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Health Building Note 00-08

Addendum 2 – A guide to town planning for health organisations

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This guide has been prepared to help health organisations and public health teams to understand how the town planning process works and to explain how and why they should engage with their local planning authority (LPA).

Planning is about how we plan for, and make decisions about, the future of our cities, towns and countryside. Its prime purpose is to help achieve sustainable development, which is about managing change for the better, not only in terms of the built environment but also within our natural and historic environment. Planning helps to make this happen through the preparation of Local Plans and decisions taken on planning applications by LPAs.

The link between planning and health is long established. The planning system has an important role in creating healthy communities; it provides a means both to address the wider determinants of health and to improve health services and infrastructure to meet changing healthcare needs. Consultation between LPAs, directors of public health (DsPH) and health organisations is a crucial part of this process.

This document aims to:

- Highlight a number of challenges for health and wellbeing and planning;
- Outline the planning system in England;
- Identify some key areas where planning is likely to have an impact on public health and health services; and
- Encourage health organisations together with DsPH to get involved in the planning process and ensure the health needs and priorities of the community are addressed by the planning system from planning policy development through to planning applications.

Challenges for health and wellbeing and planning

The **NHS Five Year Forward View** and **Public Health England priorities for the next five years** outline key challenges to helping people live as well and healthily as possible, for as long as possible. Ready access to adequate healthcare services is crucial but there are many factors that have a bearing on health including:

- How and where we live;
- Our jobs and environment;
- Opportunities that help people make decisions to achieve healthier lifestyles;
- Creating well-planned and designed living environments involving decisions on:
 - Location, density and mix of land uses including large scale projects,
 - Accessibility to shops, services, jobs and community facilities;
 - Air quality;
 - Ready access to open space and green spaces; and
 - Measures that help to reduce environmental risks.

Planning policies and decisions 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 health organisations, DsPH and LPAs is therefore invaluable in achieving these objectives.

Health organisations should be aware LPAs vary across England and they should check beforehand which council is responsible for planning and public health services in their area.

In two-tier local authorities, the relevant LPA will be the district council, except for applications involving minerals and waste development which are made to the county council. Single-tier authorities, meanwhile, have responsibility for

both district-level and county-level planning matters. In London the Mayor also has powers to determine certain planning applications of potential strategic importance. Within a national park, planning functions are carried out by the park authority.

Single-tier local authorities are responsible for a wide range of local public health and health improvement services; while in two-tier local authorities, this is the responsibility of the county council.

Clinical Commissioning Groups (CCGs) and NHS England (NHS E) are named as bodies to be consulted in Local Plans. It would help LPAs if these bodies would agree what information should be provided by which organisation to the LPA. Further, it would be beneficial for the LPA if one organisation would volunteer to be the

single point of contact for the NHS to input to the planning process especially plan-making. This would be especially important when contact has to be made with NHS foundation trusts and NHS trusts (FTs and Ts) regarding future health infrastructure and the identification of sites surplus to health needs – some of which may be suitable for housing. This would help the LPA in delivering its housing strategy.

CCGs and NHS E should:

- Work with DsPH to address the challenges outlined above and encourage each LPA to adopt policies to address locally identified public health issues in Local Plans (for example, to address obesity by encouraging healthy travel where it is required, access to healthy food options and limiting the proliferation of hot food takeaway especially near schools);



- Engage with Local Plan preparation and on-going monitoring to influence policy to maximise the scope to use healthcare assets flexibly; to change their use if required; to dispose of promptly when not required; to assist the speedy development of new facilities; and to seek developer funding through the planning system for new healthcare facilities where they are required to support population growth arising from new developments.

The planning system and the engagement process provides opportunities for both health organisations and LPAs, but the challenge for both parties, especially the former, is to work together to achieve them and resolve any difficulties.

