



By email:
planning.policy@chelmsford.gov.uk

Spatial Planning Services
Directorate for Sustainable
Communities
Chelmsford City Council
Civic Centre, Duke Street
Chelmsford
CM1 1JE

East of England Ambulance Service NHS Trust
Hammond Road
Bedford
MK41 0RG

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Dear Spatial Planning Services

Chelmsford Local Plan: Issues & Options (Regulation 18) Consultation Document (August 2022)
Ambulance Facilities Provision & Developer Funding Requirements - East of England Ambulance Service NHS Trust Response

We are pleased to submit a response to help determine the social infrastructure needs arising from planned growth within the Chelmsford City Council area, in order to achieve sustainable new communities over the plan period 2022 – 2041. EEAST has liaised with Mid and South Essex Integrated Care System in relation to submission of this information and should be seen as additional elements to their response.

EEAST is an essential social infrastructure provider (and emergency service) who acknowledge that there will be an increased requirement for ambulance facilities, necessitated by the future planned housing and population growth arising within the Chelmsford City Plan Area.

With this in mind, EEAST's key operations and service provision are outlined at **Annex 1**, with its operational standards, thresholds and service response times included at **Annex 2**. Responses to specific questions raised in the consultation document are included at **Annex 3**.

The National Planning Policy Framework requires the planning system to provide for sustainable development through local authority plan making and development management processes, which should aim to achieve healthy, inclusive and safe places.

In promoting healthy lifestyles the planning system should provide the social facilities and services the community needs, and plan positively for them through policy formulation. It should take into account and support the delivery of local strategies to improve health and

social wellbeing for all sections of the community and ensure an integrated approach to considering the location of housing, community facilities and services.

As an essential social infrastructure provider EEAST has an important role to play in contributing to the achievement of sustainable new places (and along with its health and blue light partners) creating the conditions for healthy, safe and cohesive communities.

Population Increase & Demographic Profile

Population increase, along with deprivation, age and the increasing number of people living for longer with more complex long-term conditions, all impact on the level of ambulance service demand, in respect of both emergency and non-emergency patient transport services.

The age profile is also a key factor, as people at both ends of the age spectrum consume a disproportionately large quantity of healthcare services and resource. Those aged over 75 years are most likely to have multiple long-term conditions and complex care needs.

Analysis of EEAST activity from 2019/20 indicates that residents aged 65 years and over account for over 1/3 (35%) of Category 1 ambulance activity and 52% of all activity. Those aged 2-18 years account for 15% of Category 1 activity and 8% of all activity.

EEAST therefore requires appropriate local plan policy and infrastructure delivery plan recognition, to secure developer funding to mitigate the impacts arising on its service capacity - from the population increase linked to the planned housing growth in the Chelmsford City plan area.

Planned Housing & Population Growth - Ambulance Facilities Funding Needs & Outline Budget

Initial calculations to identify the likely cost of ambulance facilities provision based on the growth levels in Chelmsford City over the Plan Period 2022-2041 are set out below.

EEAST has based this on the housing requirement and 20% supply buffer outlined in Paragraph 5.57 of the Consultation Document of 7,966 homes, giving rise to a population of 19,118 using an average household size of 2.4 (ONS 2011 Census).

EEAST would therefore require developer funding for additional ambulance facilities which are currently operating at capacity - to mitigate and manage the increased impact on service provision arising from planned housing growth, comprising 7,966 dwellings (19,118 population).

Whilst the spatial strategy is yet to be finalised, it is considered likely that major growth would principally be directed to the following development locations:

- Within urban areas;
- Expanding allocated sites at North East Chelmsford Garden Community, East and West Chelmsford & South Woodham Ferrers;

- Development at the larger villages of Bicknacre, Boreham, Broomfield, Danbury & Great Leighs.

As noted above, this would impact on EEAST's service operations and resources (staff, vehicle fleet & estate assets) within the local area, which are operating at capacity.

Based on the housing/population growth to be planned for within the Chelmsford City area of 7,966 dwellings and 19,118 population (employing an average household size of 2.4) the following budget for ambulance facilities and funding arises:

- **£2,708,440** – within the Chelmsford City area based on a standard charge of £340 per dwelling.

As Chelmsford CC has adopted CIL, developer contributions for ambulance facilities could be secured via CIL and planning obligations, as appropriate, to fund the increased capacity EEAST is likely to require through additional ambulance service provision.

EEAST acknowledges that the draft Local Plan and related housing sites are to be subject to viability testing, and is content to be flexible in its approach to the level of developer funding secured for ambulance facilities, taking account of this process.

Each planning application would therefore be assessed on its merits to determine the likely funding required, which would be secured by agreement with Chelmsford CC and the developer(s) via CIL and/ or via planning obligation(s), as appropriate.

