

Webinar



Michael Chang

National Planning Policy Framework for England

- What are the health requirements in the NPPF?
- What do they mean for plan-making and making planning decisions?



Dr David McAleavey

NPPF, devolution and spatial development strategies

- NPPF requirements for strategic planning
- What this means for health?

Questions from webinar participants and discussion about relevance of NPPF to Health Equity Network members and Marmot Places



Ministry of Housing,
Communities &
Local Government

National Planning Policy Framework
Plan-making and national decision-making policies

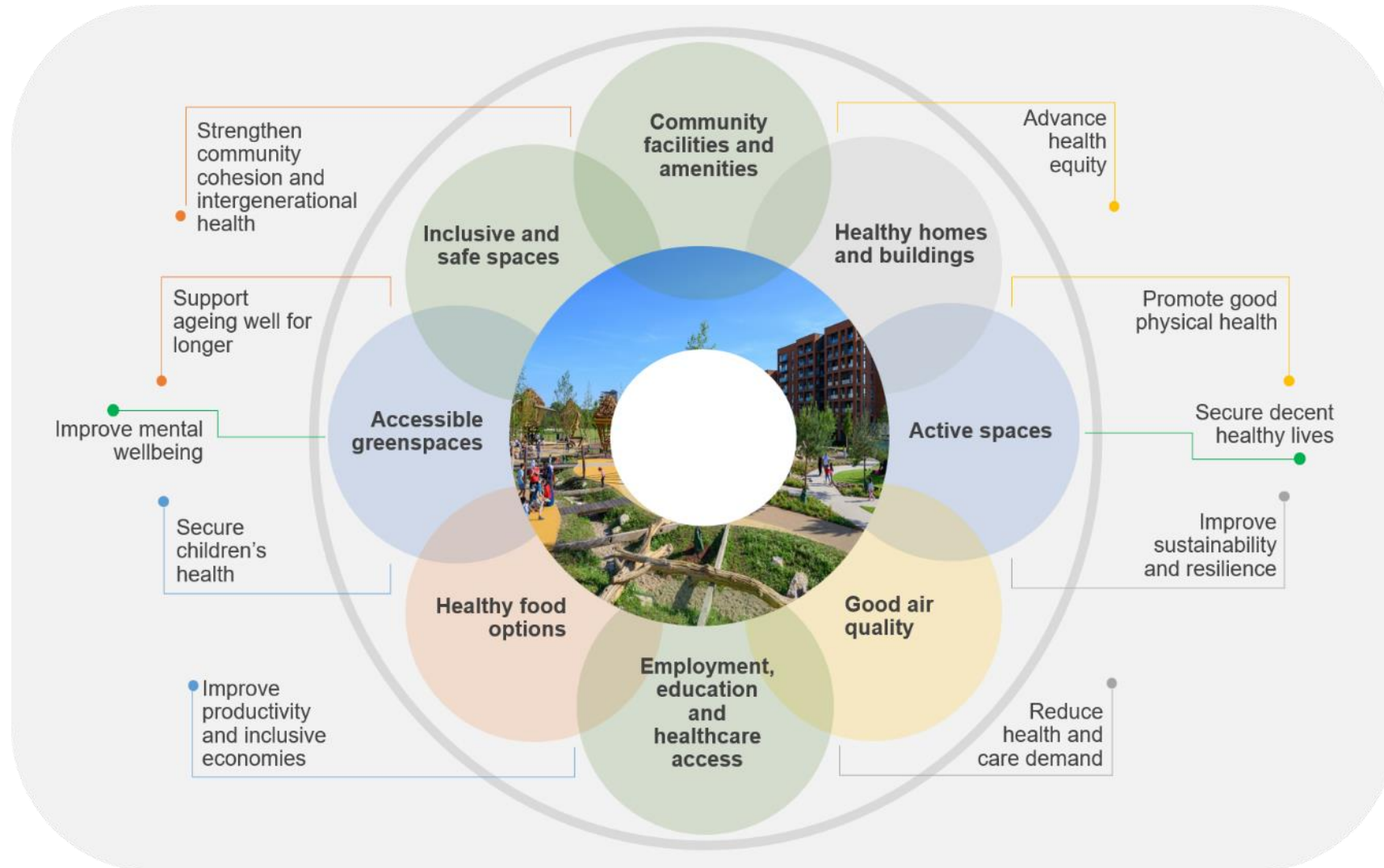
August 2026



Property Services

National Planning Policy Framework and health requirements

Michael Chang



Source: Chang, M. and Osrin, D., What Good Local Spatial Planning for Healthy Places Looks Like, Association of Directors of Public Health, 2025

The **legal determinants of health** are the ways in which laws, legal systems, regulations, institutions, and governance structures influence health outcomes and health equity by shaping the social, economic, and environmental conditions in which people live.



What is the National Planning Policy Framework (NPPF)

- Sets out the government's policies for plan-making and for making decisions on proposals in England.
- 17th August 2026 publication date with Government response.
- Consultation ran from December 2025 to March 2026.
- 20 chapters contain policies on thematic issues:
 - Procedural policies
 - Sustainable development
 - Delivering homes and supporting growth
 - Creating high quality, sustainable places
 - Conserving and enhancing the environment
- Policies should be read as a whole (including relevant footnotes and annexes).
- Short objectives are included in boxed text at the start of chapters for context only and should not be applied.
- Where policies set out lists in the form of sub-paragraphs, all of those sub-paragraphs apply (such as through the use of 'or' at the end of one or more sub-paragraphs).



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National Planning Policy Framework Plan-making and national decision-making policies

August 2026

Plan-Making policies



- Any local plans, neighbourhood plans should be produced in accordance with the NPPF.
- (Transitional arrangements apply to local plans under legacy requirements).
- Spatial development strategies should be produced in accordance with the NPPF (David).
- Should not be used when making decisions on proposals.

National Decision-Making policies



- Material consideration in making local planning decisions.
- Plan policies which are materially inconsistent with these policies should be given very limited weight.
