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Our Ref: TDC/ZM

Dear Planning Policy Team

Tendring Colchester Borders Garden Community Development Plan Document (DPD) Regulation 19 Consultation: May - June 2023 Ambulance Facilities Provision & Developer Funding Requirements - East of England Ambulance Service NHS Trust (EEAST) Evidence Base & Representations

EEAST is pleased to submit an updated evidence base and representations to assist the Joint Council's (Tendring DC, Colchester CC & Essex CC) infrastructure planning for the new Garden Community and identify the community and social infrastructure needed to deliver an inclusive, safe, healthy and sustainable new community.

EEAST engaged with Tendring DC and its consultants at the Regulation 18 Stage, however its evidence has not been fully reflected in the DPD and related Infrastructure Delivery, Phasing & Funding Plan. An earlier evidence base submission is **enclosed**.

As a consequence, EEAST wish to raise **SOUNDNESS OBJECTIONS** in order to help plan the Garden Community more effectively, based on the following grounds:

- The DPD is **NOT JUSTIFIED** – as it is not a sufficiently appropriate strategy for the planning & funding of community & social infrastructure;
- The DPD is **NOT EFFECTIVE** – as it is not sufficiently deliverable in respect of community & social infrastructure;
- The basis for EEAST's position & requested changes to the DPD to make it 'sound' are set out in the text & at **Annex 3** below – *an update of the Infrastructure Delivery, Phasing & Funding Plan (IDPPF) is also requested at Annex 3.*

EEAST – Essential Social Infrastructure Provider & Emergency Service

EEAST is an essential social infrastructure provider, and emergency service, who confirm that there will be an increased requirement for ambulance facilities - necessitated by the housing and population growth arising over the 15 – 20+ year period associated with the delivery of the New Garden Community (NGC).

Information outlining EEAST's key operational facts and service provision is included at **Annex 1** below.

The National Planning Policy Framework requires the planning system to provide for sustainable development through local authority plan making and development management processes, which should aim to achieve healthy, inclusive and safe places.

In promoting healthy lifestyles the planning system should provide the social facilities and services the community needs. It should take into account and support the delivery of local strategies to improve health and social wellbeing for all sections of the community and ensure an integrated approach to considering the location of housing and community facilities and services.

As an essential social infrastructure provider EEAST has an important role to play in contributing to the achievement of sustainable new places (and along with its health and blue light partners) creating the conditions for healthy, safe and cohesive communities.

Population Increase & Demographic Profile

Population increase, along with deprivation, age and the increasing number of people living for longer with more complex long-term conditions, all impact on the level of ambulance service demand, in respect of both emergency and non-emergency patient transport services.

The age profile is also a key factor, as people at both ends of the age spectrum consume a disproportionately large quantity of healthcare services and resource. Those aged over 75 years are most likely to have multiple long-term conditions and complex care needs.

Analysis of EEAST activity from 2019/20 indicates residents aged 65 years and over account for over 1/3 (35%) of Category 1 ambulance activity and 52% of all activity. Those aged 2-18 years account for 15% of Category 1 activity and 8% of all activity.

EEAST's operational standards/ thresholds and response times are included for information at **Annex 2**.

EEAST therefore requires developer funding to mitigate the impacts arising on its service capacity from the population increase associated with the planned housing and population growth associated with the NGC.

The likely budget and range of ambulance infrastructure and facilities required to maintain EEAST's mandated service levels, and positively contribute to the successful development of the NGC are set out overleaf.

Planned Housing & Population Growth - Ambulance Facilities Funding Requirement, Budget & Provisional Trigger Points

GC Policy 1 (Land Uses & Spatial Approach) envisages the delivery of circa 7,500 new homes within three new neighbourhoods, amounting to a population increase of around 17,250 persons at an average household size of 2.3, as noted in the IDPPF.

Developer funded contributions would therefore be required to mitigate the impact of residential development and associated population growth, on EEAST's operational capacity, efficiency and resources, comprising staff/ equipment, vehicle fleet and estate assets, which are operating at capacity.

Based on EEAST's activity rates and experience from other local authority areas within the East of England, an index linked 'standard charge' of **£340 per dwelling** is considered necessary to fund the increased operational capacity EEAST is likely to require through additional ambulance service infrastructure and facilities provision.

A budget of £340 x 7,500 homes = **£2,550,000** is required to enable EEAST to maintain nationally mandated contractual response times and treatment outcomes, and ought to be identified within an updated version of the Infrastructure Delivery, Phasing & Funding Plan.

