



NHS Kent and Medway Response to Canterbury City Council Regulation 18 Draft Local Plan

31 May 2024

Report produced by East Kent Health and Care Partnership and Kent & Medway ICB



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Note: All contents of the report are draft estimations of the impact of housing growth on healthcare estates and are derived from the SidM Health data analytICB platform. All healthcare assumptions and population assumptions should be validated by Kent & Medway ICB and Canterbury City Council.

Coplug does not hold any responsibility for any errors in the data, assumptions or methodologies used to derive these estimations.

Aims & Objectives

Where will healthcare need be in Canterbury by 2040

This report provides a comprehensive assessment of the additional healthcare need that is predicted to arise in Canterbury over the next 15 years as the area aims to deliver a total of 23,706 homes by 2040.

The figures presented in this report represent indicative overall cost to the Healthcare system due to new housing. The report aims to provide high level evidence base with regards to the funding gap to fund healthcare capital projects. It supports proactive and effective infrastructure planning and provides evidence to support Canterbury's Infrastructure Delivery Plan and Infrastructure Funding Statement.

The report will also be of use to healthcare providers as it provides analysis of the projected evolution of healthcare needs at the local level in Canterbury, subject to detailed demand and capacity, and feasibility studies, by East Kent Health and Care Partnership and NHS Kent & Medway ICB.

The objectives of the report are as follows:

- A. Projection of additional population arising from projected housing growth;
- B. Analysis of the activity of this population on Acute, Mental, Community and Primary Care
- C. Overall cumulative cost impacts for different healthcare needs

How to use this report

This report is not a guide to the precise expected service demands of individual areas or facilities and does not include existing gap analysis which would form part of detailed demand and capacity studies. The report does not include details of the overall funding collected via CIL by Canterbury or the proportion of funding the NHS may be able to secure through CIL/s106. Its remit is to provide sufficient level of evidence base as a starting point for East Kent Health and Care Partnership and NHS Kent & Medway ICB to engage with the district council for negotiations related to CIL/s106 funding towards healthcare.

Executive Summary

This report indicates the **overall additional capital cost required by the healthcare system** arising from new housing in Canterbury to 2040 is **£65.6 million**, based on the project housing mix regarding the expected tenure, type and size of homes coming forward. A proportion of this funding is likely to be covered by the NHS, the details of which will vary at the capital project level, but a proportion is sought from Local Authorities as part of local infrastructure provision. It must be noted the cost estimations include costs for population increase due to new housing while deducting the impact due to internal migration.

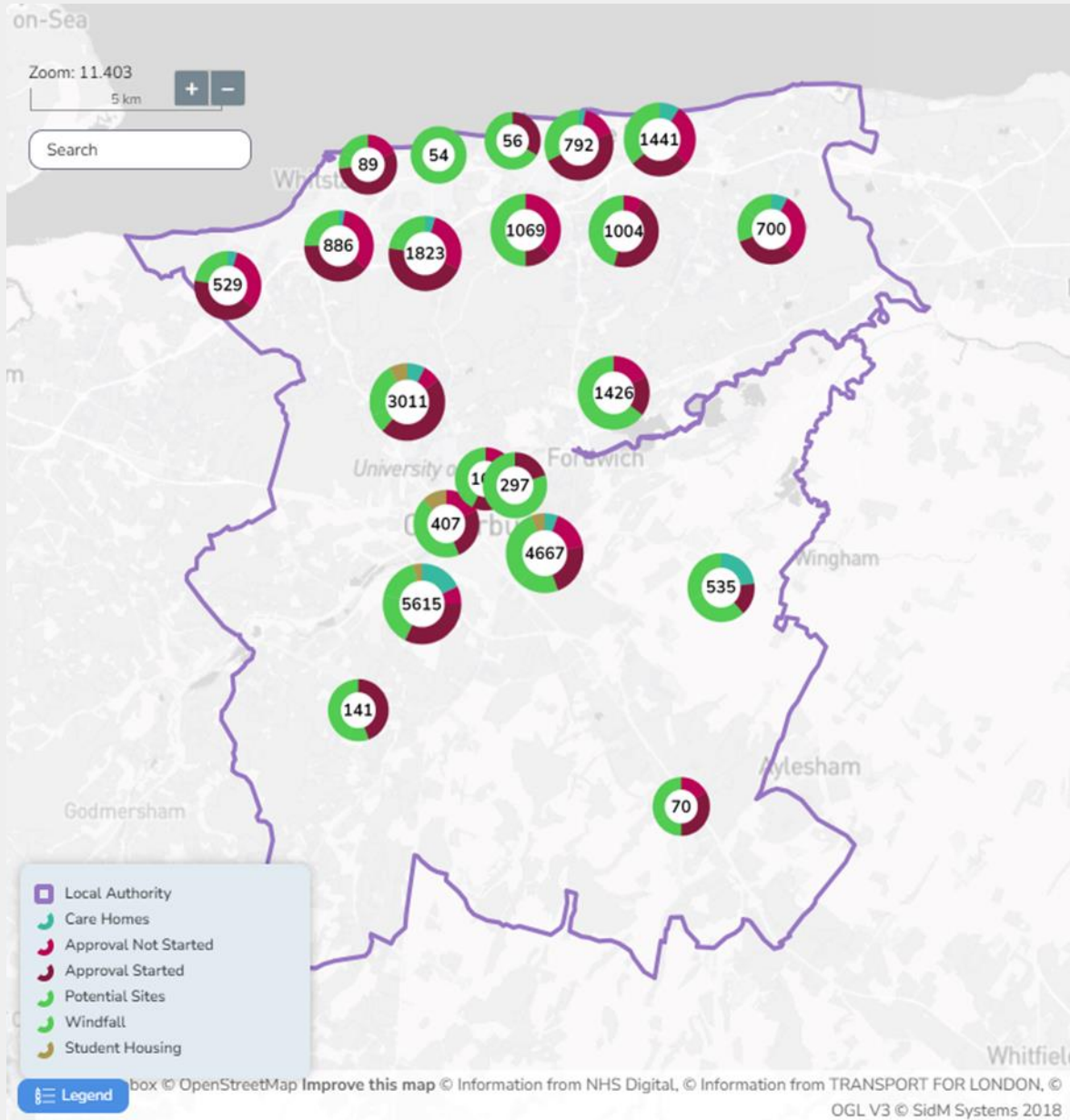
Broken down into phases, the total requirement is:

- 1-5 years £ 13,444,386
- 5-10 years £ 29,017,864
- 10-15 years £ 23,146,493

The proportionate costs, broken down by Healthcare Type are as follows:

- Acute Healthcare (72.05%)
- Primary Healthcare (21.02%)
- Mental Health Care (2.73%)
- Community Health Care (4%)

The above does not currently include analysis of Intermediate care (community) beds which would be an additional cost.



Housing Growth

Summary

Total Proposed units: 23,706
 Approved Planning Permissions: 11,664
 Adopted : 1,335
 Potential: 8,449
 Windfall sites: 2,258
 Time period - 2024- 2039 (15 years)

