The Sizewell C Project

9.10.15 Statement of Common Ground - Ipswich and East Suffolk Clinical Commissioning Group

Revision: 3.0

Applicable Regulation: Regulation 5(2)(q)

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October 2021

Planning Act 2008
Infrastructure Planning (Applications: Prescribed Forms and Procedure) Regulations 2009

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TABLES

APPENDICES

1 INTRODUCTION

1.1 Status of the SOCG

1.1.1 This Statement of Common Ground ('SoCG') has been prepared in respect of the application for a development consent order ('DCO') to the Planning Inspectorate ('PINS') under the Planning Act 2008 ('the Application') for the proposed Sizewell C Project.

1.1.2 This SoCG version 03 has been prepared by NNB Generation Company (SZC) Limited ('SZC Co.') as the Applicant and Ipswich and East Suffolk Clinical Commissioning Group (CCG) on behalf of the Suffolk and North East Essex CCGs' governing bodies (hereafter referred to as the "CCGs", and agreed as final for Deadline 10 of the examination (12th October 2021).

1.1.3 This SoCG has evolved through a programme of engagement and series of versions as detailed in Section 2.

1.1.4 For the avoidance of doubt, the CCGs note that this document seeks to represent the named bodies and other relevant bodies including the Integrated Care System (ICS) and their successor bodies.

1.2 Purpose of this document

1.2.1 The purpose of this SoCG is to set out the position of the parties on health and wellbeing issues, so far as they relate to the current remit of the CCGs, and the future health and wellbeing remit of the Integrated Care System from April 2022, arising from the application for development consent for the construction and operation of the Sizewell C nuclear power station and together with the proposed associated development (hereafter referred to as 'the Sizewell C Project').

1.2.2 This SoCG has been prepared in accordance with the 'Guidance for the examination of applications for development consent' published in March 2015 by the Department of Communities and Local Government (hereafter referred to as 'DCLG guidance').

1.2.3 Paragraph 58 of the DCLG Guidance states:

> *"A statement of common ground is a written statement prepared jointly by the applicant and another party or parties, setting out any matters on which they agree. As well as identifying matters which are not in real dispute, it is also useful if a statement identifies those areas where agreement has not been reached. The statement should include references to show where those*

matters are dealt with in the written representations or other documentary evidence"

1.2.4 The aim of this SoCG is therefore to inform the Examining Authority and provide a clear position of the state and extent of discussions and agreement between SZC Co. and the CCGs on matters relating to the Sizewell C Project.

1.2.5 This SoCG does not seek to replicate information which is available elsewhere within the DCO application documents. All documents are available on the Planning Inspectorate website https://infrastructure.planninginspectorate.gov.uk/projects/eastern/the-sizewell-c-project/).

2 POSITION OF THE PARTIES

2.1.1 **Table 2.1** provides an overview of the position of the parties and any further actions planned.

