



**Oxfordshire  
Clinical Commissioning Group**

Linda Griffiths  
[Linda.griffiths@cherwellandsouthnor  
thants.gov.uk](mailto:Linda.griffiths@cherwellandsouthnor.thants.gov.uk)  
Planning Department  
Cherwell District Council

Jubilee House  
5510 John Smith Drive  
Oxford Business Park South  
Cowley  
Oxford  
OX4 2LH

Telephone: 01865 336717

31 October 2017

Dear Linda

**Re: South East Bicester, Wretchwick Green, ref: 16/01268/OUT 1,500 homes**

I am writing in response to the above planning application for 1,500 dwellings to be built on the South East side of Bicester. My understanding is that this development is due to commence 2019/20, with completion expected 2028/29.

OCCG would wish to object to this development until we are satisfied that sufficient provision is being made for healthcare infrastructure attributable to, and as a consequence of the proposed development.

Assessments of the capacity of existing local health facilities have recently been undertaken, and the need for additional infrastructure funding in this location is a direct consequence of the new population resulting from the proposed development. Boyer approached OCCG in August 2017, raising a number of questions around development in the area, and the response to these enquiries can be seen at [Appendix 2](#). This correspondence in relation to this planned development clearly indicates that:

- infrastructure support is necessary to serve the anticipated new population that will occupy the new development;
- the financial contribution that is requested is directly related to needs of the population that will occupy the new development:

The reason for requesting S106 monies is to lessen the financial impact placed on the NHS as a result of infrastructure required due to housing growth, and to ensure that the healthcare facilities needed to provide good quality healthcare can be put in place for the benefit to the residents of these developments

**Estimate of requirements to offset development impact:**

Based on the proposed housing mix in the Boyer Planning Statement, OCCG has calculated a funding contribution sought as per the formula identified in [Appendix 3](#), which is used by the NHS as a reasonable precedent of assumptions, and is as follows:

housing mix*	%		People	Sum people	unit £ required	Estimated Funding required
225	15	1 bed houses	1.4	315	£ 504	£ 113,400
450	30	2 bed houses	2	900	£ 720	£ 324,000
600	40	3 bed houses	2.8	1,680	£ 1,008	£ 604,800
225	15	4 bed houses	3.5	788	£ 1,260	£ 283,500
0	0	5 bed houses	4.8	-	£ 1,729	£ -
<b>1500</b>				<b>3,683</b>		<b>£ 1,325,700</b>
* housing mix calculated from % split shown in Planning Statement by Boyer.						

Typically for health this growth of c3,600 people will necessitate 4 consulting / examination / treatment rooms; 2 GPs and supporting nursing and admin staff. There will also be a proportional allocation and investment requirement for support spaces, such as reception, waiting, circulation, amenity, plant, administration, storage etc.

The area where health facilities will be provided in the future has not yet been determined as OCCG is preparing to go out to public consultation around our Sustainability and Transformation Plans (STP), which will include a Locality based Place Based Plan. When public consultation has been completed, work on the optimal solution will then be agreed to determine the best provision.

Using the precedent for funding above, and a reasonable level of ascertainment, then it is in turn reasonable for no onsite provision of land to be made in this case, however it does mean that OCCG require a financial contribution to support investment on a prioritised basis.

The assumption within the Planning Statement is that contributions will be predicated on alteration of Bicester Community Hospital and it should be noted that this has not yet been agreed as part of our wider STP consultation.

The following provides more detail of the overall housing position in Bicester.

#### **Wider local context regarding Health:**

Bicester is an Oxfordshire market town with a population of 42,000, including surrounding villages, that is set to rise by some 50% over the next 10-15 years with substantial new housing developments taking place. The town is served by Oxfordshire CCG, whose population for the county as a whole has risen in the last 10-12 years by over 10% (from c.600,000 to c.666,000). One of the CCG's five strategic priorities is the transformation of primary care service delivery.