The range of infrastructure and facilities (ambulance facilities) required to mitigate and manage the impacts arising from the NGC, and deliver an inclusive, safe, healthy and sustainable new community are summarised below:

- 1) The recruitment, training, equipping & tasking of Community First Responders (CFR) based within the locality of development sites & their environs;
- 2) Provision of additional medical, pharmacy & IT equipment/digital software to manage the increased number of incidents arising from the new population;
- 3) An increase in the number & type of ambulances;
- 4) Upgrading/refurbishment of existing premises, or redevelopment/relocation of existing ambulance stations to a more suitable location to meet the increased local demand arising from housing developments;

The following **Delivery Triggers** are considered to be appropriate at this stage:

- Following completion of **250 dwellings** – funding for specified ambulance facilities as outlined at 1- 2 above;
- Following the completion of **500 dwellings** – funding for an Ambulance Service Response Post (Parking space/EV charging point/welfare facilities) & specified ambulance facilities, as outlined at 1- 2 above;
- Following the completion of **1,000 dwellings** – funding for new Ambulance Vehicle(s) & specified ambulance facilities, as outlined at 1- 2 above;

- Following the completion of **each 250 dwellings thereafter up to 7,500 dwellings** – funding for specified ambulance facilities as outlined at 1- 2 above, including the potential upgrading/refurbishment of the Ambulance Station Response Post (ASRP) located at Elmstead Road, Colchester, CO4 3AA (Greenstead Ambulance Station).

For the purposes of Strategic Masterplan assumptions, the requirements and phasing of ambulance infrastructure/ facilities and delivery can be assigned into the 4 x phases as follows:

Infrastructure	Requirement/Commentary	Total Cost (£)	Phase 1 1,750 units	Phase 2 1,750 units	Phase 3 2,500 units	Phase 4 1,500 units
Ambulance Facilities	Staff/ equipment, vehicle fleet & estate assets *1	2,550,000	595,000	595,000	850,000	510,000

***1 Recruitment, training, equipping & tasking of Community First Responders, medical, pharmacy & IT equipment/digital software, front line ambulances, rapid response vehicles, major incident/resilience vehicles, non-emergency ambulances, upgrading/ refurbishment of existing premises & redevelopment/ relocation of existing ambulance stations**

****2 Funding for an Ambulance Service Response Post (Parking space/EV charging point/welfare facilities) required within Phase 1, following the completion of 500 dwellings:**

This approach is consistent with the following policies of the North Essex Authorities' Shared Strategic Section 1 Plan (January 2021);

- Policy SP6 (Infrastructure & Connectivity) - which requires all development to be supported by the provision of the infrastructure, services and facilities that are identified to serve the needs arising from the development;
- Policy SP9 (Tendring/ Colchester Borders Garden Community) - which requires the DPD to be produced in consultation with the local community & stakeholders, requiring a phasing & implementation strategy setting out the rate of development linked to the provision of the necessary social, physical & environmental infrastructure, to ensure the respective phases of development do not come forward until the necessary infrastructure has been secured.

EEAST acknowledges that the development of the three new housing community neighbourhoods may be the subject of viability testing and would be content to be flexible in its approach to the level of funding to be secured for ambulance facilities, on a case-by-case basis as necessary.

Each planning application would therefore be assessed on its merits to determine the likely funding required, which if applicable, would be secured via agreement with the developer(s) through a planning obligation or via any future Community Infrastructure Levy (CIL) charge, as appropriate.

Infrastructure Delivery Phasing & Funding Plan Recognition - Update

The ambulance facilities and related funding and trigger point provisions outlined above ought to be included within an update of the Infrastructure Delivery, Phasing & Funding Plan to inform the Examination of the DPD. This is requested in **Annex 3**.

Future local plan and DPD site viability work can have regard to this information, which ought to be reflected in each authority's Annual Infrastructure Funding Statement.

Soundness Objections – Requested Changes to the DPD

EEAST's soundness objections and the changes requested to the DPD to address these are outlined in **Annex 3** below.

Statement of Common Ground

EEAST is keen to reach a position of concurrence with the Joint Authorities in advance of the Examination in Public and would welcome liaison with appropriate Officers at an early stage to this end.

We trust this submission assists and look forward to liaising with you further in due course.

Yours sincerely



Zoë May
Head of Business Relationships

ANNEX 1

EEAST KEY OPERATIONAL FACTS & SERVICE INFORMATION

This section summarises EEAST's service remit, priorities, staff, vehicle fleet & estate assets, & co-working relationship with other healthcare & blue light partners & service targets

Service Remit & Priorities

The East of England Ambulance Service NHS Trust provide accident and emergency services and non-emergency patient transport services across the East of England.

