

## **Health and Well Being**

### **Introduction**

This Hearing Statement has been prepared by Stop350 and should be read in conjunction with the representations made to the Publication Draft Plan 2017.

Stop350 is a community based group that arose because of concerns about the CLP. Stop350 is authorised by individuals to act on their behalf. These representations come from over 1,100 people formed by a combination of residents of Mersea Island and close surrounding area.

We support sustainable development and recognise the need to plan for appropriate growth. We are engaging in the examination process in a constructive manner and appreciate that our role is to assist the Inspectors in deciding whether the CLP is Sound and, where necessary, to identify how the CLP could be made to be Sound.

In light of the regrettable significant passage of time between the consultation on the Publication Draft Plan and the Examination – some 4 years – we have updated the evidence which we rely upon in assisting the Inspectors in examining the CLP. This is set out where relevant in our statement.

### **Response to Inspectors Main Matters, Issues and Questions**

The Inspectors have raised a several question in relation to Matter 11.

- Are the policies relating to Health and Wellbeing, Community Facilities, Education Provision and Sports Provision justified by appropriate available evidence, having regard to national guidance, and local context and CLP 1?
- Do policies DM1 to DM4 provide clear direction as to how a decision maker should react to a development proposal?

We identify several key issues to respond to the questions relating to Health and Wellbeing.

DM1 Policy states in the opening paragraph:

*All development should be designed to help promote healthy lifestyles and avoid causing adverse impacts on public health through:  
(i) Ensuring good access to health facilities and services;*

We do not believe this policy requirement is meet for Mersea as the replacement Medical centre still has not been achieved, though this appeared in the last local plan now expiring. The Health authority comments on planning application for Brierely Paddocks site MR18 under planing application number 192136 & 200960 stated that *“the proposed development is likely to have an impact on the services of one GP practice operating within the vicinity of the application site. **This GP practice does not have the capacity for additional growth resulting from development** and the proposed development will likely to have an impact on the NHS funding programme for delivery of primary healthcare provision within this area and specifically within the health catchment of the development. North East Essex CCG would therefore expect these impacts to be fully assessed and mitigated.”<sup>a</sup>* (Note the same letter was sent in response to Dawes Lane Site MR02)

The NHS comment on the planning application for Brierley Paddocks is in appendix attached <sup>a</sup>.

It is quite clear that the local GP practice does not have the capacity to cope with the residents from these developments on Mersea and 55 extra dwellings at Abberton and Langenhoe smaller village

settlement Policy SS1, which fall within the Mersea Surgery catchment area. (See our original objection showing catchment area for West Mersea Surgery). Therefore these developments are likely to impact upon all the existing residents of the Island and surrounding catchment area for the Mersea Surgery.

Also paragraph 7.3 of DLP states *The extent of these impacts needs to be assessed to ensure that adequate health services continue to be provided for the community as a whole.*

Also CBC Sustainable Development Policies DP2 Health Assessments.

The demographic profile is a very important consideration for Mersea as it has already reached the predictions of the Borough Councils for the future and we do not believe this consideration was taken account of in planning matters for Mersea.

The Demographic Profile of West Mersea from the Census data of 2011 below should be carefully considered. ( The base number of 3200 dwellings was incorrectly stated by CBC in the SLAA & IDP)

Total population of West Mersea 7183 with 3300 households but **3551** actual dwellings this difference of 251 is mainly accounted for by the large number of second homes in West Mersea.

WEST MERSEA			COLCHESTER (inc. West Mersea)		
60+ pop is	2865	equating 39.9%	38150	equating 22.04%	
65+ pop is	2151	equating 29.95%	27176	equating 15.7%	
0 to 19 pop is	1329	equating 18.5%			
20 to 60 pop is	2989	equating 41.61%			
Economically active		60.7%		63.0%	
Economically in- active		34.8%		28.9%	

The ONS now states that our 60 + age group has increased to 3160, equating to 43.0% of the total population of WM whilst the under 19 age group has fallen to 1241 equating to 16.9% of the total population of WM. It can be seen from these stats that our younger population is declining.

