

4.17 In terms of waiting times:

- patients had a maximum wait for a first outpatient appointment of 13 weeks from their initial GP referral;
- patients had a maximum wait for an operation of six months after seeing a hospital specialist;
- on March 31, 2007, the trust had 4479 people on its waiting list – 1424 waiting for an inpatient operation and 3055 waiting for a day case procedure; and
- from 2005, the Trust has consistently achieved the NHS target that the A&E department, sees, treats and discharges (or admits to a hospital bed) 98% of their patients within four hours <sup>(3)</sup>.

**Northamptonshire Community Healthcare NHS Trust**

4.18 Northamptonshire Community Healthcare is the main provider of mental health, learning disability, sexual health and drug and alcohol services in Northamptonshire, employs approximately 2000 staff and has an annual budget over £90million <sup>(4)</sup>.

4.19 These services are provided from community bases and from four main in-patient care centres, including: Princess Marina Hospital and the Pendered Centre in Northampton; St Mary's Hospital in Kettering and Rushden Hospital in Rushden.

4.20 Of these facilities, St Mary's Hospital is the closest to the proposed Urban Extension in Barton Seagrave (approximately 1.5 miles) and currently provides a number of different services, including acute adult inpatient services, both day and in patient mental health services for older people, clinical psychology services and drug and alcohol services.

4.21 Clarendon House is the Trust's main base for community services in Kettering located approximately 2 miles from the proposed Urban Extension. It accommodates a number of different services including the Community Mental Health Team for Kettering, Child and Adolescent Mental Health Services, the Assertive Outreach Team, Early Intervention Team, Criminal Justice Team and the Community Mental Health Team for Older People's Services. It is also the base for the Trust's Locality Management Team.

**Local GP Surgeries**

4.22 Although there are no statutory limits on the number of patients per GP, the NHS considers any area with a population per GP ratio above the national average to be under-doctored. It is understood that Northamptonshire exhibits a GP patient list higher than the national average of 1,900 patients per GP, with the closest GP surgery to Barton Seagrave located approximately 1.5 miles away in Kettering (Table 4.1). However, it is important to note that there is a general move away from small and satellite GP surgeries with a preference for

larger polyclinics. Such clinics not only provide economies of a scale in regards to staff, waste, energy and building management but also provide a more effective health care service with the consolidation of both resources, expertise and professional support.

**Table 4.1 : Local GP Surgeries**

Practice Name	Address	Approximate Distance from Barton Seagrave (miles)
Linden Medical Centre	French Drive Kettering NN15 5BT	1.87
	Linden Avenue Kettering NN15 7NX	1.54
Headlands Surgery	20 Headlands Kettering NN15 7HP	1.84
Weavers Medical Centre	50 School Lane Kettering NN16 0DH	1.99
Eskdail Medical Centre	Eskdail Street Kettering NN16 8RA	2.16
Dryland Surgery	1 Field Street Kettering NN16 8JZ	2.42
Burton Latimer Health Centre	Higham Road Burton Latimer NN15 5PU	2.41
Source: Office for National Statistics: General Practices / Surgeries 2006		

- 4.23 In light of the relatively high ratio of patients to GPs coupled with anticipated population growth, the PCT has initiated a number of projects in 2006/07 to increase the number of new GP practices in Northamptonshire.
- 4.24 In March 2007 work began on the new £2.7m Rothwell Health Centre to provide the extra capacity required for the anticipated growth in the town and surrounding area (scheduled for completion December 2007).
- 4.25 The new lower street medical centre in Kettering is anticipated to open in spring 2008 with a capacity for 26,000 patients. The facility will cover the current Eskdail and Weavers Medical

Sustainable Extension to Barton Seagrave

Centres, and as demonstrated in the Northamptonshire PCT Annual Review 2006/07 will also include additional capacity to account for population growth <sup>(5)</sup>.

## 5 Summary and Conclusion

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### Potential Shortfall in Health Care Capacity

#### Local Health Care Capacity

- 5.1 The proposed Urban Extension in Barton Seagrave is located within 3 miles of Kettering General Hospital, 1.5 miles from St Mary's Hospital and within 2 miles of seven existing GP practices that are to be shortly complemented by the Rothwell and Lower Street Health Centres.
- 5.2 The proposed Urban Extension is therefore within proximity of a wide range of health services that provide both choice and act as a means to distribute the additional health need attributable to the proposed Urban Extension.

