



Castle Point Borough Council

**Developers Contributions Guidance
Supplementary Planning Document (SPD)**

Healthcare Facilities

March 2023

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1. Introduction

- 1.1.1. This document specifically sets out the types of developer contributions or planning obligations required for health and social care. It will also highlight the process for how contributions will be sought and delivered.
- 1.1.2. This document should be read alongside the [Developers Contributions Guide Cover Document](#), which sets out in greater detail the process the Council expects planning obligations to be sought and implemented.

1.2. Justification

- 1.2.1. The National Planning Policy Framework (NPPF) seeks to promote healthy and safe communities by enabling and supporting healthy lifestyles, especially where it can address local health and well-being needs.
- 1.2.2. An important element of enabling and supporting healthy communities is the provision and protection of healthcare facilities and ensuring that communities have good access to quality healthcare facilities.
- 1.2.3. The provision and commissioning of primary and secondary healthcare services is the responsibility of the Mid and South Essex Integrated Care System (ICS) which was established in 2022. The Mid and South Essex ICS maintain a strategy for the delivery of high-quality healthcare services within the area. Hospital provision is outside of the Borough, with principal locations in Basildon, Chelmsford and Southend. These hospitals are part of the Mid & South Essex University Hospitals Group offering a breadth of acute and specialist services.
- 1.2.4. The Mid & South Essex Sustainability & Transformation Partnership (STP) has indicated that they will seek to deliver capacity improvements to meet existing and future needs within its area through improvements to existing facilities where possible. There may also be a requirement for additional infrastructure to accommodate new modes of care as set out within the NHS Long-Term Plan (2019).
- 1.2.5. New homes will increase pressure of existing provision, creating additional demand for healthcare services. As appropriate, new development proposals will therefore be asked for contributions towards the provision of healthcare facilities. Methodologies for calculating how development will mitigate secondary care, community care and the ambulance service are being developed.

2. Possible Section 106 Obligations

- 2.1.1. For sites that are delivering 10 or more units contributions will be sought towards new healthcare infrastructure in the form of Section 106 agreements.
- 2.1.2. Healthcare provision may be required to be provided on-site or off-site. In both scenarios the NHS will identify the type of infrastructure required based on the level of growth through the use of the NHS Estates Locality Plan for Castle Point, which is regularly updated.

- 2.1.3. A contribution of £496 per dwelling will be required. This figure is correct from 2022 and is based on a BCIS costs study updated to 01/01/2022 and rebased for Essex. The cost per dwelling will be regularly kept up to date by the NHS, therefore the cost provided by the NHS at the time of the application will be used when entering into a Section 106 agreement.

2.2. On-Site Healthcare Provision

- 2.2.1. Where the NHS has identified a need for a new healthcare facility on site, the developer will be expected to provide land and build the facility. There are two options in how the facility can be delivered:
- The developer can rent the facility back to the service provider on a 20-year lease; Or
 - The developer can sell the facility to a third party provider who will lease the facility to the NHS.
- 2.2.2. In both instances the Section 106 contribution will be calculated based on the number of dwellings as set out in paragraph 2.1.3. This contribution figure will be discounted from the rent of the facility during the first 20 years. Rent after the first 20 years will return to market values.

2.3. Off-Site Healthcare Provision

- 2.3.1. Where development does not generate a need for new healthcare facility on-site, contributions will be sought in accordance with paragraph 2.1.3 for off-site provision. This could include improvements to existing healthcare facilities within the vicinity of the development.

2.4. Pooled Section 106 Agreements

- 2.4.1. Where a small number of large sites generate the need for a new primary healthcare facility or service, such as a new GP surgery and other new healthcare infrastructure and services, the cost of this provision will be secured through pooled Section 106 agreements and the location of the facility identified through the master planning and planning application process.

2.5. Community Infrastructure Levy (CIL)

- 2.5.1. Contributions collected through CIL, where Section 106 contributions have not been made will help deliver improvements to healthcare infrastructure as per the actions set out in the NHS Estates Plan for Castle Point. This will be utilised where those actions address the impacts of any growth arising in the borough.

3. Timing/Trigger for payment or provision of works

- 3.1.1. The timing for the provision of such healthcare facilities or financial mitigation will be considered on a case by case basis, with the specific requirements being set out within any Section 106 Agreement. It is likely to be linked to phases of a development, with facilities being required either upon a certain level of units being completed, or when a certain threshold of occupation at a development is reached.