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GENERAL EXCEPTION PROVISIONS RELATING TO KEY DECISION (S) (STANDING ORDER 54(6) REGULATION 10 NOTICE)

NB: This procedure is subject to the 5 clear day's notice rule (five weekdays i.e. five periods of 24 hours running from midnight to midnight excluding the day the relevant Director informs the Chairman of Scrutiny/Crime and Disorder (Overview and Scrutiny) Committee or in the Chairman's absence, every Member of the Scrutiny/Crime and Disorder (Overview and Scrutiny) Committee) of the proposal(s).

OPENI (delete as appropriate)

Exempt Information Category: Standing Order 46(1)(b) Annex 1 para. N/A

Report Title: Greenhithe Medical Centre - Allocation of CIL Funding

Date of Cabinet Meeting/or Date of Officer Decision under Delegated Authority: 23/1

23/1/2025

Originator (Name and Directorate): Caroline Hicks, Director of Growth & Community Ext:

Details of any Member/Officer interest known:

A. Key Decision(s) Proposed:

To consider the allocation of CIL funding to support the delivery of a new medical centre at Steele Avenue, Greenhithe as detailed in the attached Cabinet report

B. Reasons for General Exception (i.e. Originator to state reasons why proposed decision(s) has to be taken by a particular date therefore making it impracticable to defer the proposal(s) until it has been included in the next Regulation 9 Notice)

A decision is ready to be made on the application for CIL funding to enable the project to advance but due to a clerical oversight this key decision was not listed in the latest version of the Council's Regulation 9 notice, at least 28 calendar days before the date of the Cabinet meeting. The item relates to a bid from NHS Kent & Medway Integrated Care Board for the allocation of Community Infrastructure Levy (CIL) funding to support the delivery of a new medical centre at Steele Avenue, Greenhithe. The new medical facility will replace the three existing branch surgeries of Ivy Bower Surgery, Greenhithe Surgery and Elmdene Surgery.

The new medical centre will provide additional capacity in terms of consulting rooms, treatment rooms, minor surgery facilities and a wider range of primary medical services in one central location compared to the facilities currently provided across three buildings. It is expected to provide sufficient capacity in terms of appointments to serve the existing population and could cater for growth in the area.

Signed:

) 4 | 1 | 25

Title: Director of Growth & Community

AND

Signed:

Leader of the Council

Dated: 14.1.25

Signed:

Title: Chairman of Overview & Scrutiny Committee

Dated: 14.1.25

D. Copies to be distributed by Democratic Services following Notice referred to in C. above

Originating Officer (to receive confirmation of notice); Democratic Services to;

- · receive confirmation of notice in C.; and
- publication on the Council's website; and
- include General Exception Form as an Appendix to the report to the Cabinet; and if applicable, copy every Member of [Scrutiny Committee] [Crime and Disorder (Overview and Scrutiny) Committee] in accordance with C.); and
- report to the next scheduled meeting of the [Scrutiny Committee] [Crime and Disorder (Overview and Scrutiny) Committee] [refer to C.] in accordance with Standing Order 54(6)(e).

NB: The Originator must complete B. as to reasons for General Exception and must obtain the relevant Director's signature in B. The Originator is also responsible for ensuring that this form is passed onto the Democratic Services Manager for the purposes of obtaining the Chairman's signature at C. or where appropriate, for copying to every Member of the [Scrutiny Committee] [Crime and Disorder (Overview and Scrutiny) Committee].

5 clear days' Notice 5 clear days' Notice 5 clear days' Notice 5 clear days' Notice 3 clear days' Notice 3 clear days' Notice 3 clear day's Notice 3 clear day's Notice

GREENHITHE MEDICAL CENTRE – ALLOCATION OF COMMUNITY INFRASTRUCTURE LEVY FUNDING

Wards: Greenhithe & Knockhall, Swanscombe, Stone Castle

1. Summary

- 1.1 This is a Key Decision as it is significant in terms of its effects on communities living or working in an area of the Borough comprising two or more wards.
- 1.2 This is a Key Decision as it is of such significance to the locality, the Council, or the services which it provides that the Leadership Team are of the opinion that it should be treated as a Key Decision.
- 1.3 The report sets out the context and assessment of a bid from NHS Kent & Medway Integrated Care Board for the allocation of Community Infrastructure Levy (CIL) funding to support the delivery of a new medical centre at Steele Avenue, Greenhithe. The new medical facility will replace the three existing branch surgeries of Ivy Bower Surgery, Greenhithe Surgery and Elmdene Surgery.
- 1.4 The new medical centre will provide additional capacity in terms of consulting rooms, treatment rooms, minor surgery facilities and a wider range of primary medical services in one central location compared to the facilities currently provided across three buildings. It is expected to provide sufficient capacity in terms of appointments to serve the existing population and could cater for growth in the area.

