EPOA
Essex Planning Officers Association

HS012

GREATER ESSEX PLANNING AND HEALTH PROTOCOL

FRAMEWORK FOR INTEGRATING HEATH AND WELLBEING INTO PLANNING POLICY AND DECISION-MAKING ACROSS GREATER ESSEX

PROTOCOL ENDORSEMENT STATEMENTS

Essex County Council - Director of Public Health

"Health is shaped by the places we live, work and grow up in. This Protocol formalises how public health and planning can work together strategically to embed health considerations at the earliest possible stage of decision-making. By clarifying roles and enabling early, proportionate engagement, including through Health Impact Assessment, the EPOA Planning and Health Protocol supports a more preventative approach that addresses health inequalities and takes every opportunity to reduce any potentially negative effects on health that our decisions can sometimes create."

Southend City Council - Director of Public Health

"The EPOA Planning and Health Protocol provides a clear and practical framework for collaboration between public health and planning. It reinforces the importance of early engagement, shared priorities, and proportionate involvement, ensuring that health and wellbeing are considered from the outset of plan-making and development proposals. This approach supports more effective Health Impact Assessment and helps align resources across the system to achieve shared outcomes."

Thurrock Council - Director of Public Health

"This guidance helps public health teams play a clearer and more consistent role in planning decisions. By setting out when and how public health should be involved, and by being realistic about available resources, the EPOA Planning and Health Protocol helps teams focus their efforts on supporting the creation of healthier places."

Estates Strategic Planning Manager and North East Essex Alliance Care Manager - Suffolk and North East Essex

"Delivering healthier places requires close collaboration between Integrated Care Boards, public health and planning authorities. The Essex Planning Officers Association Planning and Health Protocol supports early engagement, clear responsibilities and a proportionate approach to health input across the planning process. By aligning public health expertise with estates planning, partners can jointly support prevention, wellbeing and long-term population health outcomes."

Chair of Chief Officer's Essex Planning Officers Association

"The EPOA Planning and Protocol reflects a shared commitment across planning and health to shape places that support long-term health, wellbeing, equity. By agreeing clear roles and responsibilities at the earliest stages of plan-making and development proposals, the protocol supports more effective collaboration, proportionate engagement and better outcomes for communities. Through early consideration of health and wellbeing and a coordinated approach to Health Impact Assessment, authorities are strengthening the way planning delivers sustainable, healthy places across Greater Essex."

DOCUMENT MANAGEMENT

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01	25.06.2025	Amber Nyoni	– Rich Cooke - Spatial Planning – Matt Jericho - Spatial Planning – Adrian Coggins - Public Health	-
02	01.09.2025	-	-	To capture and reflect comments from Planning and Health Protocol Steering Group – July 2025
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04	27.05.2026	-	-	To reflect changes of the new Greater Essex NHS ICB ahead of the publication on the Essex Design Guide.

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Audience

This document is intended for planning professionals and public health professionals in local authorities across Greater Essex and the NHS Integrated Care Board (ICB), as well as a wider audience with an interest in embedding health and well-being in planning processes. It is intended to provide a best practice approach to collaborative working between planning, public health and health commissioners. Essex Planning Officers Association, Local Planning Authorities, and Public Health teams at County, Unitary, and District, City, and Borough Councils should use the protocol.

Purpose and Scope

The Greater Essex Planning and Health Protocol provides a practical framework for collaboration between planning and public health teams to embed health and well-being considerations consistently across plan-making and development management. It is **not a legal document and does not create new statutory duties**; rather, it serves as a **non-statutory mechanism to strengthen joint working, build shared understanding, and support the delivery of healthier places.**

The protocol complements existing national and local policy frameworks, including the National Planning Policy Framework (NPPF), which requires local planning authorities to support health, well-being and the reduction of health inequalities. While the protocol itself does not carry formal planning weight, it supports the interpretation and application of NPPF policy by helping local authorities demonstrate how health and well-being objectives have been addressed through both strategic policy and development management processes.

How to use this Protocol

To support a diverse audience, the document's structure places key aims, roles, and responsibilities at the beginning, followed by more detailed contextual and technical content in subsequent sections.

Document Structure

Section 1: Provides a detailed background (Chapter 1 to 7)

Section 2: Highlights planning processes and opportunities for collaboration (chapter 7 to 12)

For Quick Reference:

- **Planning Policy Teams** are directed to **table 1.**
- **Development Management Teams** are directed to **Table 2.**
- **Public Health and Health Key Stakeholders** are directed to both **Table 1** and **Table 2.**

However, we recommend reviewing the entire document to gain a broader understanding of the context.

Acknowledgements

This protocol has been informed by a wide range of officers through a Planning and Health Protocol workshop delivered in collaboration with Ouri Labs and the Quality-of-Life Foundation, including:

- District, City and Borough Councils
- Essex County Council
- Unitary Authorities
- Three Integrated Care Board Estates Teams (*Suffolk and North-East Essex, West Essex and Hertfordshire, and Mid and South Essex*)

A Planning and Health Protocol Steering Group has overseen and contributed to the development of the document.

The protocol integrates best practice and learning from similar approaches embedded in the East Sussex Public Health and Planning MOU (2022) and joint working between East Sussex Public Health, Healthy Places Team and LPAs, Norfolk and Suffolk Planning in Health Protocol (2024) and the Local Government Association Empowering Healthy Places (2024) and TCPA Planning for Healthy Places (2024).

