

Notes

OF A MEETING OF THE



The Future Oxfordshire Partnership Planning Advisory Group

HELD ON FRIDAY 13 SEPTEMBER 2024 AT 10.00 AM
VIRTUAL VIA MS TEAMS

Present:

Members: Councillor Andy Graham (Chair), Councillor Hugo Ashton, Councillor Diana Lugova, Councillor Lesley McLean, Councillor Judy Roberts and Councillor Louise Upton.

Officers: David Butler, (Oxford City Council), Adrian Duffield, (South Oxfordshire and Vale of White Horse District Councils), Julie Dandridge, (BOB ICB), Chris Hargraves, (West Oxfordshire District Council), Giles Hughes, (West Oxfordshire District Council), Kevin Jacob, (Future Oxfordshire Partnership), Jeffrey NG, (BOB ICB), Rosie Rowe, (Oxfordshire County Council), Nick Perrins, (Oxfordshire County Council), Paul Staines, (Future Oxfordshire Partnership), David Yates, (Future Oxfordshire Partnership).

1 Apologies for absence and notification of substitutes; declaration of interests; Chair's announcements

Apologies for absence were submitted from Councillor Jean Conway, (Cherwell District Council), substituted by Councillor Lesley Mclean, Peter Redman, (Buckingham, Oxfordshire and Berkshire West ICB), and Councillor Anne-Marie Simpson, (South Oxfordshire District Council).

There were no declarations of interest.

As well as councillors and officers, the Chair welcomed Jeffrey NG, Senior Primary Care Estate Manager Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, (ICB) and Julie Dandridge, Head of Primary Care Infrastructure, Buckinghamshire, Oxfordshire and Berkshire West ICB to the meeting.

2 Notes of previous meetings

The notes of the meeting held on 15 March 2024 were agreed as a correct record subject to the following amendment to the fourth paragraph of note 29 as follows, (amendments shown in italics and strike through text):

“In the advisory group’s discussion, Councillor Upton referred to the comments made by Councillor Anne-Marie Simpson that the proposed next steps were *very* operational in nature *and it was not clear what the role here was with/without a role* for councillors and expressing concern about the resource impact of taking the proposed next steps through the Planning Advisory Group, recognising that individual council Development Managers already corresponded and shared best practice about viability.”

3 Planning for primary healthcare infrastructure across Oxfordshire

The advisory group considered a briefing paper on planning for primary care infrastructure across Oxfordshire. David Yates, Policy and Projects Officer, Future Oxfordshire Partnership and Paul Staines, Programme Manager, Future Oxfordshire Partnership introduced the paper explaining that it had been produced in consultation with NHS colleagues who they paid tribute to and that it was intended to improve understanding of the challenges to the development of health infrastructure in Oxfordshire that could potentially be influenced by councils and to support future joint working between the councils and the NHS.

It was noted that following circulation of the paper, NHS colleagues had suggested several minor amendments and that these would be incorporated into a final version for future reference.

It was highlighted that the paper focussed on town planning issues given the remit of the Planning Advisory Group, whilst still acknowledging the importance and impact of non-planning factors on health care infrastructure delivery. The group was asked to support the principle of taking this work forward via a task and finish group arrangement.

Prior to discussion, Julie Dandridge, Head of Primary Care Infrastructure, Buckinghamshire, Oxfordshire and Berkshire West ICB commented that from her perspective it was important to find ways for the NHS and Oxfordshire councils to work together, acknowledging that this worked well in many areas, but not so well in others. She referred to the appointment of Jeffrey NG, as Senior Primary Care Estate Manager for the ICB and his role to work with councils across the Buckinghamshire, Oxfordshire and West Berkshire areas. The Chair referred to the shared council and NHS objective to achieve successful health infrastructure outcomes and how the discussion might fit into the wider picture so delivery of healthcare infrastructure could be achieved.

In response to a question, Jeffrey NG outlined his role to seek to coordinate planning matters and improve communications with local authorities across the BOB geographical area, bringing specialist in house professional planning expertise and knowledge. In summary, this included acting as a bridge between the BOB and councils by being involved in pre application discussions and formal representations from the BOB on individual planning applications as part of development management process, (particularly those of around 200 plus new dwellings). Since coming into post, he had been seeking to put in place a common framework to improve understanding around how the BOB would respond across the BOB area including a request that local authorities specifically consult the BOB on certain types of application, considering that the BOB was not always a statutory consultee. Whilst ever effort was made to engage it was not always possible given the limits on capacity as a single officer and partners needed to be cognitive of this.

The advisory group was also informed of the regular role Jeffrey NG played as the BOB's representative on various existing regular local authority officer groups relating to strategic planning and public health/wellbeing. Development Management officer colleagues were also to be invited to attend these meetings on a quarterly basis. This allowed for appropriate issues raised to be taken back and considered with the Integrated Care Board but it was important to be mindful of his capacity as a single officer covering the entire BOB area. Whilst the BOB ICB would like to increase resources it like other ICBs had been affected by a 30% reduction in budget.

