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18 February 2020

Dear Sir / Madam

**Consultation on the Ipswich Borough Council Local Plan Core Strategy and Policies
Development Plan Document Review – Final Draft for comments for the provision of Healthcare
(2016- 2036)**

1.0 Introduction

1.1 Thank you for consulting Ipswich & East Suffolk CCG on the above comments for the provision of Healthcare for the Ipswich Borough Council Local Plan, Proffered Options (LP). This new LP will look at the major factors involved in producing sustainable, vibrant and flourishing communities via planning for the future. This LP looks at spatial strategies, economy, tourism, transport and many other factors that will have an impact in producing viability in production until 2036.

1.2 In reviewing the context, content and recommendations of the LP and its current phase of progression, the following comments are with regard to primary healthcare provision on behalf of Ipswich and East Suffolk Clinical Commissioning Group (CCG) and .

1.3 Comments on the wider impact of planned growth on all local Health services and infrastructure needs to be co-ordinated through wider consultation with the health economy and CCG led forums established to inform the Sustainability and Transformation Plan for the locality. The implementation of the plan will result in extensive transformation to the way that health and care services are delivered, potentially including changes to the physical infrastructure.

2.0 Existing Healthcare Position in the Emerging Plan Area

2.1 The LP consultation covers the administrative area of and Ipswich Borough Council, with reference to the wider areas of Suffolk including Babergh and Mid Suffolk District Council's and Suffolk Coastal District Council

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2.2 Currently within the administrative area of Ipswich Borough Council, healthcare provision incorporates a total of 13 GP Practices (a number of which include health centres) and 2 branch surgeries, 36 pharmacists, 26 dental surgeries, 20 opticians, 1 Acute hospital and 6 clinics.

2.3 These are the healthcare services that the LP 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 service provision. This response relates to the impact on primary care services, secondary care services, community and mental health services.

2.5 In terms of optimal space requirements to encourage a full range of services to be delivered within the community there is an overall capacity deficit, based on weighted patient list sizes¹, within the 13 GP Practices and 2 branch surgeries providing services in the area.

2.6 The CCG, Local Authorities and local stakeholders has begun to address Primary Care capacity issues in the area and currently have projects to increase capacity underway across the Ipswich Borough Council area. These projects vary in size and will initially deliver additional capacity to meet previously identified growth requirements.

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. As commissioners, we work closely with Practices to support their capacity needs and in line with policy changes and new models of care, an increase in footprint is not the only option to increase capacity, working across Primary Care Networks, practices are encouraged to utilise all Estate within their Primary care network patient catchment area. Other options include increasing Digital technology services and utilising community assets for services that do not require a specialist clinical environment. -. there were no specific comments received from the NHS Trusts at this time.

2.8 Upon review some existing health infrastructure will require further investment and improvement in order to meet the needs of the planned growth shown in this LP. The proposed growth scenarios contained within would have an impact on healthcare provision in the area and its implications, if unmitigated, may not be sustainable long term.

3.0 Identification and Assessment of Policies and Strategies that have Healthcare Implications

Below are comments on behalf of the following:

- Ipswich & East Suffolk CCG
- East Suffolk and North Essex NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- East of England Ambulance Service NHS Trust

3.1 POLICY ISPA2 *Strategic Infrastructure Priorities* – The CCG is very happy to see that health provision is identified as key infrastructure and will work with the council and alliance partners in providing holistic healthcare for the residents of Ipswich.

3.2 POLICY ISPA4 *Cross Boundary Mitigation* – Any areas of cross boundary developments, health would be looking for developer contributions from the LPA of the development even if the infrastructure is located within a different LPA. The agreement to work with East Suffolk Council will make requesting cross boundary mitigation easier and this is welcomed by the CCG. The development area near Humber Doucy Lane is within the catchment area of Two Rivers Medical Centre and the CCG anticipates that primary care provision would be prescribed here and subsequently negate the need for primary health being located near the area.

3.3 POLICY CS2 *The Location and Nature of Development* – Designing developments in such a way that encourages the use of more sustainable modes of transport to get to community infrastructure is welcome and will help in the NHS preventative aspirations being obtained.

3.4 POLICY CS5 *Improving Accessibility* – The accessibility of infrastructure is a key factor in designing a development that is aimed at meeting environmental and health objectives. Despite the desire to have all community infrastructure within easily accessible locations, it might not always be possible for health but this does not mean that community space could not be accessible to provide community healthcare services on an ad hoc basis.

