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21 July 2026

Dear Sir/Madam,

NHS Hampshire and Isle of Wight ICB response to the Regulation 19 Publication Building a Better Future Plan

NHS Hampshire and Isle of Wight Integrated Care Board ("the ICB") welcomes the opportunity to respond to Havant Borough Council's Regulation 19 Publication Building a Better Future Plan. The Council's consultation material confirms that the Publication Plan is the version the Council considers to be sound and that representations at this stage should address legal compliance and soundness before the Plan is submitted for examination.

The ICB has reviewed the Publication Plan from the perspective of primary care infrastructure, GP premises capacity and the ability of the local primary care estate to support planned growth. The ICB does not object to the principle of planned housing growth in Havant Borough. The ICB supports sustainable development where growth is planned positively and supported by the infrastructure required to make that development acceptable in planning terms.

This representation should be read alongside the ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers[1], or any successor version current at the point of decision-making. That methodology sets out the ICB's evidence-based approach to identifying GP premises infrastructure requirements and calculating proportionate developer contributions where new development generates additional demand for primary care capacity.

However, the ICB considers that the Plan requires modification before submission to ensure that healthcare infrastructure is properly assessed, secured and delivered alongside growth.

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1 https://www.hantsiow.icb.nhs.uk/application/files/1117/7632/3856/Health_Contributions_for_GP_Infrastructure_Technical_Note_for_Developers_April_2026.pdf or any successor version

In its current form, the Plan contains positive references to infrastructure and health, but does not provide a sufficiently clear, effective or deliverable policy mechanism for addressing the primary care infrastructure impacts arising from planned development, particularly in relation to the Southleigh strategic allocation.

Accordingly, the ICB objects to the Plan as currently drafted on the grounds of soundness, specifically effectiveness and consistency with national policy. This objection is capable of being resolved through targeted Main Modifications of the kind set out below.

1. Summary of the ICB's position

The ICB welcomes the fact that the Publication Plan now contains stronger infrastructure and health-related provisions than earlier drafts. Policy 4 recognises that infrastructure includes health services, supports the delivery of facilities to meet the operational requirements of healthcare providers, and requires developers to provide or contribute towards infrastructure that is necessary to make development acceptable in planning terms. Policy 12 introduces Health Impact Assessment requirements for residential development of 100 or more dwellings, non-residential development over 1,000 sqm, and development likely to have a significant impact on health.

The ICB also welcomes the clarification in the Plan that where development generates new demand, national planning policy requires mitigation to address the impact of that growth, even where the relevant infrastructure system is already under pressure. The Plan further states that CIL is not a substitute for the provision of, or financial contributions towards, infrastructure that is necessary to make a development acceptable in planning terms, and that such items will continue to be secured through legal agreements.

However, these positive elements are not yet translated into a clear healthcare infrastructure policy framework. Policy 12 remains primarily focused on wider determinants of health, including active lifestyles, open space, active travel, food environments, housing, climate resilience and amenity. These are important matters, but the policy does not expressly address access to healthcare, GP premises capacity, primary care infrastructure, the role of the ICB, or development-related healthcare infrastructure mitigation.

The ICB's position is that healthcare infrastructure, including primary care premises, is essential infrastructure required to support sustainable growth. Development-related impacts on primary care infrastructure should be assessed at plan-making, masterplanning, pre-application and application stages, and appropriate mitigation should be secured through planning obligations where the statutory tests are met.

The ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers, provides the evidence-based framework for assessing when such mitigation is required and how any contribution should be calculated.

For clarity, the ICB's position concerns capital healthcare infrastructure, such as premises reconfiguration, extension, new healthcare floorspace, land provision or other capital works required to increase primary care capacity. The ICB is not seeking planning obligations to fund general NHS revenue services or to remedy unrelated historic deficiencies. This distinction is important because recent commentary on *University Hospitals of Leicester NHS Trust v Harborough District Council* highlights the legal vulnerability of revenue-based NHS service contributions, while also distinguishing that issue from identified capital/infrastructure shortfalls.

2. Evidence of primary care infrastructure pressure

The ICB has provided evidence through the Infrastructure Delivery Plan process identifying existing primary care capacity pressures and potential mitigation projects across Havant Borough. The latest IDP cost proforma, submitted in May 2026, identifies a number of GP premises already operating above calculated capacity and identifies S106 developer contributions as the relevant potential funding source for development-related mitigation projects.