Ambulance Infrastructure & Facilities

The range of infrastructure and facilities (i.e. staff, vehicle fleet & estate assets) required to mitigate the service impacts arising, and enable EEAST to maintain nationally mandated contractual response times and treatment outcomes, is summarised below:

- An increase in the number & type of ambulances;
- Provision of additional medical, pharmacy & IT equipment/digital software to manage the increased number of incidents arising from the new population;
- The recruitment, training, equipping & tasking of Community First Responders (CFR) based within the locality of development sites & their environs;
- Refurbishment, extension or redevelopment, including relocation of existing ambulance stations to a more suitable location to meet the increased local demand arising from housing developments.

Infrastructure Delivery Plan Recognition

This information also provides the basis for a Schedule of Ambulance Facilities (and a related budget) for inclusion in an update to Chelmsford CC's Infrastructure Delivery Plan (IDP), which the local plan site viability work can have regard to.

We trust this submission assists in determining the scope and level of social infrastructure provision (incorporating emergency services) required to support the planned housing/ population growth envisaged as part of the review of the Chelmsford Local Plan, and look forward to liaising with you further in due course.

ANNEX 1

EEAST KEY OPERATIONAL FACTS & SERVICE INFORMATION

This section summarises EEAST's service remit, priorities, staff, vehicle fleet & estate assets, & co-working relationship with other healthcare & blue light partners & service targets

Service Remit & Priorities

The East of England Ambulance Service NHS Trust provide accident and emergency services and non-emergency patient transport services across the East of England.

The Trust Headquarters is in Melbourn, Cambridgeshire and there are Ambulance Operations Centres (AOC) at each of the three locality offices in Bedford, Chelmsford and Norwich who receive over 1 million emergency calls from across the region each year, as well as 800,000+ calls for patients booking non-emergency transport.

The 999 service is part of the wider NHS system providing integrated patient care. Provision of 999 services is aligned closely with national and regional initiatives driven by:

- Sustainability and Transformational Partnerships
- Integrated Care System
- Integrated Urgent Care systems, ie NHS 111, Clinical Assessment Services, Urgent Treatment Centres, GP Out of Hours Services.

Additionally, regional Ambulance Trusts may collaborate closely with other ambulance services, the wider emergency services or wider system providers to deliver appropriate patient care.

To support the service transformation agenda, the key requirements are:

- To deliver the core response and clinical outcome standards as defined by the Ambulance Response Programme
- To fulfil statutory duties relating to emergency preparedness, resilience and response (EPRR)
- Optimisation of call handling and appropriate responses through virtual alignment of NHS 111/999 and call/CAD transfer between ambulance services
- Increase the percentage of lower acuity calls managed through “hear and treat” and “see and treat” options
- Utilise a virtual delivery model to support wider workforce integration for paramedics, call handlers and specialist staff with local urgent care delivery models

- Facilitate cross boundary working and the flexible use of ambulance service resources to support the development of regional Sustainability and Transformation Plans and Integrated Care Systems.

The 999 service is free for the public to call and is available 24 hours a day, 7 days a week, 365 days a year, to respond to the population with a personalised contact service when patients:

- Require rapid transportation with life threatening illness/injury or emergencies - category 1 and 2
- Present with lower acuity urgent and less urgent conditions - category 3 and 4 requiring clinical interventions
- Patients may be passed to 999 via other NHS health care systems, including NHS 111
- EEAST receives over 1 million emergency (999) calls per year and 800,000 calls for patients booking non-emergency transport.

EEAST also provides urgent and emergency responses to Healthcare Professionals requiring ambulance assistance, and inter-facility transfers between hospitals and other healthcare settings, where patients require treatment at alternative sites to their current setting.

Non-Emergency Patient Transport Services (NEPTS) provide an essential lifeline for people unable to use public or other transport due to their medical condition. These much-needed journeys support patients who are:

- Attending hospital outpatient clinics or other healthcare location
- Being admitted to or discharged from hospital wards
- Needing life-saving treatments such as radiotherapy, chemotherapy, renal dialysis or DVT treatment.

Service Assets

EEAST clinicians:

- Emergency Care Support Workers
- Emergency Medical Technicians
- Paramedics
- Specialist Paramedics
- Critical Care Paramedics.

