

**Leicester, Leicestershire & Rutland Integrated Care Board to  
Hinckley & Bosworth Borough Council**

Development REF: **25/00354/FUL**  
Response Date: **11/04/2025**

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| <p><b>Background and<br/>Context</b></p>                                  | <p>We acknowledge your letter for the above development which identifies a proposed care home development. The ICB calculates 1 patient per 1 bed and the development will result in a minimum population increase of <b>72</b> patients. Without sufficient planning, housing developments have the potential to overstretch existing infrastructure for new and existing communities.</p>  |
| <p><b>Developer<br/>Contribution to<br/>Health care</b></p>               | <p>To ensure that the health and well-being of the local community is protected, the ICB maintains that S106 funding is essential to help mitigate the impact/support the needs arising from the forecasted increase in population and that developer contributions are justified for use to increase access to NHS primary care services by improving patient capacity and flow.</p> <p>The ICB believes a contribution from the developer is justified and outlines its position regarding the tests below.</p>  |
| <p><b>CIL Compliance</b></p> <p>(a) necessary to make the development</p> | <p>The contribution sought complies with the Community Infrastructure Levy (CIL) Regulation 122 tests.</p> <p>“A planning obligation may only constitute a reason for granting planning permission for the development if the obligation is—</p> <p>(a) necessary to make the development acceptable in planning terms.</p> <p>(b) directly related to the development; and</p> <p>(c) fairly and reasonably related in scale and kind to the development.”</p> <p>“Planning obligation” means a planning obligation under section 106 of Town and Country Planning Act 1990”</p> <p>Our request for S106 developer contributions to mitigate population growth in general practice is aligned to the planning documents referenced below.</p> <p><b>Hinckley and Bosworth Borough Council</b></p> |

acceptable in  
planning terms;

- **INF01 Infrastructure and Delivery** Where development will create a need to provide additional or improved infrastructure, amenities or facilities, developers will be expected to:

- a) Provide the physical, social and environmental infrastructure necessary to support the needs associated with the development in accordance with the policies in the Local Plan; and b) Undertake measures to directly mitigate the developments impact to make it acceptable in planning terms in accordance with the preferred measures of mitigation and interventions in respective policies of the Local Plan. The Borough Council will seek developer contributions towards critical and essential infrastructure and, where applicable, delivery of the respective schemes set out in the Infrastructure Delivery Plan.

**14.6 The Infrastructure Capacity Study defines whether infrastructure is critical, essential or desirable to support the delivery of development proposals, set out below. This will also assist the Council in prioritising infrastructure delivery in the IDP.**

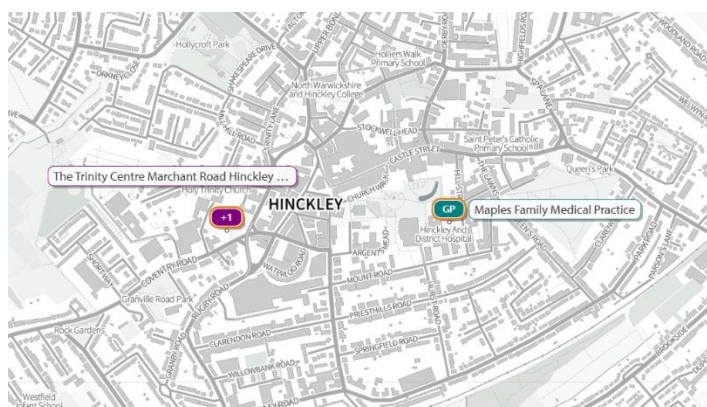
**Critical Infrastructure Highways Bus Services Utilities (Gas, Electricity, Telecommunications) Water Supply and Sewerage Flood Management Waste Management Facilities Primary and Secondary Schools Special Educational Needs Further Education Primary Healthcare Secondary Healthcare Social and Care Services**

In addition, the health of communities has been a key element of Government policy for many years. please see:

- **National Planning Policy Framework (NPPF) version DEC 24**  
Section 2 paragraph 8, Section 8 paragraphs 96,98,99,101.

The closest practice(s) to the development site is **Maples Family Medical Practice** and current data indicates that local residents mostly register with that GP.

