

Your Ref: Tendring District Local Plan
Our Ref: TDC/LP/CCG/KHJM

Email only

The Planning Policy Manager
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26 July 2017

Dear Sir /Madam

Tendring District Council Draft Local Plan Consultation 2016- 2033

1.0 Introduction

- 1.1 Thank you for consulting NHS England and North East Essex CCG on the above Draft Local Plan Document (DLP).
- 1.2 In reviewing the context, content and recommendations of the DLP and its current phase of progression, the following comments are with regard to the impact of the DLP on healthcare provision in the area on behalf of NHS England Midlands & East (East) (NHSE) and North East Essex Clinical Commissioning Group (CCG).

2.0 Existing Healthcare Position in the Emerging Plan Area

- 2.1 The DLP covers the administrative area of Tendring with reference to the North Essex Authorities to include Colchester Borough Council and Braintree District Council.
- 2.2 Currently, within the administrative area, healthcare provision incorporates a total of 21 GP Practices and 7 branch surgeries; pharmacies, 15 dental surgeries, 17 opticians, and 2 community Hospitals.
- 2.3 These are the healthcare services available that this DLP must take into account in formulating future strategies.
- 2.4 Growth, in terms of housing and employment, is proposed across a wide area and would likely have an impact on future healthcare provision. Existing GP practices in the area do

not have capacity to accommodate significant growth.

- 2.5 In terms of optimal space requirements to encourage a full range of primary care services to be delivered within the community there is an overall capacity deficit, based on weighted patient list sizes¹, within the 15 GP Practices providing services in the area.
- 2.6 NHS England working with the North East Essex CCG (CCG) and the local authority has begun to address capacity issues in the area and there are a number of proposals in the pipeline.
- 2.7 Optimal space standards for primary care are set for planning purposes only. This allows us to review the space we have available and identify the impact development growth will have in terms of capacity and service delivery. Space capacity deficit does not prevent a practice from increasing its list size, however it may impact on the level and type of services the practice is able to deliver.
- 2.8 NHS England and the CCG are currently working together to help plan and develop new ways of working within our primary care facilities, in line with the Five Year Forward View, to increase capacity in ways other than increasing physical space. The CCG's emerging Sustainability and Transformation Plan (STP) will contain further detail on this and the 4 year Primary Care Estates and Technology Transformation Funding (ETTF) programme, which commenced in June 2016, will help to provide funding and solutions for existing capacity issues.
- 2.9 Existing health infrastructure will require further investment and improvement in order to meet the needs of the planned growth proposed in this DLP. The developments contained within would have an impact on healthcare provision in the area and its implications, if unmitigated, would be unsustainable.
- 3.0 **Identification and Assessment of Policies and Strategies that have Healthcare Implications**
- 3.1 In developing the final Local Plan document, care should be taken to ensure that emerging policies will not have an adverse impact on healthcare provision within the plan area and over the plan period.
- 3.2 In instances where major policies involve the provision of development in locations where healthcare service capacity is insufficient to meet the augmented needs appropriate mitigation will be sought.
- 3.3 Policies should be explicit in that contributions towards healthcare provision will be obtained and the Local Planning Authority will consider a development's sustainability with regard to effective healthcare provision.
- 3.4 The exact nature and scale of the contribution and the subsequent expenditure by NHS England will be calculated at an appropriate time as and when schemes come forward over the plan period to realise the objectives of the DLP.
- 3.5 Before further progression and amendment of policies are undertaken, the Local Planning Authority should have reference to the most up-to-date strategy documents from NHS England and the CCG which currently constitute The Five Year Forward View and the emerging CCG Strategic Estates Plan & Primary Care Strategy and the Sustainability Transformation Plans.
- 3.6 Plans and policies should be revised to ensure that they are specific enough in their aims, but are not in any way prescriptive or binding on NHS England to carry out certain development within a set timeframe, and do not give undue commitment to projects.

- 3.7 Notwithstanding this, there should be a reasonably worded policy within the emerging Local Plan that indicates a supportive approach from the Local Planning Authority to the improvement, reconfiguration, extension or relocation of existing medical facilities. This positive stance should also be indicated towards assessing those schemes for new bespoke medical facilities where such facilities are agreed to in writing by NHS England. New facilities will only be appropriate where they accord with the latest up-to-date NHS England and CCG strategy documents.
- 3.8 NHS England note the requirement for Tendring District Council to deliver a plan for increased levels of housing growth for their area, resulting in approximately 11,000 new dwellings during the plan period 2013 - 2033 and have identified the anticipated impact on infrastructure arising from these proposals.
- 3.9 As stated above the exact nature and scale of mitigation required to meet augmented needs of proposed developments will be calculated at an appropriate time, as and when schemes come forward over the plan period to realise the objectives of the DLP. Anticipated mitigation type for each of the proposed major sites is detailed within the DLP, please note this is based on the current configuration of health care services and is subject to change.