The following examples are particularly relevant to the Southleigh strategic allocation and the wider Havant/Emsworth primary care estate:

Practice	Current capacity position	Identified mitigation	Indicative cost / funding source
Emsworth Medical Practice	110.41% capacity; 1,454 patients over capacity	Extension of existing surgery, including development above the existing flat roof to deliver additional clinical accommodation	S106 developer contributions; estimated cost £920k
Blossom Health: Havant	198.01% capacity; 4,083 patients over capacity	Internal reconfiguration of under-utilised accommodation to create additional clinical rooms	S106 developer contributions; estimated cost £600k; by 2029
Homewell Curlew Practice	149.09% capacity; 5,039 patients over capacity	Internal reconfiguration to release clinical space and create two new consultation rooms	S106 developer contributions; estimated cost £100k
The Bosmere Medical Practice	114.36% capacity; 2,419 patients over capacity	Review of reconfiguration, extension or new-build options	S106 developer contributions; cost TBC

This evidence demonstrates that the ICB's concerns are grounded in identifiable premises capacity constraints and potential capital mitigation projects, rather than a generalised

objection to population growth. The ICB recognises that planning obligations cannot be used to remedy unrelated existing deficiencies. However, where planned development generates additional population and additional demand for primary care infrastructure, it is necessary and appropriate for the Plan to provide a mechanism to assess that impact and secure proportionate mitigation for the development-related element of need.

NHS England's capital guidance confirms that developer contributions can support local infrastructure, including healthcare, through Section 106 agreements and CIL; that Section 106 contributions must meet the tests of being necessary, directly related, and fairly and reasonably related in scale and kind; that NHS organisations should collaborate with local planning authorities at all stages to understand and address the healthcare impact of new developments; and that capital allocations do not cover additional facilities required due to housing developments.

The ICB's Health Contributions for GP Infrastructure – Technical Note for Developers provides the methodology for translating identified primary care capacity impacts into proportionate infrastructure mitigation. The methodology assesses the development-generated population, the relevant GP premises capacity and patient list position, the additional floorspace requirement arising from the development, and the applicable cost benchmark for internal reconfiguration, extension or new-build GP premises. Contributions are only sought where the population generated by the development, or the allocation of which the development forms part, cannot be accommodated within existing GP premises capacity. This ensures that requests are evidence-based, proportionate and directed to the development-related element of need rather than unrelated historic deficiencies.

3. Policy 12: Health

The ICB welcomes the inclusion of Policy 12: Health and the introduction of Health Impact Assessment requirements. However, the policy does not yet address the full relationship between planning, health and healthcare infrastructure.

Policy 12 identifies a wide range of health-related planning matters, but it does not expressly refer to healthcare access, GP premises, NHS estate capacity, primary care infrastructure or engagement with the ICB. The policy also refers to access to education and employment, but does not include equivalent wording on access to healthcare.

The ICB requests that Policy 12 and/or its supporting text be modified to include healthcare infrastructure explicitly.

Requested modification to Policy 12

Add wording substantially as follows:

> Development proposals should promote healthy and inclusive communities by ensuring safe, convenient and sustainable access to local services and facilities, including education, healthcare, employment, open space, recreation and community facilities.

Add further supporting text substantially as follows:

> Where a Health Impact Assessment is required, applicants should engage with NHS Hampshire and Isle of Wight Integrated Care Board at an early stage to understand existing healthcare infrastructure capacity, assess development-related impacts on primary care provision, and identify appropriate mitigation where required.
>
> For residential development likely to generate additional primary care demand, the Health Impact Assessment should have regard to the ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers, and any site-specific capacity evidence provided by the ICB.

Add further wording substantially as follows:

> Where development would generate additional demand for healthcare infrastructure, appropriate mitigation will be secured through planning obligations where such obligations are necessary to make the development acceptable in planning terms, directly related to the development, and fairly and reasonably related in scale and kind.

4. Policy 4 and the Infrastructure chapter

The ICB welcomes the wording in Policy 4 which recognises the importance of infrastructure, supports the delivery of facilities to meet the operational requirements of healthcare providers, and requires developers to provide or contribute towards infrastructure necessary to make development acceptable in planning terms.

The ICB also welcomes the Plan's acknowledgement that infrastructure delivery must be coordinated with development phasing and that expected impacts should be mitigated before they arise. The Plan already states that the nature, scale and phasing of infrastructure should be commensurate with the scale and form of development and its impact, and that provision may be made through new infrastructure or through extension or enhancement of existing infrastructure to improve capacity.

However, the later Infrastructure chapter includes wording that may unintentionally be read as limiting the ability to secure health infrastructure mitigation. It states that new development cannot be required to address existing capacity issues and that the planning regime does not allow councils to halt development pending improvements to services such as GPs or dentists. The ICB accepts the underlying principle that planning obligations cannot address unrelated existing deficiencies. However, it is important that the Plan also makes clear that

development-related healthcare infrastructure impacts can be mitigated where the statutory tests are met.

