Planning and Health

An engagement protocol between local planning authorities and health partners in Nottinghamshire

2017

Version control

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Acronyms

AMR - Annual Monitoring Report

CCG – Clinical Commissioning Group

CHP – Community Health Partnership

CIL – Community Infrastructure Levy

DM – Development Management

HIA – Health Impact Assessment

JSNA – Joint Strategic Needs Assessment

LEF – Local Estates Forum

LES – Local Estates Strategy

LGA – Local Government Association

LPA – Local Planning Authority

LTP – Local Transport Plan

NCC – Nottinghamshire County Council

NHS – National Health Service

NPPF – National Planning Policy Framework

PCT – Primary Care Trust

SEP – Strategic Estates Plan

SPD – Supplementary Planning Document

STP – Sustainability and Transformation Plan

Executive summary

The purpose of this document is to provide a robust *Planning and Health Engagement Protocol* so that health is fully embedded into planning processes, maximising health and wellbeing and ensuring that health/social care infrastructure requirements are considered to serve the growth requirements of the population of Nottinghamshire.

Local planning authorities should agree and ensure that health and wellbeing, and health infrastructure, are considered in local and neighbourhood plans and in planning decision making. Health partners[1] and developers should work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure.

For both the Local Plan Making Stages and the Planning Application Process, the document outlines what needs to happen and by whom to ensure that health partners are fully engaged with the planning process and that local planning authorities uphold their commitment to ensuring that health and wellbeing is considered in plans and decision making.

[1] Health partners refers to health service commissioners and providers, Public Health England, upper tier Local Authority Public Health team and local authority environmental health teams.

1. Introduction

Background

1.1. It is acknowledged that the environment in which we are born, grow, live, work and play (Marmot 2010[2]) is a major determinant of our health and wellbeing. Housing quality, air pollution, road infrastructure, access to green space and walk-ability of our neighbourhoods, along with many other social and environmental factors, contribute directly to protecting and promoting good health and wellbeing and can impact on our ability to live healthy lifestyles. The ability to access appropriate healthcare facilities and services when ill is also a key requirement for health and wellbeing.

1.2. The role that planning has on health and wellbeing has been identified in the Nottinghamshire Health and Wellbeing Strategy (2014-2017). One of the priorities for 2016/17 of the Nottinghamshire Health and Wellbeing Board is to develop healthier environments in which to live and work in Nottinghamshire.

1.3. Local planning authorities (LPA) should ensure that health and wellbeing, and healthcare infrastructure, are considered in local and neighbourhood plans and in planning decision making. Health partners[3] should work effectively with local planning authorities in order to promote healthy communities and support appropriate healthcare infrastructure.

Aim & Purpose

1.4. The aim of this protocol is that health is fully embedded into planning processes to maximise health and wellbeing and ensure that health/social care infrastructure requirements are considered to serve the growth requirements of the population of Nottinghamshire.

1.5. The purpose of this document is to bring together LPA Planners (Policy and Development Management) and health service commissioners and providers as well as Public Health England (PHE) and upper tier Local Authority Public Health teams to ensure comments on planning policy documents and planning applications are received and taken into account during the planning process.

1.6. The aim and purpose of this document are further supported by the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire (2016)' document that was endorsed by the Health and Wellbeing Board in May 2016.

[2] Marmot (2010) Fair Society, Healthy Lives. https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[3] Health partners refers to Public Health and healthcare service commissioners and providers.

Objectives

1.7. The objectives of this protocol are to:

- Ensure that local planning authorities and health partners work effectively together
- Ensure that the principles of health and wellbeing, as set out in the National Planning Policy Framework[4] (NPPF) and contained in the Nottinghamshire County Council (NCC) Spatial Planning and Health (2016)[5] document are adequately considered in plan making and in the evaluation and determination of planning applications.
- Share expertise and promote collaborative working between planners and health partners
- Ensure effective coordination of strategic planning issues between planners and health partners.
- Ensure that health partners are fully engaged in the planning process in Nottinghamshire inputting into planning applications, Local Plans and other relevant planning documents
- Support delivery of elements of the Nottingham and Nottinghamshire Sustainability and Transformation Plan to improve the quality of care, the health and wellbeing of local people, and the finances of local services.

[4] https://www.gov.uk/government/publications/national-planning-policy-framework--2
[5] http://www.nottinghamshireinsight.org.uk/insight/news/item.aspx?itemId=44.

2. Structures and processes

Health

2.1. The National Health Service (NHS) underwent a major transformation in 2013 with the implementation of the Health and Social Care Act 2012 (Figure 1, page 4 outlines the main NHS and Public Health structures from the national to local level), **(Appendix 1)**.

2.2. The 'Spatial Planning for Health and Wellbeing of Nottinghamshire' document approved by the Nottinghamshire Health and Wellbeing Board in May identifies that local planning policies play a vital role in protecting and promoting good health and wellbeing and healthy communities.

2.3. To deliver plans that are based on the needs of local populations, local health and care systems have each developed a Sustainability and Transformation Plan (STP)[6]. In Nottinghamshire, all Clinical Commissioning Groups (CCGs) (excluding Bassetlaw) are in the Nottingham City and Nottinghamshire STP[7] with Bassetlaw being an associate. Bassetlaw belongs to the South Yorkshire and Bassetlaw STP.

2.4. The planning and purchasing of healthcare services for local populations is done by CCGs. CCGs control the majority of the NHS budget, although some specialised services are commissioned by NHS England. In Nottinghamshire there are six local CCGs:

- Bassetlaw
- Mansfield and Ashfield
- Newark and Sherwood
- Nottingham North and East
- Nottingham West
- Rushcliffe.

2.5. Healthcare providers are the organisations that are commissioned by NHS England, CCG's and Public Health to deliver health promotion and healthcare to the population. They include NHS and private healthcare providers as well as independent contractors such as GPs, optometrists and pharmacist. The main healthcare providers in Nottinghamshire are:

NHS Hospitals

- Nottingham University Hospitals NHS Trust
- Sherwood Forest Foundation NHS Foundation Trust
- Doncaster and Bassetlaw NHS Foundation Trust

[6] https://www.england.nhs.uk/2016/03/footprint-areas/

[7] http://www.stpnotts.org.uk/

Mental Health Trust

- Nottinghamshire Healthcare NHS Foundation Trust

NHS Community Healthcare

- Nottinghamshire Healthcare NHS Foundation Trust (Local Partnerships Division)

2.6. High quality local estates planning is crucial and requires all parts of the NHS to work together to enable system wide transformation required. Good quality estates planning is vital to allow the NHS to:

– Fully rationalise its estate
– Maximise use of facilities
– Deliver value for money, and
– Enhance patients' experiences.

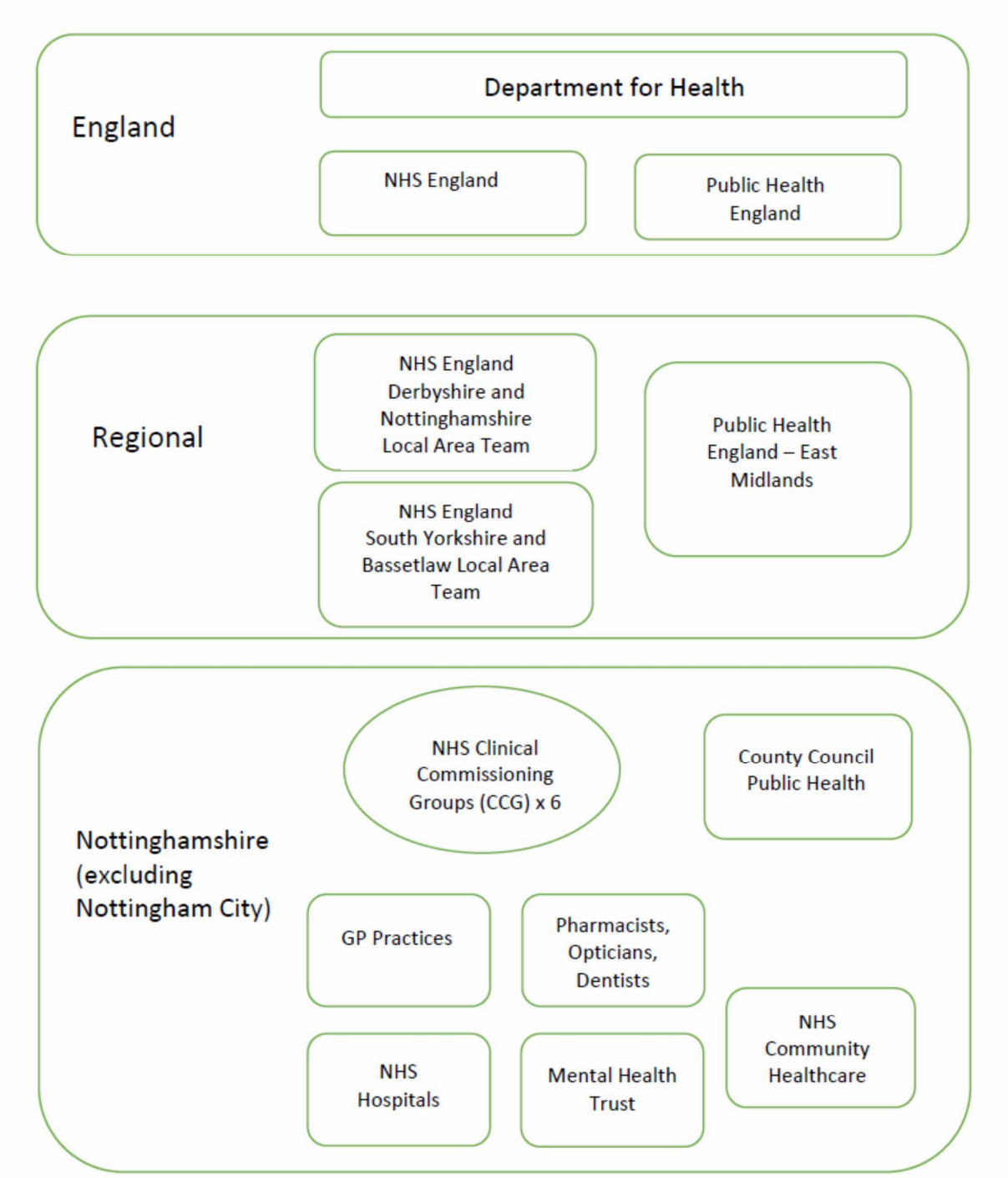
2.7. CCG's and NHS England in consultation with local healthcare providers can assist a Local Planning Authority (LPA) regarding strategic policy to refurbish, expand, reduce or build new facilities to meet the healthcare needs of the existing population as well as those arising as a result of new and future development.

2.8. The formation of Local Estates Forums (LEF) will enable development of a sufficiently robust understanding of the available estate and alignment to commissioning intentions to ensure maximum value from NHS resources and reduce wastage.

2.9. In Nottinghamshire there are four LEFs: Southern, Mid Nottinghamshire, Bassetlaw and City. Each CCG has a working draft Estates Strategy which is linked to the STP Estates Strategy. The STP is committed to strengthening primary, community, social care and carer services to support secondary care/acute hospital trusts.

2.10. The One Public Estate programme run by Cabinet Office and the Local Government Association (LGA) encourages local councils to work with central government and other public sector organisations on a geographical basis to share buildings and re-use or release surplus property and land.

Figure 1: NHS and Public Health Structures from the national to local level in Nottinghamshire



Planning

2.11. The planning system operates at a strategic and local level. At the strategic level, planning shapes the places where people live, work and play through the use of Local Plans which set out priorities and policies for development in relation to issues such as housing, employment, public open space, minerals and waste, community facilities and the environment. At the local level, planning controls development on a site by site basis.

National Planning Policy Framework (NPPF)

2.12. The National Planning Policy Framework (NPPF) sets out national planning guidance for local authorities and recognises that the planning system plays an important role in facilitating social interaction and creating healthy, inclusive communities. Chapter 8 of the NPPF focusses on promoting healthy communities, ensuring that local communities are engaged in the planning process at all levels and that mechanisms are embedded to encourage people to choose healthy lifestyles. The NPPF places great emphasis on the importance of accessibility to: high quality open space, safe communities, recreational facilities/services, rights of way and cultural facilities for all, which can all make an important contribution to the health and wellbeing of communities.

2.13. The Planning System is designed to be used by local government and communities with a typically three tier local government system operating in England:

- County Councils – who produce Minerals and Waste Local Plans and Local Transport Plans
- District or Borough Councils – who produce Local Plans in relation to housing, employment, retail and the environment
- Parish or Town Councils – who generally produce Neighbourhood Plans.

Duty to Cooperate

2.14. Many planning issues cross local authority boundaries. The Localism Act 2011 introduced the 'Duty to Cooperate' to ensure Local Planning Authorities and other public bodies work together. This includes CCGs and NHS England in relation to the planning of sustainable development and the provision of services that extend beyond their own administrative boundaries. Local planning authorities must also demonstrate their compliance with the Duty to Cooperate when their Local Plan is examined.

The role of the Local Plan

2.15. The NPPF places Local Plans at the heart of the planning system and they are the starting point for considering whether planning applications can be approved, therefore it is important that they are kept up-to-date. Local Plans must be prepared with the objective of contributing to the achievement of sustainable development.

2.16. The Local Plan should make clear what is intended to happen in the area over the life on the Plan (usually 15 years) and where and when this will occur and how it will be delivered. The NPPF sets out what a Local Plan should cover and includes:

- Home and jobs required in the area;
- The provision of retail, leisure and other commercial development;
- The provision of infrastructure for transport, telecommunications, waste management, water supply, wastewater, flood risk and coastal change management, and the provision of minerals and energy
- The provision of health, security, community and cultural infrastructure and other local facilities; and
- Climate change mitigation and adaptation, conservation and enhancement of the natural and historic environment, including landscape.

2.17. Each Local Plan and Supplementary Planning Document (SPD) is subject to extensive public consultation and examination by an independent inspector and is assessed against the four elements of soundness, as set out in the NPPF which states that Local Plans must be positively prepared, justified, effective and consistent with national planning policy. The stages in a Local Plan **(Appendix 2)**.

2.18. The Local Plan forms part of the Development Plan which incorporates any 'saved policies'. The Development Plan is a document(s) that detail the overall strategy of the Council in order to bring about sustainable development for an area.

Neighbourhood plans are prepared by local communities for their area and are also subject to independent examination and a vote by the local community in a referendum. All neighbourhood plans must be in conformity with national and local planning policies. After the plan has passed the examination and is supported via a positive referendum outcome, the plan is 'adopted by the Local Planning Authority and becomes part of the statutory Development Plan. The Development Plan is then used by the local planning authority when determining planning applications, from householder extensions to large scale mixed use development. The stages in the making of a Neighbourhood Plan or Order **(Appendix 3)**.

Planning Applications

2.19. If a planning application is submitted to a Local Authority, the application will generally be granted planning permission if it is in accordance with the Local Plan, unless there are material considerations that indicate otherwise. If a planning application is refused permission, the applicant has the right to appeal. There are three possible steps on the path to obtaining planning permission:

- *Pre-application advice* – although not a formal requirement, pre-application discussions involve early consultation and liaison with the local planning authority and is useful in addressing any policy implications, issues or conflicts prior to the submission of a formal planning application. It should be noted that many planning authorities charge the applicant a fee for pre-application advice.

- *Outline Planning Applications* – An outline planning application allows a decision to be made 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 detailed 'reserved matters'.

- *Full Planning Applications* – An application for full planning permission results in a decision on the detail of how a site or part of a site can be developed. This is where the local authority's planning policies are applied in detail to planning applications. The officer dealing with an application will often negotiate, and suggest ways to improve the scheme; but the main part of the job is to make a recommendation to approve or refuse planning consent. An officer may have delegated responsibility to issue consent, but on large schemes that decision is usually taken by a council's Planning Committee. If planning permission is granted (which lasts for three years), subject to compliance with planning conditions, development can take place.

2.20. The stages of the planning application process **(Appendix 4).**

2.21. Nottinghamshire County Council as a Minerals and Waste Planning Authority deals with full planning applications for minerals and waste development. In addition they are also responsible for determining planning applications for education and their own proposals.

2.22. Local Borough and District Councils determine the vast majority of other planning applications in Nottinghamshire, such as for housing, retail, and employment.

Section 106 Contributions

Collection and spending of S106

2.23. NHS England / Clinical Commissioning Groups (CCG's) may seek contributions towards new / improved healthcare facilities which are required to mitigate the impact of the development on their service provision. These may be provided on site as part of the wider community infrastructure or off-site as part of existing health facilities in the area.

2.24. Some recent examples of planning applications which include either provision or contributions towards the provision of healthcare facilities in Nottinghamshire are:

- Gedling Colliery (phased development of 1,050 dwellings, local centre with retail units and health centre, and new primary school) https://pawam.gedling.gov.uk/online-applications/applicationDetails.do?activeTab=summary&keyVal=NYIOKOHLGXE00
- Land at Bestwood Business Park (Outline planning application for residential development of up to 220 dwellings) https://pawam.gedling.gov.uk/online-applications/applicationDetails.do?activeTab=documents&keyVal=N1I4OXHL03700 (see S106 agreement)

Nottinghamshire County Council (NCC) Planning Obligations Strategy

2.25. NCC has a Planning Obligations Strategy which sets out the standard requirements that the County Council may seek in association with new developments, to mitigate against the impact of these upon the services it provides.

2.26. The document has no statutory status, however it is a material consideration in the determination of planning applications and if development proposals do not comply, the strategy may be used as a reason or reasons for the refusal of planning permission by a Local Planning Authority.

Districts and Boroughs in Nottinghamshire

2.27. In addition Districts and Boroughs may have information within their Local Plans or Supplementary Planning Documents (SPD's) and which contain their approach to seeking developer contributions. For example Newark & Sherwood have a Developer Contributions and Planning Obligations SPD and which contains a section on health. For information about viewing this document see section 5 'Useful Links'.

Spending S106 Monies

2.28. The timescales (or triggers) for making payments of the agreed contributions, including health will be set out in the 'schedules' contained within the Section 106 agreement. These triggers will be negotiated as part

of the process for producing the agreement. Factors that may influence the payment triggers include things such as:

- The size of the contribution;
- When the infrastructure which is being paid for by the contribution is required in relation to the schemes delivery;

Viability

2.29. Where a legal agreement makes provision for a commuted sum to be paid, there will normally be a requirement that money must be spent within a reasonable time frame. This period is usually five years but may be longer, if deemed appropriate. If the money is not spent within the agreed period, the developer would be reimbursed with the outstanding amount, together with any interest accrued.

