

## #2

**COMPLETE**

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**Q1** Please provide your contact details in the boxes below:

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Company (if appropriate)	<b>NHS Nene CCG</b>
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**Q2** Are you are an agent responding on behalf of another? **No**

**Q3** If you are an agent responding on behalf of another, please enter your details below: **Respondent skipped this question**

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**Q4** Which sites that have been assessed as being suitable for further consideration (Appendix A) do you think are most appropriate for development? Please state site number(s) – e.g. LAA0999 - and tell us why you think each site is most appropriate

At this stage we cannot comment but would we come the opportunity to comment once the decision has been made. In the meantime please see below for your information:-

The 2012 Health & Social Care Act redefined the way in which healthcare in England is structured and delivered since it came into force on 1st April 2013. Under the new arrangements the NHS retains responsibility for the overall health budget and the planning, delivery and day to day operation of the NHS in England whilst in addition retaining direct responsibility for commissioning a range of primary care services from self-employed providers such as GPs, dentists, optometrists and pharmacists. The NHS also provides offender healthcare and some services for members of the armed forces.

NHS England leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care. There are four regional teams which support the commissioning of high quality services and directly commission primary care and specialised services at a local level across England. The NHS England team that covers West Northamptonshire NHS England Midlands and East (Central Midlands).

CCGs are independent statutory NHS bodies responsible for the planning and commissioning of health care services for the local area. They are accountable to and performance managed by NHS England. Although NCCGs is the responsible organisation for

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commissioning services in the Northamptonshire area, an important exception to the commissioning remit of the CCGs that of primary care contracts. As noted above these are commissioned by NHS England, in order to avoid any conflicts of interest.

Other healthcare services are now commissioned by the 209 Clinical Commissioning Groups (CCGs) operating across England, including two covering Northamptonshire – Nene Clinical Commissioning Group (NCCG) and Corby Clinical Commissioning Group (CCCG). NCCG, which covers West Northamptonshire, is an organisation established by GPs across Northamptonshire. It covers most GP surgeries and is a not-for-profit organisation.

The CCGs provide for a wide range of hospital and community based healthcare, including district nurses; mental health and learning disability services; and urgent, emergency and elective care, much of which, but not exclusively, of course is provided in hospitals. CCGs are increasingly moving the delivery of these services out of hospitals and into the community.

Following publication of the NHS Five Year Forward View in 2015, all NHS bodies across the country are working together, and with the health, local authority and social care partners to deliver the five-year Sustainable Transformation Plan (STP) for the region.

A crucial aspect of the Northamptonshire health economy is that it works together as a whole area. This has now been further embedded through the STP (Sustainability and Transformation Plan) footprint, and as we progress on to the next steps of the strategic estates work, there is now full integration with the Provider Trusts as well. There is an Estates Workstream set up as an enabling workstream of the STP and this supports the transformation of the system.

Through working across workstreams of the STP, there will be a joined up approach with the clinical strategies and the enablers for change, such as workforce, digital technology and the estate, enabling whole footprint transformation to be possible. This has enabled opportunities to be identified which will deliver real change for the people of Northamptonshire and will set the direction of travel for the years to come.

The NHS through the STP process are seeking to develop new models of care that are community based, these will incorporate enhanced primary care at scale, simplified models of urgent and emergency care and new care pathways, with planned care, wellbeing and prevention at the heart of the long-term strategy. These will all require reconfiguration of the infrastructure at a community level, with provision of new developments that enable co-location and co-delivery of services with partner organisations. An innovative approach to such integrated infrastructure models is a ready development in Northamptonshire with the intention of expanding and enhancing this across all districts within the STP footprint.

The GP estate is mainly independently owned by GPs, who are supported by NHS England. Strategic Estate Advisor services were provided to each health system on behalf of the Department of Health by both Community Health Partnerships and NHS Property Services, with each CCG being allocated a designated advisor.

Secondary healthcare is treatment by specialists to whom a patient has been referred by primary care providers. It covers general acute care (typically provided in a hospital), intermediate care (short-term support to prevent an admission to hospital) and mental healthcare (provided in a range of settings).

Acute healthcare provision is revenue funded by the Department of Health, delivered by NHS Trusts and commissioned by Clinical Commissioning Groups. Providing acute healthcare infrastructure is beyond the control of the Partner Authorities and developers within West Northamptonshire.

Northampton General Hospital is the major acute healthcare hospital for Northampton, Daventry and South Northamptonshire. The Northampton General Hospital NHS Trust has confirmed that it continues to be the intention to remain at the existing site at Cottonville. Expansion of the site can be achieved through a reconfiguration of existing buildings and investments have taken place into the development of a healthcare campus. The site contains a number of single storey buildings and a car parking site at surface level. There are opportunities to improve the efficiency of the site; however present uncertainties with healthcare funding make it difficult for the hospital to plan with any certainty over the longer period for host site improvements. The hospital is in the process of updating its Strategic Masterplan. Smaller changes to hospital facilities are undertaken in line with the overall Masterplan. There is a potential funding gap for acute services provision which is beyond the means of developer contributions to influence. No information is available on how large any funding gap could be, but it is likely that a Government funding would be needed in order to raise the funds required.

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Improvements to, or provision of, new healthcare facilities can sometimes be funded through capital programmes, however this funding is limited. Developer contributions will be expected to support healthcare facilities in response to the needs of a development.

The Healthcare Infrastructure Schedule provides an estimation of infrastructure provision associated with development identified in the JCS in previous consultations with NHS Directly Commissioned Services and Primary Care Estates as coordinated by the NHS. The Schedule indicates that there is good provision across the urban areas where housing growth is anticipated through the JCS.

**Q5** Which sites that have been assessed as being suitable for further consideration (Appendix A) do you think are least appropriate for development? Please state site number(s) – e.g. LAA0999 - and tell us why you think each site is least appropriate

Respondent skipped this question

**Q6** Which sites do you think should be protected from development? Please state site number(s) – e.g. LAA0999 and tell us why you think each site should be protected from development

Respondent skipped this question

**Q7** Are there any sites that have been assessed as not being suitable for further consideration (Appendix B) that should be? Please state site number(s) – e.g. LAA0999 - and tell us why you think each site is suitable for further consideration

Respondent skipped this question

**Q8** Are there any sites which you think should be used for other purposes? Please state site number(s) – e.g. LAA0999 - and the best use for the site, e.g.: Residential Employment Retail Community facilities Open or green space Waste Other (please specify)

Respondent skipped this question

**Q9** Are there any other sites you think are suitable for the Council to consider in preparing the Local Plan Part 2? Please give further details, and submit details by email using the Call for Sites form available on the Council's website

Respondent skipped this question

### Page 4: Sustainability Appraisal of Site Options & Habitats Regulations Assessment

**Q10** Do you have any comments on the Sustainability Appraisal of Site Options?

Respondent skipped this question

**Q11** Do you have any comments on the information to support the Habitats Regulations Assessment?

Respondent skipped this question

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