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5 January 2024

<https://hertsandwestessex.icb.nhs.uk>

By email:

FAO Mark Boulton
Inquiries and Major Casework Team
Planning Inspectorate

Dear Mark,

Re. Planning Application Consultation: S62A/2023/0028 - Land off Chelmsford Road, Hartford End, Chelmsford, Essex

Proposal: Construction of up to 50 dwellings (Use Class C3) and associated access and bus stops with all matters reserved apart from access

Thank you for consulting the Hertfordshire and West Essex Integrated Care Board (HWE ICB) on the above-mentioned planning application.

The HWE ICB became a statutory body on 1 July 2022 and is the health commissioner responsible for delivering joined up health and social health care to a population of c1.8m. in Hertfordshire and west Essex.

The HWE ICB works in partnership with health providers, local authorities, and other organisations to:

- improve the general health and wellbeing of Hertfordshire and west Essex residents and improve health care services in the area.
- tackle the inequalities which affect people's physical and mental health, such as their ability to get the health services they need, and the quality of those services help tackle health and wider inequalities.
- get the most out of local health and care services and make sure that they are good value for money.
- help the NHS support social and economic development in Hertfordshire and west Essex.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

Assessment of impact on existing Healthcare Provision

The HWE ICB has assessed the impact of the proposed development on existing primary health care provision in the vicinity of the development.

This proposed development would deliver 50 dwellings, which based on an average occupancy of 2.4 occupants per dwelling will create circa **120 new patient registrations.**

Within the HWE ICB there are 34 Primary Care Networks (PCNs) across the 14 localities; each covering a population of between circa 27,000 and 68,000 patients. These PCNs are expected to deliver services at scale for its registered population whilst working collaboratively with acute, community, voluntary and social care services in order to ensure an integrated approach to patient care. As such a doctors' general practitioners' surgery may include an ancillary pharmacy and ancillary facilities for treatments provided by general practitioners, nurses and other healthcare professionals. South Uttlesford PCN, under which this development directly falls, has a combined patient registration **list of 54,589** which is growing.

Patients are at liberty to choose which GP practice to register with providing they live within the practice boundary. However, the majority of patients choose to register with the surgery closest and/or most easily accessible to their home for the following reasons: it is the quickest journey, accessible by public transport or is in walking distance), parking provision, especially for families with young children and for older adults.

Despite premises constraints GP Practices are not allowed to close their lists to new registrations without consultation with, and permission from the HWE ICB. Even when surgeries are significantly constrained the NHS will seek to avoid a situation where a patient is denied access to their nearest GP surgery, with patient lists only closed in exceptional circumstances.

As a result of significant growth proposed in Local Plans, the HWE ICB expects applications to close lists to increase. It is therefore important that new developments make a financial contribution to mitigate any primary health care impacts the development will have.

Healthcare Needs Arising from the Proposed Development

This development will have an impact on primary health care provision in the area, and its implications, if unmitigated, would be unsustainable for the NHS.

The financial contribution for health infrastructure that the HWE ICB is seeking, to mitigate the primary health care impacts from this development, has been calculated using a formula based on the number of units proposed and does not take into account any existing deficiencies or shortfalls in Felsted and its vicinity, or other development proposals in the area.



Cost calculation of additional primary healthcare services arising from the development proposal

120 new patient registrations/2000 = 0.06 of a GP *GP based on ratio of 2,000 patients per 1 GP and 199m² as set out in the NHS England “Premises Principles of Best Practice Part 1 Procurement & Development”

$0.06 \times 199 \text{ m}^2 = 11.94 \text{ m}^2$ of additional space required

$11.94 \text{ m}^2 \times \text{£}5,410^* \text{ per m}^2 = \text{£}64,595.40$ (*Build cost; includes fit out and fees)

$\text{£}64,595.40 / 50 \text{ dwellings} = \text{£}1,291.908$ per dwelling (rounded up to £1,292 per dwelling)

Total GMS monies requested: 50 dwellings x £1,292.00 = £64,600.00

The HWE ICB therefore requests that this sum is secured through a planning obligation attached to any grant of planning permission, in the form of a Section 106 planning obligation. A trigger point of payment on occupancy of the 10th Dwelling is requested.

Please note, the developer contribution figure referred to in this response is a calculation only and that the final payment will be based on the actual dwelling unit mix and the inclusion of indexation.

If planning permission is granted, the HWE ICB propose to focus Section 106 monies on Felsted Surgery. The ICB are already in discussions with the practice and exploring an increase in capacity by way of re-configuring, extending or relocating the GP premises to provide sufficient space to increase resources and clinical services and thus keep the patient lists open.

In terms of identifying a project in full at this stage for Felsted Surgery, please note:

- All projects are subject to Full Business Case approval by the HWE ICB and NHS England.
- Any commercial arrangement has to be agreed between the landowner, developer and end user based on a compliant design specification and which demonstrates value for money.
- All planning applications and responses are in the public domain; identifying a project before any design work starts and funding is discussed, agreed and secured may raise public expectation and indicate a promise of improvements and increased capacity, which are subject to both the above points. Securing developers contributions to all aspects of healthcare is therefore vital.

- A project identified and costed in response to the planning application may not meet the objectives of current strategies or could have significantly increased in cost, especially if there has been any significant time lapse from the date of the response to the date of implementation of the planning consent.

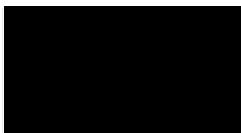
In conclusion, in its capacity as the primary healthcare commissioner with full delegation from NHS England, the HWE ICB has identified a need for additional primary healthcare provision to mitigate the impacts arising from the proposed development. The cost calculation, set out above are those that the HWE ICB and NHS England deem appropriate having regard to the formulated needs arising from the development.

The HWE ICB is satisfied that the basis and value of the developer contribution sought is consistent with the policy and tests for imposing planning obligations, as set out in the NPPF. Further, NHS England and the HWE ICB reserve the right to apply for S106 money retrospectively and the right to amend and request that this be reflected in any S106 agreement.

Subject to certainty that developer contributions are secured, as set out above, the HWE ICB does not raise an objection to the proposed development.

The HWE ICB looks forward to working with the Council to satisfactorily address the issues raised in this consultation response and would appreciate acknowledgement of receipt of this letter.

Yours sincerely,



Sue Fogden MRICS LLB (Hons)
Director – Estates and Capital
NHS Hertfordshire & West Essex ICB

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