The Trust Headquarters is in Melbourn, Cambridgeshire and there are Ambulance Operations Centres (AOC) at each of the three locality offices in Bedford, Chelmsford and Norwich who receive over 1 million emergency calls from across the region each year, as well as 800,000+ calls for patients booking non-emergency transport.

The 999 service is part of the wider NHS system providing integrated patient care. Provision of 999 services is aligned closely with national and regional initiatives driven by:

- Sustainability and Transformational Partnerships
- Integrated Care System
- Integrated Urgent Care systems, ie NHS 111, Clinical Assessment Services, Urgent Treatment Centres, GP Out of Hours Services.

Additionally, regional Ambulance Trusts may collaborate closely with other ambulance services, the wider emergency services or wider system providers to deliver appropriate patient care.

To support the service transformation agenda, the key requirements are:

- To deliver the core response and clinical outcome standards as defined by the Ambulance Response Programme
- To fulfil statutory duties relating to emergency preparedness, resilience and response (EPRR)
- Optimisation of call handling and appropriate responses through virtual alignment of NHS 111/999 and call/CAD transfer between ambulance services
- Increase the percentage of lower acuity calls managed through “hear and treat” and “see and treat” options
- Utilise a virtual delivery model to support wider workforce integration for paramedics, call handlers and specialist staff with local urgent care delivery models

- Facilitate cross boundary working and the flexible use of ambulance service resources to support the development of regional Sustainability and Transformational Plans and Integrated Care Systems.

The 999 service is free for the public to call and is available 24 hours a day, 7 days a week, 365 days a year, to respond to the population with a personalised contact service when patients:

- Require rapid transportation with life threatening illness/injury or emergencies - category 1 and 2
- Present with lower acuity urgent and less urgent conditions - category 3 and 4 requiring clinical interventions
- Patients may be passed to 999 via other NHS health care systems, including NHS 111
- EEAST receives over 1 million emergency (999) calls per year and 800,000 calls for patients booking non-emergency transport.

EEAST also provides urgent and emergency responses to Healthcare Professionals requiring ambulance assistance, and inter-facility transfers between hospitals and other healthcare settings, where patients require treatment at alternative sites to their current setting.

Non-Emergency Patient Transport Services (NEPTS) provide an essential lifeline for people unable to use public or other transport due to their medical condition. These much-needed journeys support patients who are:

- Attending hospital outpatient clinics or other healthcare location
- Being admitted to or discharged from hospital wards
- Needing life-saving treatments such as radiotherapy, chemotherapy, renal dialysis or DVT treatment.

Service Assets

EEAST clinicians:

- Emergency Care Support Workers
- Emergency Medical Technicians
- Paramedics
- Specialist Paramedics
- Critical Care Paramedics.

Types and models of response:

- Community First Responder (CFR)
- Patient Transport Service (PTS)
- Clinical See and Treat
- Clinical Hear and Treat (telephone triage)
- Early Intervention Team (EIT)

- Rapid Response Vehicle (RRV)
- Double Staff Ambulance (DSA)
- Hazardous Area Response Team (HART)
- Specialist Operations Response Team (SORT)
- Helicopter Emergency Medical Service (HEMS), EEAST utilise 5 aircraft across 3 charities within the region
 - Magpas – 1 x aircraft from RAF Wyton
 - East Anglian Air Ambulance – 2 x aircraft form Cambridge and Norwich Airport
 - Essex and Herts Air Ambulance – 2 x aircraft form North Weald and Earls Colne

Ambulance Operations Centre (AOC) staff:

- 999 Call Handlers
- Emergency Medical Dispatchers
- Tactical Operations Staff.

EEAST support services staff cover all other corporate and administrative functions across the region.

Estates

The Trust is rolling out a Hub and Spoke network with up to 18 hubs to provide regional premises for delivery of operational responses to calls, flow of ambulance preparation via the Make Ready function (cleaning and restocking of ambulances) and despatch of ambulances to local spokes (reporting posts/response posts/standby locations). Support services such as workshop facilities, clinical engineering (medical equipment store and workshop), consumable product stores and support office accommodation are also provided from Hubs.

- Ambulance Station Central Reporting Post - A 24/7 - Permanent reporting base for staff and primary response location for one or more vehicles. Provision of staff facilities.
- Ambulance Station Response Post - A primary response location, which includes staff facilities but is not a reporting base for staff.
- Standby Location - Strategic locations where crews are placed to reach patients quickly. Facilities used by staff are provided on an informal basis only by agreement with the relevant landowner.

