Babergh and Mid Suffolk District Council Joint Local Plan Statement of Common Ground

Between

Babergh and Mid Suffolk District Councils

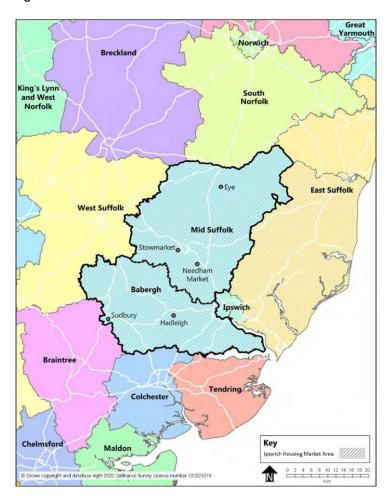
and

The NHS Ipswich and East Suffolk Clinical Commissioning Group (IESCCG), the NHS West Suffolk Clinical Commissioning Group (WSCCG), the West Suffolk NHS Foundation Trust (WSFT), the East Suffolk and North Essex Foundation Trust (ESNEFT), the Norfolk and Suffolk NHS Foundation Trust (NSFT) and the East of England Ambulance Service NHS Trust (EEAST)

(Interim) October 2020

1. Areas covered by the Statement of Common Ground

The Statement of Common Ground relates to the area covered by the local planning authorities of Babergh District Council and Mid Suffolk District Council.



2. Signatories to this Statement of Common Ground

The signatories to this Statement of Common Ground are:

- Babergh District Council;
- Mid Suffolk District Council; and
- Ipswich & East Suffolk Clinical Commissioning Group & West Suffolk Clinical Commissioning Group
- West Suffolk NHS Foundation Trust (Acute hospital and community services)
- East Suffolk and North Essex Foundation Trust (Acute hospitals and community services)
- Norfolk and Suffolk Foundation Trust (Mental health services)
- East of England Ambulance Service Trust

3. Purpose and Scope of Statement of Common Ground

Local planning authorities have a statutory duty to co-operate with specified bodies in relation to strategic planning matters. The NHS Clinical Commissioning Groups are a prescribed body subject to the duty to co-operate as set out in the Town and Country Planning (Local Planning) (England) Regulations 2012 and are required to be involved in the plan-making process.

Responses were made by the Clinical Commissioning Groups to the consultation on the Babergh and Mid Suffolk Joint Local Plan Preferred Options document (July 2019), the comments have been taken account of for the next stage of the emerging Joint Local Plan, and Babergh and Mid Suffolk District Councils have sought to address the concerns raised as detailed in this Statement of Common Ground.

The scope of this Statement of Common Ground at this time is for agreement to the approach taken within the Infrastructure Delivery Plan, as means to deliver the infrastructure required to enable sustainable growth emerging from the Joint Local Plan.

4. Strategic matters being addressed

- A) Policy requirements (addressed in table 1)
 - Health Provision
 - · Health and Wellbeing
- B) General health infrastructure provision needs detailed in the Infrastructure Delivery Plan (addressed in table 2 and appendix 1)
- C) Funding of projects and delivery

A) Policy Requirements

The CCGs have made recommendations regarding policy wording and general text of the Joint Local Plan Preferred Options document (July 2019). The table below shows the matters raised and how these have been addressed.

Table 1. Recommendations and areas of common ground and potential amendments to the emerging Joint Local Plan.

Topic	Representation to Joint Local Plan Preferred Options Document (July 2019)	Specific Amendment(s) Requested	Areas of Agreement	Areas of Disagreement (including reasons if applicable)
Higher density urban re- generation	The CCGs have commented that increased density within urban areas in some cases creates issues with the ability to increase primary care capacity due to constricted site of existing health care facilities and the inability to identify a site large enough, whilst at the same time representing value for money to the health economy, to enable the relocation of existing services. The potential inability to be able to develop existing facilities to enable the delivery of a full range of services in line with the Five Year Forward View and possible lack of affordable housing within urban 'infill' development's often has an impact on healthcare recruitment and retention.	N/A	B&MSDC understands the concerns raised and will continue to work closely with the CCGs to address matters proactively as growth comes forward. In terms of affordable housing, the emerging policy LP07 (Affordable Housing) is looking to assist with increased numbers of affordable housing within both the districts.	N/A
Cross- boundary matters	The CCGs have commented that the possibility of issues arising from developments near to local authority boundaries with regards to healthcare provision is prevalent in the Joint Local Plan. Communication and cooperation will be vital in making sure that all appropriate stakeholders are aware of developments and mitigation can be sought in a timely manner. The ability to	N/A	B&MSDC understands the concerns raised and will continue to work closely with the CCGs to address cross-boundary matters. This matter will be specifically investigated in relation to the A14 corridor (also referred below), and also the Ipswich, Bury St Edmunds and Manningtree area.	N/A

