



Date: 15/03/2024

<b>LPA</b>	Staffordshire Moorlands District Council
<b>App Ref</b>	SMD/2021/0610
<b>Development</b>	Outline application for residential development with access considered (all other matters reserved)
<b>Address</b>	Land East of Froghall Rad, Cheadle, Staffordshire
<b>Case Officer</b>	Jane Curley

Dear Jane,

Thank you for your consultation in respect of this live application for a major housing development.

It is noted that the application is in outline form and is accompanied by a parameters masterplan, which indicates the delivery of up to 215 dwellings for this unallocated site.

The ICB wish to confirm the position in respect of community health and preventive and primary care services, which fits within the ambit of 'community facilities' as described within the wording of policy C 1 as confirmed in the glossary of terms within the plan.

In this case a request is made under s106 of the Act for developer contributions to mitigate for the impacts of additional patient demand upon local primary care services, which would be expected to serve this development.

**Integrated Care Systems:**

Integrated Care Systems (ICSs) were formalised as legal entities with statutory powers and responsibilities in July 2022 following the passing of the Health and Care Act.

There are 42 ICS's across the country and each one is made up of 2 key elements:

- 1) an integrated care board (ICB) and;
- 2) an integrated care partnership (ICP).

Staffordshire and Stoke-on-Trent ICB are tasked with the commissioning and oversight of most NHS services and is accountable to NHS England for NHS spending and performance. The ICP brings together a wider range of partners, not just the NHS, and this includes local authority partners. The system aims to focus on collaboration to remove barriers to accessing health and care services.

The ICP has been tasked with developing an Integrated Care Strategy to address the broader health, public health, and social care needs of the population and this partnership has recognised that in Staffordshire and Stoke-on-Trent we have an increasingly older population

(as acknowledged by the applicant in their accompanying planning statement) with complex health and care needs. One of the consequences of this is that we are seeing increasing demand on services in our area which will be challenging to meet.

**Strategic Planning and decision-taking:**

Aside from the adopted plan policy C 1, Section 8 of the NPPF 'Promoting healthy and safe communities' makes clear that policies and decisions associated with development should aim to achieve healthy, inclusive and safe places.

At paragraph 97 b) it is also made clear that policies and decisions should *"take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community."*

In determining applications for development, the ICB wishes to work with local planning authorities and create awareness of local strategies to improve health. The primary care network model (PCN) seeks to ensure equality of service for patients by ensuring that all patients within England are covered by a PCN, which should help to integrate primary care with secondary and community services. Since 2019 General practices have been organising themselves into local networks to provide care at this greater scale.

Primary care networks bring practices together to be able to offer care on a scale which is small enough for patients to access the continuous and personalised care they value but large enough to be resilient through the sharing of workforce, administration, and other clinical functions.

The NHS Long Term Plan supports a vision of care delivered at system, place and neighbourhood level and supports NHS organisations to have more of a proactive focus on improving population health and looking to reduce inequalities in outcomes.

The development of clinical strategies for each PCN account for current and future needs based on an assessment of local demographics and how changes in population health and growth are influencing the requirements for primary care services and the accompanying need for appropriate infrastructure to ensure an estate that is suitable and sustainable.

The request herein is related to the scale of development proposed and aligned to wider strategic plans to support primary care infrastructure within the impacted PCN which will need to respond to localised growth to ensure patients have equality of access to services.

**The current position within the PCN:**

The application site is situated within the Moorlands Rural PCN, which comprises of nine premises (7 practices, 2 branches).

Further to an assessment of spatial capacity and sufficiency, analysis shows that clinical and administration space is challenged across the PCN with the majority of premises insufficient when benchmarked against current standards and it is clear that recruitment and retention is impacted by a lack of suitable estate capacity, thereby impinging upon clinical strategies to improve patient health outcomes.

The capacity of the healthcare estate is viewed in the context of the local demographics. The PCN currently has a notably higher, than ICS average, older population with 26.68% of

patients over 65 years of age and significantly higher numbers of people 75-85 years. There is a high prevalence of long-term conditions such as coronary heart disease, hypertension and stroke, with 30% of adults overweight.

The older population means that the health status of patients within parts of the PCN is more complex and these growing demands continue to act as key drivers for expanding the workforce, which in turn requires fit for purpose estate to operate from.

**The development outputs:**

Having reviewed the application details and after considering key facets associated with practices that fall within influencing distance of this site the ICB would request a contribution which would support the development of primary care services in the area with both the creation of a hub and expansion opportunities under review.

In respect of the Lower layer super output area (LSOA) in which the application site is situated it is evident that patients are split across The Tardis Surgery, Well Street Medical Centre and Allen Street Clinic. As per the wider outlook for the PCN there is an overall shortfall in clinical capacity for current patient numbers across these practices and accordingly proportionate mitigation is sought for this development in accord with adopted policy C 1, SS 12 and the adopted Developer contributions SPD 2023.

