

**Tendring Colchester Borders Garden Community**

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23<sup>rd</sup> June 2023

Dear Sir/Madam,

**Tendring Colchester Borders Garden Community Development Plan Document (DPD) Submission Version Plan (Regulation 19 Consultation, May – June 2023) on behalf of Colchester Borough, Tendring District, and Essex County Council – Representations submitted on behalf of East Suffolk & North Essex NHS Foundation Trust (ESNEFT)**

1. On behalf of our client East Suffolk and North Essex NHS Foundation Trust (ESNEFT), we write to provide our representations on the following documents, for your consideration.
  - ❖ Tendring Colchester Borders Garden Community Development Plan Document (DPD) Submission Version Plan (Regulation 19 Consultation, May – June 2023);
  - ❖ Tendring Colchester Borders Garden Community Reg 19 Development Plan Document: Sustainability Appraisal (May 2023);
  - ❖ Tendring Colchester Borders Garden Community Development Plan Document: Infrastructure Delivery, Phasing and Funding Plan (February 2023); and,
  - ❖ Tendring Colchester Borders Garden Community Development Plan Document: Health Topic Paper (January 2023).
2. These representations have been prepared having regard to the adopted Local Plan and the 'soundness' tests set out in the National Planning Policy Framework (NPPF).

**Background**

3. LPP previously submitted representations on behalf of ESNEFT to the Tendring Colchester Borders Garden Community Draft Plan (Spring 2022) consultation on 25<sup>th</sup> April 2022. We recognise that several of the matters raised previously have been addressed within this most recent draft Plan, however

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some matters that are deemed necessary to support the provision and maintenance of local healthcare infrastructure and ensure that the draft Plan could be found 'sound', remain outstanding. These are discussed further in this letter.

4. The following representations relate to Policy 1: Land Uses and Spatial Approach, Policy 6: Community and Social Infrastructure, and Policy 9: Infrastructure Delivery and Impact Mitigation. They request amendments to establish a suitable planning policy basis within the Plan to recognise the need for additional secondary and acute healthcare infrastructure to be provided, to support the new Garden Community and to mitigate its impacts. This may, in part, take the form of new on or off-site health care facilities or improvements and extensions to existing facilities and services, funded in part via developer contributions. These representations should be read in tandem with our representations on the Sustainability Appraisal (TUC, February 2022).

### ESNEFT

5. ESNEFT was formed on 1<sup>st</sup> July 2018 and is the largest NHS Trust in the Region and provides acute hospital and community health care services for Colchester and Ipswich and wider rural local areas. Services are provided from Colchester and Ipswich General Hospitals, Aldeburgh, Clacton, Halstead, Harwich and Felixstowe Community Hospitals and Bluebird Lodge near Ipswich. Colchester and Ipswich Hospitals both have their own dedicated major accident and emergency (A&E) departments.
6. Colchester Hospital occupies an area of approximately 19.3 hectares (47 acres) and is located to the west of Turner Road, east of the A134 Northern Approach Road, and north of Colchester town centre. The site provides acute, in- and outpatient, and other healthcare facilities for Colchester and North Essex, including Colchester City and Tendring District, covering a catchment population of approximately 350,000 people. There are approximately 4,500 staff based at the Hospital, which operates on a 24 hours a day/ 7 days a week basis.
7. Colchester Hospital is and will be a vital and significant component of local health and community infrastructure required to serve the existing and new Garden Communities and wider catchment population area. ESNEFT intends to invest in its facilities and services at Colchester Hospital to improve patient care and due to planned growth within the area, the Hospital's catchment population, associated activity rates and staffing levels will all increase.
8. ESNEFT works with other health and community care partner organisations and is part of the Integrated Care System (ICS), which is committed to working together to integrate care and deliver better outcomes for patients.

### New Model of Care

9. Health and care services and the way they are organised both from a commissioner and provider perspective will change over the lifespan of the Plan. The way they are organised is also changing with a view to improving the health and wellbeing of the population and reduce health inequalities. Hospital services are to be reconfigured and transformed, with new models of care, meaning more care will be provided as close to people's homes as possible. This focus on bringing care provision into the community may see the creation of health care 'hubs'/networks and greater integration of

services and shared assets. In addition, there may be a need to increase estate, or investment in buildings and infrastructure to make them fit for purpose.

