

Scrutiny of health meeting

8 September 2023

Agenda

1. An introduction to securing new health infrastructure through the planning process
2. How this works in practice: The role and input of the Integrated Care Board (ICB)
3. Opportunities through the new Local Plan for North Yorkshire
4. Questions and discussion

Planning for Health



Policy context



Policies to deliver infrastructure
General and/or site specific
Site wide development frameworks or
parameter plans



Prepared in consultation with
infrastructure providers
Sets out what infrastructure is needed,
when and who delivers/pays for it

Developer contributions

Community Interest Levy (CIL)

- Fixed flat rate
- Does not apply across the whole of NYC
- Supports infrastructure delivery generally

S106*

- Negotiated settlement
- Delivers development specific infrastructure
- Fairly & reasonably related to scale of development
- Necessary to make the scheme acceptable

*of the Town and Country Planning Act, 1990

The North Yorkshire ICB Approach

- North Yorkshire has been working with the 7 boroughs and district councils successfully for years to manage the impact of planning developments and decisions.
- We have established an innovative and proactive approach to capital planning and estates. This includes working closely with system partners to horizon scan and mitigate health care impact linked to future developments and population needs.
- We hold a comprehensive pipeline of out of hospital estates issues and upcoming developments across housing and other areas which is reviewed at our Capital Planning and Estates Group (CPEG) monthly.
- We have nominated senior leadership and locality leads where estates are incorporated as part of their core functions.
- We also have a dedicated planning officer who monitors developments and makes applications for appropriate funding.
- The ICB is working with colleagues through the new single council, both strategically and operationally, to explore options for utilising estate across North Yorkshire and support delivery of integrated models of care.
- **The relationships formed through this approach are key to our success.**

ICB application process for capital

- Make appropriate response to housing developments (>10 units in Scarborough and > 25 units in HaRD) and care home developments
- In response, establish if there is existing capacity at GP practices within a 2 mile radius of the proposed development
- Where there is no capacity:
 1. Establish the expected population increase as a result of the proposed development (the number of proposed houses x the average occupancy per house based on census information)
 2. Calculate the primary care space required to mitigate against the development (using national planning tool)
 3. Generate a financial value based on the space requirement:
 - space x new build cost per m²
 - Or, space x extension cost per m²
- Funding is, and can only be used, to increase primary care floor area to mitigate against the increased population
- Developers pass funding over to NYC to hold until ICB has a defined scheme
- Any unused capital would be returned to the developer
- The support of the council through this process is key to the securing the resources required for our population needs

Capital requests secured

Work is underway to finalise proposals to extend primary care floor area in the following places:

Scarborough = £586k

- 13 separate developments across Eastfield, Scalby, Burniston, Newby and Osgodby. Directly affects multiple GP practices

Filey = £66k

- 2 separate developments in Filey affecting the GP practice there, and possibly Hunmanby Surgery too

East Ayton, Seamer and Hunmanby = £138k

- 5 separate developments across these areas

Knaresborough = £115k

- 2 schemes affecting all 3 GP practices in Knaresborough at Halfpenny Lane and Wetherby Road Extra Care facility

Harrogate = £254k

- 2 separate developments at Kingsley affecting Mowbray Square Medical Practice and Grove Park Court

Whitby = £53k

- 3 separate schemes directly affecting Whitby Group Practice, at High Stakesby Road, Green Lane and The Garth

Total = £1.2m capital secured across North Yorkshire to mitigate against approved developments

Pipeline capital requests submitted

West Harrogate = £2.4m

- As part of the West of Harrogate parameters plan. 2,000 houses, population increase expected of 5,750 people

Ripon = £1.5m

- The redevelopment of Claro Barracks. 1,300 houses, population increase expected of 2,990 people

Norton Lodge, Malton = £792k

- Land Adjacent To Norton Lodge, Beverley Road. 672 houses, population increase expected of 1,613 people

