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Willetts Hannah (05RN) South Warwickshire CCG
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Please find attached the CCG’s representations in response to the above consultation.

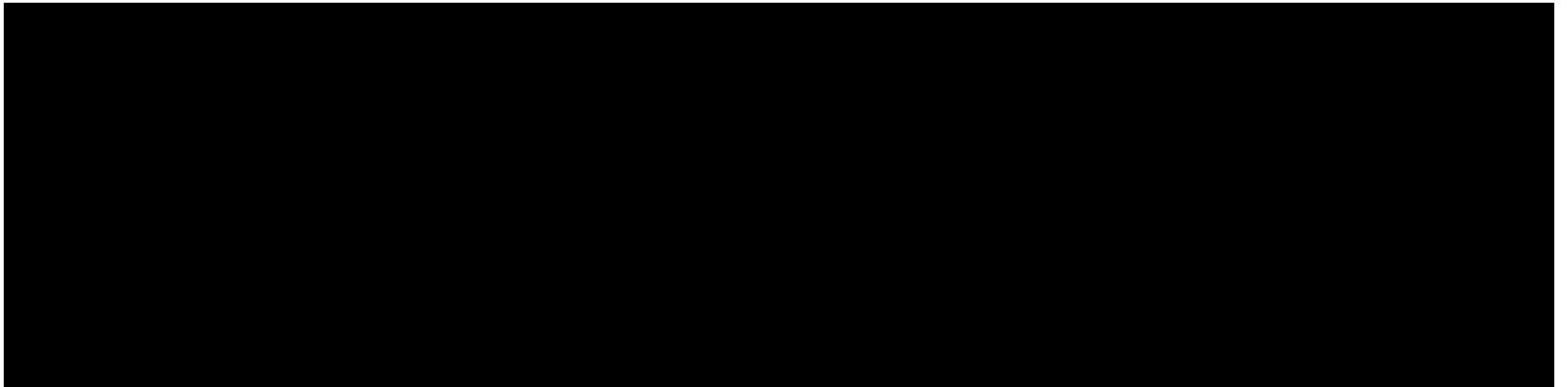
Kind regards

Hannah

Hannah Willetts

Senior Non-Acute Contracts Manager

NHS South Warwickshire Clinical Commissioning Group



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SENT VIA EMAIL ONLY TO
Planning.policy@stratford-dc.gov.uk

13th November 2015

Dear Sir/Madam

Representation to Stratford-on-Avon District Submission Draft Community Infrastructure Levy Charging Schedule (16th October to 13 November 2015)

I write on behalf of NHS South Warwickshire Clinical Commissioning Group in respect of the Stratford-on-Avon District Council (''SOA'') Community Infrastructure Levy (''CIL'') Submission Charging Schedule ("SCS") consultation running for the period 16th October 2015 to 13th November 2015.

1.0 **Overview**

1.1 NHS South Warwickshire Clinical Commissioning Group (hereafter known as "the CCG") is the main delivery provider for primary medical care infrastructure within Stratford-on-Avon District. Our focus in this representation is on ensuring that healthcare provision is adequately provided for within the CIL/Section 106 framework, and funding of future healthcare provision is not compromised.

1.2 SOA does not currently have an up to date Development/Local Plan. In August 2015, SOA consulted on the Submission Core Strategy: Proposed Modifications which included an approximate 28% increase in the housing requirement for the District across the Plan period, up to 2031. With an increase in population arising from the new housing delivery across the District, increased demand will be placed upon healthcare services.

1.3 Our focus in this representation is on ensuring that SOA review the Infrastructure Delivery Plan, Regulation 123 List and produce a Section 106 Post CIL implementation Supplementary Planning Document ("SPD") to ensure future primary healthcare infrastructure is not put at risk.

1.4 It should be noted that our representation is made in the context of the Community Infrastructure Levy Regulations 2010 (as amended) ("the Regulations") and relevant statutory guidance[1]. The most recent amendments to the Regulations and associated guidance came in to force on 1st April 2015.

1.5 Our key concerns relate to the following themes:

- Housing Supply;
- Regulation 123 List;
- Infrastructure Delivery Plan.