10. As an NHS Trust, ESNEFT has no routine eligibility for capital allocations from either the Department of Health & Social Care (DHSC) or local commissioners to provide new capital capacity to meet additional healthcare demands. Therefore, S106 and CIL contributions are needed to mitigate the additional impacts of the Garden Community development on acute services provision, which will be an important component of ESNEFT's overall funding and delivery capabilities.
11. Working in partnership with the ICS group, it is also envisaged that ESNEFT will provide information to support the Infrastructure Delivery Plan that will identify secondary healthcare provision requirements and will request financial contributions to mitigate the impact of the Garden Community, where required.

## Detailed Representations on Draft Local Plan

### **Chapter 2: Vision (Narrative)**

12. To ensure alignment with the NPPF, which identifies health facilities as those to be included under the overall umbrella of 'community facilities', and to ensure the Plan meets its requirement to provide for the community's health in an effective way, it is considered that specific reference to healthcare facilities should be included within the draft Plan's Vision (page 16: Community Facilities).
13. Accordingly, we request that the narrative be amended to refer to health facilities as follows:

*"The Garden Community will be known for its healthy and happy community. It will have a variety of diverse community spaces, play spaces, great local schools and a network of sport, leisure and health facilities. It will establish long term and participative stewardship of infrastructure from the outset."*

## **GC Policy 1: Land Uses and Spatial Approach**

### **Part A**

14. It is noted that the proposed scale of development within the Plan area has been reduced to circa 7,500 new homes. Although this represents a smaller scale of development than originally envisaged, it still has the potential to have a significant impact on existing healthcare facilities and services.
15. We support the policy which seeks an exclusive, safe and healthy community, representing sustainable development. Community facilities, including acute health facilities, are an essential element of sustainable communities.
16. Adopted North Essex Shared Authorities Strategic Section 1 Local Plan Policy SP6: Infrastructure & Connectivity requires all development to be supported by the provision of infrastructure, services and facilities to serve arising needs from the development. The policy states that healthcare infrastructure will be provided in the form of new or expanded facilities including primary and acute care and that

new development will maximise its positive contribution in creating healthy communities and minimise negative health impacts as far as is practicable.

17. Adopted Colchester Borough Core Strategy Policy SD3 Community Facilities, identifies the expansion of Colchester General Hospital as a key community facility in the North Growth Area to be delivered to support new and existing communities.
18. In light of the above adopted Policy position, and to ensure the Plan includes an effective strategy for securing identified infrastructure needs, we request that the wording of the first bullet point of Policy 1, Part A: Land Use Parameters and Policies Map, be amended to refer to healthcare to read as follows:

*“Delivery of circa 7,500 new homes with a range of shops, jobs, services and community facilities, including education and healthcare provision (see Part B below).”*

### Part B

19. It is noted that the policy identifies accessibility to local services and facilities as a benefit for future residents. However, it should be recognised that, in terms of healthcare facilities, access is predicated not only on the distance of new residential development to an appropriate facility but also on the service capacity of those facilities to absorb the new demand.
20. The recognition of healthcare facilities as part of the ‘key infrastructure’ necessary to serve the North and South Neighbourhoods’ early development phases is welcomed and addresses our previous request to include reference to healthcare as part of the required supporting infrastructure.
21. With regard to the proposals for ‘Crockleford Neighbourhood’, to ensure that the Policy represents an effective strategy for meeting identified infrastructure needs, we request that the wording of this section of Part B be amended to refer to healthcare facilities to read as follows:

*“Accessibility to services and facilities including health care, utilities infrastructure and the Rapid Transit System will be key to determining the phasing of development in the ‘Crockleford Neighbourhood’.”*

22. As per our comments above on the South and North Neighbourhoods, the capacity of existing facilities and services to meet the needs arising from the proposed development will inform the accessibility of these to Crockleford Neighbourhood’s residents.

### Part K

23. We welcome the inclusion of a ‘Health Strategy and Health Impact Assessment’ in the list of documents required in support of planning applications. In order for this requirement to represent an appropriate strategy for assessing the healthcare impacts of proposed developments within the Garden Communities, we request that additional clarification is included in the Policy that these documents should include a quantitative assessment of existing capacity at relevant primary, secondary and acute healthcare facilities, as well as a quantitative assessment of the impacts of the proposed development on the identified facilities. Proposals for mitigating identified impacts

(informed by further liaison with relevant NHS stakeholders and infrastructure providers should also be included.

24. There is a minor typographical error at the end of Part K, where reference to Appendix 4 should be Appendix 3.

## Chapter 7: Community and Social Infrastructure (Narrative)

25. It is noted that the introductory text refers to “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 services ...”, which could suggest reliance on existing healthcare facilities having sufficient capacity to serve the new development.