Cumulative growth (communities Ipswich Fringe, A14/Mainline railway corridor etc.)	provide healthcare infrastructure across boundaries for the benefit of the local communities and patients must also be considered. The CCGs have commented that in order to facilitate infrastructure requirements as a result of cumulative growth, to ensure sustainability of primary care services development sites would be required to be of a size large enough to generate appropriate mitigation. The location of the sites and potential new healthcare infrastructure would also need to be carefully reviewed to ensure there is no detrimental impact on existing communities.	N/A	B&MSDC understands the concerns raised and will continue to work closely with the CCGs to address matters proactively as growth comes forward. As stated above, cumulative growth and cross boundary matters will be specifically investigated in relation to the A14 corridor (also referred below), and also the Ipswich area.	N/A
A Growing & Ageing Population	The CCGs are looking at alternative ways to provide primary healthcare and this includes (but is not limited to) introducing technological infrastructure into healthcare facilities and care homes that could reduce patient visits to a facility. These initiatives will be looked at on an individual basis and could be seen to be more appropriate use of developer contributions in the future. This could particularly be the case in rural locations with an ageing population as an alternative to creating extra floor space at a healthcare facility.	N/A	B&MSDC understands the concerns raised and has appreciated the inputs made by the CCGs to the CIL Framework review which now includes the ability for CIL to fund technological infrastructure to assist in this new area of health provision. It is also understood that the impact of COVID-19 has also increased the use of technology to provide some health care services and that the advances made during the pandemic will look to be sustained in the future.	N/A
Recruitment matters	The CCGs have commented that although many primary care facilities are undersized for their current patient list size and increasing the Net Internal Area (NIA) is important to allow a surgery to provide services needed in	N/A	B&MSDC understands the concerns raised. Policy LP07 on Affordable Housing looks to facilitate access to affordable housing and to increasing the amount of affordable housing available within our districts.	N/A

	the community, it is not the only issue.			
	There is a nationwide shortage of GPs			
	and practice nurses and our county is			
	no different. An emphasis has to be			
	made on the recruitment of frontline			
	staff so that when the increase in NIA is			
	accommodated then staff have to be			
	able to fill the space created. Without			
	the two working concurrently, the			
	proposed infrastructure delivery will not			
	be successful. The development			
	proposed will hopefully make			
	recruitment of NHS staff to the area			
	easier as vibrant, healthy communities			
	will be attractive to people moving into			
	the area.			
Norfolk and	N/A	A formal response from	B&MSDC will continue to work	N/A
Suffolk		the Norfolk and Suffolk	collaboratively with the CCGs and the	
Foundation		Foundation Trust was not	Norfolk and Suffolk Foundation Trust.	
Trust		received during the last		
comments		consultation of summer		
Comments		2019, however the Trust		
		has been involved more		
		recently in the		
		preparation of the IDP		
		review of July 2020,		
		where information on		
		mental health facilities		
		has been added to the		
		IDP. The mental health		
		facilities listed include		
		Community Mental		
		Health facilities and		
		Inpatient Mental Health		
		facilities (please refer to		
		the Appendix below for		
		the list of facilities).		

West Suffolk Hospital Foundation Trust (WSFT) comments	The CCGs has advised that WSFT plays an active part in the One Public Estate work in West Suffolk. Work is in progress to develop the options for six key towns, one of which is Sudbury. The community estate strategy is moving towards the transfer services to One Public Estate health hubs that are being planned across West Suffolk. This will facilitate improved integration of public sector organisations, enable the use of shared functions, release sites no longer required for disposal and ensure facilities developed are flexible, adaptable and fit for purpose.	N/A	B&MSDC understands the changes made and the approach taken towards the creation of One Public Estate health hubs. In terms of outcomes, the current One Public Estate project for Sudbury is understood to be on going with involvement from the NHS Public Estate, the CCG, B&MSDC Economic Development team and Strategic Planning.	N/A
East Suffolk and North East Essex Foundation Trust comments	N/A	N/A	A formal response from the East Suffolk and North East Essex Foundation Trust was not received during the last consultation of summer 2019, however B&MSDC continues to work collaboratively with the trust going forward. Collaborative work is currently taking place through the Task and Finish Group carried out during August 2020 and through involvement of ESNEEFT as part of the preparation of this SoCG. Data from the North East Essex Clinical Commissioning Group was received for the preparation of the IDP with comments received for cross boundary areas such as for Manningtree, where the Riverside Health Centre provides for residents of Brantham, where allocated Joint Local Plan growth is identified. A way forward with regards to additional provision for this area is to be agreed.	N/A