1. Introduction

This protocol builds on existing guidance – notably the Essex Planning Officers Association (EPOA) Healthy Places Guidance, which provides essential planning guidance on health and well-being. The guidance outlines what the planning system should address within the built and natural environment to help communities and residents enjoy better health and well-being through the places where they live, work, and play. It recognises the planning system as a key lever for creating environments that promote active lifestyles, social connection, mental well-being and health equity.

Current policy frameworks, including the government's National Planning Policy Framework (NPPF), provide essential opportunities for integrating health into planning. However, they often lack the systematic and collaborative mechanisms necessary to support effective and consistent implementation. This protocol has been developed to help fill that gap. It supports the development of collaborative capacity between local planning authorities, public health teams, and NHS partners, and seeks to embed consistent health and well-being considerations across planning processes.

The protocol is applicable from a policy perspective, supporting the development of local plans, and is effective at the development management level, guiding how public health can meaningfully engage in planning applications and plan implementation. At a time of significant reform and opportunity, including the revised NPPF and the Levelling Up and Regeneration Act, this protocol offers a clear and actionable framework for collaboration. It sets out expectations, roles and processes to ensure engagement is embedded, consistent and impactful.

We invite planning professionals, public health practitioners and NHS colleagues to use this protocol as a shared foundation for practice and collaboration. Through early engagement, shared evidence, and a commitment to health equity, we can shape places that enable all communities across the Greater Essex to live healthier lives. It is acknowledged that there will be significant changes to the NHS ICS structures, which will introduce new processes, systems, and entities.

Thanks to Place Services

2. The Build Environment and Health

Planning is about how we plan for and make decisions about the future land uses of our cities, towns, villages and countryside. The primary purpose of the planning system is to achieve sustainable development, which involves managing development of better built, natural, and historic environments. The design and use of the built and natural environment, including multi-functional green and blue infrastructure, are significant determinants of health and well-being. The planning system plays a crucial role in creating healthy communities, as it provides a means to address the broader determinants of health and to enhance health services and infrastructure to meet evolving healthcare needs.

The Association of Directors of Public Health (ADPH) position statement on the built environment emphasises that planning teams should proactively work with public health teams to design healthier homes, places and make use of tools such as Health Impact Assessment (HIA) for new development and learning from initiatives like the Healthy New Towns programme.

3. Aims and Objectives of the Protocol

The Planning and Health Protocol aims to establish a framework for integrating health and wellbeing into planning policy and decision-making across the Greater Essex area. It formalises collaborative processes between local planning authorities (LPAs), public health teams, and health service commissioners. This aims to support local authorities to meet NPPF (and forthcoming NDMP) policy guidance for healthy communities, informing the way we work together positively towards shared outcomes for healthier places.

Thanks to Place Services

The overarching Objectives of the Planning and Health Protocol are set out below:

3.1. Strategic Engagement in Plan-Making (outlined in Table 1)

- The ICBs are statutory stakeholders and engage throughout the plan-making processes
- Public health input at key stages of Local Plan development (Reg 18 and 19 – formally and informally)
- Support integration of Health Impact Assessments (HIA) in Sustainability Appraisals (SA) and Strategic Environmental Assessments (SEA)
- Development of robust health and wellbeing policies aligned with the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategies and Estates Strategies.

3.2. Input in Development Management (outlined in Table 2)

- To ensure development support population health improvements, reduction in health inequalities and mitigate their impact on healthcare infrastructure.
- Early ICB and public health involvement in pre-applicaiton discussion (according to local threshold)
- Consistent HIA requirements and quality assurance across Greater Essex, where relevant, for Environmental Impact Assessments
- Agreed response templates to ensure timely public health input into planning applications (Appendix A)
- The ICBs currently coordinate and issue NHS/ Health responses to live planning applications over a specific size

3.3. Tools to support implementation

- Use of new and existing tools to support the implementation of the protocol.

3.4. Monitoring and Evaluation

- Establishment of monitoring indicators for HIA policy implementation
- Process and outcome evaluation of the Planning and Health Protocol

3.5. Governance and Accountability

- Shared commitment to capacity building and consistent application of health and well-being principles in planning

4. Roles and Responsibilities

Creating healthy places requires coordinated action across multiple organisations and sectors. There is a range of actors that contribute to embedding health and wellbeing into the planning system – from strategic oversight to local delivery. This section outlines the roles and responsibilities of key stakeholders, including public health teams, planning authorities, NHS partners and national agencies. Their collective efforts aim to ensure that planning decisions support the creation of healthy, inclusive and sustainable communities.

Thanks to Place Services

Office for Health Improvement and Disparities (OHID) and UK Health Security Agency (UKHSA)

- UKHSA is a statutory consultee for Nationally Significant Infrastructure Projects (NSIPs), coordinating responses with OHID. May respond to local applications if public health concerns arise.

Integrated Care Board

- Statutory consultees in Local Plan-making. Ensure that health infrastructure meets the population growth needs and coordinates system-wide responses. Monitor planning applications and seek developer contributions (S106/CIL) for healthcare infrastructure according to local agreements.

Essex County Council Planning

- Acts as planning authority for minerals, waste and county developments (e.g., schools, libraries, etc). Also serves as a strategic transport authority and statutory consultee for NSIPs and applications affecting highways, education, or social care. ECC considers health and wellbeing impacts in its responses.

Directors of Public Health (DPH) (non-statutory consultee)

- Lead strategic oversight for public health engagement in planning across Greater Essex *(Southend, Essex and Thurrock)*. Ensures that mechanisms are in place to support local planning authorities in meeting NPPF objectives for healthy communities, taking into account available resources and capabilities.

