

BRECKLAND DISTRICT COUNCIL

Report of: Sarah Suggitt: Executive Member for Strategic & Operational Planning

To: CABINET 13 March 2023

Author: Rachel Gibbs: Senior Planning Officer

Subject: Planning in Health Protocol Document

Purpose: To seek Cabinet Approval for the Planning In Health Protocol to be used in planning decisions and spatial planning

Recommendation

That Cabinet

- 1) Endorse the approach to embedding health and wellbeing in spatial planning.
- 2) Endorse the revised Planning in Health Protocol

1 BACKGROUND

- 1.1 The built and natural environment is a key determinant of health and wellbeing, and shapes health inequalities. Research shows that the environment people live in is inextricably linked to health e.g., the way neighbourhoods are designed can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.
- 1.2 Public Health would like to better engage with spatial planning bodies in Norfolk to ensure that local plans have the necessary hooks and levers to ensure health and wellbeing are a key consideration in proposed future development.
- 1.3 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 should jointly consult to ensure that health considerations are adequately accounted for in plan making, planning applications and their subsequent development.
- 1.4 The protocol has been revised to take account of new structures and policy within both health and spatial planning. It also aims to ensure greater consideration of health promotion in the planning process and to make the protocol more accessible as well as clarifying partner roles and responsibilities.

Main content

- 1.5 The protocol governs how relevant NHS organisations, public health and local planning authorities will 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 health considerations includes planning for health service provision – such as the provision of enough doctor’s surgeries to meet population needs – and promoting health and wellbeing in the design and provision of developments, such as provision of walking and cycling infrastructure, access to green spaces or maintenance of good air quality.
- 1.6 The protocol sets out the size and scale of development when it will apply and provides information about the types of activities that can be undertaken, such as health impact 2 assessment, to promote healthy planning and development and includes a health planning checklist.

Summary of key aspects of Health Protocol

- 1.7 For Planning authorities to consult the health protocol for planning applications for:
- All housing developments of 50 dwellings or more.
 - Any development under 50 dwellings if it is deemed to have the potential to impact health services significantly.
 - Any development which includes care homes, housing for the elderly or student accommodation.
 - Any development which involves significant loss of public open spaces.
- 1.8 The health protocol is to be used at all points of the planning process and there is a commitment from the protocol for a written response within 21 days.
- 1.9 For Local Plans
- Annual meetings to discuss monitoring.
 - Include in consultation on Local Plan reg 18 & 19.
 - Refer to healthy planning checklist tool.
- 1.10 New NHS Contacts for planning issues have also been provided: NHS ICS Estates: nwccg.icsestates@nhs.net and NCC Public Health: phplanning@norfolk.gov.uk

Endorsement

- 1..11 The protocol is a multi-agency owned document between Norfolk planning authorities and health organisations, and was prepared in conjunction with officers from the Norfolk Planning Policy Framework. The Norfolk Planning Policy Framework Members agreed to endorse the revised Planning in Health Protocol at the January 2023 meeting and for it to be ratified by each local authority.

2.0 OPTIONS

- 2.1 Not to endorse the Health Protocol. This is rejected as it is important to develop and maintain strong working relationships with key statutory agencies.

3.0 REASONS FOR RECOMMENDATION(S)

3.1 If agreed this Protocol will improve engagement with statutory health providers covering Breckland both when considering planning applications and the Local Plan Update as it emerges.

4.0 EXPECTED BENEFITS

4.1 If agreed this Protocol will lead to a greater collaboration between local planning authorities, health service organisations and public health agencies to plan for future growth and to promote health..

5.0 IMPLICATIONS

5.1 In preparing this report, the report author has considered the likely implications of the decision - particularly in terms of Carbon Footprint / Environmental Issues; Constitutional & Legal; Contracts; Corporate Priorities; Crime & Disorder; Data Protection; Equality & Diversity/Human Rights; Financial; Health & Wellbeing; Reputation; Risk Management; Safeguarding; Staffing; Stakeholders/Consultation/Timescales; Other. Where the report author considers that there may be implications under one or more of these headings, these are identified below.

Corporate Priorities

5.2 The Local Plan Review aligns with the following corporate priorities in the Breckland Corporate Plan 2021–2025.

- Inspiring Communities
 - Outcomes:
 - To enhance the health and wellbeing of Breckland's residents as part of Norfolk's Integrated Care System and by providing excellent leisure facilities and activities.
 - Strategic Priorities
 - We will work to address health inequalities in our communities.
 - We will actively work with partners to further develop Breckland's communities.

Financial

5.3 It is considered that the implementation of this Protocol can be delivered through existing resources

Staffing and Financial

5.4 It is considered that the implementation of this Protocol can be delivered through existing resources

6.0 **WARDS/COMMUNITIES AFFECTED**

6.1 All

7.0 **ACRONYMS**

7.1 None

Background papers:-

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Exempt Decision: No

This report refers to a Mandatory Service

Appendix 1: Health Protocol Revised May 2022