12 other developments = £544k

- Separate housing developments across the Harrogate & Rural District and Scarborough Ryedale places

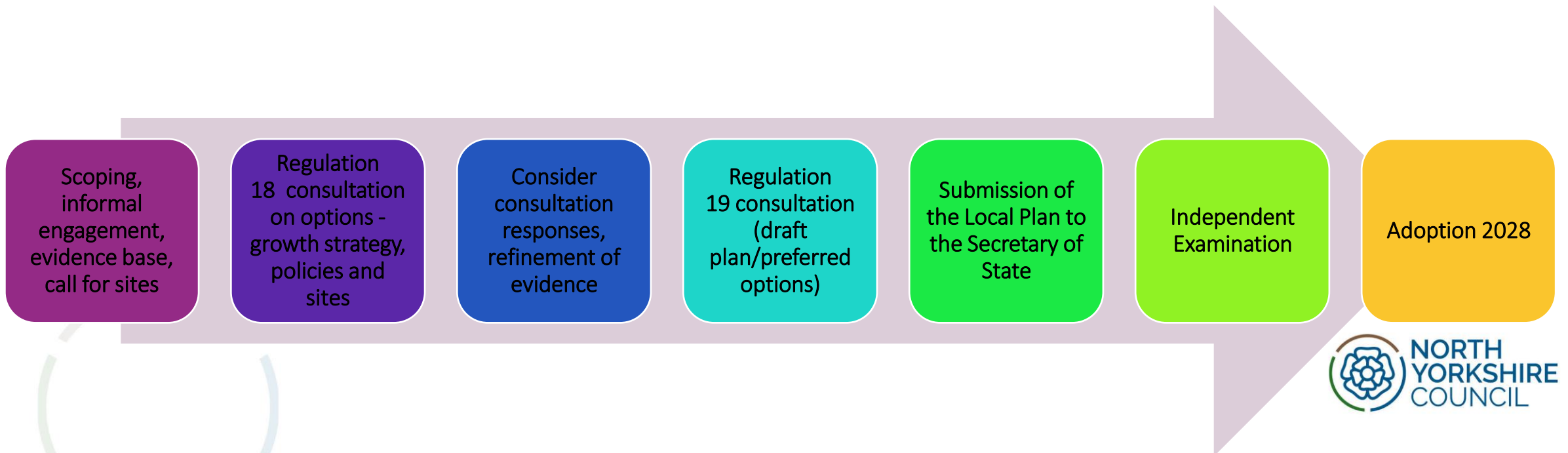
West Ayton = £113k

- 4 separate developments across East Snainton, Seamer and East Ayton in response to proposed housing developments

Total = £5.35m capital requests submitted across North Yorkshire

A new Local Plan for North Yorkshire

- Full local plan for the whole area (vision, strategic objectives, growth strategy, development management policies, monitoring)
- Minimum 15 Years
- National Planning Policy Framework
- Local Evidence including Infrastructure Delivery Plan & Whole Plan Viability Assessment
- **Early engagement with infrastructure providers & other key stakeholders is key**