Local Planning Authorities

- Responsible for integrating health into plan-making and development management.

Thanks to Place Services

5. National and Local Policy Context

The National Planning Policy Framework (NPPF), supported by the Planning Practice Guidance (PPG), sets out 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 NPPF requires local planning authorities to ensure that health and well-being, as well as the necessary health infrastructure, are considered in Local and Neighbourhood Plans and in planning decisions. It emphasises alignment with local strategies to improve health, social and cultural well-being, and to deliver appropriate infrastructure.

The revised NPPF (December 2024) reiterates the presumption in favour of sustainable development, including economic, social, and environmental objectives. The revised NPPF strengthens Paragraph 96 to promote good health and prevent ill health when developing local policies and making planning decisions. It also strengthens the need for policies and decisions to address health inequalities. Paragraph 97 introduces a new policy to support local authority decisions that restrict hot food takeaways and fast-food outlets around schools, and where evidence supports this.

Beyond the core health chapter, other provisions enhance opportunities for healthy place-making. Paragraph 111 promotes mixed-use development, encouraging walkable, inclusive neighbourhoods with access to services and amenities. Paragraph 133 emphasises the creation of high-quality places through locally led design codes. These provisions, while outside the core health chapter, offer strategic and operational levers for promoting healthier and more inclusive places.

At the national level, significant reforms are being considered for the planning system through the Levelling-up and Regeneration Act (2023) (LURA), including National Development Management Policies (NDMPs) and the transition from Supplementary Planning Documents (SPDs) to Supplementary Plans, which will carry formal development plan status. In December 2025, the Government consulted on further revisions to the NPPF, signalling a continued strengthening of the planning system's role in improving health, wellbeing and reducing inequalities.

Across Greater Essex, there are also significant proposed changes, including devolution and local government reorganisation, which aim to bring decision-making closer to local communities and improve the coordination of public services. These reforms will impact local approaches to integrating public health in planning.

6. THE CURRENT PUBLIC HEALTH AND HEALTH STRUCTURE

6.1. Local Authority Public Health

The Director of Public Health (DPH) holds a statutory function under the Health and Social Care Act 2012, responsible for improving and protecting population health and preventing poor health outcomes. A key part of this role is addressing health inequalities and the wider determinants of health.

In Greater Essex, Essex County Council (ECC) is the lead public health authority for the county, while Thurrock Council and Southend-on-Sea City Council lead in their respective unitary areas. All three focus on proactive and preventive approaches to promote physical and mental well-being. This work is delivered in partnership with health and care organisations through a whole-system, Integrated Care System (ICS) approach.

As a two-tier area, ECC has embedded local Public Health Practitioners within borough, city, and district councils to lead on localised public health strategies and support wider health partnerships.

While the **DPH is not a statutory consultee in planning, the Planning Practice Guidance (PPG) identifies the DPH as the first point of contact for population health and wellbeing issues**, including health inequalities. Through non-statutory consultation, the DPH can play a vital role in influencing plan-making and planning decisions. Active engagement between planning authorities and public health teams is essential to ensure that prevention, health, and wellbeing are integrated into planning policies and decisions that shape healthy places.

6.2. NHS Health - Integrated Care Board

Following the Health and Care Act 2022, Integrated Care Systems (ICSs) were established across England to improve health and care through coordinated planning and delivery. Each ICS includes an Integrated Care Board (ICB) and an Integrated Care Partnership, which work together to set system-wide priorities and improve population health.

ICBs are **statutory duty-to-cooperate bodies under the Town and Country Planning** (Local Planning) (England) Regulations (2012), meaning they must be consulted on strategic matters such as Local Plan-making. However, their involvement in individual planning applications is not mandatory and depends on local agreements with councils. The 2012 Regulations remain applicable to plans progressing under the current system, although they are now being superseded by the new Town and Country Planning (Local Planning) (England) Regulations 2026 as part of wider planning reforms.

In Greater Essex, the previous Integrated Care System (ICB) arrangements have been consolidated into single Greater Essex ICB, bringing together areas formerly covered by Mid and South Essex ICS, Hertfordshire and West Essex ICS and Suffolk and North-East ICS. This unified footprint now includes:

- Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Maldon, Rochford, Southend, Thurrock, Epping Forest, Harlow, Uttlesford, Tendring and Colchester.

The ICB is responsible for commissioning healthcare services and advising Local Planning Authorities on the provision, quality, and capacity of health infrastructure. They work closely with Health and Wellbeing Boards (HWBs) to align strategies, embed prevention, and address health inequalities through the planning process.

7. STRATEGIC ENGAGEMENT IN PLAN-MAKING

Health appears in, and can be woven through all these documents:

