



Department
of Health

Health Building Note 00-08

Addendum 1 – A guide to the healthcare system in England for local planning authorities

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NHS England, Clinical Commissioning Groups, NHS foundation trusts, NHS trusts and Health and Wellbeing Boards.

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The link between planning and health is long established, and the National Planning Policy Framework (NPPF) and Planning Practice Guidance (PPG) have brought about a greater integration of health and wellbeing in plan making and decision taking. Under this framework, the planning system can play an important role in facilitating social interaction and creating healthy inclusive communities. The NPPF provides planners, NHS organisations, Directors of Public Health (DsPH) and Health and Wellbeing Boards (HWBs) with significant opportunities to engage with and promote this agenda.

This short guide aims to:

- Give local planning authorities (LPAs) an overview of the health system in England and the role of local authorities in promoting health and wellbeing;
- Highlight the key principles in the NPPF and PPG that form a basis upon which LPAs can interact with DsPH, NHS organisations and HWBs;
- Show that the return of public health responsibilities to local authorities reinforces the scope to integrate health objectives and spatial planning.

A brief overview of the NHS and public health responsibilities

This document provides a simplified overview of the NHS and public health responsibilities to enable planners to understand its structure so that they can identify who to work with to achieve the creation of healthy communities and assist in the improvement of services and facilities to meet changing health care needs.

Figure 1 provides a general representation of all health-related organisations in the healthcare system in England. Further information on these organisations and their roles is available from [NHS Choices](#).

Strategic leadership

The Department of Health (DH)

- Has responsibility for strategic leadership of both the health and social care systems;
- Leads, shapes and funds health and care in England, making sure people have the support, care and treatment they need;
- Sets objectives and budgets and holds the system to account on behalf of the Secretary of State for Health;
- Does not directly manage any NHS organisation but works with them to enable services to be delivered according to national priorities.

For detailed information about the department's priorities and roles, [visit the DH website](#).

National support

NHS England (NHS E)

- Supports NHS services nationally;
- Ensures that money spent on NHS services provides the best possible care for patients;
- Funds local Clinical Commissioning Groups (CCGs) to commission services for their communities and ensures that they do this effectively;
- Nationally, commissions specialised services and primary care such as GP and dental services, offender healthcare and some services for the armed forces. Special commissioning includes cancer, renal and forensic mental health services;
- Funds new primary care infrastructure.

The location of NHS E regional and subregional teams can be found on the [NHS England](#) website.

