New Local Plan, Consultation Response

14th January 2026
Sir Bernard Jenkin MP, representing Harwich and North Essex Constituency (HNEC).

Introduction

The impact of new housing development on Harwich and North Essex Constituency (HNEC) is very considerable. For many years Colchester has been the fastest growing district in Essex, and the plan increases its annual target by 40% to 1300 dwellings per annum. Over the plan period it will have to cope with a 26% increase in population.

A disproportionate share of the growth will be borne by specific villages in the surrounding countryside. My constituency includes the Tendring Colchester Borders Garden Community which is expected to deliver 7500 dwellings split between Colchester and Tendring. This new Plan adds an extra 3089 principally concentrated in the villages below.

Principal new allocations in HNEC				
	Extra dwellings	Est. Extra population	Existing population	Increase %
Eight Ash Green	430	989	1768	56%
Great Tey	125	288	921	31%
Great Horkesley	413	950	2230	43%
Langham	910	2093	1032	203%
West Mersea	300	690	7220	10%
Wakes Colne	200	460	506	91%
West Bergholt	250	575	3310	17%
Wivenhoe	175	403	7586	5%

The draft Local Plan and its supporting evidence base identifies many of the key constraints that Colchester faces. This submission is intended to assist in strengthening the plan by focusing more directly on the scale of the resulting deficits and their implications for delivery.

Population growth

Colchester has experienced consistent population expansion, moving from below 180,000 in the early 2000s to over 200,000 by the mid-2020s, making it one of the UK's faster-growing areas. It also has a faster ageing population. The number of residents aged **65 and over** saw a significant increase of **25.6%** between 2011 and 2021. By mid-2024, this group accounted for approximately **18%** of the population (36,045 people). By 2026, the over-65 group is projected to represent roughly **20%** of the total population, while the working-age proportion is expected to decline from 59% to **56%**.

The infrastructure deficit

The City Council has conducted an audit of the infrastructure deficit which shows a requirement of £1.3billion excluding major road projects such as the A12 and A120 and expansion of the hospital. Funding of £506m has been identified leaving a funding gap of some £811 million.

The only available source of funding to close the gap is developer contributions, but it is clear that they will fall far short. The requirement is about £40,000 per dwelling, compared to a historic record of collection below £8,000 per dwelling.

Even on the appraisal assumptions supporting the plan[1] there will be a significant shortfall, and it is unclear how these will be collected without introduction of a Community Infrastructure Levy. This is already holding up the completion of the A1331 link road.

The scale of unresolved funding represents a material risk to the deliverability of the proposed plan, and this should be explicitly acknowledged, rather than relying on optimistic assumptions about future contributions. As with the A1331, I will lobby hard for funding for the road and hospital improvements needed. But if I am to be successful it is vital that I am able to show that the Council has played its part by developing realistic local infrastructure plans and taking the necessary steps to raise the funding. The unresolved funding gap is a significant weakness.

Healthcare capacity deficit

Colchester is the 19th most densely populated of the East of England's 45 local authority areas[2], with the number of Full Time Equivalent GPs in the East of England NHS region is 4,131, with specifically 190 in North East Essex[3]

The Office for National Statistics 2022-based subnational projections indicate that the population of Colchester will grow to 215,166 in 2032, a 10.5% increase from the 194,648 recorded in 2022[4]. This would then also require an equal 10 per cent increase in the number of Full Time Equivalent GPs (FTE GPs), if today's GP-to-Patient ratio were to be maintained. A higher increase would be recommended, due to prevalence of aging population and in order to reach the BMA target of 1,000 patients per FTE GP by 2050[5] . All medical practices in Colchester are already operating at a level of 2,008 patients per

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[1] See Newmark viability evidence

[2] The 2021 Census · Colchester City Council

[3] Constituency data: GPs and GP practices – Harwich and North Essex constituency data. 'All GPs'

[4] Subnational population projections for England - Office for National Statistics *Office for National Statistics, Subnational population projections for England: 2022-based (Colchester local authority, mid-2022 and mid-2032 principal/migration-category projection).*

[5] bma-patients-first-why-general-practice-is-broken-how-we-can-fix-it-summary.pdf

one FTE GP[6], much higher than the national average quoted by the House of Commons Library of 1,655 registered patients per FTE GP[7]. To avoid GP practices becoming operationally unviable and secondary care becoming overloaded as a consequence, population growth must be recognised as a critical limiting factor for rapid expansion of Colchester's population.

East Suffolk and North East Essex NHS Foundation Trust (ESNEFT) (ie. Colchester General Hospital – CGH) has also reported that they are unable to accommodate needs arising from planned growth to 2041.[8] The CEO or ESNEFT has said the proposed population will require 140 more hospital beds[9]. The Stage 3 Infrastructure Audit and Delivery Plan (October 2025)[10] did not contain a completed or costed modelling exercise to identify the acute healthcare infrastructure needed to serve the population growth arising from the development proposed. The healthcare section is therefore based only on Colchester's current acute healthcare needs and definitive evidence for future hospital capacity has not been fully assessed.

CGH has a 763 beds capacity[11]. Winter pressures regularly cause ambulance queuing outside the hospital and extensive corridor care for patients. A 10 per cent increase in Colchester City's population, as well as increase from the surrounding areas in Tendring, Maldon and Braintree districts will require a substantial increase in hospital capacity.

Roads

Key roads are already over stressed and there is regular heavy congestion at key points creating a significant constraint on economic growth.