Types and models of response:

- Community First Responder (CFR)
- Patient Transport Service (PTS)
- Clinical See and Treat
- Clinical Hear and Treat (telephone triage)
- Early Intervention Team (EIT)

- Rapid Response Vehicle (RRV)
- Double Staff Ambulance (DSA)
- Hazardous Area Response Team (HART)
- Specialist Operations Response Team (SORT)
- Helicopter Emergency Medical Service (HEMS), EEAST utilise 5 aircraft across 3 charities within the region
 - Magpas – 1 x aircraft from RAF Wyton
 - East Anglian Air Ambulance – 2 x aircraft from Cambridge and Norwich Airport
 - Essex and Herts Air Ambulance – 2 x aircraft from North Weald and Earls Colne

Ambulance Operations Centre (AOC) staff:

- 999 Call Handlers
- Emergency Medical Dispatchers
- Tactical Operations Staff.

EEAST support services staff cover all other corporate and administrative functions across the region.

Estates

The Trust is rolling out a Hub and Spoke network with up to 18 hubs to provide regional premises for delivery of operational responses to calls, flow of ambulance preparation via the Make Ready function (cleaning and restocking of ambulances) and despatch of ambulances to local spokes (reporting posts/response posts/standby locations). Support services such as workshop facilities, clinical engineering (medical equipment store and workshop), consumable product stores and support office accommodation are also provided from Hubs.

- Ambulance Station Central Reporting Post - A 24/7 - Permanent reporting base for staff and primary response location for one or more vehicles. Provision of staff facilities.
- Ambulance Station Response Post - A primary response location, which includes staff facilities but is not a reporting base for staff.
- Standby Location - Strategic locations where crews are placed to reach patients quickly. Facilities used by staff are provided on an informal basis only by agreement with the relevant landowner.

Current Ambulance Stations in the Chelmsford City Council area

Chelmsford (in future will become a Hub)
South Woodham Ferrers

Current Ambulance Stations which surround the Chelmsford City Council area and from which ambulances may also support people in the Chelmsford City Council area:

Braintree	Wickford
Great Notley	Billericay
Witham	Ongar
Maldon	

Vehicle Fleet

- 387 front line ambulances
- 178 rapid response vehicles
- 175 non-emergency ambulances (PTS and HCRTs vehicles)
- 46 HART/major incident/resilience vehicles located at 2 x Hazardous Area Response Team (HART) bases with a number of specialist vehicle resources.

Workforce & Equipment

Approximately 4,000 staff and 800+ volunteers across 120 sites. Each resource has equipment specific to the operational function of the vehicle and skill level of the staff.

Specialisms

EEAST works collaboratively across our blue light partners and have joint working groups with Police and Fire Services across the region, working in partnership managing responses to incidents and undertaking joint exercises with our dedicated resources to prepare for specialist rescue, major incidents and mass casualty incidents.

EEAST is a Category 1 Responder under the Civil Contingencies Act, 2004, playing a key role in developing multi-agency plans against the county and national risk registers. EEAST also works closely with the Military, US Air Force, Royal Protection Service, Stansted Airport and the Port of Felixstowe Police, Fire and Ambulance services.

EEAST's Emergency Preparedness Resilience Response (EPRR) team lead on the Joint Emergency Services Interoperability Principles (JESIP) working in close partnership with all blue light agencies, the Coastguard and Local Authorities. Specialist resources work with the Police in counter terrorism and developing response plans in the event of a major incident.

EEAST are an integral part of the locality's resilience response sitting on a number of safety advisory groups, east coast flood working groups and hospital emergency planning groups.

Co-working Relationship with other Blue-Light & Healthcare Partners

EEAST is an integral part of the wider healthcare system working closely with the Mid and South Essex Integrated Care System (ICS) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within the Chelmsford area EEAST work with the ICS in delivering additional care pathways focussing on hospital admission avoidance, this is a partnership with the local acute providers and local authorities. EEAST operate Early Intervention Response vehicles and a

Rapid Intervention Vehicle. These resources work collaboratively within the system to offer holistic care to patients whilst reducing pressure on Emergency Departments.

This is EEAST's response to the requirements of the NHS Long Term Plan, with the clear narrative that in order to bring the NHS into financial balance all NHS providers must find mechanisms to treat patients in the community and out of the most expensive care setting, which are acute hospitals. This not only saves the NHS critical funding, but it also improves patient outcomes.

EPRR and Specialist Operations teams routinely train with other blue light agencies in preparedness for major incidents such as terrorist attacks and major incidents with statutory training obligations to respond to local and national incidents.

In continuing to respond to the COVID-19 Pandemic, EEAST is working collaboratively with Private Ambulance providers, the Military, volunteer Ambulance Services (such as St John Ambulance and British Red Cross) and local Fire and Rescue Services, to increase its capacity and maintain service delivery to meet the additional demand.

EEAST Service Targets

All NHS organisations are required to report against a set of Core Quality Indicators (CQIs) relevant to their type of organisation. For ambulance trusts, both performance and clinical indicators are set as well as indicators relating to patient safety and experience.