Table 2.1 Summary of Position of the Parties

Ref.	Matter	Book ref.	Position	Next steps	Agreed / Not Agreed / In Progress
HWa	The scope and methodology for the health and wellbeing assessment.	Vol 1, Ch 6, APP 6Y & Vol 2, Ch 28 of the ES [APP-346]	**CCG Position** • Whilst the CCG acknowledges at this late stage in the Examination that it would not be appropriate to reassess the health & wellbeing impacts arising from the Project, it does not fully concur with the methodology employed to assess the effect of the likely population increase attributable to the non home based workers and their dependents. The CCG therefore does not fully concur with the approach taken in the Environmental Assessment as set out in Book 6, Volume 2, Chapter 28 (Human Health & Wellbeing). The referable section within Volume 1, Chapter 6, Appendix 6Y is also not fully concurred. • It is considered that 'unintended consequences' may arise from the Project as a result of the significant increase in the number of non-home based workers, along with their dependents, accessing the local housing property market. This may lead to increased competition locally for the existing (and planned) housing stock, resulting in a greater incidence of 'concealed households' unable to access the housing market potentially leading to increased occupancy of the available housing stock, and a consequential population increase. • That said, the CCG acknowledges that it does not have evidence to certify the above assumption at this stage, and is content to accept EDF's population modelling evidence as a reasonable basis for determining the residual healthcare contribution, which has since been agreed. **SZC Co. Position** • SZC Co. is however pleased to note that the CCG has confirmed that it is in agreement with the calculation of the Residual Healthcare Contribution. • By way of clarification, the Health and Wellbeing assessment (Volume 2, Chapter 28 of the ES [APP-346]) draws on the socio-economic assessment (Volume 2, Chapter 9 of the ES [APP-195] and appendices [APP-196]) in terms of assumptions on workforce and workforce use of accommodation. The approach is agreed with SCC and ESC (see the SOCG with ESC / SCC for outstanding matters at Deadline 8 [REP8-095]). • The approach to mitigation for accommodation effects, via the Project Accommodation, Housing Fund and AMS has been agreed with ESC to fully mitigate Project effects. Should any housing market stress be indicated, contingent funds will be released to address this (see Schedule 3 of the Deed of Obligation (Doc Ref. 10.4). In addition, the assessment identifies that housing market effects are most likely to occur in the private rented sector, whilst incoming workers with families are likely to buy accommodation. • Finally, as set out in HWc and HWd below, SZC Co. notes that the CCG has agreed that where elements of the assessment and mitigation is being considered by technical experts within other organisations (in this case the Councils), the CCG will rely on the mitigation agreed by those technical experts.	No further action considered necessary in connection with this Project.	Not fully agreed but accepted as a reasonable basis for determining the residual healthcare contribution.
HWb	The health and wellbeing baseline.	Vol 2, Ch 28 of the ES [APP-346]	• The CCG raised concerns about historic baseline data utilised (specifically, GP patient List sizes), however this has been provided for context, rather than to infer spare capacity. • CCG now content with baseline noting that it has not been used to infer spare capacity and that all communities and healthcare services are considered sensitive.	None.	Agreed.
HWc	The assessment of health and wellbeing impacts.	Vol 2, Ch 28 of the	• Where the Health and Wellbeing assessment draws on data which is being considered by technical experts within other organisations, specifically noise / air quality (East Suffolk Council (ESC)), transport (Suffolk	No further action.	Agreed.

Ref.	Matter	Book ref.	Position	Next steps	Agreed / Not Agreed / In Progress
		ES [APP-346]	County Council (SCC)), socio-economics (ESC and SCC), radiological (Environment Agency and Public Health England), the CCGs will rely on the scrutiny and findings of those technical experts. • In terms of assessment of impacts on healthcare capacity impacts, the Parties agree that HPC provides useful context in terms of - for example, workforce demograpics and families - but there needs to be flexibility in the Deed of Obligation to allow for any differences in host community, and changing nature of public health. • As a consequence, while the residual healthcare contribution has utilised HPC data to inform predicted demand on local healthcare capacity from non-home-based workers and their families, the CCG's population health data has been used to calculate the contribution and an uplift of just over 20% included in case of any variance.		
HWd	The approach to mitigation - occupational health.	Appendix 28A [APP-347]	• Principle of occupational health service is agreed to internalise as much demand as is possible from the non-home-based workforce, with complementary care from the home-based workforce. • CCG have reviewed Appendix 28A and additional information provided by the health working group at HPC. The Parties have agreed that SZC Co. will work collaboratively with the CCG to inform the design and procurement of service. Ongoing collaboation will then take place through the Health Working Group.	Agreed as far as it can be for the purposes of the Examination.	No further action for the Examination.
HWe	The approach to mitigation - residual healthcare contribution.	Appendix 28B [APP-347]	• Residual healthcare contribution is agreed. This is calculated using the CCGs population health costs and includes a 21% uplift for resilience. • CCGs (and Councils) requested additional funds for multi-agency use to reflect the practicalities of working within an integrated care system. The principle of this has been agreed and will sit in the Public Services Resilience Fund - Local Community Safety and Community Health Measures. • The CCG requested funding for a Health and Wellbeing Officer and for GP attendance at the Health and Wellbeing Working Group and this has been agreed. **<u>DENTISTRY</u>** The CCG has requested a dentistry contribution and this is not agreed. **<u>CCG Position</u>** • The CCG's position is that it accepts that NHS dental capacity is not currently available in the local area, partly due to an existing capacity deficit, and partly due to the contractual provisions agreed with dental practices by NHS England & NHS Improvement pursuant to the Coronavirus Pandemic. • That said, in view of the planned new capacity to be provided in the local area as part of the Leiston Dental Practice, it is considered to be a reasonable assumption that dental capacity would become available at some point across the 12 year Sizewell C construction period. To provide for this eventuality and mitigate the potential impacts arising an appropriate 'contingency fund' is sought, which could be drawn down in response to evidence of capacity provided by the Health & Wellbeing Officer as part of the monitoring role and responsiblities. A letter from NHS England & NHS Improvement dated 17th September 2021 provides further background in this respect, and included at APPENDIX B of this SoCG. • The CCG also consider that the Sizewell C Response on Dentistry Note is factually incorrect in its assessment of the likely dental funding position, as it is based on the assumption that local dental services are funded on a "capitation formula basis" similar to primary healthcare services procured by the CCG. • The funding position set out in the letter from NHS England & NHS Improvement clarifies that the service is not procured on that basis. It is procured by NHS England & NHS Improvement based on a contracted	No further action. A dental contingency contribution sought for £534,672 remains not agreed.	Agreed. Agreed. Agreed. Not agreed.

