

Charter House
Parkway
Welwyn Garden City
Hertfordshire
AL8 6JL

9th September 2024

Ms Leanne Palmer
Planning Inspectorate
S62a Application Team
3rd Floor, Temple Quay House
2 The Square, Temple Quay
Bristol BS1 6PN

By Email Only: section62a@planninginspectorate.gov.uk

Dear Ms Palmer,

S62A/2024/0057 – Former Friends School Field Mount Pleasant Road, Saffron Walden, Essex

Further to the Applicant's letter to the Planning Inspectorate, dated 20th September 2024, which responded to consultee comments on the above-mentioned planning application and section 106 contributions sought, please find below the NHS HWE ICB's response to the issues and questions raised in relation to primary healthcare financial contributions. Please note, this letter supersedes the HWE ICB's response dated 20th August.

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 c1.5m. 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.

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- 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.

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 and around the vicinity of Saffron Walden.

The proposed development would deliver 91 dwellings, which based on an average occupancy of 2.4 occupants per dwelling will create circa 218 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. The PCN that covers Saffron Walden (North Uttlesford PCN) and under which this development falls has a combined patient registration list of 42,380 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

Development at Former Friends School Field, Mount Pleasant Road 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 Saffron Walden and its vicinity, or other development proposals in the area.

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

218 new patient registrations/2000 = 0.109 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"

0.109 x 199 m² = 21.691 m² of additional space required

21.691 m² x £7,000* per m² = £151,837 (*Build cost; includes fit out and fees)

£151,837 / 91 dwellings = £1,668.50 per dwelling (rounded up to £1,669 per dwelling)

Total GMS monies requested: 91 dwellings x £1,669 per dwelling = £151,879 (to include indexation)

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 also requested.

If planning permission is granted, the HWE ICB propose to focus Section 106 monies on Gold Street Surgery and Crocus Medical Practice in Saffron Walden.

Gold Street Surgery has an identified need for additional space and for compliant premises. The current surgery premises cannot facilitate new patients arising from new developments in Saffron Walden, with the age, condition and tenure of the existing premises a further constraint.

Following 'joined up' working with the Uttlesford District Council, a significant footprint of underutilised space has been found at the District Council Offices located close to the existing Gold Street Surgery. Relocating Gold Street Surgery will change the patient's journey in visiting the

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surgery and will involve the patient not only having their health needs cared for, but also the potential for social prescribing, housing, citizen's advice, etc, with many more partner organisations able to support patients/residents in leading healthier lifestyles.

The Council and the Gold Street GP partners have worked together with the HWE ICB premises team to produce a feasibility business case for the Gold Street Surgery to relocate to this underutilised space. A full business case is now being drawn up, which will require approval by the HWE ICB and NHS England.

With regard to the Crocus Medical Practice, the HWE ICB has explored 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. As a result, in 2021 the practice relocated into the Saffron Walden Community Hospital to provide better premise but also allow to cater for the future growth of the Saffron Walden area. These works were paid for by the NHS using capital monies, therefore section 106 monies will be used to offset that previous expenditure.

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

- All projects are subject to Full Business Case approval by the HWE ICB and NHS England.
- A 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 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.

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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.

Subject to certainty that primary healthcare will form part of the development, with developer contributions secured, as set out above, the HWE ICB does not raise an objection to the proposed development.

With regard to the Harborough High Court Judgement, reference by the Applicant in their letter dated 20th September, this High Court Judgement has no bearing on this planning application and the primary healthcare infrastructure request of the HWE ICB. This judgement concerned acute healthcare and revenue contributions and did not rule on the legality of the NHS seeking section 106 contributions. However, the judgement does put an additional burden on the NHS to provide evidence to support NHS financial asks; covered in this letter.

Attached is an appeal decision for Glastonbury, where the appellant challenged the ICB's primary health care requests on the grounds that health care provision is centrally funded, and by extension that a financial contribution is not fair and reasonably related to the development (paras 75-81). The Inspector ruled in favour of a NHS contribution, saying it is wrong to infer there is no connection between ONS population projections used in NHS funding and new development.

The Inspector highlighted the difference between the approach of the ICB in this case (which is the same as the HWE ICB's position), and the Leicester acute trust case that sought to plug a revenue funding gap. The Inspector concluded that the development would be unacceptable without a proportionate contribution to primary healthcare premises. Further, the calculation based on household size to reflect additional patients, applying a floor space calculation methodology, represented an appropriate evidence base.

Please do not hesitate to contact me if you require any further information or have questions of clarification arising from this response.

Yours faithfully,



Rachael Donovan
Town Planning Policy Manager
NHS Hertfordshire & West Essex ICB

Dr Jane Halpin, Chief Executive

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