

Our Ref: DW/14.2471

Your Ref: Strategic Growth Options

17 February 2015

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Strategic Growth Options Consultation 2015Planning Policy Team
Brentwood Borough Council
Town Hall
Ingrave Road
Brentwood
CM15 8AYBy post and email: planning.policy@brentwood.gov.uk

Dear Sir / Madam

**Brentwood Borough Council
Response to the Strategic Growth Options Consultation****1.0 Introduction**

- 1.1 Thank you for consulting NHS England on the above consultation document informing the Local Development Plan (LDP) process. NHS England has previously provided input into the Preferred Options Consultation for Brentwood Council, and the contents of this past statement is still relevant for consideration.
- 1.2 The following comments are with regard to the Healthcare provision on behalf of NHS England – Essex Area Team, incorporating the Basildon and Brentwood Clinical Commissioning Group (CCG) & NHS Property Services (NHSPS).

2.0 Existing Healthcare Position In the Emerging Plan Area

- 2.1 The LDP Document solely covers the administrative area at the boundary of Brentwood, and affects the services and facilities of both NHS England and those operated by the CCG.
- 2.2 In previous responses, NHS England has made clear the healthcare provision levels across the relevant administrative areas and identified shortfalls in capacity. A summary of the current position is set out in Appendix 1 and names the healthcare premises in the Borough.
- 2.3 It is proposed to provide 5,500 homes over the plan period. A proportion of these may feature in the Dunton Garden Suburb that is currently being considered (an independent response from NHS England has been made in respect of that consultation).

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- 2.4 Brentwood is seeking to provide 2,500 homes on existing brownfield sites within existing settlements, and are then considering where to locate a further 3,000 homes.
- 2.5 Limited growth and infill in existing settlements may not have a significant impact. However, large scale growth and intensification of urban areas will lead to a population increase that will have a resultant burden on healthcare infrastructure within the established areas. It is important to acknowledge that, dependent upon the location of the growth, existing GP practices do not have capacity to accommodate significant growth.
- 2.6 The Brentwood Community Hospital in Crescent Drive does have some capacity, and is an underutilised resource at present. The role of this hospital will need to be reviewed with the expanding population. The CCG will continue to work with Brentwood Borough Council on improving the service provision at this premises.
- 2.7 A large number of the housing sites being considered for potential strategic growth are to the southeast of Brentwood and Shenfield, and east of Ingrave (Figure 8 in the consultation document). Whilst there are no specific allocations being made at this time, NHS England would raise concerns regarding the sustainability of this location from a healthcare perspective.
- 2.8 Most of these sites are a significant distance from existing healthcare facilities. There are GP surgeries within Brentwood and Shenfield (capacity issues identified in Appendix 1) but these are beyond reasonable walking distance. No services are available in Ingrave or Herongate on the A129. Therefore a lot of the growth sites within the 'A12 Corridor' would be unsupported by medical facilities.
- 2.9 Therefore it can be seen that the existing health infrastructure requires investment and improvement in order to meet the requirements/needs of the planned growth shown in this consultation document. The development would have an impact on healthcare provision in the area and its implications, if unmitigated, would be unsustainable.
- 3.0 Assessment of Policies and Strategies that have Healthcare Implications**
- 3.1 In progressing the Strategic Growth Options, care should be taken to ensure that emerging policies and allocations will not have an adverse impact on healthcare provision within the plan area and over the plan period. In instances where major policies involve the provision of development in locations where healthcare service capacity is insufficient to meet the augmented needs (identified above), appropriate mitigation will need to be sought.
- 3.2 To this extent, the content of paragraph 6.5 in the consultation document is welcomed as relates to partnership working with NHS England. Delivery of essential infrastructure via developer funded projects would be the most effective scenario for meeting the intended growth. It is also recommended that partnership working with the CCG is enhanced.

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- 3.3 Table 1 below sets out a basic approach to assessing the healthcare needs arising solely out of the forecast growth figures set out in the consultation document (i.e. non-area specific assessment). Separate statistics to meet any planned expansion at the Dunton Garden Suburb are set out in a separate consultation, although there is likely to be some overlap depending on the planned populations across the relevant sites.
- 3.4 There will be a need to support the relocation and/or expansion of existing primary care facilities within the established urban areas. There will also be a need to provide new bespoke healthcare services to meet the demands arising from the proposed additional residential expansion outside of existing settlements.