Between 2011 and 2031, more than 10,000 new homes are being developed in Bicester in accordance with Cherwell District Council's adopted Local Plan. The plan identifies the council's preferred sites for development and the majority of the homes will be built across the following five sites:

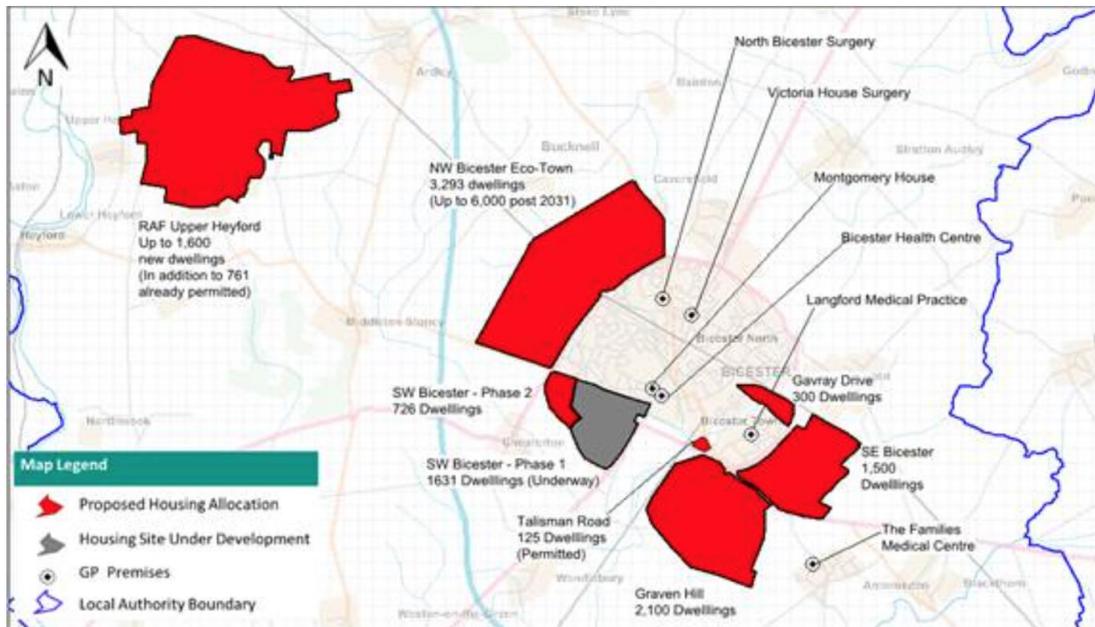
- North West Bicester Eco Town <b>6,000</b> dwellings planned (3,293 by 2031 2,707 post 2031). Exemplar is the first phase from 2014, providing 393 new homes with a primary school and community centre, retail facilities and an eco pub.
- South West Bicester ( <b>2468</b> new dwellings are planned for the site of which 770 have already been completed at the Kingsmere development).
- Gavray Drive - <b>300</b> new dwellings planned on 23 hectare site.
- Talisman Road, Langford Village, <b>125</b> new dwellings.
- South East Bicester ( <b>1,500</b> new dwellings planned).
- Graven Hill , south east Bicester, <b>2,100</b> new dwellings including self-build. Open day 10-11 June 2017.

This is a total of **12,493** homes expected around Bicester by 2031, and equates to **c30,000** people, which is a significant pressure on health services, and must be recognised.

The nearby Heyford Park development of c1,600 new dwellings in addition to the 761 already with permission, is also expected to impact on the Bicester practices as well as Deddington Surgery.

**Other impacting builds:**

The Bicester planning authority map of new housing developments and showing the location of the 5 GP surgeries (North Bicester Surgery closed 30/9/16) is provided below, and specific details on these practices can be seen as [Appendix 1](#).



**Impact on Local GP Services:**

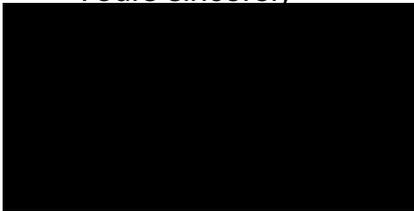
The capacity available within the local GP practices in the area is minimal. It had previously been recognised as c10,000 patients, with infrastructure support required, however with the North Bicester Surgery closing in 2016, the local practices have already had to absorb over 5,000 patients from this surgery alone.

There is some estate modification which is possible at Bicester Health Centre and Montgomery House Surgery, however the parking at Victoria House Surgery limits use there, and Langford Surgery has already been extended and altered to maximise use.

There is a recognised need to provide a longer term solution to support the exorbitant level of growth across the area, with the longer term plan being the development of two health campus sites from which extended services will be provided.

We look forward to working with Cherwell District Council to ensure the infrastructure is put in place to support the health needs of Bicester.

