

# Community Infrastructure Levy Consultation 2023

QUESTION SUMMARIES

DATA TRENDS

INDIVIDUAL RESPONSES

All Pages –

Respondent #55 –

“

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COMPLETE

Started: Monday, March 27, 2023 10:20:00 AM

Last Modified: Monday, March 27, 2023 6:10:35 PM

Time Spent: 07:50:35

IP Address:

[REDACTED]

## Page 1: Survey Information

Q1

Do you confirm that you have read and understood the privacy notice? You must select 'Yes' in order to take the survey.

Yes

## Page 2: Register for consultation

Q2

Your name:

Sharon Stoltz

Contact details:

Organisation (optional) City of York Council

Address

[REDACTED]

Address 2

[REDACTED]

City/town

[REDACTED]

Post code

[REDACTED]

Email address

[REDACTED]

Q4

Do you wish to notified of future updates to CIL by the council? If yes we will use contact details provided above

Yes

Q5

Do you wish to participate in the CIL examination? If yes we will use contact details provided above

Yes

Page 3: Your response

Q6

1a. The Community Infrastructure Levy (CIL) Viability Study informed the production of the proposed rates in the draft CIL Charging Schedule. Do you have any comments on the content of the CIL Viability Study?

No

Q8

2a. Do the proposed levy rates set out in the draft CIL Charging Schedule appropriately reflect the conclusions of the CIL Viability Study?

yes

Q10

3a. Do the proposed levy rates set out in the draft CIL Charging Schedule provide an appropriate balance between securing infrastructure investment and supporting the financial viability of new development in the area?

yes

Q12

4a. CIL rates should not be set at a level which could render new development financially unviable. To ensure the financial viability of new development in the area, and to take into account variations in land prices and development costs throughout the authority's area, the draft CIL Charging Schedule proposes variable rates for different kinds of development. Do you have any comments on the proposed CIL rates?

No

Q14

5a. Should any types of development be charged a different CIL rate, and if so, why? Where alternative rates are proposed, please provide evidence to demonstrate why a proposed rate should be changed.

Respondent skipped this question

Page 4: Your response

Q16

6a. To support the financial viability of new development in the area, the draft CIL Charging Schedule includes an Instalments Policy which allows specified levels of levy charges to be paid in instalments over a set period of time. Do you have any comments on the draft Instalments Policy?

No

Q18

7a. Part 6 of the CIL Regulations (as amended) allows the Council to give discretionary relief for certain types of development from paying the levy. The Council has not identified any types of

development which may require this beyond the compulsory relief and exemptions outlined in the Regulations. Is there a need to provide discretionary relief from the levy to any types of development, and if so, why?

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Respondent skipped this question

Q20

8a. Do you have any other comments on the draft CIL Charging Schedule?

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No

Q22

9a. Do you have any other comments on the CIL evidence base?

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Yes, please see attached files in relation to the CIL Infrastructure Funding Gap document.

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27<sup>th</sup> March 2023

Dear [REDACTED]

I am writing as Director of Public Health to provide comments on the proposed Community Infrastructure Levy. I welcome the introduction of the levy as a way of ensuring a fair and transparent process to the allocation of monies from developers to support the infrastructure that our residents need.

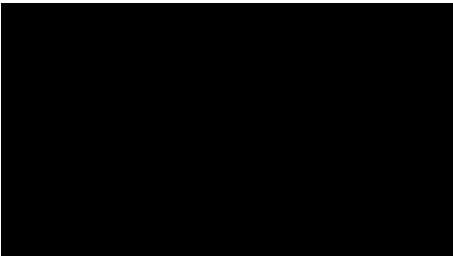
However, I do have some concerns specifically about the CIL Infrastructure Funding Gap document. This document states that the funding gap for health services is £5.6 million. To put this in context, this is in comparison to £47.3 million for education, £31 million for parking, £45.5 million for green infrastructure, and so on. I am not clear on how the amount of £5.6million has been generated, and intuitively this does not feel adequate. We know that our health system is currently stretched, with no NHS Dentists in York being able to accommodate new patients, and GP surgeries operating at above capacity. With a Local Plan proposing an additional 40,000 residents by 2032 it is likely that there will be a need for new premises across primary, secondary and community care. Whilst there will be joint funding required by the NHS, the amount in the consultation documents does not feel adequate.

The Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment, which ascertains whether there is sufficient pharmacy provision within the city. It occurs to me that we do not have a similar requirement, and so have never done, a similar exercise for primary care. So whilst the amount of £5.6 million does not feel adequate to me, and is backed up by what my colleagues in the NHS are telling me in their attached consultation responses, there is actually no evidence base to back this up.

I would be keen for my team to work with you in order to carry this work out, so that we can develop an evidence base in terms of the gaps in

need currently around primary care, and what this would look like with an additional 40,000 residents in the areas identified in the Local Plan. This way we can be certain that we have a strong evidence base for what we are asking developers to contribute towards and know that we are having an impact where it is required by our residents.

Yours sincerely





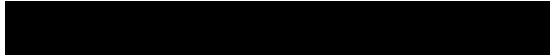
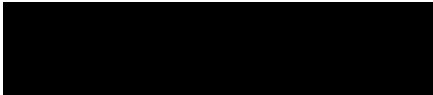
**Humber and North Yorkshire**  
Health and Care Partnership

**NHS**  
**Humber and North Yorkshire**  
Integrated Care Board (ICB)

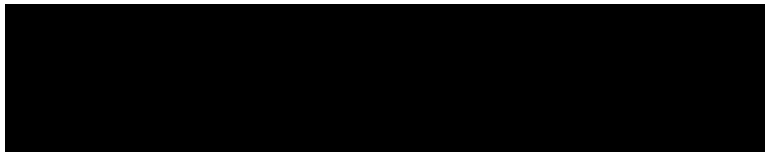
NHS York Health & Care Partnership  
West Offices  
Station Rise  
York  
Y01 6GA

Our ref:

24 March 2023



RNID typetalk: prefix-18001



**Response to Local Development Plan changes and Community Infrastructure Levy**

Thank you for the opportunity to respond to your consultation on the documents which underpin the refreshed Local Development Plan (LDP) including the introduction of the Community Infrastructure Levy (CIL). Health input into the process is being managed via the York Health and Social Care Partnership Board, but I also wanted to take the opportunity to support some of the estates-based work for nonhospital provided services which has previously been shared with colleagues at City of York Council (CYC).

We have 5 Primary Care Commissioning Groups (PCNs), which co-ordinate the activities of the 11 General Practices covered by NHS York Health and Care Partnership. The last practice list size review, September 2022, showed our practices had a registered population of approximated 250,000 patients, some of our practices who are registered and are covered by East Riding Council.

PCN	General Practice	Registered Population
Priory Medical Group	Priory Medical Group	57,298
West Outer & North East	Haxby Group Practice	33,344
West Outer & North East	Old School Medical Practice	7,556
West Outer & North East	Front Street Surgery	7,953



York City Centre	Dalton Terrace Surgery	8,968
York City Centre	Unity Health	19,491
York City Centre	Jorvik Gillygate Medical Practice	24,613
York East	Pocklington Group Practice	18,150
York East	MyHealth	19,329
York East	Elvington Medical Practice	7,241
York Medical Group	York Medical Group	44,080

Over the past decade, we have been supporting practices to expand incrementally to respond to small scale residential developments, with only one new surgery, Unity at Kimberlow Hill in response to the University requiring the practice to relocate to facilitate their redevelopment plans.

The ability to expand existing sites is now very limited and capacity to respond to the projected population growth outlined in the LDP will need a City wide, partnership coordinated approach, including a shared responsibility to funding support to ensure that we can offer our residents appropriate health services.

Broadly speaking the LDP projects residential growth up to 2032 of around 40,000 new residents and we know that there are likely to be additional growth against current numbers for those over 65/over 75 and over 85 years of age which evidence confirms, require greater health support.

#### *General approaches to increasing capacity*

The Vale of York Clinical Commissioning Group, which preceded the ICB commissioned Shared Agenda to develop a Primary Care Estates strategy, which was supported by NHS Property Services and CYC. This was completed in December 2020 and at that time concluded that the impact of the LDP was a requirement for an additional 54 *clinical rooms*, excluding what would be required for support space and associated non-clinical activity space.

