

Borough Council of
**King's Lynn &
West Norfolk**



Local Plan Task Group

Agenda

Wednesday, 21st February, 2018
at 10.00 am

in the

**Card Room
Town Hall
Saturday Market Place
King's Lynn
PE30 5DQ**



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15 February 2018

Dear Member

Local Plan Task Group

You are invited to attend a meeting of the above-mentioned Panel which will be held on **Wednesday, 21st February, 2018 at 10.00 am** in the **Card Room - Town Hall, Saturday Market Place, King's Lynn PE30 5DQ** to discuss the business shown below.

Yours sincerely

Chief Executive

AGENDA

1. **Apologies**
2. **Notes of the Previous Meeting** (Pages 5 - 9)
3. **Matters Arising**
4. **Declarations of Interest**

Please indicate if there are any interests which should be declared. A declaration of an interest should indicate the nature of the interest (if not already declared on the Register of Interests) and the agenda item to which it relates. If a disclosable pecuniary interest is declared, the Members should withdraw from the room whilst the matter is discussed.

These declarations apply to all Members present, whether the Member is part of the meeting, attending to speak as a local Member on an item or simply observing the meeting.

5. Urgent Business

To consider any business which, by reason of special circumstances, the Chairman proposes to accept as urgent under Section 100(b)(4)(b) of the Local Government Act, 1972.

6. Members Present Pursuant to Standing Order 34

Members wishing to speak pursuant to Standing Order 34 should inform the Chairman of their intention to do so and on what items they wish to be heard before the meeting commences. Any Member attending the meeting under Standing Order 34 will only be permitted to speak on those items which have been previously notified to the Chairman.

7. Chairman's Correspondence (if any)

8. HELAA Draft Final Document (Pages 10 - 43)

9. Study of Employment Land in the Borough as a background paper for the Local Plan Review

10. Norfolk Strategic Planning Framework (Pages 44 - 50)

Link to website:

<https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/results/20171220-norfolk-strategic-framework-final.pdf>

11. The Norfolk Health Protocol (Pages 51 - 100)

12. Neighbourhood Plans - Verbal Update

13. Date of Next Meeting

The next meeting of the Task Group will take place on Wednesday 14 March 2018 at 10 am in the Card Room, Town Hall, Saturday Market Place, King's Lynn.

To:

Local Plan Task Group: R Blunt (Chairman), A Bubb, Mrs S Buck, C J Crofts, J Moriarty, M Peake (Vice-Chairman), Miss S Sandell, D Tyler and Mrs E Watson

Appropriate Officers:

Alex Fradley, Senior Planner

Alan Gomm, Planning Policy Manager

Felix Beck, Graduate Planner

BOROUGH COUNCIL OF KING'S LYNN & WEST NORFOLK**LOCAL PLAN TASK GROUP**

**Minutes from the Meeting of the Local Plan Task Group held on
Wednesday, 17th January, 2018 at 10.00 am in the Council Chamber, Town
Hall, Saturday Market Place, King's Lynn PE30 5DQ**

PRESENT: Councillor R Blunt (Chairman)
Councillors A Bubb, C J Crofts, T Parish, M Peake (Vice-Chairman),
Miss S Sandell, D Tyler and Mrs E Watson

Officers:

Felix Beck, Graduate Planner
Alex Fradley, Senior Planner

1 APOLOGIES

Apologies for absence were received from Councillors Mrs S Buck and J Moriarty.

2 NOTES OF THE PREVIOUS MEETING

The notes of the meeting held on 15 November 2017 were agreed as a correct record.

3 MATTERS ARISING**Clinical Commissioning Group (CCG)**

The Senior Planner advised that the Local Plan Manager was meeting with the CCG later in January 2018 and would invite them to attend the next meeting of the Task Group.

4 DECLARATIONS OF INTEREST

None.

5 URGENT BUSINESS

There was no urgent business.

6 MEMBERS PRESENT PURSUANT TO STANDING ORDER 34

There were no Members present under Standing Order 34.

7 **CHAIRMAN'S CORRESPONDENCE (IF ANY)**

None.

8 **HELAA OVERVIEW**

The Senior Planner provided an overview of the HELAA process and explained that it was a key evidence document which would support the Local Plan review and that its main purpose was to test whether there was sufficient land to meet the full objectively assessed need (FOAN) and identified where this may be located.

The Senior Planner responded to questions relating to:

- Model and calculation used to assess suitability of each site and to determine if sites put forward were deliverable.
- Density.
- Constraints affecting potential development.
- Estimating development potential/density of sites.
- Growth areas in the Borough.
- Consultation with key stakeholders including the Internal Drainage Boards.
- Future consultation requirements

It was noted that a draft report detailing the final sites and relevant information be presented to the next Task Group meeting.

The final HELAA document would be published with the Local Plan review.

The Task Group expressed their thanks to the Local Plan Team for the detailed work undertaken to date.

AGREED: A draft report be presented at the next Task Group on 21 February 2018.

9 **LOCAL PLAN REVIEW**

The Task Group received an overview of the Local Plan Review together with the review programme for 2018-2020.

The Senior Planner responded to questions relating to:

- The Sustainability Appraisal and key issues.
- The draft Plan.
- Consultation required.
- Assessment of and viewing sites via google earth.

- Sites visits to be arranged if required.
- Revised National Planning guidance.
- Smaller villages and hamlets.

AGREED: The Task Group agreed the revised Local Development Scheme for the Local Plan review and that this be published on the website.

The Task Group adjourned at 11.12 am and reconvened at 11.20 am.

10

SETTLEMENT HIERARCHY

The Senior Planner explained that the briefing note presented the final version of the proposed settlement hierarchy for the Local Plan review (2016 – 2036).

The Task Group's attention was drawn to the three points set out below:

1. West Walton and Walton Highway previously was a joint Key Rural Service Centre (KRSC). It had been agreed to split the two settlements. West Walton becomes a KRSC in its own right and Walton Highway became a Rural Village (RV).
2. Three Holes had been added to the joint KRSC of Upwell and Outwell. The settlements were inter-connected, representing a continuation of linear settlements and the Development Boundary. Therefore, the linkage would be logical and similar to that seen with some of the other joint settlements. Three Holes has a relatively small population of 390 (2011 census) making it one of the smallest RV's. The development boundary covered a small area, with areas south of the Middle Level Drain excluded. Both Outwell and Upwell were preparing separate Neighbourhood Plans.

It was noted that Three Holes was contained within the Parish of Upwell, and therefore would come under their Neighbourhood Plan.

3. In reviewing the development boundaries for the Smaller Villages and Hamlets (SVAH), the Council had previously decided to not provide a boundary for a number of settlements and therefore they are removed from the settlement hierarchy and become part of the countryside.

The Senior Planner responded to questions relating to:

- Advantages and Disadvantages of Three Holes being added to the joint KRSC of Upwell and Outwell.
- Smaller villages and hamlets.
- Flood zones/risks.

Following a discussion it was proposed, seconded and

AGREED: 1) The Task Group agreed the Settlement Hierarchy for the Local Plan review.

2) That Three Holes was to remain as a rural village.

11 **AMR - PURPOSE AND REQUIREMENTS**

The Senior Planner explained the purpose and requirements of the AMR and advised the Task Group that the Council had to publish the document at least annually.

The Senior Planner responded to questions relating to:

- Current assessment of completed and lapsed planning permissions.
- Content of AMR.
- Duty to co-operate.
- Borough Council being in a position to ensure delivery of housing requirements.
- Revised NPPF and planning guidance.

12 **UPDATE ON NEIGHBOURHOOD PLANS**

The Task Group received an update on the following circulated with the Agenda as set out below:

- Neighbourhood Plans in Force.
- Neighbourhood Plan status request – November 2017/December 2017/Early January 2018.
- Neighbourhood Plans in active preparation,
- Review of Neighbourhood Plans.
- Identified difficulties regarding Neighbourhood Plan preparation.

The Graduate Planner/Senior responded to questions relating to:

- Future funding available to Parish Councils for Neighbourhood Plans.
- Data Protection requirements.
- Locality Website - <http://locality.org.uk/resources/quick-guide-neighbourhood-planning/> where Parish Councils could obtain a guide on producing a Neighbourhood Plan.

AGREED: That the update report be noted.

13 **DATE OF NEXT MEETING**

The next meeting of the Task Group would take place on Wednesday 21 February 2018 at 10.00 am in the Card Room, Town Hall, Saturday Market Place, King's Lynn.

The meeting closed at 12.04 pm

**Borough Council of King's and West Norfolk Local
Plan Review (2016 – 2036):**

**Housing and Economic Land Availability
Assessment (HELAA)**

Local Plan Task Group Draft Version

February 2018

Contents

1. Introduction	2
2. Housing Need & the HELAA	3
3. Planning Policy Context	4
4. HELAA Methodology	6
5. Identification of sites and broad locations	8
6. Desktop review and site exclusions	10
7. Site Assessment	12
8. Site Capacity	15
9. Windfall	17
10. Results	19
11. Land for Economic Development	24
12. Retail	29
13. Conclusion	30
14. Overall Conclusion	33

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1. Introduction

- 1.1 The Borough Council of King's Lynn and West Norfolk (BCKLWN) Housing and Economic Land Availability Assessment (HELAA) is a technical study which has been developed to determine the potential housing and economic land supply within the Borough over a 20 year period, from 2016 through to 2036.
- 1.2 This time frame accords with the emerging Local Plan review. The HELAA will inform the Local Plan review's preparation.
- 1.3 It is important to note that the HELAA does not represent policy and will not ultimately determine if a site should be allocated within the Local Plan review or indeed should be granted planning permission. This is the role of the Local Plan and the development management process. Similarly, the non-inclusion of a site does not preclude future development, providing proposals meet planning policy which is in place at the time that a site comes forward.
- 1.4 Assessments are based upon the information available at the time. This includes that which has been submitted by the land owner/promotor/agent in support of a site as part of their overall submissions to the 2016 'Call for Sites and Policy Suggestions' consultation, information provided by those consultees involved, desktop and site visit information, and any information from previous planning applications on the same site for a similar proposal.
- 1.5 It is anticipated that further evidence may be provided in support of sites which would be rejected that could potentially bring them back into contention for allocation purposes. Similarly it is also anticipated that further sites will be proposed for allocation through the Local Plan review preparation and consultation process.
- 1.6 Sites which pass the HELAA appraisal will then be subject to a Sustainability Appraisal (including Strategic Environmental Assessment). Those sites which do not pass the HELAA appraisal will be classed as a 'rejected site'.
- 1.7 Sites have been assessed on an individual basis, rather than the consideration of any cumulative effects or constraints of a settlement or geographic area. This is an area the Sustainability Appraisal will focus upon as sites are considered against each other and cumulative impacts taken into account.
- 1.8 The overall aim of the HELAA is to assess the potential land supply within the Borough and determine if the Borough Council is likely to be able to meet the identified need for housing and for economic growth. It will also support discussions with other authorities through the duty to cooperate if the Borough Council needs assistance in delivering its development need.

2. Housing Need & the HELAA

- 2.1 As mentioned the HELAA's purpose is to consider if the identified housing need for the Borough can be met. Housing need is often referred to as fully, objectively assessed need (FOAN). The HELAA also identifies where this land may potentially be located.
- 2.2 The National Planning Policy Framework (NPPF) requires local planning authorities to identify the objectively assessed need for housing in their area. And to ensure that local plans translate those needs into land provisions.
- 2.3 The latest published, and endorsed (by the Borough Council), FOAN for King's Lynn and West Norfolk is contained within the report titled '*Assessing King's Lynn and West Norfolk's Housing Requirement*' (Neil McDonald, October 2016). This was prepared to support the Local Plan review process and also to aid five year housing land supply calculations.
- 2.4 The report concludes that the FOAN for the Borough of King's Lynn and West Norfolk is 13,400 homes over the period from 2016 to 2036. This is an average of 670 homes a year.
- 2.5 The HELAA is just one part of a wider evidence base and should not be considered in isolation.
- 2.6 Neil McDonald's report can be read in full via the link below:
- https://www.west-norfolk.gov.uk/info/20215/affordable_housing_and_housing_needs/578/housing_need_up_date
- 2.7 The HELAA therefore needs to demonstrate that there is at least enough dwelling capacity within the Borough to meet the FOAN of 13,400 to 2036.

3. Planning Policy Context

- 3.1 The NPPF requires that Local Planning Authorities (LPA's) use their evidence base to ensure that their Local Plan meets the full, objectively assessed needs for housing over the plan period and maintain an adequate supply of housing land within their area. A vital piece of this is the preparation of a land availability assessment. This should establish realistic assumptions about the availability, suitability and the likely economic viability of land in order to meet the identified need for housing over the plan period.
- 3.2 Planning Practice Guidance (PPG) builds upon this suggesting that LPA's combine their economic and housing assessments to create a HELAA. The PPG goes on to state that the HELAA is a key component of the evidence base which should be used to underpin policies in local plans for housing and economic development.
- 3.3 The PPG is at the time of writing the latest and most up to date guidance for the preparation of a HELAA. This provides a clear methodology, which should be followed. It includes what factors should be considered and what assumptions can be made. It states that a HELAA should:
- identify sites and broad locations with potential for development
 - assess their development potential
 - assess their suitability for development and the likelihood of development coming forward (the availability and achievability)
- 3.4 It also provides details with regard to windfall sites and assumptions which can be made as to their contribution towards the housing land supply.
- 3.5 Finally it provides details of what to do should the results of a HELAA demonstrate that the development needs of the Borough cannot be met over the plan period. In such a situation it advises that plan makers revisit the assessment on revised assumptions, such as assumptions of development potential on particular sites. If following this review there are still insufficient sites then it will be necessary to investigate how this shortfall can be planned for and undertake discussions through the duty to cooperate to assess if there is sufficient capacity in neighbouring areas to accommodate additional growth.
- 3.6 The HELAA aims to provide a realistic number of dwellings that each site can potentially provide by assessing each site in order to determine whether it is suitable, available and achievable for housing. It also indicates the timescales for their delivery.
- 3.7 A Link to the planning practice guidance HELAA section is provided below:

<http://planningguidance.communities.gov.uk/blog/guidance/housing-and-economic-land-availability-assessment/>

3.8 The BCKLWN Local Plan currently comprises the Core Strategy (CS) (adopted 2011) and the Site Allocations and Development Management Policies Plan (SADMP) (adopted 2016).

3.9 The CS provides strategic level guidance as to growth and significant issues across the Borough in the period to 2026. The CS forms one part of Local Plan. It is the main document setting out the long term strategy, including the vision and objectives for the Borough, and the broad policies that will steer and shape new development.

3.10 The SADMP gives effect to and compliments the CS. This is done so through the provision of land use allocations for land uses including housing and economic land to meet aspirations of the CS. It also provides a series of detailed development management policies which will assist in guiding development.

3.11 The plan period covered by the Local Plan is from 2001 through to 2026.

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4. HELAA Methodology

4.1 The HELAA Methodology which is employed has been prepared in accordance with the NPPF and the PPG, as discussed in the previous sections. This methodology has been developed by all of the Norfolk Local Planning Authorities (listed below) as part of the duty to cooperate, through the housing working group of the Norfolk Strategic Planning Framework (NSPF).

- Breckland Council
- Broadland District Council
- Broads Authority
- Great Yarmouth Borough Council
- Norwich City Council
- North Norfolk District Council
- Borough Council of King's Lynn and West Norfolk
- South Norfolk Council

4.2 Using a common methodology should ensure that each planning authority prepares its HELAA in a consistent way. The methodology has been through public consultation in 2016 and therefore the final agreed HELAA methodology has been informed by key stakeholders. Details of this consultation can be viewed via North Norfolk District Council's website, for ease a direct link to this is provided below:

<https://www.north-norfolk.gov.uk/tasks/planning-policy/housing-economic-land-availability-assessment-helaa/>

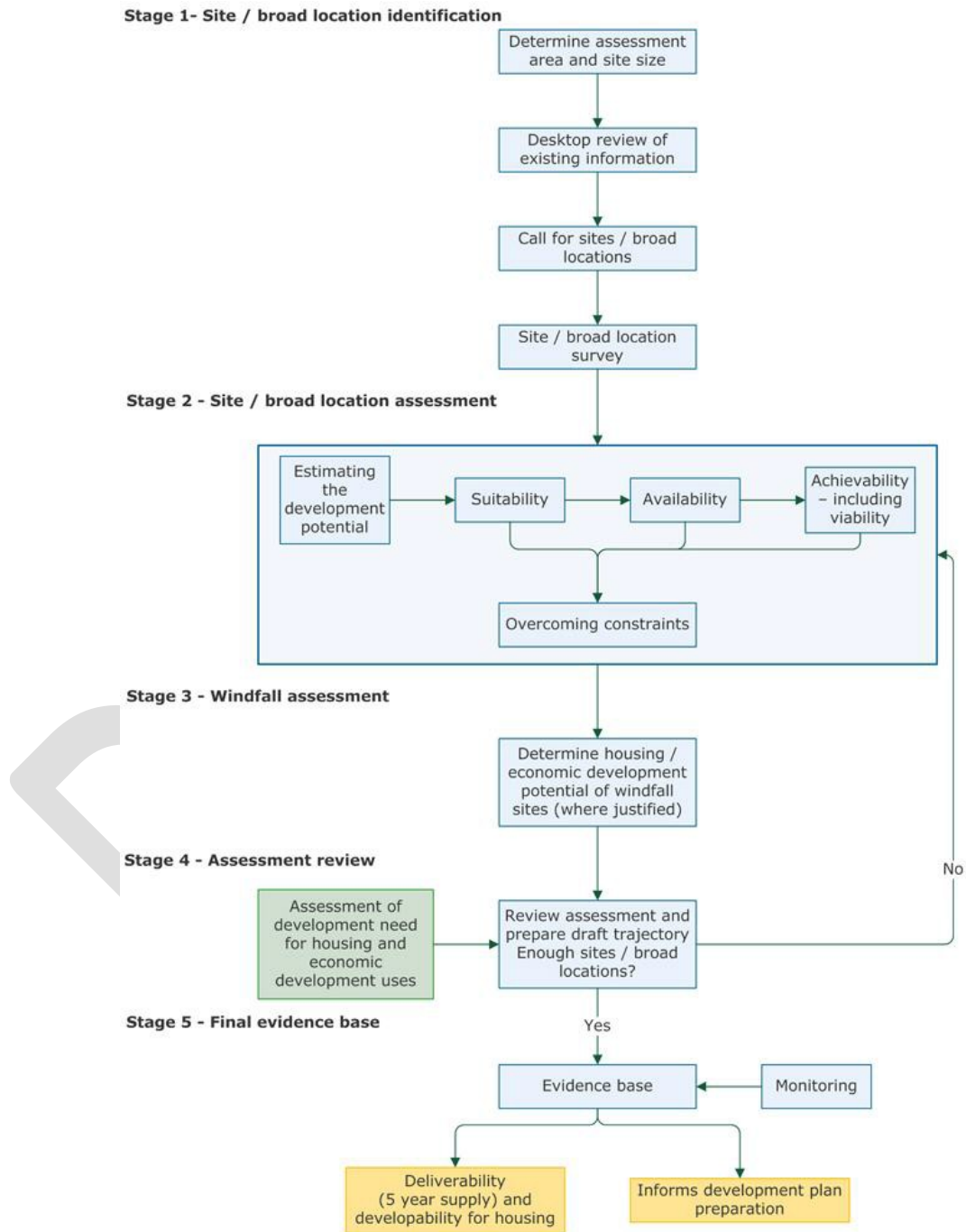
4.3 The agreed HELAA Methodology and assumptions can be viewed in full via the link below:

https://www.west-norfolk.gov.uk/info/20216/local_plan_review_2016_-_2036/630/local_plan_review_call_for_sites

4.4 A summary of this is provided as a figure on the next page.

Figure 1 - Flowchart showing the HELAA Methodology

Source: PPG (Para ID 3-006-20140306)



5. Identification of sites and broad locations

5.1 This HELAA has been prepared based upon sites from the following sources:

- Sites with planning permission for housing or economic uses
- Sites which are allocated within the existing Local Plan (CS 2011 and SADMP 2016)
- Sites submitted through the Call for Sites and Policy Suggestions consultation (17 Oct - 28 Nov 2016)
- Consideration of the contribution to housing supply from windfall sites going forward

5.2 Note sites owned by the BCKLWN have been submitted as part of the 2016 consultation and these have been considered and assessed accordingly. Sources looked at which are considered not suitable at this time:

- Made Neighbourhood Plans. There are currently four within Borough, however none allocate land for housing or economic purposes
- Emerging Neighbourhood Plans. There are a number of these within the Borough, however none, at the time of writing, have reached an advanced stage

5.3 Should assessment of these sources of sites result in an insufficient capacity being identified, then the following further sources will be explored:

- Previous 2008 / 2010 Strategic Housing Land Availability Assessment (SHLAA) & 2014 HELAA. Given the time which has passed the majority of the sites assessed have either gained planning permission, have been allocated within the Local Plan or have been submitted for further consideration in the Local Plan review Call for Sites and Policy Suggestions consultation
- Sites with planning applications which have been refused or withdrawn
- Vacant and derelict land / buildings, and underused land identified from maps and local knowledge
- Land / premise currently for sale

5.4 Through this identification process these sources have provided 1,530 sites. This broken down as follows (January 2018):

Source	Number of Sites
Planning Permission (2016/17 Housing Trajectory)	896
Local Plan Allocations (including those with planning permission)	94
Call for Sites and Policy Suggestions Consultation	540
Windfall	Not expressed as number of sites but dwellings
Total	1,530

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6. Desktop review and site exclusions

6.1 An initial desktop review of those sites identified was conducted in line with the PPG. So sites were excluded from the assessment where no feasible development potential can be demonstrated due to the presence of overwhelming constraints for the foreseeable future.