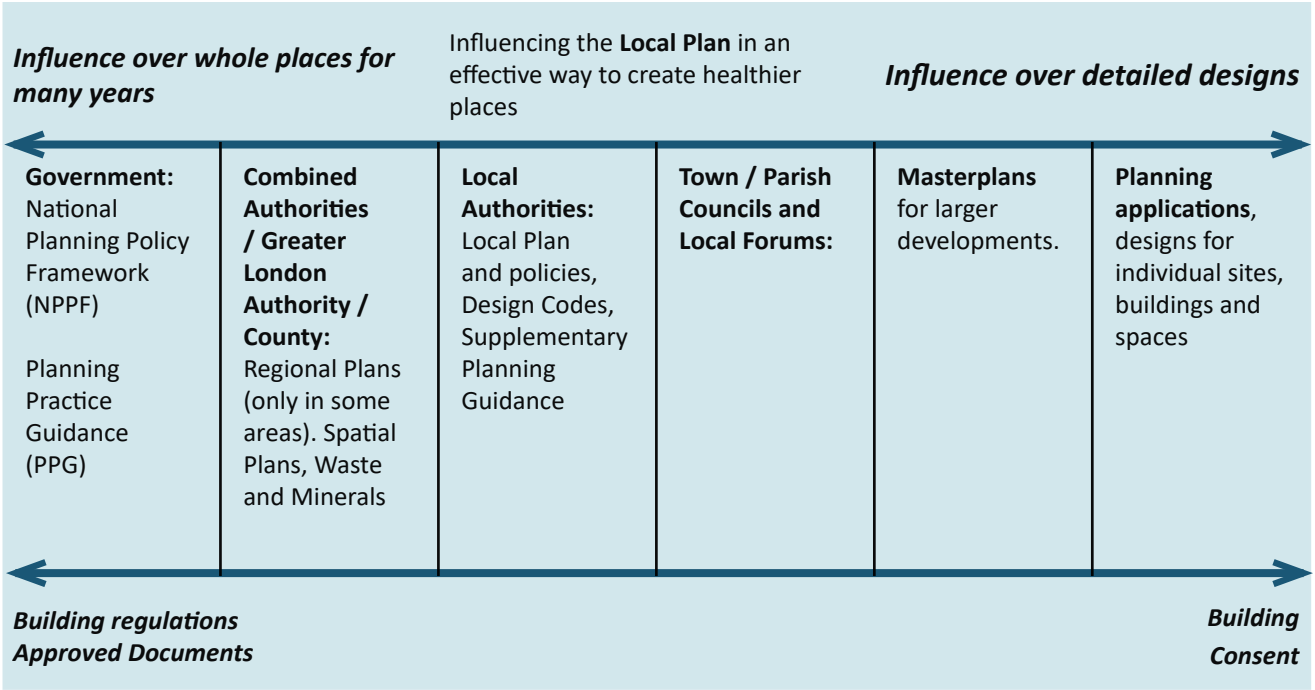


Figure 1. TCPA - Simplified representation of the English planning system (Planning for Healthy Places, 2024)

Local Plans are central to the planning system, guiding development over a minimum 15-year period. Each local planning authority must prepare a Local Plan that reflects the community's needs and priorities. Once adopted, it forms part of the statutory Development Plan. Planning decisions must align with the Local Plan unless material considerations indicate otherwise.

Local Plans address land use needs, including housing, economy, community facilities, infrastructure, environmental protection, climate adaptation, and design quality. They must be consistent with national policy (NPPF, PPG, and future NDMPs) while tailored to local contexts.

Thanks to Town Planning Info

Key components of a Local Plan include:

- **Spatial strategy:** Vision and development focus areas
- **Site allocations:** Locations, scale, and infrastructure requirements for new development
- **Development management policies:** Topic-based policies for decision-making
- **Policies map:** Geographical application of policies
- **Infrastructure Delivery Plan (IDP):** Identifies infrastructure needed to support growth

Additional documents, like master plans or area action plans, may provide more detailed guidance for specific locations.

Local Plans must undergo **Sustainability Appraisal (SA)** and **Strategic Environmental Assessment (SEA)** to promote sustainable development and healthy communities. These can be integrated into an **Integrated Impact Assessment (IIA)**, which may also include a Health Impact Assessment (HIA), an Equality Impact Assessment (EqIA), and a Habitat Regulations Assessment (HRA). While HIA and IIA are not mandatory, they help assess health impacts, enhance positive outcomes, and reduce inequalities.

Plan preparation involves staged public consultation and independent examination. Plans must be reviewed at least every five years to remain up to date.

Table 1 outlines how collaborative working can be facilitated across different stages of plan-making between local planning authorities, public health teams, and health stakeholders. Planning authorities are encouraged to engage with Public Health teams and NHS ICB Estates teams to support a joint response approach that contributes meaningfully to Local Plan consultations and planning applications.

