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16 July 2026

Dear Sir/Madam,

With Reference to:

Planning Application Ref: APP/26/00332

Applicant Name: Stonebond Properties and Borrow Foundation

Description: Demolition of existing buildings and the erection of 90 residential dwellings with upgraded access to Padnell Road, associated landscaping and other works.

Address: Padnell Grange, Padnell Road, Waterlooville, PO8 8ED

The following comments are provided by NHS Hampshire and Isle of Wight Integrated Care Board (ICB) as their response to this application.

The above-named application has been reviewed from a primary care (GP surgery) perspective and has assessed that a contribution of **£143,606** towards increasing primary care infrastructure is necessary to make the application acceptable in planning terms.

This letter 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.

The following Appendices at the end of this letter provide additional information relevant to the ICB's contribution request:

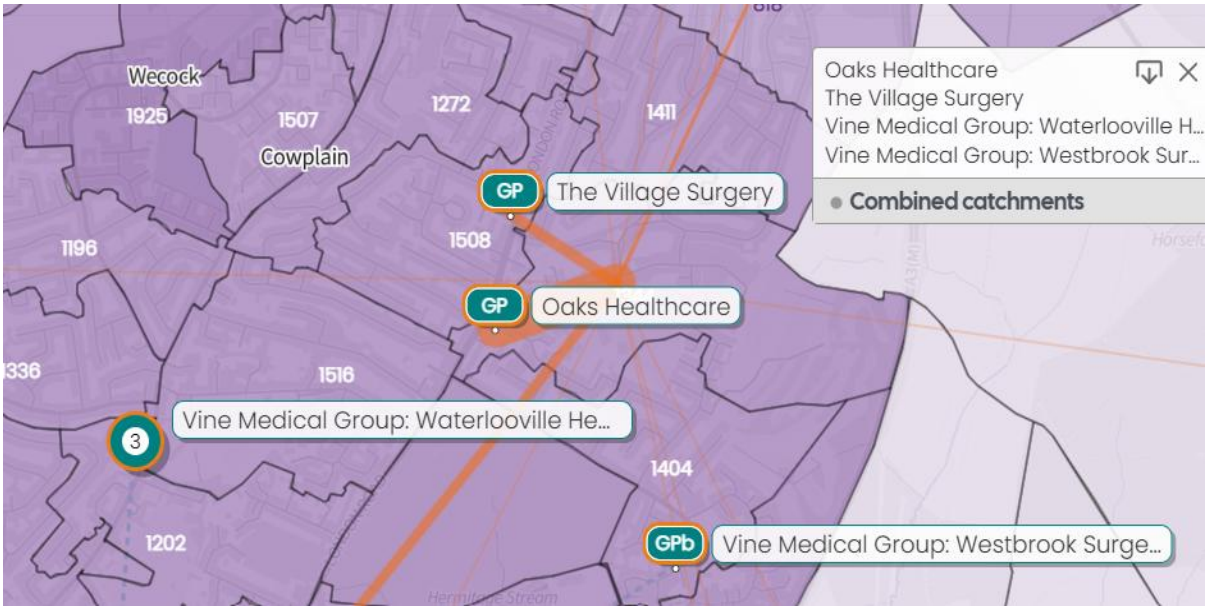
- Appendix 1: Mitigation Methodology Calculation
- Appendix 2: The role and responsibility of Integrated Care Boards (ICBs) and Health and Wellbeing Boards
- Appendix 3: How GP facilities are funded
- Appendix 4: The planning policy context and decision-making process
- Appendix 5: Primary Care Cost per m^2 S106 Evidence

The Impact Created by the Proposed Development:

1. The proposed development is for **90** dwellings and this will create an estimated population of 207 new residents within the development based on an average household size of **2.30**[1].

   The closest GP surgeries with a catchment boundary covering the proposed development are below and it is envisaged that the residents of the proposed development will register as patients with these practices.

GP Surgery	Address	Primary Care Network
Oaks Healthcare	26-30 London Road, Cowplain Waterlooville, Hampshire, PO8 8DL	Havant and Waterlooville
The Village Surgery	Cowplain Surgery, 133 London Road, Cowplain, Portsmouth, Hampshire, PO8 8XL	Havant and Waterlooville
Vine Medical Group: Waterlooville Health Centre	Dryden Close, Waterlooville, Hampshire, PO7 6AJ	Strawberry Health
Vine Medical Group: Westbrook Surgery	1 Aintree Drive, Waterlooville, Hampshire, PO7 8NE	Strawberry Health



2. As set out in Appendices 1 and 5 of this response the current combined GP surgeries providing primary care are currently undersized and will not be able to absorb the increased patients arising from the proposed development without increasing their infrastructure.