6.2 Sites have been excluded from further capacity assessment in this HELAA, in accordance with the agreed methodology, where they are:

- within Special Areas of Conservation (SAC), Special Protection Areas (SPA) and Ramsar sites (including potential SPAs, possible SACs, and proposed Ramsar sites) or within Sites of Special Scientific Interest, National Nature Reserves and Ancient Woodland. European legislation and/or the National Planning Policy Framework prohibit development affecting these sites and development within the designation is likely to result in direct loss
- within Flood Zone 3b
- within the area of Scheduled Ancient Monuments or Ancient Woodlands; on Statutory Allotments
- within Locally Designated Green Spaces, including Designated Village Greens and Common Land
- at risk from coastal erosion

6.3 In addition to this, and in line with the agreed methodology, the assessment focuses on sites which are capable of delivering 5 or more dwellings, or are at least 0.25 hectares in size and which are located within or immediately adjacent to development boundaries of settlements identified for larger scale growth within the BCKLWN adopted Local Plan and Settlement Hierarchy. So sites at King's Lynn, the Main Towns, Key Rural Service Centres and Rural Villages were assessed, whereas those located at Smaller Villages and Hamlets, and the countryside were not. Adjacent to development boundaries we have expressed as within 25m of a development boundary, adjacent to an existing Local Plan Allocation or next to a submitted site which is adjacent to the development boundary or an allocation.

6.4 If this HELAA indicates that there are not sufficient dwellings to meet the housing need (FOAN) of the Borough than the assumptions in paragraph 6.3 above will be revisited.

6.5 A number of sites had been submitted multiple times, only one submission on one site for the same use was considered. Likewise, some sites overlapped each other and this has been taken into account when estimated the dwelling capacity. Those sites that are already allocated within the Local Plan, which had been submitted once more in support of the allocation, were also discounted.

6.6 This resulted in 210 sites being removed from the assessment, leaving 330 sites to be fully appraised in stage 2. The table below provides a summary of this. The details of the 210 sites

and why they were removed from further assessment can be viewed along with mapping of these sites can be viewed as Appendix 2. Clearly a site could be constrained by more than one factor.

Source	Number of Sites
Total no. of Call for Sites Submissions	540
Total no. of duplicate Call for Sites Submissions	15
Absolute Constraints	195
SPA, SAC's, Ramsar, SSSI	2
Scheduled Ancient Monuments and Ancient Woodlands	0
Within Flood Zone 3b	3
Local Designated Green Space	0
Within area at risk to coastal erosion	0
Sites below the threshold	43
Sites not adjacent to development boundary	172
Sites already allocated in Local Plan	8
Sites at a smaller village and hamlet or within the countryside	60
Total no. of sites constrained or duplicate	210
Total no. of sites assessed in HELAA Stage 2	330

7. Site Assessment

- 7.1 Stage 2 of the assessment process involved assessing whether a site was 'suitable' for the type of development proposed; 'available' based on the best information at hand and when it is expected that the site would be developed, i.e. is it 'achievable'. This is essentially a high level judgement about the economic viability and deliverability of the site.
- 7.2 A judgement on this was reached based upon, information submitted by the site owner/agent/promotor in support of their site at the Call for Sites and Policy Suggestion consultation stage, previous information on the site if a planning application has been made, GIS, where appropriate sites visits, and previous studies such the Sustainability Appraisal which supported the Local Plan, the viability study in support of the Local Plan and the Viability study which supported the CIL (community infrastructure levy).
- 7.3 This information was then used to ascertain whether a site was 'deliverable' (a realistic prospect that it will be delivered within 5 years) or 'developable' (available for years 6-10 or where possible for sites unlikely to be developed for 11 years or more).
- 7.4 To assess the suitability of sites a 'red', 'amber' 'green' (RAG) approach was applied to assessing the various constraints and potential impacts which might affect development. Some sites will have impacts and constraints which are insurmountable and thus undermine the suitability of development. Other sites will have impacts and constraints which are surmountable; however, they may be costly to overcome and have an impact on the achievability of development. Those sites judged to be red at this stage were ruled out as part of the overall capacity calculation. Those sites shown as amber and green are considered to be suitable.
- 7.5 The types of constraint and impact listed below were considered in terms of assessing suitability:

Constraints

- Access to Site
- Access to Local Services & Facilities
- Utilities Capacity
- Utilities Infrastructure
- Contamination & Ground stability
- Flood Risk
- Coastal Change

- Market Attractiveness

Impacts

- Nationally & Locally Significant Landscapes
- Townscape
- Biodiversity & Geodiversity
- Historic Environment
- Open Space / Green Infrastructure
- Transport and Roads
- Compatibility with Neighbouring / Adjoining Uses

7.6 As per the methodology the following bodies/organisations were consulted and their comments assisted in appraising the sites (NCC = Norfolk County Council):

- Highways England
- Historic England
- Natural England
- The Environment Agency
- Anglian Water
- Norfolk Wildlife Trust
- NCC as the Local Highway Authority
- NCC Historic Environmental Services
- NCC Green Infrastructure and Landscape team
- NCC as the Lead Local Flood Authority
- NCC Minerals and Waste
- BCKLWN Environmental Protection team

7.7 Generally sites are considered to be available based upon information at the time of assessment. Those sites which have planning permission or an allocation within the Local Plan are considered available. Those sites which were submitted for consideration in the Local Plan review process through the Call for Sites and Policy Suggestions consultation (2016) were asked to provide such detail.

7.8 Sites have been considered achievable where it is judged there is a reasonable prospect that development could occur on the site over the plan period. This is essentially an initial high level judgement about the economic viability of the site and market attractiveness of its location in respects to property markets and any abnormal constraints on the site. Again such detailed information was requested at the Call for Sites stage. Those sites with planning permission and the Local Plan allocations were asked similar questions, most recently during the formulation of the 2016/17 Housing Trajectory and five year housing land supply calculation, published in June 2017.

7.9 To ensure a consistent and credible approach with regard to market attractiveness the location of the site was taken and assessed against broadly which CIL (Community Infrastructure Levy) charging zone it currently resides within.

7.10 A key determinant of viability is usually a high level economic viability assessment of the site and or typical typologies. This was most recently carried out in support of the Local Plan: Site Allocations and Development Management Policies Plan (adopted in 2016) viability assessment in 2015 and a viability assessment undertaken in 2016 to support the implementation of a CIL. This looked at a range of actual sites coming forward for allocation and modelled typologies based upon the type of sites likely to come forward informed by the emerging Local Plan at that time, planning permissions and the previous SHLAA and HELAA.

7.11 It is therefore likely that this HELAA will form part of the basis of further and more detailed site assessment to inform the emerging Local Plan review including an assessment of viability which will be undertaken as part of the whole Plan wide viability assessment for the Local Plan review.

7.12 Full details of the individual site assessment and mapping are contained with Appendix 1.

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8. Site Capacity

- 8.1 The NPPF (para. 47) states that local planning authorities should set out their own approach to housing density to reflect local circumstances. Current Government guidance, at the time of writing, on density is provided within the PPG (Paragraph: 017 Reference ID: 3-017-20140306 Revision date: 06 03 2014), this states that development potential should be guided by existing or emerging policy on density.
- 8.2 The BCKLWN current Local Plan does not contain a specific policy for density, nor is it the intention for the emerging Local Plan review to introduce one. However, in line with the guidance previously a modelled approach has been applied, albeit not rigidly, and it is considered appropriate to carry this forward.
- 8.3 The approach to density with regard to the current Local Plan residential site allocations sought to combine a modelled approach with practical considerations from site based analysis. This modelled approach was used throughout preparation of the Local Plan for consistency. This included the formulation of two SHLAA's and one HELAA.
- 8.4 The first element of the modelling takes the gross area of the site and calculates the net developable site area, as detailed below:

Gross site area (hectare)	Net developable area
Less than 0.4 ha	100% of developable area
0.4 ha to 2 ha	90% of developable area
Sites over 2 ha	75% of developable area

- 8.5 This provides the net developable area; the size of the site determines the percentage of its area that will be developable for housing, it makes assumptions in terms of constraints and infrastructure (including roads and open space for example) for each site.
- 8.6 The second element is the density multiplier. This provides a density for sites based upon their geographical location and therefore tier within the Settlement Hierarchy, as detailed in Policy CS02 of the Local Plan, this can be seen over the page:

Location	Density Multiplier (dwellings per ha)
King's Lynn (Sub Regional Centre)	39
Downham Market, Hunstanton and Wisbech Fringe (Main Town)	36
Key Rural Service Centres	24
Rural Villages	24

8.7 The net developable area is then multiplied by the relevant density figure to give an overall dwelling capacity of a site. This approach enables a calculation of potential dwelling capacity for each site to be made with an element of consistency.

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9. Windfall

- 9.1 Windfall sites are sites which have not been specifically identified as part of the Local Plan. The term covers sites that have unexpectedly become available. They can be both small (1 - 9 dwellings) and large sites (10 + dwellings).
- 9.2 Windfall sites have provided an important source of development across the Borough in the past and are expected to continue to contribute to the supply in the future.
- 9.3 Indeed the Local Plan states that not all growth will be delivered through the site allocations, whilst part will be made up on sites with existing planning permissions, other sites which currently do not have planning permission will come forward, these unallocated sites are known as windfall sites.
- 9.4 Allowances are made for windfall from large and small sites within the BCKLWN five year housing land supply calculation. This is based on evidence that such sites have consistently become available and will continue to provide a reliable source of supply. The allowances are realistic, taking account of historic windfall delivery rates.
- 9.5 To avoid double counting of windfalls the Borough Council suggests that it would be reasonable for the windfall allowance only to be applied from year 4 onwards. This means that in the first 5 year period, the windfall allowance is not considered within years 1, 2 or 3, but is for years 4 and 5. The rate is also discounted by 25% recognising that land is a finite resource.
- 9.6 It is also important to understand that with the exception of King's Lynn Town all of the Local Plan allocations are made outside of the current development boundaries, therefore still enabling land within the development boundaries to come forward for development as windfall. King's Lynn is by far the largest urban area within the Borough, it is therefore considered that there is still sufficient area within the existing development boundary of King's Lynn which could be developed or redeveloped thus enabling windfall sites to occur at this location as well.
- 9.7 The windfall allowance in the latest published appraisal (based upon the 2016/17 housing trajectory, June 2017) is 238 dwelling per year. This is broken down to 139 dwelling per year on large sites and 99 dwellings per year on small sites.
- 9.8 The SADMP, section D page 75, contains a windfall allowance of 2,886 dwellings over the period (2013 -2026). Removing the first 3 years as proposed, in the above suggestion, would result in an over allowance within the Plan of 288 dwellings per year. Given that the latest data and appraisal of the windfall situation is the five year housing land supply work, it is this which is proposed to be carried forward and used within the HELAA.

9.9 The vast majority of sites which have been proposed for consideration within the Local Plan review process (through the Call for sites and Policy Suggestions consultation) are located outside of existing settlement boundaries and would, normally, require allocation within the Local Plan or a Neighbourhood Plan in order to come forward therefore they would not constitute a windfall site. Those sites which have been proposed that have planning permission have been discounted from the dwelling contribution assessment on the individual site appraisal forms as they will be included within the housing trajectory (as site with planning permission) and therefore any land supply calculations. This should ensure that sites and their dwelling capacity are not double counted.

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10. Results

- 10.1 The HELAA initially assessed a total of 540 sites which were submitted for consideration through the call for sites process. 210 of these sites did not pass stage 1 of the assessment. 330 sites were assessed in stage 2 in terms of each site's potential housing capacity and delivery. Of these 178 sites were considered to be unsuitable due to identified constraints / barriers to delivery, which based upon current information was difficult to suggest how these could be overcome.
- 10.2 This means that 152 sites are considered to potentially contribute towards the dwelling capacity of the Borough. These 152 sites could potentially provide a total dwelling capacity of 7,944.
- 10.3 In addition to these sites, sites with planning permission and sites which are allocated within the Local Plan (some of which benefit from planning permission) contribute to the existing land supply. As discussed in the previous section, windfall sites although not given a site number are anticipated to contribute toward the supply of housing within the Borough going forward.
- 10.4 The West Winch Growth Area is a strategic allocation which forms part of the BCKLWN Local Plan. This is allocated for at least 1,600 dwellings in the current plan period to 2026, and at least a further 1,900 dwellings in the fullness of time (a total of at least 3,500 dwellings). In the 2016/17 housing trajectory 2,500 dwellings are accounted for and reflected in the SADMP Allocations section in the results table on the following page. Therefore there is at least a further 1,000 dwellings which could be added to the identified supply. For ease this has been split over the 10 -15 and 15-20 time periods equally.
- 10.5 The current Local Plan allocations are all expressed as 'at least x' number of dwellings. This offers a degree of flexibility in that sites have the potential to deliver a higher number than the minimum number stated within the relevant policy (subject to consistency with local and national policies). The numbers used within this HELAA for the allocations are those taken from the 2016/17 housing trajectory, this is based upon what is actually coming forward. This shows an additional 725 dwellings coming forward on the allocated sites. If this trend continues, albeit the larger sites are already coming forward, there is the potential for higher dwelling numbers to be achieved. However, this has not been factored in, as this would be a prediction rather than a reflection of what is actually occurring.

10.6 The results table below provides a numerical breakdown of, were possible, the sites and the dwelling numbers which have been identified and illustrates which time period that they are likely to come forward within. Please note that larger sites will contribute housing supply in multiple time bands.

Results Table

Housing Supply Source	0 - 5 years		5 - 10 years		10 - 15 years		15 - 20 years	
	Sites	Dwellings	Sites	Dwellings	Sites	Dwellings	Sites	Dwellings
HELAA Sites	136	5,213	18	1,630	10	864	1	237
Extant consents on unallocated sites (10+)	43	1,326	7	190	1	11		
Extant unallocated sites (5-9) units	54	344	5	24				
Extant consents for small sites (1-4 units)	790	907						
Permissions granted subject to S106	1	50						
SADMP 2016 Allocations	83	3,045	22	3,063	7	1,825		
West Winch Growth Area	Inc. above	Inc. above	Inc. above	Inc. above	Inc. above	Inc. above + 500	1	500
Windfall - large sites 10+ (139 p.a. years 4 & 5 only)		278		695		695		695
Windfall - small sites (99 p.a. years 4 and 5 only)		198		495		495		495
Total Identified Housing Supply		11,361		6,097		4,390		1,927

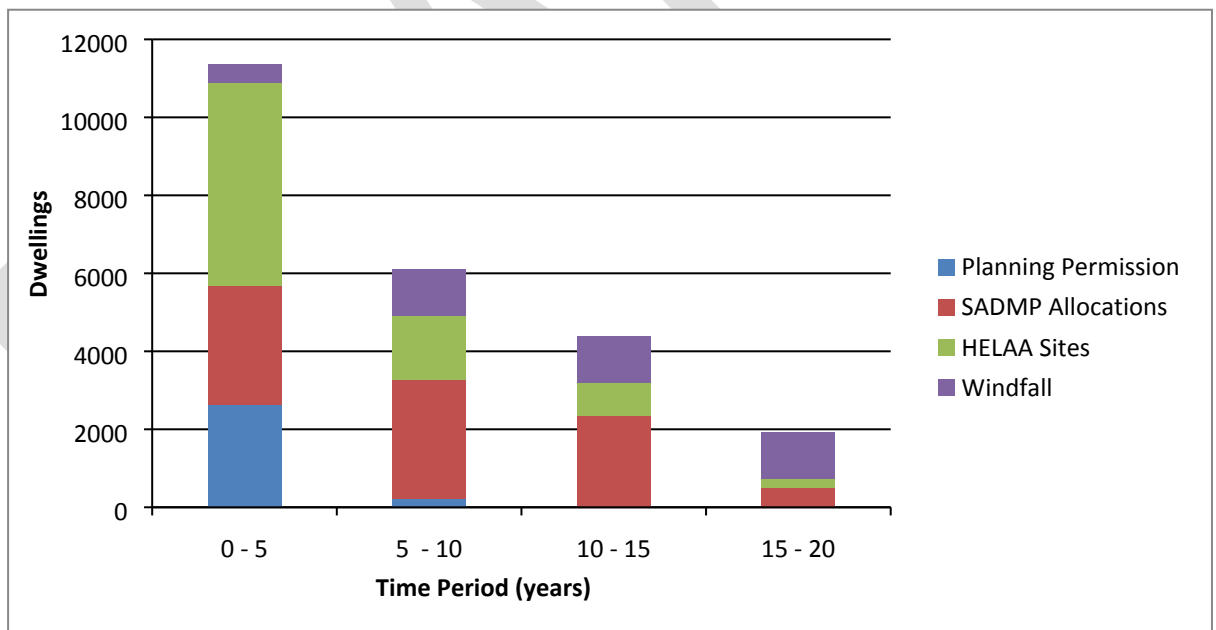
10.7 The table below provides a condensed summary of the results table in terms of dwellings, the time period and housing source. In total 23,775 dwellings have been identified over a twenty year period.

Summary Results Table

	0 - 5	5 - 10	10 - 15	15 - 20	Total
Planning Permission	2,627	214	11	0	2,852
SADMP Allocations	3,045	3,063	2,325	500	8,933
HELAA Sites	5,213	1,630	864	237	7,944
Windfall	476	1,190	1,190	1,190	4,046
Total	11,361	6,097	4,390	1,927	23,775

10.8 The results have been plotted, below, to provide an indicative housing trajectory.

2018 HELAA Indicative Housing Trajectory



10.9 The table below illustrates the geographic distribution of the sites and dwellings assessed through the HELAA and considered potentially suitable, which were submitted via the Call for Sites and Policy Suggestions consultation.

Geographic Distribution of Dwellings & Sites

Settlement	Dwellings	Sites
Brancaster	30	1
Burnham Market	88	4
Castle Acre	28	2
Clenchwarton	450	7
Denver	132	1
Dersingham	37	1
Docking	265	5
Downham Market	2,448	7
East Rudham	10	1
East Winch	23	3
Emneth	326	9
Fincham	60	2
Gayton	51	3
Great Massingham	76	3
Grimston	93	4
Harpley	20	2
Heacham	645	12
Hilgay	65	3
Hunstanton	13	1
Ingoldisthorpe	106	4
King's Lynn	60	1
Marham	21	1
Marshland St James	162	6
Middleton	129	3
Old Hunstanton	56	1
Outwell	112	5
Pott Row	31	2
Runcton Holme	179	5
Sedgeford	40	4
Snettisham	98	3
Southery	79	4
Stoke Ferry	210	7
Syderstone	133	3
Terrington St Clement	144	1
Terrington St John	88	3
Thornham	315	4

Tinley St Lawrence	16	2
Upwell	189	7
Walpole Highway	173	4
Walpole St Andrew	11	1
Walsoken	494	2
Watlington	191	5
West Lynn	33	2
West Walton	14	1
Total	7,944	152

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11. Land for Economic Development

- 11.1 Economic development is defined by the NPPF as development; including those within B Use Classes (business offices not offering financial or professional services, general industry and storage 7 distribution) public and community uses and main town centre uses. Importantly it excludes housing development.
- 11.2 The BCKLWN have separately produced an Employment Land Review paper to support the Local Plan review, this covers the topic in greater depth. Not wishing to replicate that paper in full, a summary of the employment landscape (in relation to land) of the Borough and likely future need is provided below.
- 11.3 The current Local Plan seeks to direct economic development towards King's Lynn, Downham Market and Hunstanton; employment land allocations are made accordingly (policies CS01, CS03, CS10, E1.12, F1.2, F2.5 & E2.1). The Local Plan also recognises the importance of two major employers within the Borough RAF Marham and the National Construction College at Bircham Newton (policy DM14). As well as this there is policy which supports the role of the Port of King's Lynn (E1.2A). Below this higher level the Plan also recognises the importance of smaller scale employment opportunities across the Borough, including those at rural locations (policies CS06, CS10, DM2 and DM3).
- 11.4 The 2014 HELAA recognised the importance of new employment allocations as these would be needed to provide job opportunities for residents with the Borough to support the overall growth aspirations. New employment allocations were provided by the Local Plan (SADMP) adopted in September 2016. These allocations accord with the CS aspirations and spatial strategy (CS01) to locate employment growth according to the settlement hierarchy (CS02). With 75% of employment land located at the Borough's main urban area King's Lynn, 23% at the Borough's second largest urban area Downham Market and 2% at the Borough's third largest urban area Hunstanton.
- 11.5 The most recent, 2016/17, Authority Monitoring Report (AMR) provides an update to the progress of the employment land allocations and indicates that of the 69 ha (hectares) allocated, 67.2 ha are currently available.
- 11.6 However, this isn't the full picture as beyond the allocations, there are existing and established areas of employment land. Employment land beyond the allocations totals 355.7 ha of which 313.44 ha are developed and 42.26 ha are available. The total amount of the employment land identified is 424.7 ha of which 315.24 ha are developed and 109.46 ha are available. A breakdown of these figures and locations are provided in the tables over the page. (position as of the end of the 2016/17 financial year)

11.7 The previous five years uptake of employment land was 17.1 ha on the employment land sites identified in the tables below. This equates to 3.42 ha per year, based upon this and if the uptake remained constant there would be 19.6 years' worth of employment land supply on the Local Plan Allocations alone. This could potentially be sufficient through to 2036/37. The vast majority (11.8 ha) of take up involved the redevelopment of the former Campbell's factory on Campbell's Meadows, King's Lynn, by Tesco. Clearly if the other identified employment sites were factored in there would be an even greater supply (32 years' worth).

