

Final Draft Ipswich Local Plan

Ipswich Borough Council Note to Accompany the Ipswich and East Suffolk Clinical Commissioning Group & East Suffolk and North Essex NHS Foundation Trust Statement of Common Ground

June 2020

DRAFT

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Explanatory Note

- 1.1 The Ipswich and East Suffolk Clinical Commissioning Group (CCG) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT) have provided comments at each stage of the development of the emerging Ipswich Local Plan Review.
- 1.2 Following the end of the Final Draft (Regulation 19) consultation period in March 2020, the CCG and ESNEFT both agreed to prepare a joint Statement of Common Ground (SOCG) with Ipswich Borough Council (IBC). The purpose of the SOCG is to secure agreement between the parties to ensure a satisfactory position regarding healthcare provision in relation to the Final Draft Ipswich Local Plan, to enable its submission to the Secretary of State for examination.
- 1.3 A virtual meeting was scheduled for 1 April 2020 between all parties to discuss the contents of the SOCG. However, due to the impact of the covid-19 pandemic, those involved from the CCG and ESNEFT, by nature of them working within the healthcare sector, were unable to attend on short notice due to the reallocation of resources to respond to the pandemic. This meeting was therefore cancelled, and an alternative date could not be committed to by the CCG or ESNEFT in light of the ongoing pandemic.
- 1.4 IBC has continued to engage with both parties through telephone conversations and emails. In drafting the SOCG, IBC sought clarification from ESNEFT on 8 April 2020 regarding a specific point raised in their Final Draft (Regulation 19) comments. ESNEFT helpfully responded on 17 April 2020 to clarify the matter.
- 1.5 A draft SOCG was prepared by IBC and sent to the CCG and ESNEFT for comment on 1 May 2020. The email was acknowledged in the following weeks but, again, due to the reallocation of resources elsewhere, the CCG's response on the draft SOCG was not until 26 May 2020 and was focused solely on the context section in the introductory part of the document. No comments have been received regarding the areas of agreement and/or disagreement.
- 1.6 Further email discussions with the CCG and ESNEFT in late May/ early June have confirmed that neither party will be in a position to review the document or commit to a virtual meeting to discuss the document at the present time due to the reallocation of staff resources to respond to the pandemic.
- 1.7 Consequently, due to the covid-19 pandemic, IBC can only submit a draft version of the SOCG to accompany the submission of the Local Plan Review to the Secretary of State. This note has sought to explain why the draft SOCG is at a relatively primitive stage of development at present and that all parties have made efforts to progress this SOCG wherever possible and will continue to do so prior to the examination of the Local Plan Review where possible.

**Statement of Common Ground between
Ipswich Borough Council as Local Planning Authority**

and

**East Suffolk and North Essex NHS Foundation Trust and Ipswich and East Suffolk Clinical
Commissioning Group**

3 June 2020

Scope

1. This Statement of Common Ground identifies areas of agreement and seeks to find a way forward on areas of potential disagreement between the East Suffolk and North Essex NHS Foundation Trust (ESNEFT), Ipswich and East Suffolk Clinical Commissioning Group (CCG) and Ipswich Borough Council (IBC) in relation to the ESNEFT's and the CCG's representations to the Final Draft Ipswich Local Plan.

Objective

2. The objective of this Statement of Common Ground is to secure agreement between the parties to ensure a satisfactory position regarding healthcare provision in relation to the Final Draft Ipswich Local Plan, to enable its submission to the Secretary of State for examination.

Background to Ipswich Healthcare Provision

3. IBC have worked with the health sector, including the CCG and ESNEFT, on a range of planning and development issues. This includes developments to ESNEFT's assets such as the provision of an urgent treatment centre and relocated emergency department and clinical facilities (19/00722/FUL), as well as working collaboratively with the CCG in the ongoing development at the Ipswich Garden Suburb. The CCG were also present and engaged at the Whole Plan Viability Assessment stakeholder event on 24 June 2019.
4. As recognised stakeholders, the CCG and ESNEFT have been formally consulted at every stage of consultation of the emerging Local Plan Review. IBC have responded to comments raised by both the CCG and ESNEFT throughout the relevant stages of the emerging Local Plan Review.