- Some policies indicate how much weight the government would expect a particular consideration to be given.

Health objective in planning



What this means?

- Supporting healthy communities is a social objective and part of the purpose of planning.
- Social objective to be considered across the other economic and environmental objectives – ie net gain.



What has changed since the 2024 NPPF?

- Nothing.

Purpose of the planning system

17. ...objectives are interdependent and need to be pursued in mutually supportive ways (so that opportunities can be taken to secure net gains across all three):

...

b. **A social objective** - to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible community facilities, public service infrastructure and open spaces that reflect current and future needs and support communities' health, social and cultural well-being

Healthy communities (plan-making)

HC1: Planning for healthy communities

1. To promote the creation of healthy and inclusive places, and the provision, retention and enhancement of appropriate community facilities and public service infrastructure, development plans should, at the most appropriate level:

...

a. Be informed by an understanding of any existing deficits in the availability of community facilities and public service infrastructure, and additional requirements expected over the plan period, arising from proposed development and wider changes in the local population and public service provision. In doing so, they should take into account both quantitative and qualitative aspects of provision, identified local health needs and opportunities to reduce inequalities through the availability of facilities;

...

e. Identify wider opportunities to promote good health, prevent ill-health, reduce health inequalities and support social interaction through their spatial strategy and land allocations, including through policies for strengthening town centres, locating development where it will support walking, wheeling and cycling and promoting mixed-use developments.



What this means?

- Healthy places in development plans set more explicitly in relation to infrastructure provision.
- Public service infrastructure is defined as healthcare facilities of all types.
- Such provision to consider identified local health needs (ie the JSNA).
- Considerations for health inequalities included.



What has changed since the 2024 NPPF?

- Greater clarity on provision for community facilities and public service infrastructure
- Maintain consideration of local health needs and opportunities to reduce health inequalities.
- Maintain local health and wellbeing strategies but wording on “support the delivery of” removed.