4. Comments on Section 1

- 4.1 1.23 – Healthcare, 1.84 – Please ensure that the contents of this letter in full are evaluated in full and that all future developments have input from NHS representatives.
- 4.2 1.24 – Broadband – please ensure that consideration is given to the technology agenda for the transformation of clinical services in the NHS. It is essential that Broadband infrastructure and connectivity is of a high speed and reliable in order to ensure that providing Primary Care at scale is achievable. The CCG would welcome inclusion in any discussions necessary with providers of broadband and telecommunications infrastructure.

5. Comments on DLP content

- 5.1 Please amend policy SP8, SP9, SP10, section E. Community Infrastructure, point 13 –to read *‘increased primary care capacity will be provided to serve the new development, this may be by means of improvement, reconfiguration, extension or relocation of existing medical facilities’*.
- 5.2 Policy SAMU1 – please include as an additional point: *financial contributions to healthcare provision as required by the NHS/CCG either through the Community Infrastructure Levy or Section 106 Planning Obligations.*
- 5.3 Policy SAMU4 – point d – please amend as follows: *Infrastructure or a financial contribution towards the delivery of healthcare capacity to meet the needs of the growing population in West Clacton*
- 5.4 Policy SAH3 - please include as an additional point: *financial contributions to healthcare provision as required by the NHS/CCG either through the Community Infrastructure Levy or Section 106 Planning Obligations.*
- 5.5 Policy LP10 – Care and Assisted Living; Incorporate some wording that will ensure that due to the higher demands of these service users, additional capacity requirements need to be assessed at the time of application.

5.6 The table below provides additional detail on the provision of additional Healthcare facility capacity;

	Capacity	What additional infrastructure is needed in addition to that which is already provided?	How will this be funded?	When will the identified infrastructure be needed?
Colchester Fringe/Garden Community	1409	Possible new build Health Centre to absorb development growth from total development (Colchester & Tendring) and relocation of existing practice/s in the area.	S106/3PD scheme	Phased development to accommodate build trajectory. To commence 2019
Weeley	318		Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	
Clacton-on-Sea	2777	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate or new build	Section 106/ 3PD Investment	
Harwich and Dovercourt	898	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate Or new build	Section 106/ 3PD Investment	
Frinton, Walton and Kirby Cross	1009	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of	Section 106/ 3PD Investment	

	Capacity	What additional infrastructure is needed in addition to that which is already provided?	How will this be funded?	When will the identified infrastructure be needed?
		existing NHS Estate New build		
Manningtree, Lawford, Mistley	1138	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate New Build	Section 106/ 3PD Investment	
Brightlingsea	174	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	Section 106/ 3PD Investment	
Alresford	249	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	Section 106	
Elmstead Market	154		Section 106	
Great Bentley	250		Section 106	
Little Clacton	174	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	Section 106	
St Osyth	278	Each significant site will be reviewed	Section 106	

	Capacity	What additional infrastructure is needed in addition to that which is already provided?	How will this be funded?	When will the identified infrastructure be needed?
		individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate		
Thorpe Le Soken	138	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	Section 106	
Weeley	318	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	Section 106	
Smaller Rural Settlements	262	Each significant site will be reviewed individually or as part of the hub and spoke modelling exercise for potential Enhanced Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate	Section 106	

6.0 Conclusions

6.1 This response follows a consultation by Tendring District Council on the Draft Local Plan.

6.2 In its capacity as healthcare provider, NHS England and the CCG have requested that the Local Planning Authority identifies policies and strategies that are considered to directly or indirectly impact upon healthcare provision and has responded with comments to help shape future policy.

6.3 Assuming the comments are incorporated wholly within the future Local Plan then NHS England would not wish to raise an objection to the Tendring Draft Local Plan.

6.4 NHS England has also identified shortfalls in capacity at existing premises covered by the DLP. Provision needs to be made within the emerging DLP to address the impacts of development on health infrastructure and to ensure timely cost-effective delivery of necessary infrastructure improvements, in the interests of pursuing sustainable development.

6.5 The recommendations set out above are those that NHS England, the CCG and NHSPS deem appropriate having regard to the projected needs arising from the Tendring District Local Plan. However, if the recommendations are not implemented then NHS England reserve the right to make representations about the soundness of the plan at relevant junctures during the adoption process.

