NHS
Kent and Medway

Ref: 20250889

Directorate of Strategy & Partnerships
NHS Kent and Medway Integrated Care Board

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16 October 2025

Alison Webster
Gravesham Borough Council
Planning & Regeneration Services
Civic Centre
Windmill Street
Gravesend
DA12 1AU

Dear Alison,

20250889 – Buckland Farm, Chalk Road, Higham, Rochester Kent

NHS Kent and Medway Integrated Care Board (ICB) is the NHS organisation that plans and buys healthcare services to meet the needs of 2 million people living in Kent and Medway. It is our responsibility to ensure health services and all future proposed developments are sustainable from a revenue affordability, capital investment and workforce perspective. We must also ensure that, wherever possible, we maximise the delivery of care closer to where people live.

NHS Kent and Medway Integrated Care System brings partnership organisations together to plan and deliver joined up health and care services to improve the lives of people across Kent and Medway. Within the Integrated Care System there are place-based partnerships, referred to as Health and Care Partnerships (HCP), that bring together the providers of health and care services, along with other key local partners, including local councils, to work together to plan and deliver care.

This letter provides a response to the above application which concerns up to 40 residential dwellings.

We set out in the NHS Kent and Medway Developers Contributions Guide, how the ICB uses the SidM health tool to analyse planning applications in order to understand the population demand arising from the new housing units. Our assessment utilises the housing information provided in the application. As this has not been provided, the ICB has made assumptions and these assumptions can be found in Appendix 1. If dwelling numbers or mix of units changes, then we would need to re-assess this response.

In line with the Planning Act 2008 and the Community Infrastructure Levy Regulations 2010 (the CIL Regulations) (Regulation 122) requests for planning obligations must comply with the three specific legal tests:

1. Necessary
2. Related to the development
3. Reasonably related in scale and kind

We have applied these tests in relation to this planning application and can confirm the following specific requirements.

£ contribution	Population	Required obligation (Wording for S106 agreement)
£50,815.80. Index Linked	91 population (with gain factor applied)	Towards refurbishment, reconfiguration and or extension to general practices that cover the development and other healthcare facilities within a 3 mile radius of the development site or towards new healthcare facility to be provided in the community in line with the healthcare infrastructure strategy for the area. To allow the contribution to be used towards professional fees associated with feasibility or development work for existing or new premises projects. To enable proactive development and delivery of a project the trigger of any healthcare contribution should be linked to commencement or an early stage of development, with the funding being available in full and not provided in phases.

Justification for infrastructure development contributions request

The proposed development will increase demand on primary and community healthcare services provided to the local population. The proposed development currently falls within the general practice boundaries of Highparks Medical Practice and Downs Way Medical Practice.

The objectives and principles set out in the Kent and Medway ICB Estates and Infrastructure Strategy and Dartford, Gravesham and Swanley Health and Care Partnership Estates Strategy are to support transformation to deliver placed based care and improving population health outcomes through healthcare facilities that maximise integrated working.

The ICB Estates Strategy and area-based estates plans and priorities will continue to change and evolve as strategic assessments continue to be undertaken for an area informed by changes to healthcare provision, national policies and guidance and council local plans. However, the need from this development, along with other new developments, will need to be met through the creation of additional capacity in primary and community care facilities.

Whilst it is not possible at this time to set out a specific premises project for this contribution, we can confirm that, based on the current coverage of health care services and location of this application, we would expect the contribution to be utilised as set out above. Any premises plans will include the pooling of S106 contributions where appropriate.

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I would be grateful if you could advise me of the Council's decision in due course. In the meantime, should you require any further information or points of clarification please contact me using the above email address.

Yours sincerely

Simon Brooks-Sykes
Deputy Director for Strategic Estates and Sustainability
NHS Kent and Medway

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Appendix 1 – Dwelling mix assumptions

HOUSING MIX USING 50% AFFORDABLE			
Affordable	50%		
Houses/Flats	66%	houses	
	34%	flats	
Size	15%	1 bed	
	40%	2 bed	
	30%	3 bed	
	15%	4 bed	
			40 units
1 Bed Flat Affordable		2.55%	**1**
2 Bed Flat Affordable		6.80%	**3**
3 Bed Flat Affordable		5.10%	**2**
4 Bed Flat Affordable		2.55%	**1**
1 Bed Flat Market		2.55%	**1**
2 Bed Flat Market		6.80%	**3**
3 Bed Flat Market		5.10%	**2**
4 Bed Flat Market		2.55%	**1**
1 Bed House Affordable		4.95%	**2**
2 Bed House Affordable		13.20%	**5**
3 Bed House Affordable		9.90%	**4**
4+ Bed House Affordable		4.95%	**2**
1 Bed House Market		4.95%	**2**
2 Bed House Market		13.20%	**5**
3 Bed House Market		9.90%	**4**
4+ Bed House Market		4.95%	**2**