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BY EMAIL ONLY: Ben.Glover@north-herts.gov.uk

28th October 2025

Dear Ben,

Application Ref: 25/01708/OP

Address Land Opposite Heath Farm Briary Lane Royston Hertfordshire

Proposal Erection of up to 84 dwellings with public open space, landscaping and sustainable drainage system (SuDS) following demolition of No. 24 Echo Hill with all matters reserved save for access.

NHS Cambridge and Peterborough Integrated Care Board (C&PICB) are responding to the above application in relation to the impact of the proposed development on local health infrastructure. C&PICB has delegated authority from NHS England for the commissioning of primary care services (general medical services) within the North Hertfordshire area. This includes consideration of estate requirements to deliver these services.

Summary Comments

There is not sufficient existing primary healthcare capacity locally to address demand generated by the development. Mitigation is therefore required in the form of a financial contribution of £119,013 towards the capital cost of delivering the additional primary care floorspace required to serve residents of the new development. Without this mitigation, the development would not comply with Policy SP7 of the Local Plan and SPD policies, and paragraphs 56 to 59 of the NPPF and related Planning Practice Guidance.

Planning Policy Background

Policy SP7 (Infrastructure requirements and development contributions) of the Local Plan outlines that development proposals will be required to make provision for infrastructure that is necessary in order to accommodate additional demands resulting from the development. It is further noted that developers may be required to provide, finance and/ or contribute towards provision...including on-site and/or offsite provision.

The Developer Contributions Supplementary Planning Document (January 2023) establishes the requirement for primary healthcare contributions and that these should be based on a formulaic approach related to floorspace. The Infrastructure Delivery Plan (September 2016) demonstrates

that in 2016 the practices in Royston had no spare capacity and we note that since there has been significant housing growth that has come forward in the area.

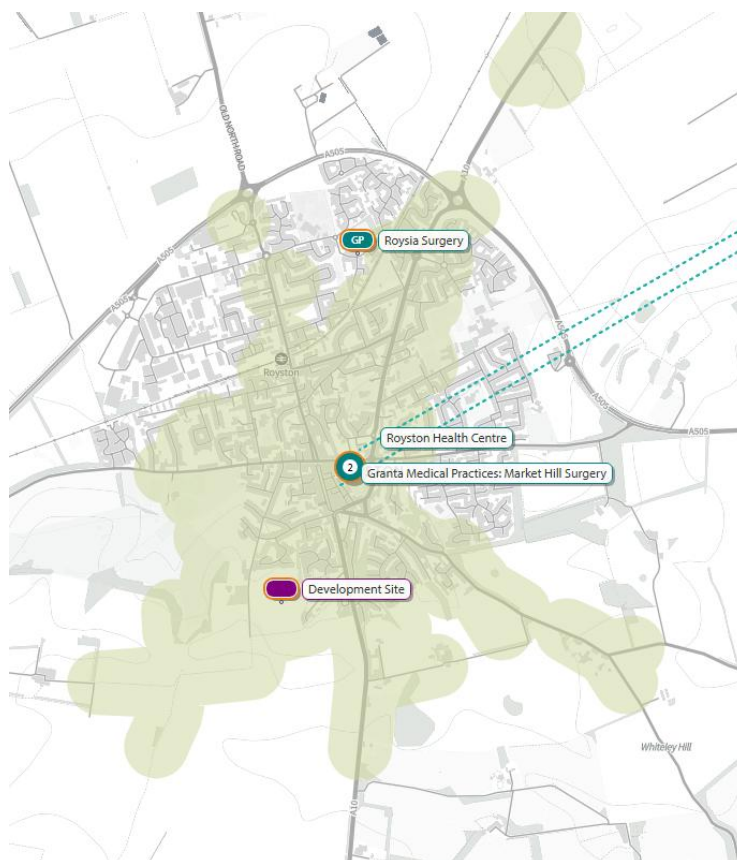
Submitted Planning Documentation

While the development aims to incorporate various health and wellbeing measures, the submitted planning documentation does not assess or identify how residents' access to health facilities and services will be ensured, as required under the Local Plan. The applicant's Socio-economic Benefits Statement (May 2025) does however note that the development will provide planning obligations, with the most common obligations associated with new housing including contributions towards health care.

In the following sections, we outline the existing capacity of nearby primary care facilities and detail the measures the applicant must take to mitigate the development's impact on local health infrastructure as required by Local Plan Policy SP7 and the Developer Contributions SPD.

Existing Primary Care Position

The proposed development is located to the south of Royston off of Echo Hill. C&PICB has identified that Royston Health Centre, Market Hill Surgery and Roysia Surgery are most likely to be impacted by the proposed development given their proximity to the site and predominant patterns of patient access in the area. These practices are part of the Granta and Meridian Primary Care Networks (PCN). As shown in Map 1, these surgeries are accessible by public transport within 20 minutes or under from the development site.



Map 1 GP locations in relation to the proposed development (Source: SHAPE Atlas October 2025)

The ICB has assessed the capacity of the impacted practices to establish if they have adequate overall floorspace (clinical rooms and supporting accommodation) to provide services to the existing local population, in line with the 2019 NHS Long Term Plan objectives relating to primary care provision. The results of this assessment, shown in Table 1, demonstrates that the practices are currently experiencing a health infrastructure deficit and do not have the capacity to absorb any additional residents. The development would therefore have an impact on primary healthcare provision in the area and its implications, if unmitigated, would be unsustainable.