Projected Units by Year by Permission Status

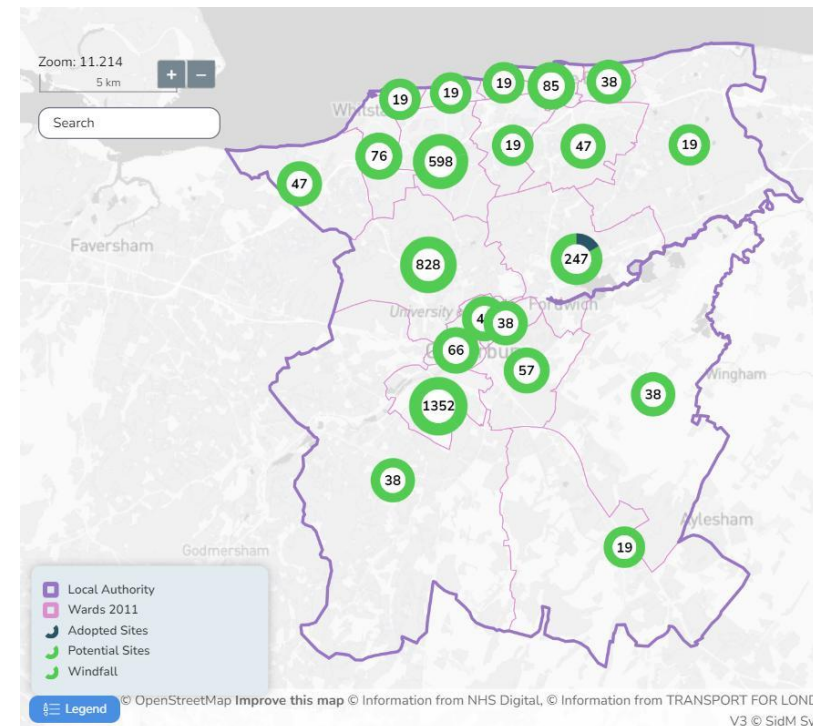
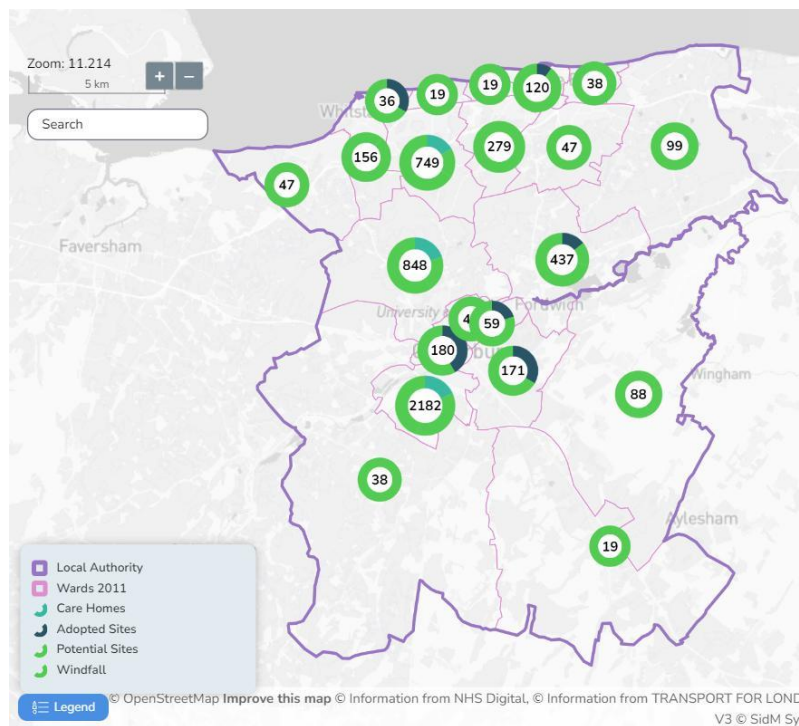
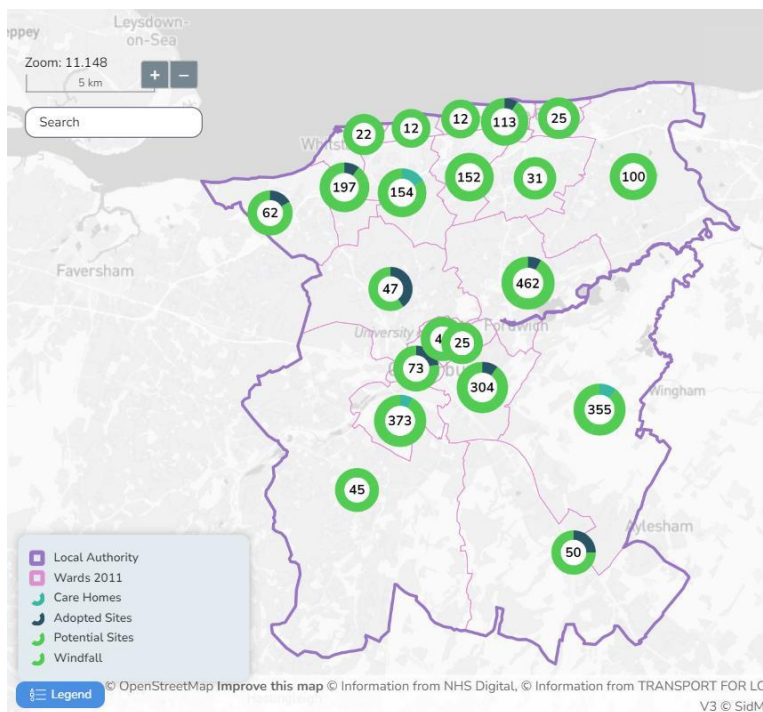
Year	Adopted	Approval	Potential	Windfall	Total
24_25	0	1106	0	0	1106
25_26	15	1366	0	0	1381
26_27	76	1234	71	48	1429
27_28	75	1689	228	170	2162
28_29	174	986	471	170	1801
29_30	152	949	841	170	2112
30_31	164	810	829	170	1973
31_32	248	650	1175	170	2243
32_33	96	555	790	170	1611
33_34	69	498	690	170	1427
34_35	69	321	690	170	1250
35_36	69	300	690	170	1229
36_37	69	300	669	170	1208
37_38	59	300	555	170	1084
38_39	0	300	410	170	880
39_40	0	300	340	170	810
Total	1335	11664	8449	2258	23706

Housing Growth

Future Sites

Total Proposed units across 15 years :

Potential, Adopted, Windfall Sites mapped and projected equally across expected five year phase



Housing Growth - Potential Sites Years 1-5

	Total	2025/26	2026/27	2027/28	2028/29	2029/30
Potential	1611	0	71	228	471	841
Windfall+Adopted	1050	15	124	245	344	322
Total	2661	15	195	473	815	1163

Housing Growth - Potential Sites Years 6-10

	Total	2030/31	2031/32	2032/33	2033/34	2034/35
Potential	4174	829	1175	790	690	690
Windfall+Adopted	1496	334	418	266	239	239
Total	5670	1163	1593	1056	929	929

Housing Growth - Potential Sites Years 11-15

	Total	2035/36	2036/37	2037/38	2038/39	2039/40
Potential	2664	690	669	555	410	340
Windfall+Adopted	1047	239	239	229	170	170
Total	3711	929	908	784	580	510

Source: SidM Health; Canterbury Housing Data

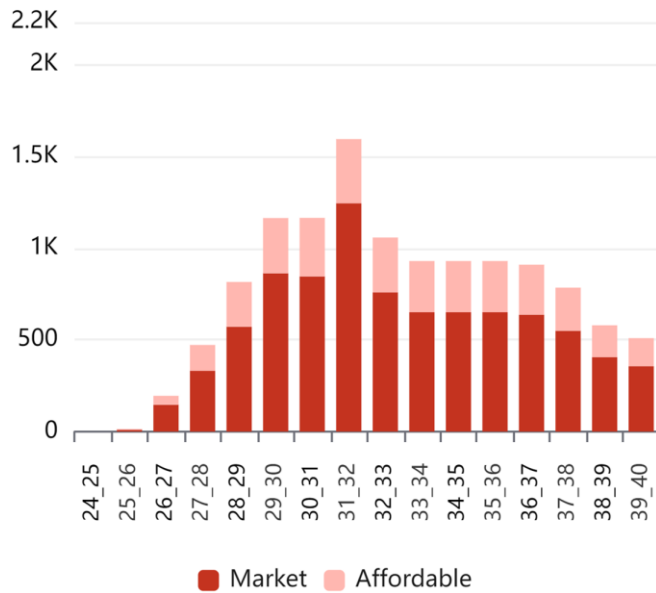
Housing Mix

Requirements

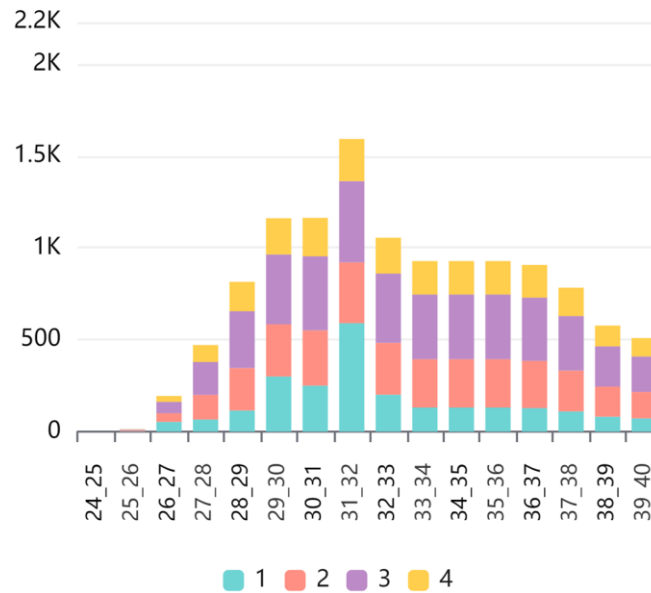
The expected mix of housing by tenure, type and size for a groups of future sites within Canterbury City Council's housing trajectory is shown below.

These include Potential, Adopted and Windfall sites

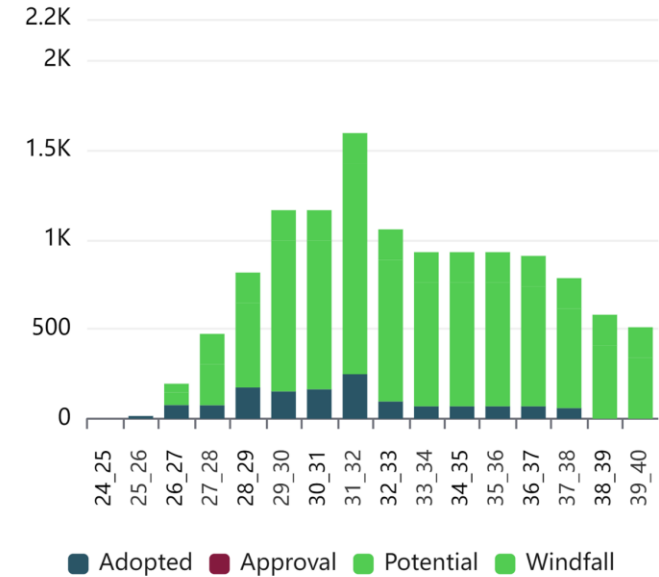
Projected Units by Year by Tenure



Projected Units by Year by Size



Projected Units by Year by Permission Status



Projected Units by Year by Tenure		
Year	Market	Affordable
Total	8662	3379
Percentage	72%	28%

