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## **The Sizewell C Project**

### **Planning Inspectorate Reference: EN010012**

Dear Sirs

This representation is composed by members of Ipswich and East Suffolk Clinical Commissioning Group (CCG) on behalf of the Suffolk and North East Essex CCG's Governing bodies. Consideration has been made of the documentation presented at stage 4 for planning of the Sizewell C proposal. It is important to note that the CCG have been working alongside system partners and Public Sector leaders to ascertain the impact of the development on the wider health economy. Colleagues in Fire, Ambulance and Police are consolidating their representation and we are in full support of the points they will be raising.

Whilst Health partners support the principle of a new nuclear power station development to boost the local economy, it is felt the current proposals as they stand cannot be supported due to the concerns that are raised in this representation.

Whilst we recognise that Sizewell C would be an important contribution to the national energy strategy and welcome the benefits such a development would bring to Suffolk, further reassurance is required that the funding package will be sufficient enough to support the mitigations for Health and Community Safety impacts. We would welcome a collaborative approach as part of the Section 106 agreement to ensure an Anchor institution approach to the development, enabling a partnership across the local economy including Health and Local Authority. The partnership would work to harness opportunities to support social, economic and environmental values, promoting a local supply chain ethic including jobs for local people, which will in turn improve health outcomes and wider health and wellbeing benefits for local communities surrounding Sizewell.

1. The CCG understands the broadly positive impact of the potential socio-economic growth created by Sizewell C and the linked and associated national, regional and local infrastructure developments.
2. We accept that an occupational health unit for the directly employed workforce providing health screening, health monitoring, subacute primary care and some emergency care may mitigate some negative impacts created by a large influx of a transient workforce on the effects of the health care need of local population.

3. We believe there is the opportunity to work collaboratively on the strengths of the occupational health unit to build on the benefits for the health and welfare of the workforce, with alignment to public health promotion and prevention campaigns.
4. We continue to have concerns related to increased local housing turnover and the potential impact that this has on healthcare provision.
5. An unstable population creates increased healthcare infrastructure demands beyond direct GP registrations; therefore, we do not accept the mitigation calculations and impact assumptions which limit adjustments and minimise impacts on equity, access and population health.
6. The assumptions within this document use historical data about healthcare provision, health infrastructure and population health objectives, which we would seek to redress through further negotiation both with Sizewell C co and regional and national government commitments.
7. The mitigation modelling for both this project and its directly linked road and rail changes, do not go far enough. The health and well-being challenges for the population and the delivery of healthcare services faced in respect to travel, community severance and cohesion, noise impacts, access and accessibility to public amenities and infrastructure has not been effectively mitigated.
8. The lack of effective cumulative impact of the different energy generating projects related to wind farms, wind farm infrastructure (e.g. cabling) and the Port of Felixstowe changes. We disagree with the explicit exclusion of any cumulative assessments and mitigations of the housing and associated infrastructure developments. We require further discussion and support in assessing the full impact on Suffolk lives of all proposed local and regional planned developments and the cumulative impacts for the Suffolk and East Anglia population during the lifetime of the Sizewell C project.
9. Whilst we support the proposed road changes and believe that the infrastructure will leave an improved road network legacy for the people of Suffolk, we are not assured by the mitigations on noise, dust and journey times. Our concerns are largely related to the impact of a road focused strategy upon health and social care infrastructure, capacity and resilience to deliver services at the same levels of efficiency. For example, Community Services provision will be impacted with the likely impact on travel, noise and general disruption the work will bring the crucial home visits by health and care staff to support vulnerable people in their own homes is likely to be disrupted. These services operate with very small margins to absorb disruptions to travel times, with district nursing and care visits carefully planned to ensure maximum efficiency. Any disruption to that is likely to need more capacity at increased cost to be put in place to make sure we continue to meet the needs of the people that need community based health and care support, without which their health and wellbeing could be jeopardised.

The CCG cannot as yet see any mitigation for impact on journey times in the early stages of road infrastructure development. Sizewell C Co have referenced 9 months for the Yoxford roundabout to be completed and 2 years for the 2 village bypass to be completed. There is no mitigation for the impact in these early years on the journey times of our local Community service providers, District nurses, GP visiting times, domiciliary care support workers. The number of AILs during this period is also increased and so further

understanding of mitigation is sought for these early years until the road infrastructure is fully established.