Local Plan Allocations

Site	Area (ha)	Developed (ha)	Available (ha)
E1.12 – HAR – Hardwick - King's Lynn	27	0	27
E1.12 – SAD – Saddlebow - 9King's Lynn	23	0	23
F1.2 – Land off St. John's Way – (St. Johns Business park) Downham Market	17	1.8	15.2
F2.5 – Land south of Hunstanton commercial Park - Hunstanton	1	0	1
E2.1 –West Winch Growth Area (Employment)	1	0	1
Total	69	1.8	67.2

King's Lynn

Site	Area (ha)	Developed (ha)	Available (ha)
Campbell's Meadow	18.8	18.8	0
East Coast Business Park	4.7	4.7	0
Estuary Road	1.6	1.6	0
Hardwick Narrows Industrial Estate	40.6	40	0.6
Hardwick Industrial Estate	92.2	91.7	0.5
Horsley's Fields	7.1	4.3	2.8
North Lynn Industrial Estate	36.6	36.54	0.06
Palm Paper	50.6	50.6	0
Saddlebow Industrial Estate	17.1	17.1	0
Willows Business Park	17	6.3	10.7
Total	286.3	271.64	14.66

Downham Market

Site	Area (ha)	Developed (ha)	Available (ha)
Bexwell Business Park	9.7	9.0	0.7
Land Adj. Bexwell Business Park	24	0	24
Trafalgar Road Industrial Estate	4.7	3.6	1.1
Total	38.4	12.6	25.8

Hunstanton

Site	Area (ha)	Developed (ha)	Available (ha)
Commercial Park	1.1	0.5	0.6
Oasis Way	3.4	2.2	1.2
Total	4.5	2.7	1.8

Rural Area

Site	Area (ha)	Developed (ha)	Available (ha)
Common Lane, Setchey	20.7	20.7	0
East Winch Hall, East Winch	5.1	5.1	0
Snettisham	0.7	0.7	0
Total	26.5	26.5	0

Borough Wide Total

Site Source	Area (ha)	Developed (ha)	Available (ha)
Allocations	69	1.8	67.2
Others	355.7	313.44	42.26
Total	424.7	315.24	109.46

11.8 The Employment Land Study looks at the latest East of England Forecasting Model (EEFM) (2016) and data from the Valuation Office Agency (VOA) (2016) and concludes that there is sufficient employment land currently available or which could be redeveloped within the Borough. It also concludes that in the past (1998 Local Plan) that too many employment allocations had been made and they were generally too large. Whilst some were taken up, a number were never taken up and were either removed or made way to housing proposals. The study also outlines that are a number of uncertainties that the future may hold not least the impacts of Brexit.

- 11.9 Through the Local Plan review Call for Sites and Policy Suggestions consultation 23 sites were submitted for consideration as employment/economic sites. The majority were as part of a mixed use scheme involving an element of housing; never the less these have also been considered as land for economic usage.
- 11.10 Appendix 3 provides summary appraisal of the sites, this should be read in conjunction with the relevant HELAA site appraisal form if applicable.
- 11.11 In total the 23 submitted sites could potentially provide 178.36 ha of employment land.
- 11.12 A number of sites submitted are already allocated for employment use within the Local Plan so these will be removed from the total capacity in the final results as they would already be counted towards the capacity. Most of sites submitted were not at locations where the current Local Plan would direct growth towards, i.e. the main urban areas of King’s Lynn, Downham Market or Hunstanton.
- 11.13 Four sites are considered to be potentially suitable, and these could potential provide a further 8.15 ha of employment land. This broken down as 2.8 ha at King’s Lynn, 2.25 ha on two sites at Downham Market and 2.1 ha at Snettisham. The site at Snettisham whilst not at one of the three main urban areas is adjacent to an existing employment area and the area is identified within the emerging Snettisham Neighbourhood Plan as suitable for future employment. All four of the sites are adjacent to either existing employment areas and could act as extensions to these. Further details of these four sites are provided in the table on the next page.
- 11.14 Overall the total amount of employment land identified through the HELAA as available is 117.55 ha. The table below provides a breakdown of this:

Site Source	Area (ha)	Developed (ha)	Available (ha)
Allocations	69	1.8	67.2
Others	355.7	313.44	42.26
HELAA	8.15	0	8.15
Total	432.85	315.24	117.55

- 11.15 The employment land which has been identified in the table above as currently available does not factor in the potential for employment land which is classed as already developed to be re-developed. Based on the previous 5 year taken up this could mean a potential for 34 years’ worth of employment land (note this doesn’t include the port and associated industrial area).

HELAA Ref	Site Ref	Settlement	Address	Proposed Use	Size (ha)	Notes
H088	25-11-20163017	Downham Market	Land East & West of St John's Way	General Industrial, Storage and Distribution	1.25	The site totals 5.2 ha. Part of the site is allocated as F1.2, the remainder could act as an extension (1.25 ha). See assessment form for further details
H091	23-11-20161870	Downham Market	Jaques Field, South of St Johns Business Park,	Business & Offices, General Industrial, Storage and Distribution	2	Site is adjacent St. Johns Business Park (F1.2), could act as a logical extension. See assessment form for further details
H322	28-11-20169918	Snettisham	Land at Beach Road	Business & Offices, General Industrial, Storage and Distribution, Public Open Space	2.1	The site is adjacent the existing commercial park and the emerging Snettisham Neighbourhood Plan suggests this broad location for a future employment area
H525	25-11-20165672	King's Lynn	Land off Estuary Road, North Lynn	B1, B2 and B8 employment uses, as an extension to Riverside Industrial Estate	2.8	The site could form an extension to the existing Industrial estate adjacent. See assessment form for further details

12. Retail

- 12.1 The BCKLWN have prepared a separate Retail Paper to support the Local Plan review.
- 12.2 The paper concludes that there a need to provide for an additional 20,000 m2 of retail floorspace in King's Lynn Town Centre in the period to 2036. And that this provision should be supported by a raft of other measures including supporting the King's Lynn Town Centre Partnership and the King's Lynn Business Improvement District (BID); in aiming for a qualitative improvement of the town centre; and fighting current deficiencies. Redevelopment of vacant units and sites to accommodate new development should be a focus, but also the reuse of smaller units, with strategies for (unused) upper floors. There already is provision of 95,000m2 of retail floor space, which when combined with the additional 20,000m2 would provide a potential total of 115,000m2.
- 12.3 The current Local Plan contains Policy E1.2 which is for the expansion of the King's Lynn Town Centre retail area. This seeks to encourage expansion and enhancement of retail and other town centre uses to provide or contribute towards the 20,000m2 of retail and related floor space.
- 12.4 The Norfolk Market Town Report 2017 (NMTR) published by Norfolk County Council (NCC) (December 2017) indicates that are 133 business premises within the town centre of Downham Market, 16 of which are currently vacant, which provides a vacancy rate of 12%. The vacancy rate has doubled since 2013. The Local Plan contains a policy (F1.1) which seeks to encourage retail development within the town centre of Downham Market, and resist general industrial, warehousing and distribution type uses.
- 12.5 The NMTR results for Hunstanton show that there are 120 business premises with the town centre, of which 5 units are vacant, giving a vacancy rate of 4%. This rate has remained similar to that report in 2015 and 2013. Within the Local Plan is a policy (F2.1) which aims to encourage retail and other associated town centre uses, whilst restricting the use for industrial, warehousing and distribution purposes.
- 12.6 Both Downham Market and Hunstanton Town Councils are in the process of developing Neighbourhood Plans for their Parish areas. These will most likely cover the topic of employment, retail and town centres. Both are working towards a draft neighbourhood plan. Downham Market was designated in January 2016 and Hunstanton in February 2013.
- 12.7 Through the Local Plan review Call for Sites and Policy Suggestions consultation, no sites were proposed for retail use, or could be considered suitable for retail use, or are located within town centres. However, the BCKLWN Retail Paper concludes that there is a limited demand for further retail space and that this demand is likely to be met through redevelopment, re-use or adaptation. This will be monitored through future BCKLWN Annual Monitor Reports (AMR).

13. Conclusion

- 13.1 The HELAA has identified that there is a potential land supply across the Borough which could deliver 23,775 dwellings over the next 20 years. 7,944 dwellings are from HELAA sites i.e. those submitted for consideration in the Local Plan review Call for Sites and Policy Suggestion Consultation. 2,852 dwellings are from those identified within the 2016/17 Housing trajectory, with planning permission. 8,933 dwellings are identified from the Local Plan allocations. With the remaining 4,046 dwellings from attributed to a justified windfall allowance.
- 13.2 The housing requirement (FOAN) for the Borough is 670 dwellings per year, which equates to 13,400 dwellings over the Local Plan review plan period (2016 – 2036).
- 13.3 This requirement can therefore be more than adequately delivered through the identified potential land supply if the emerging Local Plan review provides for the release of a suitable proportion of the available sites.
- 13.4 One of the proposed agreements as part of the Norfolk Planning Strategic Framework (NPSF) is that the quantity of homes planned will be increased by a buffer equal to not less than 10% of the OAN requirement. It is important to note that such a buffer will be treated as additional supply rather than as part of the housing target.
- 13.5 Going back to the FOAN for the Borough of King's Lynn and West Norfolk (13,400), adding a 10% buffer to this equates to 14,740 dwellings. Given the current position on housing delivery, as set out in the 2016/17 Housing Trajectory and associated documents, the Borough Council is currently able to demonstrate a five year housing land supply position in excess of 5 years' worth (5.9) and that it is anticipated that growth required by the Core Strategy (16,500 dwellings) is likely to be achieved within the current plan period (2001 -2026), a 10% buffer would seem appropriate and in line with the NPPF.

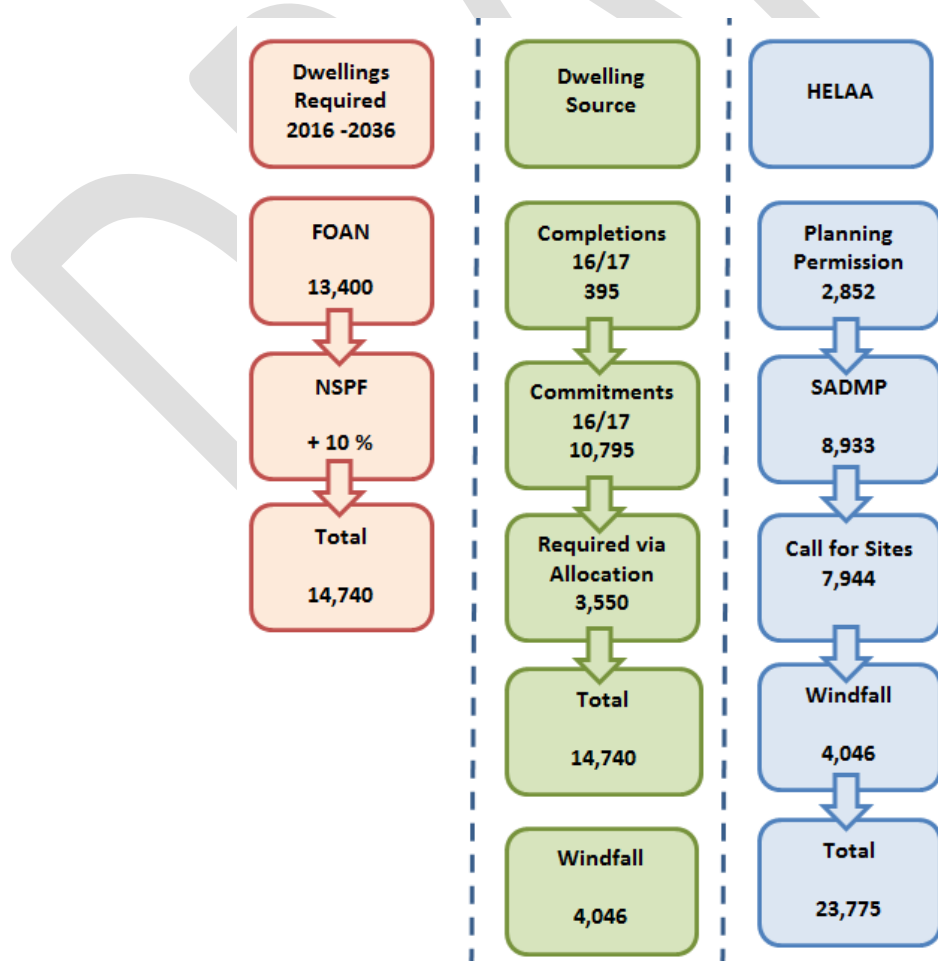
13.6 The 2016/17 housing trajectory illustrates the following:

- Completions for 2016/17 = 395
- Commitments = 10,795, break down below:
 - Planning Permission from sites of 10 + units = 1,527
 - Planning Permission from sites 5 – 9 units = 368
 - Planning Permission from sites 1- 4 units = 907
 - SADMP (2016) Allocations = 7,993
- Completions (395) + Commitments (10,795) = 11,190

In total the BCKLWN will be looking for at least 3,550 dwellings through the Local Plan review allocation process, as:

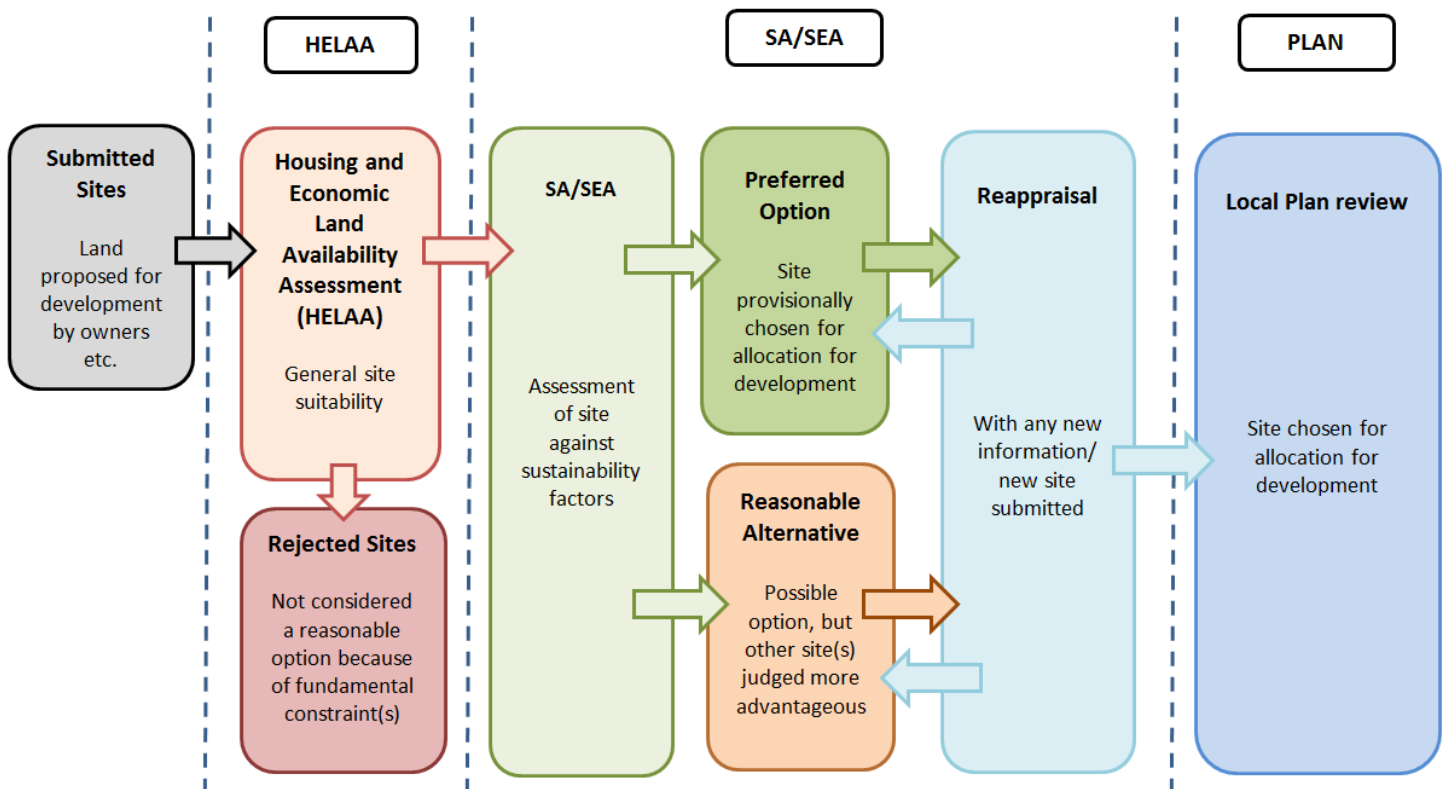
- Need (13,400) + 10% Buffer (1,340) – Completions & Commitments (11,190) = 3,550

13.7 The diagram below illustrates the dwelling numbers required and where will come from. Note that windfall as part of the Local Plan review is considered as additional flexibility:



13.8 Those sites which have successfully passed through the HELAA will be subject to a Sustainability Appraisal (Incorporating Strategic Environmental Assessment) which will also support the emerging Local Plan review. This will be the main tool used to assess the sites cumulatively and provide a set of sites which are classed as preferred options and reasonable alternatives.

13.9 It is anticipated that future Local Plan review consultation stages will no doubt present further information in support of sites that haven't passed the HELAA and therefore there is the potential for a site to come back into consideration. Likewise it also anticipated that new sites (those not currently known to the BCKLWN) will also be put forward for consideration. The diagram below illustrates broadly the Local Plan review site selection process :



14. Overall Conclusion

The HELAA has identified that there is a potential land supply across the Borough which could deliver 23,775 dwellings over the next 20 years. This is in excess of housing need requirement of 13,400 dwellings over the same time period. It is also in excess of the need with an additional 10% Buffer.

Of the 23,775 dwellings identified by the HELAA, 7,944 dwellings are identified from sites which have been submitted for consideration in the Local Plan review through the Call for Sites and Policy Suggestion Consultation. This figure is in excess of the 3,550 dwellings required through the site allocation process as part of the Local Plan review (2016 – 2036).

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REPORT TO CABINET

Open/Exempt		Would any decisions proposed :		
Any especially affected Wards	Mandatory/	Be entirely within Cabinet's powers to decide	YES/NO	
	Discretionary/	Need to be recommendations to Council	YES/NO	
	Operational	Is it a Key Decision	YES/NO	
Lead Member: Cllr R Blunt E-mail: <i>Cllr</i>		Other Cabinet Members consulted: All		
		Other Members consulted: None directly		
Lead Officer: Alan Gomm E-mail: alan.gomm@west-norfolk.gov.uk Direct Dial: 01553 616237		Other Officers consulted: Management Team		
Financial Implications YES/NO	Policy/Personnel Implications YES/NO	Statutory Implications YES/NO	Equal Impact Assessment YES/NO If YES: Pre-screening	Risk Management Implications YES/NO

Date of meeting: 13 March 2018

NORFOLK STRATEGIC PLANNING FRAMEWORK

Summary

The Norfolk Strategic Planning Framework (NSPF) is an expression of the Borough Council's commitments under the 'Duty to Cooperate'. Whilst not a formal policy document (it does form part of the statutory Development Plan), it is the intention that each of the Councils in Norfolk support the framework and in so doing agree to prepare Local Plans having regard to it. This provides Local Plan Inspectors with, amongst other mechanisms, a clear demonstration of active and ongoing engagement in the discussion of strategic planning issues under the Duty at political as well as officer level.

Recommendation

That Cabinet considers the document and endorses the framework as part of the Council's ongoing Duty to Cooperate activity

Reason for Decision

It is recommended that Cabinet endorse the document to provide the Council with further demonstration of a continued and active engagement in strategic planning activity under the Localism Act's Duty to Cooperate.

1. Background

1.1 The Localism Act 2011 introduced the concept of the 'Duty to Co-operate'. When preparing Development Plan documents (Local Plans) local authorities are subject to a legal duty to co-operate. This duty is designed to ensure that each Local Plan takes account of strategic land use planning considerations which may have cross boundary implications. The County Council is a specific

and active participant in the Duty. Regulations do not prescribe how the duty is to be discharged but it is necessary at Local Plan examinations to show that co-operation has been effective and on-going throughout the process. Whilst there is a duty to co-operate, there is no duty to agree. The duty is confined to the consideration of strategically important cross boundary issues.

1.2 A Members Forum comprising representation from Elected Members with strategic planning responsibilities from all Norfolk authorities was established in 2013 in response to the introduction of the Duty to Co-operate when preparing Development Plans. The forum has met on a roughly quarterly basis under Terms of Reference which define its role as to:

- discuss strategic planning issues that affect local planning authorities;
- understand the viewpoints of other authorities;
- consider and comment upon relevant supporting evidence base to support local plans (as appropriate); and,
- consider the need for joint or coordinated working on particular topics or evidence.

1.3 At a Forum meeting in January 2015 it was recommended to the partner authorities that the Forum steers the preparation of a non-statutory strategic framework to inform the preparation of Local Plans. The Norfolk Strategic Planning Framework (NSPF) has subsequently been prepared and subject to a period of public consultation.

1.4 The NSPF is not a formal policy document and it does not comprise part of the statutory Development Plan. The document does not contain policies; rather, it is an expression of the Council's commitments under the Duty to Cooperate setting out broad principles that will help guide Local Authorities Local Plans as they commence their preparation. The intention is that each of the participating Councils support the framework and in so doing agree to prepare Local Plans which will assist with the delivery of the frameworks objectives. This provides Local Plan Inspectors with, amongst other mechanisms, a clear demonstration of active and ongoing engagement in the discussion of strategic planning issues under the Duty at political as well as officer level. This is in response to some Local Plans being found unsound due to lack of demonstration of cross boundary political engagement under the Duty to Cooperate.

