**Appendix 1**

***(Insert Name of Local Health Board)* Template for Responses to Planning Applications**

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| Part 1 to be completed by lead coordinating team/officer  Part 2 to be circulated to and completed by all internal health consultees  *See notes in accompanying guidance document for further information.*  *Notes in orange are suggested responses and guidance on what to include in each section.* |

**Part 1 [*for internal reference only, not to be sent to the planning authority*]**

1. Planning Application Reference

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| **Application number** | as per notification letter / list |
| **Application Details** | description of the proposed development and include link to online application |

1. Notification received

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| **From** | local planning authority officer - name & job title, email, telephone number if direct consultation, or note that application was identified in the weekly application list |
| **By** | first point of contact in public health or health board - name & job title, email, telephone number |
| **Date** | date notification was received or application identified in weekly list |
| **Deadline for internal comments** | xx days before the application consultation deadline to allow time for coordination of response by lead officer |
| **Consultation response deadline** | date given on the planning application for responses to be received, or date on the letter received from the planning authority for responses |
| **Return comments to** | point of contact- name & job title, email, telephone number |

1. Internal Distribution (Health Board) and sign off

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| **Division/ Directorate** | **Name & job title** | **Email address** |
| Strategic Planning |  |  |
| Public Health |  |  |
| Primary Care |  |  |
| Secondary Care |  |  |
| Community & Intermediate Care |  |  |
| Mental Health |  |  |
| Estates & Facilities |  |  |
| Other |  |  |
| Signed off by  [*Agreement should be made within the Health Board about who will give the approval for the response]* |  |  |

**Part 2 [*to be submitted to local planning authority*]**

**[Date]**

1. **Application Reference**

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| **Application number** | as per notification letter / list |
| **Application Details** | description of the proposed development and include link to online application |

1. **Summary**

This briefing presents the coordinated response from key directorates/departments within [*insert name of Health Board*] to [*Insert name of local planning authority*] on the following planning application:-

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| **Location** | address of planning application site |
| **Nature of development** | brief description of the application e.g. mixed use development; residential units; retail; hot food takeaway etc. |
| **Proposal** | detailed description of the development – copied from the application details |
| **Estimation of population increase**  **[*if applicable depending on the nature of the development*]** | an estimate of the number of new residents if the application includes new housing. Occupancy figure estimates or persons per household may be set out in other planning documents such as Supplementary Planning Guidance on Planning Obligations. Not all residents of a new housing development will be new to the area so inward migration should be taken into account. Migration estimates may be available locally. |

1. **Public Health and Wider Determinants of Health**

An individual’s health is determined not only by their own behaviours, but also strongly impacted upon through the environment, buildings, street design, natural spaces and social networks. These are known as wider determinants of health, and are influenced by planning. All of the elements in the diagram below play a part in determining the health and well-being of the population and therefore are all important in creating healthy places. Substantial health inequalities exist in our communities, and planning and development plays a key role in addressing these inequalities.

This response will focus on some of these determinants in relation to this application and summarises the likely impact of the planning application on both public health issues in the immediate and surrounding areas and also the impact upon local healthcare services.

The majority of the evidence referred to in the comments below is available in the Public Health Wales resources ‘[Creating healthier places and spaces for our present and future generations’](https://phwwhocc.co.uk/resources/creating-healthier-places-and-spaces-for-our-present-and-future-generations/) and ‘[Planning and Enabling Healthy Environments: incorporating a template for planning policy’](https://phw.nhs.wales/publications/publications1/planning-and-enabling-healthy-environments-incorporating-a-template-for-planning-policy/). ,the Public Health England resource ‘[Spatial Planning for Health: an evidence resource for planning and designing healthier places’](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf), and [Natural Resources Wales](https://naturalresourceswales.gov.uk/evidence-and-data/research-and-reports/?lang=en). Additional links are provided for specific sources of evidence on elements of the response.