Healthy communities (decision-making)

HC4: Proposals for new and improved community facilities, public service infrastructure and development providing public health benefits

1. Substantial weight should be given to the benefits where:

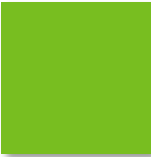
a. New or improved public service infrastructure or community facilities would be provided; and

b. Development proposals would make a demonstrable contribution towards promoting good health, preventing ill-health, reducing health inequalities or supporting social interaction in the local community (such as, but not limited to, the provision of new recreation facilities, meeting places and opportunities to grow or purchase healthier food).



What this means?

- Government has indicated degree of weight given to public health benefits.
- This strengthened focus on health was in response to consultation concerns.
- Public health benefits defined as both infrastructure and demonstrating wider health improvements.



What has changed since the 2024 NPPF?

- It was already clear that health and inequalities were material planning consideration.
- But there wasn't a specific requirement for decision-making for public health benefit.
- Clearer about the treatment of proposals involving facilities.



What this means?

- Presumption in favour of refusal of hot food takeaways around schools.
- Exemption in town centres.
- Presumption in favour of refusal where there is evidence of adverse health impact from over concentration.



What has changed since the 2024 NPPF?

- Presumption in favour of refusal retained.
- ‘Reasonable’ defined in the Glossary as “around 400 metres, or around five minutes’ walk time”.
- ‘Fast food outlets’ term removed while Government explore other land use planning approaches, including changes to the Use Classes Order.

HC5: Hot food takeaways

1. Development proposals for hot food takeaways should be refused:

a. Within reasonable walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre; or

b. In locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social-behaviour.

P3: Living conditions and pollution

1. Development proposals should be appropriate for their location, taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, whether these effects are on or off-site; and whether this is as a result of the development itself or the product of preexisting conditions in its vicinity. In assessing the potential effects of pollution, consideration should be given to the potential sensitivity of the site, and its intended occupiers and users, as well as that of the environment and population in the surrounding area (including where certain groups could be particularly vulnerable to its effects, such as children and older people).

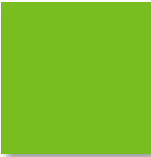
2. Within this context development proposals should:

a. Provide healthy living conditions for occupiers and users in terms of adequate access to light and avoiding exposure to levels of air, noise, artificial light or other sources of pollution which could have an unacceptable adverse effect on health and the quality of life. Where necessary suitable mitigation measures should be incorporated to secure acceptable living conditions;..



What this means?

