Planning Committee
Wednesday 28 July 2021

Addendum Report

Agenda Item 8 - P14/V2873/O – Land to the west of Great Western Park (Valley Park) Didcot (in the parishes of Harwell and Milton)

Healthcare Update

Updated response from Oxford Clinical Commissioning Group (received 21 July 2021)

"The CCG would like to amend its request from:

- *£2.841m towards the proposed GWP healthcare centre; and,*
- *Should the GWP healthcare centre not proceed, that £3.261m is secured which will enable OCCG to secure land elsewhere to build a healthcare centre or extend an existing health centre; or,*
- *0.25 Ha Land is provided at Valley Park for a new GP health centre at nil cost and £2.841m capital is provided towards its construction*

To:

- *A maximum of £3.261m to secure the required accommodation to cater for the new primary care infrastructure for the occupants of the proposed new Valley Park housing development offsite or*
- *0.25 Ha Land is provided at Valley Park for a new GP health centre at nil cost and £2.841m capital is provided towards its construction*

This commitment applies to both the Oxfordshire CCG and any subsequent organisation/successor body responsible for commissioning primary care services

This change to previously published wording is due to project viability issues. OCCG seeks to remove the requirement that financial contributions from Valley Park be directly linked to Great Western Park as (a) the GWP health centre will not be of a sufficient size to mitigate the proposed Valley Park housing development and (b) that link will actually reduce the likelihood of the GWP medical development being developed.

This is because the only method of procurement of the GWP Health Centre that is available to the CCG is via a 3rd party developer. In the case of the development of the GWP site, as there are already developer contributions within the GWP s106 Agreement (in the form of a gifted site and a financial contribution towards the build cost), these existing S106 contributions will result in an abated rent to the developer. It transpires that any further developer contributions (from Valley Park) are likely to ensure that the additional VP developer contributions will adversely affect the viability of the scheme, from the 3rd Party medical developer's perspective. Thus, the amendments proposed above will actually increase the likelihood of the GWP scheme going ahead, not reduce it".

Letter from Dr Hart - Clinical Director, Didcot PCN (received 23 July 2021)

Dr Hart's letter in full is **attached**. His summary states:

- Primary care infrastructure in Didcot is now at capacity.
- Services will deteriorate until further infrastructure is in place.
- The amount of primary care infrastructure that will be needed significantly exceeds traditional modelling based on care being predominantly delivered by GPs.
- Any planning approvals from this point forward in the Didcot area should include provision for a substantial area of land on which to site health infrastructure and seek contributions to their cost.

Dr Hart's letter has been shared with OCCG. In response OCCG advise that *"their position remains unchanged.*

We recognise and support the GP practice in their need for longer term planning to support this growing population, however we also recognise that we must work within the planning requirements to comply with CIL and s106 to achieve the outcome of developer contributions to the scheme(s) under consideration. The calculations have been based on methodology used elsewhere, and are considered robust should an appeal ever eventuate".

Applicant Position (received 22 July 2021)
The applicants *"are of the view that what we have agreed with you to date, and is included within your report to committee provides adequate scope for the OCCG to either use our financial contribution towards the GWP facility, or should that default and not deliver, then our contribution plus 649m2 of floor space within the VP DC"* (Valley Park District Centre) *"will provide the OCCG with the flexibility they need to deliver a facility of equal scale to that anticipated at GWP.*

As you know the adopted policy background for the VP DC provides for floor space in excess of the OCCG's requirement. The DC will also facilitate other compatible uses and parking provision within an accessible location for future residents and the wider community. Accordingly, to make an unidentified commitment for an area of land measuring 0.25ha outside of the DC may undermine the vitality of the DC and it may also affect the submitted parameters and scope of the submitted Outline, which we are keen to avoid. It is for this reason we continue to favour the two options set out below:

- *A maximum of £3.261m to secure the required accommodation to cater for the new primary care infrastructure for the occupants of the proposed new Valley Park housing development offsite at GWP. Or,*
- *649m2 of floor space is provided at Valley Park within the District Centre for a new GP health centre at nil cost and £2.841m capital is provided towards its construction.*

As discussed on the phone, we propose that the financial contributions for either of the above options would be split and triggered at the 250th, 500th, 750th and 1000th unit of occupation on the VP scheme.

If the OCCG would like to keep the 0.25ha of off-site land as an option, perhaps we could suggest that within the s106 drafting there is some wording which

allows for the above mentioned two options to be investigated first and if an agreement cannot be reached in relation to floor space within the DC then the OCCG could put forward a scenario comprising their identification and their acquisition of an alternative suitable site outside of VP which would be accompanied by a contribution from VP not exceeding £3.261m, which is equivalent to that payable for delivery of the GWP facility".

Officer Response

Officers support the OCCG latest request for the reasons set out in their responses and as explained in the report to planning committee (paragraphs 5.23 to 5.29). The triggers proposed in the applicant response are reasonable. Based on the council's 5-year land supply trajectory for the site this could provide all the funds in 5-years' time. The funds would be available and it may be possible to also pool them with CIL funds from other developments in the area to provide the range of healthcare/medical services explained in Dr Hart's letter.

