

Evidence for S106 requests for primary health contributions from
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care
Board (ICB) – application 243099

DATE:	16/12/2024
Organisation	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB)
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Planning application number & Site address	243099 Land to the north of Reading Road, Arborfield
Proposed development	Outline application for the proposed erection of up to 111 no. dwellings with associated works, parking, landscaping, publicly accessible open space and access from Reading Road.

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 Swallowfield Medical Practice

The proposed development of 111 dwellings will increase the population by an estimated 266. 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:

Swallowfield Medical Practice – is at full capacity

The ICB is therefore requesting a financial contribution of £100,587 to support Swallowfield Medical Practice or other relevant GP practices in the local area to have additional capacity to accommodate the new population generated from the proposed development.

The ICB would request the contribution should be made prior to commencement of the development if it is permitted and the contribution should be index-linked. The ICB would request to be consulted for the draft of any Section 106 agreement.

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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. ***There is however no dedicated funding for any primary care infrastructure development.*** BOB-ICB therefore has a delegated responsibility to ensure that any primary care provision is financially affordable and operationally viable.

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

It is important to point out that our delegated budget is calculated by NHS England on ONS (Office of National Statistics) data on the number of residents living in the ICB area. As the budget is calculated with reference to existing population, it creates a significant challenge for the ICB where there are areas of significant population growth due to new housing developments. In such areas, there is a need to provide and fund additional or new health infrastructure to ensure adequate GP service is provided to new population.

The ICB would also like to point out that any agreed primary care mitigations will need to be provided prior to commencement of any permitted developments as it is to ensure GP practices are able to have the capacity to cope with the extra demand created from any new developments.

Other funding

ICBs do not receive capital funding for infrastructure development in their annual budgets.

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:					
<i>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.</i>					
<u>Current position</u>					
The existing primary care provision has been described above					
<u>Capacity of nearest GP surgeries to absorb growth</u>					
	Practice	Registered Patients (as at Aug 2024)	GIA (m2)	GIA standard (m2)	GIA surplus / deficit
	Swallowfield Medical Practice	15,901	696	1,083	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 Swallowfield Medical Practice 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 between 14,001 and 16,000 should have a minimum of 1,083 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) = 111 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) = 266 The proposed development would result in 266 number of additional patients and increase the patient to floorspace ratio to an unacceptable level unless mitigation is provided as outlined.					

Existing provision and capacity:
Additional facilities will therefore be required to enable the primary care services to be provided to meet the population generated by the new development.
Incremental floor space required
New Net Internal floorspace per patient relating to primary health care provision in catchment serving development (C)/16.75* = (D) 15.9 m2 NIA
Floorspace required:
There is a requirement for 15.9 m2 Net Internal Area additional floor space to accommodate the new patients in this development
<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>
<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>
CONCLUSION
NET ADDITIONAL INTERNAL FLOOR SPACE NEEDED TO MITIGATE THE NEW DEVELOPMENT = 15.9 sqm.

MITIGATIONS FOR HEALTH IMPACTS

BOB-ICB is asking for an offsite mitigation to increase the existing capacity to accommodate any new population from the scheme. The offsite mitigation will need to be funded by Section 106 developer contribution as the Council has no dedicated community infrastructure levy (CIL) funding towards primary care estates development.

PROJECT 1 – Swallowfield Medical Practice

Location:

Arborfield Surgery, Eversley Road, Arborfield Cross, Reading, RG2 9PQ

Status:

BOB-ICB and Swallowfield Medical Practice 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 £100,587

Contribution required from this development:

BOB-ICB is asking for a contribution of £100,587, 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 17.7 square metres gross internal area (GIA) 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:

Dec 2024

Other project funding sources and their status:

There is currently no other funding to support this estates project.

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).