Yours sincerely



Julie-Anne Howe  
Senior Commissioning Manager, Locality Coordinator

**Bicester GP Practice Summary:**

Practice	Surgery	List size now	Extra population absorbable within current premises	List expected by 2027	Current surgery area sq.m. g.i.a.	Required surgery area to meet population needs in 10 years' time sq.m. g.i.a.	Area required for extended service delivery
Alchester Medical Group	Victoria House Surgery	9,400	Less than 1,000	15,000	620	1000	1000
Alchester Medical Group	Langford Surgery	10,500	2,000	15,000	480	1000	
Montgomery House Surgery		14,100	2,000	20,000	1000	1200	1000
Bicester Health Centre (at community hospital)	Including community centre	13,300	2-3,000	20,000	910	1200	
Totals		47,300	7-8,000	70,000	3,010	4,4000	2,000

List sizes as at September 2017 are now 47,749, and capacity to absorb additional patients is currently down to c7,000 across the whole area. This additional capacity is only possible with infrastructure support in place.

**Alchester Medical Group**

Population 19,635 as at April 2017. September 2017 = 19,713

For the two surgeries under Alchester Medical Group, there is the urgent need to meet the capacity gap by the development of new primary care space. This may best be catered for from the replacement of their existing premises that remain serviceable and of adequate quality to meet CQC standards, but are now too small and not suitable for future improved service delivery.

**Montgomery House Practice**

Population 14,042 as at April 2017. September 2017 = 14,256

The current building (leased until 2022), while in reasonable condition, is already operating at the limit of capacity, and would need extensive expansion to accommodate the growing population and also to be able to provide other community-based services. Montgomery House Surgery expect to continue to work increasingly closely with Bicester Health Centre over time.

**Bicester Health Centre**

Population 13,652 as at April 2017. September 2017 = 13,780

Bicester Health Centre is currently owned by a consortium including the current partners. The building houses the practice, a mental health unit and a community NHS dental service (who have separate leases).

There is currently limited clinical space to expand into at the health centre but a significant increase in population would necessitate further development of the building.



**Oxfordshire  
Clinical Commissioning Group**

Michael Gooch  
Planner, Boyer  
Third Floor, Park House  
Greyfriars Road  
Cardiff  
CF10 3AF  
Email:  
[michaelgooch@boyerplanning.co.uk](mailto:michaelgooch@boyerplanning.co.uk)

Jubilee House  
5510 John Smith Drive  
Oxford Business Park South  
Cowley  
Oxford  
OX4 2LH

Telephone: 01865 336717

14 August 2017

Dear Mr Gooch

**Re: Wretchwick Green, Bicester, ref: 10.156-JM/MR**

I am writing in response to your letter of 1<sup>st</sup> August, addressed to Stuart Bell, which has found it's way to me as I support the GP practices within the Bicester area. The south east development of 1,500 is known to us, and I respond to the information requested as follows:

**The likely effect on the demand for your services:** The development of 1,500 houses has a general occupancy expectation of 2.4 people per house – this means a population increase of c3,600.

**Any infrastructure requirements which may be required as a result:** yes this volume of patients will impact on the GP premises which serve this area of Bicester, and building changes will be required.

**How many staff you employ and whether the proposals will have an effect on staffing requirements:** An increase of 3,600 is likely to require two additional GPs with usual attendant staff, e.g. nurse, reception, health care assistants, general admin space.

**Whether you are currently operating at capacity:** The practice affected directly is Alchester Medical Practice. They are operating at capacity for staffing cover for the current 19,993 practice population.

**Where you are based and whether you operate from any other location:** Alchester Medical Group operates from the two GP premises being Victoria House Surgery, and Langford Medical Centre. However there is no scope to expand premises at Victoria House Surgery, and funding will be required to meet this new population increase.

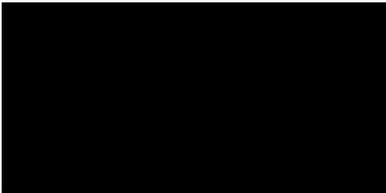
The OCCG intention is to support existing practice sustainability, rather than develop separate new practices, as there are GP recruitment difficulties across Oxfordshire. The intention for this practice is to relocate to a suitable site which supports working at scale to

provide services for the considerable housing growth across the Bicester area.  
Collaborative discussions with Cherwell District Council are ongoing.

We therefore expect a CIL or s106 contribution from all developers in the area, to be used in line with the future plans being established.

