

HEALTH STUDY - EXECUTIVE SUMMARY

Overarching Context of Health and Planning

1. Today there is a greater emphasis on health and wellbeing as a whole. Our population is growing and aging, this combined with the strain on public resources means that the Government must support people in living healthier lives for longer.
2. Planning and the various aspects it controls can have an impact on many areas of people's health and wellbeing. Where we live and work has the most immediate impact on our personal state of health and wellbeing. How we move around our environment, whether it be our daily commute, or how active we are, equally has a major effect on our physical and mental wellbeing.
3. Our ability to access facilities and care is paramount to addressing health issues head on. Primary healthcare facilities act as the gateway into the wider healthcare system within the UK. The efficient provision of primary healthcare is therefore important to managing the health of the population over their lifetime.
4. Planning has a role to play in many of these aspects that impacts on health and wellbeing particularly around design and providing opportunities for healthier lifestyles. However it is important to understand the extent to which planning can have an impact, and manage the expectations of the positive health outcomes that can be achieved within the remit of planning. There is a balance between encouraging healthy lifestyles, and not having an adverse impact on people's health and not being able to control personal behaviour and inherent physical characteristics.
5. The integration of health within planning is continuously difficult to achieve. This is due in part to the different timescales at which both planning and health planning operate and the complexity of the stakeholders involved.

6. Planning for development tends to happen at the long to medium term, ranging from two to up to ten years. However in the case of developments large enough to support the provision of social infrastructure, the planning process alone can take around two years, with developments being phased over a five to up to twenty year periods. Planning for healthcare provision however, occurs at a much shorter timescale, generally in the region of 18 months to three years from when services need to be commissioned.
7. These misaligned timescales have meant that planning for primary healthcare infrastructure as part of new developments is difficult. There are a range of stakeholders involved which are not necessarily aware of the various issues at play. This has meant that in many councils there is little interaction between the planning department and the public health department.
8. Outside of the councils there are a range of stakeholders who need to be involved in order to deliver new infrastructure through development. This study aims to identify these stakeholders, outline each one's role, and make recommendations as to how various parties can work together in order to support the provision of primary healthcare facilities in an efficient, practical and deliverable way.
9. Service provision must be clinically lead by the NHS and the Clinical Commissioning Groups. A populations health care requirements evolve and change over time, healthcare provision needs to be able to respond to these changes and move with development of new types of care such as technological improvement.
10. A key message from this study is to understand the relationship between service provision and planning and property development. Understanding where planning's role can influence health outcomes and infrastructure delivery while appreciating it cannot control the delivery of service provision.

The Health Study

11. This study has been undertaken by Quod on behalf of the North Northamptonshire Joint Planning and Delivery Unit (NNJPDU). The NNJPDU has commissioned this study in order to better understand the existing and further health care needs within the area, in the aim to better plan for the provision of primary healthcare infrastructure. There are a number sustainable urban extensions (SUEs) planned within the area which are of a sufficient scale to deliver social infrastructure needed to support population growth within the area.
12. This study considers how this demand from the projected population and emerging SUEs can be met. The specific aims of the study are:
 - i. To consider the impact population growth will have on the demand for primary health infrastructure;
 - ii. To consider the spatial distribution of demand across the area;
 - iii. To review the consented SUE's and determine what infrastructure has been included within these planning consents and whether additional provision should be considered;
 - iv. To set out recommendations as to how further planned developments within the area should approach delivery of healthcare provision; and
 - v. To provide a set of recommendations for NNJPDU to explore in order to deliver these facilities.

North Northamptonshire Baseline

13. The first stage of the Health Study undertakes an extensive assessment of the baseline conditions across North Northamptonshire, looking at how various factors affect human health. This section concludes that Corby has the lowest health, social and economic indicators compared to the other districts. Corby has the lowest life expectancy, higher mortality rates and higher rate of smoking,

alcohol and drug abuse. Furthermore, Corby has the highest levels of deprivation and unemployment and lower levels of qualifications compared to the North Northamptonshire area as a whole. Wellingborough also exhibits a number of socio-economic issues that can have an adverse effect on the health of residents.

14. This conclusion is significant in light of the location of the planned SUEs. As outlined above, both Corby and Wellingborough suffer from various social and economic issues which impact on health and wellbeing. As such these areas are more sensitive to increases in population and demand for social infrastructure. However, the SUEs also create opportunities for improvement and regeneration. New development increases investment in an area, improves the housing stock, creates employment and crucially, developments of these scales have the ability to deliver new and support existing social infrastructure including healthcare facilities.
15. In addition to data on health outcomes, the baseline section reports on the existing health facilities available across North Northamptonshire. The analysis of existing general practitioner (GP) surgeries has been informed by data received by Nene and Corby Clinical Commissioning Groups (CCGs). Cambridgeshire and Peterborough CCG were approached to input into this report but engagement was unsuccessful.