2. RECOMMENDATIONS

- 2.1 That the level of CIL receipts retained by the Council to support the delivery of strategic infrastructure as of 30 September 2024 and shown in **Appendix A** to this report be noted.
- 2.2 That the sum of £3.6m of strategic CIL funding is allocated towards the new Greenhithe Medical Centre, as described within paragraphs 5.1 to 5.4 of this report, be agreed
- 2.3 That the Head of Planning Services be authorised to draft a Grant Funding Agreement with the NHS Kent & Medway Integrated Care Board covering the conditions under which the allocated CIL funding will be provided, the agreement to be completed by the Director of Community & Growth in consultation with the Head of Legal Services.

3. Background and Discussion

3.1 Revised Governance arrangements for CIL were approved by Cabinet on 22 September 2022 (Minute No.49). The principle components of these governance arrangements cover the key areas of Decision Making; Advisory; Technical/Co-Ordinating; Implementation and Accountability. The governance arrangements also set out the eligibility and prioritisation

criteria by which infrastructure projects will be assessed and a procedure for the identification of projects and their submission for the allocation of CIL funding.

- 3.2 The 1.29 acre (0.52ha) site where the medical centre is proposed is the remains of land that was acquired by Kent County Council (KCC) in 1973 for the purposes of future road infrastructure works. The site provided a compound for the A206 Kent Thameside Development Route and at the northern end of the site a car park of around 30 spaces, with access from Steele Avenue, was created for highway workers. This small part of the overall site was left as a car park for residents and commuters for the nearby Greenhithe station once the highway works were completed. The remainder of the site was retained for the improvement of the A226 London Road/St Clements Way roundabout which was completed in 2019. At KCC's Policy & Resources Committee of 9 November 2021 a decision to dispose of the site was made.
- 3.3 Discussion with the NHS Kent & Medway ICB regarding the provision of a new medical centre for the Stone/Greenhithe area have taken place for some considerable time and was identified in the Council's Infrastructure Delivery Plan as far back as 2017. Early discussions with the NHS considered a facility proposed at Stone Pit 1 ("Atlas Park", planning application ref. DA/18/01611/FUL), Horns Cross (junction of A226 London Road/Stone Place Road/ Hedge Place Road). This development, granted planning permission in September 2020, included a building of 1,120m² floor space for D1 healthcare/non-residential institution use. However, feasibility work concluded that this scheme did not present value for money and, therefore, the proposal did not progress through NHS governance. KCC's decision to dispose of the Steele Avenue site provided the NHS with a more suitable site.
- 3.4 For the Steele Avenue site a specialist developer (Mayfair Group Investments Ltd) was engaged by the NHS to design a medical facility and submit a planning application in conjunction with KCC as the landowner. The application (DA/23/00145/FUL) was submitted on 8 February 2023 and, after consideration by Dartford's Development Control Board on 16 May 2024, planning permission was granted.
- 3.5 The granting of planning permission for the proposed new medical centre overcame a key obstacle to its delivery. Following this a Bid Pro-Forma was supplied to NHS Kent & Medway Integrated Care Board (ICB) which, in addition to providing details of the project, its costs and funding, provided information regarding the benefits it will deliver, its relationship to development in the area, the need for the project and any remaining risks associated with its delivery. This has been completed and forms the basis of the assessment of the project against the Prioritisation Criteria for the allocation of CIL funding set out in the governance arrangements approved by the Council. A summary of this assessment is provided in section 6 of this report.