Whilst the applicant have offered floorspace of 643sqm for healthcare facilities which is the building size needed to mitigate for the Valley Park development's impact, officers consider it necessary that a 0.25ha site is made available as this can then provide servicing, parking if necessary (the district centre will be a highly accessible part of the site) and landscaping. The 0.25ha site could include part of the shared parking area, servicing and landscaping for the wider district centre.

Officers therefore, recommend that in the table at paragraph 5.30 of the report the text in the bullet points below replaces the current proposed contributions towards healthcare provision:

- *A maximum of £3.261m is secured from the development for providing the required accommodation to cater for the new primary care infrastructure for the occupants of the proposed new Valley Park housing development offsite or*
- *0.25 ha of land with a minimum building size of 643 sq m GIA is provided at Valley Park for a new healthcare facility at nil cost and £2.841m capital is provided towards its construction.*

July 2021

Didcot primary care infrastructure and pressures

As clinical director of Didcot Primary Care Network (a collaboration of the three GP practices of Didcot) I am writing regarding the Valley Park planning application, to provide some background context as to the current state and anticipated development of primary care locally.

There are some misapprehensions about how primary care is now delivered and how it will change in response to the objectives set out in the NHS long term plan, which have resulted in inadequate planning for and provision of primary care infrastructure locally.

Some of the key concepts are:

Primary care is not just about GPs

There has been a rapid increase in the number of other health professionals now delivering primary care. Clinical pharmacists, physician associates, social prescribers, paramedics, physiotherapists, mental health workers and care coordinators all now play a part in joining the doctors, nurses, and healthcare assistants in providing care in a GP practice. There is funding for the number of these allied health professionals in Didcot to reach 20 full time equivalent staff by 2024. However, these staff need to work alongside GPs in the same premises as they all have training and supervision requirements. They also tend to have consultations that are twice as long as a GP consultation, which translates into having twice the infrastructure requirements compared with the modelling based primarily on GP provision. There has been no additional infrastructure planning for these roles with the result that there is no further space in which to accommodate them locally. This means that we won't be able to recruit additional staff to these roles, despite having the funding to do so. The funding for this is ringfenced and can't be spent on anything else, so it just goes back to the Treasury or is diverted to other areas of the country if we can't spend it locally. This means that the local population will miss out on services that could otherwise have been provided if adequate infrastructure were in place.

Alongside this expansion in clinical roles is an increase in the administrative time needed for their deployment which again places pressure on infrastructure. Even aspects such as trying to increase the number of staff handling the increasing number of calls to practices needs the physical infrastructure to enable it.

Primary care is expanding in scope

There has been, and continues to be, a drive for hospital work to move closer to people in their communities, whether by new community services, or outpatient clinics moving out from hospital sites. Currently in Didcot there are community dermatology, gynaecology, and cardiology services, as well as requests to host ENT and diabetes outpatient services locally. This again needs the infrastructure for it to function, and these services will be lost from the local area without an expansion in primary care infrastructure, and new services will not be available to the local population.

Primary care is no longer just about your local GP practice

Primary care networks were formed 2 years ago to expand the range of clinical provision and enable services to run across practices, such as the current Covid vaccination programme, and patients will increasingly access services hosted at different GP practices from their own. Primary care

infrastructure requirements therefore now need to be considered at the level of the Didcot population as a whole, rather than just in a piecemeal fashion development by development. Given the saturation of the currently available primary care infrastructure, any new development will need to be able to take on a significant proportion of the allied clinical roles and network level service provision for the whole of Didcot, meaning that the size of infrastructure needed will be more than traditional modelling would suggest.

We need to train more GPs and nurses

Demand for healthcare is rising rapidly, and alongside the additional clinical roles previously mentioned, we need more GPs and nurses. They don't currently exist, and so we're going to need to train them. This needs available infrastructure to enable it to happen.

Access to primary care in Didcot is likely to deteriorate from this point forward

GP practices have taken steps to maximise the use of available space whilst having continued to offer face to face appointments throughout the pandemic. Woodlands Medical Centre has started removing patients from its list who don't live strictly within its practice boundary, but at the current rate of population growth this will only stabilise their list size for a few months. Beyond that, the available infrastructure will need to be reserved for those activities that can't be done remotely, e.g., blood tests, dressings, immunisations, and health checks. This will result in less chance of seeing a GP face to face than at the current time. Even having done this, we are unlikely to be able to accommodate the additional clinical and administrative staff needed to meet the increasing demand from the existing population, let alone any increased population. We are therefore likely to see a progressive degradation in the availability and effectiveness of primary care in Didcot until further infrastructure is in place.

In summary:

- Primary care infrastructure in Didcot is now at capacity.
- Services will deteriorate until further infrastructure is in place.
- The amount of primary care infrastructure that will be needed significantly exceeds traditional modelling based on care being predominantly delivered by GPs.
- Any planning approvals from this point forward in the Didcot area should include provision for a substantial area of land on which to site health infrastructure and seek contributions to their cost.

Dr Alex Hart

Clinical Director, Didcot primary care network

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