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OXFORD CITY COUNCIL

Oxford Local Plan 2045
Submission Draft
COMMENT FORM

Part A

You only need to fill Part A in once

Your name: Jeffrey Ng

Organisation (if applicable): NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Bo

Address: [redacted]

Email:

Date: 16 March 2026

Data protection:
Please note that your response will be made available for inspection by the public in paper form at the Council's offices, or other locations as appropriate for the purpose of facilitating public access.

Your personal details will be properly safeguarded and processed in accordance with the requirements of the General Data Protection Regulation (GDPR) 2018. Your information will be used for The Oxford Local Plan 2045 Proposed Submission Consultation only, and we will only store your data until the Oxford Local Plan 2045 is accepted. Information you give in this form could be shared with the Independent Examiner at the examination stage of the Local Plan process.

We cannot accept anonymous comments.

☒ If you are happy for us to state your name and the first line of your address and postcode when publishing your response(s), please tick this box.

☐ If you would rather all personal details except your name and a non-specific address (e.g. Oxford) to be obscured, please tick this box.

	Yes	No
Do you wish to speak at the examination hearings? (Please note that the Inspector will decide who to invite to speak)	◉	○
Do you wish to be notified when:		
the Council submit the Oxford Local Plan 2045 to the Government?	◉	○
the Inspector's Report is published?	◉	○
the Oxford Local Plan 2045 is adopted by the Council?	◉	○

GENERAL ADVICE

For advice on making a comment, please see the accompanying notes page. It is also available at www.oxford.gov.uk/oxford-local-plan-2045

When completing the form,

- You only need to complete Part A once
- Use Part B to make your specific comments. You may complete Part B multiple times to comment on different parts of the Oxford Local Plan 2045.
- Cover concisely all the information and evidence you feel supports or justifies your view, as this will normally be your only opportunity to tell us about it.
- Be as precise as possible.

HOW TO SUBMIT YOUR COMMENTS

Please submit completed forms by email or post to:

planningpolicy@oxford.gov.uk

Planning Policy Team
Oxford City Council
Town Hall
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OX1 1BX

If you have any questions please feel free to get in touch with the Planning Policy Team
T: 01865 252847
planningpolicy@oxford.gov.uk
www.oxford.gov.uk/localplan2040

Please ensure your comments reach us by **4.00pm on Friday 13th March 2026.**
Thank you for participating.

DETAILS OF YOUR COMMENT

Part B

Please use a new Part B for each point you are commenting on. Attach all completed forms to Part A.

Please read the accompanying notes before completing Part B. The notes explain what we mean by soundness and legal compliance. These are questions that we are expected to ask consultees.

Q1. Which part of the document do you wish to comment on? (please give the relevant paragraph or policy number)

Paragraph		Policies Map	
Policy Number		Sustainability Appraisal	

Q2. Do you consider that the document:

(a) is legally compliant?	○ Yes	☒ No
(b) is sound?	☒ Yes	○ No
	○	○

Q3. Do you consider that the document is **unsound** because it is <u>not</u>: (tick as appropriate)

(a) positively prepared?	☐	(c) effective?	☐
(b) justified?	☐	(d) consistent with national policy?	☐

Q4. Please tell us below why you consider the document to be unsound or not legally compliant. If you do believe the document is sound or legally compliant, or complies you may use the box to explain why.

Please use an extra sheet if completing a paper copy.

Q5. What change(s) do you consider necessary to make the document sound or legally compliant? Please explain why this change will achieve soundness or legal compliance. It would be helpful if you could suggest revised wording for the policy or text in question.

Please use an extra sheet if completing a paper copy.

This is the end of the comment form

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Oxford City Council

Oxford Local Plan 2045 Proposed Submission Regulation 19 Representation

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board

March 2026

1. Introduction

Independent Investigation of the National Health Service in England

1.1. Lord Darzi published an independent investigation report of the national health service (NHS) in England in 2024. The Report[1] critically set out the primary care estates is "not fit for purpose" (paragraph 37, Chapter 5 of the report). While the report only indicates a national picture of the GP estates, it is noted that 20% of the GP estates predates the founding of the NHS in 1948 and more than 50% is more than 30 years old. Though the focus of the report is to call for a reform to the capital framework for primary care of the NHS, the report also indicates **the challenges of securing sufficient fundings to support primary care estates development and to ensure primary care estates are financially and operationally viable.**

NHS 10-Year Health Plan for England

1.2. The Government recently published a new NHS 10-Year Health Plan[2] (the Plan). The Plan highlights the Lord Darzi's Report concerning the NHS was in critical condition and is seeking to create a new model of care through 3 radical shifts, including hospital to community, analogue to digital and sickness to prevention. The Plan introduces neighbourhood health service as an alternative to deliver integrated care, including the development of **neighbourhood health centres** and the introduction of new financial incentives to drive neighbourhood health by having 2 new contracts. ICBs will also have the role of strategic commissioner of local healthcare services.

