Statement of Common Ground
Chesterfield Borough Council and
NHS Derby and Derbyshire Clinical Commissioning Group
JUNE 2019

1. Purpose of the Statement of Common Ground

This statement of common ground has been prepared jointly between the parties consisting of Chesterfield Borough Council (‘the Council’), and the NHS Derby and Derbyshire Clinical Commissioning Group (‘the CCG), in its health commissioning role for the area including Chesterfield Borough.

The Purpose of this Statement of Common Ground is to set out the main points of agreement between all parties with regard to the submitted Chesterfield Borough Council Local Plan December 2018 (‘the Plan’). The statement also highlights areas where further work will be needed in the future and what mechanisms are or will be put in place to address these. The statement is intended to assist the Inspector during the examination of the Plan.

The purpose of this statement is also to set out the agreed arrangements for ongoing co-operation and liaison on identifying, monitoring and mitigating the impacts of the levels of growth set out in the submission version of the Chesterfield Borough Local Plan and identifying agreed key matters and issues that should be the focus of cooperation and liaison.

2. Background

The Council and the CCG have been working positively together throughout the preparation of the Plan in respect of planning for the future provision of healthcare facilities.

As a two tier area, Chesterfield Borough Council is responsible for the preparation of a Local Plan for the borough of Chesterfield, the most recent prior to the emerging Local Plan being the Local Plan Core Strategy (adopted 2013). The NHS Derby and Derbyshire Clinical Commissioning Group (‘the CCG), is responsible for implementing the provision of health care and directing financial resources to primary and secondary care providers as well as regulating the primary care activities of General
Practitioners (GPs), and for commissioning healthcare including mental health services, urgent and emergency care elective hospital services and community care.

Health care remains the responsibility of central government through the Department of Health (DoH). Clinical Commissioning Groups (CCGs) are clinically-led, statutory NHS bodies which replaced the Primary Care Trusts in 2013. The NHS Derby and Derbyshire Clinical Commissioning Group (CCG) covers Chesterfield Borough. The responsibility of the CCG and their relationship with other governance structures is set out as follows:

- **Clinical Commissioning Groups** are responsible for implementing the provision of health care, directing financial resources to primary and secondary care providers and regulating the primary care activities of GPs, and for commissioning healthcare.

- **NHS England** has the responsibility for supporting the development of the CCGs and assuring that the CCGs are fit for purpose. NHS England is responsible for providing highly specialised services and for commissioning the contracts for a number of services. NHS England is responsible for the commissioning of NHS Dentistry, Optometry and Pharmacy in Derbyshire.

- **Local Authorities** are now responsible for Public Health and Wellbeing to achieve lifestyle enhancements and behavioural change within the local community. The Health and Well-being Boards are responsible for developing a Joint Strategic Needs Assessment and improving public health through lifestyle advice.

Healthcare provision is responding to a shift in service delivery. Pressures on existing facilities, decreasing resources and capacity and new service models have all resulted in changes to the provision of healthcare infrastructure.

**Health Provision in Chesterfield Borough**

Through regular liaison, the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) continues to provide information which identifies where there may be issues are over primary health care capacity as a result of new residential development.

In overall terms, the CCG is satisfied that the borough has a reasonable distribution of primary and secondary health care and continued joint working and forward planning should ensure that the Local Plan spatial strategy is unlikely to have a serious impact on existing facilities. However, some GPs surgeries are currently at capacity where there are more numbers on GP patient lists that is recommended by
government advice. The Infrastructure Delivery Plan (IDP) prepared in support of the Local Plan, identifies GP surgeries most affected by the local plan spatial strategy and identifies which surgeries would be most impacted as a result of the number of potential patients caused by proposed new residential development.

The Derby and Derbyshire CCG has highlighted that that additional capacity will be achieved through reconfiguration or extension of existing services to increase resilience. Discussions have also highlighted that it would be unlikely that the CCG would support a single GP development as the solution to sustainably meet the needs of the housing development and that the health contribution would ideally be invested in enhancing capacity/infrastructure within existing local practices. In addition, the NHS no longer set standards for the number of full-time employed GPs per 1000 patients per practice, on the basis that there is an increasing move to ‘skills mixing’ and recognising different specialist needs across different areas. There is a shift away from ‘list sizes’ as these can often misrepresent the availability of skills or the number of FTE GPs. Primary Care faces increasing challenges with increased regulation, patient demand, costs and workforce pressures. Discussions have highlighted that the most prominent challenges facing the provision of primary care are the recruitment of GPs, ensuring consistency across the service and maximising the sustainability of existing estate.

There is a national workforce issue in recruiting GPs and therefore practices are recruiting a multi skilled workforce, e.g. Clinical Pharmacists, Advanced Clinical Practitioners, Physiotherapists which may mean that additional clinical space is required to accommodate this multi-disciplinary workforce model.

It should be noted that since the Practice Choice Scheme was introduced in 2015, patients have been able to register for GP practices even where they live outside the practice boundary area. Therefore, it is not always the case that increased growth in one location will directly result in an increased list size at the nearest GP.

As part of a CCG strategy any developer contribution requested would support the development of primary care services in the area. In particular, where practices are looking to expand/alter their surgery to provide additional patient space to meet the demands of the patients, the contribution would contribute towards the expansion. The amount requested is proportionate to the scale of the housing development proposed.

**Funding & Viability**

In terms of the impact of new development, all CCGs within Derbyshire use a standard calculation for healthcare contributions. This will be used to determine the financial requirement from developers as specific applications are determined by the
planning authority. The calculator uses the number of proposed dwellings, the anticipated patient population and the impact on additional consultations.

The CCG estimates the impact of new residential development in two ways:

1) The indicative size of the premises requirements is calculated based on current typical sizes of new surgery projects factoring in a range of list sizes recognising economies of scale in larger practices. The cost per sq m has been identified by a quantity surveyor experienced in health care projects. This formula is agreed across Derbyshire and identifies what the amount of floor space should be for GP practices (based on number of patients @ 0.08m² per registered patient) and;

2) Number of patients per GP (any GP with a patient list of 1, 800 is considered to be an indication of capacity).

The CCG and the council have a formalised arrangements regarding consultation on planning applications. The CCG can make formal requests for developer contributions if it is felt development would place significant demands on local health services. This will ensure that throughout the Local Plan period the CCG has the opportunity to identify capacity issues as a result of development proposals.

**Funding Mechanisms, Delivery and Responsibilities**

The following represent the main funding mechanisms and delivery opportunities for healthcare infrastructure:

- Developer Contributions through S106 Contributions (Health provision is not currently included on the Chesterfield CIL Regulation 123 Infrastructure List)

3. **Agreed matters**

This Statement of Common Ground confirms the agreed approach between all parties on the future planning and provision of health facilities in order to support planned growth through the Chesterfield Local Plan.

4. **Outstanding Issues**

None identified

5. **On-going Cooperation and Liaison**

All parties are committed to continuing to work together through regular liaison and consultation. The CCGs will continue to be consultees on the Chesterfield Local Plan and in future Local Plan Reviews.
APPENDIX A: SIGNATORIES OF THE PARTIES

AUTHORITY
Chesterfield Borough Council

Officer
Name: Alan Morey
Position: Strategic Planning & Key Sites Manager
Signature:

Member
Name: Cllr Terry Gilby
Position: Portfolio Holder, Economic Growth
Signature:

Date: 20th June 2019

NHS Derby and Derbyshire Clinical Commissioning Group

Name: Helen Dean
Position: Asst. Director of GP Development
Signature: Dean

Date: 21.6.19