Whilst the 60+ age group is decreasing at a rate of 79 persons per year (if one assume all have departed by 100 years old) Whilst the under 19 age group is growing by some 65.3 persons per year. One can deduce that those departing outnumber those arriving by some 13.6 persons (was 1.6 in the census data 2011) per year.

This indicates a declining indigenous population. The Island youngsters are unlikely to be able to afford even the discounted value of Affordable dwellings being proposed on this large site, see below.

In November 2019 there were a total of 7,714 registered patients at the local Island practice. 70 of these registered patients were living on Caravan sites on West Mersea.

In February 2018 the weighted patient list was 8099. See NHS letter <sup>a</sup> in Appendix to this matter

The IDP states in NEEDS :

- *West Mersea*
  - o *To absorb growth in West Mersea.*
  - o *Would also involve relocation of existing West Mersea Surgery.*
  - o *The total space requirement would be 500m2 GIA.*

Also paragraphs 4.31 to 4.43 of the IDP layout the conditions for Funding and Timing & Nature of Future Provision.

However we respectfully point out that this was the policy in present Local Plan 2004 – 2020 for a new replacement Medical Centre, but the dwellings proposed for that plan period some 100 have

now long been completed and also some extra 80 plus infill sites have also been built upon during this period.

We are still no nearer our replacement medical centre.

Also the NHS in a letter from its Chief Executive to the Chairman of the Planning Committee on 10<sup>th</sup> August 2017 raised major concerns over the growth rate prediction and it's key responses where:

- 1. The IDP estimates of population growth appear to be at variance with other sources, including the OAN, ONS projection and recent historic data. Further, other sources of population growth, particular the student population do not appear to be fully accounted for. The Trust has reservations about the accuracy of the estimates which appear to underestimate the need for housing in the period of the plan.*
- 2. The Trust has provided estimates of the capital and revenue impact of estimated population growth on Hospital costs. These costs pressures are not accounted for by the STP plan beyond 2021. For each 1% population growth the hospital will experience approximately capital cost of £1.02m and revenue costs of £1.58m. No provision for these cost pressures is made at this time.*
- 3. The infrastructure transformation required by the hospital is likely to have an impact on Council infrastructure including transport (road and bus particularly), water sewerage. These are not accounted for in the IDP.*
- 4. The impact of growth in the surrounding areas (outside Colchester Borough) which from the catchment population of the hospital is not accounted for. This is in the region of an additional 78,000 persons over the duration of the plan.*

## **Social cohesion Update January 2021**

Person-centred primary medical care, in which the different services are integrated, is an important element in community social cohesion. Social cohesion has various definitions but essentially incorporates Social inclusion, Social capital and Social mobility [ref1]. In general terms there is currently good social cohesion in West Mersea. There are effective ways for individuals and groups to take part in society and this is greatly helped by the existing social capital generated over the years, for example the Mersea Island Community Association (MICA) centre in the heart of the village and numerous long-established clubs/activities for young and old people. The term social cohesion is predicated on social care being an inseparable co-determinant of health in the community. Sadly, there has been continued deterioration in health and social care nation-wide since 2016. Prof Michael Marmot's *Health Equity in England: The Marmot Review 10 Years On* [ref 2] can be summarised as follows:

- people can expect to spend more of their lives in poor health.
- improvements in life expectancy have stalled, and declined for the poorest 10% of women.
- the health gap has grown between wealthy and deprived areas.
- place matters – living in a deprived area in the North East is worse for your health than living in a similarly deprived area in London to the extent that life expectancy is nearly five years less.

Early data indicate these health differences appear to have been made worse by the Covid pandemic. Mersea Island must be alert to 'Deaths of Despair' from suicide, and drug/alcohol abuse. The means of supporting those who live alone needs to be under continuous review. Sheltered accommodation for the elderly is provided at four different sites around the middle of the village, together with a Community Support centre opposite the local council offices. Perhaps the single greatest threat to social cohesion over the span of the Local Plan is for there to be pressure to create a second centre of shops and amenities due to the expansion of West Mersea to the East of the Urban area. This would split the community cohesion.

