

Update on Health Issues in the Growth Area

To: **Joint Strategic Growth Implementation Committee**

Date: **Wednesday, 9 April 2008**

From: **Tom Dutton, Assistant Director Strategic Planning
Cambridgeshire Primary Care Trust**

Purpose: **For Information**

Recommendation:

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1. Introduction

This report sets out the current position relating to the PCTs work on planning health services and facilities in the Growth Area.

Since our last report in December 2007, the following key changes have occurred:

- 2008/9 is the first of a new three year planning cycle for the NHS. New national and regional commissioning priorities have been set for the next three years. These will be supplemented by the NHS Next Stage Review led by Lord Darzi later this year
- From 3 March 2008, the PCT provider services started to operate as an independent business unit within the PCT, under the name of Cambridgeshire Community Services. CCS aspire to become one of the first Community Foundation Trusts in the country
- The PCT will return to recurring financial balance by 31 March 2008, having repaid £10.3 million of its £52.3m brought forward debt. We have produced plans to repay the remaining deficit over the next 3 financial years
- We have undertaken public consultation on the future of services in Davison House, Brookfields Hospital, Cambridge
- Together with Cambridgeshire County Council we have completed Joint Strategic Needs Assessments for Older People and for Children
- The PCT Board approved the Operational Plan for 2008/9

2. Site updates

2.1 Northstowe

Our vision remains to provide the majority of health services from a major facility in the town centre. This has been described as a "Health Campus" but is likely to be one building, part of or linked with the proposed Civic Hub. Some services will be provided in other settings in the community including schools, Extra-Care homes, community facilities and of course in peoples homes. As indicated in our previous report, we are also focussing more on the need to develop a shared understanding of the community development processes and resources that need to be in place to contribute to social cohesion.

The PCT has responded to the Outline Planning Application. Due to a number of concerns and a lack of detail on some issues, we have been unable to fully support the application at this time but have committed ourselves to working with the Promoters and Planning Authorities to resolve the issues over the coming months.

Our main concerns relate to:

- Phasing – the early development in the north and the south could create problems over accessing community services and facilities, particularly for

those in the south. There is a risk that two separate, unconnected communities could develop and that new residents will relate more to Longstanton and Oakington than to Northstowe

- Housing – concern that the application is for less than the 40% affordable housing set down in the Northstowe AAP. Lifetime Homes need to be to the standards set out in the latest Government document on Lifetime Homes and also ensure that there is sufficient bespoke housing for people with physical and mental disabilities.
- Environmental Impact Assessment (EIA) – contrary to our advice and requests, a separate Health Impact Assessment (HIA) has been undertaken. The EIA provides the opportunity for the impact on people's health and well-being to be considered in a relevant way and in the context of the overall application. Where a separate HIA has been produced it often lacks context, relevance and consistency with the overall planning application and sadly this is the case here where there is little or no cross-referencing between the two documents. We also asked for a number of indicators, relevant to health, to be included in the Sustainability Appraisal but this is not reflected in the relevant documentation.
- Social Infrastructure – As well as supporting the early provision of physical community infrastructure and services, it is important that a number of other measures are taken to actively support community development and social cohesion and integration. The Cambridge City and South Cambridgeshire Improving health Partnership commissioned Cambridge Voluntary Services to lead a piece of work and prepare a report on this issue, using Northstowe as a model.
- Community Infrastructure - We have been party to a joint strategic study on the Civic Hub and Community facilities commissioned by Cambridgeshire County Council and South Cambridgeshire County Council and South Cambridgeshire County Council. This has demonstrated that the Civic Hub, incorporating the Health Campus, will fit on the location shown subject to certain caveats. Unfortunately no clear site has been defined by the Promoters for the first community facility so the study cannot comment on the suitability of that location for the first community facilities.

The new Masterplan has caused us to review our thinking regarding provision in the early years of the development. We have concluded that the facility proposed for the first local centre in the north of the town needs to be larger than originally thought and probably become a permanent facility whose Health & Social Care use may change over the years.

The PCT will again review the modelling for service and infrastructure requirements in the context of the Masterplan and demographic forecasts and in the light of the findings of the NHS Next Steps Review (expected Summer 2008) and our own emerging Corporate Strategy.

Reasons for this are:

- Timing and phasing of the Town Centre – 5 years at the earliest before the Health Campus could begin, possibly even longer, allowing for slippages due to market forces and other factors
- Size of population that the first facility may potentially need to serve – 6150 estimated by end of year 5
- Strategic need for staff accommodation for local Adult Health & Social Care Team and Mental Health Community teams.