1.6 We summarise below our main concerns relating to each aspect listed above.

2.0 Housing Supply

2.1 The Proposed Modifications to the Submission Core Strategy increase the planned housing supply by approximately 28% over the emerging Plan period to 2031. This equates to a delivery of 724 new homes per year. Due to a deficit in housing completions since 2011 (the start of the Plan period) SOA needs to complete 1,216 new homes per year. Over the past seven years, on average SOA has completed 281 dwellings per annum; however in the most recent year, April 2014 to March 2015, the District completed 708 dwellings. Past completion is considerably behind the planned housing delivery, however if the planned rate of 1,216 new homes per year is met, this will have a detrimental impact on the existing healthcare infrastructure as new infrastructure will lag behind increased demand from the new population within the District.

2.2 SOA will be aware from previous correspondence with NHS England and our representations to various stages of the Core Strategy Consultation[2] that the most up to date data available indicates an overall deficit in primary medical care capacity across the District. NHS England previously submitted representations estimating that on average each new dwelling in the District would generate 2.43 residents; as such, the CCG expects that, over the period of the Core Strategy, it will need to work proactively with the District Council to respond to applications to ensure that suitable additional health care facilities are provided. Similarly, a collaborative approach will be needed to secure appropriate contributions to support the development of primary medical care infrastructure to address the healthcare needs of the growing population of the District.

2.3 As outlined above, it is already recognised that there is a deficit in capacity across the District. An increase in housing delivery and the resultant population increase, at the planned rate, will therefore outstrip the delivery of the critical required primary medical care

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[1] April 2014 (as amended)

[2] In particular please note our letter dated 25th September 2015 to the Submission Core Strategy: Proposed Modifications, August 2015

across the District, if adequate resource and priority is not given to both funding and infrastructure delivery.

2.4 We are therefore keen to see suitable provisions put in place and adequate allowances made in the CIL and Section 106 work being undertaken by the District Council.

3.0 Regulation 123 List

3.1 Recent changes to the CIL Regulations require the Regulation 123 List to form part of the evidence base[3] for the CIL examination.

3.2 The CCG welcomes the publication of the Regulation 123 List of infrastructure[4], however, we are concerned that the Draft Regulation 123 List currently includes items that are broad ranging and indicate 'types' of infrastructure rather than specific projects. This means that any projects that are within those 'types' of infrastructure on the list will not be able to be funded by Section 106 contributions, where more than five are required to be pooled or have already been secured since April 5th 2010.

3.3 As currently drafted, the Regulation 123 List provides for primary, secondary and community infrastructure to be funded through CIL[5]; with the exception of primary health centres at the following strategic sites:

i) Gaydon Lighthorne Heath; and

ii) Long Marston Airfield.

3.4 NHS England and the CCG have already made site specific responses in respect of these strategic sites. We are subsequently less concerned about the provision of necessary healthcare facilities resulting from these sites. However, we would highlight that SOA has not published a Planning Obligation SPD outlining how Section 106 will continue to be used post-CIL implementation.

3.5 At present, the lack of clarity creates uncertainty for CCG on how further primary medical care and community infrastructure will be delivered across the District (since those items excluded from the Regulation 123 List will still be capable of being funded under Section 106, subject to the pooling restrictions and requirements of Regulations 122-123);

3.6 We would therefore strongly recommend that the District Council produces an SPD. This will provide further guidance on how it intends to use CIL and Section 106 to provide adequate healthcare facilities across the District.

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[3] Regulation 14 (5)

[4] Infrastructure Delivery Plan (Update), May 2014

[5] Stratford on Avon District Community Infrastructure Levy Submission Charging Schedule Consultation Document October 2015; Appendix A.

4.0 Infrastructure Delivery Plan (IDP) (June 2014)

4.1 The IDP sets out the main infrastructure items necessary to facilitate the level and distribution of growth set out in the Core Strategy. However, the IDP has not been updated since the Draft Charging Schedule (DCS) Consultation (June 2014). Since the production of the IDP the housing delivery for the District has increase by 28%, and therefore the IDP underestimates the infrastructure required to facilitate the planned level of growth through the District. The current IDP subsequently underestimates the population growth by 8,107[6] people over the plan period.

