



Hampshire and Isle of Wight

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Reference to: **Portsmouth Local Plan Examination**

Dear Sir/Madam,

Coordinated Position Across Matters 5, 7 and 12

Statement on Behalf of NHS Hampshire and Isle of Wight Integrated Care Board

NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) supports the delivery of sustainable growth through the Portsmouth Local Plan and recognises the important role the Plan will play in meeting future housing and economic needs.

HIOW ICB's participation in the examination is not intended to challenge the principle of growth. Rather, it is intended to assist the Inspectors in determining whether the healthcare infrastructure implications of that growth have been adequately assessed, and whether the Local Plan provides an effective framework for securing and delivering the healthcare infrastructure required to support new development.

HIOW ICB has undertaken healthcare infrastructure assessments across Portsmouth and has provided evidence to Portsmouth City Council demonstrating that significant capacity pressures already exist within the City's primary healthcare estate. As part of the evidence base for the Council's Infrastructure Delivery Plan, HIOW ICB identified that, as of October 2025, there were approximately 61,378 more registered patients than existing GP premises have capacity to accommodate. This represents an estimated shortfall of 3,779 square metres of clinical and consultation space. In this context, HIOW ICB considers that healthcare infrastructure should be recognised not simply as a consideration of future growth, but as an existing infrastructure issue which planned development has the potential to exacerbate, especially if there is no clear route to securing developer contributions as appropriate mitigation.

Our specific comments relate to the following Matters:

Matter 5: Plan-Level Infrastructure and Strategic Transport

HIOW ICB welcomes the Inspectors' consideration of whether the impacts of the proposed growth on supporting infrastructure, including healthcare infrastructure, have been adequately assessed and evidenced.

To support this process, HIOW ICB has published its 'Health Contributions for GP Infrastructure - Technical Note for Developers'¹ (Appended to this letter). Whilst originally prepared to provide transparency regarding the assessment of healthcare impacts arising from development proposals, the document now operates as HIOW ICB's Healthcare Infrastructure Planning Methodology.

The methodology provides a transparent and evidence-based framework through which planned growth can be assessed, beginning with housing growth and population change, progressing through healthcare demand and capacity assessment, and ultimately identifying healthcare infrastructure requirements and appropriate mitigation measures. Importantly, the methodology is no longer used solely for development management purposes. It now informs wider healthcare infrastructure planning, Local Plan engagement, infrastructure delivery planning, healthcare estate strategy and assessment of infrastructure requirements arising from planned growth across Hampshire and the Isle of Wight.

The methodology has been applied in Portsmouth and has informed HIOW ICB's assessment of existing healthcare infrastructure capacity and the implications of growth proposed through the Local Plan. This assessment has identified capacity constraints within the existing primary healthcare estate and has informed ongoing engagement between HIOW ICB and Portsmouth City Council regarding healthcare infrastructure requirements.

Whilst Portsmouth City Council has engaged positively with HIOW ICB regarding healthcare infrastructure requirements, and the evidence provided by the ICB has informed ongoing discussions concerning healthcare capacity and infrastructure needs, the principal concern of HIOW ICB is not whether healthcare impacts have been identified. Rather, the concern is whether the Local Plan provides a sufficiently clear and effective framework through which the healthcare infrastructure identified by that evidence can be funded, secured and delivered alongside development, and whether Portsmouth City Council provide a clear mechanism for how development can be appropriately mitigated. NHS England's Capital Guidance for 2026/27 to 2029/30 states clearly that *'[c]apital allocations do not cover additional facilities required due to housing developments. NHS organisations should work with local authorities to secure developer contributions for extra capacity.'*

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https://www.hantsiow.icb.nhs.uk/application/files/1117/7632/3856/Health_Contributions_for_GP_Infrastructure_Technical_Note_for_Developers_April_2026.pdf

The NHS England Capital Guidance also notes the importance of NHS organisations collaborating with local planning authorities at all stages to understand and address the healthcare impact of new developments. Whilst we believe the duty to collaborate has been fulfilled, and that healthcare impacts arising from the Local Plan have been assessed through a clear, transparent and evidence-based methodology, we do not believe that this is the principal issue before the examination. We instead question whether the Local Plan provides sufficient certainty regarding the mechanisms through which healthcare infrastructure identified by that evidence will be funded, secured and delivered; this is especially the case in relation to the strategic sites where significant development is planned.

Whilst healthcare infrastructure requirements may be identified through the evidence base and Infrastructure Delivery Plan, HIOW ICB remains concerned that there is currently no published route through which healthcare infrastructure can access Community Infrastructure Levy funding, whilst requests for healthcare infrastructure funding through Section 106 obligations – which HIOW ICB prefers - have not, to date, been supported by the Council. Consequently, whilst healthcare infrastructure needs have been identified and accepted through the evidence base, there remains uncertainty regarding how the mitigation necessary to address those impacts will ultimately be delivered. HIOW ICB has not, to date, been able to secure mitigation for any development in Portsmouth where there has been a demonstrable and evidenced impact on primary healthcare infrastructure.

HIOW ICB therefore considers that the Plan should provide greater clarity regarding:

- the role of healthcare infrastructure within the overall infrastructure framework;
- the mechanisms available for securing healthcare mitigation;
- how proportionate healthcare contributions are to be assessed and calculated;
- the relationship between Section 106 obligations, Community Infrastructure Levy and healthcare infrastructure delivery;
- and, following clarity on the above, how the strategic sites proposed will include appropriate and proportionate mitigation for healthcare infrastructure.