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| **Green and blue spaces** | The provision of green and blue spaces is important to health and well-being, and there is significant evidence, such as from the [European Environment Agency](https://www.eea.europa.eu/publications/who-benefits-from-nature-in), linking contact with the natural environment with improved health and well-being.  Green and blue spaces benefit both the environment and human health. They include formal and informal places for children to play, and places for adults and children to socialise and meet each other. People with good access to green spaces are more likely to be more active, and older adults can improve mobility with physical activity. Evidence indicates that undertaking physical activity in a natural setting also improves mental health outcomes more than physical activity undertaken in an indoor setting. Having access to parks and playgrounds is associated with reduced risk of obesity among young people.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements for open space provision, and accessible and useable green spaces.  (*The NRW Greenspace Toolkit can support the evidence base for this section)* |
| **Comment on application** | Comment as needed on levels of provision, accessibility, safety of green and blue spaces. Comments on informal spaces for children’s play if appropriate for the development (see LDP policy on play provision).  Green spaces should be accessible, safe, well maintained and provide the opportunity for use by differing members of the community, from children to older people, and include people with disabilities or restricted mobility. |
| **Recommendations** | Include comments on what could be amended/ provided to improve access to green and blue spaces. This could include the location of the spaces, the access to them, and the facilities to be provided in a green space. For example:  It is suggested that consideration is given to the range of users of green and blue spaces, and their needs, to ensure that the spaces are inclusive and accessible for all. For example informal play opportunities for children, spaces for older adults to be physically active but also to rest and socialise, and ensuring that people with disabilities or impairments are able to access the spaces equally. |

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| **Walking and cycling** | Supporting walking and cycling are crucial elements of enabling people to increase physical activity levels, and therefore benefit their health and wellbeing. Being able to be active in the areas people live, work and have leisure time is key to reducing obesity levels, increasing wellbeing and reducing stress.  Evidence demonstrates that improving the infrastructure around walking and cycling can lead to health gains including an increase in physical activity, improved mobility among children, adults and older adults, and improvements in weight status.  The [Active Travel Act](https://gov.wales/sites/default/files/publications/2022-01/active-travel-act-guidance.pdf) and the [Placemaking Charter](https://dcfw.org/placemaking/resources/) in Wales both strongly advocate and provide the evidence for the need for good quality routes which are segregated from traffic, well lit and connect to existing routes and facilities.  [*amend according to local LDP policies]* Policy…. supports the provision of high quality, safe, convenient and attractive cycling and walking routes which offer good connections to services, jobs and other neighbourhoods. |
| **Comment on application** | Include comments on provision of cycle/ walking routes on site, and whether plans have taken account of the likely ages of the residents as their needs can differ.  Refer to the Active Travel Act guidance on the provision and design of cycle and walking routes. Also consider how the development connects to surrounding areas, and the cumulative effect of the provision of cycle routes meaning that more people will take the opportunity to use active travel as it becomes easier and safer to get where they want to go. |
| **Recommendations** | Comments on what could be amended/added to improve cycling and walking e.g. providing cycle stands in safe, secure and accessible locations, separating cycle and pedestrian routes. |

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| **Food: access to health food and the food retail environment (including hot food takeaways)** | Having access to healthy food can improve health and well-being. It can support people to maintain a healthy weight and reduce their risk of developing long-term conditions.  Availability of healthy food options and the access to it is important to consider with regards to health inequalities. Increased access to unhealthier food retail outlets is associated with increased weight status and unhealthy eating behaviours among children in low income areas.  Gardening and community allotments have numerous benefits, such as increasing physical activity, and contributing to better mental health and well-being.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements…  *(a number of LDPs include specific provision for allotments or community growing spaces Some LDPs may have reference to hot food takeaways)* |
| **Comment on application** | Comment on provision of community growing spaces, allotments or gardens. In a large scale development is there opportunity for growing spaces?  Comments on provision of the retail environment if application includes a food/drink use or a hot food takeaway.  Comments on hot food takeaways should refer to:   * National Policies * Local Council / Health Policies / SPG’s / Guidance Notes * Location of existing hot food takeaways – proliferation of hot food takeaways and restaurants * Proximity to educational settings * Health challenges * Poverty and health inequalities * Concerns re: increased littering, traffic (especially if a drive thru), sustainable / active travel (esp if a drive thru). |
| **Recommendations** | Comments on what could be amended/added to improve access to healthy food environment and reduce negative health implications, including improved access to allotments and community growing, or restricting the number of hot food takeaways in a local area where there are high levels of obesity or the unit is in close proximity to a school (if LDP policies cover this), or the provision of community food growing spaces.  (*Note that community gardens or growing areas on developments will require maintenance and this should be factored in to ensure who is responsible for this)* |

