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NHS Hampshire and Isle of Wight
Local Planning Engagement Team
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Date: 21st December

Dear Sir/Madam,

With Reference To:

Planning Application Ref: APP/21/01010

Applicant Name: Barratt David Wilson Homes

Description: **Erection of 184 No. dwellings, (no. of dwellings reduced from 194) means of access, public open space, play areas, associated infrastructure and landscaping.**

Address: Land east of, St Georges Avenue, Havant

The above-named application has now been reviewed from a primary care perspective and the following comments are provided by NHS Hampshire and Isle of Wight Integrated Care Board (ICB) as their response to this application.

This review replaces the earlier submission by HIOW ICB dated 28th April 2022 as new guidelines issued by NHS England have now come into force. The guidelines include a recognition of the use of Health Building Note HB11-01 issued by the Department of Health regarding patient infrastructure capacity. In addition “Health Contributions for GP Provision – Technical Note for Developers” has now been adopted by the HIOW ICB. This incorporates figures based on a Median Index of Public Sector (MIPS) of 480. The MIPS index upon which these figures are reported is no longer published. In lieu of this, it is recommended by the Department for Business Innovation and Skills (now the Department for Business, Energy and Industrial Strategy) that the PUBSEC (Public Sector Non-Residential) index should be used as an alternative. Using a conversion factor of 2.778, MIPS 480 is equivalent to PUBSEC 173.

Introduction:

1. This document provides a summary of the impacts of new housing developments on primary care's capacity to provide health services, as well as a calculation of the contribution sought to mitigate the impact of the development on the local primary care infrastructure. It explains:

The impact created by the proposed development;

How the impact on the capacity to provide primary healthcare services can be mitigated by way of developer contribution and Section 106 / Community Infrastructure Levy (CIL) compliance

How GP facilities are funded;

The role and responsibility of Integrated Care Boards (ICBs) and Health and Wellbeing Boards;

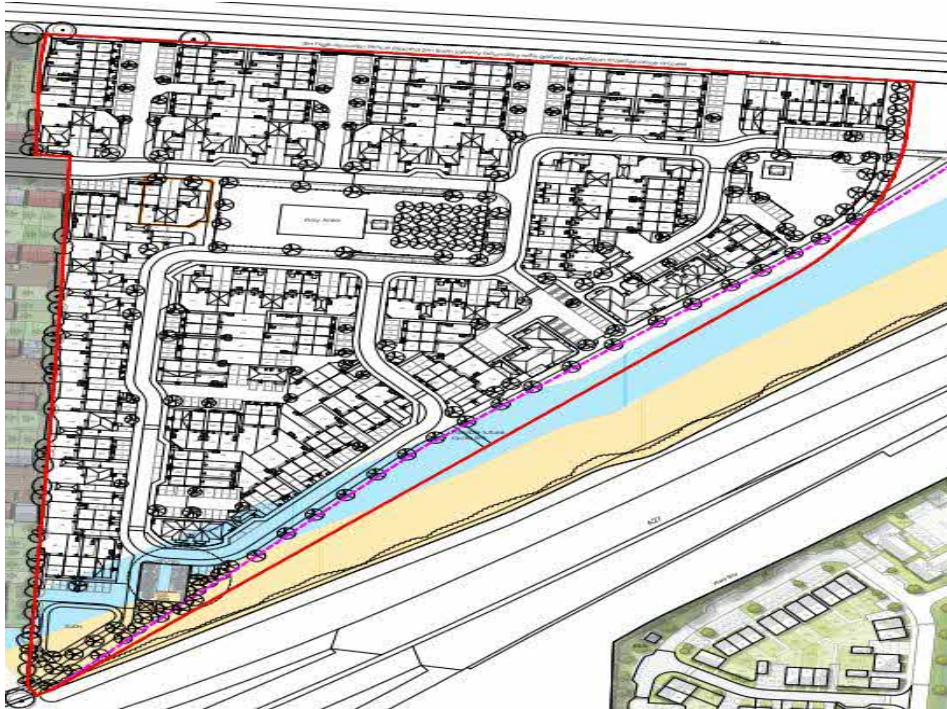
The planning policy context and decision-making process;

The Impact Created by the Proposed Development:

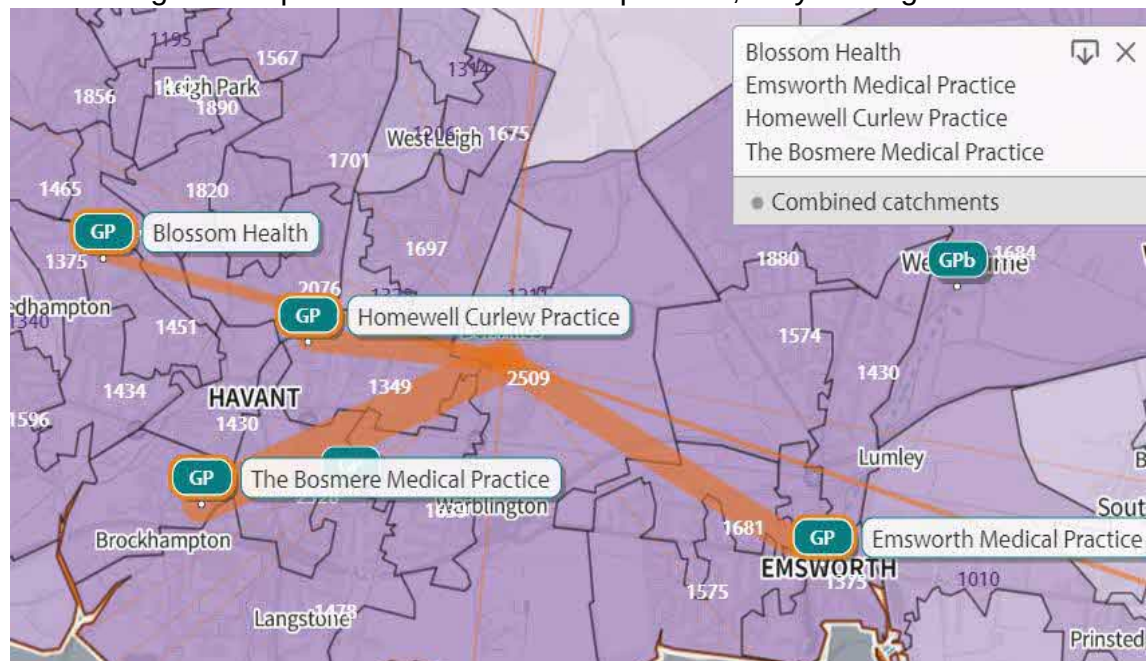
2. The proposed development is for **184** dwellings and this will create an estimated of population of **420** new residents within the development based an average household size of **2.28**.
3. The GP surgeries with a contractual catchment that includes the proposed development are:

GP Surgery	Address
Emsworth Medical Practice	6 North Street, Emsworth, Hampshire, PO10 7DD
Homewell Curlew Practice	Havant Health Centre, Civic Centre Road Havant, Hampshire, PO9 2AY
The Bosmere Medical Practice	Solent Road, Havant, Hampshire, PO9 1DQ
Park Lane Medical Centre	82 Park Lane, Bedhampton, Hampshire, PO9 3HN

Map from the Havant Planning Portal:



The image below indicates where many of the new residents from the proposed site will register as patients and with which practice, they will register.



It is envisaged that the vast majority of the residents of the proposed development will register as patients with these practices, though occasionally GP surgeries will allow registrations from outside of their catchment if the registration of the new population from a development is too significant for one practice to manage. In relation to the above GP surgeries, it is important to note the following projects to increase patient infrastructure capacity are planned:

Park Lane Medical Practice will change a small area of the practice's extensive waiting room into a phlebotomy room. This will make available 6 sessions a week for PCN work and/or another clinical member of staff. By doing so this will increase clinical capacity and patient throughput.

Homewell Curlew Practice are planning to resite the surgery's kitchen which increase space to accomodate administration desks. This in turn will release administration space to repurpose these rooms for increased consultation space.

The contribution, if granted, will possibly be used to finance these projects to absorb the increase in patient numbers from this proposed development.

