

Joanna Carter LLB LLM MA
Principal Planning Officer
Wokingham Borough Council

Unipart House
Oxford
OX4 2PG

12 December 2024

Dear Joanna,

Planning Ref.: 242421 - School Road Arborfield Cross, Wokingham

Thanks for your email dated 10 December 2024 to seek for further information to justify the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) financial contribution towards primary care. This letter should be read in conjunction with our original representation dated 07 October 2024.

Role of the ICB

Integrated Care Board is a statutory NHS organisation, which was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022 and has the delegated function of commissioning of primary care services including GPs. The ICB formally replaced the former Berkshire West Clinical Commissioning Group (CCG) on 1 July 2022 and carries on all CCG functions as far as they relate to primary care and its estates. Primary healthcare estates including GP premises are funded through reimbursement of rents and business rates by the ICB based on the existing population data. The rent will then be assessed by the District Valuer, given that the ICB will reimburse that rent. As a primary care commissioner, the ICB therefore has a responsibility to ensure that any primary care provision is financially affordable and operationally viable. **The ICB however has no dedicated funding for any primary care estates development in their annual budgets.**

Funding towards primary care

According to Wokingham Borough Council Infrastructure Funding Statement 2022 to 2023, no CIL contribution was used towards health facilities¹. The ICB is currently working with the Council to discuss the potential of the use of CIL contributions towards health facilities. By the time of writing this letter, no formal agreement is reached between the Council and the ICB regarding the use of CIL funding towards health facilities.

¹ According to table 6 of the Council's Infrastructure Funding Statement, CIL funding was spent in administration, neighbourhood and strategic CIL project (i.e., North Wokingham Distributor Road).

The financial contribution will go towards capital costs of primary healthcare provision resulting from an increase in population and additional demand on healthcare facilities. Given that there are no CIL contributions towards healthcare, any necessary mitigation to avoid an unacceptable impact on primary healthcare would need to be secured by a Section 106 agreement.

Local GP Surgery and Capacity

The adopted Council's Core Strategy sets out that development will take account of the health, wellbeing and quality of life of the borough's residents. To achieve this objective, adequate GP service is required to serve residents. This is also the ICB's responsibility as a primary healthcare commissioner.

Currently, there is no national guidance in setting out the capacity of a GP practice. NHS England published a document titled "Premises Principles of Best Practice Part 1 – Procurement and Development" and it is the only guidance related to the size of GP premises in GIA in relation to the number of patients to be accommodated at the premises. For a GP practice which has a patient list size over 14,000, a minimum of 1,000 square metres of GIA is required.

Swallowfield Medical Practice currently has a patient list size of 15,412 with 696.8 square metres gross internal area. The Practice has a branch at Arborfield, which is the closest GP practice to the application site. As the Practice operates their NHS GP services across their premises, it would not be possible split the patient list size into premises. Notwithstanding, it is important to point out that the Practice is already over-capacity would not be able to accommodate any new patients from the proposed development.

Primary Care Estates Project

The ICB is therefore proposing a project to reconfigure existing non-clinical space or to extend the premise at Arborfield. It bears emphasis that this is a specific, identified and costed project, which relates directly to the quantum of development on the development site. The Section 106 agreement would identify and secure the delivery of this specific project.

The requested financial contribution will support the commissioning of a pre-project study and an identified project which can be funded in one of two ways depending on a pre-project study, either a reconfiguration of the internal layout or an expansion to provide an additional clinical space at the existing health centre at Finchampstead

The ICB has a standard formula to work out the amount of financial contribution based on the projected population increase as below. This formula is adopted by the former Oxfordshire Clinical Commissioning Group (OCCG), which is now part of the ICB, as advised by NHS Property Services in 2017:

Proposed number of dwellings (A)
Projected average population per dwelling (B)
Patient Yield (C) = (A) x (B)

$$\text{Multiplier (D)} = £360$$
$$\text{Contribution sought} = (C) \times (D)$$

Section 106 Planning Obligation

Given that it is an outline planning application, the final number of dwellings is unknown at this stage. The ICB is happy to consider the NHS's standard formula to be included in the draft Section 106 planning obligation to work out the actual amount of the developer contributions. The contribution would also need to be made prior to any commencement of the development so as to allow the commissioning of the pre-project study and the delivery of an identified project. The ICB would also like to request some flexibility in terms of allocating the developer contributions so that the contributions can be reallocated to other identified projects in the local area to serve the development if the pre-project study identifies that the Practice is not suitable to have any further expansion or the identified project is not operationally and financially viable. The ICB would welcome a meeting with the developer and the Council to discuss the head of terms related to healthcare.

In an absence of this financial contribution, the Practice would not have the capacity to accommodate any new patients from the proposed development. This is contrary to the Council's Core Strategy's objective related to the health and wellbeing of the borough's residents. Therefore, the requested contribution is necessary to make the development acceptable in planning terms and is directly related to the development. Furthermore, the financial contribution is calculated based on projected population increase of the proposed development. Therefore, it is fairly and reasonably related in scale and kind to the development. The financial contribution fully complies with Section 122 of the Community Infrastructure Levy Regulations 2010 (as amended).

Summary and Conclusion

I hope that this letter has overcome your queries. Please contact me if you have any further questions related to our queries. **Just to be clear, the ICB would raise objection in an absence of any meaningful primary care mitigation to be secured in this planning application.** The ICB also requests to be consulted for any forthcoming Section 106 planning obligation discussion.

Yours sincerely,

Jeffrey Ng MRTPI

Primary Care Lead – Estates

