Cabinet – 17 January 2007

Supplementary Planning Document for Healthcare

Portfolio: Councillor Adrian Andrew, Regeneration and enterprise

Service: Strategic Regeneration

Wards: All

Key decisions: Yes

Forward plan: Yes

Summary of report

The Cabinet is recommended to adopt a Supplementary Planning Document (SPD) for Healthcare.

Walsall Council adopted its UDP in March 2005. The UDP took account of the principles embodied in the Planning and Compulsory Purchase Act (2004) that the planning system should take account of the broader spatial implications of development such as education and health provision. In particular, there is a need for residential developers to provide contributions towards such social infrastructure to support their developments. Accordingly, UDP policies GP3 and 8.8 enable developer contributions to meet healthcare needs arising from new residential developments of 30 dwellings or more.

The SPD explains how this should be done in a structured way, in order to avoid arbitrary and ad hoc decisions relating to charging developers for the wider costs of their developments, and is the mechanism being pursued by Local Authorities to realise the Government's planning objectives. Walsall Council has already endorsed this approach in relation to Open Space and Affordable Housing. A further SPD for education contributions is being prepared.

The Healthcare SPD sets out the cost to the Walsall teaching Primary Care Trust (tPCT) of providing general medical practice (GP services), and apportions that cost to the likely occupants of new homes. The cost includes buildings, fittings, and equipment needed by GPs. Although the focus of the SPD is on primary health care, especially provision of GPs, it does not prevent the Council and the teaching Primary Care Trust (tPCT) from seeking contributions to other forms of healthcare as necessary. The calculation of the contribution, as with other adopted SPDs, is based on an average rate per bedroom.

The SPD was prepared jointly with Walsall tPCT. The tPCT will enter into Section 106 Agreements with developers and will spend the money on facilities for GPs. Usually this will be on extending or increasing the capacity of existing facilities, but, from time to time, it may involve new GP surgeries or medical centres.

The SPD is accompanied by a Statement on Consultation, which summarises the main issues raised during public consultation and, in Annex A, summarises the individual comments and responses.

The SPD is also accompanied by a Sustainability Appraisal and Screening Statement, which were also available for public consultation. No comments were received on either of these documents. It is therefore concluded that a Strategic Environmental Assessment (SEA) is not required for this SPD.

Recommendations

(1) That the Cabinet agrees the responses to objections as set out in the Statement on Consultation (paragraph 1.8).

(2) That the Cabinet adopts the SPD for Healthcare.

(3) That the Executive Director in consultation with the Portfolio Holder be authorised to agree with the tPCT an appropriate mechanism for collecting and distributing contributions.

Resource and legal considerations

Production of the adopted SPD is allowed for within the budget for preparing the Local Development Framework. No additional resources are required.

The SPD will help to provide additional resources for GPs in the borough. The average cost of providing GP services is calculated at £384.30 per bedroom. The average household size is 2.5 persons. Development rates fluctuate, but is estimated that and average of about 600 new homes will be built each year to 2011. In the last 3 years 75% of new homes were built on sites of 30 dwellings or more. Some developments may not yield the full amount; for example, remediation costs will be higher on some sites. On this basis an average year could yield in the region of £300-350,000.

The SPD conforms to the policies in the Unitary Development Plan (UDP), specifically policies GP3 and 8.9. The SPD will be used in determining planning applications and in negotiating Section 106 Agreements related to planning permissions for new residential developments. The negotiation with developers will be based on the principle that the contribution is fairly and reasonably related in scale and kind to the proposed development. The Council, in line with Planning Circular 05/2005, is flexible in its operation of these contributions in order for example to take account of abnormal costs of bringing the site in question into use, in order that the development can go ahead.

Citizen impact

The SPD will help to ensure that GP services are conveniently available to everyone and that patient lists are reduced to the recommended level. This will make it easier for people to get appointments to see their GP. It should also prevent new development from making the situation worse.

Community safety

The SPD will have no significant effect on community safety.

Environmental impact

The SPD may lead to some new development or extension to existing GP facilities. However, these should be sensitively designed and in locations that are highly accessible to patients and staff in line with other policies in the UDP.

Performance and risk management issues

Adopting the SPD as recommended:

This will provide a robust and statutory basis for negotiating Section 106 Agreements. There is a risk that objectors will not accept the Council's response to their objections and may challenge the use of the SPD when making planning applications; this could lead to appeals against conditions attached to planning permissions. However, adopting the SPD will provide developers with up front information to build into their financial appraisals, will assist in processing planning applications, and will minimise that risk.

The adoption of the SDP assists the Council in achieving the Audit Commission's objectives on improving performance on S.106 Agreements and as set out in its Guidance: "Securing Community Benefits through the Planning Process".

Not adopting the SPD:

Although this would not prevent absolutely the negotiation of Section 106 Agreements, the process would become extremely difficult as each case would have to start from scratch. In many cases this would be unworkable and few, if any, contributions would be achieved.

Performance against the Local Development Scheme (LDS) is a factor in the Council-wide Performance Assessment (CPA) and in setting the level of Planning Delivery Grant (PDG). The LDS programmes adoption for January 2007. Not adopting the SPD, or adopting it later, may lead to a reduction in PDG and a poorer CPA score.

Equality implications

The aim of the Walsall Teaching Primary Care Trust (tPCT) is to reduce patient list sizes so that everyone has access to a high quality of primary care. The SPD will help to deliver this.

In some circumstances it is appropriate to carry out an Equality Impact Assessment (EIA) of an SPD. However, the Council's Equalities Team advises that, in this case, as the Council does not directly deliver primary healthcare, an EIA under Section 71 of the Race Relations (Amendment Act) 2000 would not be appropriate.

Consultation

This report has been prepared in consultation with Housing Services, Development Control, and the tPCT who have all contributed to the responses to objections summarised below. Legal Services have also been consulted.

The draft SPD was prepared in partnership with the tPCT and in consultation with health providers. It has also been subject to public consultation in line with the Local Development Regulations and the Statement of Community Involvement. This is described in detail in the Statement on Consultation, which is required to accompany the SPD.

The SPD is accompanied by a Sustainability Appraisal and Screening Statement, which were also available for public consultation. No comments were received on either of these documents. It is therefore concluded that a Strategic Environmental Assessment (SEA) is not required for this SPD.

The formal consultation period ran from 27 September to 25 October 2006. In total of 20 representations were received from 6 organisations or individuals. 18 comments were from home builders or their representatives. In general home builders accept the principle that they should contribute to social infrastructure arising from their developments, so most of the comments were about details of costs and the assumptions behind the calculations set out in the SPD.

Full details of each comment and response are given in the Statement on Consultation (summary in paragraph 1.8 and detail in Annex A).

Vision 2008

The SPD will contribute in a number of ways towards the Council's Vision 2008. The most direct links are to:

- Make Walsall a healthy and caring place;
- Encourage everyone to feel proud of Walsall;
- Listen to what local people want.

It will also contribute to an improving Planning Service by adding clarity to the process of determining relevant planning applications and concluding Section 106 Agreements.

Background papers

Walsall Unitary Development Plan

Supplementary Planning Document for Healthcare

Supplementary Planning Document for Healthcare: Sustainability Appraisal and Screening Statement.

Supplementary Planning Document for Healthcare: Statement on Consultation.

Circular 05/2005: Planning Obligations.

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Tim Johnson
Executive Director

9 January 2007

Councillor Adrian Andrew
Portfolio holder

9 January 2006

Walsall Council

Walsall NHS
Primary Care Trust

Supplementary Planning Document to the Walsall Unitary Development Plan

Healthcare:

Statement on Consultation

Final Draft

January 2007

Supplementary Planning Document (SPD) Matters

Title of SPD: Supplementary Planning Document for Healthcare.

Subject: The SPD expands on "saved" policies GP3 and 8.9 of the Walsall UDP regarding provision of primary healthcare services in the borough of Walsall.