Statement of current health care position relating to the Ipswich Borough Council Local Plan

5. Currently within the administrative area of Ipswich Borough Council, healthcare provision incorporates a total of 13 GP Practices (a number of which include health centres) and 2 branch surgeries, 36 pharmacists, 26 dental surgeries, 20 opticians, 1 Acute hospital and 6 clinics. These are the healthcare services that the Local Plan must take into account in formulating future strategies. Growth, in terms of housing and employment, is proposed across a wide area and would likely have an impact on future healthcare service provision. The Local Plan proposes 8,010 residential dwellings for the period from 2018-2036, this equates to an estimated population increase in the area of 18,423 by 2036. This level of

growth is unsustainable and without considered planning and investment could result in the public unable to access health services.

6. In terms of optimal space requirements to encourage a full range of services to be delivered within the community there is an overall capacity deficit, based on weighted patient list sizes, within the 13 GP Practices and 2 branch surgeries providing services in the area. The CCG, Local Authorities and local stakeholders has begun to address Primary Care capacity issues in the area and currently have projects to increase capacity underway across the Ipswich Borough Council area. These projects vary in size and will initially deliver additional capacity to meet previously identified growth requirements.
7. Optimal space standards for primary care are set for planning purposes only. This allows us to review the space we have available and identify the impact development growth will have in terms of capacity and service delivery. As commissioners, we work closely with Practices to support their capacity needs and in line with policy changes and new models of care, an increase in footprint is not the only option to increase capacity, working across Primary Care Networks, practices are encouraged to utilise all Estate within their Primary care network patient catchment area. Other options include increasing Digital technology services and utilising community assets for services that do not require a specialist clinical environment.
8. Upon review some existing health infrastructure will require further investment and improvement in order to meet the needs of the planned growth shown in the Local Plan. The proposed growth scenarios contained within would have an impact on healthcare provision in the area and its implications, if unmitigated, may not be sustainable long term.

9. East Suffolk & North Essex Foundation Trust has submitted the following objections to the Final Draft Ipswich Local Plan. Supporting representation are not included in this Statement of Common Ground.

Table 1 CCG Objections and areas of common ground and potential amendments to the Plan, Regulation 19

Representation ID	Policy/Chapter	Representation	Specific Amendment(s) Requested	Areas of Agreement	Areas of Disagreement (including reasons if applicable)
26205 & 26231	Chapter 6 Vision and Objectives	IBC healthcare provision equals 13 GP's, 2 branch surgeries, 36 pharmacists, 26 dental surgeries, 20 opticians, 1 Acute hospital and 6 clinics. The CCG, Local Authorities and local stakeholders has started addressing Primary Care capacity issues. These projects will deliver additional capacity to meet previously identified growth. Upon review some existing health infrastructure will require further investment/ improvement to meet the needs of growth in this LP. Growth would have an impact on healthcare provision which, if unmitigated, may not be sustainable. Provision needed to address development impact on health infrastructure and ensure timely cost-effective delivery of necessary infrastructure improvements.	N/A	IBC acknowledges that some existing health infrastructure will require further investment and improvement to meet the anticipated levels of growth set out in the emerging Local Plan Review. The level of housing growth set out is dictated by the Government's standard methodology for calculating local housing need. Where projects are identified by the CCG, IBC will continue to work with the CCG and other stakeholders to address improvements to healthcare provision. The recommendations set out in the remainder of the CCG's responses will be implemented wherever practicable. Both parties agree to continue to work together and with other stakeholders in the preparation of an Infrastructure Delivery Plan for healthcare provision in order to sustainably address the health needs arising from new housing residents generated through the plan.	N/A

26207	ISPA4 (Cross Boundary Working to Deliver Sites)	The agreement to work with ESC supported. Development near Humber Doucy Lane is within the catchment of Two Rivers Medical Centre and primary care provision would likely be prescribed here. However, the possibility of issues arising from developments near to local authority boundaries regarding healthcare provision is prevalent. The developments of IGS, continued development of Ravenswood and Whitton are examples of possible cross-boundary developments. Communication/ cooperation will be vital in making sure that appropriate stakeholders are aware and mitigation is sought in a timely manner. Make sure that the land North of Ipswich is accounted for in mitigating health.	N/A	The policy wording and reasoned justification (paragraph 8.29) explain the IBC will outline expected infrastructure provision required for the Humber Doucy Lane development is to be agreed as part of a joint master-planning approach. It is helpful to note that the site is within the catchment of the Two Rivers Medical Centre. Both parties agreed to work together and with neighbouring authorities, and other relevant stakeholders in ensuring that appropriate infrastructure, including healthcare provision, is accounted for. The principles of working with neighbours and other stakeholders in the formulation of any cross-boundary developments to ensure that no issues regarding healthcare provision are acknowledged.	N/A
26211 & 26223	CS10 (Ipswich Garden Suburb) & Chapter 10 – Table 8B (Strategic and Neighbourhood Infrastructure Requirements)	NHS England are not dispensing new primary care contracts currently so the opportunities of establishing a new health centre in the Ipswich Garden Suburb are severely reduced. Despite the relatively large size of the garden suburb development, primary care will be provided for the new patients at both Two Rivers Medical Centre and the new health centre proposed at the Tooks Bakery site. Community health services might be provided closer to the development	<u>Policy CS10</u> iv. Healthcare provision <u>Table 8b</u> <u>(Chapter 10) –</u> <u>Fonnerneau</u> <u>Neighbourhood</u> <u>– Page 204</u> Healthcare provision	IBC recognises that the development of a health centre within the District Centre of the Ipswich Garden Suburb is not certain. It was agreed by both parties that this uncertainty was reflected in the change from the Preferred Options Local Plan to the Final Draft Local Plan where “health centre” was replaced with “healthcare provision”. Both parties agree that it is still appropriate to include a requirement for healthcare provision at the Ipswich Garden Suburb. This could take the form of other health services such as private clinics, dentists etc that still provide a service to the local community. It is also agreed that as the health	N/A