A challenge for both health organisations and LPAs lies in translating their health and wellbeing policies and objectives into infrastructure or spatial planning requirements. This is why it is important for both LPAs and health organisations to jointly construct a sound evidence base that supports health and wellbeing strategies and initiatives. Building the local case and the evidence often requires an indication of general locations, size, costs and timescales for the provision of new infrastructure, or local information, justifying why a certain health-promoting strategy or policy is needed. The information is also required to support Local Plan making and, where appropriate, the Community Infrastructure Levy (CIL) process (see page 7).

How planning works

National level

The National Planning Policy Framework (NPPF), supported by the Planning Practice Guidance (PPG) together define the government's planning policies for England and how they are expected to be applied. They provide guidance on how Local Plans should be prepared; what they should contain; and on what considerations to make when deciding on planning applications.

The links between planning and health permeate the NPPF. These are further expanded in the **Health and Wellbeing PPG**. This explains how planning can play an important role in creating healthy inclusive communities and living environments that can prevent ill-health, provide opportunities to improve health and support the reduction of health inequalities.

In the NPPF sustainable development has three dimensions that require the planning system to perform a number of roles:

- **An economic role** – contributing to building a strong economy;
- **A social role** – supporting strong, vibrant and healthy communities; and
- **An environmental role** – contributing to protecting and enhancing the natural, built and historic environment.

Economic, social and environmental conditions influence a person's health and wellbeing, and have a bearing on the ability to create conditions for healthy, active lifestyles and to address health inequalities.

The NPPF states that planning should take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver the required health infrastructure. The NPPF also includes a specific chapter on promoting healthy communities which outlines the role that the planning system can play in achieving this objective in a number of ways including:

- Achieving places that promote community interaction and are safe and accessible;
- Planning for the provision and retention of shared spaces, community facilities and local services;
- Taking an integrated approach when considering the location of housing, jobs, community facilities and services;
- Promoting access to high quality open spaces and opportunities for play, sport

and recreation, especially through active travel; and

- Ensuring the retention of existing open space and sports and recreational facilities unless surplus to requirements or alternative and better provision can be provided on another site.

The NPPF, supported by the Health and Wellbeing PPG, emphasises that LPAs should ensure that local strategies to improve health and wellbeing, and provision of health infrastructure requirements are considered in Local and Neighbourhood Plans and in planning decision-making. Collaboration and engagement with health organisations and public health teams is firmly encouraged as an integral part of this function.

Local level

The NPPF places up-to-date **Local Plans** at the heart of the planning system. Each LPA must prepare a Local Plan that reflects the needs and priorities of their community and sets planning policies to guide and manage development within the area. If you would like to check the status and development stage of your Local Plan, please use the **Planning Inspectorate: national database of Local Plan progress**.

Local Plans set a framework for development over a period of 15 or more years. Further, local planning policies provide the starting point for the determination of planning applications.

It should be noted that plan-making is an on-going not a one-off process. An LPA will review its adopted Local Plan on a regular basis, and health organisations should engage with LPAs when these reviews take place.

The Local Plan will address needs and opportunities in relation to housing, the

economy, community facilities and infrastructure as well as providing a basis for safeguarding the environment, adapting to climate change and delivering good design of the built environment.

Local Plans must be consistent with guidance in the NPPF and PPG while tailored to reflect the distinctive needs and priorities of their local communities. In London, Local Plans for each of the boroughs must also be consistent with the London Plan. Planning to improve health and wellbeing and the delivery of specific health infrastructure requirements should therefore be a key driver underlying Local Plan preparation in every area.

Local Plans should be based on evidence, including, for example, the anticipated population changes during the Plan period. It is important that healthcare organisations, DsPH and LPAs share common data and evidence so that decisions by these parties are taken on the best available evidence.

Each Health and Wellbeing Board 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 wellbeing. 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.

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.