The table set out below provides the relevant calculations for the sum requested to support local health infrastructure in this case and is aligned to the costs of providing additional clinical rooms with the requested sums to be utilised within the Moorlands Rural PCN to mitigate for additional patient population arising from housing growth.

The outputs are derived from the Department for Health guidance 'Health Building Note 11-01: Facilities for Primary and Community Care Services', which provides best practice guidance on the delivery of new healthcare buildings and adaptation and extension of existing facilities. It is applicable to a range of building types including GP premises, Health centres, Primary care centres and Urgent care centres.

<b>Housing Numbers</b>	<b>215</b>
<b>Household Average</b>	2.4

<b>Consulting / Examination Rooms</b>	
Population Increase	516
Access Rate (5260 per 1000 population)	5.26
Anticipated Annual contacts	2,714
Assume 100% patient use of C/E room: Patient accessing a C/E room:	2,714
Assume surgery open 50 weeks per year - Patients Per Wk	54
Appointment duration (minutes)	15
Patient appointment time per week	13.57
Building Operational Hrs Per Week	52.5

Room Utilisation - Per Week	60%
Rooms Available - Per Week	31.5
Number of CE Rooms Required	0.43
C/E Room size (m2)	16.00
Net space required	6.89
Ratio of clinical space to non-clinical space 30/70 - Increase factor	2.33
Total space requirement (m2)	22.97

<b>Treatment Rooms</b>	
Population Increase	516
Access Rate (5260 per 1000 population)	5.26
Anticipated annual contacts	2,714
Anticipated annual contacts Assume 20% patient use of room: Patients accessing a treatment room:	543
Surgery open 50 weeks per year	10.86
Appointment duration	20
Patient appointment time per week	3.62
Building Operational Hrs Per Week	52.5
Room Utilisation	60%
Rooms Available - Per Week	31.5
Number of CE Rooms Required	0.11
C/E Room size (m2)	18.00
Net space required	2.07
Ratio of clinical space to non-clinical space 30/70 - Increase factor	2.33
Total space requirement (m2)	6.89

<b>Total Cost</b>	
Total floor area required (m2)	29.87
Cost per m2	6454
<b>Total cost / Contribution required</b>	<b>£ 192,762</b>

The total sum (£192,762) would be targeted towards supporting the future adaptation/expansion of premises within the Moorlands Rural PCN as appropriate and would be informed by strategic estates plans, which will enable the ICB to work towards the aim of tackling inequalities in outcomes, experience, and access for patients.

In the preparation of any agreement (pursuant to S106 of the Planning Act) suggested clauses have been outlined below to ensure appropriate trigger points and indexation in line with the Construction Tender Price Indices (TPI).

**Definitions and clauses for associated Health Care Contribution:**

**Definitions -**

NHS SSOT ICB – The Staffordshire and Stoke-on-Trent Integrated Care Board, Stafford Education & Enterprise Park, Weston Road, Stafford, ST18 0BF (or such other successor organisation in force at the time the Health Care contribution is passed or committed to be passed by the Council pursuant to xxx).

Health Care – Facilities for primary and community care services.

Health Care Contribution – The minimum sum of [£192,762], to be applied towards the provision of Health Care services within the Moorlands Rural Primary Care Network as directed by the Staffordshire and Stoke-on-Trent Integrated Care Board.

Index – the BCIS All-In Construction Tender Price Index as published by the Building Cost Information Service on behalf of the Royal Institution of Chartered Surveyors or any successor organisation.

Index Linked – means increased in accordance with the following formula:

Amount payable = the Contribution x (A/B) where:

A = the figure for the Construction Tender Price Indices that applied immediately preceding the date of actual payment

B = the figure for the Construction Tender Price Indices that applied when the index was last published prior to the date of this deed

**Clauses -**

1.1. To pay the Health Care Contribution to the Council prior to the first occupation of any dwelling within the development.

2.1. In the event that any Health Care Contribution (or part thereof) paid under paragraph 1.1. of this schedule has not passed or committed to be passed in full by the Council to the NHS Staffordshire and Stoke-on-Trent Integrated Care Board within ten (10) years of the first occupation of the Development then the Council will repay the balance of the Health Care Contribution not committed to be passed to the NHS Staffordshire and Stoke-on-Trent Integrated Care Board upon the written request of the Owner following the expiry of that ten (10) year period to the person/s who paid the Health Care Contribution.

3.1. Forward-funding

3.1.1. If any forward-funding of any Health Care infrastructure project takes place in anticipation of receipt of any relevant contribution or payment under the provisions of this deed then on such receipt the Council will credit such contribution or payment (including any indexation element and/or interest received thereon) to the NHS Staffordshire and Stoke-on-Trent Integrated Care Board accordingly and the receipt shall be treated as being immediately expended for the purpose for which the forward-funding was directed.



**Staffordshire and  
Stoke-on-Trent**  
Integrated Care Board

Yours sincerely

Philip Murphy  
Planning and Development Lead  
Staffordshire & Stoke-on-Trent ICB