Requested modification to the Infrastructure chapter

Add wording substantially as follows:

> Healthcare infrastructure, including primary care premises, is essential infrastructure required to support sustainable growth. The Council will work proactively with NHS Hampshire and Isle of Wight Integrated Care Board to identify healthcare infrastructure requirements arising from development and to secure appropriate mitigation through planning obligations where the statutory tests are met.
>
> Healthcare infrastructure requirements will be assessed in consultation with NHS Hampshire and Isle of Wight ICB, having regard to the ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers, or any successor methodology.

Add further wording substantially as follows:

> Planning obligations cannot be used to address unrelated existing deficiencies. However, where new development generates additional demand for healthcare infrastructure, planning obligations may be used to mitigate the development-related impact. Such mitigation may include financial contributions, premises reconfiguration, extension of existing premises, provision of land, or delivery of new healthcare floorspace.

5. Allocation 1: Southleigh

The ICB's principal concern relates to Allocation 1: Southleigh.

Southleigh is identified as the largest strategic allocation in the Plan. The site is identified as capable of providing around 2,100 dwellings, including around 1,500 dwellings within the plan period, and the Plan recognises that significant infrastructure improvements will be required to make the new community sustainable and to integrate it successfully with existing communities. This strategic allocation has now been superseded by an active planning application for 1,800 dwellings, potentially rising to 2,100 dwellings outside of the plan period. The below remains commentary on the local plan as being consulted on by Havant Borough Council.

The allocation contains specific requirements for a local centre, open space, a primary school, early years provision and a community centre or extension of an existing facility. However, it does not include a specific healthcare infrastructure requirement, despite the scale of population growth that the allocation will generate and the existing primary care capacity

constraints identified through the IDP process. The ICB considers this omission to be a soundness issue. Southleigh will generate a substantial new population and is likely to place additional demand on nearby primary care infrastructure. Without an express healthcare infrastructure requirement in the allocation policy or supporting text, there is insufficient certainty that the necessary assessment, mitigation, phasing and delivery arrangements will be secured at the appropriate stage.

It should be noted that since the publication of the Havant Local Plan Reg 19 Consultation, an outline planning application for up to 1,800 homes at Southleigh (Land East of Denvilles – APP/26/00324) has been validated by Havant Borough Council and is currently out for consultation. Whilst the application mentions medical services, there is no further information given and the ICB has not been approached by the developer to discuss what this might look like.

The ICB is actively engaging with local GP practices to understand how best to support the new population that will be created from this development. In accordance with the ICB's published Health Contributions for GP Infrastructure - Technical Note for Developers, it is anticipated that the mitigation required will be for a minimum of 290m^2 additional GMS space, which could be achieved through a new build, on-site healthcare facility and/or the extension of existing local GP premises, to be funded by the developer through a S106 contribution.

Requested modification to Allocation 1: Southleigh

Add wording substantially as follows:

> Development at Southleigh will be required to assess and mitigate its impact on healthcare infrastructure, including primary care capacity. The applicant must engage with NHS Hampshire and Isle of Wight Integrated Care Board at the earliest opportunity to identify the healthcare infrastructure required to support the development.
>
> The assessment should be undertaken having regard to the ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers, or any successor methodology, and should use up-to-date information on the relevant GP catchments, current patient list sizes, existing premises capacity, planned phasing and available mitigation projects.
>
> Mitigation may include financial contributions, premises reconfiguration, extension of existing GP premises, provision of land, or delivery of new healthcare floorspace, depending on the most appropriate solution identified by the ICB.
>
> Where Southleigh comes forward in phases or through multiple applications, existing primary care capacity should be considered and apportioned in accordance with the

ICB methodology so that the development-related impact is assessed fairly and consistently across the allocation.

Any necessary mitigation will be secured through Section 106 obligations and linked to appropriate occupation or phasing triggers.

Add further supporting text substantially as follows:

Healthcare infrastructure, including primary care premises capacity, forms part of the essential infrastructure package required to support the Southleigh strategic allocation.

6. Developer contributions, IDP and viability

The ICB requests that healthcare infrastructure requirements identified through the IDP process are reflected in the Council's infrastructure planning, developer contributions framework and viability evidence.

The IDP cost proforma identifies multiple healthcare infrastructure projects, indicative costs and S106 developer contributions as the relevant potential funding source. If these requirements are not reflected at plan-making stage, there is a risk that necessary healthcare infrastructure mitigation is treated as unexpected or residual at application stage. That would undermine effective infrastructure delivery and could weaken the Plan's ability to demonstrate that growth can be supported by necessary infrastructure.

The primary evidence source for calculating development-related GP infrastructure mitigation is the ICB's Health Contributions for GP Infrastructure – Technical Note for Developers. The methodology provides a transparent and repeatable approach for assessing whether development-generated population can be accommodated within existing GP premises capacity and, where it cannot, for calculating the floorspace and capital cost required to mitigate the development-related impact. The methodology should therefore be reflected in Havant's Infrastructure Delivery Plan, Developer Contributions Guide and viability evidence so that healthcare infrastructure is considered alongside education, transport, open space and other infrastructure requirements at plan-making stage.

