East of England Ambulance Service

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By Email Only

Prison Infrastructure Director
Ministry of Justice

Date: 2nd November 2021

Proposal for two new prisons near Wethersfield

Introduction

Thank you for providing East of England Ambulance Service with the opportunity to respond to this initial consultation on 2 potential new prisons in Wethersfield, Braintree.

This letter sets out the response compiled by East of England Ambulance Service to the initial consultation material provided and we have carefully considered the consultation document.

1.0 Context

1.1 National NHS guidance and context

NHS national and local policy sets a framework for the organisation and delivery of healthcare services.

The NHS Long Term Plan

The NHS Long Term Plan (NHS LTP) published in January 2019 and the interim NHS People Plan published in June 2019 set out the policy context and guidance for the delivery of services over the next 10 Years. The NHS Long Term Plan is looking to develop a new service model for the 21st Century. This means:

- Boosting 'out-of-hospital' care and dissolving the historic divide between primary & community health services;
- Reducing pressure on emergency hospital services;
- Giving people more control over their own health and more personalised care when they need it;
- Going mainstream with digitally enabled primary and outpatient care across the NHS;
- Increasing the focus on population health – moving to Integrated Care Systems (ICS).
- Short waits for planned care
- Research & innovation to drive future outcomes improvement
- A comprehensive new workforce implementation plan;
- Expanding the workforce;
- International recruitment;
- Enabling productive working;
- Increase action on prevention and health inequalities (to include smoking, obesity, alcohol etc);
- Progress care quality and outcomes

- Provide better care for major health conditions (eg cancer, cardiovascular disease, stroke care, diabetes, respiratory disease, adult mental health services) including:
  - Short waits for planned care
  - Research & innovation to drive future outcomes improvement

- Supporting NHS staff through:
  - A Comprehensive new workforce implementation plan;
  - Expanding the workforce;
  - International recruitment;
  - Enabling productive working.

Delivering a 'Net Zero' National Health Service

In October 2020, the NHS published the *'Delivering a Net Zero National Health Service'* in response to the health emergency that climate change will bring 2 clear and feasible national targets emerge for the NHS net zero commitment:

- For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Building for a Healthy Life

Building for a Healthy Life is a design tool for creating places that are better for people and nature. Written in a partnership between Homes England, NHS England and NHS Improvement, the guidance integrates the findings of the three-year Healthy New Towns Programme led by NHS England and Improvement.

Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams

Health Impact Assessment in spatial planning was written in collaboration with national, regional, and local experts in planning, public and environmental health and impact assessment. It is part of Public Health England's commitment to local systems to support preventative action on the wider determinants of health and help to clarify the process of establishing HIA policies and requirements to users of the planning system. The guidance explains that an HIA is most effective when undertaken prospectively and concurrently to inform and shape a plan, policy or development project during options appraisal and design.

Putting Health into Place – Healthy New Towns

The 'Putting Health into Place' series of publications share the learning from the NHS Healthy New Towns programme and provides assistances for professionals seeking to prioritise heal and wellbeing when deigning, delivering and managing new places. The guidance provided captures the learning from the programme's demonstrator sites in ten principles. The principles cover planning ahead collectively, integrating health into local planning policy, understanding local needs and assets and community engagement; key elements of developing healthy places including neighbourhood and home design, active travel and green infrastructure; developing preventative and integrated care and health and wellbeing centres for new places.

1.2 Local policy and context

Essex Design Guide

The Essex Design Guide includes a health and wellbeing theme that was established to recognise how positive characteristics and qualities of an environment can help people to achieve and

experience better quality lifestyles. The guide highlights that community spaces, movement corridors and privacy and safety are key features of spaces and serve to shape how we feel about an environment and so the goal is to construct spaces that deliberately deter crime through design and which – by means of natural surveillance, cohesion and a sense of community ownership – help to create socially inclusive, active communities and seek to build in opportunities for residents to be active through their everyday lives. The aim is to make activity the default daily choice through design.