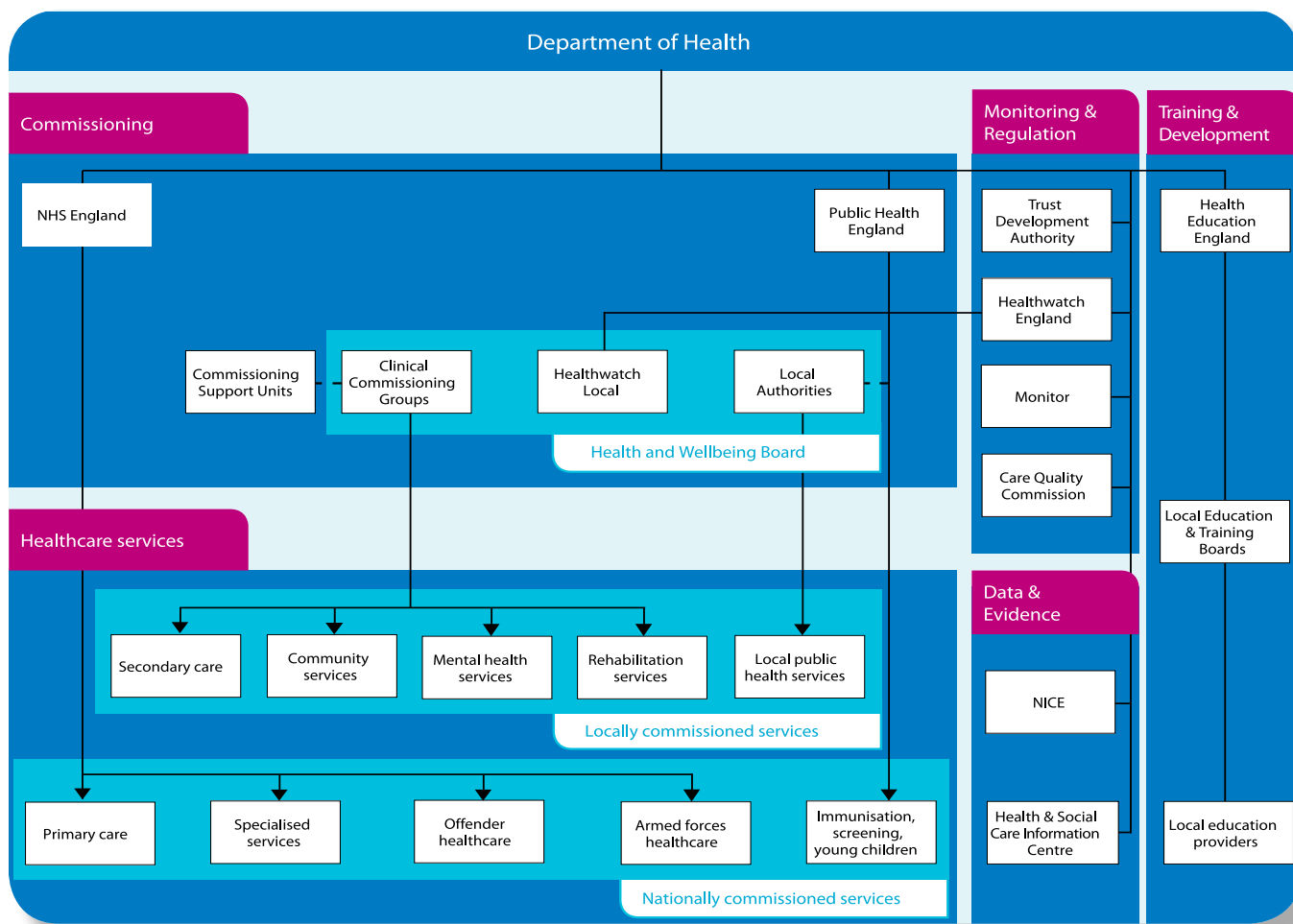


Figure 1 The healthcare system in England

Public Health England

- Is an executive agency sponsored by DH with a remit to protect and improve the nation's health and wellbeing, and reduce health inequalities; it is responsible for:
 - Making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations;
 - Supporting the public to make healthier choices;
 - Protecting the nation's health through the national health protection service, and preparing for public health emergencies;
 - Research and data analysis to improve the understanding of health and come up with answers to public health problems;

- Sharing information and expertise with local authorities, industry and the NHS;
- Providing leadership to the public health system and its specialist workforce.

The transfer of public health teams to local authorities has created an opportunity for new initiatives and partnerships to be forged with the wider levers of change that are located within local government, including planning, housing, transport and environmental health.

Local commissioning of NHS services

The groups below have important responsibilities at the local level:

Clinical Commissioning Groups (CCGs)

CCGs are made up of doctors, nurses and other professionals who use their knowledge of local health needs to plan and buy services

for their local community from any service provider that meets NHS standards and costs. These could be NHS hospitals, social enterprises, voluntary organisations or private sector service providers.

CCGs manage the majority of the NHS commissioning budget. They commission most of the hospital and community NHS services in the local areas for which they are responsible, including:

- most planned hospital care;
- rehabilitative care;
- urgent and emergency care (including out-of-hours);
- most community health services;
- mental health and learning disability services;
- ambulance services.

NHS E (regional and subregional teams)

At a local level, it commissions primary care services but co-commissioning with CCGs will increasingly take place.

LPAs have a duty to cooperate with other bodies and need to show evidence that they have worked with each other when preparing their Local Plan. CCGs and NHS E are formally recognised as organisations with whom LPAs should engage in order to embrace the key planning principles in the NPPF relating to health and wellbeing.

Local Authorities

Single and upper-tier councils are responsible for a wide range of local public health and health improvement services.

These councils have a broad remit in relation to health issues:

- They commission care and support services;
- They have a new responsibility to protect and improve health and wellbeing;
- Directors of Public Health (DsPH) and their teams support local political leadership in improving health and are a key internal point of contact on public health matters for LPAs when preparing Local Plans;
- They use their knowledge of their communities to tackle challenges such as smoking, alcohol and drug misuse and obesity; and
- Working together with health and care providers, community groups and other agencies, they prevent ill-health by encouraging people to make healthier choices.

Health and Wellbeing Boards (HWBs)

HWBs bring together representatives from local authorities, the NHS, local communities and wider partners to ensure there is a shared and comprehensive understanding of local health and wellbeing needs and a clear strategy for meeting them in a more joined up way.