Contents of the Framework

1.5 A copy of the draft Norfolk Strategic Planning Framework is available at:

<https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/results/20171220-norfolk-strategic-framework-final.pdf>

The document draws on and summarises a shared evidence base which has been, or is being, prepared jointly by the Norfolk Authorities to inform both preparation of the framework and the subsequent Local Plans. The framework contains a high level 'vision' for the County, as well as a number of broad objectives that all authorities should seek to deliver through their Local Plans. Underpinning the vision are a number of shared Objectives and formal

Agreements which collectively are intended to set the framework for local plan production. The agreements are summarised as follows:

- Agreements 1-3 –The Norfolk planning authorities will plan to a common plan period extending to at least 2036 and in producing Local Plans they will seek to contribute towards the shared vision and objectives as outlined in the Framework.
- Agreement 4 - The Norfolk authorities agree to prepare and maintain a consistent evidence base in relation to housing needs in three separate housing market areas. This will include the joint commissioning of Strategic Housing Market Assessments when updates are required.
- Agreements 5, 6 and 7 – The Broads Authority and all other planning authorities outside of the greater Norwich Authorities (Norwich City, South Norfolk, and Broadland) will continue to prepare separate Local Plans unless the evidence suggests that joint Local Plan production is justified. The Greater Norwich Local Plan will be produced by the other three authorities.
- Agreement 8 – The focus for economic investment in the county will be what are called the ‘Tier One’ Employment sites.
- Agreement 9 - Local Plans will be prepared having regard to various cross boundary infrastructure issues.
- Agreements 10 -16 – Each authority’s Local Plan will aim to address all housing needs (OAN); that housing need in the Broads will be addressed by the adjacent authorities if the Broads Plan does not meet need; that Norwich, South Norfolk and Broadland will address the housing requirement arising from the City Deal within their areas; each authority will quantify and plan for the delivery of specialist types of accommodation for gypsies, students and the elderly together with the identified need for affordable homes; that housing capacity will be assessed using a common methodology; and finally further measures will be taken to improve delivery rates of new housing development.
- Agreements 17-18 – Authorities will seek to pursue high water efficiency standards and liaise closely with the water companies.
- Agreement 19 – To produce guidance to help the roll out of 5G telecommunications infrastructure.
- Agreement 20 – Authorities endorse the ‘Planning for Health Protocol’ which establishes processes for more joined up working between health and planning when preparing plans and determining planning applications.
- Agreement 21 – Authorities will work closely with the Council to ensure a supply and funding of school places.
- Agreement 22 –That the planning authorities will work together to produce a County wide Green Infrastructure (GI) strategy.

- Agreement 23 –That the planning authorities and other signatories to the Framework will continue to support and resource joint planning activity.

1.6 The framework advocates an economic growth strategy with a focus on the delivery of a higher number and better quality of jobs supported by a higher rate of housing delivery than has occurred in recent years.

1.7 The agreements have been drawn from sources or initiatives that the Borough and partner authorities are already participants in, such as relationships with LEPs and A47 Alliance. A number of the agreements relate to the range of mechanisms through which Local Plans are prepared across the County, but importantly, the agreement reflects the Council's commitment to reviewing the current two part Local Plan, and preparing a single Local Plan, and affirms that there is no request to redistribute any growth targets to or from West Norfolk.

1.8 All Authorities are being asked to commit to preparing new Local Plans which will extend to 2036 to provide a consistency of approach. It should be noted that a significant proportion of the required growth over this period will already be accounted for in existing planning permissions and adopted Development Plan Documents, some of which already extend to 2026 and beyond.

1.9 Implications for King's Lynn and West Norfolk

- The Borough has been represented on the Member Forum from its outset, and has actively engaged in the preparation of the framework.
- Our Local Plan Review will be prepared having regard to the provisions of the NSF.
- It is considered that the emerging Plan review will align to the agreements and objectives and its content does not have adverse implications for the Local Plan. The Council's Local Plan is being prepared with an end date of 2036, meeting draft Agreement 1.
- Our Plan will address our Housing Market Area, a key evidence requirement which is reflected in the framework. The Local Plan seeks to allocate land to meet objectively identified housing and employment needs in West Norfolk, and the NSF reflects this position.
- The Borough needs to demonstrate through the Framework that it has been actively and continually engaged in the consideration of Strategic Planning matters under the Duty to Cooperate. The Framework is an important part of our ongoing engagement.

Process to date

1.10 As the framework is not a formal policy document and it does not comprise part of the statutory development plan its preparation is not subject to the regulatory framework applicable to the preparation of development plans and public consultation is not a prescribed stage. Nevertheless, the Forum considered that given the frameworks intended influence on the subsequent preparation of Local Plans it should be subject to a period of public consultation prior to its approval.

1.11 A six week period of public consultation took place from 1st August to 22nd September 2017 and involved all those parties typically involved in Local Plan preparation. This included the statutory bodies, town and parish councils, developers and land owning interest and the wider public throughout Norfolk.

1.12 The consultation was carried out on behalf of all Norfolk authorities by Norfolk County Council.

1.13 A revised version of the framework that took on board consultation feedback was then considered by the Member Forum in December 2017. The Framework was endorsed by representatives from all of the Norfolk authorities at that meeting.

1.14 As the Forum is not itself a decision making body, it was recommended that the NSPF be considered for endorsement by individual authorities from January 2018, subject to individual authorities reporting processes.

2. Options Considered

2.1 There are two options available to members, as follows:

Option 1 - That Cabinet endorses the document as part of the Council's ongoing commitment to the Duty to Co-operate.

Option 2 – The Cabinet notes the contents of the framework but does not endorse the document.

2.2 The benefits of endorsing option 1 are further demonstration of the Council's ongoing commitment to the Duty to Co-operate. Option 2 would confuse the situation.

3. Policy Implications

3.1 The recent Government consultation held in Autumn 2017 'Planning for the Right Homes in the Right Places' contained a number of proposed changes to the planning system in respect of strengthening the Duty to Co-operate. In particular, the proposed introduction of formal 'Statements of Common Ground' on Strategic Planning Matters is of direct relevance to the NSPF.

3.2 The NSPF effectively provides a first iteration of a Statement of Common Ground type document that the recent consultation set out, and covers the strategic planning issues that the consultation envisaged. Whilst the Government's proposals will be the subject of further changes through a revised National Planning Policy Framework (NPPF) expected in Spring 2018, and accompanying Planning Guidance, the NSPF is well placed to transition into a Statement of Common ground document as necessary.

4. Financial Implications

4.1 None directly arising from the report.

5. Personnel Implications

5.1 None directly arising from the report.

6. Statutory Considerations

6.1 There are no direct legal implications arising from this report, however, the fulfilling the Localism Act's Duty to Co-operate is a legal test against which Local Plans are examined.

7. Equality Impact Assessment (EIA)

7.1 Pre-screening report template attached.

8. Risk Management Implications

8.1 The risk of not having such a Framework is that our ability to show we have met the Duty to Co-operate will be compromised.

9. Declarations of Interest / Dispensations Granted

9.1 None.

10. Background Papers

(Definition : Unpublished work relied on to a material extent in preparing the report that disclose facts or matters on which the report or an important part of the report is based. A copy of all background papers must be supplied to Democratic Services with the report for publishing with the agenda)

Norfolk Strategic Planning Framework

<https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/results/20171220-norfolk-strategic-framework-final.pdf>



**Pre-Screening Equality Impact
Assessment**

Name of policy/service/function	Planning Policy				
Is this a new or existing policy/ service/function?	New / Existing (delete as appropriate)				
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service rigidly constrained by statutory obligations	The NSPF is co-ordinating planning policy / Local Plan production across the county in line with the Duty to Co-operate.				
Question	Answer				
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups according to their different protected characteristic, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group.</p> <p>NB. Equality neutral means no negative impact on any group.</p>		Positive	Negative	Neutral	Unsure
	Age			x	
	Disability			x	
	Gender			x	
	Gender Re-assignment			x	
	Marriage/civil partnership			x	
	Pregnancy & maternity			x	
	Race			x	
	Religion or belief			x	
	Sexual orientation			x	
	Other (eg low income)			x	
Question	Answer	Comments			
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	Yes / No				
3. Could this policy/service be perceived as impacting on communities differently?	Yes/ No				
4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes/ No				
<p>5. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section</p>	Yes/ No	Actions: N/A			
		Actions agreed by EWG member: Claire Dorgan.....			
Assessment completed by: Name	Alan Gomm				
Job title Planning Policy Manager	Date 19/02/18				

Please Note: If there are any positive or negative impacts identified in question 1, or there any 'yes' responses to questions 2 – 4 a full impact assessment will be required.

PLANNING IN HEALTH

AN ENGAGEMENT PROTOCOL BETWEEN LOCAL PLANNING AUTHORITIES, PUBLIC HEALTH
AND HEALTH SECTOR ORGANISATIONS IN NORFOLK

MARCH 2017

This engagement protocol for planning in health in Norfolk has come about in recognition of a need for greater collaboration between local planning authorities, health service organisations and public health agencies to plan for future growth and to promote health. It reflects a change in national planning policy and the need for health service organisations to deliver on the commitments within the 5 year forward view.ⁱ

Pressures on health services are not a new phenomenon and there is always the requirement to do more with the resources available. The Norfolk Health Overview and Scrutiny Committee has made recommendations for improvement, including producing this protocol as a means to bring closer collaboration between the district and borough councils, the clinical commissioning groups, and public health in Norfolk.

Allied to this protocol is an assessment of future health care needs based on projections for population increases and house-building rates in Norfolk to enable informed decision-making about future health services commissioning. A healthy planning checklist has also been produced. This provides a practical tool to assist health sector organisations to participate in discussions with developers and planning authorities on major new development schemes, recognising that health sector organisations can bring an added influence to designing new developments that offer people the chance to choose a healthier lifestyle.

This protocol announces a renewed commitment to influence how the places in which we live can shape our lives and contribute to better health and wellbeing for all.

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

ACKNOWLEDGEMENTS

This protocol has been jointly prepared by Mike Burrell¹, Adam Banham², Sandra Davies³, Dr Boaventura Rodrigues³ and Martin Seymour³.

¹Norwich City Council, ²Broadland Council, ³Norfolk County Council.

The authors wish to thank members of the Public Health in Planning Task and Finish Group, including:

- Stephen Faulkner, Principal Planner, Community and Environmental Services, Norfolk County Council
- Kate de Vries, Project Coordinator, Community & Environmental Services, Norfolk County Council
- Hannah Grimes, Graduate Economic Development and Strategy Intern, Community and Environmental Services
- David Edwards, Specialty Registrar in Public Health, Specialty Training Programme, Health Education East of England

And

The London Healthy Urban Development Unit (HUDU) for permission to use of their 'Planning Contribution Model'.

CONTENTS

1	Introduction.....	5
1.1	Background.....	5
1.2	Aim.....	5
1.3	Objectives	5
1.4	Organisations Involved.....	6
2	The Planning Process – Key stages.....	11
2.1	Plan making	11
2.2	Planning applications	12
2.3	Implementation.....	13
3	Process for Health Commissioners’ Engagement in Planning.....	15
3.1	Plan making	15
3.2	Planning applications	16
3.3	Implementation.....	18
4	Accountability.....	20
5	Conclusion.....	20
	References.....	21
	Appendix 1 Projected Healthcare Requirements for Norfolk and Waveney 2036	
	Appendix 2 A Healthy planning checklist for Norfolk	

1 INTRODUCTION

1.1 BACKGROUND

The importance of planning decisions on the health and wellbeing of the population has been recognised since the 19th century when reforms brought about by town planners and public health practitioners resulted in improved health and life expectancy. Many of the major disease and health issues affecting the population in Britain today are impacted upon by the environment in which people live, work and play (Marmot, 2010). Spatial planning can have a major positive impact on improving the environment in which people live or, if the health impacts of developments are not adequately considered, adversely impact on people's physical and mental health (Ross and Chang, 2012).

The National Planning Policy Framework 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. Public health organisations, health service organisations, commissioners and providers, and local communities should work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure.

1.2 AIM

To formulate an engagement protocol containing a documented process outlining the input and linking of relevant NHS organisations and public health agencies with local planning authorities for planning for housing growth and the health infrastructure required to serve that growth.

1.3 OBJECTIVES

Objectives for the engagement protocol are:

- To establish a working relationship and set a protocol for engagement between Norfolk local authority planning departments and Norfolk County Council (NCC) Public Health.
- To outline a process for obtaining robust and consistent public health information to inform plan making and planning decisions to support appropriate health infrastructure, with technical input from the NCC Public Health Intelligence Team.

- To ensure that the principles of health and wellbeing are adequately considered in plan making and when evaluating and determining planning applications.
- To establish a collective input from relevant NHS healthcare planning and commissioning organisations in the public health response to planning.
- To agree a defined threshold indicator for Planners to contact the NCC Public Health team for input into planning.

1.4 ORGANISATIONS INVOLVED

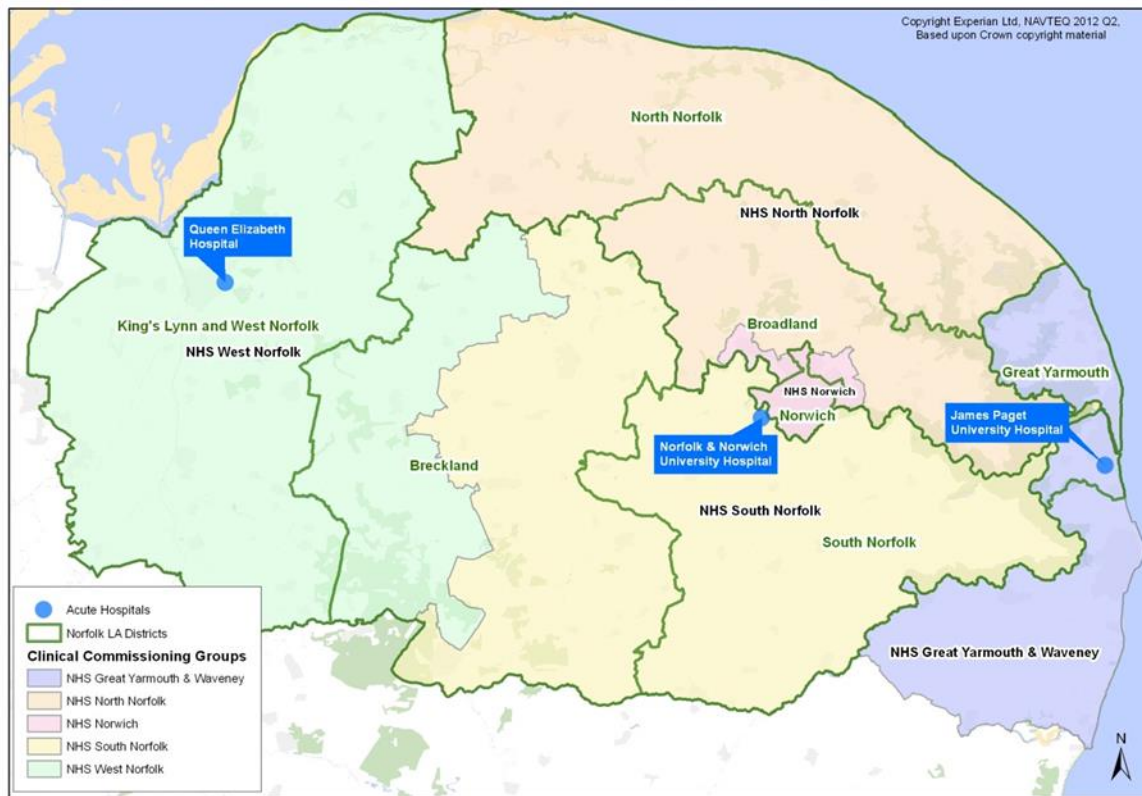
The NHS underwent a major transformation in 2013 with the implementation of the Health and Social Care Act, 2012. Planning and purchasing healthcare services for local populations which had previously been performed by the primary care trusts is now largely performed by clinical commissioning groups (CCGs), led by clinicians. CCGs now control the majority of the NHS budget, though some highly specialist services and primary care are commissioned by NHS England. The Act also provided the legislation to create Public Health England (PHE), an executive agency of the Department of Health. PHE's role is advisory, and its aim is to protect and improve the nation's health and to address health inequalities. The Act further established local public health departments, which had formally been part of the NHS primary care trusts, within upper tier and unitary local authorities.

NHS CLINICAL COMMISSIONING GROUPS:

In Norfolk there are five local CCGs each with its own commissioning budget and responsibility for commissioning the majority of health services for the population in Norfolk and Waveney, including hospital treatment and community health care. The CCGs in Norfolk (see map 1, page 3) are:

- Great Yarmouth & Waveney CCG
- North Norfolk CCG
- Norwich CCG
- South Norfolk CCG
- West Norfolk CCG

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



In conjunction with NHS England, CCGs are required to produce Local Estates Strategies looking 5 years ahead, working with a wide range of local stakeholders. The strategies are intended to allow the NHS to rationalise its estates, maximise the use of facilities, deliver value for money and enhance patients' experiences.

NHS ENGLAND

NHS England authorises the clinical commissioning groups and commissions a wide range of specialist NHS services, including prison health services, medical services for the armed forces, and primary care medical and dental services. This means that all GP practice contracts are between NHS England and the local GP provider.

There are two main types of funding associated with ownership of general practice premises:

- The practice is a tenant with a landlord (leased)
- The practice owns the premises (owner/ occupier)

NHS PROPERTY SERVICES:

Following the Health and Social Care Act 2012, NHS Property Services was established as a private limited company owned by the Secretary of State for Health. NHS Property Services manages NHS property estates across England, with

responsibility for 4,000 buildings, worth over £3 billion. The buildings are used to provide patient care such as GP surgeries and community hospitals. Norfolk is covered by NHS Property Services Midlands and East regional team.

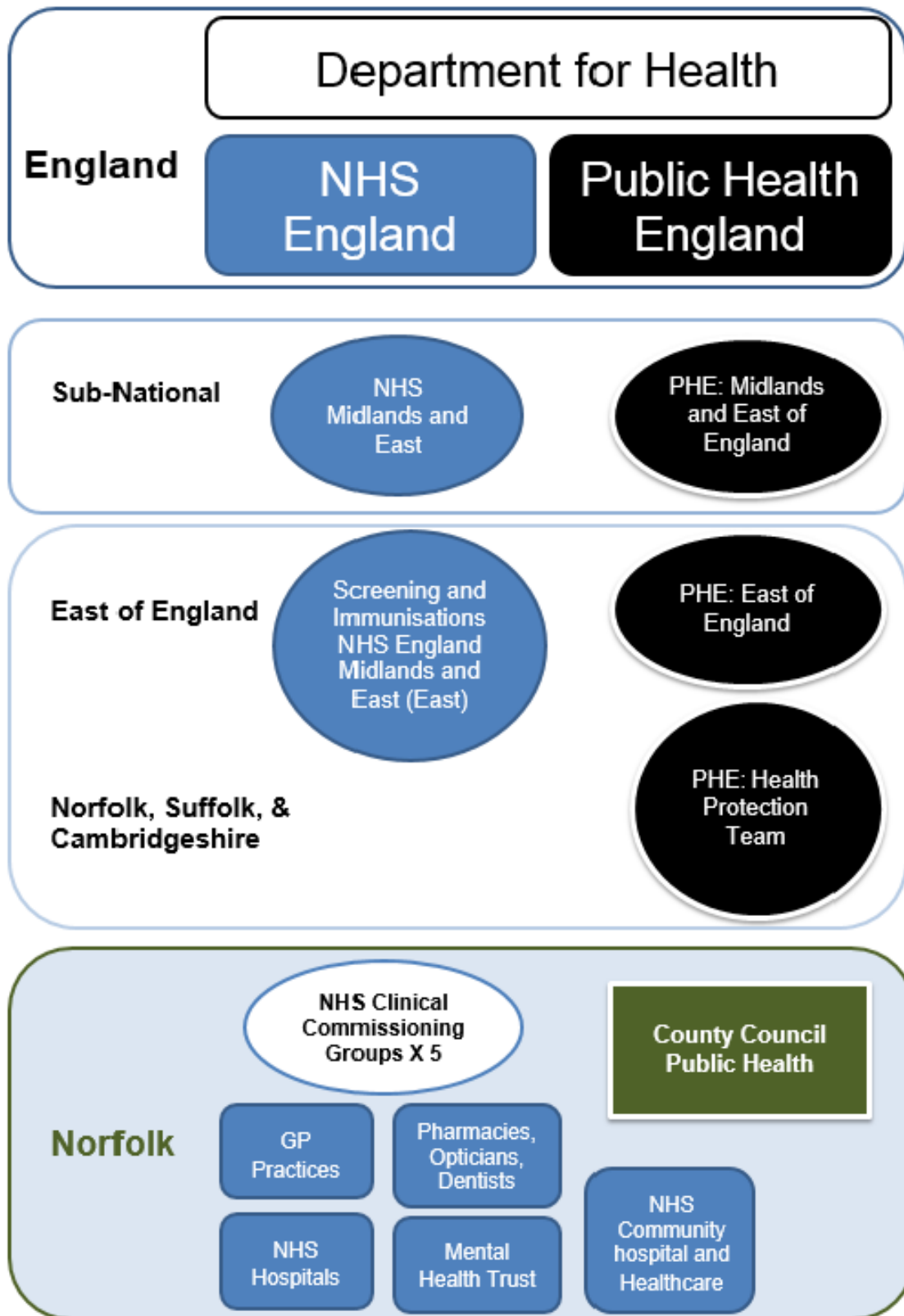
LOCAL AUTHORITY PUBLIC HEALTH, NORFOLK COUNTY COUNCIL:

Following the Health and Social Care Act 2012, the NHS no longer has a public health function. The majority of the public health workforce was transferred to Public Health England (PHE) at a national, regional or sub-regional (in PHE Centres) level, and to local authorities at a local level, with a complementary set of roles and responsibilities. In Norfolk, the Director of Public Health (DPH) and public health workforce is part of Norfolk County Council. The DPH is responsible for commissioning some mandatory and discretionary health services, for example sexual health, smoking cessation, drug and alcohol treatment, NHS Health Checks and health improvement services.

