

Planning Policy

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Via email only: localplan@colchester.gov.uk

9th January 2026

Dear Sir/ Madam,

Colchester City Council: Regulation 18 Local Plan Review – Representations on behalf of East Suffolk and North East Essex NHS Foundation Trust (ESNEFT)

1. On behalf of our client, East Suffolk and North East Essex NHS Foundation Trust (ESNEFT), we write to provide our representations on the draft Colchester Local Plan Review. These representations have been prepared having regard to the associated evidence base documents.
2. This letter should be read in conjunction with the consultation response submitted by the Suffolk and North East Essex Integrated Care Board.

Background

3. ESNEFT was formed on 1st July 2018 and is the largest NHS Trust in the Region, providing acute hospital and community healthcare services for Colchester and Ipswich and wider rural local areas. Services are provided from Colchester and Ipswich General Hospitals, Alderburgh, Clacton, Halstead, Harwich and Felixstowe Community Hospitals, and Bluebird Lodge near Ipswich. Colchester and Ipswich Hospitals both have their own dedicated major accident and emergency (A&E) departments.
4. Colchester Hospital provide acute, in- and outpatient, and other healthcare facilities for Colchester and North Essex, covering a catchment population of approximately 350,000 people. There are approximately 4,500 staff members based at the Hospital, which operates on a 24 hour, 7 days a week basis.
5. Colchester Hospital is and will be vital and significant component of local health and community infrastructure required to serve the existing and proposed wider catchment population area. ESNEFT intends to invest in its facilities and services at the hospital to

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improve patient care, and due to planned growth within the area, the hospital's catchment population, associated activity rates and staffing levels will all increase.

6. ESNEFT's Clinical Strategy (2024-2029) identifies that the population in north-east Essex will grow substantially more quickly than other communities. As a result, the in-patient bed bases at the hospitals are under significant pressure. In addition, the number of people waiting for elective and cancer care has risen significantly following the COVID-19 pandemic.
7. The Trust's capacity challenges are detailed further in the Clinical Strategy, with additional outpatient and diagnostic capacity required to meet current and future healthcare needs. In addition, the Trust is required to implement the strategies set out in the NHS 10 Year Health Plan for England: Fit for the Future (July 2025), which includes rolling out neighbourhood health services to provide diagnostics, mental health support and rehabilitation closer to people's homes, reducing the need for hospital visits.
8. Accordingly, one of ESNEFT's strategic objectives is to work towards creating Neighbourhood Health Centres and to support the ambitions in the 10 Year Health Plan of moving from 'sickness to prevention' and 'from hospital to community'. As such, Clacton Hospital is earmarked to support neighbourhood health and opportunities to secure further investment in that site alongside additional locations as a consequence of population growth are required.
9. ESNEFT works with other health and community care partner organisations and is part of the Integrated Care Board (ICB), which is committed to working together to integrate care and deliver better outcomes for patients.
10. As an NHS Trust, ESNEFT has no routine eligibility for capital allocations from either the Department of Health and Social Care (DHSC) or local commissioners to provide new capital capacity to meet additional healthcare demands. Therefore, S106 and CIL contributions are needed to mitigate the additional impacts of planned growth on acute services provision, which will be an important component of ESNEFT's overall funding and delivery capabilities.

Summary of Representations

11. In summary, these representations seek amendments to draft Policy CS1: Retention of Community Facilities to ensure that it provides an appropriately supportive planning policy basis for achieving ESNEFT's ambitions for providing enhanced healthcare facilities and services within its catchment area.

Detailed Representations

Preferred Options Draft Colchester Local Plan (November 2025)

12. ESNEFT welcomes the requirement within draft Policy ST1 for new development to support the provision of healthcare infrastructure, where appropriate, to accommodate needs in line with the Infrastructure Delivery Plan.
13. In addition, the requirement in draft Policy ST7 for all development to be supported by the provision of infrastructure, services and facilities that are identified as being needed to serve the needs arising from the development is welcomed. ESNEFT concurs with the proposed approach of only granting planning permission if it can be demonstrated that there is sufficient and appropriate infrastructure capacity to support the development or that such capacity will be delivered by the proposal at an appropriate time to meet the requirements of the development. Furthermore, the requirement to demonstrate that infrastructure capacity will prove sustainable over time in physical and financial terms is also welcomed.
14. The recognition that mitigation of impacts on infrastructure could be secured in a range of ways (including financial contributions, on-site provision, and off-site provision) is welcomed, alongside the requirement to agree mitigation measures with infrastructure providers as well as the Council. This would allow mitigation measures to be tailored to suit specific development requirement in accordance with NHS strategies for future healthcare provision.
15. With regard to community facilities (which it is noted includes health provision, as set out at paragraph 10.1), ESNEFT objects to draft Policy CS1: Retention of Community Facilities in its current form.
16. The requirements relating to the 'loss of community facilities would be contrary to the National Planning Policy Framework (NPPF, 2025), which states that planning policies and decisions need to take account of local strategies to improve health and well-being for all sections of the community (paragraph 98).
17. The policy requirements may not align with ESNEFT's strategy for future healthcare provision, which needs to be predicated on achieving the best possible health outcomes for the population, while providing a cost-effective and efficient service. Restricting provision to certain locations and requiring the proposed level of marketing evidence could jeopardise delivery of this strategy and, therefore, flexibility needs to be built into the policy wording to ensure that it represents an appropriate strategy for securing sustainable development.
18. Similarly, the use of 'equivalent' facilities may not meet the Trust's objective of providing cost-effective, financially efficient and sustainable services and could overstep the Local Planning Authority's remit as it needs to be appreciated it is not a health authority. This responsibility lies with the relevant NHS health trusts who are the statutory health authorities for the area.

19. In light of the above, and to ensure the Local Plan is 'sound' in this respect, it is requested that requirement (a) of draft Policy CS1 is amended to read "*An alternative ~~equivalent~~ facility to meet local needs **and serve existing and future communities** is, or will be, provided ~~in an equally or more accessible location within a minimum walking distance of the locality (800m or the minimum distance based on that appropriate for the facility being provided as set out in the relevant evidence;~~".*

Infrastructure Audit and Delivery Plan (IADP): Stage 3 Report

20. ESNEFT welcomes the inclusion of the acute healthcare infrastructure details within the IADP and wishes to reiterate its intention to undertake a modelling exercise to identify the acute healthcare infrastructure requirements needed to serve the population growth arising from the quantum of housing development proposed to 2041. This exercise would also allow for costs and funding gaps to be identified to inform details to be included in future iterations of the IADP.

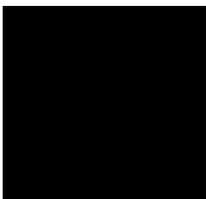
Conclusion

21. ESNEFT is generally supportive of the draft Colchester Local Plan and the Infrastructure Audit and Delivery Plan. However, amendments are required to draft Policy CS1: Retention of Community Facilities to ensure that it provides an appropriately supportive planning policy basis for achieving ESNEFT's ambitions for providing enhanced healthcare facilities and services within its catchment area and meet each of the soundness tests set out in paragraph 36 of the NPPF.
22. We would be pleased to discuss the requested amendments with the Planning Policy team in advance of the draft Plan being submitted for Examination, if that would be helpful.

We would be grateful if you could confirm safe receipt of these representations, which we trust you will find useful and will take into account as part of the Preferred Options consultation.

Should you wish to clarify any of the matters raised above, please do contact us.

Yours faithfully



Aarti O'Leary
Lawson Planning Partnership Ltd

cc Suffolk and North East Essex ICB