



# Minutes

**Meeting:** Dunton Hills Garden Village – NHS Meeting  
**Venue:** Seven Arches Road Office, Brentwood (Meeting Room 3)  
**Date:** Wednesday 10 July 2019 (2019-07-10)  
**Time:** 09:30 – 11:00

**Attendees:**

Justin Booij (JB)	Brentwood Borough Council (BBC)
Coby Tomlins (CT)	
Thom Hoang (TH)	
Charlotte Robinson (CR)	CEG
David Barnes (DB) [Star Planning]	
Kerry Harding (KH)	National Health Service (NHS)

**Apologies:**

Phil Drane (PD)	Brentwood Borough Council (BBC)
Bill Newman (BN)	

**Notes:**

Item	General Discussion Points - Actions
<b>1. Location of Facility</b>	<ul style="list-style-type: none"><li>a) KH explained that there is already a health facility in West Horndon (420 sqm) that is at capacity and cannot expand further on site.</li><li>b) As such, the preferred location of a facility is in Phase 1a of DHGV, within close proximity to the entrance (further details in item 3).</li><li>c) KH Noted that this facility would be a branch of Thurrock, albeit located in Brentwood.</li><li>d) CT DB noted that this could be accommodated in the DHGV.</li></ul>
<b>2. Timing of Facility</b>	<ul style="list-style-type: none"><li>a) KH explained that the NHS are in need of new space asap.</li><li>b) KH noted that the NHS are hoping to move to the new facility as early on in the phased development as possible. Move would occur in phases as DHGV is built-out.<ul style="list-style-type: none"><li>▪ Initial phase would be approx. 500sqm and replace West Horndon Facility.</li></ul></li></ul>
<b>3. Design Requirements</b>	<p><b>Floorspace</b></p> <ul style="list-style-type: none"><li>a) KH explained there is a need for 1,000 sqm of floorspace to cater for growth in southern corridor</li><li>b) KH noted that the facility would cater for up to 15,000 patients.</li><li>c) TH explained the IDP requires 658 sqm to cover the population growth of DHGV.</li><li>d) DB noted that this is the amount of floorspace that is justifiable through s106 and caters for DHGV population (refer section 5 – further detail).</li><li>e) Additional floorspace (above 658 sqm) caters for population growth in West Horndon.</li></ul> <p><b>Detailed Design</b></p> <ul style="list-style-type: none"><li>f) KH noted the facility does not have to be standalone and can be multi-storey.</li><li>g) There is a need for carparking – approximately 45 spaces (three per clinical room) and ambulance bay, disabled spaces, mobile units and three spaces for on call Doctors. KH noted this is the maximum number.</li><li>h) KH noted that opening hours would be 7-day access (7am - 10pm).</li><li>i) DB noted that emergency access may be via Church Lane.</li></ul>

	<ul style="list-style-type: none"> <li>j) CT DB explained this is a high rate and BCC is unlikely to be able to provide that rate given the sustainable transport principles for DHGV. This can be fleshed out during detailed design.</li> <li>k) CT mentioned the need to link up community facilities and health space (co-location) such as social care, support services, community hall, open space.</li> <li>l) KH agreed and noted that ECC are currently funding social prescribers (health professionals for people who don't need Doctors). There may be opportunities to co-locate / share space for multi-disciplinary team and community space.</li> <li>m) KH mentioned the opportunity to link with Dementia UK</li> <li>n) DB noted the need for a Pharmacy in DHGV and need to investigate if it could be a dispenser Pharmacy / if there are dispenser licences available. <ul style="list-style-type: none"> <li>▪ KH noted that a Pharmacy is completely separate to health facility and is not included within the need for 1,000sqm facility.</li> </ul> </li> <li>o) KH explained that Police and Fire won't have designated space, however they may be an option to include a welfare facilitate / drop-in space for them (example at South-End).</li> <li>p) KH asked about the potential for keyworker housing. STP are investigating healthcare worker housing for professionals who do not qualify for affordable housing. NHS are having issues with recruitment in certain locations and this would assist. Sustainability and Transformation Partnership (STP) are developing a strategy that looks at opportunities for housing professionals close to surgeries and collaborating with ECC and Council. Strategy timeframe within 1 year.</li> <li>q) CT noted that detailed design will be drawn out throughout the detailed design workshops (theme on health/ housing). Health professionals, charities and NHS to be included in workshops.</li> </ul>
<p><b>4. Delivery Options</b></p>	<ul style="list-style-type: none"> <li>a) KH explained that NHS are unable to fund outright, however would run on a revenue arrangement. For example, negotiated rent over X number of years and cost is offset through revenue.</li> <li>b) KH explained that NHS do not own property, they rent the floorspace (usually from builder).</li> <li>c) KH noted that build cost is approx. £2,700 - £3,000 per sqm.</li> <li>d) KH explained that a full business case is needed to determine specific details of health facility and NHS have already started speaking with GP's to understand the gap in services in the area.</li> <li>e) KH welcomed the detailed design workshop to help finalise the outcomes.</li> <li>f) CT noted detailed workshops are likely to be undertaken following outline planning application by CEG (Autumn / Winter).</li> </ul>
<p><b>5. Planning Application Requirements</b></p>	<ul style="list-style-type: none"> <li>a) DB noted that NHS have an obligation for CEG to deliver the land and building approx. 658sqm to cater for DHGV population.</li> <li>b) DB recommended CEG / Council start talks with specialised providers that would fit-out shell and core. CT noted this could start concurrently with detailed design stage.</li> <li>c) DB mentioned further discussions are required to finalise who provides building and with what revenue model. CT noted that this can start during s106 discussions.</li> <li>d) DB noted that there will be a HIA with the outline planning application which is currently being scoped.</li> <li>e) DB explained that the outline planning application won't be approved until the EIP process has been undertaken for the Local Plan.</li> <li>f) DB noted that first occupation is expected in 2022 facility provision build approx. 2023.</li> <li>g) CT highlighted that there may be a lag time with existing residents and build time of new facility, with West Horndon unable to take new patients (this will need to be resolved through infrastructure staging discussions).</li> </ul>
<p><b>6. Next Steps</b></p>	<ul style="list-style-type: none"> <li>a) CT to feedback to STP when detailed design workshops are likely to start (community and technical).</li> <li>b) CEG + BBC to attend 'States Forum' to provide update once outline plan is submitted (occurs 15/16 of each month).</li> <li>c) BBC to update relevant members that the practice will officially be a 'Thurrock' Practice.</li> </ul>

**Action List:**

<b>Reference</b>	<b>Description</b>	<b>Owner</b>	<b>Due Date</b>	<b>Status</b>
2019-08-07_01	Update STP when detailed design workshops are to be held and to invite relevant stakeholders.	CT	TBC Autumn / Winter	Open
2019-08-07_02	Investigate Pharmacy provision in DHGV (dispenser / non-dispenser).	DB – CT/ KH to assist	TBC Autumn / Winter	Open
2019-08-07_03	CEG + BBC to attend ‘States Forum’ to provide update once outline plan is submitted.	DB / CT	TBC Autumn / Winter	Open