

TITLE	Update on Strategic Development Locations and Primary Care Facilities
FOR CONSIDERATION BY	Health and Wellbeing Board on 9 October 2014
WARD	None Specific
DIRECTOR	Stuart Rowbotham

OUTCOME / BENEFITS TO THE COMMUNITY

With the major population growth deriving from the building of Wokingham Borough's Strategic Development Locations (and other housing growth), ensuring that all residents have access to high-quality and responsive primary healthcare services is an important outcome for the Authority.

Planned population growth requires planned capacity growth within primary healthcare to ensure that no resident receives poorer services, and that services are readily and equally accessible across the Borough.

RECOMMENDATION

- 1) That the Board notes the calculations made by Grimes Ltd., acting as our contractor, on the capacity growth required for additional GP posts and estate, to meet the primary healthcare needs of the Borough population as it grows through the period of housing growth.
- 2) That the Board considers the recommendation contained in the Grimes Report that "*The Wokingham Health and Wellbeing Board forms a sub-committee, which includes co-opted external members as necessary, to act as a Programme Board to manage the healthcare delivery programme up to 2026*", and agrees an approach to meet this recommendation, making the necessary steps to recommend this approach to Full Council in due course. The first step would be to form a task and finish group to agree on the governance approach.

SUMMARY OF REPORT

This report intends to provide the Health and Wellbeing Board with information based upon work commissioned by the Wokingham Borough Council Public Health Department to provide recommendations on the provision of appropriate primary care facilities within the Borough's Strategic Development Locations.

Essentially, the findings of this work are summarised and the recommendations given to provide information as to what is required to meet the future populations' needs. Recommendations are made as to how the Borough Council; the Health and Wellbeing Board; and partner organisations can work together to plan primary healthcare for the future population. A separate Pharmaceutical Needs assessment, due in Autumn 2014, and the responsibility of the Health and Wellbeing Board, will identify pharmacy provision to the growing population separately.

Background

The environment in which residents live and work influences lifestyle and behaviour choices which impacts on the health of individuals and communities. The Core Strategy sets out the location and vision for community developments across the Borough. The creation of four large Sustainable Development Locations (SDL's) within the Borough will see 10,500 new homes and associated infrastructure being built. Alongside this there are existing plans for further residential developments totalling almost 3,000 new homes as well as the town centre regeneration programmes which begin with Wokingham Town.

The opportunity to design new natural and built environments for new communities on this scale is a once in a generation opportunity to provide the right infrastructure to ensure healthy sustainable, and resilient communities.

The vision of the Wokingham Borough Health and Wellbeing Strategy is "Healthier lives for everyone in Wokingham". The first version of the strategy (the second is currently in its final edit) contained five key aims; one being "Building health and wellbeing into new communities", specifically drafted to incorporate actions required to secure good health in the growing population. The priorities under this theme are:-

- 2.1 The Board will become a consultee on all major (50 units +) housing developments and regeneration activities in the Borough.
- 2.2 Influencing the design of the built environment to maximise wellbeing and sustainable communities.
- 2.3 Ensuring the design allows people to make healthy choices the easy choices, for example to travel actively; have access to high quality useable green space; to socialise easily; and to feel safe and stay independent.
- 2.4 Focus on community infrastructure which promotes healthy lifestyles; self-reliance and independence by ensuring it is integral to the new built environment plans.

The Council's Public Health Department works to ensure quality and safe healthcare, for instance in supporting the commissioning of local hospital services or pathways of care. It is not responsible for commissioning hospital services or GP services; however it does wish to ensure the quality and equity of access to these. NHS England's Thames Valley Area Team has a co-commissioning arrangement with Wokingham Clinical Commissioning Group to commission primary healthcare services.

The SDLs and the other new housing developments require public health action to ensure healthy environments: for example those where children can play in safety; people have access to green space and where they can lead peaceful lives. They also require good quality GP services.

The Public Health Department; working in conjunction with the Council's Planning Department through the "Sustainable Communities Implementation Working Group" had begun to discuss whether the SDLs would require additional primary healthcare facilities in the form of new buildings or land required for new buildings, and the form these could take to ensure sustainable community centres. To allow for wider discussion on these

issue; a workshop was held in July 2013 with several stakeholders including NHS England; Wokingham CCG; The Army; and members of both planning and public health departments. This led to the conclusion that specialist modelling and input was required to map out the likely rates of population increase and to work independently with GP practices to understand their needs. A tendering processes invited contractors to apply for the commission, the key objectives and outputs being as below:

Objectives

- 1 Understand spare capacity and accessibility of existing GP capacity in surrounding area, and what level of further provision may be required.
- 2 Identify appropriate options for delivery of new health facilities via S106 developer contributions/ CIL and other funding sources.

