

Save West of Ifield Response to Horsham District Local Plan 2023-2040 Regulation 19 Strategic Policy HA2

Health Provision and Wellbeing

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1. Executive summary

- The proposed 3000 development that Horsham District Council (HDC) and Homes England (HE) propose for West of Ifield (WOI) cannot provide the health infrastructure required by the NPPF in order to achieve the goals of HDC with respect to Health and Wellbeing. The HDC policy of putting strategic sites next to existing large settlements in order to use the existing infrastructure, is flawed as far as the Health and Welfare provision is concerned. The large settlement in this case is Crawley, whose provision is inadequate for the existing population let alone an additional 7,000 people. The HDC plan is therefore not sustainable.
- The plan also *removes* two important aspects of the environment that currently support healthy lifestyles, namely easy access to green space and a well-used sporting facility for exercise (Ifield Golf Course). These removals will have an adverse impact on the health of the existing population in the area and are contrary to NPPF 93 c) (Sept 2023)

2. Introduction

This paper focuses on the implications and consequences for health care and resident well-being if the Horsham District Council's and Homes England's plans for West of Ifield (Woi)¹ were implemented. It considers all aspects of health provision in primary,

¹ Allocation HA2 in the Horsham Local Plan Regulation 19 version

secondary, tertiary and community care (hospitals; GP medical practices; walk-in facilities at hospitals; A & E departments; ambulances; mental health support; social care; care in the community; dentists; pharmacies) as well as access to recreation and open space.

Health care decisions are taken at a high level in the UK and may not, therefore take account of local factors and issues. HDC's rationale for the WOI development is focussed on the use of existing healthcare provision. The aim of this paper is, therefore, to examine the capacity of those existing healthcare to deal with the additional demand of the WOI population, without jeopardising the health of the existing population.

Section 1, The Executive Summary, lists the key findings.

Section 3 explores the national and local policies and guidance related to promoting the health of communities when planning new developments.

Section 4 examines the evidence base used by HDC in developing their plan.

Section 5 outlines the current challenges that face the provision of health and well-being within Crawley. It also lists any additional provision proposed for the new development.

Section 6 predicts the impact of the proposed development of WOI on health and well-being of the existing and incoming populations.

Section 7 concludes with an assessment of the viability of this development vis a vis health and the long-term sustainability of the development.

3. Policies and Guidance

The *National Planning Policy Framework* (NPPF, Sept 2023) sets out the Government's planning policies for England. The document provides a framework within which Local Plans should be produced. In addition to the NPPF, further guidance on the preparation of Local Plans is set out in *National Planning Guidance* (NPPG).

One of the key requirements of the NPPF for the preparation of a Local Plan is to:

c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling. ”. (NPPF 2023- Page 27, Section 8, Para. 92c).

Specific mention on the health provision is incorporated within statements about public services as a whole:

96.To ensure faster delivery of other public service infrastructure such as further education colleges, hospitals and criminal justice accommodation, local planning authorities should also work proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted. (NPPF, 96)

The Horsham District Corporate Plan 2019-2023 states as one of five key goals:

- *A great place to live: Continue creating well-balanced communities that meet residents' needs.*
- *A strong, safe and healthy community: Ensure Horsham District remains one of the best places in Sussex to live. (page 3 Para. 3 27th September 2019)*

The Homes England West of Ifield (WOI) EIA Scoping Opinion Request Report to HDC (17th October 2023) identifies relevant Policies and Guidelines (p 108) that appertain (See APPENDIX A, p 31).

The HDC Local Plan Dec 2023 – see below Section 9, PAGE 20.

The Horsham / Crawley Statement of Common Ground Horsham Local Plan Crawley Local Plan Review: Regulation 19 (see below - Section 2, PAGE 5)

Horsham Council has also recently declared a climate emergency which they state “will add robust support to a number of planning policies within the Council’s Local Plan development”² and that it will help to:

- Minimise carbon emissions by ensuring new developments are designed and constructed in such a way that helps achieve net zero carbon emissions.
- Deliver more substantial climate change mitigation and adaptation, taking into account increased flood risk events
- Provide better connected habitats and more green spaces to improve the environment and help residents and businesses adapt to climate change.

These objectives also relate to Health and Wellbeing and the plan is the opportunity to shape development in Horsham for the next 14 years.

4.The Evidence Base

² <https://www.horsham.gov.uk/news/2023/08/council-declares-climate-and-ecological-emergency>

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

1. The HE West of Ifield (WOI) EIA Scoping Opinion Request Report to HDC (17th October 2023) (HE EIASO) states: -.

The potential health effects will be considered in a separate standalone Health Impact Assessment (HIA) (p108 para, 12.1.2).

The aim of Environmental Impact Assessment is to protect the environment by ensuring that a local planning authority when deciding whether to grant planning permission for a project, which is likely to have significant effects on the environment, does so in the full knowledge of the likely significant effects, and takes this into account in the decision making process. Consequently, it is essential that HDC undertake this assessment at as early a time as possible and take into account the issues identified in this response. It is also essential that the HIA is undertaken by independent expert consultants. Without this being fully completed the WOI development has not yet been thoroughly appraised and tested and assumptions can be given no weight in the absence of the HIA. It has to be noted that, following feedback from their consultation exercises, HE have reluctantly agreed to provide a health facility on the WOI site. Whether this is necessary or sufficient cannot be determined based on the EIA and there remain serious doubts about the ability of the relevant authorities to deliver the personnel needed to run any health facility.

The HE EIASO identifies a number of “areas of concern and lack of policy guidance in the area of health” as follows:

Healthcare and older people – current waiting list information would be accessed using available NHS data and information from specific GP surgeries relating to waiting lists.

(HE EIA Scoping Opinion Report request - Oct. 2023 p 118 para. 12.3.7 ?)

This is one approach but the reliability and validity of the results will obviously depend on the accuracy of the information being provided by the GP surgeries and on this being supplied on a timely basis.

12.3.9 Construction of the Proposed Development is expected to be phased over approximately 15 years. Socio-economic and health effects would be considered in relation to localised construction phase.

In addition to the effects of phased development, such as noise, disturbance or dust, how will future developers of the site be able to actually deliver healthcare provision given the current crises in NHS provision?

Significance Criteria 12.3.11 Unlike other environmental topics such as noise, the sensitivity of socio-economic and health receptors to the Proposed Development is not determined by reference to designations or an objective standard. Instead, it is the nature of the activity that the human receptor is undertaking that is most influential in determining sensitivity. A combination of quantitative and qualitative assessment, together with professional judgement, would therefore be undertaken to assess likely effects.

If we consider the effects of air pollution– whereby what activity a person can undertake at different levels of air pollution depends on their vulnerability to air pollution or any cumulative effect. Evidence already exists for instance, of the negative effects of air pollution and Crawley already is an air quality management area. The effects can be predicted, poor transport infrastructure combined with significant numbers of new houses will result in worse health outcomes for existing residents in Crawley.

Cumulative Effects 12.3.15 Consideration will be given to the likely significant effects of the Proposed Development with committed schemes identified as per details in Section 4.6. Potential cumulative effects of relevance to socio-economics include committed schemes which alongside the Proposed Development will generate additional population, or which may cause health related issues.

The proposed development itself will dramatically increase the population in the area and, hence, increase demand on services such as healthcare provision. Evaluating future population growth is not straightforward. There can be no doubt, however, that continued population growth in the UK generally, and in the south east in particular, will increase demand in this area (see following section). In addition the relationship between the allocation and Crawley for the reasons set out above will have a detrimental impact on air quality and therefore human health.

12.4.4 According to the 2021 Census, Horsham District has an increasingly aging population, with 45% of the population over the age of 50. The population of Horsham district has grown at a faster rate than the county (11.8% compared to 9.4%). The 2021 Census confirms that Crawley Borough Council has the biggest proportion of 18-64 year olds (65.7%).

12.4.5 Key issues include the increasingly older age population profile in Horsham which create additional demands on community infrastructure and services.

This recognises the real potential for increased demand in healthcare provision and facilities in the area.

2. The Horsham / Crawley Statement of Common Ground Horsham Local Plan Crawley Local Plan Review: Regulation 19 (PAGE 10) states:

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

h) Provide appropriate and sufficient access to healthcare provision, ideally on-site, to address all healthcare needs arising from new development in order to ensure no additional pressure on existing provision in both Horsham District and Crawley Borough. Any scheme should be designed to maximise healthy lifestyles and meet agreed levels of open space and sports facilities; located, designed and laid out appropriately for strategic neighbourhood scale developments and reflecting the 'at Crawley' blended needs.