Ref.	Matter	Book ref.	Position	Next steps	Agreed / Not Agreed / In Progress
			provision of units of dental activity reflecting local need, and does not function on a 'patient registration basis' (unlike GP services) and is therefore available to be drawn down by any local person presenting for dental treatment, including employees and dependants from the Sizewell C Project. **SZC Co. Position** • SZC Co. has set out its position in a "Sizewell C Response on Dentistry" note which is included as APPENDIX C of the SOCG and was was provided to the CCG on 22-9-21. No response to this note, other than what is set out above (sent on 1-10-21), has been provided by the CCG. SZC Co. also set out its position in response to the Examining Authority's Third Written Questions HW.3.3 [REP8-116]. • Please note that SZC Co. is aware that the capitation formula basis does not apply to dentistry as it does to primary healthcare. SZC Co. is not proposing a dentistry contribution because it does not consider it credible that non-home-based workers or their dependants would be able to access NHS dental services given the lack of provision across Suffolk as a whole and the large numbers of Suffolk residents currently without an NHS dentist that would fill any new capacity before Sizewell C non-home-based workers and their families arrive in Suffolk. SZC Co. also questions whether new capacity will actually be delivered given that Leiston has no current dental provision, with the last two surgeries closing due to an inability to recruit dentists, the most recent in April 2021.		
HWf	The approach to mitigation - other.	Book 6, Vol 2, Ch 28 [APP-346]	• Where the Health and Wellbeing assessment draws on mitigation which is being considered by technical experts within other organisations (as for assessment above), the CCGs will rely on the mitigation agreed by those technical experts. • The same will apply to any requirements or Deed of Obligation wording for these topics.	None..	Agreed.
HWg	Deed of Obligation and Governance	Deed of Obligation (Doc Ref. 10.4)	• Deed of Obligation wording agreed, noting disagreement on dentistry contribution above.	No further action.	Agreed except dentistry.

SIGNATURES

The above Statement of Common Ground is agreed between SZC Co. and the CCG on the day specified below.

Signed:	[redacted]___________
Print Name:	_____ED GARRATT___________
Job Title:	_____CHIEF EXECUTIVE_______
Date:	______5 OCT 2021____________
Duly authorised for and on behalf of the CCG	
Signed:	[redacted]
Print Name:	Carly Vince
Job Title:	Chief Planning Officer
Date:	5-10-21
Duly authorised for and on behalf of SZC Co.	

APPENDIX A: ENGAGEMENT ON THE SOCG

A.1.1. The preparation of this SoCG has been informed by a programme of discussions between SZC Co. and the CCGs. The relevant meetings are summarised in **Table 2.3.**.

Table 2.2 Meetings

Date	Details of the Meeting
1/3/21, 12.30pm-1.30pm	First draft issued and brief introduction provided
18/3/21	Health Working Group meeting - overarching discussion on application
13/4/21	Health Working Group meeting - focus on S106 funds, structure, governance. Separate chat with CCG lead on SoCG - simplified front end issued 14/4/21.
28/5/21	Final run through for deadline 2 following receipt of written comments from CCG.
21/6/21	SoCG next steps discussion
5/7/21	Discuss changes to the SoCG for deadline 5.
7/7/21	SoCG / ToR / mitigation discussion.
13/8/21	Discuss DOO contribution and ToR
9/9/21	Discuss DOO contribution and drafting
Various	Exchanges of SoCG drafting by email.