PUBLIC HEALTH ENGLAND, EAST OF ENGLAND

The role of PHE is to offer leadership and scientific and technical advice at all organisational levels. This involves working with local authorities and the NHS to reduce rates of infection and provide evidence to establish effective strategies and inform commissioning. The regional centre for PHE includes the Anglia area, with Norfolk, Suffolk and Cambridgeshire.

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



LOCAL PLANNING AUTHORITIES

In Norfolk there are 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

The Broads Authority, which is a statutory body established in 1989 with a duty to manage the Norfolk and Suffolk Broads, is also classified as a local planning authority. It is the sole district planning authority in relation to land within the broads which has equivalent status to a National Park (Norfolk and Suffolk Broads Act, 1988). Norfolk County Council is responsible for determining planning applications related to mineral extraction, waste management facilities and developments by the County Council.

HEALTH AND WELLBEING BOARDS:

Health and Wellbeing Boards bring together local authorities, the NHS, communities and wider partners to share system leadership across the health and social care system; and have a duty to encourage integrated working between commissioners of services, and between the functions of local government (including planning). Each Health and Wellbeing Board is responsible for producing a Health and Well-being Strategy which is underpinned by a Joint Strategic Needs Assessment. This will be a key strategy for a local planning authority to take into account to improve health and well-being.

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

2.1 PLAN MAKING

The town 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 (such as in the adopted Joint Core Strategy (JCS) for Broadland, Norwich and South Norfolk - see policy 7 for Health), and through site allocations and detailed development management policies. These policies are used to assess planning applications. Local Plans include housing targets. The allocation of sites establishes the principle that specific types and scales of development are appropriate in specific locations. This includes allocating sites for housing and mixed-use development to meet housing targets. It also provides healthcare planners and commissioners with the potential to take a long term strategic approach to allocating sites to meet health infrastructure needs.

Local Plans may be produced as a single document or as a suite of documents. In general, a Local Plan will take three to five years to produce. Local Plans, and Neighbourhood Plans (usually prepared by local communities), 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 communities, requiring Local Plans to:

- Involve work with other authorities and providers to assess the quality and capacity of infrastructure for health and its ability to meet forecast demands;
- Set strategic priorities for their area for the provision of health facilities, taking account of local health strategies;
- Involve work with public health leads and health organisations to understand and take account of the health status and needs of the local population (such as for sports, recreation and places of worship), including expected future changes, and any information about relevant barriers to improving health and well-being;
- Support safe, secure and healthy communities, with local services and employment accessible by active and sustainable travel modes;
- Promote good design of development and the provision of landscaping, open spaces and green links to enable people to lead healthy and active lifestyles;
- Take account of the effects of noise and pollution on health;

- Promote a diverse mix of uses, affordable housing, a mix of types of housing (including sheltered accommodation), minimum size standards and adaptable and energy efficient homes;
- Address climate change, including issues such as drainage and flood risk, water efficiency, resilience, biodiversity and trees;
- Encourage multiple benefits from the use of land, recognising that some open land can perform many functions (such as for food production).

Local Plans are subject to Sustainability Appraisal (SA) to assess the likely economic, social and environmental effects of policies. Specific questions are generally included about the built and natural environment encouraging healthy lifestyles and providing necessary health service infrastructure. This is an opportunity to ensure Councils are considering the relative merits of different sites and policies properly against public health related issues. The considerations that go into the Sustainability Appraisal are essential to what follows in the Local Plan and so early engagement in the Sustainability Appraisal process by NCC Public Health can make the biggest difference to the resultant Local Plan. Increasingly, assessment of the viability of development is important and local planning authorities must ensure that costs resulting from policy requirements would not make development unviable.

Therefore all Local Plans should contain policies to ensure health issues are considered in new development. Many more recent Local Plans set a requirement for Health Impact Assessments to be undertaken by developers of larger scale housing developments. In addition, local planning authorities have a 'duty to cooperate' on plan making. This requires them to work with prescribed bodies including CCGs and NHS England, as well as other local authorities, to cooperate on strategic cross boundary matters such as health infrastructure.

2.2 PLANNING APPLICATIONS

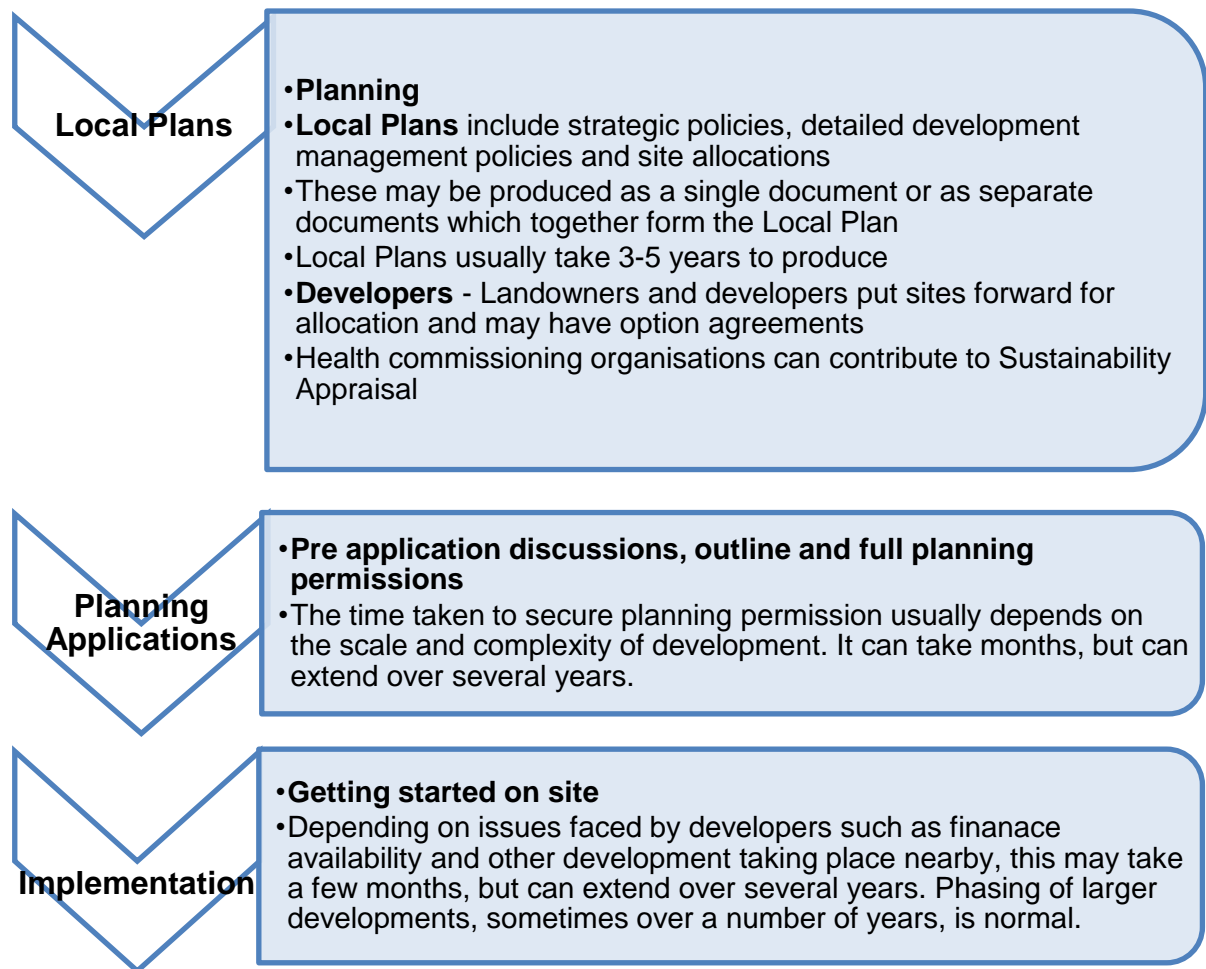
Except for limited types of permitted development such as the conversion of offices to housing, planning permission is required for housing development. An application will generally be granted permission if it is in accordance with the Local Plan, unless there are material considerations that indicate otherwise. Since there is a substantial cost to making a planning application, most promoters usually only apply if they are reasonably confident of getting consent. If an application is refused there is an appeal process via the Secretary of State, which can be costly for the promoter or developer.

- Pre application discussions: Early consultation and liaison on development proposals, although not always a formal requirement, is beneficial in enabling policy requirements to be clearly set out and in resolving potential problems or conflicts before a formal application is submitted. Following any discussions, developers submit either outline or full planning applications.
- Outline applications: An application for outline planning permission allows a decision to be made on the general principles of how a site can be developed. Outline planning permission is granted subject to conditions requiring the subsequent approval of one or more detailed 'reserved matters'. On large sites, it is common to secure an outline permission for the whole site and then to apply for full permissions for specific phases of development over time.
- Full applications: An application for full planning permission results in a decision on the detail of how a site or part of a site can be developed. This is where the local authority's planning policies are applied in detail to planning applications made by promoters and/or house builders. The planning officer dealing with an application will often negotiate, and suggest ways to improve the scheme; but the main part of the job is to make a recommendation to approve or refuse planning consent. An officer may have delegated responsibility to issue consent, but on large schemes that decision is usually taken by a council's Planning Committee. If planning permission is granted (which usually lasts for 3 years), subject to compliance with planning conditions, development can take place.

2.3 IMPLEMENTATION

The final stage is implementation of a planning permission. The timing of the implementation of schemes granted planning permission, and in some cases whether they are implemented at all, cannot be guaranteed. From the developer's perspective the planning system is only an element of the construction process. Issues may arise that delay implementation. These can be varied, and often relate to site costs, access to finance and the availability of construction staff or materials. Also, if a house-builder already has other schemes on site in the same market area, and is making healthy profits, there may be business reasons not to build out of all their development sites at once.

Figure 2: The key planning stages for building development



3.1 PLAN MAKING

The extensive consultation that takes place on plan making provides the most significant opportunity for healthcare planners and commissioners to use their expertise to ensure that Local and Neighbourhood Plans reflect national and local health priorities adequately. NCC public health will act as the central point of contact and co-ordinating input. NCC Public Health will, where possible, provide a collective response/input into Local Plans taking into account the views of other Healthcare planners and commissioners (e.g. CCGs and NHS England). However, the respective LPA will need to consult all statutory health consultees during the preparation of their Local Plans.

To meet National Planning Policy Framework (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 have made available provisional figures, based on demographic modelling, for likely annual and long term population growth in each CCG area. This evidence assists both Local Plan making authorities and the relevant healthcare commissioning bodies to assess future health facilities and workforce needs and to plan accordingly.

This evidence is intentionally “high level” to assist strategic planning. It is provided at the CCG level and is not intended to be site specific as it is the role of the relevant healthcare commissioning bodies to determine how best to address the health care needs resulting directly from specific new developments. However, updated data will be available which will, along with an improved understanding of the implementation of new housing schemes, provides a valuable evidence base to assist healthcare planners and commissioners in planning for health needs in the medium and long term. Appendix 1 contains figures by CCG area using scenario based population projections for the estimated annual and long term needs identified to 2036 for acute care (hospitals), intermediate care and general practitioners/primary service requirements. These use forecasts of hospital admissions and length of stay and take into account the increasing focus on meeting health care needs away from hospitals. The ability of the relevant healthcare planning and commissioning bodies to understand the specific locations in which housing development is to be allocated will assist in identifying health investment priorities.

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. The engagement of NCC Public Health in Local Plans is vital for helping Local Planning Authorities justify policies that give the best chance of negotiating development that promotes the population's health and wellbeing. The requirement for Health Impact Assessments to be done by developers to assess how their proposals will create healthy communities and provide adequate health facilities can only be set through a Local Plan policy. Norfolk County Council Public Health have the opportunity to advise on appropriate policies in Local Plans. Engagement on plan making will be ongoing. Local Development Schemes for each district provide timetables for plan making, enabling NCC Public Health, together with the relevant commissioning health bodies, to ensure that the right evidence is made available for consideration by plan makers at the right time.

3.2 PLANNING APPLICATIONS

While Norfolk County Council (NCC) Public Health are informed of planning applications for significant housing developments as county councils are statutory consultees, other health planning and commissioning bodies are not listed nationally as statutory consultees on such applications. One of the aims of this document therefore is to raise awareness of the importance of local planning authorities in Norfolk gaining input not only from NCC Public Health, but also from other relevant health service planning and commissioning bodies on significant housing developments. NCC Public Health's role as co-ordinator between local planning authorities and the other health service planning and commissioning bodies will assist both in ensuring that development is planned to enable healthy lifestyles and allow service delivery to be planned effectively.

It is particularly important that NCC Public Health is consulted alongside the relevant healthcare planning and commissioning bodies, on proposals for development aimed at groups in society with distinct health needs such as the elderly and students. The respective district councils' planning services should therefore consult NCC Public Health on planning applications submitted for housing developments of 50 dwellings or more and for those 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 informing NCC Public Health of any relevant pre-application discussions. Discussions and comments provided on all planning applications will make use of the criteria set out in the Health and Wellbeing Checklist (Appendix 2). Planning officers should make developers aware of this checklist and the benefits of taking account of it in working up housing proposals,

though unless Local Plan policies are in place to require Health Impact Assessments (HIAs) to be submitted, their completion cannot be a requirement.

PRE-APPLICATION DISCUSSIONS

Since pre-application discussions are held for most of the larger scale proposals, NCC Public Health will attend meetings and provide comments on pre-application proposals in Norfolk for all housing developments of 50 dwellings or more, for those including care homes, housing for the elderly, student accommodation and for proposals which would lead to significant loss of public open space when resources allow. NCC Public Health may adjust this threshold of 50 dwellings in the future in consultation with the local authority planners. Where HIAs are required, which currently only applies in Norfolk in Greater Norwich (only for developments of over 500 dwellings), pre-application discussions should include the HIA's scope and nature.

Engagement in pre-application discussions will, in many cases, be the most important stage of involvement in the planning application process as it enables NCC Public Health to influence the design principles of development at its earliest stage. This engagement will also assist in strengthening Development Management officers in negotiating with developers. It will also enhance NCC Public Health and the relevant healthcare planning and commissioning bodies' intelligence and understanding of health infrastructure needs arising from proposed development.

OUTLINE PLANNING APPLICATIONS

Consultations on outline applications provide an excellent opportunity for NCC 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 NCC Public Health to gain further knowledge of the scale and likely timescale for delivery of housing. They also provide an additional opportunity for NCC 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 NCC Public Health to influence development proposals. NCC Public Health will provide a written response to a consultation from a planning officer within 21 days of the consultation,

subject to negotiated extension time. This period includes an opportunity for communication between NCC Public Health, Public Health England, NHS England Area Team including NHS Estates if required, and the respective CCGs, on the initial results of modelled output. The criteria set out in the Health and Wellbeing checklist (see Appendix 2) will be used as the basis of detailed comments.

The written response from NCC Public Health will be reported in the planning officer's report. NCC Public Health will provide a copy of the response to the respective CCG. Where NCC 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, NCC Public Health and the respective CCG or any other relevant health service commissioning body, as its 'duty to cooperate' as created in the Localism Act 2011 and subsequent amendment(s).

3.3 IMPLEMENTATION

Since the timing of the implementation of schemes granted planning permission cannot be guaranteed, it is very important that both NCC Public Health and Healthcare Commissioners have access to the best available information on delivery that the local planning authority 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 AMR includes details of housing completions in the last year on a site by site basis. It also includes housing delivery forecasts for each year for the next five years on a site by site basis, and a single figure for each site for the period beyond five years. Planning authorities may also provide more regular delivery updates or more detailed forecasts. The potential for providing more detail to aid NCC Public Health and the relevant healthcare commissioners should be investigated with each local planning authority. NCC Public Health attendance, subject to availability of officer resource, at bi-annual meetings held between district planning policy officers and Norfolk County Council officers will ensure that NCC Public Health and Healthcare Commissioners are informed of the best available information on implementation for each district. Separate meetings should be organised by planning policy officers from each district council with the relevant healthcare commissioners to inform them of progress on both local plan development and on site delivery.

Figure 3: Summary Table – The Involvement of Norfolk Public Health in the Planning Process

<p>1. Plan making</p> <p>Extensive consultation over a significant period provides the opportunity for NCC Public Health to ensure that Local Plans reflect national and local health strategies and priorities and address infrastructure needs;</p> <p>NCC Public Health to take account of Local Development Schemes and ensure evidence is available for consideration by plan makers.</p>	
<p>2. Planning applications</p> <p>NCC Public Health to be consulted on all planning applications for housing developments of 50 dwellings or more, and for care homes, housing for the elderly, student accommodation and loss of open space.</p> <p>NCC Public Health comments to focus on ensuring development will enable healthy lifestyles and allow service delivery to be planned effectively.</p>	
Pre-Application discussions	NCC Public Health will attend meetings as appropriate and provide comments on all pre-application proposals consulted on, when resources allow.
	Where HIAs are required discussions should include its scope and nature.
Outline Planning applications	NCC Public Health will provide comments on all pre-application proposals they are consulted on; usually only large complex proposals are included in outline phase.
	Enables NCC Public Health to enhance its intelligence on the scale and timeframe for housing developments and to influence the form of development.
Full planning applications	Final opportunity for NCC Public Health to influence development proposals.
	NCC Public Health will provide a written response within 21 days of receipt of the request, in consultation with relevant commissioning health bodies, subject to negotiated extension time. Response will be reported in the planning officer's report.
<p>3. Implementation</p> <p>NCC Public Health provided with best available information on implementation from the LPAs at bi-annual meetings. Similar meetings will be held between LPAs and Health Care Commissioners annually.</p>	
<p>4. Accountability</p> <p>NCC Public Health will report to the Health and Wellbeing Board annually, on a 'need to know basis'.</p>	

4 ACCOUNTABILITY

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

5 CONCLUSION

It is widely acknowledged that the environment in which we are born, grow, live, work and play (Marmot, 2010) is a major determinant of our health and well-being. Housing quality, air pollution, road infrastructure, access to green space and walkability of our neighbourhoods, along with many other social and environmental factors, contribute directly to our health and well-being and can impact on our ability to live healthy lifestyles. The ability to access appropriate health services when we need them is also a key requirement for our health and well-being.

This is recognised by the National Planning Policy Framework which sets out wide ranging ways in which local planning authorities together with their public health and health service colleagues can contribute to maintaining the health promoting environment.

This paper outlines a documented process that will help to ensure that local planning authorities can work effectively with their public health and health service colleagues to ensure the recommendations within the National Planning Policy Framework are carried forward and that the principles of promoting health and well-being through the local planning system are implemented across Norfolk.

The collaboration between NCC 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. It will also enable NCC Public Health to facilitate engagement of Healthcare Commissioners and through the use of the healthcare requirements modelling tool will assist in the long term strategic planning of health service infrastructure.

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Appendix 1 Projected Healthcare Requirements for Norfolk and Waveney 2036



Contents	
Introduction.....	3
Inputs for the healthcare requirements projections for 2036.....	3
Current Bed Availability.....	5
Current GPs, Nurses and Direct Patient Care	5
Healthcare requirements projections for 2036.....	6
Healthcare requirements for Norfolk and Waveney	6
Healthcare requirements for Central Norfolk CCGs (NHS North Norfolk CCG, NHS Norwich CCG and NHS South Norfolk CCG).....	7
Healthcare requirements for NHS Great Yarmouth and Waveney CCG.....	7
Healthcare requirements for NHS North Norfolk CCG	8
Healthcare requirements for NHS Norwich CCG	8
Healthcare requirements for NHS South Norfolk CCG	9
Healthcare requirements for NHS West Norfolk CCG	9
2013-37 Projections for Population, Acute beds, Overnight beds, Day Case beds, Admissions and Average Length of Stay	10
Norfolk & Waveney	10
NHS Great Yarmouth and Waveney CCG.....	11
NHS North Norfolk CCG	12
NHS Norwich CCG	13
NHS South Norfolk CCG	14
NHS West Norfolk CCG	15
Calculations	16
Population Projections by CCG.....	16
Acute Healthcare requirements	17
Intermediate Healthcare requirements.....	17
Primary Care requirements	17

Introduction

This appendix provides modelling estimates, based on different housing growth scenarios, for the total and additional health care needs required in Norfolk and Waveney for 2036 to take into account projected growth. The figures are high level and contribute to understanding the potential strategic needs for CCG areas, and are not intended to set requirements for specific developments.

This is the first stage in quantifying various “health” needs locally and that further discussion and analysis will be needed as part of the Local Plan process in terms of identifying the potential for new allocations and/or policies to address these health needs.

Inputs for the healthcare requirements projections for 2036

The first assumption is that admission rates, day case rates, etc. will continue to change as they have done in the past, allowing us to build this “Do Nothing” scenario for the system. The model however, allows us to modify inputs and assumptions so that local knowledge or anticipated changes are included where necessary.

The inputs and assumptions used to calculate the healthcare requirements shown in this document are as follows:

- **Average number of houses built per year by district:** The healthcare requirements have been estimated for the projected population for a “Low”, “Medium” and “High” build rate scenarios. The “High” build rate scenario corresponds to the OAN (Objectively Assessed Need for housing) figure established through the Strategic Housing Market Assessments (SHMAs) for districts, except in the case of Waveney. For Waveney, the figures have been extrapolated forward to 2036 from the current local plan housing targets to 2025 as there is not yet an OAN figure beyond 2025.

74

The average number of houses built for each scenario is as follows:

District	Low	Medium	High/OAN	ONS 2012 avg.
Breckland	283	424	565	550
Broadland	279	418	558	405
Great Yarmouth	210	315	420	382
King's Lynn & West Norfolk	650	680	710	557
North Norfolk	189	284	379	425
Norwich	382	573	763	566
South Norfolk	449	674	898	681
Waveney	145	218	290	332

*The houses for ONS 2012 are shown for illustration purposes only. The scenario for ONS 2012 uses the CCG population projections from ONS mid 2012 rather than the number of houses built.