NHS organisations are also required to demonstrate their performance against these indicators to both their commissioners and Regulators (NHS England/Improvement).

It is important to note that EEAST is also measured on how quickly a patient is transported to an appropriate location for definitive care, often in time critical circumstances.

Failure to deliver against these indicators will result in a Contract Performance Notice and could result in payment being withheld, as prescribed in NHS Standard Contract 20/21 General Conditions (Full Length) GC9 9.15.

ANNEX 2

EEAST Operational Standards & Thresholds Ambulance Service Response Times

Operational Standards	Threshold	Consequence of Breach
Category 1 (life-threatening) calls – proportion of calls resulting in a response arriving within 15 minutes	Operating standard that 90 th centile is no greater than 15 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 15 minutes, £2.50 per 1,000 Category 1 calls received in the Quarter
Category 1 (life-threatening) calls – mean time taken for a response to arrive	Mean is no greater than 7 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9
Category 2 (emergency) calls – proportion of calls resulting in an appropriate response arriving within 40 minutes	Operating standard that 90 th centile is no greater than 40 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 40 minutes, £2.50 per 1,000 Category 2 calls received in the Quarter
Category 2 (emergency) calls – mean time taken for an appropriate response to arrive	Mean is no greater than 18 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9
Category 3 (urgent) calls – proportion of calls resulting in an appropriate response arriving within 120 minutes	Operating standard that 90 th centile is no greater than 120 minutes	Issue of a Contract Performance Notice and subsequent in process accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 120 minutes, £2.50 per 1,000 Category 3 calls received in the Quarter
Category 4 (less non-urgent "assess, treat, transport" calls only) – proportion of calls resulting in an appropriate response arriving within 180 minutes	Operating standard that 90 th centile is no greater than 180 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 180 minutes, £2.50 per 1,000 Category 4 calls received in the Quarter

For All Indicators:

Method of Measurement:	See AQI System Indicator Specification at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Review of Service Quality Performance Reports
Timing of Application of Consequence	Quarterly for all indicators
Application	AM

ANNEX 3

EEAST Responses to Questions Raised in the Issues & Options Consultation Document

Question 3 – Do you agree with the proposed updates to the strategic priorities?

EEAST Response

The strategic priorities are generally agreed, however EEAST requests that greater recognition is given within the Plan to the East of England Ambulance Service NHS Trust as an essential social infrastructure provider (& emergency service).

EEAST operates closely with its 'health and blue light partners' such as the Integrated Care System (including police and fire services) and request that reference is made to EEAST in the plan text - generally wherever healthcare/ acute/ secondary/ primary care services are referenced, such as within Strategic Priority 8: Creating well designed and attractive places and promoting healthy communities.

Question 47 – Have we missed anything? (Delivering the updated Vision & Spatial Principles: Strategic Priority 7: Creating well designed & attractive places, & promoting the health & social wellbeing of communities)

EEAST Response

It is requested that greater recognition is given to EEAST in promoting the health and social wellbeing of communities, as it fulfils a clear 'community cohesive and safety focused role'.

This is evident in communities, through the relationships built with local residents by EEAST's people resources such as 'Community First Responders' based in the locality (and to an extent by paramedics) and through the provision of life saving equipment such as defibrillators and other 'first response' medical resources, which are thankfully becoming more commonplace in everyday life, located in local centres and community buildings.

These resources all contribute to achieving safe and sustainable existing/new communities.

Question 50 – Have we missed anything? (Delivering new & improved infrastructure to support growth)

EEAST Response

The definition of 'infrastructure' referable to community infrastructure levy funding within Section 216 of the Planning Act 2008 includes "medical facilities" - it is therefore considered helpful to widen the Plan's treatment of the term 'infrastructure' to also make reference to 'facilities'.

From EEAST's perspective, its engagement in the planning process is focused on securing funding for 'ambulance facilities', which incorporates both hard infrastructure (such as ambulance stations/ floor space/ car parking areas etc) along with other infrastructure/ facilities, incorporating a wide range of medical/ pharmacy equipment carried within ambulances and by paramedics and community first responders.

IT equipment, digital software, vehicles and the recruitment, training, equipping & tasking of Community First Responders/ Paramedics are also included within the remit of ambulance facilities. The range and level of infrastructure/ facilities to be sought is then dependent on the level of social effects arising from major housing development, and likely mitigation measures required to address the impacts.

In all instances EEAST acknowledge that the requirements of CIL Section 122 and NPPF Paragraph 57 would need to be met, if funding via planning obligations is envisaged.

EEAST's preferred approach is to have a definition of 'ambulance facilities' included either within a local plan glossary or IDP document to guide developers and decision makers.