

Health Scrutiny Committee

14 March 2017

Planning and the provision of primary care infrastructure

Information in this report was produced on behalf of:	
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Date Submitted:	23 February 2017

Introduction

- The following information has been provided in response to the key areas of investigation set out in paragraph 3 of the covering report.

g) How is the impact of housing development on primary care provision dealt with within the planning process?

Local Plans

- The planning system is designed to be plan-led and, through the Neighbourhood Planning Bill¹, the Government is introducing law requiring each Local Planning Authority (LPA) to have a local plan in place that identifies the strategic priorities. All local authorities in Suffolk have and are working towards updating their local plans.
- NHS England and a wide range of stakeholders are invited to contribute to the process of forming a local plan. The scale and locations of future growth, including housing development, are considered against the resultant infrastructure requirements. In setting out the strategic priorities, the National Planning Policy Framework (NPPF) is clear that the provision of health and other community infrastructure should be included in plans². If not, the plan might not be found “sound” during the statutory Examination in Public (EiP) stage.
- To ensure that proper account has been made of physical and community infrastructure, LPAs form an Infrastructure Delivery Plan (IDP) or similar document. Information from a range of infrastructure providers, including NHS England, is drawn together setting out the linkages to growth, the cost and timing of provision. The local plan and IDP process is also vital to account for potential

changes in the delivery of services and whether new sites are necessary for new provision.

5. The IDP process is also a critical stage in drawing up a charge for the Community Infrastructure Levy (CIL). A CIL is a standard charge based on types of floorspace, for development. The rates are set against the total cost of infrastructure needed to deliver a local plan and the viability of development within an area (different rates can apply to areas with high or lower values).
6. An example of an IDP is that formed for Suffolk Coastal³, which was updated to support the setting of the current CIL. This IDP identified deficits, newly arising need from growth and the cost of provision to support growth, which totalled some £1.2m for health provision in 2014.
7. Currently Babergh, Mid Suffolk, Suffolk Coastal and Waveney district councils operate a CIL charge. Funds from development are paid towards infrastructure specified by the LPA known as the "Section 123 list". For example, Babergh District Council includes the "provision of health facilities" in its 123 list⁴, which means that the CIL funds received may be spent on this type of infrastructure. However, some larger developments are excluded from the CIL charge, and instead the costs for the resultant necessary infrastructure are funded through s.106 agreements. Within the remaining three districts (Ipswich, St Edmundsbury and Forest Heath) all contributions still come through the s106 process.
8. The process for considering development proposed through Neighbourhood Plans is the same, although the policy tests for forming Neighbourhood Plans differ.

Planning Applications

9. Local plans must be considered when LPAs determine applications for planning permission.
10. The District and Borough Councils consult with NHS England when applications are submitted for new housing development according to protocols agreed with NHS England (e.g. developments over 10 homes). The response may include a request for financial contributions towards improvements (e.g. additional floorspace) that would be necessary, depending on the available local capacity.
11. As an example, in responding to Ipswich Borough Council's consultation on the Henley Gate Development within the Ipswich Garden Suburb – totalling 3,500 homes - NHS England responded by highlighting: that a new facility is needed, how it fits within the wider context of future health provision, and the proportionate cost (£1,325,000). This contribution would be secured through s.106, which is a legal agreement between a developer/landowner to undertake or not to do certain aspects to ensure development is acceptable, this mechanism is used for financial contributions towards infrastructure.
12. LPAs must consider all requests for financial contributions obtained through s.106 against legal (reg.122)⁵ and policy (NPPF, para. 203) tests that the contributions are:
 - a) necessary to make the development acceptable in planning terms;
 - b) directly related to the development; and
 - c) fairly and reasonably related in scale and kind to the development.

13. These tests are met by accurately accounting for the relationship between the development and the resultant infrastructure.

h) To what extent are Section 106 agreements and Community Infrastructure Levy used to support the need for additional primary care infrastructure?

14. As noted above, four of the seven district and borough councils have a CIL charge in operation and developments are only just starting to be built that then provide funds through CIL. NHS England, like all other community infrastructure providers, will be monitoring resultant demands and linking projects to improve infrastructure. CIL funding for such projects is sourced through district and parish councils. (Parish Councils receive 15% of the CIL from development or 25% where a Neighbourhood Plan is in place).
15. Currently, most funding is likely to be through s.106. Further evidence on the amounts secured through both routes can be provided by local authorities if not set out by NHS England. In the case of the West Suffolk authorities (Forest Heath and St Edmundsbury), which do not operate a CIL, nearly £344,000 has been secured for primary health care through s.106 agreements from developments.

i) What is working well and what could be improved?

16. The engagement of NHS England in the local plans and planning application processes is functioning so that account can be made of the costs of the provision of infrastructure. As evidenced by the West Suffolk example above, funds are being secured. Improvements are needed in how the progress of projects will be related to the funds secured through s.106 or CIL. This is more of a programme approach, which relies on two-way information on expected housing delivery from the LPAs and the programme of projects from NHS England.
17. If funds secured through s.106 or allocated from CIL are not used, LPAs and developers will raise concerns about whether such funds were necessary. However, the impacts of development, particularly on primary health care, can take several years to materialise.

j) What are the opportunities and challenges?

18. The linkage between infrastructure and development planning processes is improving, particularly as communities and authorities develop a better understanding of the relationship between development and community infrastructure and how it needs to be funded. The deepening of this understanding provides a greater opportunity to align investment and service delivery strategies over longer-terms. This is particularly relevant to primary health care within the context of housing an ageing population.
19. There are also greater opportunities to align the consideration of primary health care needs with wider public health aims. In terms of the prevention of ill health, the promotion of and greater opportunities for physical activity, such as walking and cycling, can reduce demands on primary health care over the long-term.
20. In terms of challenges, NHS England needs to be able to provide an audit of contributions and funds it has sought and monitor these as commitments. This is particularly relevant where several developments are occurring in a small area.

21. Maintaining an effective exchange of information is also a challenge. If NHS England are to form programmes, spatial information on the expected delivery of developments over time is needed, and a range of partners should be involved in this process.

References

¹Neighbourhood Planning Bill, Clause 7:

<https://www.publications.parliament.uk/pa/bills/lbill/2016-2017/0106/17106.pdf>

²National Planning Policy Framework, para. 156:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf

³Suffolk Coastal Infrastructure Delivery Plan 2014:

<http://www.eastsuffolk.gov.uk/assets/Planning/Community-Infrastructure-Levy/1.-Consultation/Suffolk-Coastal-IDP-final-report-May-2014.pdf>

⁴Babergh District Council Regulation 123 Infrastructure List:

<http://www.babergh.gov.uk/assets/Uploads-BDC/Economy/CIL/BDC-123-list-Jan-2016.pdf>

⁵Community Infrastructure Regulations 2010, regulation 122:

<http://www.legislation.gov.uk/ukdsi/2010/9780111492390/regulation/122>