Consultation: Comments could be made on the draft SPD and the Sustainability Appraisal between 27 September and 25 October 2006.

Address: Further information may be obtained, in written or electronic form, from:

Regarding Planning Issues:	Regarding Healthcare Issues:
Physical Regeneration Strategy Team Walsall Metropolitan Borough Council 2nd floor, Civic centre Darwall Street Walsall WS1 1TP	Mr. P Griffin Associate Director of Primary Care Commissioning Walsall Teaching PCT Lichfield House Lichfield St Walsall NHS WS1 1TE
Telephone: 01922 652504	Telephone: 01922 444097
Email: LDF@Walsall.gov.uk	Email: Phil.Griffin@walsall.nhs.uk

The relevant documents can be inspected on the Council's website, at www.walsall.gov.uk, at the First Stop Shop in Walsall Civic Centre and at public libraries in the borough of Walsall.

Adoption: Anyone could ask to be notified of the adoption of the SPD at a specified address.

The SPD was adopted by the Walsall Council Cabinet on 17 January 2007.

Evidence: The evidence base for the SPD is drawn from:
Statement of Financial Entitlements (April, 2004) – Department of Health
Walsall tPCT Primary Care Development Plan
Walsall tPCT Estates Strategy
Walsall tPCT SSDP
Walsall GP workforce report

Developing the Draft SPD

1.1. This statement on consultation explains the consultation on the draft Walsall Healthcare SPD. It sets the involvement of key stakeholders, residents and others in preparing this SPD, which is in line with the Statement of Community Involvement adopted in June 2006.

1.2. Before publishing a draft of this SPD the Council and the Primary Care Trust sought, informally, the view of a range of interested parties including:

- Providers of primary healthcare;
- Community Empowerment Network;
- Neighbouring local planning authorities.

Informal Consultation

1.3. Informal consultation was carried out via:

- Discussions with providers of primary healthcare in the borough.
- Discussions with neighbouring authorities, in particular a request for comparative data about standards and off-site contributions.
- Discussions with colleagues in other parts of the Council, notably Development Control in the Planning Service and the Corporate Equality and Diversity Team.
- Extensive joint working with the Primary Care Trust, which provided the key text dealing with evidence, standards and costs.
- Awareness raising through the Community Empowerment Network (CEN).

Summary of issues raised

1.4. The main issues raised were:

(a) The SPD is generally on the right lines.

(b) Neighbouring authorities …

(c) Spending on healthcare will divert funds away from other community projects (CEN).

How the SPD has taken account of these comments

1.5. The comments received were welcome, but did not suggest a need for any major alteration to the SPD. However, the Sustainability Appraisal was adjusted to take account of the view of the Equality and Diversity Team to show how equality issues were addressed in evidence gathering and in the approach of the Primary Care Trust.

1.6. Additionally, the SPD has been adjusted to explain that the contributions for healthcare are independent from, and additional to, other contributions, for example, for open space or education.

Formal Consultation on the draft SPD

1.7. The formal consultation period ran from 27 September to 25 October 2006. In total of 20 representations were received from 6 organisations or

individuals, 18 of which were from home builders or their representatives. In general home builders accept the principle that they should contribute to social infrastructure arising from their developments, so most of the comments were about details of costs and the assumptions behind the calculations set out in the SPD.

1.8. The table below sets out the main points that were raised and recommended responses. Full details of each comment and response are given in the Statement on Consultation.

Summary of comments	**Response to comments**
As the Government is reviewing the use of Section 106 Agreements the Council should wait until Planning Gain Supplement is introduced, which could be in 2008.	No change. Planning Gain Supplement (PGS) may become active in 2008 at the earliest. Before then new development will further stretch services. In any case there is no guarantee that PGS will actually happen; it would not be right to depend upon it now.
Contributions to healthcare are an additional burden that could undermine the viability of developments. The SPD fails to acknowledge the role of negotiations in preparing Section 106 Agreements.	Change paragraph 4.5 to acknowledge that where a developer can demonstrate that the circumstances of their proposed development indicate that the level of contribution set out in the SPD would not be appropriate, the Council will be prepared to negotiate a more appropriate solution, in line with Circular 05/2005.
The tPCT receives funding from the Government, including as a "Spearhead PCT".	No change. The SPD is only intended to relate to the impact of new development. Spearhead funding is for tackling existing deficiencies.
Most GP premises are owned by the GPs themselves. The SPD does not take this into account.	No change. Irrespective of eventual ownership the burden of financing GP premises rests with the PCT.
Walsall has experienced an overall trend of out migration. This trend is expected to continue and this will have a significant effect on the capacity of GPs in Walsall.	No change. The population of the borough fell by just 3.1% in the 10 years to 2001, when it was 253,499. The mid-year estimate for 2005 was 253,500 (rounded to the nearest 100). The 2004 population projections forecast 251,000 in 2011, a decline of less than 1%. The difference between the current and desired average patient list size is approximately 14%. Moreover, the strategy for the Black Country being promoted through the Regional Spatial Strategy Review is housing-led growth. Therefore, Walsall Council should be planning

	for growth; not further decline.
Contributions should be at ward level. Developers need to understand what their payment is to be towards.	No change. Ward boundaries cross and do not reflect GP catchments. The process of negotiation will clarify the destination of contributions. The SPD cannot determine the use of particular sites or the location of healthcare facilities.
New homes, including affordable homes, occupied by people who already live in the area and presumably already have a local GP should be discounted.	No change. Whether homes are affordable makes no difference to pressure on primary healthcare services. In any case not all affordable homes are taken up my existing residents. Homes vacated by people moving within the borough could be occupied by people moving into the borough. (In 2004-05 some 8,190 people moved into the borough.) During the lifetime of a family home it is likely that occupiers will have children, who will add to pressure on GPs. (In 2004-05 there were 3,370 births in the borough.) There are no statistics to evaluate the proportion of people moving into new homes who do not need to change their GP, but it is likely to be a small proportion. In any case the Council and tPCT have no control over who occupies a new residential development. The approach in the SPD is supported by Government, Walsall tPCT and the Walsall UDP. If a developer can demonstrate that a significant proportion of occupiers of proposed development would not need a new GP in the area, the Council and tPCT can take this into account in negotiations. There is no need to change the SPD in respect of these objections, other than to reflect the above.
Policies about planning obligations should be in a Development Plan Document.	No change. "Saved" UDP policy 8.9 requires developers to ensure adequate healthcare provision. The SPD sets out how the Council and the PCT consider this can be achieved by providing relevant information in line with Circular 05/2005 'A Plan-Led System' paragraph

	B25.
The relationship between on-site and off-site contributions is unclear.	Change policy HC1 and paragraphs 4.2 - 4.3 to clarify that the formula relates to off-site provision (which would be located to serve the development) and that on-site provision would reduce or remove any off-site requirement. On-site provision is likely to be associated with very large developments, for which a comprehensive approach to a range of infrastructure and other matters would be required.

1.9. In addition the SPD itself does not set out existing GP provision in detail. A full list is provided in Annex B to this Statement on Consultation.

Notification

1.10. The Council notified people of the consultation by a range of means, including:

- Local Development Scheme (website);
- Advertisement in local press;
- Press release;
- Direct mail;
- Seeking a screening opinion from the SEA Consultation Bodies;
- Placing documents in public libraries;
- Website.

Statement of Community Involvement

The SPD has been prepared in accordance with the Walsall Statement of Community Involvement (SCI), which was adopted in June 2006.

ANNEX A:
Summary of Representations on the

Walsall Healthcare SPD

Final Draft

January 2007

ANNEX B:
Provision of General Practitioners in Walsall

Final Draft

January 2007

WALSALL General Medical Practitioners

The table below lists all GP practices in the borough of Walsall at 1 December 2006. The ratio figure is the number of patients divided by the number of GPs (whole time equivalent). In all but one case the ration is more than 1; indicating that patient list sizes in all parts of the borough are above 1,800.

