

Community Infrastructure Levy Consultation 2023

QUESTION SUMMARIES

DATA TRENDS

INDIVIDUAL RESPONSES

All Pages –

Respondent #39 –

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COMPLETE

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IP Address: [REDACTED]

Page 1: Survey Information

Q1

Do you confirm that you have read and understood the privacy notice? You must select 'Yes' in order to take the survey.

Yes

Page 2: Register for consultation

Q2

Your name:

Stephanie Porter

Contact details:

Organisation (optional) ICB York Place

Address [REDACTED]

Address 2 [REDACTED]

City/town [REDACTED]

Post code [REDACTED]

Email address [REDACTED]

Q4

Do you wish to notified of future updates to CIL by the council? If yes we will use contact details provided above

Yes

Q5

Do you wish to participate in the CIL examination? If yes we will use contact details provided above

Yes

Page 3: Your response

Q6

1a. The Community Infrastructure Levy (CIL) Viability Study informed the production of the proposed rates in the draft CIL Charging Schedule. Do you have any comments on the content of the CIL Viability Study?

No

Q8

2a. Do the proposed levy rates set out in the draft CIL Charging Schedule appropriately reflect the conclusions of the CIL Viability Study?

N/A

Q10

3a. Do the proposed levy rates set out in the draft CIL Charging Schedule provide an appropriate balance between securing infrastructure investment and supporting the financial viability of new development in the area?

It is noted that there is no specific reference to identify health infrastructure in the schedule.

Q12

4a. CIL rates should not be set at a level which could render new development financially unviable. To ensure the financial viability of new development in the area, and to take into account variations in land prices and development costs throughout the authority's area, the draft CIL Charging Schedule proposes variable rates for different kinds of development. Do you have any comments on the proposed CIL rates?

Its noted that health effectively is at zero CIL rates.

Q14

5a. Should any types of development be charged a different CIL rate, and if so, why? Where alternative rates are proposed, please provide evidence to demonstrate why a proposed rate should be changed.

Respondent skipped this question

Page 4: Your response

Q16

6a. To support the financial viability of new development in the area, the draft CIL Charging Schedule includes an Instalments Policy which allows specified levels of levy charges to be paid in instalments over a set period of time. Do you have any comments on the draft Instalments Policy?

no

Q18

7a. Part 6 of the CIL Regulations (as amended) allows the Council to give discretionary relief for certain types of development from paying the levy. The Council has not identified any types of

development which may require this beyond the compulsory relief and exemptions outlined in the Regulations. Is there a need to provide discretionary relief from the levy to any types of development, and if so, why?

no

Q20

8a. Do you have any other comments on the draft CIL Charging Schedule?

Respondent skipped this question

Q22

9a. Do you have any other comments on the CIL evidence base?

Non hospital based health services in York are struggling to keep pace with residential and care home developments in York. We would want to work with the council and developers to ensure that a proportionate response is agreed and funded through the planning mechanisms to reflect the pressure on health. If all the developments go ahead in the Local Development Plan, the city will require a minimum of 4000m2 additional non hospital health provision. We currently plan this without land costs at £6000 - £7000 per square meter. We'd like to work with City Planners to ensure there is sufficient provision in the city to support the residential growth in its totality, but also the additional impact of over 65/over 75s and over 85s in the city who need more health support. All this information is within the estates strategy which we are happy to share with partners.

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[Redacted]

From:

[Redacted]

Sent:

24 March 2023 18:32

To:

[Redacted]

Cc:

localplan@york.gov.uk

Subject:

NHS York Place response to LDP and CiL consultation

Attachments:

LDP and CIL consultation response NHS York Place Primary Care 24 Mar 23.pdf

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Good evening

As a formal response to the current consultation which concludes on 27 March I've prepared the attached summary of key developments for Primary Care.

This will form the basis of practical opportunities for health in the community setting to engage in upcoming discussions. I've steered away from overtly referencing the population health aspects of our City profile and I am aware that hospital colleagues are considering their own response.

I look forward to our future discussions.

[Redacted signature]

[Redacted signature]

[Redacted signature]

Humber and North Yorkshire Health and Care Partnership

Web: www.humberandnorthyorkshire.org.uk



Humber and North Yorkshire
Health and Care Partnership

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NHS York Health & Care Partnership
West Offices
Station Rise
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Y01 6GA

Our ref:

24 March 2023

[Redacted]

Corporate Director of Place

[Redacted]

Email: [Redacted]

Web: www.humberandnorthyorkshire.org.uk

Dear [Redacted]

Response to Local Development Plan changes and Community Infrastructure Levy

Thank you for the opportunity to respond to your consultation on the documents which underpin the refreshed Local Development Plan (LDP) including the introduction of the Community Infrastructure Levy (CIL). Health input into the process is being managed via the York Health and Social Care Partnership Board, but I also wanted to take the opportunity to support some of the estates-based work for non-hospital provided services which has previously been shared with colleagues at City of York Council (CYC).

We have 5 Primary Care Commissioning Groups (PCNs), which co-ordinate the activities of the 11 General Practices covered by NHS York Health and Care Partnership. The last practice list size review, September 2022, showed our practices had a registered population of approximated 250,000 patients, some of our practices who are registered and are covered by East Riding Council.

PCN	General Practice	Registered Population
Priory Medical Group	Priory Medical Group	57,298
West Outer & North East	Haxby Group Practice	33,344
West Outer & North East	Old School Medical Practice	7,556
West Outer & North East	Front Street Surgery	7,953
York City Centre	Dalton Terrace Surgery	8,968
York City Centre	Unity Health	19,491
York City Centre	Jorvik Gillygate Medical Practice	24,613
York East	Pocklington Group Practice	18,150
York East	MyHealth	19,329

York East	Elvington Medical Practice	7,241
York Medical Group	York Medical Group	44,080

Over the past decade, we have been supporting practices to expand incrementally to respond to small scale residential developments, with only one new surgery, Unity at Kimberlow Hill in response to the University requiring the practice to relocate to facilitate their redevelopment plans.

