

Matter 6

Matter 6/Issue 6.1/Q6.1 Is Policy IDC1 justified, consistent with national policy and effective?

1. Primary healthcare facilities are experiencing significant capacity pressures in Bristol City Centre and are unable to accommodate the projected growth within those areas. These capacity pressures are highlighted in paragraph 4.11.2 of the adopted Core Strategy and have been exacerbated by new residential developments due to a lack of health infrastructure being secured on recent permissions.
2. We are supportive of the intended purpose and outcomes of Policy IDC1, namely that healthcare infrastructure is delivered in tandem with new developments.
3. In its current form, Policy IDC1 of the Local Plan presents itself as positively prepared, however, we are concerned that in practice this policy will be ineffective at securing financial contributions for primary healthcare facilities, as supporting paragraph 4.4 makes an explicit link between Policy IDC1 and the outdated Planning Obligations Supplementary Planning Document (SPD, adopted in September 2012). The continued application of the Planning Obligations SPD promotes an incoherent and disconnected approach to securing developer contributions, as references within the SPD to superseded local policy will create a degree of uncertainty regarding compliance with the development plan. To address these concerns, the ICB considers that our proposed modifications to Policies DS1-DS14 (as set out in our previous correspondence) are necessary to ensure that Policy IDC1 provides a sound basis for securing necessary developer contributions towards healthcare infrastructure.
4. As the SPD continues to be a material consideration when determining planning applications, it is paramount that healthcare infrastructure is included in future iterations of the SPD. BNSSG ICB welcome the opportunity to inform the development of a future planning obligations SPD. In the interim, and in the absence of an up-to date SPD, our proposed modifications will ensure that healthcare infrastructure is afforded proportionate consideration when determining planning applications.
5. The ICB's concerns regarding the delivery of healthcare infrastructure are further compounded by the submitted Viability Assessment, which fails to test the impact of healthcare contributions on the viability of schemes within the local authority area. This approach could undermine the overall deliverability of the Plan, as healthcare-related costs have not been thoroughly assessed. This further underlines the importance of incorporating our proposed modifications to ensure that Development Strategy policies 1-14 are effective in delivering healthcare facilities to accommodate the level of growth proposed.

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