

Central Lancashire Local Plan 2023-2041 Consultation Response.

1. Since July 2022 [NHS Lancashire and South Cumbria Integrated Care Board \(ICB\)](#) has held responsibility for planning NHS services within the borough, including primary care, community pharmacy and those previously planned by clinical commissioning groups (CCGs).
2. An Integrated Care Board (ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services within a given geographical area – e.g., Preston, Chorley, South Ribble.
3. Accountable to the people of Lancashire and South Cumbria and responsible for devolved budgets, NHS Lancashire and South Cumbria ICB ensure that the strategies developed by Lancashire and South Cumbria Integrated Care System become are implemented.

Health provision

4. The NPPF outlines the importance of promoting healthy and safe communities, stating that planning authorities should work with delivery partners to plan for required public service infrastructure facilities.
5. Housing development can add substantially to the demand for health care as it generates population growth in given areas. It is important that the planning system ensures not only that development creates an environment that supports health and wellbeing; but that there should be a reasonable level of developer contributions towards the capacity and resilience of health facilities in particular primary care services (family GPs etc) for a growing population driven by an increase in housing numbers. Additionally, demographic factors such as an ageing population and wellbeing needs of the population including secondary and specialist support services, should also be considered in terms of provision of health infrastructure to support the needs of an area.
6. The Council has consulted with the former CCG and ICB on numerous occasions throughout the preparation of the Local Plan and the ICB recognises the fact that new housing has a positive impact on the wider determinants of health and supports the proposed housing development plans. It also supports the new employment developments identified in the Local Plan that will provide employment opportunities and help to increase prosperity in the community subsequently reducing health inequalities.
7. The ICB are aware of the level of growth identified in the Local Plan and has identified a number of NHS health infrastructure requirements in order to support the projected population increase over the plan period to 2041. The basis for these requirements is supported by a range of policies within the Local Plan, particularly, but not limited to:

- **Section 5**
 - **Policy EC12 Preston City Centre, Criteria C** - *the provision of infrastructure (including digital connectivity), services, health and community facilities to support City Centre homes and economic growth. **Additionally:***
 - **City Centre role and function 5.44** - *City Centre growth is key to achieving the sustainable, low carbon development of Central Lancashire, and to reinforcing the role and function of the City Centre within Central Lancashire and North West England. It is vital to ensure that the benefits of growth, development and investment, including through Community Wealth Building, are accessible and available to improve the lived experience, health, wellbeing and socio-economic outcomes for Preston residents, particularly for residents within areas of deprivation including residents of the City Centre and the Inner East Preston Neighbourhood Plan Area. If the delivery of the City Centre strategy is to be successful, it will need to be a priority of the Local Plan, high quality, transformational, co-ordinated, integrated, well designed, address current challenges and be resilient and flexible enough to contribute to meeting city-wide needs throughout the Plan Period. **Additionally:***
 - **City Centre Living Principles explanation 5.54** - *‘City Centre Living’ will continue to be an important function of the City Centre. It generates City Centre footfall, has scope to encourage the occupation of upper floors and of vacant commercial units, promotes active travel and generates trade for retail [Class E(a) use], services, arts, leisure, culture and hospitality uses.*

- **Section 6**
 - **Policy HC1 (Strategic Policy) – Health and Wellbeing 6.9** - *The Councils will work with healthcare providers, such as NHS Trusts to optimise their estates, enabling them to improve their services. A need is recognised for a new hospital in Central Lancashire, either through redevelopment of the existing sites or on a new site.*
 - **Policy HC3 - Community, Health and Education Facilities 6.24** - *For the purposes of this policy health facilities, should be regarded as uses falling within Class E e) and can include (but are not limited to) – hospitals, surgeries, dentists, hospices and clinics. 6.25 The Councils recognise the need for and support the NHS Hospital Trust in the development of a new hospital in Central Lancashire, either through redevelopment of the existing sites or on a new site.*

- **Section 7**
 - **Policy EN3: Tall Buildings - 3. (g) Mixed Uses (i)** *Proposals should deliver a mix of uses including active ground floors to generate footfall, animate the surrounding area and contribute to a vibrant location;*
 - *(ii). They should aim to offer uses available to the wider public, including retail, leisure, cultural, community, **health**, or other civic uses at ground levels and other uses above.*

ICB Response

An announcement made in December 2024 identified the proposed site for the replacement of Royal Preston Hospital as land between Stanifield Lane and Wigan Road, south of Stoney Lane in Farington, near to the end of the M65 West. New Hospitals are major public infrastructure projects and significant investments such as these and the benefits of improvements in the delivery of health and care services will be subject to a future public consultation.

