

Statement for the Examination for the Colchester Borough Councils Local Plan Section 2 (and 1 really!)

26th March 2021

Dear Sir/Madam

I am sorry that I will be unable to join you, as I said my circumstances have changed in the last few years it has taken to get to this point.

I was saddened that this statement and evidence wasn't allowed in section 1 of the plan, since the IDP was critical in that too.

Please find herewith my final statement and evidence to show that CBC's Local Plan is unsound, this is based on their Infrastructure Delivery Plan (IDP) for which there have perhaps been cases of "misrepresentation" (not my words), certainly made in the earlier days that should really bring the whole document and plan into doubt (letter appendix 1 page 4), I have not been able to get responses from all sectors, as you will see I had got pretty tied up with just the Health aspect, I do hope you will check with the service companies with regards to water supply and sewage and Electricity that their plans align with the IDP too.

Set out in the Appendixes attached is correspondence from various stake holders' responses to my findings and perhaps more candid thoughts that I feel should be shared. This includes letters and emails to CBC that are now seemingly missing from the latest evidence base for this examination of Section 2 on CBC's website. I apologise if in fact you do have some of this, I am sure you will understand my concern for all, especially on the sheer complication of CBC's processes, it is very difficult to find evidence to confirm this on their web servers.

I could not have possibly contacted all parties in the IDP, not least on some I had no response, I feel that just the significant correspondence here shows that stakeholders have not been properly consulted with. It seems it is left to you to make judgment on this, which may entail careful constructive talks with all involved regardless of whether or not they have made representation with you in the examination. I believe to ignore the evidence here would likely mean that serious and in some cases dangerous issues will have been allowed to slip through the net here by CBC, in their goal for this extremely ambitious plan.

My most concerning conclusive feeling on all this is that, as CBC have perhaps more diplomatically been told by the Health stake holders, is that no matter how much money is thrown at the Hospital and Health services they have been clear that it is the workforce that is the issue and cannot even meet the needs with the current population (appendix 3 Page 8 and 5 section 3.9 highlighted (page 14)).

I believe and I trust you will ask all the Health stake holders - That if, as proposed by some, you just build new bigger state of the art hospitals, surgery buildings etc, is it likely that they will be dangerously understaffed to meet the needs of the increased in population. Therefore, will this plan just put the boroughs residents' health at serious risk?

And of course, that is before we even know what the long term effects of Covid on the health service is going to be over the next few years. Including the service trying to catch up on the backlogs from March 2020 at the start of Lockdown, this should be brought up and considered with the Health services too before this plan is adopted.

I trust you will ensure that these matters are taken up with the Health services et al by the Planning Inspectorate during the hearings in the relevant sections.

I wish you all the best in what is clearly a complicated case.

Yours sincerely

Richard O'Hanlon-Smith

Appendix 1

Response to call with Priti Patel's office, starting to verify my findings with local MP's.



THE RT. HON. PRITI PATEL MP
WITHAM

[REDACTED]

Mr Richard O'Hanlon-Smith

Our Ref: [REDACTED]

15 August 2017

Dear Mr O'Hanlon-Smith,

Thank you very much for your telephone call to my office today and emails regarding Colchester Borough Council's draft Local Plan and the lack of engagement with health and emergency services in the development of the Infrastructure Delivery Plan (IDP).

I am very grateful to you for sharing your research on the IDP with me and for highlighting the instances where it appears as though the Council has misrepresented the position of the Hospital Trust and the Ambulance Trust.

It is concerning and appalling to see that the information in the IDP is inaccurate. I am in the process of making enquiries about the Hospital Trust's consultation response and should it transpire that the information in the IDP is not only incorrect but has been compiled in a misleading way I will pursue the matter further.

Please do keep me informed of the outcome of your enquiries on this could be exposing a serious flaw with the Local Plan process.

Yours sincerely,

with our good wishes

Rt Hon Priti Patel
Member of Parliament for Witham

Appendix 2

My initial email and candid response from Nick Hulme Chairman of the Essex and Suffolk Hospital Trust

Note that it is clear that they were not made aware of the statements made in the IDP by CBC.

On 20 Jul 2017, at 15:49, Rik O'Hanlon-Smith wrote:

Dear Nick

I hope you don't mind me emailing you, and appreciate you are very busy at the minute, but I have been asked to comment again in the latest consultation period on the Local Plan for Colchester Borough Council (CBC). I have carefully been going through the evidence base and I imagine like you, have concerns of the local population's health.