Each Local Plan is composed of a number of components, sometimes combined, comprising:

- **A strategic policy framework for development (Local Plan or Core Strategy)**, which outlines the vision and overall objectives for development and defines broad areas where new housing and other types of development should be focused;
- **Site allocations**, which identify the location, scale and timeframe for new developments during the plan period;
- **Development management policies**, usually topic-based, which will be used in determining planning applications; and
- **A proposals map**, which shows where policies in the Local Plan will be applied.

The Local Plan can also include other documents such as **area action plans** or **masterplans** which set out policies for particular areas or locations.

As part of Local Plan preparation, LPAs have a duty to take into account public health issues and must undertake a **sustainability appraisal (SA)** and **strategic environmental assessment (SEA)** to promote sustainable development and healthy communities. A SEA must include health as part of the overall assessment process. This should incorporate secondary and cumulative impacts of policies on health and wellbeing. Please note that health impact assessments (HIAs) are not mandatory although some LPAs have adopted HIAs as a local requirement.

In addition, LPAs may prepare **supplementary planning documents (SPDs)** to provide further details about the implementation of particular policies within their Local Plan. These can cover specific local conditions, issues or circumstances which may require supplementary guidance.

The production of a Local Plan (and its constituent parts) is a staged process. Each

stage is subject to rigorous procedures of community engagement and consultation, leading ultimately, on most plans, to an independent examination by a planning inspector. The plan preparation process should seek to fully involve everyone who has an interest in the document and they, in turn, should take every opportunity to comment in order to influence the content of the plan.

Neighbourhood Plans

In order to influence the content of Local Plan policies, health organisations and DsPH are advised to engage with Local Plan preparation as early as possible in the process and through each stage of consultation. Otherwise, their views will not be taken into account. Be clear about your objectives and substantiate these with evidence.

Parish or town councils or, where neither of these exist, neighbourhood forums can apply to the local authority to prepare a Neighbourhood Plan. These plans must conform with the strategic policies of the Local Plan and the NPPF, and take account of local need.

Health organisations are encouraged to be aware of neighbourhood planning initiatives in their areas and to participate in their development. This could be especially helpful where, for example, Neighbourhood Plans relate to areas with significant health inequalities or where major housing developments are proposed. These could have a significant impact on healthcare infrastructure or could influence surplus or potentially surplus NHS property.

Neighbourhood Plans can also offer opportunities to promote the creation of healthy environments through the inclusion of proposals that promote active travel, link places of interest through pedestrian or cycling routes and minimise over-reliance on cars.



Development management

The NPPF and Local Plans, often supported by SPDs, together provide the planning policy framework that informs and guides decisions on planning applications and the delivery of proposed developments. This process is known as development management. It is led by the LPA, working closely with those who are proposing the development and other relevant stakeholders.

Decisions must be made in accordance with policies in the Local Plan unless there are other exceptional material considerations that indicate otherwise.

Further information on town planning is available in DH's **Health Building Note 00-08**.

Section 106 Agreements and Community Infrastructure Levy (CIL)

Both Section 106 (S106) and CIL are mechanisms available to LPAs that seek to offset the burden of new developments on existing infrastructure. The balance between the use of S106 and CIL will be different depending

on the nature of the area and the type of development being undertaken, but as a rule they should not overlap.

S106 agreements are a series of site-specific measures and conditions that are necessary to ensure the effects of a development proposal are acceptable in planning terms.

CIL provides a tool for local authorities in England and Wales to generate funds from new developments to help deliver infrastructure needed to support the development of their area. It differs from S106 in enabling local authorities to utilise CIL funding across their area on a range of projects, whereas money paid through an S106 agreement has to be spent on specific aspects related to a particular site.

More information is available in the Table on the next page.

It is therefore important for health organisations to influence the development of both CIL and S106 contributions and to ensure that health requirements are included. This is particularly important for CIL where CCGs and NHS E should influence what CIL charges should be

Section 106 agreements (also known as planning obligations)

- These are agreements between developers and LPAs that are negotiated as a prerequisite of planning consent for a specific development proposal. They enable local authorities to negotiate contributions towards a range of infrastructure and services, such as community facilities, public open space, transport improvements and/or affordable housing where the need arises directly as a consequence of the proposed development;
- They constitute a mechanism that makes a specific development proposal acceptable in planning terms that would not otherwise be acceptable.