	nts for the Ipswich Garden Suburb)	but discussions would need to be had with the Alliance partners. Remove "healthcare provision" from policy wording and relevant row of table 8b for the district centre element and update to reflect the absorption of capacity at Tooks/ Two Rivers Medical Centres.		centre proposed at Tooks Bakery is not a committed development at this time, it is not reasonable to rely on this as part of the infrastructure strategy at the Ipswich Garden Suburb. IBC and the CCG will continue to discuss the appropriate measures to address healthcare provision needs for the Ipswich Garden Suburb. Contributions will be secured through the relevant Section 106 agreements of each planning permission.	
26215	CS19 (Provision of Health Services)	Welcome support of primary care infrastructure and will always provide facilities that meets the needs of patients but policy of building near the town centre, district or local centre will be difficult. Surgeries have catchment areas and these might conflict with district or local centres. Primary Care Networks (PCNs) are being introduced to provide a variety of services through surgeries working together and this could influence the location of any new health facility. The OPE platform is available to make sure that all public buildings are fully utilised. Feasibility studies are being produced to find an estate strategy for Ipswich.		Both parties agree that there will be challenges in the policy of building new facilities near the town centre, district or local centres due to how this relates to primary care catchment areas. However, it is agreed that as a general approach to locating development there are many health benefits from pursuing this policy such as encouraging walking and cycling, reducing reliance on private car use, integrating communities etc. Therefore, all parties agree to work together and with other relevant stakeholders to address healthcare needs for new developments on a case by case basis. This could be through S106 negotiations and/or on-site delivery of new facilities where feasible. IBC acknowledges that the Ipswich and East One Public Estate (OPE) platform is being developed and that an estate strategy for Ipswich is being prepared. Both parties agree to collaborate on the outcomes of this estate strategy in consultation with other relevant stakeholders as to how underutilised public buildings may be used for health facilities.	N/A

ESNEFT Objections to the Final Draft Ipswich Local Plan

10. The ESNEFT has submitted the following objections to the Final Draft Ipswich Local Plan. Supporting representation are not included in this Statement of Common Ground.

Table 2 ESNEFT Objections and areas of common ground and potential amendments to the Plan, Regulation 19

Representation ID	Policy/Chapter	Representation	Specific Amendment(s) Requested	Areas of Agreement (IBC suggested modification(s))	Areas of Disagreement (reasons if applicable)
26263 & 26264	CS19 (Provision of Health Services)	No objection to masterplan approach which reflects ESNEFT’s intentions, but inclusion of the word ‘safeguards’ is unnecessarily restrictive and inflexible. ESNEFT requires further flexibility in how it plans and develops the Hospital site which may include non-health care provision, should land become surplus to health care requirements. To allow for further flexibility, the inclusion of ‘other ancillary uses’ should be added to the policy. The Policy would not; enable sufficient	<p><u>Policy Wording</u></p> <p>“The Council supports the development safeguards the site of healthcare related facilities at the Heath Road Hospital Campus, which is as defined on the policies map, for healthcare and ancillary uses. Ancillary-Related uses may include:</p> <ul style="list-style-type: none"> • Further inpatient and outpatient accommodation and facilities; • Staff accommodation; • Residential care home; • Intermediate facilities; • Education and teaching centre; or • Therapies centre; and • Other ancillary uses.” <p>Proposals for new and improved healthcare, and ancillary facilities and other compatible</p>	<p><u>Policy Wording</u></p> <p>“The Council safeguards and supports the development the site of the Heath Road Hospital Campus, which is as defined on the policies map, for healthcare and ancillary uses. Ancillary uses may include:</p> <ul style="list-style-type: none"> • Further inpatient and outpatient accommodation and facilities; • Staff accommodation; • Residential care home; • Intermediate facilities; • Education and teaching centre; or and • Therapies centre; <p>Proposals for new and improved healthcare and ancillary facilities at the Heath Road Hospital Campus site will be</p>	<p><u>Ipswich Borough Council</u></p> <p>Ipswich Borough Council disagrees with the removal of “safeguards the site” and the replacement of the original wording concerning the masterplan, and medium to long term strategy for healthcare provision. The fundamental reason for this is because the Local Plan covers a 18 year period whereas the ESNEFT Estate Strategy covers a 5 year period (currently 2019 – 2024) and could take the form of different iterations throughout the Local Plan life span, once adopted. In addition, the location of Ipswich Hospital is in a position surrounded by existing development and if</p>