The A133 is congested for long periods each day. The Infrastructure Audit and Delivery Plan (IADP) assumes the £87m deficit for Phase 2 of the A1331 Link Road will be funded by a £65m grant, which is yet to be confirmed by Central Government. the developer has committed £21m, though it was never intended that the developer would have to do this. It remains to be seen what will be sacrificed for the developer to provide this money. The possibility of the housing being occupied in the Colchester Tendring Borders Garden Community before the road's completion has not been ruled out, further exacerbating the traffic issues in this area. This is unacceptable.

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[6] Constituency data: GPs and GP practices – Interactive map showing the North East Essex Registered patients per GP

[7] General Practice in England - House of Commons Library

[8] CBC-Evidence-Base-Infrastructure-Audit-and-delivery-Plan-Stage-3-Report-Updated--October-2025-251024_Colchester Stage 3 IADP Report Final Ocotber 2025.pdf Page 9, Page 110

[9] ESNEFT update for CCC Jan 2025.pdf – population growth graph showing 140 beds needed in 10 years

[10] CBC-Evidence-Base-Infrastructure-Audit-and-delivery-Plan-Stage-3-Report-Updated--October-2025-251024_Colchester Stage 3 IADP Report Final Ocotber 2025.pdf

[11] Colchester General Hospital, Colchester | East of England 764 found under 'Hospital profile'

Central Government chose to cancel the A12 upgrade in July 2025. The A12 between Junctions 19 and 25 at Marks Tey carries high volumes of traffic: up to 90,000 vehicles every day. Between 9% and 12% of the traffic of this section being Heavy Good Vehicles[12]. This diverts traffic onto other roads. Highways England had already spent £225.3m getting the DCO approved and acquiring some of the necessary land. This is a severe setback for growth in the area.

The A120: Central Government has also failed to advance any proposals for upgrading or replacing the A120 from Marks Tey to Braintree. This is the 10th most dangerous road in the country[13], and at the evening peak, there are tailbacks of 2.5m at both ends of this trunk road. The A120 is also the primary link to Harwich and Felixstowe Ports as well as a heavily used commuter route for Colchester/ Stansted Airport and providing access to the North and West via the motorway network.

The A120 junction with the A12 (Junction 25 of the A12) is regularly congested. Additional housing on the existing A120 will make this situation intolerable. The plan should make it clear that no planning permission can be granted at Marks Tey until a strategic solution for the constraints on the A120 has been found and received full planning and funding approval. I will be making a similar request for any Braintree allocations directly along the route.

Modal shift

The draft local plan assumes a massive modal shift from cars to other transport but provides no evidence whatsoever that this can be achieved. Historically, without massive investment in schemes like tram links, or dedicated guided buses, such modal shift is never achieved. No such schemes are proposed and have proved unaffordable in previous plans such as West Tey.

The only proposed investment in public transport is an extension of the Rapid Transport Scheme to Marks Tey at a cost of £37.6million which remains unfunded[14] and limited in the population it will serve. So, the bulk of the extra demand must be borne by a shift to active modes which are impractical for many journeys in the rural areas of my constituency.

Without strong economic incentives for modal shift, the extra demand on the road can only be constrained by congestion which will impact the lives of my constituents and be a significant brake on growth.

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[12] A12 Chelmsford to A120 widening scheme - National Highways National Highways A12 to A120 Widening Scheme Project Information

[13] According to the Road Safety Foundation

[14] CBC-Evidence-Base-Infrastructure-Audit-and-delivery-Plan-Stage-3-Report-Updated--October-2025-251024_Colchester Stage 3 IADP Report Final Ocotber 2025.pdf 6.2.7, Page 178

The proposed plan acknowledges the limitations of the existing highway network and the need for modal shift. The deficit between the level of modal shift assumed and the level that is realistically achievable, given the scale of investment, is however not addressed.

Water and sewerage

There is a shortage of water capacity. While the new Anglian Water pipeline from Bury St Edmunds to Abberton Reservoir, and the additional reservoir capacity at Ardleigh, will partly address this, there is still due to be stress on the system at times of drought. The plan deals with this by assuming that new developments only use 80 litres per day compared to the national of 140 litres, a target only achievable with grey water recycling systems and ultra low-flow fittings.

Waste Treatment Facilities are also under stress across the area and require a significant acceleration in investment to provide adequate capacity for the extra new housing, particularly in West Mersea and for Langham.

While new housing separates rainwater from sewage and therefore generates relatively little extra volume, untreated outfalls at times of high rainfall will contain a higher concentration of untreated sewerage, and this will set back efforts to improve the quality of water in water courses, estuaries and on the coasts.

The Plan should make it clear that no permissions will be given in areas such as West Mersea and Langham until there are credible plans to treat the extra sewage.

Conclusion

The draft Local Plan identifies many of the constraints facing the area but in several key respects it does not yet focus on the scale of the resulting deficits or the risks these pose to deliverability. Clarity on funding gaps, infrastructure capacity, healthcare provision and the realism of assumed modal shift is essential, if the plan is to survive examination.

The heavy reliance on the significant shift from car to public and active transport modes and the evidence for achieving such a shift is limited. Proposed investments such as the Rapid Transport Scheme, remain unfunded and many journeys in rural areas are impractical without private vehicles. Without a realistic approach to modal shift or secured funds to execute proposed plans, the additional demand will fall on already congested roads, creating significant risk to the deliverability of the plan and quality of life to residents.

As a local Member of Parliament, I am keen to support the Council in securing government funding for those elements beyond local control, particularly hospital expansion and strategic road infrastructure. I will continue to press for investment, including funding for schemes such as A1331 Phase 2.

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