To help identify what this means for health, I have copied below a paper presented to our Board. Please do come back if you have any queries.

Yours faithfully



**Julie-Anne Howe**  
Senior Development Manager, Locality Co-ordinator  
City and North East Localities

Cc: George Thomas, Practice Manager, Alchester Medical Practice  
Rosie Rowe, Bicester Healthy New Town Programme Director



## **Health needs associated with Housing growth**

### **1. Introduction**

The link between planning and health is long established. The planning system has an important role in creating healthy communities; it provides a means both to address the wider determinants of health and to improve health services and infrastructure to meet changing healthcare needs. Consultation between District Councils (as Local Planning Authorities (LPAs)), public health and health organisations is a crucial part of the process.

The Oxfordshire Strategic Housing Market Assessment (2014) concluded that 93,560 – 106,560 additional homes will be needed across Oxfordshire in the period 2011 – 2031. Assuming an occupancy rate of 2.3 people per new dwelling, this equates to an additional population of 215,000 – 245,000 people, or a 35% increase from the 2011 census baseline.

NHS Property Services have estimated that an additional 128 WTE GPs and over 16,000 square metres of GP floor space would be needed to cope with this level of population growth (assuming the mid-point of the growth estimate). Given the current financial position of the NHS it is difficult to see how this will be delivered without either securing funding or infrastructure from the developers building the homes or accessing other sources of funding available to meet the demands associated with significant growth.

The sums of money potentially available are significant. Based on the mid-point of expected growth and calculations included later in this report, the level of housing expected in Oxfordshire could generate in the region of £230 million for primary care facilities from developer contributions. Depending on the size of the development, valuable land could also be made available for new healthcare premises.

This paper provides an overview of where housing growth is expected, Section 106 planning obligations and the Community Infrastructure Levy; outlines the steps that need to be taken to put the CCG in a stronger position to influence and realise opportunities in relation to housing and population growth; progress to date; and a suggested approach to securing funding and infrastructure.

## 2. Location of Housing Growth in Oxfordshire

Oxfordshire County Council has recently prepared a note in which they outline the expected level of growth for each district and likely locations within districts (see appendix X). In summary this is as follows:

	<b>Local Plan Total</b>	<b>Nos. Built 2011/16</b>	<b>Yet to be Built by 2031</b>
Cherwell	27,240	3,031	<b>24,209</b>
Oxford	10,762 Min.	1,371	<b>9,391 Min</b>
SOxon	19950*	2,732	<b>17,220*</b>
Vale	22,760	3,065	<b>19,695</b>
WOxon	15,950	1,464	<b>14,486</b>

\* figure not agreed by SODC

## 3. Section 106 Planning Obligations

Section 106 of the Town and Country Planning Act 1990 (as amended by Section 12 of the Planning and Compensation Act 1991) outlines the power of a LPA to enter into a Planning Obligation with anyone having an interest in land in their area. Health is listed as one of the main service areas where monies are received through the use of Section 106 planning obligations (S106).

It is a legal requirement for planning obligations to meet the following three tests:

- necessary to make the development acceptable in planning terms;
- directly related to the development; and
- fairly and reasonably related in scale and kind to the development.

S106 funding is available for capital projects only. Revenue funding towards on-going running costs is not available.

S106 agreements can be used to allow the following improvements to health facilities:

- the expansion of existing premises
- new premises
- new facilities required to compensate for the loss of a health facility caused by the development

NHS Property Services has recently advised West Kent Clinical Commissioning Group that the sum to be requested for health under S106 should be based on a calculation consisting of occupancy x number of units in the development x £360, as set out below. This calculation was approved by the West Kent CCG Board in August. It would be reasonable to assume that the same calculation could be used for Oxfordshire.

Size of unit	Occupancy assumptions based on size of unit	Health need / sum requested per unit
1 bed unit	1.4 persons	£504 per 1 bed unit
2 bed unit	2.0 persons	£720 per 2 bed unit
3 bed unit	2.8 persons	£1,008 per 3 bed unit
4 bed unit	3.5 persons	£1,260 per 4 bed unit
5 bed unit	4.8 persons	£1,728 per 5 bed unit

NHS Property Services also advised that if the planning application doesn't specify the unit sizes in the proposed development, the average occupancy of 2.8 persons is used in the initial health calculation until such time as the size of the units are confirmed at which point the final costs/health calculation would be confirmed. For example if the proposal was for a 400 dwelling development the initial calculation would be – 2.8 persons x 400 dwelling units x £360 = £403,200.