- **Population projections by CCG for each scenario:** These were calculated at district level for each scenario for 10 year age bands based on the 2012 Subnational Population Projections by the ONS. The population was then allocated to the corresponding CCGs assuming the current district distribution within the CCGs for all the years in the projections. Please see page 16 for details.
- **Forecasted hospital admission rates and average length of stay:** The number of admissions for each CCG/Scenario, were calculated using projected admission rates and projected lengths of stay based on 9 years of historical data from 2005/06 to 2013/14. Any projection beyond nine years (2022 onwards) will be unreliable and should be treated with caution.

The admission rates and length of stay, were calculated for each 10 year age band for Ordinary elective, Elective day cases and Non-elective admission rates/length of stay separately. All specialties were considered, apart from Well Babies.

The projected admission rates were calculated using a linear projection and the number of day cases were limited to 90% of all elective admissions. The length of stay was calculated using an exponential decay function to make sure that length of stay does not become negative. These calculations can be changed if better data and/or models are available.

- 75 • **Occupancy rate:** Assumed an occupancy rate of 85%.
- **Bed-days availability:** Assumed 365 available bed days for acute health care and 447 for intermediate care.

Current Bed Availability

Overnight Beds Available Occupied (% Occupied)					
Provider	Total	General & Acute	Learning Disabilities	Maternity	Mental Illness
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	438 386 (88%)	413 369 (89%)	0 0 (-)	25 17 (69%)	0 0 (-)
James Paget University Hospitals, NHS Foundation Trust	465 397 (85%)	423 383 (90%)	0 0 (-)	42 15 (35%)	0 0 (-)
Norfolk and Norwich University Hospitals, NHS Foundation Trust	1041 967 (93%)	994 935 (94%)	0 0 (-)	47 32 (68%)	0 0 (-)
Norfolk and Suffolk, NHS Foundation Trust	459 414 (90%)	0 0 (-)	20 14 (72%)	0 0 (-)	439 399 (91%)
Norfolk Community Health and Care, NHS Trust	254 239 (94%)	244 231 (95%)	10 8 (81%)	0 0 (-)	0 0 (-)

Table 1 Overnight bed availability (January to March 2015, <http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-day-only/>)

Day Beds Available Occupied (% Occupied)					
Provider	Total	General & Acute	Learning Disabilities	Maternity	Mental Illness
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	111 111 (100%)	108 108 (100%)	0 0 (-)	3 3 (100%)	0 0 (-)
James Paget University Hospitals, NHS Foundation Trust	73 71 (97%)	73 71 (97%)	0 0 (-)	0 0 (-)	0 0 (-)
Norfolk and Norwich University Hospitals, NHS Foundation Trust	241 241 (100%)	241 241 (100%)	0 0 (-)	0 0 (-)	0 0 (-)
Norfolk and Suffolk, NHS Foundation Trust	0 0 (-)	0 0 (-)	0 0 (-)	0 0 (-)	0 0 (-)
Norfolk Community Health and Care, NHS Trust	0 0 (-)	0 0 (-)	0 0 (-)	0 0 (-)	0 0 (-)

Table 2 Day bed availability (January to March 2015, <http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-day-only/>)

The total number of beds available for the providers in Norfolk and Waveney, i.e. QEH, JPH and NNUH, is 2369 (1944 overnight and 425 day beds). Please note that Norfolk and Waveney residents could go to providers in other areas.

Current GPs, Nurses and Direct Patient Care

CCG	Registered GP Patients	All Practitioners FTE	Practitioners (excluding retainers & registrars) FTE	Number of patients per FTE GP
NHS Great Yarmouth and Waveney CCG	234,099	142	137	1,710
NHS North Norfolk CCG	165,956	117	108	1,542
NHS Norwich CCG	213,049	134	129	1,647
NHS South Norfolk CCG	229,261	155	152	1,503
NHS West Norfolk CCG	168,834	124	117	1,445

Table 3 Full Time Equivalent (FTE) GPs by CCG as at 30 September 2015, <http://www.hscic.gov.uk/catalogue/PUB16934>

CCG	Registered GP Patients	All Nurses FTE	Advanced Nurse FTE	Extended Nurse FTE	Practice Nurses FTE	Number of Patients per FTE nurse	Direct Patient Care FTE
NHS Great Yarmouth and Waveney CCG	234,099	79	25	8	46	2,973	34
NHS North Norfolk CCG	165,956	74	33	16	24	2,254	120
NHS Norwich CCG	213,049	60	14	15	30	3,568	29
NHS South Norfolk CCG	229,261	72	21	17	34	3,198	92
NHS West Norfolk CCG	168,834	61	13	18	31	2,745	83

Table 4 Full Time Equivalent (FTE) Nurses and Direct Patient Care by CCG as at 30 September 2015, <http://www.hscic.gov.uk/catalogue/PUB16934>

Healthcare requirements projections for 2036

The projected Healthcare requirements for 2036 assuming that admission rates for age bands continue to change the way they have in the past are as follows:
(Please see page 17 for further details on calculations/definitions).

Healthcare requirements for Norfolk and Waveney

Norfolk & Waveney requirements for 2036	Health Care requirements by the total CCG population				
	No Build	Low	Medium	High	ONS 2012 ⁱⁱ
Houses built per year	0	2,587	3,586	4,583	3,900
Projected population	900,363	1,048,117	1,106,049	1,163,880	1,125,170
Total Acute beds required	3,811	4,123	4,238	4,353	4,295
Day Cases beds required	698	770	795	821	806
Overnight beds required	3,113	3,353	3,443	3,532	3,489
Total Intermediate Care required	1,114	1,213	1,247	1,282	1,259
Intermediate beds required	557	606	624	641	629
Intermediate day spaces required	557	606	624	641	629
Number of GPs required	500	582	614	647	625

Health Care requirements due to new builds (Corresponding scenario - No Build)			
Low	Medium	High	ONS 2012
147,754	205,686	263,517	224,807
312	427	541	484
71	97	122	107
240	330	419	376
98	133	167	145
49	66	84	72
49	66	84	72
82	114	146	125

ⁱⁱ The number of houses for ONS 2012 is shown for illustration purposes only and has been calculated using linear interpolation between the Medium and High scenarios for 2036.

Healthcare requirements for Central Norfolk CCGs (NHS North Norfolk CCG, NHS Norwich CCG and NHS South Norfolk CCG)

Central Norfolk CCGs	Health Care requirements by total CCG population				
requirements for 2036	No Build	Low	Medium	High	ONS 2012 ⁱⁱ
Houses built per year	0	1,525	2,288	3,050	2,498
Projected population	547,940	637,896	682,876	727,808	696,099
Total Acute beds required	2,359	2,531	2,616	2,702	2,641
Day Cases beds required	368	404	423	441	427
Overnight beds required	1,991	2,126	2,193	2,261	2,214
Total Intermediate Care required	618	668	693	718	694
Intermediate beds required	309	334	346	359	347
Intermediate day spaces required	309	334	346	359	347
Number of GPs required	304	354	379	404	387

Health Care requirements due to new builds (Corresponding scenario - No Build)			
Low	Medium	High	ONS 2012
89,956	134,936	179,868	148,159
171	257	342	281
37	55	73	59
135	202	269	222
50	75	100	76
25	38	50	38
25	38	50	38
50	75	100	82

Healthcare requirements for NHS Great Yarmouth and Waveney CCG

NHS Great Yarmouth and Waveney CCG	Health Care requirements by total CCG population				
requirements for 2036	No Build	Low	Medium	High	ONS 2012 ⁱ
Houses built per year	0	355	533	710	717
Projected population	193,773	213,398	223,239	233,026	233,401
Total Acute beds required	752	795	817	838	840
Day Cases beds required	175	185	190	195	196
Overnight beds required	578	610	627	643	645
Total Intermediate Care required	238	251	258	264	265
Intermediate beds required	119	126	129	132	132
Intermediate day spaces required	119	126	129	132	132
Number of GPs required	108	119	124	129	130

Health Care requirements due to new builds (scenario - No Build)			
Low	Medium	High	ONS 2012
19,625	29,466	39,253	39,628
43	65	86	88
10	16	21	21
33	49	65	67
13	20	27	27
7	10	13	13
7	10	13	13
11	16	22	22

Healthcare requirements for NHS North Norfolk CCG

NHS North Norfolk CCG requirements for 2036	Health Care requirements by total CCG population				
	No Build	Low	Medium	High	ONS 2012 ⁱⁱ
Houses built per year	0	300	450	600	553
Projected population	153,728	172,650	182,121	191,626	188,628
Total Acute beds required	865	916	942	968	950
Day Cases beds required	121	130	135	139	137
Overnight beds required	744	786	807	828	813
Total Intermediate Care required	191	203	208	214	210
Intermediate beds required	95	101	104	107	105
Intermediate day spaces required	95	101	104	107	105
Number of GPs required	85	96	101	106	105

Health Care requirements due to new builds (scenario - No Build)			
Low	Medium	High	ONS 2012
18,922	28,393	37,898	34,900
51	77	102	85
9	14	18	16
42	63	84	69
12	17	23	19
6	9	12	9
6	9	12	9
11	16	21	19

Healthcare requirements for NHS Norwich CCG

NHS Norwich CCG requirements for 2036	Health Care requirements by total CCG population				
	No Build	Low	Medium	High	ONS 2012 ⁱⁱ
Houses built per year	0	550	825	1,100	827
Projected population	180,987	209,698	224,036	238,348	224,128
Total Acute beds required	800	852	878	903	897
Day Cases beds required	106	116	121	126	122
Overnight beds required	695	736	757	777	775
Total Intermediate Care required	124	135	141	146	142
Intermediate beds required	62	68	70	73	71
Intermediate day spaces required	62	68	70	73	71
Number of GPs required	101	116	124	132	125

Health Care requirements due to new builds (scenario - No Build)			
Low	Medium	High	ONS 2012
28,711	43,049	57,361	43,141
51	77	103	97
10	15	20	16
41	62	82	80
11	16	22	18
5	8	11	9
5	8	11	9
16	24	32	24

Healthcare requirements for NHS South Norfolk CCG

NHS South Norfolk CCG requirements for 2036	Health Care requirements by total CCG population				
	No Build	Low	Medium	High	ONS 2012 ⁱⁱ
Houses built per year	0	675	1,013	1,350	1,119
Projected population	213,225	255,548	276,719	297,834	283,343
Total Acute beds required	693	762	797	831	793
Day Cases beds required	141	158	167	176	168
Overnight beds required	552	604	630	655	625
Total Intermediate Care required	302	330	344	358	341
Intermediate beds required	151	165	172	179	171
Intermediate day spaces required	151	165	172	179	171
Number of GPs required	118	142	154	165	157

Health Care requirements due to new builds (scenario - No Build)			
Low	Medium	High	ONS 2012
42,323	63,494	84,609	70,118
69	103	137	100
17	26	34	26
52	77	103	73
28	41	55	39
14	21	28	19
14	21	28	19
24	35	47	39

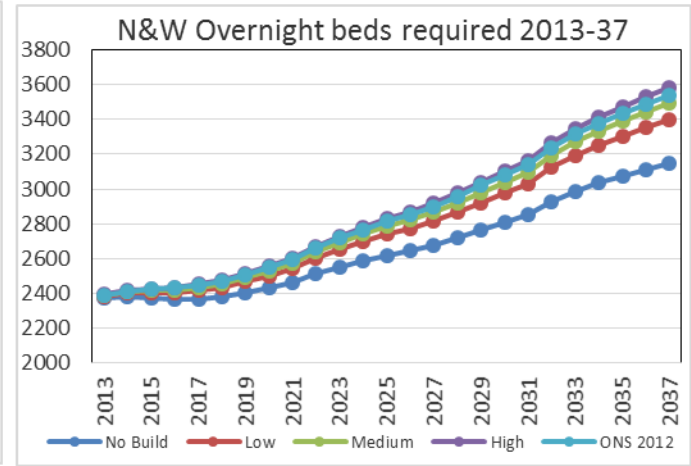
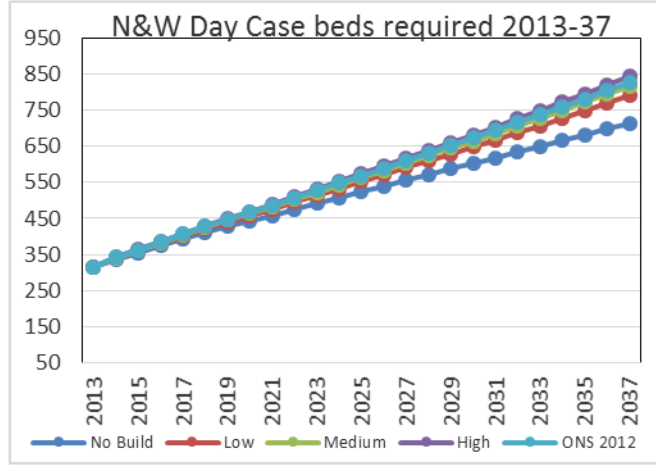
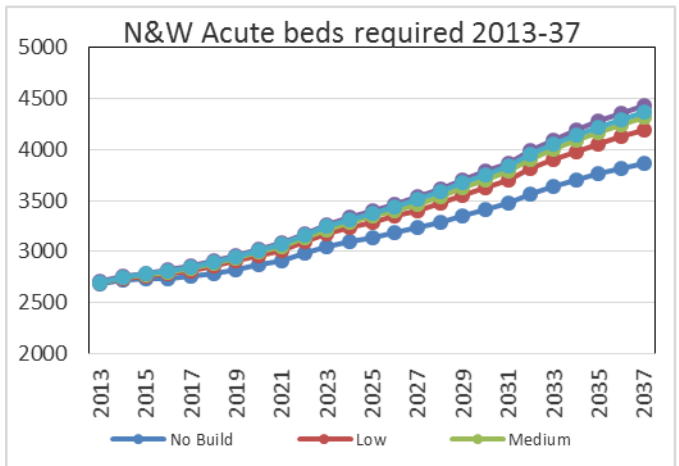
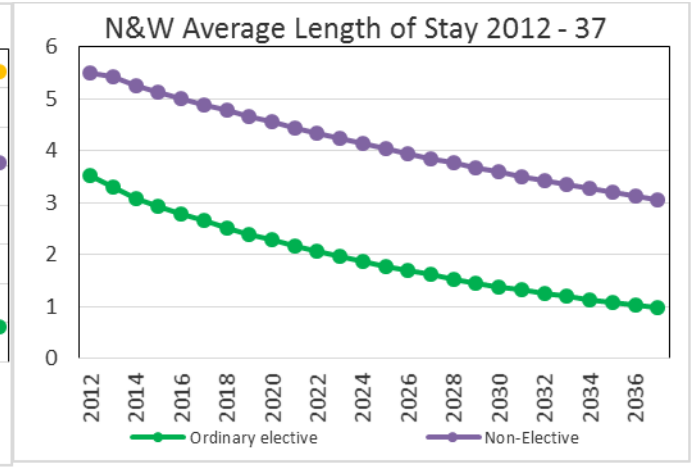
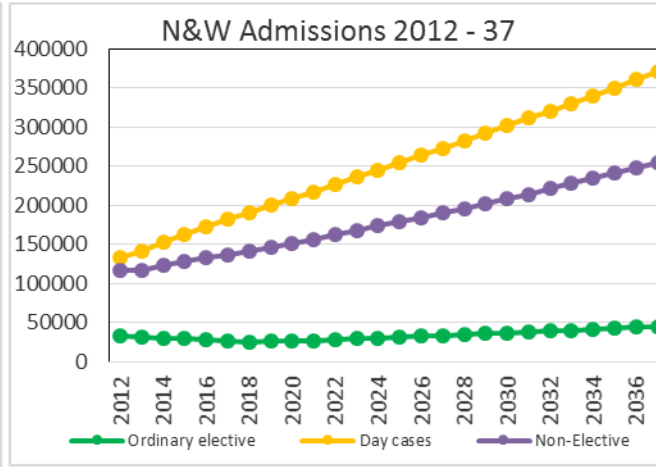
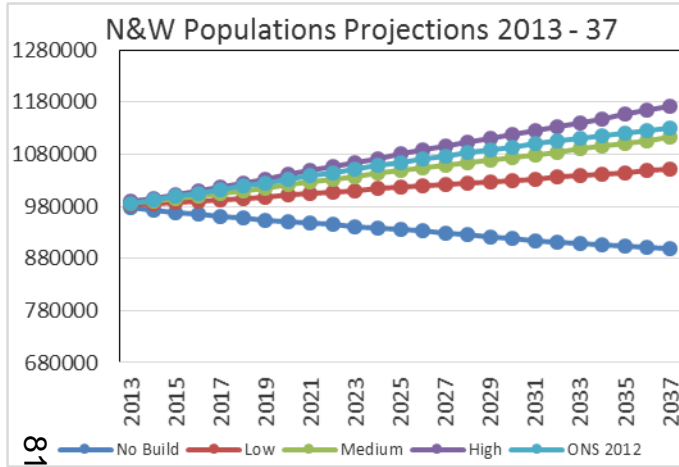
Healthcare requirements for NHS West Norfolk CCG

NHS West Norfolk CCG requirements for 2036	Health Care requirements by total CCG population				
	No Build	Low	Medium	High	ONS 2012 ⁱⁱ
Houses built per year	0	707	765	823	686
Projected population	158,650	196,823	199,934	203,046	195,670
Total Acute beds required	700	797	805	813	814
Day Cases beds required	156	180	182	184	183
Overnight beds required	544	616	622	628	631
Total Intermediate Care required	259	294	297	300	301
Intermediate beds required	129	147	148	150	150
Intermediate day spaces required	129	147	148	150	150
Number of GPs required	88	109	111	113	109

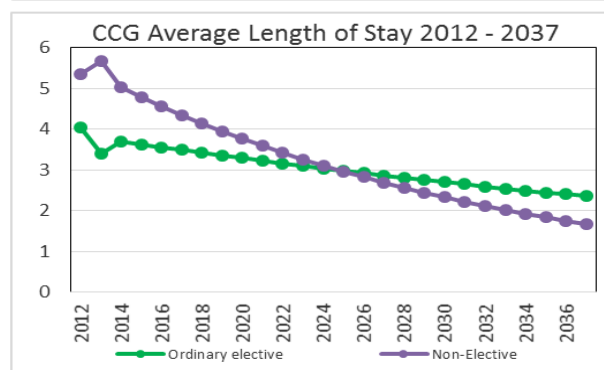
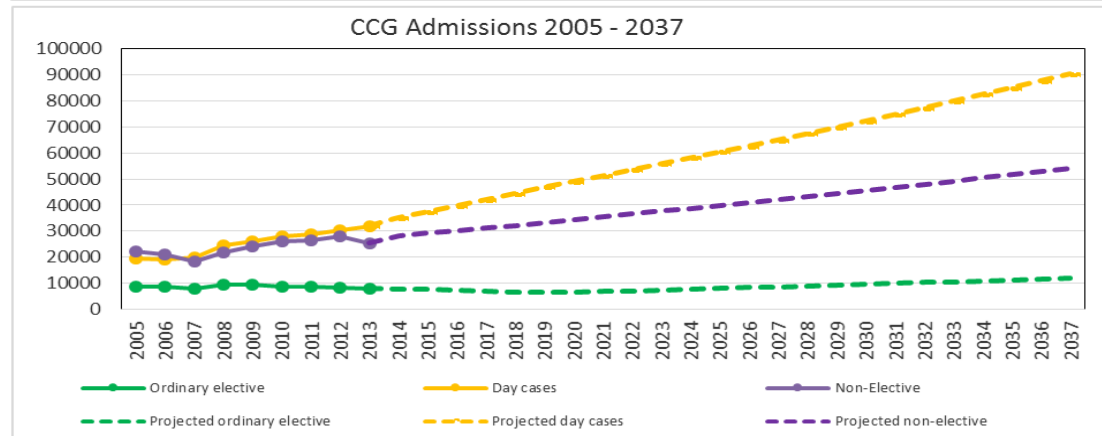
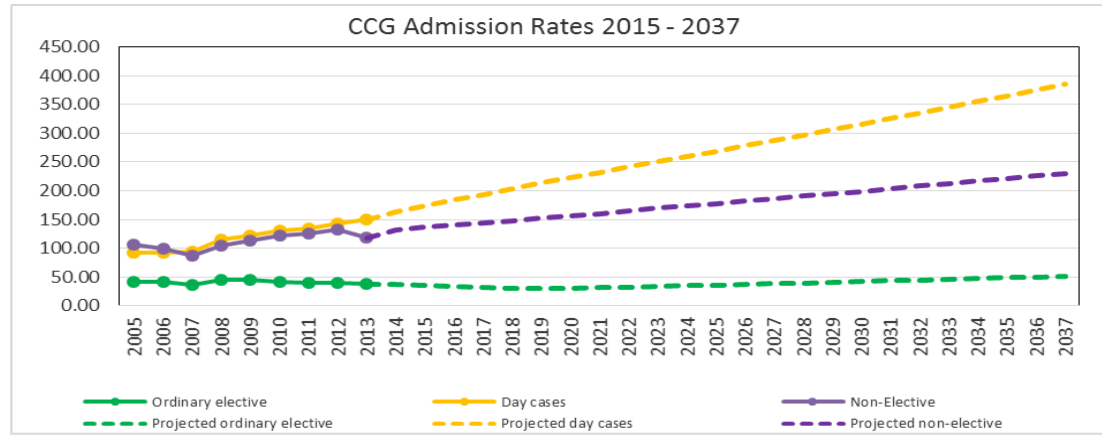
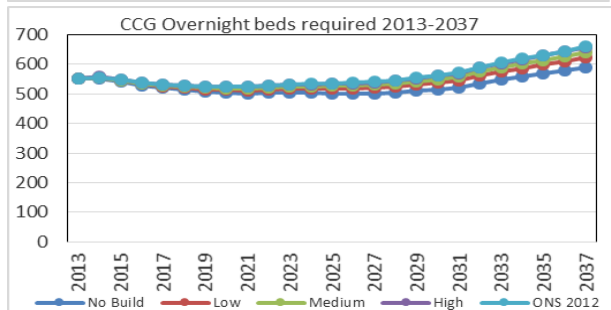
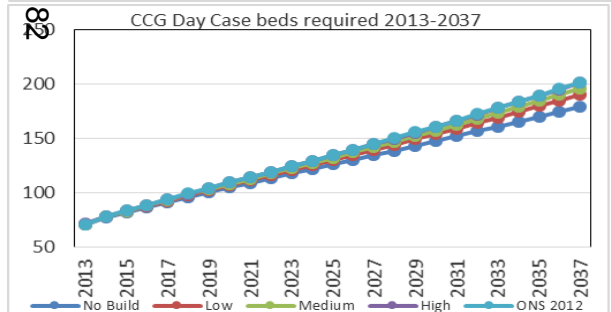
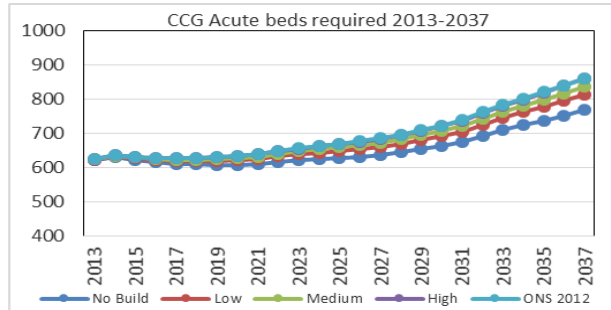
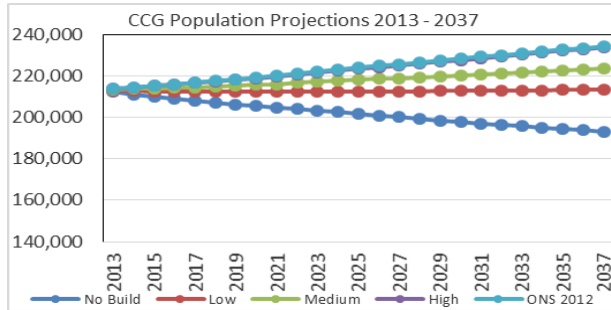
Health Care requirements due to new builds (scenario - No Build)			
Low	Medium	High	ONS 2012
38,173	41,284	44,396	37,020
97	105	113	114
24	26	28	27
73	79	85	87
35	38	41	42
17	19	20	21
17	19	20	21
21	23	25	21