Current Ambulance Stations in the Tendring – Colchester Borders Garden Community area are:

Colchester (New Hub to be built)	Clacton	Weeley
Greenstead	Harwich	

Current Ambulance Stations which surround the Tendring - Colchester area and from which ambulances may also support people in this area:

Halstead	Maldon
Witham	Sudbury

Vehicle Fleet

- 387 front line ambulances
- 178 rapid response vehicles
- 175 non-emergency ambulances (PTS and HCRTs vehicles)
- 46 HART/major incident/resilience vehicles located at 2 x Hazardous Area Response Team (HART) bases with a number of specialist vehicle resources.

Workforce & Equipment

Approximately 4,000 staff and 800+ volunteers across 120 sites. Each resource has equipment specific to the operational function of the vehicle and skill level of the staff.

Specialisms

EEAST works collaboratively across our blue light partners and have joint working groups with Police and Fire Services across the region, working in partnership managing responses to incidents and undertaking joint exercises with our dedicated resources to prepare for specialist rescue, major incidents and mass casualty incidents.

EEAST is a Category 1 Responder under the Civil Contingencies Act, 2004, playing a key role in developing multi-agency plans against the county and national risk registers. EEAST also works closely with the Military, US Air Force, Royal Protection Service, Stansted Airport and the Port of Felixstowe Police, Fire and Ambulance services.

EEAST's Emergency Preparedness Resilience Response (EPRR) team lead on the Joint Emergency Services Interoperability Principles (JESIP) working in close partnership with all blue light agencies, the Coastguard and Local Authorities. Specialist resources work with the Police in counter terrorism and developing response plans in the event of a major incident.

EEAST are an integral part of the locality's resilience response sitting on a number of safety advisory groups, east coast flood working groups and hospital emergency planning groups.

Co-working Relationship with other Blue-Light & Healthcare Partners

EEAST is an integral part of the wider healthcare system working closely with the Suffolk & North East Essex Integrated Care System (ICS) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within the Tendring - Colchester area EEAST work with the ICS's in delivering additional care pathways focussing on hospital admission avoidance, this is a partnership with the local acute providers and local authorities. EEAST operate Early Intervention Response vehicles

and a Rapid Intervention Vehicle. These resources work collaboratively within the system to offer holistic care to patients whilst reducing pressure on Emergency Departments.

This is EEAST's response to the requirements of the NHS Long Term Plan, with the clear narrative that in order to bring the NHS into financial balance all NHS providers must find mechanisms to treat patients in the community and out of the most expensive care setting, which are acute hospitals. This not only saves the NHS critical funding, but it also improves patient outcomes.

EPRR and Specialist Operations teams routinely train with other blue light agencies in preparedness for major incidents such as terrorist attacks and major incidents with statutory training obligations to respond to local and national incidents.

In continuing to respond to the COVID-19 Pandemic, EEAST is working collaboratively with Private Ambulance providers, the Military, volunteer Ambulance Services (such as St John Ambulance and British Red Cross) and local Fire and Rescue Services, to increase its capacity and maintain service delivery to meet the additional demand.

EEAST Service Targets

All NHS organisations are required to report against a set of Core Quality Indicators (CQIs) relevant to their type of organisation. For ambulance trusts, both performance and clinical indicators are set as well as indicators relating to patient safety and experience.

NHS organisations are also required to demonstrate their performance against these indicators to both their commissioners and Regulators (NHS England/Improvement).

It is important to note that EEAST is also measured on how quickly a patient is transported to an appropriate location for definitive care, often in time critical circumstances.

Failure to deliver against these indicators will result in a Contract Performance Notice and could result in payment being withheld, as prescribed in NHS Standard Contract 20/21 General Conditions (Full Length) GC9 9.15.

