

Nick Chancellor
Development Delivery Manager
Wokingham Borough Council

Unipart House
Oxford
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29 April 2025

Dear Mr Chancellor,

**Planning Ref.: 242653 - Hogwood Farm, Sheerlands Road, Arborfield,
Wokingham**

Please accept my apology for the belated response due to leaves and workload. This letter is to respond to your email dated 05 March 2025 comprising an applicant response to the ICB letter dated 11 February 2025. This letter should be read in conjunction with the ICB's letter dated 11 February 2025 and the ICB representation dated 14 January 2025.

- 1) *Historic/Present Arborfield Green discussions regarding Healthcare Provision are noted but do not seem to warrant any further discussion in the interests of trying to resolve matters.*

The ICB is not seeking to respond this question as there was a comprehensive discussion in our previous letter dated 11 February 2025. The ICB would like to point out again in this letter that the historical Arborfield Green discussion is not considered to be relevant to this planning application. The ICB acknowledges the former Clinical Commissioning Group (CCG) did not accept an onsite health provision in the planning application for 3,500 homes at Arborfield Green, but it is not uncommon. The role of the former CCG/ICB as a primary care commissioner, has a delegated responsibility to ensure any new GP facility is financially and operationally viable to both the nominated GP provider and the ICB. **Any facility which does not meet the requirements would not be accepted. This principle remains unchanged regardless of the former CCG or the ICB.**

As discussed in the ICB letter dated 11 February 2025, the discussion of the Arborfield Green GP provision is still a very preliminary discussion and does not involve any detailed discussion including how the provision will be delivered and the potential GP provider. From my understanding, the Council is currently working with Crest Nicholson to finalise the option of the delivery of the Community Centre. The ICB, again would advise the applicant to contact the Council or Crest Nicholson for more details of the Community Centre.

To summarise, the ICB is asking for an appropriate mitigation to be secured as the ICB has clearly demonstrated that the GP practices in the local area would not have the capacity to absorb the new population generated from the proposed development. The current planning application is only seeking to deliver 48 residential units to the site. Therefore, it is substantially below the threshold to deliver an onsite healthcare provision. An offsite mitigation is therefore requested as a form of developer contribution in this regard.

- 2) The ICB have stated that their preference is to have dedicated CIL funding towards primary care projects. Can Officers confirm WBC's position in this respect?

The ICB was informed by the Council that all existing and those expected to be received have already been allocated towards the Council's priority infrastructure projects across the Borough. The applicant is advised to confirm with the Council as the ICB is not the best person to comment on this.

- 3) If the ICB can demonstrate that the scale of contribution sought meets the required planning tests for Planning Obligations then we are not in principle, objecting to a contribution being provided. Subject to suitable S106 wording which would link any such contribution to a project related to the development. However, as set out in our response, this application cannot be expected to fund any existing deficit. It is only fair and reasonable that the contribution sought is directly related to the impact of the application.

As discussed in the ICB representation, the ICB is only demonstrating that Swallowfield Practice is now over-capacity and does not have capacity to accept any new patients from the proposed development. Developer contributions to be secured in this application is to provide additional clinical spaces for the new residents of the proposed development. This point is clearly set out in the ICB's letter and representation.

As we have demonstrated, the Swallowfield Practice should already have an existing GIA of 1,083 sqm based on its existing registered patients. It is only reasonable and necessary that the application fund any expansion in excess of 1,083 sqm to serve the additional patients arising from the development, which would not be accommodated by this size of surgery. Based on the ICB calculations this equates to 56 new patients (assuming all register with Swallowfield and none with Finchampstead). Similarly, the Finchampstead Practice should already have an existing GIA of 1,167 sqm based on its existing registered patients. The ICB response fails to identify the number of patients a surgery of this size can suitably accommodate based on NHS guidance. However, once again, it is only reasonable that the application contributes to any additional expansion resulting from the development and not existing deficits.

If the Finchampstead Practice could for example, accommodate 18,000 registered patients had it been suitably expanded already (to the NHS guidelines for its existing patient list) then there would be existing capacity to accommodate the development. The need for the expansion of the GP surgeries is not therefore, arising from this development but rather failures to undertake previously required expansions to address current registered patient sizes.

Again, the ICB would like to clarify that the figures provided in the ICB are to demonstrate that both Finchampstead or Swallowfield Medical Practices are already over-capacity and would not have the capacity to accommodate any new patients generated from the proposed development. The methodology is to work out the actual gross internal area (GIA) of each of the Practice against the GIA standard. This forms the baseline of the ICB's argument that the Practices would not be able to accommodate any new patients generated from the proposed development and therefore a primary care mitigation would need to be sought. In the previous ICB's letter, the ICB already demonstrated Finchampstead Practice is also over-capacity and does not have capacity to accept any new patients from the proposed development. Therefore, it is incorrect to say that the Practice has the capacity to accommodate the proposed development. In summarise, the need for additional clinical space is justified in this regard.

4) We have had regard to the Twyford Appeal Decision referenced by the ICB and in turn the Haddenham decision referenced within it. However, these relate to entirely different Surgery's and indeed developments. Accordingly, these are not considered relevant to this application. Further, as identified at point 3 – we do not disagree that an appropriate financial contribution towards a specific infrastructure requirement could be sought (which is the principle of these appeals). However, this must be suitably justified by the ICB as funding solely the impact resulting directly from the application and be reasonable and fairly related. As set out above, at present the ICB continue to seek a contribution level which would subsidise existing deficits which do not result from this application.

The ICB already explains the mitigation above and our previous letter. The ICB fully notes the two appeal decisions in Twyford and Haddenham are not relevant to the captioned application but the principles of how both Inspectors of assessing the developer contribution requests from the ICB are relevant to this planning application. Both appeal decisions clearly identify that the ICB does not need to demonstrate any funding gap as no gap exists, given that the ICB has not received any dedicated funding for any primary care estates development. In both appeal cases, the Inspectors concluded that the requests from the ICB comply with the Regulation 122 test.

Summary and Conclusion

I believe that this letter has responded to all the queries raised by the applicant, and it can be concluded that the ICB's contribution request complies with the Reg.122 test.

Our objection to the proposed development remains unless the requested contribution is secured in any forthcoming planning obligation of this planning application.

Yours sincerely,

Jeffrey Ng MRTPI

Primary Care Lead - Estates

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

