



Our ref: 21/0532/CB
Your ref: 21/0532/OUT

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Catherine Bicknell
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08 December 2022

Dear Sir / Madam

Planning application 22/0532/OUT

**Outline Planning Application Comprising of 68 Residential Units, Three Class E (Commercial, Business and Service) Units, One B2 (General Industrial) Unit and Two B8 (Storage and Distribution) Units with Associated Access, Parking, Amenity Space, Strategic Landscaping and Noise Attenuation. Restoration and Improvement of Existing Estate Roads and Infrastructure
Land East Of Manor Trading Estate Benfleet Essex SS7 4PS**

- 1.0 Further to a review of the application details the following comments are made in regard to the primary healthcare provision on behalf of the health partners of the Mid and South Essex Integrated Care System (ICS).
- 2.0 **Existing Healthcare Position Proximate to the Planning Application Site**
- 2.1 The proposed development is likely to have an impact on the services of the Surgeries which operate within the vicinity of the application site. The GP practices do not have capacity for the additional growth resulting from this development and cumulative development in the area.
- 2.2 The proposed development will be likely to have an impact on the NHS funding programme for the delivery of primary healthcare provision within this area and specifically within the health catchment of the development. The ICS would therefore expect these impacts to be fully assessed and mitigated.

Mid and South Essex Integrated Care Board,
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www.midandsouthessex.ics.nhs.uk | 01268 594350
Chair: Professor Michael Thorne CBE | CEO: Anthony McKeever

3.0 Review of Planning Application

- 3.1 The heads of terms for a S106 agreement associated with any grant of planning permission are set out in the application documents. It proposes that contributions would be made towards play and open space, health facilities and police infrastructure, education. The amounts to be contributed would be agreed with the local planning authority. Provision for affordable housing and highways improvements are also made.
- 3.2 The planning, design and access statement says that the scheme proposals promote social interaction and enable and support healthy lifestyles through the provision of on-site public spaces, providing convenient walking routes to nearby amenities. Design that supports healthy lifestyles, including active travel are welcomed.

4.0 Assessment of Development Impact on Existing Healthcare Provision

- 4.1 The existing GP practices do not have capacity to accommodate the additional growth resulting from the proposed development. The development could generate approximately 163 new residents and subsequently increase demand upon existing constrained services.
- 4.2 The primary healthcare services directly impacted by the proposed development and the current capacity position are shown in Table 1.

Table 1: Summary of position for healthcare services within a 2km radius of (or closest to) the proposed development

GP surgeries within 2km	Weighted List Size ¹	NIA (m ²) ²	Capacity ³ needed for current weighted list size	Spare Capacity (NIA m ²) ⁴
Dr Hiscock & Partners	11,420	454.0	783.1	-329.1
St George's Medical Practice	5,977	227.0	409.9	-182.9
Existing floorspace excess/deficit			Existing deficit of 512m ²	

Notes:

1. The weighted list size of the GP Practice based on the Carr-Hill formula; this figure more accurately reflects the need of a practice in terms of resource and space and may be slightly lower or higher than the actual patient list.
2. Current Net Internal Area occupied by the Practice
3. Based on 120m² per 1750 patients (this is considered the current optimal list size for a single GP within the Mid and South Essex STP). Space requirement aligned to DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services"
4. Based on existing weighted list size

4.3 Table 1 shows that the capacity of primary healthcare facilities in the area of the proposed development is already below the recognised standards of provision for the existing population. Additional population growth in the area resulting from new development would add to the deficit and so would be unsustainable if unmitigated.

5.0 Healthcare Needs Arising From the Proposed Development

5.1 Table 2 shows the population likely to be generated from the proposed development, the primary care floorspace needed to support this additional population and the costs of doing so. Using the accepted standards set out below the table, the capital required to create additional floorspace for support the population arising from the proposed development is calculated to be **£33,800**.

Table 2: Capital Cost calculation of additional health services arising from the development proposal

Additional Population Growth (68 dwellings) ⁵	Additional floorspace required to meet growth (m²)⁶	Capital required to create additional floor space (£)⁷
163	11.2	33,800

Notes:

5. Calculated using the Castle Point district average household size of 2.4 taken from the 2011 Census: Rooms, bedrooms and central heating, local authorities in England and Wales (rounded to the nearest whole number).
6. Based on 120m² per 1750 patients (this is considered the current optimal list size for a single GP within the Mid & South Essex STP). Space requirement aligned to DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services"
7. Based on BCIS cost multiplier (£3,015) for new build and extensions to health centres and hospitals using rates for gross internal floor area for the building costs including prelims updated to 01/01/2022 and rebased for Essex, rounded to nearest £100.

5.2 The development would have an impact on healthcare provision in the area where there is already a deficit of primary care facilities. If unmitigated, the



development would be unsustainable. Planning obligations could be used to secure contributions to mitigate these impacts and make an otherwise unacceptable development acceptable in relation to healthcare provision.

- 5.3 The ICS therefore requests that the sum of £33,800 be secured through a planning obligation in the form of a S106 agreement is linked to any grant of planning permission in order to increase capacity for the benefit of patients of the Surgeries in the vicinity of the application site as shown in Table 1 above.

6.0 Conclusions

- 6.1 The ICB has identified that the development will give rise to a need for additional healthcare provision to mitigate impacts arising from the development and requests that these are secured through a S106 legal agreement attached to any grant of planning permission. In the absence of such mitigation the development would impose an unsustainable burden on local healthcare services.
- 6.2 The terms set out above are considered appropriate having regard to the formulated needs arising from the development and the ICB is satisfied that the basis and value of the developer contribution sought is consistent with the policy and tests for imposing planning obligations set out in the NPPF.
- 6.3 The health partners of the ICS look forward to working with the applicant and the Council to satisfactorily address the issues raised in this consultation response and would appreciate acknowledgement of the safe receipt of this letter.

Yours faithfully

Catherine Bicknell

Planning Policy Manager