B) General health infrastructure provision needs detailed in the Infrastructure Delivery Plan

The CCGs have made recommendations regarding additional information and changes to be made to the Infrastructure Delivery Plan. The table below shows the matters raised and how these have been addressed. Appendix 1 below provides an extract of the IDP and relevant infrastructure projects for health.

Table 2. Recommendations and areas of common ground and potential amendments to the Infrastructure Delivery Plan.

Topic	Representation	Specific Amendment(s) Requested	Areas of Agreement	Areas of Disagreement (including reasons if applicable)
Health	Through the preparation of the July 2019 IDP, the CCGs have provided information to evidence the needs for developer contributions towards health provision. More recently through the preparation of the IDP review of July 2020, the CCGs have been involved in the update of the health section. The CCGs have advised of changes to be made to the IDP in terms of health requirements. Changes included the current cost multipliers and updates for each of the health practices impacted by the planned growth of the emerging Joint Local Plan.	The changes have been made to the IDP, as well as taking account of the latest position with regards to the cost multipliers for the calculation of health developer contributions. Information on mental health services provided by Norfolk and Suffolk NHS Foundation Trust has been added to the IDP of July 2020. The mental health facilities listed include Community Mental Health facilities and Inpatient Mental Health facilities (please refer to the Appendix below for the list of facilities). In readiness for the Joint Local Plan Consultation of Autumn 2020, further information has been added to the IDP of September 2020 to include Acute Hospitals and Community Services. An update was also provided for the Ambulance Services (please refer to the Appendix below).	B&MSDC agrees broadly with the CCGs on health matters and the changes required have been made. Officers of the CCG and officers of the B&MSDC Infrastructure team meet regularly, on a monthly basis. This is a collaborative approach that has been in place for over two years and has been mutually appreciated by B&MSDC and health colleagues as proactive work around the delivery of health infrastructure has been and will continue to be achieved in light of growth coming forward. A programme of health infrastructure projects is kept under review at these meetings with a view to submitting CIL bids for funding and achieve delivery of the projects.	N/A

C) Funding of projects and delivery

The funding mechanisms referred to in the Infrastructure Delivery Plan (Appendix 1 below) use cost multipliers which are provided by the infrastructure providers, such as SCC in terms of education, libraries and waste, and the health providers for health provision. Most cost multipliers are reviewed annually to take account of inflation and other legislative or government practice or local Guidance/ advice. Therefore, it is important to acknowledge that the cost estimations based on cost multiplier may change over time and because when projects are finally designed and costed out, unforeseen cost may present themselves.

Infrastructure projects particularly those which are outside of the Districts geographical boundaries but where growth within our Districts contribute to the need for this infrastructure require effective collaboration between all the parties concerned. This may involve infrastructure providers and local Parishes but will also involve working with other local authorities. In order to deliver these projects both Districts would be seeking to resolve how the infrastructure can be jointly funded and delivered to timescales which are agreed. The information on these cross-boundary infrastructure projects provide estimates based on the use of current cost multipliers for our own Districts only. These figures cannot be relied on for total project costs or as guarantees that these monies will be forthcoming at these levels as CIL expenditure (over £10,000) are decisions made by each Districts Cabinet subject to thorough assessment against the criteria in the CIL Expenditure Framework. The Infrastructure Delivery Plan sets out infrastructure priorities for each District and has been worked on collaboratively with infrastructure providers to establish the type, nature, estimated cost (using cost multipliers) of infrastructure projects. It will be important, with each infrastructure project, (particularly cross boundary projects) to fully scope and establish the opportunities for other funding sources and mechanisms to address any funding gaps. This will involve effective collaborative work between all the relevant organisations/parties to ensure that the infrastructure is delivered effectively and in a timely manner.

