



Overview

- Objectives & aims
- Health & Planning
- North Northamptonshire Baseline
- Building in health
- Context for growth in North Northamptonshire
- Growth – meeting the demand
- Delivery Options – Recommendations



Objectives and Aims

- Impact population growth will have on the demand for primary health infrastructure;
- Spatial distribution of demand across the area;
- Consented SUE's – Review Infrastructure secured;
- Set out recommendations approach to planned developments within the area; and
- Provide a set of recommendations for NNJPDU to explore in order to deliver these facilities.

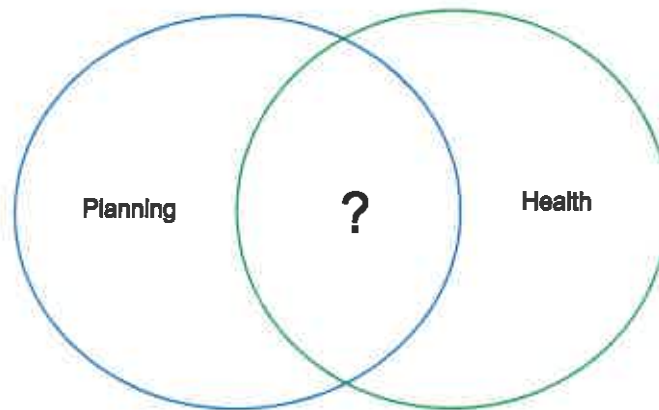


Health and Planning

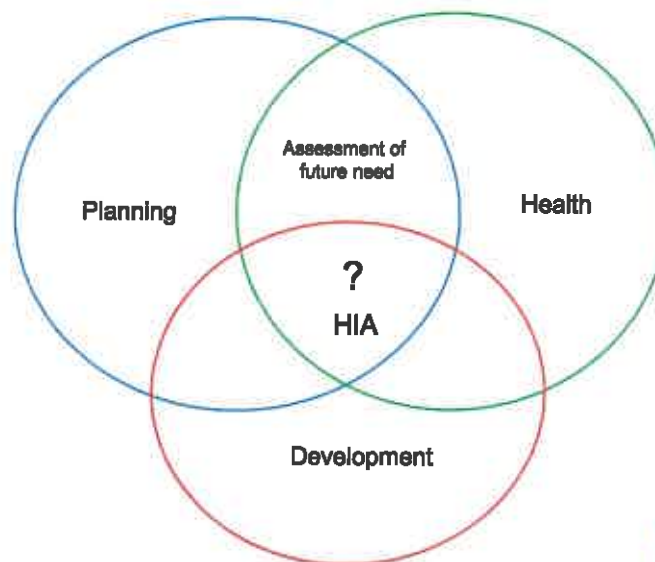
- Planning and health have always been intertwined
- Planning policy originally born out of health policy – urbanisation of 19th Century Britain
- Recent years – resurgence in relationship between planning and health
- Planning controls many aspects of our lives which affect the health of a population:
 - Housing
 - Employment
 - Transport
 - Urban design
 - Access to facilities & amenity

