



Dorset Council
East Dorset District
County Hall,
Colliton Park,
Dorchester, Dorset, DT1 1XJ

NHS Hampshire and Isle of Wight
Integrated Care Board
Hampshire Fire and Police Headquarters
Leigh Road
Eastleigh
Hampshire
SO50 9SJ
tsdft.lpae-hampshire@nhs.net

Date: 24th May 2024

Planning Application Ref: P/OUT/2023/01166

Applicant Name: Dudsbury Homes (Southern) Ltd

Address: Land To The South Of Ringwood Road Alderholt

Appeal Reference: APP/D1265/W/23/3336518

Dear Ursula,

On the 28th of April 2023 NHS Hampshire & Isle of Wight Integrated Care Board submitted a response to the planning application P/OUT/2023/01166. The response was added to the Dorset County Council planning portal on the 2nd of May 2023 although we have noted that it states that the response was submitted by NHS Foundation Trust which is incorrect. To prevent any possible confusion can this please updated to state that the response is from NHS Hampshire & Isle of Wight ICB.

The existing facility within Alderholt, operated by The Fordingbridge Surgery, is a small undersized chalet bungalow owned by the surgery. It has no accessible WC, no space for wheelchair access or baby changing facilities, a lack of sound proofing and no treatment room on site or adequate facilities for dispensing medicine and is in generally a poor condition.

Currently it is used to undertake remote (telephone) consultations, storage of notes and to see patients it would require renovation in terms of walls, doors and flooring. There is a lack of sound proofing and no treatment room on site or adequate facilities for dispensing medicines.

The ICB has been working closely with the Fordingbridge Surgery to assess the direct impact of the proposed development. Initial discussions have taken place with the developers agents and it was agreed that in order for the development to be sustainable that a fit for purpose branch surgery should be incorporated as part of the community facilities.

The ICB is not funded to increase infrastructure capacity to accommodate population growth. The Hampshire and Isle of Wight primary care capital budget for 24/25 is just £3.1m which covers both IT and infrastructure. £1.5m has been allocated to IT projects leaving just £1.6m for infrastructure which equates to just £7k per primary care building (135 practices, 227 total practice buildings) and the ICB will have to prioritise how this will be allocated.

The ICB has undertaken a review of the number of patients that are likely to require primary care services within Alderholt and post this development there is likely to be 143% increase from the current number of patients. *See Appendix 1.*

Based upon the number of dwellings proposed the NHS Hampshire & Isle of Wight ICB has calculated using the Department of Health Building Notes HBN11-01¹ that a branch surgery would need to have a minimum gross internal area (GIA) of 326m² to mitigate the total population increase from the new development in isolation. The surgery will need to have the ability to expand in the future to 600m² to accommodate the existing population and allowing for a further growth of 0.4% per annum when a tipping point is reached.

Therefore, to mitigate the direct impact from the development the ICB is requesting that the only affordable mitigation for such a large increase in local population/new patients would be for the developer to provide at no cost and transfers ownership to the NHS a new branch surgery built, fitted out to the required standards with at least 326m² of GIA and associated car parking (Phase 1). This is to include the land with sufficient space to accommodate a future expansion of the surgery to 600m² (Phase 2).

1. Phase 1 to be funded by the developer and completed prior to first dwelling occupation.
2. Phase 2 to be funded by the NHS and GP Practice.

There are other similar examples whereby a new surgery will be provided as part of a development. Cranbrook near Exeter is one such example however due to the size of the development (7,670 dwellings) and number of different developers the agreement is based around a land allocation linked to a cumulative S106 fund to the build of the surgery. For Alderholt this would be much simpler and the approach for the agreement could be based on similar Education approach whereby the developer will allocate the land, builds the infrastructure to a 'turn key' stage and transfers complete ownership to the NHS.

Appendix 2 provides an example of the build standards and minimum design requirements that the ICB would expect the contractor to meet.

The ICB would like to participate at the appeal hearing when developer contributions will be discussed and to be available to answer any queries. Can you please keep us informed of the appeal timings and location.