National Planning Policy Framework (NPPF)

1.3. 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. Paragraph 8 sets out that the planning system has three overarching objectives, where a social objective is to support strong, vibrant and healthy communities by providing accessible services that support communities' health and social wellbeing.

1.4. Paragraph 20 of the NPPF[3] 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 27 sets out that a consistent approach should be taken to planning the delivery of major infrastructure such as **neighbourhood health facilities**. Paragraph 35 continues to set 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] https://assets.publishing.service.gov.uk/media/66e1b49e3b0c9e88544a0049/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England.pdf
[2] https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf
[3] https://assets.publishing.service.gov.uk/media/67aafe8f3b41f783cca46251/NPPF_December_2024.pdf

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

1.5. The ICB is a statutory NHS organisation, which was established on 1 July 2022 by The Integrated Car e 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).

1.6. According to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Strategy dated March 2023[4], primary care is the first point of contact into health and care services. The ICB also published its first Primary Care Strategy in 2024, and it sets out that the ICB needs to work in partnership with local authorities to explore new ways of delivering primary care estates, including co-location of services and the use of public estates and community assets to deliver primary care services.

1.7. The new NHS 10-Year Health Plan sets out that ICBs will have the role of strategic commissioners. This is also noted that BOBICB is going to merge with Frimley ICB to form a new ICB to cover a wider area from 1 April 2026[5]. The ICB however, will continue to have the role of primary care commissioner until this commissioning function is formally shifted to the new ICB.

Primary Care Networks (PCNs)[6] in Oxford

1.8. 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.

1.9. 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
- Spires[7].

1.10. 6 PCNs includes 26 GP practices in total. As of July 2025, 6 PCNs are serving 240,400 registered patient population in Oxford City.

[4] https://www.bucksoxonberksw.icb.nhs.uk/media/2933/integrated-care-strategy.pdf
[5] https://bucksoxonberksw.icb.nhs.uk/news/posts/bob-icb-news/may-2025/future-plans-for-integrated-care-boards/
[6] https://www.england.nhs.uk/primary-care/primary-care-networks/
[7] 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.

2. ICB Comments

2.1. The Draft Local Plan 2045 proposes building at least 9,267 new homes within Oxford over the plan period 2025-2045, which is equivalent to an average of 463 new homes per annum.

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 a statutory duty to ensure that primary healthcare services are provided adequately. Therefore, appropriate mitigation measures should be identified in each major housing development scheme, to ensure that both existing and new residents.

CHAPTER ONE: Introduction and Strategy

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 keen 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. 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.

CHAPTER TWO: A Healthy Inclusive City to Live In

2.7. The Council identifies that the housing need over the plan period 2025 to 2045 is 9,267 new homes, which is equivalent to 463 new homes per annum. The ICB has not raised objection to the provision but is only subject to there is adequate primary care health provision provided to accommodate this population growth. It is noted that a majority of existing GP practices in Oxford do not have any scope for expansion and therefore primary care mitigations must be provided in any new development.

CHAPTER SEVEN: A Liveable City With Strong Communities and Opportunities for All

2.8. The ICB already set out that health infrastructure does not fall within Planning Use

Class F2. The provision of new health facility is not always straightforward as the ICB does not directly hold the premises and the ICB has no dedicated budget to support any primary care estates development. As the delivery and funding model of health infrastructure is complex, it is considered that a standalone policy is an appropriate way to deal with this, which should be included in Chapter 8 of the Plan. This is to ensure that the Plan is justified and positively prepared.

CHAPTER EIGHT: Infrastructure and new development

2.9. The ICB considers that it is a missed opportunity to set out the provision of health infrastructure. It is important to point out that Oxford City Council is one of the Integrated Care System (ICS) partners and ICS have four aims:

- To improve outcomes in population health and healthcare
- To tackle inequalities in outcomes, experience and access
- To enhance productivity and value for money
- To help the NHS support broader social and economic development

2.10. The Local Plan therefore plays a vital role in supporting the ICS as a whole. In an absence of adequate and fit for purpose health infrastructure, the ICS would not be able to achieve any of the aims above and there will not be adequate health infrastructure to support new population growth. Furthermore, the NHS 10-Year Health Plan is introducing neighbourhood health centre. The ICB considers that 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 requires local planning authorities to take a consistent approach to do the planning and delivery of health infrastructure. Importantly the NPPF also emphasises that local plans should set out the contributions expected from development. Clearly, the current Draft Local Plan does not provide any details as required by the NPPF about the contributions expected from development towards health.

