NHS Thames Valley

Examination of the Oxford Local Plan 2045

Matter Statement in response to Inspector's Matters, Issues and Questions

# MATTER 5

NHS Thames Valley Integrated Care Board

November 2026



## Introduction

NHS Thames Valley Integrated Care Board (ICB) is set up on 1 April 2026, which was established to plan and oversee health and care services for the 2.5 million people who live in Berkshire, Buckinghamshire and Oxfordshire. Our creation brings together the former NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boards into a single organisation with one shared vision for improving health across the Thames Valley. Its role is to look at the needs of local communities, decide what services are needed and work with hospitals, GP practices, community services, councils and voluntary groups to make sure people get high quality, joined up care.

The Government recently published a new NHS 10-Year Health Plan[1] (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. The ICB has a statutory role of strategic commissioner of local healthcare services.

## Matter 5 – Site Allocations

Issue 2 – Cowley Branch Line Area of Focus

| |
|---|
| SPS16 – Templars Square Q2 Is it sufficiently clear what uses will come forward and when? Will the policy be effective in securing the mix of uses proposed, such as community facilities and a new health centre? |

The ICB supports the aspiration of SPS16 – Templars Square to provide a mixed-use redevelopment including community facilities and a new health centre. The allocation presents a significant opportunity to improve primary healthcare provision in this part of Oxford through the potential consolidation of the existing Donnington Medical Centre and Temple Cowley Health Centre into modern, fit-for-purpose accommodation.

However, the ICB does not consider that the policy is currently sufficiently clear regarding either the delivery mechanism or the timing of the proposed healthcare provision. Whilst the policy identifies the potential for a health centre as part of the redevelopment, it does not specify how this provision will be secured, funded or brought forward. Consequently, there remains uncertainty as to whether the health facility will ultimately be delivered as part of the scheme.

The ICB's previous representations highlighted that the policy does not provide any indication of:

- the delivery arrangements between the developer and the NHS;
- the mechanisms available should the proposed facility prove financially or operationally unviable.

[1] https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf

The Infrastructure Delivery Plan identifies a **new GP facility at Templars Square** as an essential primary healthcare project to be delivered during the plan period. The inclusion of this project within the IDP provides supporting evidence that healthcare infrastructure is required in this location. However, reliance on the IDP alone does not provide sufficient certainty that the facility will be delivered through the redevelopment.

The ICB therefore considers that Policy SPS16 would be more effective if it included a requirement for early engagement with the ICB and provision of a healthcare feasibility work on developers' expenses. Such assessment should consider:

- healthcare requirements;
- indicative floorspace requirements;
- delivery timescales;
- project costs and funding arrangements;
- operational viability;
- accessibility and parking requirements; and
- whether a new facility can be delivered as a turnkey development or whether alternative mitigation is required.

The ICB previously proposed policy wording requiring a feasibility study to be undertaken and for a new healthcare facility to be delivered where viable, with alternative off-site healthcare mitigation secured where on-site provision cannot be demonstrated to be financially or operationally feasible.

Conclusion

The ICB supports the inclusion of a new health centre within the Templars Square redevelopment. However, whilst the policy identifies the intended use, it does not currently provide sufficient certainty regarding delivery, timing or implementation. The policy would therefore be more effective if additional wording were included requiring engagement with the ICB and a healthcare feasibility assessment to demonstrate how the proposed health centre will be delivered and how healthcare needs arising from development will be appropriately mitigated.