



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Oxford Local Plan 2040
Proposed Submission Draft (Regulation 19) Consultation
Representation

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board
January 2024

1. Introduction

National Planning Policy Framework (NPPF)

- 1.1. The NPPF sets out the Government's planning policies for England and how these should be applied. Paragraph 2 sets out that **the NPPF must be taken into account in preparing the development plan.**
- 1.2. Paragraph 20 of the NPPF¹ clearly sets out that strategic policies should set out an overall strategy for the pattern, scale, and design quality of places (to ensure outcomes support beauty and placemaking) and **make sufficient provision for community facilities such as health.** Paragraph 34 of the NPPF also sets out that plans should set out the contributions expected from development. This should include setting out the levels and types of affordable housing provision required, along with other infrastructure (such as that needed for education, **health**, transport, flood and water management, green and digital infrastructure).
- 1.3. The NPPF clearly sets out that the sufficient provision for community facilities including primary healthcare provision should be set out in strategic policies.

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (ICB)

- 1.4. The ICB is a statutory NHS organisation, which was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022 and replaces the Clinical Commissioning Groups (CCGs) under the Health and Care Act 2022. The ICB has the general function of arranging for the provision of services including the commissioning of GP services (primary care provision).
- 1.5. According to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Strategy dated March 2023², primary care is the first point of contact into health and care services.

Primary Care Networks (PCNs)³ in Oxford

- 1.6. GP practices are collaborating with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of practices known as primary care networks (PCNs). While all GP practices have joined a Primary Care Network (PCN) with other practices, these PCNs will bring together a wider range of professionals to work collaboratively to provide high quality support to people when they need it.
- 1.7. Currently, there are 6 Primary Care Networks (PCNs) in Oxford, namely:
 - City –East Oxford,
 - City – OX3,
 - Healthier Oxford City Network,
 - Oxford Central,
 - South East Oxford Health Alliance; and

¹ https://assets.publishing.service.gov.uk/media/65829e99fc07f3000d8d4529/NPPF_December_2023.pdf

² <https://www.bucksoxonberksw.icb.nhs.uk/media/2933/integrated-care-strategy.pdf>

³ <https://www.england.nhs.uk/primary-care/primary-care-networks/>

- Spires⁴.

1.8. 6 PCNs includes 26 GP practices in total. As on 24 October 2023, 6 PCNs are serving 228,256 registered patient population in Oxford⁵.

2. ICB Comments

- 2.1. The Draft Local Plan 2040 proposes allowing housing on employment sites and encouraging the conversion of poorly performing or poorly located employment sites to housing. The Draft Local Plan 2040 proposes building 9,612 new homes within Oxford by 2040.
- 2.2. The ICB requires the additional demand for primary healthcare services of these new housing developments including all other allocated sites, to be formally addressed. The ICB has the statutory duty to ensure that primary healthcare services are adequate provided. Therefore, appropriate mitigation measures should be identified in each major housing development schemes, to ensure that both existing and new residents, as set out in the vision for the Draft Local Plan 2040, **can benefit from equal opportunities in access to healthcare.**

Policy S3: Infrastructure Delivery in New Development

- 2.3. Policy S3 sets out that *developers will be expected to engage early with the Council and infrastructure service providers to discuss their requirements. Developers must demonstrate they have explored existing infrastructure capacity, and how this could be future-proofed, with appropriate providers and demonstrate that they have made sufficient provision. Where appropriate, and where there is an identified shortfall across the city, opportunities should be taken to maximise infrastructure provision on suitable sites.*
- 2.4. The ICB supports Policy S3 and welcomes the proposed engagement with developers to discuss the requirement of the infrastructure. The ICB is delighted to collaborate with any potential developers and the Council for any forthcoming development schemes, including any pre-application engagements such as pre-application and planning performance agreement (PPA) to explore how additional health infrastructure can be funded by such developers as appropriate mitigation.
- 2.5. The pre-application engagement will allow the ICB and the relevant PCNs to have further discussions with the Council and potential developers about the potential housing development schemes and the details of appropriate mitigation measures, including the payment mechanism to provide adequate funding to support the provision of new accommodation in a timely manner.
- 2.6. The ICB has limited power to own any real estates and no dedicated budget to conduct any feasibility studies related to primary healthcare provision to cope with any new demand. Through the pre-application engagement, potential developers should support the commissioning of the relevant feasibility study, which can help inform the negotiation Section 106 planning obligation process at the determination stage of any forthcoming planning applications.