Outputs

A report providing:

- 1 A summary of data findings and highlighting areas of surplus capacity and/ or shortfall
- 2 An overview of relevant national good practice examples and how they translate to the opportunities presented by SDL developments
- 3 Business cases to support recommended delivery option(s) to meet identified need in each specified area

The tender was won by Grimes Ltd; a local start-up company whose director had significant NHS estates and primary healthcare planning experience. They began working on the commission in February 2014 and a final draft report was received in May 2014. Some revisions are being sought following consideration by the planning department and others, and should be delivered in the autumn of 2014.

The main findings of this commission form the remainder of this report.

Analysis of Issues

Wokingham Borough Council appointed Grimes Ltd. in January 2014 to carry out a needs assessment for primary healthcare requirements in the Borough's Strategic Development Locations at Arborfield Garrison, South of M4, Wokingham North and Wokingham South. This assessment will inform requests for developer Section 106, Community Infrastructure Levy (CIL) and/or other funding contributions.

The following actions were required in order to complete the brief:

- 1 Assess whether there is any spare capacity in the existing GP Practices in the area;
- 2 Assess the accessibility of the existing GP Practices in the area;
- 3 Evaluate the level of further Primary Care provision that may be required, taking account of the wider strategic context and NHS England's intended direction of travel;
- 4 Identify options for the delivery of Primary Care facilities to fill the identified gaps, drawing on models of national best practice (e.g. augmenting existing nearby provision, building new standalone units, incorporating GP Practices into multi-functional Community Centres);
- 5 Identify appropriate options for funding new health facilities via Section 106 (S106) developer contributions, Community Infrastructure Levy (CIL) and/or other funding sources.

The report identifies the level of impact on community health and acute clinical services. However, other clinical and commissioning strategies are expected to mitigate the impact of population growth in Wokingham in terms of clinical estate requirements.

The Wokingham Core Strategy to 2026 identified a need to develop 13,232 new dwellings by 2026. The Wokingham strategy is to deliver the majority through four Strategic Development Locations and development across other areas as shown in Table 1.

	North Wokingham	South Wokingham	Arborfield Garrison	South of M4	Non-SDL	Total
New dwellings	1,500	2,500	3,500	3,000	2,732	13,232
New population (at 2.52 per dwelling)	3,773	6,288	8,803	7,545	6,871	33,280
GP WTE* (at 1,850 patients per WTE)	2.0	3.4	4.8	4.1	3.7	18.0

*WTE: Whole Time Equivalent

The Core Strategy aims to deliver sustainable growth which includes social, economic and environmental aspects. To ensure the SDLs are sustainable each will include a local centre comprising a range of shops as well as other services and amenities. The Core Strategy was based on the Berkshire Strategic Housing Market Assessment (SMHA) produced by DTZ in 2007 and the GL Hearn Housing Options Advice Report (October 2010) which predicted household sizes in a range of 2.42 to 2.52 persons per dwelling by 2026. The Census of 2011 indicated that Wokingham has maintained an occupancy rate of 2.52 per dwelling.

The 2011 Census also indicated that the total population and number of households in Wokingham had not reached the expected levels identified in these planning reports. This may be due to national and international economic conditions delaying house building

The 2.52 persons per dwelling figure will be used for developing capacity in General Practice as it creates a nominal 4% contingency in capacity planning over the minimum population prediction for 2026. Based on an average occupancy rate of 2.52 the Borough will see an increase in population of 33,280 persons totalling 185,020 household residents which equates to a 22% increase in resident population by 2026. If the population meets the low household size prediction of 2.42 the household resident population of Wokingham Borough would reach 183,761, representing a growth of 21%.

Discussions with NHS England have confirmed three key planning assumptions:

- 1 GP lists should include 1,850 patients per Whole Time Equivalent (WTE) GP;
- 2 Primary Care is moving towards a seven day a week delivery model;
- 3 Newly formed Practices should have a minimum of three WTE GPs.

Consequently it is likely that each SDL and other growth areas will require additional GP capacity shown in Table 1. This indicates requirement for an additional 18 WTE GPs by 2026.

It should be noted that Wokingham has a notional 70 whole time equivalent GPs supporting the population. Over the next 12 years it can be anticipated that between 33% and 40% of Wokingham’s GPs may retire and the area will require a total of between 41 and 46 whole time equivalent GPs to be recruited to cover both population growth and retirements.