Pooling S106 Contributions

2.30. When a Community Infrastructure Levy was brought into effect by a Local Authority or nationally after April 2015, the CIL regulations 2010 (as amended) restrict the use of pooled contributions towards items that may be funded CIL. At that point, no more may be collected in respect of a specific infrastructure project or a type of infrastructure through a section 106 agreement, if five or more obligations for that project or type of infrastructure have already been entered into since 6 April 2010, and it is a type of infrastructure that is capable of being funded by the levy. More information about this can be found in paragraphs 99-102 of the CIL element of the Planning Practice Guidance **(Appendix 5).**

2.31. For the purposes of above Infrastructure is defined as including: roads and other transport facilities; flood defences; schools and other educational facilities; medical facilities; sporting and recreational facilities; and open spaces; (CIL Regulations 2010 as amended).

Community Infrastructure Levy (CIL)

2.32. The legislative framework for planning obligations is set out in Section 106 of the Town & Country Planning Act 1990, as amended by Section 12 of the 1991 Planning and Compensation Act, and the Localism Action 2011. Further legislation and guidance is set out in paragraph's 203-206 of the National Planning Policy Framework (NPPF), Regulations 122 and 123 of the Community Infrastructure Levy Regulations 2010 (as amended) and the Planning Practice Guidance (PPG).

2.33. Contributions / obligations can be in monetary form, as one-off payments or phased to a set schedule, or as contributions in kind such as the provision of land. Contributions can be used to cover for on-going maintenance and management; they can also be pooled to a limited extent (see section 3 on pooling below) or commuted for use off site.

2.34. In 2010 three legal tests were introduced and which all section 106 agreements must comply with in order to be lawful. These are:

- Necessary to make the development acceptable in planning terms;
- Directly related to the development; and
- Fairly and reasonably related in scale and kind to the development.

2.35. Paragraph 003 of the Planning Obligations section of the Planning Practice Guidance[8] sets out the approach that Local Authorities should follow in terms of policies for seeking planning obligations. It confirms that:

'*Policies for seeking planning obligations should be set out in a Local Plan; neighbourhood plan and where applicable in the London Plan to enable fair and open testing of the policy at examination. Supplementary planning documents should not be used to add unnecessarily to the financial burdens on development and should not be used to set rates or charges which have not been established through development plan policy.*

2.36. *There are 3 LPAs within Nottinghamshire that have adopted CIL documents in place* ***(Appendix 8)****:*

- Bassetlaw District Council -
- Newark and Sherwood District Council
- Gedling Borough Council

2.37. *Planning obligations assist in mitigating the impact of development which benefits local communities and supports the provision of local infrastructure. Local communities should be involved in the setting of planning obligations policies in a Local Plan; neighbourhood plan and where applicable in the London Plan.*'

[8] http://planningguidance.communities.gov.uk/blog/guidance/planning-obligations/planning-obligations-guidance/

3. The Protocol

Plan Making

3.1. The Local Plan process offers extensive opportunities for health partners to get involved to ensure that strategic level planning policies reflect their own strategic priorities. Table 1 outlines the responsibilities of planners and health partners during the Local Plan Making stages.

Table 1: Responsibilities of planners and health partners during the Local Plan making stages.

Local Plan Making Stages	How and when to engage	Who
Issues & Options, Preferred Options and evidence gathering	Establish key health partners' contact details for consultation list to ensure that Local Plans reflect national and local health strategies and priorities and address healthcare infrastructure needs	County, District and Borough Policy and Development Management Planners
	Utilise the Joint Strategic Needs Assessment (JSNA) to provide evidence on health and wellbeing to support the development of the Local Plan	
	Supply any additional evidence on health that is not within the JSNA. The CCGs and NHS England are covered by the Duty to Cooperate, under the Town and Country (Local Plan) (England) Regulations 2012 Reg 4, and so are obliged to provide information on health infrastructure.	Local Authority Public Health
	Utilise the Local Estates Forum* to discuss healthcare infrastructure considerations.	County, District and Borough Policy Planners Health Commissioners (NHS England, CCG's) Local Authority Public Health Health Providers
	Carry out a rapid HIA of the emerging policy document and advise on appropriate policies to be included in the Local Plan.	Local Authority Public Health team
Publication and Submission of the Local Plan	Ensure that the evidence provided is up-to-date.	County, District and Borough Policy and Development Management Planners
	Check that the emerging planning policies conform to the NPPF Health Partners should formally respond to this stage of the process within the statutory deadline of 6 weeks, including representations of support where appropriate.	
	Provide supporting evidence, where appropriate.	
Examination & Adoption	Provide robust evidence to support the examination. Attendance at Examination where appropriate	County, District and Borough Policy and Development

		Management Planners, CCGs, Public Health and NHS England
Monitoring and Review	Develop clear and measurable outcomes on health and wellbeing	District and Borough Policy Planners and Local Authority Public Health teams,
	Review health and health inequalities data within the Annual Monitoring Report (AMR)	District and Borough Policy Planners and Local Authority Public Health
	Check CIL/Section 106 planning obligations spend against health improvements and healthcare provision	District and Borough Policy Planners and CCG's /NHS England.

***Further information on the Local Estates Forum can be obtained from** nina.wilson@nottscc.gov.uk

3.2. Projections for health and social care need are given in Appendix 5 'Planning, population growth and needs for health and social care'. This considers four areas of health and social care need, each using three scenarios of housing growth. Projections are given for lower-tier Local Authorities and Clinical Commissioning Groups in Nottinghamshire County.

Planning Applications

3.3. It is important that health partners are aware of and consulted alongside relevant statutory consultees on all developments **(Appendix 6)**. This should be done at all stages of the planning application process, including pre-application discussions. On a reciprocal basis Health Partners need to commit to responding to consultations by the statutory deadlines, or those agreed with the LPA. Failing to respond within the specified statutory deadline gives rise to a number of implications. Table 2 outlines the responsibilities of planners and health partners in the pre-application and application processes.

3.4. Discussions and comments provided on all planning applications will make use of the criteria **(Appendix 7)** 'The Checklist for Planning and Health' – this is set out in the 'Spatial Planning for the Health and Wellbeing of Nottinghamshire'. Local Authority planners, health partners and developers should utilise this checklist and the benefits of taking account of it when assessing development proposals.

Table 2: The involvement of Health Partners in Pre-application discussions and the planning application process

Planning Application Process	How and when to engage	Who
Pre-application discussions	Establish key health partners' contact details for consultation list.	County, District and Borough Policy, Development Management Planners and health providers
	Supply evidence on health and wellbeing making any recommendations and advising on any specific issues within the statutory deadline of 14 days (of that agreed with the LPA).	Local Authority, Public Health, CCGs and NHS England
	Utilise the Local Estates Forum to discuss healthcare infrastructure considerations.	County, District and Borough Development Management Planners, Health Commissioners (NHS England, CCG's) Local Authority Public Health Health Providers
Outline and Full Planning Applications	Establish key health partners' contact details for consultation list.	County, District and Borough Policy, Development Management Planners and health providers
	Attend meetings to discuss healthcare infrastructure requirements and other relevant issues, where appropriate	
	Supply evidence on health and wellbeing making any recommendations and advising on any specific issues	Local Authority, Public Health, CCGs and NHS England
	Utilise the Local Estates Forum to discuss healthcare infrastructure considerations. Consider whether the proposed development can be made acceptable through the use of planning conditions/Section 106	Planners Health Commissioners (NHS England, CCG's)
	Ensure that all comments are sent to the relevant contact within the statutory 21 days, unless a time extension is agreed with the planning case officer.	All Health Partners
	Check that the CCGs and NHS England have been consulted and responded regarding healthcare infrastructure requirements	County, District and Borough Planners
Planning Decision	Check that health and wellbeing and healthcare infrastructure comments have been taken into consideration and are included in the planning decision notice/Section 106 Agreement in the context of viability and the overall issues	County, District and Borough Policy and Development Management Planners

Planning Application Process	How and when to engage	Who
	associated with the individual planning application.	
Option to Appeal	Provide robust evidence to support the examination. Attendance at Examination where appropriate	County, District and Borough Policy and Development Management Planners, CCGs, Public Health and NHS England

4. Protocol implementation and review

4.1. It is intended that the engagement protocol will bring together local planners and health partners to provide coordinated, appropriate and timely responses to Local Plans, planning applications, and other relevant planning documents. The protocol provides an opportunity for expertise across the disciplines to be shared and utilised to ensure the health and wellbeing of Nottinghamshire residents is met and to assist in the long term strategic planning of health care infrastructure.

4.2. Local planning authorities should agree and ensure that health and wellbeing, and health infrastructure, are considered in local and neighbourhood plans and in planning decision making. Health partners and developers should work effectively with local planning authorities in order to promote healthy communities and support appropriate healthcare infrastructure to serve the growth requirements of the population of Nottinghamshire. Local planning authorities have a role in producing Neighbourhood Plans the responsibility for early engagement at the issues stage rests with the Parish Council or Neighbourhood Forum.

4.3. This protocol will be reviewed annually, as a 'living' document and amended as appropriate to ensure that it is meeting the aims and objectives as outlined in section1 and is fit for purpose.

Appendix 1 – NHS and Public Health System

1. NHS England

NHS England leads the NHS in England. It sets the priorities and direction of the NHS. It is responsible for commissioning specialist health services, including prison health services, medical services for the armed forces and dental services as well as authorising and supporting Clinical Commissioning Groups.

2. Clinical Commissioning Groups (CCGs)

CCGs are responsible for designing local health services. They do this by buying health care services including elective hospital care, rehabilitation care, urgent and emergency care, most community health services and mental and learning disability services.

3. The Nottingham and Nottinghamshire Sustainability and Transformation Plan

Health and social care services are working together to improve the quality of their care, their population's health and wellbeing and the finances of local services. The Sustainability and Transformation Plan (STP) is a blueprint which sets out how this will be achieved over the next five years. This includes maximising estates utilisation to make best use land, buildings and facilities and ensure that buildings are fit for purpose and in the most appropriate locations to support the delivery of services.

4. Public Health England: East Midlands

Although the PHE Centre for Chemical, Radiation and Environmental Hazards (PHE-CRCE) is the lead for the planning areas in bullets below, Public Health East Midlands and/or other teams may contribute to responses.

- Environmental Permitting
- Local Planning
- Nationally Significant Infrastructure Projects (NSIP)

Environmental Permitting

Environmental Permits are issued for certain industrial activities that are considered to pose a potential risk to public health or the wider environment. Under the Environmental permitting Regulations 2010 there are no longer statutory consultees. The regulator may be the Environment Agency (EA) (for higher risk processes) or the Local Authority (for lower risk processes).

The Environment Agency has Working Together Agreements with a number of organisations (one of which is PHE) describing how and when they will consult.

The Environment Agency's working together agreement with PHE includes an agreed risk based screening tool for permit consultations[9].

The PHE document 'Environmental permitting and the role of Public Health England' (2015)[10] sets out the way Public Health England responds to consultations on environmental permit applications made to the Environment Agency in England. PHE may also be consulted by local authorities who regulate lower risk activities. PHE-CRCE provides an opinion to the regulator on the potential public health and wider environmental impacts of the activities and emissions arising from the proposed regulated facility. Copies of PHE responses to EA permit consultations are sent to the Director of Public Health for information.

Planning

Both PHE and Directors of Public Health fall into the class of non-statutory consultees for local planning applications. It is down to individual local, upper tier planners (who deal with waste and mineral planning applications) and National Park Authorities to decide who they will consult. If Local Planning Authorities consult PHE, PHE sends its response directly to the planners. Consultation with Local Authority Public Health teams is determined by internal arrangements at a local level.

Nationally Significant Infrastructure Projects (NSIP) (under the Planning Act 2008)

Within PHE there is a NSIP Consultation Team who deal centrally with applications and respond on behalf of PHE. Local authorities are statutory consultees to the application process and consultation with Local Authority Public Health teams is determined at a local level.

5. Public Health in Local Authorities

Public Health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, public and private organisations, communities and individuals. It is population focused rather than caring for individual patients. The three domains of public health practice are:

- Health Protection – controlling against infectious diseases and emergency response
- Health Improvement – supporting healthy lifestyles and tackling health inequalities and the wider determinants of health such as housing, education and employment.

[9] https://www.gov.uk/government/publications/working-together-agreement-environment-agency-and-public-health-england
[10] https://www.gov.uk/government/publications/environmental-permitting-and-the-role-of-public-health-england

- Improving Healthcare – support on service planning, audit, clinical governance, equity, effectiveness and modelling to provide information regarding population growth and needs for health and social care

The Director of Public Health[11] should:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues
- work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- work with local criminal justice partners and police and crime commissioners to promote safer communities
- work with wider civil society to engage local partners in fostering improved health and wellbeing.

6. Healthcare providers

These are the organisations that are commissioned by NHS England, CCG's and Public Health to deliver health promotion and healthcare to the population. They include NHS and private healthcare providers as well as independent contractors such as GP's, optometrists and pharmacists.

[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213007/DsPH-in-local-government-i-roles-and-responsibilities.pdf

Appendix 2 - Key stages in preparing a Local Plan

Issues & Options, initial evidence gathering - consultation, formulation of aims and objectives, draft vision and strategy, notification of relevant consultation bodies inviting them to make comments.

Publication – Local Plan is formally published for a minimum of 6 weeks to allow members of the public to make representation. The LPA will then consider the comments received and proceed to the Submission Stage.

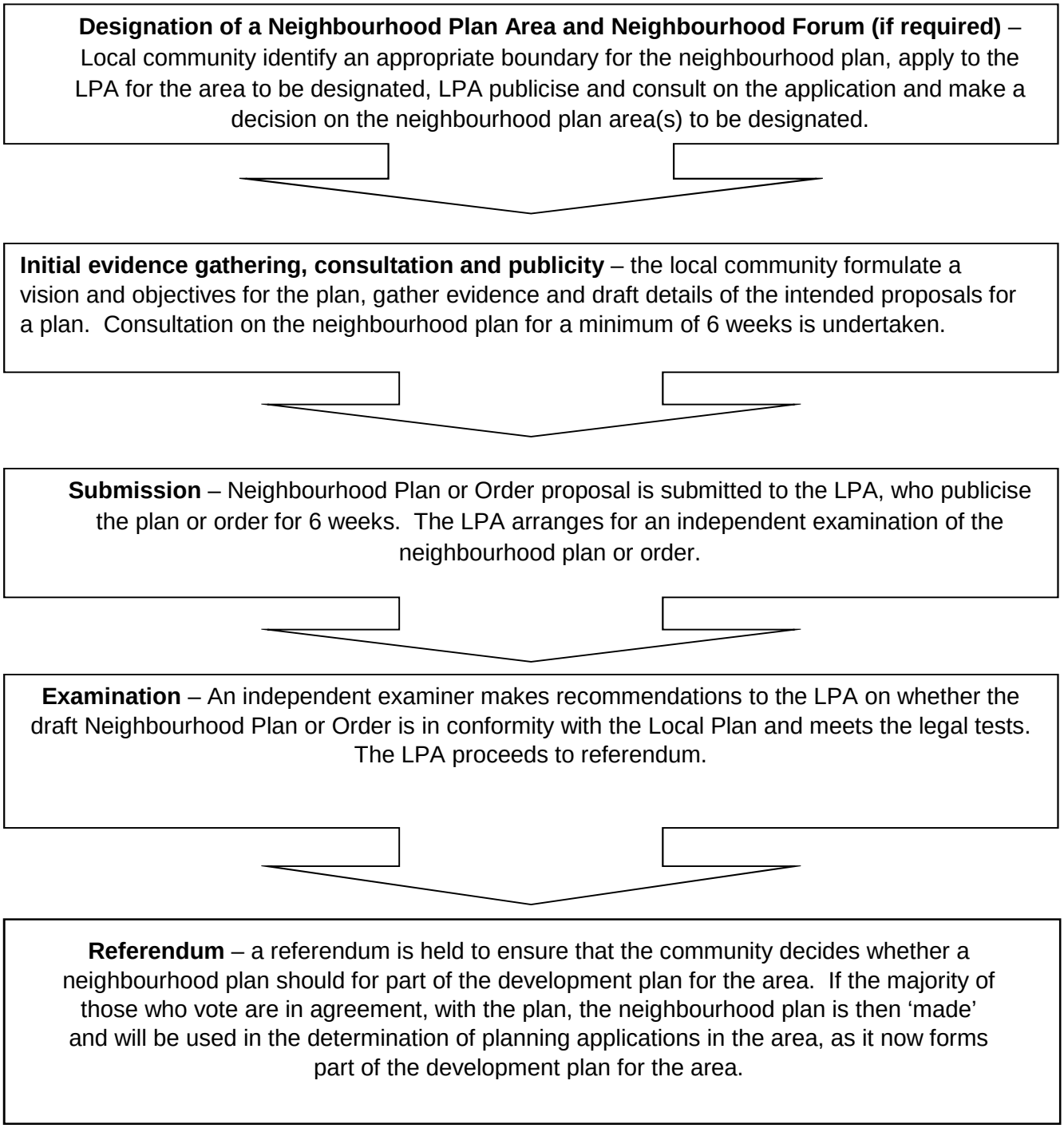
Submission – the Local Plan, representations and other relevant documents are submitted to the Planning Inspectorate. The Inspectorate then arrange for the Local Plan to go through to the Examination Stage, to be considered by an independent inspector.

Examination The examination starts on submission. The Inspector will decide what matters need discussing at the hearings and will invite participants. Following the hearing the Inspector will produce a report and may recommend the plan is either sound, sound with proposed modifications or not sound. The LPA can then adopt the Local Plan provided it is sound.

Adoption - This is the final stage where the Local Plan is found sound. The Inspector may make minor changes to the strategy but if serious problems are found he/she will declare it 'unsound' and it will have to be withdrawn.

Monitoring and Review – The LPA is required to monitor progress on the implementation of the plans and the LPA will produce an Annual Monitoring Report

Appendix 3 – Stages in a Neighbourhood Plan



Appendix 4 – Stages in the planning application process

Pre-application discussions – initial advice provided by planning officers as to the potential for development on a site prior to submitting an outline or full planning application. Pre-application advice is confidential and is not open to public consultation.

Submitting a planning application - See http://planningguidance.communities.gov.uk/ on 'Making a Planning Application'

Notification and consultation with the community and statutory consultees – statutory consultation lasts for not less than 21 days, publicity requirements will be set out in the LPA's Statement of Community Involvement (SCI).