For clarity, HIOW ICB's concern is not the identification of healthcare need, but the effectiveness of the policy mechanisms available to ensure that healthcare infrastructure required to support planned growth can be secured and delivered in practice.

Matter 7: Strategic Site Allocations

The healthcare issues identified through Matter 5 become particularly relevant when considering the strategic site allocations.

HIOW ICB considers that the largest allocations within the Plan should explicitly recognise healthcare infrastructure requirements where significant population growth is anticipated. Whilst strategic infrastructure policies establish the overall principle of infrastructure delivery, site allocation policies provide the most direct opportunity to identify infrastructure requirements associated with specific locations.

NHS Integrated Care Board learning across South and South West England has consistently demonstrated that reliance solely upon generic infrastructure policies can lead to uncertainty at the planning application stage. Where healthcare infrastructure is not recognised within allocation policies, there is an increased risk that infrastructure requirements are disputed or overlooked when development proposals are brought forward.

Healthcare infrastructure should therefore be afforded similar consideration to other essential infrastructure categories such as transport, education, utilities and green infrastructure.

For major allocations, HIOW ICB recommends the Plan should recognise that:

- additional healthcare demand will arise directly from development;
- existing healthcare infrastructure may not possess sufficient capacity to accommodate that demand;
- mitigation may require expansion of existing facilities, reconfiguration of services or delivery of new healthcare premises;
- larger development sites may require site-specific healthcare solutions where justified by the scale and nature of development.

HIOW ICB is not suggesting that every allocation should include a new healthcare facility. However, the Plan should provide sufficient policy support to ensure that healthcare infrastructure requirements can be appropriately considered and delivered where evidence demonstrates such a need. This would most appropriately be secured through a Section 106 agreement, given that the need is site-specific and directly tied to the population being generated as new development is built out.

This is particularly important where healthcare infrastructure requirements have already been identified through HIOW ICB's Healthcare Infrastructure Planning Methodology. HIOW ICB considers that strategic allocations should not rely solely upon generic infrastructure policies where healthcare impacts are known and capable of being evidenced. Site allocation policies should provide clear recognition that new or expanded healthcare infrastructure may be required to support development and establish an appropriate policy basis for securing mitigation where necessary.

Matter 12: Infrastructure Policies

HIOW ICB welcomes the Inspectors' consideration of whether the policy requirements relating to NHS facilities are justified.

From HIOW ICB's perspective, healthcare infrastructure policy should support both the protection of valued healthcare facilities, and the evolution of the NHS estate in response to changing healthcare needs.

The reference within the Inspector's questions to NHS estate reorganisation is important. However, contemporary healthcare infrastructure planning extends beyond estate reorganisation alone.

Modern healthcare delivery increasingly requires:

- expansion of existing premises;
- replacement of outdated facilities;
- consolidation of services into modern accommodation;
- development of integrated health hubs such as Neighbourhood Health Centres;
- provision of entirely new healthcare facilities needed to support growth.

HIOW ICB therefore considers that planning policy should be sufficiently flexible to support estate modernisation, expansion and new healthcare provision where necessary. We echo our earlier statement under Matter 7 that site allocation policies should provide clear recognition that new or expanded healthcare infrastructure may be required to support development, and thus there must be an established appropriate policy basis for securing mitigation where necessary.

Whilst existing healthcare facilities should be protected where they continue to perform an important role, planning policy should not unintentionally constrain the ability of the NHS to replace, expand or reconfigure facilities where this supports improved healthcare outcomes or enables growth-related healthcare needs to be addressed. New and expanded NHS facilities must be designed and delivered in accordance with NHS space planning requirements and Health Building Note standards. In addition, the reconfiguration or re-provision of healthcare services is subject to operational, clinical and accessibility considerations that can limit where services may be relocated. Accordingly, it is important that planning policies provide sufficient flexibility to support the modernisation and transformation of the NHS estate.

HIOW ICB is committed to engaging proactively with local planning authorities at the earliest appropriate stage when considering improvements to primary healthcare infrastructure. HIOW ICB has similarly encouraged early and ongoing engagement from Portsmouth City Council and developers where new development proposals may generate additional demand for healthcare services, helping to identify infrastructure requirements and potential mitigation at the earliest opportunity.

The healthcare infrastructure identified through HIOW ICB's Healthcare Infrastructure Planning Methodology and provided through Portsmouth City Council's Infrastructure Delivery Plan, demonstrates that future healthcare provision may not and cannot always be delivered through existing premises alone. The policy framework should therefore support a range of solutions including expansion, replacement and new healthcare infrastructure where appropriate.

Overall NHS Position

Taken together, Matters 5, 7 and 12 address different aspects of the same issue.

HIOW ICB has demonstrated through its published Healthcare Infrastructure Planning Methodology that healthcare impacts arising from development can be assessed, evidenced and quantified through a transparent and consistent process.

The remaining question for the examination is whether the Local Plan contains a sufficiently clear and effective policy framework through which the healthcare infrastructure identified by that evidence can be secured, funded and delivered. Whilst healthcare need has been identified and evidenced, the ICB remains concerned that the Plan does not currently provide adequate certainty regarding the mechanisms through which healthcare mitigation will be obtained from development. We remain of the view that Section 106 agreements are likely to provide the most effective mechanism for securing site-specific healthcare mitigation where the statutory tests are met.

We look forward to further discussing our collaborative approach to the identification of healthcare need and further highlight our concern regarding the effectiveness of the policy mechanisms available to ensure that healthcare infrastructure keeps pace with planned growth and that sustainable communities are supported by adequate healthcare provision throughout the lifetime of the Plan.

Thanking you for your consideration on this matter.

