NHS Thames Valley

Examination of the Oxford Local Plan 2045

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

MATTER 9

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 9 – Local Services and Facilities

Issue 2 – Community Facilities – Policies C3, C4 and C5

Q1 How would Policy C3 apply to healthcare facilities and proposals for the expansion, replacement or improvement of such facilities?

The ICB considers that healthcare facilities should be regarded as essential community infrastructure and that Policy C3 should apply positively to proposals involving the expansion, replacement, reconfiguration or redevelopment of health facilities where such proposals support the delivery of healthcare services. The NHS Thames Valley Integrated Care Board is the statutory body responsible for commissioning primary care services and neighbourhood health services and has an important role in planning future healthcare infrastructure requirements.

The ICB notes that the delivery of healthcare facilities is often more complex than other forms of community infrastructure. Primary care premises are frequently owned or occupied by independent GP contractors or third-party landlords, whilst the NHS has limited direct ownership of primary care estates and no dedicated capital programme to fund all required estate improvements. As a result, healthcare accommodation often needs to evolve through extensions, reconfigurations, consolidations, relocations or replacement facilities to remain operationally and financially viable.

The ICB considers that healthcare infrastructure differs materially from other forms of community infrastructure and requires specific policy recognition within the Local Plan. Unlike many community facilities, NHS healthcare provision is delivered through complex commissioning, funding and estate arrangements involving the NHS Thames Valley Integrated Care Board, NHS providers, primary care contractors,

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

landlords and national NHS funding programmes. The planning, delivery and occupation of healthcare facilities are therefore subject to different operational, financial and governance considerations than other community uses. Healthcare infrastructure also frequently requires a combination of developer contributions, NHS capital investment, third-party premises arrangements and long-term revenue commitments before projects can be delivered. The ICB therefore recommends either:

- the introduction of a standalone policy dedicated to healthcare infrastructure; or
- the inclusion of a dedicated healthcare section within Policy C3.

Whilst the ICB supports the objectives of Policy C3, healthcare infrastructure has unique delivery, funding and governance characteristics that are not fully reflected within the current policy framework. A standalone healthcare policy, or a dedicated healthcare subsection within Policy C3, would improve clarity, effectiveness and consistency with national planning policy by providing a robust framework for the delivery of healthcare infrastructure needed to support growth over the plan period.