

## HEALTH AND LOCAL AUTHORITY ENGAGEMENT.

### Introduction

Health partners engage with their local authority in a variety of settings; formal and informal and with elected Councillors and officers across departments.

This paper sets out the background and context to the current structures available for engagement between health and London local authorities along with a supporting flow diagram for reference.

### Health and Well-being Boards

Statutory engagement between health and local authorities takes place at Health and Well-being Boards (HWBB) established under the Health and Social Care Act 2012. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The HWBB forms a formal committee within the local authority structure and will report to the Council's Executive or Cabinet. It is the key forum for health and social care integration discussions.

Local authority representation will include senior Councillors (e.g. Council Leader, Lead Member for Health and Social Care) and Officers (Chief Executive or Directors of Social Care and Health)<sup>1</sup>. Health representation is also at a senior level from the CCGs and providers.

Health and Well-being Boards may also be part of a broader partnership arrangement in a borough where a strategic borough partnership operates e.g the Merton Partnership. These partnerships usually include the Council, Police, Voluntary and Community Sector, and may include representatives from the Fire Service, Housing Associations, health, and local business. A strategic partnership may have oversight of the thematic partnerships including the HWBB, Community Safety, Children and Young People, Environmental or Economic Development Partnerships.

### The Planning Process

#### Local Plans in London

Local authorities, as the Local Planning Authority (LPA) for their area are responsible for preparing a Local Plan setting out the development for their area, including site allocations, strategic and local policies which is used together with the London Plan as the development plan for the purpose of considering planning applications.

The Local Plan is one of the key strategic documents for a Council agreed by the full Council and follows a statutory process over a period of years. Key stages include:

- a) scoping the issues and extent of the local plan
- b) regulation 18 consultation setting out options and preferred strategy
- c) regulation 19 consultation on the plan the LPA is intending to submit to the Secretary of State for examination.

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<sup>1</sup> The titles for Councillors, e.g. Portfolio Holder, Executive Member for Health and Social Care, or Community Services and for senior officers e.g Director of Social Care and Community Services under which Public Health and the Director of Public Health will usually sit vary between local authorities.

The local CCG and NHS England are both statutory consultees with the LPA required to engage with them throughout the process. The Localism Act 2000 also places a duty on local authorities to co-operate with their neighbouring authorities and a prescribed list of bodies including CCGs<sup>2</sup>.

Local plans are based upon robust and up to date evidence to support the policies. This includes transport, housing need and availability assessments, and the **Joint Strategic Needs Assessment** and existing strategies including the **Health and Well-being Strategy**.

### [Planning applications](#)

Most development requires planning permission from the LPA, although some developments are allowed by the General Permitted Development Order (GPDO), often referred to as permitted development (PD) .

Health partners may be involved in the development management process in various roles:-

- An applicant seeking planning permission for development e.g. expansion or alterations to an existing building, change of use of a building, a new development or for a site for disposal to increase certainty to the buyer and maximise the value.
- A consultee on a planning application - either as an adjoining owner/occupier or for major schemes asked for their views on its impact on health and well-being.
- A recipient of contributions (in kind/monies) relating to planning obligations required to make the development acceptable (either identified as a consultee or by the LPA) and potentially S106 contributions to health infrastructure or to address the wider determinants of health.

## Infrastructure Planning

Local planning authorities are required to identify the infrastructure required to meet future demand and deliver the growth in their local plan. This involves preparing an Infrastructure Delivery Plan, with an Infrastructure Schedule included as part of the Local Plan.

Infrastructure Plans are also required to support the preparation of borough Community Infrastructure Levy (CIL) providing information about the types of infrastructure required, the costs, and timescales. A funding gap has to be shown for the Council to be able to adopt its CIL. Local authorities (or often their consultants) will review published documents of infrastructure providers and consult on the infrastructure required to support the level of growth set out in the Local Plan.