Table 1: Process for promoting health and well-being through Plan-making

Stages	Local Planning Authority	Public Health and Health Stakeholders	Shared Protocol Responsibilities
Issues and Options	• Ensure health and well-being are adequately scoped and addressed within SA/SEA. (Option to integrate an HIA) • Work Formally and informally with public health officers and ICB on proposed specific health and well-being and health Infrastructure policies.	• Public health identify and signpost to key local health priorities and inequalities that support the development of health and well-being policies within the Local Plan (reflecting the Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-being Strategy (JHWS) • NHS ICB respond as a statutory consultee's, coordinating a system wide response for the ICB to indicate the scale and location of infrastructure likely to be needed for the options. • Public Health to review and provide comments on SA/SEA and/or IIA of the Local Plan with relevance to health and well-being considerations. • Check how AMR considers the Local Plan health related policies and identify lessons learnt for future local plans.	• Integrate health data into the Local Plan evidence base. • Ensure population health and inequalities are considered early. • Co-develop health and well-being topic papers as required. • Ensure that issues on consultation outline how health and well-being is being considered through the Local Plan.
Preferred Options (regulation 18)	• Ensure health and well-being are adequately addressed within SA/SEA. (Option to integrate an HIA) • Ensure policies are deliverable, legally sound and compliant with national planning policy and include policy wording that fully considers health and well-being wherever relevant.	• Provide advice on health and well-being indicators to include in monitoring reports for specific health and well-being policies. (In line with JHWS and JSNA) • NHS ICB Estates respond as a statutory consultee at Regulation 18, coordinating a system wide response for the ICB to indicate the scale and location of infrastructure likely to be needed for options. • Review and provide comments on SA/SEA/IIA of the Local Plan with relevance to health and well-being considerations on matters impacting the wider determinants of health.	• Co-develop policies that embed "health in all policies." • Align planning policies with local health priorities justified through Health and Well-being Topic Papers. • Ensure developments create healthy, sustainable places.
Pre-Submission (regulation 19)	• Ensure health and wellbeing are adequately addressed within SA/SEA (option to integrate an HIA) • Ensure clear and measurable indicators are included on health and well-being outcomes within the Authority Monitoring Report (AMR) • Ensure policies secure healthcare infrastructure to mitigate development impacts.	• NHS ICB Estates respond as a statutory consultee at Regulation 19, coordinating a system wide response for the ICB on healthcare infrastructure primarily. • Review and provide comments on SA/SEA/IIA of the Local Plan with relevance to health and well-being considerations on matters impacting the wider determinants of health.	• Ensure consultations address both place and health equity. • Highlight community health needs in consultation responses.
Submission (Examination)	• Where an Inspector requires further health evidence to support the Local plan specific to health and well-being policies, notify Public Health and ICB if any input is required within a timely manner.	• Review and provide comments on SA/SEA/IIA of the Local Plan with relevance to health and well-being considerations on matters impacting the wider determinants of health. • If required, assist where public health engagement is needed on modifications.	
Adoption	• The Local Plan comes into force and becomes the statutory development plan shaping housing, infrastructure, environment, and health outcomes for at least the next 15 years.	_	• Share data and outcomes to inform future reviews. • Align monitoring frameworks to capture health and planning outcomes together.
Monitoring & Review	• The LPA is required to monitor progress on implementing policies in the Local Plan in an Authority Monitoring Report (AMR), (including: population health, health inequalities and access to healthcare infrastructure).	• Monitor health outcomes (i.e., physical activity, obesity, air quality, mental well-being, food environment) as part of JSNA process • Evaluate health impacts of Local Plan Policies. • Supporting review cycles, where required. • Advise on when policies need strengthening. • Check how AMR considers the Local Plan health related policies and identify lessons learnt for future local plans.	• Include metrics to monitor the implementation of HIA policy. • Work jointly to ensure future reviews strengthen health considerations.

Adapted from TCPA: Public Health in Planning - Good Practice Guide

8. Engagement in Development Management

The NPPF and Local Plans, often supported by Supplementary Planning Documents (SPDs), together provide the wider planning policy framework that informs and guides decisions on planning applications and the delivery of proposed developments. This process is led by the local planning authority, working closely with those who are proposing the development and other relevant stakeholders.

Planning application decisions must be made in accordance with policies in the Local Plan, unless other material considerations indicate otherwise. There are two main types of applications: those for full planning permission and those for outline planning permission.

- **Pre-application:** A service offered by local planning authorities to provide informal advice on proposed development projects before a formal planning application is submitted. A planning Performance Agreement (PPA) can be used as a mechanism to charge for feedback in accordance with agreed parameters.
- **Outline application:** An outline application for planning permission allows for a decision on the general principles of how a site can be developed. Outline planning permission is granted subject to conditions requiring the subsequent approval of one or more **'reserved matters'.**
- **Full application:** An application for full planning permission results in a decision on the detailed proposals of how a site can be developed. If planning permission is granted, subject to compliance with any planning conditions imposed, no further engagement with the local planning authority is required to proceed with the development. However, other consents may still be needed, such as those from Building Control.

8.1. Health Impact Assessments

Health Impact Assessments (HIA) are not a statutory requirement in England. However, Local Planning Authorities should consult with Public Health on applications that require an HIA, **in line with Local Plan policies or validation requirements**. This should include any relevant pre-application discussions about the HIA process, in accordance with locally determined thresholds and triggers.

Across Greater Essex, the use of HIAs **required by planning authorities** through adopted Local Plans and/or Validation Requirement List – is triggered by:

- 50 or more dwellings (currently 100+ in Colchester, and Southend-on-Sea, and 200+ in Uttlesford)
- C2 Development (residential institutions)
- 1,000 sq. m or more non-residential floorspace (currently 10,000 sq or more in Southend-on-Sea)
- Hot Food Takeaway application (currently only in Braintree and Brentwood)

Essex ICB comments on most applications of 10 dwellings or more, and Public Health may identify and comment on other applications outside of the thresholds and triggers above, where it has been determined that a particular proposal would have significant health and well-being impacts, and there is a need to raise this within the consultation process. Public Health must be involved as early as possible to ensure health and well-being considerations are adequately addressed through the early commencement of a health impact assessment. Failure to assess or mitigate health impacts may lead to worsening health inequalities, particularly for vulnerable groups and loss of opportunity to embed healthy design. Public Health teams support the capacity and capability of practitioners in quality assurance in accordance with the Institute of Sustainability and Environmental Professionals (ISEP) *(previously, IEMA)* Competent Expert in Health Impact Assessment (External Reviewer) framework.

Thanks to Place Services

8.2. Environmental Impact Assessments (EIA)

The Environmental Impact Assessment (EIA) process is governed by the Town and Country Planning (Environmental Impact Assessment) Regulations (2017). Its purpose is to ensure that planning decisions for projects likely to have significant environmental effects are made with full consideration of those impacts. This includes assessing effects on population and human health, which is explicitly listed among the topics to be considered.