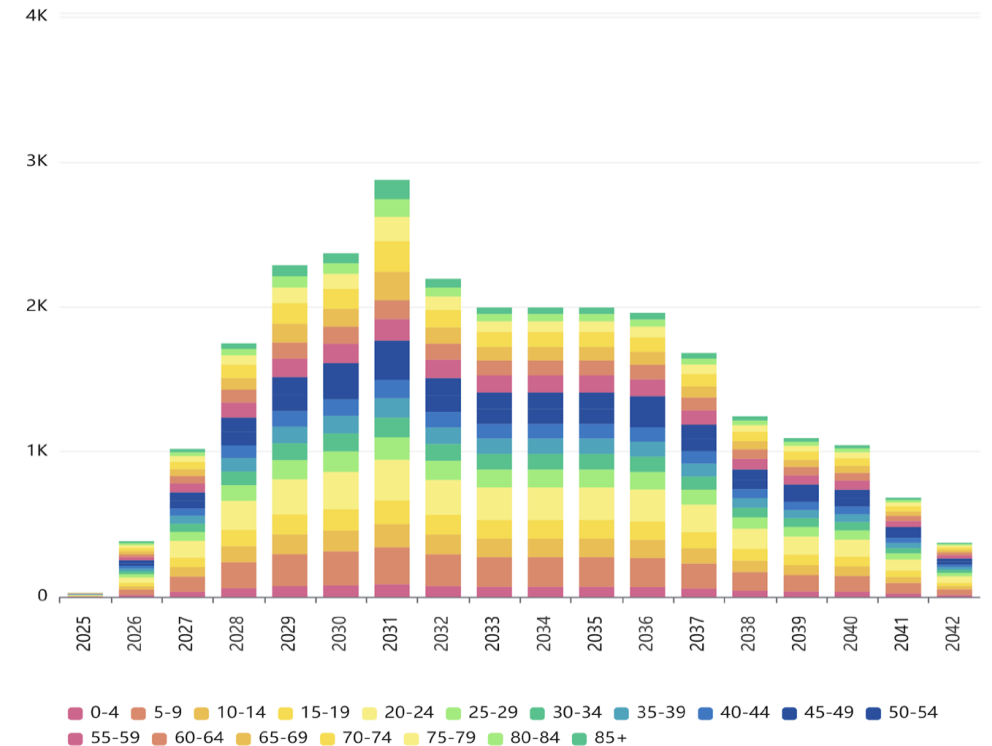
Projected Population

Net Population

Population Increase (With Net Internal Migration factored)					
Year	0 to 4	5 to 19	20-39	40 to 65	65+
2025	1	7	8	8	5
2026	12	83	100	97	92
2027	35	236	288	275	186
2028	59	404	494	472	320
2029	73	496	605	580	532
2030	78	528	643	616	506
2031	85	579	705	676	830
2032	73	494	602	578	446
2033	68	462	562	539	365
2034	68	462	562	539	365
2035	68	462	562	539	365
2036	67	453	552	529	358
2037	57	388	475	454	308
2038	42	288	350	336	228
2039	37	254	309	295	200
2040	36	242	294	283	192
2041	23	158	192	185	126
2042	13	86	106	101	68
Total	894	6080	7411	7101	5491

Net Population is the total number of persons expected to occupying new housing less the proportion of those projected to be moving from within the area and therefore whose healthcare needs are assumed to already met by existing healthcare provision. Sidm derives this 'migration factor' at the Local Authority level, based on analysis of Census data.

Population Increase (With Gain Applied)



Background: Healthcare Capital Funding and Integrated Care Systems

Health Services are funded from the Department of Health and Social Care's budget. This is split into two overarching categories: capital and revenue. The capital budget refers to the money spent on investing in buildings, infrastructure (including the backlog of maintenance and repairs to buildings and facilities) and equipment. Revenue refers to the money for the day-to-day cost of running services.

Where demand exceeds healthcare infrastructure, capital investment is made by the Integrated Care System (ICS) to provide services. While capital investment into the NHS has increased in recent years, this is generally insufficient¹ to cover the full cost of providing this care across all healthcare settings in the short term. In addition, it is difficult to predict when planning applications will come forward, and therefore new development and its occupants will have an impact on healthcare infrastructure.

Contributions made by new developments are therefore essential to mitigate the increased demand for health services otherwise there would be a reduction in the availability of these services to the existing population.

NHS Kent and Medway is the NHS organisation that plans and buys healthcare services to meet the needs of 1.8million people living in Kent and Medway. It is our responsibility to ensure health services and all future proposed developments are sustainable from a revenue affordability, capital investment and workforce perspective. We must also ensure that, wherever possible, we maximise the delivery of care closer to where people live.

¹<https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-capital-investment>

NHS Kent and Medway Integrated Care Systems brings partnership organisations together to plan and deliver joined up health and care services to improve the lives of people across Kent and Medway.

Within the Integrated Care System are:

- Place-based partnerships referred to as Health and Care Partnerships (HCP), that bring together the providers of health and care services, along with other key local partners to work together to plan and deliver care. East Kent Health and Care Partnership covers the Canterbury District Council area. Please see graphic on slide 9
- Established in 2019 Primary Care Networks (PCNs) are groups of general practices working together and in partnership with a range of other health and care services in the local area to offer more personal and co-ordinated care. There are 42 PCNs in Kent and Medway; 6 of which cover part of the Canterbury City Council area (Canterbury North, Canterbury South, Whitstable, Herne Bay, Deal & Sandwich and THE (Total Healthcare Excellence) East).

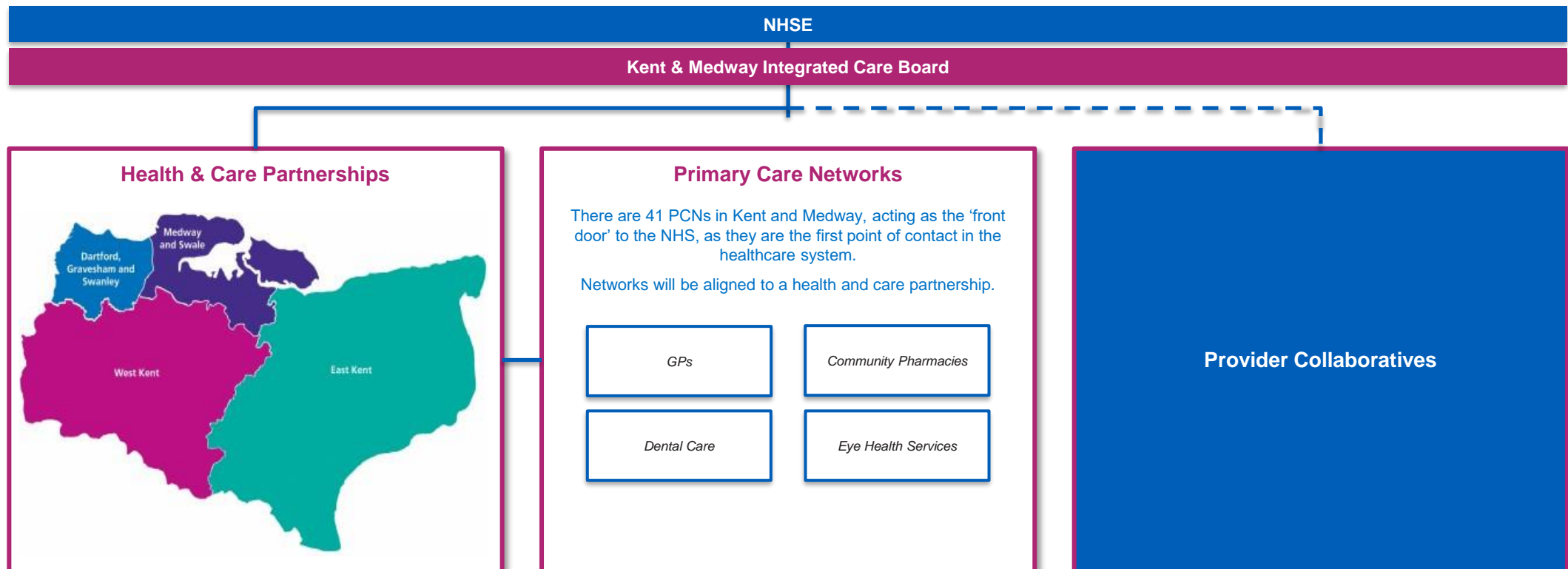
An Interim NHS Kent and Medway Estates and Infrastructure Strategy was approved by the Integrated Care Board in November 2023 and this will be further informed by place based clinical and estates strategies that are in the final stages of development by HCPs. The East Kent HCP Estates strategy will inform estates plans and further inform the IDP regarding future healthcare infrastructure plans and requirements; this will be an iterative process. A visual is shown on the following slide outlining the Kent and Medway Integrated Care System (ICS) and an overview of the four Health and Care Partnerships, and East Kent is one of these.

The EK Estates Strategy has been developed in response to the expected population growth across the geography including Canterbury. The aim is to work in partnership across NHS organisations including Acute, Community, Mental Health, Primary Care and other key stakeholders such as the VSCE sector to provide the best possible care for the local population.

Kent & Medway Integrated Care System (ICS)

Kent & Medway ICS is made up of 4 Health & Care Partnership (HCPs), 42 Primary Care Networks (PCNs) and provider collaboratives. East Kent HCP is responsible for:

- Developing and overseeing local (place-based) delivery strategies and plans that support system-wide priorities and enable delivery of local needs/priorities
- The integration of community, primary and social care services at a local level
- Reducing health inequalities and delivery of Population Health Management in their local area and associated neighbourhoods
- Supporting PCN development and integration with other local services



Response to Regulation 18 Draft Local Plan Policies

Policy SS2: Sustainable Design Strategy for the district

The principle of accessible community hubs is understood and early provision of community facilities co-located at the heart of new developments is supported in principle. It should however be noted that it is not possible for healthcare services to be available in all new communities of more than 300 homes; the clinical strategy for East Kent, along with population health need, demographic changes, population growth and opportunities to provide services in different ways, will inform the healthcare estates strategy.