We are trying to finalise our requirements for the purposes of the S106 and to enable the business case and procurement processes for the interim facility and civic hub/health campus to begin in order for them to be completed at the desired time. Unfortunately, the outline planning application causes some concerns and lacks important detail that, at this stage, is making final decisions difficult. We have particular concerns about how residents in the south of the development would access certain facilities and services as the Masterplan and phasing details shared to date does not make clear what road, cycle and pathways will be in place at each phase of the development.

The PCT will shortly need to decide how it will commission services for Northstowe and will need to commence the procurement process during 2008, in order to have services in place for when the first residents arrive. We are keen that existing GP Practices in the vicinity work with the Northstowe provider to develop a hub and spoke approach in order that existing residents have greater access to a wider range of services.

2.2 Cambridge Southern Fringe

From the earliest stages of planning, our approach has been to develop a new Health facility within the Clay Farm development to replace the temporary facility in Trumpington and serve the existing Trumpington resident plus the new residents of Clay Farm, Glebe Farm and Trumpington Meadows. A facility of approximately 1000 sq metres is required and our preference is for this to be part of the Joint Community/Service Provider facility which we have been working conceptually with Local Authority colleagues and the existing Trumpington community for some time. In addition, the temporary facility in Beverly Way will need to be expanded, in order to meet the needs of the earlier residents of the new developments.

All these requirements are included in the S106 Heads of Terms. At their meeting on 26th March, the PCT Board approved in principle an offer from the Countryside Properties and their approach to delivering the Community and Health facilities. The facility will be provided by the Developers, to our specification, and leased to the GP Practice or the PCT. For the first 8 years of the building, a discounted rent will be paid which in total will amount to a significant S106 contribution from the Clay Farm, Glebe Farm and Trumpington Meadows developments. A further contribution has been agreed from the Bell School site.

The PCT acknowledges the successful partnership working with the Local Authorities and Cambridgeshire Horizons that has helped to achieve this.

The PCT Board has also confirmed the Trumpington Street Medical Practice as our preferred primary care provider, having already established the branch surgery in Beverly Way. The Practice can now plan accordingly and participate fully in the plans for developing and procuring the facilities and will mean that health services will be in place to meet the needs of the first new residents.

2.3 Cambridge North West

This area is the most complex to date in terms of the PCT deciding the best option for service and infrastructure provision. We have always held the view that we need to consider the needs of the North West quadrant as a whole, including the existing community, not look at the needs of the NIAB and University sites in isolation. There is already pressure on the Huntingdon Road and Arbury Road Practices and neither are in a position to consider significant increases in patient numbers because of physical restraints on their existing premises. New capacity is therefore needed virtually from the outset of these developments. We therefore need to have new primary care provision in one of the North West developments, but probably not both.

At the end of 2007, it became apparent that there was wider uncertainty about the location and timing of a number of community facilities for Cambridge North West. The PCT therefore offered to run a Rapid Impact Assessment workshop to help decide the best option for provision of Health and Library facilities in particular and to explore opportunities for co-location. The workshop is due to be held on 4 April 2008.

2.4 Other sites

Cambridge East – discussions have recently re-commenced; nothing substantial to report at this stage.

CB1 – the PCT continues to discuss with Ashwells and the three GP Practices the provision of a new health facility within the re-development area. The proposed facility has been included in the CB1 Masterplan and Outline Planning Application submitted in February 2008. Although the scheme presents huge financial challenges to the PCT, we have been aware for some years that it presents the only real opportunity to develop a modern, purpose-built health facility in central Cambridge to replace a number of inadequate GP premises and enable the strategic shift of a range of services into a community setting.

Cambourne – we are currently considering what extra capacity will be needed to cope with the additional 950 houses. It is likely that we will need to make internal changes to or extend the Health part of Sackville House. We would expect this to be funded from S106. Health did not receive a

contribution from the original S106. We have also responded to the recent developer-led consultation for up to a further 3,000 homes at Cambourne.

Outside of Cambridge City and South Cambs, we are reviewing the future requirements of St Neots, Ely, Huntingdon, Yaxley and the Fenland market towns as they will also be heavily affected by growth. We made a number of submissions to the Mereham enquiry and have made it clear that, like our Local Authority colleagues, we feel that this is an unsustainable location for a new settlement.

3 Conclusion

We have made significant progress with rectifying our financial position and whilst we still have major challenges, the forecast for 2010/11 onwards is more positive.

We are committed to continued strong partnership working and integration of services. We will continue to be fully engaged in the wider planning and delivery process for the growth in this area in order to fulfil our responsibilities and achieve our vision.

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