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Abedin	44b Rough Hay Road Darlaston WS10 8NQ	1.75	3168
Ahmed	Luqman Medical Centre Countess Street Walsall WS1 4JZ	1.54	2708
Ali (Syed)	The Surgery Birmingham Street Walsall Road Darlaston WS10 9JS	2.06	3727
Anand	Darlaston Health Centre Pinfold Street Darlaston WS10 8SY	1.10	2081
Bevan	High Street Surgery High Street Pelsall Walsall WS3 4LX	1.24	2208
Coleman	Bloxwich Medical Practice Pinfold Health Centre Field Road Bloxwich Walsall WS3 3JQ	1.29	2326
De (A Ghosh)	Brace Street Health Centre Brace Street Caldmore Walsall WS1 3PS	2.25	4021

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Desai (Lomas)	Harden Health Centre Harden Road Bloxwich Walsall WS3 1ET	1.40	2512
Devasia	St. Mary's Surgery Pinfold Health Centre Field Road Bloxwich Walsall WS3 3JP	1.64	2910
Dhaliwal (Amole, Meran & Singh)	The Collingwood Centre Collingwood Family Practice Collingwood Drive Great Barr Birmingham B43 7NG	3.12	5531
Dugas (Kamal)	111 Birmingham Road Walsall WS1 3AB	2.18	3962
Dubb (Manthri)	Harden Medical Centre, Harden Road Bloxwich WS3 1ET	1.98	3665
Fayed	Rosehill Surgery Rosehill Bilston Street Willenhall WV13 2AW	1.33	2400
Flenley (Ruffles, Harrison, Onunwakolam)	Portland Medical Practice Anchor Meadow Health Centre Anchor Meadow Aldridge WS9 8DQ	4.49	8144
Gandhi Abdalla, Wariyar, Amiruddin)	Lockfield Surgery Willenhall Medical Centre Croft Street Willenhall WV13 2DR	5.55	9935

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Ghaffar (Asghar)	All Saints Surgery Pinfold Health Centre Field Road Bloxwich Walsall WS3 3JP	2.66	4701
Ghaffar (R Ghaffar)	The Surgery Abbey Square Mossley Estate Bloxwich WS3 2RH	1.81	3264
Gill (Kasliwal)	Berkley Practice Bentley Medical Centre Churchill Road Bentley Walsall WS2 0BA	2.65	4771
Green (Peters, Edwards, Askey, Chauhan)	St John's Medical Cenre High Street Walsall Wood Walsall WS9 9LP	6.02	10792
Gutermuth	Blakenall Meadow Practice Blakenall Meadow Village Thames Road Walsall WS3 1LZ	1.14	2206
Haire (Newton, Denihan, Ismail & Azam)	19 Lichfield Street Walsall WS1 1UG	4.10	7384
Houlahan (Crowther, Tandon)	St Peter's Surgery 51 Leckie Road Walsall WS2 8DA	4.07	7428
Johnson	Bloxxwich Medical Practice Pinfold Health Centre Field Road Bloxwich WS3 3JP	1.58	2861

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Kaul (G K Gill, Kaul S)	59-61 Broadstone Avenue Leamore Walsall WS3 1ER	1.80	3232
Kelly (Bligh, Sandilands, Gatrad & Owen)	Rushall Medical Centre 107 Lichfield Road Rushall Walsall WS4 1BW	6.38	11507
Khan	Khans Medical Centre Pinfold Health Centre Field Road Bloxwich Walsall WS3 3JP	1.09	1921
Khan	Darlaston Health Centre Pinfold Street Darlaston WS10 8SY	1.31	2441
Khattak	Lower Farm Health Centre Bloxwich Walsall WS3 3QJ	1.30	2351
Kumar	Brace Street Health Centre Brace Street Caldmore Walsall WS1 3PS	1.58	2805
Kumar (Chandra, Cheriyan)	66 Cannock Road New Invention Willenhall WV12 5RZ	3.75	6813
Kundu (S K Kundu, S K Pal &N Dubb)	The Surgery 79-81 Lichfield Road Walsall Wood Walsall WS9 9NP	3.71	6678

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Kushwaha	The Broadway Medical Centre 213 Broadway Broadway Walsall WS1 3HD	1.97	3304
Latthe	77 Lichfield Road Walsall Wood Walsall WS9 9NP	1.30	2359
Locum GP	Holland Park Surgery Park View Centre Chester Road North Brownhills Walsall WS8 7JG	1.03	2070
Locum GP	Willenhall Medical Centre Croft Street Willenhall WV13 2DR		2088
Lotlikar (Jawahar, Mohan)	Sina Health Centre, 230 Coppice Farm Way, New Invention, Willenhall. WV12 5XZ	3.84	7019
Manocha (Conod, Mander & Jarrams)	5 Birmingham Road Walsall WS1 2LX	4.15	7406
Mathias-Dubash (Mahmood F)	133 Hatherton Street Walsall WS1 1YB	2.05	3704
Nambisan	1 Chapel Street Pelsall Walsall WS3 4LN	1.65	2948

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Pal	Brace Street Health Centre Brace Street Caldmore Walsall WS1 3PS	1.31	2384
Pandit	The Surgery 3 Wolverhampton Street Willenhall WV13 2NF	1.36	2419
Pansari	The Surgery Short Street Brownhills Walsall WS8 6AD	1.95	3455
Patel (R M Patel)	The Surgery Stroud Avenue Willenhall WV12 3DA	2.53	4546
Pillai	St. Lukes Surgery Pinfold Health Centre Field Road Bloxwich Walsall WS3 3JP	2.57	4651
Platt (Varkey & Mandal)	Willenhall Medical Centre Croft Street Willenhall WV13 2DR	2.69	4934
Rajeshwar	The Surgery New Road Brownhills WS8 6AT	1.00	1804
Ray	Sai Medical Centre 1 Forrester Street Walsall WS2 9PL	2.09	3830

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Reddy	522 Queslett Road Great Barr Birmingham B43 7DY	0.88	1568
Sahota (Ashraf, Sandhu)	Kingfisher Practice, Bentley Medical Centre, Churchill Road, Bentley, Walsall, WS2 0BA	2.12	3862
Sameja	High Street Surgery High Street Pelsall Walsall WS3 4LX	1.30	2309
Sen (Moszuti, Harrison, Benjamin & Okunribido)	Little London Surgery Little London Caldmore Walsall WS1 3EP	4.61	8417
Shah (J Shah)	Darlaston Health Centre Pinfold Street Darlaston WS10 8SY	1.49	2731
Siddiq (Siddiq S)	Luqman Medical Centre Countess Street Walsall WS1 4JZ	2.51	4559
Singh	Beechdale Centre Edison Road Beechdale Estate Walsall WS2 7EZ	1.50	2670
Sinha (Sinha)	Pleck Health Centre 16 Oxford Street Walsall WS2 9HY	4.43	7841

GP Surname	Address	Ratio (P / 1800)	Patients (P)
Sunkaraneni Krishna Murthy	Field Road Surgery Pinfold Health Centre Field Road Bloxwich Walsall WS3 3JP	2.73	4842
Suri (Mitra)	56-65 Old Birchills (Next to the Rose & Crown Pub) Walsall WS2 8QH	2.41	4439
Thomas	Willenhall Medical Centre Croft Street/Gower Street Willenhall WV13 2DR	1.74	3279
Vaid	Darlaston Health Centre Pinfold Street Darlaston WS10 8SY	1.00	1815
Vasudevan-Nair	Sai Medical Centre 1 Forrester Street Walsall WS2 9PL	1.48	2700
Vitarana	Moxley Medical Centre 10 Queen Street Moxley Wednesbury WS10 8TF		3524
Wells (Ellis, Singal, Lloyd & Bolliger)	Northgate Medical Practice Anchor Meadow Medical Centre Anchor Meadow Aldridge WS9 8QD	5.44	9690

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Walsall NHS
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Supplementary Planning Document to the Walsall Unitary Development Plan

Healthcare

Final Draft

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Regarding Planning Issues:	Regarding Healthcare Issues:
Physical Regeneration Strategy Team Walsall Metropolitan Borough Council 2nd floor, Civic centre Darwall Street Walsall WS1 1TP	Mr. P Griffin Associate Director of Primary Care Commissioning Walsall Teaching tPCT Lichfield House Lichfield St Walsall NHS WS1 1TE
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Evidence: The evidence base for the SPD is drawn from:
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Contents

1. Introduction

1.1. The provision of adequate healthcare is an essential part of community infrastructure; and developers of new residential sites will be required to make contributions to help meet new healthcare requirements. Within larger new developments land may be required for the provision of healthcare facilities. Alternatively, financial contributions may be required to support the needs of new development; either to provide new facilities in larger schemes or to contribute towards improving existing facilities that are needed to meet the additional demand arising from development.