The ability to expand existing sites is now very limited and capacity to respond to the projected population growth outlined in the LDP will need a City wide, partnership co-ordinated approach, including a shared responsibility to funding support to ensure that we can offer our residents appropriate health services.

Broadly speaking the LDP projects residential growth up to 2032 of around 40,000 new residents and we know that there are likely to be additional growth against current numbers for those over 65/over 75 and over 85 years of age which evidence confirms, require greater health support.

General approaches to increasing capacity

The Vale of York Clinical Commissioning Group, which preceded the ICB commissioned Shared Agenda to develop a Primary Care Estates strategy, which was supported by NHS Property Services and CYC. This was completed in December 2020 and at that time concluded that the impact of the LDP was a requirement for an additional 54 *clinical rooms*, excluding what would be required for support space and associated non-clinical activity space.

We can also use a standard primary care space calculator, which for 40,000 patients (in a single site) would generate the need for 5,000m² Gross Internal Area.

What these approaches don't do, is review what a specific area of residential and care home growth would need, by way of reference to existing facilities, which may include consolidation of some service, but it's a good general indicator.

Excluding the cost of land, new build project costs are current £6000 - £7,000 per m² and refurbishment costs are at around £3000 per m².

Individual Schemes Examples

Monkgate Health Centre - Together with NHS Property Services and CYC leads we have been exploring the option of replacing Monkgate Health Centre, ideally situated for city centre access and near areas with high inequalities – we have a scheme developed and costed but it has paused currently due to identified land and in turn funding options. We have explored opportunities to build on the council owned car park adjacent and also a phased refurbishment of the existing property. We'd welcome refreshed discussion in response to the LDP & CIL on how we could deliver this scheme.

A costed schedule of accommodation for a new build and refurbishment has previously been shared with CYC.

Burnholme Primary Care Centre - We have long established plans and a business case for a new build at Burnholme. Discussions stalled around the sale value of the CYC owned land, but the plans are in place and are available for review. The business case is also about to commence its NHS review and approval process.

Haxby Health Centre - as an existing NHS Property Services owned site with expansion land, we have commenced worked on a costed option appraisal given the proposals to develop in Haxby and Huntington we are working up proposals with Haxby group at Huntington and with Priory Medical Group at Victoria Way. This would be an ideal time to think about how the LDP and CIL plan into these proposals.

Schemes 'South of A64' - Preliminary work has been undertaken to understand the impact in Bishopthorpe; Copmanthorpe and Elvington. We'd be particularly keen to work with CYC on the Elvington proposals given the scale of the proposed development; the lack of capacity at existing sites and the reference in the LDP for the site at ST15/MM3.52 to health.

York Central – health colleagues worked extensively with Homes England on the specific health requirements for this site, and we'd like to continue that engagement, as its clear the impact of the housing proposals cannot be accommodated via existing primary care services. We have high level costed options to support this and again would value a discussion on how this might be understood and where appropriate, reflected in the developer obligations.

These are some of the schemes which we are developing, there are others, including what the City partners might require in the future from shared facilities at Askham Bar and we continue to engage on individual planning applications, seeking to secure Section 106 contributions to mitigate the impact on individual practices, but the accumulation of planning approvals without any meaningful contributions has left Primary Care health infrastructure very fragile in York and with few opportunities to respond to the growth planned without appropriate mitigation via developers and support from the Council in the strategic planning of services for citizens.

Conclusion

The Infrastructure Funding Gap and the Infrastructure Delivery Plan (2018) for City of York identify a funding gap of £5.6m for health which appears to have been calculated from 2 costed health infrastructure needs and are the only examples that were identified that require developer contributions as a funding source.

j) Additional GP provision to address cumulative impact of increase in population	Expansion of existing surgeries, branch surgeries, extended opening or alternative services.	No specific schemes identified	3.5	Ongoing	<ul style="list-style-type: none"> Yorkshire and Humber NHS Commissioning Board 	<ul style="list-style-type: none"> Public Sector funding Private investment Potential developer contributions (S106 on large sites) 	1,800 patients per GP 2014 viability study estimates provision at £250/unit (HW5)
k) Additional Dentist to address cumulative impact of increase in population.	Expansion of existing facilities, new facilities, extended opening or alternative services.	No specific schemes identified	2.1	Ongoing	<ul style="list-style-type: none"> Yorkshire and Humber NHS Commissioning Board 	<ul style="list-style-type: none"> Private investment Potential developer contributions (S106 on large sites) 	2014 viability study estimates provision at £150/unit (HW5)

The consultation on CIL excludes health as a named beneficiary and whilst we acknowledge that the viability of each site needs to be maintained, we would seek an integrated approach to ensure that our non-hospital based services are supported and that the impact of residential housing growth is mitigated in a planned and sustained way to best serve our residents. Given the land values in York, we also need specific support to ensure health is considered and in some cases prioritised so that viable schemes can be developed.

We welcome the series of meeting now in place, which include our Acute sector colleagues who will be making their own submission as part of the LDP and CIL consultation.

I look forward to your response, and of course, I am happy to share any of the detailed option appraisal work on the individual schemes along with the primary care estates strategy already forwarded.

Yours sincerely


Assistant Director Primary Care
NHS York Place

Copied to


 Strategic Planning Policy Team localplan@york.gov.uk