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| **Areas for play** | Access to places to play is critical for all children in the development of many skills, for exercise and for mental well-being. Increased access to playgrounds and recreational facilities is associated with increased walking among young people. Areas should be provided that are both traditional play areas but also innovative spaces that enable play to naturally occur.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements… |
| **Comment on application** | Comment on provision of formal play facilities and their accessibility and location. Has consideration been given to the needs of all children, including disabled children?  Are there informal play spaces in the proposals that enable access to play for a wide range of ages? |
| **Recommendations** | Comments on whether consideration can be given to the provision of space which could be utilised as informal play spaces for children, with the inclusion of natural play facilities and features, and if the facilities are accessible. |

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| **Community, health and social care services provided from local facilities** | Access to and availability of services provided in good quality, accessible local facilities promotes health and reduces inequalities in health. Having services at the centre of a walkable neighbourhood can also contribute to increasing physical activity levels, safer roads and enhanced social connectivity.  Access to wider community assets such as education, employment and social activities are also key considerations which will support people’s health and well-being.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements… |
| **Comment on application** | Comment on provision of facilities and their accessibility and location. Has consideration been given to the needs of the new residents as well as in surrounding areas e.g. if the development is for older people they may need more resting places in communal areas and along walkable routes, places to park near to facilities. |
| **Recommendations** | Comments on what could be amended/added to improve access to local facilities such as healthcare and community facilities. Comments on whether the development enables access to other community assets which will support health and well-being such as employment and education. |

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| **Building design** | Well-designed buildings can improve the well-being, productivity and satisfaction of people working them, and good quality housing can help reduce respiratory conditions, improve mental health and reduce health inequalities.  The provision of affordable housing for vulnerable groups can lead to health-related outcomes. Homes that have adequate kitchen facilities, cycle storage and access to outdoor spaces also contribute to overall health and well-being.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements… |
| **Comment on application** | Comments on building design – is there a range of home type, gardens, cycle storage, etc. Is there provision of safe, accessible housing for people with limited mobility? If the housing is for older people, is it dementia friendly and easy adaptable? Are homes designed for life so people do not need to move as they age? |
| **Recommendations** | Comments on what could be amended/added to improve building design to improve health |

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| **Air Quality and Noise** | Evidence indicates that living in an area with clean air can lead to positive changes in health behaviours, and exposure to air pollution negatively impacts on health and well-being. Air quality can be improved through green infrastructure, active travel routes, reduction in traffic congestion and emissions  Noise has negative impacts on health and well-being. [Long term exposure](https://www.eea.europa.eu/publications/health-risks-caused-by-environmental) to environmental noise is linked to sleep disturbance, heart disease and premature deaths.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements…  *Note EPHS may comment on air quality on large scale developments see guidance notes. Natural Resources Wales are also likely to comment on major applications*. |
| **Comment on application** | Comments on green infrastructure provision (open spaces, trees, hedgerows), 20mph zones, designing less for cars and more for people, reducing traffic congestion and electric vehicle charging points.  Is the development located in an area where there is likely to be excessive noise disturbance, for example next to a busy road or railway, or under a flight path? Many developments can be situated in areas which may impact on health due to noise disturbance. |
| **Recommendations** | Comments on what could be amended/added to improve air quality and reduce noise. |

