

Evidence for S106 requests for primary health contributions from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) – application 24 02514 OUT

DATE:	25/10/2024
Organisation	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB)
Name, Position and Contact Details	Primary Care Estates, NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) email – bobicb.planning@nhs.net

Planning application number & Site address	24 02514 OUT Land Opposite Hanwell Fields Recreation Adj To, Dukes Meadow Drive, Banbury
Proposed development	Outline planning application for up to 114 dwellings and associated open space with all matters reserved other than access - re-submission of 23/03366/OUT

SUMMARY OF ICB RESPONSE FOR THE COUNCIL’S CONSIDERATION

The ICB accepts the need to comply with the tests under Regulation 122 (2) relating to developer contributions when making representations for health mitigation. These tests are:

A planning obligation may only constitute a reason for granting planning permission for the development if the obligation is—

- (a) necessary to make the development acceptable in planning terms;*
- (b) directly related to the development; and*
- (c) fairly and reasonably related in scale and kind to the development.*

This planning application representation relates to the ICB requiring a financial contribution towards creation of additional clinical capacity at Burdwood Surgery

The proposed development of 114 dwellings will increase the population by an estimated 274. This will impact on primary health care infrastructure as there is insufficient capacity to

accommodate the additional patients. The development should not be permitted UNLESS its impact is mitigated as set out in the following paragraphs.

For the avoidance of doubt, the impact of this development cannot be absorbed by the nearby GP Practices in the locality as described below:

Banbury Cross Health Centre – is at full capacity

- Developer contributions via a Section 106 Agreement are sought for the provision of additional capacity in the form of financial contributions
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- It is appreciated that to accord with the above tests, the mitigation that is the subject of this representation will be a financial contribution as of **£98,640** as calculated below:

114 dwellings x 2.4 = 274 new population
x £360 = **£98,640**

ICB BACKGROUND AND CONTEXT

History and context of CCG and replacement by the ICB

The ICB was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022. The ICB replaces the CCG under the Health and Care Act 2022.

*The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body. The CCGs in BOB commissioned GP services paying GP Practices a prescribed income dependent on the size of a Practice's list (and its demographic make up) and indirectly funds the estate in which it is situated, through a reimbursement rent and rates scheme (as set out under **The National Health Service (General Medical Services - Premises Costs) Directions 2013***

The ICB formally replaced CCGs on 1 July 2022 and carries on all of the CCG functions as far as they relate to primary care and its estate.

The role of ICB and its responsibility for primary care

Funding arrangements for the ICB and primary care

(Include context on how primary care/ GP surgeries are funded)

BOB ICB is the commissioner of Primary Care services and as such has a delegated budget for general medical services in the local area, delivered through contracts. The vast majority are General Medical Services (GMS) contracts, awarded in perpetuity. There are a few Personal

Medical Services (PMS) or Alternative Provider of Medical Services (APMS) fixed – term contracts for GP Practices with different terms and conditions.

Premises costs form part of this delegated budget and these premises costs are in the form of either lease rent reimbursement or (where a building is owner-occupied by a GP Practice) a rental value reimbursement. The Valuation Office Agency District Valuer Services provide these valuations as an independent organisation to the NHS.

The delegated budget is calculated by NHS England on ONS (Office of National Statistics) data on the number of residents living in the ICB area.

This budget is calculated with reference to existing population creates a significant challenge for the ICB where there are areas of significant population growth due to new housing. In such areas, there is often a need to provide and fund new additional health infrastructure at an early stage of the housing development rather than late in the phasing of that housing development, as GP Practices will not be able to have the capacity to cope with the extra demand created if the expansion space is created at or towards the end of that housing development.

Other funding

ICBs do not receive capital funding for infrastructure development in their annual budgets. There are occasional non-recurrent NHS England (NHS E) capital funding schemes available for primary medical care development. There are no such schemes at present.

Planning for the future

(Include summary details of relevant strategy and/or business case as appropriate)

ASSESSMENT OF IMPACTS ON PRIMARY HEALTHCARE

Existing provision and capacity:

The ICB sets out details of existing primary provision and whether it has capacity to accommodate new patients from the development, including existing patient to GP ratio against the recommended ratio and whether the existing surgeries are accepting new patients.

