

The Forum
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14th July 2025

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By email: appcomment@eppingforestdc.gov.uk

Epping Forest District Council
Civic Offices
323 High Street
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CM16 4BZ

Dear Sir/Madam,

Re: Planning Application EPF/1793/24 - Mixed Use Development comprising of up to 1,340 dwellings (use class C3); Residential Care and Supported Accommodation (C2), mixed use local centre (comprising Commercial, Business and Service Uses (Class E (a), (b), (c), (f) creche/nursery (g) offices, and (e) medical/health services), residential uses (C3), residential institutions (C2), etc, with all Matters Reserved except Junctions onto Rye Hill Road and B3193 (London Road))

Location: Land at Latton Priory, North of Rye Hill Road (Allocation Site SP4.1)

Further to the Hertfordshire and West Essex Integrated Care Board's response (HWE ICB), dated 9th December 2024 on the above-mentioned planning application, please accept this letter as the HWE ICB's revised and updated position on primary, community and mental healthcare capacity and needs arising from this proposed development and the health financial contributions sought if the Council is minded to grant planning permission. This letter should also be read alongside the consultation response from the Princess Alexandra NHS Trust (PAHT).

The HWE ICB became a statutory body on 1 July 2022 and is the health commissioner responsible for delivering joined up health and social health care to a population of c1.5m. in Hertfordshire and west Essex.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

The HWE ICB works in partnership with health providers, local authorities, and other organisations to:

- improve the general health and wellbeing of Hertfordshire and west Essex residents and improve health care services in the area.
- tackle the inequalities which affect people's physical and mental health, such as their ability to get the health services they need, and the quality of those services help tackle health and wider inequalities.
- get the most out of local health and care services and make sure that they are good value for money.
- help the NHS support social and economic development in Hertfordshire and west Essex.

A strategic aim of the NHS HWE ICB is the improvement of primary, community and mental health care outside of hospitals. To achieve this, the NHS commissions a number of services from general practices in addition to their "core" activity. On the ground this means more joined up care, for example, primary and community healthcare hubs with co-ordinated multidisciplinary professionals/teams. Therefore, a doctors' general practitioners' surgery may also include an ancillary pharmacy and ancillary facilities for treatments provided by general practitioners, nurses and other healthcare professionals to provide care to residents.

General comments

The HWE ICB has reassessed the impact of the proposed development at Latton Priory on existing primary, mental and community health service provision in and around the vicinity of the development site, using up to date housing trajectory data and evaluated how these impacts can be appropriately and adequately mitigated. Under separate cover the PAHT has addressed acute healthcare facilities and services.

Given Latton Priory is one of four major strategic site allocations that collectively form the Harlow and Gilston Garden Town (HGGT), this reassessment has formed **part of a wider assessment of existing and future health capacity needs arising from the HGGT programme** (i.e. all proposed new communities/strategic sites and regeneration sites).

In undertaking this assessment, the HWE ICB has had regard to:

Local Plan Policy SP4.1 of the Adopted Epping Forest Local Plan which includes the provision of appropriate community and health facilities at Latton Priory.

Local Plan Policy D1 (Delivery of Infrastructure) and the requirement that new development must be served and supported by appropriate on and off-site infrastructure and services identified through Infrastructure Delivery Plan Schedules.

Local Plan Policy D2 (Essential Facilities and Infrastructure) which requires development proposals to provide or improve the essential facilities and services required to serve the scale of the proposed development and includes health as essential facilities and services.

The planning application proposes up to 1,340 new homes, including residential care and supported living accommodation and residential institutions. This scale of development at Latton Priory, together with the inclusion of use class C2 will have an impact on primary and community and mental health care provision in the area, and its implications, if unmitigated, would be unsustainable for the NHS.

It is noted that the planning application proposes medical/health services within the mixed-use local centre, with the draft Heads of Terms allowing for either the provision of a new medical centre or a financial contribution for offsite provision.

Primary Care Networks (PCNs)

Within the HWE ICB there are 35 Primary Care Networks (PCNs) across the 14 localities; each covering a population of between circa 27,000 and 68,000 patients. These PCNs are expected to deliver services at scale for its registered population whilst working collaboratively with acute, community, voluntary and social care services in order to ensure an integrated approach to patient care.

Patients are at liberty to choose which GP practice to register with, providing they live within the practice boundary. However, most patients choose to register with the surgery closest and/or most easily accessible to their home for the following reasons: walking distance, quickest journey time, accessibility by public transport and parking provision.