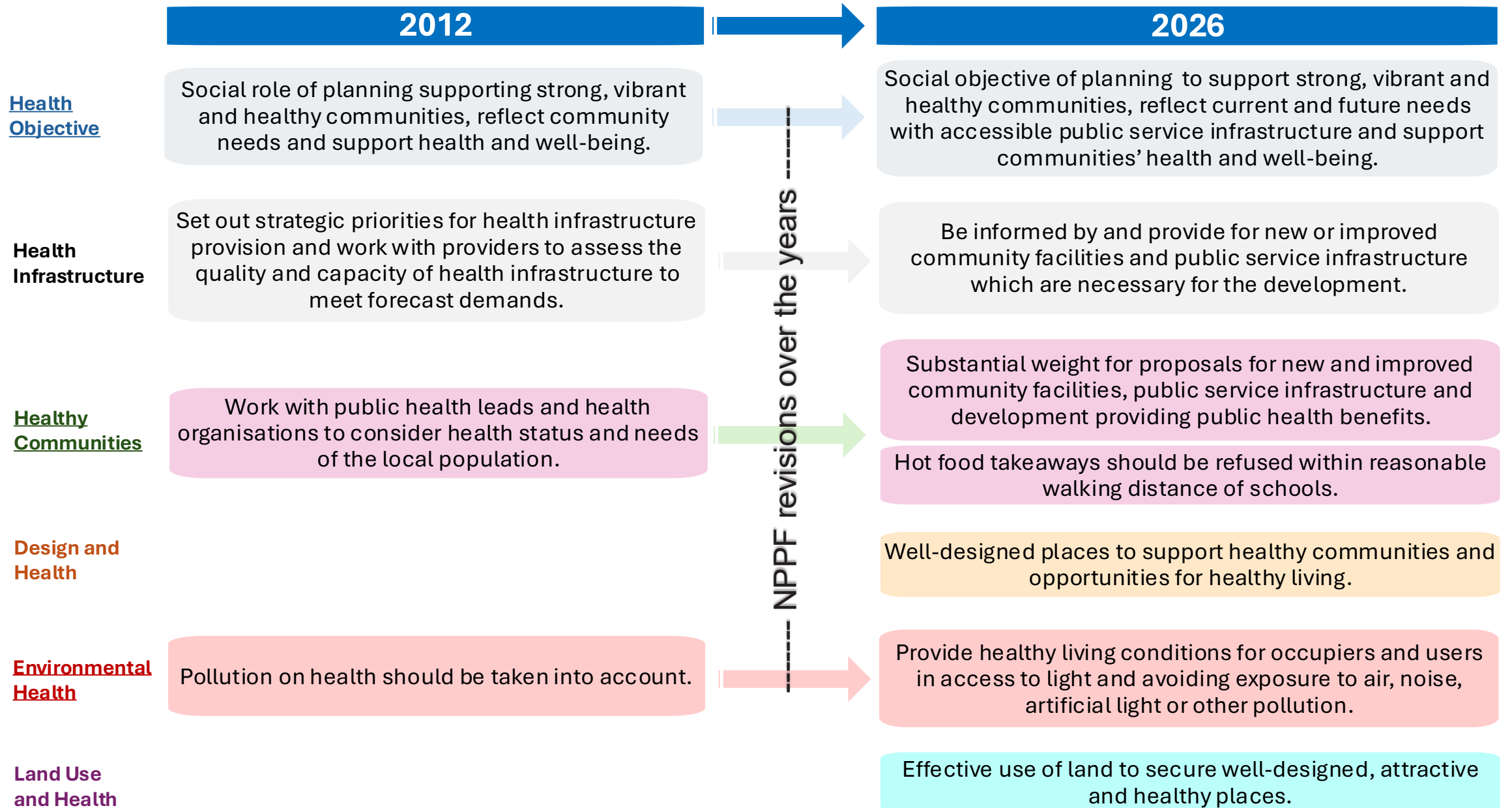
- Environmental health considerations must be integrated into planning decisions.
- Emphasis on prevention and avoidance before mitigation measures.
- Recognition of need to provide healthy living conditions of occupiers and inequalities impact.



What has changed since the 2024 NPPF?

- Consolidated new Chapter 17 so pollution and natural or man-made hazards can be read together in a coherent way.
- Substantive contents have not changed.

How health considerations have evolved in English national planning policy (2012 to 2026)



Don't forget about the other legal determinants of health

Planning law



- Planning and health law
- Regulations
- Use Class Order

Planning Practice Guidance



[Home](#) > [Housing, local and community](#) > [Planning and building](#) > [Planning system](#)

Guidance

Healthy and safe communities

Guidance on promoting healthy and safe communities.

From: [Ministry of Housing, Communities and Local Government, Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government \(2018 to 2021\)](#)

Published: 6 March 2014

Last updated: 7 August 2022

[Show all updates](#)

- These are updated whenever without consultation.

Plan-Led system



- Development plans
- Local planning guidance

Closing thoughts

- The new NPPF should already facilitate/ enable local action on creating healthy equitable communities in Marmot Places.
- Health requirements in the new NPPF have been strengthening and expanding, not weakening or reducing.
- For the purposes of plan-making, understand where your local plans are in relation to the new NPPF.
- For the purposes of decision-making, opportunities for proposals in Marmot Places can demonstrate their public health benefits.
- The NPPF could be clearer about requirements for health engagement and how local health needs and strategy feature in decision-making.
- Look out for activities in relation to what the Government proposes to do next on operationalising 'fast food outlets'.
- What are your takes on the NPPF and how will it affect your Marmot ambitions?