Certain types of development automatically require an EIA, while others are subject to a screening process to determine whether significant effects are likely. If required, the local planning authority may issue a scoping opinion to define the scope of the assessment, focusing solely on the environmental aspects that are likely to be significantly affected.

The Institute of Sustainability and Environmental Professionals (ISEP) (previously, Institute of Environmental Management and Assessment) has published guidance to help practitioners effectively integrate health into EIAs. This supports a more thorough evaluation of health impacts and ensures they are appropriately addressed in the planning process. For complex or large-scale projects, an integrated approach combining EIA and Health Impact Assessment (HIA) may be necessary to understand and mitigate health-related effects fully.

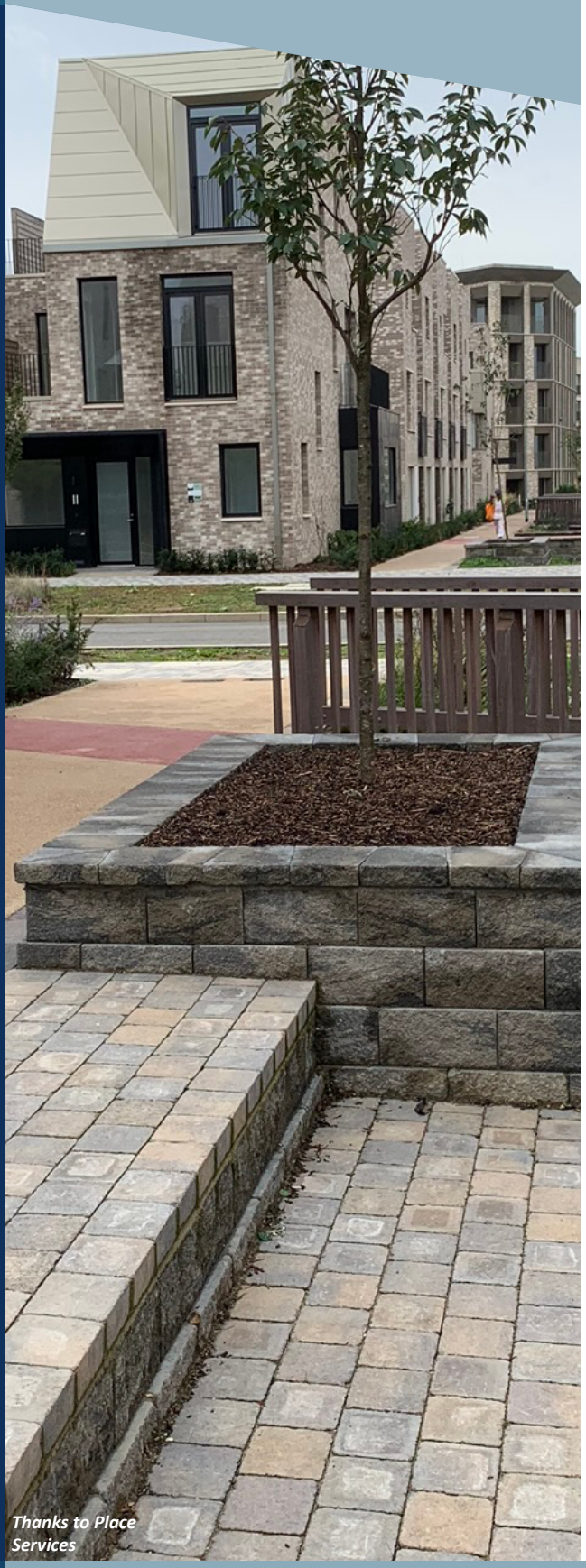
Table 2 outlines how collaborative working can be facilitated across development management. Planning authorities are encouraged to engage with Public Health teams and NHS ICB Estates teams to support a joint response approach that contributes meaningfully to planning applications.

Table 2: Promoting health and well-being through Planning Applications

Stages	Local Planning Authority	Public Health and Health Stakeholders	Shared Protocol Responsibilities
Pre-application discussion	• Advice given by Local Authority to Applicants before making a planning application (where requested)	• Public Health and ICB notified of pre-application and where necessary and relevant, attend pre-application meetings. • Public Health to support and advise on key health and well-being issues to be addressed by Health Impact Assessment (scoping stage of HIA).	• When considering the use of Planning Performance Agreements (PPAs) with developers, where appropriate and subject to financing and timescales involve Public Health in the PPA arrangements for HIA guidance (according to local thresholds). • Where appropriate consult Public Health on EIA screening and scopied opinions to assess if 'population and human health' should be scoped in or out of Environmental Statement (ES).
Submission and validation	• LPA to check the application for validation, including information requirements from local validation list	-	-
Publicity and statutory consultation	• A statutory consultation period of 21 days for the public to make comments alongside consultation with statutory and non-statutory consultees with 21 days to respond.	• Public Health to undertake quality assurance of submitted health impact assessment and/or Environmental Impact Assessments and provide comments to Case Officer within agreed timeframes using appropriate QA framework (e.g., WHIASU). • Public Health to respond to consultation using agreed template (See Appendix A) relevant to the type and scale of development proposed. • ICB responds on applications of 10 dwellings or more.	• Ensure Public Health is a non-statutory consultee on all Essex LPA's consultation checklist (according to local thresholds) (local Public Health Practitioners in the District, City and Borough Councils).
Consideration	• The planning Case Officer will assess the application and may request amendments before making a report recommendation to be determined by delegated powers or to be considered by members at a Planning Committee. • Officer report to include recommendations of the HIA in planning application report and any relevant feedback from Public Health and Health stakeholders.	• Public Health to monitor numbers of planning consultation responses (e.g., HIAs and EIAs) engaged in.	
Planning Decision	• A decision is made for either approval subject to conditions/legal agreement, or refusal.	-	-