Yours faithfully

Kerry Harding
Head of Estates (NHS England)

Jane Mower
Estates Development Manager (NEE CCG)

CC: Pam Green – North East Essex CCG
Clare McInerney – North East Essex CCG
Stuart Quinton – NHS England

4 Health and Social Wellbeing

4.1 For the purposes of the IDP, health and social wellbeing consists of the following:

- General Practitioner (GP) services
- Hospitals
- Social care
- Public health

Comment [HK1]: Please note this definition is not the definition that the NHS would use but we accept it is the definition used in this document .

4.2 This analysis does not take into account specific wider primary care service needs such as dentists, pharmacies, opticians, community health (health visiting, school nursing, midwifery, district nursing, etc). All of these services will be impacted by demand from growth. [The NHS remains the commissioning body for these services and requirements must be judged by the commissioning intentions of the appropriate NHS body.]

4.3 The Health and Social Care Act 2012 has radically changed the way in which health care services are planned and organised. These are primarily provided by the Clinical Commissioning Groups (CCGs). The CCG is responsible for planning and buying ('commissioning') local health care services.

4.4 Sustainability and Transformation Plans (STPs) are being prepared for wider areas that incorporate several CCG areas. Draft STP's were, published in October 2016, summarising the work to date and outlining how system-wide plans can be delivered across organisations. This is an iterative document and will be reviewed periodically.

4.5 Public health services are provided by Essex County Council in partnership with the respective local authorities. These services are focused on prevention and early intervention, specifically developing measures that help to reduce illness and to tackle the causes of poor health at source. This includes initiatives to increase activity and healthy living, such as cycling and walking, as well as provision of green space within developments. The strategic overview of the STPs includes consideration of these issues.

Primary Care Services

4.6 The Primary Care Strategies of the CCG's focus on the following key areas:

- General Practice to be provided at scale aligned to defined neighbourhoods.
 - The creation of a neighbourhood multi-disciplinary primary care workforce embedded in the Care Closer to Home model of care. This will provide General Practice that is fully integrated; including the local authority and voluntary sectors.
 - Improved use of technology in General Practice.
 - Improved quality of care and safety of General Practice.
 - Increased patient access Fit for purpose estate for the delivery of modern General Practice.
 - Supporting the development of a resilient General Practice workforce.
 - Improved GP Training Facilities
- 4.7 A particular focus of the STPs is bringing simple diagnostics into communities. The CCG(s) are also looking at more prevention-based and integrated service provision with social care.
- 4.8 This growing focus on bringing care provision into the community may see the creation of health care 'hubs'/networks.
- 4.9 In addition there may be a need to increase estate, or an investment into buildings and infrastructure to make them fit for purpose. New facilities do not have to be stand alone buildings.
- 4.10 There are also STP priorities related to increased use technology including, but not limited to:
- Our patients and citizens can receive the care and support they need to live healthier, happier lives
 - We provide the information and tools to allow our population to take responsibility for their own health and wellbeing
 - Our professionals are supported in delivering that care; digital capability must enhance our working lives, not add unnecessary challenge, duplication or distraction
 - Our respective organisations have the technology solutions to operate in an efficient and cost effective way which supports continued high performance and future sustainability
 - We work as a system to provide joined up health and care to our populations
- 4.11 This in turn will provide alternative methods for patients and the wider community to receive and contribute to care using technologies that most appropriately meet their needs.

Hospitals

4.12 The STPs envisage that, hospital services will be reconfigured and transformed, with new models of care meaning more care will be provided as close to people's homes as possible.

At this current time it is not possible to accurately determine the nature of any infrastructure requirements related to hospital-based care.

Social care

4.13 Social care for both adults and children is provided by Essex County Council (ECC). This covers a range of functions and services and is provided by a range of different providers.

Comment [HK2]: This is a suggestion only as we do not commission social care

4.14 Essex County Council can make specific provision of built infrastructure for care services, e.g. extra care.

Comment [HK3]: Again suggest check with ECC.