In the latest Infrastructure Delivery Plan (IDP) dated June 2017, from Troy and Navigus on behalf of CBC, I note the following and must admit to being a little surprised on one section as follows; *"4.18 - At this current time it is not possible to accurately determine the nature of any infrastructure requirements related to hospital-based care **but advice from the Hospital suggests that the existing hospital site will be capable of providing facilities for the enlarged population over the lifetime of the plan.**"*

I would just like to confirm that you are aware of this statement that the planners will make a final decision on. Are you happy that, as my understanding goes, even with an impending 53,000 homes in the borough and a moderate guess of 150,000 people in addition to current numbers up into 2030's, is that Colchester General Hospital alone (as I see that Lexden Road has plans to have housing on too), which is coming up to its special measures review is capable of serving this massive uplift in population?

If you can and are able to comment or confirm that the statement is correct and/or you are aware of it, before I reply to CBC before the 10th August with my response, I would really appreciate it.

Yours Sincerely

Richard O'Hanlon-Smith

Thu 20/07/2017 16:26

Hulme Nick (RDE) Colchester Hospital University NHS Foundation Trust

Re: CBC Local plan IDP June 2017 statement

Dear Richard - not sure where this quote came from but it does not reflect my views. I would like to raise some serious concerns about the growth of the town and the lack of health facilities to accommodate this growth. How can I best influence the report?

Nick

Appendix 3

Response to from Sam Hepplewhite NHS North East Essex CCG

Important point is highlighted

From: HEPPLEWHITE, Sam (NHS NORTH EAST ESSEX CCG)
Sent: 06 September 2017 14:46
To: Rik O'Hanlon-Smith
Subject: RE: CBC Local plan IDP June 2017 statement

Hello Rik

Thank you for the clarity – I certainly understand that much better and appreciate how difficult it is to try and co-ordinate this all

We had a good meeting on Monday and I think are a lot clearer on the ask – it appears to me, from the conversation, and I may have interpreted some of what was said, that a number of documents were used for the IDP which had then been cut and pasted into the IDP – which for some areas did not include the context of the original text. There is also the tension that this is a very long term plan – 20 years, whereas the NHS are currently planning until 20/21 for their STP, and so we are not aligned. In 20 years one would hope that the delivery of services would look very different to today and we may not be looking at health services in the current sectors – ie hospital, community, general practice and we would be looking at it more based on need rather than demand.

We have all agreed to review and refresh our individual sections and then bring them together by the end of September ready for the October submission – but my understanding is that this will be an iterative process and we will have many more opportunities to update/refresh the evidence base.

One area we talked a lot about which does not really fit into this is workforce and how we would play that in – one our biggest risks is that we will have great services commissioned, in fit for purpose estate, with great digital infrastructure but not the workforce to provide the service.

I would be very happy to contribute to the meeting once we get it organized and will take an active role in the planning process for both Colchester and Tendring

Best wishes

Sam

Appendix 4

Response to my email to Robert Morton, Chief Executive of the East of England Ambulance Service NHS Trust.

Again they were not made aware of the statements made in the IDP by CBC.

Please note the main issue highlighted.

Hi Rick,

Thank you for your email and for bringing this matter to my attention.

In relation to the excerpt below, I was unaware that this comment was enclosed in the Colchester Borough Councils Local Plan.

The future requirements of EEASt will be primarily driven by three key issues:

1. An Independent Service Review of EEASt, conjointly commissioned by NHS England and NHS Improvement, is currently underway to identify what is the scale of the capacity gap that exists between our current resources and current demand. The review will also consider the growth in demand across the East of England over the next three years. The report is expected in September 2017 and at this stage, it is possible, if not probable, that the existing gap in capacity and the scale of future demand growth is expected to be reported as requiring "significant" investment.
2. In line with the requirements of our Commissioners (19 CCGs) across the East of England and the recommendations arising from the most recent National Audit Office report on English Ambulance Trusts debated by the PAC in March 2017 <http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2015/ambulance-services-study-16-17/>, the Trust is reviewing both fleet and estates to improve sustainability and efficiency. An Estate Transformation Plan was approved by the Trust Board at its public meeting on the 29th March 2017. In summary, the plan calls for the establishment of 18 large Ambulance Hubs across the East of England, one of which needs to be located in Colchester. I am not sure if you have seen the following media report: http://www.greatyarmouthmercury.co.uk/news/more_than_42m_to_be_spent_on_new_buildings_and_vehicles_for_region_s_ambulance_trust_1_4954058
3. In July 2017, NHS England announced the new Ambulance Response Programme (ARP) <https://www.england.nhs.uk/urgent-emergency-care/arp/> which will change the way we deliver

services across the East of England. At this stage, we do not know the final details of the impact these changes will have across the East of England. However, what we do know is that our operating model is likely to become more dependent on additional ambulance vehicles which will need to be based in one of the larger 18 Ambulance Hubs, including Colchester.

