

# **Statement of Common Ground between Oxford City Council and NHS Thames Valley**

## **Submission Draft (Regulation 19) Oxford Local Plan 2045**

**June 2026**

### **1.0 Introduction**

1.1 This Statement of Common Ground (SoCG) has been prepared by Oxford City Council and NHS Thames Valley Integrated Care Board [the parties]. It documents those matters agreed or not agreed by the parties with regard to the Oxford Local Plan 2045.

1.2 The NHS Thames Valley Integrated Care Board was established on 1<sup>st</sup> April 2026, replacing the Buckinghamshire, Oxfordshire and Berkshire West ICB, and Frimley ICB and covering three county areas. It oversees health and care services across the area, considering what services are needed and how they can be delivered to ensure high quality care.

### **2.0 Background and governance arrangements**

2.1 The Local Plan 2045 has been prepared within a changing strategic national context. The legal Duty to Cooperate test was revoked on 25 March 2026 and has been replaced by a policy test whereby plan-making authorities now should demonstrate 'effective cooperation'. This SoCG reflects and confirms the current position on matters agreed or not agreed by both parties, with regard to the test of 'effective cooperation'.

2.2 This statement is provided without prejudice to other matters of detail that NHS Thames Valley Integrated Care Board may wish to raise during the Oxford Local Plan examination.

2.3 There is an outstanding matter relating to an email from Richard Wyatt to the ICB on 23 October 2025. The ICB is asked to confirm the supporting text to Policy S3. Following the recent reorganisation of the ICB, the wording should be as below:

*The NHS Thames Valley Integrated Care Board (TV ICB) is the statutory NHS body currently responsible for commissioning health services including primary care services and neighbourhood health services. Early engagement with TV ICB should be undertaken when considering health infrastructure.*

### **3.0 Matters on which the parties agree**

#### ***Maintenance of Effective Cooperation***

3.1 Oxford City Council has proactively engaged with the ICB through the preparation of the Oxford City Local Plan 2045. The engagement that has taken place for the Oxford Local Plan 2045 builds on an active relationship between the parties, prior to the commencement of work on the Local Plan 2045 in early 2025.

3.2 The parties agree that Oxford City Council and the ICB have engaged constructively, actively and on an on-going basis to secure effective cooperation. The Table in Appendix 1 sets out key engagement that has taken place between the parties in the preparation of the Oxford Local Plan 2045.

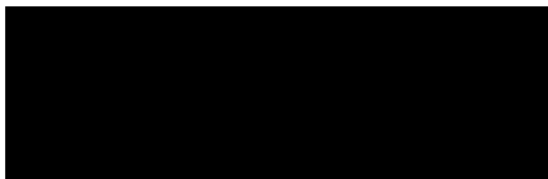
***Policy S3***

3.3 The ICB supports policy S3 and welcomes the proposed engagement with developers to discuss the requirements of the infrastructure. The ICB is keen to engage at pre-app stage to explore how additional health infrastructure can be funded by such developers as appropriate mitigation.

**Areas of disagreement**

3.4 The NHS Thames Valley ICB raised a number of objections in their representation to the consultation on the draft submission Oxford Local Plan. These are summarised in the Table in Appendix 2.