They are responsible for preparing a Health and Wellbeing Strategy underpinned by a Joint Strategic Needs Assessment for their areas.

The boards are intended to:

- Increase democratic input into strategic decisions about health and wellbeing services;
- Strengthen working relationships between health and social care;
- Encourage integrated commissioning of health and social care services.

For information, see the **DH guide** on HWBs.



Local Healthwatch

Healthwatch is a consumer champion in relation to health and healthcare and:

- Is represented on HWBs;
- Gives patients and communities a voice in decisions that affect them; and
- Reports their views and concerns to Healthwatch England so that issues can also be raised at a national level.

Delivery of NHS services

Local services, known as primary care, are delivered by a wide range of professionals including family doctors (GPs), nurses, dentists, pharmacists and opticians.

GP practices deal with the treatment of minor injuries and illnesses, preventative care such as advice on smoking and diet, and carry out simple surgical operations. Practices also work closely with other healthcare professionals, such as health visitors, midwives and social services. Some GPs operate from more than one building.

Further, there is a trend for more locally based facilities to be provided to allow for local delivery of more specialist services.

The hospital sector, known as secondary care, covers more specialist treatment. These services are carried out by acute or mental health NHS foundation trusts or NHS trusts. The former have been given more financial and operational freedom than NHS trusts. Separate trusts provide ambulance services for the hospital sector.

Acute trusts

- Provide elective care, which includes planned and emergency specialist medical care or surgery. Examples of elective care include cataract and heart surgery;
- Patients may be admitted either as in-patients or as day-case patients or they may attend an out-patient consultation or clinic.
- Some acute trusts are regional or national centres for more specialist care, for example, cancer treatment centres, dental

hospitals, healing sick children, and teaching and training children's specialists. Others are attached to universities and help to train health professionals.

Mental health trusts

- Are similar organisations to acute trusts but specialise in providing a range of health services for people with mental health problems both in hospital or through outreach services in the community;
- Services can be provided in a range of facilities based in psychiatric hospital settings and through wards in general hospitals, or in a range of settings in the community, often in primary care facilities. Services can include counselling and other psychological therapies, community and family support, or general health screening;

- More specialist care is normally provided in purpose-built facilities. Services range from psychological therapy through to very specialist medical and training services for people with severe mental health problems.

Ambulance trusts

- All are NHS foundation trusts or NHS trusts;
- They help many people with serious or life-threatening conditions and provide emergency access to healthcare;
- They provide a range of other urgent and planned healthcare and transport services, such as non-emergency patient transport services (PTS).



Key planning principles relating to health and wellbeing

There are many references to health and wellbeing throughout the NPPF and in PPG. Here, we are only highlighting the principal references that should form part of any engagement by planners with NHS organisations, DsPH and HWBs.

The social role in achieving sustainable development should support strong, vibrant and healthy communities, by providing the supply of housing required, the creation of a high quality built environment, with accessible local services that support, among others, health and social wellbeing.

A core planning principle is to take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs. Examples of

local strategies include those of CCGs, NHS E and the HWBs.

Each HWB is responsible for producing a Health and Wellbeing Strategy which is underpinned by a Joint Strategic Needs Assessment. This will be a key strategy for an LPA to take into account to improve health and well-being. Other relevant strategies to note would cover issues such as obesity and healthy eating, physical activity, dementia care and health inequalities. Data and information from Public Health England is also useful as part of the evidence base for plan-making. (For example, the health profiles of every local authority in the country can be found on [Public Health England's](#) website.)

CCGs and NHS E, in consultation with local healthcare providers, will be able to assist an LPA regarding its strategic policy to deliver health facilities and its assessment of the quality and capacity of health infrastructure as well as its ability to meet forecast demand.






They will be able to provide information on their current and future strategies to refurbish, expand, reduce or build new facilities to meet the health needs of the existing population as well as those arising as a result of new and future development.

Another core planning principle seeks to make the fullest use of public transport, walking and cycling.

These aspects are further developed, among others, in promoting sustainable transport, delivering a wide choice of high quality homes, requiring good design and promoting healthy communities.

In plan making, LPAs should seek opportunities to achieve the three dimensions of sustainable development: economic, social and environmental. They should also include in the Local Plan a strategic policy to deliver the provision of health infrastructure.