Since the announcement was made a government review into the New Hospitals Programme has delayed planned construction to between 2036 and 2039. It is imperative that in addition to working with the hospital Trusts that the Council recognise ICB as statutory commissioner of health and care services as a key consultee regarding the new hospital development. The inclusion of a replacement for Royal Preston Hospital should also be referenced in future iterations of the Local Plan with Councils working with the NHS / ICB to understand the detail and timescale of any forthcoming proposals.

All providers of health and wellbeing services (NHS commissioned providers, Local authority, and the voluntary sector) should have the opportunity, wherever feasible to integrate health and support services into existing community places. The ICB requires a commitment to make best use of and expand if required existing services in local communities to ensure we are striving for the best accessibility and reducing inequalities at all opportunities. This may require the removal of barriers to a stereotypical 'health' facility, by aiming to genuinely integrate, where possible, access to healthcare through good design and mixed-use schemes.

As plans for a new hospital shape and emerge it could mean there are requirements for facilities that offer a multi-faceted delivery model, allowing responses to the changing needs of health care delivery.

The current Government ambition is to bring care closer to communities following reviews of services and subsequent report by Darzi and 'left shift' services out of hospitals into neighbourhood hubs and community-based care. Future health facilities design and delivery will need to take account of these future service transformations and allow traditionally 'acute' activity to be accessed and received in a variety of different ways, and where appropriate in different delivery environments.

- **Section 10**

- **Policy ID1 (Strategic Policy): Infrastructure Planning Principles** – With particular reference to criteria: **1.** *The development of new infrastructure, or improvements to existing infrastructure, will be supported where it can be demonstrated that there is an identified need to support the delivery of the Local Plan or national priorities, in accordance with other Local Plan policies.* **Criteria 2.** *The Councils will work with infrastructure providers and developers to ensure that additional infrastructure capacity is effectively delivered by: a) Using the Infrastructure Delivery Plan to identify requirements and guide delivery. b) Making the best use of existing infrastructure capacity where possible. c) Phasing development, where appropriate, to ensure the timely and coordinated delivery of infrastructure. d) **Requiring any new development that is likely to create an identified shortfall in infrastructure capacity or exacerbate existing deficiencies to adequately mitigate or compensate for those shortfalls and deficiencies.***
- **Additionally, 10.7, 10.8 and 10.9**
- **Policy ID2: Developer Contributions and Planning Obligations** – With particular reference to criteria **1.** *New development will be expected to contribute to mitigating its impact on infrastructure, services and the environment and to contribute to the requirements of the community. This may be secured via planning condition, or by a planning obligation where development would otherwise be unacceptable, and/or through the Community Infrastructure Levy (CIL) to enable the cumulative impacts of developments to be managed.* **Criteria 2 (g) Health**
- **Additionally, 10.10 to 10.15 inclusive.**

ICB Response

The Council works closely with key stakeholders in the health and wellbeing sector, including the Lancashire and South Cumbria Integrated Care Board (ICB) and the Council's Public Health department, to ensure a coordinated approach for effective collection of developer contributions to fund new health facilities in the borough. The primary method of calculating developer contributions will consider the likely impact of new population. S106 / CIL contributions may be required to support construction or development plan costs for additional facilities/extension etc or new health facilities that may be co-located with other health or social care providers, as advised by ICB or relevant health provider.

Recent housing growth has not provided sufficient S106/CIL funding for primary care services in this area and additional housing growth without S106/CIL will exacerbate difficulties new residents will have accessing GP / family doctor services.