Infrastructure plans are 'living documents' anticipated to be updated regularly. Often this is alongside a Council's capital programme but it varies.

## Community Infrastructure Levy

All but three London boroughs have introduced a local Community Infrastructure Levy. Ealing and Havering are not progressing a CIL, and Bromley anticipates theirs in place early 2019.

In addition to the infrastructure planning outlined earlier the Council prepares a 'regulation 123' list setting out the infrastructure to be funded from its CIL. This doesn't mean it will be funded but if it isn't on the Reg 123 list then it cannot be funded from the CIL. Alongside this the Council prepares a (revised) Supplementary Planning Document (SDP) which expands on the Local Plan policy/ies relating to planning obligations required as part of the planning application process. This will detail how planning obligations will be sought, for what purpose and how they are

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<sup>2</sup> Others include Natural England, Environment Agency, Historic England.

calculated and relationship to CIL. Many London boroughs refer to the HUDU model in their Planning Obligations SPDs and in their Infrastructure Plans.<sup>3</sup>

The CCGs will be statutory consultees for the SPD and CIL process.

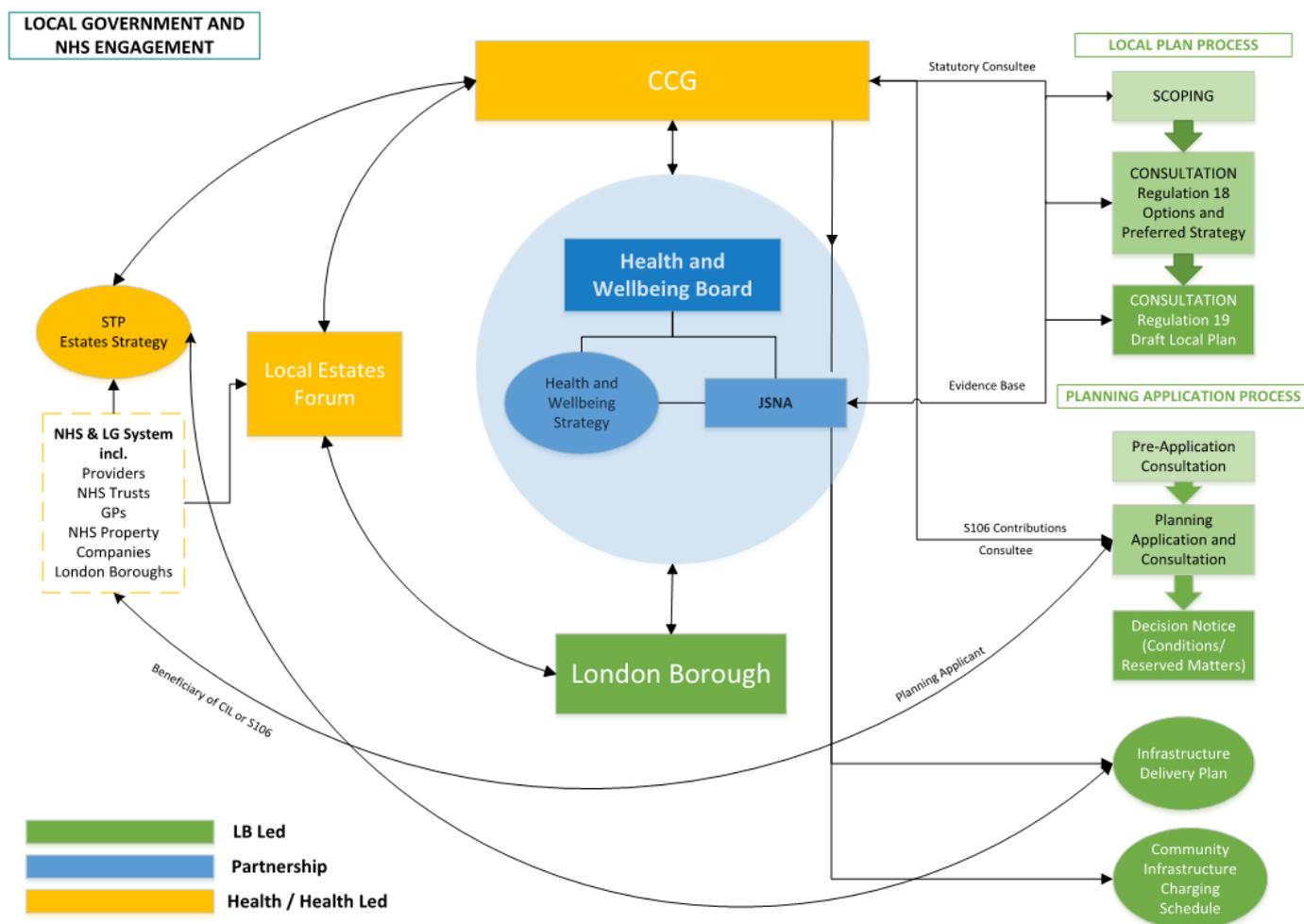
### The NHS Estate Planning

The Five Year Forward Vision placed an increased emphasis on the effective use of the health estate with DH guidance on Local Estates Strategies published in June 2015. This included the role of local estate forums. The creation of STPs focused on a more integrated and strategic approach.

The new round of CCG estate planning, the STP estate strategies and the London Estate Strategy will all inform the planning and infrastructure processes at the London and borough level.

#### Local Estate Forums

These local forums are important at bringing together people with detailed knowledge of sites and projects in an area, and issues of planning and use of developer contributions.



<sup>3</sup> The London NHS Healthy Urban Development Unit’s model has been used since 2007 in the planning process and accepted by Planning Inspectors at Inquiries and referenced in the London Plan.