The NHS Healthy Urban Development Unit (HUDU), the six east London Growth Boroughs and Groundwork London have published a new **healthy urban planning checklist** to help promote healthy urban planning. This tool can be customised to reflect local circumstances and priorities elsewhere. At the local level, preparing a checklist could provide a means of encouraging and strengthening collaboration between LPAs and the NHS as an on-going process of engagement.

Engaging with the NHS and the DsPH

Why LPAs should engage

- To ensure successful integration between health and spatial planning, development should be planned from the outset with health objectives in mind. LPAs should enlist the help of CCGs, NHS E and DsPH to enable the key planning principles in the NPPF in relation to health and wellbeing to be met. This will be beneficial in relation to the preparation or review of Local Plans as well as in reaching decisions on proposals where they affect public health and healthcare services;
- There are benefits to all parties in joint collaboration;
- Through Local Plan preparation and development decisions, LPAs can significantly influence and contribute to improvements in health and reducing health inequalities, as well as assisting future reconfiguration of healthcare services;
- LPAs should work with CCGs, NHS E, DsPH and HWBs in bringing together the health evidence base required to support policies and proposals;
- Working with DsPH can help LPAs to understand and take account of the local health issues and needs of the local population including expected future changes and information about relevant barriers to improving health and wellbeing;
- Policies and proposals to deliver better housing, good design of the built environment, access to recreational and open space and the encouragement of physical activity can help bring about significant public health benefits;
- CCGs and NHS E in conjunction with NHS foundation trusts and NHS trusts can provide LPAs with:
 - A strategic overview of NHS services that are required now and how service delivery may change in the future. For example, the movement of more care and specialist services into the local community, which will have spatial planning implications. This will affect NHS service providers in both the primary and secondary care sectors;
 - An indication of how this could involve expanding or discontinuing existing facilities and the provision of new facilities;
 - Information on sites that have been, or are likely to be, declared surplus to NHS requirements and could be made available to meet the LPA's housing requirements.
- In respect of larger housing developments or the cumulative effect of a number of small developments, LPAs should liaise with CCGs and NHS E regarding:
 - Policy to deal with timely and effective resolution of infrastructure issues to support this growth. This has important implications for health. These parties should collaborate to make sure that there is a reasonable prospect that new or planned health infrastructure is delivered when required to avoid overburdening existing health provision;
 - How contributions from Section 106 (S106) agreements and Community Infrastructure Levy (CIL) charges can be made available for healthcare facilities or other health-promoting infrastructure such as segregated cycle lanes or leisure facilities, where required, in order to cope with the demands from new development.

Engagement through Local Plans

Key factors

- Dialogue between LPAs, CCGs, NHS E and DsPH is vital when Local Plans are in preparation and are being updated to reflect changing circumstances;
- LPAs should ensure that these organisations are made aware of the timescales for the key stages of Local Plan preparation and where they can access information about the process;
- A critical issue for the NHS that impacts on Local Plans is the scale and location of new developments, particularly residential ones. This can impact directly on the level of healthcare services required, and may overburden existing facilities if provision is not made to meet the increased demands from new residents;
- New planned housing should therefore be aligned with health infrastructure planning, and information should be exchanged on the scale of development and timeframe for delivery;
- Evaluating the ratio of new developments to healthcare services – and the additional requirements placed on the local authority to serve new and projected residents – should help to shape a planning obligations policy within the Local Plan. This may be augmented by a Supplementary Planning Document (SPD), which would help to form guidelines in relation to the form of contributions needed to provide for health and social care. This may embrace both CIL and S106 Agreements as potential delivery vehicles, depending on the circumstances within each local authority area. LPAs should discuss these health issues with CCGs and NHS E in the preparation of their planning obligation policies.



Engagement through the Development Management Process

Health is affected by a range of factors including the provision of safe, secure and sustainable environments, low pollution levels, high quality housing provision, ready access to leisure and recreation, a sense of community and improved employment opportunities.

LPAs should consider the impact of new development proposals on the health and wellbeing of local communities, taking advice from DsPH, HWBs, CCGs and NHS E.