[1] Household projections for England - Office for National Statistics

3. To mitigate the increase in patient population that the proposed development will create, the ICB has established that the projects below are options available to the GP surgeries to increase patient infrastructure capacity, subject to capital funding and business case support.

   Healthcare Infrastructure – Vine Medical Group

   The proposed contribution would be directed towards new or enhanced primary healthcare infrastructure required to mitigate the increased demand arising from the Padnell Grange development. Existing primary care provision serving the local area requires additional capacity to accommodate forecast population growth, and as there are plans to create a new premises for Vine Medical Group, the ICB will collect towards this project.

   Funding will be used towards the delivery of a new, purpose-built GP surgery. The new premises would improve patient access and support the sustainable delivery of primary healthcare services, subject to funding availability, the approval of a Business Case and Integrated Care Board (ICB) approval.

   Healthcare Infrastructure – Oaks Healthcare

   The proposed contribution would be directed towards new or enhanced primary healthcare infrastructure required to mitigate the increased demand arising from the development. Existing primary care provision serving the local area requires additional capacity to accommodate forecast population growth.

   Funding will be used towards the delivery of expanded GMS space for Oaks Healthcare from existing private provision within the premises, subject to funding availability, the approval of a Business Case and Integrated Care Board (ICB) approval.

3.1. The contribution requested will contribute to the increase in capacity required directly and only from this development but may in the future be pooled with contributions from other developments. To account for other proposals that may come forward to increase primary care infrastructure in the affected geography, the ICB requests that the contribution is ringfenced for a future expansion project(s) relating to the practices and their PCNs, which can be drawn down once projects are viable, deliverable, and affordable to the practices.

3.2. The ICB suggests the following Primary Healthcare Contribution wording for inclusion within the S106 agreement:

   Primary Care Contribution
   The Owner shall pay to the Council the financial contribution towards the provision of additional primary care capacity required as a result of the Development ("the Primary Care Contribution").

   The final determination of which project(s) will be implemented shall be made by the [Integrated Care Board] in consultation with the Council prior to the Trigger Date for payment.

4. 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 for GP Provision – Technical Note for Developers*".

   The detailed calculation is attached to this document as Appendix 1. The calculation is directly linked to the proposed development and is fairly and reasonably related in scale and kind to the development.

5. Without the contribution to increase the physical capacity, the proposed development will put too much strain on the said health infrastructure, putting people at risk. Waiting times would increase and access to adequate health service would decline, resulting in poorer health outcomes and prolonged health problems. Such an outcome is not sustainable as it will have a detrimental socio-economic impact.

6. In addition, having no or limited access to primary care will have a knock-on effect on secondary healthcare, in particular on Emergency Department services, as those people who cannot access their primary care usually will present themselves at the Emergency Department adding additional pressure on the already stretched secondary care.

7. 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 of the direct and adverse impact that the development will have on the delivery of primary healthcare, which is already over capacity.

Relevant Local Development Plan Policy:

8. The Havant Borough Council Policies states that:

   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.

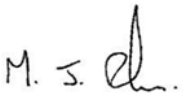
Where appropriate the council will seek on-site provision or financial contributions to ensure the timely off-site or on-site delivery of all types of infrastructure as detailed in Table 9.1 under the following headings:

1. *Transport*
2. *Housing*
3. *Education*
4. ***Health***
5. *Social Infrastructure….*

The ICB would welcome the opportunity to discuss this request further with the Local Planning Authority and/or the developer. Further details of the projects listed in this response can be made available to the Local Planning Authority should they be required for CIL compliancy.

Thanking you for your consideration on this matter.

Morag Kirby
Strategic Estates Project Manager
NHS Hampshire and Isle of Wight Integrated Care Board (ICB)



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/26/00332

1. Residential development of **90** dwellings.

2. This development is in **the catchment of** the following which has a **total capacity** for 22,091 patients**:**

GP Surgery	Address
Oaks Healthcare	26-30 London Road, Cowplain Waterlooville, Hampshire, PO8 8DL
The Village Surgery	Cowplain Surgery, 133 London Road, Cowplain, Portsmouth, Hampshire, PO8 8XL
Vine Medical Group: Waterlooville Health Centre	Dryden Close, Waterlooville, Hampshire, PO7 6AJ
Vine Medical Group: Westbrook Surgery	1 Aintree Drive, Waterlooville, Hampshire, PO7 8NE