The draft plan is in direct conflict and CBC have admitted their inability to influence the outcome of the HDC proposals such as the loss of the Ifield Golf Club and the apparent absence of any reasonable alternative facility, the loss of the golf club is likely to move the facility away from the residents of Crawley to a less sustainable location. Also, as indicated elsewhere in this paper, HE have only agreed to provide a healthcare facility on the site of the WOI development following their consultations with the public. It is almost inevitable that the WOI development WILL create additional pressure on provision in both the HDC and CBC areas. How resources are managed and distributed should be agreed as part of a statement of common ground between the relevant authorities.

3. The CBC Local Plan (2023)

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

With the WOI development on Crawley's doorstep, health provision commentary within the CBC Local Plan is pertinent.

The Local Plan states that local communities will be directly involved in planning how the town grows (Page 18).

It is difficult to reconcile this worthy sentiment with the fact that other local authorities, such as HDC, seem intent on placing their housing developments on the borders / outskirts of Crawley including the potential West of Ifield development. Neither CBC or local communities have any significant influence or input into these developments.

CBC highlights the need for improved healthcare and facilities for residents of the town and that they will be delivered locally (page 18).

However, it fails to plan how this will happen and fails to recognise or mention the additional pressure that will be placed on these already strained services by people using them who reside in the out of town developments such as West of Ifield? This is one of the many issues which the Local Plan is deferring, contrary to the NPPF soundness tests it must meet to pass examination.

CBC's Local Plan rightly recognises the positive impact that connective ecological networking and biodiversity has on the has on mental and physical wellbeing of the town's residents(Page 27 para. 2.36).

However, it fails to identify or comment on how this is being impacted by the loss of local green space and amenities by out of town developments such as West of Ifield. Crawley's precious green space is being rapidly eroded and lost. The Local Plan identifies the importance on health on of access to green open spaces (Page 35) but again fails to deal with these being lost on the town's borders by housing development. The benefits and features of the allocation have not been fully assessed in the original assessment of the site SA101 or in the Councils Landscape evidence, for instance missing footpaths which cross the site.

CBC's Local Plan identifies the need for Planning and Health Impact Assessments to plan for health Services and hospitals in any developments within the towns boundaries (Para. 3.20).

This is laudible but fails to recognise the inability of CBC to control or influence the impact on such services from developments, such as West of Ifield, on the town's borders. East Surrey Hospital and local health services within the town are already under intense pressure which will only be increased by the additional demand from such developments.

This is a serious omission given that the Local Plan recognises the need for growing health care facilities including GP and dental services (Page 148 Para. 11.19) and should have been addressed through Duty to Cooperate which is essential for cross boundary or adjacent boundary development.

The Local Plan recognises the potential impact of development and noise on health but fails to identify how this will be monitored and controlled (Page 232 Para. 16.31).

This will be a major issue for Crawley residents in Ifield if the West of Ifield development goes ahead because construction traffic will have to use the existing road network to access the site with a consequent impact on local residents' health and wellbeing. There is also an impact on the future residents of WOI who are in close

proximity to Gatwick airport and the evidence suggests that development here will not achieve the World Health Organization noise standards.

4. Five Year Policy Assessment – Review of Policies in the Crawley Borough Local Plan 2015 – 2030

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

Policy ENV1: Green Infrastructure: Strategic Policy conserves and enhances the borough's multifunctional green infrastructure network. Conformity with National Policy: The Policy remains in conformity with the NPPF. In particular reflecting the priorities set out in Section 12: Achieving well designed places, particularly paragraph 127a) to f); Section 8: Promoting Healthy and Safe Communities; Section 15: Conserving and Enhancing the Natural Environment. The Policy is in line with the emerging national guidance recently consulted upon through England's Tree Strategy and achieving Net Gain in Biodiversity through the 25 Year Environment Plan (2018). Local Circumstances and Evidence: Since the adoption of the Local Plan, the council has published the Green Infrastructure Supplementary Planning Document (SPD) to support the implementation of this Policy. Further evidence has been secured through the Eco-Serv Report. - Policy is Up-to-Date, in conformity with national policy and successfully implemented.

Points made above under Section 3 apply equally to this laudable but ineffective strategy. Local media (SussexWorld - 16th November 2023) reports that CBC have led an initiative to plant 500 new trees in Tilgate Park. At the same time, HE and HDC will decimate around 8,500 mature trees on Ifield Golf Course on Rusper Road. CBC has no control or influence over this tragedy.

Policy ENV5: Provision of Open Space and Recreational Facilities: Policy ensures impact of increased population from new residential development is mitigated through Conformity with National Policy: The Policy remains in conformity with the NPPF. In particular reflecting the priorities set out in Section 8: Promoting Healthy and Safe Communities, in particular paragraphs 96 – 97. Local Circumstances and Evidence: Policy is Up-to-Date, in conformity with national policy and successfully implemented. Strategic Policy requires new development to be supported by necessary infrastructure. Policy protects existing infrastructure unless equivalent replacement is provided or there is sufficient alternative provision in the area. Policy confirms the council will seek to implement Community Infrastructure Levy. Section 106 agreements to address site specific issues. Development, Paragraphs 7 – 10, in particular 8a and 8b; Section 8: Promoting Healthy and Safe Communities; and Section 9: Promoting Sustainable Transport; as well as paragraph 20b) and c); and paragraph 22. Local Circumstances and Evidence: CIL adoption – August 2016 (use

up-to-date CIL data)

Once again laudable sentiments from CBC but there is no joined up agreement between Horsham and Crawley, yet WOI allocation is ideally placed to continue to provide open space and recreation. The current lack of consensus on the provision of a relief road for the WOI site also illustrates a lack of positive and effective planning. There appears to be no agreement on if it will be built, when it will be built and who will pay for it, another significant issue deferred.

Policy IN5: The Location and Provision of New Infrastructure: Policy support the provision of new or improved infrastructure. Major facilities should be located in the most sustainable locations and local community facilities should be located close to neighbourhood centres. Conformity with National Policy: The Policy remains in conformity with the NPPF, in particular reflecting the priorities set out in Section 2: Achieving Sustainable Development, Paragraphs 7 – 10, in particular 8a and 8b; Section 8: Promoting Healthy and Safe Communities; as well as paragraph 20b) and c); and paragraph 22. Local Circumstances and Evidence: Policy is Up-to-Date, in conformity with national policy and successfully implemented.

Again laudable but ineffective sentiments. As indicated elsewhere in this paper and following feedback from their consultation exercises HE have reluctantly agreed to provide a health facility on the WOI site. No mention has been made as to how such a facility will be staffed given the current national shortage of qualified nursing and GP staff. It has to be noted that HE promised local infrastructure on their development at Northstowe in Cambridgeshire, but have singularly failed to deliver it, much to the disgust of local residents. Similar infrastructure promises were made by the developers of the Forgewood and Kilnwood developments and have not been delivered.

5. Horsham District Council Infrastructure Delivery Plan 2021

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

This document states:

Key Issues & Future Considerations Future growth across the District is likely to have an impact on NHS capacity and demand on NHS services, particularly locally, for primary care services. Growth of a small settlement, or a new settlement may not necessary justify, for example, a new GP surgery. However there are instances where growth can help sustain an existing service, or justify an increase in the specialist services at a nearby hub. Changes in the way the CCG is managed and structured signal to an intensification and enhancement of existing facilities and services being required in the first instance to support

development. Whilst new facilities may not be built or staffed, funding will still be required for improvements to estates in order to increase capacity. In a new development, pharmacy provision and space within a community facility which could support a range of primary care services depending on the needs of the local community, for example, may be more appropriate. (PAGE 34 - Para.2.3.1 Health and Social Care: Primary Care - Key issues and future considerations)

This represents a massive under statement of the current crises that the NHS and its customers face. There is a degree of complacency in this section. Even if it is conceded that new health facilities will be established to meet future population growth, staffing issues will remain. The NHS is already forced to bring in staff from overseas to meet current, let alone future, demand. Numerous media reports have focussed on the problems that the NHS is experiencing on recruiting and retaining suitably qualified staff including midwives, and which is leading to service shortfalls and temporary closures in many hospital maternity units. Elsewhere in this document we cite the lengths that the NHS is going to in order to recruit trained staff from overseas and, in doing so, depleting these countries of their medical staff. In addition, the lack of any plans for improved transport infrastructure between HA2 and Crawley is a barrier to growing any existing health provision which might currently be suitable in Crawley.