The guide also encourages all developments to employ the principles of Building Regulations Part M4 Category 2 (Accessible and Adaptable Dwellings) so as to promote independent living; the provision of access to open spaces, natural environments and informal and formal recreation opportunities contributes significantly to the prevention of ill health and transport corridors that are well-established to encourage cycling and walking as safer, more active alternatives to the car for local journeys.

East of England Ambulance Service context

East of England Ambulance Service NHS Trust (EEAST) Estates Strategy (2020-2025) summary position is to provide cost effective and efficient premises of the right size, location, and condition to support the delivery of clinical care to the community served by the Trust.

Addressing these changes requires the Trust to develop revised operating models and strategies for all aspects of its services, including operational support services such as the Estates Service. A key component of this process has been to establish the Trust's future Operating Model and to commence planning for the resulting transformation of support services. Expansion to the existing Make Ready Hub and Spoke network will be required to meet the growing demographics.

Each Hub will have a network of Spokes termed Ambulance Station Response Posts (ASRP), tailored to meet service delivery and patient response specific to their local area. The spoke network is determined by the local population health care needs through patient flow modelling and subsequently EEAST staffing requirements. The aim is to create demand-centric and agile spokes which are adapted to activity requirements as these change over time.

Spokes can be made up of:

- Ambulance Station Reporting Base - 24/7 permanent reporting base for staff and primary response location for one or more vehicles;
- Ambulance Station Response Post - primary response location which includes staff facilities or facilities used by staff which are provided by external organisations to EEAST;
- Standby Location - set in strategic locations where crews are placed to reach patients quickly.

EEAST estates and development plans consider growth in demographics of population changes and will be impacted by the growth proposed in the Local Plan. The scale and location of growth as well as other changes to demographics will require modelling to calculate the required increased workforce, equipment, and vehicles. EEAST together with the health commissioners will also need to consider the resources that are needed to meet national healthcare standards and increasing demand on services through people living longer, living with multiple long-term conditions and population growth (including that produced through housing developments and improved economic growth).

The map below shows the current ambulance stations in and around Wethersfield. This shows drive times of between 20-30 from currently ambulance station locations.


SAFFRON WALDEN
Hempstead
Radwinter
Dyer's End
Toppesfield
Cornish Hall End
Great Sampford
Wethersfield
Castle Hedingham
Sible Hedingham
Little Maplestead
Cross End
Finchingfield
Debden
Debden Green
Wimbish
THAXTED
Little Bardfield
Blackmore End
Shalford
HALSTEAD
Hempstead
Monk Street
Lindsell
Church End
Broxted
Duton Hill
Bardfield Saling
Great Easton
Green Saling
Panfield
High Garrett
Stisted
Mill End
Stebbing
Braintree
Bradwell
GREAT DUNMOW
COGGESHALL
5
10
15
20
30

The combination of new housing developments and delivery of out of hospital service reconfiguration and transformation into new models of care will impact on ambulance services by:

- An ageing population and greater number of people living with long term conditions which creates greater demand on both emergency and patient transport services;
- An increased need for emergency ambulance services to deliver more out of hospital care, such as "hear and treat" and "see and treat" services.;
- Development of centralised care hubs, such as vascular and stroke networks, which may lead to increased conveyance times, but with improved outcomes for patients;
- Changes to discharge care models that are likely to increase the number of patients discharged with more complex needs and are likely to require increased levels of care during transportation as well as effective and timely handover of care;
- A focus on improvements to acute and ambulance service diagnostic and digital connectivity;
- The provision of health and social care services out of hospital care into community and social care via diagnostic hubs and community locations will also require changes to patient transport services.

2.0 Review of Consultation Document

The aims of the New Prisons Programme and design are generally supported. However, EEAST would request the following points are taken into account.