2013-37 Projections for Population, Acute beds, Overnight beds, Day Case beds, Admissions and Average Length of Stay

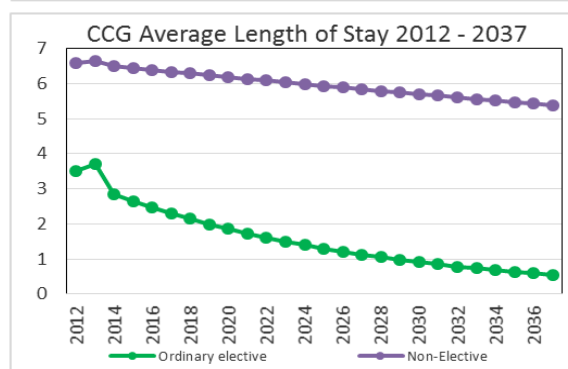
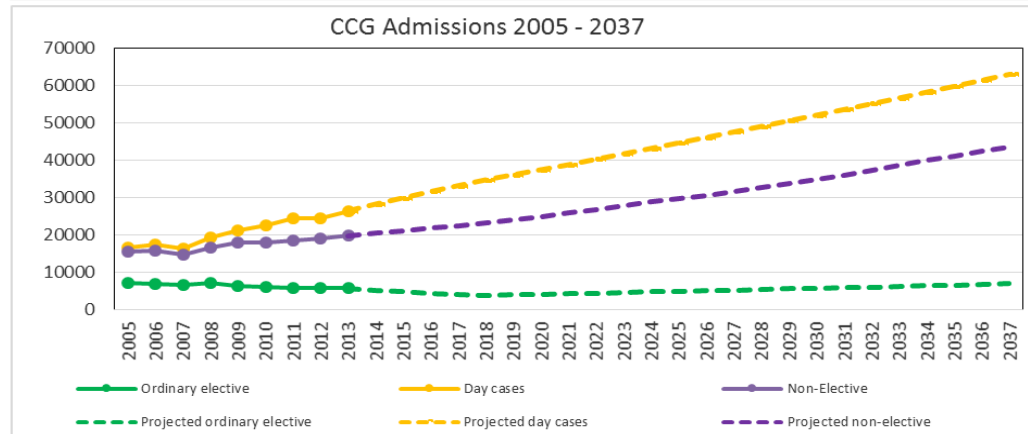
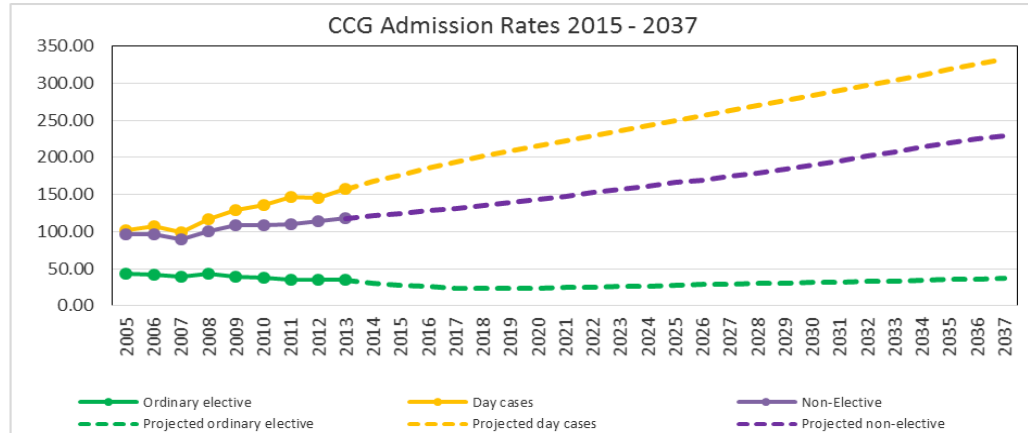
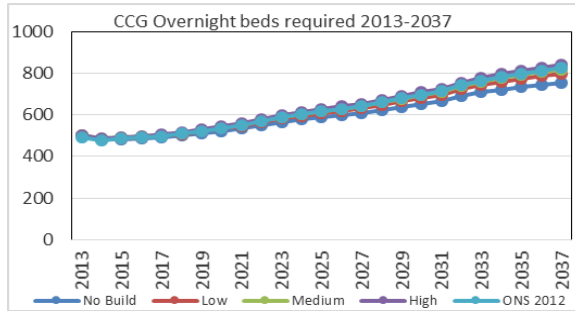
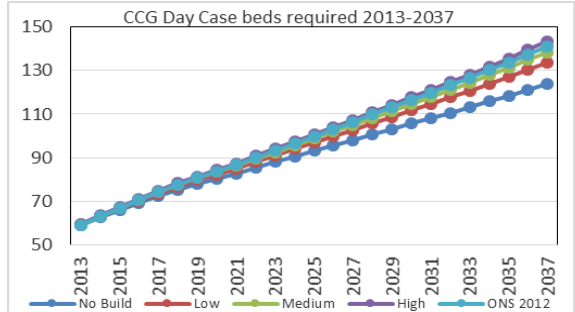
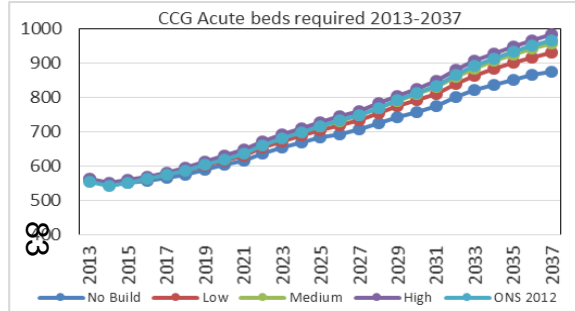
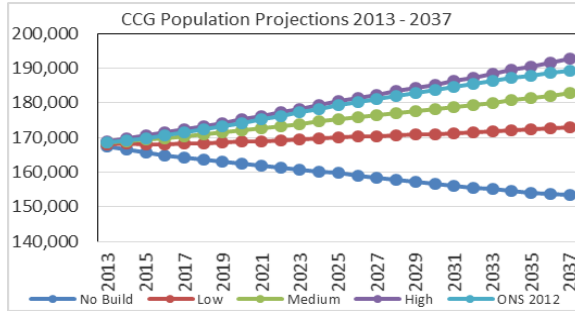
Norfolk & Waveney



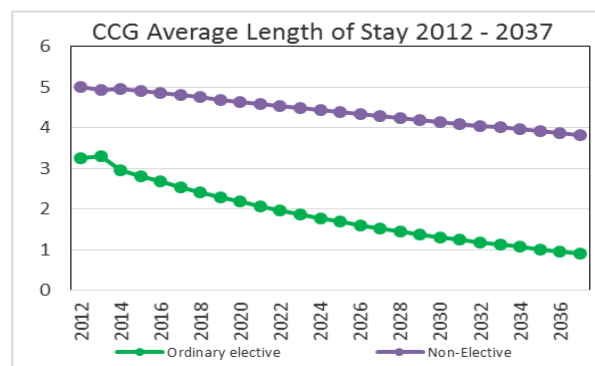
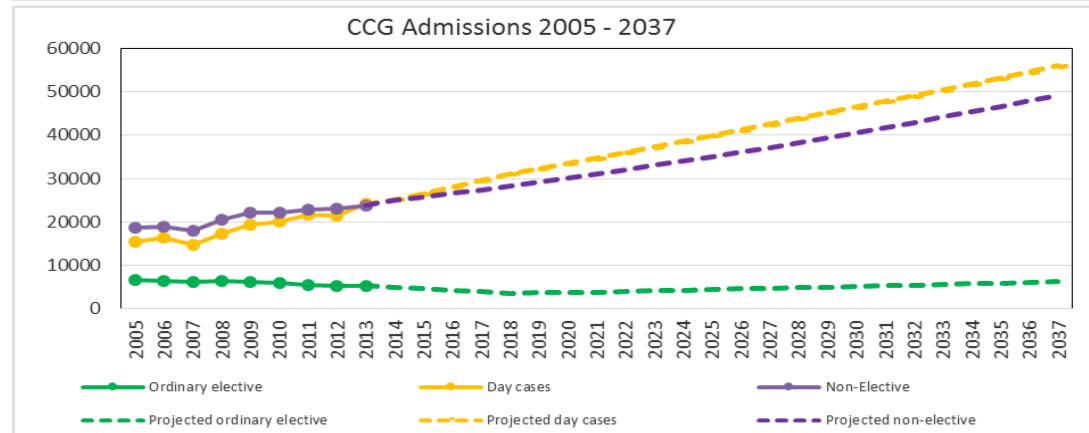
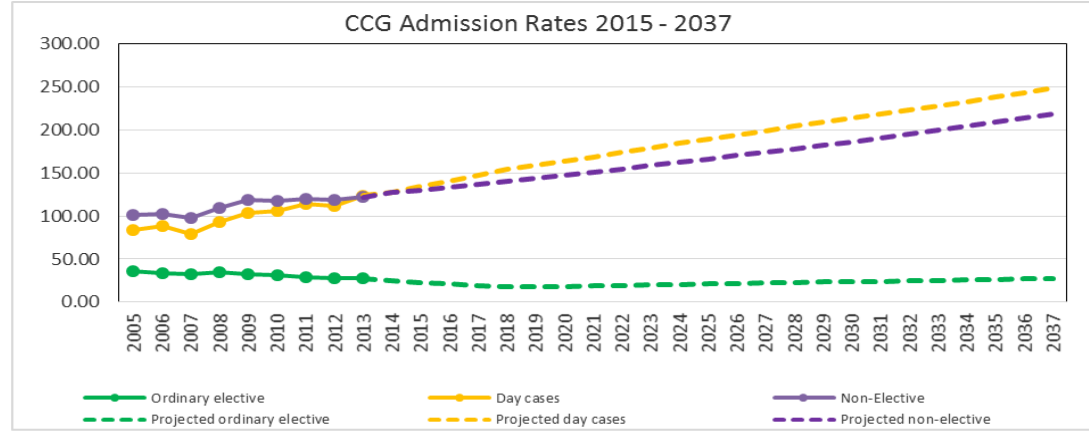
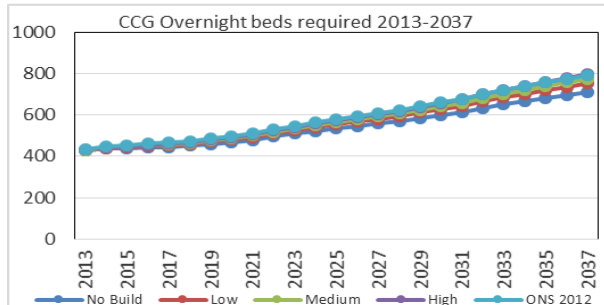
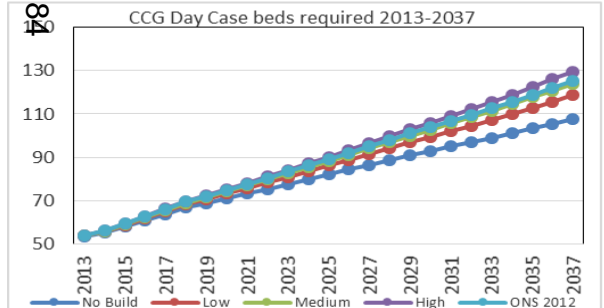
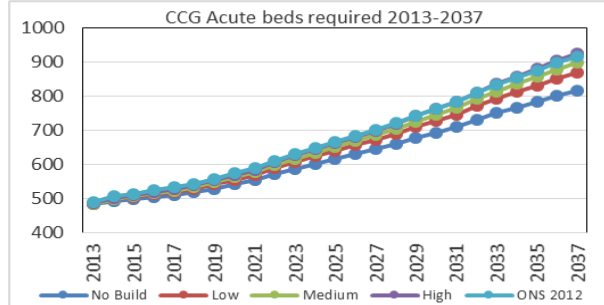
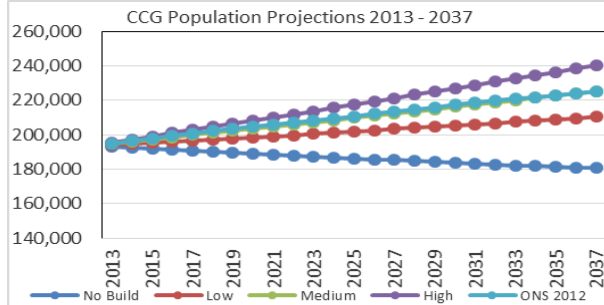
NHS Great Yarmouth and Waveney CCG



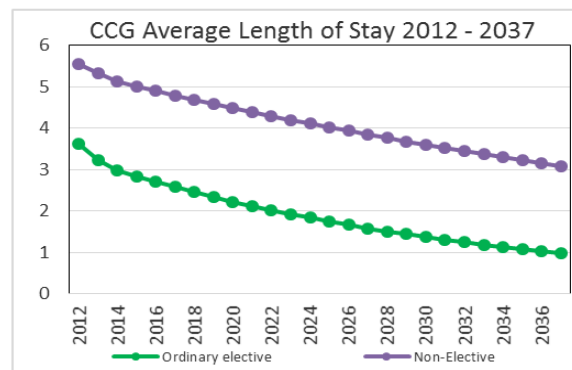
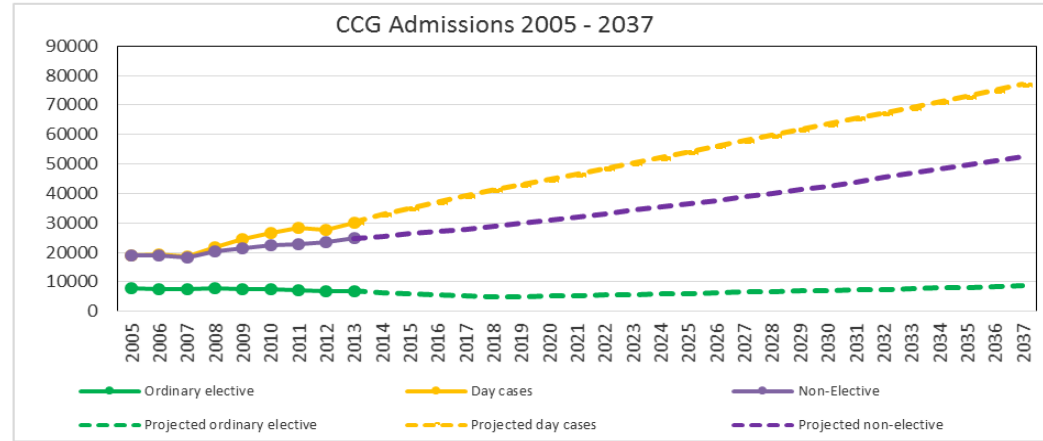
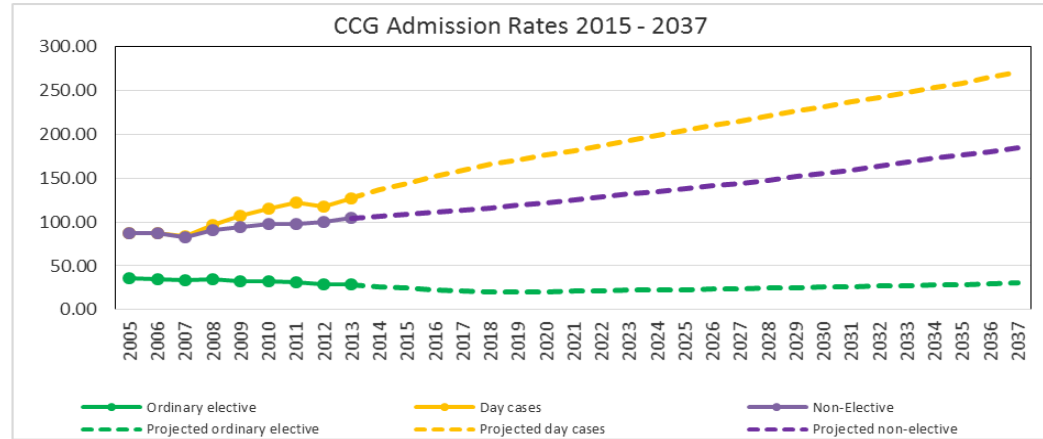
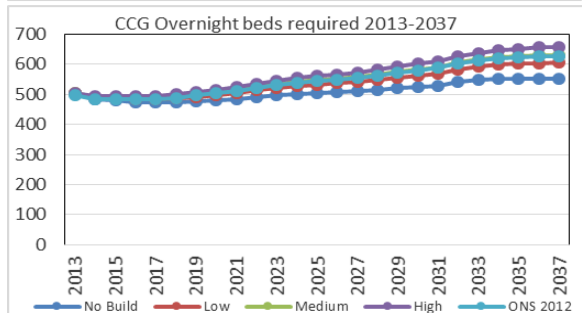
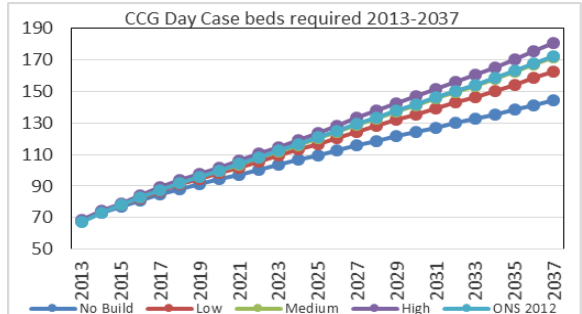
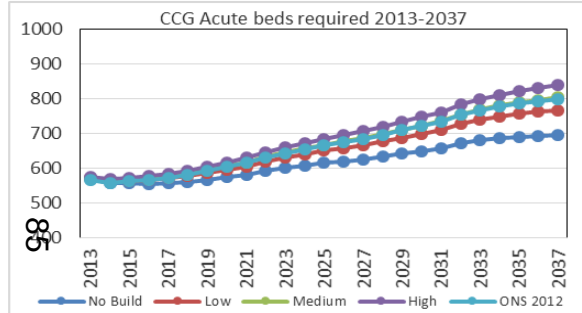
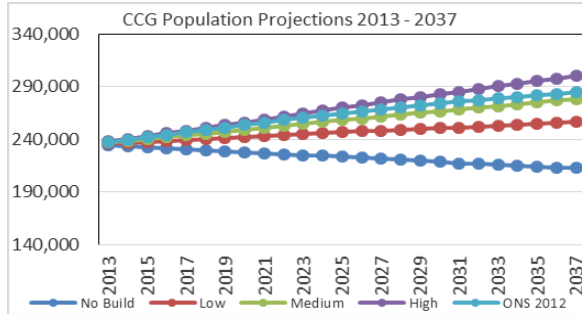
NHS North Norfolk CCG