Adapted from TCPA: Public Health in Planning - Good Practice Guide

9. TOOLS TO SUPPORT IMPLEMENTATION



Thanks to Place Services

To support and enable processes, the following documents have been produced or will be developed to support the implementation of the Planning and Health Protocol.

a. Essex Healthy Places Guidance and Livewell Development Accreditation

- EPOA Healthy Places planning guidance for promoting positive health and wellbeing in developments, and a health impact assessment tool set out in the Essex Design Guide. Further information in Appendix B.

b. Thurrock HIA Guidance

- Thurrock Health Impact Assessment Guidance for processes specific to Thurrock Council

c. Southend-on-Sea HIA Guidance

- Southend-on-Sea Health Impact Assessment Guidance processes specific to Southend-on-Sea.

d. Essex Hot Food Takeaway Guidance in Planning

The revised NPPF (2024) introduces a new provision under paragraph 97, empowering planning authorities to address the food environment, where there is a need for planning permission and where supported by evidence. This aligns with the Essex Healthy Weight Strategy, which identifies the food environment as a strategic priority for tackling obesity and promoting healthier lifestyles. In response, a county-wide planning guidance document will be developed to support planning officers in embedding robust, evidence-based policies into Local Plans and in making consistent, defensible planning decisions that contribute to healthier food environments.

e. Implementation (Developers Contribution Guide)

The ECC Developers' Guide to Infrastructure Contributions covers Public Health matters in section 6.6, including advice on healthy place-making and outlines that mitigation may be sought from a developer should an HIA identify an unintended impact on a specific site. A section on NHS healthcare follows this section of the guide, reflecting the close working ECC aims to maintain with its NHS partners.

10. Monitoring and Evaluation

Monitoring and reviewing the protocol is a vital component of practical implementation and understanding what works. Planners should collaborate with public health and key health stakeholders to monitor the individual and cumulative impacts of, as well as the positive outcomes from, development proposals, which can then inform the policy-making process.

Evaluation of the Planning and Health Protocol will seek to:

- Monitor uptake (how often the protocol is used)
- Monitor coverage across Greater Essex (how widely the protocol is used)
- Impact evaluation
- Review cycle (lessons learnt, annual refresh to ensure protocol remains current)
- Annual Monitoring Report - monitoring LPA policy relevant to protocol

11. Governance and Accountability

The implementation of the Planning and Health Protocol will be reviewed annually to assess how effectively it has supported collaborative working in planning for health. This includes evaluating improvements in partnership working, streamlined processes, and ways of working across planning and health systems. Key stakeholders, including Local Planning Authorities (LPAs), Public Health teams, and Health partners, will play a central role in contributing to this review.

Findings from the annual review will be shared with key governance and coordination forums, including Health and Well-being Boards, the Essex Planning Officers Association, and wider health and planning networks, to inform continuous improvement and shared learning.

12. Conclusion

The Association of Directors of Public Health (ADPH) report on what good looks like for spatial planning for healthy places (2025) highlights that establishing a protocol can be an effective method to secure meaningful health system involvement. This process presents a starting point for strengthening collaborative working between planning, public health, and health partners in the Healthy Places agenda. This Greater Essex model, collectively developed between Greater Essex planners, health stakeholders and public health staff, aims to strengthen joint working for planning, public health and allied staff, and future proof the mutual benefit of cross function working across current and future organisational boundaries.

APPENDICES

Appendix A : Structured Response Template

There is no one-size-fits-all public health response to any planning application. On many issues, there are overlapping objectives with colleagues in transport, open space, and housing. The basic consideration in a public health response will ensure responses are:

- Relevant to planning through identifying appropriate policies and evidence, explicitly linking any recommendation to the policy context.
- Adopt a proactive stance to improve development proposals through realistic and practical recommendations (based on HIA findings)
- Concise and planning-related response

Below provides an illustrative example for a Public Health Response

Application reference	
Description of application	
Site address	
Date consulted	
Date responded	
Responding officer (s)	
Case officer	
Documents reviewed	e.g. planning statement, DAS, HIA, Environmental Statement

1. Context	• Scene setting on the responsibilities of the function of the Director of Public Health. • Summary of health issues relevant to application area.

1. Health Impact Assessment Quality Assurance Review	• Summary response on quality assurance of Health Impact Assessment

1. Public Health Recommendations based on Q4	• Public Health recommendations on based on quality assurance process

1. Recommendations and Reasons	• Set out overall recommendations supported by enhancement measures and mitigations identified by a robust Health Impact Assessment • Based of the HIA framework

APPENDICES

Appendix B : Extensive Explanatory Information on Health and Well-being Guidance

Health and Well-being

Seek to ensure that developments which have adverse or unintended harmful health and well-being impacts are avoided or mitigated. Moreover, these developments are improved through this iterative process to deliver better outcomes. Further information on Health Impact Assessment can be found on the Essex Design Guide.