Horsham and Mid Sussex CCG's (now part of West Sussex CCG) representation on the Regulation 18 consultation commented that the Local Plan could result in between 15,000 and 19,000 new dwellings in the District, which could equate to 37,500 to 47,500 new patients to be added into the CCG's forward planning model. In order to accommodate this increase, they have advised that existing GP practice buildings will require "meaningful alterations" (p34 – para 2.3.1).

It is noticeable that no dateline is provided for this estimated population growth in the district. Estimating population growth is an inexact science at the best of times but the above figures must represent a massive under estimate. The current plan for development on the WOI site for 3000 new houses will provide around 8,000 new residents on its own. If the WOI development ultimately leads to 10,000 new homes this will mean around 25,000 new residents on that site alone. The HDC projection also does not take into account plans by any future Labour government to embark on a massive house building drive much of which will probably be in the south east. This also suggests some reliance on existing healthcare provision which means further congestion on transport infrastructure between HA2 and Crawley which will lead to negative health impacts, increased noise and poorer air quality.

*Current Provision Horsham District residents have a choice of acute care facilities and general hospitals available to them, although all but one of these are outside the District. They are: *Horsham Hospital, Hurst Road, *Crawley Hospital,*

Crawley, East Surrey Hospital, Redhill, Princess Royal Hospital, Haywards Heath, St Richards Hospital, Chichester, Royal Sussex County Hospital, Brighton, Worthing Hospital, Worthing. (Limited services, such as minor injuries, some in- and out-patient clinics and maternity services.)(PARA.2.3.2 PAGE 35)*

This section is misleading in its content. As is acknowledged in the next section residents will want acute care facilities to be delivered at a hospital as close to where they live as possible. They will not want to travel across the district to be treated so this section is meaningless. In relation to the WOI development it has to be noted that neither the hospitals in Horsham nor Crawley currently provide any A&E services which will force residents to use the already strained services provided at East Surrey Hospital at Redhill (refer Section on this on Page 22 below).

"Anecdotally, following conversations with SASH (Surrey and Sussex Healthcare Trust), and based on travel times, residents in the north of the District are likely to attend East Surrey, whereas those south of Cowfold and east of Pulborough are more likely to use Haywards Heath, Brighton or Worthing hospitals". (PARA. 2.3.2 PAGE 35)

Commonsense and human nature would suggest that this is the case but, when it comes to planning in such a critical area, proven and reliable statistical evidence is needed.

Planned Provision In order to address ongoing staffing issues, SASH will be recruiting in the region of 600 staff from overseas. There are issues around accommodation and housing for these staff, particularly among lower paid employees for whom affordability in the area is an issue. There is the potential for developers and NHS bodies to work together when creating new communities to ensure the need to plan for healthy communities is addressed at the earliest stage. (PARA. 2.3.2 PAGE 35)

Once again a massive under estimate of the scale of the problem facing the NHS. The 600 additional staff mentioned will largely be needed to meet existing NHS service demand let alone that going forward. It assumes that these staff can actually be recruited from overseas countries that already struggle to meet their own needs.

Without intensive local authority intervention, it is unlikely that any housing development in the area, including WOI, will provide homes that will be affordable to the staff recruited. As stated above, developers including Homes England have been proven to make promises on infrastructure provision and then fail to deliver. It is therefore erroneous to believe that developers will work with the NHS in order to address this critical area.

Horsham District has an ageing population which is likely to put a strain on services across the District, with the population aged 65 and over set to increase by 61% by 2039, and 85 and over by 119% in the same period, compared with an overall population growth of 24%. There is no access to a general hospital or A&E within the District, with residents travelling to Redhill, Worthing, Brighton, Chichester or Haywards Heath – the choice of hospital will vary depending on location in the District. (PARA. 2.3.2 PAGE 36)

This recognises a problem but fails to suggest any solution. One thing is clear - massively increasing the population of the district will not help or alleviate this trend.

There is currently a high and increasing level of A&E attendance in the area (made up of patients accessing the department via the ambulance service or as walk-ins) and this signals to insufficient GP and minor injuries provision. (PAGES 35 & 36 - 2.3.2)

Again, an identification of a problem but no suggested solution. As indicated in other sections of this response there is already a massive problem with all NHS services in the district, especially A&E provision. Additional population growth caused by developments such as WOI will only serve to increase demand for, and pressure on, these services.

West Sussex County Council has a statutory responsibility for social care and public health as set out in the Care Act 2014 and corresponding legislation. The West Sussex Adult social care strategy 2019-2021 highlights that within the next 20 years the number of people aged 65 and over living in West Sussex will increase by more than 100,000. People aged 85 and over will make up a third of this increase. Within Horsham District, the Northern West Sussex SHMA states that significant expected growth in the population of older people is expected with those over the age of 65 expected to grow by 19,960 in the District by 2039, equivalent to a 61% increase. This compares with an overall population growth of 24% and a more modest increase in the under 65 population. For persons over the age of 75, the SHMA anticipates that there will be an increase of 13,654 persons. (PARA. 2.3.3 PAGE 36)

Again an identification of a problem but no suggested solution. There can be no doubt that the health issues arising from an increasingly aged population will place increased demand on health services of all kinds.

Extra Care Housing is different to Care Homes, in that it is expected that the development will be of self-contained residential adapted accommodation with occupation being via either a tenancy or a lease. The care and support element is a vital factor, and is integral to the success of an Extra Care Scheme. WSCC would

expect care delivery to be Horsham District Council Infrastructure Delivery Plan 2021 37 HORSHAM DISTRICT COUNCIL DRAFT INFRASTRUCTURE DELIVERY PLAN 2020 able to support care needs of residents 24/7. Developments that cannot provide this should not be classed as Extra Care Housing. WSCC prefer the delivery of Extra Care Housing to be via a Registered Provider (RP). This ensures that affordable housing on site is delivered, and that those with an assessed care need from West Sussex can access the scheme. There is a need to support working-age adults who have care and support needs to allow them to be as independent as possible. Extra Care Housing can contribute to meeting the housing and care requirements of some of these adults. The removal of an age restriction for Extra Care Housing i.e. for those aged over 55 would enable this. Although there are existing Extra Care Housing schemes in Horsham District, there remains an undersupply of Extra Care Housing and therefore room for further development in Horsham District. WSCC has a target of 500 new Extra Care Housing homes across West Sussex until 2025 and beyond. (PARA. 2.3.3 PAGE 36)

Identification of another potential problem area in the county. Currently there is no evidence that HE have any plans to provide this kind of accommodation on the WOI development.

WSCC advises that where new purpose-built Extra Care Housing is proposed, it should deliver at least 60 homes per development, with a land requirement of at least 2 acres so that the housing and associated communal facilities can be accommodated. These should be close to centres of population, and in sustainable locations where there are existing or planned facilities, such as local shops, health facilities etc and public transport is available or can be enhanced. This is to meet the needs of residents of such developments who may not, or who no longer, drive and to enable the workforce to easily access the Extra Care Housing in order to deliver services. WSCC will not support Extra Care Housing development, which is isolated from local facilities, and remote from public transport.(PARA.2.3.3. PAGE 37)

It has to be questioned if the HE WOI development will meet this criterion?

Policy 19: Retirement and Specialist Care of the emerging HDLP sets out the Council's expectations for the delivery of housing for older people and those with specialist needs. The SHMA identifies a need for 2,087 units (1,132 units of housing with support and 955 units of housing with care) of specialist older persons housing in Horsham District, equivalent to 104 units per annum over the period 2019 – 2039. In addition, a need is identified for 1,518 care home bed spaces (C2 use class) in the District over the period to 2039. WSCC supports the delivery of Extra Care Housing (C3), over the development of residential institutions such as Care Homes (C2). There is an imbalance of provision in the

County towards Care Homes (C2) and WSCC wish to develop the provision of Extra Care Housing (C3) to enable older people, and those with an assessed care need, to remain independent for as long as possible. (PARA. 2.3.3. PAGE 37) C3), over the development of residential institutions such as Care Homes (C2). There is an imbalance of provision in the County towards Care Homes (C2) and WSCC wish to develop the provision of Extra Care Housing (C3) to enable older people, and those with an assessed care need, to remain independent for as long as possible. (PARA. 2.3.3. PAGE 37)

Laudable sentiments but a lack of detail about how this will be delivered. It ignores the fact that there is already a problem with the provision of residential care home provision in the district with many care homes closing due to ever increasing costs and difficulty with local authority funding offsetting this?