#### Kettering General Hospital

- 5.3 Regardless of working within a financial recovery plan, Kettering General Hospital has been able to meet performance targets (patient waiting times), has made savings of nearly £9 million in 2006-2007 (in addition to the £6 Million in 2005-2006) and managed to successfully balance its books by 31<sup>st</sup> March 2007 <sup>(3)</sup>.
- 5.4 The proposed Urban Extension is anticipated to generate the need for 0.4 of an additional total acute and day case bed in 2010-2013 (approximately 0.06% of the hospitals current 600 inpatient and day case beds capacity), and 0.3 of a total acute and day case bed in 2013-2015 (approximately 0.05% of the hospitals current capacity). On this basis it is unlikely that the proposed development will significantly impact upon hospital capacity within any of the three year funding periods.

#### GP Practices

- 5.5 Although there is currently an absence of a local GP practice within Barton Seagrave, both the PCT and the 2005 Strategic Service Delivery Plan (SSDP) <sup>(7)</sup> identified Kettering as the preferred location for a health care hub as a means to strategically and effectively serve anticipated population growth in the region.
- 5.6 The PCT have further indicated that service requirement brought about through unallocated population growth is to be provided through the Local Improvement Finance Trust (LIFT) in part funded through Section 106 Contributions. As such, it is anticipated that local GP practices will remain largely grouped within Kettering and provided with appropriate GPs as relative demographic demand dictates.

- 5.7 Applying the PCT's target average GP list size, the proposed Urban Extension is anticipated to generate the need for 0.1 of a GP in 2010-2013 and 0.1 of a GP in 2013-2015 (more specifically, 0.17 of a GP over the six year construction period).
- 5.8 When considering the rate of change attributable to the proposed Urban Extension coupled with the additional capacity from two new Health Centres, it is unlikely that the proposed Urban Extension will have a significant impact upon current GP capacity.

## **Proposed Urban Extension Planning Contribution**

### **Recommended Form of Contribution**

- 5.9 As previously discussed, it is recognised that effective planning obligations are bespoke, dependant upon local circumstance, requirements and relative project opportunities.
- 5.10 In this instance, being so early in the planning process, planning contribution opportunities are likely to take the form of potential financial and land contributions.
- 5.11 Although there is the possibility for Redrow Homes to provide land for a satellite GP practice alongside other local community resources, this does not conform to the national PCT trend moving away from small surgeries in preference for more capable and cost effective polyclinics. Furthermore, the magnitude and rate of population growth directly attributed to the proposed Urban Extension is not of a level to generate the need for a single GP over the entire 6 year construction period.
- 5.12 It is therefore not appropriate or effective to provide land for a satellite surgery that may potentially not receive sufficient funding to operate.
- 5.13 When further considering that the PCT are moving towards a central hub of health facilities in Kettering and have in place a mechanism to plan, commission and fund additional health care primarily funded by planning contributions (LIFT programme)<sup>(7)</sup>, it is deemed more appropriate for Redrow Homes to provide a financial contribution.

## **Redrow Homes Community Gain Package**

### **Health Benefit**

- 5.14 When considering an appropriate health care contribution focussed on treating poor health, it is important to consider the wider benefits of the proposed Urban Extension and the supporting community gains package specifically aimed at preventing the onset of poor health and facilitating a healthy, sustainable and vibrant community.

5.15 In this instance, the proposed Urban Expansion has the potential to influence a wide range of health determinants, including:

- employment and income;
- housing;
- environment;
- education and lifestyle; and
- access to services and amenities.

#### **Employment and Income**

5.16 Employment and income are key determinants of health that influence a range of factors including access to housing, education, diet, lifestyle, coping skills, services and social networks. These are in turn key determinants for a range of physical and mental health impacts and ultimately health and well-being <sup>(8)</sup>.

5.17 The proposed Urban Extension presents an opportunity for direct and indirect employment during construction and the subsequent increase in population will increase induced spending within the area. Such spending will further support the development of local services and amenities, employment opportunities and will facilitate improved socio economic health within the area.

#### **Housing**

5.18 Housing is an often underrated determinant of health. It not only provides shelter from the elements, but also acts as a socio economic buffer that supports good physical, mental and social health. As such, a project that improves upon the quality, availability and value of housing can have a subsequent impact on an individual's socio-economic, mental and physical health and wellbeing <sup>(9 & 10)</sup>.