Despite premises constraints GP Practices are not allowed to close their lists to new registrations without consultation with, and permission from the HWE ICB. Even when surgeries are significantly constrained, the NHS will seek to avoid a situation where a patient is denied access to their nearest GP surgery, with patient lists only closed in exceptional circumstances.

The HWE ICB keeps up to date PCN patient lists and closely monitors the current and future capacity of GP surgeries against Local Plan allocations/ housing trajectories.

The HWE ICB also ranks PCNs using existing premises data and known development data. This will identify and rank hotspots across the PCN patch where there is a need to explore projects to increase capacity, for example, by either re-configuring, extending or relocating GP practices to provide sufficient space to increase resources and clinical services to keep patient lists open.



Assessment of impact on existing Healthcare Provision

The HWE ICB has assessed the impact of the proposed development on existing primary health care provision in and around the vicinity of Harlow. This scheme is expected to deliver 1,340 homes, which based on an average occupancy of 2.4 will create circa **3,216_new patients**.

These new residents/patients will impact on four GP Practices in the PCNs covering Harlow North and Harlow South. The GP Practices within these PCNs impacted by this proposed development and their list size, as of 1st April 2025 are detailed in the table below.

PCN	Surgery Name	List Size
Harlow North	Addison House Branch Surgery at Barbara Castle Health Centre	5,816
Harlow South	Lister Medical Centre	20,991
	The Hamilton Practice	11,101
	The Ross Practice	10,831

In terms of premises need and priority, Harlow North is ranked 21 out of 35 PCNs in the HWE ICB and Harlow South is ranked 33. To illustrate their current capacity, individually and collectively, please see the tables below.

Harlow North

Surgery Name	PCN	Settlement level				PCN level		
		Number of actual patients capacity/constraint relative to 18 per m2 (Actual)	Number of actual patients capacity/constraint of the settlement relative to 18 per m2 (Actual)	Total NIA shortfall of the settlement relative to 18 per m2 (Actual)	Capital impact of existing capacity/shortfall (based on £7,000 per m2)	Number of patients capacity/constraint relative to 18 per m2 (Actual)	Total NIA capacity/shortfall relative to 18 per m2 (Actual)	Capital impact of existing shortfall (based on £7,000 per m2)
Church Langley Medical Practice	Harlow North	-5,121	-5,121	-285	£1,991,577.78	-5,377	-299	£2,091,188
Addison House		-5,952						
Barbara Castle Health Centre		-915	1,054	59	-£409,896.67			
Nuffield House Health Centre		7,188						
Sydenham House Surgery		733						
Old Harlow Health Centre		-1,310	-1,310	-73	£509,506.67			



Harlow South

Surgery Name	Settlement	PCN	Settlement level				PCN level		
			Number of actual patients capacity/constraint relative to 18 per m2 (Actual)	Number of actual patients capacity/constraint of the settlement relative to 18 per m2 (Actual)	Total NIA shortfall of the settlement relative to 18 per m2 (Actual)	Capital impact of existing capacity/shortfall (based on £7,000 per m2)	Number of patients capacity/constraint relative to 18 per m2 (Actual)	Total NIA capacity/shortfall relative to 18 per m2 (Actual)	Capital impact of existing shortfall (based on £7,000 per m2)
Lister Medical Centre	Harlow	Harlow South	1,761	1,830	102	-£711,752	1,830	102	-£711,752.22
The Hamilton Practice			2,182						
The Ross Practice			-2,113						

These tables demonstrate that except for Lister Medical Centre, Nuffield House Health Centre and Sydenham House Surgery, all practices in Harlow are already constrained and their ability to accept additional patients is limited.

The closest practices to the proposed development are The Hamilton Practice and The Ross Practice. Both are constrained in terms of patients per m2 of floor space with the opportunities to reutilise, reconfigure space or extend at these practices limited.

When assessing the future NHS estates requirements, the HWE ICB closely scrutinises existing buildings, their tenancies, demised spaces, and internal reconfiguration and expansion capacity, aware that taking on new buildings presents considerable additional cost pressures to the NHS. While The Ross and Hamilton Practices are best placed geographically to absorb growth from Latton Priory, the building design, shared usage between the practices and other factors adversely limit the ability to translate that space into additional clinical rooms and therefore patient appointments.

Conversely both the Lister Medical Practice and Barbara Castle Medical Centre have potential capacity. The building used by the Addison House Branch Surgery at Barbara Castle Health Centre has approximately one third of its floorspace unoccupied. However, compounded by poor public transport connections, these practices are the furthest away from the proposed development and are likely to be unfavourable to new patients unless transport proposals come forward to improve transport connectivity to the east of Harlow.