1.2. National planning guidance recommends focusing the provision of new public and community facilities in larger settlements where providers can build upon existing provision and there is greater accessibility to the population. Although a local planning authority does not have direct control over the provision of health services delivered in the Borough, the Council has a responsibility to set out the policy framework to enable those who provide services to make investment decisions.

1.3. The White Paper Our Health, Our care, Our Say: a new direction for community services (DH, 2006) details policy relating to community services to be pursued by the NHS. This includes a wider range of primary care services to facilitate greater access and convenience for all at a local level.

1.4. The Walsall UDP enables the council to seek contributions from developers towards healthcare provision, provided the benefits to be secured would be necessary, relevant to planning, directly related to the development and reasonably related in scale and kind to the proposed development. In essence the council is seeking to mitigate the impact of the new development in terms of the additional pressure it would put on existing health care provision. Principally, this is based on the notion that a new house brings new people who all need healthcare and it is therefore reasonable for the developer to compensate the Walsall teaching Primary Care Trust (tPCT) for any additional capacity required. An important function of the SPD is to inform prospective developers of the likely costs to be built into their financial appraisals.

1.5. Contributions towards primary healthcare will normally be controlled by Planning Obligations or Section 106 Agreements.

1.6. Although the focus of this SPD is on general medical practice (GP services), it does not prevent the Council and/or the tPCT from seeking contributions to other forms of healthcare if it is necessary.

1.7. Any contributions for healthcare provision will be independent from, and additional to, contributions for other community infrastructure, for example open space and education.

Accompanying documents

1.8. Every SPD must be accompanied by a Sustainability Appraisal, the purpose of which is to assess the likely environmental, social and economic impact of implementing the SPD. In summary, the

Sustainability Appraisal concludes that the impacts in this case are likely to be minor, but generally positive as there will be more resources for healthcare facilities.

1.9. It is also necessary to prepare a Screening Statement, which explains whether a Strategic Environmental Assessment (SEA) is required in terms of the SEA Directive[1]. It is concluded that a SEA is not required in this case.

1.10. There is also a Statement on Consultation, which describes how people have been consulted on the SPD, in accordance with the Council's Statement of Community Involvement, and how their comments have been taken into account in preparing the SPD.

Consultation

1.11. Comments could be made on the draft SPD and Sustainability Appraisal between 27 September and 25 October 2006 to the Physical Regeneration Strategy Team, Walsall Council, Civic centre, Darwall Street, Walsall WS1 1TP or email to LDF@Walsall.gov.uk.

1.12. The consultation was carried out in accordance with the Walsall Statement of Community Involvement (SCI) adopted in June 2006. A separate Statement on Consultation describes the consultation and responses in detail.

[1] European Directive 2001/42/EC, known as the "SEA Directive", as translated by the Environmental Assessment of Plans and Programmes Regulations 2004.

2. The Policy Framework and Conformity

2.1. The wider policy framework for this SPD is provided by Government policy, primarily in PPS 1 on Delivering Sustainable Development, Circular 05/2005 on Planning Obligations and the West Midlands Spatial Strategy (WMSS), embodied in Regional Planning Guidance for the West Midlands (RPG 11) June 2004. The SPD must be consistent with all of these.

2.2. PPS 1 sets out the Government's objectives for the Planning System. Of particular relevance to this SPD are social cohesion and inclusion and the need to deliver safe, healthy and attractive places to live. One objective is ensuring that development supports existing communities and contributes to the creation of safe, sustainable, liveable and mixed communities with good access to jobs and key services for all members of the community.

2.3. Circular 05/2005 provides guidance on the use of planning obligations, or Section 106 Agreements. Although the UDP was prepared and published earlier, it remains broadly consistent with the circular (see UDP policy GP3).

2.4. WMSS policy UR4 (iv) says local authorities and providers should facilitate the modernisation of local health services, informed by partnership working with Primary Care Trusts.

2.5. The local policy framework for the SPD is the Walsall UDP 2005. The key policy in the UDP is GP3: Planning Obligations, which says the Council will use such obligations to secure a wide range of additional social and community infrastructure, including healthcare facilities.

2.6. In addition paragraph 8.9 of the Strategic Policy Statement sets out the Council's general aims regarding healthcare:

"On housing sites of 1 hectare (or 30 dwellings) or more, developers should ensure that adequate provision exists, or is made available, for accessible community healthcare facilities to serve the development. Where demand for new or enhanced facilities is created by the development, the Council may require developers to contribute towards the cost of such provision through Planning Obligations (see also Policy GP3 in Chapter 2)."

2.7. The SPD must conform to the UDP and must not create new policy that goes beyond the UDP.

3. Evidence gathering

Primary Care Trusts

3.1. Primary Care Trusts (PCTs) are responsible for the planning and securing of health services and generally assisting the communities it serves in understanding and improving their health. The Walsall tPCT must make sure there is sufficient primary care capacity to provide for the population and that the service is accessible to all patients. The majority of general practitioners (GP's) in primary care are not employed by the tPCT - they run as independent contractors supported by their tPCT. In other words, they are employed via a contract to provide health services to the patients in that local area, on behalf of the Secretary of State for Health.

3.2. Walsall Teaching Primary Care Trust (tPCT) is the appointed responsible authority with regard to judging the adequacy and need of community health facilities within Walsall.

3.3. Walsall has a GP registered population of 263,000. In order to meet the varied health care needs of the Walsall population in a primary care setting, the tPCT contracts with a range of primary care providers. Services are delivered from a range of healthcare premises and through domiciliary provision in patients' own homes. The Borough has 63 contracts for the provision of General Medical services (GP Services) and a workforce of 125 GP principals.

General Practitioners

3.4. Everybody who is a permanent resident in the UK is entitled to the services of a NHS GP. Although patients can approach any practice to ask to be registered there, doctors have no formal obligation to accept patients automatically onto their list.

3.5. So the majority of GPs are self-employed contractors who have a contract with their local Primary Care Trust for the provision of general medical services. GPs operate in single-handed practices or in group partnerships, operating from the same premises. Providing the practice has the right skill mix for its practice population there is not a maximum list, however tPCT's are generally working towards having a maximum patient list size of 1800 patients per GP, which was recognized by the former Medical Practice Committee as good practice and the norm that should be used to determine GP numbers required for the population. The Department of Health, tPCT and other PCTs in general across England currently work to this list size in determining overall GP numbers required.

3.6. Information on the number of patients per GP in Walsall has been evaluated and shows that almost all GP surgeries have higher list sizes than 1800 patients. Even those practices below this threshold are very close to it, so even small developments could push them over the desired level. In order to achieve the 1800 list size they would then need to extend their current premises to accommodate further

development and growth in the area or patients would go elsewhere putting pressure on other practices with high list sizes.

4. Developer Contributions

Scale of Development

4.1. The level of contributions required will depend upon the scale and type of the housing development proposed, and the amount, if any, of spare capacity in the local GP practice. At present, spare capacity is so limited that in practice all new residential developments will result in increased pressure on healthcare services.