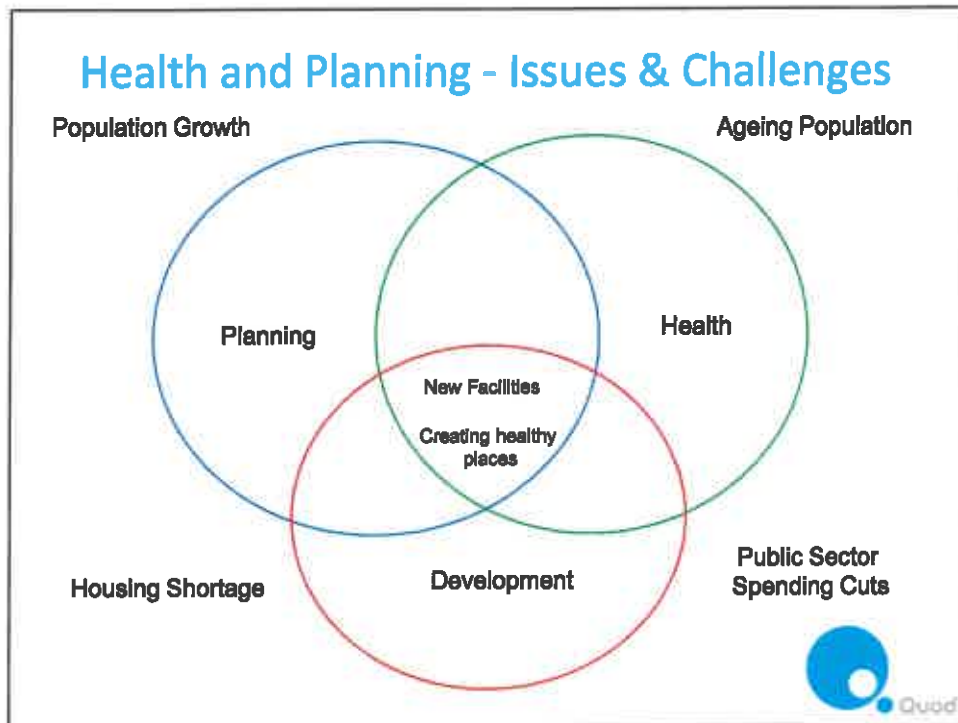


Health and Planning



Health and Planning – Development Role





Health and Planning

- **Vital to understand the parameters of where planning can play a role in health**
 - **Positive facilitation of living healthier lives and promoting wellbeing**

Vs

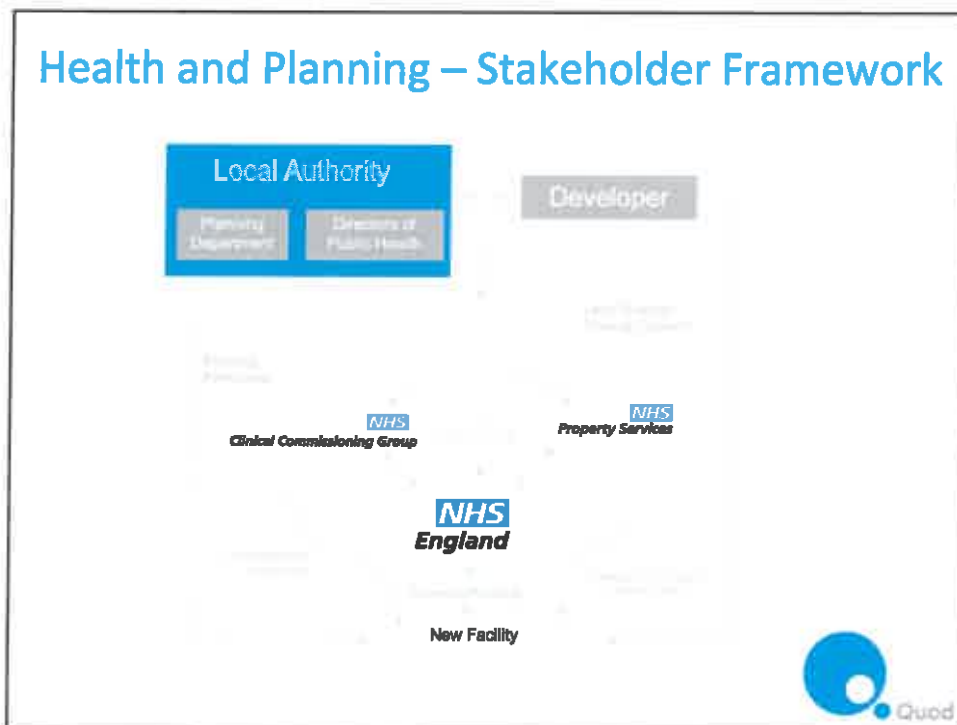
 - **Controlling personal behaviour and inherent physical characteristics**

- **Planning for health is difficult due to the misaligned timescales and complexity of stakeholder engagement**

The determinants of health and well-being in human habitation

Quod logo

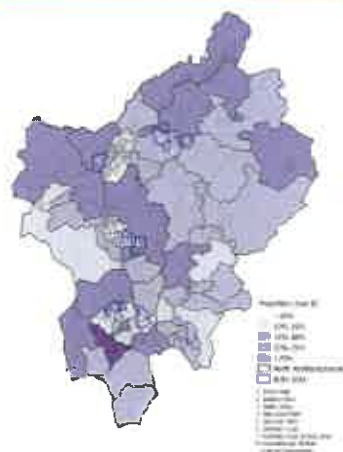
Health and Planning – Stakeholder Framework



