

South Warwickshire Clinical Commissioning Group

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SENT VIA EMAIL ONLY TO

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26th April 2016

Dear Mr Barber

Re: Submission Warwick District Local Plan - Consultation on Proposed Main Modifications

I write on behalf of NHS South Warwickshire Clinical Commissioning Group (CCG) in response to the publication of the above document (hereafter referred to as the Main Modifications). The CCG is grateful to Warwick District Council for the opportunity to provide comments. Its focus in doing so is to ensure that primary medical care (General Practice) provision is adequately provided for within the Section 106/Community Infrastructure Levy framework and that funding of future primary medical care provision is not compromised.

The CCG is pleased that the Council's preparation of the draft Local Plan to date has placed health at its heart, including *Policy HS6: Creating Healthy Communities* which seeks to create healthy communities through various approaches. The CCG welcomes the District Council's reference to working with the CCG to ensure that '*new development contributes to the delivery of additional healthcare provision and infrastructure as required throughout the plan period*'. We would also be grateful to work proactively with the Council to help inform and develop the future *Health Impact Supplementary Planning Document* that is promised through this policy.

Direction of Health Policy (as it relates to primary medical care) and the CCG's Requirements

The CCG notes that the Main Modifications:

- Propose significant additional development over the Plan period in order to align with updated housing needs evidence and with the Coventry and Warwickshire Memorandum of Understanding for Housing Requirements;
- Include the following:
 - 2 additional sites in the south Leamington (the Asps and Gallows Hill);
 - 2,245 additional dwellings in greenfield sites on the edge of Coventry, with the potential for additional growth beyond the end of the Plan period;

- 650 additional dwellings in Kenilworth;
- 372 additional dwellings in Whitnash/Sydenham;
- 250 additional dwellings north of Milverton, with the potential for additional growth beyond the end of the Plan period.

As the District Council will already be aware, the population arising from any new housing provided in Warwick District, will place increased demand upon healthcare services within the District, including primary medical care services provided by the District's 17 GP practices (which deliver services from 19 premises across the District).

The NHS Five Year Forward View (<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>) has set a clear future direction of travel for the NHS in England. The CCG considers the Forward View not only consistent with but also an enabler to its own Strategic Plan (<http://www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies/Strategic-Plan-2016-20200>), which:

- Advocates a radical upgrade in prevention. The CCG expects that in future General Practice will have a critical role to play as the co-ordinating point for preventative care; and
- Places strong emphasis on the need to expand and strengthen primary and wider out-of-hospital care.

The above areas, in combination with the proposed increased housing growth, have a clear impact on future physical infrastructure (built space) requirements. There will be an increase in both the number of appointments being delivered in GP practices and the length of time for each appointment, meaning that, correspondingly, additional physical infrastructure will be required across the District.

However, taking account of a number of factors (not least the finite financial resources available to the CCG to support GP premises reimbursements and the likely evolution of primary care service delivery models towards more "scaled up" models over the next 5-10 years) the CCG does not expect additional physical infrastructure to form the "whole solution". In other words, the increased primary medical care capacity required to meet the needs of the District's growing population will not be created via built space alone. The CCG is working with its Member Practices to explore how the following will contribute to creating a proportion of the required capacity:

- Different/ ways of working e.g. cross-practice working, direct funding for improved in hours access, direct funding for access across additional days of the week;
- The innovative use of digital technology e.g. to support the provision of online consultations/appointments, the implementation of workload management systems, better record sharing to enable team work across practices, etc.

The CCG will wish to explore what opportunities there are to support the above via Section 106 planning obligations or the Community Infrastructure Levy. The CCG notes the inclusion of '*unspecified capacity improvement to medical centres*' within the District Council's Draft Regulation 123 List. The CCG welcomes the opportunity to contribute to the List's future refresh to ensure that it accurately and proportionally captures the Plan's revised growth and associated impact on primary medical care delivery. This will also need to have regard to the CCG's emerging Primary Care Estates Strategy (the Estates Strategy) evidence base and the direction of primary care service delivery models.