Policy SS5: Infrastructure Strategy for the district

1.66 - The draft Local Plan primarily details funding contributions through Section 106 agreements as the mechanism to support delivery of improvements to infrastructure for healthcare. The policy recognises the importance of securing the delivery of infrastructure at the right time to support growth; for healthcare contributions the “right time” would be at an early stage of the development in order for the NHS to plan and utilise available contributions to mitigate for growth as part of the estates strategy. This comment also applies to all policies where healthcare contributions are detailed and it is requested consideration be given to a specific requirement under phasing and delivery of each policy regarding this requirement. To inform this NHS Kent and Medway ICB and East Kent Health and Care Partnership would be happy to discuss this point in more detail.

1.67 - NHS Kent and Medway/East Kent Health and Care Partnership will continue work with the council to ensure the Infrastructure Delivery Plan reflects the current position in line with the East Kent Health and Care Partnership estates strategy which sets out a Governance structure for working with Canterbury City Council.

2 - Additional growth in the district will place pressure on all healthcare services and infrastructure, not just primary healthcare; the intention is for integrated service provision to be considered for new facilities as part of future planning. It is therefore requested in SS5(c) “healthcare facility” replaces “ primary healthcare facility”.

(c) details improvements to existing health infrastructure provision which is supported, it is however noted that in all other site specific policies the wording is “ proportionate contributions for primary healthcare” which should be replaced with “ proportionate contributions for primary and community healthcare” for the reasons stated above.

2 d –Remove the word “new” : (d) an improved Kent and Canterbury hospital;

Response to Draft Local Plan Policies

Policy C5 – Canterbury Urban Area

C5 (5)

It is requested that the wording is expanded to say: “New hospital facilities associated with Kent and Canterbury Hospital will be encouraged and supported **by the potential for the expansion of the hospitals complex to enable the development of health services for the growing population.** “

Canterbury Strategic Development Areas - South West Canterbury -

2.10 - It is requested “GP Surgery located at Thanington ...” is replaced with “healthcare facility located at Thanington...”. This is in line with response to Policy SS5 (2).

2.10 – It is requested that the wording is amended to “The NHS is preparing a strategy to develop the Kent and Canterbury Hospital within this SDA, and these allocations would help to facilitate the hospital provision and a new direct access from the A2.

2.13 –The timely delivery of land and contributions for healthcare across the strategic development area, specifically the five allocated sites (Policies C6 - C10), will be critical to the NHS to ensure capacity available through new infrastructure at the right time and at an early point in the development. It is acknowledged in Policy C7 serviced land will transfer prior to occupation of 100 dwellings; contributions from other sites should also be available around this time.

2.14 - It is requested “ A new primary healthcare facility” is replaced with “ a new healthcare facility”. This is in line with response to Policy SS5 (2).

Policy C6: Land at Merton Park

C6 (2 d) 2.10

– It is requested that the wording is amended to “Safeguard the land for hospital development.....”

C6 (5 f) 2.10

It is recommended that this paragraph is removed.

Policy C7 – Land to the North of Hollow Lane

C7 1a – it is requested “primary healthcare facility” is replaced with “ healthcare facility”. This is in line with response to Policy SS5 (2).

C7 5f – NHS Kent and Medway acknowledges this is the site proposed for the land to be provided as part of the strategic development area and that it will be provided as serviced land at nil consideration prior to occupation of 100 dwellings.

Canterbury - Policies C2 – C19

It is requested that all policy references to “ proportionate contributions for primary healthcare” should be replaced with “ proportionate contributions for primary and community healthcare”. This is in line with response to Policy SS5 (2).

Response to Draft Local Plan Policies

Whitstable – Policies W4 – W7

Herne Bay – Policies HB4 – HB8

Rural Service Centres - Policies R2 – R10

Local Service Centres – Policies R12 – R18

It is requested that all policy references to “ proportionate contributions for primary healthcare” should be replaced with “ proportionate contributions for primary and community healthcare”. This is in line with response to Policy SS5 (2).

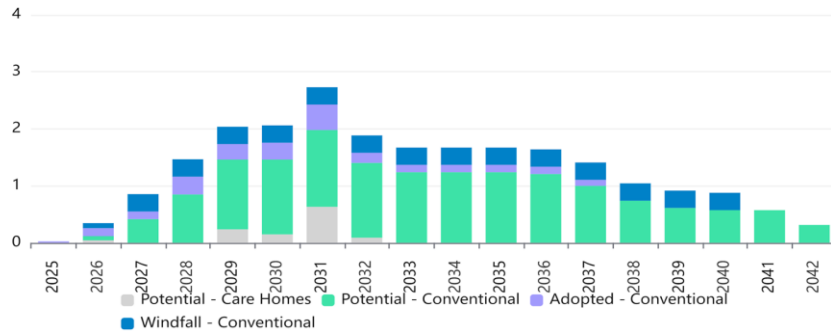
Policy D7 – Infrastructure Delivery

2.10 - Any new development within Policy C6 (Land to Merton Park) should include consideration of service infrastructure to support hospital development.

Summary Healthcare Outputs

Healthcare outputs

Annual healthcare requirements by type of provision by year – clinical rooms

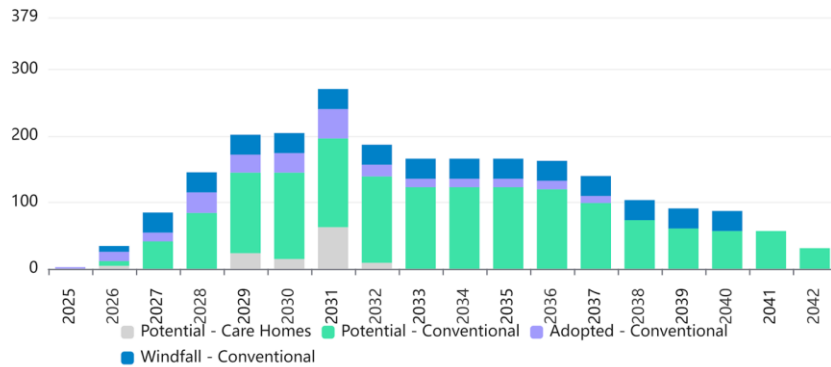


General Practice Outputs

	Total,
Number of clinical rooms	23.12
GP/Primary Care Services sqm	2298.17
GP/Primary Care Services cost	£13,788,892

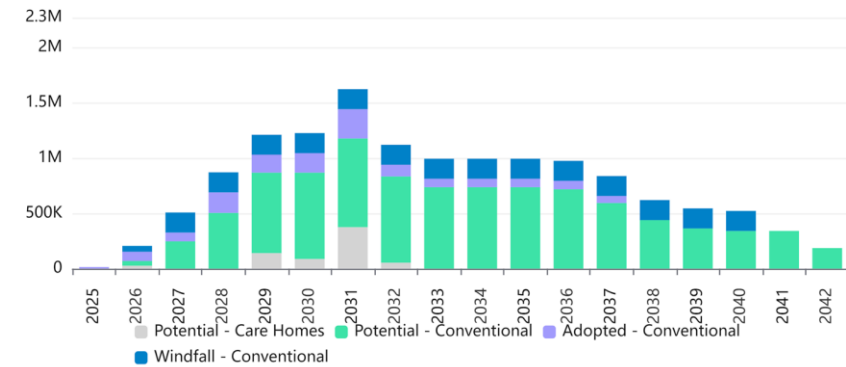
Floorspace outputs

Annual floorspace requirements by type of healthcare provision (square meters)



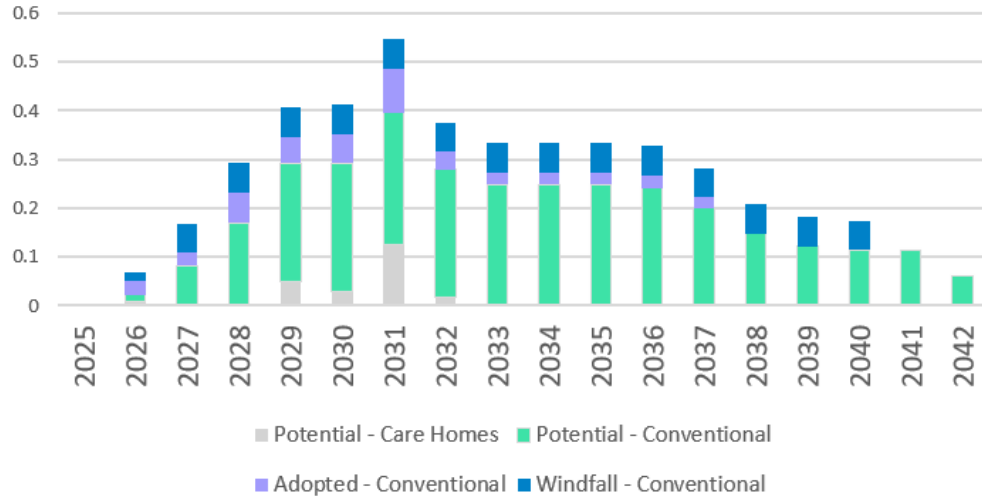
Cost outputs

Annual capital costs (£s)



Healthcare outputs

Annual healthcare requirements by type of provision by year – community care rooms