Table 1 Capacity of existing primary healthcare infrastructure impacted by proposed development

Premises	Weighted Patient List Size	Actual NIA of Current Premises	Required Floorspace (NIA) as per HBN Guidance	% Required Floorspace (NIA)
Granta: Royston Health Centre & Market Hill	11,344	740.22	777.87	95%
Merdian: Roysia Surgery	6183	253.1	423.98	60%
*A percentage below 100 indicates that the premises is operating with a space shortfall. For example, Roysia has just 60% of the floorspace (measured in NIA) that they should have for the current list size when considered against HBN 11-01 guidance				

The ICB's approach to assessing existing capacity for planning purposes involves reviewing weighted patient list sizes against the current net internal area (NIA) of premises. Weighted patient list sizes are used in preference to overall patient registrations because weighting for patient demographics reflects that certain types of patients place a higher demand on practices than others – for example, older and very young patients.

C&PICB uses a standard floorspace requirement of approximately 150sqm GIA/ 120sqm NIA per 1,750 patients, aligned to Department of Health (DH) guidance within *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01)*. Health Building Notes are published by the DH to provide best practice guidance on the design and planning of new healthcare buildings and the adaptation or extension of existing facilities. They are intended to support the briefing and design processes for individual projects in the NHS building programme.

It is important to note that practices can apply to the ICB to close their list and/or modify their practice boundary. One key reason why practices may be required to do this is because of a significant lack of physical capacity to deliver services to increasing populations.

Health Infrastructure Needs Arising from Proposed Development

Based on the ICB's assessment, there is currently no capacity within the local area to accommodate the population growth that will be generated by the development. As a result, a

planning obligation will be required to create the full amount of additional primary care floorspace required, in accordance with Local Plan Policy SP7

C&PICB calculates population uplift using the average household size of in North Hertfordshire (2.3, 2021 Census) applied to the total number of dwellings proposed. The additional floorspace requirement (sqm) arising from this residential population is then calculated based on 150sqm GIA per 1,750 patients to align to the requirements of *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01)*.

Over the course of the last year C&PICS have been in discussions with local healthcare providers related to healthcare projects within Royston to meet the needs of populations coming forward from developments. Based on these discussion the estates strategy for this area is for the provision of a new build facility, ensuring the delivery of primary care services from a futureproofed fit for purpose building. The required S106 financial contribution is therefore based on creating new/increasing clinical space (build cost of £7,273/sqm) within the impacted PCNs.

Table 2 Capital cost calculation of additional primary healthcare infrastructure

Total residential units	Population Generated	Required Floorspace as per HBN 11-01	Delivery Approach	Total Capital Cost
83	191	16.36	New Build	£119,013

The build cost for new build primary care facilities is derived from NHS Property Services (NHSPS) build cost benchmarks. As a government owned healthcare specialist property owner, manager, advisor and service provider, NHSPS works in collaboration with leading expert consultants to provide expertise in primary care delivery for ICBs across the country. NHSPS build cost benchmarks are prepared by independent quantity surveyors with a healthcare specialism to ensure accordance with HBN11-01.

The identified capital costs are based on delivering healthcare spaces that are ready for occupation by healthcare services, as opposed to a shell and core condition. This reflects the full costs of delivering health infrastructure projects and therefore incorporate a range of allowances including (but not limited to) fit out, professional fees, externals and contingency. However, they do not include the cost of land acquisition. NHSPS updates cost benchmarks on an annual basis to reflect current market conditions and rebases costs to the locality of the proposed development using the Build Cost Information Service (BCIS) TPS.

The contribution request is directly related to the development, being based on the proposed development, the specific population increase, and the resultant primary care floorspace requirement. The request is fairly and reasonably related in scale and kind to the development, as the financial contribution is based on the capital cost of delivering the required additional capacity within the primary care estate that will be impacted by the proposed development. Failure to provide an appropriate contribution to ensure the delivery of health capacity to serve this new population would place unsustainable pressure on local primary healthcare infrastructure.

S106 Heads of Terms (HoT)

The ICB expects that the above capital cost would be secured as a financial contribution in the S106 linked to grant of planning permission. To ensure the required health mitigation is appropriately secured in the S106 agreement, we request the following be included in the S106 HoT when presenting the development to the planning committee or before issuing a decision notice:

- Healthcare contribution of £119,013 (index linked) to be applied by the Cambridge and Peterborough Integrated Care Board towards the provision of primary care-led facilities and associated infrastructure within the local Primary Care Network (PCN).

To enable the required additional capacity to be in place in a timely manner, the ICB's preference is that the contribution is paid prior to commencement of the development. The financial contribution should be indexed linked to the Build Cost Information Service (BCIS) All-In Tender Price Index. It is important that the detailed drafting of any S106 provides appropriate flexibility to align with ICB commissioning processes and estates plans, and we would welcome discussion on this should the application be approved.

Conclusion

SP7 of the adopted North Hertfordshire Local Plan sets the expectation that development will make sufficient provision for the infrastructure made necessary by the development, and the Infrastructure Delivery Plan sets out the need for additional primary care provision in Royston Area. Moving new population into the area without adequate primary healthcare provision would therefore be unacceptable in planning terms.

Based on the latest data on primary care infrastructure capacity presented above there is not sufficient existing capacity locally to accommodate the population growth generated by the proposed development. Mitigation is therefore required in the form of a financial contribution of £119,013 towards the capital cost of delivering the additional primary care floorspace required to serve residents of the new development. Without this mitigation, the development would not comply with Policy SP7 of the Local Plan and SPD policies, and paragraphs 56 to 59 of the NPPF and related Planning Practice Guidance.

Should you need additional information or clarification on any matter please do not hesitate to contact me.

Yours sincerely,



David Parke

Assistant Director Infrastructure &
Sustainability

Cambridge & Peterborough
Integrated Care Board



Mark Adams MRTPI

Town Planning Partner

NHS Property Services Ltd