Active Design Principles

Active Design is about designing and adapting our living environments to encourage physical activity in everyday life. Sport England developed the principles and provided guidance and a detailed checklist to guide the design (and evolution) of developments, through which to assess them in relation to health and well-being matters. It is a combination of ten principles that promote activity, health, and stronger communities through the way we design and build our towns, cities and other places. Active Design Principles are addressed throughout all sections within the EDG. In addition, EPOA has developed its own, locally responsive adaptation of this in the form of its Essex Healthy Places guidance and checklist.

Health Impact Assessment (HIAs)

General explanatory information to provide context on the health and well-being theme, which was established to recognise how the positive characteristics and qualities of an environment can help people to achieve and experience better quality lifestyles. This also highlights important principles and related sections of the EDG that address this matter. The content also references the future of constantly evolving healthcare provision within new communities. It also describes the many ways in which health and well-being can be encouraged and improved, indicating good practice principles for new developments to promote health and well-being.

Livewell Development Accreditation

A system designed to accredit developers in recognition of their contributions to the health and well-being agenda, demonstrated through particular developments in Essex, designed in an exemplary way. Based on a two-stage assessment using the new HIA criteria and a review by the Essex Quality Review Panel, developments considered to make a positive contribution to health and well-being would be awarded different levels of accreditation.

APPENDICES

Appendix C : Glossary

Planning Terms

Authority Monitoring Report (AMR)

A report published by local planning authorities to assess progress in preparing planning documents and implementing policies, including housing delivery and infrastructure.

Community Infrastructure Levy (CIL)

A charge levied by local authorities on new development to fund infrastructure needed to support growth, such as schools, transport, and health facilities.

Essex Design Guide

A reference guide developed by Essex County Council to promote high-quality, context-sensitive design in new developments across Essex.

Essex Planning Officers Association (EPOA)

A collaborative body of planning heads from Essex local authorities that develops county-wide planning guidance and promotes best practice.

Environmental Impact Assessment (EIA)

A statutory process that evaluates the potential environmental effects of certain developments before planning permission is granted.

Development

Defined in UK law as building, engineering, mining operations, or material changes in land or building use.

Development Management

The process by which planning authorities assess and decide on planning applications, ensuring alignment with local and national policies.

Development Plan

A statutory framework comprising local and strategic policies used to guide planning decisions in a given area.

Local Planning Authority (LPA)

A local government body responsible for planning functions, including preparing plans and deciding planning applications.

Local Plan

A document prepared by LPAs setting out planning policies and land allocations for development and conservation in their area.

Planning Performance Agreement (PPA)

A voluntary agreement between a local planning authority and an applicant that sets out a project management framework for handling complex or large-scale planning applications.

APPENDICES

Appendix C : Glossary

National Development Management Policies (NDMPs)

A category of national planning policy introduced under the Levelling-up and Regeneration Act 2023, providing consistent rules for decision-making across England.

National Planning Practice Guidance (NPPG)

A suite of online guidance documents that support the implementation of the National Planning Policy Framework.

National Planning Policy Framework (NPPF)

The central document outlining the UK Government's planning policies for England, guiding sustainable development and decision-making.

Non-Statutory Consultee

Organisations or individuals not legally required to be consulted on planning applications but engaged due to their expertise or interest.

Planning Policy

The framework of rules and guidance that governs land use and development, including national policies, local plans, and supplementary documents.

Reserved Matters

Detailed aspects of a development (e.g., layout, scale, access) submitted for approval after outline planning permission has been granted.

Section 106 (S106)

Legal agreements between developers and local authorities to mitigate the impact of development, often including contributions to infrastructure or community facilities.

Statutory Consultee

Organisations and government bodies that Local Planning Authorities (LPAs) are legally required to consult during the planning application process.

Supplementary Planning Documents (SPDs)

Non-statutory documents that provide additional guidance on policies in the Local Plan.

Sustainability Appraisal (SA)

A statutory process that assesses the environmental, social, and economic impacts of a Local Plan to ensure it promotes sustainable development.

Strategic Environmental Assessment (SEA)

A legal requirement for plans and programmes likely to have significant environmental effects, often integrated into the Sustainability Appraisal process.

APPENDICES

Appendix C : Glossary

Health Terms

Director of Public Health (DPH)

A statutory chief officer in each local authority, responsible for leading public health strategy and delivery.

Health and Wellbeing Board (HWB)

A statutory forum within local authorities that brings together leaders from health, social care, public health, and the voluntary sector to improve health outcomes.

Health Inequalities

Unfair and avoidable differences in health outcomes between different groups or communities, often linked to social, economic, or environmental disadvantage.

Health Impact Assessment (HIA)

A tool used to assess the potential health effects of a plan, policy, or project, helping inform decisions to promote health and reduce inequalities.

Health Infrastructure

The physical and organisational structures needed to deliver health services, including hospitals, clinics, and community health facilities.

Joint Health and Wellbeing Strategy (JHWS)

A strategic plan developed by Health and Wellbeing Boards to improve the health and wellbeing of the local population.

Joint Strategic Needs Assessment (JSNA)

A statutory assessment of the current and future health and care needs of a local population.

NHS Integrated Care Board (ICB)

NHS ICB is responsible for planning and commissioning health services for the cUoal population working in partnership with NHS organisations, local authorities, and other stakeholders.

Office for Health Improvement and Disparities (OHID)

A government unit within the Department of Health and Social Care focused on improving health and reducing disparities.

Public Health Practitioners

Professionals working across health improvement, health protection, and healthcare public health.

UK Health Security Agency (UKHSA)

A government agency responsible for protecting public health from infectious diseases and other threats.