4. Level and Use of CIL Funding

- 4.1 The Community Infrastructure Levy (CIL) is a charge which the Council levies on new development in the Borough. The purpose of CIL is to assist in the delivery of infrastructure needed to support development in the area. In December 2024, Cabinet was advised that the total CIL receipts for the period since CIL came into effect in April 2014 up to the end of September 2024 were in the order of £43.5m and that the CIL funding retained by the Council for strategic infrastructure projects was around £27.5m. Appendix A to this report provides the update on the level of CIL funding reported to Cabinet in December 2024. This summary also gives an estimate of the forecast CIL receipts the Council might expect over the next five years. This is difficult to predict given the unknowns surrounding the scale and pace of development going forward but taking a conservative estimate of £3.2m per annum total CIL receipts would be around £16m.
- 4.2 CIL can be used to fund a wide range of infrastructure and the definition of this is set out in CIL Regulations. This definition covers facilities including transport, flood defences, schools, hospitals and other healthcare facilities, play areas, open spaces, parks and green spaces, cultural and sports facilities, district heating schemes and community safety. CIL cannot be used for the provision of affordable housing. Local authorities must spend the levy on infrastructure needed to support the development in their area. This gives local authorities the opportunity to support the delivery of infrastructure needed to implement their Local Plan. In addition to new infrastructure provision CIL funding can be used to increase the capacity of existing infrastructure or carrying out repairs to existing facilities that achieve improvements to the area.
- 4.3 The Council has always recognised that the level of CIL funding received from development is unlikely to fully fund all of the infrastructure improvements that might be expected as a result of development. In this situation, the Council is required to prioritise the infrastructure projects it supports with CIL funding to use it expediently and assist in attracting additional funding. With input from infrastructure providers, the Council identifies the strategic infrastructure needed to support development of the Borough through its Infrastructure Delivery Plan (IDP) and the timing of the delivery of this infrastructure given that the Dartford Local Plan sets out the growth for the Borough over the next 15 years. The Council works with the infrastructure providers to regularly update the IDP with regards to the progress of the infrastructure already identified and any new projects that emerge.

Description of Proposed Project

5.1 The proposed medical centre is a joint proposal by the Swanscombe & Bean Partnership and the Temple Hill Group that would replace the following three existing branch surgeries operated by these general practices:

Ivy Bower Surgery Elmdene Surgery Greenhithe Surgery

The existing practices have a combined patient list size of 57,615 (as of October 2024) and the proposed new medical centre would be central to the three existing surgeries as shown in Figure 1.

Stone Crossing Stone Crossing Greenhithe Stn

STS Somasegaram

Greenhithe Stn

STS Somasegaram

Greenhithe Surgery

New Greenhithe Stn

Ivy Bower Surgery

Haslington Lodge

Care Horne - Belmont...

Swan

Herite

Figure 1: Location Plan of New Greenhithe Medical Centre

- 5.2 The new medical centre will accommodate 14 consulting/examination rooms; 4 treatment rooms and a minor surgery unit. This compares with the 6 clinical rooms across the three existing surgeries being replaced. Further administrative space will be provided for the two practices. The clinical room capacity will accommodate an estimated 150,000 appointments per annum during core practice hours with additional capacity for enhanced access (evenings and weekends) outside these hours. The total cost of the project is estimated at £8.2m.
- 5.3 The planning permission granted under DA/23/00145/FUL would see the construction of a three-storey building of 1,698m² internal floor space on a 0.24 hectare site. Under-croft parking would be provided at ground level with the main clinical area on the first floor and staff/administrative facilities located on the second floor. The main public entrance to the building would be on the north side off Steele Avenue with full accessibility provided via lifts. The new medical facility occupies the northern part of the 0.52ha site owned by Kent County Council and includes the former car park site. Selected plans of the site and the current proposed layout of the medical centre are shown in **Appendix B** attached to this report for information. The approved plans and supporting information concerning the development can be found on the Council's website via Public Access using the reference 23/00145/FUL.
- 5.4 The delivery of the Greenhithe Medical Centre involves a number of parties. NHS Kent & Medway ICB will be the lead organisation involved in the delivery of the project and will be the accountable body in relation the CIL funding allocation. The construction of the facility will be carried out by Mayfair Group Investment Ltd, a specialist third party developer, whilst Kent County Council is the current landowner subject to the finalisation of transfer agreements. NHS England and the ICB are responsible for the capital and legal agreement for the project whilst the Swanscombe & Bean Partnership and Temple Hill Group practices will enter into leases to occupy the facility.
- 6. Assessment of the Bid for CIL Funding
- 6.1 The proposed Greenhithe Medical Centre meets the definition of the type of infrastructure that CIL can used to support delivery as set out in paragraph

