



Have Your Say on the Future of Your Borough

#### Bedford Borough Council – Local Plan 2040 Draft Plan Consultation Response Form

We would prefer to receive your comments via our online system www.bedford.gov.uk/localplan2040

# In particular, if you are a planning consultant or agent please help us to speed up the production of local plans by using the online system. If you require assistance, please contact us on 01234 718070.

Please only use this form if you cannot respond online and to make your comments on the Local Plan 2040 Draft Plan and its supporting documents. You will need to have the document you want to comment on to hand so that you can enter the appropriate references. Copies of the document are available to view on the Council's website www.bedford.gov.uk/LocalPlan2040 and in paper copy (**by 45 minute appointment**) at Bedford Central Library, Harpur Street, Bedford MK40 1PG (01234 718174). Subject to Covid restrictions being lifted on 19<sup>th</sup> July, paper copies will also be made available at all libraries in the borough, plus the key documents will be available at Rushden, St Neots, Biggleswade and Flitwick libraries during normal opening hours.

Please email this response form to us: planningforthefuture@bedford.gov.uk

Alternatively, responses can be sent by post. Please attach a stamp and send to:

Planning Policy Team Bedford Borough Council Borough Hall, Cauldwell Street Bedford, MK42 9AP

PLEASE DO NOT SUBMIT COMMENTS IN MORE THAN ONE FORMAT OR SEND TO MORE THAN ONE EMAIL ADDRESS. If you have submitted comments electronically you do not need to print and post them. All responses (electronic and paper) must be received by 5pm on 3 September 2021.

Your contact information will be kept on the Planning Policy database so that we can keep you up to date about this and other planning policy documents. Personal data will be collected and processed in accordance with the Data Protection Act and the General Data Protection Regulations. Further information can be found on the council's Data Protection webpage and in the Privacy Notices for planning policy.

All responses will be made public.

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## Please use a separate form (this page) for each consultation document paragraph, policy or evidence base document you are commenting on.

#### Which paragraph number, policy number or evidence base document are you commenting on?

Whole document

#### Please add your comments in the box below, and continue on an additional sheet if necessary.

I am writing to provide a response on behalf of Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG) in relation to the Council's consultation on the Local Plan Strategy Options, and to reconfirm our commitment to working in partnership with the Council to jointly plan the necessary infrastructure to help local communities in Bedford Borough thrive.

Council colleagues will recall that the CCG worked closely with Bedford Borough Council to support the development of the Infrastructure Delivery Plan (IDP) for the currently adopted Local Plan to 2030, which sets out the health infrastructure requirements associated with the current housing growth ambitions.

In addition, the CCG worked with the Council to carry out a detailed assessment in 2019 of the future need for primary healthcare services across the Borough, including as a result of projected housing growth. These pieces of work have been incorporated into the CCG's existing Primary Care Estates Strategy, enclosed for your information.

The CCG/ICS (or successor NHS body as appropriate) would expect to similarly work closely with the Council to fully assess the health infrastructure requirements associated with delivering the additional target of 12,500 additional homes by 2040, over and above the existing Local Plan commitments. In particular, health partners would hope to engage with the Council next year as the revised IDP is developed as a supporting document to the 2040 Local Plan.

It is important to raise that the cumulative effect of housing developments across the Borough, and surrounding Local Authorities, is having a significant impact on demand for community, mental health, Acute Trust and Ambulance Trust services. Whilst the previous infrastructure discussions have primarily related to primary healthcare services, it is important for Planners to note the wider health infrastructure impact and for this to be factored into infrastructure planning. We hope this will enable us to jointly continue to develop ourapproach to securing adequate contributions from developers – to ensure that the new and growing communities proposed can be adequately served by local health services.

Whilst we expect you may receive responses directly from other partner organisations within the Bedfordshire, Luton & Milton Keynes Integrated Care System, this response summarises the impact of the proposed development sites for the healthcare system across Bedford Borough.

We welcome further discussions with the Council around how we collectively can mitigate the cumulative impact of housing developments across the health infrastructure serving Bedford Borough, in a way which complies with the statutory tests in CIL regs 122, i.e.

A planning obligation may only constitute a reason for granting planning permission for the development if the obligation is—

(a)necessary to make the development acceptable in planning terms;

(b)directly related to the development; and

(c)fairly and reasonably related in scale and kind to the development.

