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**From:** [Redacted]  
**Sent:** 20 January 2021 16:05  
**To:** localplan  
**Cc:** [Redacted]  
**Subject:** RESPONSE FROM NHS BORDERS: SCOTTISH BORDERS LOCAL DEVELOPMENT PLAN: PROPOSED PLAN  
**Attachments:** [Redacted]

CAUTION: External Email

Good afternoon [Redacted]

Please find attached the consultation response from NHS Borders, regarding the SBC's Local development plan.  
It would be appreciated if you could acknowledge receipt of this email.

Many thanks

[Redacted]

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**PA to Chief Executive**  
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\*\*\* NHS Borders \*\*\*\*\*

## **NHS Borders - Comments on Proposed Scottish Borders Local Development Plan**

Firstly, the NHS Board for the Borders welcomes the opportunity to comment on the “Local Development Plan”.

### **Introduction**

The future development of communities, industry, housing and transport across the Scottish Borders will impact directly on people’s health, both in terms of the delivery of health services but more importantly in the ways in which it supports people to maintain their health. We are, in particular, wishing to ensure that access to healthcare is equitable and targeted towards the people who need it in ways that they can access. The wider impacts of any proposed / earmarked developments on wider public sector infrastructure should be considered as part of any analysis. New houses or care developments in a village or town will impact not only on schools, roads, transport, care at home, play parks, etc but also on GP Practices and hospital capacity. A wider Strategic Financial Impact Analysis will be required for the Borders as a whole encompassing all partners including Health, Council, Housing Associations, 3<sup>rd</sup> and 4<sup>th</sup> sectors, etc.

In the Local Development Plan we would also welcome, that where expected developments in localities across the Borders are planned they are cross referenced with the Health agenda with more specific reference to strategic planning in partner organisations, such as the NHS Clinical Strategy and the IJB’s Strategic Commissioning Plan and the IJB Strategic Implementation Plan.

### **Volume 1: Policies**

As these are high-level principles and approaches to developing local services and communities, our comments merely note where NHS Borders would have particular interests in involvement or the incorporation of a health perspective.

2.9: Planning for health and wellbeing. We welcome the acknowledgement of the impact of housing developments on demand for health services, although only primary care services are noted. Other services impacted are general community health services, potentially children’s and maternity services, mental health service provisions and potentially impact on acute health services, in particular the ability to access them. These services would include District Nursing, Community Allied Health Services such as Physio-Therapy, Occupation Health, Health Visitors, Dentistry, Pharmacy and others

2.10: Planning for health provision. We welcome the recognition of the importance of engaging with ourselves regarding the health service implications of development. An indication of the formal ways in which this would be carried out would be helpful.

2.13: Housing for Disabled People and People with Learning Disabilities. The lack of any clear assessment of the housing need for these groups is of some concern, especially as it means that an indicative level of appropriate housing is therefore not included in the Plan. It would be reassuring to have a clear confirmation that this need will be assessed and appropriate supplementary guidance issued.

3.8: Strategic Development Areas. We note the description of Special Development Areas (further developed in 4.9) and their locations and extent. We would find it useful to have early engagement regarding the likely development process and timelines for these areas to assist in forward planning for health care facilities and capacity

3.11: Community Planning. We note and agree with the importance of the Community Planning Partnership and the Community Plan as processes for development within the Scottish Borders and look forward to working closely as one of the Community Planning Partners in coordinating planning through these

3.12: Locality Planning. We similarly note and support the Locality Action Plans, which are already strongly influencing planning for the health and social care needs of the local populations. We would hope to see these develop to become core planning tools in the future. The IJB's Locality Working Groups were stood down during the pandemic, and a new methodology is expected to be employed through TEAMS in the future. These could be utilised to support the health agenda within the LDP as it develops further.

4.8: Vision – Growing our Economy – Tourism. The promotion of tourism brings a fluctuating transient population, which can increase pressures on aspects of the local health service, including primary care, emergency care etc. It would be helpful to work together to identify the nature of the likely tourism population (e.g., potential appeal to older people, increase in outdoor activities such as mountain biking which places specific pressures on the health services).

4.9: SDAs. As noted in 3.8 above

6.10: Settlement Development. We welcome the approach to concentrating on development in and around existing settlements, which are easier to support with health services, although we note that there is potential for 'stand-alone' settlement development. This would require careful consideration of how health care needs are to be met and the implications for our services.

8.3: Sustainability. We welcome the emphasis on developing sustainable transport models, including the importance of developing communities to support active modes of transport to maintain health. We also welcome the requirement to ensure effective and easy-to-access public transport links. These need to fit with design of transport routes to enable easy access to health facilities, including GP practices, community services and the Borders General Hospital. The latter can be challenging to access from some key areas, including the south (Hawick, Selkirk etc), the Berwickshire coast and the north of the region.

#### **Policy HD5: Care and Nursing Homes**

We welcome the guidance on ensuring these homes are fit for purpose and part of the community. However we feel the guidance should go further and ensure that they are part of a wider care pathway that allows a more graduated approach to accessing levels of residential care and allows individuals to remain in their homes for as long as possible. It is also important to recognise the high level of demand that care and nursing homes can place on health services, particularly primary care services. This should be incorporated into any assessment of care home development

### **Policy EP16: Air Quality**

We welcome the emphasis on 'minimising impact' of development on air quality, but would welcome more detail on the level of acceptability of developments that do impact on air quality. This can have significant health impacts and we would expect public health involvement in assessing these and influencing decisions.

### **Policy IS2: Developer Contributions**

We note the expectation of developer contributions at certain sizes of development. However, the list of expected areas of developer contribution does not include any mention of provision of health care service arrangements. We feel this should be identified as a developer obligation.

### **Settlement Developments**

We would welcome the opportunity to work closely and at an early stage with the Council on the planning and development of housing sites.

Whilst we recognise that identification of sites within the Development Plan does not necessarily mean that these sites will be developed or developed to the density identified, long-term planning of health service delivery to best meet the needs of the population of the Borders requires early involvement and a coordinated approach.

Based on the information in the Proposed Local Development Plan, there are three areas where we would welcome guidance or early involvement in developments;

1. Developments that are likely to attract specific groups who may have particular health care needs. These would include developments likely to attract older people, those of child-bearing age or with children and developments with specific health needs (e.g. mental; health, physical disability etc).
2. Specific known developments or land allocations that will generate Planning Briefs, where we can assess the potential impact on health services and start any required planning at an early stage to address these.

3. Based on the numbers of units identified within Volume 2: Settlements, the locations we would wish to review in terms of likely potential for development and current health service provision, based on the size of potential developments or the proportion of the local population that developments would represent are;

- Newtown St Boswells
- Reston
- Eddleston
- Greenlaw
- Tweedbank
- Swinton
- Cockburnspath
- Walkerburn
- Coldstream

We would also like to assess the impact of the size of development in the following locations on current health service capacity:

- Gala
- Kelso
- Hawick
- Peebles
- Eyemouth
- Tweedbank

We hope these general observations are useful. Specific areas of the Local Development Plan may also have impact on certain specialist areas within NHS Borders organisation or clinical services. We can seek additional comments from these specialist areas if this would be helpful.