

CWICB Health Response – Application Reference: R25/0565

Comments have been prepared by NHS Coventry and Warwickshire Integrated Care Board (the ICB) in response to the full application for up to 160 dwellings at land South East of Rugby, Clifton Upon Dunsmore.

Context

It is increasingly recognised, in England and further afield, that local council's development plans and policies can have important long-term effects on physical and mental health and wellbeing of their areas population. It is also important for reducing inequalities in health. The 2019 National Planning Policy Framework (NPPF) places a stronger emphasis on these links than previous iterations. The NPPF sets out three overarching objectives that the planning system should abide by to achieve sustainable development. These are economic, social and environmental.

Paragraph 2 of the NPPF states that applications for planning permission must be determined in accordance with local plans unless material considerations indicate otherwise, and paragraph 38 states that planning authorities should approach decisions on proposed development in a *positive and creative way* and work proactively with applicants to secure developments that will improve the economic, social and environmental conditions of the area. Planning policies and decisions should aim to achieve healthy, inclusive and safe places and enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs (paragraph 91 of the NPPF).

In addition to this, paragraph 92 states that Local Councils are to “plan positively for the provision...of...community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments” and are to “*take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community*”. This includes the ICB's Estate Strategy.

Primary Care

In line with CIL compliancy, the ICB wishes to make a request related to the funding of health requirements through a planning obligation under S106 of the 1990 Act, which in order to be “CIL compliant” must meet the tests of specified in Regulation 122(2) of the Community Infrastructure Level (CIL) Regulations 2010. Those tests require that the sums are –

- a) necessary to make the development acceptable in planning terms;
- b) directly related to the development; and
- c) fairly and reasonably related in scale and kind to the development

The commentary below explains how each of these tests has been met.

NHS Coventry and Warwickshire ICB estimate that the development of up to 160 dwellings at land South East of Rugby, Clifton Upon Dunsmore will generate 384 residents using a ratio of 2.4 residents per dwelling.

Our analysis of primary care facilities in the locality shows that there are 5 practices providing primary care medical services to the area. The practices have been identified where they are within a 2 km radius of the location shown in Figure 1 below and listed below:

Name of Practice	Address
Brownsover medical Centre	Bow Fell Brownsover, Rugby, Warwickshire. CV21 1JF
Beech Tree Medical Practice	Health and Wellbeing Centre, Drover Close, Rugby. CV21 3HX
Market Quarter Medical Practice	Health and Wellbeing Centre, Drover Close, Rugby. CV21 3HX
Clifton Road Surgery	26 Clifton Road Surgery, Rugby. CV21 3QF
Whitehall Medical Practice	Morton Gardens, Lower Hillmorton Road, Rugby. CV21 3AQ

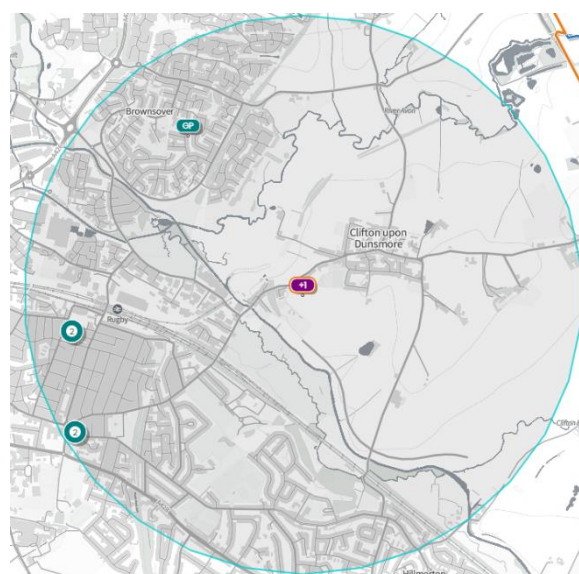


Figure 1: GP Practices closest to the development (Source: SHAPE)

Having modelled the future housing growth and our future health delivery services via PCNs including an extended workforce we know the implications on the estate footprint for these practices isn't sufficient to meet the future population requirements. We have looked at the capacity of the practices and based on current list size, our space estimator indicates a requirement for 65 clinical rooms; however, the practices currently operate from 59 clinical rooms. This highlights that the practices are operating under capacity for their current list size and that there will be a capacity shortfall of 13 clinical rooms by 2035. (Source: NHSE PID estimator).