10. We also do not see sufficient evidence or mitigation regarding the direct impacts of road capacity and strain on the health and well-being of the population. Specifically, we do not see equity assessments for the vulnerable populations identified in Suffolk, or those with specific health conditions which will be adversely affected by dust and noise pollution (e.g. COPD and asthma, mental health, frailty and dementia). We believe there is a further opportunity to improve the lives of the directly impacted population through an enhanced rail and transport legacy, including a focus on "most active county" objectives and equity adjustments for the older and younger generations where direct and indirect health risks require statutory body capacity and resilience for mitigation.
11. In respect to socio-economics, Suffolk is a net importer of over 65's and therefore has an accelerating ageing population profile. This has some predictable impacts on health and care infrastructure over the lifespan of the Sizewell C project. Within the equity and socio-economic modelling there is a failure to demonstrate methods which improve well-being for this continued demographic change. Furthermore, there is inadequate mitigation for the demographic shifts related to the projected economic local and regional economic benefits.

Direct mitigation is required within the socio-economic plan to address how changes to the demographics total load upon infrastructure will impact equality, travel, amenities, community cohesion and health infrastructure in respect to Suffolk stated medium and long-term objectives.

We welcome commitments to education, social mobility, affordable homes, welfare and benefits enablement and would want to see these translated into a set of legacy proposals and plans.

With specific reference to equity, health recognises the relative dearth of both current data collection and collation. Moreover, there is a failure within health, care and beyond to provide relevant and robust information that would form the basis of the need related outcome focus for those with protected characteristics. We recognise that as a result of this, this planning application cannot anticipate or predict the mitigations needed in reference to the Sizewell C project or the cumulative effects related to other planned and future developments in the Suffolk and East Anglia infrastructure projects. Before moving forward, we need an assurance that this will be fully mitigated via the section 106 process, including but not limited to, specific risk group assessments and population level data collection designed to seek out the direct and unintended consequences of Sizewell C via independent and novel metrics.

Subsequent concerns were raised through NHS England who commission Dentistry services in the area as to their strategy to support the increase in population due to the influx of construction workers. The feedback received has been as follows; *We are currently looking to procure additional dental services, as we are aware of the lack of access to general dentistry in the area for the current population. Should the additional non-home-based workers, described below, require access to dental services after we have completed the procurement described above this will have a detrimental impact on access in the area.*

*We would then need to determine if additional NHS provision is required in the area and even if it were, current providers may / or may not be able to provide this. It would be a commissioning decision through our internal governance structure, to determine what finances were available, which would take some time. Even if it were determined that additional NHS dental activity is required and if it went to procurement this would take 9 – 12 months to commence.*

*All new services are funded through NHS England and NHS Improvement – East of England, with no assistance from Section 106, therefore it is unlikely that the acquired additional funding for this would be approved. Nationally there is also a shortage of dentists so it may be also difficult to recruit to this area, which will create further access issues.*

Book 8.8.4 Planning statement S106 Heads of terms. The references to health need to be expanded to provide a more detailed understanding of the mitigation on offer. With reference to monitoring through the Health Working Group, the CCG requests mitigation for a dedicated individual who could be a Health or Council representative to support the monitoring of the effects of the development and chair the Health Working Group moving forward. Therefore, In order to ensure collaborative working and monitoring during the construction phase suitable mitigation for 0.5WTE - professional at a Band 8, dedicated to overseeing and supporting the health economy impact and proactively working with EDF for the duration of the construction period including chairing the Health Working Group. This post would be of great benefit to all services and EDF moving forward and would be a welcome addition to ensure full collaboration in approaches through public sector organisations.

As part of our representation we have undertaken a thorough review of Book 6.3 Chapter 28 – Health and Wellbeing submitted as part of the DCO. This report has been cross-referenced with local health evidence/needs assessments and commissioners/providers own strategies so to ensure that the proposal impacts positively on health and wellbeing of residents of Suffolk and North East Essex, whilst any unintended consequences arising are suitably mitigated against. Below are the queries arising from this review.

The CCG are questioning the baseline general practice baseline data within the health and wellbeing assessment as per the details below.

Clarification on the data set below, as an example the figure below shows The Peninsula Practice as having 953 patients per GP however the actual figure as of 1<sup>st</sup> January 2020 shows 1349 patients per GP which is a significant jump from those figures shown within the Health and Wellbeing assessment. Therefore, the CCG would need to be assured that the whole dataset is re-worked based on data provided and validated by the CCG for these purposes.

**28.4.7** The total number of practicing GPs across all practices within the 60-minute area is 323, and these practices have an average patient list size of 2,000 patients per GP. This is a high ratio, and would indicate limited spare capacity. The average however, masks some substantial variations and associated spatial sensitivity to changes in demand between the practices where list sizes range from 953 patients per GP at The Peninsula Practice in Woodbridge, to 5,144 patients per GP at Alexandra & Crestview Surgeries in Lowestoft.