26. In order to ensure a consistent approach is taken across the Plan as a whole, it is requested that the text is amended as follows:

*“ensuring the Garden Community is served by community services and facilities of the right type in the right location, including healthcare, schools and sports facilities; ~~as well as access to health services ...~~”*

27. In Section 1 Local Plan (page 78) reference is made to “measures for increasing capacity in, and accessibility to primary health care”. While we support this recognition of the need to address primary healthcare capacity to meet the needs arising from the proposed growth, to ensure the Plan represents an effective strategy for securing all healthcare needs of the proposed communities, reference to secondary and acute healthcare should be added.

28. We therefore request that the text is amended to read as follows:

*“Measures for increasing capacity in, and accessibility to, primary, secondary and acute healthcare – either through new infrastructure or the improvement, reconfiguration, extension, or relocation of existing medical facilities.”*

## GC Policy 6: Community and Social Infrastructure

29. We welcome the proposal that infrastructure needs will be:

*“determined in accordance with detailed assessments and strategies, prepared by the developer in partnership with the Councils, key stakeholders and infrastructure providers having regard to up to date evidenced need, informed by bespoke demographic studies.”*

30. This strategy will ensure that the Plan can effectively deliver the infrastructure required to meet the needs of the community that have been identified through a clear evidence base and are, therefore, fully justified.

31. As set out above, healthcare facilities provided within the new community, and within existing or improved healthcare settings, are an essential element of sustainable communities for which there is policy support in both the adopted and emerging Local Plan.

32. To ensure that it is clear that mitigation of the development's impacts may take the form of off-site infrastructure provision, and that the Policy represents an effective strategy, we request that the following sentence is added at the start of the Policy wording:

*"The Garden Community will require all developments to provide for the on and off-site infrastructure necessary to support the development and mitigate its impacts. The Garden Community will deliver local community services and facilities ..."*

### **Part E**

33. To ensure that the Policy represents an effective strategy for securing all types of healthcare infrastructure (both on and off-site) required to serve the new communities, and is consistent with Policy 9, we request that Part E: Health is amended as follows:

*"... Appropriate health and wellbeing services including primary, secondary and acute inpatient and outpatient facilities must be provided to new residents and occupiers of the Garden Community from first occupation. Proposals for the development of the Garden Community ~~must~~ could include:*

- *A new Health and Wellbeing Hub to be provided in the early phases of development (potentially via a phased approach to delivery). The facility shall be designed to deliver an integrated service for patients – including a cluster of general practitioners, a wide range of diagnostic services and primary care treatment – to minimise the requirement for secondary care treatment at hospital. It should be located on an accessible site close to other community facilities.*
- *Flexible space for health provision, located within the Neighbourhood Centres and community buildings.*
- *Enhancements to existing facilities, including improvements to healthcare services and facilities at Colchester Hospital to support the provision of acute and secondary care.*

*Developers should enter into early conversations with the local NHS Integrated Care Board, the North East Essex Health and Wellbeing Alliance, and other relevant partners to ensure that proposals reflect current health and social care models. Where the provision of new, or the improvement or extension of existing, off-site infrastructure is needed to support a new development or mitigate its impacts, and it is not anticipated that the infrastructure will be provided through CIL, the development will be required to contribute proportionately through a Section 106 Agreement commuted sum, or other mechanism as agreed with the Council (see Policy 9).*

## **Chapter 10: Infrastructure Delivery, Impact Mitigation and Monitoring**

34. The recognition in this section of the draft Plan of the potential need to provide supporting infrastructure both on and off-site is welcomed.

## **GC Policy 9: Infrastructure Delivery and Impact Mitigation**

### **Part A**

35. The policy's recognition that the infrastructure required to meet the needs arising from the proposed development could be provided directly, or funded through developer contributions, is welcomed as this will ensure the necessary level of flexibility in securing the most appropriate means of mitigating the development's impacts.

### **Justification**

36. To ensure that developers liaise with the most appropriate NHS contacts to discuss and agree the scope and scale of the healthcare infrastructure and/ or funding required to meet the new community's needs, it is requested that the Integrated Care Board (ICB) is added to the list of partners with which the Council will work to bring forward the necessary infrastructure that is required to deliver the Garden Community.
37. The ICB brings together a variety of NHS stakeholders and would be well-placed to co-ordinate liaison with the developers to ensure effective collaboration to secure sustainable development.

### **Monitoring**

38. Please see our related comments on the Sustainability Appraisal set out below, which request changes to the healthcare monitoring indicators to recognise that access to healthcare is predicated not only on the distance of new residential development to an appropriate facility but also on the service capacity of those facilities to absorb the new demand, with cross reference to waiting times. It is also requested that the Council consults the appropriate health authorities to include suitable healthcare activity baseline evidence and indicators within the SA.