Eastleigh Borough Council's adopted Planning Obligations SPD provides a relevant comparator demonstrating how the ICB methodology can be incorporated into local planning guidance. It should not be treated as the source of the ICB's request in Havant; rather, it demonstrates that the same methodology can be applied transparently within a local planning obligations framework.

The ICB does not suggest that Havant must replicate Eastleigh's SPD word-for-word. However, Eastleigh demonstrates that healthcare infrastructure contributions can be addressed in local planning guidance in a practical, transparent and Regulation 122-compliant way. Havant

should provide a comparable level of clarity through its Plan, IDP, Developer Contributions Guide and/or future SPD.

Requested modification on IDP, contributions and viability

Add wording substantially as follows:

> The Infrastructure Delivery Plan, Developer Contributions Guide and viability evidence should identify and test healthcare infrastructure requirements arising from planned growth, including primary care premises capacity projects identified by NHS Hampshire and Isle of Wight Integrated Care Board. Where development generates additional demand for healthcare infrastructure, proportionate mitigation will be sought through planning obligations where the statutory tests are met.
>
> The ICB further requests that the Council's viability evidence demonstrates whether healthcare infrastructure requirements identified through the IDP have been considered and tested alongside education, transport, open space and other infrastructure requirements.

7. Requested Main Modifications

The ICB considers that the following Main Modifications are necessary to make the Plan sound:

1. Recognise healthcare infrastructure as essential infrastructure required to support sustainable growth, including primary care premises capacity.

2. Recognise NHS Hampshire and Isle of Wight ICB as a key infrastructure provider and require early engagement with the ICB where development may generate additional demand for healthcare infrastructure.

3. Amend Policy 12: Health to include access to healthcare alongside education, employment, open space, active travel and other local services and facilities.

4. Strengthen Health Impact Assessment requirements so that applicants engage with the ICB where development is likely to generate additional healthcare demand, particularly for major residential development, strategic allocations and specialist or older persons' housing.

5. Include clear policy support for Section 106 healthcare infrastructure mitigation where the Regulation 122 tests are met, with development-related GP infrastructure requirements assessed in consultation with NHS Hampshire and Isle of Wight ICB and having regard to the ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers, or any successor methodology.

6. Add a specific healthcare infrastructure requirement to Allocation 1: Southleigh, including early ICB engagement, assessment of primary care impacts, identification of mitigation, and appropriate phasing or occupation triggers.

7. Update the Infrastructure Delivery Plan, Developer Contributions Guide and viability evidence to identify, cost and test healthcare infrastructure requirements associated with planned growth, including GP premises capacity requirements assessed by reference to the ICB's published Health Contributions for GP Infrastructure – Technical Note for Developers, or any successor methodology.

8. Identify the ICB's Health Contributions for GP Infrastructure – Technical Note for Developers, as a relevant evidence document for assessing development-related primary care infrastructure requirements and for informing planning obligations where such obligations are necessary, directly related to the development, and fairly and reasonably related in scale and kind.

8. Conclusion

The ICB relies on the following supporting evidence:

1. NHS Hampshire and Isle of Wight ICB, Health Contributions for GP Infrastructure – Technical Note for Developers, 1 April 2026, or latest successor version.

2. Havant Infrastructure Delivery Plan healthcare proformas submitted by the ICB.

3. NHS England capital guidance confirming that NHS capital allocations do not cover additional facilities required due to housing developments.

4. Eastleigh Borough Council Planning Obligations SPD, as an example of local planning guidance incorporating the ICB methodology.

9. Conclusion

The ICB remains committed to working constructively with Havant Borough Council to resolve these matters before the Plan is submitted for examination. The ICB supports sustainable growth where it is accompanied by the infrastructure necessary to make development acceptable in planning terms.

However, unless the modifications requested in this representation are made, the ICB considers that the Plan is not currently effective in respect of healthcare infrastructure. In particular, the Plan does not yet provide a sufficiently clear, deliverable and evidenced mechanism for assessing, securing and delivering primary care infrastructure required to support planned growth.

The ICB requests that its Health Contributions for GP Infrastructure – Technical Note for Developers, is treated as a supporting evidence document for the purposes of plan-making, infrastructure planning, viability testing and any subsequent examination matters relating to healthcare infrastructure.

For that reason, the ICB objects to the Plan as currently drafted and reserves the right to participate in the Examination in Public on matters relating to primary care capacity, healthcare infrastructure, Section 106 mitigation, the Infrastructure Delivery Plan, viability and the Southleigh strategic allocation.

Yours sincerely,

[redacted]

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On behalf of NHS Hampshire and Isle of Wight Integrated Care Board (ICB)