Public health

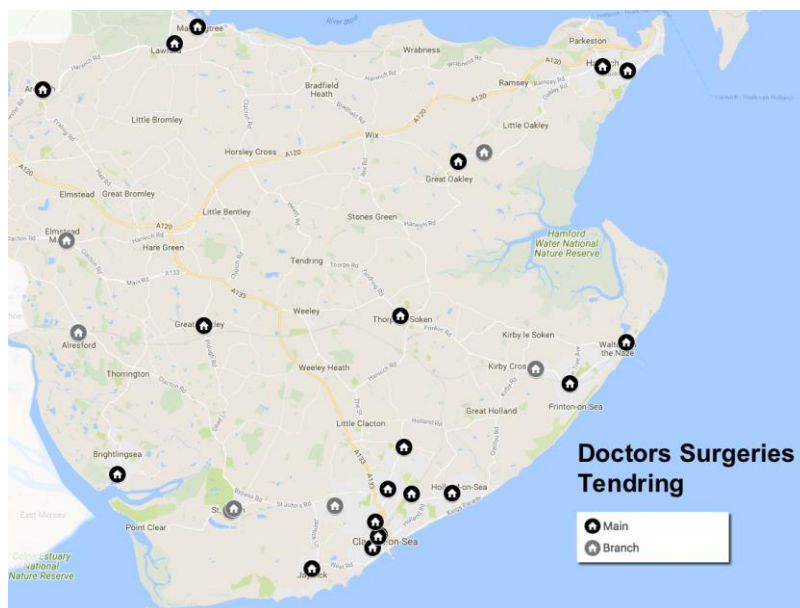
4.15 Responsibility for public health was moved out of the NHS into local government in April 2013. Health and Wellbeing Boards (HWBs) promote co-operation from leaders in the health and social care system to improve the health and wellbeing of their local population and reduce health inequalities.

4.16 HWBs are responsible for producing a Joint Health & Wellbeing Strategies (JHWS), Joint Strategic Needs Assessments (JSNA) and Pharmaceutical Needs Assessments (PNA) for the Colchester borough area.

Existing provision

4.17 Figure 4.1 shows the location of existing General Practitioner (GP) surgeries.

Figure 4.1: Location of existing GP surgeries Tendring District Council



Needs

- 4.18 Generally the NHS policy locally is to attempt to accommodate growth wherever possible within current premises envelope, though this is likely to require capital works to adapt facilities over time, and only to seek new premises where this is demonstrably necessary.
- 4.19 It is not possible to accurately determine the build cost or size of new health facilities at this stage. This will depend on a large number of complex and inter-related factors that can only be resolved at a more advanced stage in the planning process. It will not be the case that each new health facility would be a fixed size or would have a fixed range of services.
- 4.20 Clinically there are circumstances where co location of GP and other NHS or social care functions are desirable and would be considered or sought.
- 4.21 Growth at Hartley Garden Village (TRG1) could be addressed through a hub and spoke model approach working with providers.

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Site	Capacity	What additional infrastructure is needed in addition to that which is already provided?	How will this be funded?	When will the identified infrastructure be needed?
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Site	Capacity	What additional infrastructure is needed in addition to that which is already provided?	How will this be funded?	When will the identified infrastructure be needed?
		Primary Care floor space provision – reconfiguration and/or refurbishment of existing NHS Estate		
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Costs

- 4.22 It is not possible to accurately determine the build cost or size of new health facilities at this stage. This will depend on a large number of complex and inter-related factors that can only be resolved at a more advanced stage in the planning process. It will not be the case that each new health facility would be a fixed size or would have a fixed range of services.

Funding

- 4.23 NHS capital funding is extremely limited and is mainly to facilitate small improvement works. For the provision of new healthcare facilities there are various non NHS capital funding options, for which the NHS would be responsible for the revenue consequences.
- 4.24 Revenue consequences of any infrastructure works would need to be carefully considered and subject to the NHS approval process.
- 4.25 Shared facilities may necessitate the need for individually leased spaces and separate revenue funding streams.
- 4.26 Delivery of, or contributions to, new health care facilities may be sought from developers as part of mitigation and is normally a prerequisite to delivery of sustainable development.

Timing and nature of future provision

- 4.27 The provision of appropriate primary healthcare facilities to support growth is a critical item. The necessary provision should be delivered as new growth comes forward to ensure that health care impacts are appropriately mitigated.
- 4.28 Where any on-site provision is required. This may need to be phased to reflect the time period over which growth is expected or to accommodate certain issues. The IDP identifies a series of infrastructure requirements, either in the form of expansion or improvement of existing or new health care facilities. The exact quantum of space and the nature of the requirement will need to be discussed at the point of the development of specific proposals.
- 4.29 The reason for this is that healthcare services and models of care are under review and are likely to change significantly.
- 4.30 Over the plan period, health care provision will need investment. It is likely it will be in very different forms than the buildings that have traditionally been developed. It will be important that requirements are reviewed regularly as part of the IDP iterative process. It is important that local authorities and developers liaise with health commissioners at the

earliest possible stage in order to understand what type of provision will fit most appropriately with local needs.