Section 5: Practical resources

Figure 8

Resource 3 – Process for health involvement in the development management (planning applications) (see Section 2.4 for further information)

Stage	How to engage (for planners)	How to engage (for public health practitioners)
Stage 1: Pre-application discussion Advice given by planners to applicants before making a planning application.	 Agree with health consultees an arrangement for notifying public health. 	• Seek to agree with planners an arrangement for notifying public health on discussions.
	Highlight with applicant the need for EIA or HIA, and seek the support of public health consultees.	 Understand what can/cannot be considered in planning – material considerations.
	Check what the adopted LDP says about health.	
	Engage environmental health.	
Stage 2: Submission and validation – Planners check the application for validation, including information requirements from the local validation list.	 Ensure that advice is provided to the validation officer on the scope of health information requirements, if required by LDP policy. 	 Provide planners, where necessary, with relevant policies, strategies or position statements. Provide health evidence for planners.
	• Ensure that an HIA or checklist assessment is included if required in LDP policy for developments.	
Stage 3: Publicity and consultation A statutory consultation period of 21 days for the public to make comments.	 Read community comments to support and/or evidence common themes. Any community concerns to be highlighted to health consultees and applicant if appropriate. 	
Stage 4: Statutory consultation Consultation with statutory and non-statutory consultees, with 21 days to respond.	 Ensure that public health is consulted as a consultee. Suggest how the development can be made acceptable through planning conditions or Section 106 obligations. 	 Formally respond to consultation via the Local Health Board as a health consultee. Where necessary, review any supplemental information
	 Review comments made by health consultees and consider the need for further dialogue. 	provided by the planners/applicant and provide further public health response/public health risk assessment.
Stage 5: Consideration The case officer makes a recommendation to be considered by the planning committee.	 If to be discussed by the planning committee. 	 If required and requested, public health consultee to attend the meeting with planning officers.
Stage 6: Planning decision A decision is made for either unconditional approval with conditions, or refusal.	Ensure that recommended public health-related planning conditions and/or Section 106 obligations	Review outcome of decision and continue to provide support if necessary.
	 are included in the decision notice. Provide health consultees with the written decision. 	• Assist with the monitoring and implementation of Section 106 obligations.
Stage 7: Appeal (if submitted)	 Review any comments made by health consultees, including a need for further dialogue with the applicant. 	 Assist planners with evidence if health impacts are a key concern in any appeal made.
Stage 8: Development commencement and enforcement	Ensure compliance with the planning decision.	• Assist planners with evidence if health impacts are a key issue in enforcement.