**Signed on behalf of NHS Thames Valley Integrated Care Board**



**Associate Director - Primary Care Infrastructure**

**Associate Director - Pharmacy, Optometry and Dentistry**

**Strategic Lead for Primary Care across Oxfordshire**

**Date: 22 June 2026**

**Signed on behalf of Oxford City Council**



**Director of Planning and Regulation**

**Date: 26/06/26**

**Appendix 1: Key meetings and information sharing during development of the OLP2045**

| <b>Date</b>      | <b>Type of engagement</b> | <b>Topic/s</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| July – Sept 2025 | Email                     | Series of email between the organisations about how best to engage with the plan-making process for the emerging Oxford Local Plan 2045                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 20 October 2025  | Virtual Meeting           | <ul style="list-style-type: none"><li>- Organisational updates;</li><li>- Discussion of delivery issues currently facing the ICB;</li><li>- Discussion of responses made by to Reg. 18 consultation from ICB;</li><li>- The City Council agreed to consider changes to the plan and evidence base proposed by the ICB in their Reg. 18 response;</li><li>- Following the meeting, the City Council has a different view regarding the ICB's proposed text relating to S106 contributions and CIL, instead it was agreed that the proposed text will be included in the IDP.</li></ul> |
| 23-10-2026       | Email follow-ups          | <p>Oxford City Council officers sent email follow ups on 23-10-2026. These covered a range of topics including:</p> <ul style="list-style-type: none"><li>- Local Plan timescales;</li><li>- A request for the ICB to confirm proposed changes to the plan</li></ul> <p>The ICB did not respond to either email sent on 23-10-2026</p>                                                                                                                                                                                                                                                |

## Appendix 2: Detailed comments and responses

| Summary of Comment in ICB's representation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Oxford City Council response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Final position                  |
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| <p><b>NEOAOF</b></p> <p>The usage of health care services in this infrastructure area is 100%. Therefore, it is appropriate to explore the opportunity to create additional capacity at or near existing facilities by the use of developer contributions or CIL fundings.</p> <p>A new bullet point should be added to require the commissioning of a feasibility study looking at extension or reconfiguration of the existing practices in the area.</p> <p>A second bullet point should require a further feasibility study around the onsite delivery of healthcare provision. A turnkey facility is expected to be delivered by the developers for the ICB (or other relevant body).</p> <p>If the outcome of either feasibility study sets out that provision of a medical centre is not viable the offsite mitigation measures should be funded by developer contributions, to ensure the primary healthcare provision can support the new population growth.</p> | <p>There are six Primary Care Networks (PCN) serving Oxford, which cover 26 GP practices, and these practices are generally well distributed across the city. These PCNs are more relevant to healthcare than the infrastructure areas or indeed areas of focus in the Local Plan. In our research for the IDP we found that surgeries in this infrastructure area are accepting new patients. We are aware that there are capacity issues preventing expansion of some GP surgeries, but this does not seem to be universally the case. Whilst most infrastructure providers are able to indicate what infrastructure is required to support development, we realise this is harder for primary care. The Local Plan does not generally set out exactly how CIL receipts will be prioritised and spent. CIL will be collected, and there will be opportunities to spend it on a variety of infrastructure projects. This may well include primary healthcare projects if any have been identified. It is not considered appropriate therefore to specifically mention primary healthcare in relation to CIL in this Area of Focus. Similarly, no particular healthcare project has been identified for this area that S106 agreements could be required for. It would not be appropriate for the Local Plan to set out a blanket requirement for S106 for primary healthcare within this Area of Focus, when firstly it is within a wider infrastructure area and indeed PCN, secondly there are surgeries accepting patients, thirdly there is no evidence that capacity can't be increased at existing sites (many seem to be on relatively large sites at low densities), fourthly, there is no identified infrastructure project these S106 agreements would be funding (including because the ICB has said that</p> | <p>ICB's objection remains.</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | there is limited capacity at many GP surgeries for expansion, and has not identified any that could be expanded, so wording to ask for contributions towards an possible extensions or reconfigurations (specifically in this AOF) would not have a sound basis). It should be noted as well that the Area of Focus is not a development site itself, but an area in multiple ownerships, with multiple expected developments. |                          |
| <b>CBLAOF</b><br>The usage of health care services in this infrastructure area is 100%. Therefore, it is appropriate to explore the opportunity to create additional capacity at or near existing facilities by the use of developer contributions or CIL fundings.<br><br>Two bullet points should be added to say infrastructure needed includes a feasibility study looking at extension or reconfiguration of GP practices in the area and another bullet requiring provision of onsite healthcare provision bringing forward a 'turnkey' facility delivered by developers to the ICB. If 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. | See response in relation to NEOAOF.                                                                                                                                                                                                                                                                                                                                                                                            | ICB's objection remains. |
| <b>WEBRAOF</b><br>The usage of health care services in this infrastructure area is 100%. Therefore, it is appropriate to explore the opportunity to create additional capacity at or near existing facilities by the use of developer contributions or CIL fundings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | See response in relation to NEOAOF.                                                                                                                                                                                                                                                                                                                                                                                            | ICB's objection remains. |