We can also use a standard primary care space calculator, which for 40,000 patients (in a single site) would generate the need for 5,000m<sup>2</sup> Gross Internal Area.

What these approaches don't do, is review what a specific area of residential and care home growth would need, by way of reference to existing facilities, which may include consolidation of some service, but it's a good general indicator.

Excluding the cost of land, new build project costs are current £6000 - £7,000 per m<sup>2</sup> and refurbishment costs are at around £3000 per m<sup>2</sup>.

#### *Individual Schemes Examples*

**Monkgate Health Centre** - Together with NHS Property Services and CYC leads we have been exploring the option of replacing Monkgate Health Centre, ideally situated for city centre access and near areas with high inequalities – we have a scheme developed and costed but it has paused currently due to identified land and in turn funding options. We

have explored opportunities to build on the council owned car park adjacent and also a phased refurbishment of the existing property. We'd welcome refreshed discussion in response to the LDP & CIL on how we could deliver this scheme.

A costed schedule of accommodation for a new build and refurbishment has previously been shared with CYC.

**Burnholme Primary Care Centre** - We have long established plans and a business case for a new build at Burnholme. Discussions stalled around the sale value of the CYC owned land, but the plans are in place and are available for review. The business case is also about to commence its NHS review and approval process.

**Haxby Health Centre** - as an existing NHS Property Services owned site with expansion land, we have commenced worked on a costed option appraisal given the proposals to develop in Haxby and Huntington we are working up proposals with Haxby group at Huntington and with Priory Medical Group at Victoria Way. This would be an ideal time to think about how the LDP and CIL plan into these proposals.

**Schemes 'South of A64'** - Preliminary work has been undertaken to understand the impact in Bishopthorpe; Copmanthorpe and Elvington. We'd be particularly keen to work with CYC on the Elvington proposals given the scale of the proposed development; the lack of capacity at existing sites and the reference in the LDP for the site at ST15/MM3.52 to health.

**York Central** – health colleagues worked extensively with Homes England on the specific health requirements for this site, and we'd like to continue that engagement, as its clear the impact of the housing proposals cannot be accommodated via existing primary care services. We have high level costed options to support this and again would value a discussion on how this might be understood and where appropriate, reflected in the developer obligations.

These are some of the schemes which we are developing, there are others, including what the City partners might require in the future from shared facilities at Askham Bar and we continue to engage on individual planning applications, seeking to secure Section 106 contributions to mitigate the impact on individual practices, but the accumulation of planning approvals without any meaningful contributions has left Primary Care health infrastructure very fragile in York and with few opportunities to respond to the growth planned without appropriate mitigation via developers and support from the Council in the strategic planning of services for citizens.

## **Conclusion**

The Infrastructure Funding Gap and the Infrastructure Delivery Plan (2018) for City of York identify a funding gap of £5.6m for health which appears to have been calculated from 2 costed health infrastructure needs



and are the only examples that were identified that require developer contributions as a funding source.

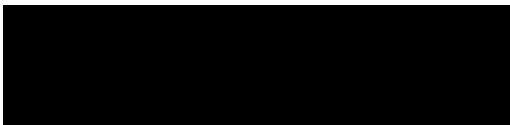
j) Additional GP provision to address cumulative impact of increase in population	Expansion of existing surgeries, branch surgeries, extended opening or alternative services.	No specific schemes identified	3.5	Ongoing	<ul style="list-style-type: none"> <li>Yorkshire and Humber NHS Commissioning Board</li> </ul>	<ul style="list-style-type: none"> <li>Public Sector funding</li> <li>Private investment</li> <li>Potential developer contributions (S106 on large sites)</li> </ul>	1,800 patients per GP 2014 viability study estimates provision at £250/unit (HW5)
k) Additional Dentist to address cumulative impact of increase in population.	Expansion of existing facilities, new facilities, extended opening or alternative services.	No specific schemes identified	2.1	Ongoing	<ul style="list-style-type: none"> <li>Yorkshire and Humber NHS Commissioning Board</li> </ul>	<ul style="list-style-type: none"> <li>Private investment</li> <li>Potential developer contributions (S106 on large sites)</li> </ul>	2014 viability study estimates provision at £150/unit (HW5)

The consultation on CIL excludes health as a named beneficiary and whilst we acknowledge that the viability of each site needs to be maintained, we would seek an integrated approach to ensure that our non-hospital based services are supported and that the impact of residential housing growth is mitigated in a planned and sustained way to best serve our residents. Given the land values in York, we also need specific support to ensure health is considered and in some cases prioritised so that viable schemes can be developed.