A statement of common ground between Homes England, Horsham District Council and relevant Health Authorities would be the best mechanism to resolving these issues or at least determining a positive strategy which can serve proposed housing development.

5. Horsham District Council Infrastructure Delivery Plan 2021 - 38 HORSHAM DISTRICT COUNCIL DRAFT INFRASTRUCTURE DELIVERY PLAN 2020

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

states

Although additional housing will increase demand for the services WSCC provides, the impact of the increase is difficult to estimate. It will be particularly influenced by the type of housing within the new developments. Development itself is unlikely to generate the requirement for specific infrastructure, however, an increase in the demand for the services that the Social Care team provide is likely to require additional staff. To meet the challenges of an ageing population, a range of innovative and flexible models of housing with care will need to be developed. The housing requirements and provision for older people and those with disabilities are covered through the housing policies of the emerging Horsham District Local Plan. West Sussex County Council highlight that development may be required to make provision for the needs of adults with social care needs in line with advice and guidance issued by WSCC at the time of application.

It is notable that this document recognises the potential impact on WSCC services but elsewhere fails to take a similar approach to local NHS services and provision.

3.2.3 HEALTH AND SOCIAL CARE Infrastructure Project and Location Evidence /

*Need for Project (including Policy and Development Link) Provider / Delivery Lead
Indicative Cost Delivery Timescales Funding Sources Importance to Strategy New
health facility for the north of the District (on allocated land at North Horsham)
Identified by the CCG through the Estate Strategy and District Valuer build
guidance. Delivery of a new GP site on the North Horsham strategic allocation
agreed in principle and approved strategically by the NHS. Also considered be
able to mitigate the need arising from Strategic Policies HA12 / HOR2 (Land at
Mercer Road), HA13 / WKV1 (Land West of Kilnwood Primary Care Practice
(owner) Supported by CCG (West Sussex NHS Commissioner) £10,380,000 2022-
2028 (subject to housing build completions) Developer contributions from
S106/CIL and GP/NHS/CCG funding
tributions from S106/CIL and GP/NHS/CCG funding*

This section identifies and recognises the need for additional healthcare facilities at some existing development sites. As has been pointed out above there appears to be no compulsion on developers to deliver promised infrastructure let alone to provide funding for it? Currently the construction industry is struggling with a variety of issues including increased costs and lack of skilled labour. As a result, profit margins on new developments have been reduced and many house builders are pairing back their development plans. It is likely that this will further reduce any developer ability and inclination to contribute to establishing infrastructure, including health facilities, on their developments. Staff shortages within the NHS have also been identified and commented on. Assuming that the NHS has the necessary funding to establish the above health facilities it has to be doubted if they will be able to provide the staff needed to operate them.

6. The CBC Local Plan (December 2022) on HEALTH

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

Policy IN1: Infrastructure Provision: Conformity with National Policy: The Policy remains in conformity with the NPPF, in particular reflecting the priorities set out in Section 2: Achieving Sustainable Policy is Up-to-Date, in conformity with national policy and successfully implemented.

Policy and Summary of Purpose Discussion of Local Circumstances, Evidence and Conformity with National Policy Conclusions Strategic Policy requires new development to be supported by necessary infrastructure. Policy protects existing infrastructure unless equivalent replacement is provided or there is sufficient alternative provision in the area. Policy confirms the council will seek to implement Community Infrastructure Levy. Section 106 agreements to address site specific issues. Development, Paragraphs 7 – 10, in particular 8a and 8b; Section 8:

– 10, in particular 8a and 8b; Section 8:

Promoting Healthy and Safe Communities.

.HA2 proposes a Secondary School to meet a shortfall in East Crawley. In the Statement of Common Ground between Horsham and Crawley, Crawley show support for this even though it is contrary to this policy, the additional traffic from East Crawley to HA2 at peak times requires infrastructure to minimise congestion and air quality impacts, in particular with regard to residents of Crawley. Other key issues in the section above are the references to 1) new development needing to be supported by necessary infrastructure, 2) the protection of existing infrastructure unless equivalent replacement is provided or there is sufficient alternative provision in the area and 3) the reference to the Community Infrastructure Levy. On 1) in regard to WOI there is no consensus on the part of the relevant agencies on how the proposed relief road will be financed or an agreed route. On 2) above the focus would be on the amenity provided by Ifield Golf Club (IGC) and the impact of its removal because of the WOI development. Currently HE have not undertaken to replace the club with a like-for-like facility and there is considerable doubt if there is sufficient alternative provision provided by other local golf clubs? On 3) the difficulty of getting developers to pay for needed infrastructure on their developments including healthcare facilities. CBC do not appear to have been able to secure this on the Forgewood development. to pay for needed infrastructure on their developments including healthcare facilities. CBC do not appear to have been able to secure this on the Forgewood development.

Policy IN5: The Location and Provision of New Infrastructure: Policy support the provision of new or improved infrastructure. Major facilities should be located in the most sustainable locations and local community facilities should be located close to neighbourhood centres.

This appears to be inconsistent with what is proposed for the WOI site in terms of health facilities.

7. SUSTAINABILITY APPRAISAL / STRATEGIC ENVIRONMENTAL ASSESSMENT **Sustainability Report for the Local Plan December 2015**

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

Health Physical activity in the borough is below average.

It is a shame that the loss of Ifield Golf Club will not be contributing to any improvement in this area. Any new provision is likely to be located further away and would require more car travel.

10. To ensure everyone has the opportunity to participate in sport and to encourage active lifestyles.

As above with the loss of Ifield Golf Club and access to open countryside for the population of Ifield and again moving sustainably located provision further afield.

5.11 Significant effects arising from the Local Plan included the potential harm to the environmental designations (such as the High Weald Area of Outstanding Natural Beauty (AONB)), and an increase in infrastructure need (such as transport, education or health facilities) owing to new development.

It is pleasing that this section recognises just a few of the potentially negative impacts that development can have on local communities and their environment.

More beneficial impacts include an increase in the number of affordable homes, and the maintenance and improvement of the character of Crawley, which still retains its neighbourhood principle approach.

There is room for debate as to how affordable any homes on the WOI development will be for local residents? Evidence would suggest that many houses on developments in the area are bought by buy to let landlords or foreign buyers anxious to profit from the UK property market. How does the building of up to 10,000 new houses on its border contribute to "the maintenance and improvement of the character of Crawley"? The WOI development is being marketed by Homes England as an addition to Crawley's neighbourhood principle. It has to be said that in the context of the current Crawley urbanisation the neighbourhood approach, which once characterised the town, is now irrelevant and meaningless!

10. To ensure everyone has the opportunity to participate in sport and to encourage active, healthy and independent lifestyles. Health Facilities Is the site located in close proximity to existing health facilities?

This is meaningless if the existing health facilities are currently struggling to provide a decent and safe service to residents? It evidences a massive assumption that any existing health facilities will be capable of serving a possible 25 plus thousand new customers.

Is the potential site capacity of the allocation likely to increase the numbers of users for local facilities (such as schools, GP surgeries) and would this have a detrimental impact upon such local facilities?

The answer to this is obvious to anyone with a degree of commonsense but not apparently to the HE and HDC authorities.

Would the development of a site mean the loss of formal or informal playing fields or other open space? Would the development have an impact on existing open space and would this be mitigated?

Ifield Golf Club will be lost and cannot be replaced

Topic Area G - G1 Understanding any changes or growth in the population of the borough is fundamental in providing sufficient and appropriate community facilities.

Agreed and this must include health facilities which are already under strain even before another potential population increase of up to c25,000 new residents are added to the area.

Those people who first moved to the area (Crawley) back in the 1950s are now growing older and although they do not represent the majority in terms of population structure their needs are perhaps greater.

Prime amongst these needs is for adequate and accessible health care which will be severely impacted by the increase in the area's population caused by the HE / HDC plan for WOI.

Inevitably the different people living in the town have different issues regarding their social, health and environmental wellbeing and it is therefore important not to focus too much on Crawley as one town, but rather a series of different areas, groups and types of people with very different needs, wants and aspirations.

Clearly this approach suits the needs and requirements of the HE / HDC planners so as to obscure and downplay the potential impact of WOI on Crawley town.

Issue: Ensuring better health and healthcare for Crawley G21 The health of town is generally good. For example, life expectancy at birth in Crawley is on average 80 years for men and 84 years for women, which is slightly higher than the national average (2008 data). There are however, wide variations between different 103 wards - life expectancy at birth for males in Bewbush is 75.7 years compared to 82.7 years in Pound Hill North.