4. The current combined medical centres providing primary care are currently at maximum capacity and currently would not be able to absorb the increased patients arising from the proposed development. We have consulted with these practices as part of drafting this response, and they are supportive of our response to you.
5. The only way to mitigate the impact is to increase the physical capacity of the existing surgeries. The ICB has carefully calculated the space needed to mitigate the impact, drawing upon the document "*Health Contributions Approach: GP Provision document*" which was agreed by NHS England. The detailed calculation is attached to this document as Appendix 1. In this, we are requesting a contribution of £571 based on a per dwelling calculation. The calculation is directly linked to the proposed development and is fairly and reasonably related in scale and kind to the development. This funding on its own will not be enough to undertake an expansion project, so the ICB requests that the contribution is ringfenced for a future expansion project relating to Havant & Waterlooville, Strawberry Health and Emsworth & Hayling Island PCNs' practices, which can be drawn down once a project is viable, deliverable and affordable to the practices.
6. The contribution requested is necessary. Without the contribution to increase the physical capacity, the proposed development will put too much strain on the said health infrastructure, which may result in practices no longer being able to support registering new patients on safety and sustainability grounds. This would result in patients needing to register further away to access services, resulting in waiting times increasing and access to local health services declining. Such an outcome is not sustainable as it will have a detrimental socio-economic impact.
7. In addition, having no or limited access to the primary care will have a knock-on effect on secondary healthcare, in particular on A&E services, as those people who cannot access their primary care usually will present themselves at the A&E adding additional pressure on the already stretched secondary care.

8. Appropriate estates infrastructure is just one of the underpinning tools required by primary care to provide safe and sustainable services. In addition to this, General Practice colleagues and the NHS generally are experiencing significant difficulties with a reduced and fatigued workforce, an ageing population with more complex conditions and increasing comorbidities, and higher expectations regarding health service delivery from the public. Activity levels within primary care have not reduced to pre-Covid levels, and recent challenges facing the sector are not expected to diminish in the short to medium term. Whilst important to note the challenges impacting on primary care, contractors within general practice are responsible for ensuring safe and appropriate staffing levels, and any estates projects that come forward would have appropriate workforce plans in place to support such growth.
9. The development directly affects the ability to provide the health service required to those who live in the development and the community at large. Without securing such contributions, the ICB would be unable to support the proposals and would object to the application because the direct and adverse impact that the development will have on the delivery of primary health care.

Integrated Care Board (ICB):

10. The ICB plans and commissions health care services from providers and has delegated responsibility for commissioning primary health care services. ICBs exist to maintain and improve the health of their registered population and are, therefore, concerned with preventing as well as treating ill-health.

Integrated Care Partnership (ICP):

11. Hampshire County Council, together with the ICB, have an obligation to prepare joint strategic needs assessments. These strategies then inform joint health and wellbeing strategies to meet the assessed needs¹. Both the needs assessments and wellbeing strategies **must** then be taken into account when an ICB and the responsible Local Authority exercise **any** of their functions.²

Commissioning Health Care Services/Facilities Through NHS Funding:

12. In a given year, central government through the Comprehensive Spending Review process sets the level of NHS funding. The process estimates how much funding the NHS will receive from central sources. The NHS receives about 80% of the health budget, which is allocated in England to NHS England/Improvement (NHSE/I), the governing body of the NHS in England. In turn, NHSE/I allocate funds to Integrated Care Boards (ICBs) which are clinically-led, statutory NHS bodies.

¹ s. 116A of the 2007 Act and the Health and Social Care Act 2012

² S116B of the Health and Care Act 2022

13. NHS-funded primary care services are delivered by independent contractors, usually GP partnerships, through General Medical Services (GMS), Alternative Provider of Medical Services (APMS) or Personal Medical Services (PMS) Contracts. GMS and PMS contracts are in perpetuity whereas APMS are a fixed-term, generally 5-10 years.
14. General Practices are funded using a weighted capitation formula based on existing registered patients which is updated quarterly in arrears. In addition, practices get income from achieving quality indicators as part of the Quality Outcomes Framework (QOF) and participating in nationally commissioned Direct Enhanced Services (DES) and ICB commissioned Locally Commissioned Services (LCS).
15. The projected ICB allocations by NHS England makes an allowance for growth in the number of people registered with GP practices. This population growth is based on mid-year estimates from the ONS age-sex specific population projections. Local housing projections, local housing land supply or existing planning permissions are not taken into consideration. The population projections only consider natural trends based upon births, deaths and natural migration and make a number of assumptions about future levels of fertility; mortality and migration based previously observed levels. The funding for ICB is reactive and the funding received from the Central Government is limited. In the case of patient movement, the funding does not follow the patient in any given year.

