

## Matter 4

**Matter 4/Issue 4.1/Q4.3 Several of the policies for areas of growth and regeneration refer to comprehensive or co-ordinated forms of development. The response to PQ28 states that this would be guided by masterplans or development frameworks and established through design and access statements. Having regard to this, are the relevant policies sufficiently clear and unambiguous, such that it would be clear to either decision makers or applicants what would be expected on an individual site?**

1. At current, Development Strategy policies fail to explicitly account for the healthcare requirements needed to support new development. To address this, the ICB set out proposed modifications to Policies DS1-14 in our previous response. In response to our earlier suggested modifications, the Council stated in the submitted Consultation Statement that “Policy IDC1 and other policy provisions address the infrastructure, facilities and services required to support development” and concluded that there were “no modifications suggested”.
2. To address the cumulative demand from planned growth, new primary care-led facilities will need to be prioritised in locations covered by Policies DS1-14. This position is partly reflected in the supporting Infrastructure Delivery Plan (IDP), which includes ‘additional primary care facilities in South and Central Bristol’ as key infrastructure interventions.
3. The ICB considers relevant policies to be ineffective at ensuring primary healthcare requirements are adequately considered throughout the development process. Associated policies – namely Policy HW2B (Health and Development) and IDC1 (Development Contributions and CIL) fail to provide robust guidance on how developer contributions for primary healthcare are considered on a site-by-site basis. In the absence of this information, and, without an explicit link to healthcare within the existing Development Strategy policies, there is a degree of ambiguity on how primary healthcare developer contributions will be sought.
4. Additionally, the ICB notes that the IDP does not provide a rationale for the two proposed primary healthcare interventions set out in its accompanying Project Schedule. Whilst we support the inclusion of those proposed projects, the ICB is concerned that the IDP does not set out the ICB’s methodology for determining healthcare infrastructure contributions. This omission is critical in ensuring that development within the City Centre, particularly those developments in Development Strategy Areas (Policies DS1-14) are developed in a sustainable manner with sufficient healthcare mitigation.
5. As highlighted above and within our previous response, further clarity is needed (as per our proposed modifications) within both the Development Strategy policies and the IDP to ensure that Local Plan policies relating to healthcare are consistent and effective.

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