

Please see ECC and CCC report:

## **Pylons**

### **City Council:**

Because of purdah, the City Council response to the NGET consultation which should have been discussed at the 11<sup>th</sup> June Policy Board, was delegated to CEO. However, I requested that this should be reviewed at a meeting which included public, and it will now be on the agenda of the 9<sup>th</sup> July cabinet Meeting.

I have contributed to the City Council response, and can say that it fully represents all the concerns raised by residents of my ECC division where 10 of my 11 Parishes are affected, and is robust in its opposition. The full response runs to 35 pages and can be found here <https://www.chelmsford.gov.uk/committee-meetings/cabinet-july-2024/>

In summary – it is proposed that the City Council maintains an objection in principle to the use of onshore pylons and power lines.

- This objection is because insufficient evidence has been provided to show that the powerlines are needed by 2030 and that the accelerated programme of consultation has taken the project outside of the scope for Holistic Network Design (HND) as part of the Offshore Transmission Network Review (OTNR).
- The preferred strategic option for Norwich to Tilbury remains an integrated offshore technology that minimises onshore transmission infrastructure and does not include overhead lines and pylons.
- Notwithstanding the overall objection in principle, the City Council provides comments on the proposed alignment and raises concerns over the harmful landscape impacts, potential for harm to residential amenity and in particular the harm to designated heritage assets along the route.
- There is significant concern regarding the impacts on designated and non - designated heritage assets at Little Waltham and Great Waltham, where the route passes between the two historic villages.
- There is also significant concern that the archaeological remains of an Iron Age and later settlement at Ash Tree Corner at Little Waltham extends beyond the designated scheduled monument area. This area, extending into the order limits, may be of national significance and therefore further work is needed to determine the extent of the archaeology.
- Insufficient effort has been provided to mitigate the impact of the Project (particularly on heritage assets) and insufficient information has been provided to be able to properly assess the likely impacts of the Project and mitigation proposed.

### **I also met 1:1 with NGET on the “Waltham Gap” – 26<sup>th</sup> June:**

The Objective was:

- To confirm to NG that I consider the Waltham Gap as one of the worst areas affected.
- To establish whether the cumulative effects of issues logged on the Waltham gap, are likely to take it to the tipping point
- To see if there is a precedence for an isolated area like the Waltham Gap being moved or undergrounded

ECC and CCC Reports for July 2024 Monthly Meeting.

I learnt that consideration will be given to all comments when they have them, and other options are not off the table and can be revisited. Undergrounding can be considered, as can alternate route, but it depends on the feedback comments

There is an example of NG switching to short run (4km) AC underground at Great Horksley. The reason is because it is in sight of AONB (not actually in the AONB). Great Horksley has a similar narrow point to get through. Normally AC underground needs 120m wide area – 60m for cables, 30m each side for works. It can be squeezed into a narrow 60m width, like at Great Horksley. Would this be considered for the Waltham Gap? – depends on the comments – quality and range/cumulative effect of objections. The Ofgem instructions to NGET include guidelines like straightest run, and cheapest. In terms of consideration of planning impacts, cumulative effect of visual amenity loss – these have to be balanced against increased costs – i.e., it's a subjective judgement on where to compromise between negative impacts from a planning perspective versus the requirement for the lowest cost. We did talk about technical issues and other solutions, which I won't repeat here.

#### **Member Led Highway Defects**

Of the 13 carriageway defects submitted in my April batch, all but one have been completed. My May submission was mainly pavements, including 11 separate clusters in Ford End (thank you to Cllr martin for providing Track-It refs and photos). I did ask for these to be a priority, but don't have a date yet. In June, I submitted 2 carriageway defects, 2 pavement defects. In total I have submitted 45 defects, and 19 have been completed.

#### **Wig wags on Ford End 20mph signs**

I did get these fixed, but the northern one failed again. I asked for this to be addressed again and the contractors fixed them and sent me videos of them working. However, I was told that the northern one failed again. I have just got it fixed again. I am concerned that the units are past their life dates, an really they need replacing, although this has not been said to me yet. They were originally put in by the LHP, and I fear that If that budget pressures may make it difficult to get such funding. Would the PC consider funding a replacement, if it comes to that?

