Healthier place
Healthier people
Healthier futures

NHS
Black Country and West Birmingham
Clinical Commissioning Group

Black Country & West Birmingham CCG

Health Care Infrastructure Planning Policy

Dudley | Sandwell | Walsall | West Birmingham | Wolverhampton

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1. The Black Country & West Birmingham Clinical Commissioning Group NHS

The NHS aim to support the providers of Primary (GP) and Secondary (Trust) Care Services and our partners in the wider Integrated Care System (ICS) by delivering the most cost effective and best value space from which high-quality services will be provided, supporting the wider communities that we serve. Our key objectives are:

- Better service integration, driving improvements in service efficiency and better outcomes for our residents.
- Improved capability and capacity for Primary Care provision.
- Reduced risk & improve service resilience at local and system levels.
- Supports the delivery of new models of integrated community care.
- Increased efficiencies, through the better use of high-quality community and central estate.
- Rationalisation and disposal of surplus or unfit estate.
- Improving the effective utilisation of the estate.
- Maximising future estate flexibility through smart design.
- The Estate meets the demands of the clinical strategy.
- Improving the quality and condition of the estate.
- Building a flexible Estate - Adoption of bookable systems.
- Addressing population growth/housing development & demographic changes.

As the leader of the local NHS, the Black Country & West Birmingham CCG are responsible for commissioning healthcare for our registered patients. We commission (buy and monitor) everything from emergency care, routine operations, community clinics, health tests and checks, nursing homes, mental health, and learning disability services. As a commissioner, it is our role to ensure that the services we buy from the many providers of care is of the highest quality and appropriate for the health needs of our area.

Over the past 10 years, the health sector has seen unprecedented requirements to improve both quality and efficiency, improve patient outcomes whilst facing increasing demand and respond to an ageing demographic with increasingly complex service needs. Nationally, we have a population expanding by eight million people by 2032; we now have almost three million people living with three or more long-term conditions; the number of people living with dementia will double over the next 30 years; and the rate of diabetes will increase by 30% by 2025, affecting some four million people.

The early years of health sector reform created some unpredictability, but the Five Year Forward view (2014) gave greater clarity on the direction and requirements to meet the quality, demand, and efficiency challenges. The General Practice Forward View, NHS England (April 2016) provided further direction for the future of primary care and The NHS Long Term Plan published in January 2019 sets out the new service model for the 21st Century.

Primary Care is at the forefront of demand for services and will continue to be the bed rock of NHS care as part of an Integrated Care System. Primary Care is more than ever dependent on the provision of a modern, fit for purpose and flexible premises (supported by digital systems) from which to operate.

In November 2015, the Black Country & West Birmingham CCG produced an interim CCG Estates Strategy with a commitment to the development of a more comprehensive strategy to include the wider health and care system. The overarching objective of the interim strategy was to provide an evidence base and clear direction to deliver change. The supporting objectives of this strategy were to:

- Review the existing primary care estate, including condition.
- Articulate a vision for the future, based on the CCGs' priorities.
- Identify priority estate projects, which require further analysis; and
- Have a clear understanding of the next steps and actions required.

The interim strategy supported by the baseline premises stock take provided the foundation for development of a more comprehensive strategy and supporting plans, including development of the NHSE grant development programme. The new strategy currently being developed brings together the previous four separate CCGs into one single system, namely the Black Country & West Birmingham CCG and represents part of the next stage of development towards an integrated strategy across the health and care system. This strategy and its former iterations form the underpinning evidence to support the Black Country & West Birmingham, Health Care Infrastructure Planning Policy.

As commissioners of Primary Care services, the CCG has responsibility for ensuring the right capacity and accessibility is in place to meet the needs of the population, that Primary Care is developed in a sustainable manner and appropriate support and co-ordination is given to practices. The estate from which Primary Care is delivered plays a central role in shaping the future configuration of healthcare across the CCG footprint to meet both current demand and to move to the new models of care outlined earlier in this section.