NPPF, Devolution, and the Tees Valley Spatial Development Strategy

Thursday, October 29th 2026
Dr David McAleavey





What is a Spatial Development Strategy?

Thursday, October 29th 2026
Dr David McAleavey





Ministry of Housing,
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National Planning Policy Framework

Plan-making and national decision-making policies

August 2026

2. Plan-making policies

The objective of the policies in this chapter is to create a system that is genuinely plan-led, through plan-making authorities⁵ prioritising the preparation and updating of the plans for which they are responsible. The preparation of development plans allows people to influence development in their area, including directing growth to the most appropriate and sustainable locations, mitigating and adapting to climate change, supporting regeneration and conserving and enhancing the quality of the built and natural environment.

1. The required parts of the development plan are:
 - a. A **spatial development** strategy, produced by strategic planning authorities and the Mayor of London;
 - b. A local plan produced by a local planning authority;
 - c. A minerals and waste plan produced by a minerals and waste planning authority; and
 - d. A policies map, prepared and maintained by a local planning authority, illustrating policies across all parts of the development plan area.
2. It may additionally include:
 - a. Supplementary plans, produced by local planning authorities, minerals and waste planning authorities and the Mayor of London; and
 - b. Neighbourhood plans, produced by parish councils and neighbourhood forums.
3. The different parts of the development plan each have a discrete purpose and are expected to deal positively with particular issues, as set out in the relevant legislation and national policies, including the policies in this Framework.

The plan-making framework

PM1: **Spatial development** strategies

1. **Spatial development** strategies should set a positive vision for future growth and change at a sub-regional scale and provide a clear spatial framework for investment and growth, including for new housing. Their content should be genuinely strategic in nature and allow for more detailed issues to be considered and addressed through other parts of the development plan.



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(SDSs) will set a spatial framework for their area, identifying the appropriate scale of growth and development, and they may also identify the need for regeneration, protection or improvement of the built or natural environment.

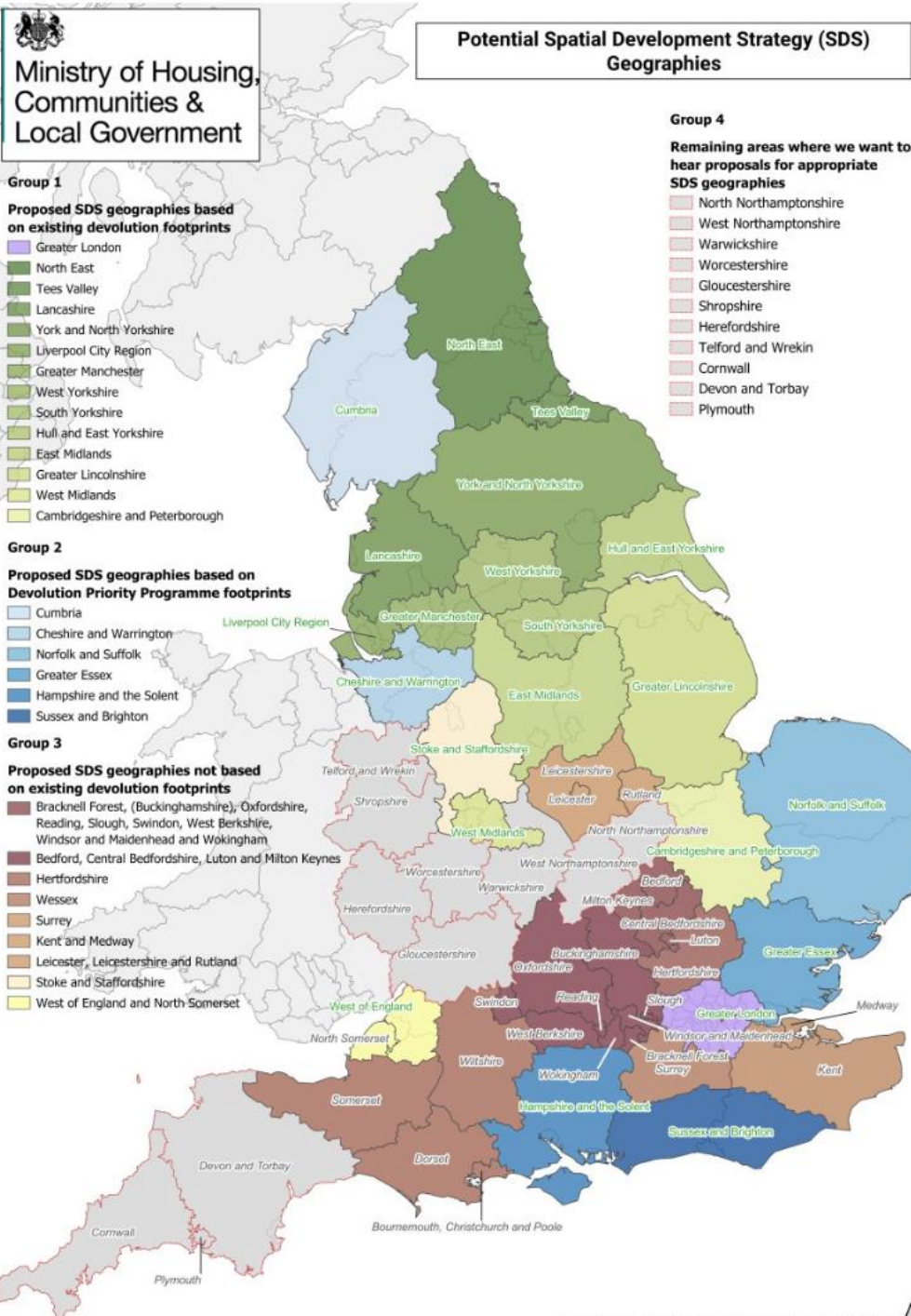
SDSs can identify broad locations for growth and development and the necessary infrastructure needed to support that growth. This may entail the re-distribution of housing need and other development needs between local planning authorities...