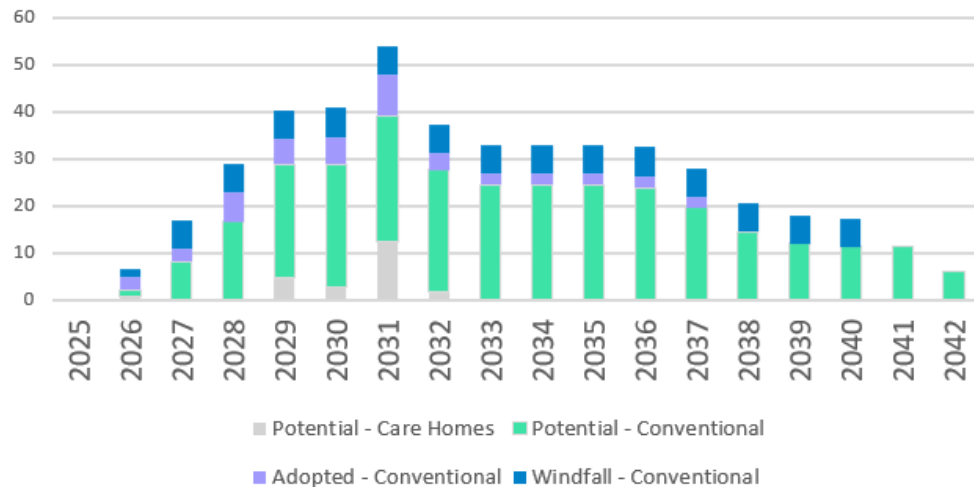


Community Healthcare Outputs

	Total
Number of clinical rooms	4.6
Community sqm	459.6
Community Cost	£2,757,778

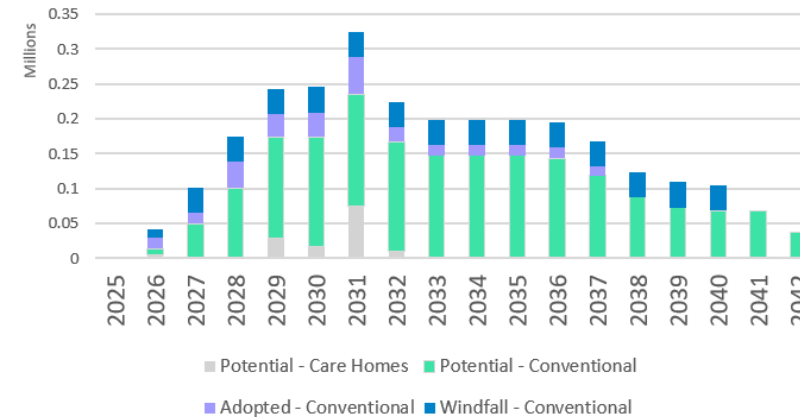
Floorspace outputs

Annual floorspace requirements by type of healthcare provision (square meters)



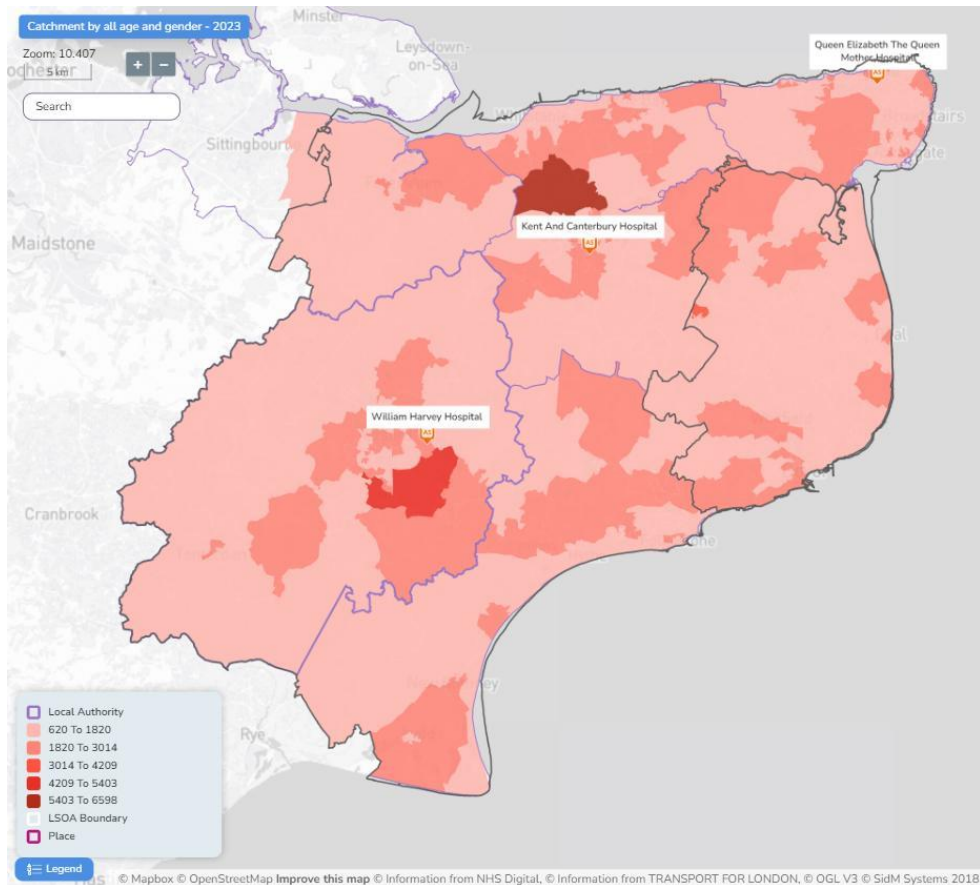
Cost outputs

Annual capital costs (£s)

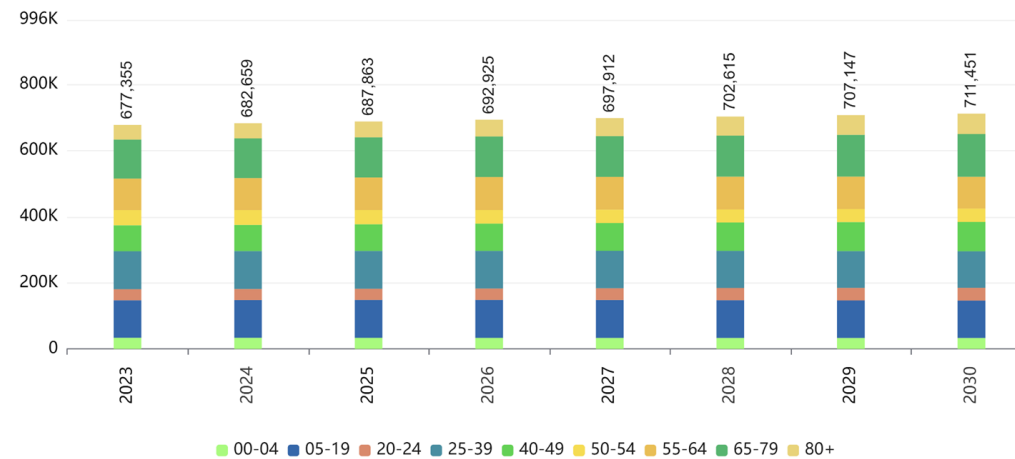


Acute Trust Catchment Population - Non-elective

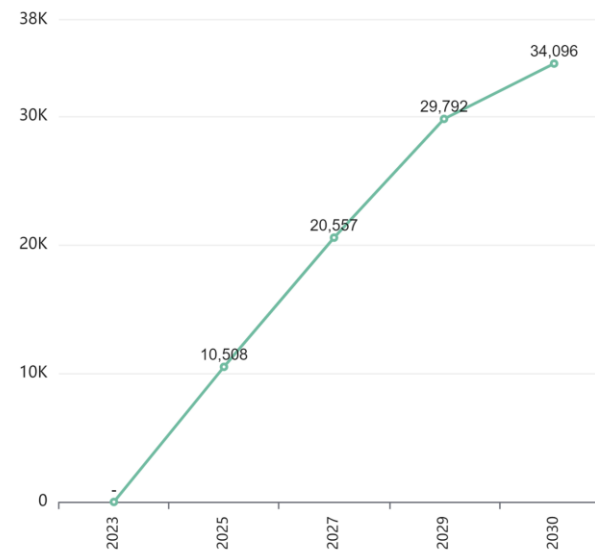
Source: SidM Health; PHE Acute Trust Catchments 2020