It has to be noted that Bewbush is an area of Crawley the infrastructure and services of which are already impacted by the currently expanding Kilnwood Vale development and may be further impacted by WOI.

There is a need for the council to continue to lead and work with others to protect and promote the health and wellbeing of the community through creating opportunities to participate in exercise and helping to provide sufficient healthcare provision to support the borough's continued growth.

Worthy sentiment but what is the plan to achieve this? Existing statements of common ground agree very little.

Likely evolution without the continued implementation of the Local Plan G24 The population of the borough is likely to continue to grow and age putting an increasing strain on healthcare provision. Existing disparities around the town are likely to be widened.

There can be no doubt about this given the proclivity of other local authorities to dump their housing provision on the borders of Crawley town.

Without intervention, the levels of sports and open space provision are likely to erode slightly and areas of the town experiencing the greatest levels of change may be underserved.

Both of these areas will be depleted by the WOI development.

What the Local Plan can and cannot do G25 The quality of the environment has an important role to play in the health of the local population (and to a lesser extent those who work in the borough) in facilitating and encouraging exercise. The quality of community services, health and recreation facilities, contributes to the level of deprivation suffered in an area. By ensuring equality in access to these facilities, the council might be able to contribute to the improvement of the quality of life for residents and visitors. The Local Plan can influence strongly the location of provision, the demands on new development and future protection of provision. Ensuring that facilities are in accessible locations and of high quality goes some way to encouraging greater participation in sport.

Once again very worthy sentiments but largely meaningless in the context of WOI. It fails to identify the negative impact of the loss of Ifield Golf Club on users and the lack of realistic and achievable plans for health facilities on the site.

No. Indicator Crawley Data SE/England Data Trend Data Sources G15 Self-reported measure of people's overall health and wellbeing 83.5% in good health or better England Average – 81.4 South East - 83.6 WSSC – 82.5% Crawley has a higher self-reported measure of people's overall health than England's average.

It would be useful to know when this data was gathered? There can be no doubt that the impact of covid and the associated lockdowns and the consequent pressure on NHS services in the area will have reduced these figures.

Census 2011 G16 All-age allcause premises which cannot meet the needs of the growing population. NHS England do not consider new provision at Kilnwood Vale and Forge Wood is feasible or necessary.

An astounding admission which does not bode well for WOI health facility provision.

Reorganisation into Primary Care Networks (PCNs) to increase resilience and enhance capacity Crawley/ Horsham/ West Sussex Key officers from Crawley Borough Council, Horsham District Council and West Sussex County Council at a variety of different meetings for differing levels of discussion from strategic to technical detail.

It is apparent that this problem requires more to resolve it than reorganising at the edges. More funding and more resource is needed and an agreed strategy between stakeholder upfront.

West of Ifield/West of Crawley (with and without Homes England). On-going discussions in relation to Strategic Site proposals, including: Needs and policy requirements; Landscape Character and Urban Design expertise; Infrastructure capacity; Shared coordination of Transport Modelling and Open Space evidence; approach to Crawley Western Link Road; blended housing mix and affordable housing; unmet education needs; shared findings related to Habitats Regulations Assessment and shared commissioning of additional work in relation to water abstraction and water neutrality.

What about health provision and facilities - this represents a glaring omission.

Understanding of potential strategic site and necessary infrastructure and planning policy considerations should it progress through the Horsham District Local Plan process or be submitted as a planning application. Horsham District Plan Review: Reg. 18 including West of Crawley potential strategic site for up to 10,000 new homes over the next 30 years as an option for consultation. Crawley submission Local Plan (2021) Homes England early pre-application engagement commenced on the promotion of West of Crawley potential strategic site for up to 10,000 new homes over the next 30 years in the form of three new neighbourhoods for Crawley, and including neighbourhood centres, infrastructure provision including western link road, schools and health facilities and employment.

So is it 3,000 or 10,000 new houses? Both HE and HDC seem confused or seek deliberate obstrufication on potential numbers. It is good to finally see the need for health facilities identified and mentioned but where is the detail? Infrastructure and healthcare provision are required upfront for the first phase of 1600 homes.

Strategic Policy IN1 (Infrastructure Provision) NHSPS notes that infrastructure includes 'health' in Paragraph 8.7 of Strategic Policy IN1 (Infrastructure Provision), which seeks to protect existing infrastructure services and facilities 'where they contribute to the

neighbourhood or town overall, unless an equivalent replacement or improvement to services is provided or there is sufficient alternative provision in the area.'

A meaningless statement - how can existing infrastructure be protected when there is the potential for an additional c25 thousand plus new customers using these services?

The ability to continually review the healthcare estate, optimise land use, and deliver health services from modern facilities is crucial. The health estate must be allowed to develop, modernise or be protected in line with the integrated approaches set out within NHS Health Estate Plans. Planning policies should support this and be prepared in consultation with the NHS to ensure they help deliver estate transformation. It is important to note that there are separate, rigorous testing and approval processes employed by NHS commissioners to identify unneeded and unsuitable healthcare facilities. These must be satisfied prior to any property being declared surplus and put up for disposal or development.

Again, this is short on detail and only serves to obscure the challenges that the development of WOI will present in terms of new demand on already strained health facilities and services. It is a travesty to be talking of unneeded healthcare facilities in the area given the population growth that will be due to the development of the WOI site.

Where it can be demonstrated that NHS facilities would have their use changed, having met NHS testing and approval processes before being declared surplus, it should be accepted that this provides sufficient evidence that a facility is neither needed nor viable for its current use or other community uses and that adequate facilities, which meet the needs of the local population, are or will be made available. Indeed, whilst an NHS facility may sometimes require a physical replacement, this is not always the case. In some circumstances it would be possible to meet the needs of the local population through existing facilities and IN1 gives provision for this. However, to ensure policy IN1 is sufficiently flexible and supportive of NHS estate management priorities, the following amendment has been suggested; Existing infrastructure services and facilities will be protected where they contribute to the neighbourhood or town overall, unless an equivalent replacement or improvement to services is provided or there is sufficient alternative provision, for that type of infrastructure, (for example health), in the area.

As above - this is totally unreasonable and unachievable given current and future demand for these services.

REP206/917 NHS Property Services Para. 8.9 NHSPS supports Paragraph 8.9, which requires developer contributions to mitigate the impacts of planned growth on existing infrastructure in the area and the recognition of the cumulative impact development can have on infrastructure. The cumulative impacts of smaller residential developments should continue to be recognised, and health facilities should be put on a level footing

with affordable housing and public transport improvements, given their strategic importance, when receiving funds. NHSPS thanks the Council for the opportunity to comment on the Early Engagement Document and looks forward to working on future rounds of consultation. Noted. The council has sought further clarification from the CCGs on the approach to health in terms of developer contributions, and no concerns were raised regarding the use of CIL for health provision.

It has already been identified and commented on that developer contributions for this purpose will be difficult, if not impossible, to achieve, because of a lack of healthcare employees. The evidence for this already exists in relation to the Homes England Northstowe development in south Cambridgeshire which has been widely reported to have a lack of much needed services and facilities.³

9. HDC LOCAL PLAN - OCTOBER 2023

(NB - This document contains relevant references which are quoted as follows with commentary in bold:)

A neighbourhood centre is proposed as the heart of the new community for Land West of Ifield; this area will provide a mixture of higher density residential development (compared with the neighbourhood as a whole), retail, community facilities and civic public realm. The development will also deliver, in a timely manner, schools and education, sports and open space, and necessary sewerage upgrades. (HDC, Oct 2023, p 158, para 10.92)

A distinct absence of any reference to the provision of needed health facilities.

A new Neighbourhood Centre to provide a community, employment and transport hub to include a library, community centre, and potentially café and/or public house and indoor sports facilities. (PAGE 160)

Again a distinct absence of any reference to the provision of needed health facilities.

8.31 Overall, the health of the people living in Horsham District is very good. Average life expectancy reported by the Office for National Statistics is 82 years for men and 85 years for women, which is higher than the national average and has improved in the last 15 years. The resident population has an older age profile than the national average, with many people choosing to retire here. 8.32 Access to healthcare facilities, including hospitals, can be difficult for rural residents, particularly for those without access to a car. The nature of healthcare provision is changing, with a greater emphasis on larger medical GP practices

³ <https://www.bbc.co.uk/news/uk-england-cambridgeshire-66156561>

and on local networks of healthcare providers sharing responsibility for delivering a range of services.

A statement of the obvious and largely meaningless in this context.