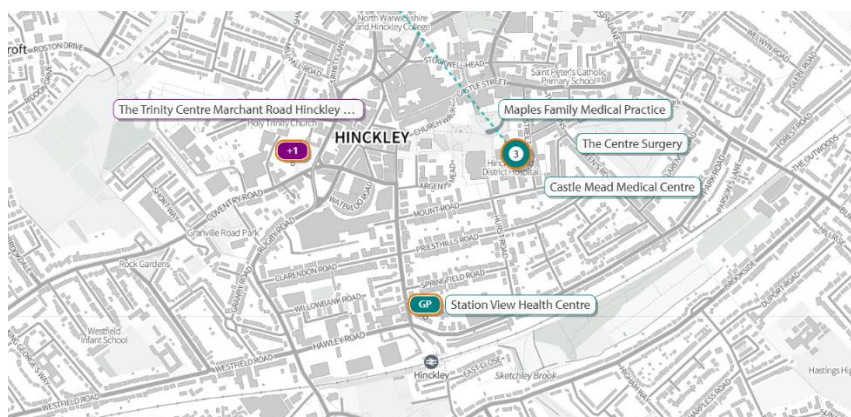
(b) directly related to  
the development



If all residents of this development were to register with **Maples Family Medical Practice**, it would increase their patient list by 1%

There are **three** other practices whose patient boundary cover the proposed development; therefore it is reasonable to expect that they could also be impacted by the development.

**Castle Mead Medical Centre, The Centre Surgery & Station View Health Centre** as shown in Fig.1



Whilst patients can register elsewhere, the General Medical Services (GMS) Contract clause, 13.2.1 states a patient must live within the practice boundary to be entitled to register with the practice. Patients can request to register with other practices, but Patient Registration Policy clause 2.1 outlines that living outside the practice boundary is reasonable grounds for refusal by a practice.

Therefore, most patients usually choose the closest GP practice to their home as registering with a practice further away can affect decisions about referrals for hospital tests and treatment, or access to community health service.

By using the local average household size to forecast the increased population and a cost per sqm based on recent health estate works, the contribution sought is directly related to the size of the development.

The ICB understands that a proportion of the future population is likely to hail from areas within **Hinckley & Bosworth Borough** (Council), so whether the new residents will all register at the closest practices to the development site is difficult to determine, as many factors will come into play. However, it is not only personal preference that drives this. When patients move out of a catchment area (and provide their new address to their surgery) they are advised they cannot remain registered with their surgery, are given advice of how to find a new surgery and have 28 days to re-register elsewhere. They are then removed from the original surgery's patient list. This means that all residents of the development site should be registered to practices that are reasonably local to the development site (even if not the geographically closest), meaning the impact on healthcare remains local to the development site.

These population moves start a ripple effect, whereby the houses sold/vacated by the residents of the new development are re-populated, with possibly a similar proportion needing to/choosing to re-register with GP practices.

c) fairly and  
reasonably related

|   |  |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |
|---|--|---------------------|-----------|----------------------------|---------------------------------|---------------------------------|-----------------------------|---------------------------------|------------|---------------------------------------|----------------------------|----------------------|---------|-----------------------------------|---|---------------------|-----------|----------------------------|---------------------------------|---------------------------------|-----------------------------|--------------------------------|-----------------------|---------------------------------------|---------------------------|----------------------|---------|-----------------------------------|--|
| <p>in scale and kind to the development</p>   | <p>The ripple is created by the new development. The movements of patients between practices cannot be accurately tracked, but in order for the ICB to take the most likely and reasonable route to meeting local population need, the total forecasted new population is used, and healthcare contributions are sought for the nearest practice(s) to the development.</p> <p>The following calculation shows the impact of the new population in terms of number of additional consultations expected to provide appropriate primary care to the additional patients in this development.</p> <p><b>CONSULTATION ROOM</b></p> <table border="1"> <tr> <td>Proposed population</td><td><b>72</b></td></tr> <tr> <td>Access rate (appointments)</td><td>5260 per 1000 patients per year</td></tr> <tr> <td>Anticipated annual appointments</td><td><b>72 x 5260/1000 = 379</b></td></tr> <tr> <td>Assume 100% patient use of room</td><td><b>379</b></td></tr> <tr> <td>Assume surgery open 50 weeks per year</td><td><b>379/50 = 8 per week</b></td></tr> <tr> <td>Appointment duration</td><td>15 mins</td></tr> <tr> <td>Patient appointment time per week</td><td><b>8 x 15/60 = 2 hours of clinic per week</b></td></tr> </table> <p><b>TREATMENT ROOM</b></p> <table border="1"> <tr> <td>Proposed population</td><td><b>72</b></td></tr> <tr> <td>Access rate (appointments)</td><td>5260 per 1000 patients per year</td></tr> <tr> <td>Anticipated annual appointments</td><td><b>72 x 5260/1000 = 379</b></td></tr> <tr> <td>Assume 20% patient use of room</td><td><b>379 x 20% = 76</b></td></tr> <tr> <td>Assume surgery open 50 weeks per year</td><td><b>76/50 = 2 per week</b></td></tr> <tr> <td>Appointment duration</td><td>20 mins</td></tr> <tr> <td>Patient appointment time per week</td><td><b>2 x 20/60 = 1 hour of clinic per week</b></td></tr> </table> <p>These figures are derived from The Department of Health (NHS England) document- Facilities for Primary and Community Care Services 2013, which uses the space calculation in Health Building Note HBN11-01 to establish the core GMS space required for a practice patient population.</p> <p>Whilst the ICB recognises that a regional average of 30% of GP patient consultations are carried out remotely i.e. by telephone (where it is clinically safe to do so) that does not negate the need by the clinician for a confidential desk space, with access to patient records and clinical IT systems so these types of consultations will still create a space demand within the practice.</p> <p>The tables above indicate the <b>72</b> additional patients will require almost <b>3</b> hours of clinic time per week.</p> | Proposed population | <b>72</b> | Access rate (appointments) | 5260 per 1000 patients per year | Anticipated annual appointments | <b>72 x 5260/1000 = 379</b> | Assume 100% patient use of room | <b>379</b> | Assume surgery open 50 weeks per year | <b>379/50 = 8 per week</b> | Appointment duration | 15 mins | Patient appointment time per week | <b>8 x 15/60 = 2 hours of clinic per week</b> | Proposed population | <b>72</b> | Access rate (appointments) | 5260 per 1000 patients per year | Anticipated annual appointments | <b>72 x 5260/1000 = 379</b> | Assume 20% patient use of room | <b>379 x 20% = 76</b> | Assume surgery open 50 weeks per year | <b>76/50 = 2 per week</b> | Appointment duration | 20 mins | Patient appointment time per week | <b>2 x 20/60 = 1 hour of clinic per week</b> |
| Proposed population   | <b>72</b>  |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |
| Access rate (appointments)  | 5260 per 1000 patients per year  |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |
| Anticipated annual appointments   | <b>72 x 5260/1000 = 379</b>  |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |
| Assume 100% patient use of room   | <b>379</b>   |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |
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| Proposed population   | <b>72</b>  |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |
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| <p><b>Commissioner comment on proposed provision of health care requirement</b></p> | <p>For the reasons detailed above, the ICB believes a developer contribution is justified under the Reg 122 tests and is therefore CIL compliant.</p> <p>The ICB should not consider the impact of this development in isolation and must assess the cumulative effect of forecasted growth in this area of <b>Hinckley &amp; Bosworth Borough</b>. The ICB may feel it beneficial to pool contributions</p>   |                     |           |                            |                                 |                                 |                             |                                 |            |                                       |                            |                      |         |                                   |   |                     |           |                            |                                 |                                 |                             |                                |                       |                                       |                           |                      |         |                                   |  |

