

Our ref: SNEE/001223/STU
Date: 18/12/2023

planning.apps@snee.nhs.uk

By Email Only

Your Ref: 23/01994/FUL

Planning and Regulatory Services,
West Suffolk Council
West Suffolk House,
Western Way,
Bury St. Edmunds.
Suffolk IP33 7YU

Dear Sir/Madam,

Proposal: Demolition of the existing buildings on site, and the erection of a 64no. bed care home (Use Class C2), together with access, car parking, landscaping and associated works

Location: The Woodlands Hotel Coupals Road Sturmer Essex CB9 7UW

1.0 Introduction

- 1.1 Thank you for consulting Suffolk and North East Essex Integrated Care Board on the above planning application.
- 1.2 I refer to the above planning application and advise that, further to a review of the applicants' submission the following comments are with regard to the primary healthcare provision on behalf of Suffolk and North East Essex ICB.

2.0 Existing Healthcare Position Proximate to the Planning Application Site

- 2.1 The proposed development is likely to have an impact on the services of two main GP practices within the vicinity of the application site. The GP practices do not have capacity for the additional growth resulting from this development.
- 2.2 The proposed development will likely have an impact on the NHS funding programme for the delivery of primary healthcare provision within this area and specifically within the health catchment of the development. NHS England would therefore expect these impacts to be fully assessed and mitigated.

3.0 Review of Planning Application

- 3.1 Suffolk and North Essex ICB acknowledge that the planning application does include a Health Impact Assessment (HIA), however this does not appear to recognise that a capital contribution may be required to mitigate the primary healthcare impacts arising from the proposed development.

3.2 A Healthcare Impact Assessment (HIA) has been prepared by Suffolk and North Essex ICB to provide the basis for a developer contribution towards capital funding to increase capacity within the GP Catchment Area.

4.0 Assessment of Development Impact on Existing Healthcare Provision

4.1 The existing GP practices do not have capacity to accommodate the additional growth resulting from the proposed development. The development could generate approximately 64 residents and subsequently increase demand upon existing constrained services.

4.2 The primary healthcare service directly impacted by the proposed development and the current capacity position is shown in Table 1.

Table 1: Summary position for primary healthcare services within 2km catchment (or closest to) the proposed development

Premises	Weighted List Size ¹	NIA (m ²) ²	Capacity ³	Spare Capacity (NIA m ²) ⁴
Haverhill Family Practice	16,618	773.48	11,280	-366
Unity Healthcare	16,137	672	9,800	-435
Total	32,755	1,445.48	21,080	-801

Notes:

1. The weighted list size of the GP Practice based on the Carr-Hill formula, this figure more accurately reflects the need of a practice in terms of resource and space and may be slightly lower or higher than the actual patient list.
2. Current Net Internal Area occupied by the Practice
3. Based on 120m² per 1750 patients (this is considered the current optimal list size for a single GP within the East DCO). Space requirement aligned to DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services"
4. Based on existing weighted list size

4.3 The development would have an impact on the primary healthcare provision in the area and its implications, if unmitigated, would be unsustainable. The proposed development must therefore, in order to be considered under the 'presumption in favour of sustainable development' advocated in the National Planning Policy Framework, provide appropriate levels of mitigation.

5.0 Healthcare Needs Arising From the Proposed Development

5.1 At the earliest stage in the planning process it is recommended that work is undertaken with NHS England and Public Health England to understand the current and future dental needs of the development and surrounding areas giving consideration to the current dental provision, current oral health status of the area and predicted population growth to ensure that there is sufficient and appropriate dental services that are accessible to meet the needs of the development but also address existing gaps and inequalities.

5.2 Encourage oral health preventative advice at every opportunity when planning a development, ensuring that oral health is everybody's business, integrating this into the community and including this in the health hubs to encourage and enable residents to invest in their own oral healthcare at every stage of their life.

5.3 Health & Wellbeing Statement

As an Integrated Care System it is our ambition that every one of the one million people living in Suffolk and North East Essex is able to live as healthy a life as possible and has access to the help and treatment that they need in the right place, with good outcomes and experience of the care they receive.

Suffolk and North East Essex Integrated Care System, recognises and supports the role of planning to create healthy, inclusive communities and reduce health inequalities whilst supporting local strategies to improve health, social and cultural wellbeing for all aligned to the guidance in the NPPF section 91.