- 4.2 of this report. The level of CIL funding being asked at £3.6m represents 44% of the total estimated cost of the project at £8.2m. The remaining capital funding being provided by the developer with on-going revenue and maintenance costs incurred by the GP practices and ICB.
- 6.2 Swanscombe & Bean Partnership has a registered list of 35,836 patients whilst the Temple Hill Group has 21,779 patients. Growth has been significant over the last five years with Swanscombe & Bean Partnership seeing an additional 7,463 patients (26.3%) and the Temple Hill Group 5,080 patients (30.2%). This growth is predominantly from the immediate areas to the existing surgeries (postcodes DA9-9, DA2-6 and DA10-0).
- 6.3 There are a number of major housing sites in the vicinity of the proposed new Greenhithe Medical Centre that are in the process of building out or identified in the Local Plan for future growth. These sites would result in around 1,600 additional dwellings that could generate an additional population of some 3,900 people with subsequent impacts on the provision of healthcare services.
- 6.4 The clinical room capacity will accommodate approximately 150,000 appointments a year and the new medical centre would support the Core 20Plus5 approach designed to support integrated care systems to drive targeted action in the improvement of healthcare inequalities.

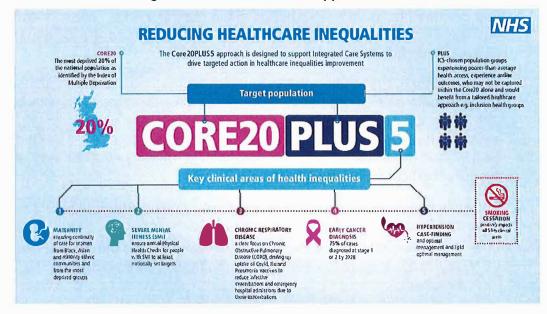


Figure 2: The CORE20PLU5 approach

- 6.5 The additional facilities provided by the new medical centre would enable an increased range of services available through the primary care networks with access to care co-ordinators, first contact physiotherapists, social prescribing link workers and clinical pharmacists. The new medical centre will also enable opportunities for education and learning for clinical and non-clinical staff aiding recruitment and retention of staff.
- 6.6 The proposed medical centre fits well with the strategic objectives and policies of Dartford's Local Plan in terms of the provision of community facilities relative to planned development sites and the accessibility of such

- facilities by more sustainable forms of transport. The facility also fits well with the Council's Corporate Plan as shown in paragraph 8 of this report.
- 6.7 A summary of the assessment carried out, based on the information provided in the CIL bid submitted by Kent & Medway ICB is contained in **Appendix C** to this report.
- 7. Conclusions and Next Steps
- 7.1 The Borough Council has a sufficient level of CIL funding retained to support the delivery of strategic infrastructure projects to cover the £3.6m bid that is being sought by NHS Kent & Medway ICB. The Council's Infrastructure Delivery Plan confirms that there is likely to be further calls on strategic CIL funding within the next 5 years. With the current level of strategic CIL funding retained, and forecast CIL income over the next five years, it is not currently anticipated that this funding bid will undermine the delivery of future strategic infrastructure projects. The proposed project is a type of infrastructure that can be funded through CIL and the bid for £3.6m represents 44% of the estimated total cost of the project. The project, therefore, meets the Council's Eligibility Criteria for the allocation of CIL funding.
- 7.2 There is a complex arrangement between NHS England, Kent & Medway ICB, Mayfair Group Investments and the GP practices (Swanscombe & Bean Partnership and Temple Hill Group) involving a number of agreements that will need to be completed prior to the start of works. There is sufficient confidence that with the approval of the CIL allocation the arrangements between the different parties will be completed.
- 7.3 The need for the new Greenhithe Medical Centre has been established with the provision of evidence regarding recent growth associated with both of the GP practices and the anticipated demand from planned growth in the area. It has been made clear that the existing surgeries (Elmdene, Ivy Bower and Greenhtihe) are not capable of meeting further demand for primary medical care services.
- 7.4 The principal benefits of the proposed new medical centre at Steele Avenue in Greenhithe are:
 - the replacement of three existing surgeries that each have very little scope for expansion with an up to date facility accessible by public transport;
 - a significant upgrade to healthcare provision in the area with the new medical centre providing additional capacity for both existing patients and future growth in the area, improving access and increasing the range of services available locally;
 - support the integrated model of care to generate closer working of community health and social care – based upon a single point of access around the GP practices;
 - facilitate the increased use of new technologies that will save time and reduce workload for staff;