⁴ This is a newly formed PCN from St. Bartholomew's Medical Centre in March 2023, which was used to be part of the South East Oxford Health Alliance PCN.

⁵ <https://www.bucksoxonberks.w.uk/media/3439/areapracticepopcdpdf.pdf>

Infrastructure Delivery Plan (IDP)

- 2.7. The IDP should have more details of the primary healthcare provision as currently there is only one project identified in the Appendix C Infrastructure Delivery Schedule⁶ which we understand cannot now be implemented.
- 2.8. Due to the complexity of the ownership issue, the proposed healthcare project in Diamond Place is also unlikely to be deliverable.
- 2.9. There is a H1 Primary Healthcare project in the IDP related to the relocation of Wolvercote Surgery to Wolvercote Mill development. However, as stated above, this cannot be implemented as the ICB notes that there is already an extant planning consent to convert the proposed healthcare provision to flats.
- 2.10. The number of primary healthcare project in the IDP Schedule is significantly disproportionate to the new housing development set out in the Draft Local Plan 2040 and is contrary to the vision of the Draft Local Plan, which is to ensure the equal opportunities for communities in access to healthcare.
- 2.11. The ICB has identified a list of healthcare scheme including the upgrade of the existing premises and the provision of new premises to support the population growth. The list is attached to this representation. The ICB would urge the Council to update the IDP Schedule to ensure adequate primary healthcare services are provided to the community.

Policy H1: Housing Requirement

- 2.12. Policy H1 sets out that *at least 9,612 new homes to be built in Oxford by 2040, which is equivalent to 481 new homes per annum.*
- 2.13. The ICB does not raise objection to the provision of 9,612 new homes in Oxford by 2040. However, the IDP Schedule should be updated, and it would ensure the primary healthcare provision and capacity can be adequate to accommodate this population growth.

Policy H13: Older Persons and Other Specialist Accommodation

- 2.14. Policy H13 sets out that *planning permission for older people and supported, and specialist care accommodation will only be granted where it is located with good access to local facilities and services, including public transport, shops, and healthcare facilities,*
- 2.15. As discussed in supporting text of the Policy H13, paragraph 2.63 sets out that this kind of housing need is to support the specialist needs of older people, the ICB agrees that this kind of specialist housing schemes should either be near healthcare facilities (as the prospect residents are expected to have a greater demand for primary care facilities when compared to other age group of the population) or that such specialist housing should provide a clinical room within it, to allow primary care to attend to residents on a sessional basis.
- 2.16. However, the Policy does not set out clearly how the demand for primary healthcare services can be met. The ICB considers that potential developers should provide robust evidence to identify appropriate mitigation measures to accommodate this

⁶ The H1 Project - relocation of Wolvercote Surgery has not been implemented.

extra demand.

2.17. The ICB notes that the Council has published a technical advisory note related to Health Impact Assessment (HIA)⁷. The ICB considers that the submission of a HIA would be appropriate evidence to demonstrate the provision for older persons and other specialist accommodation would not exacerbate the capacity of the nearby existing primary healthcare provisions. The ICB should also be consulted in this type of planning application.

2.18. The ICB has the following recommendation on the wording of Policy H13:

Planning permission for older people and supported and specialist care accommodation will only be granted where it:

- a) *Is located with good access to local facilities and services including public transport, shops, and healthcare facilities; and*
- b) *Includes the submission of a **Health Impact Assessment (HIA) is to provide an assessment of the impacts of the proposals in healthcare provision and any mitigation measures are identified in the scheme (to include where appropriate the provision of a clinical room within such accommodation)**, and*
- c) *Is located close to or as part of a mixed community and will contribute positively to the creation and/or maintenance of mixed and balanced communities; and*
- d) *Is appropriate for the neighbourhood in terms of form, scale, and design; and*
- e) *Includes internal rooms and design, gardens and amenity space of appropriate size and quality for residents; and*
- f) *e) Meets the affordable housing requirements of Policy H2/ H4 as applicable.*

Policy HD10: Health Impact Assessment

2.19. The ICB supports Policy HD10 in general for the submission of a health impact assessment as part of the planning application for major development proposals.