The CCG also has a strong financial and organizational responsibility to ensure the whole primary care estate is fit for purpose, has appropriate capacity, and achieves the best possible value for money. In order to achieve this the CCG drives smart, generic space design through its proactive project review and approval process. The size and configuration of premises will be directly influenced by the current and projected patient numbers and generic 16m2 clinical rooms supported by agile administration space is strongly encouraged in GP-led schemes and fully adopted in all CCG schemes.

When planning premises, we also consider the changing primary care workforce where – in addition to the drive to employ more GPs – the number of other clinical and support staff is expanding and this impacts on the number and design of clinical rooms and other facilities as the length of consultations and patient flow will increasingly vary as there is a move away from the traditional GP consultation model.

In existing NHS PS and CHP estate, the CCG is adopting a policy to wherever possible migrate from fully demised to bookable facilities to unlock underutilized estate. Whilst this approach can initially appear to increase CCG estate charges, the overall long-term system effect is to improve accessibility and to guarantee against over provision.

Adoption of this policy across the STP footprint will eventually enable cross boundary resilience to manage demand peaks and troughs and support future redesign of service models. It is anticipated that by planning additional estate capacity to cope with population growth to the mid 2020's, together with improved utilization, that this should be sufficient to allow the roll-out of digitization and to establish appropriate systems to absorb significant population growth demands for a number of years thereafter.

2. NHS Engagement with Stakeholders

The relationship between Town Planning and the NHS is becoming ever more significant, requiring the NHS to actively engage with the Local Planning Authorities (LPAs). Our aim is to develop and implement a policy, triggers, and guidelines to support future requirements of developer obligations under Section 106; together with a policy and implementation plan for drawing down CIL capital funding. Our objectives both as a CCG and across the Black Country & West Birmingham ICS are to:

- Achieve recognition of our policies by the Black Country Planning Authorities.
- Promote Planning Policies that allocate sites for new healthcare where they are required.
- Gain recognition that health infrastructure needs to be on a par with identified Education & Highways infrastructure demands – it is equally "essential".
- Implement S106 agreements that really deliver.
- Ensure access to a proportion of the CIL funding pot via the Local Planning Authority engagement with Developers.
- Avoid Planning Policies that restrict the potential development of our premises and promote Planning Policies that allow for the flexible development of our estate.
- Work to align our CCG and STP/ICS estates strategies with the Black Country Core Strategy, Local Planning Policies and develop planning needs alongside NHS business cases.

Engaging with LPAs will enable us to evolve a 'Model' for specific health S106/CIL funding routes and will help us to address key questions including for example how we interpret LPA Development Plans as a basis for predicting need; our planning response in terms of the service and physical capacity needed to address the demand; our relationship with NHS England and NHS PS to secure and employ funding where they are involved.

To support us in delivering our objectives we will implement systems and processes to:

- Collect and interpret information regarding the need for housing and other development.
- Understand population growth planning (for example via Local Plan Issues & Options research).
- Consider infrastructure implications through the Local Plan process and Planning consultations.
- Input requirements through the Local Development Plan and realise them on the Regulation 123 list.
- Ensure site-specific allocations align with major growth proposals.
- Respond constructively to major planning application consultations.

We recognise that early and ongoing engagement with our LPAs is crucial in supporting achievement of our S106 and CIL objectives and we are therefore resourcing a programme of work to support engagement and implementation of our plans.

3. NHS National View

When houses are built, or new jobs are created, and an area's population increases as a result, existing infrastructure needs to be updated/expanded to provide more capacity and new facilities may need to be constructed. Given the scale of developments around the country all Integrated Care Systems (ICS) need to be aware they can seek appropriate support to cover their increased costs and required specific capital investment as a direct result of such developments. They need to be clear about how their services and facilities will be impacted by development and the resulting increase in population in their catchment area. The principle is that the marginal revenue costs associated with population growth from new developments is a relevant charge against the development until the population-based revenue allocations to Clinical Commissioning Groups (CCGs) 'catch up' by being updated for the new population.