Infrastructure Facilities Funding:

16. **NHS England does not routinely allocate any additional funding to the ICB in the form of capital or revenue towards infrastructure projects to cater for the impact from new residential developments.** As noted in the GP Recovery Plan, published by NHS England on 9 May 2023, greater developer contributions towards primary care infrastructure is being consulted on at present, and the ICB may become a statutory consultee in relation to health provision, putting us on equal footing with access to education.
17. Within the service contracts between the ICB and GP practices, practices are required to provide premises which are suitable for the delivery of primary care services and meet the reasonable needs of patients within their catchment area.
18. The Regulations governing GP contracts require ICBs to reimburse the practices for their premises through rents payable for lease property or pay a “notional rent” (a market rent assessed by the District Valuer on the assumption

of a “notional” 15-year lease) in respect of a GP-owned building³. For new builds or extensions, the ICB needs to agree the additional rent from a limited revenue budget. If the ICB has no ability to reimburse then the project to increase the capacity by way of alteration extension, or building a new facility, will be at risk.

Premises Development in Primary Care:

19. Delivering GP services in a new location represents a challenge for the ICB as no new GMS service contracts are now available. Therefore, for the new location to operate, either:

the existing GMS service providers will have to relocate/expand; or

a new (APMS or PMS) contract will need to be created and procured for the new premises' location

20. At the moment the ICB does not hold capital and does not own buildings, the procurement of new premises is either by:

a Third-Party development (where a third-party developer funds the capital to build a new building, owns it and charges a commercial rent via a normally 25-year lease that represents the developer's return on capital, with the ICB reimbursing that rent); or

a GP owner-occupied scheme (where the GPs own and develop but receive a notional rent, as described above), to fund the cost of the build.

Either way, such developments are most likely to occur for occupiers who hold an existing GMS or PMS contract, as APMS contract holders will not have a sufficient contract term to either enter a 25-year lease or invest in a new GP premises development.

The Decision-Making Process and Planning Policy Context:

Decision-Making

21. The starting point for the determination of planning applications is the development plan. Section 70(1) of the Town and Country Planning Act 1990 (“TCPA 1990”) provides that a Local Planning Authority (LPA) may grant planning permission unconditionally or subject to such conditions as it thinks fit. Section 70(2) of the TCPA 1990 provides that in determining an application for planning permission, the LPA; “shall have regard to the provisions of the development plan, so far as material to the application, and to any other material consideration. Section 38(6) Planning Compulsory Purchase Act 2004 states that applications for planning permission should be determined in

³ <https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained>

accordance with the Development Plan unless material considerations indicate otherwise.

22. Whether or not a particular factor is capable of being a material consideration is a matter of law albeit that its factual context and weight are matters for the decision-maker. The health of communities has been a key element of government policy for many years and is reflected in adopted development plan.

Development Plan Policy:

Havant Borough Core Strategy March 2011.

Core Strategy Theme Description

5. Housing and Infrastructure: New housing development is expected in all areas of the borough.....and that the homes are accompanied by all the necessary facilities such as health care.

Infrastructure includes roads, rail, footpaths, flood defences, health, education.....

Policy CS1 Health and Wellbeing

Planning permission will be granted for development which:

10. Protects and contributes to the availability of community facilities through refurbishment or new provision which can be justified by needs which are evident in the local district.

Table 9.1 – Core Strategy Definition of Infrastructure (from the South East Plan)

Health: *Acute care and general hospitals, mental hospitals, health centres/primary care trusts, ambulance services.*

Policy CS21 Developer Requirements

Development will be permitted if on-site and/or off-site infrastructure requirements are met.

Where new or improved infrastructure is essential for planning permission to be granted the council will require the on-site or off-site provision and/or contributions through planning obligations, agreements or tariffs in accordance with the relevant legislation for off-site provision. The need for contributions will depend on information and advice from infrastructure providers on the expected impacts of the development on all the infrastructure types.