A summary of the analysis of the local practice position is shown below in Figure 2.

Year	List size (all practices)	NHSE PID Estimator Clinical Rooms		
		Consulting Rooms	Treatment Rooms	Total
2026	61697	49	16	65
2035	68027	54	18	72

*Includes population growth and housing development population growth to 2032

Figure 2: NHSE PID Estimator Clinical Rooms Assessment

Review of the primary care and local health estate indicates there is potential for improvement works to be undertaken on existing current healthcare estate as shown in Figure 1.

Therefore, in order to support the additional growth anticipated from the proposed housing development, the ICB requests s106 developer contributions for infrastructure to support the development. Having modelled the future housing growth and our future health delivery services via Primary Care Networks including an extended workforce we know the implications on the estate footprint for those practices shown in figure 1 will not be sufficient to meet the future population requirements.

The ICB needs to ensure future delivery of primary care services and must consider more integrated service delivery models for health and wellbeing provision of the local population. This may be by way of a new build facility or improvement works for the primary care and healthcare estate within PCNs serving the locality; Rugby

Further analysis has been completed using NHSE and ICB modelling tools to calculate the space and associated financial requirements to deliver the primary care provision required to meet the specific population growth needs from this planning application. This is shown in Figure 3.

The capacity and cost analysis below demonstrate how this request is **directly related to this development** and **fairly and reasonably related in scale and kind to the development**.

	<u>Current Application</u>	
<u>Capacity Analysis</u>		
Planned number of dwellings		160
Forecast increase in population		384
Average no. of consultations per annum		6
Forecast no. of consultations per annum		2304
Clinical floor area required GIA m2		8
Clinical / non clinical support GIA m2		14
Circulation / engineering / planning allowance GIA m2		14
TOTAL GIAM ²		36
	NET Cost	TOTAL COST
Construction Cost	£113,400	£136,080
Abnormal Site Works	£22,680	£27,216
Sub Total Work Costs	£136,080	£163,296
Equipment	£13,608	£16,330
Fees	£26,944	£26,944
Statutory Charges	£6,804	£8,165
Sub Total Non-Works Costs	£47,356	£51,438
Total Works & Non-Works Costs	£183,436	£214,734
Risk Contingency Allowance	£22,012	£26,415
Total Cost	£205,448	£241,149

Figure 3: Capacity and Cost Analysis for application Improvement works (Source NHSE PID and Cost Estimator- Version April 2017)

Improvements to off-site primary medical care and healthcare facilities – capital contribution required is currently estimated at £241,149.



These costs need to be index linked.

Consideration needs to be given to the phasing of the development and the trigger point at which premises improvements will need to be in place.

Further detailed planning work will also establish a more detailed development cost and how any shortfall in funding could be found through other routes (if required). These funding routes could be through other private investment or NHS England linked grants. However, as the increase in patients is directly due to this planning application, we are seeking funding to the Primary Care development equal to the proportion of additional patients this application/development could create.

The potential impact if contributions are not made is that the improvement works will not be completed, and local practices will reach maximum capacity and be forced to close their lists to new patients. In this case, the new population arising from this development will experience issues gaining access to primary medical care services.

The ICB welcomes the opportunity to discuss this request further with the case officer and/or applicant and wish to be involved throughout the S106 wording process to ensure that contributions are allocated in the most appropriate way.

Prepared by Coventry and Warwickshire ICB
17/02/2026