1) Building design should support staff, prisoner and visitor physical and mental health and well-being by providing good quality space with sufficient fresh air/natural ventilation to reduce the potential for cross infection (eg COVD-19, influenza). Provision of a more natural view (such as the proposed barless windows) in readiness for life outside prison is welcomed.

2) Landscaping design is also important in supporting staff, prisoner and visitor physical and mental health and well-being for exercise purposes, quiet contemplation and enjoyment of the all-year round family outdoor area. Ideally planting and landscaping should address all of the 5 senses (sight, smell, touch, hearing taste) and provide a variety of tactile surfaces (including sculptures) and plants which support local flora and fauna whilst maintaining security needs.

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3) To support the reduction of flood risk, especially in the large car parking area, increasing the amount of green space and planting as well as use of permeable road surfaces. There is also the opportunity to capture grey water from the building roofs and to use for watering the communal gardens and polytunnels. In addition, flood risk can be lowered by the use of capture ponds which would also support local wildlife. Use of green living roofs also reduces localised flooding.

4) Sustainability and achievement of Carbon Net Zero by 2040 is important and in addition to the proposed energy efficient heat pumps, lighting, appliances and equipment, the use of photovoltaic panels on roofs should be explored, in addition to green living roofs to capture rainwater and provide an interesting rooftop view where these are overlooked.

5) The building of 2 new prisons would improve economic growth both during the construction and operational phases. Health Care Partnerships look at how local communities can be supported through:
   a. Opportunities to utilise the local workforce and improve construction skills in the area as a significant number of developments are planned in the surrounding area (eg A12 to A120 widening, Lower Thames Crossing and significant housing developments)
   b. Prisoner skills training – development of future workforce and skills which are needed in the area due the number of construction projects anticipated in the coming 10 years. Other skills and workforce training to support local industry and businesses including some opportunities to work in health and social care as there are significant shortages of clinical and administrative staff (some roles may be excluded due to the offence)
   c. Opportunities to provide prisoners with nationally recognised qualifications by establishing links with local colleges/universities.
   d. Work experience opportunities by linking in with local businesses, to provided supervised work placements or to generate business opportunities post prison by expanding initiatives such as "HM Pasties" to the local area.

6) The use of sustainable transport shuttle service for staff and visitors is welcomed as are electric vehicle parking and charging points.
   a. We would request provision of EV charging point suitable for an ambulance sloe to the main entrance (parking space would need to be 3m x 11m to allow extraction of the ambulance stretcher. The current system for charging ambulances is a 110v Super 16 shoreline system).

7) Ease of access to site for emergency services. In the consultation document access is via Shaw Drive with the closest main road heading north to south is accessible in 18 minutes via the Wethersfield Road (8 miles).
   a. The network of roads is not suitable to cope with the increased level of traffic during the construction or post-opening phases of the project without improvements.
   b. In support of the Highway Authority, Essex County Council, consideration should be given to the development plan supporting measures to mitigate risk on the road network including where possible designing out collision hot spots.
   c. Due to the distances and timescale to reach the prisons, EEAST would request financial support in providing a local ambulance response post (which could be collocated with other emergency services) in order to access site within national set response times – both during construction and once the prisons were operational.
   d. Activity modelling would need to be undertaken to assess potential emergency ambulance call volumes during construction and once the prisons were operational.

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e. An understanding of on-site medical provision (doctor and nurse hours) including hours of operation and handover protocols would need to be arranged.

8) The proposed development of 2 prisons will have an impact on the delivery of emergency healthcare service provision and EEAST would therefore expect these impacts to be fully assessed and mitigated.

3.0 Conclusion

a. In its capacity as a healthcare and emergency service EEAST has identified the prison development will give rise to a need for additional emergency healthcare provision and would wish to seek contribution to reduce this impact.
b. EEAST would welcome an invitation to any stakeholder meetings that are planned with a view to attending with other partners.
c. Please send any communication to Head of Business Relationships, planningnotifications@eastamb.nhs.uk.

Yours faithfully