The ICB has a [s106/CIL policy](#) which sets out how the Board will engage with local authorities when planning applications impact on local health infrastructure, and, the principles upon which the ICB will exercise its responsibilities for making recommendations on the allocation of health related S106 and CIL allocations.

GP surgeries noted below are within the locality of the Strategic Site developments, the majority are at or nearing their capacity and cannot absorb any further impact brought about by new housing developments without new supporting infrastructure, or the redevelopment or reconfiguration of existing health infrastructure.

As a strategic partner, the ICB will continue to engage with the Council throughout the plan period and respond where necessary to any windfall sites, planned or unplanned schemes.

STRATEGIC SITES AND KEY DEVELOPMENTS AFFECTING HEALTH INFRASTRUCTURE

Policy SS3: Strategic Site Allocation – North West Preston/Bartle

8. *A development within the Preston Rural North, Preston Rural East, Greyfriars wards comprising 63.39ha of land, extension to original MD2 Allocation (177.41ha), comprising 45.1ha permitted at Bartle Garden Village and 18.29ha new allocations north of Bartle Lane and South of the M55. The development will see circa 2,767 new homes built.*

Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in this area of 6,641 persons. The nearest primary care practice to this development is Ingol Health Centre which has recently benefitted from S106 contributions to support its reconfiguration. However, with the potential increase in population Ingol alone could not accommodate an additional 6,641 persons. Several other primary care practices (including but not limited to): The Park Medical Practice, Briarwood Medical Centre, Lane Ends Surgery and ISSA (at Fulwood) may also be impacted by this development.

Policy SS4: Strategic Site Allocation – Fulwood Barracks

9. *A development within the 'Garrison' area comprising 16.5 ha, the development will see circa 300 new homes constructed with the potential for these numbers to increase once master planning is completed.*

Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in this area of 720 additional persons. The nearest primary care practices that may be affected by this development are Dr Wilson and Partners (The Healthcare Centre), Moor Park Surgery, Gutteridge Medical Centre (2 x GP practices in situ).

Policy SS5: Strategic Site Allocation – Preston West

10. *A development within the Ingol and Cottam/Lea and Larches wards comprising 155.5ha, the development will see circa 1,850 dwellings and c63.3ha employment land type B2, B8 and E(g). Land is identified on the Policies Map at the Preston West Strategic Location for a residential led mixed-use development comprising the erection of approximately 450 homes until 2041 with up to 1,400 additional homes (to include provision for older people) to be delivered beyond the plan period subject to master planning, and up to 63.3 ha for employment use class types B2, B8 and E(g), together with the infrastructure to facilitate the creation of a sustainable community. The site is split into two development phases, Phase A North of the Railway and Phase B south of the Railway. Land in Phase A is safeguarded to enable delivery of Cottam Parkway Train Station.*

Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in this area of 4,440 persons. The nearest primary care practices to this development are Ingol Health Centre, The Park Medical Practice and Briarwood Medical Practice, all are also impacted by the North West Preston / Bartle (Policy SS3) development. All are also beyond the ideal travelling distance for patients requiring access to primary care services of 1.1 miles, access via car is 7 minutes or via bus 30 minutes.

Policy SS6 (A+B): Strategic Site Allocation – Pickering's Farm, Penwortham

11. *A development within the Charnock & Farrington West wards comprising circa 79ha land, for the Charnock (A) phase, the development will see the construction of circa 1,350 new homes. The Farrington (B) phase will see the construction of circa 545 new homes on circa 22ha of land, equating to a total of 1,895 new homes.*

Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in this area of 4,548 additional persons. The nearest primary care practices that could be affected by this development are The Park Medical Practice and Briarwood Medical Practice, which are also impacted by the Northwest Preston / Bartle (Policy SS3) and Preston West (Policy SS5) developments. Additionally, Lane Ends Surgery, St Fillans and the Fishergate Surgery could all be impacted by this development.

Within the policy reference is made for S106 developer contributions to support a Cross Borough Link Road (CBLR), traffic management measures and/or pedestrian improvements on existing roads, affordable housing etc.