Table 1: Healthcare Infrastructure and Funding Requirements

Growth Amount ¹	Population Arising ²	Additional floor space to meet growth (m ²) ³
2,500 homes (BF) ⁴	6,000	411
3,000 homes (GF) ⁵	7,200	493
5,500 homes (total)	13,200	904

1. Forecast residential growth (mixed tenure homes) forecast in the consultation document.
2. Based on the average household size of 2.4 based on census data for Essex
3. Based on 120m² floor space per 1750 patients (Net Internal Area).
4. BF = Brownfield Projected Delivery
5. GF = Greenfield Projected Delivery

- 3.5 Provision of new facilities could be in the form of a new purpose built building to act as a health centre hub, incorporating the potential relocation of an existing primary care practice, or specific planned expansion at those surgeries closely linked to and affected by proposed growth; it will be easier to identify and plan for such healthcare expansion once more formal development plans are tabled. It is worth noting that figures in Table 1 exclude the additional need to provide secondary care services and the need for car parking.
- 3.6 It is acknowledged that not all sites being considered for strategic housing allocations will come forward. However, NHS England would advise that any applications for 50 dwellings or more (or smaller schemes in a locality that cumulatively exceed this figure) will have an impact on healthcare infrastructure and sufficient contributions to mitigate against the impact must be secured from the developers. In larger sites, space and land allocated must be preserved for health care services at the heart of the new population.
- 3.7 Policies should be explicit in that financial contributions towards healthcare provision will be obtained for healthcare purposes and the Local Planning Authority will consider a development's sustainability with regard to effective healthcare provision.

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- 3.8 The exact nature and scale of the contribution and the subsequent expenditure by NHS England will be calculated at an appropriate time as and if schemes come forward over the plan period to realise the objectives of accommodating growth.
- 3.9 Of the five options advocated in the accompanying Sustainability Appraisal, it is suggested that a single large site necessitating the need for new facilities specific to that development would be more sustainable than dispersing growth in many settlements. Numerous smaller extensions could have impacts on existing infrastructure left unmitigated, or the level of contribution falling short of the requirements to provide adequate healthcare.
- 3.10 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. Any expansions, extensions and/or proposals for new bespoke facilities that may/may not involve relocation of existing surgeries will need to meet the 'business case' test within NHSPS.
- 3.11 Notwithstanding this, there should be a supportive approach from the Local Planning Authority to the provision, improvement, expansion, extension or alteration of existing medical facilities.
- 3.12 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 strategy documents.
- 3.13 The Sustainability Appraisal, although interim at present, is non-specific in assessing the sustainability of health care facilities. Paragraphs 7.5.1 onwards (including table 8.1.1) do not give any base line data from which a proper health impact assessment can be undertaken. The appraisal findings at 13.3.1 also do not consider impacts on healthcare infrastructure, focusing only sustainable and healthy lifestyles; the findings in Appendix 1 do not identify baseline health service issues.
- 3.14 NHS England and the CCG are willing to work in partnership with the Local Planning Authority to overcome this oversight and to ensure that appropriate comprehensive consideration of sustainable healthcare is fully integrated into the plan making process.

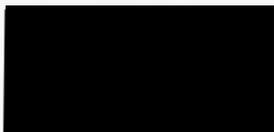
4.0 Conclusions

- 4.1 This response follows the Strategic Growth Options Consultation. The purpose of the consultation is to gauge opinion on the potential for housing growth in locations across the Borough of Brentwood