Health Baseline

Proportion Over 65 (Age Profile)

- **Review of baseline socio-economic indicators**
 - **Demographics**
 - **Housing conditions**
 - **Health Indicators**
 - **Deprivation**
 - **Income and employment**
 - **Living/ physical environment**
 - **Social environment**
 - **Education**
 - **Access to facilities**



Health Baseline

IMD 2015

- **Corby – lowest health, social and economic indicators compared to other districts**
 - Lowest life expectancy/ higher mortality rates
 - Higher rate of smoking, alcohol and drug abuse
 - Highest levels of deprivation and unemployment and lower levels of qualifications

North Northamptonshire IMD 2015

- 95% Most Deprived
- 80% Most Deprived
- 65% Most Deprived
- 50% Most Deprived
- 35% Most Deprived
- 20% Most Deprived
- 15% Most Deprived
- 10% Most Deprived
- 5% Most Deprived
- 0% Most Deprived
- 0% Least Deprived
- 10% Least Deprived
- 20% Least Deprived
- 30% Least Deprived
- 40% Least Deprived
- 50% Least Deprived
- 60% Least Deprived
- 70% Least Deprived
- 80% Least Deprived
- 90% Least Deprived
- 95% Least Deprived

IMD 2015

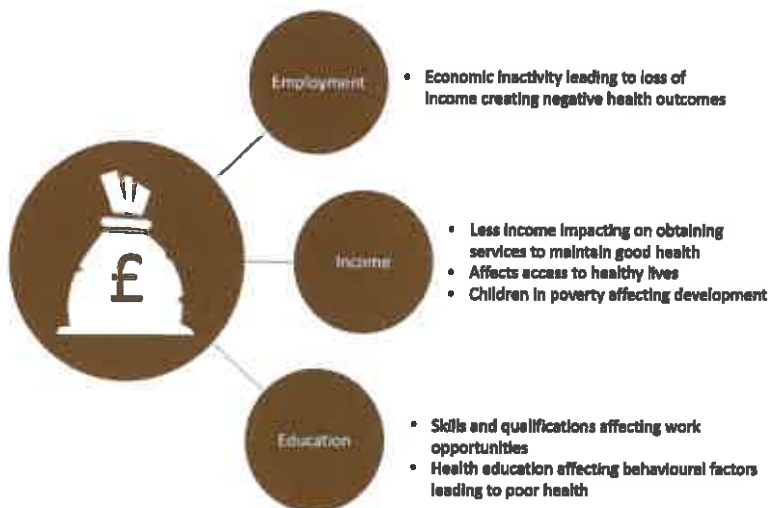
1. Most Deprived
2. 95% Most Deprived
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13. 10% Least Deprived
14. 20% Least Deprived
15. 30% Least Deprived
16. 40% Least Deprived
17. 50% Least Deprived
18. 60% Least Deprived
19. 70% Least Deprived
20. 80% Least Deprived
21. 90% Least Deprived
22. 95% Least Deprived

Quod

Health and Housing

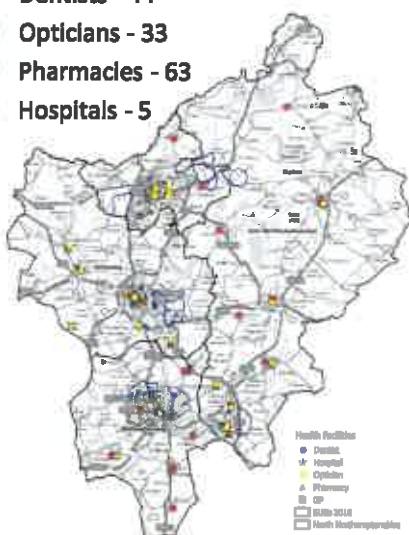
- Poor insulation and fuel poverty linked to living at low temperatures causing negative health outcomes including excess winter deaths
- Homes not reaching the Decent Homes Standard
- Overcrowded households leading to poor living conditions impacting health
- Social Rented accommodation indication of social class
- Owner occupied dwellings more likely to have poor living conditions (decent homes standard; overcrowding)
- Associated with severe poverty and adverse health, education and social outcomes

