



*Ipswich and East Suffolk  
Clinical Commissioning Group*

*ID Number: 20026415*

The Sizewell C Project, Ref. EN010012

## **Issue Specific Hearing 4 (9 July 2021) – (ISH4) Socio-economic and Community Issues**

### **Summary of Ipswich & East Clinical Commissioning Group Oral Case**

IESCCG Registration ID Number: 20026415

**Deadline 5**

**23 July 2021**

## Glossary of Acronyms

- **DCO** - Development Consent Order
- **ExA** – Examining Authority
- **HDV** – Heavy Duty Vehicles
- **HGV** – Heavy Goods Vehicles
- **LIR** - Local Impact Report
- **RR** - Relevant Representation
- **SCC** – Suffolk County Council
- **WR** – Written Representation
- **IESCCG** – Ipswich & East Suffolk Clinical Commissioning Group
- **SNEE** – Suffolk and North East Essex Integrated Care System
- **HWG** – Health Working Group
- **PHM** – Population Health Management
- **ICS** – Integrated Care System

**Issue Specific Hearing 4 (9 July 2021) - (ISH4) Socio-economic and Community Issues**  
**Summary of Ipswich & East Suffolk Clinical Commissioning Group Oral Case**

This submission is an written version of the oral case provided by Ipswich & East Suffolk Clinical Commissioning Group on Friday 9<sup>th</sup> July 2021 at Issue Specific Hearing 4.

Examining Authority's Agenda Item / Question	Ipswich & East CCG	References
<b>Agenda Item 1 – Welcome, introductions and arrangements for these Issue Specific Hearings</b>		
<b>Agenda Item 2 - Impacts on and opportunities for:</b>		
<b>Not recorded – CCG not involved.</b>	<i>The CCG was not part of this section of the hearing agenda</i>	
<b>Agenda Item 3 - In respect of community issues to include:</b>		
Demographic modelling (including gravity model) and implications of minor changes in forecasting	<p><b>[Note SCC taking lead on this aspect of the agenda]</b>  <b>Session 3</b></p> <p><b>IESCCG – Position statement</b>  <i>Elizabeth Moloney on behalf of the CCG</i>  <i>This isn't specific to the gravity model but we do have some overall statements around the demographic modelling that we would like to share if that is ok?</i></p> <p><i>Since the last deadline, the CCG has worked further with the Applicant to understand the scope of data sources and depth of analysis completed to establish a baseline for the health impact assessment.</i></p>	SZC 6.3 volume 2 Chapter 28 SZC 6.3 volume 2 Chapter 28 appendices 28A – 28C

*The CCG acknowledges the Applicant has used a broad range of publicly available data that would be sensible. Furthermore, the CCG accepts Hinkley Point C is a logical, comparative development to that proposed and that data and experience gleaned from Hinkley Point C has been used to forecast the potential impact of the proposed Sizewell C development. Nevertheless, the Examining Authority is respectfully asked to endorse the following position held by the CCG and to ensure these are applied by the Applicant:*

- 1) Firstly, there are material differences between Somerset and Suffolk in relation to population health management needs and provision of health and wellbeing services. The data and resulting analysis produced by the Applicant is therefore an informed basis upon which to forecast the potential impact of the development. Nevertheless, the analysis will need to be supplemented by further measures specific to the local area, population need and demographic, and health and wellbeing services, should the development be approved by the Secretary of State, and we are particularly keen to ensure that any action that is taken that doesn't exacerbate the existing health inequalities that know are within the community and anything helps to reduce those.*
- 2) Secondly, the development of health and wellbeing measures, including the quantum and type of additional health and wellbeing resources, must be adequate, effective and appropriate for the population health context of the proposed Sizewell C project in Suffolk and that is particularly in light of the increasing demand that is on local provision.*