5.19 The proposed Urban Extension provides opportunities for individuals / families to improve upon their existing housing conditions, be they moving to a higher quality, less crowded or better situated household while reducing demand on the lower end of the housing spectrum with subsequent benefits to socio-economic, mental and physical health.

5.20 As detailed in the Draft ES, the proposed Urban Extension will provide a range of housing built to and in certain circumstance surpassing current standards set to protect health and facilitate sustainable development. Key features include:

- all houses are to conform to the Eco Homes Standard of "very good2 or "excellent" providing a significantly higher performance than current baseline UK Building Regulation

Standards. Provision of buildings that comply with the Standard will result in significant reductions in requirements for heat and lighting demands, water supply, use of vehicular transport, drainage run-off, waste and damaging material use; and

- use of recycled materials is to be incorporated where possible into road and related infrastructure construction.

5.21 As such, the proposed Urban Extension will provide a range of high quality housing able to cater to a wide demographic and socio economic need and facilitate more cohesive communities through a housing mix designed to cater to growing community requirements (i.e. as families grow, they are able to find suitably sized homes locally).

### **Environment**

5.22 It is now recognised that the quality of the urban environment has the potential to influence the physical, mental and social health of resident communities. Evidence suggests that planning can not only be applied to tackle and offset many of the adverse health effects of an urban environment, but can also be applied to address and prevent many of today's significant physical, mental and social health issues <sup>(11-16)</sup>.

5.23 In addition to meeting all planning policy guidance set to protect the health and wellbeing of current and future resident communities, the proposed Urban Extension is inherently designed to foster a healthy urban environment.

5.24 To clarify, the proposed Urban Extension is to provide:

- new energy efficient housing to reduce energy consumption and associated emissions with local and global consequences;
- a wide range of flexible housing to promote long term residency to complement and enhance the existing community fostering improved social networks;
- a high quality urban environment well networked with existing communities to remove potential community barriers and improve social networks;
- design public areas and social capital with a high visual presence in order to encourage use and design out crime and antisocial behaviour;
- high quality green transport routes linked to communities, amenities, open space and areas of recreation encouraging physical activity and a modal shift away from roads;
- enhancement and initial funding of public transport systems until patronage increases in order to improve access and accessibility and encouraging a modal shift away from cars; and

- highway improvement to improve road safety and capacity.

5.25 As such, the proposed Urban Extension implicitly considers community health in its design and aims to reduce inequality and the onset of poor health through a healthy urban environment.

### **Education**

5.26 Education is again a key determinant of health that influence a range of factors including diet, lifestyle, coping skills, risk taking behaviour, social networks as well as potentially defining the quality of employment, income and housing. These are in turn key determinants for a range of physical and mental health impacts and ultimately health and well-being <sup>(17)</sup>.

5.27 The proposed Urban Extension is to provide a financial contribution towards local primary and secondary education to further support and expand current capacity. Such support not only improves parent choice, but also aids in reducing the requirement for local students to travel further afield.

### **Lifestyle**

5.28 Lifestyle and coping skills play a key role in defining the health and wellbeing of individuals largely influenced by education, social networks and opportunity <sup>(17)</sup>.

5.29 In this instance, the proposed Urban Extension is to provide high quality green transport routes linked to communities, amenities, open space and areas of recreation providing the opportunity and encouraging the uptake of physical activity as a mode of transport and recreation with associated physical and mental health benefits for the existing and new community.

### **Access and Accessibility of Services and Amenities**

5.30 The availability of services and amenities to treat, maintain and promote everyday life, range from services for health treatment and care, education, through to daily retail requirements and social networks <sup>(14)</sup>.

5.31 In addition to highway improvements to improve road safety and capacity and green transport routes, Redrow Homes will seek to improve current bus infrastructure.

5.32 Such provision will significantly improve Barton Seagrave community access and accessibility to retail, recreation and health care in Kettering. As the proposed Urban Extension becomes populated, it is also anticipated that retail and recreational amenities and facilities will increase locally to meet demand.