Community Infrastructure Levy (CIL)

- LPAs are allowed to raise funds from developers through a CIL to help to deliver infrastructure needed to support development requirements within their wider administrative areas;
- A CIL Charging Schedule must be prepared, and this sets out the types of development that will be liable to pay CIL and the methods by which it will be calculated. This could apply to new NHS premises. This entire process is subject to public consultation and examination by an independent examiner;
- CIL is a standard charge on all liable new buildings and extensions that occur within a council's administrative area;
- LPAs must prepare a "regulation 123 list" which sets out the type of infrastructure that may be funded by CIL in an area (for example, health facilities and transport infrastructure). The Infrastructure Plan (or similar) sets out what infrastructure is required to serve the planned growth in an area, and this is where DsPH, CCGs and NHS E, in conjunction with FTs and Ts, need to engage with LPAs;
- It should be noted that there will be a high level of competing needs for infrastructure funding from a wide variety of projects. As CIL is intended to supplement other sources of funding for local infrastructure, not all projects will receive funding through this levy. The apportionment of CIL to projects will be determined by the LPA as the charging authority in relation to local infrastructure priorities. This provides further justification for why health organisations and DsPH should seek to influence discussions on S106 and CIL.



applied to healthcare premises. Please note that S106 and CIL can both be used in order to fund new, or the relocation of, facilities for the provision of healthcare services but it can also be used to fund other types of infrastructure which impact on health, such as green space, pedestrian routes, cycle lanes, street play environments, community and gathering spaces.

Health organisations should seek to understand the complexities of CIL through discussion with the LPA. The **Planning Portal** is a useful website to help health organisations in this instance.

Planning to improve the health of the population

The planning system puts sustainable development at the heart of town planning. Policy measures to create healthy communities, supported by sufficient health facilities to meet needs, fulfil an important role in achieving this outcome. These in turn should influence decisions that are taken on planning proposals.

Almost every planning decision or policy has a potential effect on human health. Some links are obvious: for example, having access to safe and convenient green spaces helps to promote physical activity and to prevent obesity. Some links require more thought: for example, a significant rise in car traffic in residential streets can lead to reduced neighbourly contact and social isolation, and contribute to poorer physical and mental health.

A steering group comprising representatives from the six Olympic and Paralympic Host Boroughs, local NHS, NHS London Healthy Urban Development Unit, Greater London Authority and Groundwork London developed a checklist to ensure that health and wellbeing issues are properly considered in Local Plans and major planning applications. It is intended to support a collaborative approach to health and planning and encourage different organisations to work together with the LPA to

address the health impacts of planning policies and development proposals.

The checklist brings together key policy requirements and standards in the London Plan to influence the decision-making process. But it may be customised to reflect local circumstances and priorities elsewhere. The checklist is divided into four themes:

- Healthy homes
- Active travel
- Healthy environment
- Vibrant neighbourhoods.

Click [here](#) for more information on the use of the checklist and the health and wellbeing issues identified under each theme.



Engaging with the planning process

Who should engage?

- **DsPH** and their teams can provide invaluable information about the existing and future health needs of the local population. This will assist LPAs in assembling the robust evidence they need to inform and justify policies to improve health and wellbeing in Local Plans and other planning documents. It is worth noting that in two-tier local authorities, county councils are responsible for public health.
- **Health and Wellbeing Boards** (HWBs) have a crucial role in bringing together representatives from local authorities, the NHS, 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 also have responsibility for preparing joint strategic needs assessments, and these should form part of the evidence base for Local Plans.

The Local Plan forms the means by which health objectives identified in Health and Well Being Strategies can be expressed in spatial land-use terms. HWBs therefore should engage with their LPA to help to identify and address health and wellbeing objectives and needs in plan-making and decision-taking.