We know that our current estate portfolio in the area is wholly inadequate to meet any such future needs.

In this context, I can confirm that the future development needs for Ambulance Service infrastructure in the Colchester area are likely to be significant. Given the statutory obligation on blue light services to collaborate, we would also anticipate closer working between the Police, Fire Service and ourselves on the sharing of other estate requirements for Community Ambulance Stations in the North East Essex area that would be needed to support a new Ambulance Hub in Colchester.

I hope this information is of assistance to you. Additionally, I will also be asking our Senior Manager for the area to bring this matter and our comments to the attention of the Colchester Borough Council.

I am copying this email to my local NHS colleagues for situational awareness.

Best regards,

Robert

Robert Morton
Chief Executive
East of England Ambulance Service NHS Trust

Appendix 5

Email from North East Essex CCG to CBC


I cannot find this in the evidence base and I feel it is important.

The clear message with regards to staffing is sent again to CBC and is highlighted for your consideration in section 3.9.

Your Ref: Colchester Borough Council Local Plan

Our Ref: CBC/LP/CCG/KHJM

Email only

Planning Policy
Colchester Borough Council


17th July 2017

Dear Sir / Madam

Colchester Borough Council – updated Draft Local Plan Consultation 2016- 2033

1.0 Introduction

- 1.1 Thank you for consulting NHS England and North East Essex CCG on the above updated Draft Local Plan (LDP) Document. This letter reflects the changes to NHS policy and commissioning responsibilities from the original response in September 2016.
- 1.2 In reviewing the context, content and recommendations of the LDP Document and its current phase of progression, the following comments are with regard to the primary healthcare provision on behalf of NHS England Midlands & East (East) (NHSE) North East Essex Clinical Commissioning Group (CCG) and NHS Property Services (NHSPS).
- 1.3 In April 2017 the CCG became fully delegated with responsibility for GP Primary Care Services, however continue to work alongside NHS England for contracting services and Estate implications required for the changing need of the community.

2.0 Existing Healthcare Position in the Emerging Plan Area

- 2.1 The LDP Document covers the administrative area of Colchester with reference to the North Essex authorities to include Tendring District Council and Braintree District Council.

- 2.2 Currently, within the administrative area, healthcare provision incorporates a total of 21 GP Practices and 9 branch surgeries; 36 pharmacies, 30 dental surgeries, 17 opticians, and 1 Acute Hospital.
- 2.3 These are the healthcare services available that this LDP must take into account in formulating future strategies.
- 2.4 Growth, in terms of housing and employment, is proposed across a wide area and would likely have an impact on future Primary Care service provision. Existing GP practices in the area do not have capacity to accommodate significant growth.
- 2.5 In terms of optimal space requirements to encourage a full range of services to be delivered within the community there is an overall capacity deficit, based on weighted patient list sizes¹, within the 21 main GP Practices providing services in the area.
- 2.6 NHS England working with the North East Essex CCG (CCG) and the local authority has begun to address capacity issues in the area and as well as a number of proposals in the pipeline, the CCG are currently reviewing future models of care alongside a hub and spoke modelling exercise to determine how primary care at scale can support the local population in the future. We continue to work with GP practices within Colchester on options to significantly increase capacity and the range of services available to the community.
- 2.7 Optimal space standards are set for planning purposes only. This allows us to review the space we have available and identify the impact development growth will have in terms of capacity and service delivery. Space capacity deficit does not prevent a practice from increasing its list size, however it may impact on the level and type of services the practice is able to deliver.
- 2.8 NHS England and the CCG are currently working together to help plan and develop new ways of working within our primary care facilities, in line with the Five Year Forward View, to increase capacity in ways other than increasing physical space. The CCG's emerging Five Year Forward View plan will contain further detail on this and the 3 year Primary Care Estates and Technology Transformation Funding programme, which commenced in June 2016, will help to provide funding and solutions for existing capacity issues.
- 2.9 Existing health infrastructure will require further investment and improvement in order to meet the needs of the planned growth shown in this LDP document. The developments contained within would have an impact on healthcare provision in the area and its implications, if unmitigated, would be unsustainable.