Current position

The existing primary care provision has been described above

Capacity of nearest GP surgeries to absorb growth

	Practice	Registered Patients (as at Oct 2024)	GIA (m2)	GIA standard (m2)	GIA surplus / deficit
	Banbury Cross Health Centre	42,102		1,250	deficit

Above table shows that the gross internal area of the Practice is below the NHS England size standards. There is therefore a need to reconfigure Banbury Cross Health Centre to provide additional clinical space and to improve the existing GP services to accommodate this new population.

The size standards have been produced by NHS England as part of a document entitled "Premises Principles of Best Practice Part 1 – Procurement and Development". A GP with a patient list size over 18,001 should have a minimum of 1,250 m2 gross internal area (GIA).

Assessing the impact of development on primary healthcare infrastructure:

Patient Yield

For the development concerned, we have derived the incremental patient yield as follows:

Proposed number of dwellings (A) = 114

Projected average population per dwelling (B) = 2.4

(using population per dwelling tool, which includes an allowance for concealed households)

Patient Yield (C) = (A)x (B) = 274

<p>Existing provision and capacity:</p> <p>The proposed development would result in 53 number of additional patients and increase the patient to floorspace ratio to an unacceptable level unless mitigation is provided as outlined.</p> <p>Additional facilities will therefore be required to enable the primary care services to be provided to meet the population generated by the new development.</p> <p>Incremental floor space required</p> <p>New Net Internal floorspace per patient relating to primary health care provision in catchment serving development (C)/16.75* = (D) 16.33 m2 NIA</p> <p>Floorspace required:</p> <p>There is a requirement for 16.33 m2 Net Internal Area additional floor space to accommodate the new patients in this development</p>
<p><i>* NHS best practice - the ICB considers that best practice for new healthcare estate is to calculate the floor space mitigation for this housing development is to adopt an average list size per sq m for 2 recent developments BOB, where the projected list size per sq m NIA averages at 16.75</i></p>
<p><i>This data comes from ICB commissioned District Valuer Reports that require Net Internal Area calculations to provide periodic rental valuations for rent reimbursement purposes. It also comes from ICB data on current list sizes. Please note that all of the Primary Care Networks (PCNs) in BOB are comprised of GP Practices where at individual PCN level and indeed generally across the footprint, the average list size per sq metre is higher than what is considered as being best practice. Therefore, whilst the data above is interesting, the ICB maintains that when calculating what new floor area should be funded by developer contributions, best Practice should prevail, not the replication of an estate already at over-capacity.</i></p>
<p>CONCLUSION</p> <p>NET ADDITIONAL INTERNAL FLOOR SPACE NEEDED TO MITIGATE THE NEW DEVELOPMENT = 16.33 sqm.</p>
<p>ICB COMMENTS ON APPLICANTS' HEALTH IMPACT ASSESSMENT (if provided):</p>

<p>MITIGATIONS FOR HEALTH IMPACTS</p> <p>BOB-ICB is asking for an offsite mitigation to increase the existing capacity to accommodate any new population from the scheme. The offsite mitigation can be funded by Section 106 developer contribution.</p>
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PROJECT 1 – Banbury Cross Health Centre

Location:

Bridge Street Premises

Status:

BOB-ICB and Banbury Cross Health Centre have aspirations to proceed with the project and have a cost estimate of the project

Delivery Timing:

The delivery of the project is subject to the availability of developer contributions to support the project. The delivery timing is subject to the availability of developer contributions.

Capital costs

The total cost estimate of the project is £98,640

Contribution required from this development:

BOB-ICB is asking for a contribution of £98,640, which is based on the increase in floorspace required to serve the projected population increase. At the time of producing our comments at the planning stage, a 17.97 square metres (gross internal area) (net internal area x 1.1) is required, and the contribution is based on a building cost of £5,692 per square metres.

We propose the s106 to include a clause that the contribution could be used for this project or that in the event circumstances change over time such other primary health care project in accordance with Regulation 122 of the CIL Regulations as agreed with the Council.

Date of cost assumption:

October 2024

Other project funding sources and their status:

Developer contributions from other planning applications in the local area – status unknown



Strategies and business plans relevant to the proposed mitigations.

The ICB has done further prioritisation work given its major challenges around future revenue funding of Primary Care premises developments that do not major capital contributions from other sources (such as S106 funding).