The need for a hospital has not been identified as required in this Plan. The Council will continue to work with NHS Sussex and Primary Care Networks (PCNs) to ensure healthcare needs in the District can be met and will work to ensure residents can access the services they need. (Page 94 Para. 8.32)

This must be rectified as soon as possible given the current pressure on East Surrey Hospital at Redhill, which is already struggling to provide an acceptable level of service to the client population let alone with the potential additional demand that the development of the WOI site will create.

8.33 The increasingly elderly age structure for the District will have implications for long term health, illnesses and disabilities, particularly in relation to social and healthcare 95 facilities and for the types of accommodation the District will require in the future. As well as levels of physical inactivity and diabetes, key areas of concern relating to ill health in the District are age-related health conditions, such as dementia, and hearing and sight loss. 8.34 Alongside the delivery of healthcare infrastructure, development plays an important role in ensuring communities are physically and mentally healthy and resilient. The role of development in encouraging people to make healthy choices is recognised, and development schemes which deliver an environment which supports good mental and physical wellbeing, while minimising the negative health impacts arising from development, will be supported. (PAGES 94 & 95)

This acknowledges a problem but offers no practical or realistic solutions so is meaningless. Detail and data is required on how "The role of development in encouraging people to make healthy choices is recognised" and how it can be achieved in practice.

5. The site and its...issues/challenges

EAST SURREY HOSPITAL

The main hospital for this area is the East Surrey Hospital at Redhill. It is only too apparent that pressure on A&E services there means that an unacceptable level of service is being offered to residents and patients (BBC South East News and local newspaper reports support).

For inpatients, a BBC South East News report on bed capacity levels in summer 2022, indicated that current bed availability at the hospital had reached maximum capacity on several occasions during the summer months.

The SurreyLive media group reported that, even in 2018 patients spent longer than 12 hours waiting in A& E departments belonging to Surrey trusts on 11,000 occasions in the last year, with the number of delays rising in recent years. Across hospital trusts in Surrey, patients arriving in A&Es, including those across the borders waited longer than 12 hours from arrival to admission, discharge or transfer 10,629 times in 2017/18. This was up from 10,063 times in 2016/17 and 9,206 in 2011/12.

(<https://www.getsurrey.co.uk/news/surrey-news/ae-live-join-day-life-14163073>)

Experts said a lack of beds and other resources meant A&E staff were unable to admit patients, often those with multiple and complex needs, leaving them facing longer waits in A&E. Surrey and Sussex Healthcare NHS Trust, which runs [East Surrey Hospital](#), saw the largest number of long waits, with 3,408 in 2017/18, up 44% from 2,374 in 2016/17, although this was lower than in 2011/12 when patients faced long waits on just 5,175 occasions. (SurreyLive 25th May 2018)

The BBC South East regional news reported (15th November 2023) that a recent Care Quality Commission (CQC) report had downgraded maternity service provision at East Surrey Hospital from outstanding to requires improvement. This was due to a variety of factors, one of which was lack of staff.

East Surrey hospital is the nearest one to Gatwick airport. A serious incident at the airport would not be dealt with adequately - given that the hospital is already overstretched and unable to provide an acceptable level of service.

The NHS generally is understaffed and being forced to attempt to recruit people from abroad. East Surrey is no exception to this. The Times Health Editor, Chris Smyth reported that the NHS was to begin a global recruitment drive to attempt to recruit tens of thousands of foreign nurses as it struggles to fill gaps on wards in the UK. *Staff from abroad* – The Times 7th May 2019.

Visitor reports on Facebook (10.01.2023) that the public car parks at East Surrey Hospital are full, that traffic is backing up onto the A23 and that ambulances are queuing to get into the ambulance bays. This is not an isolated occurrence as evidenced by other posts.

In response to a Freedom of Information request from a member of the public, Jeanette Randell, FOI Officer for East Surrey Hospital said:

We are experiencing a higher number of conveyances than ever before which can cause delay especially if there is a surge of ambulances in a short space of time. Demand for beds significantly outstrips supply which means that there are times when patients are delayed in ED whilst a bed is made available; this means the department can at times get full such that it causes a delay for crews to handover their patients. When this happens, we prioritise patients based on clinical priority (3rd March 2020)

GP SERVICES

Patients are experiencing waiting times to see or speak to a GP in the Crawley area of up to 24 weeks for a face-to-face appointment. Access to mental health services where a patient has to be referred by a GP, is hence poor. In any case the reduction of the mental health teams in the area, mean that provision is patchy at best and non-existent at worst. This discourages people to seek GP advice – or turn to the internet for self-diagnosis – or dubious sources for self-medication. Health risks increase and untreated minor problems can become serious.

Most surgeries in Crawley are not accepting new patients - anyone new to the area will struggle to find a local GP service that is accepting new patients. The problem is not the size of the buildings but the lack of staff. The HE plans for West of Ifield include a 'medical facility', but there is no indication of how or whether it can be staffed. (Langley Corner surgery, in Ifield Green, is currently (Dec 2023) not accepting new patients).

Closure of surgeries is a national problem. The Times Newspaper's Health Editor, Chris Smyth reported that more than a million patients have been forced to change GP surgery in the previous five years, with closures up tenfold as family doctors abandon the NHS. Last year 458,000 patients had to find a new practice because their existing surgery shut, up from 38,000 in 2013, according to official data.

A further report by The Daily Telegraph's Health Editor, Lizzie Roberts in August this year said that:

nearly 1.5 million patients have lost their GP in the last eight years after the closure of almost 500 practices, research has suggested.

[Issues around recruitment were a factor](#) in the closure of about two-fifths of the surgeries, while workloads and inadequate premises were also cited as triggers.

The investigation, by Pulse magazine, revealed for the first time the number of premises that have closed for good since 2013. (Daily Telegraph 29th August 2022)

The Daily Telegraph's Health Editor, Laura Donnelly, reported in September 2022 that one in four people could be left without a GP within a decade, according to the Doctors' Association UK. They suggest that 16 million people in England could be left without access to a family doctor, [amid growing staffing shortages](#). (The Daily Telegraph 21st September 2022)

Michael Searles, a Daily Telegraph Health Correspondent, reports that "an international analysis of health care , including access to GP's , found that Britain is the third worst

country for quick access to a family doctor. Just 35 per cent of Britons were able to see a GP within 24 hours, compared with a global average of 67 per cent" (Daily Telegraph News 21st November 2023)

In response to concerns expressed by local residents, Homes England have committed to providing a health facility at the proposed development. However, given the above it has to be asked if the NHS will be able to provide the GPs and nurses needed to service this facility.

No medical services have currently been provided at two other developments in Horsham District, (Kilnwood Vale or North Horsham) which will in turn increase pressure on any facility provided at West of Ifield.

The HDC evidence base - the duty to cooperate - NW Sussex statement of common ground 2020

(https://www.horsham.gov.uk/data/assets/pdf_file/0011/86546/northern-west-sussex-statement-of-common-ground-may-2020.pdf) states:

7. HEALTH – there is recognised capacity constraints on GP provision across the area, particularly with the decision by the NHS not to bring forward new provision as originally planned within the Forge Wood and Kilnwood Vale neighbourhoods. However, the introduction of primary care networks is anticipated by the CCG to enhance capacity.

It is unclear as to what this last sentence means -in the current climate and in the next five years? This does not seem like a sound basis for future planning?

The following is from a post by Peter Lamb, who is the prospective Labour Party candidate for MP for Crawley and concerns GP numbers in West Sussex. It is from September 2023 and makes it clear that there is significant pressure from the existing population on current GP services.

The House of Commons Library has recently released a data dashboard breaking down data around GP and patient numbers by constituency.

It highlights that the biggest mismatch between doctors and patients is most heavily concentrated in the UK's geographical South East. To some extent this isn't a surprise. As a general rule population density in the UK declines the further you get from central London, but even in a very low population density area there is a limit as to how far you can expect people to travel to access a doctor. Consequently, low population density areas will also tend to have a better GP to patient ratio.

What is somewhat surprising is that despite having similarly high population densities to adjacent areas both South West London and Surrey have a lower patient to GP ratio than their neighbours. The most obvious difference which comes to mind is that these

locations tend to be wealthier than their neighbours, so perhaps the desire for GPs to base themselves in those areas is greater or there are greater obstacles to things which might affect the GP to patient ratio.

Trends for local areas: Fully qualified GPs

While I'm typically a fan of the HOC Library's reports, as the number of my posts inspired by their work shows, the usefulness of this dashboard is hampered by the limited range of years for which the data is provided.