2.11. The recently published Government's NHS 10-Year Health Plan sets out the plan to move from hospital to community by introducing neighbourhood health service in local communities, which includes the setup of neighbourhood health centres to provide an "one stop shop" for patients including the co-location of NHS, Council and community services. The ICB considers that the Draft Local Plan should reference to the proposed neighbourhood health centres and any proposals comprising a neighbourhood health centre should be supported by this Draft Local Plan.

2.12. The delivery of primary care facilities is complicated and challenging due to a lack of ICB funding and ownership of primary care estates. Given that the ICB has no direct control over primary care estates, the ICB will have to work closely with GP partners and third-part landlords for any new primary care estates development including the provision of new health facilities and improvements to existing health facilities.

2.13. A Policy is therefore required in the Draft Local Plan to set out the challenges of delivering primary care infrastructure and the contributions expected from developers towards health. The ICB proposed the following new Draft Policy in Chapter 8:

DRAFT POLICY I2: HEALTH INFRASTRUCTURE
Development proposals will only be supported where the impacts on primary care services are mitigated through the timely provision of necessary onsite and/or offsite primary care mitigations. Developers must engage with NHS

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB-ICB) or other such appropriate body to discuss the proposed primary care mitigations.

Neighbourhood Health Centres

Development proposals will be supported if the proposals comprise a neighbourhood health centre. Applicants are expected to carry out pre-project works at the applicants' expense of the project(s), subject to the agreement with BOB-ICB or other such appropriate body. Applicants are expected to provide a "turnkey" facility to BOB-ICB or other such appropriate body. The neighbourhood health centre is expected to be funded by developer contributions and/or Community Infrastructure Levy (CIL).

New GP facilities

Development proposals will be supported if the proposals comprise a new GP facility. Applicants are expected to carry out pre-project works at the applicants' expense of the project(s), subject to the agreement with BOB-ICB or other such appropriate body. Applicants are expected to provide a "turnkey" facility to BOB-ICB or other such appropriate body. The new GP facility is expected to be funded by developer contributions and/or Community Infrastructure Levy (CIL).

Improvements to existing health facilities

Development proposals which 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. Developers must engage with BOB-ICB or other such appropriate body to discuss the proposed primary care mitigation. Subject to the agreement of BOB-ICB or other such appropriate body, applicants are expected to carry out pre-project work at the applicants' expense of the project(s), The identified estates project(s) would be able to support the existing facility(ies) in the local area to support the new population growth. The improvement works are expected to be funded by developer contributions.

2.14. In an absence of this Draft Policy related to health infrastructure, the Plan is not considered to be justified, positively prepared, effective and consistent with national policy. The ICB would be willing to work with the Council regarding the wording of the Policy.

NORTH INFRASTRUCTURE AREA

2.15. The usage of health care services of all surgeries in this infrastructure area is 100%. Therefore, it is appropriate to explore the opportunity to create additional estates capacity at or near these facilities or the development of a new healthcare provision by the use of developer contributions or CIL fundings. The ICB suggested the following wording be added to Policy NEOAOF:

Infrastructure

l) the commissioning of the feasibility study of any proposed works and the identified projects, including but to limited to any extension or reconfiguration of Cutteslowe Surgery and Wolvercote Surgery in the area; and

m) a provision of an onsite healthcare provision. A feasibility study of the provision should be provided including the size of the facility, project costing and delivery timescale. A "turnkey" facility is expected to be delivered by developers to the ICB or such appropriate body. The facility would have the similar contractual rental arrangements to the existing premises which will be included in any forthcoming Section 106 legal agreements. 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.

2.16. In an absence of this additional wording, the Policy is not considered to be justified, positively prepared, effective and consistent with national policy. The ICB would be willing to work with the Council regarding the wording of the Policy.

Diamond Place and Ewert House

2.17. The ICB welcomes the provision of an onsite medical centre. However, the ICB is concerned about the current proposed wording of Policy SPN3. 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.

2.18. The ICB does not own any real estate 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. The ICB also expects that a "turnkey" facility can be delivered for the ICB at nil cost and the facility would have the similar contractual rental arrangements to the existing premises which will be included in any forthcoming Section 106 legal agreements. The ICB proposed the following wording included under Healthcare facilities under Policy SPN3:

Healthcare facilities - A feasibility study of the provision should be provided including the size of the facility, project costing and delivery timescale. A "turnkey" facility is expected to be delivered by developers to the ICB or such appropriate body. The facility would have the similar contractual rental arrangements to the existing premises which will be included in any forthcoming Section 106 legal agreements. 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.