- provide an educational and learning environment for clinical and nonclinical staff, developing greater capacity for medical training which would support recruitment and retention of workforce; and
- the facility will enable the practices to tailor their services and respond to meet the demands of a growing population with more complex needs.
- 7.5 On the basis of the bid submitted by the Kent & Medway ICB and the assessment of this bid it is recommended that the sum of £3.6m is allocated from the CIL retained by the Council to support the delivery of strategic infrastructure projects. The allocation of strategic CIL funding to the project by the Council would require the completion of a Grant Funding Agreement setting out the conditions under which the CIL funding would be provided, the deliverables expected, monitoring and the approach to project risk. The payment of any allocated strategic CIL funding would be on the basis of evidence showing delivery of eligible expenditure and/or the achievement of agreed milestones.

8. Relationship to the Corporate Plan

The allocation of CIL funding to support the delivery of the proposed Greenhithe Medical Centre would support the Corporate Plan Strategic Aims & Objectives of:

Public Health - Existing community facilities would be replaced and the services enhanced at a location close to residential areas and with good public transport links. The medical centre would directly contribute to the Council's strategy to improve the health and wellbeing of its residents and reduce health inequalities.

Housing by providing an enhanced community facility that would serve both existing and new residents enabling them to live in a healthy and sustainable community.

Traffic & Transport through the re-use of previously developed land which maximises good connections to public transport.

Safety by bringing a previously derelict site into active use and thereby reducing opportunities for potential anti-social behaviour.

People & Communities by providing facilities that could be used by other providers of health and wellbeing that help social interaction whilst minimising the need to travel.

9. Financial, legal, staffing and other implications and risk assessments*

Financial Implications	The approval of the allocation of £3.6m of CIL funding to support the delivery of the new Greenhithe Medical Centre would be drawn down from the CIL funding retained by the Council to support the delivery of strategic infrastructure projects within the Borough.
	The report shows that there is sufficient strategic CIL funding retained by the Council to cover this

	allocation. The level of CIL funding retained together with estimated forecast CIL receipts over the next 5 years also confirm that the allocated funding would not impede the delivery of any other strategic infrastructure projects requiring the support of CIL funding. The administrative costs associated with the allocation and monitoring of this expenditure will be covered from the proportion of CIL receipts retained by the Council for administrative purposes.
Legal Implications	The use of CIL monies by the Council is defined by the Community Infrastructure Levy Regulations 2010 (as amended) ("CIL Regulations"). CIL can only be spent on supporting development by funding the provision, improvement, replacement, operation or maintenance of infrastructure. The definition of infrastructure includes healthcare facilities. The CIL Regulations require the Council to publish an annual Infrastructure Funding Statement (IFS) by 31st December setting out the developer contributions received and spent for the previous financial year. The IFS also requires the Council to report on all contributions retained by the Council at the end of the preceding year and provide an indication of the infrastructure that these funds are intended for. The terms relating to the payment and use of the CIL funding allocated to this project will be set out within a Grant Funding Agreement between the Council and the NHS Kent & Medway ICB should the allocation be approved.
	Acting on the recommendations is within the Council's Powers as set out in the above statutory provision.
Public Sector Equality Duty	At this time no specific impacts have been identified relating to Public Sector Equality Duty in relation to the allocation of CIL funding to this project.
	In general terms the proposed facility would have improved access for those with mobility impairments and provide a wider range of services for patients across the area it will serve. It's location in relation to public transport should also improve accessibility to those without access to a car.