Policy NEOAOF: Northern Edge of Oxford Area of Focus

2.20. Supporting text paragraph 8.18 of Policy NEOAOF – Northern Edge of Oxford Area of Focus sets out that the extant outline planning permission 18/02065/OUTFUL will deliver 480 homes to the site. While the former Oxfordshire Clinical Commissioning Group⁸ (OCCG) has requested to apply for CIL or Section 106 funding to support the infrastructure requirement due to the increase of circa 1,200 new population in the area⁹, the ICB notes that no CIL or Section 106 funding has even been allocated to support the infrastructural requirement from the former OCCG.

2.21. The ICB also notes that Policy SPN1 and Policy SPN2 are seeking to introduce a further 122 new homes and 90 new homes to the remaining areas at the Northern Gateway and the Oxford University Press Sports Grounds, respectively. With the 480 new homes which have already permitted under the extant outline planning

⁷ Health Impact Assessments Technical Advice Note dated May 2021

⁸ The ICB replaces the CCGs (including OCCG) under the Health and Care Act 2022.

⁹ Paragraph 9.106 of the Committee Report of outline planning application 18/02065/OUTFUL

permission 18/02065/OUTFUL, there will be 692 new homes in total.

2.22. Cutteslowe Surgery and Wolvercote Surgery are the two closest GP practices of these two allocated sites. There is currently no significant estates project identified at Cutteslowe Surgery. The ICB notes that the usage of general medical services of both Surgeries is 100%. Therefore, the Surgery would like to explore the opportunity to create additional estates capacity at or near these facilities, utilising developer contribution funding where available. The ICB considers that new developments within this area of focus could provide a funding opportunity for Cutteslowe Surgery to provide extra clinical space.

2.23. The ICB does not own any real estates or has any dedicated funding to commission any feasibility study of the projects. Therefore, the ICB suggests that the wording of Policy NEOAOF – Northern Edge of Oxford Area of Focus can be revised to reflect this.

2.24. The ICB has the following recommendation on the wording of Policy NEOAOF:

Planning permission will be granted for new development within the Northern Edge of Oxford Area of Focus where it would ensure that opportunities are taken to deliver the following (as applicable):

e) creation of additional estates capacity at or near Cutteslowe Surgery and/or Wolvercote Surgery, including but not limited to a financial contribution towards the commissioning of the feasibility study of any proposed works.

Policy SPN3: Diamond Place & Ewert House

2.25. Policy SPN3 is seeking to introduce a mixed-use development with the provision of at least 180 new homes at the Diamond Place and Ewert House site. The site will also include an onsite medical centre.

2.26. The ICB welcomes the provision of an onsite medical centre as it is an identified H2 Primary Healthcare project in the IDP. The ICB is currently working with all existing primary services providers related to this provision. However, the ICB is concerned the current proposed wording of Policy SPN3.

2.27. The Policy also does not provide any details of the medical centre provision, including the site area and whether parking will be provided to support the facility. While the ICB fully understands that it is not feasible to have such details during the plan-making stage.

2.28. The ICB does not own any real estates or has any dedicated funding to commission any feasibility study of the projects. To ensure the provision of a new medical centre is financially viable and operational, the ICB suggests that Policy SPN3 should require any potential developers to submit a feasibility study of this provision. The ICB and/or any relevant primary healthcare services providers can be engaged during the commissioning of the feasibility study. The ICB considers that the outcome of such a feasibility study can help inform the viability of the provision in any forthcoming development proposals.

2.29. The ICB has the following recommendation on the wording of Policy SPN3:

Planning permission will be granted for a mixed-use development and the minimum number of dwellings to be delivered is 180 dwellings. A minimum of 100 dwellings should be delivered on Diamond Place and 80 dwellings on Ewert House, or if delivered as non-self-contained student accommodation, the number of rooms that equate to this when the relevant ratio is applied. A range of other uses would also be suitable, including the following:

- a) a replacement community centre, if existing one is demolished; and/or
- b) town centre supporting uses of an appropriate scale to a district centre, which could include additional shops / cafes / services / Class E uses to provide services for local people and new workers / residents / students; and/or
- a) other complementary uses such as a medical centre will be considered on their merits.