Projected Catchment Population



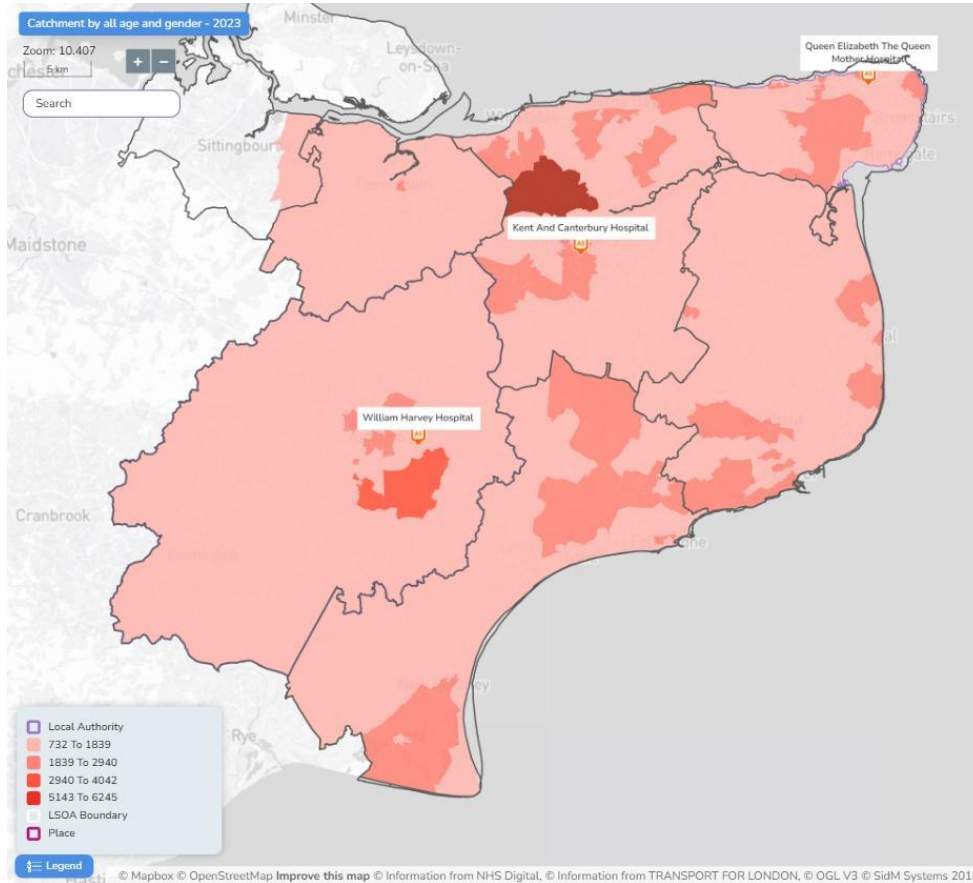
Cumulative Growth Trend



Note: a 20% cut off of admitted patients at the MSOA level has been applied. Hence catchment will a lower proportion of admitted patients may not be covered in the maps. The catchment do not include catchment for specialist services offered by specific hospital trusts

Acute Trust Catchment Population - Elective

Source: SidM Health; PHE Acute Trust Catchments 2018

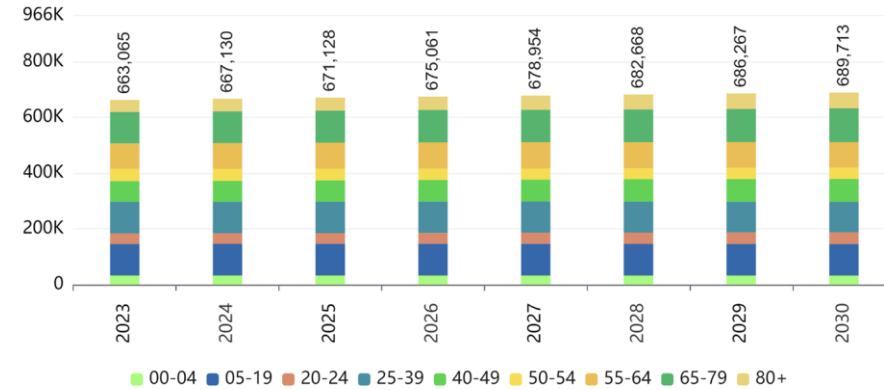


East Kent Hospitals University NHS Trust

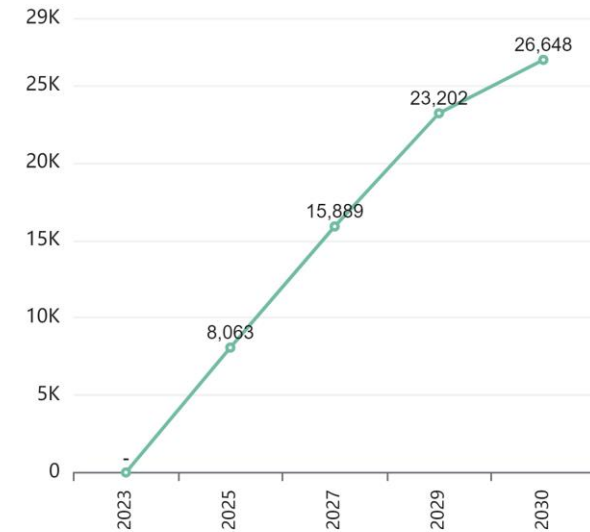
% patients within Canterbury to trust 87.6%

% patients in trust catchment from Canterbury 21%

Projected Catchment Population



Cumulative Growth Trend

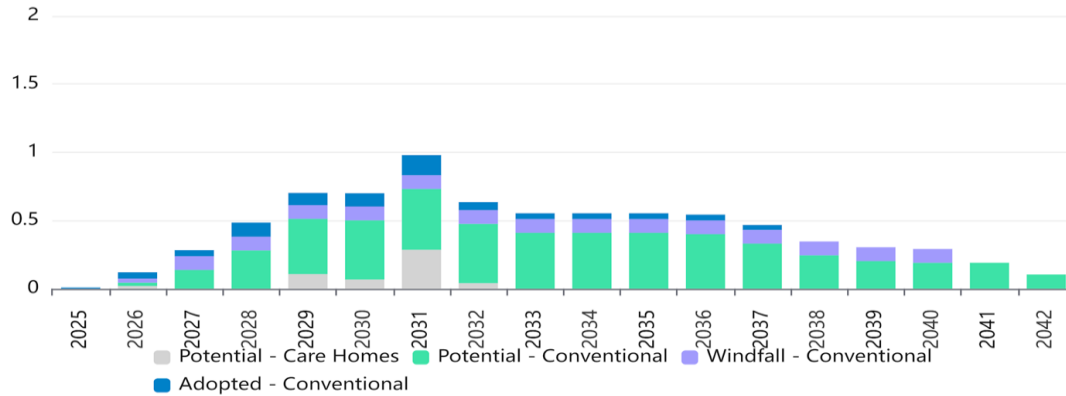


Note: a 20% cut off of admitted patients at the MSOA level has been applied. Hence catchment will a lower proportion of admitted patients may not be covered in the maps. The catchment do not include catchment for specialist services offered by specific hospital trusts

Healthcare outputs

Annual healthcare requirements by type of provision by year

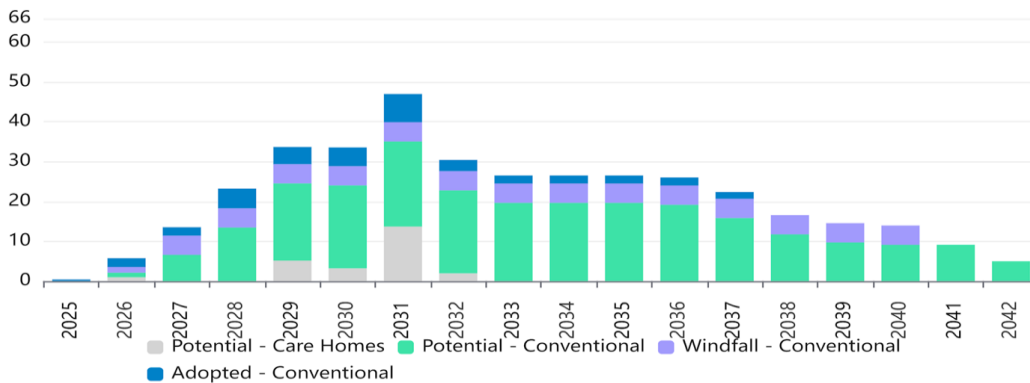
Projected number of beds



Floorspace outputs

Annual floorspace requirements by type of healthcare provision (square meters)

Projected floor space by year



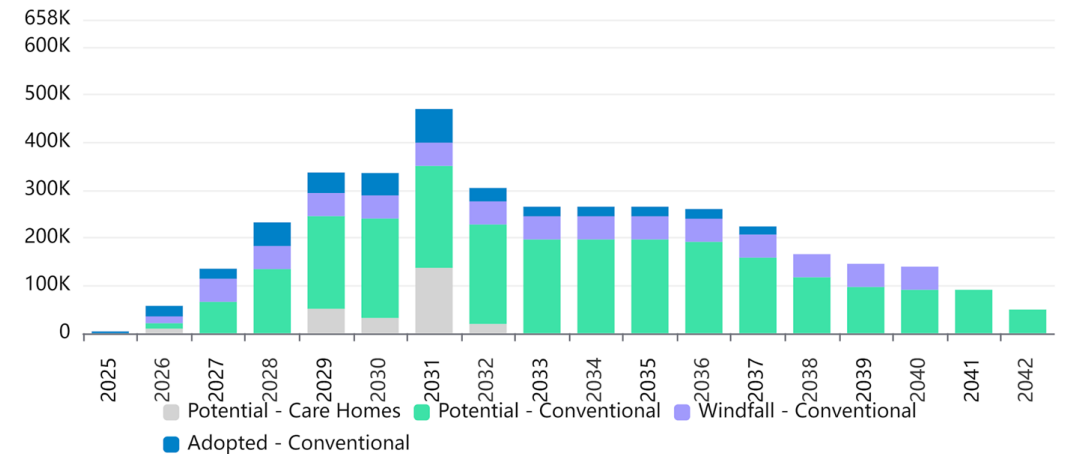
Acute Healthcare: Elective Outputs

	Total
Number of beds	8
Acute Healthcare sqm	374.47
Acute Healthcare Cost	£3,744,745

Cost outputs

Annual capital costs (£s)