To be fair, the main reason for this is that the never ending process of NHS restructures results in the data being collected on different footprints over time. Despite this, in the case of West Sussex at least, there's no reason they could not have combined the data from the CCGs to get a figure for West Sussex, and prior to the 2012 Health and Social Care Act the reporting unit for our area would have been the West Sussex Primary Care Trust.

Fortunately, this data remains publicly available if you know where to look. In the last year of Labour Government, West Sussex had 462 full-time equivalent (FTE) fully-qualified GPs compared to 403 today, a 13% cut in GP numbers.

At the same time, patient numbers in West Sussex have grown by 9%. The end result is that we have gone from having one FTE fully-qualified GP for every 1,769 residents to having one GP for every 2,316 residents, an increase in patient numbers for every GP of a third since the Conservatives came to office. Even without the demand-pressures of an ageing population, with figures like that it should be easy for everyone to see why NHS primary care is now currently fighting for its life.

NHS DENTISTRY SERVICES

As reported by the BBC in August their research demonstrated the national crises in NHS dentistry as:

- nine in 10 NHS dental practices across the UK are not accepting new adult patients for treatment under the health service.
- in a third of the UK's more than 200 council areas, they found no dentists taking on adult NHS patients and eight in 10 NHS practices are not taking on children.
- Homes England are not committing to provide additional dental services as a result of the proposed development which means additional pressure on existing services
- no dentistry services have currently been provided at the Kilnwood Vale or North Horsham development

It is unlikely that fresh government initiatives, announced this week (7th February 2024) will do much to alleviate the current crises in NHS dentistry according to the British Dental Association (Daily Telegraph report 7th February 2024)

AMBULANCE SERVICE

Current waiting times for an ambulance throughout Sussex as provided by the South East Coast Ambulance Service (SECAMB) do not meet the recommended response times and are placing patients lives at risk (BBC South East News - 26th October 2022).

The same service has been rated as requiring improvement by a Care Quality Commission (CQC) investigation in August 2022 (West Sussex County Times report - 3rd. November 2022). The CQC said that inspectors carried out two comprehensive inspections in August 2022 to look at the trust's urgent and emergency care and resilience teams as well as to check the progress in meeting the requirements from an inspection in February. The previous rating was good.

An investigation by the BBC reported that ambulance "build up & parking" at Sussex hospitals are worrying to the extent that they are placing patients' lives at risk (reported by BBC South East News - 26th October 2022)

The SurreyLive media group reported that patients are "at risk" from record ambulance delays, paramedics have said, as average waiting times for callouts to potentially serious conditions are twice the national standard. Figures from NHS England show the mean response time to Category 2 calls, which include stroke and other emergencies, was more than 45 minutes in September, compared with a target average of 18 minutes. (SurreyLive 11th November 2021)

This situation is likely to worsen even without the impact of the additional population growth from WOI.

PHARMACY SERVICES

All pharmacies are currently under severe pressure as reported by the Daily Telegraph on the 6th October 2022 (Daily Telegraph Health Correspondent)

The same article said the following:

One in 20 chemists have closed since 2015

Two in 3 pharmacies are dealing with shortages of supplies every day.

Queuing / waiting times at local pharmacies are unacceptable as is demonstrated by personal experience.

There is a national shortage of pharmacists

A report by the National Pharmacy Association in September 2022 stated that:

- more than 450 community pharmacies closed in 2020 / 2021 and that hundreds more will close this year.
- that there are likely to be several thousand pharmacy closures in the next few years unless action is taken by the government

Michael Searles, Health Correspondent for the Daily Telegraph, reports that a third of chemists have no full-time pharmacist after staff move to GP practices (Daily Telegraph News 22nd November 2023 source National Pharmacy Association).

Homes England are not committing to provide any pharmacy services as a result of the proposed development which means additional pressure on existing services throughout the area

No pharmacy services have currently been provided at the Kilnwood Vale or North Horsham development.

WAITING LISTS FOR TREATMENT

Waiting lists, across all of the above services, are too long and are putting patients lives at risk. This has been widely reported in both local and national media.

A Crawley Labour Party leaflet (November 2023), issued on behalf of Peter Lamb who is standing as Labour's candidate for the next general election, states that "*a record 53,808 people are waiting for hospital treatment in our area.*"

The Times newspaper reported that, in a strategy to boost staffing, leaked to the newspaper, NHS leaders have conceded that exhausted doctors and nurses are being driven out of an overstretched health service because of a failure to plan for the extra staff needed to care for an ageing population. (The Times 7th May 2019)

This situation is likely to worsen even without the impact of WOI with the potential to add some 20,000 plus people to the area and its services.

CARE HOME SERVICES

Various official documents identified above focus on the demands arising from an increasingly ageing population in the area.

There have been numerous media reports regarding social care. These, like the NHS, face enormous challenges. There are crises in care home provision for the elderly across the country including West Sussex. Care homes are closing due to lack of funds. Those that remain open increasingly find it difficult to recruit staff as the sector cannot afford to pay the same pay levels that other sectors offer. West Sussex has also seen a decrease in nursery provision and special needs services.

The Guardian's Social Affairs Correspondent, Robert Booth, reported in August 2022, that thousands of vulnerable people are suffering inadequate care as severe staffing shortages in previously good care homes push operators to break rules and put residents at risk. A wave of inspections has revealed the human impact of a worsening nationwide staffing crisis, with people being left in their rooms 24 hours a day, denied showers for over a week, enduring assaults from fellow residents, and left soaking in their own urine. Stretched staff have described scrambling to help residents with buzzers going off and fear the squeeze on their time is dangerous. Analysis by the Guardian revealed that staff shortages were identified as a key problem in three-quarters of all the care homes in [England](#) where the Care Quality Commission regulator had cut their rating from “good” before Covid-19 to “inadequate” this summer. (The Guardian 21st August 2022).

MENTAL HEALTH SERVICES

Hardly a week goes by when there are various media reports on the current crises in mental health care service provision. Waiting lists for treatment are dire and there is a national shortage of suitably qualified staff. This applies equally to West Sussex.

COVID

There is the possibility of future outbreaks causing additional pressure on all services.

THE HEALTH BENEFITS OF GREEN SPACES

The New Scientist organisation reported that on-going research demonstrated the health benefits of having accessible open and green spaces. Access to local countryside and footpaths for exercise and general fitness is key and critical to general fitness and well-being

The Guardian newspaper reported on research in to why forests and biodiverse spaces benefit well-being (2nd September 2022)

Miles Richardson, professor of nature connectedness at the University of Derby, is conducting research on how the age, size and shape of trees and woodlands benefit wellbeing.

As reported by the Sussex World media group, people in Crawley are still feeling less satisfied with their lives than before the coronavirus pandemic. This is despite a recent rise in satisfaction levels in the last year.

Across the UK, happiness levels recovered from a pandemic dip in 2020-21, but remained down on 2019-20, with Mental Health UK warning that successive lockdowns and now the cost-of-living crisis have disrupted people's happiness.

The Office for National Statistics figures show the average person in Crawley answered the question "how satisfied are you with your life nowadays" at 7.6 out of 10 in the year to March, where one is "not at all" and 10 is "completely". This is up from 7.2 the year before, but remains below pre-pandemic levels, when residents in the area rated satisfaction at 7.9.

Across the UK, satisfaction levels have rebounded in the last year, though have still not recovered following the pandemic, sitting at 7.5, up from 7.4 in 2020-21 but below 7.7 in the year to March 2020. Meanwhile, anxiety levels rose from 3.3 to 3.6 for people living in Crawley rated their life as worthwhile at 7.9 out of 10 – below 8.1 in 2019-20.

This has to be seen in the context of the Horsham District Council plan to impose up to 10,000 new homes on the green gap between Crawley and Horsham, removing an important health resource for the existing population of Crawley and the Parish of Rusper. This, in turn, will add to the reduction in both health and satisfaction levels.

One must not forget the health benefits that the golf course brings to its members – especially for the older generation.

6. The Impact of West of Ifield

It is patently obvious from the above what the impact of developing the West of Ifield site will be. Regardless of whether it comprises 3,000 or 10,000 new houses it will place an intolerable additional pressure on already strained healthcare services and provision in the area. Worse still, the planned development of the site is sadly lacking in any agreed mitigation measures designed to alleviate the impact of the increased population associated with the development to meet the areas objectively assessed needs. The plan is not based on effective joint working cross boundary with Crawley and defers many identified needs with a statement of common ground essentially agreeing on the issues but few solutions.