### **Glossary**

39. To ensure that all the relevant areas of healthcare are captured within the definition of 'community facilities', it is requested that, as well as "*doctors' surgeries, medical centres and hospitals*", reference is made to emergency, and acute inpatient and outpatient facilities.

## **Detailed Representations on Sustainability Appraisal (May 2023)**

40. The SA framework has been developed to analyse and compare the likely sustainability effects of the plan and comprises a series of sustainability objectives and supporting criteria that are used to guide the appraisal of the policies and proposals within the plan. The SA framework used for the Additional SA of the Section 1 Local Plan has been updated to ensure relevance to the site-specific context of the DPD.

### **SA Objective 3: To Improve Health/ Reduce Health Inequalities**

41. We note that the appraisal questions for SA Objective 3 (pages 76 and 77) have been expanded to include “*Will it ensure access to and prevent overburdening of health facilities, including primary, acute and emergency services, including through the provision of new infrastructure of this type?*”, which is welcomed.
42. In order to secure a fully effective strategy for mitigating the healthcare impacts arising from the development, we request that the appraisal question is amended further to refer to both on- and off-site facilities, as follows:
- “... including through the provision of new on- and off-site infrastructure of this type?”*
43. Our representations dated 25<sup>th</sup> April 2022 to the consultation on the previous draft of the Sustainability Appraisal (February 2022) raised the need to expand the proposed monitoring indicators for SA Objective 3. As this has not been addressed, we wish to reiterate our request for the following amendments to be made.
44. It is necessary to recognise that access to healthcare is predicated not only on the distance of new residential development to an appropriate facility, but also on the service capacity of those facilities to absorb the new demand. A key factor to delivering healthcare without delay is the availability of bed spaces to ensure patient flow through the hospital. The key level of bed provision should support maximum bed occupancy of 85%. This occupancy rate is evidenced to result in better care for patients and better outcomes<sup>1</sup>. The ‘new’ residents of the Garden Community will create additional demands on the Trust’s services.
45. A further healthcare indicator to cross refer to relates to the length of waiting time for patient appointments, which may apply to both acute inpatient and outpatient services located in either a hospital or health hub within the Garden Community development itself.
46. It is, therefore, requested again that the SA Objective additionally refers to the general acute healthcare indicators discussed above.
47. We recognise that the sustainability appraisal of the Plan is an iterative process and trust the above representations are helpful and will be taken into account in the amending of the Sustainability Appraisal prior to its submission as part of the draft Plan’s Examination.

### **Detailed Representations on Infrastructure Delivery, Phasing and Funding Plan (February 2023) and Health Topic Paper (January 2023)**

48. We appreciate that the Councils have prepared an Infrastructure Delivery, Phasing and Funding Plan (IDP, February 2023) for the Garden Community to identify the required infrastructure. It is recognised

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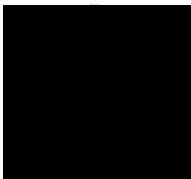
<sup>1</sup> British Medical Journal – Dynamics of bed use in accommodating emergency admissions: stochastic simulation model.



that an allowance has been included for the provision of additional dedicated healthcare facilities as part of the Garden Community, with developer contributions assumed towards its provision.

49. It has been noted that this is a working assumption to be further refined via work on a Health Impact Assessment and Health Strategy, and that the actual nature of provision and its specific location will be subject to more detailed work on masterplanning and planning applications. In addition, further consideration will be given to how such facilities are provided within or alongside wider flexible community space to enable related community facilities and services to be provided in an effective and joined up way.
50. Working in partnership with the ICB, it is also envisaged that ESNEFT would provide information to support the implementation of the IDP post adoption of the Plan, that will identify secondary and acute inpatient and outpatient healthcare provision requirements arising from individual developments, and will request financial contributions to mitigate the impact of the Garden Community, where required, in accordance with the relevant legal tests for development obligations.
51. The 'Future Engagement' proposals within the Health Topic Paper are welcomed, and ESNEFT (as part of the ICB) would be pleased to assist preparation of a "health strategy" that sets out how services will be delivered for the future residents of the garden community.
52. We trust that the above representations will be taken into account in the final amendments made to the 'Submission Version' of the Plan for the Garden Community prior to its submission for Examination.
53. Should you have any queries in the interim, please do contact us.

Yours faithfully



**Mrs. Aarti O'Leary**  
**Lawson Planning Partnership Ltd**