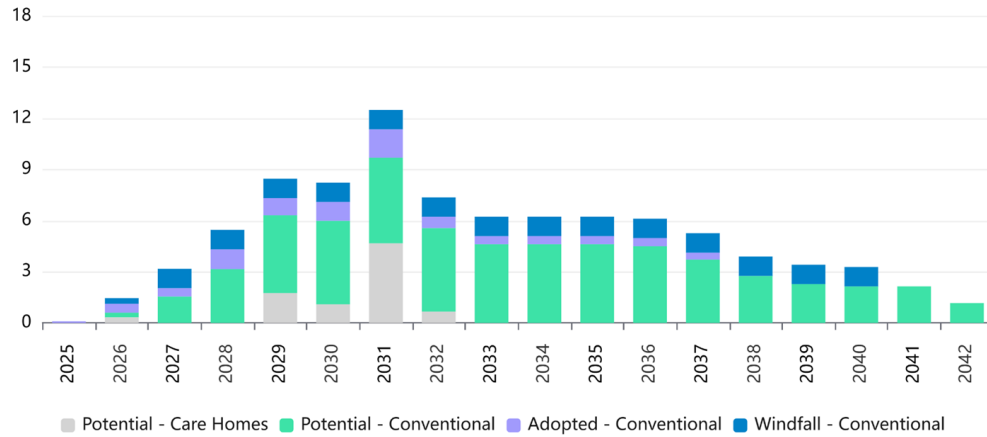
Projected capital cost by year



Healthcare outputs

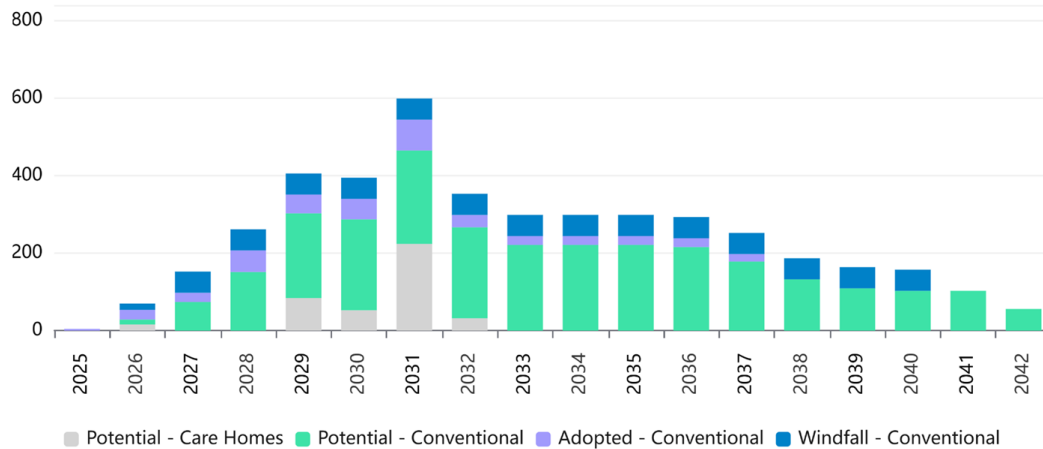
Annual healthcare requirements by type of provision by year

Projected number of beds



Floorspace outputs

Annual floorspace requirements by type of healthcare provision (square meters)

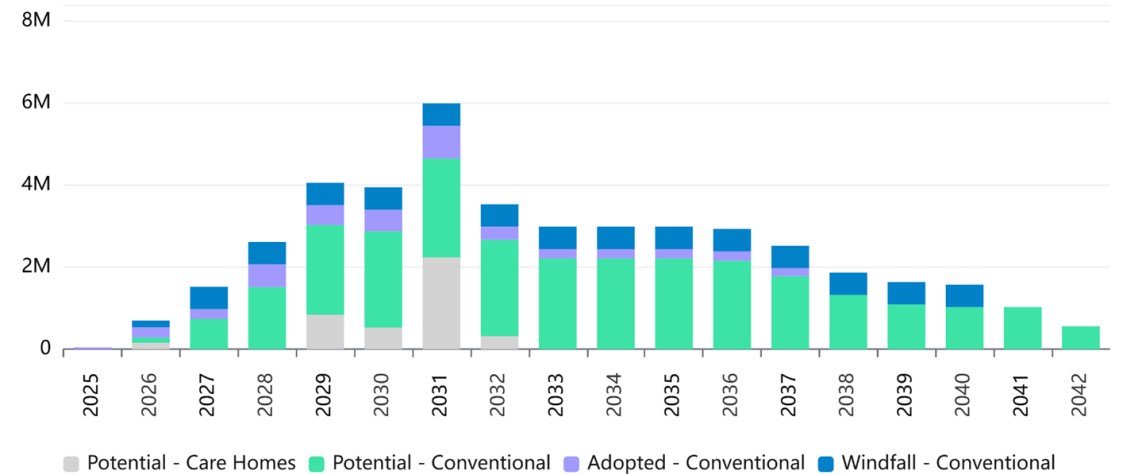


Acute Healthcare: Non-elective Outputs

	Total
Number of beds	90.7
Acute Healthcare sqm	4352.67
Acute Healthcare Cost	£43,526,723

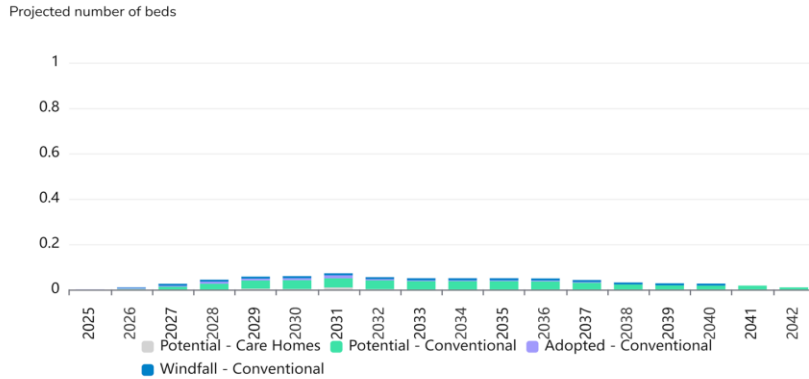
Cost outputs

Annual capital costs (£)



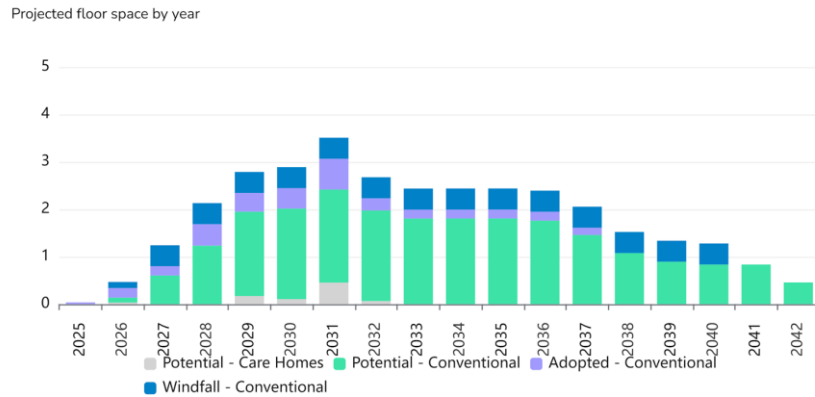
Healthcare outputs

Annual healthcare requirements by type of provision by year



Floorspace outputs

Annual floorspace requirements by type of healthcare provision (square meters)



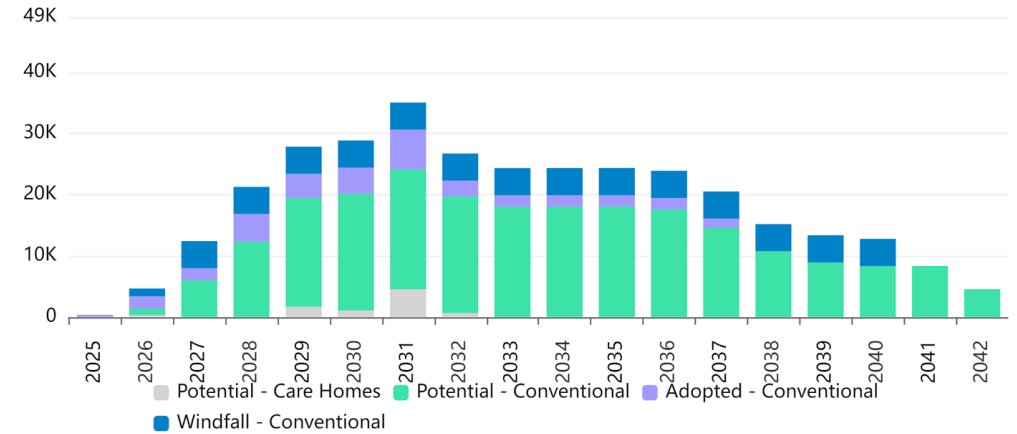
Mental Healthcare: Elective Outputs

	Total,
Number of beds	0.6
Mental Healthcare sqm	32.89
Mental Healthcare Cost	£329,000

Cost outputs

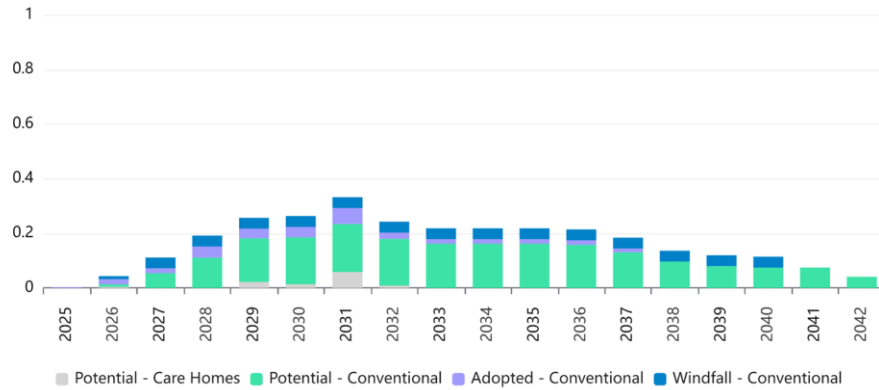
Annual capital costs (£s)