## Health Care Contribution

5.33 The proposed Urban Extension is designed to facilitate a cohesive, vibrant and sustainable community and is to be further enhanced through the provision of a significant community gains package intended to prevent the onset of poor health. This package excludes the health care contribution and is currently estimated in the region of £7 to £10 million; including:

- Education:
  - £2,900 per dwelling contribution to Barton Seagrave Primary School amounting to an estimated £1,450,000 ;
- Road Improvements
  - An estimated £1,007,000 towards off site Highway improvements including traffic calming at Gotch Road;
  - an estimated £72,000 towards the Barton Road / River Isle toucan crossing;
  - an estimated £20,000 towards public footpath improvements;
  - approximately £1.811500 towards Kettering Town Centre Strategic Highway Improvements;
  - approximately £200,000 towards a local Travel Plan;
- Public Transport
  - approximately £420,000 towards a Bus subsidiary improving the frequency of the existing 'A' services;
  - approximately 25,820 towards improved bus infrastructure;
- Housing
  - provision of 30% affordable housing
- Public Open Space
  - play areas and maintenance / management to be confirmed with KBC;
  - provision of open space and the maintenance and management of the Site of Special Scientific Interest (SSI) to be confirmed with KBC;
  - approximately 27,500 towards hydrological attenuation to support the enhancement of the SSI and public space; and
  - addition to local allotments to be agreed and requires the transfer of land;

- 5.34 Although the PCT and health care providers are currently working to a financial recovery plan, local health care at Kettering General Hospital remains within performance targets and demonstrate a wide range of services and capacity to effectively manage the need for 0.7 of a hospital bed spread between acute and day case beds over 6 years.
- 5.35 Furthermore, the proposed Urban Expansion is within 2.5 miles of 7 GP practices that will shortly be complemented by two new health centres with sufficient capacity to manage the need for 0.17 of a required GP over 6 years.
- 5.36 On the basis of the preceding discussion, current health care capacity is likely to be able to accommodate the change directly attributable to the proposed Urban Extension. The health benefits associated with the proposed Urban Extension and Community Gains Package relate to prevention rather than treatment and constitute a significant investment in the local community, which is likely to have wider benefits and thus reduce the burden on the health care system. It is considered that these factors should balance the contribution made to the PCT by Redrow.

### **PCT Health Care Contribution Agreement**

- 5.37 Following discussion of this report with the PCT, the PCT have agreed that it will only request a contribution in respect of the open market units (recognising that affordable housing is generally intended for the existing local population, and therefore already provided for in respect of health service provision).
- 5.38 Following the PCT's own modelling they have indicated that a total contribution of £4,234 per dwelling would be expected for a development of this size. However, given this particular proposal includes a wider community gains package (to include expansion of the current allotments, enhancement of the site of specific scientific interest and provision of high quality green transport links to open spaces etc to encourage physical activity) the PCT is willing to reflect the positive health impacts and has agreed to a contribution of £2,428 per market value dwelling (i.e. a total of £849,800 for the 350 open market homes planned).
- 5.39 This healthcare contribution is not intended to set a precedent and is made on a without prejudice basis. Further, the PCT will require that the planning obligations stipulate that this community gains package is fully implemented by the developer to secure this reduced healthcare contribution.