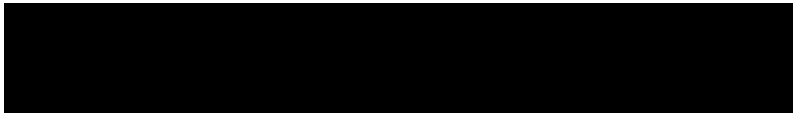
We welcome the series of meeting now in place, which include our Acute sector colleagues who will be making their own submission as part of the LDP and CIL consultation.

I look forward to your response, and of course, I am happy to share any of the detailed option appraisal work on the individual schemes along with the primary care estates strategy already forwarded.

Yours sincerely



Copied to





Nimbuscare Limited, Acomb Garth Community Care Centre, 2 Oak Rise, York, YO24 4LJ

[REDACTED]

21.3.23

[REDACTED]

*Re; Community Infrastructure Levy Consultation (closing 27.3.23)*

Many thanks to you and Sharon Stoltz for sharing the consultation document and for inviting your colleagues to present the emerging York City Local Plan to colleagues at the recent Health and Care Partnership Board.

I wanted to write to express some concerns around the amount being earmarked for the development of health premises in the consultation document. We are faced with a situation where infrastructure in General Practice in the city is becoming a significant concern. There has been very little development over the last decade and we now face a significant increase in population due to the increase in housing proposed by the plan. We are anticipating 10,000 additional dwellings and potential increase in population of 40,000 citizens according to the data presented by colleagues at the partnership meeting.

We find ourselves facing not only an increasing population but also an ageing population and with that comes both increasing medical complexity and increasing health and social care need. This comes in the context of the recent Health and Social Care Act which is encouraging a shift of care into the community and out of Hospital and that in turn will add more pressure onto the community infrastructure. We will, as recent Nimbuscare activity has demonstrated, see increased collaboration between sectors delivered in the community but as you know we are currently delivery some of that from temporary facilities from a council owned car park, which has been earmarked for housing development.

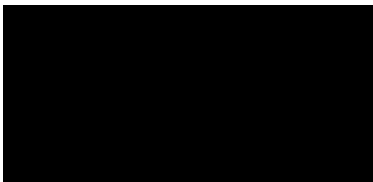
There is no doubt that General Practice in the city of York required significant infrastructure investment if it is to keep up with the demand of the population. This may involve modernising or extending existing buildings but will also require the development of additional new builds. These may take the form of GP practices but will also include community hubs allowing collaborative working along the lines of the Acomb Garth Facility that has recently been developed with NHS Property Services.

I would like to express concern that my GP colleagues have not been engaged in this process and therefore the projected funding shortfall for healthcare seems woefully inadequate and this could pose a risk for future citizens of York especially given our health and social care ambitions are so high. This seems to be brought further into focus when the funding requirements for leisure activities and green infrastructure are 12 times higher than that suggested for healthcare (and this doesn't mean to say I don't recognise the important of these). Furthermore the healthcare funding is across the board including secondary care requirements.

I am not aware that a full primary care estate needs assessment has been carried out recently in light of the proposed local plan and therefore I would like to express concerns that the process by which these figures have been arrived at is flawed. If we had been more involved earlier in the process we could have supported a primary care needs assessment and the offer to do that moving forward is firmly on the table. We recognise this will take time but we feel this is vitally important for the health of the citizens of York – failure to address this could have significant consequences.

Many thanks for taking the time to considering this response and including it in the formal response to the consultation. On behalf of General Practice I pledge commitment to being part of this process moving forward if that is possible.

Yours Sincerely,



Chief Executive and Partner, Haxby Group Practice  
Chair, Nimbuscare Ltd  
Chair, Trustee Board, Royal College of General Practitioners, UK

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