

CABINET MEMBERS DELEGATED DECISION

Open/Exempt		Would any decisions proposed:			
Any especially affected Wards	Mandatory/	Be entirely within Cabinet's powers to decide Need to be recommendations to Council		YES/NO	YES/NO
	Discretionary/			YES/NO	YES/NO
	Operational			YES/NO	YES/NO
Lead Member: Cllr Jim Moriarty E-mail: cllr.james.moriarty@west-norfolk.gov.uk		Other Cabinet Members consulted:			
		Other Members consulted:			
Lead Officer: Michael Burton (Principal Planner, Planning Policy) E-mail: Michael.burton@west-norfolk.gov.uk		Other Officers consulted: Alex Fradley (Planning Policy Manager)			
Financial Implications YES/NO	Policy/Personnel Implications YES/NO	Statutory Implications YES/NO	Equal Impact Assessment YES/NO If YES: Pre-screening/ Full Assessment	Risk Management Implications YES/NO	Environmental Considerations YES/NO
If not for publication, the paragraph(s) of Schedule 12A of the 1972 Local Government Act considered to justify that is (are) paragraph(s)					
Date of publication of report: 29 November 2024			Date decision to be taken: 06 December 2024		
Deadline for Call-In: 13 December 2024					

TITLE: ADOPTION OF NORFOLK PLANNING IN HEALTH PROTOCOL 2024

<p>This report has been prepared to secure adoption of the updated Norfolk Planning in Health Protocol ("the Protocol"/ "Health Protocol"). The Protocol is an engagement tool between Norfolk and East Suffolk Local Planning Authorities, Public Health Bodies and the Norfolk and Waveney Integrated Care System (ICS). The focus is upon delivering positive outcomes in terms of public health and wellbeing through the planning system.</p> <p>The updated Health Protocol was approved by the Norfolk Strategic Planning Member Forum on 24 October 2024. This enables the partner local authorities individually to adopt the Protocol.</p> <p>Recommendation The Cabinet Member for Planning and Licensing to approve, under delegated powers, the 2024 Norfolk Planning in Health Protocol.</p> <p>Reason for Decision To approve the updated 2024 Protocol, replacing the previous (August 2019) version.</p>



1 Background

Context

The first Norfolk Planning in Health Protocol ("the Protocol"/ "Health Protocol") was published in March 2017, with an updated version published in August 2019:

<https://www.norfolk.gov.uk/media/20269/Planning-In-Health-Protocol-August-2019/pdf/3cplanning-in-health-protocol-august-2019.pdf?m=1701471987337>.

The need for a further update to the Protocol has come about in recognition of a need for greater collaboration between local planning authorities, health service organisations, and public health departments in local government. This is necessary to plan for future growth and to promote health in planning/new development.

National planning policy and guidance has also seen several updates since 2019, most recently the December 2023 update to the National Planning Policy Framework: <https://www.gov.uk/government/publications/national-planning-policy-framework--2>). The NPPF and Planning Practice Guidance (<https://www.gov.uk/guidance/health-and-wellbeing>) focus upon promoting healthy and safe communities (NPPF, section 8), including addressing identified local health and well-being needs, taking into account and supporting delivery of local strategies to improve health (NPPF paragraphs 96-97).

In addition, there is a need for health service organisations to deliver on the commitments within the NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>) which sets out goals and actions for the future of the NHS.

The 2019 Health Protocol also precedes the Covid-19 pandemic so there is a need to review this, in terms of the long-term aspirations of the NHS around service delivery. This requires planning processes for the health sector to be reviewed, with reference current public health structures and the need to ensure continued and effective engagement between local planning authorities and health service bodies.

The updated Health Protocol was approved by the Norfolk Strategic Planning Member Forum on 24 October 2024. This enables the partner local authorities individually to adopt the Protocol.

Purpose of the Protocol

The process for updating the Protocol has been extensive, having started in early 2022. The update has been produced collaboratively between relevant public health bodies; the NHS, Norfolk and Suffolk Public Health (County Councils) and the Norfolk local planning authorities. It sets out how these partner bodies can effectively engage to ensure that health and wellbeing matters ("health considerations") are appropriately addressed in plan-making (Local Plans) and decision making (planning applications).



The Health Protocol covers two principal themes:

- Health infrastructure – planning for health service provision (e.g. provision of healthcare facilities to meet population needs – primary/secondary healthcare and associated services such as dentistry); and
- Ensuring that health promotion is considered in the design and provision of developments (e.g. the provision of walking and cycling infrastructure, or maintenance of good air quality).