NHS Improvement, NHS England, NHS Property Services, Community Health Partnership and NHS Healthy Urban Development Unit (HUDU) together responded to the government's draft consultations on the national planning policy framework and on reforming developer contributions to affordable housing and infrastructure, requesting a structured and equitable level of support for NHS organisations. This work assists the NHS at a national level, but additional work is required at a regional level through Sustainability Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) and at a local level through individual CCGs to encourage them to continue to work directly with planning authorities.

4. The CCGs' Approach to New Development and Planning Policy

Residents of the Black Country, on average, suffer from poorer health outcomes than people in the rest of England, with lower life expectancy, higher infant mortality rates, higher rates of diabetes and higher rates of preventable mortality from cancer and other long-term conditions.

There are many factors that influence health, but the built environment can have a significant role to play. Integrating public health and town planning is widely recognised as providing opportunities to promote better levels of health through the delivery of local neighbourhoods that promote healthier lifestyles, which in turn assists in the management of health provision. Whilst health care is often identified as the way of addressing health issues, it is arguably more important to plan developments that enable healthier lifestyles and therefore reduce the need for such care. Planning policies and decisions should make sufficient provision for facilities such as health infrastructure and aim to achieve healthy, inclusive and safe places which support healthy lifestyles, especially where these addresses identified local health and well-being needs.

This impacts in obvious ways on recognised health priorities:

- Health Inequalities.
- Potential differentials in impact of development on particular groups within the community
- General Health Improvement.
- Implications for health and wellbeing becoming more certain given proposed consistency in Planning policy formulation and standardised local plans.
- Healthier Diets, Healthier Weights.
- The Black Country has higher rates of physically inactive adults and children and higher rates of obesity. Obesity is considered a risk factor for cancer and diabetes, and maternal obesity is a risk factor for infant mortality. Quality of design-led Local Plans can support healthier weight environments.
- Better Mental Health.
- Quality of design-led Local Plans can support environments that promote better mental wellbeing and eliminate barriers for those with mental disabilities.
- Communities.

- Potential for more digital engagement with younger people.
- Predictive Prevention.
- Potential for integration of personalised 'precision medicine' data to feed into planning evidence base.
- Enhanced Data.
- Improved use of national and local public health data in digital formats for national and local monitoring.
- Cleaner Air.
- Quality of design-led Local Plans can support environments of tree-lined streets can benefit active travel measures and reduce local air pollution generated by high levels of road traffic.
- Other Health Protection.
- Support delivery of Climate Change and Environmental protection policies.
- Healthcare Provision.
- Streamlined methods of funding local healthcare infrastructure and services. Exemptions for smaller developments will still have a cumulative impact from housing development.

In recognition of the above factors, the Black Country Local Planning Authorities and the Black Country & West Birmingham Clinical Commissioning Group have over the last two years worked together in preparation of the Black Country Plan, in particular the Chapter on Health and the formulation of its Policy on healthcare infrastructure. The Councils and CCGs have acknowledged their critical role in delivering high quality services and ensuring the Black Country's healthcare services are maintained, improved and, where necessary, expanded.

Data-Driven Evidence demonstrates that the Black Country & West Birmingham CCG Planning Policy Formulation Initiative is underpinned by a collection of data sets which have been rigorously tested through our engagement with the Primary and Secondary Care providers.

In September 2018, the NHS published 'Securing Section 106 and Community Infrastructure Levy funds – a guide', the purpose of which was to provide guidance to NHS Trusts in respect of 'the Section 106 (S106) and community infrastructure levy (CIL) capital and revenue opportunities for NHS trusts and foundation trusts impacted by a local development'. The NHS Guidance notes that Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICS) are well placed to establish the overall case for S106/CIL. This is because they can 'provide the data on primary, acute, mental and community health that demonstrates which services will be most affected by changes in demographics and population size, matched with the potential infrastructure and staffing pressures faced by different trusts'.