Physical Infrastructure Requirements

The CCG welcomes the inclusion of *Policy DS1: Directions for Growth South of Coventry*, confirming the requirement for '*improved healthcare capacity in a coordinated manner*' along with other policy references to the provision of new health provision. However, it is important that the

requirements are positively prepared to ensure their consistency with the CCG's evidenced future needs.

Over recent months, and in collaboration with its Member Practices, the CCG has undertaken a systematic review of the current stock of primary care estate across the District. Taking account of the revised Local Plan housing trajectory and assumptions around natural demographic growth, future demand projections have been produced at locality level. By comparing future demand projections versus existing capacity, the CCG's Estates Strategy identifies that a number of localities within Warwick District will require additional physical infrastructure over the Plan period. Work to finalise the estates strategy is on-going at the current time and expected to reach completion imminently. The CCG welcomes the opportunity to accelerate engagement with the District Council urgently to ensure that health infrastructure requirements are objectively assessed by taking account of our Estates Strategy as part of your evidence base. In turn, this will help inform what physical infrastructure projects/schemes will require support via provision of land and Section 106 planning obligations or the Community Infrastructure Levy. The schemes will fall into two categories:

- Improvement/expansion of existing GP practice premises;
- Development of new GP practice premises.

The CCG notes that the Main Modifications propose healthcare facilities at the following sites:

- Land at Myton/West Europa Way (i.e. within the strategic urban extension to the south of Warwick and Leamington);
- Land at Westwood Heath;
- Land at King's Hill;
- Land North of Milverton

The CCG will wish to test the above proposals against its primary care estates strategy at the time that this document is finalised. At the current time, the CCG would request that:

- Land for new GP practice premises is reserved within the strategic urban extension to the south of Warwick and Leamington; and
- Land for new GP practice premises is reserved to the north of Leamington. The CCG understands that exploratory work is underway regarding the potential relocation of 3 existing GP practices to Crown Way, Lillington. However, should this scheme not progress to fruition, alternative land should be identified.

Key Messages

- Existing primary medical care capacity in Warwick District will not be sufficient to meet the housing growth proposed in the modified Local Plan.
- The CCG will require suitable provisions put in place and adequate allowances made in the Section 106 and Community Infrastructure Levy work being undertaken by the District Council.
- A collaborative approach between the CCG and the District Council will be needed in support of the above, having regard to the CCG's imminent Estate Strategy.
- The CCG would welcome the opportunity to engage further with the District Council regarding what physical infrastructure projects/schemes will require support via Section 106 planning obligations or the Community Infrastructure Levy.
- The CCG does not expect physical infrastructure (built space) to form the "whole solution" and wishes to explore what opportunities there are to support other means of delivering additional primary medical care capacity via Section 106 planning obligations or the Community Infrastructure Levy.
- The CCG requests that the District Council keeps it informed regarding progress in relation to the implementation of the Community Infrastructure Levy. The CCG would expect to be fully engaged in this process, particularly in relation to the development of the final Regulation 123 List.

- The CCG would request that the District Council gives full consideration to the need for good public transportation links to be in place to enable the population to access GP practice premises across the District (including any new premises constructed during the Plan period).
- The CCG is mindful that broader issues affecting population health and wellbeing, including air pollution/quality and the availability of green spaces, are priorities. Recognising this, the CCG would strongly endorse the recommendations included in the *Public Health Evidence for Planners and Developers* document (attached to this response), including the use of Health Impact Assessments.
- The CCG will wish to work proactively with the District Council to help inform and develop the future *Health Impact Supplementary Planning Document*.
- The CCG would ask the District Council to share as much information as possible with it at the earliest stage as regards the likely profile of the population arising from any planned housing development. This will assist the CCG's wider planning process by enabling it to understand the likely health needs of the population, as well as the preferred channels of communication of sub-groups within the population, which in turn, allows for more effective service development, delivery and population engagement.

I would, finally, like to thank you for giving the CCG the opportunity to comment on the Main Modifications. We trust that the above comments will be taken into consideration by the District Council. If appropriate, we would be more than happy to have further discussions with either with the District Council or their appointed representatives.

Yours faithfully



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