Crime & Disorder Duty	No specific impacts have been identified relating to Crime & Disorder Duty in relation to allocation of strategic CIL funding towards the delivery of the new Greenhithe Medical Centre.
Climate Impact Assessment	No impact in relation to the allocation of CIL funding for this project.
	The project itself is likely to have a slight beneficial impact on climate change through the provision of a more energy efficient building compared with the premises occupied by the existing surgeries it will replace. The new facility is also well located in terms of public transport access that could reduce dependence on travel by private car for both patients and staff.
Staffing & Administrative Implications	The administration of CIL covering its collection, spending and governance is carried out within existing staff resources. CIL Regulations allow up to 5% of the annual CIL receipts to be used to cover the costs of the Council in the administration of CIL. No additional staffing or administrative implications
	are anticipated for the Council in relation to the allocation of CIL funding for this project.
Risk Assessment	
Key risks for the Council:	
Financial	The CIL funding for the new Greenhithe Medical Centre would be a one-off allocation to support the delivery of this facility. The Grant Funding Agreement with NHS Kent & Medway ICB would make this clear and place the responsibility for managing the costs of the project, including any likely increase in costs, on the ICB.
Reputational	This would be mitigated through a clear pathway being set regarding the accountabilities of the Council and NHS Kent & Medway ICB within any Grant Funding Agreement completed.
Support for further strategic infrastructure projects	The level of funding has been assessed in relation the level of CIL funding retained by the Council to support the delivery of strategic infrastructure projects. Based on the current information available this allocation should not impede the delivery of other known strategic infrastructure projects likely to come forward over the next five years.

10. Details of Exempt Information Category

Not applicable

11. Appendices

Appendix A - Summary of CIL Income

Appendix B - Selected Approved Plans of Greenhithe Medical Centre

Appendix C - Assessment of CIL Bid

BACKGROUND PAPERS

Documents consulted	<u>Date/File</u> <u>Ref.</u>	Report Author	Section and Directorate	Exempt Information Category
CIL Regulations 2010 (as amended)	April 2010	Stephen Dukes (01322) 343015	Planning Services, Growth & Community Directorate	N/A
CIL Governance Arrangements (Cabinet Report)	Sept 2022			
Dartford's infrastructure Delivery Plan (IDP)	Jan 2023			

Greenhithe Medical Centre - CIL Allocation

APPENDIX A

Report on Dartford CIL Income

The Community Infrastructure Levy (CIL) is a mechanism that allows local planning authorities to raise funds from new development in the form of a levy. Dartford Borough Council adopted a CIL Charging Schedule which came into force in April 2014. Funds raised are pooled primarily to support the delivery of larger strategic infrastructure required to support development within an area rather than to mitigate the impacts of a specific site.

Table 1 below shows an overall summary of the CIL payments received by the Council during the periods 1 April 2023 to 31 March 2024 and 1 April to 30 September 2024. The table also shows the CIL receipts transferred to local councils; those retained to be spent in unparished areas; the portion applied to administrative expenses and the portion retained for strategic infrastructure. A summary of the total CIL receipts since the adoption of CIL in 2014 and the current total of CIL receipts retained for strategic infrastructure is also provided.

Table 1: Summary of Dartford CIL Receipts

Period		1 Apr 2023 to 31 Mar 2024	1 April to 30 Sept 2024
Total CIL receipts		£8,269,211	£3,117,801
CIL receipts transferred to town and parish cou	ncils	£1,266,625	£477,177
CIL receipts retained to be spent in local unparished areas		£341,984	£102,002
CIL Receipts Applied to Administrative	5.0%	£413,461	£155,890
Expenses	Actual ⁽¹⁾	£152,871	To be confirmed
CIL Allocated		£0	£0
CIL retained to be spent on strategic infrastructure projects.		£6,507,731	£2,538,622 ⁽²⁾
Cumulative Totals since 1 April 2014			
Total CIL receipts		£40,375,239	£43,493,039
Total CIL receipts transferred to town and parish councils		£2,933,606	£3,410,783
Total CIL receipts retained for the local unparished areas		£3,490,908	£3,593,594
Total CIL receipts applied to administrative expenses		£749,467	To be confirmed
Total CIL Funding Allocated to Strategic Projects (3)		£8,045,791	£8,045,791
Total CIL available to support strategic infr	astructure.	£25,155,467	£27,693,404 ⁽²⁾
Notos:			