4.2 The IDP as currently drafted provides for the following primary medical care and community and acute hospital service infrastructure for SOA:

Table 1 – IDP Overview: Health Services' Infrastructure *(Source: SOA IDP, June 2014)*

3 – Primary and Acute & Community Health Services' Infrastructure						
Infrastructure Type / Project	**Lead Delivery**	**Other Partner Organisations**	**Timescale**	**Estimated Costs (£)**	**Funding**	**Critical to Delivery?**
Primary Health Care a) Stratford-upon-Avon: approx. 2 clinical rooms and associated infrastructure b) LSVs and other rural: approx. 2 clinical rooms and associated infrastructure c) New 4GP practice facilities at Gaydon/Lighthorne Heath	South Warwickshire Core Commissioning Group (CCG)	Developers, Public Health Warks, NHS England, NHS Property Services, GPs and other private sector, SDC	Lifetime of Core Strategy	a) £61,000 + b) £61,000 + c) £2.2 m (gross)	a) S106 and/or CIL b) S106 and/or CIL c) S106	Critical Critical Critical
Community and Acute Hospital Services' Infrastructure a) A new ward block at the Warwick Hospital site - the main acute hospital services site b) A new hospital at the Stratford Hospital site including outpatient, diagnostic, treatment and inpatient facilities and a hub for community healthcare teams	South Warwickshire NHS Foundation Trust	WCC, SDC, primary health organisations	Lifetime of Core Strategy	a) £24m of which some £17m sought from CIL or S106 b) £44m of which some £18.7m sought from CIL or S106	Private borrowing, charitable donations, S106, CIL	Critical

4.3 According to the out of date IDP, CIL is required to fund potentially £35,822,000 of healthcare infrastructure, assuming no Section 106 contributions to any of the above infrastructure where it could be funded with either CIL or Section 106. This equates to £2,473 per planned dwelling. This does not include the potential new premise at Long Marston Airfield or the upgrade to Southam as a result of the planned population growth.

4.4 The IDP identifies all infrastructure listed above as being critical to the delivery of the Core Strategy, and therefore it is imperative the District Council applies the appropriate weight to prioritising healthcare infrastructure in line with the grant of planning applications and housing delivery.

[6] The IDP was based on proposals for 10,800 new homes at an average 2.2 people per dwelling as per the IDP. The Proposed Modifications (August 2015) increase the housing supply to 14,485 new homes.

4.5 We understand that SOA is in the process of updating the IDP for the District, which is welcomed by the CCG. However, we would strongly recommend that this review is completed prior to the examination of the CIL Charging Schedule to ensure that the assumptions in the viability testing and drafting of the Regulation 123 List are appropriate. Where possible we would welcome the opportunity to work with SOA to ensure that suitable projects are identified and key infrastructure identified.

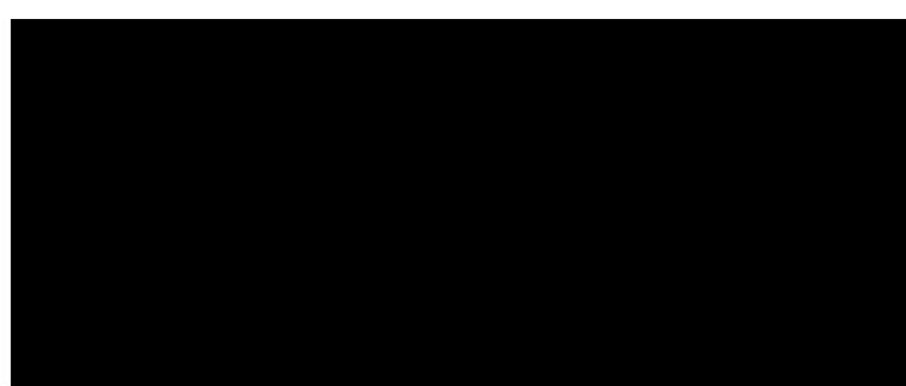
5.0 Summary

5.1 In light of the above comments, we would strongly advise that SOA undertakes further work relating to the provision of healthcare infrastructure throughout the District. The IDP currently provides for an underestimation of the planned level of growth across SOA. Healthcare infrastructure has been identified as critical for the delivery of the Core Strategy and therefore it is imperative that the evidence that CIL is based on accurately reflects the infrastructure required for healthcare.

5.2 The CCG would also welcome clarity on how healthcare is to be funded and delivered once CIL is adopted and strongly recommends the production of a Planning Obligation SPD to be adopted post CIL implementation.

5.3 We trust that the above comments will be taken on board by the District Council and would ask to be kept informed regarding the progress of the CIL Charging Schedule. If appropriate, we would be more than happy to have further discussions in the meantime either with the Council or their appointed consultants.

Yours faithfully



Anna Hargrave
Director of Strategy and Engagement
NHS South Warwickshire Clinical Commissioning Group