Determination - the planning application will be determined in accordance with the Development Plan, unless material considerations indicate otherwise. The LPA has 8 weeks to make a decision on minor planning applications and 13 weeks for a major planning application

Decision – Planning officers usually decide minor planning applications under delegated decision-taking powers. Major planning applications are usually decided at Planning Committee.

Option to Appeal – the applicant has the right to appeal to the Secretary of State, through the Planning Inspectorate if the planning application is refused, grants the application subject to unacceptable planning conditions or fails to deal with the application in the statutory time limit. Planning appeals can also be 'recovered' and the decision is made by the Secretary of State.

Appendix 5 - Planning, population growth and needs for health and social care

Introduction

Projections of need for health and social care are of interest to upper- and lower-tier local authorities, commissioners and care providers.

This piece of work projects the change in need for four high level pathways across four areas of health and social care need, each using three scenarios of housing growth. Projections are given for lower-tier Local Authorities and Clinical Commissioning Groups in Nottinghamshire County.

Scenarios for population change

The three scenarios presented below are intended to cover the extremes of possible change in populations and need:

1. **Natural change**
   The existing population ages, produces new babies and dies. Net migration is assumed to be zero and there is no new housing.
2. **High growth**
   The same population change as in (1), but with the *addition* of new populations as a result of new-build housing. This set of models assumes that new household sizes are the same as the 2011 Census average for *non-single person* households in the relevant area and that inward-migration to take up the new housing is high (100%). This model is likely to represent very high inward migration of young families who move to new housing or to live in housing vacated by existing resident who move to new housing.
3. **Low growth**
   The same population change as in (1), but with the *addition* of new populations as a result of new-build housing. This set of models assumes that new household sizes are the same as the 2011 Census average for *all* households in the relevant area and that inward-migration to take up the new housing is low[12]. This model is likely to represent areas where there is higher local housing pressure; existing populations takes up a substantial proportion of any new housing with a lower number of people moving from outside the local area.

High level pathways

Projected need for services has been calculated for four high-level pathways. Each of these incorporates need across the whole health and social care system. Please note that this is not an attempt to predict the increase in need for specific services. Some types of care provider (for example GPs and primary care staff) perform work across all of these pathways; the overall impact of population growth on these services will be an aggregate of the expected change in each pathway for the relevant services. Others can expect the dominant change to be from within one of the high level pathways (for instance Accident and

[12] Estimates for each local authority based on data published as part of the CURDs 2010 report 'Geography of Housing Market Areas in England', available at http://www.ncl.ac.uk/curds/research/defining/NHPAU.htm . See links for Migration statistics for Local HMAs / single tier set of HMAs.

Emergency services might expect increases to follow the urgent and planned care set, with smaller effects from mental health and social care).

- **Mental health**
  This includes all aspects of mental health as an aggregate marker of need (common mental health issues such as depression and anxiety are included with severe and enduring mental health issues). Resources across relevant parts of primary care, MH urgent care (including A&E, crisis resolution and related admissions), outpatients and IAPT are all affected and can all expect the same change in need.
- **Urgent and planned care**
  These two pathways are considered together because the projected *change* in demand is identical for both, given populations of the same demography.
  The **urgent pathway** incorporates all categories of ambulance and emergency response call-out, 111 service, general practice in- and out-of-hours emergency response, A&E, minor injuries and associated admissions to hospital and related clinic activity.
  The **planned care pathway** covers planned primary care activity, community services and out-patient care and day surgery.
- **Social care**
  Social care includes care provided to younger adults as well as older people. Social care service provision, nursing and residential care as well as domiciliary and other services are incorporated into this pathway. Related aspects of primary care resources use (e.g. time spent referring from GPs) are also expected to change in a similar pattern.
- **Pregnancy and maternity**
  This relates to all healthcare activity from conception through to birth. The number of conceptions, terminations, community midwifery, GP checks, maternity unit activity and births (with or without complications) are all part of this pathway.

Projected new-build & timescales

The projected number of new-build housing completions (housing trajectories) was taken from planning documents for each relevant local authority. These vary in timescale as in table 1.

Local authority	Projections available to:
Ashfield	2013/14
Bassetlaw	2019/20
Broxtowe	2027/28
Gedling	2027/28
Mansfield	Documents in preparation: projections developed to 2027/28 using the 'Option C: medium level of new housing' in planning policy consultations.
Newark & Sherwood	2025/26
Rushcliffe	2027/28
Nottingham City	2027/28

Table 1 Housing projection availability by Local Authority.

For each area, it was assumed that **all** planned housing would be developed and available for occupation in the stated year. Where available, net completions were used (i.e. any planned demolition is accounted for) and 'windfall' development allowances were included.

Housing developments were allocated to CCG geography based on CCG footprint and analysis of detail from the local authority housing trajectories.

Base populations

For ease, the base population used for all projections was the 2014 resident population for each Local Authority area and within each CCG area footprint. For CCGs, this will differ from the more usual registered population (the numbers registered with each GP practice) but the overall scale of change in need will be very similar between registered and resident populations. As the modelling results are presented as the change in need compared to 2015, this is not a major weakness.

Where the CCG footprint is the same as the Local Authority area (Bassetlaw LA/ CCG, Broxtowe LA/ Nottingham West CCG, Rushcliffe LA/ CCG) the projections are identical.

Calculations

Sex and age-specific models of household and population change were developed in Excel for each LA and CCG area and the current number of deaths and births in each area derived from Office for National Statistics data. Population projections and the models of need for each pathway were developed using Scenario Generator (discrete event simulation software developed by the Simul8 Corporation for high-level, whole system health and social care planning: http://simul8healthcare.com/scenario-generator.htm)

Presentation

The results are presented in chart and table form in Section 2. Each scenario (natural change, low growth and high growth) is presented for each high level pathway and for each local authority or CCG footprint. The tables and charts show the percentage change in need compared to 2015 (which is always 0).

No attempt has been made to estimate the change in demand for specific services. This is for two reasons: first and most importantly, models of care are likely to change across health and social care systems over the foreseeable future. Predicting the number of hospital beds or GP practices needed may be possible, but such projections would only be valid if no health and social care integration or system redesign takes place. The second reason is that the models are designed to reflect changing **need** as opposed to **demand.** Modelling the demand for services would necessarily involve some assumptions about people's and organisations' behaviour (for example how people might use A&E differently or how social service thresholds for care might change) and are outside the scope of this work.

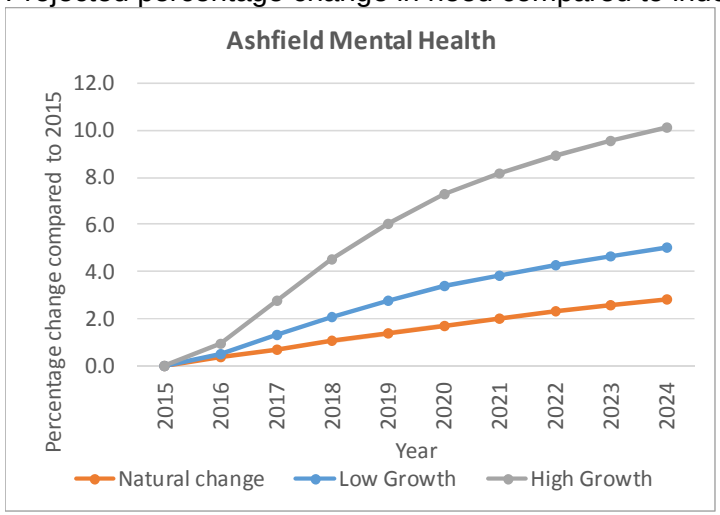
Section 3 contains the annual cumulative, projected population change for each LA or CCG footprint for each population change scenario. Section 4 presents the CCG registered and Local Authority resident population totals for 2014.

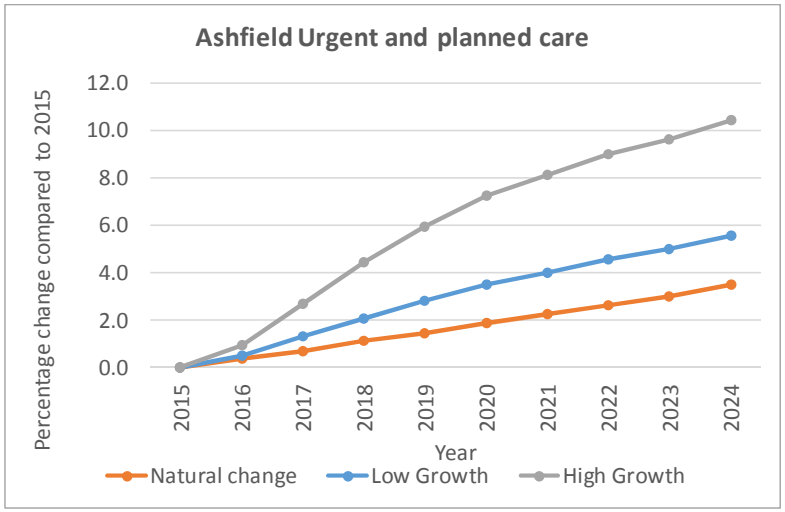
Your comments, questions and constructive criticism are welcome.
For further information, please contact:

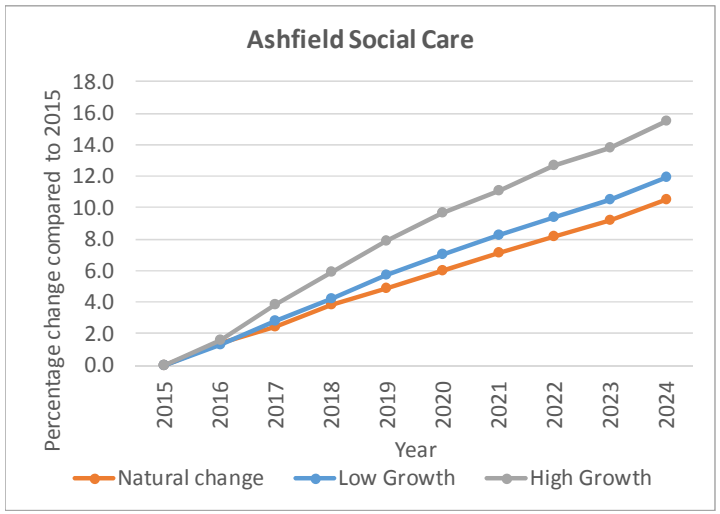
David Gilding
Public Health Intelligence Team, Nottinghamshire County Council
david.gilding@nottscc.gov.uk
April 2016

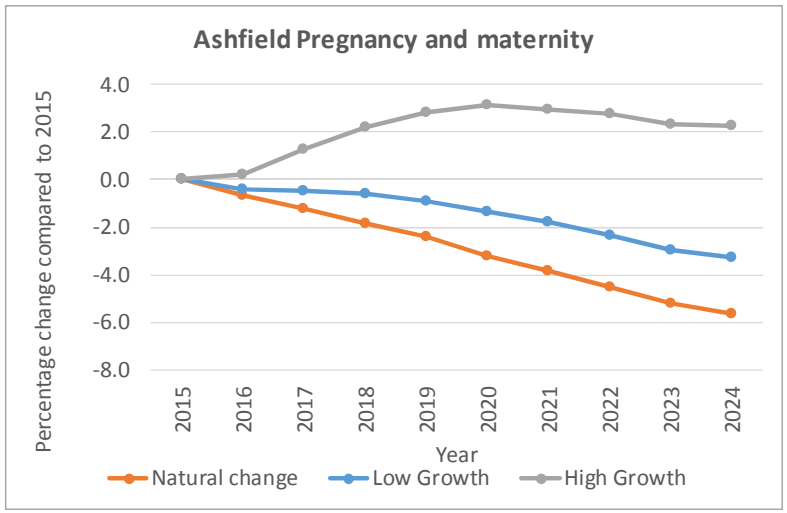
Ashfield District

Projected percentage change in need compared to index year of 2015









Ashfield District
Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Mental health	*0.00*	*0.37*	*0.71*	*1.06*	*1.38*	*1.70*	*2.02*	*2.30*	*2.58*	*2.84*
Planned and unplanned care	*0.00*	*0.39*	*0.72*	*1.11*	*1.48*	*1.87*	*2.27*	*2.65*	*3.02*	*3.51*
Social Care	*0.00*	*1.37*	*2.45*	*3.78*	*4.81*	*5.96*	*7.13*	*8.17*	*9.20*	*10.54*
Pregnancy and maternity	*0.00*	*-0.67*	*-1.19*	*-1.86*	*-2.42*	*-3.18*	*-3.85*	*-4.50*	*-5.20*	*-5.63*

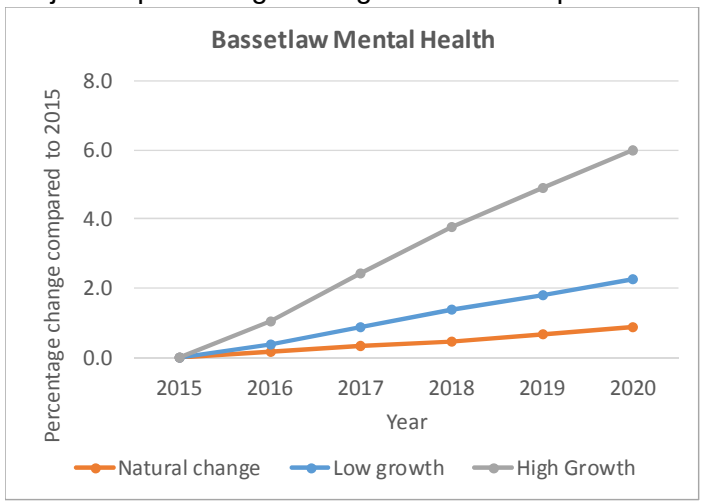
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Mental health	*0.00*	*0.51*	*1.30*	*2.07*	*2.77*	*3.36*	*3.85*	*4.27*	*4.64*	*5.00*
Planned and unplanned care	*0.00*	*0.52*	*1.31*	*2.09*	*2.85*	*3.51*	*4.04*	*4.54*	*5.00*	*5.60*
Social Care	*0.00*	*1.25*	*2.78*	*4.22*	*5.74*	*7.04*	*8.20*	*9.37*	*10.46*	*11.95*
Pregnancy and maternity	*0.00*	*-0.40*	*-0.45*	*-0.58*	*-0.88*	*-1.37*	*-1.77*	*-2.33*	*-2.95*	*-3.28*

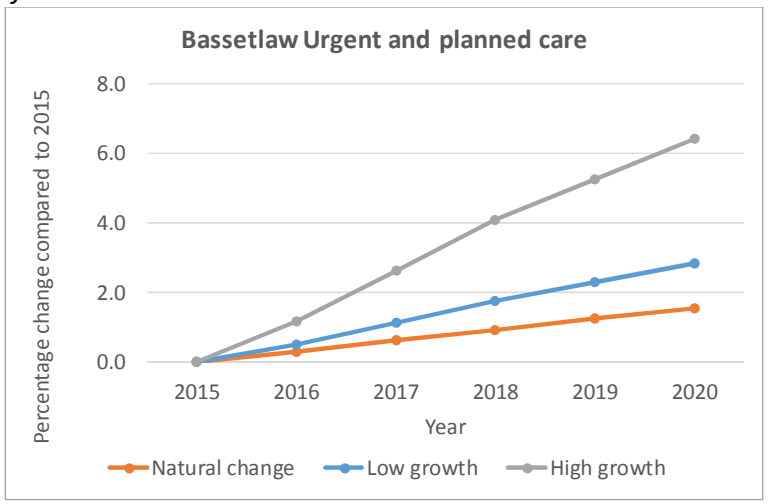
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Mental health	*0.00*	*0.96*	*2.75*	*4.55*	*6.02*	*7.27*	*8.14*	*8.94*	*9.53*	*10.09*
Planned and unplanned care	*0.00*	*0.95*	*2.70*	*4.46*	*5.97*	*7.25*	*8.15*	*8.99*	*9.64*	*10.42*
Social Care	*0.00*	*1.58*	*3.83*	*5.91*	*7.83*	*9.66*	*11.05*	*12.62*	*13.82*	*15.52*
Pregnancy and maternity	*0.00*	*0.20*	*1.26*	*2.21*	*2.86*	*3.14*	*2.99*	*2.77*	*2.36*	*2.28*

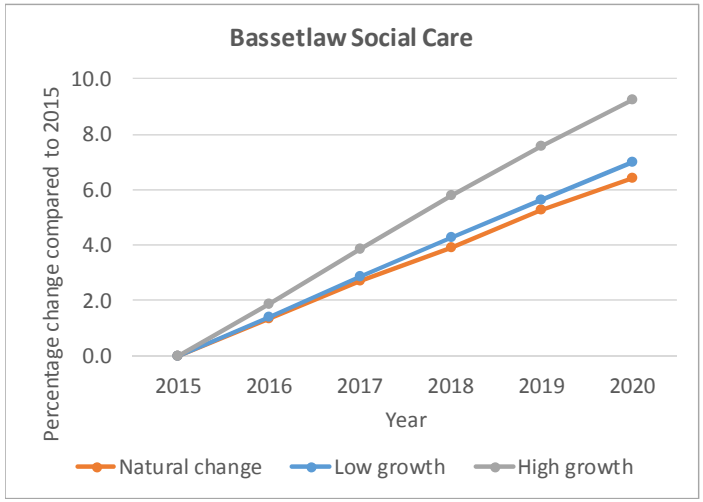
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

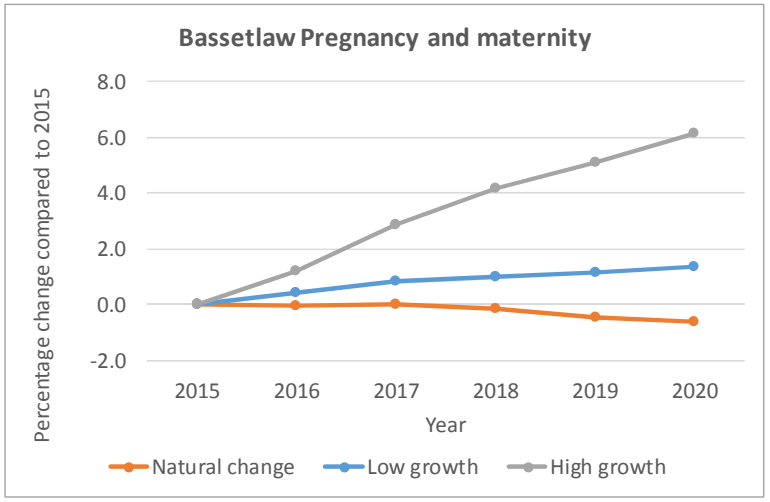
Bassetlaw District and Bassetlaw CCG

Projected percentage change in need compared to index year of 2015









Bassetlaw District and Bassetlaw CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Mental health	*0.00*	*0.15*	*0.33*	*0.47*	*0.68*	*0.88*
Planned and unplanned care	*0.00*	*0.32*	*0.62*	*0.92*	*1.26*	*1.55*
Social Care	*0.00*	*1.34*	*2.68*	*3.90*	*5.24*	*6.43*
Pregnancy and maternity	*0.00*	*-0.03*	*0.01*	*-0.16*	*-0.45*	*-0.63*