It is important to stress that SDSs are not big local plans. They cannot be site-specific or allocate/designate particular sites. The site-specific role is preserved for local plans, which will have to be in 'general conformity' with the SDS once it has been adopted.



Strategic Planning Authorities (SPAs) across England will have responsibility for preparing Spatial Development Strategies (SDS). SDS will form part of the statutory Development Plan alongside Local, Supplementary and Neighbourhood Plans.

The Government has set out a clear ambition for universal coverage of SDS by the end of 2029 which means work on preparing these new frameworks should start as soon as possible. However, this is a new part of the planning system and requires new governance arrangements to be put in place, alongside new resources (except for London where there is already a strategic plan in place).



Source: MHCLG

a more integrated approach to promoting a healthy city and reducing health inequalities. The Mayor will co-ordinate investment and focus regeneration initiatives in those parts of London most affected by inequalities, including health inequalities.

GG3 Creating a healthy city

To improve Londoners' health and reduce health inequalities, those involved in planning and development must:

- A ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities
- B promote more active and healthy lives for all Londoners and enable them to make healthy choices
- C use the Healthy Streets Approach to prioritise health in all planning decisions
- D assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments
- E plan for appropriate health and care infrastructure to address the needs of London's changing and growing population
- F seek to improve London's air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution
- G plan for improved access to and quality of green spaces, the provision of new green infrastructure, and spaces for play, recreation and sports
- H ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold
- I seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.

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Powers and functions [\[edit \]](#)

Current [\[edit \]](#)

The [English Devolution and Community Empowerment Act 2026](#) defines the competencies of strategic authorities as follows^{[16][17][9]}

- transport and local infrastructure, including the production of [local transport plans](#)
- skills and employment support
- housing
- strategic planning including the production of [spatial development strategies](#)^[18]
- economic development and regeneration
- the environment and climate change
- health and well-being
- public service reform
- public safety
- culture
- rural affairs and coastal communities

Upcoming [\[edit \]](#)

- proportion of [income tax](#) (Apr 2028)
- proportion of [business rates](#) (Apr 2027)^[1]