3.0 Identification and Assessment of Policies and Strategies that have Healthcare Implications

- 3.1 In developing the final Local Plan document, care should be taken to ensure that emerging policies will not have an adverse impact on healthcare provision within the plan area and over the plan period.
- 3.2 In instances where major policies involve the provision of development in locations where healthcare service capacity is insufficient to meet the augmented needs appropriate mitigation will be sought.
- 3.3 Policies should be explicit in that contributions towards healthcare provision will be obtained and the Local Planning Authority will consider a development's sustainability with regard to effective healthcare provision.

- 3.4 The exact nature and scale of the contribution and the subsequent expenditure by the CCG with support from NHS England will be calculated at an appropriate time as and when schemes come forward over the plan period to realise the objectives of the LDP.
- 3.5 Before further progression and amendment of policies are undertaken, the Local Planning Authority should have reference to the most up-to-date strategy documents from NHS England and the CCG which currently constitute Five Year Forward View Plan and the emerging Sustainability Transformation plan (STP) workstreams including Primary Care at scale and, Strategic Estates Plans.
- 3.6 Plans and policies should be revised to ensure that they are specific enough in their aims, but are not in any way prescriptive or binding on the CCG or NHS England to carry out certain developments within a set timeframe, and do not give undue commitment to projects.
- 3.7 Notwithstanding this, there should be a reasonably worded policy within the emerging Local Plan that indicates a supportive approach from the Local Planning Authority to the improvement, reconfiguration, extension or relocation of existing medical facilities. This positive stance should also be indicated towards assessing those schemes for new bespoke medical facilities where such facilities are agreed to in writing by the CCG or NHS England. New facilities will only be appropriate where they accord with the latest up-to-date NHS England and CCG strategy documents.
- 3.8 NHS England and the CCG note the requirement for Colchester Borough Council to deliver a plan for increased levels of housing growth for their area, resulting in approximately 14,720 new dwellings during the plan period 2016 - 2033 and have identified the anticipated impact on infrastructure arising from these proposals.
- 3.9 NHS England and the CCG would like to draw attention to the fact that as well as infrastructure it is important to take into consideration Workforce. Primary care in Colchester has major issues with GP/Nurse workforce recruitment and retention which has resulted in compromised quality of provision in some areas, with a number of practices being rated by the Care Quality Commission as under special measures, and reduced patient access. It is vital that primary care workforce planning and need is fully considered by CBC when planning for additional housing development to ensure that the health needs of an increased population is met by a sufficient and well trained workforce. CBC also need to consider how the Local Plan can support NHSE and the CCG to pro-actively attract primary care staff to come and work and live in the area to meet the health need challenges of the population both now and in the future and ensure the safe and continuing provision of primary care services in Colchester. It is also important to ensure that workforce across the health and social care network is taken into consideration with any major developments..

The CCG would also like to draw attention to the requirement of improved technology, to accessibility of services through broadband across the borough and as such may request mitigation for improved broadband connections associated with any major developments

- 3.10 As stated above the exact nature and scale of mitigation required to meet augmented needs of proposed developments will be calculated at an appropriate time, as and when schemes come forward over the plan period to realise the objectives of the LDP. It will be vital that the CCG and NHS England are consulted with by means of participating in the Infrastructure Delivery Plan process.

3.11 The table below provides an overview of the mitigation requirements for the identified Local Plan Development requirement;

Settlements and Key Development Areas	Existing commitments (2017-2033)	New Allocations (2017-2033)	Policy reference	What infrastructure is needed in addition to that which is already provided?	How will this infrastructure be funded?	When will the identified infrastructure be needed?
Colchester Urban Area	5,261	2,018	TC3, NC3, SC1, SC2 EC3, WC4	Review of existing healthcare facilities will determine exact requirements possible Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	seek section 106 contribution / Improvement Grant	To be determined by the phases of the proposed developments
Stanway	1,137	1,106	WC2	Review of utilisation of Tollgate Healthcare Centre as part of CCG hub and spoke modelling. Possible	Seek section 106 contribution / 3PD investment.	By 500 th dwelling