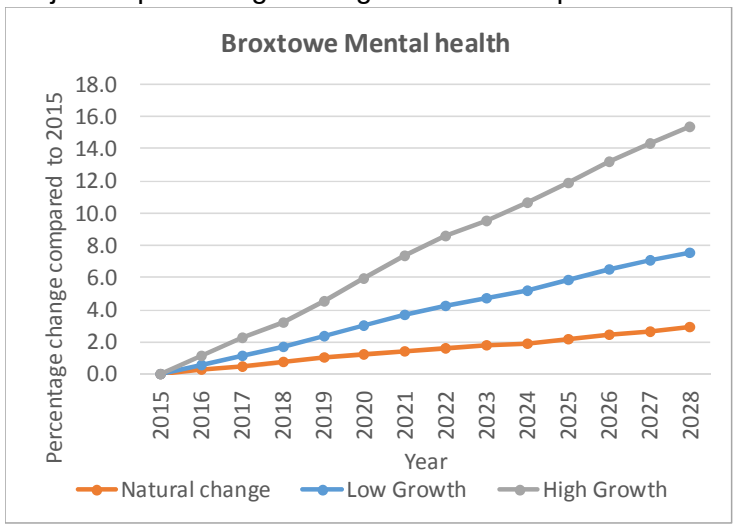
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Mental health	*0.00*	*0.38*	*0.88*	*1.36*	*1.82*	*2.27*
Planned and unplanned care	*0.00*	*0.52*	*1.14*	*1.75*	*2.29*	*2.83*
Social Care	*0.00*	*1.37*	*2.83*	*4.26*	*5.64*	*6.99*
Pregnancy and maternity	*0.00*	*0.43*	*0.87*	*1.01*	*1.17*	*1.36*

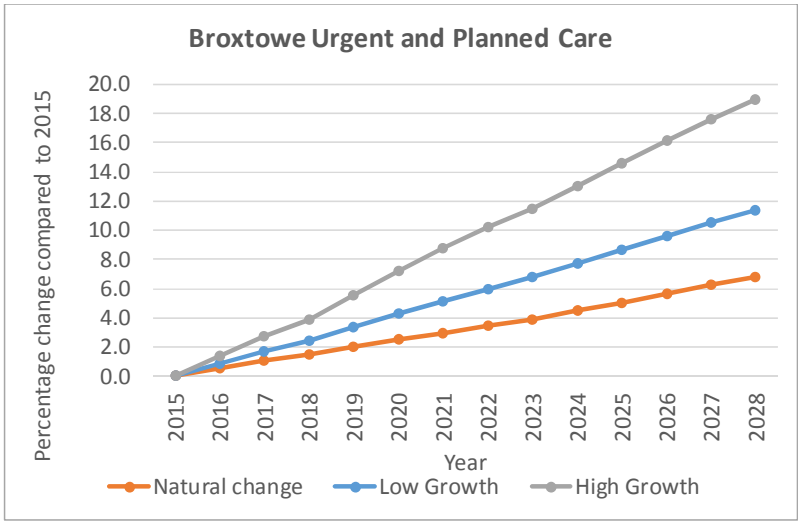
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Mental health	*0.00*	*1.05*	*2.42*	*3.77*	*4.90*	*5.99*
Planned and unplanned care	*0.00*	*1.16*	*2.64*	*4.09*	*5.27*	*6.41*
Social Care	*0.00*	*1.86*	*3.83*	*5.77*	*7.58*	*9.26*
Pregnancy and maternity	*0.00*	*1.19*	*2.85*	*4.16*	*5.09*	*6.12*

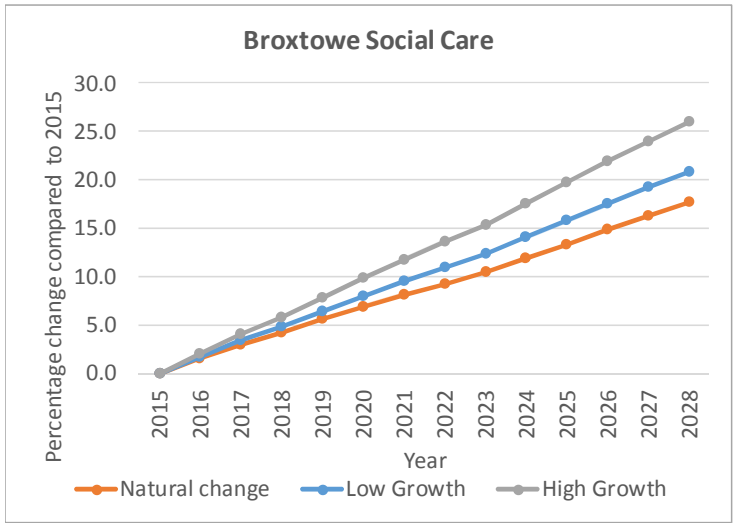
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

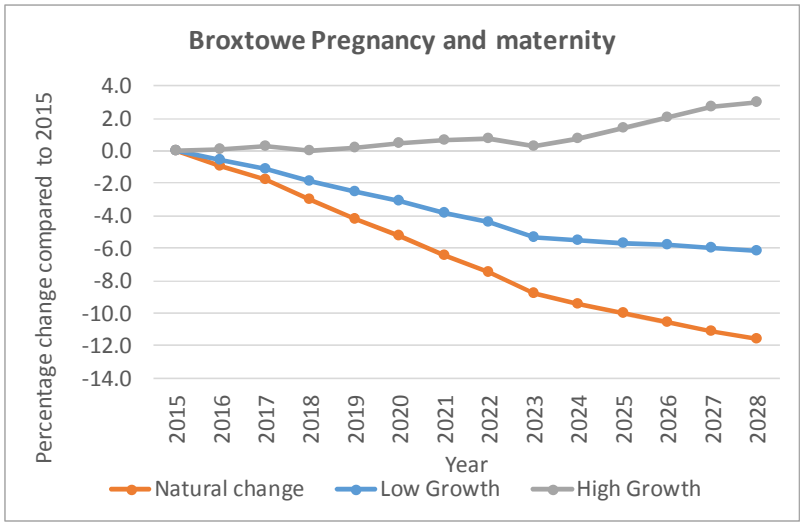
Broxtowe Borough and Nottingham West CCG

Projected percentage change in need compared to index year of 2015









Broxtowe Borough and Nottingham West CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.27*	*0.52*	*0.76*	*1.00*	*1.22*	*1.42*	*1.60*	*1.78*	*1.93*	*2.17*	*2.41*	*2.65*	*2.88*
Planned and unplanned care	*0.00*	*0.52*	*1.02*	*1.52*	*2.03*	*2.50*	*2.98*	*3.42*	*3.92*	*4.49*	*5.07*	*5.67*	*6.25*	*6.82*
Social Care	*0.00*	*1.47*	*2.85*	*4.20*	*5.59*	*6.82*	*8.09*	*9.18*	*10.46*	*11.87*	*13.30*	*14.83*	*16.28*	*17.69*
Pregnancy and maternity	*0.00*	*-0.96*	*-1.80*	*-2.96*	*-4.17*	*-5.22*	*-6.45*	*-7.48*	*-8.78*	*-9.43*	*-10.00*	*-10.52*	*-11.10*	*-11.62*

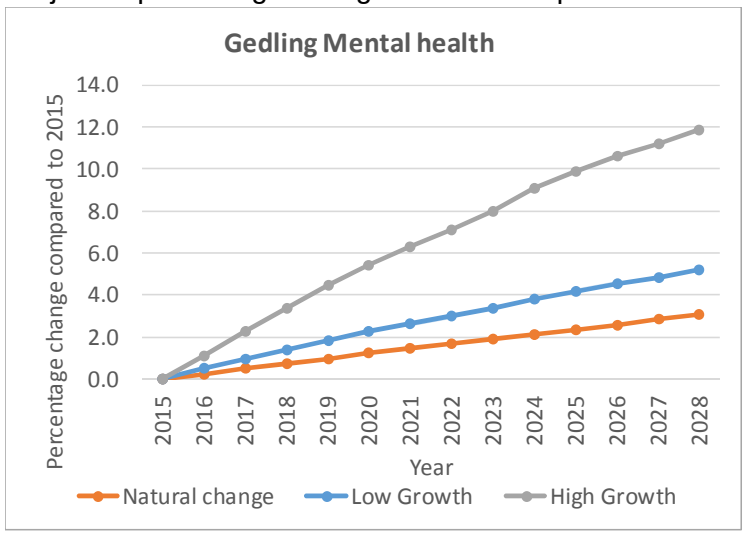
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.58*	*1.17*	*1.67*	*2.32*	*3.00*	*3.63*	*4.22*	*4.67*	*5.20*	*5.82*	*6.46*	*7.05*	*7.56*
Planned and unplanned care	*0.00*	*0.82*	*1.66*	*2.40*	*3.31*	*4.24*	*5.12*	*5.97*	*6.73*	*7.67*	*8.63*	*9.59*	*10.50*	*11.33*
Social Care	*0.00*	*1.63*	*3.32*	*4.74*	*6.33*	*7.94*	*9.43*	*10.85*	*12.29*	*13.98*	*15.74*	*17.49*	*19.17*	*20.74*
Pregnancy and maternity	*0.00*	*-0.55*	*-1.11*	*-1.84*	*-2.52*	*-3.06*	*-3.83*	*-4.40*	*-5.35*	*-5.55*	*-5.73*	*-5.75*	*-5.95*	*-6.14*

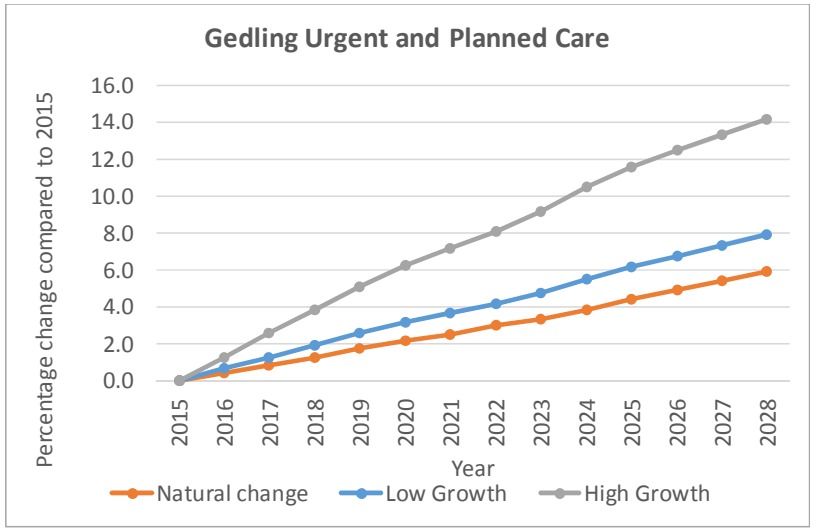
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.11*	*2.24*	*3.20*	*4.56*	*5.97*	*7.30*	*8.58*	*9.48*	*10.64*	*11.91*	*13.17*	*14.36*	*15.36*
Planned and unplanned care	*0.00*	*1.35*	*2.70*	*3.88*	*5.51*	*7.15*	*8.72*	*10.22*	*11.43*	*12.97*	*14.54*	*16.10*	*17.59*	*18.89*
Social Care	*0.00*	*2.01*	*3.97*	*5.68*	*7.80*	*9.81*	*11.75*	*13.60*	*15.33*	*17.45*	*19.67*	*21.83*	*24.01*	*25.96*
Pregnancy and maternity	*0.00*	*0.07*	*0.32*	*0.03*	*0.16*	*0.51*	*0.66*	*0.78*	*0.33*	*0.79*	*1.44*	*2.09*	*2.68*	*3.00*

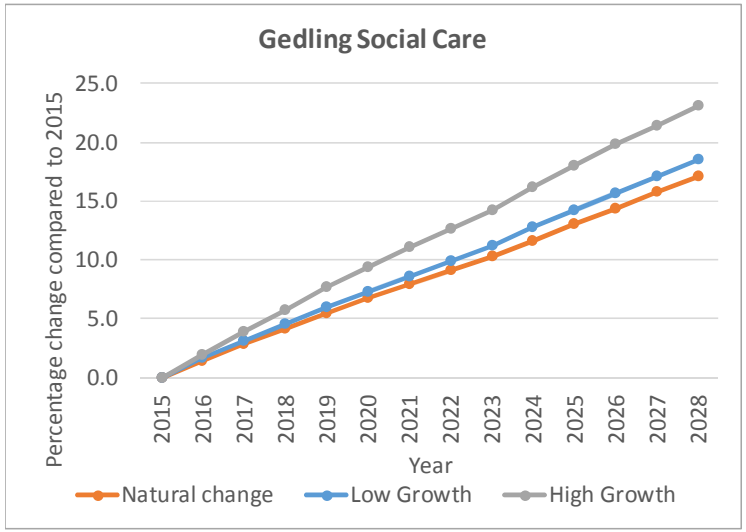
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

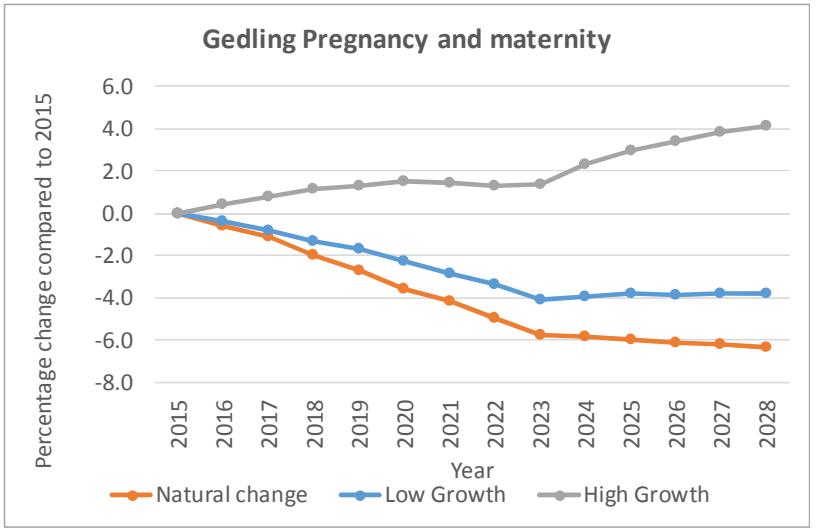
Gedling Borough

Projected percentage change in need compared to index year of 2015









Gedling Borough

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.25*	*0.49*	*0.71*	*0.98*	*1.21*	*1.43*	*1.69*	*1.89*	*2.09*	*2.33*	*2.58*	*2.84*	*3.06*
Planned and unplanned care	*0.00*	*0.43*	*0.88*	*1.31*	*1.75*	*2.17*	*2.55*	*2.98*	*3.38*	*3.88*	*4.40*	*4.92*	*5.45*	*5.95*
Social Care	*0.00*	*1.39*	*2.81*	*4.10*	*5.48*	*6.74*	*7.85*	*9.14*	*10.30*	*11.60*	*13.00*	*14.38*	*15.77*	*17.06*
Pregnancy and maternity	*0.00*	*-0.62*	*-1.12*	*-1.96*	*-2.73*	*-3.55*	*-4.17*	*-4.94*	*-5.77*	*-5.82*	*-5.96*	*-6.16*	*-6.17*	*-6.32*

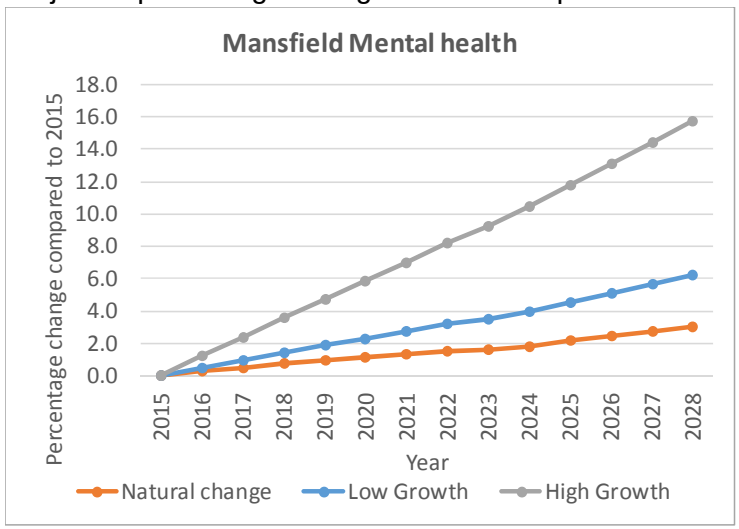
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.48*	*0.92*	*1.37*	*1.82*	*2.24*	*2.61*	*2.98*	*3.37*	*3.80*	*4.19*	*4.54*	*4.87*	*5.18*
Planned and unplanned care	*0.00*	*0.67*	*1.30*	*1.95*	*2.57*	*3.16*	*3.69*	*4.22*	*4.80*	*5.52*	*6.16*	*6.79*	*7.37*	*7.95*
Social Care	*0.00*	*1.61*	*3.09*	*4.53*	*5.93*	*7.31*	*8.59*	*9.87*	*11.21*	*12.74*	*14.19*	*15.67*	*17.08*	*18.44*
Pregnancy and maternity	*0.00*	*-0.41*	*-0.80*	*-1.30*	*-1.72*	*-2.28*	*-2.86*	*-3.38*	*-4.08*	*-3.93*	*-3.81*	*-3.85*	*-3.83*	*-3.79*