		<p>flexibility to enable ESNEFT to realise its development requirements, reflect legal or procedural requirements, or reflect the most appropriate strategy for the site, contrary to NPPF paragraph 35. Amendments needed.</p>	<p>development at the Heath Road Hospital Campus site will be supported, provided that they form part of the Hospital Trust's Estate Strategy for the provision of healthcare facilities, consistent with an overall site wide masterplan prepared by the Trust and associated Transport Strategy including suitable travel plan measures and parking provision. would not compromise the future delivery of health services at the site. This would be demonstrated through proposals being accompanied by a detailed master plan and a medium to long term strategy for healthcare provision at the site that includes a satisfactory travel plan and measures to address associated local car parking issues.</p>	<p>supported, provided that they would not compromise the future delivery of health services at the site. This would be demonstrated through proposals being accompanied by a detailed master plan and a medium to long term strategy for healthcare provision at the site that includes a satisfactory travel plan and measures to address associated local car parking issues.</p>	<p>the curtilage was curtailed, then it may impact on the ability of the hospital to expand in the future, within the plan period, but beyond the time frame of the Estate Strategy. Therefore, the Council has to take a long-term view to ensuring that adequate healthcare facilities are safeguarded and that medium to long term strategies, which would be independent of, but may still be consistent with elements of the ESNEFT Estate Strategy. The suggestion for new and improved healthcare and ancillary to conform to the Hospital Trust's Estate Strategy and the Trust's masterplan would prevent the policy from being effectively applied as it is dependent on strategies and masterplans that are outside the remit of town planning.</p> <p>IBC does not agree with the insertion of "other compatible development".</p>
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					<p>This is because the Heath Road Hospital Campus should be safeguarded for health care and ancillary facilities in order for the vision and objectives of the Local Plan to be met. The introduction of “other compatible development” as a third term would potentially risk introducing non-health care related development onto parts of the site which need to be safeguarded for health care and ancillary facilities. The term “ancillary facilities” is considered to be appropriate in of itself.</p>
26263 & 26264	CS19 (Provision of Health Services)	<p>Also requested that the last sentence of the supporting text within Paragraph 8.229 is deleted as it covers healthcare matters that go beyond the scope of the Local Planning Authority’s remit. Additional sentences are requested to demonstrate examples of the other ancillary</p>	<p><u>Paragraph 8.229:</u></p> <p>The Heath Road Hospital is a strategic health facility serving Ipswich and the surrounding area. It is important that any rationalisation of uses there takes place in the context of a planned strategy for healthcare provision which itself takes account of the future growth of Ipswich and the Ipswich Strategic Planning Area. The policy allows for a range of healthcare and</p>	<p><u>Paragraph 8.229:</u></p> <p>The Heath Road Hospital is a strategic health facility serving Ipswich and the surrounding area. It is important that any rationalisation of uses there takes place in the context of a planned strategy for healthcare provision which itself takes account of the future growth of Ipswich and the Ipswich Strategic</p>	<p><u>Ipswich Borough Council</u></p> <p>IBC does not agree to the inclusion of the term “other compatible uses” for the reasons stated in the preceding row of this table.</p> <p>IBC does not agree to the deletion of the sentence regarding acute care provision. Paragraph 20(c) of the NPPF states strategic policies should make</p>