7. Conclusion

The proposed Horsham District Council and Homes England development could ultimately be for up to 10,000 new houses and, in the long term, will not be able to support the health and well-being needs of the additional population of some 24,000 new residents and will severely worsen the health provision for the existing population. There will be severe problems even with the first phase of 3000 houses.

The healthcare provision will not meet the policies of the NPPF nor the stated goals on the Horsham District Corporate Plan 2019-2023. Because of this the Horsham District Plan has to be seen as unsound.

As evidenced above (Page 3) the second HE West of Ifield (WOI) EIA Scoping Opinion Request Report to HDC dated the 17th October 2023 identifies the requirement for the potential health effects to be considered in a separate standalone Health Impact Assessment (HIA) (Page 108 para, 12.1.2).

It is essential that HDC undertake this at as early a time as possible and take in to account the issues identified in this response. It is also essential that the HIA is undertaken by consultants / experts who are independent and have evaluated and recognised expertise in this area.

The conclusion arising from the above is that the proposed development of the West of Ifield site will make the Horsham Local Plan unsound at examination and so should be removed.

ABBREVIATIONS USED

WOI - West of Ifield

HE - Homes England

HDC - Horsham District Council

CBC - Crawley Borough Council

NPPF - National Policy Planning Framework

WSCC - West Sussex County Council

IGC - Ifield Golf Club

EIA - Environmental Impact Assessment

SASH - Surrey and Sussex Healthcare Trust

SECAS - South East Coast Ambulance Service

APPENDIX A - Homes England West of Ifield (WOI) EIA Scoping Opinion Request Report to HDC (17th October 2023) - identified Policies and Guidelines (Page 108)

12.3 Methodology Relevant Policy and Guidance 12.3.1 There are no published guidelines or specific requirements for assessing socioeconomic related effects from a large housing led development as part of an ES. The assessment uses a range of appropriate guidance and methodologies to identify and assess relevant changes that may arise from the Proposed Development. 12.3.2 The economic and employment impact assessment will be informed by the Homes and Communities Agency's (HCA) 'Additionality Guide' (Ref. 12.1). The 'Additionality Guide' is based on the principles of the HM Treasury Green Book and describes a methodology for defining the additional economic benefits arising from an intervention. National Planning Policy 12.3.3 The following national policy documents will be assessed as part of the ES: • National Planning Policy Framework (NPPF) 2023 - The NPPF (Ref 5.1) aims to support strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generation; and by creating high quality-built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being (Para 8(b)). In addition, it requires that development takes account of and supports local strategies to improve health, social and cultural wellbeing for all sections of the community (Para 92(b))

Regional and County Planning Policy 12.3.4 The following regional and County Council level policy documents will be assessed as part of the ES: • The West Sussex Economy Reset Plan 2020-2024 (Ref 12.2) – considers the impact and challenges posed by the COVID-19 pandemic and 'Our Council Plan' - WSCC's corporate plan for 2021-2025 . – This sets out 4 key priority areas: – Keeping people safe from vulnerable situations. – sustainable and prosperous economy. – Helping people and communities to fulfil their potential. – Making the best use of resources.

Active Sussex Strategy 2018-2023 (Ref 12.7)- By 2023, Active Sussex aim is to see 5% fewer inactive people in Sussex, and 10% fewer inactive people in the county by 2028, so that all our local authorities have activity levels better than the national average (Ref 12.5). •

West Sussex Joint Health and Wellbeing Strategy 2019-2024 (Ref 12.8)- The purpose of the JHWS is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The intention was that they would be part of a continuous process of strategic assessment and planning by all organisations in the area.

Local Planning Policy 12.3.5 The following local policy documents will be assessed as part of the ES: • The Horsham District Planning Framework – Horsham District's Local Plan (November 2015) - The Horsham District Planning Framework (HDPF) is the overarching planning document for Horsham district outside the South Downs National

Park (SDNP) and replaces the Core Strategy and General Development Control Policies documents which were adopted in 2007 (Ref 5.2)

• HDC, Built Sports Facility Strategy (2017-2031) (Ref 12.13). • HDC Playing Pitch Strategy 2018-2031 Needs Assessment (Ref 12.14). • Crawley 2030: Crawley Borough Local Plan 2015-2030 – The plan sets the way forward for planning the future of our town – where we live, work and visit – for the next 15 years. The document will provide the basis for future planning decisions in Crawley (Ref 5.3). • Horsham Green Infrastructure Strategy 2014 – The strategy maps, plans and identifies a strategic network of green space across the District and identify mechanisms to ensure its delivery. This will assist the Council across many of its functions, including Leisure, and also forms part of the evidence base of the Horsham District Planning Framework (Ref 12.9). • Crawley Green Spaces Strategy 2014-2018 – The strategy document establishes the role the Council and its partners play in directing the management of green spaces in Crawley and guides the future development of its parks and open spaces, making sure they continue to evolve to meet the changing needs of the community (Ref 12.9). • Horsham District Council Sport and Physical Activity Strategy 2016-2031 – The strategy reinforces both the value that the council places on the importance of sport and physical activity and its commitment to increasing participation and improving health within finite financial constraints. The purpose of the strategy is to increase participation in sport and physical activity and improve the health and wellbeing of people living, working or visiting the Horsham district (Ref 12.10)

The Open Space, Sport and Recreation Assessment, Indoor Sports Facilities Assessment and Playing Pitch Strategy (2020) establish Crawley's specific needs and quantitative or qualitative deficits or surpluses of open space, sports and recreational facilities (Ref 12.16)

Guidance and Industry standards of relevance: • Design Manual for Roads and Bridges LA 112 Population and Human Health sets out the requirements for assessing and reporting the environmental effects on population and health from construction, operation and maintenance of highways projects (Ref 12.17). • National Planning Practice Guidance (PPG) – Open Space, Sports and recreation facilities, PRoW and local green space, 2014 states that existing open space should be considered when reviewing development proposals, in line with NPPF paragraph 96 (Ref 12.18)

APPENDIX B - Homes England West of Ifield (WOI) EIA Scoping Opinion Request Report to HDC (17th October 2023) - Assessment Methodology Approach (Page 112 PARA. 12.3.7 on)

– Healthcare and older people – current waiting list information would be accessed using available NHS data and information from specific GP surgeries relating to waiting lists.

The Housing and Regeneration Agency 113 – Social infrastructure – demand will be assessed using relevant guidance and standards as contained in document such as the HDC Planning Obligations and Affordable Housing SPD (2017).

12.3.9 Construction of the Proposed Development is expected to be phased over approximately 15 years. Socio-economic and health effects would be considered in relation to localised construction phase.

Significance Criteria 12.3.11 Unlike other environmental topics such as noise, the sensitivity of socio-economic and health receptors to the Proposed Development is not determined by reference to designations or an objective standard. Instead, it is the nature of the activity that the human receptor is undertaking that is most influential in determining sensitivity. A combination of quantitative and qualitative assessment, together with professional judgement, would therefore be undertaken to assess likely effects. 12.3.12 The terms used to define the significance of effect are as follows: • Adverse: detrimental or negative effects to a socio-economic/ health resource or receptor; • Negligible: imperceptible effects to a socio-economic/ health resource or receptor; and • Beneficial: advantageous or positive impact to a socio-economic/ health resource or receptor.

Cumulative Effects 12.3.15 Consideration will be given to the likely significant effects of the Proposed Development with committed schemes identified as per details in Section 4.6. Potential cumulative effects of relevance to socio-economics include committed schemes which alongside the Proposed Development will generate additional population, or which may cause health related environmental change and thereby potential impact on local infrastructure, facilities and resources (such as schools and healthcare facilities).

12.4.4 According to the 2021 Census, Horsham District has an increasingly aging population, with 45% of the population over the age of 50. The population of Horsham district has grown at a faster rate than the county (11.8% compared to 9.4%). The 2021 Census confirms that Crawley Borough Council has the biggest proportion of 18-64 year olds (65.7%). 12.4.5 Key issues include the increasingly older age population profile in Horsham which create additional demands on community infrastructure and services. Also, a growing working age population in Crawley that may impact the demand for employment in the area. The Gatwick Diamond Post 2030 Infrastructure Study states that 'total population is forecast to increase across West Sussex but to decline in the Surrey Gatwick Diamond area between 2030 and 2050'. o, a growing working age population in Crawley that may impact the demand for employment in the area. The Gatwick Diamond Post 2030 Infrastructure Study states that 'total population is forecast to increase across West Sussex but to decline in the Surrey Gatwick Diamond area between 2030 and 2050'.