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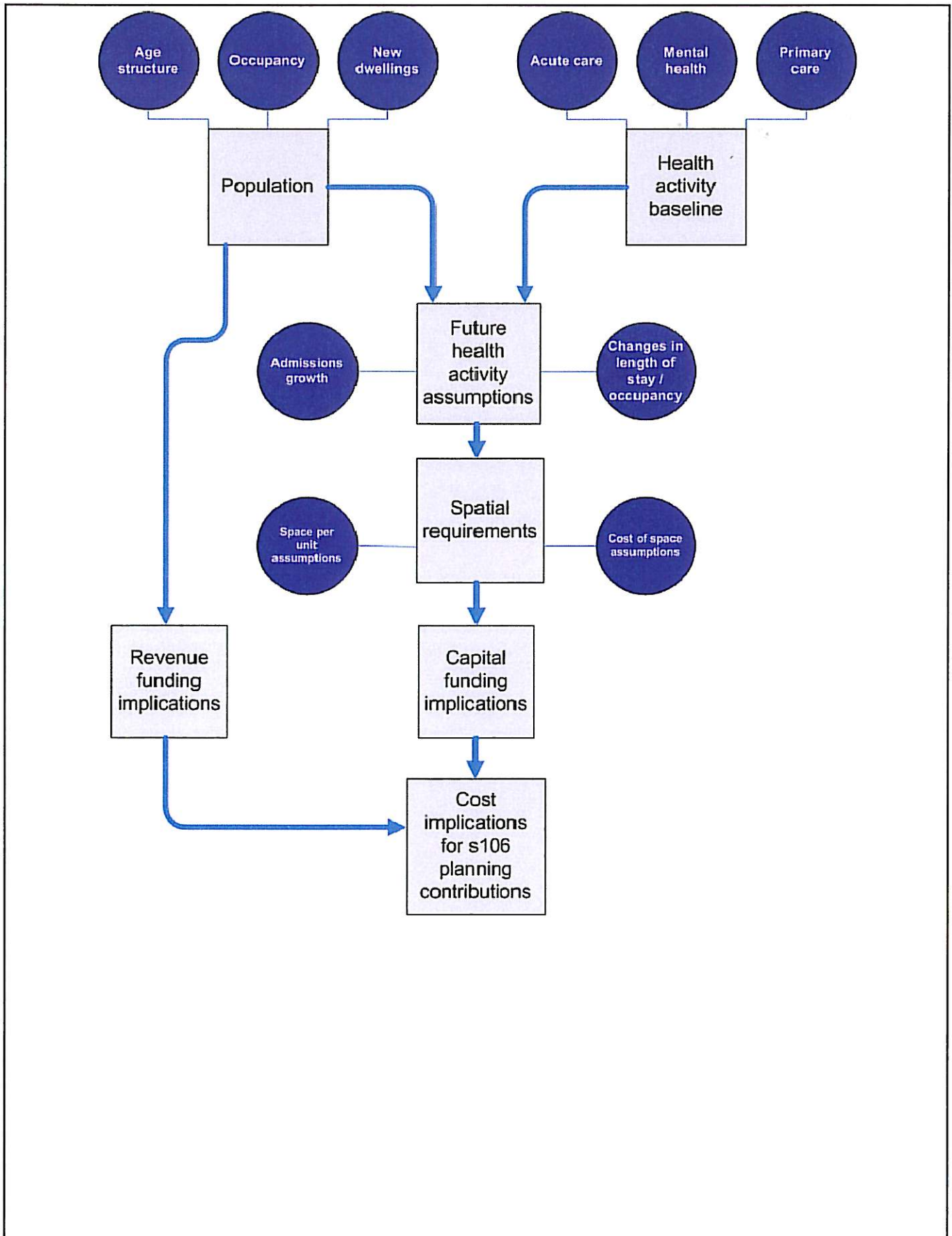
## Figures

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## Figure 1

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### HUDU Model Process



HUDU Model Process

Figure 1

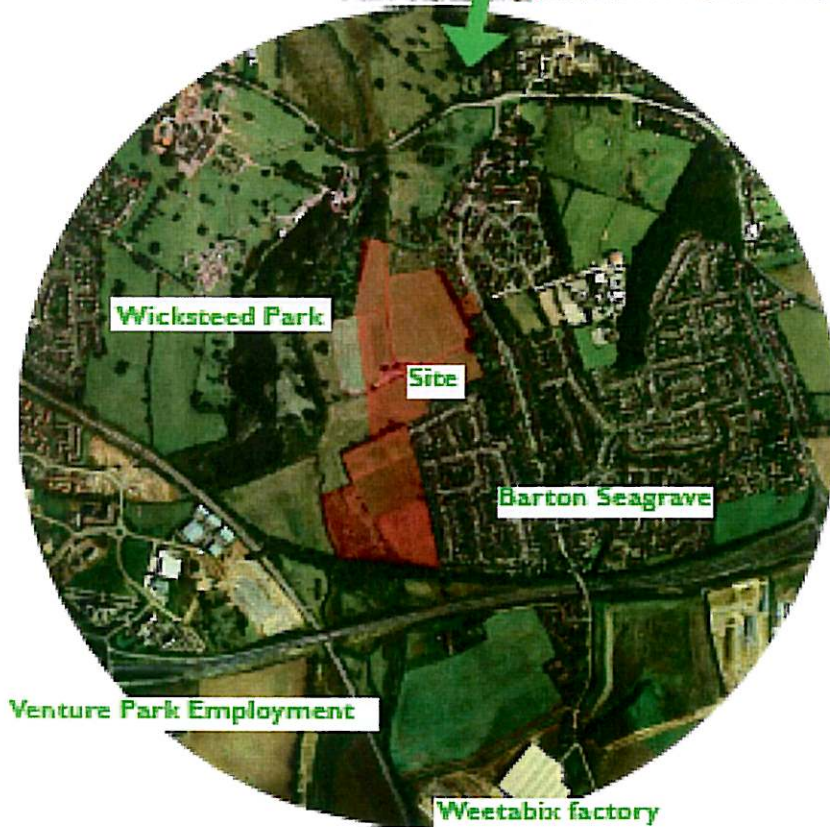
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## Figure 2

