

Ref: 20250992

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

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Dear Alison

PLANNING APP REF NO 20250992 – Land at Wrotham Road, Meopham, Gravesend, Kent DA13 0AA

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 350 residential dwellings and non-residential development.

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. Where this has not been provided, the ICB has made assumptions that are detailed in Appendix A. 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:

Chair | Cedi Frederick
Chief Executive | Adam Doyle

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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.

Impact on primary and community care

£ contribution	Population	Required obligation (Wording for S106 agreement)
£436,511 Index Linked	808 population (with gain factor applied)	<p>Towards refurbishment, reconfiguration and or extension to general practices that cover the development and other healthcare facilities within a 5-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.</p> <p>To allow the contribution to be used towards professional fees associated with feasibility or development work for existing or new premises projects.</p> <p>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.</p>

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 Meopham Medical Centre and Downsway 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.

Impact on Acute Hospital - Dartford and Gravesham NHS Trust

Required obligation
If the site comes forward, we request financial contributions for £882,800 to precede population growth, to enable lead in times for building works.
Towards an expansion of the emergency department and the elective capacity at Darent Valley Hospital.
A financial contribution of £882,800 is requested to be provided across a maximum of two contributions; one at commencement of development and the other to be determined through further discussion linked to the combined phasing plans (and informed by the value of the first contribution).
The funding contributions set out above are required in a timely manner to enable Dartford and Gravesham Trust to develop the acute site so that services are available in a timely manner to respond to population growth. Without this a viable plan cannot be progressed

Funding requirement

The NHS assessment above indicates the overall additional capital required by the healthcare system, specifically focused on primary, community and acute care infrastructure, arising from this housing development. This is based on the projected housing mix regarding the expected tenure, type and size of homes coming forward.

Whilst mental health services would also be impacted by this development, a request for capital has not been included as these will be predominantly community-based services that should not require major capital expense. The NHS will however keep this under review.

For the avoidance of doubt, the NHS is not seeking any additional revenue funding to cover the day-to-day running costs of providing healthcare services for this new population.

It also must be noted the cost estimations include costs for population increase due to new housing while deducting the impact due to internal migration.

The availability of NHS capital funding for estate development is severely constrained. Annual capital is allocated by NHS England to NHS Kent & Medway based on existing footprint and is directed towards specific spend on the current estate. There is no allowance for additional footprint in that general allocation. There is no funding programme for new premises required as a result of population growth. As such, developer contributions are necessary to mitigate the impact of this development.

Historically the NHS in Kent and Medway has sought developer contributions to mitigate the impact on primary care only. It is however important to note that large housing developments impact on the provision of acute, community and mental health services. NHS Kent and Medway is therefore using new models and methodologies to assess these impacts to ensure an informed response to planning applications. New housing developments also should not negatively impact the existing population's access to healthcare services. NHS Kent and Medway is seeking developer contributions in line with the [ICB's Developer Contribution Guide](#).

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Simon Brooks-Sykes

Deputy Director for Strategic Estates and Sustainability
NHS Kent and Medway

Appendix A – Dwelling mix assumptions

Dwelling type	Example Percentage	Houses allocation
{"type": "FLAT", "tenure": "AFFORDABLE", "size": 1}	1.70%	6
{"type": "FLAT", "tenure": "AFFORDABLE", "size": 2}	4.20%	15
{"type": "FLAT", "tenure": "AFFORDABLE", "size": 3}	7.60%	26
{"type": "FLAT", "tenure": "AFFORDABLE", "size": 4}	7.60%	26
{"type": "FLAT", "tenure": "MARKET", "size": 1}	3.20%	11
{"type": "FLAT", "tenure": "MARKET", "size": 2}	16.20%	57
{"type": "FLAT", "tenure": "MARKET", "size": 3}	18.90%	66
{"type": "FLAT", "tenure": "MARKET", "size": 4}	6.80%	24
{"type": "HOUSES", "tenure": "AFFORDABLE", "size": 1}	0.90%	3
{"type": "HOUSES", "tenure": "AFFORDABLE", "size": 2}	2.20%	8
{"type": "HOUSES", "tenure": "AFFORDABLE", "size": 3}	3.90%	14
{"type": "HOUSES", "tenure": "AFFORDABLE", "size": 4}	3.90%	14
{"type": "HOUSES", "tenure": "MARKET", "size": 1}	1.60%	6
{"type": "HOUSES", "tenure": "MARKET", "size": 2}	8.30%	29
{"type": "HOUSES", "tenure": "MARKET", "size": 3}	9.60%	33
{"type": "HOUSES", "tenure": "MARKET", "size": 4}	3.40%	12
	100.00%	350