**Table 28.4: List sizes and practitioner numbers in local GP practices (within the 60-minute area)**

Local Authority.	Total List Size (within the 60-minute area).	Number of GP Surgeries.	GPs	Patients per GP.
Babergh	33,509	3	19	1,764
Great Yarmouth.	50,481	3	15	3,365
Ipswich	178,478	13	75	2,380
Mid Suffolk.	82,684	9	49	1,687
South Norfolk.	56,993	7	34	1,676
East Suffolk.	243,975	26	131	1,862
<b>Total</b>	646,120	61	323	n/a
<b>Average</b>	n/a	n/a	n/a	2,000

Source: Ref 28 23

The CCG would challenge the data as listed in sections 28.4.10 – 28.4.16 – can clarification be provided as to data from the latest JSNA.

28.4.8 – The CCG challenge this statement as there is no relevance for these sites being listed as these sites can only be accessed via referral only from either primary care or acute services (secondary care).

28.5.10 – The CCG need to understand more about what is included in the pre-employment health screening process and the ongoing health employing screen and to understand whether they are periodically assessed.

28.5.16 – Has there been any cross reference of data in relation to health inequalities in the area?

28.6.15 – Concerns related to measuring of Air Quality – what measures are going to be in place to monitor peak concentrations? Air quality analysis showing peaks and troughs.

Within the Consultation report section there is a summary relating to the de-commissioning of Sizewell A, the CCG feels there is a lack of schedules for decommissioning, directly relating to transport and the impact on the construction of Sizewell C.

28.6.37 – significant challenge to the term of daytime timings of 0700 – 2300hrs. In the health economy daytime with extended hours goes to 2000hrs

28.6.66 – Noise mitigation scheme. Significant impact - no known mitigation. The CCG would like to understand the scale and scope of this plan.

28.6.80 -The CCG would like to raise that there is no evidence that sufficient review of the impact in the surrounding area has been ascertained. There are 2 care homes - 70+ beds dementia residential homes and high numbers of elderly residents who are housebound. Access to these vulnerable members of the community during the construction period of the Yoxford roundabout and link roads will be compromised and therefore it is proposed that visiting times and journey times will need to be closely monitored to ensure there is not a negative impact on healthcare visits. This recording should start with a baseline recording prior to construction.

AIL (Abnormal Indivisible Loads), as per the statements in both the SCC and East Suffolk Coast representations, there is a need to understand more on the ongoing monitoring of the AIL's on the general traffic and in particular the emergency vehicle response times and a contingency fund should be set aside to enable a draw down to address such impacts. The assessment has failed to pick up the impacts of the delays associated with AILs, both on general traffic and on emergency response times.

28.6.102 – what evidence is used to ascertain the statement within this section

“It is anticipated that workers who bring families are most likely to be on long-term contracts and would buy properties or take private rented sector accommodation during this time. As such, they would not represent a net addition to the existing number of council tax paying households/population, and there would be little to no material change in net healthcare demand”

28.6.103 “Overall, the magnitude of impact on health and wellbeing would be low. In the context of a uniformly high sensitivity receptor and highly valued asset, the resultant effect is considered minor adverse, which is **not significant.**” The CCG strongly challenge this statement and request evidence to support this.

28.6.117 – The CCG would require confidence in the figures provided for employment supporting the impact on the local economy and an evidence baseline to support this statement.

28.6.118 – The CCG would like to see a more supportive statement of understanding for employment opportunities for members of the community who have a known mental health or learning disability.

28.6.119 – The CCG would like to see the development of, and agree the methodology of ongoing impact monitoring for mental health, job centre plus, active lives, social isolation; including independent metrics to support the quality of life for local people.

28.6.151 – The CCG believe it would be beneficial to install a specialist Weather station to monitor air quality and noise on the main routes and in the towns, and for this data to be frequently reported through the Health Working Group.

The CCG would support the call from East Suffolk Council in their own representation 1.112 to ensure there is an agreement for mitigation, monitoring, prevention of;

- Potential effects related to cultural differences between NHB workers and residents;
- Potential increased spread of County Lines to Leiston (where illegal drugs are transported from one area to another);
- Hate crime (including against workers);
- Community cohesion and integration issues; and
- Increased provision of Police Community Support Officers in Leiston and surrounding area.

### **6.3 volume 2 main development site – Appendices A – C**

#### Appendix A – HTN 1

In Ipswich and East CCG, primary care provision is provided on TPP SystmOne – If consideration could be made that TPP SystmOne is the IT platform of choice for the Occupational Health Service this would be mutually beneficial. We appreciate that there are GDPR issues that need to be overcome to support referrals into the health service.

Community Safety Working Group – We would welcome this group to be jointly run with council colleagues to ensure monitoring and mitigation is managed real time for any issues that are identified with dedicated representation to work with SZC to gather the relevant evidence with data collection and patient and public engagement to ensure that decisions are made for the effective use of the community fund.