In reviewing the PCN data and as explained above, The Hamilton Practice and The Ross Practice, the closest practices, will be unable to accommodate the additional patient numbers arising from Latton Priory, and indeed potential future housing growth in and around the vicinity of the development. In reviewing all options, the HWE ICB has concluded that new health infrastructure



in the form of on-site provision for a new medical facility will be needed to accommodate additional patient numbers arising from this development.

NHS GP premises and funding

By way of context, GP Practices are independent contractors that deliver NHS services - in most cases through General Medical Services (GMS) contract. In line with their contract, they receive payments for the delivery of GMS services as well as reimbursements of their premises costs.

According to the terms of their GMS contract, GP contractors receive rent from NHS for using their premises (which they either own or lease) to provide NHS services from. In line with NHS Premises Costs Directions 2024, for the premises that the GP's own, NHS pays Current Market Rent (i.e. fair and reasonable rent as determined by the District Valuer). For leased premises, NHS reimburses the lease rent that they pay to their landlord (also as verified by the District Valuer). In addition, NHS reimburses business rates and water rates.

If new and/or extended surgery buildings are required, these can be funded in various ways:

- NHS capital investment in the building works – GP practice will sign a Grant Agreement and as a result, their rent reimbursement is abated proportionately to reflect the amount of capital invested for a specified time period in line with NHS Premises Costs Directions 2024.
- S106/CIL investment in the building works – as above, treated in the same way as NHS capital investment.
- Capital investment by the practice.
- Capital investment by the landlord/third party developer.

In the latter two cases, where there is no NHS capital investment, yet the NHS receives the benefit of an increased and/or improved building, there is an increase in either the Current Market Rent (GP owned) or the lease rent (leased building) and the NHS commissioner will be liable for that additional revenue consequence. It should be noted that because all GMS contracts are contracts in perpetuity, the NHS will be liable for these costs indefinitely.

Please note, all NHS health infrastructure improvement projects are subject to the HWE ICB's own governance and scrutiny processes and are assessed against viability, affordability, deliverability and the ability to be future proofed for any future housing growth, given that new medical facilities present a significant cost pressure to the NHS.

Therefore, in terms of the HWE ICB's formal commitment to the proposal for a new on-site medical facility at Land at Latton Priory, at this stage the following points must be considered:

- All projects are subject to Full Business Case approval by the ICB and NHS England.

Dr Jane Halpin, Chief Executive

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- A commercial arrangement has to be agreed between the landowner, developer and end user based on a compliant design specification and demonstrate value for money.
- A project identified and costed in response to the planning application may not meet the objectives of NHS current strategies or could have significantly increased in cost, especially if there has been any significant time lapse from the date of the response to the date of implementation of the planning consent.

Cost calculation of additional primary care healthcare services arising from the development

The financial contribution for health infrastructure that the HWE ICB is seeking, to mitigate the health impacts from this development has been calculated using a formula based on the number of units proposed and does not take into account any existing deficiencies or shortfalls in Harlow and its vicinity, or other development proposals in the area.

The proposed development would deliver 1,340 dwellings, which based on an average occupancy of 2.4 occupants per dwelling will create circa **3,216 new patient registrations.**

3,216 new patient registrations/2000 = 1.608 of a GP *GP based on ratio of 2,000 patients per 1 GP and 199m2 as set out in the NHS England “Premises Principles of Best Practice Part 1 Procurement & Development”

1.608 x 199 m2 = 319.992 m2 of additional space required
 319.992 m2 x £7,000* per m2 = £2,239,944 (*Build cost; includes fit out and fees)
 £2,239,944 / 1,340 dwellings = £1,671.60 per dwelling (rounded to £1,672 per dwelling)

Total GMS monies requested: 1,340 dwellings x £1,672 per dwelling = £2,240,480 (indexed from the date of the planning permission)

If planning permission is granted, and in the event the HWE ICB cannot support the delivery of a new medical centre at this location for viability, affordability and deliverability reasons, the HWE ICB would focus Section 106 monies on projects to bring forward underutilised space within the existing NHS estate, within all four practices - The Ross and Hamilton Practices, the Lister Medical Practice and Barbara Castle Medical Centre. This fallback position will need to be addressed in the S106 Heads of Terms.