					extension required to existing facility		
	Tendring / Colchester Borders Garden Community	0	1,250	Part 1 SP7 and SP8	Possible new facility required – to support growth in a phased approach	Section 106 contribution and 3PD investment	To be determined
	Colchester / Braintree Borders Garden Community	0	1,350	Part 1 SP7 and SP9	Possible new facility required – to support growth in a phased approach	Section 106 contribution and 3PD investment	To be determined
Sustainable Settlements	Abberton and Langenhoe	812	55	SS1-16			
	Boxted		36				
	Chappel and Wakes Colne		30				
	Copford and Copford Green		120		Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	Section 106 contribution	
	Eight Ash Green		150		Enhanced primary care floor space provision - reconfiguration and/or refurbishment of	Section 106 contribution	

				existing NHS estate		
	Fordham		20			
	Great Horkesley		93	Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	Section 106 contribution	
	Great Tey		40			
	Langham		80	Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	Section 106 contribution	
	Layer de la Haye		35			
	Marks Tey		0			
	Rowhedge		40			
	Tiptree		600	Possible new build Health Centre to absorb	Section 106 Contribution / 3PD investment	2019

					development growth and relocation of existing practice.		
	West Bergholt		120		Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	Section 106 contribution	
	West Mersea		200		Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	Section 106 contribution	
	Wivenhoe		250		Enhanced primary care floor space provision - reconfiguration and/or refurbishment of existing NHS estate	Section 106 contribution	
Extra Care Housing (Self Contained)		0	245	245			

Total	7,210	7,853	15,063			
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Policy SP8: Tendring/Colchester Borders Garden Community, point E item 13. should be amended to read '*Primary healthcare facilities as appropriate*'.

3.12 Policy SP9: Colchester/Braintree Borders Garden Community, point E item 14 should be amended to read '*Primary healthcare facilities as appropriate*'.

3.13 Policy SP10: West of Braintree Garden Community, point E item 13 should read '*Primary healthcare facilities as appropriate*'.

3.14 Policy SS13: Rowhedge,(iv) Please amend to say Provision of a new healthcare facility is currently being explored by North East Essex Clinical Commissioning Group as part of a Hub and Spoke Modelling exercise, however, no infrastructure has yet been formally approved for this community in isolation.

3.15 Tiptree: 14.216: please include 1 GP Surgery under the key services listed.: Under Policy SS14: add new line to read 'Provision of a new healthcare facility is currently being explored by North East Essex Clinical Commissioning Group as part of a Hub and Spoke Modelling exercise, however, no infrastructure has yet been formally approved for this community in isolation'

3.19 Section 7 DM1 Health and Wellbeing: North East Essex Clinical Commissioning Group and NHSE Midlands and East agree with the statements in this section and welcome the requirement to ensure that Health Impact Assessments are undertaken by developers at the point of any preliminary enquiry or outline Planning Application for 100 units.

4.0 Conclusions

4.1 This response follows a consultation by Colchester Borough Council on the Colchester Infrastructure Delivery Plan and subsequently the updated Local Development Plan

4.2 In its capacity as healthcare provider, NHS England and the CCG have requested that the Local Planning Authority identifies policies and strategies that are considered to directly or indirectly impact upon healthcare provision and has responded with comments to help shape future policy.

4.3 North East Essex Clinical Commissioning Group and NHS England have also identified shortfalls in capacity at existing premises covered by the LDP. Provision needs to be assessed ongoing to ensure the impacts of development on health infrastructure and to ensure timely cost-effective delivery of necessary infrastructure improvements are closely monitored in partnership, in the interests of pursuing sustainable development.

- 4.4 The recommendations set out above are those that NHS England, the CCG and NHSPS deem appropriate having regard to the projected needs arising from the Colchester Preferred Options Local Plan. However, if the recommendations are not implemented then the relevant NHS body reserve the right to make representations about the soundness of the plan at relevant junctures during the adoption process.

Appendix 5

Letter Colchester Hospital University to CBC

I cannot find this in the evidence base and I feel it is important.

10th August 2017

Response to consultation – emerging local plan 2017-2033

Dear Cllr Higgins

I am pleased to offer this formal response from the Trust to the Council's consultation on the emerging local plan to 2033.

The Trust notes the proposed growth in housing within the plan and would like to draw the Council's attention to the implications for local hospital services which are likely to arise from this.