North Northamptonshire Future Growth

16. The next stage of the Health Study considered the projected population growth across North Northamptonshire. This examined both the natural increase in population to 2031 and the population expected to be accommodated by the various SUEs. Using the North Northamptonshire Variant Migration Model, which was produced as part of the evidence base for the Core Strategy in June 2015, the population is predicted to increase by 390,000 people by 2031. This population is expected to be accommodated in 40,000 additional homes across the area of which 18,345 are already consented within five permitted SUEs.
17. An assessment of the projected population growth concludes that an additional 52 GPs will be required to support the resident population. Applying relevant guidance on area requirements

and cost estimates this demand equates to 8,615 sqm (NIA) of healthcare floorspace at the estimated capital cost of £18.3 million.

18. Focussing on the SUEs individually a number of opportunities have been identified for meeting healthcare demand. This includes reviewing capacity in existing health centres, improving or expanding existing facilities or on-site infrastructure delivery.
19. On-site delivery is only a possibility where developments are large enough to support a new surgery – this is considered to be any development that creates demand for four or more GPs. This approach to healthcare provision is often challenging, as the NHS are reluctant to sign up to long leases and difficulty in securing funding causing uncertainty and leading to failed delivery.
20. A study of the various Section 106 agreements in place with permitted development show that this exact challenge has already emerged. For example, Glenvale Park secured land and financial contributions towards the capital cost of building a new health facility however this has since been revised by the NHS who no longer want the space. Discussions are currently underway to renegotiate the financial contribution.
21. Following engagement, NHS Property Services has stated that their preference when considering new provision first and foremost is to look at existing facilities to establish where expansions could be delivered rather than new development. Investment into the existing stock, making efficiencies of use of space and consolidating services is their preferred strategy. This is the most cost effective method of addressing increased demand for services.

Recommendations

22. The NNJPDU's role needs to focus on supporting local authorities and developers in engaging with stakeholders in the local areas where development is coming forward. Working to improve dialogue between public health and planning departments within councils to better understand the opportunities available from development in terms of infrastructure delivery. The local context needs to be carefully considered and a detailed review of existing healthcare provision should be undertaken. Contact should be made with service providers to seek opinion on local

issues, opportunities for collaboration or expansion plans which could be supported by development coming forward.

23. The following set of recommendations have been set out to support the NNJPDU in their approach to planning for increased demand for healthcare:

- The NNJPDU needs to take an active role in stakeholder engagement and support local authority planners and developers to understand the requirements associated with healthcare. This role should include the co-ordination of engagement, reviewing of planning applications, input into planning obligation negotiations etc.
- A review of existing facilities should be taken to establish if there are any opportunities to improve efficiency of use of the space or options to expand existing facilities.
- Consider options to consolidate existing facilities within a new development. This could encourage GPs to come together with additional services to offer patients access to treatment options within the primary healthcare system, moving these services out of acute care.
- Funding these larger multiservice facilities is a challenge. Consideration should be given to consolidate services using receipts from disposal of existing assets to fund the capital cost of new delivery. This could include developing existing facilities using the development uplift value to fund new provision. This can be complicated by the NHS Property Services requirement to channel revenue raised from asset disposal or development back into the wider NHS budget. However local deals are possible through the development of a business case for the proposal.
- Across Northamptonshire as part of their Sustainability and Transformation Plans (STPs), all partners should come together to review options for co-location of services. This could include combining primary healthcare facilities with commercial healthcare or community care facilities can support property costs and viability. This could include other healthcare and wellbeing focused facilities (e.g. dental practices, pharmacies, physiotherapists,

leisure centres/ gyms) or wider public services such as libraries, social care, adult learning, nurseries.

- Development of new facilities could be phased and delivered in modular form to help primary care facilities manage their property costs in-line with the demand for services. This could include developing facilities alongside retail uses. Allowing a healthcare facility to open leaving room to expand, therefore as demand increases more space can be taken up. In the interim the additional space could be used by an alternative use. Planning permission can be granted for flexible D1/ A Class uses along with a condition that the A Class uses revert to D1 as the GP surgery expands to meet increased demand as the development is phased over time.
- Where planning applications include provision of healthcare facilities, consideration should be given to the potential scenario that at the time of development the NHS does not take up the option of the new facility. A fall-back position should be incorporated into S106 agreements to trigger a financial contribution over physical delivery. In addition the location of any planned facilities should be considered should this use not come forward so that alternative uses could be delivered within the specified location. For example allowing land set aside for healthcare facilities to revert to retail, commercial or residential.
- As of April 2015 there are restrictions on the pooling of planning obligations alongside the introduction of the Community Infrastructure Levy (CIL). Local Authorities can no longer pool more than five Section 106 obligations together to pay for a single infrastructure type or project. The existing Section 106s agreements for the permitted SUEs secure land for development of new infrastructure however the issue is capital cost of funding the delivery of these facilities. Without the ability to pool Section 106 contributions Local Authorities are limited in how they can raise capital to fund these projects. Therefore it is recommended that the implementation of CIL should be considered by the NNJPDU authorities.

- Local Authorities should encourage developers to masterplan with health contributing into the core of the design principles. This helps to ensure new areas are built in a way which supports people living and working there to live healthier lives. Careful consideration should be given to the design of buildings, layout of masterplans, health technology, transport strategies to encourage public transport use and active transport and reduce air emissions. The mix of housing proposed should reflect the changing nature of a growing and aging population. Housing options for the elderly should be included in schemes to provide suitable accommodation for older people.