Please note, the above calculation is based on a £7,000 per m2 build cost. In the event Section 106 monies are used to reconfigure or extend the existing NHS estate, the financial contribution will need to be recalculated to take into account lower project/construction costs.



Please also note, the HWE ICB's indicative financial calculation above, includes use class C3. However, in the absence of the specific number of C3 uses proposed the HWE ICB has used an average occupancy of 2.4 occupants per dwelling in the calculation. This calculation will need to be refined once the detailed number and size of C3 uses is known.

The HWE ICB acknowledges the impact of supported living accommodation differs from residential housing. The HWE ICB also acknowledges that supported living accommodation can take some pressure off the NHS, leading to a reduction in falls, improved activity, reduced loneliness etc. Further, this type of development can also have a positive effect on prevention of ill health and some health-related incidents.

Regardless of any 'health related' services that may be offered on site, residents of supported living accommodation are still entitled to NHS General Medical Services. Therefore, it would not be unreasonable to assume that all residents of proposed supported living accommodation will be registered with a nearby GP and will exercise their right to the full range of NHS General Medical Services.

For information, the NHS Constitution states:

"Access to health services

Your rights

You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.

You have the right to access NHS services. You will not be refused access on unreasonable grounds.

You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences."

"Right to a GP

You have the right to register with a GP if you live within the GP's catchment area even if you come from abroad. You can choose which GP you want to be registered with. If a GP refuses to accept you, they must have reasonable grounds for doing so, and must give you their reasons in writing."

In terms of general practice and some parts of community services (e.g. community nursing), residents of supported living accommodation will present huge demands for the NHS due to increasing complexity with age, multiple chronic diseases and increasing frailty. Given PCNs have been given more responsibilities for patients, demands on GP practices will also increase. More complexity means more consultations and in turn the need for more practitioners, whether GPs or other allied health practitioners. This additional workforce requires space and space requires capital funding.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair



It is therefore evident that supported living accommodation presents an increased pressure on GP services, regardless of the benefits they may also bring. An ageing population will need more medical care whether they live locally or have moved from elsewhere.

Cost calculation of additional mental health and community healthcare arising from the development

As well as the importance of a Section 106 contribution for GMS, it is also vital to consider the impact of developments and additional residents on community and mental healthcare as occupiers of the development will access a variety of healthcare. Based on recent cost impact forecasting calculations, the potential cost impact of these developments going ahead on community and mental healthcare would be as follows:

Mental Health costs:

1,340 dwellings x £338.92 per dwelling = £454,152.80

Community Healthcare costs:

1,340 dwellings x £352.68 per dwelling = £472,591.20

Section 106 contributions towards secondary care services support for the Harlow area will be focused on building capacity in their nearby secondary care locations at Kao Park, Princess Alexandra Hospital and Addison House. These contributions would be allocated to the Community Services provider EPUT (Essex Partnership University Trust), and the Mental Health Services provider HPFT (Hertfordshire Partnership Foundation Trust).

The HWE ICB requests that the financial contributions for GMS and mental health and community healthcare costs are secured through a planning obligation attached to any grant of planning permission.

A trigger point of payment on occupancy of the 1st Dwelling and 100th Dwelling is requested for both GMS and community and mental healthcare planning obligations. Please note, the developer contribution figures referred to in this response are a calculation only and that the final payment will be based on the actual dwelling unit mix and the inclusion of indexation.

In respect of Regulation 122 of the CIL Regulations 2010 (amended 2019), the planning obligations sought from this proposal are:

- (i) **Necessary to make the development acceptable in planning terms.** The provision of community facilities including health is a material planning consideration. As explained above, a financial contribution has been sought to mitigate the primary health service



impacts arising from this development, through the provision of a new on-site medical facility to absorb the increase in patients arising from this development

- (ii) ***Directly related to the development.*** The new residents of the development will have an additional impact upon local health services. The financial contribution will be used towards a new on-site facility. As such the contribution will be used for the benefit of the new residents.
- (iii) ***Fairly and reasonably related in scale and kind to the development.*** The above financial contribution has been calculated based on 1,340 new dwellings and 3,216 new patients, to mitigate the primary health service impacts arising from this development.

Subject to securing the healthcare infrastructure to mitigate the health service impacts arising from this development, the HWE ICB does not raise an objection to the proposed development.

The HWE ICB looks forward to working with the Council and the applicant to address the matters raised in this consultation response and would appreciate acknowledgement of receipt of this letter.

Yours faithfully,



Rachael Donovan

**Town Planning Policy Manager
NHS Hertfordshire & West Essex ICB**

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