Projected capital cost by year



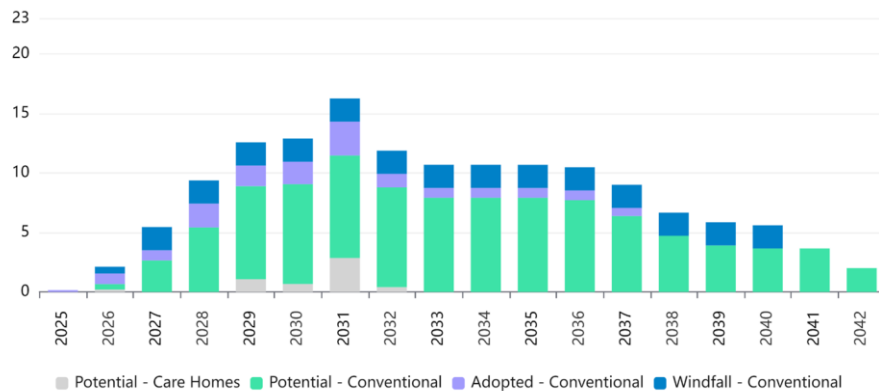
Healthcare outputs

Annual healthcare requirements by type of provision by year



Floorspace outputs

Annual floorspace requirements by type of healthcare provision (square meters)

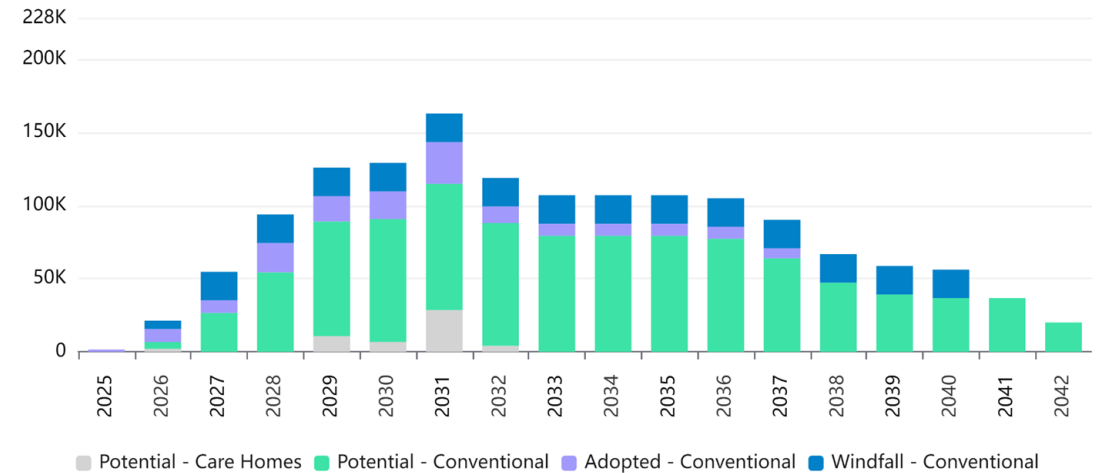


Mental Healthcare : Non-elective

	Total,
Number of beds	2.98
Mental Healthcare sqm	146.17
Mental Healthcare Cost	£1,461,726

Cost outputs

Annual capital costs (£s)



Final Summary

	Total
Total Units	13,042
Total Persons	26,976
Total Capital Cost	£65,608,742

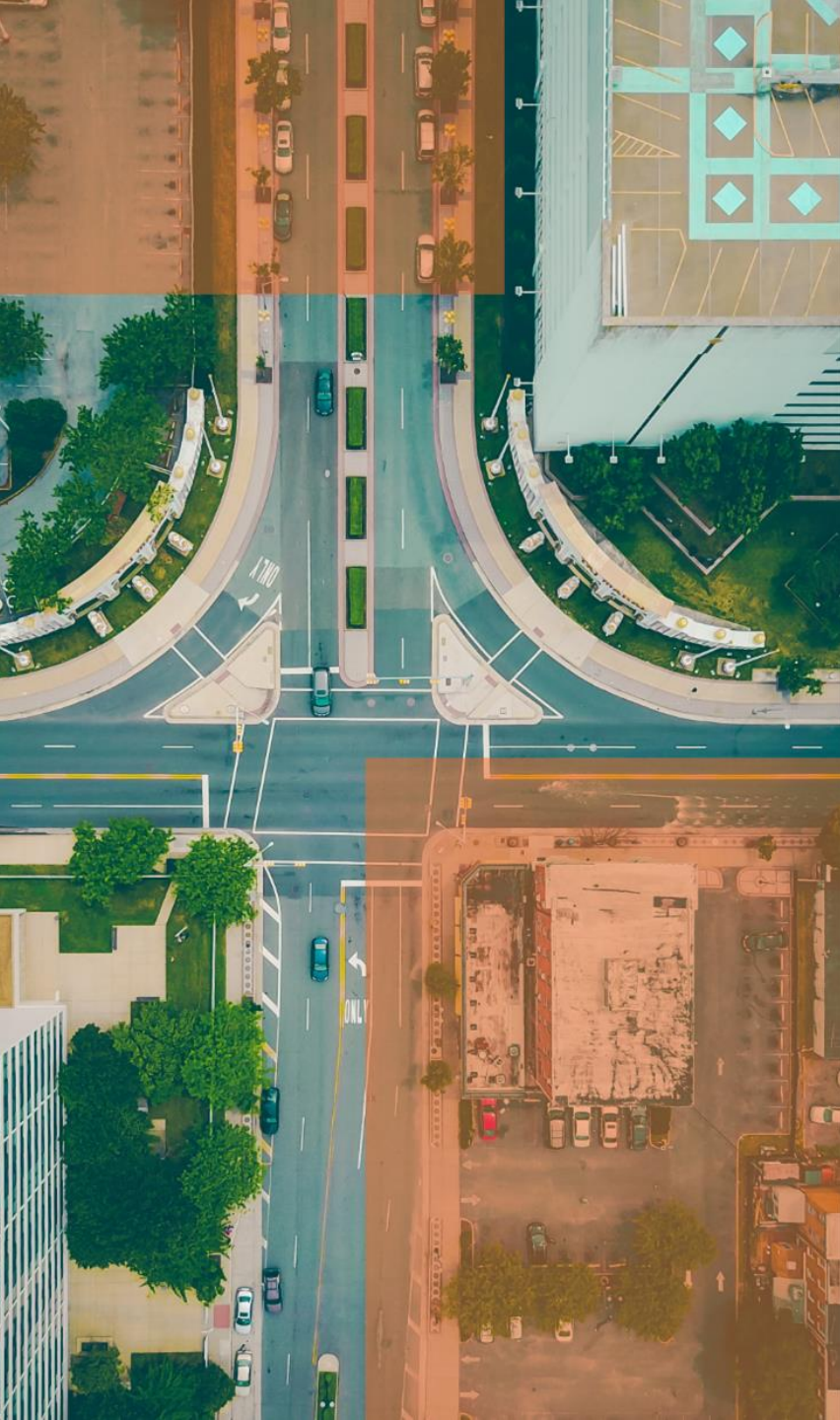
Cost Summary

Annual capital costs (£s)

	Total	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	2040 +
GP and Primary Care Services Cost	£13,788,892	£14,496	£205,108	£507,534	£871,246	£1,211,132	£1,225,767	£1,623,564	£1,120,569	£994,084	£994,084	£994,084	£975,320	£838,099	£620,242	£544,955	£1,048,609
Community Healthcare Services Cost	£2,757,778	£2,899	£41,022	£101,507	£174,249	£242,226	£245,153	£324,713	£224,114	£198,817	£198,817	£198,817	£195,064	£167,620	£124,048	£108,991	£209,722
Acute-elective Healthcare Services Cost	£3,744,745	£3,855	£57,329	£135,206	£232,233	£336,676	£335,529	£469,679	£304,276	£265,075	£265,097	£265,084	£260,124	£223,678	£165,569	£145,341	£279,996
Acute-non-elective Healthcare Services Cost	£43,526,723	£43,162	£697,354	£1,523,834	£2,618,739	£4,061,006	£3,951,145	£5,997,911	£3,535,423	£2,989,913	£2,990,195	£2,990,298	£2,934,412	£2,523,945	£1,869,351	£1,638,602	£3,161,434
Mental elective Healthcare Services Cost	£328,876.7	£357	£4668.25	£12403.81	£21270.12	£27840.46	£28853.58	£35053.83	£26729.59	£24343.92	£24353.13	£24356.94	£23901.2	£20522.97	£15192.11	£13365.19	£25664.54
Mental non-elective Healthcare Services Cost	£1,461,726	£1,569	£21,209	£54,634	£93,782	£125,840	£129,068	£162,797	£118,836	£106,955	£106,948	£106,925	£104,907	£90,168	£66,696	£58,634	£112,758

Total	£65,608,742	£66,338	£1,026,689	£2,335,119	£4,011,519	£6,004,720	£5,915,517	£8,613,718	£5,329,947	£4,579,188	£4,579,493	£4,579,564	£4,493,727	£3,864,033	£2,861,097	£2,509,888	£4,781,535
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5 Year Totals	£65,608,742	£13,444,386 (1-5yr)					£29,017,864 (6-10yr)					£23,146,493 (11-15yr)				
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[REDACTED]
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