- **Public Health England** (PHE) has responsibility for making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations. It is also responsible for sharing expertise and information with local authorities, industry and the NHS to help make improvements to public health problems.
- **Commissioners of NHS services:**
CCGs and **NHS E**, through their regional and sub-regional teams, can fulfil an invaluable role in assisting LPAs in addressing (1) health infrastructure requirements, both now and in the future, when preparing Local Plans; and (2) the health and wellbeing of the population in conjunction with DsPH.
- **NHS providers of NHS services:**
FTs and Ts (acute and mental health) working with CCGs and NHS E can provide important information to LPAs about future service delivery plans, which may involve the expansion or reconfiguration of existing sites, provision on new sites or the disposal of surplus sites for other uses.

Why you should engage

When preparing their Local Plans, LPAs have a duty to cooperate with other organisations and need to show evidence that they have worked closely together. CCGs and NHS E are formally recognised as organisations with whom LPAs should engage in order to embrace the key planning principles in NPPF relating to health and wellbeing. But there are benefits for ALL health organisations and DsPH in developing a good relationship with the local LPA, in terms of both plan-making and decision-taking.

Working hand in hand with LPAs provides an opportunity to:

- Ensure that health and wellbeing objectives form part of Local Plans and Neighbourhood Plans and are taken into account in determining major planning applications;

- Influence place-making and environmental factors that can help improve the health and wellbeing of local communities;
- Share relevant data and information you have available that can form an important part of the evidence base in support of health and wellbeing as well as health infrastructure provision to assist LPAs in Local Plan preparation and decision-making; these could include strategies for health and wellbeing, community and primary care, and health infrastructure
- Draw attention to projected healthcare infrastructure requirements to meet both local needs and population growth, especially those associated with proposed major housing developments. Discuss how to be funded and how council policy on Section 106 or CIL contributions can help here;
- Influence policies on health and land use to facilitate changes in health infrastructure – new or expanded facilities or closure of facilities. The latter can be helpful in meeting local housing need, and this should form part of an overall area strategy so that its benefits can be appreciated by the community;
- Ensure that health policies, or policies that have an impact on health, can be measured, implemented and evaluated; and
- Ensure the above requirements are duly considered and taken into account at all stages in the preparation, adoption and revision of Local Plans;

How to engage in the Local Plan process

- Make sure that you engage at each stage of consultation during the Local Plan preparation process;
- If you do not engage with Local Plan preparation at the right time, your chance to influence planning policy and the location and distribution of development will be lost or diluted;
- Liaise with the LPA to ensure that you are aware of timescales for Local Plan preparation and impending new developments before it becomes too late to influence planning policies or decisions;
- Details about timescales and progress on Local Plan preparation should also be available on each LPA's website;
- To engage effectively requires direct involvement with key planning officers within LPAs so that you can convey your views and comments at the right time;
- For maximum impact, focus on those matters that most directly affect the health and wellbeing of the community, identify health infrastructure requirements and make sure your land and property interests are taken into account;
- Be clear about your objectives and substantiate them with robust evidence;
- If Local Plans do not adequately reflect healthcare and infrastructure requirements, it could be more difficult to obtain planning permission for new or expanded facilities to meet future healthcare needs.

How to engage with the development management process

- Before reaching a decision on a planning application for a proposed development, LPAs undertake formal consultation on the proposals. Where specific proposals, such as major new housing developments, are likely to have an impact on existing healthcare services or require additional facilities, you should send comments to the LPA to take account of in their determination;
- Don't lose the opportunity to act – either to object or support a proposal or to make a case that financial contributions towards new healthcare facilities to serve the new development should be sought from the developer by way of an S106 agreement or CIL contribution;
- Larger developments, or those in sensitive locations, may be required to submit an Environmental Impact Assessment with their application. This exercise identifies the impacts of the development on a range of issues such as noise, pollution, transport and nature conservation, together with measures to mitigate these impacts. There is a strong case for all those involved in healthcare provision to take an active role in assessing these statements, since the schemes they relate to are those most likely to impact on the health and wellbeing of the local community and on the provision of health and other services;
- Not all LPAs require the submission of a Health Impact Assessment (HIA) as part of a development proposal. However, through the LPA, an HIA should be sought from the developer if there are concerns in terms of a significant impact of the development on health in the locality.
- Make sure that you meet any deadline to make representations (usually 21 days), or your submission may not be taken into account.