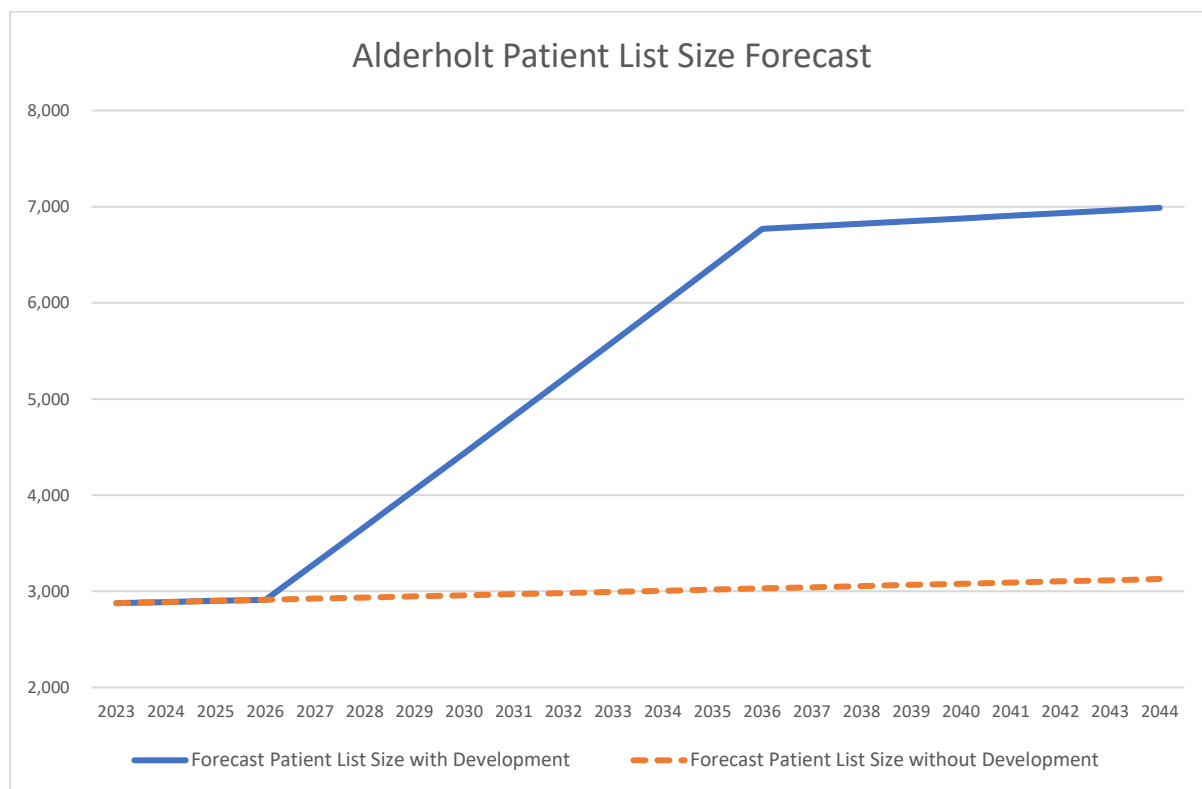
¹ <https://www.england.nhs.uk/publication/facilities-for-primary-and-community-care-services-hbn-11-01/>

Yours sincerely

A handwritten signature in black ink, appearing to read 'Martyn Rogers'. The signature is written in a cursive style with a large initial 'M' and 'R'.

Martyn Rogers
Deputy Director of Primary Care (Southwest Hampshire)
NHS Hampshire and the Isle of Wight Integrated Care Board (ICB)

APPENDIX 1: ADERHOLT PATIENT FORECAST CHART



APPENDIX 2: PRIMARY CARE/COMMUNITY HEALTH PREMISES SCHEDULE OF STANDARDS AND MINIMUM DESIGN REQUIREMENTS

All development of new estate (and where possible, reconfiguration of existing estate) must comply with the guidance as set down in HBN 11-01 - 'Facilities for primary and community care services'.

The main structure should be designed for a minimum lifespan of 60 years as defined in BS 7543 (unless agreed otherwise in writing, for example the adoption of volumetric modular solutions and the like). The parties shall also work together to choose materials for roofing, cladding and windows which do not require major maintenance within 20 years (provided that routine maintenance is carried out in accordance with manufacturers written recommendations). Warranties and/or insurance backed guarantees for materials and workmanship shall be provided wherever possible/available.

The Contractor shall identify how the building might be increased in size by a further minimum of 75% of its GIA. The Contractor shall seek informal confirmation from the local planning authority of their agreement in principle to the identified future expansion, subject to appropriate applications and consultation at the time of application.

To aid future internal flexibility the internal partitions shall where-ever possible be of a non-load bearing construction, built off the screed. Any acoustic issues associated with this approach to be addressed.