#### Other contents of the Development Control Order (DCO)

The CCG will continue to review and pick up further issues and comments on the Draft DCO directly with the applicant, in advance of a future examination hearing focussed on the DCO.

As a general statement the CCG would like to understand what future outbreak management will be in place to combat COVID-19 and other public health emergency situations, which could include future proofing of facilities and access to OH services? What has taken place at Hinkley to support the safe access to facilities and assurance of learning to ensure that what OH services are created at Sizewell C to support social distancing and infection control requirements.

#### Safeguarding

Health partners have also raised specific Safeguarding concerns through the Suffolk Safeguarding Partnership Board – There has historically not been sufficient connection with safeguarding impacts related to developments and the CCG would therefore like to ensure the concerns raised are acknowledged by SZC. Upon discussion with the safeguarding leads, the main areas of concern are mitigation to support the impact on sex workers – potential popup brothels and the shift in these operations being managed online alongside the seasonal sex workers at key times i.e. Christmas which tend to be non-traceable opportunists. Whilst there are no clear identifiable mitigation assumptions there is a duty of care to ensure a strong link with safeguarding professionals to work in



a collaborative manner in support of this vulnerable group. It would also be of benefit to understand what safeguards there will be in place against modern slavery and country lines.

There are specific safeguarding concerns relating to the north of county relating to the High level of individuals with learning disabilities within the community with a limited amount of support. There should also be an acknowledgement of Pregnancy in 'care leavers' who turn to seeking relationships with people they don't know and the sexual exploitation of young men leaving care who tend to reach to older men for relationships. What is EDF policy on managing these issues?

What are the DBS check process that EDF carry out for their workforce and sub-contractors, in support of the safeguarding issues raised?

It should be noted that Exploitation is the greatest concern relating to Safeguarding.

### Summary

In final conclusion, As an Integrated Care System it is our ambition that every one of the one million people living in Suffolk and North East Essex is able to live as healthy a life as possible and has access to the help and treatment that they need in the right place, with good outcomes and experience of the care they receive.

Suffolk and North East Essex Integrated Care System, recognises and supports the role of planning to create healthy, inclusive communities and reduce health inequalities whilst supporting local strategies to improve health, social and cultural wellbeing for all aligned to the guidance in the National Planning Policy Framework section 91.

The way health and care is being delivered is evolving, partly due to advances in digital technology and workforce challenges. Infrastructure changes and funds received as a result of this development may incorporate not only extensions, refurbishments, reconfigurations or new buildings but will also look to address workforce issues, allow for future digital innovations and support initiatives that prevent poor health and improve health and wellbeing.

Suffolk and North East Essex's integrated care strategy defines the objectives for the forward view for this region. Sizewell C is a potential enabler to meet the challenges and the changes that the Joint Strategic Needs Assessment outlines. The planning process outlines structures and systems for negotiating mitigation of impact as defined by Sizewell C co. From our perspective, the interdependencies of service provision across our alliance of providers within this infrastructure is poorly served by the artificial divisions defined throughout the provided documentation and into the 106 suggestions.

Moving forward it is critical that an infrastructure develops to manage the risks associated with Sizewell C, particularly regarding the cumulative effects that the socio-economic benefits and risks will bring. Providers of healthcare will be aiming to speak with one voice with multiple representation within each forum in order to keep the pace and focus required to fulfil our statutory and moral obligations to maintain and improve population outcomes.



Many of the reasons that Sizewell is an ideal place to build nuclear power stations, are the self-same reasons why the legacy of socio-economic boom leads to enhanced risks of widening health inequalities, poverty and social stagnation. Our current health needs assessments outline the challenges faced by the population directly impacted by the Sizewell C proposals. The legacy of Sizewell B remains tangible in our health Informatics. It is a significantly deprived population, with higher levels of childhood obesity, tooth decay and smoking. There is no social mobility and the community remains isolated by poor road links and inadequate transport infrastructure. This impacts on mental and physical health. Cheap housing following socio economic boom leads to wider health inequalities and an area which continues to import a community of 65 and over. This perceptibly skews health needs and health demands. Plans for Sizewell C need to identify a legacy for this community which redresses their needs in partnership with the statutory providers, both locally and nationally.

The legacy of nuclear power generation on the Suffolk coast needs to focus on achieving a connected, healthy and resilient population supported by infrastructure that meets and enhances the community resources and opportunities for both young and old, as identified in the JSNA. Post development, rural Suffolk will return to an agricultural economy supported by tourism and challenged by the needs of retirees. Plans are required to ensure that this strategic endpoint is part of the core project objectives.

The Ipswich and East Suffolk CCG and West Suffolk CCG on behalf of the local health economy would welcome the opportunity to be part of a future hearing to express the points raised throughout this representation.

Yours Faithfully



**Dr Ed Garratt**

**Accountable Officer**