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| **Inequities and health inequalities** | Inequities exist across population groups, for example in employment, income, education, access to services. There could be a number of disadvantaged groups within a population depending on the characteristics of the population. Groups could be age related, income related, groups who suffer discrimination such as people with disabilities or those from ethnic minority groups, or geographical groups such as areas of high deprivation.  Inequalities in health are gaps in health status between different groups.  [*amend according to local LDP policies]* Policy…. of the Local Development Plan provides the framework and requirements… |
| **Comment on application** | A development in an area where inequities exist can have a positive influence on addressing some of these, for example through providing new services or facilities, or access to green space or play areas.  The needs of the existing local community should be considered when planning a new development, because a new development will have an effect on those living nearby. There could be cumulative impacts from other developments in the same area to consider. |
| **Recommendations** | It is recommended that a Health Impact Assessment be undertaken for large scale developments, as this will help assess the potential effects on the health of a population (both for those who may be living in any new development but also the existing community), and also the distribution of these effects across the population. The HIA can highlight ways in which health gain can be maximised and risks to health minimised, and it will consider the needs of the range of population groups. For advice on carrying out a HIA, visit the [WHIASU](https://phwwhocc.co.uk/whiasu/) website. |

1. **Healthcare Service Provision**

The following summarises the likely impact of the planning application on healthcare service provision in the immediate and surrounding areas.

* 1. **Primary Care**

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| **Primary Care** | …… Health Board is responsible for ensuring access to NHS primary care services in [*insert name of area*], including General Practitioners (GPs), Community Pharmacists, Dentists and Optometrists. The health board works with a best practice GP to patient ratio of 1:XX and the current rate of access to NHS dentistry is XX% of the population |
| **Comment on application** | Primary Care teams may wish to add details of which GP practices would be affected by the new development, what their current capacity levels are for taking on new patients and any plans for expansion etc.  Summary of Primary Care estate capacity & condition - include approximate age and condition of the current accommodation, capacity for expansion, existing plans for development, etc. if available  Comments should be sought on community pharmacy, dental and optometry services and whether the infrastructure would need to be enhanced/ extended in order to accommodate any new residents to an area. |
| **Recommendations** | If there is provision within the LDP policies or SPG on developer contributions (Section 106) towards healthcare provision, details of the recommendations should be inserted here e.g. off-site contribution to primary care services, or on-site provision of a new healthcare facility, following discussion with the planning officer (see guidance notes for detail). |
| **Triggers for provision** | The trigger point for developer contributions should be added here according to the policies of the LDP/SPG if appropriate, for example a single development of 500 homes could trigger a contribution of ….sqm of floorspace per patient |
| **Costs** | Calculation of costs according to number of predicted new patients and floorspace (if included in the local policies / SPG). Recommendations for new on-site premises, or costs of off-site contribution |

**Community and Intermediate Care**

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| **Community and Intermediate Care** | ….. Health Board is responsible for delivering care in people's own homes and in community clinics. Services include district nursing, health visiting, podiatry, dietetics, sexual health, primary mental health support, midwifery, community dental, child health, speech and language therapy etc. |
| **Comment on application** | Comments on any perceived impact of increase in new patients on the community and intermediate care services, and whether the application aligns with the health board strategic plans eg provision of care within local communities; joint community/health facilities being developed. If the population number increase as a result of the application would trigger developer contributions according to the LDP, this should be detailed here. |
| **Recommendations** | [as above] |
| **Triggers for provision** | [as above] |
| **Costs** | [as above] |

* 1. **Secondary Care**

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| **Secondary care** | *Amend according to local HB responsibilities*: The health board is responsible for the provision of emergency and scheduled hospital treatment. The health board also provides certain specialist health care services for people from across Wales |
| **Comment on application** | Comments on any perceived impact on secondary care services and whether there would be a need for new or improved healthcare infrastructure to meet the needs of the population.  Summary of Secondary Care estate capacity & condition - include approximate age and condition of the current accommodation, capacity for expansion, existing plans for development, etc. if available |
| **Recommendations** | [as above] |
| **Triggers for provision** | [as above] |
| **Costs** | [as above] |

* 1. **Mental Health and learning disability**

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| **Mental Health and Learning Disability** | Example wording: The health boared is responsible for the provision of mental health and learning disability care |
| **Comment on application** | Comments in relation to identified local need for a non-NHS facility, for example providing services and accommodation for mental health, learning disability care, drug misuse, older people with dementia. Refer to the current evidence base for such facilities |
| **Recommendations** | [as above] |
| **Triggers for provision** | [as above] |
| **Costs** | [as above] |

1. **Summary**

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| In summary, our recommendations are:  List all above recommendations in this section |

For further information contact:

[*insert names, job title, email addresses for key contacts in the health board*]