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| One bullet points should be added to require commissioning of a feasibility study looking at extension or reconfiguration of GP practices in the area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| <p><b>SPN1 Diamond Place and Ewert House</b></p> <p>The ICB welcomes the provision of an onsite medical centre. However, the policy does not provide any details of the medical centre provision, including the site area and whether parking will be provided to support the facility, although the ICB fully understands it is not feasible to have such details during the plan-making stage. Developers should be required to submit a feasibility study of provision, which primary healthcare service providers can be involved in commissioning, and which should include size of facility, project costing and delivery timescale. The ICB expects that a 'turnkey' facility can be delivered for the ICB at nil cost and the facility would have similar contractual and rental arrangements to the existing premises. If the feasibility study shows the facility is not viable then other offsite mitigation should be required to ensure the primary healthcare provision can support the new population growth.</p> | <p>The policy is supportive of the potential for new medical facilities in this location, and the developer is supportive of this. However, it does not seem reasonable to expect the developer to be able to undertake feasibility work to find the best way for primary health care facilities to be delivered in this area. If a need to combine the facilities and a way of doing this is identified, then the policy allows these to come forward on this site, and the developer supports the positive wording the Plan. Details such as parking will be guided by other policies of the plan, although it should be noted that this site is in a district centre with public car parking available. However, the feasibility needs to be led by the body that oversees primary health care provision and understands how this fits together within the wider context of the city and beyond. Furthermore, it will need to be led by the body that understands mechanisms for these facilities both coming forward and being run, which is complex and likely to be depended on the interest and ability of GPs to take risks and bring this forward. Furthermore, it is not proportionate for the developer of this site to have the burden of the feasibility study, simply because their site has been identified as a potential opportunity site to enable the closure of two GP surgeries to be merged into one.</p> | ICB's objection remains. |
| <p><b>SPS16 Templars Square</b></p> <p>There is an identified opportunity to merge the existing provision and to provide new medical premises at Templars Square. However, the policy does not provide</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>The policy is supportive of the potential for new medical facilities in this location, and the developer is supportive of this. However, it does not seem reasonable to expect the developer to be able to undertake feasibility work to find the best way for primary health care facilities to be</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ICB's objection remains. |

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| <p><b>Chapter 8 omission policy</b><br/>There is a missed opportunity to set out the provision of health infrastructure. The recently published NHS 10-year Health Plan is introducing neighbourhood health centres to provide a 'one stop shop. For patients. There is a need to include this in the draft Local Plan as this will be a major infrastructure as set out in the NPPF, and the NPPF emphasises that local plans should set out the contributions expected from development. Clearly, the current draft OLP2045 does not provide any details as required by the NPPF about the contributions expected from development towards health. There should be a draft policy on Health Infrastructure in</p>                                                                                                                                                          | <p>Policy S3 in Chapter 1 relates to 'Infrastructure Delivery in New Development' This policy refers to the Infrastructure Delivery Plan, say that that is where projects required to support the Local Plan strategy are identified. The IDP can be reviewed and updated more frequently and easily than a Local Plan and is therefore more responsive to changing needs. Policy S3 also says that developers will be expected to engage early with the City Council and infrastructure service providers to discuss their requirements. It is wholly unrealistic that a policy could be included that says development proposals should include a new GP facility/neighbourhood health centre unless a feasibility study is carried out that shows onsite provision is not viable</p>                                                                                                                                                                                                                                                                                                                                          | <p>ICB's objection remains.</p> |

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| <p>Chapter 8, that says (amongst other things) that development proposals will be supported if they comprise a new GP facility funded by developer contributions or CIL and that development proposals that are not providing a neighbourhood health centre will only be supported if the onsite provision is not viable or the scale of the proposals do not merit an onsite facility.</p> | <p>or the scale of proposals to do not merit an onsite facility. Presumably this would apply to residential accommodation only, although that is not clear in the rep. Nearly all development that comes forward in Oxford is small, and too small to generate the need for additional health facilities by itself, or even any discernible need for any improvements. This is especially the case when nearly all facilities in Oxford are accepting new patients. Once the likely implications of a change in how primary health care is delivered is worked through and applied to Oxford, then the IDP can be updated to reflect this, but at the current time there is no certainty about what this means that can be reflected in the IDP (or Local Plan itself).</p> |  |
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