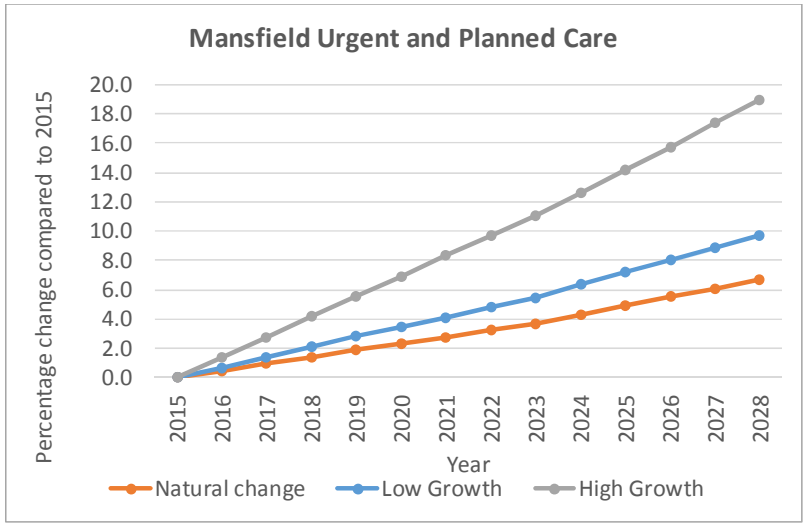
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.12*	*2.25*	*3.35*	*4.49*	*5.46*	*6.30*	*7.10*	*8.02*	*9.07*	*9.92*	*10.64*	*11.21*	*11.84*
Planned and unplanned care	*0.00*	*1.30*	*2.57*	*3.86*	*5.13*	*6.23*	*7.20*	*8.13*	*9.20*	*10.49*	*11.59*	*12.52*	*13.32*	*14.19*
Social Care	*0.00*	*1.93*	*3.92*	*5.73*	*7.63*	*9.36*	*11.02*	*12.63*	*14.23*	*16.15*	*18.04*	*19.78*	*21.34*	*23.10*
Pregnancy and maternity	*0.00*	*0.41*	*0.77*	*1.12*	*1.31*	*1.53*	*1.45*	*1.30*	*1.35*	*2.32*	*2.94*	*3.38*	*3.87*	*4.16*

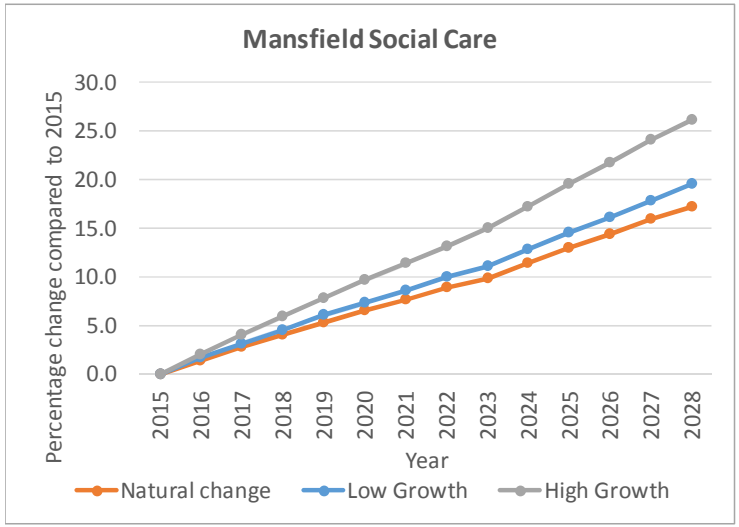
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

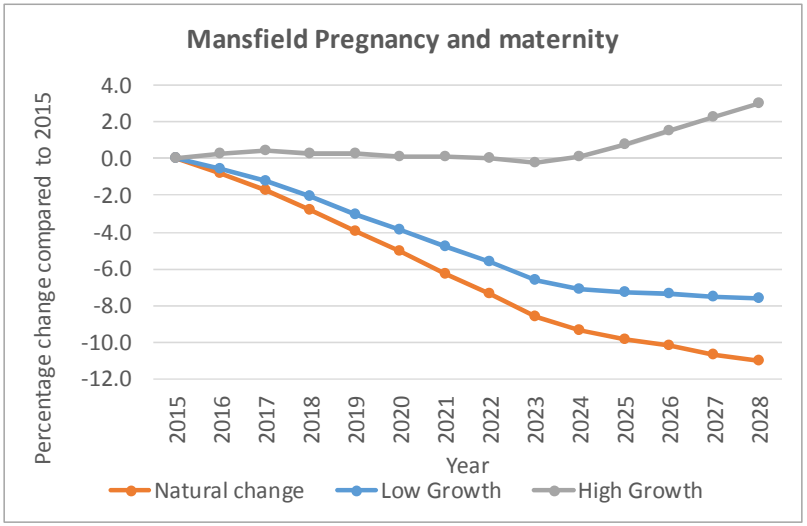
Mansfield District

Projected percentage change in need compared to index year of 2015









Mansfield District

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.25*	*0.51*	*0.73*	*0.94*	*1.13*	*1.32*	*1.51*	*1.64*	*1.81*	*2.15*	*2.45*	*2.76*	*3.05*
Planned and unplanned care	*0.00*	*0.47*	*0.94*	*1.39*	*1.86*	*2.32*	*2.76*	*3.21*	*3.64*	*4.26*	*4.90*	*5.49*	*6.10*	*6.68*
Social Care	*0.00*	*1.41*	*2.79*	*4.08*	*5.31*	*6.51*	*7.65*	*8.80*	*9.82*	*11.34*	*12.97*	*14.37*	*15.87*	*17.26*
Pregnancy and maternity	*0.00*	*-0.83*	*-1.67*	*-2.83*	*-3.99*	*-5.05*	*-6.28*	*-7.38*	*-8.59*	*-9.34*	*-9.85*	*-10.20*	*-10.66*	*-11.05*

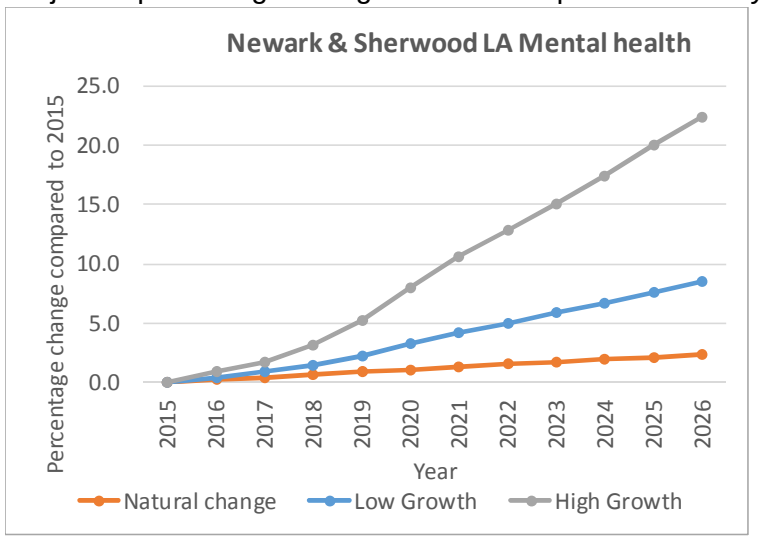
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.50*	*0.97*	*1.43*	*1.88*	*2.30*	*2.74*	*3.16*	*3.53*	*3.95*	*4.50*	*5.06*	*5.62*	*6.18*
Planned and unplanned care	*0.00*	*0.70*	*1.38*	*2.07*	*2.79*	*3.46*	*4.13*	*4.80*	*5.47*	*6.32*	*7.17*	*8.00*	*8.86*	*9.69*
Social Care	*0.00*	*1.58*	*3.08*	*4.52*	*6.02*	*7.30*	*8.61*	*9.89*	*11.12*	*12.79*	*14.50*	*16.13*	*17.89*	*19.51*
Pregnancy and maternity	*0.00*	*-0.56*	*-1.21*	*-2.05*	*-3.03*	*-3.87*	*-4.79*	*-5.66*	*-6.58*	*-7.08*	*-7.24*	*-7.37*	*-7.55*	*-7.60*

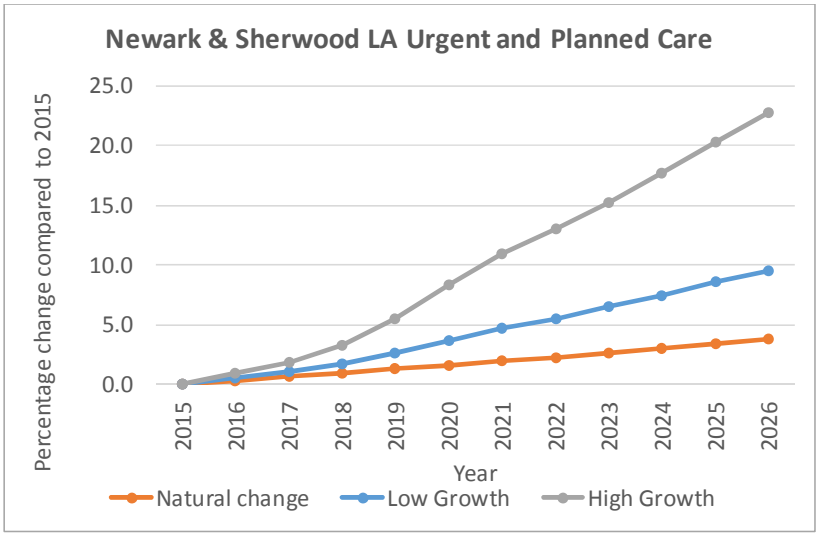
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.19*	*2.36*	*3.54*	*4.70*	*5.86*	*7.01*	*8.15*	*9.27*	*10.44*	*11.76*	*13.08*	*14.41*	*15.71*
Planned and unplanned care	*0.00*	*1.38*	*2.77*	*4.16*	*5.55*	*6.93*	*8.30*	*9.67*	*11.05*	*12.64*	*14.20*	*15.76*	*17.35*	*18.89*
Social Care	*0.00*	*1.99*	*3.95*	*5.88*	*7.76*	*9.61*	*11.40*	*13.14*	*14.93*	*17.21*	*19.47*	*21.71*	*24.04*	*26.19*
Pregnancy and maternity	*0.00*	*0.28*	*0.46*	*0.31*	*0.26*	*0.14*	*0.08*	*0.00*	*-0.19*	*0.14*	*0.75*	*1.55*	*2.30*	*3.07*

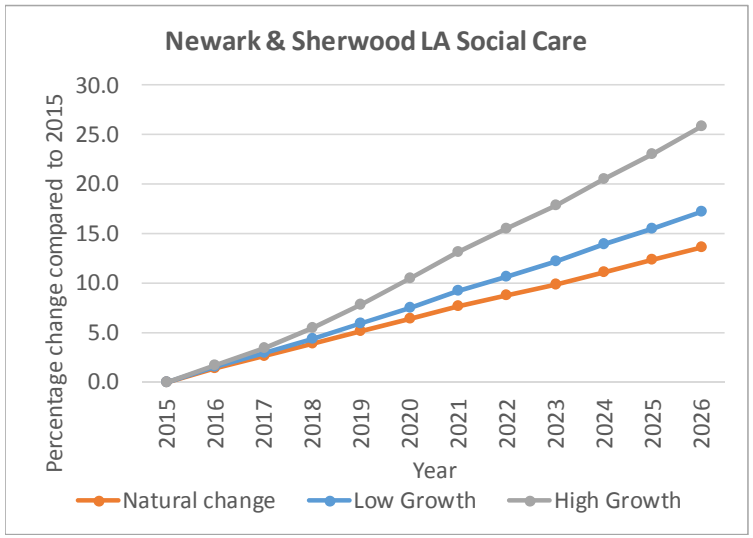
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

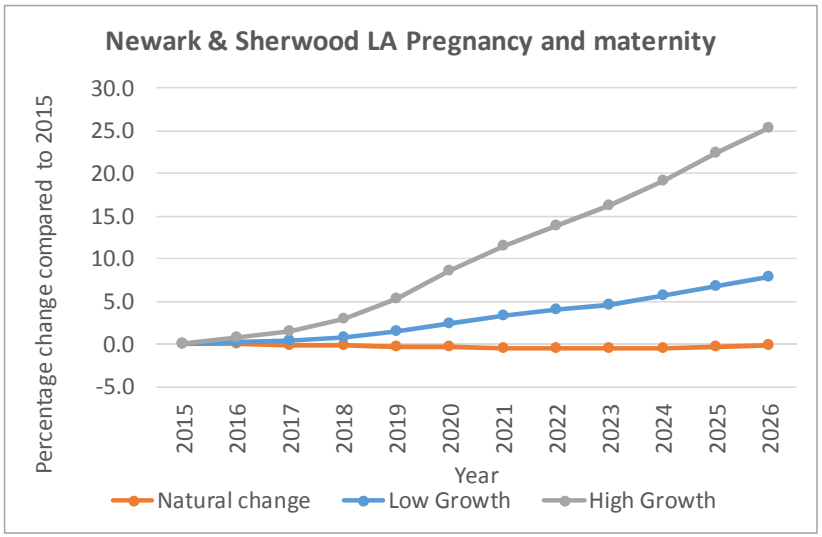
Newark & Sherwood District

Projected percentage change in need compared to index year of 2015









Newark & Sherwood District

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**
Mental health	*0.00*	*0.22*	*0.44*	*0.64*	*0.87*	*1.10*	*1.33*	*1.54*	*1.74*	*1.93*	*2.13*	*2.33*
Planned and unplanned care	*0.00*	*0.32*	*0.65*	*0.97*	*1.29*	*1.63*	*1.95*	*2.26*	*2.57*	*2.97*	*3.36*	*3.75*
Social Care	*0.00*	*1.31*	*2.67*	*3.92*	*5.12*	*6.35*	*7.55*	*8.68*	*9.80*	*11.08*	*12.31*	*13.54*
Pregnancy and maternity	*0.00*	*0.02*	*-0.14*	*-0.12*	*-0.27*	*-0.29*	*-0.43*	*-0.45*	*-0.49*	*-0.44*	*-0.23*	*-0.05*

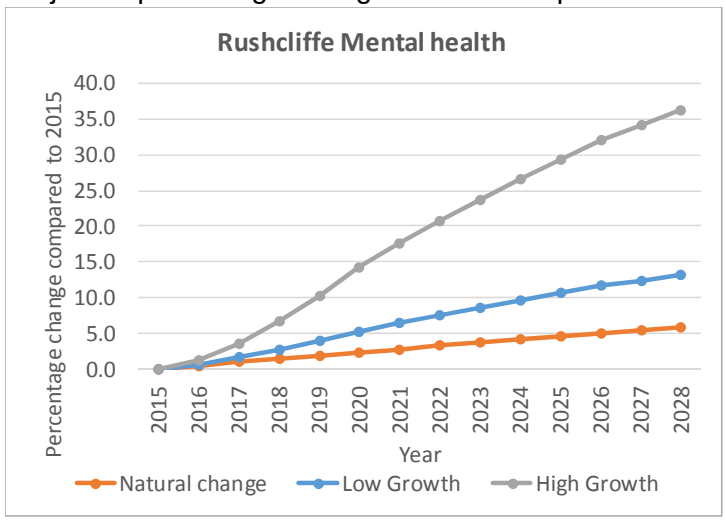
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**
Mental health	*0.00*	*0.44*	*0.87*	*1.39*	*2.23*	*3.22*	*4.21*	*5.02*	*5.84*	*6.69*	*7.63*	*8.49*
Planned and unplanned care	*0.00*	*0.52*	*1.04*	*1.69*	*2.58*	*3.64*	*4.69*	*5.56*	*6.47*	*7.49*	*8.56*	*9.58*
Social Care	*0.00*	*1.49*	*2.96*	*4.33*	*5.90*	*7.51*	*9.19*	*10.64*	*12.21*	*13.86*	*15.54*	*17.20*
Pregnancy and maternity	*0.00*	*0.18*	*0.36*	*0.82*	*1.51*	*2.46*	*3.30*	*4.02*	*4.68*	*5.63*	*6.82*	*7.79*

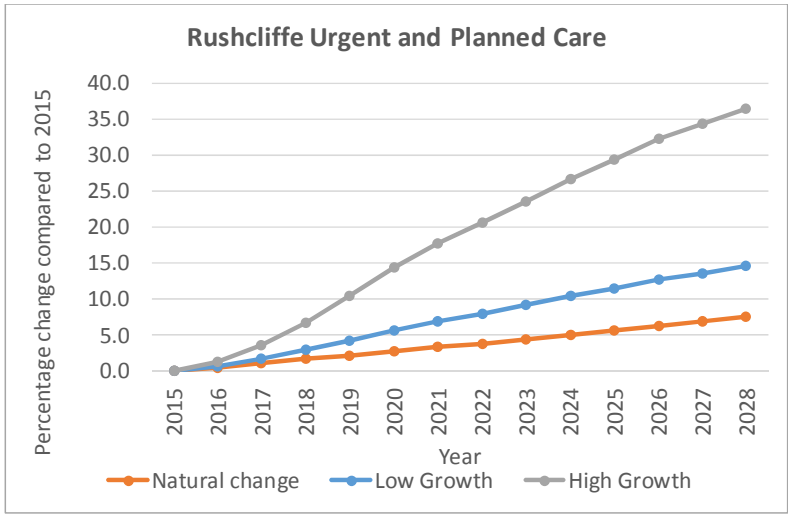
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**
Mental health	*0.00*	*0.87*	*1.74*	*3.12*	*5.27*	*8.04*	*10.65*	*12.84*	*15.06*	*17.40*	*19.94*	*22.34*
Planned and unplanned care	*0.00*	*0.95*	*1.88*	*3.34*	*5.51*	*8.29*	*10.90*	*13.05*	*15.29*	*17.73*	*20.30*	*22.75*
Social Care	*0.00*	*1.71*	*3.38*	*5.44*	*7.71*	*10.48*	*13.11*	*15.41*	*17.87*	*20.47*	*23.06*	*25.75*
Pregnancy and maternity	*0.00*	*0.83*	*1.59*	*2.92*	*5.35*	*8.55*	*11.46*	*13.85*	*16.26*	*19.11*	*22.48*	*25.41*

