

CCG Health Response – Application Reference: R18/0186

Comments have been prepared by NHS Coventry and Warwickshire CCG (the CCG) in response to the development of up to 124 dwellings at Coventry Stadium, Rugby Road, Coventry, CV8 3GJ.

Context

It is increasingly recognised, in England and further afield, that local council's development plans and policies can have important long-term effects on physical and mental health and wellbeing of their areas population. It is also important for reducing inequalities in health. The 2019 National Planning Policy Framework (NPPF) places a stronger emphasis on these links than previous iterations. The NPPF sets out three overarching objectives that the planning system should abide by to achieve sustainable development. These are economic, social and environmental.

Paragraph 2 of the NPPF states that applications for planning permission must be determined in accordance with local plans unless material considerations indicate otherwise, and paragraph 38 states that planning authorities should approach decisions on proposed development in a *positive and creative way* and work proactively with applicants to secure developments that will improve the economic, social and environmental conditions of the area. Planning policies and decisions should aim to achieve healthy, inclusive and safe places and enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs (paragraph 91 of the NPPF).

In addition to this, paragraph 92 states that Local Councils are to “plan positively for the provision...of...community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments” and are to “*take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community*”. This includes the CCG's Estate Strategy and Coventry and Warwickshire Health and Care Partnership's (HCP) Estates Strategy.

Primary Care

In line with CIL compliancy, the CCG wishes to make a request related to the funding of health requirements through a planning obligation under S106 of the 1990 Act, which in order to be “CIL compliant” must meet the tests of specified in Regulation 122(2) of the Community Infrastructure Level (CIL) Regulations 2010. Those tests require that the sums 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

The commentary below explains how each of these tests has been met.

NHS Coventry and Warwickshire CCG estimates that the development of up to 124 houses at the site of Coventry Stadium will generate 298 residents using the ratio of 2.4 residents per dwelling.

Our analysis of primary care facilities in the locality shows that there are a number of practices providing primary care medical services to the area. The practices have been identified where they are within a 4km radius (circa 2 miles) of the location shown in Figure 1 below and listed below:

Name of Practice	Address
Kenyon Medical Centre BRANCH	108 Brandon Rd, Binley, Coventry CV3 2JF
Bredon Avenue Surgery	Bredon Avenue, Coventry CV3 2DF
Wolston Surgery	School Street, Wolston Surgery CV8 3HG
Willenhall Oak Medical Centre	Remembrance Rd, Coventry CV3 3DP
Willenhall Primary Care Centre	Remembrance Rd, Coventry CV33 3DG
Revel Surgery	Barr Lane, Brinklow, Rugby CV23 0LU

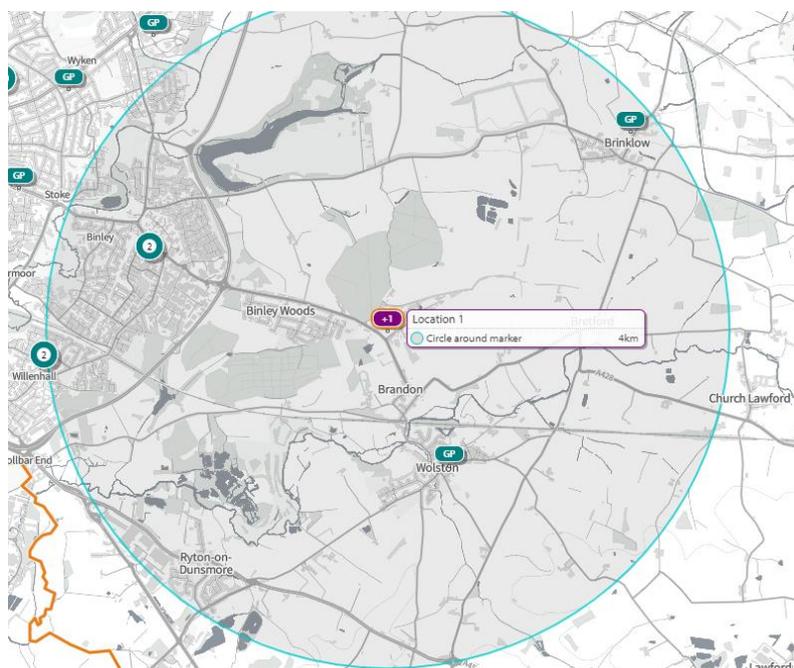


Figure 1: GP Practices closest to the development (Source: SHAPE)