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### Site Location and Setting



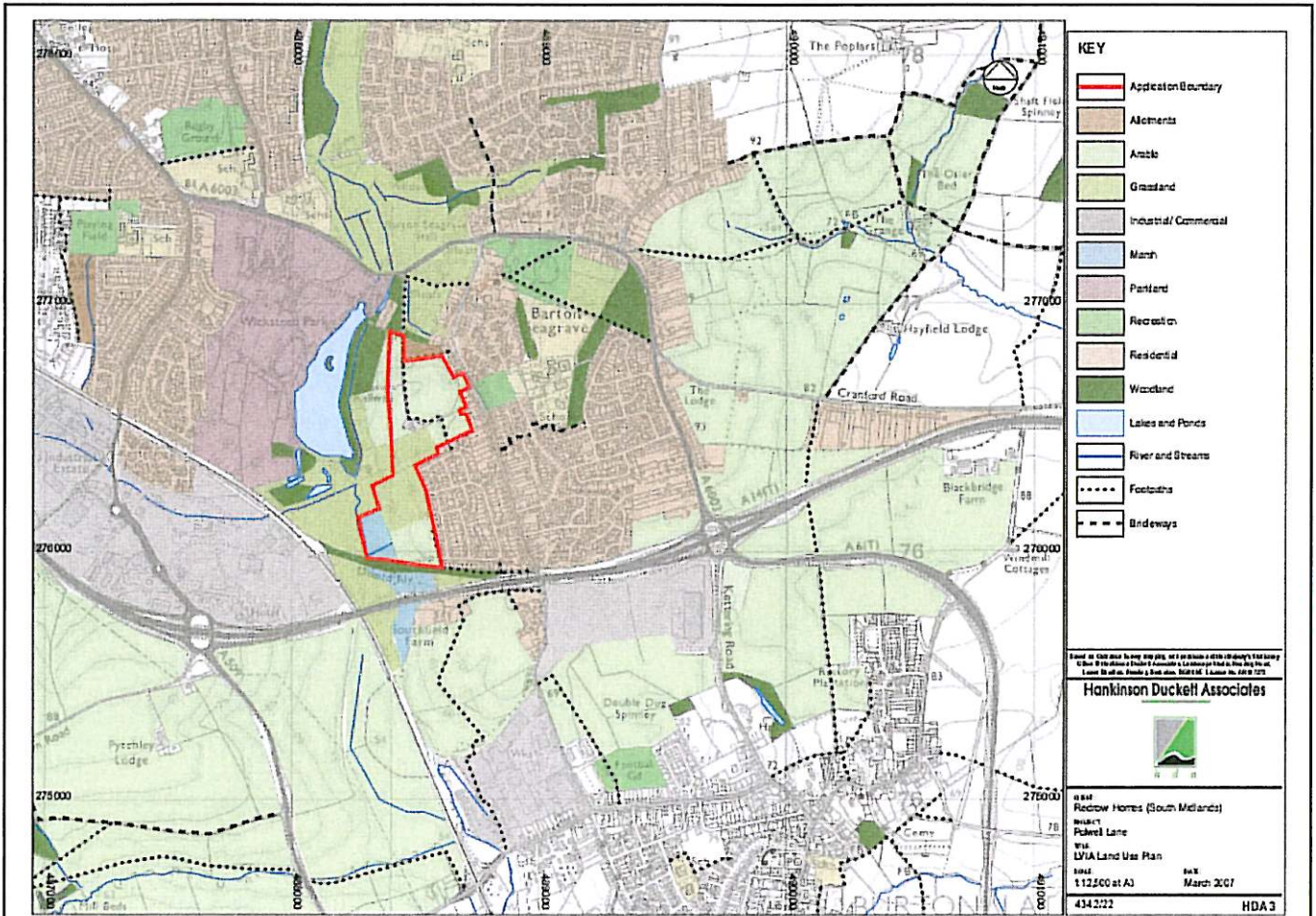


Site Location and Setting

Figure 2

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**Project Footprint and Current Land Use**



**Project Footprint and Current Land Use**

**Figure 3**

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