The Core Strategy has allowed for 2,732 dwellings to be built up to 2026 outside the SDLs. There are several likely locations for this growth:

- 1 Woodley – Sandford Farm
- 2 Woodley – Linpac site
- 3 Winnersh – Hatch Farm
- 4 Woodley – Bulmershe College
- 5 Twyford – windfall sites in relation to the extension of Crossrail to Reading
- 6 Spencer’s Wood – windfall sites

Wokingham Borough Council commissioned Grimes Ltd to review Primary Care capacity across the Borough to identify solutions for ensuring sufficient estates capacity is available to meet the health needs of the incoming population arising from housing development. The report will:

- 1 Review utilisation of current estate capacity;
- 2 Estimate future estate capacity requirements;
- 3 Identify how to deliver the necessary capacity in ways that meet the aims of the Core Strategy, including the sustainability criterion.

The report does not examine health models as this is outside the remit of the Borough Council. Redesign of clinical pathways is the responsibility of NHS England and Wokingham Clinical Commissioning Group (CCG).

Table 2: Population growth until 2026 in the central and west Berkshire sub-region

Local Authority Area	Usual Resident Population at 2011	Planned new dwellings to 2026	Expected population housing led gain by 2026	Population growth % by 2026	ONS Predicted population in 2026 (based on 2021 projections)	ONS predicted rise in population % by 2026
Reading	155,339	7,070	17,018	10.96%	9,706	6.25%
Wokingham	154,943	13,232	33,280	21.48%	39,722	25.64%
West Berks	154,148	7,875	19,059	12.36%	23,962	15.54%
Bracknell Forest	113,696	9,041	21,778	19.15%	21,778	19.15%
Total	578,126	37,218	90,779	15.70%	95,168	16.46%

The report identifies the level of impact on community health and acute clinical services. However, other clinical and commissioning strategies are expected to mitigate the impact of population growth in Wokingham in terms of clinical estate requirements.

Wokingham's growth should also be seen within the context of the whole sub-region which relies on services provided by the Royal Berkshire Hospital NHS Foundation Trust in Reading, Bracknell and Newbury. The population projections for the region are shown in Table 2. The table shows both housing led growth estimates and ONS population projections, which show a similar picture for the region as a whole of approximately 1% per annum growth between 2011 and 2026.

Furthermore 17,568 persons are expected to occupy housing to the west of Bracknell by 2026 requiring 9.5 wte GPs. (Basis: 2011 Average household size).

Annual migration data (Hearn 2010) indicate that over the next 12 years there will be a small net migration away from Wokingham of people between the ages of 45 and 80. This suggests that up until 2026 new housing will not impact on demand for older people's health services. It is noted that Hearn also indicated significant increases in each age cohort of older people within the existing Borough population.

Discussions with NHS England and GP Practices have identified several ways to increase capacity before new facilities are required. These options include:

1. Reviewing Practice timetables during Monday to Friday;
2. Providing more capacity outside core hours on Monday to Friday;
3. Providing more capacity over weekends;
4. Reviewing how existing clinical space is used;
5. Reviewing whether additional rooms can be created from the existing facilities.

Where it is identified that new facilities are required two options are reviewed:

- 1 Extensions to existing buildings;
- 2 New buildings.

The Core Strategy stated that:

1. Only five of the 15 GP Practices within the Borough had spare patient capacity;
2. A number of the GP premises were in need of refurbishment or replacement; and
3. The housing growth planned would require about 15 additional GPs.

Some of these statements are in need of revision to account for changes in the built environment since the Core Strategy was adopted.

Conclusions

The Grimes Report has identified that all Practices with the exception of Wargrave are likely to experience population growth.

It should be noted that the decision on 27th March 2014 to extend the Crossrail project to Reading may have an impact on demand for housing in Twyford. However, potential housing numbers are not currently known.

Analysis of the 20 Primary Care sites serving Wokingham Borough identified that there is sufficient capacity in the existing estate to meet the health needs of the new housing developments, with the exception of Arborfield and northeast Wokingham. Arborfield and northeast Wokingham will require additional estate to meet healthcare needs sustainably.

The development at Arborfield requires 4.8 WTE GPs to be in post by 2026. Currently there is insufficient estate available to accommodate this level of provision and new facilities are therefore required, either in the new Arborfield Local Centre or suitably accessible existing Practices. However, the nearest suitable Practice (at Finchampstead) is outside the distance deemed sustainable by the Borough planners (i.e. 1,000 metres on foot). Any development at Arborfield requires funding from planning gain through either the Section 106 or Community Infrastructure Levy (CIL) mechanisms at no capital cost to the NHS.