It is also important to note that to access CIL funds for infrastructure projects within Babergh and Mid Suffolk the infrastructure must be contained within the Councils Infrastructure Funding Statements (Infrastructure List) which replaces both Councils CIL Position Statements; the latter of which becomes obsolete on the 31st December 2020. CIL bids will continue to fall to be determined under the Councils Expenditure Framework. This requires the submission of Bids in a prescribed format which would then be validated screened (for availability of other funding) before being prioritised (against agreed criteria). The CIL bids will be included in a CIL Expenditure Programme (undertaken at least twice a year) and determined by the relevant Council Cabinet (where spend is over £10,000). The agreed prioritisation criteria are set out in the CIL Expenditure Framework (April 2020). Affordability of the infrastructure, and whether there is a need (i.e. critical, essential, or desirable as contained within the Infrastructure Delivery Plan and where appropriate included within other strategies of the Councils) are key components of the CIL expenditure scheme.

Outcomes

The Infrastructure Delivery Plan is agreed in principle to address the representations made by the Clinical Commissioning Groups to the Joint Local Plan, subject to below further matters to be worked on collaboratively:

- Continued collaborative work between B&MSDC and all parties mentioned in this Statement of Common Ground.
- Further analysis of the impact of cumulative growth along the A14 Corridor to assist with better understanding of cross boundary matters, in particular within the Ipswich area, the Western area of Mid Suffolk and Bury St Edmunds, and the Manningtree area.

5. Process for reviewing the Statement of Common Ground

The Statement of Common Ground will be reviewed prior to submission of the Joint Local Plan for Examination, unless exceptional urgent matters emerge requiring faster review and will be updated where amendments are necessary.

6. Signatories

Signed on behalf of Babergh District Council	Date: 10/11/2020
Laker	
Name: Tom Barker	
Position: Assistant Director, Sustainable Communities	
Signed on behalf of Mid Suffolk District Council	Date: 10/11/2020
Laker	
Name: Tom Barker	
Position: Assistant Director, Sustainable Communities	
Signed on behalf of NHS Ipswich and East Suffolk Clinical Commissioning Group, NHS West Suffolk Clinical Commissioning Group, West Suffolk NHS Foundation Trust, East Suffolk and North Essex NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust, East of England Ambulance Service NHS Trust	Date: 21 Oct 2020
Ed Canntt.	
Name: Dr Ed Garratt	
Position: Chief Executive	

APPENDIX 1 – Data from Infrastructure Delivery Plan (September 2020)

