

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 and Norfolk and Suffolk NHS Foundation Trust on behalf of Suffolk and North East Essex Integrated Care System Statement of Common Ground

August 2020

**Statement of Common Ground between
Ipswich Borough Council as Local Planning Authority
and
East Suffolk and North Essex NHS Foundation Trust, Ipswich and East Suffolk Clinical
Commissioning Group and Norfolk and Suffolk Foundation Trust on behalf of the Suffolk and North
East Essex Integrated Care System
13 August 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), Norfolk and Suffolk Foundation Trust (NSFT) and Ipswich Borough Council (IBC) in relation to the ESNEFT's, NSFT and the CCG's representations to the Final Draft Ipswich Local Plan.
2. These organisations are part of the Suffolk and North East Essex Integrated Care System (SNEE ICS) which was formed in 2019 following the n May 2018 Suffolk and North East Essex Sustainability Transformation Partnership being identified as one of fourteen sites nationally to join the national system transformation programme at NHS England as a shadow Integrated Care System (ICS).
3. There is a history of effective partnership and system working in health and care in Suffolk and North East Essex. The establishment of Health and Wellbeing Boards, our work as a Sustainability and Transformation Partnership (STP) and the development of our three locality Alliances have all been key elements of what has been a broader continual evolution of an effective local health and care system.
4. The vision set out in the NHS Long Term Plan (2019) is that local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems across the whole country by April 2021. The plan sees ICS's as central to the delivery of the Long Term Plan.
5. Organisations within the ICS include:
 - **NHS Commissioners** – clinical commissioning groups and specialised commissioning
 - **NHS Providers** – acute, mental health, ambulance and community
 - **Local government** – county councils, district and borough councils, town councils, parish councils
 - **NHS regulators and other bodies** – NHS England, NHS Improvement, Care Quality Commission (CQC), Health Education England
 - **Primary care** – GP practices, Local Medical Committees, GP Federations, Local Professional Networks (LPNs) (community pharmacists, optometrists and dentists)
 - **Independent sector providers** – private sector and Community Interest Companies
 - **Community and voluntary sector** – Community Foundations and other funders,

infrastructure organisations, hospices and other community or sector specific organisations

- **Public representatives** – Healthwatch, patient and carer groups
- **Education and research** – universities and academic health sciences networks
- **Other sectors** – industry, police and crime, education, etc

6. The governance framework makes it clear that as an ICS organisation the ICS will make a difference to the issues that matter to people, that we are collectively responsible for and which we can only change by working together. It also makes clear that what we don't want to do is to add extra layers or complexity to our already complex system, create rigid long-term structures or undermine the governance and statutory responsibilities of individual organisations.

Objective

7. 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

8. 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.
9. 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

10. 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.

- 11. 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 have 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.**
- 12. 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.**
- 13. 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.**

14. In terms of Primary Care, the ICS 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	<p>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.</p>	N/A	<p>IBC acknowledges that some existing health infrastructure will require further investment and improvement to the 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.</p>	N/A

26207	ISPA4 (Cross Boundary Working to Deliver Sites)	<p>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.</p>	N/A	<p>The policy wording and reasoned justification (paragraph 8.29) explain the IBC will outline Humber Doucy Lane development is to be agreed as part of a joint master-planning approach with East Suffolk District Council as a cross-boundary development. 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.</p>	N/A
26211 & 26223	CS10 (Ipswich Garden Suburb) & Chapter 10 – Table 8B (Strategic and Neighbour hood Infrastructu re Requireme	<p>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</p>	<p><u>Policy CS10</u> iv-Healthcare provision <u>Table 8b</u> <u>(Chapter 10) – Fonnerreau Neighbourhood – Page 204</u> Healthcare provision</p>	<p>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</p>	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

15. 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 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; • 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 an 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 uses 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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This is because the Heath Road Hospital Campus should be safeguarded for health care and ancillary facilities only 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.

East Suffolk & North Essex NHS Foundation Trust

Using the term 'safeguarding' is not appropriate in this context. It is a somewhat draconian phrase applied to a site and land use that is managed by an NHS Trust as a health authority, which has the delivery of health care as its statutory remit.

				<p>Justification is given on the basis that ESNEFT only plans for a 5 year period, whereas the Local Plan covers a longer period. However, both authorities should be rolling their programmes and plans forward on a regular basis & reviewing accordingly and it is for ESNEFT to determine what facilities and land is required to deliver its health care functions rather than the LPA which is not a health authority. If ESNEFT determines through its Estate Strategy and health care and business case planning processes that it either has too much or too little land for this purpose, the LPA should use this information as part of an evidence base & plan accordingly in consultation with the Trust. This would be the conventional approach, rather than the LPA putting forward an alternative inflexible health strategy by applying a prescriptive policy and</p>
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					<p>unnecessary safeguarding approach, which inevitably could prevent suitable development proposals from going ahead. Consequently, the inclusion of the phrase 'other compatible uses in the policy should also be added in order to provide for further flexibility.</p> <p>As further justification for the Policy wording set out in CS19, IBC makes reference to NPPF paragraphs 20c) and 92c) which refer to the need to plan for community facilities and to guard against the unnecessary loss of valued facilities and services. However, there is no reference to paragraph 92 b) which requires LPAs to take account of and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community. In this way IBC, should be facilitating the implementation of ESNEFT's health care</p>
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					<p>strategies rather than imposing an alternative preservation approach as set out in the currently worded draft policy. In this regard it should be recognised that experience of the current Covid-19 pandemic has highlighted the need for different and more flexible approaches to delivering health care, which inevitably will evolve further and will have knock on effects on the land take and management requirements for acute hospitals in particular, which the Local Plan policy is not able to respond to as currently drafted.</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</p>	<p>Paragraph 8.229:</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</p>	<p>Paragraph 8.229:</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</p>	<p>Ipswich Borough Council</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</p>

