Our ref:

[redacted]

Personal assistant:

[redacted]

NHS
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Integrated Care Board

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13th October 2025

Head of Planning Services
Ribble Valley Borough Council,
Council Offices,
Church Walk,
Clitheroe,
Lancashire
BB7 2RA

Dear Sir

Re: Planning Application No - 3/2025/0588

Lancashire and South Cumbria Integrated Care Board (ICB) has delegated co-commissioning responsibility for general practice services in Lancashire and South Cumbria and is the body that reviews planning applications to assess the direct impact on general practice.

I refer to the above planning application which concerns the full application for **Land east of Clitheroe Road Whalley** and the proposed erection of 77 no. affordable dwellings with associated access, gardens, parking and landscaping areas.

- 8 x 1 bed houses @ 1.4 people/unit = 11.2 people
- 38 x 2 bed houses @ 2.0 people/unit = 76 people
- 26 x 3 bed houses @ 2.8 people/unit = 72.8 people
- 5 x 5 bed houses @ 4.8 people/unit = 24 people
- Total = 77 dwellings = 184 people

The ICB has assessed the implications of this proposal on delivery of general practice services and is of the opinion that it will have a direct impact which will require mitigation with the payment of an appropriate financial contribution.

In line with the Planning Act 2008 and the Community Infrastructure Levy Regulations 2010 (the CIL Regulations) (Regulation 122)/Section 106 requests for development contributions must comply with the three specific legal tests:

1. Necessary
2. Related to the development.
3. Reasonably related in scale and kind

We have applied these tests in relation to this planning application and can confirm the following specific requirements. The calculations supporting this requirement are set out in Appendix 1.

	Total Chargeable units	Total	Project
General Practice	77 units (184 persons)	£59,616	Towards an extension of the current Whalley Medical Centre.

The obligation should also include the provision for the re-imbursement of any legal costs in incurred in completing the agreement.

We would highlight ***"that failure to secure the contribution we have requested effectively means that we are objecting to the application."***

Justification for infrastructure development contributions request

This proposal will generate approximately 184 new patient registrations based on the Application and based on an average household size of 2.4 ONS 2017.

The proposed development falls within the catchment area of Whalley Medical Centre. This need can only be met through the expansion of the current Whalley Medical Centre premises and along with other new developments in the area, can only be addressed through the extension and reconfiguration of the existing premises in order to ensure sustainable general practice.

(The surgery is located less than 0.7 miles from the development and would therefore be the practice where the majority of the new residents register for general medical services

From a ICB perspective the growth generated from this proposed development would not trigger consideration of the commissioning of a new general practice; it would however trigger a requirement to support the practice to understand how the growth in the population would be accommodated and therefore premises options. It is not a resilient, sustainable, or attractive service model to commission new practices serving a small population, specifically from a workforce perspective. The same principle applies to branch surgeries within a close proximity to the main surgery site.

It is however important to note that general practice capacity would need to be created in advance of the growth in population so that both the infrastructure and workforce are in place. We would therefore be seeking the trigger of any healthcare contribution to be available linked to commencement of development.

Please note that general practice premises plans will be kept under review and may be subject to change as the ICB must ensure appropriate general medical service capacity is available as part of our commissioning responsibilities.

The ICB is of the view that the above complies with the CIL regulations/Section 106 and is necessary to mitigate the impacts of the proposal on the provision of general practice services. In accordance with CIL regulation 123 the ICB confirms that there are no more than four other obligations towards this project.

I would be grateful if you could advise when this application will be considered and if you require any additional information to assist the decision-making process in advance of the committee report being prepared.

Yours sincerely

[redacted]

Appendix 1

The ICB uses a formula for calculating s106 contributions which has been used for some time and is calculated as fair and reasonable. This calculation is based the number of additional patients multiplied by the standard area m 2 for the list size multiplied by the project rate dependent upon the type using the RICS Building Cost Information Service.

Where the application identifies unit sizes the following predicted occupancy rates will be used.

- 1 bed unit @ 1.4 persons
- 2 bed unit @ 2 persons
- 3 bed unit @ 2.8 persons
- 4 bed unit @ 3.5 persons
- 5 bed unit @ 4.8 persons

Where the unit sizes are not identified then an assumed occupancy of 2.34 persons will be used.

OR

The application does not detail the unit sizes and should be updated (based on the above) once the final market unit sizes are confirmed at a later date. The calculation is therefore as follows:

X No of units X 2.34 assumed occupancy = Y No of people
Y No of people X standard m 2 x £RICS rate = £X contribution

184 people x 0.12 x £2,700 = £59,616

NOTE

FUNDING REGIME

- **Funding for GP surgeries is based on Notional rent values, so the practice receives funds only based on actual floor area. When any planning application impacts a surgery directly (as in this case) the practice must respond which normally involves estates developments. Population growth does not figure in the rent that they receive. So, this request is legitimate under that test.**

FUNDING GAP

- **There is a 100% funding gap to implement the works caused by this application. GP surgeries are independent contractors to the NHS. As such any building works must be totally funded by the practice impacted by the application by way of their own resources (loan), sec 106 funds or a grant from the NHS that they must pay back. This is a national approach so any sec 106 funds brought about by a housing development will require a proportionate response in terms of estates works. The test for funding is met.**

PATIENT MOVEMENTS/HOUSE SALES

- **Developers hold no information on migration patterns/sales so it cannot be predicted where patients migrate from. There simply is no evidence to support a view that some patients may already be registered at this practice and move into new developments. In any event as we know from recent ONS data there is a natural population growth (6%) which also must be acknowledged. There is also no evidence of who moves into the vacated (sold) property within the catchment area of the practice that may also be from outside the locality that further impacts the surgery. The test for growth is also met.**

BUILDING EVIDENCE

- **The ICB engages with around 17 local authorities. The funds when triggered are held by them (Council) until the ICB request draw down to support the scheme. It is evidenced by way of planning application/building regs drawings, tenders, site meetings, photographs, and professional certificates. The ICB is more than happy to supply all of these to evidence for the Council and the developer where the money goes within the 10 years allowable under the policy. This links the finances requested directly to the works proposed. The test of linkage and audit trail is met.**

SPECIFIC WORKS

- **The ICB cannot give precise details at present as we are currently reviewing how this scheme and the many others (plans) impacting on the surgery will be addressed. The ICB would be more than happy to share those with you once drafted and agreed. The problem the ICB face is that we cannot predict when and where an application will emerge, so we are always reacting to an application as it comes before us. In all cases the growth must be met with an increase in clinical capacity such as consulting rooms and treatment rooms.**