- 1. The CIL Regulations allow authorities to retain up to 5% for administrative expenses. Where this amount is not fully utilised the remaining CIL receipts are added to the funding retained to support strategic infrastructure projects.
- 2. Subject to confirmation of CIL receipts applied to administrative expenses which will not be available until the end of the 2024/25 financial year.
- 3. Expenditure of £93,791 was incurred over the 20/21 to 22/23 period, £4.152m was allocated to Dartford Town Centre Regeneration Project in October 2021 and up to £3.8m was allocated to Stone Recreation Ground in September 2023. This does not include the £54,600 allocated to Beacon Wood Country Park in October 2024.

Greenhithe Medical Centre - CIL Allocation

APPENDIX A

It is not intended that CIL receipts retained for strategic infrastructure projects will fully fund the projects identified. Nonetheless there is the necessity to pool funding over a number of years to secure sufficient funding to support the implementation of the current identified schemes. It is also the nature of larger strategic infrastructure projects that there is a long lead-in time to delivery and costs are significant.

The Council has approved governance arrangements for the allocation of CIL funding that takes into account the availability of other funding sources, the certainty of delivery and an assessment of each project to defined criteria. The Council works in liaison with its infrastructure delivery partners to bring forward strategic infrastructure that meets the demands generated by development within the Borough.

Actual & Forecast CIL Income

The actual and forecast CIL receipts since the adoption of Dartford's CIL Charging Scheme and extending to cover the next five years is shown in Figure 1 below. The CIL income for 2023/24 is higher than the previous financial year and, at over £8m, is the highest annual CIL receipts the Council has received. This reflects the continued instalments from larger development sites that have commenced over the last 3-4 years and the more recent commencement at the St James Lane Pit development site (Knights Reach).

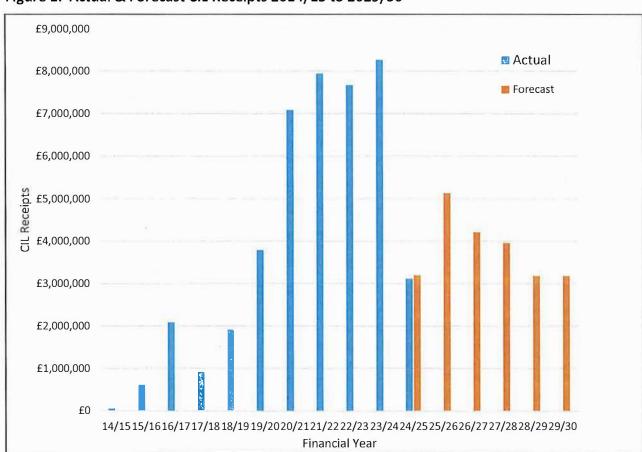


Figure 1: Actual & Forecast CIL Receipts 2014/15 to 2029/30

Greenhithe Medical Centre - CIL Allocation

APPENDIX A

For the current financial year (2024/25) CIL receipts of £3,117,801 have already been received, as shown in Table 1 above. Based on the monitoring of CIL payments due from development that has already commenced a further £3,197,141 is expected for the remainder of this financial year. This gives an estimated out-turn for CIL receipts of £6,314,941 for the 24/25 financial year. This would be a reduction in CIL receipts compared to the period 2021/22 to 2023/24 and reflects the fact that many of the larger sites within the Borough are nearing completion.

The total CIL receipts over the period 2014/15 to 2024/25 would amount to £46,690,181 which over this 11 year period, averages to £4.245m per annum. In view of the more recent high levels of CIL income that have been achieved a more conservative estimate of £3.183m has been assumed for the forecast CIL receipts over the five-year period from 2025/26 to 2029/30.

Whilst future CIL receipts cannot be estimated with a high level of certainty based on CIL liability notices issued to developers that have yet to commence a rough estimate can be made of the CIL income from these developments. When these are combined with the annual average income a general decline in CIL receipts is estimated over the next five years. It should be noted that the forecast CIL receipts for the next five years does not take into account any planning permissions for major development sites that are currently awaiting determination or similar sites that may come forward for planning permission.