	<p>are requested to demonstrate examples of the other ancillary uses referred to above.</p>	<p>Ipswich and the Ipswich Strategic Planning Area. The policy allows for a range of healthcare and 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.</p>	<p>itself takes account of the future growth of Ipswich and the Ipswich Strategic 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.</p>	<p>provision. Paragraph 20(c) of the NPPF states strategic policies should make 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.</p> <p><u>East Suffolk & North Essex NHS Foundation Trust</u></p> <p>Just to clarify, 'ancillary uses' in this context could cover a range of health and non-health uses, such as ancillary retail (e.g. similar to the retail unit at Colchester), Travel Centre, creche, key worker and potential market housing (separate from other staff accommodation more akin</p>
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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	Paragraph 8.230: It is also essential that the travel implications of specific hospital related developments are fully	Paragraph 8.230: It is also essential that the travel implications of hospital related	<p>to a hostel), sport and leisure uses and multi-story car parking use. As the policy wording is already quite prescriptive, it is important to have these uses referred to at least in the supporting text to avoid potential tensions at the planning application stage in the event that such schemes come forward.</p> <p>The inclusion of 'other ancillary uses' would provide further flexibility and allow the introduction of non-health care uses where appropriate, which could be perfectly acceptable in planning terms. However, its exclusion coupled with a 'safeguarding' emphasis could unnecessarily restrict good development proposals & create policy tensions.</p> <p>Ipswich Borough Council</p> <p>IBC does not agree that the word "specific" is necessary in this instance. There is a</p>
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		<p>associated with proposed hospital activity related to specific developments, rather than any parking issues that may be occurring in the area generally.</p>	<p>considered and measures put in place to encourage the use of sustainable modes where practicable possible by staff, out-patients, and visitors. In 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>developments are fully considered and measures put in place to encourage the use of sustainable modes where possible by 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>concern that this may prevent any “ancillary uses” developed at the hospital from being assessed in terms of travel implications.</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</p>
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relation to parking issues. It is considered that the management of any parking issues forms an important aspect of encouraging 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.

East Suffolk & North Essex NHS Foundation Trust

No objection to removal of "specific" as IBC have requested.

It is considered that 'practicable' is a more appropriate word in this context when applying to potential sustainable modes of travel used by staff, patients and visitors. The travel patterns and aspects

					<p>of acute hospitals are materially different from other high traffic volume generating uses. Several staff work shifts which do not always coincide with public transport timetables and related unsociable hours are also not always compatible with cycling and pedestrian provisions/options. Also, the physical and mental state of many patients and visitors and related hospital visiting times often result in sustainable travel modes not being a viable option. These circumstances and the need for a pragmatic and realistic approach to travel are reflected in ESNEFT's latest up to date Travel Plan, which also seeks to promote sustainable travel where practicable. Whilst sustainable travel is often 'possible' it is not always 'practicable for the reasons explained and therefore, this situation should be</p>
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					<p>reflected in the Local Plan text as proposed by ESNEFT.</p> <p>The insistence that proposed development should tackle existing parking issues represents an unreasonable approach as the traffic, travel and parking impacts of any hospital development should be considered on its merits taking account of a baseline position prevailing at the time. Some development will have no or negligible impact on travel and parking and therefore, it would be unreasonable for such schemes to be used to address existing parking issues, which may or may not be associated with the Hospital generally.</p> <p>ESNEFT's proposed policy approach would be consistent with paragraphs 54 to 56 of the NPPF, which correctly links planning conditions and obligations to the tests of reasonableness linked to the impact of specific</p>
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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; 	development proposals i.e. in the case of planning obligations: they should be necessary, directly related and fairly and reasonably related to the scale of development proposed.
26266	Chapter 10 (Implementation)	It is noted that health and emergency services are again referred to, although there is no specific reference to acute hospital facilities.	<p>It was agreed by both parties that it would be better to amend the relevant column under table 8a (major infrastructure proposals) rather than the specific Ipswich Garden Suburb related table 8b.</p>	<p><u>Table 8A</u></p> <p>Healthcare and acute care provision enhancements – to be identified in conjunction with schemes coming forward</p>	N/A

			<p>Therefore, amendments requested to table 8b (Ipswich Garden Suburb).</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>		
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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