Provision of a medical centre

A feasibility study of the provision should be provided including the project costing and delivery timescale. If the outcome of the feasibility study sets out that the provision of a medical centre is not financially and/or operationally viable, other offsite mitigation measures should be provided funded by developer contributions, to ensure the primary healthcare provision can support the new population growth.

Policy CBLLAOF – Cowley Branch Line and Littlemore Area of Focus

- 2.30. The ICB notes that several site allocations with the area of focus are seeking to introduce an element of residential development to the site, including Policy SPS1 – Arc Oxford, Policy SPS4 – Mini Plant Oxford, Policy SPS5 – Oxford Science Park, and Policy SPS7 – Unipart.
- 2.31. While the number of units to be provided on these sites is unknown at this stage, the introduction of residential elements of these allocated sites will inevitably have additional pressure to the existing primary healthcare premises.
- 2.32. The ICB requests an appropriate and proportionate mitigation measure should be provided to ensure there is adequate primary healthcare provision to accommodate the population growth. This requirement should be included in Policy CBLLAOF – Cowley Branch Line and Littlemore Area of Focus.
- 2.33. The ICB has the following recommendation on the wording of Policy CBLLAOF:

Planning permission will be granted for new development within this Area of Focus where it would ensure that opportunities are taken to deliver the following (as applicable):

- g) Appropriate mitigation measures should be provided to ensure the primary healthcare provision can support the new population growth, including but not limited to a financial contribution towards the existing primary healthcare premises.**

Policy SPS12: Templars Square

- 2.34. Policy SPS12 is seeking to introduce a mixed-use development at the Templars

Square site. The ICB notes that the allocation is seeking to provide a minimum number of 350 new homes to the site and Policy SPS12, sets out development should include a range of town centre uses.

- 2.35. This site allocation is within the South East Oxford Health Alliance (SEOXHA PCN). The ICB has received comments from the SEOXHA PCN, and they have raised critical concern about the lack of provision of a new primary healthcare premise within the local area.
- 2.36. The ICB shares the same concern with our PCN partner of the SEOXHA PCN. The ICB considers that there is an identified opportunity to merge the existing Donnington Medical Centre and Temply Cowley Health Centre and to provide a new medical premise at the Templars Square development.
- 2.37. While the site allocation is seeking to encourage a mix of uses for local communities and to diversify the range of services and facilities, given the current use class E covers a wide range of commercial and business services. The ICB argues that Policy SPS12 can specifically include the provision of a medical centre in any forthcoming redevelopment scheme.
- 2.38. The ICB does not own any real estates or has any dedicated funding to commission any feasibility study of the projects. To ensure the provision of a new medical centre is financially viable and operational, the ICB suggests that Policy SPS12 can require any potential developers to submit a feasibility study of this provision. The ICB and/or any relevant primary healthcare services providers can be engaged during the commissioning of the feasibility study. The ICB considers that outcome of the feasibility study can help inform the viability of the provision in any forthcoming development proposals.
- 2.39. The ICB has the following recommendation on the wording of Policy SPS12:

Planning permission will be granted for a mixed-use development at Templars Square that supports its ongoing role as a key part of the district centre. Development should include residential and retail development, and could also include a range of town centre uses, including the following:

- *commercial leisure;*
- *financial and professional services;*
- *learning and educational uses (e.g., Use Class F.1);*
- *evening economy uses such as cafes, restaurants and pubs;*
- *community facilities (e.g., Use Class D.1, Use Class F.2);*
- *other employment such as offices and small workshops; **and***
- ***a medical centre.***

Provision of a medical centre

A feasibility study of the provision should be commissioned prior to the submission of any planning applications including the project costing and delivery timescale. If the outcome of the feasibility study sets out that the provision of a medical centre is not financially and/or operationally viable, other offsite mitigation measures should be provided to ensure the primary healthcare provision can support the new population growth.

Policy MRORAOF: Marston Road and Old Road Area of Focus

- 2.40. Manor Surgery and Bury Knowles Health Centre are within this area of focus. The ICB notes that the usage of general medical services of the Surgery is 100%. Therefore, the Surgery would like to explore the opportunity to reconfigure the existing premise to provide extra clinical space and to extend the current premise. The ICB considers that new developments within this area of focus will provide a funding opportunity for Manor Surgery to consider the reconfiguration and extension option to provide extra clinical space.
- 2.41. The ICB does not own any real estates or has any dedicated funding to commission any feasibility study of the projects. Therefore, the ICB suggests that the wording of Policy MROAOF: Marston Road and Old Road Area of Focus can be revised to reflect this.
- 2.42. The ICB has the following recommendation on the wording of Policy MRORAOF:

Planning permission will be granted for new development within this Area of Focus where it would ensure that opportunities are taken to deliver the following (where applicable):

k) Reconfiguration and/or extension of Manor Surgery and/or Bury Knowles Health Centre to provide extra clinical space, including but not limited to a financial contribution towards the commissioning of preliminary works and reconfiguration and extension works.