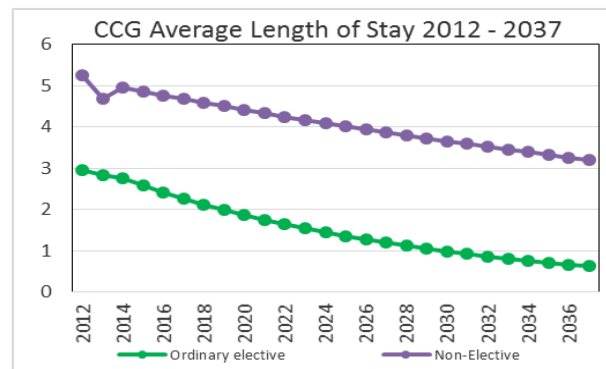
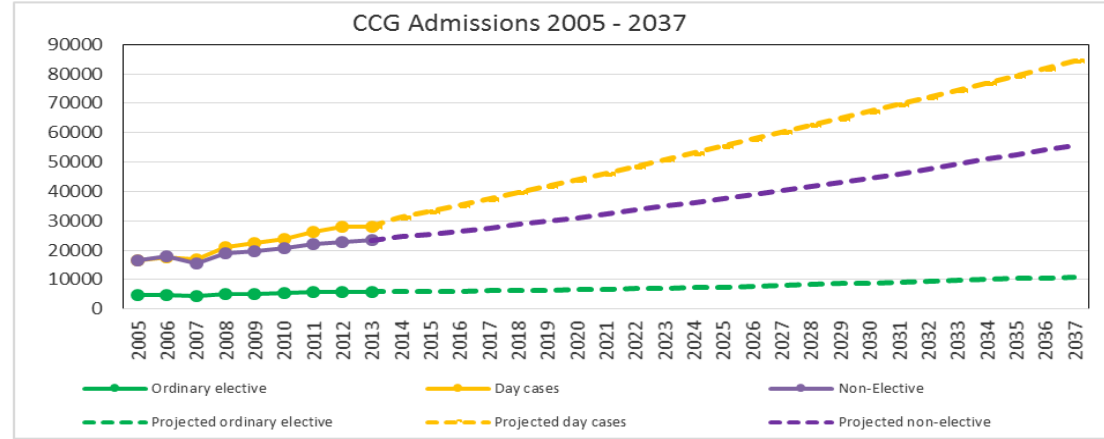
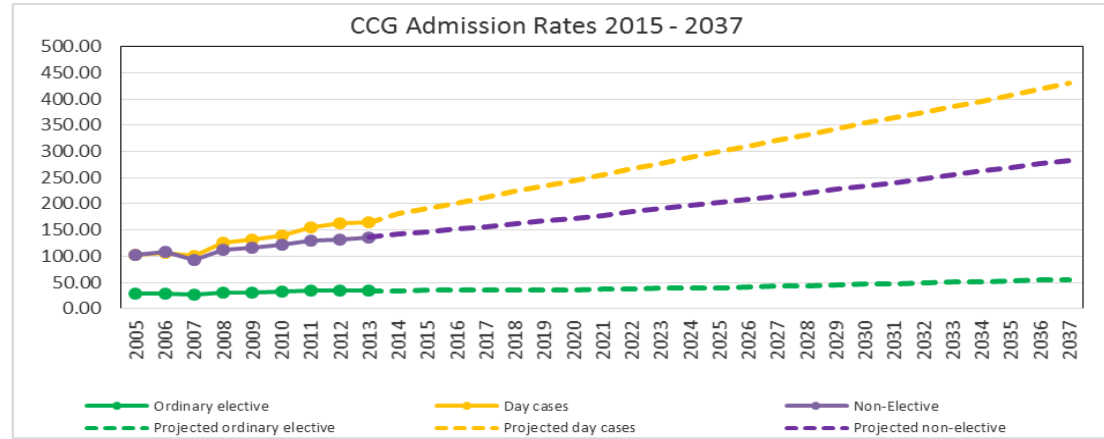
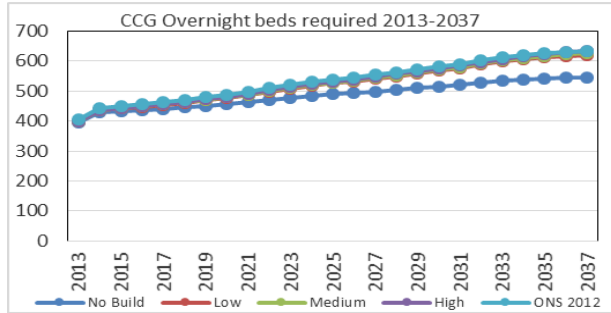
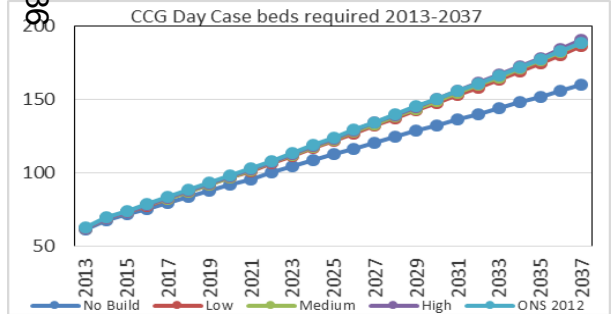
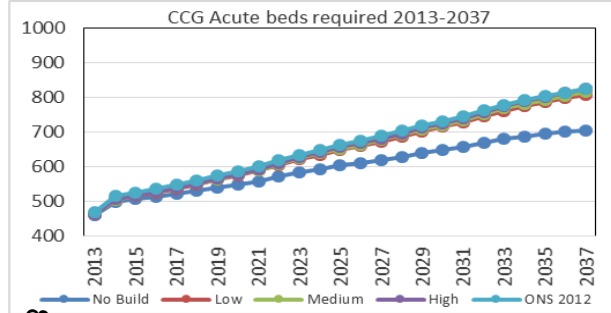
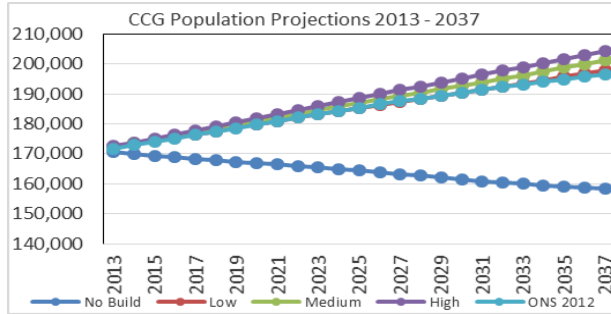
NHS Norwich CCG



NHS South Norfolk CCG



NHS West Norfolk CCG



Calculations

Resident Population Projections by CCG

Using POPGROUP, the resident population projections for each district were calculated using the number of houses built per year for each scenario. (POPGROUP projections not available for CCGs). The number of houses per district per scenario is as follows:

District	Low	Medium	High
Breckland	283	424	565
Broadland	279	418	558
Great Yarmouth	210	315	420
King's Lynn & West Norfolk	650	680	710
North Norfolk	189	284	379
Norwich	382	573	763
South Norfolk	449	674	898
Waveney	145	218	290

87

The “High” scenario figures are based on the OAN (Objectively Assessed Need for housing). Waveney figure is based on the current local plan housing targets to 2025 extrapolated forward to 2036 as there is not yet an OAN figure beyond 2025.

POPGROUP uses births, deaths, migration rates from the mid-2012 ONS projections and the household/dwellings ratio per district in 2011 to calculate the population projections (using the same methodology as in the mid-2012 ONS projections). The CCG’s population was then allocated using the proportion of the ONS mid-2013 district population estimates in the corresponding CCG. The proportions are:

CCG	District	Prop. of population in CCG
NHS Great Yarmouth and Waveney CCG	Great Yarmouth	100.00%
NHS Great Yarmouth and Waveney CCG	Waveney	100.00%
NHS North Norfolk CCG	Broadland	52.92%
NHS North Norfolk CCG	North Norfolk	100.00%
NHS Norwich CCG	Broadland	47.08%
NHS Norwich CCG	Norwich	100.00%
NHS South Norfolk CCG	Breckland	82.86%
NHS South Norfolk CCG	South Norfolk	100.00%
NHS West Norfolk CCG	Breckland	17.14%
NHS West Norfolk CCG	King's Lynn & West Norfolk	100.00%

Acute Healthcare requirements

The number of beds required were calculated based on the formulas/assumptions used by the HUDUⁱⁱⁱ model and are built on the assumption that admission rates and length of stay continue to change in the way that they have done in the past as follows:

$$\text{Number of beds required} = \text{bed days required} / \text{Occupancy rate} / \text{Available bed days}$$

Where:

$$\text{Beds required} = \text{no. of admissions by CCG} \times \text{forecasted average length of stay}$$

$$\text{No. of admissions by CCG} = \text{CCG Population Projection for scenario} \times \text{admission rate}$$

$$\text{Admission rate} = \text{Forecasted no. of admissions} / \text{ONS 2012 Population Projection}$$

$$\text{Occupancy rate} = 85\%$$

$$\text{Available bed days} = 365$$

Intermediate Healthcare requirements

25% of reduction in length of stay is assumed to be re-directed as Intermediate Care Beds and another 25% as Intermediate Day Spaces. Both are calculated the same way for each year and include Elective and Non-Elective admissions as follows:

$$\infty \quad \text{Beds/Day Spaces required} = (25 \% \text{ Bed Days reduction}) / \text{Occupancy} / \text{Available Bed Days}$$

Where:

$$\text{Bed days reduction} = (\text{CCG Admissions} \times \text{Length of Stay 2012}) - (\text{CCG Admissions} \times \text{Length of Stay current year})$$

$$\text{CCG admissions} = (\text{forecasted admissions} / \text{ONS Population Projection for 2012}) \times \text{Population for the corresponding scenario.}$$

$$\text{Occupancy rate} = 85\%$$

$$\text{Available Bed Days} = 447$$

General Practitioners requirements

As per the HUDU modelⁱⁱⁱ, the primary healthcare assumption is set at requiring a population size of 1,800 people in order to justify one General Practitioner. This is based on guidance from the Royal College of GPs.

$$\text{Number of GPs required} = \text{CCG Resident Population projection for the scenario} / 1,800$$

ⁱⁱⁱ HUDU model is the NHS Development Unit's online standard planning contribution model for London.



88 Appendix 2 A Healthy planning checklist for Norfolk

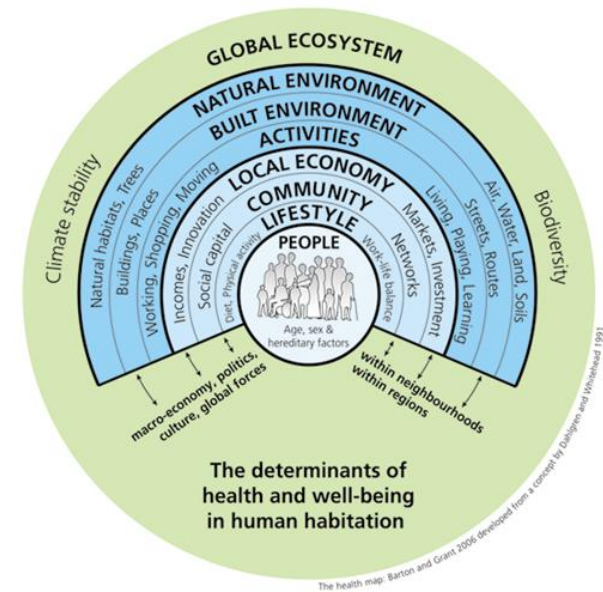


The links between planning and health are long established. The Health Map^{iv} shows how lifestyle factors are nested within the wider social, economic, and environmental determinants of health which are, in turn influenced by the built and natural environments in which we live. We know that developments that are carefully planned for and managed may contribute positively to the health and well-being of a community. National Planning Policy Guidance requires local planning authorities to ensure that health and well-being, and health infrastructure are considered in local and neighbourhood plans and in planning decision making.

The Healthy Planning Checklist for Norfolk has been developed to facilitate joint working to improve health. It is based upon the London Healthy Urban Development Unit (HUDU) Rapid Health Impact Assessment Toolkit^v and the Royal Town Planning Institute (RTPI) Principles for Healthy Communities^{vi}. The Checklist is intended to provide a practical tool to assist developers and their agents when preparing development proposals and local planning authorities in policy making and in the application process. It also provides a framework for Norfolk County Council Public Health when considering health and wellbeing impacts of development plans and planning applications.

The checklist is structured around six healthy planning themes:

- Partnership and inclusion
- Healthy environment
- Vibrant neighbourhoods
- Active lifestyles
- Healthy housing and
- Economic activity



^{iv} Barton H and Grant M (2006) **A health map for the local human habitat** The Journal of the Royal Society for the Promotion of Health November 2006 126: 252-253,

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

^{vi} RTPI Principles for Healthy Communities in RTPI (2009) Good practice note 5: Delivering healthy communities.

USING THE CHECKLIST.

The checklist is designed to highlight issues and facilitate discussion and can be used flexibly, reflecting the size and significance of the development. It is best used prospectively, before a plan or proposal is submitted, but can also be used concurrently and retrospectively. Used prospectively it can help assess plans and proposals and inform the design and layout of a development and influence those factors that can impact on the health and wellbeing of residents and the wider communities of Norfolk.

Consideration should be given to each of the six healthy planning themes. It is acknowledged that there will be crossover with other assessments, including environmental impact and transport assessment, and an integrated approach is encouraged.

HEALTHY PLANNING CHECKLIST				
	Criteria to consider	Comments and recommendations	Policy requirements, standards and evidence	Why is it important?
THEME 1	PARTNERSHIP AND INCLUSION			
Engagement	<p>Health and planning are integrated at an early stage of plan making and proposal preparation.</p> <p>Communities, including vulnerable and hard to reach groups have been engaged in the development of plans and policies.</p>		<p>National Planning Policy Framework paragraph 69, 70, 73, 74. http://planningguidance.communities.gov.uk/</p> <p>Planning Policy Guidance, Who are the main health organisations a local authority should contact and why? (ID: 53-003-20140306) http://planningguidance.communities.gov.uk/</p>	<p>Community engagement before and during construction can help alleviate fears and concerns.</p> <p>Creating a sense of community is important to individual's health and wellbeing and can reduce feelings of isolation and fear of crime.</p> <p>Planning can support communities and improve quality of life for individuals by creating environments with opportunities for social networks and friendships to develop.</p>
Integration	The design creates environments where people can meet and interact and connects the proposal with neighbouring communities.			

THEME 2		HEALTHY ENVIRONMENT		
Construction	The plan or proposal minimises construction impacts such as dust, noise, vibration and odours.		National Planning Policy Framework paragraph 69, 70, 73, 74. http://planningguidance.communities.gov.uk/	Construction activity can cause disturbance and stress which can have an adverse effect on physical and mental health. Mechanisms should be put in place to control hours of construction, vehicle movements and pollution.
Air quality	The plan or proposal minimises air pollution.			The long-term impact of poor air quality has been linked to life-shortening lung and heart conditions, cancer and diabetes.
Noise	The plan or proposal minimises the impact of noise caused by traffic and commercial uses through attenuation, insulation, site layout and landscaping.			Reducing noise pollution helps improve the quality of urban life.
Sustainable energy and materials	The plan or proposal maximises opportunities for renewable energy sources and promote the use of sustainable materials.			Access to nature and biodiversity can have a positive impact on mental health and wellbeing.
Biodiversity	The plan or proposal contributes to nature conservation and biodiversity.			New development can improve existing, or create new, habitats or use design solutions (green roofs, living walls) to enhance biodiversity.

Local food growing	The plan or proposal provides opportunities for food growing, for example by providing allotments, private and community gardens.			Providing space for local food growing helps promote more active lifestyles, better diets and social benefits.
Flood risk	The plan or proposal reduces surface water flood risk through sustainable urban drainage techniques, including storing rainwater, use of permeable surfaces and green roofs.			Flooding can result in risks to physical and mental health. The stress of being flooded and cleaning up can have a significant impact on mental health and wellbeing.
94 Overheating	The design of buildings and spaces avoids internal and external overheating, through use of passive cooling techniques and urban greening.			Climate change with higher average summer temperatures is likely to intensify the urban heat island effect and result in discomfort and excess summer deaths amongst vulnerable people. Urban greening - tree planting, green roofs and walls and soft landscaping can help prevent summer overheating.

THEME 3		VIBRANT NEIGHBOURHOODS		
Social infrastructure	The plan or proposal contributes new social infrastructure provision that is accessible, affordable and timely.		National Planning Policy Framework paragraph 69, 70, 73, 74. http://planningguidance.communities.gov.uk/ Planning Policy Guidance. How should health and well-being and health infrastructure be considered in planning decision making? (ID: 53-004-20140306) http://planningguidance.communities.gov.uk/	Future social infrastructure requirements are set out in the local authority infrastructure plans and developments may be expected to contribute towards additional services and facilities.
95	The plan or proposal promotes access to a range of community facilities and public services that are well designed and easily accessible.			Good access to local services is a key element of a lifetime neighbourhood and additional services will be required to support new development.
Access to fresh food	The plan or proposal provides opportunities for local food shops, and avoids an over concentration or clustering of hot food takeaways.		Planning Policy Guidance, What is a healthy community? (ID: 53-005-20140306) http://planningguidance.communities.gov.uk/	A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centres and undermine

THEME 4	ACTIVE LIFESTYLES			
<p>Access</p> <p>96</p>	<p>The plan or proposal protects and enhances existing and/or provides suitable new accessible green and open space, play and sports spaces, woodlands and allotments (or provides alternative facilities in the vicinity). It sets out how these new spaces will be managed and maintained for the lifetime of the development.</p>		<p>Healthy Environment National Planning Policy Framework paragraph 69, 70, 73, 74. http://planningguidance.com/munities.gov.uk/</p> <p>Safe, sustainable development: aims and guidance notes for local Highway Authority requirements in Development Management, Norfolk County Council. http://www.norfolk.gov.uk/view/ncc099733</p>	<p>Access to open space and community facilities has a positive impact on health and wellbeing. Living close to areas of green space, parks, woodland and other open space can improve physical and mental health regardless of social background.</p>

<p>Travel and transport</p> <p>97</p>	<p>The plan or proposal has a travel plan that includes adequate and appropriate cycle parking and storage and traffic management and calming measures.</p> <p>The layout is highly permeable and includes safe, well-lit and networked pedestrian and cycle routes and crossings.</p> <p>The plan or proposal minimises travel to ensure people can access facilities they need by walking cycling and public transport.</p> <p>The plan or proposal keeps commercial vehicles away from areas where their presence would result in danger or unacceptable disruption to the highway or cause irreparable damage.</p>			<p>A travel plan can promote sustainable transport and address the environmental and health impacts of a development.</p> <p>Cycle parking and storage in residential dwellings can encourage cycle participation. Traffic management and calming measures and safe crossings can reduce road accidents involving cyclists and pedestrians and increase active travel.</p> <p>Developments should prioritise the access needs of cyclists and pedestrians.</p> <p>Developments should be accessible by public transport.</p>
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THEME 5	HEALTHY HOUSING			
<p>Accessible housing</p> <p>86</p>	<p>The plan or proposal meets all the requirements contained in National Housing standards for daylighting, sound insulation, and private space.</p> <p>The plan or proposal provides accessible homes for older or disabled people.</p>		<p>National Planning Policy Framework paragraph 69, 70, 73, 74. http://planningguidance.communities.gov.uk/</p>	<p>Good daylighting can improve the quality of life and reduce the need for energy to light the home.</p> <p>Improved sound insulation can reduce noise disturbance and complaints from neighbours. The provision of an inclusive outdoor space which is at least partially private can improve the quality of life.</p> <p>Accessible and easily adaptable homes can meet the changing needs of current and future occupants.</p>
<p>Healthy living</p>	<p>The plan or proposal provides dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces.</p> <p>Practical use for garden space is provided and where garden space is impractical effectively managed communal garden space will be provided.</p> <p>The plan or proposal encourages the use of stairs by ensuring that they are well located, attractive and welcoming.</p>			<p>Sufficient space is needed to allow for the preparation and consumption of food away from the living room to avoid the 'TV dinner' effect.</p> <p>Rather than having lifts at the front and staircases at the back of buildings hidden from view, it is preferable to have them located at the front to encourage people including those that are able to use them.</p>

Housing mix and affordability	Neighbourhoods are designed with a mix of housing types and tenures and provide accommodation which is adaptable to cater for changing needs, including the ageing population.			The provision of affordable housing can create mixed and socially inclusive communities. The provision of affordable family sized homes can have a positive impact on the physical and mental health of those living in overcrowded, unsuitable or temporary accommodation.
	Affordable housing is integrated in the whole site and will avoid segregation.			Both affordable and private housing should be designed to a high standard ('tenure blind').

66

THEME 6		ECONOMIC ACTIVITY		
Local employment and healthy workspaces	<p>A range of employment opportunities are available within the neighbourhood or accessible by sustainable travel means.</p> <p>The plan or proposal includes commercial uses and provides opportunities for local employment and training, including temporary construction and permanent 'end-use' jobs.</p>		<p>Economic Activity National Planning Policy Framework paragraph 69, 70, 73, 74.</p> <p>http://planningguidance.communities.gov.uk/</p>	<p>Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Employment can aid recovery from physical and mental illnesses.</p> <p>Creating healthier workplaces can reduce ill health and employee sickness absence.</p>

ACKNOWLEDGEMENTS

The health impact checklist was adapted from the London Healthy Urban Development Unit, Planning for Health Rapid Health Impact Assessment Tool.

The checklist was further informed by the following:

The City of Stoke-on-Trent local development framework supplementary planning document: healthy urban planning (2012);

Better health outcomes through spatial planning: a report for Cheshire West and Chester Council. Ballantyne and Blackshaw (2014);

Thetford Healthy Town, Planning and Health Checklist. Breckland Council.

We would also like to acknowledge the contribution of the following colleagues:

Chandraa Bhattacharya (Public Health England)

Hannah Grimes (Norfolk County Council)

Ian Burns (NHS Property Services)

Robert Lindfield (Public Health England)

David Edwards (Norfolk County Council)

Carl Petrokofsky (Public Health England)

Chimeme Egbutah (Luton Borough Council)

Andre Pinto (Public Health England)

Stephen Faulkner (Norfolk County Council)

Matt Tracey (Norfolk County Council)

Iain Green (Cambridgeshire County Council and South Cambridge District Council)

Emmeline Watson (Cambridgeshire County Council)