3.5 POLICY CS8 *Housing Type and Tenure* – The CCG and Alliance partners would be willing to be involved in any discussions involving assisted living and residential care homes. This area of development puts strain on all healthcare providers in the area and being involved in discussions from the earliest stage possible will help primary, secondary, community and mental health care mitigate the impact.

3.6 POLICY CS10 *Ipswich Garden Suburb* – Despite the relatively large size of the garden suburb development, primary care will be provided for the new patients at both Two Rivers Medical Centre and the new health centre proposed at the Tooks Bakery site. Community health services might be provided closer to the development but discussions would need to be had with the Alliance partners.

3.7 POLICY CS11 *Gypsy and Traveller Accommodation* – The CCG will be happy to be involved in any proposed gypsy and traveller site discussions to ensure that the residents will be able to access primary care.

3.8 POLICY CS16 *Green Infrastructure, Sport and Recreation* – The CCG welcomes the importance attributed to open spaces in the LP and is encouraged to see the health factors being taken into account as well as the environmental benefits.

3.9 POLICY CS17 *Delivering Infrastructure* – S106 is very important when providing health infrastructure and up until recent this has just been accessible to primary care providers through the CCG. NHS England has now provided instructions that all health providers should be looking to request mitigation through S106 or CIL as part of the planning application response process. As part of this process, developments over 250 dwellings will automatically go to the Alliance partners in health for them to make representation and request mitigation. The inclusion of GP surgeries and health centres as key strategic infrastructure is to be commended as this will allow the CCG to strategically plan ahead with the understanding that providing the business case is sustainable it will more likely get approval.

3.10 POLICY CS19 *Provision of Health Services* – There were no specific comments received from the acute trust (ESNEFT) at this time. The support of primary care infrastructure is very welcome and the CCG will always provide facilities that meets the needs of patients but due to a number of factors adhering to the policy of building near the town centre, district or local centre will be difficult. GP surgeries have catchment areas and these might be in conflict with your district or local centres. Primary Care Networks (PCNs) are being introduced to provide a variety of services through a number of surgeries working together and this could influence the location of any new health facility.

Chapter 8.229 There were no specific comments received from the acute trust (ESNEFT) at this time.

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Chapter 8.231 As participants in the Ipswich and East One Public Estate (OPE) the platform is available to make sure that all public buildings are fully utilised. Aside from OPE all of the local health partners meet as part of an Integrated Care System (ICS) and the re-use of sites no longer required by a provider is discussed and only after extensive study would a building be permitted for non-public uses.

Chapter 8.232 The CCG does have plans and work is ongoing regarding provision of primary care in and around Ipswich. A number of feasibility studies are currently taking place with the goal of finding an estates strategy for Ipswich that covers the period of the plan. These feasibility studies are being produced with the support of the OPE and it is hoped that whatever strategy is adopted, the LPAs will support it.

3.11 POLICY DM5 *Protection of Open Spaces, Sport and Recreation* - The CCG welcomes the importance attributed to open spaces in the LP and is encouraged to see the health factors being taken into account as well as the environmental benefits.

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3.12 POLICY DM6 Protection of Open Spaces, Sport and Recreation Facilities – The proposal to request non-residential developments of 1000 sq. m floor space or more to include facilities for employees is to be applauded. The NHS is looking at preventative measures to reduce the number of people requiring medical help and initiatives like this will help to promote health and wellbeing.

3.13 POLICY DM12 Design and Character – Designs that have a multi-functional use in a commercial or community building could help provide the flexibility required to deal with future demand whichever form this might evolve. NHS organisations are beginning to design buildings with this multi-functionality in mind so that rooms can be accessed by multiple organisations, each performing a different service. The CCG welcomes the importance attributed to open spaces in the LP and is encouraged to see the health factors being taken into account as well as the environmental benefits.

3.14 POLICY DM24 Protection and Provision of Community Facilities – The CCG along with Ipswich Borough Council will be looking at short term, medium term and long term strategies for primary care. As part of this, the aim is for all of the health providers in the area of Ipswich to provide an Infrastructure Delivery Plan (IDP). This document will allow all of the interested parties to work cohesively in identifying land and properties that are surplus to requirements and contrarily, if land acquisition could be required. This close working relationship will be key in this process working as effectively as it possibly can going forward.