#### **Extra Speed Watch site**

As requested, in Aug 23, I asked [community.speedwatch@essex-fire.gov.uk](mailto:community.speedwatch@essex-fire.gov.uk) to consider a new site at the approach into Great Waltham, on Main Road, from the direction of Howe Street. Not having heard anything, I sent a reminder 20<sup>th</sup> June 24. I still haven't had a response. I copied in active Speed Watch member Cllr Jenkins, o perhaps he can follow this up?

#### **Ringtail Green Quiet Lane**

EHS rejected GWPC's request for direct works because the scheme had not been validated by LHP. I have chased this many times and at last got a response, which I sent to the Clrk and copied in EHS:  
*"The validation is complete and Network Assurance have provided their comments (which is what Essex Highways Solutions had requested before they could progress the scheme). The total estimate cost for the scheme to be delivered via the LHP (including officer time, consultation, design, STATs, signage at each end and*

*repeater signs throughout, etc) is £15,500. Please note that Essex Highway Solutions will provide their own quote for the works.”*

I will now leave GW Clerk to contact EHS if the PC wish to directly fund and progress the scheme.

## **City Council issues**

### **ICBs and Primary Care:**

I have met with the NHS Integrated Care Board (ICB) several times to raise concerns about primary care roll out not keeping up with the build of new houses. It has become apparent that this is a problem caused by the ICB not having a strategic plan for provision of primary care services, and even where they have requested S106 planning contributions, these have not been sufficient and have not been claimed. It appears there are contributions going back 10 years that have not been claimed, and will be returned to the developers at the 10<sup>th</sup> anniversary.

Therefore, I have proposed a motion to the 17<sup>th</sup> July Chelmsford City Council for our planning dept to do more to get the ICBs to step up.

I recognise that this is not a Chelmsford City Council caused problem, but we cannot just continue building more houses whilst Primary Care lags behind.

Education and Highways have this under control, and make all the right demands and negotiate appropriate timescales for delivery with City Council. But the ICB, do not have this under control.

I realise that this is a bit of a punt, as I am pushing City Council, who are not the cause of the issue. But we cannot continue to ignore the lag between the accelerated housing provision in Chelmsford, and the provision of primary care services.

The motion is copied below:

### **MOTION TO COUNCIL**

#### **Proposed by Cllr Steel, seconded by Cllr Whitehead**

There is continuing concern that there are insufficient medical facilities in Chelmsford to cope with the increase in the City's population and all Political Parties highlighted this in their recent election literature.

Whilst it is the duty of the Integrated Care Boards to deal with the provision of medical services, and in particular GP surgeries, the City Council is currently consulting on the Local Plan to further increase the housing supply which will in turn increase the pressure on these facilities.

Officers from the City Council do regularly engage with the ICB on planning matters and in particular on the major new housing sites to ensure land and buildings are available for medical facilities.

Whilst our Planning Officers are able to negotiate S106 and recommend CIL payments for provision and timing of physical buildings, the real outcome of a surgery being ready to operate, is being delayed because of the complex requirements of setting them up as businesses. It is clear that there is an ever increasing shortfall between new builds and primary care services.

City Council Planning dept can only place obligations on the applicants of new development, hence they are limited to such things as the buildings from which a surgery would operate.

It is noted that City Council planning dept do include healthcare infrastructure requirements in the Local Plan and engage with the ICB on the Infrastructure Delivery Plans that support the Local Plan and that officers are invited to the Healthcare Providers Strategic Estates Group organised by the ICB.

However, these are not resulting in satisfactory outcomes with surgery provision not keeping pace with new occupations.

**It is therefore proposed that**

**The City Council works much more closely with the ICB to create better outcome plans and commitments by:**

- 1. Encourage and assist ICBs to produce strategic plans which address the demands created by major new housing estates**
- 2. Ensure that Local Plan Infrastructure Delivery Plans and major housing estate application, align with such strategic healthcare planning undertaken by the ICB to help drive improvements to primary care delivery outcomes.**
- 3. Encourage ICBs to use such plans to increase their funding requirements on S106 and CIL to ensure that sufficient monies are obtained from developers to cover all of the costs of new healthcare facilities.**