Strategic authority mayors participating in a meeting of the [Mayoral Council for England](#), May 2025

The building blocks of health



The 'Marmot Eight' Principles:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

12G

Preparation of draft spatial development strategy

- (1) A strategic planning authority must prepare a draft of its spatial development strategy.
- (2) In doing so, a strategic planning authority must have regard to—
 - (a) any strategy, plan or policy published by the strategic planning authority that the strategic planning authority considers to be relevant;
 - (b) the effect which the proposed spatial development strategy would have on each of the following—
 - (i) the health of persons in the strategy area;
 - (ii) health inequalities between persons living in the strategy area;
 - (iii) the achievement of sustainable development;
 - (c) the need to ensure that the strategy is consistent with current national policies;
 - (d) any other prescribed matters.
- (3) In subsection (2)(a), the reference to any strategy, plan or policy published by a strategic planning authority includes a reference to any strategy, plan or policy published by a constituent authority of a strategic planning board.

Health improvement and health inequalities duty

- (1) When considering whether or how to exercise any of its functions, a combined authority must have regard to the need to—
 - (a) improve the health of persons in the combined authority's area, and
 - (b) reduce health inequalities between persons living in the combined authority's area.
- (2) When considering whether or how to exercise any function, the mayor for the area of a combined authority must have regard to the considerations set out in [subsection \(1\)](#).
- (3) Health inequalities "between persons" living in an area means health inequalities between persons, or persons of different descriptions, living in, or in different parts of, an area.
- (4) "Health inequalities" means inequalities in respect of life expectancy or general state of health which are wholly or partly a result of differences in respect of general health determinants.
- (5) "General health determinants" are—
 - (a) standards of housing, transport services or public safety,
 - (b) environmental factors, including air quality and access to green space and bodies of water,
 - (c) employment prospects, earning capacity and any other matters that affect levels of prosperity,
 - (d) the degree of ease or difficulty with which persons have access to public services,
 - (e) the use, or level of use, of tobacco, alcohol or other substances, and any other matters of personal behaviour or lifestyle, that are or may be harmful to health,and any other matters that are determinants of life expectancy or the state of health of persons generally, other than genetic or biological factors.
- (6) In [subsection \(1\)\(a\)](#), the reference to improving the health of persons includes a reference to mitigating any detriment to health which would otherwise be occasioned by the exercise of a combined authority's function.
- (7) In [subsection \(1\)\(b\)](#), the reference to reducing health inequalities includes a reference to mitigating any increase in health inequalities which would otherwise be occasioned by the exercise of a combined authority's function."

Tees Valley Place Portrait

Tees Valley's Place Portrait has been developed to present a baseline spatial evidence base to support the development of the Tees Valley Spatial Development Strategy.

Our Key Thematic Areas

- Geography & Environment
- Critical Infrastructure
- Demographics
- Social & Economic Infrastructure

Social & Economic Infrastructure

- Education and Skills: Resident qualifications and accessibility to education across Tees Valley.
- Workforce: Employment, unemployment and travel to work statistics.
- Health: General health and disability status of residents and access to health facilities.
- Local Amenities: Locations of community services including libraries and sports facilities.

Present Mortality Rate: Which measure (and methodology)?

Consider mortality from [causes considered preventable \(aged under 75\)](#)

Methodology:

[Local health, public health data for small geographic areas - Data | Fingertips | Department of Health and Social Care](#)

Motivation:

The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could potentially be avoided by public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence). [Extract]

Thus, it's the best available measure to monitor if our interventions are moving the dial on health improvement and inequalities.

Obesity prevalence

Present Obesity Prevalence by LA

A note prepared by Dr David McAleavey (Public Health South Tees) at the request of Rebecca Wren (RCBC).

Methodological Questions regarding the SDS Baseline Evidence Base:

Do we have a draft *health improvement and health inequalities duty* position statement in response to the English Devolution and Community Empowerment Act 2026 regarding the draft SDS (Planning and Infrastructure Act 2025)?