The contractor shall include a section within the handover manuals which details future development opportunities, any outline agreements with the Local Authority, structural information, service locations/details etc. where appropriate.

To account for expansion the contractor is to highlight any provisions for expansion, not only in terms of the physical clinical spaces, but also in terms of plant allowances for all effected MEP services and the like.

The works to be undertaken will comply with the following non-exhaustive or exclusive list:

- Current Building Regulations.
- All relevant and current British Standards and Codes of Practices.
- Current applicable EC Regulations and Directives where there is no applicable British Standard and/or Codes of Practice.
- The Health and Safety at Work Etc. Act 1974 associated regulations and legal guidance.
- All relevant manufacturer's literature and Agreement certificates.
- Relevant recommendations of appropriate trade bodies and associations.
- The recommendations of the ICB Fire Officer (or ICB appointed external consultant), local Fire Brigade and the Public Health Officer.
- The recommendations of the ICB Infection Prevention and Control Team (or ICB appointed external consultant).
- Specific requirements instructed by the ICB Project Manager (PM) through user consultation, design workshops etc.
- HBNs and HTMs, unless agreed otherwise in writing.
- Any BIM Level 2 requirements in accordance with PAS1192-2:2013 and the Government mandate from 2016.

The Contractor/Developer shall be responsible for:

Group 1 The specification, supply, and installation of all (fixed) equipment, e.g., shelving, worktops, storage cupboards, fixed seating etc. and all services. Where specific diagnostics equipment is selected by the clinical team for specific clinical requirements, this will be defined in a timely manner to enable the Contractors to coordinate and ensure suitable provision within the build programme (see also Group 2 below). Note: Specialist medical diagnostic equipment will not be provided by ICB

Group 2 Taking delivery and installation of equipment (fixed) which the client or occupiers will specify and either purchase or transfer from other facilities, e.g., paper towel/soap dispensers, notice boards, white boards, clocks, etc.

This group may also include specialist equipment where an installation or associated 'fitout' is required, such as specific diagnostic equipment and the like. Where specialist equipment is listed as group 2 it is the contractor's responsibility to ensure the specialist fit-out contractors are priced within the construction contract sum and that the necessary liaison with specialist contractors is carried out to ensure that the services are coordinated. The extent of this equipment is to be reviewed on a project-by-project basis and agreed ahead of appointment. Such works would be co-ordinated, managed and supervised by the appointed Principal Contractor.

Group 3 (loose) equipment will be specified, supplied, and placed in position by the ICB or GP Practice occupiers or the like, for example chairs, trolleys, computers, desks, disposables etc. These shall be brought into the facility following Completion and the Contractor has no obligation here other than in planning and incorporation of fixtures into the design/drawings.

The Contractor shall also allow for the supply and installation of any mounting plates, pattresses etc that need to be built into the structure to accommodate the fixing of such items. Particular attention needs to be paid to pattresses required for medical equipment and patient call screens, accessible grab rails etc.

The ICB would like to see a new approach to sustainability, focussing on development of efficient, ultra-low energy, flexible facilities that are adaptable to climate change. Construction and operation practices should help the ICB achieve buildings that are fit for purpose and good for both the environment and the people within them. What The ICB builds and uses should reflect its mission of providing the best health-promoting environments while using natural resources efficiently and effectively.

No single certification or framework is likely to satisfy the numerous needs of the ICB, but for simplicity and continuity we would expect to achieve performance consistent with BREEAM "Excellent" (new build) and "Very Good" (existing build), while embodying new best practices contained in frameworks such as the WELL Building Standard. Our overall goal is not necessarily to attain a design certification level but rather to promote and maintain efficient, flexible, ultra-low energy, resilient and healthy facilities over time.

Engineering Design Requirements

The following standards, current at the time, shall be utilised by the designer to inform the design proposals.

- British and European Standards
- NHS Publications including HBN's and HTM's
- Building Regulations
- CIBSE Guides, Commissioning Coder, Application Manuals and Technical Memoranda

A considerable amount of information available to the Designer is contained in HTM which provide specification and design guidance on building components for healthcare buildings which are not adequately covered by British Standards.

The design shall be compliant with the above standards, although it is recognised there are areas where the guides are not aligned or do not match current best practice.

In addition, in terms of refurbishment projects, there may be reliance on some existing services which may be non-compliant due to their age.

In these instances, a design compliance statement schedule is to be provided, developed, and discussed with the ICB key stakeholders for sign-off at every design gateway.