The Infrastructure Delivery Plan (IDP) outlines the development of up to 10,935 dwellings¹ during the period of the plan, with associated population growth of 24,494. The Trust notes that several other figures for dwellings and growth are quoted throughout the plan but all are broadly in this range. There are several observations which the Trust would like to raise in relation to these figures:

- These figures are significantly lower than the Objectively Assessed Need (OAN) for the Borough during this period, which is stated as 18,400 dwellings. This represents a shortfall of at least 40.5%. The Council's planned development may therefore be an underestimate of the growth over the period.
- The IDP estimate of population per dwelling seems low (2.24)² compared with historical occupancy in the borough (2.34 to 2.37 per dwelling)³. This would tend to underestimate population growth as stated in the IDP.
- Historical population growth in the area is higher than the growth predicted in the IDP. Between 2014 and 2015 the population increased by 1.95% (3,519 persons)⁴ compared to the IDP projection of an annual growth rate of 0.96% to 2024 (6.9%⁵ over period). This would tend to underestimate population growth as stated in the IDP.

¹ IDP table 11.5

² 2.24 = 24,494 population growth divided by 10,935 dwellings

³ LGA website, figures for 2014 to 2016

⁴ Colchester Borough Council, Population Estimates, Research & Engagement Team

July 2016

⁵ 6.9% - 12,900 population growth to 2024 divided by 187,000 (2017 mid-year projection)



Chief Executive: Nick Hulme
Chair: David White



- Mid-year 2014 ONS projections for growth in the period of the plan are 14.6% compared to 12.6% in the IDP⁶.
- Student population growth is estimated to be approximately 10,000 by 2021⁷ but it is not clear that this figure is included in the overall figures.

Overall, the IDP appears to be based on a low estimate of population growth during the period of the plan.

The IDP recognises some potential impacts on health services in section 4. However, it significantly underestimates the impact of population growth on these services. In particular:

- The Sustainability and Transformation Partnership (STP) plan, referenced in the IDP, assumes that growth in activity will be consumed within existing revenue resources. The IDP notes the need to “increase estate, or invest in buildings and infrastructure” in primary care⁸ and that “hospitals will need to be redesigned to treat the patients of the future”⁹. However, this does not take into account the capital investment requirements in the footprint of the Borough, the revenue consequences of this and the service infrastructure impact of such changes.
- The STP plan only covers the period to 2021. Extrapolation of this revenue-neutral position cannot be assumed beyond this.
- The Trust has considered three scenarios, based on different estimates of growth (IDP estimate, ONS estimate and historical growth rate). The impact on hospital services are set out below. *Note that these do not include primary care, ambulance or social care impact.*

Scenario	% population growth 2017-2033	Hospital infrastructure cost	Hospital revenue cost
IDP growth estimate	12.26%	£11.8m	£18.3m
ONS growth estimate	14.60%	£13.6m	£21.2m
Historical growth projected forward	33.60%	£31.4m	£48.7m
Cost per 1% growth	1%	£1.02m	£1.58m

All figures are at 2017/18 costs and exclude infrastructure costs associated with travel, water and sewerage etc.

- No provision is made for these cost pressures beyond 2021.

The IDP reflects only the growth of the Colchester population. The catchment population of the hospital extends into several other District and Borough Councils, including Tendring, Braintree, Maldon and Chelmsford. Estimated growth in these populations from local plans (at East of England mid-point occupancy of 2.33 per dwelling) is an additional 77,973 persons. This is not accounted for in the figures shown above but will have a direct impact on hospital services for Colchester.

Key responses to the consultation

1. The IDP estimates of population growth appear to be at variance with other sources, including the OAN, ONS projections and recent historic data. Further, other sources of population growth, particularly 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 cost pressures are not accounted for by the STP plan beyond 2021. For each 1% population growth the hospital will experience approximate capital costs of £1.02m and revenue costs of £1.58m. No provision for these cost pressures is made at this time.

⁶ 14.6% = 187,118 in 2017 compared to 214,428 in 2033

⁷ IDP section 4.38

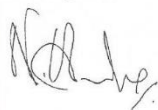
⁸ IDP section 4.10

⁹ IDP section 4.17

3. The infrastructure transformation required by the hospital is likely to have an impact on Council infrastructure including transport (road and bus particularly), water and sewerage. These are not accounted for in the IDP.
4. The impact of growth in surrounding areas (outside Colchester Borough) which form 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.