APPENDIX B: LETTER FROM NHS ENGLAND & NHS IMPROVEMENT DATED 17TH SEPTEMBER 2021

NHS

[redacted]
Corporate Services Directorate
Ipswich & East Suffolk, West Suffolk & North
East Essex – Clinical Commissioning Groups
Endeavour House, 8 Russell Road
Ipswich
IP1 2BX

East of England
Direct Commissioning
2 – 4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

17 September 2021

Dear [redacted]

Re: Sizewell C Nuclear Power Project – Impact on Local Dental Services

Further to our ongoing liaison in relation to this Project, and following the review of [redacted] email of 10th September 2021 (21:00 hrs) on behalf of the applicant, NNB Generation Company (SZC) Limited, I am pleased to provide the following clarification as to why dental practices, nationally, are unable to operate at full capacity at the current time.

Dentistry Contracts & Capacity

Dental practices are independent providers who hold a contract with NHS England & NHS Improvement to provide NHS dental services.

Working within the parameters of each contract award, Dental providers manage their practices, including capacity, and determine whether they are able to accept new patients themselves - their lists therefore open and close on a frequent basis.

The coronavirus pandemic continues to significantly constrain the ability of each Practice to meet its contractual workload, measured in units of dental activity, usually 2.1 UDA per patient per annum. Indeed, NHS dentists are implementing the advice of the Chief Dental Officer to prioritise urgent cases and those with outstanding treatments. The majority of Practices, nationally, are therefore using their available capacity to see urgent cases whether they are normally patients of that practice or not.

It should be noted that dental practice capacity is determined by the extent to which practitioners are able to meet their contractual UDA's (see above) and the following position is evident in this respect:

- Since 8th June 2020 to 31st December 2020 – limited to 20% of the contracted activity;

- 1st January 2021 to 31st March 2021 – limited to 45% of the contracted activity;
- 1st April 2021 to present time – limited to a minimum 60% of the contracted activity;

To clarify the above position, whilst practices are being remunerated at their normal 'pre – covid' contract value in accordance with national guidelines, they are not required to meet their contracted services levels and capacity.

The position is likely to be reviewed again in October 2021, and with some relaxation of the Infection Protection Protocol and the related need for 'fallow time', the expectation is that dental services will continue to restore capacity and provide the contracted levels of UDA's linked to their contracts in due course.

Leiston Dental Practice Contract

You may recall that I previously circulated details of the Leiston Dental Practice Contract to you, which is designed to put additional capacity into the local system from 2022, in an area where needs are acknowledged, particularly noting the significant population influx associated with the Sizewell C workers, who would be eligible to draw down dental services locally.

With this in mind, I note that [redacted] has contacted 14 Practices within the Sizewell area and has formed an assumption about insufficient capacity being available in principle. Whilst I appreciate [redacted] concerns, they do not take into account the temporary constraints being placed on full contract delivery attributable to the pandemic, and which NHS England are working hard to address, particularly in the Leiston area.

With this in mind, I do consider that an appropriate 'contingency fund' is justified from the Sizewell C Project and would ask you to please pursue this point with EDF as the developer.

I trust this is clarifies the position concerning dental capacity and appreciate the priority and resource the CCG is putting into this matter.

Yours sincerely,

[redacted]

David Barter
Head of Primary Care Commissioning

APPENDIX C: RESPONSE TO CCG ON DENTISTRY

CONTENTS

1 RESPONSE TO CCG ON DENTISTRY

1.1 Introduction

1.1.1 Thank you for forwarding the letter from the Head of Primary Care Commissioning regarding a request for an NHS dental contingency fund for the non-home-based workforce and their dependants, which underpins the CCG request for a contribution of £534,672 into local dental budgets over the construction period, set out in the CCG's proposed Heads of Terms. This was received on 17-9-21.

1.1.2 SZC Co. does not agree that a dentistry contribution is needed. This is because the Project is not predicting an impact on dentistry. The lack of local NHS dentistry capacity means that the chances of non-home-based workers or their families being able to access local NHS dental services is exceptionally low, noting that many members of the existing local community are already having to pay privately or - if they cannot afford to pay privately - are not able to access dental services.

1.1.3 SZC Co. cannot provide a Deed of Obligation contribution for a service that it is not impacting and its non-home-based workforce and their families will not be able to access. Nor will it consider a "contingency" because it is not credible that sufficient new capacity will come forward even to provide for the needs of the many members of the local community waiting for an NHS dentist. Furthermore, it would not be appropriate to provide any contribution that would incentivise the CCG / local NHS dentists to take on Sizewell C non-home-based workers and families over and above members of the local community due to a Deed of Obligation payment.