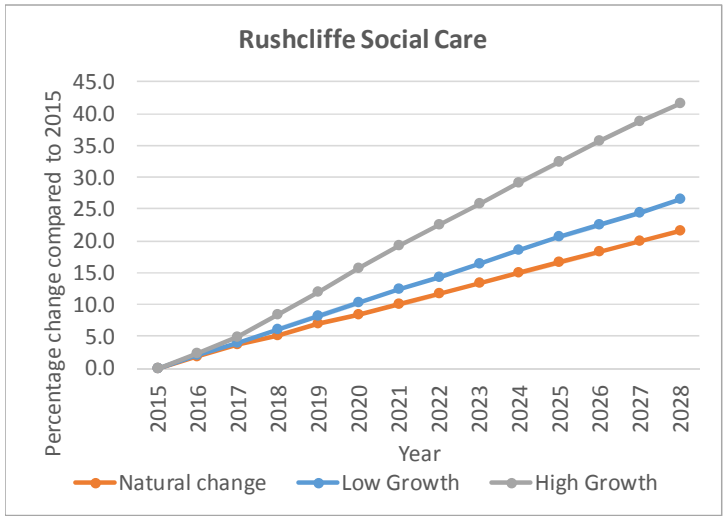
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

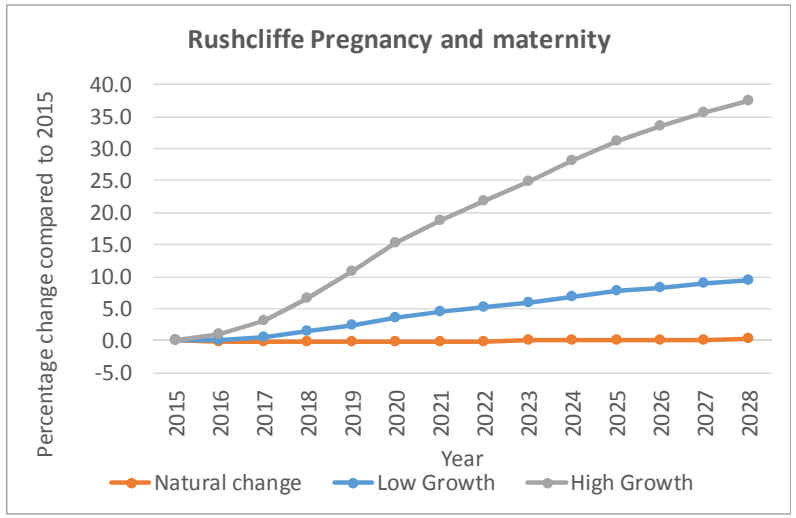
Rushcliffe Borough and Rushcliffe CCG

Projected percentage change in need compared to index year of 2015









Rushcliffe Borough and Rushcliffe CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.51*	*1.00*	*1.45*	*1.91*	*2.37*	*2.82*	*3.26*	*3.71*	*4.15*	*4.56*	*4.96*	*5.39*	*5.78*
Planned and unplanned care	*0.00*	*0.55*	*1.10*	*1.68*	*2.23*	*2.79*	*3.34*	*3.88*	*4.42*	*5.04*	*5.67*	*6.28*	*6.92*	*7.51*
Social Care	*0.00*	*1.78*	*3.57*	*5.19*	*6.84*	*8.48*	*10.11*	*11.66*	*13.22*	*14.88*	*16.59*	*18.20*	*19.93*	*21.46*
Pregnancy and maternity	*0.00*	*-0.10*	*-0.16*	*-0.13*	*-0.16*	*-0.06*	*-0.10*	*-0.06*	*0.01*	*0.10*	*0.10*	*0.13*	*0.13*	*0.22*

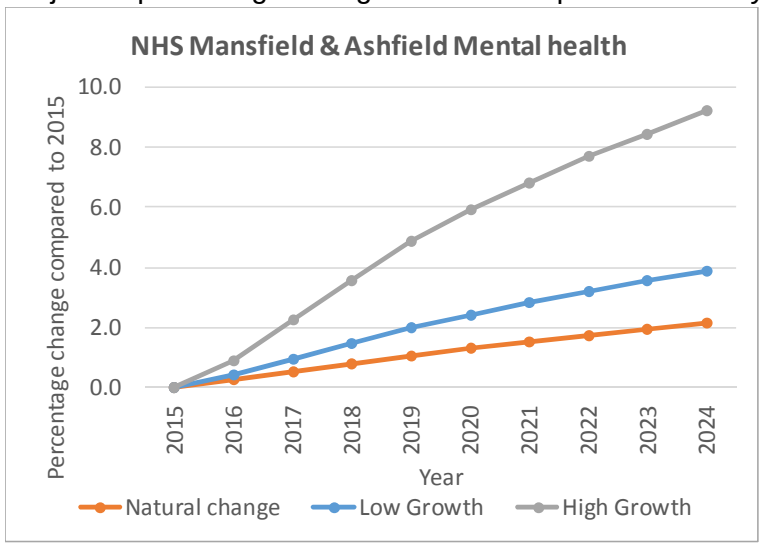
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.71*	*1.61*	*2.74*	*3.99*	*5.31*	*6.48*	*7.53*	*8.62*	*9.67*	*10.67*	*11.63*	*12.44*	*13.23*
Planned and unplanned care	*0.00*	*0.77*	*1.69*	*2.94*	*4.26*	*5.66*	*6.89*	*8.01*	*9.15*	*10.36*	*11.52*	*12.66*	*13.62*	*14.62*
Social Care	*0.00*	*1.97*	*3.88*	*5.99*	*8.11*	*10.36*	*12.40*	*14.32*	*16.35*	*18.49*	*20.50*	*22.56*	*24.43*	*26.47*
Pregnancy and maternity	*0.00*	*0.07*	*0.58*	*1.50*	*2.55*	*3.56*	*4.55*	*5.35*	*6.05*	*6.88*	*7.77*	*8.36*	*8.97*	*9.34*

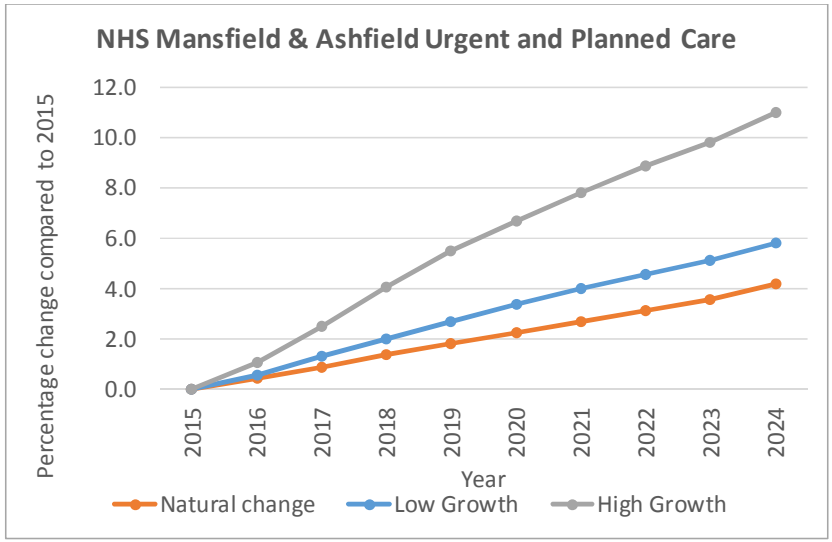
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.28*	*3.48*	*6.64*	*10.34*	*14.28*	*17.64*	*20.65*	*23.62*	*26.56*	*29.37*	*32.06*	*34.10*	*36.09*
Planned and unplanned care	*0.00*	*1.32*	*3.51*	*6.72*	*10.42*	*14.34*	*17.68*	*20.66*	*23.60*	*26.56*	*29.45*	*32.19*	*34.29*	*36.35*
Social Care	*0.00*	*2.19*	*4.94*	*8.28*	*11.88*	*15.72*	*19.16*	*22.54*	*25.77*	*29.14*	*32.42*	*35.76*	*38.63*	*41.63*
Pregnancy and maternity	*0.00*	*0.94*	*3.06*	*6.55*	*10.83*	*15.25*	*18.86*	*21.90*	*24.89*	*28.03*	*31.07*	*33.61*	*35.62*	*37.51*

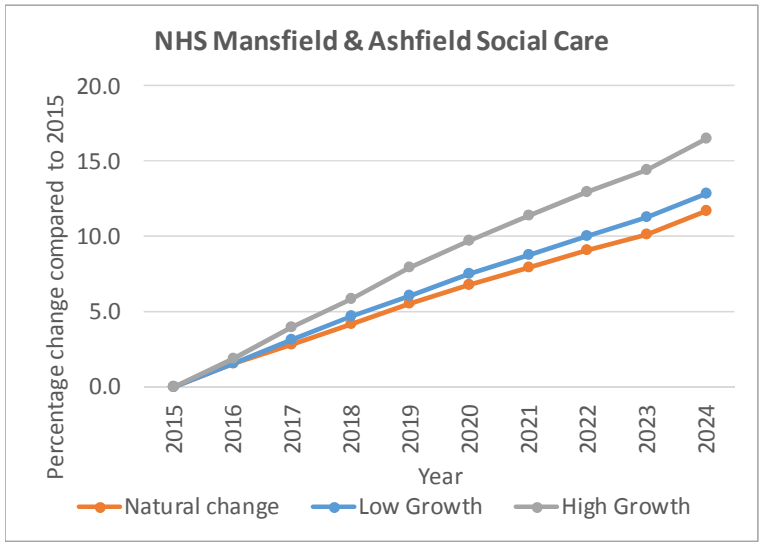
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

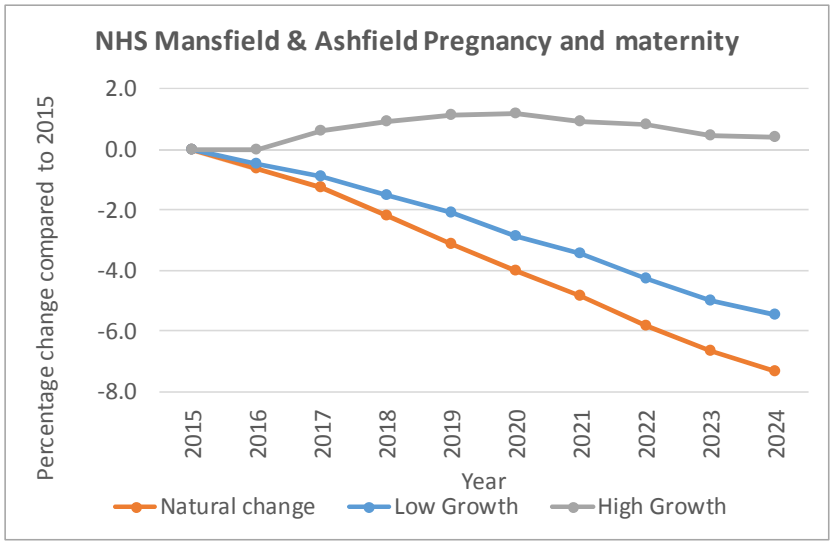
NHS Mansfield & Ashfield

Projected percentage change in need compared to index year of 2015









NHS Mansfield & Ashfield

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Mental health	*0.00*	*0.28*	*0.54*	*0.81*	*1.04*	*1.29*	*1.52*	*1.74*	*1.92*	*2.13*
Planned and unplanned care	*0.00*	*0.47*	*0.90*	*1.36*	*1.83*	*2.28*	*2.71*	*3.16*	*3.57*	*4.18*
Social Care	*0.00*	*1.49*	*2.80*	*4.16*	*5.47*	*6.71*	*7.89*	*9.08*	*10.15*	*11.69*
Pregnancy and maternity	*0.00*	*-0.63*	*-1.28*	*-2.18*	*-3.13*	*-4.01*	*-4.86*	*-5.81*	*-6.66*	*-7.32*

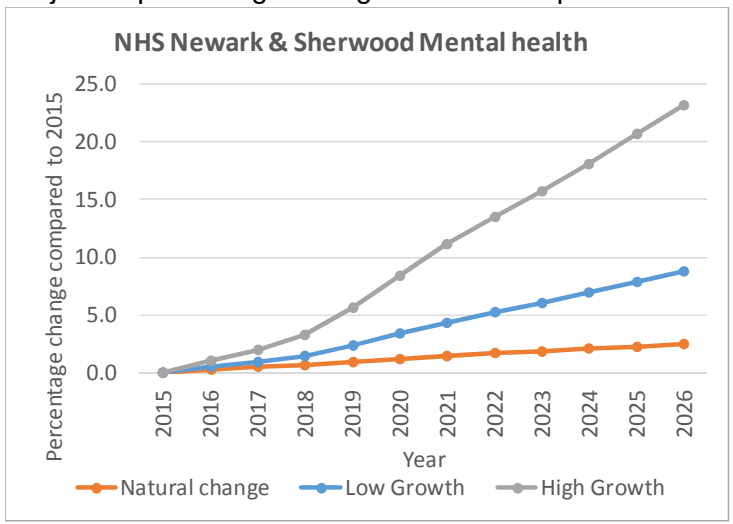
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Mental health	*0.00*	*0.43*	*0.96*	*1.49*	*1.99*	*2.42*	*2.84*	*3.22*	*3.55*	*3.89*
Planned and unplanned care	*0.00*	*0.59*	*1.30*	*2.03*	*2.72*	*3.39*	*3.98*	*4.56*	*5.13*	*5.85*
Social Care	*0.00*	*1.48*	*3.06*	*4.61*	*6.04*	*7.48*	*8.77*	*10.03*	*11.28*	*12.84*
Pregnancy and maternity	*0.00*	*-0.48*	*-0.90*	*-1.54*	*-2.09*	*-2.85*	*-3.46*	*-4.27*	*-5.00*	*-5.46*

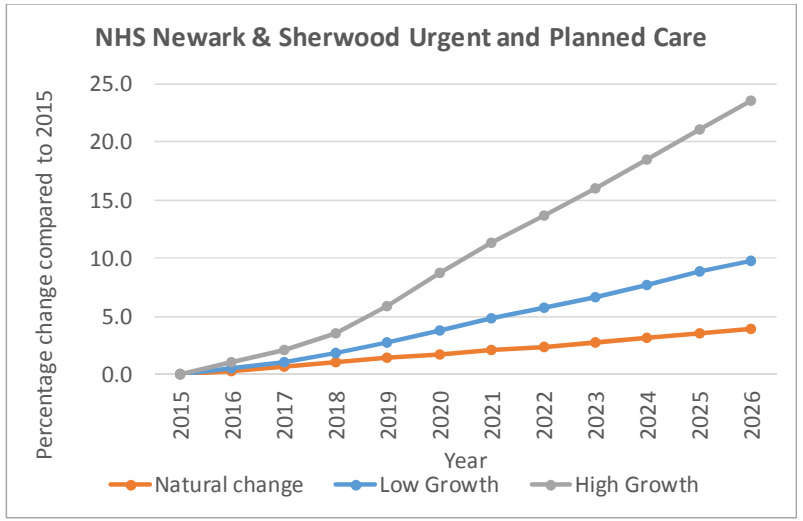
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Mental health	*0.00*	*0.89*	*2.23*	*3.57*	*4.85*	*5.89*	*6.82*	*7.67*	*8.42*	*9.21*
Planned and unplanned care	*0.00*	*1.06*	*2.54*	*4.04*	*5.50*	*6.71*	*7.83*	*8.84*	*9.82*	*10.98*
Social Care	*0.00*	*1.79*	*3.89*	*5.85*	*7.94*	*9.63*	*11.38*	*12.93*	*14.43*	*16.47*
Pregnancy and maternity	*0.00*	*-0.01*	*0.63*	*0.94*	*1.11*	*1.19*	*0.95*	*0.80*	*0.45*	*0.43*

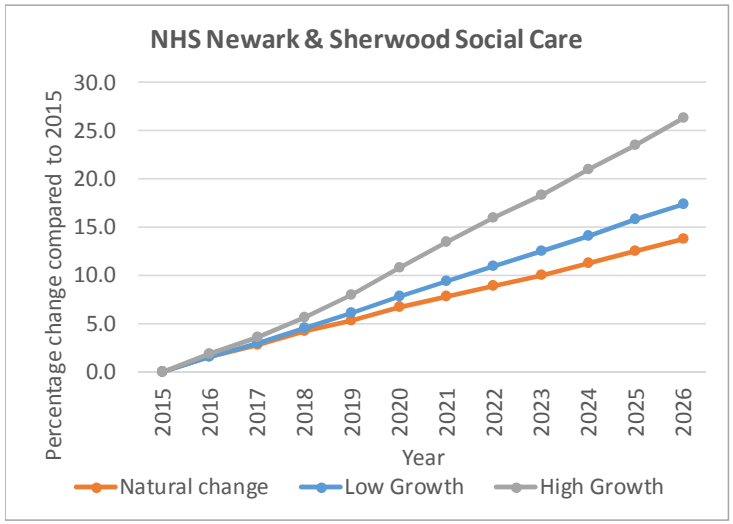
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

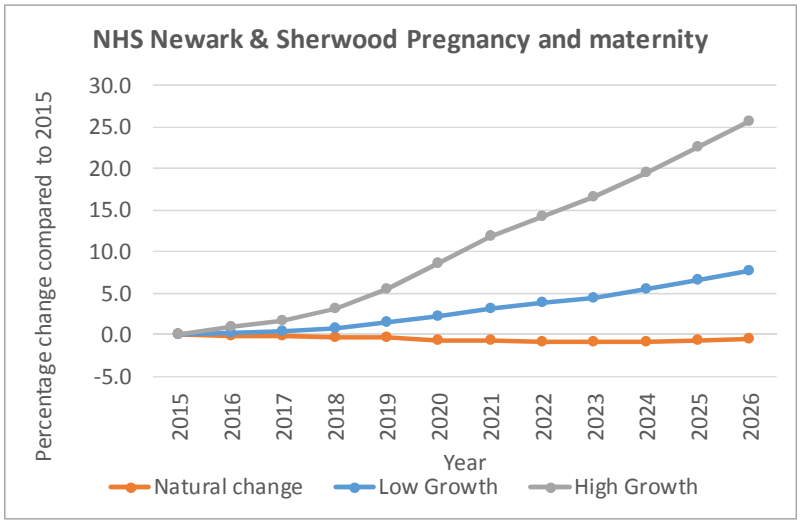
NHS Newark & Sherwood

Projected percentage change in need compared to index year of 2015









NHS Newark & Sherwood

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Mental health	*0.00*	*0.25*	*0.50*	*0.70*	*0.94*	*1.21*	*1.42*	*1.66*	*1.87*	*2.07*	*2.28*	*2.49*
Planned and unplanned care	*0.00*	*0.36*	*0.72*	*1.06*	*1.41*	*1.78*	*2.09*	*2.42*	*2.76*	*3.15*	*3.56*	*3.94*
Social Care	*0.00*	*1.42*	*2.82*	*4.09*	*5.32*	*6.63*	*7.74*	*8.88*	*10.03*	*11.25*	*12.50*	*13.67*
Pregnancy and maternity	*0.00*	*-0.09*	*-0.09*	*-0.34*	*-0.37*	*-0.59*	*-0.62*	*-0.81*	*-0.87*	*-0.78*	*-0.68*	*-0.46*

