



By email:  
**Hertfordshire and West Essex**  
David Elmore  
Integrated Care Board  
Welwyn Hatfield Borough Council

Charter House  
Parkway  
Welwyn Garden City  
Hertfordshire, AL8 6JL  
Mobile Telephone:  
07778 686493  
sheila.addison@nhs.net

2 August 2022

Dear David,

**Re: Planning Application Consultation: 6/2022/1375/MAJ**

**Proposal: Demolition of existing building and construction of 145 residential units (Use Class C3) with private and communal amenity space, landscaping, access, associated car and cycle parking, refuse and recycling storage and supporting infrastructure.**

**Location: Former Beales Hotel Comet Way Hatfield AL10 9NG**

Hertfordshire and West Essex Integrated Care Board has considered this planning application. Should this development of 145 dwellings go ahead, based on an average occupancy of:

63 x 1-bed - 2 occupants per dwelling = 126  
52 x 2-bed - 2.4 occupants per dwelling = 124.8  
30 x 3-bed - 2.4 occupants per dwelling = 72

it will create circa 332.8 new patient registrations.

Despite premises constraints GP Practices are not allowed to close their lists to new registrations without consultation with, and permission from, the Hertfordshire and West Essex Integrated Care Board. We expect applications for closed lists to increase as new developments in the area go live. Even when surgeries are significantly constrained the Integrated Care Board and NHS England would not wish an individual patient to be denied access to their nearest GP surgery. It is therefore important that new housing contributes financially towards healthcare infrastructure. Patient lists are only closed in exceptional circumstances.

When new dwellings and registrations are planned the preferred option is to find a way to absorb those significant demands upon surgeries by providing additional resources, e.g. by re-configuring, extending or relocating the premises to provide sufficient space to increase resources and clinical services and thus



keep the patient lists open. Developers' contributions under these circumstances is considered fair, reasonable and necessary.

Patients are at liberty to choose which GP practice to register with providing they live within the practice boundary and the Integrated Care Board nor NHS England can prescribe which surgery patients should attend. However, the majority of patients choose to register with the surgery closest and/or most easily accessible to their home for the following reasons; quickest journey, non-car dependent (public transport or walking distance), parking provision if a car journey is necessary, easy access during surgery hours, especially for families with young children and for older adults.

For several years, East and North Herts who are now part of the Herts and West Essex Integrated Care Board (H&WE ICB) as of 1 July 2022), in accordance with national direction, has commissioned a number of additional services from general practice. This aspect of the general practice work is increasing substantially. The NHS Long Term Plan set out a requirement for practices to form Primary Care Networks (PCNs) effective from 1 July 2019. NHS England agreed an Enhanced Service to support the formation of PCNs, additional workforce and service delivery models for the ensuing 5 years.

In the East and North Herts area of the H&WE ICB there are 13 PCNs across the 6 localities; each covering a population of between circa 30,000 and 76,000 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. The PCN that covers Hatfield has a combined patient registration list of 52,619 growing and which will continue to grow with developments such as this in mind.

For the above reasons a S.106 contribution is requested to make this scheme favourable to NHS England and the Hertfordshire and West Essex ICB.

Please note that our calculations below are based purely on the impact of this development, based on the number of dwellings proposed and does not take into account other development proposals in the area.

**Below is the calculation of the contribution sought based on the number of dwellings proposed, for GMS GP provision:**

332.8 new patient registrations/2000 = 0.1664 of a GP \*GP based on ratio of 2,000 patients per 1 GP and 199m<sup>2</sup> as set out in the NHS England “Premises Principles of Best Practice Part 1 Procurement & Development”

$0.1664 \times 199 \text{ m}^2 = 33.1136 \text{ m}^2$  of additional space required

$33.1136 \text{ m}^2 \times \text{£}5,410^* \text{ per m}^2 = \text{£}179,144.57^*$  (\*Build cost; includes fit out and fees)

$\text{£}179,144.57/145 \text{ dwellings} = \text{£}1,235.4797$  per dwelling (rounded to  $\text{£}1,235.00$  per dwelling)

**Total GMS monies requested: 145 dwellings x £1,235.00 = £179,075.00**

The ICB propose to focus the GMS/GP monies either singularly or by way of a combination on Burvill House Surgery and Lister House Surgery in Hatfield Town Centre. All are in the locality of this development. This may involve expansion, reconfiguration and digitisation of patient records to allow space to be repurposed. All of these and possibly other options are with a view to increasing clinical space and increasing the level of patient access in line with what will be needed. An advantage to an extension for example in reflecting on the operational impact of the pandemic is that in line with the direction of travel, areas need to be identified that can be isolated from the main practice area for obvious reasons.

To achieve this S106 monies are required as being ultimately the only source of funding. Trigger points of on occupancy of the 50<sup>th</sup> and 100th dwellings are requested.

NHS England and the ICB reserve the right to apply for S106 money retrospectively and the right to amend and request that this be reflected in any S106 agreement.

As well as the importance of a S.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:**

$145 \text{ dwellings} \times \text{£}201.75 = \text{£}29,254.00$

**Community Healthcare costs:**

145 dwellings x £182.03 = £26,394.00

Community Services for the Hatfield and Welwyn Garden City areas under which this development falls are centralised from Queensway Health Centre in Hatfield Town Centre. The focus of the S106 would be on the continuing expansion and re configuration project that includes installation of a lift with a view to further increasing patient access.

Mental Health Services for the Hatfield and Welwyn Garden City areas under which this development falls are centralised at Roseanne House in Welwyn Garden City. The focus of the S106 would be on the evolving expansion and reconfiguration project on that site by taking on additional space with the building to increase patient access.

Both these projects rely on S106 funding being made available.

The ICB is keen to continue to work with Welwyn Hatfield Borough Council as well as the developer to ensure that patients access to healthcare isn't compromised by this development, or indeed, other developments.

In terms of identifying a project in full at this stage the following points must be considered:

- All projects are subject to Full Business Case approval by the ICB and NHS England.
  - 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.
- All planning applications and responses are in the public domain; identifying a project before any design work starts and funding is discussed, agreed and secured may raise public expectation and indicate a promise of improvements and increased capacity, which are subject to both above points. Securing developers contributions to all aspects of healthcare is vital.
- A project identified and costed in response to the planning application may not meet the objectives of the 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.

At the time of responding to planning applications it is unclear when the development may be delivered, even if the site is listed in the Local plan and features on the housing trajectory for the local authority or indeed if permission will be granted. But should this development, as with any other, materialise, it will have an impact on healthcare provision in the area and must be mitigated by legally securing developers contributions.

Subject to certainty that healthcare will form part of the development and/or developer's contributions will be secured towards all aspects of healthcare NHSE/I and the ICB does not raise an objection to the proposed development.

Yours sincerely



Sue Fogden MRICS LLB (Hons)  
Assistant Director – Premises  
Hertfordshire and West Essex ICB