1.2 Lack of Local NHS Dentistry Capacity

1.2.1 It is useful that the Head of Primary Care Commissioning explains why dental practices nationally are unable to operate at full capacity at the current time but the letter fails to respond to the point that this is a pre-existing issue - see for example Why you probably can't find a local NHS dentist - A system in crisis? - Healthwatch Suffolk. The situation is particularly bad in Suffolk as a whole and locally, with BUPA and MyDentist closing in Leiston, leaving the town with no dentist.

1.2.2 As well as Healthwatch Suffolk, this issue:

a) has been raised in local media - for example Lack of NHS dentists in Suffolk causes 'growing frustration' | East Anglian Daily Times (eadt.co.uk) Suffolk patients struggling to find new dentists | East Anglian Daily Times (eadt.co.uk);

b) has been discussed with David Barter directly by Therese Coffey MP (East Suffolk Extra Column - 11th June 2021 | Thérèse Coffey (theresecoffey.co.uk));

c) is catalogued in the GP Patient Survey Dental Statistics, where in the last 2 years, the success rate for those trying to get a dentist appointment in NHS Ipswich and East Suffolk was 73%, and 24% of respondents indicated that they prefer going private. Statistics » GP Patient Survey Dental Statistics; January to March 2021, England;

d) has been raised at the Sizewell C Issue Specific Hearings by Interested Parties;

e) is evidenced by the NHS "find a dentist" website; and

f) has been further communicated through direct engagement with local dental surgeries - SZC Co.'s research found that there is no dental practice within 20 miles of the site taking NHS patients, and only one dental practice considering placing people on a waiting list.

1.2.3 While SZC Co. does not disagree that the pandemic has exacerbated matters, the lack of local NHS dental capacity pre-dates the pandemic. The recent closure of dentists locally and the ongoing trend (nationally and locally) of dental surgeries moving towards private practice means that even if eligible for NHS care, there would be no spare NHS dental capacity for non-home-based workers or their families (dependants) to utilise. They would therefore need to either return to their permanent address and use their existing dentist or pay privately.

1.3 Potential New Local Dental Capacity

1.3.1 SZC Co. notes the Head of Primary Care Commissioning's suggestion that the CCG (via NHS England) hopes to have a dental practice contract in place in Leiston by July 2022, increasing current capacity.

1.3.2 In requesting a contribution from the Sizewell C Project, the CCG is assuming that the contract would be successfully placed and delivered but SZC Co. notes that the two recent closures of dentists in Leiston (BUPA on 31-3-20 and MyDentist on 30-4-21) were due to an inability to recruit dentists and it is not clear why the situation would now have changed - see Lack of dentists forces Leiston practice to close | East Anglian Daily Times (eadt.co.uk) Dental care practice in Leiston to shut due to lack of dentists | East Anglian Daily Times (eadt.co.uk).

1.3.3 SZC Co. also understands that the new contract would not span the duration of the construction period, operating for an initial 4 year 9 month period with an option to extend for up to 3 years - AG20508 - Market Engagement Event for General Dental Services (7 Lots) for the East of England Region - Find a Tender (find-tender.service.gov.uk).

1.3.4 Even if provision is successfully made, this follows the closure of the previous surgeries, thereby increasing capacity in Leiston from zero and likely only partially addressing existing community need. It does not appear credible that this will clear the now significant backlog in local / Suffolk residents seeking an NHS dentist, let alone provide spare NHS dental capacity for any of the non-home-based workforce and their families (arriving from 2023 onwards when spaces will almost certainly have been filled) - and certainly not the 50% assumed by the CCG. SZC Co. notes in this regard that there is a Suffolk wide paucity of dentists but the only other new contract would be in Lowestoft over 20 miles away, with the remainder in Norfolk (link as 1.3.3 above). The Leiston spaces are therefore likely to fill immediately.

1.3.5 SZC Co. considers that a contingency, as part of the planning contribution, in the event that the Leiston capacity does come forward would not be appropriate. Providing a payment for non-home-based workers or their families to access NHS dentistry services could act as an incentive for the CCG / local dentists to prioritise the dental needs of the non-home-based workforce and their families over the existing population. This would exacerbate current circumstance and create tension between Sizewell C, its host community and health care providers alike.

1.3.6 SZC Co. considers it completely unacceptable for any new NHS dentist to reserve NHS spaces needed by the local population for Sizewell C's non-home-based workforce and families. But if places are not held, it is extremely unlikely that SZC Co.'s non-home-based workers and their families would be able to access NHS dental services so a contribution is not justified.