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|   | <p>being sought and will work with the council on ensuring a suitable, CIL compliant project is agreed.</p> <p>The ICB also wishes to highlight that 90% of all contacts with a health professional in the UK start and finish with General Practice. It is therefore imperative that there are the appropriate facilities to allow General Practice services to be available to serve local residents effectively and have sufficient capacity.</p> <p>ICBs are not currently allocated additional funding either in the form of capital or revenue from NHS England for infrastructure projects such as new or extended General Practice premises. Without mitigation by way of S106 contributions the ICB has no way of funding the additional costs of buildings or services required to meet demand from new and increased populations.</p> <p>Due to the length of time applications can take to reach formal approval, and S106 funds agreed and secured, <b>LLR ICB reserve the right to agree at that point as to where the funding is best placed.</b> The Strategic Estates team welcomes early engagement with the council to ensure the wording of the S106 agreement contains the right level of detail.</p> |
| <b>S106 Agreement spend criteria/wording</b>  | <p>LLR ICB would like to request that funding is allocated: <b>Maples Family Medical Practice, Castle Mead Medical Centre, The Centre Surgery &amp; Station View Health Centre.</b></p> <p>To develop one or all the named surgeries, or alternatively use the contribution towards other Primary/Community healthcare infrastructure that will be directly impacted due to the increase in population linked to this housing development. For example, a new healthcare facility.</p>   |
| <b>S106 Health care contribution calculation, ensuring fair and reasonably related in scale and kind to the development identified:</b> | <p>To provide the required GP facilities to meet the population increase, an average build cost based on recent local examples of development work at surgeries for <b>72</b> patients is as follows:</p> <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">             Additional patients to be accommodated<br/><b>72</b> </div> <div>x</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             Standard area m<sup>2</sup>/person<br/><b>0.08</b> </div> <div>x</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             Cost of works including fees £/m<sup>2</sup><br/><b>£5,000</b> </div> <div>=</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             Total cost<br/><b>£28,800.00</b> </div> </div> <p>Build cost means the cost of undertaking premises development works, which could consist of a physical extension, an internal reconfiguration, alternation, or enhancement works (including equipment) that will support a project to mitigate the impact.</p>                    |



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| Financial Contribution requested | The contribution requested would be <b>£28,800.00</b> .   |
| Trigger Points                   | <p><u>The ICB would also like the council to carefully consider the developer occupancy trigger points and allow the Strategy Estates Team to have the opportunity to review the S106 agreement and terms ahead of signing.</u></p> <p>The ICB would wish for any contributions to be with a 10 year spend deadline from the end of completion and last tranche received.</p> |