In this context the justification for the Planning Policy lies within the Black Country STP Estates Strategy and the Black Country & West Birmingham Clinical Commissioning Group, Primary Care Estates Strategies, including the substantive data that forms the basis of these strategies. The Planning Policy is also underpinned by the digital CCG's Primary Care Coverage Maps and the map-driven Digital interactive SHAPE Atlas data.

These suites of digital map-driven documents are available through the CCG's NHS website, online through the SHAPE portal and available to Planning Portal Submission Applicants. The information contained within these several streams of data will inform the Planning Applicant of the potential impact that a proposed development will have on the Primary Care Infrastructure within the locality of the development itself. The information can be interrogated to understand what the impact will be and how the proposed development can mitigate against such an impact through a planning obligation agreed by all stakeholders.

Importantly, in reference to establishing the impact on services, the NHS Guidance states that: '…if the new development includes a large number of family homes, demand for paediatric services may increase; an extra care housing development might increase the pressure on A&E services and hospital beds; and a large population influx with a major housing development may increase community and mental health demand'.

At its heart, the NHS Guidance essentially places an emphasis on the need for robust baseline data, and the consideration of how specific housing types (e.g. family homes) and tenures (e.g. older person housing) might impact upon current and future infrastructure and service provision.

It is important to note that the CCG has no ability to capital fund new building, extensions, or refurbishment project. We rely on GP led schemes where the GP has to fund the scheme direct, Third-Party Developers where the GP leases space from a Health Care developer or the Local Council where the GP leases space from the Council. The CCG's aim is not to stand in the way or impede new development, specifically housing but to draw to the attention of house building developers the need to engage with the CCG to understand the impact new developments will have on the local health care infrastructure and to work with the CCG to find a solution to such an impact, either through contribution, partnership working or other innovative means. We do rely on developers advising the CCG of their ability or inability to contribute towards improving the local health care infrastructure as a result of a new development by providing evidence-based viability appraisals that demonstrate the case.

The algebraic formula contained within the Black Country Joint Planning Policy is therefore provided as a tool to assist the applicant to assess what obligation or mitigation may be required as part of an individual Planning Application, thereby enabling the applicant to add the obligation or mitigation measures to their Financial Viability Appraisal of the development therein. The algebraic formula sets out a method of measuring the impact of a proposed development in terms of the Estate Infrastructure and the financial implications of such an impact. Thereafter the applicant can agree with the CCG what measures can be proposed and implemented as part of a mitigation strategy for the proposed development and the specific infrastructure requiring those measures.

Primary care infrastructure

LPAs and developers do not understand how primary care is funded or considered for funding.

What source does funding come from?

How is NHS central funding allocated/ applied for/ approved?

What is the ICS's strategy for primary care estate?

How would developer contributions work if being used to develop/improve privately-owned GP estate?

Development viability

Developer contributions must be accounted for in viability assessments of major housing developments. These already under pressure from social housing, Education, and Highways.

Healthcare infrastructure needs parity of esteem with the above.

Sites that have already undertaken viability assessment and applied for planning cannot be expected to revise their viability assessment, we do not expect retrospective contributions from decisions already made.

Resource

LPAs require a point of contact at the STP/ICS to consult with on Local Plans, site allocations and planning applications.

The STP/ICS needs to be responsive and co-operative in contributing to and supporting consultations.

It should not be underestimated the level of commitment required to meet the demands of maintaining relationships to achieve best outcomes.

Evidence Base to support policy

The STP/ICS needs to be confident it has a robust and well-maintained evidence base that will stand up to the scrutiny of the Secretary of State's Planning Inspector at an Examination in Public.

Developer contributions must be used to mitigate the impact of the development upon which the contribution is based.

5. The Black Country & West Birmingham CCG BLACK COUNTRY CORE PLAN policy

The provision of substantial new levels of housing across the Black Country will have an impact on existing healthcare infrastructure and generate demand for both extended and new facilities across the Plan area, as well as impacting upon service delivery as population growth results in additional medical interventions in the population.

Existing primary and secondary healthcare infrastructure will be protected, and new or improved healthcare facilities will be provided, in accordance with requirements agreed between the Local Panning Authorities and local health organisations. These will be contained within local plan documents and local strategies to improve health and wellbeing.