Health and Economic Status

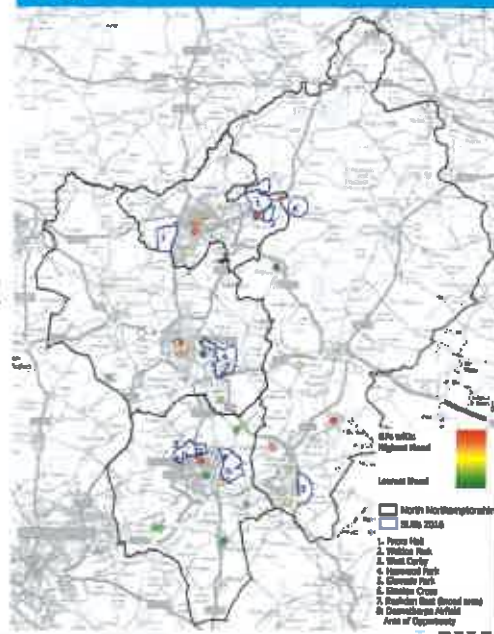


Healthcare Infrastructure

- GPs - 45
- Dentists - 44
- Opticians - 33
- Pharmacies - 63
- Hospitals - 5



Heat Map - priority needs among GPs



Building in Health

- **Five Year Forward View – prevention of ill health and tackling the health and wellbeing gap.**
- **Enabling people to live healthier for longer and independently**
- **Design measures play an important role:**

Housing standards

Lifetime homes
Warm safe homes
Air quality and noise
Ventilation
Sunlight & daylight

Access to Open Space

Recreation & exercise
Mental wellbeing
Play & social interaction

Transport

Active transport
Access to public transport
Design and layout
Reduced emissions

Community

Governance
Consultation & engagement
Empowerment

Access to Services

Schools
Health
Community facilities
Healthy food

Technology

High speed broadband
Smart homes
Healthcare delivery



Supporting growth in North Northamptonshire

CONTEXT



Growth in North Northamptonshire

- North Northamptonshire's Population model for the Local Plan predicts a growth of **40k** new homes by 2011 – 2033
- ONS Household Projections – 33,300 new homes 2011 – 2033
- SUEs (consented and proposed) could deliver **26,845** homes equating to **62,412** residents

	New Homes	Population
NN Projections	40,000	93,984
Consented SUEs	18,345	42,012
Proposed SUEs & Other Opportunities	8,500	20,400
Remainder to be delivered through other strategic sites and infill development	13,155	31,572



Infrastructure Planning

SUE	Homes	Population	GP Demand	Space required	Cost of Delivery
Consented					
Priore Hall	6,085	12,228	8.8	1,121	£2.4 m
Waldon Park	1,000	2,400	1.3	220	£405 k
Kettering East/ Harwood Park	6,500	12,600	8.8	1,148	£2.4 m
Wellingborough North/ Glenvale Park	3,000	7,200	6	460	£1.4 m
Wellingborough East/ Stanton Cross	3,750	7,584	4.3	304	£1.5 m
Proposed					
West Corby	4,500	10,800	6	890	£2.1 m
Rushden	2,500	6,000	3.3	350	£1.2 m
Deenethrope Airfield (Area of Opportunity)/Tresham Garden Village	1,500	3,600	2.0	336	£700 k
Total	26,345	62,412	36	5,721	£12m

Footnote: Population based on EA assessment data or where not available use 2.4 persons/HAU, GP demand based on HUDJ standard of 1,800 persons per GP and 365sqm NIA per GP, costs based on BCIS data for healthcare facilities in the East Midlands (£1,637 per sqm + 10% for externalities)



Infrastructure Secured in Consented SUEs

SUE	Secured Provision
Priors Hall	A new health centre with space for GPs, dental, pharmacy and additional health facilities
Weldon Park	Community facilities
Kettering East/ Hamwood Park	NHS Facility to be delivered in Phase 1
Wellingborough North/ Glenvale Park	Contributions (under negotiation)
Wellingborough East/ Stanton Cross	Site reserved for NHS to purchase if required

- Limited detail provided within the existing planning consents for the SUEs.
- The Unilateral Undertaking for Wellingborough North secured 1ha within neighbourhood centre for healthcare and financial contributions. The NHS no longer want the space and are renegotiating the contribution figure.
- S106 for Stanton Cross secured the provision of land within the neighbourhood centre of up to 0.4 ha including parking. This site needs to be fully serviced and transferred to the healthcare provider prior to the occupation of the 350th dwelling.
- Table summarises information set out in the S106 contributions or ES Information for each.