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- 4.2 In its capacity as the healthcare provider, NHS England has requested that the Local Planning Authority recognises the current capacity constraints for healthcare facilities in the region, and that reliance upon existing infrastructure to accommodate the needs associated with the proposed growth would be unsustainable.
- 4.3 NHS England has identified that any development on the scale as proposed will give rise to demands warranting provision of healthcare facilities. It has recommended that an area for healthcare is allocated in any future large scale growth areas and that prospective developers provide financial contributions or provide new facilities commensurate with the growth and area subject of their proposals.
- 4.4 NHS England has identified shortfalls in capacity at existing premises. Provision needs to be made in any future progression of the Strategic Growth Options to address the impacts of development on health infrastructure and to ensure timely cost-effective delivery of necessary infrastructure improvements.
- 4.5 Assuming that these recommendations are incorporated wholly during the consideration of the Strategic Growth Options proposals, NHS England would be generally supportive of the plans.
- 4.6 The recommendations set out above are those that NHS England deem appropriate having regard to the projected needs. 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.
- 4.7 When the Council begins work on preparation for an Infrastructure Delivery Plan (IDP) to set out a list of projects at the early stages of drafting a Preliminary Community Infrastructure Levy (CIL) Charging Schedule, NHS England would welcome the opportunity to provide further comments.

Yours faithfully



Kerry Kavanagh
Primary Care Project Support Officer

Enc. NHS England Summary of Healthcare Services in Brentwood

Brentwood Borough Council – Healthcare Infrastructure & Funding Implications of Planned Residential Growth over the Period 2015 - 2030

Planned Residential Growth

- 2.4 Planned residential growth in Brentwood, over the period 2015-2030 is estimated to be approximately 3,515 dwellings³. This level of development would give rise to a population of approximately 8,436⁴. The proposed distribution of this growth across the Borough is shown in Table 4 below and Figure 2 overleaf.

Table 4: Brentwood Borough Council Proposed Growth Areas and Anticipated Level of Growth

No.	Growth Area	No. Houses ¹	Population Arising ²
1	Brentwood & Shenfield Urban Area	1,800	4,320
2	West Horndon	1,500	3,600
3	Villages excluded from Green Belt	200	480
4	Villages in Green Belt	15	36
	Total	3,515	8,436

Notes:

1. Taken from the Brentwood Local Plan 2015-2030 Preferred Options (2013) – currently out for consultation
2. Calculated using the Brentwood Borough average household size of 2.4 taken from the 2011 Census: Rooms, bedrooms and central heating, local authorities in England and Wales (rounded to nearest whole number).

³ Based on the level of growth set out in Brentwood Local Plan 2015-2030 Preferred Options (2013) – please note this document is currently out for consultation and as such no formal commitment has yet been made to the figures stated above.

⁴ Calculated using the Brentwood Borough average household size of 2.4 taken from the 2011 Census: Rooms, bedrooms and central heating, local authorities in England and Wales (rounded to nearest whole number).

Healthcare Infrastructure and Funding Implications of Planned Growth

- 2.5 Table 5 summarises the healthcare needs arising from the 'proposed' levels of growth across the Borough, once the additional staffing and floorspace implications are factored in, including an estimate of the costs for providing new floorspace (assuming zero GP capacity).

Table 5: Capital Cost Calculation for the Provision of Additional Health Services Arising from the Proposed Growth in Brentwood Borough Council

No.	Growth Area	Additional GPs Required to Meet Growth ¹	Additional Floor Area Required to Meet Growth (m ²) ²	Capital Required to Create Additional Floorspace (£) ³
1	Brentwood & Shenfield Urban Area	2.5	300	£600,000
2	West Horndon	2.1	252	£504,000
3	Villages excluded from Green Belt	0.3	36	£72,000
4	Villages in Green Belt	0.009	1	£2,000
	Total	4.91	589	£1,178,000

Notes:

1. Additional growth divided by the optimum patient list size of 1,750 patients per GP WTE.
2. Based on 120m² floorspace per GP x additional GPs required to meet growth.
3. Based on standard m² cost multiplier for primary healthcare facilities in the East Anglia Region from the BCIS Q1 2013 Price Index, adjusted for professional fees, fit out and contingencies budget (£2,000/ m²), rounded to nearest £.

- 2.6 As shown in Table 5, the population arising from the proposed growth set out in the Brentwood Local Plan 2015-2030 Preferred Options (2013) would require provision for an additional 4.91 GPs across the Borough and a funding total of £1,178,000.

Providing cost information