The Strategic Policies noted above state similar provisions as well as provision for schools etc., unfortunately there are no references within any of the policies to support health infrastructure. This funding, through S106/CIL, is essential as it is the only route to fund additional capacity in NHS primary care facilities in the relevant areas to support a growing population.

12. In addition to the above the Local Plan includes the following policies for housing development that will impact upon health infrastructure.

13. **Policy HS2: Housing Allocations Chorley**

Thirty-seven separate sites have been allocated and protected for housing development that will see a total of 2,721 new homes constructed. Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in the Chorley area of 6,350 additional persons.

14. **Policy HS3: Housing Allocations South Ribble**

Nineteen separate sites have been allocated and protected for housing development that will see a total of 2,333 new homes constructed. Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in the South Ribble area of 5,599 additional persons.

15. **Policy HS4: Housing Allocations Preston**

In addition to the strategic sites within Preston there are an additional thirty separate sites that have been allocated and protected for housing development that will see a total of 2,942 new homes constructed. Utilising the Office for National Statistics average household size (2017) of 2.4 persons per household would see a potential increase in population in the Preston area of 5,981 additional persons.

ADDITIONAL HEALTH FACILITIES INFRASTRUCTURE REQUIREMENTS

Hospital Services

16. The Lancashire and South Cumbria ICB is responsible for planning care at the hospital through commissioning the services required. Please see attached supporting information / response from Lancashire Teaching Hospital Trust.

17. **Opticians, Pharmacists and Dentists**

18. Opticians, pharmacists and dentists are commercially driven and will locate where there is demand. As a result there is less need to plan for these services compared to primary care GP provision.

19. Health and Wellbeing Boards have a duty to publish a Pharmaceutical Needs Assessment (PNA) every three years. PNAs are used for several purposes including consideration of applications for new pharmacies in an area as well as by commissioners to identify local health needs that could be addressed by pharmacy services. The PNA describes current pharmaceutical provision, health needs that could be mitigated by pharmaceutical services, future population changes, and ultimately used to inform decision making regarding future market entry.

20. As the PNA is undertaken on a pan-Lancashire footprint, partner organisations across the wider Lancashire area work together on the document.

21. PNAs are used by NHS England to inform decisions regarding applications for new or changes to existing pharmaceutical services and to make decisions in the commissioning of additional services from pharmacies. The [Pan-Lancashire PAN](#) currently shows that although there has been a modest decline in overall provision of pharmaceutical service the level of current provision is nevertheless deemed to remain sufficient, although this is a trend that needs to continue to be carefully monitored.

22. Most dentists are independent servicers, with responsibility for their own premises and staff. NHS dental services are provided by dentists who hold NHS contracts and in recent years the number of practitioners has been increased to meet the once serious shortfall of dentists that provided NHS services as well as private dental consultations and treatment.
23. It is anticipated that the private sector will provide dental practices, opticians and pharmacies in line with market demand over the Local Plan period.

CLIMATE CHANGE AND SUSTAINABILITY

Identifying a route to net zero emissions for a complex system as large as the NHS is particularly challenging. To understand how and when the NHS can reach net zero it established an NHS Net Zero Expert Panel, reviewed nearly 600 pieces of evidence submitted and conducted extensive analysis and modelling.

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the [Health and Care Act 2022](#).

Additionally, the [Delivering a Net Zero National Health Service report](#) is now issued as statutory guidance.

The targets below have been set into legislation and are as ambitious as possible, while remaining realistic and are supported by immediate action and a commitment to continuous monitoring, evaluation and innovation.

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The Lancashire and South Cumbria Integrated Care Board recognises the impacts of climate change on health and supports the requirements of the climate change policies within the Local Plan:

- **Policy CC1 (Strategic Policy): Climate Change**
- **Policy CC2: Renewable Energy Generation and District Heating Networks**
- **Policy CC3: Reducing Energy Consumption**

It has produced a Green Plan and Infrastructure Strategy setting out its own aims and ambitions in support of Climate change and Sustainability.

The ICB's Green Plan 2022-2025 can be found here:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/strategies-and-plans/green-plan-2022-25>

The ICB's Infrastructure Strategy 2024-2040 can be found here:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/strategies-and-plans/infrastructure-strategy-2024-2040>