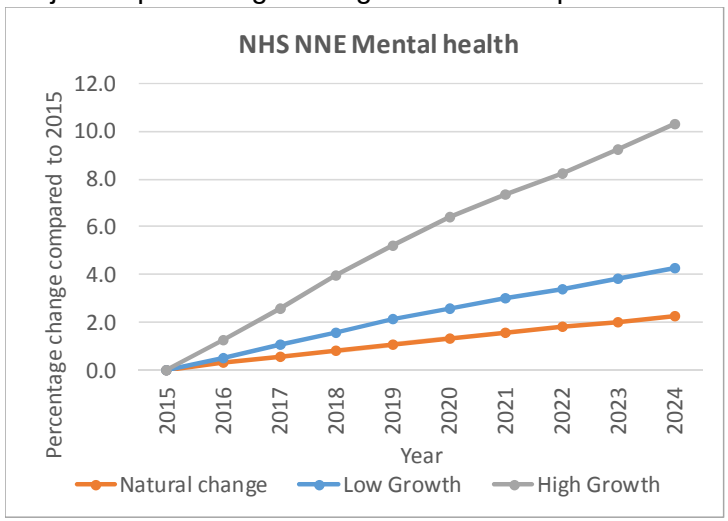
Low growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Mental health	*0.00*	*0.47*	*0.91*	*1.48*	*2.34*	*3.37*	*4.36*	*5.20*	*6.04*	*6.90*	*7.85*	*8.72*
Planned and unplanned care	*0.00*	*0.58*	*1.10*	*1.80*	*2.71*	*3.83*	*4.88*	*5.79*	*6.70*	*7.72*	*8.81*	*9.81*
Social Care	*0.00*	*1.49*	*2.91*	*4.42*	*5.99*	*7.76*	*9.37*	*10.89*	*12.41*	*14.01*	*15.72*	*17.27*
Pregnancy and maternity	*0.00*	*0.31*	*0.49*	*0.85*	*1.59*	*2.30*	*3.20*	*3.82*	*4.48*	*5.48*	*6.55*	*7.62*

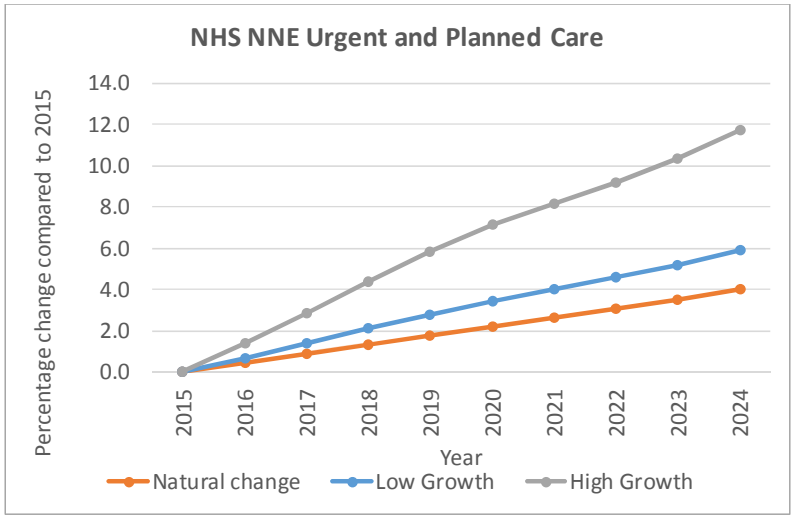
High growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Mental health	*0.00*	*1.04*	*1.94*	*3.34*	*5.57*	*8.43*	*11.15*	*13.42*	*15.70*	*18.09*	*20.71*	*23.17*
Planned and unplanned care	*0.00*	*1.13*	*2.09*	*3.58*	*5.83*	*8.70*	*11.40*	*13.67*	*15.95*	*18.43*	*21.06*	*23.56*
Social Care	*0.00*	*1.84*	*3.56*	*5.53*	*7.95*	*10.80*	*13.45*	*15.87*	*18.32*	*20.87*	*23.53*	*26.25*
Pregnancy and maternity	*0.00*	*1.02*	*1.73*	*3.14*	*5.48*	*8.69*	*11.81*	*14.18*	*16.53*	*19.46*	*22.63*	*25.66*

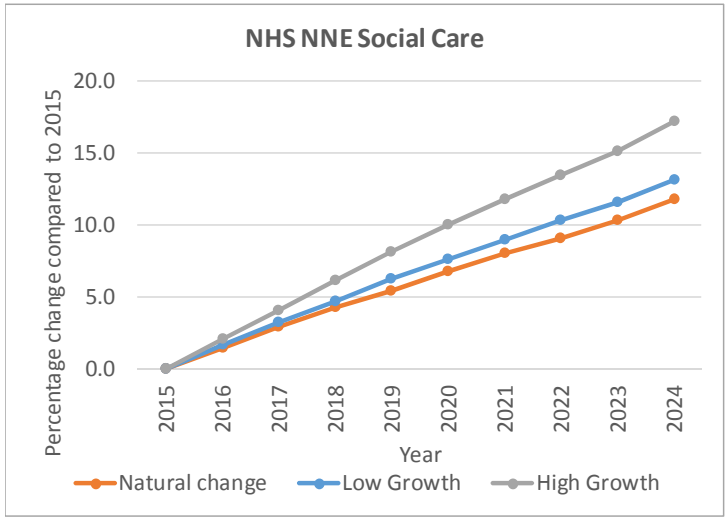
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

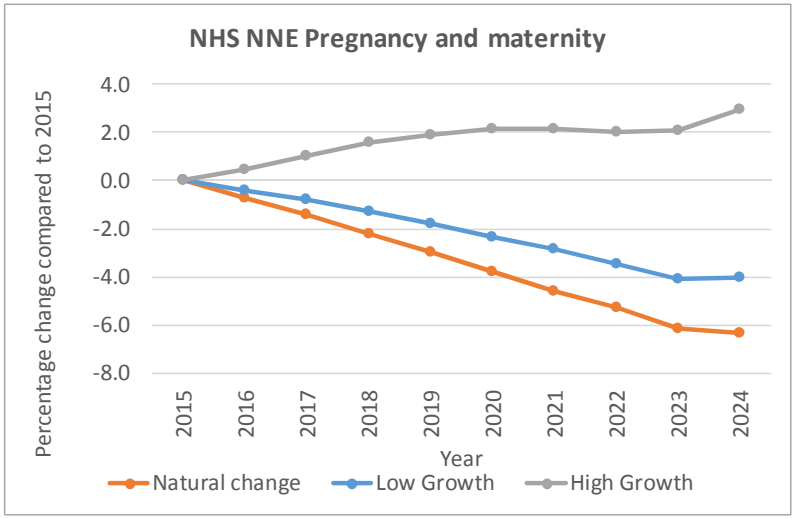
NHS Nottingham North & East

Projected percentage change in need compared to index year of 2015









NHS Nottingham North and East

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*0.29*	*0.54*	*0.81*	*1.05*	*1.33*	*1.58*	*1.79*	*2.03*	*2.25*
Planned and unplanned care	*0.00*	*0.45*	*0.90*	*1.36*	*1.77*	*2.24*	*2.66*	*3.05*	*3.48*	*4.04*
Social Care	*0.00*	*1.44*	*2.83*	*4.21*	*5.40*	*6.79*	*7.99*	*9.08*	*10.31*	*11.76*
Pregnancy and maternity	*0.00*	*-0.70*	*-1.43*	*-2.20*	*-2.96*	*-3.75*	*-4.58*	*-5.26*	*-6.15*	*-6.35*

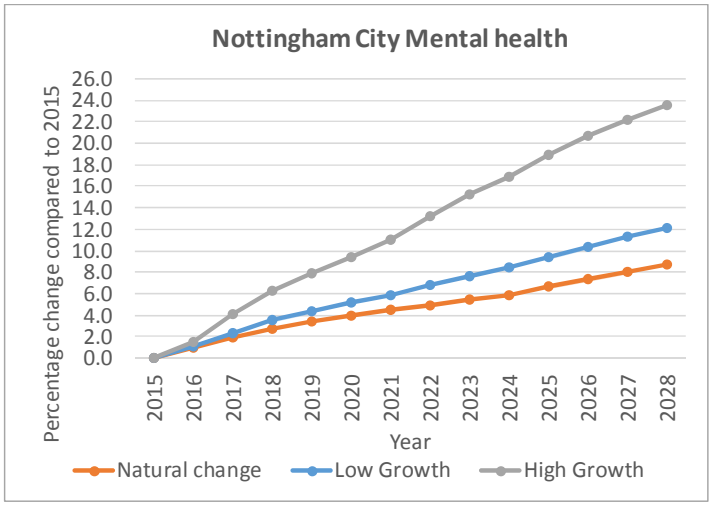
Low growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*0.52*	*1.05*	*1.57*	*2.11*	*2.57*	*3.00*	*3.41*	*3.82*	*4.24*
Planned and unplanned care	*0.00*	*0.69*	*1.39*	*2.10*	*2.79*	*3.43*	*4.03*	*4.59*	*5.19*	*5.93*
Social Care	*0.00*	*1.62*	*3.17*	*4.64*	*6.20*	*7.56*	*8.97*	*10.26*	*11.59*	*13.12*
Pregnancy and maternity	*0.00*	*-0.42*	*-0.78*	*-1.27*	*-1.78*	*-2.34*	*-2.86*	*-3.48*	*-4.08*	*-3.99*

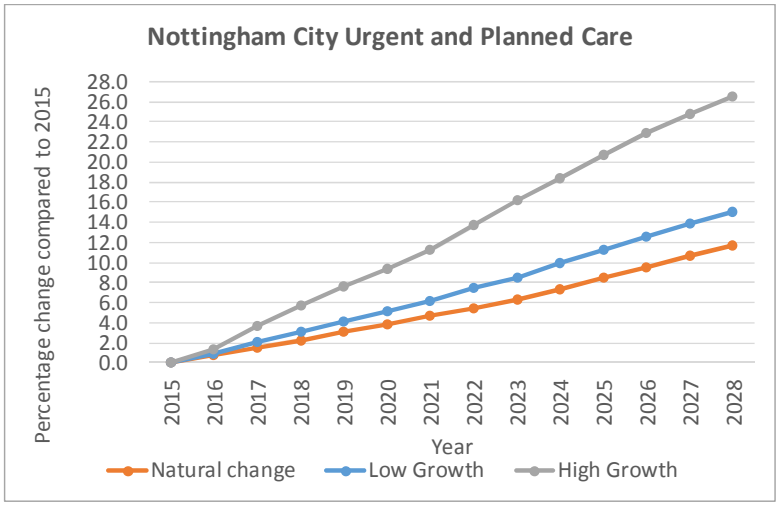
High growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*1.23*	*2.58*	*3.97*	*5.22*	*6.39*	*7.33*	*8.22*	*9.23*	*10.30*
Planned and unplanned care	*0.00*	*1.37*	*2.88*	*4.42*	*5.80*	*7.12*	*8.19*	*9.22*	*10.36*	*11.71*
Social Care	*0.00*	*2.01*	*4.06*	*6.18*	*8.11*	*10.04*	*11.74*	*13.40*	*15.13*	*17.22*
Pregnancy and maternity	*0.00*	*0.44*	*1.05*	*1.58*	*1.90*	*2.15*	*2.14*	*2.01*	*2.09*	*2.94*

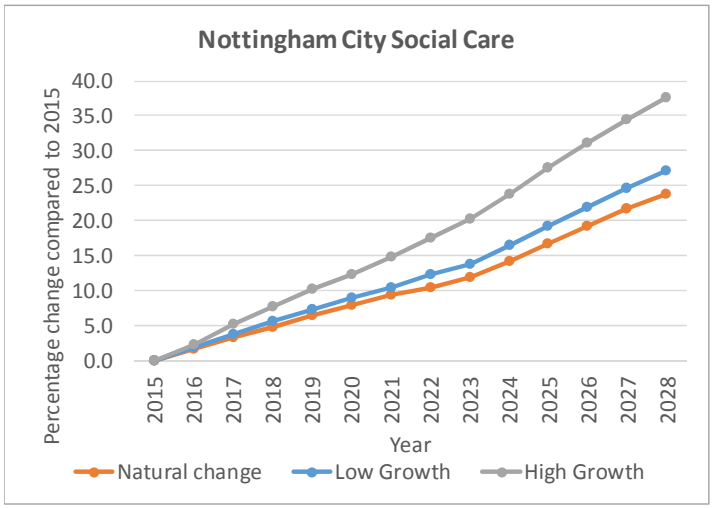
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

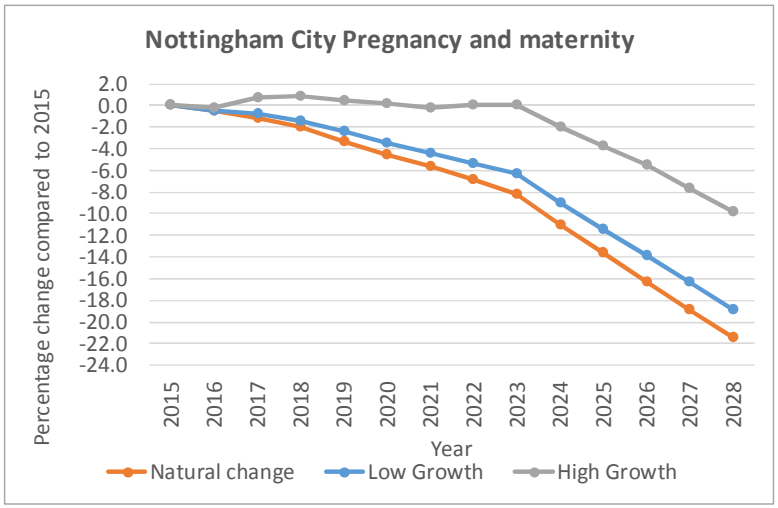
LA Nottingham City / Nottingham City CCG

Projected percentage change in need compared to index year of 2015









LA Nottingham City / Nottingham City CCG

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*0.93*	*1.89*	*2.81*	*3.38*	*3.91*	*4.46*	*4.96*	*5.42*	*5.91*	*6.62*	*7.31*	*8.00*	*8.67*
Planned and unplanned care	*0.00*	*0.75*	*1.55*	*2.27*	*3.12*	*3.91*	*4.72*	*5.49*	*6.31*	*7.38*	*8.46*	*9.54*	*10.62*	*11.65*
Social Care	*0.00*	*1.57*	*3.33*	*4.81*	*6.48*	*7.86*	*9.29*	*10.50*	*11.91*	*14.27*	*16.77*	*19.23*	*21.71*	*23.91*
Pregnancy and maternity	*0.00*	*-0.54*	*-1.15*	*-2.04*	*-3.30*	*-4.50*	*-5.68*	*-6.85*	*-8.15*	*-10.97*	*-13.59*	*-16.22*	*-18.87*	*-21.39*

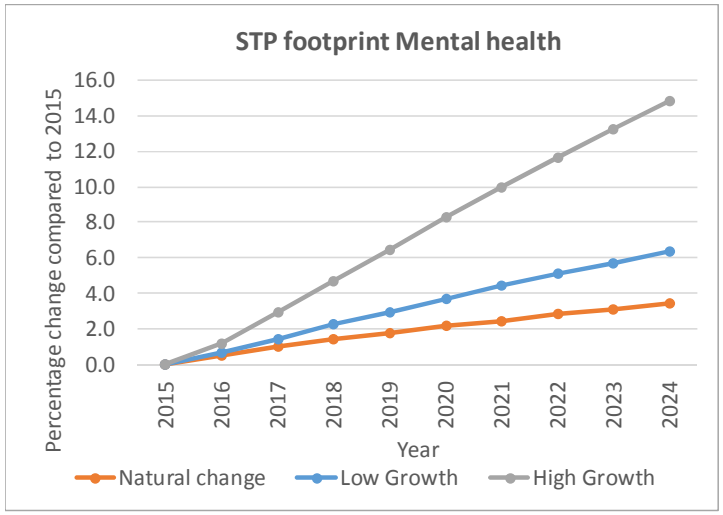
Low growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.07*	*2.39*	*3.62*	*4.40*	*5.17*	*5.93*	*6.87*	*7.66*	*8.43*	*9.40*	*10.36*	*11.24*	*12.07*
Planned and unplanned care	*0.00*	*0.91*	*2.05*	*3.08*	*4.12*	*5.17*	*6.20*	*7.41*	*8.53*	*9.89*	*11.24*	*12.57*	*13.84*	*15.07*
Social Care	*0.00*	*1.84*	*3.76*	*5.57*	*7.27*	*8.94*	*10.53*	*12.32*	*13.73*	*16.48*	*19.23*	*21.97*	*24.62*	*27.19*
Pregnancy and maternity	*0.00*	*-0.48*	*-0.73*	*-1.41*	*-2.38*	*-3.40*	*-4.42*	*-5.29*	*-6.26*	*-8.95*	*-11.38*	*-13.79*	*-16.27*	*-18.79*

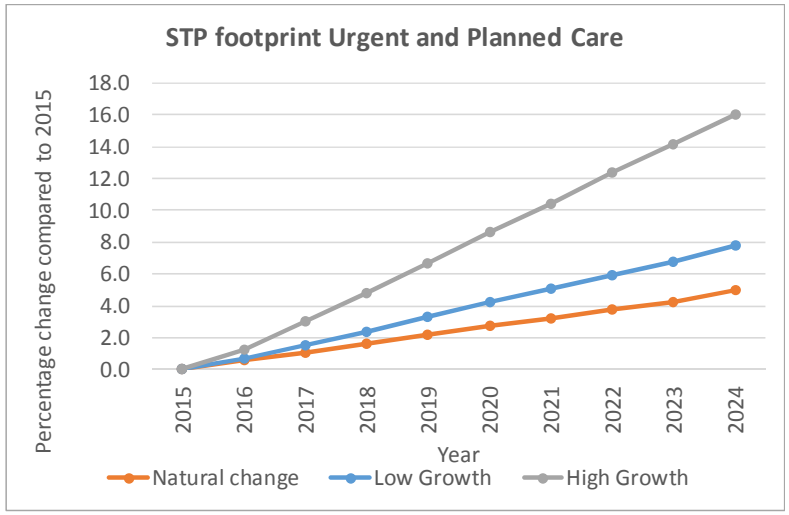
High growth	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**	**2028**
Mental health	*0.00*	*1.49*	*4.09*	*6.29*	*7.84*	*9.41*	*10.99*	*13.24*	*15.29*	*16.90*	*18.86*	*20.64*	*22.16*	*23.53*
Planned and unplanned care	*0.00*	*1.32*	*3.76*	*5.75*	*7.57*	*9.39*	*11.24*	*13.77*	*16.18*	*18.38*	*20.72*	*22.89*	*24.80*	*26.58*
Social Care	*0.00*	*2.18*	*5.19*	*7.78*	*10.16*	*12.40*	*14.81*	*17.56*	*20.30*	*23.81*	*27.56*	*31.11*	*34.43*	*37.62*
Pregnancy and maternity	*0.00*	*-0.17*	*0.67*	*0.81*	*0.46*	*0.15*	*-0.24*	*0.10*	*0.09*	*-2.00*	*-3.73*	*-5.51*	*-7.64*	*-9.81*

