Colchester City Council Local Plan Review – Regulation 19 Consultation

Soundness Representation concerning Draft Policy PP37: Land north of Park Lane, Langham

Healthcare Statement for Langham Parish Council (Report SR3)

Introduction

The Local plan has not demonstrated that the additional population generated by the proposed allocation of PP37 can be accommodated by existing healthcare infrastructure nor that appropriate additional capacity will be provided when it is needed.

CCC have attempted to quantify healthcare requirements across the entire 2027 draft local plan, by applying a benchmark figure of approximately £4,333 per dwelling multiplied by the number of proposed new dwellings 13,755 to arrive at approx. £59.6 million covering primary care, acute care and mental health services to year 2043 but show no further detail.

This is NOT a costed healthcare provision it is merely a generic benchmark drawn from experiences elsewhere.

NHS Essex Integrated Care Board (ICB) quantify a current space deficit for the 15 Colchester GP practices of 3,402 sq metres and a rectification cost to rectify the deficit of £16.5 million, but no plan or timescale to close the deficit gap and expansion for the 2027 Local Plan and beyond, simply marking it as TBC.

Specifically, Langham has no village based primary healthcare facility, the nearest is Ardleigh 3.2 miles away. The ICB confirm Ardleigh has no current capacity for additional growth. The facility is already working a hot desk pattern because of insufficient floor space and no identified funding to improve the situation either with infrastructure or clinical staffing resource. There is no direct public transport connection to the surgery therefore placing an emphasis on car ownership. Cycling or walking would be via very narrow country lanes with no pedestrian walkways or cycleways and where traffic is restricted to either 40 or 60mph speed limits for much of the distance.

Other surgeries allocated to serve Langham are Mill Road, Colchester 6.1 miles from Langham, again without a direct bus service, and East Bergholt Surgery which is operated by NHS Suffolk situated 6.2 miles from Langham, there is a limited 2 to 3 hourly direct bus service to this location. Both these surgeries have limited head room for capacity expansion before infrastructure and resource funding becomes a requirement.

A Langham specific new GP facility has not been identified or proposed.

Evidence position

The evidence for the proposal of an 850 plus home PP37 requirement is NOT specifically identified or quantified in the Local plan project schedule for healthcare.

CCC's own evidence appears to establish the problem but FAILS to establish the solution.

CCC's own Stage 4 IADP records:
"All GP surgeries within the Borough are operating over capacity"
and further explains "do not have capacity for any additional growth resulting from proposed developments".

The delivery position in the infrastructure schedule does NOT identify a costed, funded and timed healthcare scheme for PP37. There is therefore a gap between:
Acknowledged healthcare deficiency – Proposed 850 plus homes growth – Actual additional healthcare infrastructure capacity and delivery.

Soundness Assessment

Positively prepared: Unsound. Draft Policy PP37 does not identify a specific healthcare facility or even establish the amount of additional capacity required. It does not provide a site specifi costed healthcare solution and does not establish clear Healthcare delivery triggers linked to dwelling construction and occupation.

Justified: Unsound. The Council's own evidence identifies existing constraints within the GP practices serving Langham, but does not establish how capacity will be increased at Ardleigh, Mill Road and East Bergholt surgeries to accommodate both existing committed growth and the additional new population generated by PP37. The absence of a GP surgery within Langham and limited or no public transport to existing practices further means that healthcare accessibility cannot be assessed simply be reference to geographical proximity. The Plan has therefore identified healthcare problems but has not demonstrated proportionate evidence of an effective and deliverable solution, and also fails to comply with the Council's own Strategic Policy ST7.

Effective: Unsound. The Plan allocate approximately 850 dwellings without demonstrating that the healthcare capacity needed to serve this population will actually be delivered at the required time and at the required scale.

Consistent with National Policy: Unsound. The Dec 2024 NPPF requires the Council to demonstrate that it has understood the existing healthcare deficit, quantified the additional requirement generated by PP37, and identified the facilities and contributions necessary to meet that requirement, but the supporting evidence and delivery mechanism are absent or insufficiently specific to meet the requirements of NPPF para 20c, 96c, 98b and 98e.

Requested modification

PP37 needs to be strengthened so as to identify with NHS Essex and NHS Suffolk a fully costed and deliverable strategy to provide the necessary capacity both in infrastructure and professional healthcare resources to accommodate the increased population.

The following points require clarification to reach a satisfactory outcome on what is needed and when, before any healthcare provision can be regarded as sound.

a) The number of additional patients generated by PP37 including the normal overall natural growth.
b) The existing GP/Primary care capacity serving Langham. (Note, part of the current nominated GP practices serving Langham are situated in Suffolk and therefore controlled by NHS Suffolk)
c) The additional healthcare capacity required.
d) The cost of providing the extra capacity (infrastructure & clinical staffing resource)
e) The funding mechanism. Developer, NHS/ICB or other sources.
f) When will the supporting infrastructure be required relative to occupation of the homes.
g) Who will be responsible for delivery of the healthcare expansion plan.

Conclusion

Langham Parish Council objects to Policy PP37 insofar as the policy and its supporting evidence do not adequately demonstrate how the healthcare needs generated by the proposed allocation of approximately 850 dwellings will be met.

Stage 4 IADP is intended to establish the costs, timing, and delivery detail for infrastructure necessary to support the Local Plan. For healthcare, the term TBC is insufficient, when considering the size and scope of the proposed development.

The Parish Council is concerned that the scale of proposed development will create additional demand for GP appointments, primary healthcare facilities, clinical staffing and wider NHS services. PP37 does not expressly identify the additional healthcare capacity required, the facilities through which that capacity will be provided, the funding arrangements, or a clear timetable for delivery.

CCC should provide a proportionate, evidence-based assessment of existing and projected healthcare capacity, prepared in consultation with the relevant NHS bodies and informed by the cumulative impact of planned development across the wider Colchester area.

The Parish Council is particularly concerned that healthcare provision should not be deferred until individual planning applications are determined, without a clear strategic framework establishing the necessary infrastructure, funding and delivery arrangements. Developer contributions alone cannot demonstrate that the required facilities will be deliverable when needed.

The omission of an express healthcare requirement from PP37 is especially material when the site policy specifies other infrastructure requirements, including primary education and wastewater capacity. The Local Plan should provide comparable clarity on the healthcare provision necessary to support this allocation.

The Parish Council considers that the Council has not demonstrated, without further supporting evidence, that the allocation is effective and justified in healthcare infrastructure terms, or that it is consistent with national policy requiring sufficient health infrastructure to meet the needs of the population and is therefore to be considered UNSOUND.