The Protocol provides information and guidance about how matters of health and wellbeing can be addressed through the planning system.

How has the Protocol been updated?

Five years have passed since the 2019 Protocol was adopted. The 2024 update includes significant changes, to:

- Ensure greater consideration of health promotion through the planning process;
- Reflect new NHS structures and changes in national planning policy; and
- Make the protocol more accessible, as well as clarifying partner roles and responsibilities.

Key changes in the 2024 Health Protocol update are as follows:

- new Section 1 (“How to use this protocol”);
- additional detail on the tools and data used by NHS Norfolk and the Waveney Integrated Care Board (ICB) in calculating developer contributions, regarding the impacts of development on healthcare services;
- clarification on dental services (not included in previous versions of the Protocol) and the need to collate and publish relevant data as/ when this becomes available;
- information on Healthcare Infrastructure Development Plans; and
- recent administrative and governance changes to the health and social care system within which the Protocol operates.

Overall, the passage of five years since the 2019 Health Protocol has inevitably required an update to the Protocol, to reflect the current position, in terms of administrative requirements and current planning policies.

How should the Protocol be used?

The Health Protocol should be used by all relevant partner bodies. That is, Norfolk and East Suffolk local planning authorities, the Norfolk and Waveney Integrated Care System (ICS) Strategic Estates Group (who will liaise with relevant health and social care partners to ensure where possible, that health infrastructure is suitable for its needs and the population that it serves), and Norfolk and Suffolk County Councils’ Public Health teams.

The Protocol should be used in cases where development proposals could potentially impact health services, or where there could be significant health implications. It sets out thresholds for where consultation is required on



potential health impacts and considerations associated with a development proposal. That is:

- a) A housing development of 50 dwellings or more.
- b) A development of less than 50 dwellings but which is still deemed to potentially impact on health services significantly.
- c) A development that includes a care facility, housing for the elderly, or student accommodation.
- d) A development that involves the significant loss of public open space.
- e) Any other type of development that could have significant health implications.

The Protocol is intended to support all parts of the planning system; both plan-making and decision making.

For local planning, toolkits within the Protocol provide a framework for public health teams when considering health and wellbeing impacts of development plans. This also enables engagement through a documented process outlining the input and linking of relevant NHS organisations and Public Health agencies with partner local planning authorities, in planning for housing growth and the health infrastructure required to serve that growth.

For development management, Protocol guidance includes pre-planning application enquiries, where the Protocol should be used to set the scope for a Health Impact Assessments (HIA) if appropriate.

The Health Protocol is supported by a range of toolkits and data. These include:

- **“Healthy Planning Checklist” tool** – to assist developers in submitting planning applications and local planning authorities in preparing Local Plans;
- **“Healthy Urban Development Unit (HUDU) modelling tool”** – used by the ICS Strategic Estates Group to model specific impacts of new developments on healthcare infrastructure;
- **Demand and capacity modelling** – used by the ICS Strategic Estates Group to indicate existing areas of capacity or constraint across its infrastructure; and
- **Infrastructure Development Plans** – highlight specific requirements and proposed projects across health infrastructure, in response to forecast population and household growth.

Overall aims of the Protocol

The Protocol seeks to improve engagement and effective partnership working between public bodies with public health responsibilities. It is about effective planning for housing growth and the health infrastructure required to serve that growth, in terms of:

- Health;
- Well-being; and
- Long term health service and infrastructure demands.



This will enable health service providers across the Norfolk and Waveney ICS area to plan for expanding communities in areas where new housing is to be built.

2 Options Considered

No other options were considered. The 2019 Protocol was becoming outdated, particularly in terms of information regarding current healthcare policies and administrative structures. Given that 2019 Protocol is over five years old, an update/ revision has been long due.

3 Policy Implications

No direct policy implications. The Health Protocol functions as a toolkit, signposting users to relevant policies and guidance associated with health and wellbeing, and health infrastructure.

4 Financial Implications

No financial implications.

5 Personnel Implications

No personnel implications.

6 Environmental Implications

The Protocol considers best practice in promotion of health through planning, including with reference to best practice design guidance such as the National design guide (<https://www.gov.uk/government/publications/national-design-guide>).

The National Planning Policy Framework (NPPF) and supporting Planning Practice Guidance (PPG) recognises good design as integral to health and wellbeing. They emphasise health and wellbeing as an essential part of the planning process, including focusing on active travel, multi-functional open space, and high-quality urban environments.