Where appropriate the council will seek on-site provision or financial contributions to ensure the timely off-site or on-site delivery of all types of infrastructure as detailed in Table 9.1 under the following headings:

1. *Transport*
2. *Housing*
3. *Education*
4. **Health**
5. *Social Infrastructure*
6. *Green Infrastructure*
7. *Public Services*
8. *Utility Services*
9. *Flood Defences*
10. *Public Realm*

National Planning Policy Framework (NPPF):

23. Paragraph 2 of the NPPF states:

The National Planning Policy Framework (NPPF) must be considered in preparing the development plan, and is a material consideration in planning decisions. Planning policies and decisions must also reflect relevant international obligations and statutory requirements.⁴

24. The ICB is delivering primary care services at the point of demand through General Practice under the statutory requirement. Paragraph 2 of the NPPF contains an imperative upon the decision makers to reflect statutory obligations.⁵

25. In addition, the health of communities has been a key element of government policy for many years and is, as stated above, reflected in adopted development plans. Please see NPPF Section 2 paragraph 8, Section 8 paragraphs 91 and 93.

26. The developer contributions are only sought from new development applications proposals where the contribution requested complies with the Community Infrastructure Levy (CIL) Regulation 122 tests:

- (1) This regulation applies where a relevant determination is made which results in planning permission being granted for development.
- (2) A planning obligation may only constitute a reason for granting planning permission for the development if the obligation is—

⁵ Please also see paragraph 3 above.

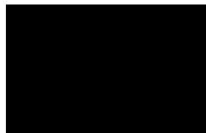
- (a) necessary to make the development acceptable in planning terms;
- (b) directly related to the development; and
- (c) fairly and reasonably related in scale and kind to the development.

(3) In this regulation—

“planning obligation” means a planning obligation under section 106 of TCPA 1990 and includes a proposed planning obligation.

Could you please acknowledge NHS Hampshire and Isle of Wight’s request for an S106 contribution towards the cost mitigation of the pressures on the local healthcare facility [and that it will form part of any future S106 Agreement with the Developers].

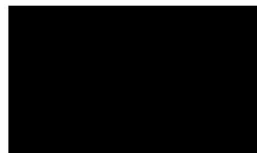
Thanking you for your consideration on this matter.



Lisa Medway

Head of Strategic Estates
and Capital Projects

**NHS Hampshire and Isle of Wight
Integrated Care Board**



Malcolm Dicken

Head of LPA Engagement

**On behalf of NHS Hampshire and Isle of
Wight Integrated Care Board (ICB)**

Appendix 1: Mitigation Methodology Calculation

Methodology for Application APP/21/01010

1. Residential development of 184 **dwelling**s.

2. This development is in **the catchment of**:

GP Surgery	Address
Emsworth Medical Practice	6 North Street, Emsworth, Hampshire, PO10 7DD
Homewell Curlew Practice	Havant Health Centre, Civic Centre Road Havant, Hampshire, PO9 2AY
The Bosmere Medical Practice	Solent Road, Havant, Hampshire, PO9 1DQ
Park Lane Medical Centre	82 Park Lane, Bedhampton, Hampshire, PO9 3HN

which has a **total capacity** for 48,466 patients.

3. The **current patient list** size is 55,273 which is already **over capacity** by **6,807** patients (at 114% of capacity).

4. The **increased population** from this development = 420

- a. No of dwellings x Average occupancy rate = population increase
- b. $184 \times 2.28 = 420$

5. The **new GP List size** will be 55,692 which is **over capacity** by 7,227

- a. Current GP patient list + Population increase = Expected patient list size
- b. $55,273 + 420 = 55,692$ (7,227 over capacity)
- c. *If expected patient list size is within the existing capacity, a contribution is not required, otherwise continue to step 6*

6. **Additional GP space required** to support this development = 29.27 m²

- a. The expected m² per patient, for this size practice = 0.07 m²
- b. Population increase x space requirement per patient = total space (m²) required
- c. $420 \times 0.07 = 29.27\text{m}^2$

7. **Total contribution required** = £105,044

- a. Total space (m²) required x premises cost = final contribution calculation
 $29.27 \text{ m}^2 \times £3,577 = £105,044$ (£571 per dwelling).