## HUDU's role in estates planning and the local plan /CIL process

The NHS London Healthy Urban Development Unit has an established role in supporting the CCGs in the process of securing developer contributions for health infrastructure and helping boroughs understand the needs of the health sector, as well as promoting the use of HIA and other tools to ensure healthy places and development and address the wider determinants of health.

The HUDU model is regularly updated to calculate the cost to the health services of individual developments and therefore a basis for securing developer contributions from planning obligations, or a bid to the LPA for CIL funds.

HUDU contributes to the local estates planning and forum work, and provides advice to the health partners and to the local authority to secure positive outcomes for the NHS. HUDU is included as a consultee on many authorities' consultation databases and will work with the CCGs in responding to the local plan process and strategic/major planning applications. HUDU supports the local boroughs and development corporations in using the HUDU model and evidencing the requirement for developer contributions.

### SUGGESTIONS TO MAINTAIN AND STRENGTHEN ENGAGEMENT AND POSITIVE OUTCOMES

- ✓ Ensure the Health and Well-being Board (HWB) and health partners understand the estate implications of strategies and plans and report these to the HWBB. Consider circulating ratified STP Estate Strategies directly to the HWB
- ✓ Establish and tend relationship with senior Members and officers. Regular and scheduled dialogue is crucial.
- ✓ Send the Chief Executive/Leader a copy of published strategies and plans as well as the Lead Councillor and Councillor involved in the HWB.
- ✓ Ensure that the correct CCG details, and key providers (with the right person/email address) are with the planning department for their consultation database for local plans and planning applications.
- ✓ Strategic Partnership – if there is one for your borough seek representation of the CCG / key provider if not already involved. Raise with LEDU if there are difficulties in securing representation.
- ✓ Ensure there is local authority representation at local estates forums and that attendance is consistent.
- ✓ Ensure that HUDU is a consultee on all boroughs /development corporations' databases and establishes consistent co-ordination with health to respond to local plans.
- ✓ 'Health' to respond to consultations from the Council as the local planning authority.
- ✓ Strengthen the use of estate planning to identify sites for inclusion in the local plan and infrastructure planning processes.