4.2. Proposals of more than 1800 new residents or larger than 770 dwellings may result in the requirement of a new facility or extension or upgrade to nearby GP surgery premises to be provided as part of the proposed development. In practice developments of this size will be few, but master plans or area action plans or other proposals for large scale developments should provide for the healthcare needs of all future residents. In planning for such large scale developments the cumulative effects of smaller components must be taken fully into account.

4.3. On other residential development sites, where the new development places demands on existing GP surgeries then the need for full provision will be replaced by the requirement for contributions towards extensions or expansion of services to meet the needs of the new population, but may not necessarily be in a single location. Any on-site provision will be deducted from the overall requirement. It is unlikely, though not impossible, that both on- and off-set provision could be required.

4.4. Contributions will be controlled by Walsall Teaching Primary Care Trust, to be used to supplement primary health care practices within the locality of new developments.

4.5. The level of contributions required will be in accordance with the calculations given in Table 5.1. However, where a developer can demonstrate that the circumstances of their proposed development indicate that the level of contribution set out in the SPD would not be appropriate, the Council will be prepared to negotiate a more appropriate solution, in line with Circular 05/2005.

4.6. The tPCT will use the money within 5 years of receipt, which will allow for pooling of resources and the due process of planning for new or expanded facilities.

4.7. It is currently estimated that new homes will be built at an average rate of about 600 per year. Over the last four years 68% of new homes have been built in developments of 30 or more units. On average, then, it is anticipated that about 400 new homes will deliver contributions to primary healthcare facilities. Currently, there are about 100,000 homes in the borough, so the benefits of this SPD will be incremental. Over time, however, substantial benefits will accrue.

Policy HC1: Healthcare facilities

(a) Any plan or programme or development proposal for large scale residential development must include adequate healthcare provision for all proposed dwellings.

(b) The Council will seek developer contributions to provide for the need for healthcare facilities arising from all residential developments:

(i) on sites of 1 hectare or 30 dwellings or more;

(ii) according to the formula in Table 4.1 below.

(c) Any on-site provision will be off-set against the off-site contribution.

Table 4.1

Walsall Council

Commuted Sum for Healthcare

(Complete grey cells only)

Site Address	**An Example**
Application Number	

Details of Development

Bedrooms	Dwellings	Total bedrooms
1	**2**	2
2	**8**	16
3	**16**	48
4	**11**	44
5	**0**	0
6	**0**	0
	37	110

Average rate per bedroom	£	384.30
Total Commuted Sum	**£**	**42,273.00**

4.8. This sheet is designed to be used in spreadsheet form. It will be available to download from the Council's website and to use to calculate the requirement for proposed developments.

5. How contributions will be used

Resources for GPs

5.1. Resources are allocated to GPs working for the NHS, including reimbursement of expenses on practice accommodation, under the Rent and Rates Scheme rules that are laid down in the "Statement of Financial Entitlements" and The NHS (general medical services – premises costs) (England) Directions 2004. All are administered by the relevant Primary Care Trust. The schedule of overall areas and costs provides maximum sizes against which to judge proposed areas for general medical services (GMS) accommodation. These sizes are established in accordance with the number of GPs expected to practice from the proposed premises, and the relevant services required for that particular population as defined by the tPCT Strategic Service Development Plan.

5.2. Using information on Gross Internal Areas (GIA) and National Building Cost Allowances from the "The Guidance on Primary and Social Care Premises 2005" and collating past held information from the "Statement of Fees and Allowances" (April 2002), it is possible to attribute the cost of provision of the additional floor space made necessary by new development. This can then be roughly translated into a cost per dwelling using information on an average household size.

5.3. As there is not a direct relationship between the amount of floor space required and the number of GPs in a particular practice (larger practices benefit from certain economies of scale), as the new NHS regulations dictate flexible space for service needs, we can only use an average floor space for this calculation. This is based on the Gross Internal Areas of practices ranging between one and ten GPs. At present – there is only one primary care premises in Walsall housing in excess of 10 GPs (Pinfold, Bloxwich).

5.4. The additional floor space required per additional GP works out at 355.5 square metres, based on basic provision of accommodation for a single handed GP. The cost of such provision, is currently equating to approximately £2,333 per square metre. Contributions will be calculated using the formula in Table 5.1 below. The underlying costs are set out in Annex B.

6. Monitoring and Review

Monitoring

6.1. The Council will monitor the implementation of this SPD and keep under review the need to revise it. The findings of such monitoring and review will be incorporated into the Annual Monitoring Report, published each December, which is part of the Local Development Framework, as required by the Planning Acts and Regulations.

6.2. Monitoring and review will be focused on the indicators in table 6.1 below.

Table 6.1: Indicators

1	Total funds collected in the year (1st April to 31st March).	The outturn will depend on how many homes are built, which varies from year to year.
2	How funds have been used.	For openness and accountability.
3	Cost of providing primary healthcare facilities.	For contributions to reflect real costs.

Note: a wide range of processes and activities are already monitored for the Annual Monitoring Report, such as granting of planning permission and building of homes.

Review

6.3. The appropriate mechanism for assessing when to review this SPD will be the Annual Monitoring Report for the Local Development Framework. This will take into account any monitoring of the implementation of this SPD (table 6.1 above) and a range of other factors as required by the Planning system and by relevant legislation on healthcare.

Walsall Council

Walsall Unitary Development Plan

As adopted by the Council on 7th March 2005

Extracts about Healthcare

Policy GP3: Planning Obligations

(a) These will be used, as appropriate, to secure the provision of any on or off-site infrastructure, facilities, services or mitigating measures made necessary by a development; ensure the implementation of an agreed phasing scheme; or otherwise ensure that development takes place in a satisfactory manner in accordance with the policies of the Plan.

(b) The Council will, in particular, use such obligations to secure additional or improved transport infrastructure; open space and recreational provision; measures for wildlife protection; enhancement and creation (or a mix thereof); forestry planting; utility services, including drainage works; affordable housing provision; community safety schemes; education facilities; healthcare facilities; and other forms of social and community infrastructure.

(c) Negotiations with developers will be based on the principle that the benefits to be secured should be necessary, relevant to planning, directly related to the proposed development, and fairly and reasonably related in scale and kind to the proposed development.

(d) Where a choice can be made between the use of planning conditions and planning obligations for the achievement of a given purpose, the Council will normally attach conditions in preference to the use of obligations.

2.19 Section 106 of the Town and Country Planning Act 1990 (as amended) enables developers to give unilateral undertakings, or local authorities to reach agreements with developers, for certain works etc. to be carried out in association with a development. Government guidance in Circular 1/97 indicates that such obligations should be necessary, relevant and directly related in scale and kind to the proposed development. They may be required, for example, to:

- Enable the development to proceed.
- Secure related infrastructure and facilities.
- Secure the appropriate balance of uses, for example within mixed use developments.
- Offset or redress the on-site or off-site impacts of the development.
- Secure a higher quality development.
- Secure maintenance.
- Secure the reuse of historic buildings.

2.20 Planning obligations will be particularly useful where developments will generate or increase the need for additional infrastructure, facilities or services or require public bodies to bring forward plans for improvements. In such cases the development should normally bear the full cost of doing that which would not otherwise have been necessary at the time. More specific reference to the use of planning obligations is included in other chapters of

the Plan. In some situations, a development may be required to fund a number of related infrastructure improvements.

Education, Health and Community Facilities

8.9 On housing sites of 1 hectare (or 30 dwellings) or more, developers should ensure that adequate provision exists, or is made available, for accessible community healthcare facilities to serve the development. Where demand for new or enhanced facilities is created by the development, the Council may require developers to contribute towards the cost of such provision through Planning Obligations (see also Policy GP3 in Chapter 2).

ANNEX B: Calculation of Costs

The underlying costs of providing for GPs are set out below.