Key issues for the new local plan

A New Sustainable Growth Strategy

Linking to other key strategies & evidence

Large plan area – local focus

Economic & housing growth ambition

Key economic centers & drivers

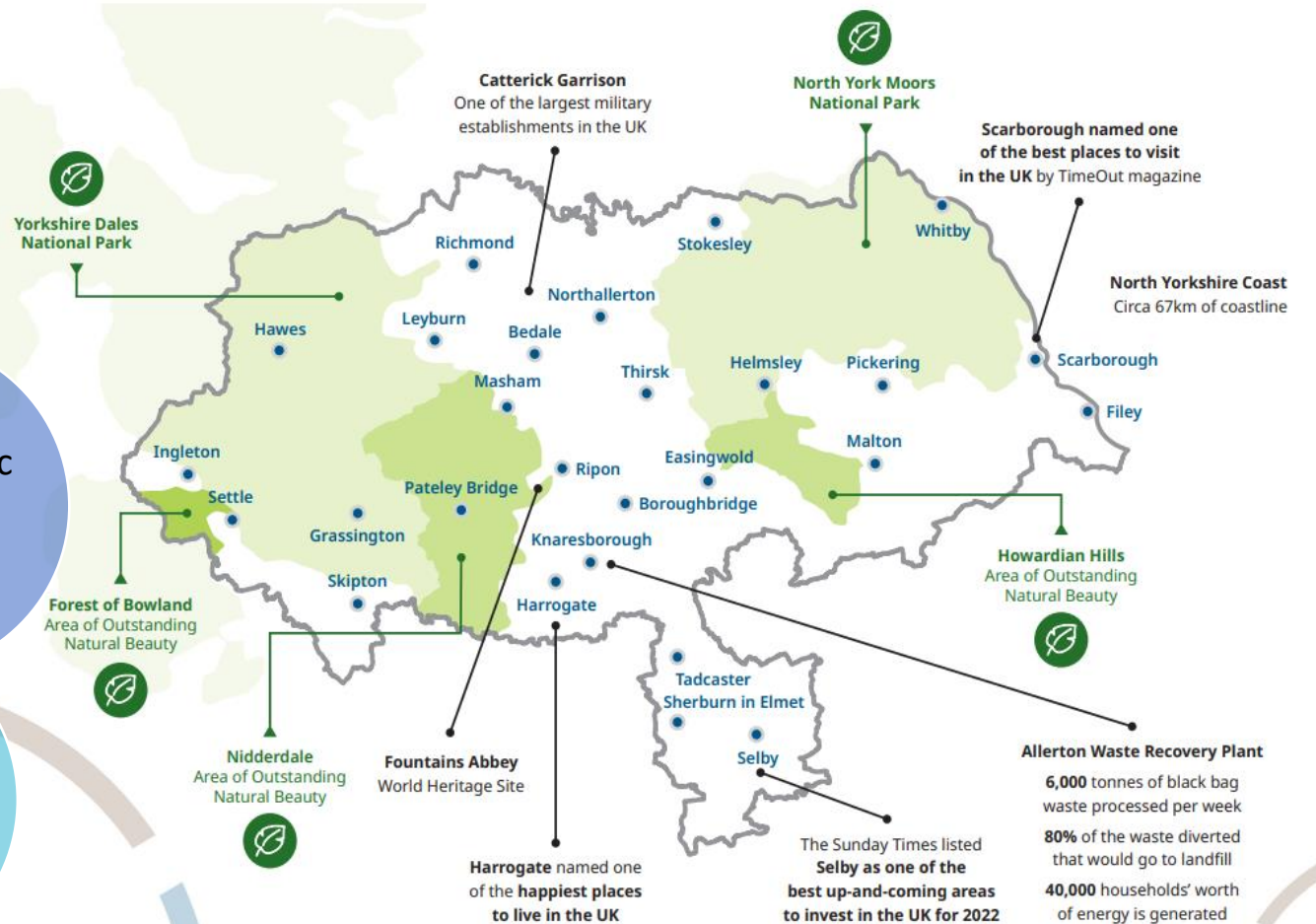
Places that work for people

Natural & built environment

Design codes

Infrastructure opportunities & constraints

Climate change



The new Local Plan - opportunities for Health

Recommend a **specific Health policy** in emerging LP. To help avoid confusion for members and service providers limit and challenge from applicants

Planning and Health – cutting themes: Walkable neighbourhoods; provision of sports, landscape and open space; children's play areas; active and sustainable travel in new developments; lifetime home design; etc.

Engagement throughout the plan making process: Members, other NYC services and external health service providers (e.g., ICB, NHS)

Need to **identify where new health facilities are required** across the geography, add these to the Local Plan so land is secured for long term projects.