It is important to remember that improved or newly created infrastructure, alone, will not fully mitigate the impact of development growth. Resource and revenue implications provide a very significant risk to the delivery of primary care services and we should continue to work together to identify ways in which sustainable health care services can be delivered and how development can contribute to healthy communities and the training and recruitment of health care professionals. Issues that are arising from the LP are listed in the table below with comments on behalf of Ipswich & East Suffolk CCG.

Issues arising from the Local Plan

Description of Issues	Primary Care Comments
Ipswich Garden Suburb. District & Local Centres including community buildings with integrated library facilities & police office (where required) alongside new health centre & reserved sites for community use.	NHS England are not dispensing new primary care contracts currently so the opportunities of establishing a new health centre in the Ipswich Garden Suburb are severely reduced. Mitigation for the increase in patients from the proposed Ipswich Garden Suburb will be spread between Two Rivers Medical Practice and the new healthcare facility at Tooks.
Cross-boundary issues	The possibility of issues arising from developments near to local authority boundaries with regards to healthcare provision is prevalent in the LP. The developments of Ipswich Suburb, continued development of Ravenswood and Whitton are examples of these possible cross boundary developments. Communication and cooperation will be vital in making sure that all appropriate stakeholders are aware of developments and mitigation can be sought in a timely manner. Cooperation will be required between the CCG, Ipswich Borough Council, Suffolk Coastal District Council and Babergh & Mild Suffolk District Councils to make sure that the land North of Ipswich which is designated as large development sites in both local authority local plans is accounted for in mitigating health.
Chapter 4.1 Duty to Cooperate	The CCG welcomes this statement and hopes that communication between Ipswich Borough Council and ICS partners will increase as we move through the planning stages.
Chapter 5.4 Deprivation Issues	Health care providers in areas of deprivation are under more pressure than those in areas where deprivation is lower. Due to the extra strain put on health providers in

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	areas of high deprivation, morale and recruitment is lower than areas where the level of deprivation is less. Tackling areas of the highest levels of deprivation must be seen as a priority going forward as the resources required to provide health care in these areas is currently unsustainable.
Chapter 5.25 Managing the additional travel demands that growth will generate.	It is good to see that the benefits of health and wellbeing are being considered in initiatives not intrinsically linked to health. Creating a safe and sustainable link between new developments and areas of commerce and community is essential, be it via a well-lit walking path, cycle path or green corridors. The benefits to resident's wellbeing should not be overlooked as linking people that would otherwise be isolated can have a major benefit to mental health.
Chapter 5.26 Health and Wellbeing	As health care providers, we aim to provide health care facilities in a timely manner that is in line with the growth. The physical building of a health and/or social facility or improving one is relatively acquirable in most circumstances but there is currently a national shortage of NHS staff in both primary care and secondary care and that provides issues around capacity. LPAs can help aid recruitment by providing local communities that will attract NHS staff to them, by producing key worker housing in and around NHS campuses and facilities, encouraging commerce, designing and creating a vibrant and attractive community that people want to be associated.
Chapter 6.8 The Objectives	10. Community Facilities and infrastructure – The CCG is undergoing a data gathering exercise for all primary care facilities in Suffolk with the aim of providing a 6-facet survey. The outcome of this project will be reliable data showing the CCG the general physical condition of all primary care facilities. Once this information is known the CCG will be in a better position to know which facilities require improvement and which facilities are in good condition.

3.11 The CCG (and NHS Trusts on developments over 250 dwellings) will have further comments to make as details of specific developments become available. In order to provide a more detailed response, a clearer understanding of phasing and anticipated trajectory will be required.

3.12 The provision of assisted living developments and residential care homes, although a necessary feature of care provision and to be welcomed, can pose significant impacts on local primary care provision and it is important that planners and developers engage at a very early stage with the CCG, to plan and implement suitable mitigations.

3.13 It is also important we continue to be consulted in relation to emerging Neighbourhood Development Plans in order to work with local communities to deliver and maintain sustainable healthcare.

4.0 Conclusions

4.1 This response follows a consultation by Ipswich Borough Council.

4.2 In its capacity as healthcare commissioner, 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.

4.3 NHS England has identified shortfalls in capacity at existing premises covered by the LP. Provision needs to be made within the LP 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.

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

Yours faithfully

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cc:

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