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SZC

Planning Inspectorate Reference: EN010012

Ipswich and East CCG and West CCG representation Executive Summary

Dear Sirs

In line with the request in Rule 6 please find a summary of our main concerns relating to the Sizewell C Project.

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.

We would welcome a collaborative approach as part of the Section 106 agreement 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.

Key points from our representation for consideration by the examining authority are listed below;

1. 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. However, a greater understanding of the specification of the service would enable us to be assured that there will not be a significant impact on local health services.
2. The assumptions within 6.3 Volume 2 Chapter 28 the use of historical data does not provide a sufficient evidence base in which to build on the assumptions of the impact on Healthcare services and requires additional data sets to be produced more relevant thus enabling appropriate mitigation measures to be in place throughout the construction period. The CCG are currently working with EDF SCZ Limited to support the provision of a revised dataset which may enable a greater understanding of the overall impact on A&E admissions, Primary Care Workforce and community care service provision.

3. The impact of the construction expected, even with the link road and rail changes proposed are of significant concern as to the direct impact on the provision of services during the construction phase including travel time impact on health and social care workforce across of 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.
4. 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.
5. Community Services provision are likely to see operational impact due to the potential disruption caused by delayed travel times, noise and the potential general disruption the construction period will bring to the crucial home visits by health and care staff to support vulnerable people in their own homes. The CCG remain concerned that SzC reference no significant impact on journey times during the early stages of road infrastructure development. SzC have referenced a 9 month period for the Yoxford roundabout to be completed and a 2 year construction period for the two village bypass to be completed. During this period of construction for the link roads and associated infrastructure, it is difficult to determine the true impact on highways management and therefore the knock on effect on the provision of essential services. There is no mitigation detailed 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 HGVs and Abnormal Indivisible Loads (AILs) during this period is also increased and will further impact provision of services, therefore, further understanding of the mitigation to be offered is sought for these early years where the impact will be greatest, until the road infrastructure is fully established.
6. NHS England who commission Dentistry services in the area, would require a clear understanding as to the impact of the additional non home-based workers and their families on the provision of NHS Dental services and an agreed monitoring process to ensure there is no detrimental impact on access in the area.
7. The CCG would like to raise that there is no evidence that the applicant has undertaken a sufficient review of the impact in the surrounding area in relation to above average vibration, noise and disruption caused by the expected large numbers of AILs and HGVs across a long period of associated 'day time' hours as stipulated by the applicant of 0700 – 2300hrs on a daily basis. It is important to note that there are 2 care homes - 70+ bed dementia residential homes and high numbers of elderly residents who are housebound within the immediate vicinity. 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. The monitoring of this impact should commence with a baseline prior to construction and

sufficient recording mechanisms in place for review by the Health Working Group should then be established.

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.

8. 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 worker and County Lines. It would also be beneficial to understanding the safeguarding policies that SzC have around exploitation for example those with vulnerable individuals in the community with learning disabilities and young persons leaving social care environments such as foster families known as 'care leavers'. Exploitation could lead to issues such as unwanted pregnancies, strains on mental health services and social services.

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.

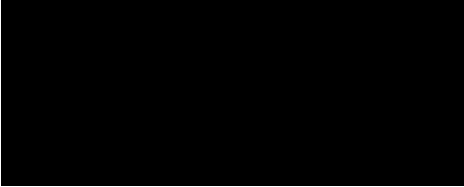
Suffolk and North East Essex Integrated Care System, recognises and supports the role of planning to create healthy, inclusive communities and reduce health inequalities whilst supporting local strategies to improve health, social and cultural wellbeing for all aligned to the guidance in the National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

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.

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.



Jane Taylor
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Ipswich & East Clinical Commissioning Group
On behalf of Health partners