Contribution per patient

GP requires	355.5	sq m
@	£ 2,333	per sq m
Cost of GP	£ 829,382	
Preferred list size per GP	1,800	patients
Cost per patient	£ 460.77	
Average occupancy rate of homes in Walsall	83.4%	
Cost per bedroom	**£ 384.30**	

This sheet is designed to be used in spreadsheet form. It will be available to download from the Council's website and to use to calculate the requirement for proposed developments.

Walsall Council

Walsall NHS
Primary Care Trust

Supplementary Planning Document to the Walsall Unitary Development Plan

Healthcare: Sustainability Appraisal and Screening Statement

Final Draft

January 2007

Supplementary Planning Document (SPD) Matters

Title of SPD: Supplementary Planning Document for Healthcare.

Subject: The SPD expands on "saved" policies GP3 and 8.9 of the Walsall UDP regarding provision of primary healthcare services in the borough of Walsall.

Consultation: Comments could be made on the draft SPD and the Sustainability Appraisal between 27 September and 25 October 2006.

Address: Further information may be obtained, in written or electronic form, from:

Regarding Planning Issues:	Regarding Healthcare Issues:
Physical Regeneration Strategy Team Walsall Metropolitan Borough Council 2nd floor, Civic centre Darwall Street Walsall WS1 1TP	Mr. P Griffin Associate Director of Primary Care Commissioning Walsall Teaching PCT Lichfield House Lichfield St Walsall NHS WS1 1TE
Telephone: 01922 652504	Telephone: 01922 444097
Email: LDF@Walsall.gov.uk	Email: Phil.Griffin@walsall.nhs.uk

The relevant documents can be inspected on the Council's website, at www.walsall.gov.uk, at the First Stop Shop in Walsall Civic Centre and at public libraries in the borough of Walsall.

Adoption: Anyone could ask to be notified of the adoption of the SPD at a specified address.

The SPD was adopted by the Walsall Council Cabinet on 17 January 2007.

Evidence: The evidence base for the SPD is drawn from:
Statement of Financial Entitlements (April, 2004) – Department of Health
Walsall tPCT Primary Care Development Plan
Walsall tPCT Estates Strategy
Walsall tPCT SSDP
Walsall GP workforce report

1. Introduction

1.1. The Walsall Unitary Development Plan (UDP), adopted in 2005, says in paragraph 8.9 that the Council may require developers to contribute towards the cost of accessible community healthcare facilities through Planning Obligations.

1.2. The purpose of this SPD, then, is to explain the contributions that developers will be required to make towards the provision and improvement of healthcare facilities.

1.3. The SPD is not intended to be site-specific and will not be used to determine the specific location of healthcare facilities, nor will it be used to determine the particular usage of specific sites.

1.4. The SPD will be, chiefly, a guide to the scale and kind of contribution that developers will be required to make towards the provision of new, and the improvement of existing, healthcare facilities.

Accompanying documents

1.5. Every SPD must be accompanied by a Sustainability Appraisal, the purpose of which is to assess the likely environmental, social and economic impact of implementing the SPD. In summary, the Sustainability Appraisal concludes that the impacts in this case are likely to be minor, but generally positive as there will be more resources for healthcare facilities.

1.6. It is also necessary to prepare a Screening Statement, which explains whether a Strategic Environmental Assessment (SEA) is required in terms of the SEA Directive[1]. In this case, as the environmental impacts would be relatively minor, the screening statement concludes that a SEA is not required.

1.7. There is also a Statement on Consultation, which describes how people have been consulted on the SPD, in accordance with the Council's Statement of Community Involvement, and how their comments have been taken into account in preparing the SPD.

Consultation

1.8. The consultation is being carried out in accordance with the Walsall Statement of Community Involvement (SCI) adopted in June 2006. A separate Statement on Consultation describes the consultation and responses in detail.

[1] European Directive 2001/42/EC, known as the "SEA Directive", as translated by the Environmental Assessment of Plans and Programmes Regulations 2004.

2. Sustainability Appraisal

Scoping

2.1. A Sustainability Appraisal is required to accompany all SPDs. The purpose of a Sustainability Appraisal is to address the environmental, economic and social impacts of the SPD. The Sustainability Appraisal is to be prepared in parallel with the SPD so that sustainability impacts can be taken into account in developing the policies in the SPD itself.

2.2. At the outset it is important to note that the SPD will not create new policy and any policies in the SPD must remain within the parameters set by the UDP.

2.3. The SPD will guide the collection and use of developer contributions towards healthcare provision and enhancement.

2.4. The only influence that the SPD will have over what happens on the ground will be to increase the resources available relative to the present, when no off-site contributions are being collected. It might, therefore, accelerate provision or enhancement of healthcare facilities.

2.5. In most cases on-site provision will not be appropriate and the SPD will require commuted sums to be provided in respect of primary healthcare facilities, see SPD policy HC1.

2.6. The scope of the Sustainability Appraisal will therefore be limited to the likely impacts of having more resources available for primary healthcare provision.

Approach to the sustainability appraisal

2.7. The approach to sustainability appraisal in this report reflects the Government's sustainability agenda. The Government sets out four aims for sustainable development in its 1999 strategy[2].

2.8. These are:

- social progress which recognises the needs of everyone;
- effective protection of the environment;
- the prudent use of natural resources; and,
- the maintenance of high and stable levels of economic growth and employment.

(see PPS 1: Delivering Sustainable Development.)

2.9. This sustainability appraisal translates these broad aims into a range of twenty factors against which to test each policy and proposal, so that judgements can be made about the effects of the SPD in terms of the Government's basic aims and on a more detailed, practical level.

[2] A Better Quality of Life – A Strategy for Sustainable Development for the UK – CM 4345, May 1999. The strategy is currently subject to review.

Who prepared the Sustainability Appraisal?

2.10. This sustainability appraisal was prepared alongside the draft SPD. Walsall Council's Regeneration Service prepared it.

Who has been consulted?

2.11. Details of the consultation are given in the accompanying Statement of Consultation.

Purpose of SPD

2.12. Sustainable development embraces economic, environmental and social concerns, and covers a range of issues from local to global. This appraisal considers the Supplementary Planning Document for Healthcare in terms of its sustainability. It tests two options against a set of sustainability objectives, to see whether it will contribute positively to delivering sustainable development in Walsall:

Option 1: An SPD is prepared and adopted to add value to the UDP policies by enabling the tPCT to provide healthcare facilities to meet the local needs of Walsall Borough in respect of new residential development.

Option 2: The existing UDP Policy on healthcare is not supported by an SPD.

2.13. This appraisal focuses on the difference between continuing with the UDP alone and expanding it with this SPD. A chart setting out the net gain in sustainability terms is set out at Annex A below.

Summary of likely sustainability impacts

2.14. The aim is to allocate developer contributions towards new and improved provision of a range of types of open space. The types of potential impact are summarised in Table 2.1 below.

Table 2.1

Outcomes	Environmental	Economic	Social
New healthcare facilities to serve very large new developments	Such developments would necessarily be subject to an Environmental Impact Assessment and probably to an Area Action Plan, which would itself be subject to a SEA and would override the SPD.	New large scale investment should lead to economic benefits and jobs.	Some improvement in health and social inclusion.
New, smaller scale healthcare facilities	Well designed new facilities should some gain in environmental	Investment should lead to economic benefits and	Some improvement in health and social

	quality.	jobs.	inclusion.
Enhanced or expanded existing facilities	Could have some benefits, but probably very minor.	Possible very minor benefits.	Some improvement in health and social inclusion.

2.15. Overall the availability of more resources and smaller patient list sizes should bring benefits to people's health. New facilities should have some beneficial environmental, economic and social effects, but these are likely to be relatively minor.

2.16. It should be noted that contributions are likely to be drawn from about 400 dwellings per year on average, which is about 0.4% of the existing number of dwellings in the borough. In addressing the needs of new development only, the SPD is therefore addressing a very small proportion of homes in the borough, so in overall terms its effects will be incremental.

