

Robert Freeman

From: Richardson Neil (RWG) West Hertfordshire TR <Neil.Richardson@whht.nhs.uk>
Sent: 12 March 2014 17:15
To: Strategic Planning & Regeneration Mailbox; cil@dacorum.go.uk
Cc: Richardson Neil (RWG) West Hertfordshire TR; McClelland Kyle (RWG) West Hertfordshire TR
Subject: RE: CIL Draft Charging Schedule Consultation

FAO R.Freeman

Dear Sir/ Madam

WHHT are pleased to be invited to input to the above consultation and are encouraged to note that Dacorum BC recognises that healthcare including secondary health care as provided by WHHT and other hospital trusts is a legitimate candidate for capital receipts from CIL.

As you acknowledge in DIPDP Update (01/2014) planning of secondary healthcare services is complex which has been further complicated by the reforms introduced in 04/2013 with the abolition of PCTs and their replacement with CCGs.

In broad terms the growth of population in Dacorum implied by planned housing development during the Plan period is likely to increase pressure on services including healthcare.

Much of this growth is concentrated in the older members of the population(65yrs +) and also located around the main settlement of Hemel Hempstead.

Whilst a Local General Hospital has been on the agenda for Hemel Hempstead for some time the impact of more older people in the local population with more complex needs is beginning to have a greater impact more recently as the younger age cohorts associated with the New Town expansion work through to the older age groups in the area's population profile. The need for a new hospital at Hemel Hempstead is therefore likely to be greater than first forecast

At the same time whilst some of the assumptions associated with healthcare strategy suggest a significant reduction in acute admissions complemented with greater health and social care support in the community recent evidence locally and nationally (WHHT stats & Hof L's "Ready for Ageing" report 2013) indicates an increasing take up of secondary health care rather than a reduction.

This trend that looks likely to continue may well have a further impact on secondary health care provision in Dacorum over and above that originally planned.

For these reasons and what some commentators see as the shortcomings of the trend analysis model of population growth adopted in a number of Joint Strategic Needs Assessments means that a more dynamic model of local population growth needs to be devised that takes greater account of local housing development as key input. In this connection CIL will form an important element of local secondary healthcare funding and is supported by WHHT.

On behalf of the Trust I should be pleased to provide further input to the development of CIL and associated DPD docs etc in due course.

Yours faithfully

Neil Richardson