Every effort is made to ensure every CCG request for a S106 developer contribution is tailored to each individual development. The methodology has been accepted by all the Local Authorities the CCG works with and at Appeal stage.

#### Impact of Proposed Strategy Options

All of the proposed options are expected to have a significant impact on community, mental health, Acute Trust and Ambulance Trust services. The full impact will require further detailed assessment next year.

#### Acute Trust

The cumulative effect of housing developments across the Borough are placing strain on the capacity of Bedford Hospital. As a result, Bedfordshire Hospitals Foundation Trust expects to need to bring forward a number of projects to increase capacity over the next 5-10 years and beyond, related to:

- Increasing the capacity of Urgent and Emergency Care services
- Expanding the number of surgical theatres
- Accommodating growth in demand for outpatient appointments and diagnostics.

We would expect acute contributions to be secured via the larger proposed developments within the new Local Plan to contribute to these key health infrastructure projects.

#### **Ambulance Trust**

The East of England Ambulance Service Trust (EEAST) are in the process of developing an evidence-based formula to identify the impact of population growth for housing developments on ambulance services. This will include key projects to enable delivery of their services, such as changes to road infrastructure and developments for nursing and care homes or over 55 developments. The CCG and EEAST would welcome further discussions around how the infrastructure impact of the Borough's 2040 Local Plan can be collectively addressed.

#### **Primary Care**

A significant transformation programme is underway across primary care in Bedfordshire, Luton and Milton Keynes (BLMK) in line with national strategy; for primary care at scale, improved patient access to services, workforce expansion to enable a wider and effective skill-mix for integrated multi-disciplinary working and delivery of personalised and proactive care to reduce referrals into hospitals to support the delivery of the NHS long term plan.

This means that the preferred Commissioning Strategy for Bedford Borough (as part of the Bedfordshire, Luton and Milton Keynes system) for areas of significant housing growth has changed over the last 5-10 years. It is generally less viable as an operating model to commission a new primary care provider in addition to the existing primary care providers who within their Primary Care Networks (PCNs) are able to collectively employ a wider skill-mix of clinicians to enable the multi-disciplinary working and personalised and proactive care as described above. Estates solutions need to support the development of integrated teams of GPs and other clinical professionals, community health and social care staff and with other community-based services that can positively impact on health and wellbeing (e.g. via social prescribing and voluntary sector).

Therefore, requests for contributions from developers need to be seen in the context of primary care operating at scale in an integrated manner with other health and social care partners. Providing appropriate infrastructure for new and/or growing communities will often require the relocation of an existing provider from their current premises, or extensions/reconfigurations of existing premises, as opposed to the establishment of new GP practices.

This means that to address the impact of the proposed developments in the Local Plan Strategy Options consultation on health services, some schemes may require land allocations but for others a capital contribution will be more appropriate. It is worth noting that given the complexity of the NHS capital regime, land allocations without capital contributions are not of great value to the health service. Generally, some form of capital contribution will always be required to ensure the deliverability of the proposed infrastructure mitigation.

#### **Community and Mental Health Services**

As set out above, community and mental health services are being increasingly organised around Primary Care Networks (PCNs – groupings of GP practices working in collaboration). Estates solutions will increasingly be designed around this way of working. We would expect the capacity impact of the proposed housing growth in the next iteration of the Borough's Local Plan to be partly mitigated through relocation of existing services into multi-purpose Hub facilities also serving primary care, providing the additional capacity required.

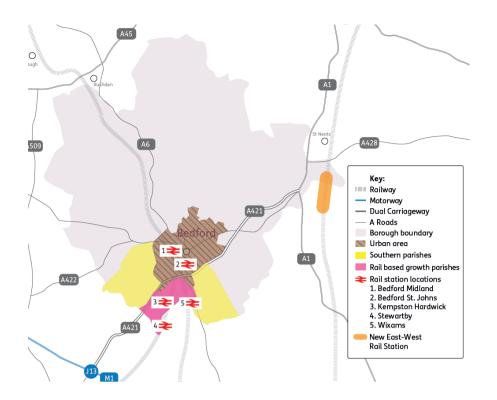
In addition, local community and mental health providers have a number of critical infrastructure projects planned to support the growing demand for their services. These include a proposed new mental health inpatient unit in Bedford, and the relocation of the county's wheelchair service to Bedford Borough. The CCG will expect to work with the Council to seek contributions from developers to support these important infrastructure projects in a way that it is reasonable and proportionate to the size of each development.