LPAs should:

- Work closely with DsPH, CCGs and NHS E where the health and wellbeing of the local community is likely to be affected by major developments and an Environmental Impact Assessments (EIA) may be needed. Collaboration can help to identify possible health issues and recommendations on how they can be properly addressed. Health impact assessments (HIAs) can be a useful tool, in the right circumstances, to help to ensure the wide range of different factors influencing health and equity are properly considered and addressed;
- Ensure that CCGs and NHS E are consulted and make comments on applications that may impact on the delivery of the health services and require additional facilities. For example, a large residential development could have an impact on GP services, which may need to be extended or new facilities provided;
- Inform CCGs and NHS E as soon as possible of proposals for a new development that can be carried out under permitted development rights, such as a change of use of offices or industrial premises to residential. This will enable them to assess the impact on local NHS services and action(s) that may have to be taken to rectify it, including discussion with the relevant developers of the scheme;
- Direct any queries in respect of planning applications for GP or local healthcare premises to the NHS E regional or sub-regional team for that area. They are likely to have been consulted by the relevant GP practices in respect of business plans for any new or refurbished accommodation, as well as possibly leading on the provision of new healthcare centres;
- Seek agreement with CCGs, NHS E and DsPH on the types and size of applications for major developments that they would like to be formally consulted on and what a reasonable threshold might be;
- Be aware that impacts on healthcare services can be cumulative from smaller developments and should take this into account when inviting comment;
- Explain to CCGs and NHS E the timescales within which they have to consider these applications and make formal representations; the implications for these organisations of the potential volume of health consultations and their potential impact on healthcare services should be carefully considered.

Nationally Significant Infrastructure Projects (NSIPs)

- When the Planning Inspectorate informs an LPA of an application for an NSIP in its area, it would help CCGs, NHS E and DsPH if the LPA makes them aware of it to enable possible collaborative action to be taken to address any significant health and wellbeing issues arising from the proposed scheme.
- NSIPs are usually large-scale developments such as new harbours, power generating stations (including wind farms) and electricity transmission lines.

Key contacts within CCGs, NHS E and DsPH

The first point of contact in CCGs is the director of finance, who can refer you to the most appropriate person within the CCG.

For NHS E, there are four regional teams, and three of these have sub-regional teams – London being the exception. Contact should be made through the sub-regional/regional head of primary care. A list of these regions and sub-regional teams is given in the link below.

The first point of contact on population health and wellbeing issues, including health inequalities, should be the DsPH for the local authority, or at the county council for two-tier areas.

Links:

- [List and addresses of CCGs.](#)
- [NHS E regional teams.](#)
- [List of DsPH.](#)

Conclusion

Planning policies can help to create and support healthy places in which people live and work, and can help improve services and facilities to meet changing healthcare needs. Active engagement between LPAs, NHS organisations, DsPH and HWBs is therefore invaluable in achieving these objectives. All parties will then be able to develop a better understanding of their respective needs and objectives in the planning process.

Preparing a checklist could provide a means of encouraging and strengthening collaboration between LPAs and NHS organisations as an on-going process of engagement. The toolkit devised by the London Healthy Urban Development Unit and its partners could be adapted to local circumstances elsewhere.

A challenge for both LPAs and NHS organisations lies in realising the infrastructure needed to support the implementation of their policies and strategies. In doing so, it is important to provide supporting evidence, such as an indication of general locations, size, costs and timescales for its provision, to support Local Plan making and, where appropriate, the CIL process.

This guide, together with an accompanying **Guide to Town Planning for Health Organisations**, aims to help each sector understand how the other operates and to ensure that collaboration takes place at the right time and with the appropriate people to be most effective.

Glossary

Directors of Public Health and their teams are local authority based or at the County Council for two-tier areas. (For a list of DsPH, see the **Links** in the left-hand column.)

NHS organisations – these include NHS England, Clinical Commissioning Groups, NHS foundation trusts and NHS trusts.

Primary care – focuses on the treatment of minor injuries and illnesses, and deals with minor surgery and the on-going management of chronic conditions. It is the first point of contact most people have with the NHS, and is delivered by a wide range of professionals, including family doctors (GPs), nurses, dentists, pharmacists and opticians.

Secondary care – covers care in general and specialist hospitals for conditions that normally cannot be dealt with by primary care services. It includes medical and mental health services.

Further reading

Department for Communities and Local Government (2014). **Planning Practice Guidance: Health and wellbeing.**

Local Government Association (2014). **A councillor's guide to the health system in England.**

NHS England (2014). **Understanding the New NHS.**

NHS London Healthy Urban Development Unit (2014). **Healthy Urban Planning Checklist.**

Royal Town Planning Institute (2014). **Promoting Healthy Cities:**

Summary version.

Full paper.

Town and Country Planning Association (2013). **Planning Healthier Places. Report from the reuniting health with planning project.**