Action Plan for Delivery

SUE	Delivery Plan
Consented	
Priors Hall	Large enough to sustain new facility. Engage with the NHS/ CCG to ensure delivery.
Weldon Park	Too small to be sustainable, no on-site facility secured. Demand could be provided for in Priors Hall Facility.
Kettering East/ Hamwood Park	Large enough to sustain new facility. S106 requires delivery in Phase 1. Engage with NHS/ CCG to ensure delivery. Existing large surgeries nearby (see Medical Centre and Linden Medical). Need to engage with these surgeries to discuss delivery options.
Wellingborough North/ Glenvale Park	Need to renegotiate off-site contributions and engage CCG to discuss expansion of existing provision using contributions secured. Two large surgeries nearby.
Wellingborough East/ Stanton Cross	Need to engage with the CCG to discuss the deliverability of the space secured for the neighbourhood centre within the S106. Otherwise off-site solution is required. Large surgeries nearby.
Proposed	
West Corby	Large enough to sustain a new facility. Engage with the NHS/ CCG to ensure delivery.
Rahmān	Not large enough to sustain a new practice, but potential to consolidate and/or expand existing provision.
Derwenthope Airfield (Area of Opportunity) / Fresham Garden Village	Garden Village funding support from HCA. Location close to Priors Hall and Weldon Park could have potential for joined up delivery of services including hub and spoke model.



Infrastructure Planning - Summary

Area	Homes	Population	GP Demand	Space required	Cost of Delivery
Consented SUE	18,345	42,012	23.3	3,851	£8.2 m
Proposed	8,500	20,400	11.3	1,870	£4.0 m
Remainder of Growth	13,155	31,572	17.5	2,894	£6.1 m
Total	40,000	93,984	52	8,615	£18.3 m

Estimated population of NN is 336,800 - Population growth 94,000 projected. Demand for a third of this could be provided through additional provision in SUEs and remained needs to be secured through expansion of existing services.



Roles and Responsibilities

MEETING DEMAND



Issues

Health and Planning

- Integration of health and planning is difficult due to timescales
 - Planning & Development takes a longer view → 15 – 20 yrs
 - NHS Infrastructure planning shorter term → 18 mth – 3 yrs
- Increasing demand & decreasing capital funding
- Existing permissions lack detail on provision consented

Stakeholder Engagement

- Relationship between Council (Social Services) and the NHS
- NHS Property Services
- Clinical Commissioning Groups
 - Nene & Corby
 - Cambridge & Peterborough
- NHS and Developer interaction at planning stage is not working