#### **Assessment of Strategy Options**

This section provides further assessment of the impact of each of the proposed options on **primary healthcare services** across the Borough, and the likely mitigations to be considered as part of the Infrastructure Delivery Plan next year.

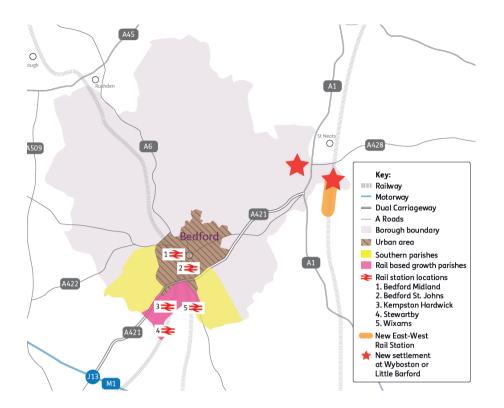
## Option 2a: Development in and around the urban area, plus A421 transport corridor with rail-based growth parishes and southern parishes.

<b></b>	
Within the urban area (1,500 dwellings).	Given the capacity constraints across the GP practice premises within the town centre, these additional dwellings are likely to require extensions/reconfigurations to one or more town centre GP practices to ensure adequate capacity and service provision.
	As far as practically possible, this capacity will be incorporated into larger primary care premises projects over the next ten years, but additional financial contributions from developers may be required to
	enable further expansion phases to some of these schemes.
Adjoining the urban area (1,500 dwellings), up to 51 ha employment.	Further analysis required to support IDP development. Infrastructure impact will be dependent on distribution of growth across these communities.
Transport corridor – rail- based growth: land within the parishes of Kempston Hardwick, Stewartby and Wixams (high option) (7,500 dwellings), up to 80 ha employment.	Key estates projects planned in Wixams, Kempston and Marston Valley are likely to provide strategic locations for the delivery of primary healthcare for these communities. However, the capital funding sources for these schemes are not yet fully established, and it therefore may not be possible to forward build sufficient capacity to incorporate this additional capacity requirement in Phase 1 of each of these schemes.
	Likely to require additional financial contributions from developers to enable expansion phases for one or more of these schemes.
Transport corridor – south: land within the parishes of Cotton End, Elstow, Kempston Rural, Shortstown, Wilstead and	Key estates projects planned in Kempston and Wootton, along with the new premises in Shortstown and existing premises in Elstow are likely to provide strategic locations for the delivery of primary healthcare for these communities.
Wootton (2,000 dwellings).	However, the capital funding sources for the Kempston Hub and Wootton schemes are not yet fully established, and it therefore may not be possible to forward build sufficient capacity to incorporate this additional requirement in Phase 1 of each of these schemes. Likely to require additional financial contributions from developers to enable expansion phases for one or more of these schemes.
	In addition, may require additional capacity to be incorporated into the premises in Shortstown and Elstow – potential requirement for financial contributions from developers to achieve this.
Total 12,500 dwellings and up to 131 ha employment	



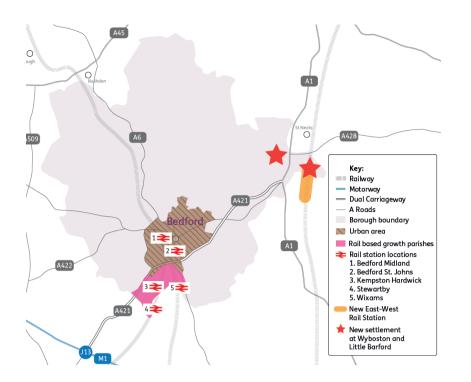
## Option 2b: Development in and around the urban area, plus A421 transport corridor with rail based growth parishes and southern parishes, plus one new settlement.