Proposals for major residential developments of 10 units or more, or any other thresholds set by the Local Planning Authority, must be assessed against the capacity of existing facilities as set out in these documents and strategies. Where there is insufficient capacity to meet the demand generated by the residents of the new development, developers will be required to contribute to the provision of healthcare facilities and/or services, or improve capacity within these, to meet the greater level of demand generated by their development, in line with the requirements and calculation methods set out in these strategies.

Such contributions will be required through planning obligations or levies and may include payments for provision of health or other infrastructure or services and/or direct provision of infrastructure, services, or sites for health facilities.

Contributions will be sought at a level that ensures the overall delivery of appropriate development is not compromised.

Development that would give rise to significant adverse effects on healthcare infrastructure or services without an agreed and appropriate level of mitigation will not be supported.

An explanation of the National Planning Policy Guidance indicates that the healthcare implications of any relevant proposed local development have been considered. The Black Country's unique circumstances give rise to a number of challenges to health and well-being, which should be addressed by development wherever possible.

Ensuring a healthy and safe environment that contributes to people's health and well-being is a key objective of many of the four Council's partners, including local health service providers and the voluntary sector, and is the subject of many of the wider strategies.

The Councils and their partners, including other healthcare infrastructure providers, have a critical role to play in delivering high quality services and ensuring the Black Country's healthcare services are maintained, improved and, where necessary, expanded. The infrastructure strategies of these partner organisations have helped inform this policy. Healthcare infrastructure planning is necessarily an on-going process, and the Councils will continue to work closely with these partners and the development industry to assess and meet existing and emerging healthcare infrastructure needs.

The planning system has a key role to play in delivering these wider strategies. One of the key objectives of the Black Country Plan is to improve the health and well-being of the region's residents. By prioritising new or improved health centres, leisure centres and other facilities that encourage healthy behaviour for residents of all ages through the Plan, the LPAs will work with partners to achieve a reduction in health inequalities.

As the Black Country grows and changes, social and community facilities must be developed to meet the changing needs of the region's diverse communities. Therefore, new facilities and/or investment in existing facilities will be required. Development may add extra pressure. Local Authorities and Clinical Commissioning Groups (CCGs) have a duty to carry out joint strategic needs assessments of health and wellbeing in their area. This helps them to understand the needs of the whole community, so that they can work together to put in place services that meet these needs. It is proposed to support and work with NHS and other health organisations to ensure the development of health facilities where needed in new development areas, and where appropriate these will be included in Local Development Documents and masterplans. Health issues are an underlying topic across the Plan and are specifically and implicitly addressed in a number of other policies in it.

Funding for many healthcare infrastructure projects will be from mainstream NHS sources, but for some infrastructure types, an element of this funding may include contributions from developers. This contribution would be secured through the Community Infrastructure Levy (CIL) and/or (where the infrastructure requirement is necessary to make a development acceptable in planning terms) through Section 106 Agreement/Planning Obligations.

New residential development also affects the ability of healthcare organisations to provide the health services required to those who live within the development, and also the community at large, by imposing additional demand upon services which are already operating at capacity levels and operating within fixed levels of funding. This impact is felt in both the physical and workforce capacity of services and also in their funding, which NHS payment rules mean do not follow patients in their first year.

Residential developments of 10 units or more will be assessed against the ability of nearby primary, secondary and community healthcare provision to be delivered without being compromised by demand from additional residents. The calculation of additional residents and the healthcare delivery status of existing facilities and services uses an established method adopted by the NHS Clinical Commissioning Group.

Any development that is likely to have a potential impact on the current or future capacity of existing healthcare infrastructure should be subject to an appropriate assessment, to be submitted alongside a planning application, to demonstrate both positive and negative impacts of the proposed development on those services and facilities. The need for such an appraisal is likely to occur where large-scale mixed use and housing developments are being proposed, or where a number of smaller sites lie in proximity to each other.

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