We have looked at the capacity of the practices and based on current list size, our space estimator indicates a requirement for 35 clinical rooms. Having modelled the future housing growth and our future health delivery services via PCNs including an extended workforce we know the implications on the estate footprint for these practices isn't sufficient to meet the future population requirements. (Source: NHSE PID estimator).

A summary of the analysis of the local practice position is shown below in Figure 2.

Year	List size (all 6 practices)	NHSE PID Estimator Clinical Rooms		
		Consulting Rooms	Treatment Rooms	Total
2021	32283	26	9	35
2031	37544	30	10	40

*Includes population growth and housing development population growth to 2031

Figure 2: NHSE PID Estimator Clinical Rooms Assessment

Review of the primary care and local health estate indicates there is potential for improvement works to be undertaken on existing current healthcare estate as shown in Figure 1.

Therefore, in order to support the additional growth anticipated from the proposed housing development, the CCG requests s106 developer contributions by way of improvement works which will be for the primary care and healthcare estate within the area of the planned development, as shown in figure 1.

Further analysis has been completed using NHSE and CCG modelling tools to calculate the space and associated financial requirements to deliver the primary care provision required to meet the specific population growth needs from this planning application. This is shown in Figure 3.

The capacity and cost analysis below demonstrate how this request is **directly related to this development** and **fairly and reasonably related in scale and kind to the development**.

		<u>Current Application</u>
<u>Capacity Analysis</u>		
Planned number of dwellings		124
Forecast increase in population		298
Average no. of consultations per annum		6
Forecast no. of consultations per annum		1788
Clinical floor area required GIA m2		6
Clinical / non clinical support GIA m2		11
Circulation / engineering / planning allowance GIA m2		11
Total estimated GIA m2		28
<u>Cost Analysis</u>		TOTAL
Construction Cost	£38,640	£46,368
Abnormal Site Works	£7,728	£9,274
Sub Total Work Costs	£46,368	£55,642
Equipment	£4,637	£5,564
Fees	£9,181	£9,181
Statutory Charges	£2,318	£2,782
Sub Total Non-Works Costs	£16,136	£17,527
Total Works & Non-Works Costs	£62,504	£73,169
Risk Contingency Allowance	£7,500	£9,001
Total Cost	£70,004	£82,170

Figure 3: Capacity and Cost Analysis for application Improvement works (Source NHSE PID and Cost Estimator-Version April 2017)

Improvements to off-site primary medical care and healthcare facilities – capital contribution required is currently estimated at £82,170

These costs need to be index linked.

Consideration needs to be given to the phasing of the development and the trigger point at which premises improvements will need to be in place.

Further detailed planning work will also establish a more detailed development cost and how any shortfall in funding could be found through other routes (if required). These funding routes could be through other private investment or NHS England linked grants. However, as the increase in patients is directly due to this planning application we are seeking funding to the Primary Care development equal to the proportion of additional patients this application/development could create.

The potential impact if contributions are not made is that the improvement works will not be completed, and local practices will reach maximum capacity and be forced to close their lists to new patients. In this case, the new population arising from this development will experience issues gaining access to primary medical care services.

The CCG welcomes the opportunity to discuss this request further with the case officer and/or applicant and wish to be involved throughout the S106 wording process to ensure that contributions are allocated in the most appropriate way.

Prepared by Coventry & Warwickshire CCG
20th October 2021