Have we (TVCA) settled on the spatial geography (CA, LA, Ward, MSOA, or LSOA) to baseline, then monitor, our efforts to address (“*have regard to*”) the *health improvement and health inequalities duty*?

Do we plan to let the key available outcome indicator(s) decide the resolution (spatial and temporal)?

Have we identified sub-populations to monitor (“*persons of different descriptions*”)?



14.08.26

Tees Valley Spatial Development Strategy



Prior + Partners are part of the Stantec-led team appointed to develop the Tees Valley Combined Authority's (TVCA) Spatial Development Strategy (SDS), which is one of the first commissions of its kind in England.

Spatial development strategies are high-level plans that look at least 20 years ahead, setting the framework for local plans and helping regions meet housing needs, coordinate infrastructure, grow their economies, and build climate resilience.

Under Stantec's leadership, Prior + Partners will lead the digital plan-making approach, making sure a strategy of this scale and timeframe is easy to navigate,



- The new NPPF should already facilitate/ enable local action on creating healthy equitable places.
- Health requirements in the new NPPF have been strengthening and expanding, not weakening or reducing.
- For the purposes of plan-making, understand where your local plans are in relation to taking into account the new NPPF.
- For the purposes of decision-making, demonstrate how proposals can give substantial weight to public health benefits.
- The NPPF could be clearer about requirements for health engagement and how local health needs and strategy feature in decision-making.
- Look out for activities in relation to what the Government proposes to do next on operationalising 'fast food outlets'.
- Don't forget the Planning Practice Guidance on Healthy and Safe Communities – it needs an update!

- At what stage is your Strategic Planning Authority (SPA) in the draft SDS process?
- Have you convened an SDS/Devolution Health Duty Working Group bringing together public health representatives and system partners from across the Strategic Authority area to coordinate a collective response?
- Does your working group have access to an officer with the requisite knowledge, skills, and capacity to lead and coordinate this group's work?
- How confident are you that your Strategic Authority currently has the capacity and expertise required to fulfil the Health Duty effectively within the SDS/Devolution process?

Any Questions?



Project timeline

(Subject to government regulations)

Stage 1	Summer 2025 – Autumn 2026	SDS initiation and scoping including:
		<ul style="list-style-type: none">• Commissioning evidence base• Establishing working groups and wider governance
		Initial public and stakeholder engagement
Stage 2	Winter 2026 – Spring 2027	Issues and Options Consultation (following publication of regulations and guidelines)
Stage 3	Summer – Autumn 2027	Publication of draft SDS and public consultation
Stage 4	Autumn 2027 – Winter 2027	Public Examination
Stage 5	Spring/Summer 2028 onwards	Adoption, monitoring and review

Strategic authority	Status	Target adoption year	Notes
Greater London	Published	Published 2021	Draft plan to replace existing plan released in July 2026, with adoption target of 2028.
Liverpool City Region	In development	2027	In preparation since 2019. Aiming to publish a draft version of the SDS for consultation in late 2026, with submission and possible adoption target of 2027.
East Midlands	Early in development	2028	Work formally approved in March 2026, with adoption target of 2028.
North East	Early in development	2028	Began preparation this summer. Aiming to be one of the first regions with an SDS in England, with submission target of late 2027 and adoption of 2028.
West of England and North Somerset	Early in development	2029	Begun preparation, with consultation target of autumn 2027 and adoption target of spring 2029.
Tees Valley	Early in development	Not yet announced	Appointed a consultant to begin preparing an SDS in August 2026.
Cambridgeshire and Peterborough	Early stage scoping	Not yet announced	
Greater Manchester	Early stage scoping	Not yet announced	
West Midlands	Early stage scoping	Not yet announced	
South Yorkshire	Early stage scoping	Not yet announced	
West Yorkshire	Early stage scoping	Not yet announced	
York and North Yorkshire	Early stage scoping	Not yet announced	
Greater Lincolnshire	Early stage scoping	Not yet announced	
Hull and East Yorkshire	Early stage scoping	Not yet announced	

Source: Lichfields