Within the urban area (1,500 dwellings).	As per Option 2a
Adjoining the urban area (1,500 dwellings), up to 51 ha employment.	As per Option 2a
Transport corridor – rail-based growth: land within the parishes of Kempston Hardwick, Stewartby and Wixams (low option) (5,500 dwellings), up to 80 ha employment.	As per Option 2a
Transport corridor – south: land within the parishes of Cotton End, Elstow, Kempston Rural, Shortstown, Wilstead and Wootton (1,500 dwellings).	As per Option 2a
New settlement at Little Barford (3,085 dwellings) or Wyboston (2,500 dwellings), up to 20 ha employment.	Significant development which will require additional primary care capacity. Further analysis required to support IDP development.
	Likely to require expansion/relocation of Great Barford Surgery premises and/or GP practice provision within St Neots (subject to further consultation with Cambridgeshire & Peterborough primary care commissioners). Potential requirement for land allocation and financial contributions from developers.
Total between 12,500 and 13,085 dwellings and up to 151 ha employment.	



## Option 2c: Development in and around the urban area, plus A421 transport corridor with rail based growth parishes, plus two new settlements.

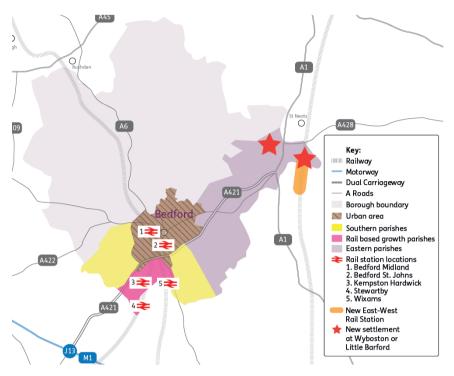
Within the urban area (1,500 dwellings).	As per Option 2a
Adjoining the urban area (1,500 dwellings), up to 51 ha employment.	As per Option 2a
Transport corridor – rail-based growth: land within the parishes of Kempston Hardwick, Stewartby and Wixams (extra low option, this being the residual required to meet need) (3,915 dwellings), up to 80 ha employment.	As per Option 2a
New settlements at Little Barford (3,085 dwellings) and Wyboston (2,500 dwellings), up to 20 ha employment.	As per Option 2b
Total 12,500 dwellings, up to 151 ha employment.	



## Option 2d: Development in and around the urban area, plus A421 transport corridor with rail based growth parishes, southern parishes and east parishes, plus one new settlement.

Within the urban area (1,500 dwellings).	As per Option 2a
Adjoining the urban area (1,500 dwellings), up to 51 ha employment.	As per Option 2a
Transport corridor – rail-based growth: land within the parishes of Kempston Hardwick, Stewartby and Wixams (low option) (5,500 dwellings), up to 80 ha employment.	As per Option 2a
Transport corridor – south: land within the parishes of Cotton End, Elstow, Kempston Rural, Shortstown, Wilstead and Wootton (750 dwellings).	As per Option 2a
Transport corridor – east: land within the parishes of Cardington, Cople, Great Barford, Little Barford, Roxton, Willington and Wyboston (750 dwellings), up to 28 ha employment.	Further analysis required to support IDP development. Infrastructure impact will be dependent on distribution of growth across these communities. Potential for some of this additional capacity to be absorbed within the existing premises in Shortstown.
	Some of this growth is likely to impact on Great Barford Surgery, in addition to the impact of the new settlement proposed in Little Barford or Wyboston (below). Likely to require expansion/relocation of Great Barford Surgery premises and/or GP practice provision within St Neots (subject to further consultation with Cambridgeshire & Peterborough primary care commissioners). Potential requirement for financial contributions from developers.
	Additionally, some of this growth is likely to impact on London Road Surgery. Absorbing this growth is likely to require expansion to the existing facility or relocation to a new building. Potential requirement for financial contributions from developers.

New settlement at Little Barford (3,085 dwellings) or Wyboston (2,500 dwellings), up to 20 ha employment.	As per Option 2b
Total between 12,500 and 13,085 dwellings, up to 179 ha employment.	



We hope that this information provides a useful indication of the expected impact on health services of the proposed Strategy Options set out in the Local Plan 2040 consultation document. We look forward to working with the Council throughout the development of the Local Plan and associated Infrastructure Delivery Plan.

Yours sincerely

Head of System & CCG Estates BLMK CCG and ICS