	<p>3) <i>Thirdly, that adequate contingency funding needs to be secured through the S106 agreement to address additional and currently unforeseen population health and wellbeing risks.</i></p> <p>4) <i>Fourthly, that the proposed Health and Wellbeing Group, in context of the overall proposed project governance model, should agree the measures and ensure delivery oversight in support of the first point that I have made. This may include identification of additional mitigations to currently unforeseen risks that may require additional draw down from the Section 106 agreement.</i></p> <p>5) <i>And finally, In the draft Deed of Obligation, the Applicant has defined a high-level Terms of Reference for the Health Working Group. The CCG does not believe the Terms of reference sufficiently captures the role, responsibilities or membership that has been proposed and therefore we have developed an alternative model. In particular, the CCG believes the Group should be chaired by Health and its remit should extend to health and wellbeing rather than health alone. We ask the Examining Authority, to note the revised draft Terms of Reference has been shared with proposed members and feedback sought. The CCG welcomes feedback from the Applicant and their acknowledgement that the proposed Terms of reference has been well-received by its proposed membership.</i></p> <p><i>The CCG and the Applicant have held constructive discussions since the last deadline and we believe the above points have been agreed by both parties. Thank you</i></p>	
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<p><i>Examiner: Can I just ask a couple of points following on from what you have just said. In terms of the Alternate model you have presented when were you hoping for a response from the applicant to that as I am mindful of the limited time we have for examination, and where this is heading further down the stream for the timing of this so have you an agreed timetable between you for where this is heading?</i></p>	<p><i>EM Response: In terms of the baseline data that's been used, we are comfortable with that. The alternative model is in relation to governance, so it is in relation to the Health and Wellbeing Group. We had asked for feedback by last Friday and have not yet received that, but we are working with the applicant to gain that and that's really to establish the governance that we need to then form measures that will form part of the Section 106 agreement.</i></p>	
<p>Housing and accommodation strategy, including location, size and timing of provision of the accommodation campus and caravan site at the LEEIE,</p>	<p><b><i>The CCG was not part of this section of the hearing agenda</i></b></p>	
<p>Influx of non home based workers,</p>	<p><b>Session 4</b></p> <p><i>Thank you Elizabeth Moloney CCG, I won't reiterate the points that my colleagues have made by my council colleagues or by emergency services colleagues but just to reiterate we do support the points that they have made. There are two points though that I would like to raise in addition that relate to non homebased workers and their families. Both of which have been discussed with the applicant and I believe we are in constructive discussion to resolve. So the first one relates to the impact assessment on the local health and wellbeing services and we believe that is too narrow based on the population health management data that we have looked at. We believe that in addition to primary care the impact is likely to extend to accident and emergency, Inpatient and Elective care, Outpatient, Prescribing, Mental Health and Community Services, Dental and Optometry. The impact to</i></p>	<p>SZC 6.3 volume 2 Chapter 28 SZC 6.3 volume 2 Chapter 28 appendices 28A – 28C</p> <p>Statement of Common Ground Revision 1</p> <p>RR-500</p>

	<p><i>population growth on other health services is across the integrated care system cannot be determined at this time and based upon the CCGs constructive conversation with the applicant and Somerset CCG we understand that data from Hinkley point is not currently available. So that is something we would look to monitor and measure as we –which I appreciate is a section this is something we are going to come onto.</i></p> <p><i>The second area is around the primary mitigation to health and wellbeing concerns and relates to workforce itself and this is relating to the onsite occupational health provision. Our request is and as I say I believe the applicant is supportive of this is that through the health and wellbeing group that we are looking to establish we would have a well informed basis of professionals there that it would be advantageous if the applicant would agree to them being part of the process to both inform the design and potentially the procurement of that service. I think it would be an early and a very constructive opportunity for all parties to work together in mutual benefit. Thank you</i></p>	
<p>Emergency services impacts, and implications for community safety</p>	<p><b><i>The CCG was not part of this section of the hearing agenda</i></b></p>	
<p>Sports and recreation provision and assessment,</p>	<p><b><i>The CCG was not part of this section of the hearing agenda</i></b></p>	
<p>Health effects of a 9-12 year construction period on the local community</p>	<p><b><i>The CCG was not part of this section of the hearing agenda</i></b></p>	

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Effects of the freight strategy on the health and wellbeing of the local communities	<b><i>The CCG was not part of this section of the hearing agenda</i></b>	
Monitoring and mitigation measures	<i>See session 4 influx of non-homebased workers. Statement refers to elements of this agenda item</i>	