I think we are looking on the range of 1600-1700m2 to house the two practices with a combined list of 30,000. This could be one or two levels. In terms of car park space s- we need to recognise that this is a city centre site and so parking is at its

premium. I would suggest we need about 15 designated parking space which includes some disabled parking (but that is up for negotiation) – in the main we would need an ambulance bay and probably 4 disabled spaces unless there is paid parking still. We would look to a similar schedule of accommodation to that in the Archus report.

2.19. In an absence of this additional wording, the Policy is not considered to be justified, positively prepared, effective and consistent with national policy. The ICB would be willing to work with the Council regarding the wording of the Policy.

SOUTH INFRASTRUCTURE AREA

2.20. The usage of health care services of all surgeries in this infrastructure area is 100%. Therefore, it is appropriate to explore the opportunity to create additional estates capacity at or near these facilities or the development of a new healthcare provision by the use of developer contributions or CIL fundings. The ICB suggested the following wording be added to Policy CBLAOF:

Infrastructure

p) the commissioning of the feasibility study of any proposed works and the identified projects, including but to limited to any extension or reconfiguration of existing GP practices in the area; and

q) a provision of an onsite healthcare provision. A feasibility study of the provision should be provided including the size of the facility, project costing and delivery timescale. A "turnkey" facility is expected to be delivered by developers to the ICB or such appropriate body. The facility would have the similar contractual rental arrangements to the existing premises which will be included in any forthcoming Section 106 legal agreements. 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.

2.21. In an absence of this additional wording, the Policy is not considered to be justified, positively prepared, effective and consistent with national policy. The ICB would be willing to work with the Council regarding the wording of the Policy.

Templars Square

2.22. The ICB considers that there is an identified opportunity to merge the existing Donnington Medical Centre and Temply Cowley Health Centre and to provide new medical premises at the Templars Square development. The ICB welcomes the provision of an onsite medical centre. However, the ICB is concerned about the current proposed wording of Policy SPS16. 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.

2.23. The ICB does not own any real estate 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 SPS16 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. The ICB also expects that a "turnkey" facility can be delivered for the ICB at nil cost and the facility would have the similar contractual rental arrangements to the existing premises which will be included in any forthcoming Section 106 legal agreements. The ICB proposed the following wording included under Healthcare facilities under Policy SPS16:

2.24. The ICB suggested the following wording be added to Policy SPS16:

- **Medical and healthcare facilities such as a health centre -** ***A feasibility study of the provision should be provided including the size of the facility, project costing and delivery timescale. A "turnkey" facility is expected to be delivered by developers to the ICB or such appropriate body. The facility would have similar contractual rental arrangements to the existing premises which will be included in any forthcoming Section 106 legal agreements. 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.***

2.25. In an absence of this additional wording, the Policy is not considered to be justified, positively prepared, effective and consistent with national policy. The ICB would be willing to work with the Council regarding the wording of the Policy.

CENTRAL AND WEST INFRASTRUCTURE AREA

2.26. The usage of health care services of all surgeries in this infrastructure area is 100%. Therefore, it is appropriate to explore the opportunity to create additional estates capacity at or near these facilities or the development of a new healthcare provision by the use of developer contributions or CIL fundings. The ICB suggested the following wording be added to Policy WEBRAOF:

Infrastructure

o) the commissioning of the feasibility study of any proposed works and the identified projects, including but to limited to any extension or reconfiguration of existing GP practices in the area.

Infrastructure Delivery Plan (IDP)

2.27. There is a H1 Primary Healthcare project in the IDP. This is considered that the proposed healthcare project set out in the IDP is significantly disproportionate to the new housing development set out in the Draft Local Plan 2045 and is contrary to the vision of the Draft Local Plan, which is to ensure equal opportunities for communities in access to healthcare. The ICB would urge the Council to update the IDP Schedule to ensure adequate primary healthcare services are provided to the community (see Appendix 1).

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 estates 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.

Reference	Scheme	Infrastructure Category	Infrastructure Type	Prioritization	Cost	Confirmed Funding	Delivery Body	Delivery Phasing	District Area	Source
H1	Pre-project study	Healthcare	Primary Healthcare	Essential	Dependent on scope and scale	None	Thames Valley ICB	2030 to 2045	City-wide	Thames Valley ICB
H1	Additional GP capacity: Delivery of a new GP facility, or extension/reconfiguration of existing GP facility	Healthcare	Primary Healthcare	Essential	Dependent on scope and scale	None	Thames Valley ICB	2030 to 2045	City-wide	Thames Valley ICB
H1	New GP facility at Diamond Place and Ewert House	Healthcare	Primary Healthcare	Essential	Dependent on scope and scale	None	Thames Valley ICB	2030 to 2045	North Oxford	Thames Valley ICB
H1	New GP facility at Templars Square	Healthcare	Primary Healthcare	Essential	Dependent on scope and scale	None	Thames Valley ICB	2030 to 2045	South Oxford	Thames Valley ICB