NHS Property Services also provide advice on the indicative square meterage calculations historically used to determine the core GMS space required for a practice. Details are set out in the table below.

No. of patients	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000
Type of Premises	A	A	B	B	B	B	B	B	B	B
Gross Internal Area Allowance	199	333	500	667	833	916	1,000	1,083	1,167	1,250

Note: Type A assumes a single storey premises

Type B assumes a two storey premises with one staircase and one lift

Source: NHS Property Services Demand Assessment Tool

#### 4. Community Infrastructure Levy

The Planning Act 2008 introduced the Community Infrastructure Levy (CIL). CIL will replace S106 planning obligations for many forms of infrastructure, although S106 agreements can still be used for site specific mitigation measures.

CIL is becoming the preferred method for collecting pooled developer contributions to fund infrastructure and all LPAs are expected to move to CIL. The LPAs in Oxfordshire are at varying stages of introducing CIL, with consultations on CIL

charging schedules taking place as processes are developed to enable third parties, including health organisations, to bid for CIL funds. The approach to securing CIL funds is likely to vary by LPA.

CIL funding can be sought for both revenue and capital expenditure although the likelihood of securing it for revenue expenditure is low.

## **5. Parking Standards**

Oxfordshire County Council has provided the following information on the required parking standards for new developments.

Health Centre parking standards, use class D1, the maximum requirements are:

- 1 space per Doctor or Dentist/1 space per 2 other staff/4 spaces per consulting or treatment room/1 ambulance space per Health Centre (min)
- Cycle parking 2 spaces per unit

Hospital parking standards, use class C2, the maximum requirements are:

- 1 space per Doctor or Consultant/1 space per 3 Nursing and Ancillary Staff/1 space per 3 beds/4 spaces per outpatient consulting room
- Operational Parking Space for ambulances and service lorries must be provided and will depend on the type and needs of the hospital
- 1 parking space per 10 staff

## **6. Progress to Date and Next Steps**

The CCG is now actively engaging with the LPAs and the County Council. We are responding to planning applications, Local Plan consultations and are becoming more informally involved in a number of aspects of planning work.

Where appropriate and helpful we are tracking the growth in practice population, e.g. for the Didcot practices.

To ensure consultations are responded to in a timely manner and there is an audit trail of responses, a dedicated email inbox has been set up which all LPAs are being asked to use [planning@oxfordshireccg.nhs.uk](mailto:planning@oxfordshireccg.nhs.uk)

It has been important to make LPAs aware of the current position with regard to the Transformation programme. We have advised that the Oxfordshire health economy is in the middle of a county-wide health service review, looking at the future provision of healthcare in Oxfordshire.

## **7. Action**

The XXXX asked to

- i. note the background information relating to population growth and planning obligations; and
- ii. agree the approach to request sums for healthcare as a result of development (as set out in table 1 and table 2.

Joanne Fellows v3 DRAFT / Julie Dandridge 20/2/17

Important standards and references:

Core elements Health Building Note 00-03: Clinical and clinical support spaces  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147845/HBN\\_00-03\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147845/HBN_00-03_Final.pdf)

Health Building Note 00-09: Infection control in the built environment  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/170705/HBN\\_00-09\\_infection\\_control.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf)

Health Building Note 11-01: Facilities for primary and community care services  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/148509/HBN\\_11-01\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148509/HBN_11-01_Final.pdf)

HBN 00-10 part A to D: includes guidance on flooring, walls and ceilings, sanitary assemblies and windows in healthcare facilities.  
<https://www.gov.uk/government/publications/guidance-on-flooring-walls-and-ceilings-and-sanitary-assemblies-in-healthcare-facilities>

Heating and ventilation systems Health Technical Memorandum 03-01:  
Specialised ventilation for healthcare premises  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144029/HTM\\_03-01\\_Part\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144029/HTM_03-01_Part_A.pdf)

Heating and ventilation systems Health Technical Memorandum 03-01:  
Specialised ventilation for healthcare premises  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144030/HTM\\_03-01\\_Part\\_B.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144030/HTM_03-01_Part_B.pdf)

The Revised Healthcare Cleaning Manual (2009)  
<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=61814>

The Workplace (Health, Safety and Welfare) Regulations 1992  
<http://www.legislation.gov.uk/ukxi/1992/3004/regulation/10/made>