ANNEX 2

EEAST Operational Standards & Thresholds Ambulance Service Response Times

EEAST National Quality Requirements 2023-24

Ambulance Service Response Times

National Quality Requirement	Threshold
Category 1 (life-threatening) calls – proportion of calls resulting in a response arriving within 15 minutes	Operating standard that 90th centile is no greater than 15 minutes
Category 1 (life-threatening) calls – mean time taken for a response to arrive	Mean is no greater than 7 minutes
Category 2 (emergency) calls – proportion of calls resulting in an appropriate response arriving within 40 minutes	Operating standard that 90th centile is no greater than 40 minutes
Category 2 (emergency) calls – mean time taken for an appropriate response to arrive	Mean is no greater than 30 minutes
Category 3 (urgent) calls – proportion of calls resulting in an appropriate response arriving within 120 minutes	Operating standard that 90th centile is no greater than 120 minutes
Category 4 (less non-urgent “assess, treat, transport” calls only) – proportion of calls resulting in an appropriate response arriving within 180 minutes	Operating standard that 90th centile is no greater than 180 minutes

For All Ambulance Service Response Times Indicators:

Method of Measurement:	See AQI System Indicator Specification at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
Timing of Application of Consequence	Quarterly for all indicators

Ambulance Service Handover Times

National Quality Requirement	Threshold
Following handover between ambulance and A+E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes	>0

Guidance Dn definition:	See Contract Technical Guidance Appendix 2 at https://www.england.nhs.uk/nhsstandard-contract/
Timing of Application of Consequence	Ongoing

ANNEX 3

* EEAST Soundness Objections & Changes Requested to the Policies & Text of the Tending Colchester Borders Garden Community Development Plan Document

** Update Requested to the associated Infrastructure Delivery, Phasing & Funding Plan follows the above **

DPD Regulation 19 Soundness Representations

EEAST Representation 1

DPD Ref – GC Policy 1: Land Uses & Spatial Approach

Soundness Objection: Policy not fully 'justified' as Part B of the policy (page 22) omits reference to key social infrastructure in the form of emergency services (incorporating ambulance, police & firefighting facilities);

Change Requested: Include reference to all the emergency services in the text of Part B, paragraph 7 of the policy referable to the South and North Neighbourhoods;

Amended Policy Excerpt to read:

"The councils will work with the University of Essex and other partners as appropriate, to deliver the key infrastructure (health, education, ambulance, police, firefighting and other community uses)"

EEAST Representation 2

DPD Ref – Chapter 7: Community & Social Infrastructure, paragraph 1 (Page 78)

Soundness Objection: Plan text not fully 'justified' as the paragraph omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended Paragraph to read:

"This chapter contains the Council's expectations and policy ensuring the Garden Community is served by community services and facilities of the right type in the right location, including schools and sports facilities; as well as access to health, ambulance, police and firefighting services and how the development will incorporate measures to encourage including, healthy and happy lifestyles."

EEAST Representation 3

DPD Ref – GC Policy 6: Community & Social Infrastructure

Soundness Objection: Policy not fully ‘justified’ or ‘effective’ as the policy omits reference to key social infrastructure in the form of emergency services (incorporating ambulance, police & firefighting facilities);

Change Requested: Include reference to all the emergency services in the text of the policy under a new Part F following on after Part E: Health ;

Amended Policy Excerpt to read:

“Part F: Emergency Services

The Garden Community will promote community safety and cohesion by providing for an appropriate level of ambulance, police and firefighting facilities to serve the needs of each neighbourhood and its residents, with the phasing of facilities to be set out in the Infrastructure Delivery, Phasing & Funding Plan.

Developers should enter into early discussions with the East of England Ambulance Service NHS Trust (EEAST), Essex Police and Essex Fire & Rescue to identify the physical and social infrastructure and facilities funding required, along with a strategy for phased implementation.”

EEAST Representation 4

DPD Ref – Chapter 7: Community & Social Infrastructure, paragraph 1: Justification Section (Page 86)

Soundness Objection: Plan text not fully ‘justified’ as the paragraph omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended Paragraph to read (from line 3)

“ . . . The Garden Community is an opportunity to explore, with service providers, new ways to provide and deliver the education , health , ambulance, police, firefighting and other community and social infrastructure and facilities needed to support the new community, and the Councils have worked with service providers throughout the production of the Plan.”

EEAST Representation 5

DPD Ref – Chapter 7: Community & Social Infrastructure, paragraph 2: Justification Section (Page 86)

Soundness Objection: Plan text not fully ‘justified’ as the paragraph omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended Paragraph to read:

“Community and social infrastructure covers a wide range of facilities, such as health; ambulance; police; firefighting; education; sports; recreation and greenspace; places of worship; community halls; public houses and cultural infrastructure . . .”