The Trust is grateful for the opportunity to respond to the consultation and would be happy to engage in further dialogue.

Kind regards



Nick Hulme
Chief Executive

cc Will Quince MP, Bernard Jenkin MP, Giles Watling MP, Priti Patel MP
Sam Hepplewhite, NE Essex CCG

Appendix 6

Replied email from Essex Police.

After a few conversations with Heather Gurden (who is the planning person for Essex Police), She had admitted to me that Essex Police where not going to be able to properly consult in time due to existing pressure of Harlow's Local Plan. As you can see here there is an issue "Discrepancy".

I hope you follow these up to ensure that Essex Police are satisfied as to what the Local Plan means to keeping the area Safe and Secure.

The redaction in black is due to what I feel was Heather's private personal circumstance that isn't relevant to this examination.

Tue 31/10/2017 13:14
Emma Clark [REDACTED]
RE: CBC Local Plan 2/10/17

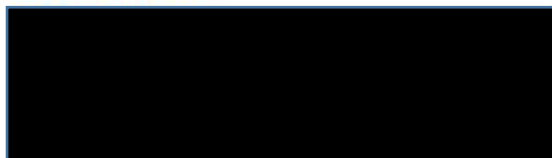
Good afternoon Richard.

Heather is currently out the office at the moment and has asked me to let you know that she is happy to meet with you, however, with work commitments and [REDACTED] has limited availability at this time.

Essex Police will continue to engage with the planners within Colchester Borough Council around future developments as we are cognisant that crime is a material consideration. We are aware that there appears to be a discrepancy around the potential growth aspirations, however, this will need to be addressed by Colchester Borough Council, but Essex Police are mindful of issues that this could arise from this.

Many thanks

Emma Clark
Crime Prevention Tactical Advisor
Local Policing Support Unit
Essex Police HQ



From: Rik O'Hanlon-Smith [
Sent: 03 October 2017 12:18
To: Heather Gurden [REDACTED]
Subject: CBC Local Plan 2/10/17

Hi Heather

Please see link from last night's meeting, you can hear NHS matters discussed in Section 7 at around 72:00. If you look in the agenda you can see that they [NHS] have also covered some of their concerns, though this doesn't cover everything, they have responded to the plan and are already looking at getting some help with items via CBC.

I appreciate you guys are snowed under but do feel that if you respond and are able to get your concerns (if any) into the consultation documents it would be in your interest. Ultimately, CBC should be entering these responses as evidence for the Inspector to come and approve or not. Certainly we all feel he will ask more questions if you are involved in this process with others too.

<https://colchester.cmis.uk.com/colchester/MeetingCalendar/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/485/Committee/12/Default.aspx>

I will speak to others and see what other information and help I can glee, also please do not hesitate to email me with any queries.

Sincerely
Rik

Appendix 6

Response from the Head of **Thurstable School, Sports College and Sixth Form Centre**

As you can see CBC's IDP did not align with what the school and the Schools Local education authorities planning department had been doing.

Thu 26/10/2017 13:53

BaconM [REDACTED]

FW: Colchester IDP

Hello Rik

Half term, so a chance to review the latest pupil number forecasts I have had from ECC in the light of the IDP. There is certainly a discrepancy between them and the Colchester IDP, so I have sent the email below.

Thanks again for the heads up. We will be able to meet the demand set out in the IDP if it materialises, and will be the better ready to act if/when it does.

Best Wishes

Miles

From: BaconM

Sent: Thursday, October 26, 2017 1:43 PM

To: 'Marina.Dimopoulou' [REDACTED]

Subject: Colchester IDP

Hello Maria

I hope all is well with you.

The attached document has recently been passed to me by a parent. Interestingly, it contradicts the most recent graphs from your department that I have seen indicating that even with building taken into account, there would be sufficient places available in Colchester Area 2 (Tiptree) for the foreseeable future. It states that:

Tiptree/Colchester Rural South

3.62 Thurstable School may expand by a form of entry in approximately 2023. However, the size and timing of this scheme may change if planned growth in Maldon puts pressure on The Plume School (which in part shares a priority admissions area with Thurstable).

3.63 To accommodate growth in Tiptree and Mersea, an additional form of entry at Thurstable School is required. This will cost approximately £3m. Given the needs arising from growth in Maldon district, the overall scale of growth of the school may be greater over the plan period.

Are there more up to date forecasts now available that would help our planning?

Best Wishes

Miles