1.4 CCG Calculation Methodology

1.4.1 Even if there was local capacity, SZC Co. considers that the methodology applied by the CCG to underpin the request is incorrect and fails the planning contribution test i.e. necessary to make the development acceptable in planning terms.

1.4.2 A planning contribution is required where a significant impact has been identified, and may be applied to mitigate said impact. However, no impact has been identified on NHS dental capacity by any party. Instead the CCG has presented the dental policy aspiration for a typical population and then applied this to the non-home-based workforce and dependants, albeit removing orthodontic work. SZC Co. considers that the way this has been calculated is flawed.

1.4.3 The CCG appears to be confusing a temporary non-home-based workforce (that will largely return home between shift rotations) with a permanent sitting population (more akin to a residential development) that would require typical dental services at a typical rate until the local NHS budget catches up. This is incorrect.

1.4.4 The majority of the non-home-based workers would retain their own dentist at their permanent home address. They would not seek non-essential routine dental care in Suffolk but would return home and visit their dentist during their rest periods.

1.4.5 The only likely dental provision that the majority of the non-home-based workforce would seek in Suffolk would be emergency dental work. However, they would not be eligible for NHS care if not registered with a local NHS dentist so would either have to pay privately in order to be seen in Suffolk or take sick leave and return to their home dentist. Either way, there would be no impact on local NHS dental capacity or cost.

1.4.6 With regard to families, the CCG fails to consider net additionality, in that non-home-based workers dependants could only move into existing housing, largely replacing people (who have moved elsewhere) already captured in local NHS budgets. The NHS budget therefore, does not materially change, and is then allocated to dental surgeries, specifically by the number of NHS dentist patients they are willing to accept, and remunerated accordingly. If there is any spare NHS dental capacity, then dependents eligible for NHS dental work are already covered in the NHS budget, and the funding allocated to the dentist through the Units of Dental Activity (UDA), meaning no impact. If there is no NHS dental capacity, then there is no option but to pay privately; again resulting in no impact to NHS dentist provision or cost. On this basis, there is no NHS dentist capacity or cost impact from dependents, and a contribution on this basis is not necessary in planning terms.

1.4.7 To ensure the ES was conservative, some net additionally i.e. temporary increase in population, has been assumed, as set out in the Residual Healthcare Forecast note previously circulated (by email 26-8-21). However, the CCG assumes dependants are, and will forevermore be excluded from NHS dental budget allocation, requesting a planning contribution to fund their dental care for the entire construction period. In short, the CCG is working on the basis that the NHS budget they pay into, and would typically be allocated for if they are accepted as an NHS dental patient, never catches up. This is not correct.

1.4.8 On the above basis, what the CCG has requested is not to address a significant or even an identified impact on local NHS dentist capacity from the Sizewell C Project but is a funding request for an incorrectly assumed permanent population increase that would forevermore fall outside of NHS budgeting. This is incorrect, and not necessary to make the development acceptable in planning terms.

1.5 Evidence of Impact

1.5.1 No evidence has been provided that would indicate the NHS dental planning contribution requested is fair or reasonable: the CCG has not presented evidence of an impact on dentistry directly related to the development and no credible indication as to the type or rate of NHS dental care directly attributable to the non-home-based workforce or dependants has been identified, when taking into account sections 1.2-1.4 above.

1.5.2 In addition, the CCG has not presented any evidence (even anecdotal) to suggest an NHS dental impact at Hinkley point C or any other NSIP, nor has the CCG identified any project where NHS dental care planning contributions have been requested locally or nationally (including residential developments that would accrue a permanent sitting population).

1.5.3 No such contribution was requested by the CCG from any of the other NSIP projects locally, and to the best of SZC Co.'s knowledge, a dentistry contribution has not been requested on any local residential developments that would accrue a new sitting population. It is not clear why the CCG considers that the Sizewell C Project should be treated differently.

1.5.4 Instead the CCG has presented the non-home-based workers and dependants as a permanent sitting population that would fall outside of NHS budget allocation, and inferred this as an impact on NHS dental care, albeit excluding orthodontic work. The requested contribution is thereby unsupported, unjustified and cannot be termed mitigation.

1.5.5 At best, the CCG has presented a budget that would ideally provide NHS dentistry services for a sitting population, yet currently this is not being delivered locally for the existing population.