EEAST Representation 6

DPD Ref – Chapter 10: Infrastructure Delivery, Impact Mitigation & Monitoring, paragraph 1: (Page 127)

Soundness Objection: Plan text not fully ‘justified’ as the paragraph omits reference to the basis for key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended Paragraph & 5th bullet point below it to read:

Paragraph change - *“The main requirements covered in this Plan, as set out in the policies of the adopted Section 1 Local Plan, and based on the evidence of key infrastructure providers include:*

5th bullet point change;

- “Addressing education, healthcare, ambulance, police, firefighting, leisure and sports”

EEAST Representation 7

DPD Ref – Chapter 10: Infrastructure Delivery, Impact Mitigation & Monitoring, paragraph 1: Justification Section (Page 129)

Soundness Objection: Plan text not fully ‘justified’ as paragraph omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended Paragraph to read:

“The Garden community will require the provision of new physical infrastructure such as footways, cycleways, roads, and sewers; social infrastructure such as health, ambulance, police, firefighting, education and community facilities, and green infrastructure such as open and recreational spaces.”

EEAST Representation 8

DPD Ref – Chapter 10: Infrastructure Delivery, Impact Mitigation & Monitoring, paragraph 1 (Page 131)

Soundness Objection: Plan text not fully ‘justified’ as it omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended Paragraph to read:

“The councils will seek contributions from developers to fund improvements to existing infrastructure and the environment and new infrastructure contributions will be made through the Community Infrastructure Levy (if adopted) which applies a standard charge to developers to fund supporting infrastructure such as transport, schools, community facilities and health, ambulance, police and firefighting facilities, and/or Section 106 agreements which address the provision of affordable housing and more site-specific infrastructure requirements.”

The Garden community will require the provision of new physical infrastructure such as footways, cycleways, roads, and sewers; social infrastructure such as health, ambulance, police, firefighting, education and community facilities, and green infrastructure such as open and recreational spaces.”

EEAST Representation 9

DPD Ref – Appendix 1. Principles & Objectives: Community & Social Infrastructure subheading ‘a Place where its easy to be healthy & happy’ (Page 138)

Soundness Objection: Plan text not fully ‘justified’ as it omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: Amended bullet point 4 to read:

- *“Provision of healthcare, ambulance, police, firefighting, leisure, social and community facilities accessible by all modes of transport.”*

EEAST Representation 10

DPD Ref – Appendix 3: Planning Application/ Validation Requirements (Page 145)

Soundness Objection: Validation list not fully ‘justified’ as it omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

After bullet point 22 add a new bullet point 23 to read:

- *“Strategy for addressing the requirement for ambulance, police, & firefighting infrastructure & facilities”*

EEAST Representation 11

DPD Ref – Glossary – reference to Infrastructure (Page 149)

Soundness Objection: the Glossary list not fully ‘justified’ as it omits reference to key infrastructure in the form of ambulance, police & firefighting facilities;

Change Requested: The subheading ‘Infrastructure’ to be amended to include reference to ambulance, police & firefighting facilities as follows:

“Infrastructure

Infrastructure means any structure, building, system, facility and/or provision required by an area for its social and/ or economic function and/ or well-being including (but not exclusively): footways, cycleways and highways; public transport; drainage and flood protection; waste recycling facilities; education and childcare; healthcare; ambulance, police, & firefighting facilities . . ”

DPD Regulation 19 - Infrastructure Delivery Phasing & Funding Plan Update Request

EEAST Representation 12

Infrastructure Delivery Phasing & Funding Plan

For the purposes of Strategic Masterplan assumptions, the requirements and phasing of ambulance infrastructure/ facilities and delivery can be assigned into the 4 x phases as shown in the table below:

Update the ‘Summary Table: Total Infrastructure Requirements and Phasing of Delivery’ as below:

Infrastructure	Requirement/Commentary	Total Cost (£)	Phase 1 1,750 units	Phase 2 1,750 units	Phase 3 2,500 units	Phase 4 1,500 units
Ambulance Facilities	Staff/ equipment, vehicle fleet & estate assets *1	2,550,000	595,000	595,000	850,000	510,000

*1 Recruitment, training, equipping & tasking of Community First Responders, medical, pharmacy & IT equipment/digital software, front line ambulances, rapid response vehicles, major incident/resilience vehicles, non-emergency ambulances, upgrading/refurbishment of existing premises & redevelopment/ relocation of existing ambulance stations

**2 Funding for an Ambulance Service Response Post (Parking space/EV charging point/welfare facilities) required within Phase 1, following the completion of 500 dwellings;

Note - Incorporate any consequential updates to Table 1: Overall Infrastructure Costs (Social & community category) if EEAST’s standard per dwelling charges submitted at the Regulation 18 consultation stage in April 2022, and as supplementary information in September 2022, have not been included