Overall, the Protocol recognises the critical role of a high-quality environment for public health and wellbeing. It should therefore deliver positive outcomes in terms of environmental implications.

7 Statutory Considerations

No statutory considerations. The Health Protocol has been updated as good practice, although there is no statutory obligation to produce or maintain such a document. It should be noted that for both development management and plan-making there is a requirement to engage with relevant health bodies. NHS England and the Integrated Care Boards (in this case, Norfolk and Waveney ICB) are also statutory "Duty to Cooperate" bodies (Town and Country (Local Planning) (England) Regulations 2012, as amended; Regulation 4).

8 Equality Impact Assessment (EIA)

Pre-Screening Equality Impact Assessment undertaken, demonstrating neutral impacts. Therefore, there is no requirement to undertake a full EIA.



Stage 1 - Pre-Screening Equality Impact Assessment

Name of policy/service/function	Planning in Health Protocol			
Is this a new or existing policy/ service/function? <i>(tick as appropriate)</i>	New		Existing	X

9 Risk Management Implications

The Protocol has been updated to ensure the existing agreement between the partner bodies remains relevant and up-to-date. Given that five years have passed since the previous version was adopted, there could be a significant risk that important information and guidance relating to delivering public health and wellbeing outcomes could be missed.

No risks are identified in updating the Protocol, although there are potential risks with continued reliance upon the previous (2019) version.

10 Declarations of Interest / Dispensations Granted

None.

11 Background Papers

Planning in Health Protocol (August 2024).

Signed: Jim Moriarty

Cabinet Member for: Planning and Licensing

Date: 29.11.2024



<p>Brief summary/description of the main aims of the policy/service/function being screened.</p> <p>Please state if this policy/service is rigidly constrained by statutory obligations, and identify relevant legislation.</p>	<p>The Protocol sets out how relevant bodies – the NHS, Norfolk and Suffolk Public Health (County Councils) and local planning authorities – can effectively engage to ensure that health and wellbeing matters (“health considerations”) are appropriately addressed in plan-making and decision making (planning applications).</p> <p>The Protocol updates the previous (2019) version and sets out the size and scale of development when it will apply and provides information about the types of activities that can be undertaken, such as health impact assessment, to promote healthy planning and development and includes a health planning checklist.</p> <p>There are no direct statutory obligations associated with the Protocol, although this operates within the legal frameworks that bind the partner bodies.</p>
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<p>Who has been consulted as part of the development of the policy/service/function? – new only <i>(identify stakeholders consulted with)</i></p>	<p>Norfolk and East Suffolk Local Planning Authorities, Public Health Bodies (NHS; Norfolk and Suffolk County Councils) and the Norfolk and Waveney Integrated Care System (ICS).</p>
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<p>Question</p>	<p>Answer</p>
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<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, 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> <p><i>If potential adverse impacts are identified, then a full Equality Impact Assessment (Stage 2) will be required.</i></p>		Positive	Negative	Neutral	Unsure
	Age			X	
	Disability			X	
	Sex			X	
	Gender Re-assignment			X	
	Marriage/civil partnership			X	
	Pregnancy & maternity			X	
	Race			X	
	Religion or belief			X	
	Sexual orientation			X	
	Armed forces community			X	
	Care leavers			X	
	Other (eg low income, caring			X	



responsibilities)

Question	Answer	Comments				



<p>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?</p>	<p>Yes / No</p>	<p>Delivering good access to healthcare and wider health and wellbeing through the planning system is beneficial to all communities and groups.</p>	
<p>3. Could this policy/service be perceived as impacting on communities differently?</p>	<p>Yes / No</p>	<p>Ditto (Q2)</p>	
<p>4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?</p>	<p>Yes / No</p>	<p>Ditto (Q2)</p>	
<p>5. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions?</p> <p>If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section</p>	<p>Yes / No</p>	<p>Actions:</p>	
		<p>Actions agreed by EWG member: C Dorgan.....</p>	
<p>If 'yes' to questions 2 - 4 a full impact assessment will be required unless comments are provided to explain why this is not felt necessary:</p> <p>Decision agreed by EWG member:</p>			
<p>Assessment completed by: Name</p>			
<p>Job title</p>			
<p>Date completed</p>			
<p>Reviewed by EWG member</p>	<p>C Dorgan</p>	<p>Date</p>	<p>20/11/2024</p>

Please tick to confirm completed EIA Pre-screening Form has been shared with Corporate Policy (corporate.policy@west-norfolk.gov.uk)