HEALTH

Primary Care

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP063	Mitigation will be requested to cover the growth in both Mendlesham, Bacton and surrounding catchment areas. Options currently being looked at Mendlesham Medical Centre to increase capacity.	Bacton - Bacton Surgery (Branch of Mendlesh am)	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£188,343	CIL	unknown	unknown	Short term
IDP064	Mitigation may be required towards the expansion of the practice.	Bildeston - Bildeston Health Centre	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£52,989	CIL	unknown	unknown	Long term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP065	Expansion work has been completed, therefore unlikely to request further contributions unless development of significant size as to put the practice over capacity.	Botesdale - Botesdale Health Centre	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	Actual project cost: £558,615	NHS funds and Developer contributio ns from existing growth	£459,875	Actual project cost: £558,615 Actual CIL contribution: £98,740	CIL	£0	unknown	Project completed in 2019
IDP066	Mitigation will be sought as a feasibility study has been undertaken looking at both Constable Country Medical Practice and Capel St Mary Surgery. A review of the report will be undertaken to determine a viable solution.	Capel St. Mary - The Surgery, Capel St. Mary and East Bergholt - Constable Country Rural Medical Practice, East Bergholt	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£547,750	CIL	unknown	unknown	Short term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP067	Mitigation will be sought for cumulative growth in the vicinity of this practice.	Debenha m - Debenha m Practice	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£146,873	CIL	unknown	unknown	Short term
IDP068	Mitigation will be requested for the proposed developments in the area, options are being looked at as to how best to provide primary care services in the locality as the move to Hartismere Hospital is no longer attainable.	Eye - Eye Practice	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£279,347	CIL	unknown	unknown	Medium term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP069	Mitigation will be requested for the cumulative growth in the area as it will put significant pressure on the local practice. Work has been undertaken to broaden the services provided in the local community by the practice and this scheme was funded through CIL.	Hadleigh and Boxford - Hadleigh Practice, including branch practice in Boxford	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£426,220	CIL	unknown	unknown	Short- medium term
IDP070	Mitigation may be sought from planning applications submitted to facilitate the initial plans for expansion works at The Surgery, Shotley. Mitigation may also be sought for Holbrook and Shotley Practice.	Holbrook - The Holbrook and Shotley Practice	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£66,813	CIL	unknown	unknown	Short term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP071	Mitigation will be requested to cover the growth in the areas closest to these surgeries. The feasibility study and option appraisal have been completed and preferred location selected for a new health hub in which Hawthorn Drive is a key stakeholder.	Ipswich Fringe (including Claydon, Sproughto n) The Chesterfie Id Drive Practice Tooks new surgery, planned to be in operation by 2021. Hawthorn Drive (206 Hawthorn Drive, Ipswich IP2 0QQ) and Pinewood Surgery (Branch of Derby Road Practice) The Barham &	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributions from committed growth and from JLP growth. Existing funding source for the new Tooks GP Surgery, Whitton.	unknown	£1,667,441	CIL	unknown	unknown	Short term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
		Claydon Surgery										
IDP072	Mitigation will be requested for the cumulative growth in the areas of Long Melford and Lavenham as increasing capacity will be required to cover the expected population growth.	Lavenha m - Lavenha m (Branch of Long Melford)	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£11,519	CIL	unknown	unknown	Medium term
IDP073	Mitigation will be requested for the cumulative growth in the areas of Long Melford and Lavenham as increasing capacity will be required to cover the expected population growth.	Long Melford - The Long Melford Practice	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£223,477	CIL	unknown	unknown	Short term
IDP074	Mitigation would be sought for cumulative	Manningtr ee - Riverside Health	Essential	North East Essex CCG	unknown	NHS funds and developer contributio	unknown	£40,318	CIL	unknown	unknown	Short- medium term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
	growth in the vicinity of this practice.	Centre (North East Essex CCG)				ns from committed growth and from JLP growth						
IDP075	Mitigation will be requested to cover the growth in both Mendlesham, Bacton and surrounding catchment areas. Options currently being looked at Mendlesham Medical Centre to increase capacity.	Mendlesh am - Mendlesh am Surgery (main surgery)	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£51,838	CIL	unknown	unknown	Short term
IDP076	Mitigation will be requested as options are currently being explored for increasing capacity, as stated in the Needham Market NP the CCG is happy to work with the local council in finding a solution.	Needham Market - Needham Market Country Practice	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£215,990	CIL	unknown	unknown	Short term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP077	Stanton Surgery is in the process of obtaining planning permission to increase capacity at the surgery and in the process of removing the portable cabin in the car park. Mitigation will be requested towards the expansion.	Stanton (LPA: West Suffolk) - Stanton Surgery, 10 The Chase Stanton	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£129,018	CIL	unknown	unknown	Short term
IDP078	Mitigation will be requested via either CIL or S106. The amount of development will require a new strategy for Stowmarket and immediate vicinity and a feasibility study has been commissioned to look into how best to provide primary care in the area for the duration of the JLP.	Stowmark et - Stow Health and Combs Ford (Combs Ford Surgery)	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£1,495,225	CIL/s106 (s106 from existing commitment s of strategic sites.)	unknown	unknown	Short term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
IDP079	Mitigation will be sought for cumulative growth in the vicinity of this practice.	Stradbrok e - Stradbrok e (Branch of Fressingfi eld)	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£123,834	CIL	unknown	unknown	Short- medium term
IDP080	Mitigation will be requested to create additional capacity within the practice. Options are currently being explored as to how this would be developed across the affected surgeries.	Sudbury, Great Cornard and Bures area Including: Siam Surgery (Sudbury Communit y Health Centre) and Hardwick e House (which includes: Stour Street and Meadow Lane Surgery in Sudbury;	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£419,884	CIL	unknown	unknown	Short term

IDP Project Unique Referenc e	Anticipated mitigation / Infrastructure Project	Settlement / Area	Priority (Critical, Essential, Desirable)	Lead Provider	Estimated project cost where known/ unknown	Funding Sources	Identified Funding	Use of agreed cost multipliers	Type of Developer Contribution	Potential Funding Gap	Potential Funding Sources to Fill Gap	Timescale (Short, Medium, Long Term)
		Great Cornard Surgery; and the Bures branch.)										
IDP081	Mitigation will be requested to increase capacity within the area. Current projects include the expansion of the car park for the Woolpit practice.	Woolpit - Woolpit Health Centre	Essential	Ipswich & East Suffolk CCG and West Suffolk CCG	unknown	NHS funds and developer contributio ns from committed growth and from JLP growth	unknown	£1,220,486	CIL	unknown	unknown	Short- medium term