		uses referred to above.	other compatible uses, including staff support services to assist with recruitment and retention. Additional ancillary uses may also include shared facilities to deliver mutual benefit to other public sector organisations aligned with the one public estate agenda. Decisions on changes to acute care provision need to be considered in the context of their health impact, in particular the community's ability to access services appropriately and in a timely fashion.	Planning Area. The policy allows for a range of healthcare and ancillary uses, including staff support services to assist with recruitment and retention. Additional ancillary uses may also include shared facilities to deliver mutual benefit to other public sector organisations aligned with the one public estate agenda. Decisions on changes to acute care provision need to be considered in the context of their health impact, in particular the community's ability to access services appropriately and in a timely fashion.	sufficient provision for health. Paragraph 92 (c) states that planning policies should “guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community’s ability to meet its day-to-day needs.” IBC consequently does not consider that this goes beyond the remit of the Council’s function as a local planning authority.
26263 & 26264	CS19 (Provision of Health Services)	The supporting text (paragraph 8.230) also needs to be amended to link any parking issues to those directly associated with proposed hospital activity related to specific developments, rather than any	<u>Paragraph 8.230:</u> It is also essential that the travel implications of specific hospital related developments are fully considered and measures put in place to encourage the use of sustainable modes where practicable possible by staff, out-patients, and visitors. In	<u>Paragraph 8.230:</u> It is also essential that the travel implications of hospital related developments are fully considered and measures put in place to encourage the use of sustainable modes where possible by	<u>Ipswich Borough Council</u> IBC does not agree that the word “specific” is necessary in this instance. There is a concern that this may prevent any “ancillary uses” developed at the hospital from being assessed in terms of travel implications.

		<p>parking issues that may be occurring in the area generally.</p>	<p>particular, measures should tackle existing parking issues in surrounding residential areas associated with proposed Hospital activity and the Hospital should put in place monitoring to ensure that any measures are proving to be effective.</p>	<p>staff, out-patients, and visitors. In particular, measures should tackle existing parking issues in surrounding residential areas associated with Hospital activity and the Hospital should put in place monitoring to ensure that any measures are proving to be effective.</p>	<p>IBC does not agree to the replacement of “possible” with “practicable”. This is because “practicable” could be misinterpreted as allowing for economic or other reasons for not pursuing sustainable modes to be used. “Possible” is considered to be a more effective and robust word to use and would better serve to meet the sustainable transport vision and objectives of the Local Plan and other policies. The Hospital is one of the largest employers and highly visited institutions within Ipswich and therefore achieving sustainable transport where possible is critical to the wider aims of the Local Plan.</p> <p>IBC does not agree to the removal of “existing” and insertion of “proposed” in relation to parking issues. It is considered that the management of any parking issues forms an important aspect of encouraging</p>
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					sustainable transport. To remove reference to “existing” parking issues and insert “proposed” hospital activities would result in any mitigation being too limited and ineffective in terms of encouraging sustainable transport modes which should be seen within the context of the wider transport strategy.
26265 & 26266	CS17 (Delivering Infrastructure)	It is noted that health and emergency services are again referred to, although there is no specific reference to acute hospital facilities. Therefore point 3 and bullet point 7 of the policy wording require amendment.	<p>IBC agrees to the inclusion of “acute hospital facilities” in this policy.</p> <p>IBC agrees to amend point 3 on page 93 to read:</p> <p>3. health including acute care and emergency services;</p> <p>IBC agrees to amend bullet point 7 on page 98 to read:</p> <p>community facilities including GP surgeries, and health centres and key acute inpatient and outpatient facilities;</p>	<p><u>Policy Wording</u></p> <p>3. health including acute care and emergency services;</p> <ul style="list-style-type: none"> • community facilities including GP surgeries, health centres and key acute inpatient and outpatient facilities; 	N/A
26266	Chapter 10 (Implementation)	It is noted that health and emergency services are again	It was agreed by both parties that it would be better to amend the relevant column under table	<u>Table 8A</u>	N/A

		<p>referred to, although there is no specific reference to acute hospital facilities. Therefore, amendments requested to table 8b (Ipswich Garden Suburb).</p>	<p>8a (major infrastructure proposals) rather than the specific Ipswich Garden Suburb related table 8b.</p> <p>IBC agrees to amend the “healthcare provision” row of Table 8A as follows:</p> <p>“Healthcare and acute care provision enhancements – to be identified in conjunction with schemes coming forward”</p>	<p>Healthcare and acute care provision enhancements – to be identified in conjunction with schemes coming forward</p>	
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DRAFT

Signatures

Signed

Name

Position

Date

Ipswich Borough Council

Signed

Name

Position

Date

East Suffolk and North Essex NHS Foundation Trust

Signed

Name

Position

Date

Ipswich and East Suffolk Clinical Commissioning Group

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