of working between the ICB estates team and health partners, Public Health, Local Planning Authorities (LPAs), and helps ensure the impacts on health and care services from local plans and a growing population are measured, understood, mitigated, and managed appropriately.
- 2.2 The Council first adopted the use of the Health Protocol in late 2017 and endorsed an updated version August 2019. The previous updated 2023 version was endorsed by the Council, in so far as it relates to contact details, factual changes, and reference systems but the working party did not endorse the content of the protocol in its entirety
- 2.3 Working party members requested that officers sought further changes through the Norfolk Strategic and reconsidered the scope of the Protocol including mental health, dentistry and public health in the broader sense, and addresses the issues around practical implementation.
- 2.4 The updated documents included reflects the new NHS structures and changes in national planning policy. The main updates to this version of the Protocol are the addition of a new Section 1 (How to use this protocol), more detail on the tools and data used by the Integrated Care Board, ICB, to calculate the impacts on healthcare services, as well as revisions to the text describing changes to the health and social care system and its governance within which the Protocol operates.
- 2.5 In responding to the clarifications on dentistry the revisions highlight that the ICB took over delegated responsibility for commissioning dental services from NHS England in April 2023, and that they will now be captured through this protocol and process.

- 2.6 A long-term plan for dentistry has been developed and agreed, with a vision to build stability and resilience across our dental services; improve access to oral health care for Norfolk and Waveney's population; and, to reduce health inequalities.
- 2.7 A number of actions and focus areas are covered in the plan, but with regards to the protocol process and the capturing of dentistry within it – the next step for the ICB estates team is to continue work with the primary care commissioning team to ensure demand and capacity is understood, and calculations like those ran through HUDU for GP practices, highlighting the specific impacts, can be ran for dentistry and included with our responses.
- 2.8 In relation to information how the ICB calculates developer contributions, with specific concerns regarding the evidence calculation shared the document now includes additional detail on the modelling tool used to calculate the impacts on healthcare services and its infrastructure. They have developed and include a new table of metrics within our response letters to planning consultations that highlight the existing local infrastructure, the capacity of that infrastructure, the workforce, as well the additional demand from the proposed development. (page 34)
- 2.9 The protocol is a multiagency-owned document between planning authorities and health organisation and was agreed at the Norfolk Strategic Planning Group. It has also been endorsed by the Health and Wellbeing Board District Council Subcommittee in September. The draft has been approved by the ICB executive management team and is with NHSE for review.

3. Options

None presented other than not to endorse the updated document.

4 Legal Implications

- 4.1 None identified as a direct result of this report.

5 Risks

- 5.1 In the failure to implement or follow the protocol could result in delivery of poorer services and reputational damage

6 Net Zero Target

- 6.1 No assessment has been made against the council's [Net Zero 2030 Strategy & Climate Action Plan](#).

7 Equality, Diversity & Inclusion

- 7.1 Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 There are no direct implications on equality within this report.

8 Community Safety issues

N/A

9 Conclusion and Recommendations

Members of the Planning Policy & Built Heritage Working Party:

- I. note the updated content and the new approach to embedding health and wellbeing in spatial planning and**
- II. recommend to Cabinet that the revised Planning for Health Protocol be used when preparing Local Plans and determining planning applications.**

Appendices

Appendix 1: Planning in Health Protocol August 2024

End