Mental Health – Existing facilities for residents of Babergh and Mid Suffolk

Community Mental Health Facilities	Settlement where facility is located	Anticipated mitigation	Catchment LPA	Duty to cooperate matter
Hospital Road Site	Bury St Edmunds	*	West Suffolk	With West Suffolk
Child Health Centre	Bury St Edmunds	*	West Suffolk	With West Suffolk
Child Development Centre	Bury St Edmunds	*	West Suffolk	With West Suffolk
Sudbury Health Centre	Sudbury	*	Babergh & Mid Suffolk	n/a
Haymills House	Stowmarket	*	Babergh & Mid Suffolk	n/a
Haverhill Health Centre	Haverhill	*	West Suffolk	With West Suffolk
Riverside View	Wickham Market	*	East Suffolk	With East Suffolk
Mariner House	Ipswich	*	Ipswich Borough Council	With Ipswich Borough Council
Walker Close Site	Ipswich	*	Ipswich Borough Council	With East Suffolk/lpswich Borough Council
Former St Clements Hospital Site	Ipswich	*	Ipswich Borough Council	With Ipswich Borough Council
Inpatient Mental Health Facilities	Settlement where facility is located	Anticipated mitigation	Catchment LPA	Duty to cooperate matter

Wedgwood Unit	Bury St Edmunds	*	West Suffolk	With West Suffolk
Woodlands Unit	Ipswich	*	Ipswich Borough Council	With Ipswich Borough Council
Foxhall House	Ipswich	*	Ipswich Borough Council	With Ipswich Borough Council
Suffolk Rehabilitation and Recovery Services	Ipswich	*	Ipswich Borough Council	With Ipswich Borough Council
Walker Close Site – Bungalows	Ipswich	*	Ipswich Borough Council	With Ipswich Borough Council

^{*}NSFT's draft Estates Strategy is awaiting Trust Board approval. The delivery of community services is currently under review following COVID-19. Anticipated mitigation in light of planned growth is being prepared through collaborative work between the parties of this agreement and through the work of the NHS Integrated Care Systems (ICS) Task and Finish Group.

Acute Hospitals and Community Services – Existing facilities for residents of Babergh and Mid Suffolk

Acute Hospitals	Anticipated mitigation	Catchment LPA
Colchester Hospital	**	Colchester Borough Council
Ipswich Hospital	**	Ipswich Borough Council
West Suffolk Hospital, Bury St Edmunds	**	West Suffolk Council
Community Hospitals	Anticipated mitigation	Catchment LPA
Bluebird Lodge, (Ravenswood, Ipswich) Community Hospital	**	Ipswich Borough Council
Colchester Community Hospital	**	Colchester Borough Council
Felixstowe Community Hospital	**	East Suffolk Council
Glemsford Community Hospital	**	Babergh and Mid Suffolk District Councils

^{**} Anticipated mitigation in light of planned growth is being prepared through collaborative work between the parties of this agreement and through the work of the NHS Integrated Care Systems (ICS) Task and Finish Group.

Ambulance Services

The Infrastructure Delivery Plan provides a summary position of the East of England Ambulance Service NHS Trust (EEAST) Estate Strategy (2020-2025) and Integrated Transformation Plan. It is understood that a resulting estate configuration will consist of:

- A network of 18 ambulance hubs containing Make Ready services, most of which will collocate Fleet workshops and Medical Device services.
- The Hubs will be complemented by a reconfigured network of Ambulance stations consisting of Reporting Post Ambulance Stations where staff and vehicles start and end shifts, and Response post Ambulance Stations where vehicles are strategically positioned to meet demand led response times.

In reference to Babergh and Mid Suffolk, the three nearest Hubs providing services for residents are located in Bury St Edmunds, Ipswich and Colchester.

Although individual designations of Ambulance Stations are yet to be defined, the service provided will not be diminished; only the staffing 'base' will be affected. All ambulances will be cycled through the hubs for servicing, cleaning and making ready for service. This will increase the efficiency of services resulting in more vehicles available and more clinical on-road time.

EEAST Estates Strategy takes into account growth in demographics of population changes and therefore any increase in requirements to meet these changes will require modelling to account for the required increased workforce.

EEAST are currently participating in work to understand what resources are needed to meet patient demand with major construction projects plans for the East of England (Sizewell C, Bradwell B, and major transport infrastructure projects).

Further to this, through the work of the NHS Integrated Care Systems (ICS) Task and Finish Group, EEAST is in the process of preparing evidence for developer contributions towards the cost of providing additional facilities and services as a result of additional residential growth. Therefore, as for Mental Health and Acute and Community Hospitals, this information will be provided in due time.