3. The **current patient list** size is 29,819 which is already **over capacity** by **7,728** patients (at 135% of capacity)

4. The **increased population** from this development = 207

    a. No of dwellings x Average occupancy rate = population increase

    b. *90 x 2.30 = 207*

5. The **new GP List size** will be 30,026 which is **over capacity** by 7,935.

    a. Current GP patient list + Population increase = Expected patient list size

    b. *29,819 + 207 = 30,026 (7,935 over capacity)*

6. **Additional GP space required** to support this development = 15.525m^2

    a. The expected m^2 per patient, for this size practice = 0.075 m^2

    b. Population increase x space requirement per patient = total space (m^2) required

    c. *207 x 0.075 = 15.525 m^2*

7. **Total contribution required** = **£143,606**

    a. Total space (m^2) required x premises cost = final contribution calculation

    b. New Build: 15.525 *m^2 x £9,250 =* ***£143,606*** *(£1,596 per dwelling).*

Appendix 2:

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

Integrated Care Board (ICB):

1. The ICB plans and commissions healthcare services from providers and has delegated responsibility for commissioning primary healthcare services. ICBs exist to strategically commission services that 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):

2. The Local Authority 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 needs[2]. 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.[3]

Emerging Neighbourhood Health Providers:

3. Neighbourhood health will see a new way of working for the NHS, local government, social care and their partners. New neighbourhood health service providers will be created which will be focused on building up community and primary care services with the explicit aim of keeping patients healthy and out of hospital, with care closer to home and in the home. Some functions from ICBs and existing NHS Providers and Local Authorities will transfer to these Neighbour Health providers over time.

[2] s. 116A of the 2007 Act and the Health and Social Care Act 2012
[3] S116B of the Health and Care Act 2022

Appendix 3:

How GP facilities are funded

Commissioning Health Care Services/Facilities Through NHS Funding

1. 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.
2. 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.
3. 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).
4. 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:

5. 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.
6. The NHS England Capital Guidance states that “Capital allocations do not cover additional facilities required due to housing developments. NHS organisations should work with local authorities to secure developer contributions for extra capacity.”
7. 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.
8. 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 building[4]. 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:

9. 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

10. The ICB does not own any primary care buildings, therefore 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. The ICB may contribute capital to this type of scheme and will require a notional rate abatement to offset any financial contribution.

    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.

[4] https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained

Appendix 4:

The planning policy context and decision-making process

The Decision-Making Process and Planning Policy Context:

Decision-Making

1. 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 accordance with the Development Plan unless material considerations indicate otherwise.

2. 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.

National Planning Policy Framework (NPPF)

3. 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. The Integrated Care Board (ICB) is delivering primary care services at the point of demand through General Practice under statutory requirement. Paragraph 2 of the NPPF contains an imperative upon decision-makers to reflect statutory obligations.[5]

5. 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.

Primary Care as Critical Infrastructure

6. Primary care services form part of the essential infrastructure required to support sustainable communities. The NPPF emphasizes the need to promote healthy and safe communities (Section 8, paragraphs 91 and 93). Healthcare provision is not optional; it is a statutory obligation under the NHS Act 2006 and is fundamental to the resilience and functionality of new developments.

[5] Please also see paragraph 3 above.

7. Failure to mitigate impacts on primary care capacity risks undermining critical infrastructure, leading to increased pressure on emergency services, longer waiting times, and poorer health outcomes. This can compromise community resilience during emergencies and affect overall well-being.

8. Therefore, developer contributions toward primary care should be considered necessary to make development acceptable in planning terms, aligning with the Community Infrastructure Levy (CIL) Regulation 122 tests.

Developer Contributions and CIL Regulation 122

9. 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—

   (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.

Appendix 5:

Primary Care Cost per m^2 S106 Evidence

The ICB has published a 'Health Contributions for GP Provision Technical Note for Developers', which can be found on the ICB's website at:

https://www.hantsiow.icb.nhs.uk/application/files/1117/7632/3856/Health_Contributions_for_GP_Infrastructure_Technical_Note_for_Developers_April_2026.pdf

In summary there are three different rates of mitigation dependent on how the additional capacity required to support this development will be delivered:

Capacity Created by	£ per m^2
Reconfiguration of a surgery	£ 3,772
Extension to an existing surgery	£ 5,667
New main or branch surgery	£ 9,250

The estimate is based on BCIS cost benchmarks, with appropriate adjustments to reflect NHS design, clinical functionality and compliant standards.