Equality

2.17. In some circumstances it is appropriate to carry out an Equality Impact Assessment (EIA) of an SPD. However, the Council's advice is that, in this case, as the Council has no control over how the developer contributions will be used by the tPCT, an EIA under Section 71 of the Race Relations (Amendment Act) 2000 would not be appropriate.

2.18. Nonetheless, there are two main ways in which equality could be affected: the distribution of residential development and therefore contributions might be skewed; and the tPCT's own activities might lead to or exacerbate inequalities.

2.19. The known residential development capacity, that is committed sites (April 2006), is spread throughout the borough with many of the larger sites in relatively deprived areas.

2.20. In addition the PCT allocates resources in accordance with its priorities. These are themselves guided by its strategic aim of equal access to high quality healthcare. So planned developments would respond to healthcare needs assessments which would entail demographic, socio economic and epidemiological assessments of the Walsall population. The tPCT has a succession of Public Health Reports which have informed and will continue to inform future community developments.

2.21. Consequently, although the SPD itself cannot influence or control the location of new development or the eventual use of funds, it is likely that the funds raised from developer contributions would not cause or add to inequality, but would help to address any inequality that does exist.

3. Strategic Environmental Assessment

3.1. The Environmental Assessment of Plans and Programmes Regulations 2004 (the Regs) require Strategic Environmental Assessment (SEA) to be carried out for certain types of plans and programmes, including some supplementary planning documents (SPD). The Regs translate the European Directive 2001/42/EC, known as the "SEA Directive" into the context of the English planning system.

3.2. The Regs set out a series of tests as to whether SEA is required and are helpfully translated into a diagram in "A Practical Guide to the Strategic Environmental Assessment Directive"; Figure 2 on page 13, which is the basis for the assessment below.

Question	Response
Is the Plan or Programme (PP) subject to preparation and/or adoption by a national, regional or local authority OR prepared by an authority for adoption through a legislative procedure by Parliament or Government? (Art. 2(a))	Yes. The SPD is prepared by a local authority for adoption through the Planning and Compulsory Purchase Act 2004 and associated regulations.
Is the PP required by legislative, regulatory or administrative provisions? (Art. 2(a))	Yes. See above.
Is the PP prepared for agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use, AND does it set a framework for future development consent of projects in Annexes I and II to the EIA Directive? (Art. 3.2(a))	No. The SPD is for town and country planning, but will not set a framework for future development consent of projects in Annex I or II.
Will the PP, in view of its likely effect on sites, require an assessment under Article 6 or 7 of the Habitats Directive? (Art. 3.2(b))	No. The SPD will have no impact on wildlife habitats.
Does the PP set the framework for future development consent of projects (not just projects in Annexes to the EIA Directive)? (Art. 3.4)	No. The SPD will only influence the contribution made by developers towards new or enhanced healthcare provision.

3.3. On this basis, the SPD for Healthcare does not require a SEA.

Annex A: Sustainability Impacts of Healthcare SPD; net gain on UDP

	Sustainability Indicators																			
	Social Inequalities				Land allocations			Accessibility		Centres	Environment					Efficient land use			Need to travel	
Potential outcomes of SPD	Inclusive	Healthy	Safe	Crime free	Housing	Industry	Retail & Commercial	Jobs	Services	Supporting centres	Biodiversity	Pollution	Waste	Energy	Overall Quality	Higher density	Mixed use	Previously-developed land	Public transport	Reducing overall
New healthcare facilities to serve very large developments	✓	✓✓	✓	✓	--	--	--	✓	✓	--	--	--	--	✓	✓	--	--	✓	✓	✓
New, smaller scale healthcare facilities	✓	✓	✓	✓	--	--	--	✓	✓	--	--	--	--	✓	✓	--	--	✓	✓	✓
Enhanced or expanded existing facilities	✓	✓			--	--	--		✓	--	--	--	--			--	--			

Key

Major benefit	✓✓
Minor benefit	✓
Neutral	--
Minor detriment	×
Major detriment	××

Draft Healthcare SPD September 2006; All Representations

John Williams R1813/2/O

Harris Lamb

General: General

Representation

The healthcare contribution is yet another development cost at a time when the Government is completing a detailed review of Section 106 contributions how best to fund the infrastructure needed to support required housing growth. That review is considering the introduction of a Planning Gain Supplement (PGS) which will be effectively a roof tower linked into land value. We understand that if Government introduces the PGS then it could do so in 2008 and it capture revenue from new development schemes to fund new infrastructure. Effectively, therefore, it would secure revenue for the type of infrastructure projects which are referred to in the draft healthcare . We therefore question whether it is appropriate to introduce this Supplementary Planning Document at this time and until a review of a development levy has been completed by Government.

Proposed Change

None

Response

No change to SPD

Planning Gain Supplement may become active in 2008 at the earliest. In the meantime new development will further stretch services. In any case there is no guarantee that PGS will actually happen; it would not be right to depend upon it now.

John Williams R1813/3/O

Harris Lamb

General: General

Representation

The proposals represent yet another financial burden on new development which could well undermine the regeneration objectives for Walsall. Walsall has a pivotal role within the West Midlands to deliver urban regeneration. That regeneration programme is heavily dependent upon the recycling of previously-developed land where development costs are far higher than schemes on greenfield sites. Development value is already reduced by affordable housing provision and by financial contributions towards open space provision and education contributions. Many of the type of sites which Walsall are relying upon to deliver its agenda for regeneration are complicated sites, heavily contaminated with significant ground problems. Whereas there are always technical solutions to develop such sites, these solutions come at a cost. The Council must be careful not to introduce additional development costs through Section 106 contributions which would discourage landowners from considereing redevelopment options.

Proposed Change

None

Response

Change SPD

Adjust paragraph 4.5 to acknowledge that where a developer can demonstrate that the circumstances of their site indicates that the level of contribution set out in the SPD would not be appropriate, the Council will be prepared to negotiate a more appropriate solution. See R1813/4/O.

Hanna Mawson R336/14/O

Home Builders Federation

General: General

Representation

The HBF is concerned with regard to the prescriptive nature of the SPD. The blanket policy approach does not conform to Planning Obligations Circular 05/05.

Proposed Change

None

Response

No change to SPD

The common approach arises from the analysis of existing provision, which shows a shortfall against the desired level of provision in all parts of the borough.

Existing provision is set out in the main body of the Statement on Consultation.

Hanna Mawson R336/16/O

Home Builders Federation

General: General

Representation

The HBF consider that this policy approach is unfair and if pursued would be contributing toward the existing deficiency within Walsall which is contrary to existing policy. New development must only be required to contribute to provision required to meet the genuine need it creates and must not be expected to contribute to any existing shortfall. This is a fundamental requirement.

Proposed Change

None

Response

No change to SPD

The SPD is only intended to relate to the impact of new development. It seeks to apportion the cost of mitigation fairly.

Katherine Meider R1814/6/O

Pegasus Planning Group (re Kings Oak Homes)

3: Evidence Gathering

Representation

Walsall is a Spearhead PCT and receives money from Government to help tackle health inequalities. The SPD formula takes no account of this.

Proposed Change

None

Response

No change to SPD

The SPD is only intended to relate to the impact of new development. Spearhead funding is for tackling existing deficiencies.

See also R336/15/O.

Katherine Meider R1814/8/O

Pegasus Planning Group (re Kings Oak Homes)

3: Evidence Gathering

Representation

Walsall has experienced an overall trend of out migration. This trend is expected to continue and this will have a significant effect on the capacity of GPs in Walsall. The capacity of GPs is not set out in detail.

Proposed Change

None

Response

No change to SPD

The population of the borough fell by just 3.1% in the 10 years to 2001, when it was 253,499. The mid-year estimate for 2005 was 253,500 (rounded to the nearest 100). The 2004 population projections forecast 251,000 in 2011, a decline of less than 1%. The difference between the current and desired average patient list size is approximately 14%. Elderly people, who tend to need more helathcare, are an increaasing proportion of the population.