A summary of the issues and subjects raised by the members of the advisory group or responded to by officers in the discussion is presented below:

- Although not 'planning issues', the current national inability of Integrated Care Boards to own their own estate, the status of GP surgeries as independent businesses and a lack of central funding were difficult issues to overcome and represented the biggest barriers to GP provision. However, the idea of looking at ownership models and developing contribution arrangements like those used in the affordable housing sector were worth examining or where local authorities acted as landlords for health care facilities.
- There was no HM Government guidance on how the capacity of General Medical practice premises should be calculated compared to the existing population which might inform the level of developer financial contributions requested for primary care infrastructure.
- Buckinghamshire Council had adopted a Supplement Planning Document, (SPD) that set out its ask of developers but the introduction by the new Government of a revised National Planning Policy Framework meant there was a need to be cautious on whether such an approach might be used in Oxfordshire.
- It was not always viable or necessary to form new practices in response to development and a thorough business case had to be made. Often existing GP practices could be expanded, for instance via satellite branches.
- As well as linking to strategic planning and district council local plans it was suggested that planning for primary healthcare infrastructure should feed into the next iteration of the Oxfordshire Infrastructure Strategy, (OxIS). Members were informed that OxIS would be positioned at a strategic infrastructure level looking at key requirements for development and OxIS was not intended to have the level of granularity of individual council Infrastructure Delivery Plans which were linked to their Local Plans. The tender specification for consultants to lead the development of the next OxIS included provision of health issues and it was expected there would be discussions and involvement of health colleagues in OxIS development. This was welcomed by the advisory group.
- The lack of central funding meant that the BOB had no resources available for pre-project planning and development work.
- Several members commented that in addition to GP surgeries it was important to also consider the need for pharmacies in local communities. Officers informed the group that the importance of pharmacies was fully recognised, but separate regulations applied to the provision and planning of pharmacies which the Health and Wellbeing Board was responsible for via the Pharmacy Needs Assessment, (PNA) process. It was noted that a new PNA was being developed for Oxfordshire, incorporating strategic sites, and building on previous assessments.
- Use of Section 106 funding for pre-project funding for pre-project improvements in over capacity GP practices - A Planning Inspectorate decision had approved the use

of S106 funds for this purpose. **Action:** It was agreed to circulate this decision to PAG members and officers.

- Community Infrastructure Levy (CIL) funding is recognized for its flexibility of use over Section 106 but is not typically used for GP pre-project work.
- Primary Care Infrastructure was wider than GP surgeries alone and given the move towards the prevention of ill health, could now be argued to include other community facilities such as health and leisure facilities, linking health services to prevention efforts. There was a need for a collaborative approach in planning service delivery to enhance health outcomes and this raised the possibility of colocation.
- Colocation of facilities – there were challenges around the integration of various services providers in one space under different contractual arrangements. Members commented that if it could be achieved, the colocation of health services, community centres and schools had potential to improve the accessibility of services to residents.
- Rosie Rowe commented that from a public health perspective, the colocation of health and leisure facilities was being investigated with the district health and wellbeing teams as part of a 'building blocks for life approach'. Whilst not a matter of planning policy, it was possible for councils to influence and encourage colocation through the tender and contract process with providers. Colocation had the benefit that the financial viability of facilities and their accessibility to local residents could be improved. In Oxford City the leisure centre contract now supports and encourages a range of health providers including the NHS to provide services in leisure facilities. Outside Oxfordshire, co-location of a GP practice with other community services is being tested e.g. at [Ebbfleet Garden City](#).
- It was also felt that councils could consider planning policy to encourage developers to think about community facilities provision in a non-siloed way.
- Role of Health Visitors and Family Hubs – comment was made that there had been a transition of responsibilities from midwives to health visitors and it was suggested family hubs could connect various health services.
- Dentistry was another area where a strategic approach could be helpful, but this was also governed by a separate needs assessment process.
- The Chair commented that in his view, if possible, it would be sensible to include health infrastructure colocation policies within Local Plans.
- Several members reiterated that the single biggest blocker to providing the local health infrastructure that everyone wanted appeared to be around ownership and suggested that given the aspirations of the new Government around improvements in health outcomes, it could be an opportune time to lobby for changes to the current regulations.

At this point the Chair referred to the suggestion within the report that consideration be given to the establishment of an officer task and finish group to consider the issues identified with the report and in the discussion and to explore the structural and strategic needs of health service delivery.

In discussion, members and officers expressed a range of views around whether such a piece of work should be undertaken within existing cross council officer collaboration structures, such as the Oxfordshire Planning Policy Officer Group, the OxIS Officer Working Group or the Health and Wellbeing Health Forum or if the establishment of a dedicated task and finish was the appropriate in this instance. Concern was expressed regarding the already high level of pressure on resource and officer time and that it was important to avoid duplication.

It was felt that there was a need for clarity around the membership and configuration of any group and how the output of any further work, either from a task and finish group or existing structures could be reported back or shared with members. It also felt that any work needed to be time limited.

Members and officers also referred to and acknowledged the wider potential impact of the review of the Future Oxfordshire Partnership itself and advisory groups including the Planning Advisory Group.

It was suggested that given the amount of detail to be considered, the Planning Advisory Officer Group could be the appropriate forum to initially discuss the most appropriate way to progress matters from a planning policy and development management perspective and scope any ongoing work.

Councillor Roberts suggested that the questions and issues raised be collated and then the answers reported back to Members.

Action:

- Consider at the PAG officers' group how best to take forward the ideas and suggestions raised in the report and PAG meeting:
 - Can the ideas and suggestions raised be actioned through existing partnership groups like the OxIS Steering Group, OPPO or forums connected to the Health and Wellbeing Board or is a new task and finish group in some form justified?
 - *If* a new task and finish group is required, what would the membership be?
 - Where would any output from existing groups or a task and finish group report to? Direct to FOP or to PAG?
 - Can a timeline for the issues be addressed?

4 Dates of future meetings

Kevin Jacob, Senior Future Oxfordshire Partnership Democratic Services referred to the schedule of future meetings set out in the agenda but commented that several ongoing conflicts with the dates had been established and that he would be looking to rearrange all the dates in due course.

Councillor Roberts referred to the expected publication by HM Government of a revised National Planning Policy Framework and suggested that the implications of this could be an appropriate future agenda item to allow for a cross county discussion of the implications of the new framework.

The meeting closed at 11.42 am