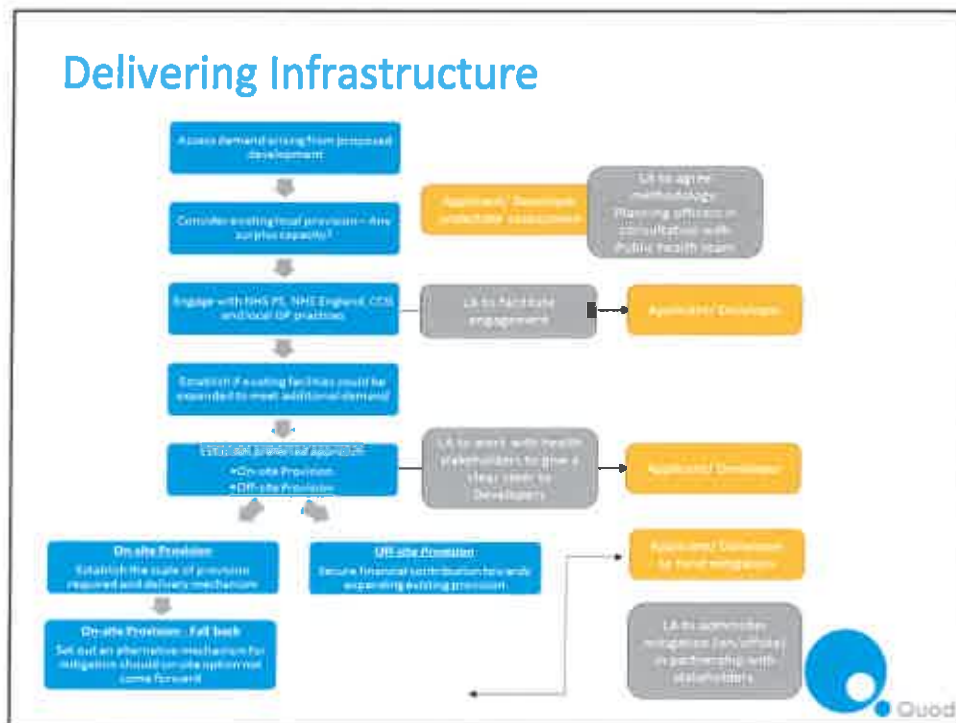


NHS, Planning and Delivery

- Service provision needs to be **clinically led**. The structure of the NHS puts the responsibility on the CCG.
- NHS has final **sign off** on GP surgery provision and funding.
- All GPs are required to become members of **CCG** who take a lead on clinical strategies – e.g. where specialist services are best placed/most needed.
- Core issue is not physical provision but **engagement** with NHS and approval.
- CCG's are producing STPs and SEPs. SEP outlines plans for future and using the existing estate more effectively.



Delivering Infrastructure



What can JPDU & LPAs do?

- **Key Role:** To facilitate service provision through funding, space and political influence.
- **Policy:** Planning policy, design guidance and land use planning.
- **Developer contributions:** JPDU must reflect on balance of 'asks' from developer including affordable housing, transport, employment and training and other social infrastructure.

What can JPDU & LPAs do?

- **Civic leadership:** gov't agenda is focused on housing delivery. If health is a barrier seek HCA/CLG support.
- **Engage with entrepreneurial GPs:** seek GPs willing to take up space within development directly. Sign off required by NHS. Early years gap funding may be required which can be secured through planning obligations.



Funding Options

- **CIL & S106** - planning obligations from development
- **Asset Revenue Stream** – developer endowing community with assets providing revenue stream which is invested in community
- **Programmes** – Healthy New Towns Programme, Garden Villages
- **Land Value Capture Model (for council owned land)**- Capture value uplift from planning permissions, capture value from other uses for investment into the community



Recommendations and Conclusions

DELIVERY OPTIONS



Delivery Options

Option	Issues and Risks
<p>Direct Provision through development</p>	<ul style="list-style-type: none"> • Number of strategic schemes consented without sufficient provision or detail in Section 106 • Engaging and securing commitment from NHS to deliver facilities as part of wider development • Timeline for development and healthcare planning/ public sector funding cycles not aligned • Space not taken up on delivery
<p>Financial Contributions from Developments</p>	<ul style="list-style-type: none"> • Insufficient funds secured for facilities in full • No CIL in place • Inability to pool more than five S106 agreements
<p>Delivery of new provision through NHS existing portfolio</p>	<ul style="list-style-type: none"> • NHS Property Services reviewing stock to identify surplus requirements, inefficient use of stock and opportunities for JVs to deliver value within the portfolio • Insufficient focus placed on planning for additional demand • Difficult to engage
<p>Engagement with entrepreneurial GPs</p>	<ul style="list-style-type: none"> • Final sign off from NHS required



Delivery Options

Option	Issues and Risks
<p>Co-location with complimentary uses</p> <p>- Providing health care provision including seasonal space alongside other uses which are complementary and support commercial values (i.e. Pharmacy, private health provision, leisure uses)</p>	<ul style="list-style-type: none"> • Lease terms for GP services conflict with landlord or other uses objectives • Management issues related to different uses being co-located
<p>Flexible delivery of space to allow for growth</p> <p>- Space is provided alongside temporary uses such as retail on a temporary planning condition which allows healthcare space to grow as demand increases</p>	<ul style="list-style-type: none"> • Displacement of temporary use could cause issues in securing suitable use/ tenant • Design standards and building code issues
<p>Review existing consents wider social infrastructure provision</p>	<ul style="list-style-type: none"> • Existing SUE consents include community halls and other facilities which may not come forward. These could be renegotiated to increase provision of healthcare provision



Thank you