Moreover, the strategy for the Black Country being promoted through the Regional Spatial Strategy Review is housing-led growth. Pegasus Planning assisted the Black Country Consortium in developing that strategy and should therefore be aware that Walsall Council should be planning for growth; not further decline.

Existing provision is set out in the main body of the Statement on Consultation.

John Coleman R414/17/O

William Davis Ltd.

3: Evidence Gathering

Representation

Clearer justification and explanation for the suggested contributions is required. Given that most GP practices are owned by the GP's themselves we question whether it is reasonable for a developer to be asked to make a contribution to new or extended premises which will ultimately be owned by individual GP's, with those GP's continuing to charge a 'cost rent' to the health authority for use of the premises.

Proposed Change

None

Response

No change to SPD

Irrespective of eventual ownership the burden of financing GP premises rests with the PCT

Hanna Mawson R336/13/O

Home Builders Federation

4: Developer Contributions

Representation

The HBF considers that planning policies such as planning obligations, which are of a prescriptive nature, should not be presented and considered simply as a Supplementary Planning Document. Such policies could potentially have a considerable impact on their viability and therefore shoulde be examined independently as a Development Plan Document.

Proposed Change

None

Response

No change to SPD

"Saved" UDP policy 8.9 requires developers to ensure adequate healthcare provision. The SPD sets out how the Council and the PCT consider this can be achieved by providing relevant information in line with Circular 05/2005 'A Plan-Led System' paragraph B25.

See also R1813/4/O; adjust paragraph 4.5 to acknowledge the role of negotiations.

John Williams R1813/5/O

Harris Lamb

4.1: Developer Contributions

Representation

The formula should discount bedrooms from affordable housing within a development scheme. The SPD is drafted on the notion that a new house brings new people who need healthcare. It therefore follows that affordable housing should be discounted from the formula on the basis that these homes will be occupied by people who already live within the area and who presumably are already on a patient list.

Proposed Change

None

Response

Change SPD

Standard response on affordable housing.
Change SPD to reflect.

Katherine Meider R1814/9/O

Pegasus Planning Group (re Kings Oak Homes)

4.1: Developer Contributions

Representation

The calculations fail to take into account affordable housing.

Proposed Change

Affordable housing numbers should be deducted from any calculations on developer contributions for healthcare provision.

Response

Change SPD

Standard response on affordable housing.
Change SPD to reflect.

Hanna Mawson R336/15/O

Home Builders Federation

4.1: Developer Contributions

Representation

The SPD presumes that migrants outside of Walsall will inhabit all new dwellings. There has been no consideration of organic growth within the borough, i.e. newly formed households that are already in the Walsall housing market and healthcare system moving into the new dwellings and therefore would result in no additional strain on the National Health Service.

Proposed Change

None

Response

Change SPD

Standard response on affordable housing.
Change SPD to reflect.

John Coleman R414/19/O

William Davis Ltd.

4.1: Developer Contributions

Representation

We consider that any required contribution along the lines of that set out in the draft SPD should only seek a contribution for what are likely to be new patients as suggested at paragraph 1.4 of the draft SPD. No contribution should therefore be sought for any affordable units on the site provided to meet local affordable housing needs which by definition will be occupied by people already living in the local area.

Proposed Change

None

Response

Change SPD

Standard response on affordable housing.
Change SPD to reflect.

Katherine Meider R1814/10/O

Pegasus Planning Group (re Kings Oak Homes)

4.2: Developer Contributions

Representation

Section 4 does not make it clear that the calculation only relates to off-site provision, which needs to be clarified. It is not specified whether contributions to on-site provision would be equivalent to the SPD formula.

Proposed Change

None

Response

Change SPD

Amend policy HC1 and paragraphs 4.2 - 4.3 to clarify that the formula relates to off-site provision and that on-site provision would reduce or remove any off-site requirement. On-site provision is likely to be associated with very large developments, for which a comprehensive approach to a range of infrastructure and other matters would be required.

Katherine Meider R1814/12/O

Pegasus Planning Group (re Kings Oak Homes)

4.5: Developer Contributions

Representation

There must be, through negotiation, a means by which developers can understand what their payment is to be towards. There could be various reasons why, on some sites, a contribution in line with the formula would not bejustified. Constraints may affect the viability of a proposal. A degree of flexibility is therefore required.

Proposed Change

None

Response

Change SPD

Adjust paragraph 4.5 to acknowledge that where a developer can demonstrate that the circumstances of their site indicate that the level of contribution set out in the SPD would not be appropriate, the Council will be prepared to negotiate a more appropriate solution. See Circular 05/2005 paragraph B10.

The S106 negotiation process will address precisely where and how contributions are to be used. See R1814/11/O.

John Williams R1813/4/O

Harris Lamb

Table 5.1: Commuted Sum for Healthcare

Representation

The formula in table 5.1 of the draft SPD is prescriptive and fails to acknowledge that Section 106 contributions are negotiations between applicants and the Council.

Proposed Change

The SPD should make it clear that individual circumstances of a development scheme will be taken into account and reflected in the size of contributions sought.

Response

Change SPD

Adjust paragraph 4.5 to acknowledge that where a developer can demonstrate that the circumstances of their site indicates that the level of contribution set out in the SPD would not be appropriate, the Council will be prepared to negotiate a more appropriate solution.

See also R1813/3/O.

Gerald Kells R178/1/O

Friends of the Earth Walsall

HC1: Healthcare Facilities

Representation

Walsall Friends of the Earth believe it is important that all development, including health facilities contribute to the goal of reducing travel and local accessibility by all modes of transport.

Proposed Change

We would therefore suggest an addition to the Policy HC1: 'Any plan or programme or development proposal for large scale residential development must include adequate and easily accessible healthcare provisions for all proposed dwellings'.

Response

Change SPD

Change SPD as suggested by the objector.

John Coleman R414/18/S

William Davis Ltd.

HC1: Healthcare Facilities

Representation

We accept that health care providers may find it difficult to secure sites for the provision of new facilities and therefore on lager sites, where provision of a new GP practice is justified, it would be reasonable for developers to be required to make land available for purchase or lease to GP's at the market rate for such land.

Proposed Change

None

Response

No change to SPD

Welcome support.

Richard Shepherd M.P. R341/20/O

HC1: Healthcare Facilities

Representation

In view of the cumulative impact of smaller developments consideration shuld be given to further reducing the 30 unit trigger to 10 units or more.

Proposed Change

As above

Response

No change to SPD

UDP policy 8.9 sets the threshold at 1 hectare or 30 dwellings. The SPD cannot change that.

Katherine Meider R1814/7/O

Pegasus Planning Group (re Kings Oak Homes)

5: How contributions will be used

Representation

The formula incorporates an occupancy rate of 83.4%. With occupancy trends changing there needs to be some flexibility for changes in yearly occupancy rates. The figure is not explained in detail and appears to be a generalised Walsall figure rather than ward-based.

Proposed Change

None

Response

No change to SPD

The occupancy rate is based on an average household occupying an average house; i.e. 2.502 people in a 3 bedroomed house. This formula has been used sucessfully in the Urban Open Space SPD.

There is no reason to consider GP provision at ward level as ward boundaries cross catchments, many of which are larger than a single ward. See also R1814/11/O.

More detail is given in the Statement on Consultation, which concludes that, although there are variations between wards, they are mainly very small and, in any case newly formed households tend on average towards the overall borough average.

Katherine Meider R1814/11/O

Pegasus Planning Group (re Kings Oak Homes)

5: How contributions will be used

Representation

Residential development should not have to contribute to facilities across wards but should provide contributions in line with the provisions of Circular 05/05, in being reasonably related to the development proposed. The SPD does not provide an adequate breakdown of healthcare povision within wards.

Proposed Change

None

Response

No change to SPD

Existing provision is set out in the main body of the Statement on Consultation.

There is no reason to consider GP provision at ward level as ward boundaries cross catchments, many of which are larger than a single ward. See also R1814/7/O.

The S106 negotiation process will address precisely where and how contributions are to be used.