Northeast Wokingham includes South Wokingham SDL's Montague Park (which is north of the Reading to Waterloo railway line) and the Plough Lane and Kentwood Farm parts of North Wokingham SDL.

The south Wokingham SDL south of the Waterloo railway line is unlikely to support a viable standalone practice as it may only need 2.5 whole time equivalent GPs by 2026. The SDL may benefit from an outreach arrangement, similar to the Swallowfield Practice at Arborfield Cross, which should be facilitated through the community facilities provision in the SDL.

The current Burma Hills Surgery in the area at Ashridge Road Local Centre is operated as a single-handed practice in federation with the Parkside Practice Group. Its location makes it suitable for the new developments at Kentwood Farm, Plough Lane and Montague Park. The additional two GPs required to meet the needs of these three developments would help to ensure the sustainability of the Practice. Furthermore, the footfall from the enlarged Practice would support the financial sustainability of the Ashridge Road Local Centre. Initial discussions with the landlord indicate that the current building can be extended and if required, a pharmacy positioned in the Local Centre.

The analysis concludes that investment is required at Arborfield and in north Wokingham. It is possible that investment may be needed in the future at Loddon Vale and Brookside surgeries.

Development of these additional facilities will be dependent on the capacity of the existing estate to increase services. However, in the case of Arborfield the facility should be available and in service when the first new dwelling is occupied.

In the case of North Wokingham SDL and investment at Burma Hills surgery the new facilities should be developed and in service within 2 years to minimise new residents needing to travel further afield and to ensure the sustainability of the practice and local shops.

The timing and requirement for extensions to Brookside and Loddon Vale surgeries should be reviewed each year by the Programme Board. The requirement should be measured against the availability of capacity at Woodley Surgery main and branch surgeries and the Wilderness Road practice.

The report also reviews developments in the western part of the Borough of Bracknell Forest which may have an impact on services in Wokingham Borough. Housing development sites have been identified in Binfield, Jennett's Park and Crowthorne amounting to 7,320 new dwellings with around 16,900 people – this translates into a requirement of about 9 additional WTE GPs.

Anecdotal evidence suggests that the lack of a GP surgery at Jennett’s Park – where the provision required in the planning consent has not yet been provided – has led to the use of Wokingham GP Practices.

Whilst the report identifies the estates capacity requirements which can be delivered through planning gain funding, it also identifies the requirement to ensure the recruitment of an additional 18 WTE GPs by 2026.

The incoming population is likely place greater demands on services to support young families and have little impact on the demand for older people’s services up to 2026. Acute and community services are expected to absorb the demands of the incoming populations through efficiency savings across central and west Berkshire in the period up to 2026

Main Recommendations and Forward Planning

The major recommendations of the Grimes Report are that:

- 1 Wokingham Borough Council notes this report and implements the specific recommendations below:
- 2 The Wokingham Health and Wellbeing Board forms a sub-committee, which includes co-opted external members as necessary, to act as a Programme Board to manage the healthcare delivery programme up to 2026;
- 3 The Programme Board supports the planning authority to secure additional healthcare capacity in Arborfield, South Wokingham and Ashridge Road through Section 106 and Community Infrastructure Levy funding.
- 4 The Programme Board liaises with adjoining boroughs, specifically Bracknell Forest and Reading to ensure that their healthcare capacity expands to accommodate their population growth.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	Cost neutral		
Next Financial Year (Year 2)	Cost neutral		
Following Financial Year (Year 3)	Cost neutral		

Other financial information relevant to the Recommendation/Decision

Outstanding discussion is required between the Council Planning Department and the Consultants regarding the issues pertaining to Section 106 contributions for healthcare

facilities.

As the Council does not commission core primary healthcare services; there are few further financial implications. The Public Health Department does commission GPs to provide a range of additional public health services; accounting for around £200,000 of revenue funds per annum and funded direct from the Public Health ring fenced grant. This amount is likely to grow as population increases; however it is expected that the public health grant will take account of the population increases each year.

Cross-Council Implications

Building health and wellbeing into new communities is a priority identified in the Wokingham Borough Health and Wellbeing Strategy 2013/14, and a priority in the 2014-17 refresh of the Strategy currently awaiting approval.

It is imperative that the opportunity to create healthier lifestyles and communities is not lost in the planning of the new SDLs.

List of Background Papers

Meeting the Health Needs of Wokingham Borough Council's Major Growth Areas (Version 0.9 DRAFT); Grimes Ltd. 2014
Wokingham Borough Health and Wellbeing Strategy 2013
Wokingham Needs Assessment (JSNA) 2014-15
WBC Core Strategy - Development Plan Document 2010

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