Policy SPE6: Churchill Hospital

- 2.43. Policy SPE6 is seeking to redevelop the existing Churchill Hospital and Policy SPE6 identifies primary healthcare is one of the other suitable uses on the site.
- 2.44. The ICB requests an early engagement in any redevelopment of the site. It is to ensure that the ICB and any relevant primary healthcare provider(s) are fully aware of the redevelopment and can have more details of the proposed primary healthcare provision.

Policy SPE13: Manzil Way Resource Centre

- 2.45. Policy SPE13 is seeking to introduce an improved health-care facilities to the site. If the Council is seeking to introduce a primary healthcare to the site, the ICB requests an early engagement in any redevelopment of the site. It is to ensure that the ICB and any relevant primary healthcare provider(s) are fully aware of the redevelopment and can have more details of the proposed primary healthcare provision.

Policy SPE15: Thornhill Park

- 2.46. Policy SPE15 is seeking to introduce a residential-led mixed use redevelopment on the remainder of the Thornhill Park site. Thornhill Park site is subject to an extant full planning permission (21/01695/FULL) for the erection of 402 new homes.
- 2.47. The former OCCG has requested a financial contribution of £347,400 towards the

investment of a local GP surgery which is run by Hedena Health. However, it is understood that the Council is intending to use the CIL contributions to fund the shortfall in local health provision. Furthermore, the Council points out that the former OCCG did not raise any objection in relation to the under-resourcing of primary healthcare facilities. Therefore, the request for a financial contribution is not reasonable in this regard¹⁰.

- 2.48. The ICB does not consider that there are any CIL contributions allocated to fund this identified shortfall. The ICB would request the Council to revise the IDP based on the ICB submission to ensure that adequate primary healthcare services can be provided in the local area.

Policy SPE20: John Radcliffe Hospital

- 2.49. Policy SPE20 is seeking to redevelop the existing John Radcliffe Hospital and Policy SPE20 identifies primary healthcare is one of the other suitable uses on the site.
- 2.50. The ICB requests an early engagement in any redevelopment of the site. It is to ensure that the ICB and any relevant primary healthcare provider(s) are fully aware of the redevelopment and can have more details of the proposed primary healthcare provision.

Policy WEAOF: West and Botley Area of Focus

- 2.51. This area of focus comprises several key developments in the area, including SPW5 Oxpens and SWW7 Oxney Mead sites, which are seeking to introduce a mixed-use development to the sites, which is covered in the West End and Oxney Mead Supplementary Planning Document (SPD) area. Both allocations will include a minimum of 697 new homes. This will be equivalent to approximate 1,670 new population to the area.
- 2.52. The ICB requests an appropriate and proportionate mitigation measure should be provided to ensure there is adequate primary healthcare provision to accommodate the population growth. This requirement should be included in Policy WEAOF: West and Botley Area of Focus
- 2.53. The ICB has the following recommendation on the wording of Policy WEAOF:

Planning permission will be granted for new development within this Area of Focus where it would ensure that opportunities are taken to deliver the following (where applicable):

m) Appropriate mitigation measures should be provided to ensure the primary healthcare provision can support the new population growth, including but not limited to a financial contribution towards the existing primary healthcare premises.

¹⁰ Paragraphs 9.7 & 9.8 of the Committee Report of full planning application 21/01695/FUL

3. Summary and Conclusion

- 3.1. The ICB welcomes an opportunity to discuss being a recipient of Community Infrastructure Levy (CIL) contributions towards Primary Care developments with Oxford City Council.
- 3.2. The ICB would also welcome an opportunity, as part of the Local Plan review, to revise the IDP so that a better understanding of up-to-date primary care development costs can be incorporated into subsequent section 106 Agreements.
- 3.3. The ICB would also like to attend the hearing sessions to be arranged.