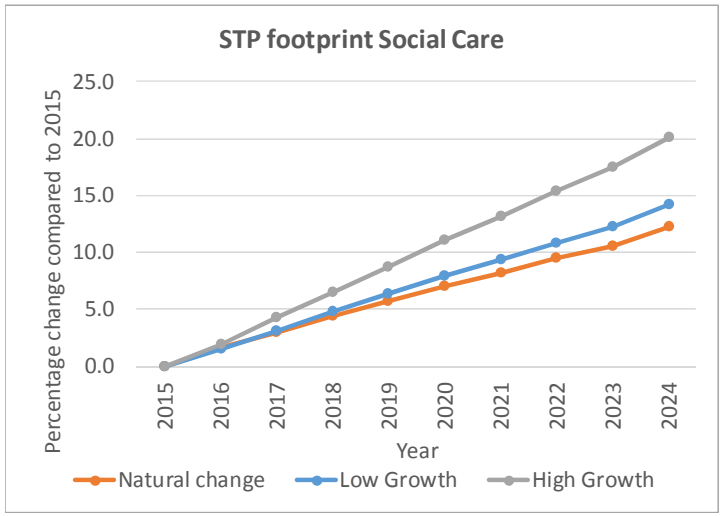
Negative numbers denote a **reduction** compared to 2015 activity, positive numbers an **increase** compared to 2015

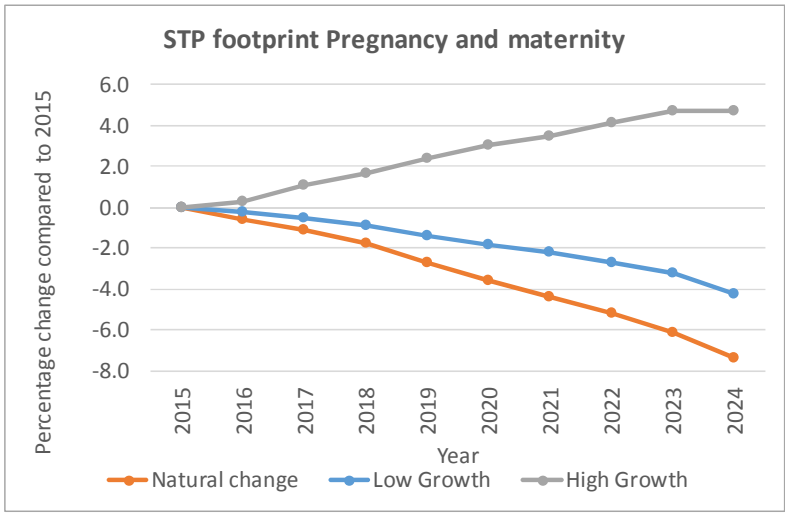
Nottingham and Nottinghamshire STP Footprint

Projected percentage change in need compared to index year of 2015









Nottingham and Nottinghamshire STP Footprint

Projected percentage change in need compared to index year of 2015

Natural growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*0.53*	*0.97*	*1.44*	*1.79*	*2.14*	*2.47*	*2.81*	*3.08*	*3.40*
Planned and unplanned care	*0.00*	*0.59*	*1.09*	*1.62*	*2.15*	*2.70*	*3.21*	*3.74*	*4.25*	*4.94*
Social Care	*0.00*	*1.69*	*2.98*	*4.36*	*5.67*	*6.99*	*8.17*	*9.46*	*10.56*	*12.22*
Pregnancy and maternity	*0.00*	*-0.59*	*-1.09*	*-1.80*	*-2.69*	*-3.55*	*-4.36*	*-5.19*	*-6.10*	*-7.38*

Low growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*0.67*	*1.45*	*2.25*	*2.97*	*3.72*	*4.41*	*5.10*	*5.72*	*6.37*
Planned and unplanned care	*0.00*	*0.71*	*1.54*	*2.39*	*3.29*	*4.22*	*5.08*	*5.95*	*6.80*	*7.81*
Social Care	*0.00*	*1.55*	*3.13*	*4.74*	*6.32*	*7.97*	*9.40*	*10.83*	*12.24*	*14.16*
Pregnancy and maternity	*0.00*	*-0.26*	*-0.55*	*-0.89*	*-1.36*	*-1.86*	*-2.22*	*-2.74*	*-3.21*	*-4.22*

High growth	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Mental health	*0.00*	*1.20*	*2.93*	*4.69*	*6.45*	*8.25*	*9.92*	*11.62*	*13.24*	*14.79*
Planned and unplanned care	*0.00*	*1.23*	*2.99*	*4.79*	*6.68*	*8.66*	*10.45*	*12.33*	*14.12*	*16.00*
Social Care	*0.00*	*1.92*	*4.24*	*6.49*	*8.72*	*11.06*	*13.21*	*15.40*	*17.46*	*20.03*
Pregnancy and maternity	*0.00*	*0.27*	*1.05*	*1.62*	*2.36*	*3.06*	*3.50*	*4.12*	*4.70*	*4.70*

Cumulative change in population from 2015

Natural change

Local Authority	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
LA Ashfield	220	441	662	884	1,106	1,328	1,551	1,774	1,998				
LA Bassetlaw	-7	-14	-21	-28	-35								
LA Broxtowe	224	449	675	901	1,127	1,354	1,581	1,808	2,036	2,265	2,494	2,723	2,953
LA Gedling	162	325	487	650	813	977	1,140	1,304	1,468	1,633	1,797	1,962	2,127
LA Mansfield	230	460	690	921	1,152	1,385	1,617	1,850	2,084	2,318	2,552	2,787	3,023
LA Newark & Sherwood	26	52	78	104	130	156	182	208	234	260	286		
LA Rushcliffe	228	457	687	917	1,147	1,378	1,609	1,841	2,073	2,305	2,539	2,772	3,006
LA Nottingham City	1,919	3,850	5,794	7,750	9,720	11,702	13,698	15,707	17,729	19,764	21,813	23,875	25,951
CCG Footprint	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
NHS Bassetlaw	-7	-14	-21	-28	-35								
NHS Mansfield & Ashfield	385	770	1,157	1,544	1,931	2,320	2,709	3,100	3,490				
NHS Newark & Sherwood	40	80	120	160	200	240	280	320	361	401	441		
NHS Nottingham North & East	254	509	765	1,020	1,277	1,533	1,790	2,048	2,306				
NHS Nottingham West	229	459	690	921	1,152	1,384	1,616	1,849	2,082	2,316	2,550	2,785	3,020
NHS Rushcliffe	228	457	687	917	1,147	1,378	1,609	1,841	2,073	2,305	2,539	2,772	3,006
NHS Nottingham City	1,919	3,850	5,794	7,750	9,720	11,702	13,698	15,707	17,729	19,764	21,813	23,875	25,951
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**				
STP footprint	3,056	6,126	9,212	12,312	15,427	18,558	21,703	24,864	28,041				

Cumulative change in population from 2015

Low growth

Local Authority	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
LA Ashfield	472	1,257	2,064	2,741	3,323	3,766	4,162	4,506	4,828				
LA Bassetlaw	301	723	1,134	1,442	1,749								
LA Broxtowe	614	1,238	1,800	2,548	3,325	4,069	4,783	5,346	6,018	6,695	7,373	8,012	8,572
LA Gedling	440	872	1,314	1,746	2,128	2,469	2,796	3,178	3,587	3,927	4,219	4,478	4,743
LA Mansfield	498	996	1,494	1,993	2,492	2,993	3,493	3,994	4,496	4,998	5,500	6,003	6,507
LA Newark & Sherwood	286	572	1,055	1,851	2,880	3,852	4,644	5,457	6,322	7,258	8,120		
LA Rushcliffe	477	1,225	2,274	3,488	4,766	5,868	6,842	7,811	8,760	9,682	10,550	11,220	11,866
LA Nottingham City	2,293	5,378	8,195	10,832	13,502	16,172	19,351	22,428	25,170	28,003	30,737	33,297	35,781
CCG Footprint													
NHS Bassetlaw	301	723	1,134	1,442	1,749								
NHS Mansfield & Ashfield	709	1,648	2,608	3,508	4,312	5,049	5,750	6,432	7,097				
NHS Newark & Sherwood	357	654	1,158	1,968	3,016	4,018	4,841	5,668	6,548	7,498	8,374		
NHS Nottingham North & East	633	1,328	2,025	2,669	3,281	3,798	4,300	4,849	5,423				
NHS Nottingham West	619	1,248	1,815	2,568	3,350	4,099	4,818	5,387	6,064	6,746	7,429	8,074	8,639
NHS Rushcliffe	477	1,225	2,274	3,488	4,766	5,868	6,842	7,811	8,760	9,682	10,550	11,220	11,866
NHS Nottingham City	2,293	5,378	8,195	10,832	13,502	16,172	19,351	22,428	25,170	28,003	30,737	33,297	35,781
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**				
STP footprint	5,089	11,482	18,074	25,033	32,227	39,005	45,903	52,574	59,062				

Cumulative change in population from 2015

High growth

Local Authority	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
LA Ashfield	1,065	3,180	5,369	7,120	8,550	9,515	10,319	10,948	11,501				
LA Bassetlaw	1,114	2,668	4,182	5,322	6,459								
LA Broxtowe	1,274	2,574	3,706	5,339	7,048	8,667	10,204	11,337	12,759	14,194	15,631	16,964	18,083
LA Gedling	1,327	2,615	3,950	5,238	6,320	7,225	8,075	9,152	10,342	11,242	11,943	12,504	13,087
LA Mansfield	1,340	2,680	4,020	5,361	6,702	8,045	9,387	10,730	12,074	13,418	14,762	16,107	17,453
LA Newark & Sherwood	882	1,764	3,293	5,850	9,176	12,312	14,858	17,472	20,258	23,276	26,051		
LA Rushcliffe	1,253	3,618	7,220	11,503	16,049	19,866	23,157	26,426	29,611	32,684	35,528	37,562	39,491
LA Nottingham City	3,593	10,681	16,527	21,527	26,626	31,682	38,966	45,750	50,989	56,593	61,704	65,991	69,892
CCG Footprint													
NHS Bassetlaw	1,114	2,668	4,182	5,322	6,459								
NHS Mansfield & Ashfield	1,728	4,411	7,178	9,695	11,814	13,649	15,333	16,934	18,466				
NHS Newark & Sherwood	1,105	2,008	3,607	6,237	9,666	12,939	15,612	18,296	21,158	24,255	27,104		
NHS Nottingham North & East	1,843	3,941	6,046	7,932	9,676	11,026	12,309	13,785	15,366				
NHS Nottingham West	1,279	2,584	3,721	5,359	7,073	8,697	10,239	11,378	12,805	14,245	15,687	17,026	18,150
NHS Rushcliffe	1,253	3,618	7,220	11,503	16,049	19,866	23,157	26,426	29,611	32,684	35,528	37,562	39,491
NHS Nottingham City	3,593	10,681	16,527	21,527	26,626	31,682	38,966	45,750	50,989	56,593	61,704	65,991	69,892
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**				

STP footprint	10,802	27,244	44,298	62,253	80,904	97,860	115,617	132,568	148,395	

Clinical Commissioning Group registered population April 2014 (source: HSCIC)

Clinical Commissioning Group	Total population
NHS BASSETLAW CCG	112,878
NHS MANSFIELD AND ASHFIELD CCG	186,539
NHS NEWARK & SHERWOOD CCG	129,552
NHS NOTTINGHAM NORTH AND EAST CCG	147,729
NHS NOTTINGHAM WEST CCG	94,112
NHS RUSHCLIFFE CCG	122,948

Local Authority 2014 mid-year-estimate resident population (source: ONS)

Local Authority	Total population
Ashfield	122,508
Bassetlaw	114,143
Broxtowe	111,780
Gedling	115,638
Mansfield	105,893
Newark and Sherwood	117,758
Rushcliffe	113,670

Appendix 6 – Planning Application Thresholds

Type of Development	Thresholds
Planning Applications	
Renewable energy	- Single or multiple wind turbines above 15m high (including blade length); - All Solar Farms; - All Biomass Plants
Retail development	- Applications over 2500m² floor space; - Other retail applications where the proposal is outside a defined town centre - A5 applications
Residential Development	- 0-50 dwellings: if strategic planning issues are apparent; - 51-200 dwellings: Applications which are contrary to local or national planning policy; - 201+ dwellings: All applications
Commercial Development	- Applications over 2500m² floor space; - All applications outside a defined urban boundary
Other development	To be decided on a case by case basis
Local and National Strategies/Guidance	
Local Plans/Core Strategies	All plans within the County Neighbouring Borough/District Plans/strategies
Other Plans/Strategies/Publications	To be decided on a case by case basis

Appendix 7 – Checklist for Planning and Health

Nottinghamshire Rapid Health Impact Assessment Matrix

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
1. Housing quality and design				
1. Does the proposal seek to address the housing needs of the wider community by requiring provision of variation of house type that will meet the needs of older or disabled people? [For example does it meet all Lifetime Homes Standards, Building for Life etc.?]	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
2. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
2. Access to healthcare services and other social infrastructure				
3. Does the proposal seek to retain, replace or provide health and social care related infrastructure?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
4. Does the proposal address the proposed growth/ assess the impact on healthcare services?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
5. Does the proposal explore/allow for opportunities for shared community use and co-location of services?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
3. Access to open space and nature				
6. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
7. Does the proposal promote links between open and natural spaces and areas of residence, employment and commerce?	☐ Yes ☐ Partial ☐ No ☐		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
8. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
9. Does the proposal seek to provide a range of play spaces	☐ Yes ☐ Partial		☐ Positive ☐ Negative	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
for children and young people (e.g. play pitches, play areas etc.) including provision for those that are disabled?	☐ No		☐ Neutral ☐ Uncertain	
4. Air quality, noise and neighbourhood amenity				
10. Does the proposal seek to minimise construction impacts such as dust, noise, vibration and odours?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
11. Does the proposal seek to minimise air pollution caused by traffic and employment/ commercial facilities?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
12. Does the proposal seek to minimise noise pollution caused by traffic and employment/ commercial facilities?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
5. Accessibility and active transport				
13. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
14. Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
cycle lanes) connecting to local and strategic cycle networks?				
15. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
16. Does the proposal promote accessible buildings and places to enable access to people with mobility problems or a disability?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
6. Crime reduction and community safety				
17. Does the proposal create environments & buildings that make people feel safe, secure and free from crime?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
7. Access to healthy food				
18. Does the proposal support the retention and creation of food growing areas, allotments	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
and community gardens in order to support a healthy diet and physical activity?			☐ Uncertain	
19. Does the proposal seek to restrict the development of hot food takeaways (A5) in specific areas?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
8. Access to work and training				
20. Does the proposal seek to provide new employment opportunities and encourage local employment and training?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
9. Social cohesion and lifetime neighbourhoods				
21. Does the proposal connect with existing communities where the layout and movement avoids physical barriers and	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
severance and encourages social interaction? [For example does it address the components of Lifetime Neighbourhoods?]				
10. Minimising the use of resources				
22. Does the proposal seek to incorporate sustainable design and construction techniques?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
11. Climate change				
23. Does the proposal incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
24. Does the proposal maintain or enhance biodiversity	☐ Yes ☐ Partial ☐ No		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
12. Health inequalities				
25. Does the proposal consider health inequalities and	☐ Yes ☐ Partial		☐ Positive ☐ Negative	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended amendments or enhancement actions to the proposal under consideration
encourage engagement by underserved communities?	☐ No		☐ Neutral ☐ Uncertain	
Any other comments				
Name of assessor and organisation				
Date of assessment				

Appendix 8 – Useful Links

- Bassetlaw CIL Charging Schedule: http://www.bassetlaw.gov.uk/everything-else/planning-building/community-infrastructure-levy.aspx
- Gedling CIL Charging Schedule: http://www.gedling.gov.uk/planningbuildingcontrol/planningdevelopmentmanagement/communityinfrastructurelevy/
- Newark & Sherwood Developer Contributions and Planning Obligations SPD http://www.newark-sherwooddc.gov.uk/spds/
- Newark & Sherwood CIL Charging Schedule: http://www.newark-sherwooddc.gov.uk/cil/
- Nottinghamshire CC Planning Obligations Strategy: http://www.nottinghamshire.gov.uk/planning-and-environment/general-planning/planning-obligations-strategy
- Planning Practice Guidance CIL: http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/
- Planning Practice Guidance CIL & Neighbourhood Proportion: http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/spending-the-levy/
- Planning Practice Guidance CIL Exemptions: http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/cil-introduction/
- Planning Practice Guidance Planning Obligations: http://planningguidance.communities.gov.uk/blog/guidance/planning-obligations/
- Planning Practice Guidance Pooling Restrictions (Para's 99-102): http://planningguidance.communities.gov.uk/blog/guidance/community-infrastructure-levy/other-developer-contributions/
- Public health in Planning: Good Practice Guide
  - http://www.tcpa.org.uk/pages/best-practice-in-planning-and-public-health-in-london-2015.html
  - Building the foundations: Tackling obesity through planning and development http://www.tcpa.org.uk/pages/building-the-foundations-2016.html
  - Working Together to Promote Active Transport. A briefing for local authorities.
  - Spatial Planning for the Health and Wellbeing of Nottinghamshire
  - Building the Foundations: Tackling obesity through planning and development
  - Tipping the Scales: Case studies on the use of planning powers to limit hot food takeaways