### **References**

Ref 1. OECD (2011), *Perspectives on Global Development 2012: Social Cohesion in a Shifting World*, OECD Publishing, [http://dx.doi.org/10.1787/persp\\_glob\\_dev-2012-](http://dx.doi.org/10.1787/persp_glob_dev-2012-)

Ref 2. *Health Equity in England: The Marmot Review 10 Years On*, London: Institute of Health Equity. M Marmot, J Allen, T Boyce, P Goldblatt, J Morrison – Feb 2020

APPENDIX for DM1 <sup>a</sup>Copy of letter from North East Essex Clinical Commissioning Group dated 18<sup>th</sup> November 2019 in response to planning application for 101 dwellings on land at Brierley Paddocks West Mersea



**North East Essex**  
**Clinical Commissioning Group**

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Your Ref: 192136 OUT

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18<sup>th</sup> November 2019

Dear Sir / Madam

**Outline Application for demolition of 1 dwelling (No.43 Seaview Avenue) and erection of up to 101 dwellings and up to 0.5ha of D1/B1 commercial use with associated parking, public open space, landscaping, sustainable urban drainage system (SUDS)  
Land at Brierley Paddocks, West Mersea**

I am writing as a subsequent response to the above application to confirm the NHS current position with regards to the provision of Healthcare Services for West Mersea.

The North East Essex Clinical Commissioning Group (CCG), remain committed to ensure that there is sufficient provision of access to healthcare services for all residents of Mersea Island. There is currently a shortfall in capacity at the existing GP premise and there is a need for ensuring a Care Closer to Home vision to meet the needs of residents on the island.

As previously stated in our letter of 11<sup>th</sup> February 2019, the proposed development is likely to have an impact on the services of one GP practice operating within the vicinity of the application site. This GP practice does not have capacity for the additional growth resulting from this development and the proposed development will be likely to have an impact on the NHS funding programme for the delivery of primary healthcare provision within this area and specifically within the health catchment of the development. North East Essex CCG would therefore expect these impacts to be fully assessed and mitigated.

The CCG is aware of an emerging Neighbourhood plan being created by West Mersea Town Council and is welcoming of an opportunity to engage with the town council to ensure any proposed improvement to access to Health services and facilities are undertaken through a full consultation process.

The proposed 0.5ha of land for D1/B1 commercial use as detailed within the planning application if gifted as part of a Section 106 agreement could be considered to provide Health services within a community facility in line with policy, however this would be subject to capital funding allocations and a thorough governance process at Integrated Care System level and subject to formal approval through NHS England.

I include the original summary of assessment of the development impact on the existing healthcare provision below as reference;

Chief Officer (Interim): Ed Garratt

Chairman: Dr Hasan Chowhan



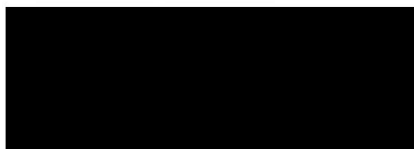
6. Based on 120m<sup>2</sup> per 1750 patients (this is considered the current optimal list size for a single GP within the East DCO). Space requirement aligned to DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services"
7. Existing capacity within premises as shown in Table 1.
8. Based on standard m<sup>2</sup> cost multiplier for primary healthcare in the East Anglia Region from the BCIS Public Sector Q1 2019 price & cost Index, adjusted for professional fees, fit out and contingencies budget (£ [REDACTED] rounded to nearest £100.

In conclusion; the terms set out above are those that North East Essex CCG deem appropriate having regard to the formulated needs arising from the development.

North East Essex CCG is satisfied that the basis and value of the developer contribution sought is consistent with the policy and tests for imposing planning obligations set out in the NPPF.

North East Essex CCG look forward to working with the applicant and the Council to satisfactorily address the issues raised in this consultation response and would appreciate acknowledgement of the safe receipt of this letter.

Yours faithfully



For and On Behalf of:  
**North East Essex CCG**