Promoting development proposals

- When NHS service providers are seeking to refurbish, expand, reduce or build new facilities to meet healthcare needs, or to dispose of surplus land and property for other uses (such as housing), it is likely that planning consent will be needed; these providers should engage with their LPA from the initial inception of the project to gain their support in accordance with health policies in the Local Plan, which should already reflect changes to health infrastructure;
- Early engagement can be helpful in providing a steer on the form and scope of the design process and the level of information and technical survey work needed to support an application;
- Maintaining a good relationship with the LPA will assist in helping you through the process and in dealing with particular problems such as contaminated land or what to do if a building is listed as a heritage asset or located within a conservation area;
- The LPA may suggest that engagement should take place through a Planning Performance Agreement (PPA) if a development proposal is especially complex. A PPA is a project management tool that can help to ensure that a clear and efficient process is in place for dealing with an application. It sets timescales for actions and encourages collaboration between parties and helps provide greater certainty and transparency in the process for determining a large or sensitive planning application; and
- It is possible to attend council committee meetings when a planning application is being considered. Interested parties, both for and against, can speak briefly to ensure that the

committee is aware of their views. Remember though that only elected members on the committee can vote on the application decision itself.

How to engage with Nationally Significant Infrastructure Projects (NSIPs)

- It should be noted that planning applications for NSIPs are treated differently to normal planning applications. They are dealt with by the Planning Inspectorate rather than the LPA.
- NSIPs are usually large-scale developments such as new harbours, power generating stations (including wind farms), and electricity transmission lines, which require a type of consent known as development consent. Any developer wishing to construct an NSIP must first apply for consent to do so.
- The process begins when the Planning Inspectorate is informed by a developer that they intend to submit an application. Before submitting an application, the developer is required to carry out extensive consultation on their proposals. The length of time taken to prepare and consult on the project will vary depending upon its scale and complexity. Responding to the developer's pre-application consultation is the best time to influence a project. CCGs and NHS E are listed as bodies that should be consulted on such schemes.
- Where possible, CCGs and NHS E should collaborate with LPAs to address any significant health and wellbeing issues arising from the proposed scheme.
- For further information, please see [National Infrastructure Planning](#).



Conclusion

This guide highlights the importance of engagement with LPAs by health organisations in conjunction with DsPH so that every opportunity is taken to ensure that health and wellbeing issues are embedded within Local Plans and taken into account in reaching decisions on planning applications. This partnership working will help to secure:

- Optimum health outcomes for the population and reduce demands on the health service in the long term;
- The necessary health infrastructure;
- The mitigation of significant impacts of proposed new developments on health and wellbeing together with any effects on NHS infrastructure; and
- Support for the redevelopment of NHS land and buildings.

This guide, together with an accompanying **Guide to the Healthcare System in England for Local Planning Authorities**, 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. **A list of DsPH is given on the Public Health England website.**

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

Further information

The London Healthy Urban Development Unit (HUDU).

HUDU works with local, London-wide and national organisations on behalf of the NHS. It helps the health sector to engage more effectively in the plan-making processes and the consideration of development proposals. **Its website provides useful guidance.**

Further reading

Department for Communities and Local Government (DCLG) (2015). **Plain English guide to the Planning System.**

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

Planning Practice Guidance – **Health and wellbeing.**

Planning Practice Guidance – other topics of interest for the NHS are the **community infrastructure levy, environmental impact assessment and strategic environmental assessment.**

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.**