The way health and care is being delivered is evolving, partly due to advances in digital technology and workforce challenges. Infrastructure changes and funds received as a result of this development may incorporate not only extensions, refurbishments, reconfigurations or new buildings but will also look to address workforce issues, allow for future digital innovations and support initiatives that prevent poor health or improve health and wellbeing.

The NHS Long term plan requires a move to increase investment in the wider health and care system and support reducing health inequalities in the population. This includes investment in primary medical, community health services, the voluntary and community sector and services provided by local authorities so to boost out of hospital care and dissolve the historic divide between primary and community health services. As such, a move to health hubs incorporating health and wellbeing teams delivering a number of primary and secondary care services including mental health professionals, are being developed. The Acute hospitals will be focussing on providing specialist treatments and will need to expand these services to cope with additional growth. Any services which do not need to be delivered in an acute setting will look to be delivered in the community, closer to people’s homes.

The health impact assessment (HIA) submitted with the planning application will be used to assess the application. This HIA will be cross-referenced with local health evidence/needs assessments and commissioners/providers own strategies so to ensure that the proposal impacts positively on health and wellbeing whilst any unintended consequences arising are suitably mitigated against.

- 5.4 The development would give rise to a need for improvements to capacity, in line with emerging STP Estates Strategy; by way of refurbishment, reconfiguration, extension, or potential relocation for the benefit of the patients of Haverhill Family Practice & Unity Healthcare or through other solutions that address capacity and increased demand as outlined in 5.3 - Health & Wellbeing Statement. For this a proportion of the cost would need to be met by the developer.
- 5.5 Table 2 provides the Capital Cost Calculation of additional primary healthcare services arising from the development proposal.

Table 2: Capital Cost calculation of additional primary healthcare services arising from the development proposal

Premises	Additional Population Growth ⁵	Additional floorspace required to meet growth (m ²) ⁶	Spare Capacity (NIA) ⁷	Capital required to create additional floor space (£) ⁸
Haverhill Family Practice	32	2.19	-366	£8,000.00
Unity Healthcare	32	2.19	-435	£8,000.00
Total	64	4.38	-801	£16,000.00

Notes:

5. Calculated using the West Suffolk District average household size of 2.4 taken from the 2011 Census: Rooms, bedrooms and central heating, local authorities in England and Wales (rounded to the nearest whole number).
6. Based on 120m² per 1750 patients (this is considered the current optimal list size for a single GP within the East DCO). Space requirement aligned to DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services"
7. Existing capacity within premises as shown in Table 1
8. Based on standard m² cost multiplier for primary healthcare in the East Anglia Region from the BCIS Public Sector Q1 2020 price & cost Index, adjusted for professional fees, fit out and contingencies budget (£3,652/m²), rounded to nearest £100.

5.4 A developer contribution will be required to mitigate the impacts of this proposal. NHS England calculates the level of contribution required, in this instance to be **£16,000.00**. Payment should be made before the development commences.

5.5 Suffolk and North Essex ICB therefore requests that this sum be secured through a planning obligation linked to any grant of planning permission, in the form of a Section 106 planning obligation.

6.0 Conclusions

6.1 In its capacity as the healthcare provider, Suffolk and North Essex ICB has identified that the development will give rise to a need for additional primary healthcare provision to mitigate impacts arising from the development.

6.2 The capital required through developer contribution would form a proportion of the required funding for the provision of capacity to absorb the patient growth generated by this development.

6.3 Assuming the above is considered in conjunction with the current application process, NHS England would not wish to raise an objection to the proposed development. Otherwise the Local Planning Authority may wish to review the development's sustainability if such impacts are not satisfactorily mitigated.

6.4 The terms set out above are those that Suffolk and North Essex ICB deem appropriate having regard to the formulated needs arising from the development.

6.5 Suffolk and North Essex ICB is satisfied that the basis and value of the developer contribution sought is consistent with the policy and tests for imposing planning obligations set out in the NPPF.

6.6 NHS England and the CCG look forward to working with the applicant and the Council to satisfactorily address the issues raised in this consultation response and would appreciate acknowledgement of the safe receipt of this letter.

Yours faithfully



Chris Crisell
Estates Strategic Planning Manager
Suffolk and North Essex ICB