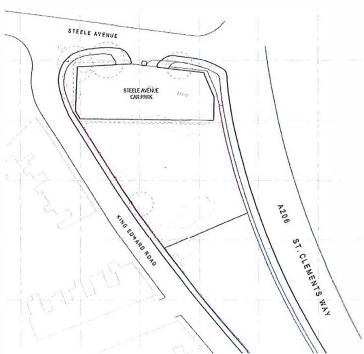


Greenhithe Medical Centre - CIL Allocation

APPENDIX B

Selected Plans of Greenhithe Medical Centre

Existing Site Plan



Proposed Layout (Ground Floor)



Greenhithe Medical Centre - CIL Allocation

APPENDIX B

Proposed 1st Floor Layout



FIRST FLOOR

Proposed 2nd Floor Layout



SECOND FLOOR

Greenhithe Medical Centre - CIL Allocation

APPENDIX C

Assessment of CIL Bid

Date of Assessment: 5 December 2024 Project: Greenhithe Medical Centre

Eligibility Criteria		
1. Eligibility against CIL Regulations	The proposed medical centre infrastructure that CIL funding can delivery. The new centre would replace allowing the expansion of facilities existing patients as well as providing growth in the area.	three existing surgeries and services offered to
2. Funding availability (including funding available from other sources) to enable the project to be delivered to the proposed timescale.	Total estimated cost - £8.2m. CIL Bid - £3.6m (44% of total cost) proportion of the total cost. Curre funding as of 30 September 2024 - £ Mayfair Group Investments Ltd provide the remaining capital cost medical centre. Project likely to be and 26/27 (estimated 16 month fixe Complex arrangement between Medway ICB, MGI Ltd and agreements/leases. Business cases these are advanced. Sufficient confidence that arra different parties are, or will be, in pla centre and cover on-going revenue	ent retained strategic CII 227.5m. (specialist developer) to for the delivery of the delivery of the delivered across 25/26 and cost build contract). In NHS England, Kent & GP practices involving a necessary to complete the dece to deliver the medical
Prioritisation Criteria		
3. Consistency with Dartford Local Plan policies on spatial strategy	Major housing sites identified that medical centre:	at would be served by the
and sustainability of development	St James Lane Pit Croxton & Garry Stone Lodge Builders Yard, 1 Spring Vale Land North of St Mary's Rd Village Heights Bluewater Land Adj to 33 St Mary's Rd Total Sites are within the catchment a would be closed. Excludes developr should provide its own healthcare does not prevent patients registerir Medical Centre. The 1,600 dwel increase in population of around 3,5	ment in Whitecliffe as thi provision although thing at the new Greenhithe lings could generate an

Greenhithe Medical Centre – CIL Allocation

APPENDIX C

	Meets Local Strategic Objectives W2 and I1. Accords with
	Local Plan Policies – S1(7)(b), S2(1), (2), (7) and Table 1
	S5(1)(d) — see sites listed above M17(1)(a)and (b) M17 (3)
	Accessibility of the site in relation to public transport particularly its proximity to Greenhithe station.
 Deliverability of the scheme (dependencies/obstacles to the projects delivery) 	Planning permission secured (DA/23/00145/FUL) on 20 May 2024. Environmental designations and other planning issues dealt with as part of the planning application.
	Specialist developer appointed (Mayfair Group Investments Ltd.) with a Start of Works currently scheduled for May 2025 (subject to approval of Full Business Case) with Completion in August 2026.
	RIBA Stage 3 design completed, RIBA Stage 4 in progress.
	Outline Business Case approved by Kent & Medway ICB on 3 December 2024.
	KCC disposal of the site was confirmed in November 2021 and the developer would have vacant possession of the site. Land transfer agreement would be subject to funding being approved.
	Approval of Full Business Case by Kent & Medway ICB and NHS England approval of capital funding to be completed prior to Start of Works.
5. Urgency of the project to meet identified need and demand generated by development in the area.	Swanscombe & Bean Partnership has a registered list of 35,836 patients whilst the Temple Hill Group has 21,779 patients.
	Growth has been significant over the last 5 years with Swanscombe & Bean Partnership seeing an additional 7,463 patients (26.3%) and the Temple Hill Group 5,080 patients (30.2%).
	This growth has arisen predominantly from the immediate areas to the surgeries (postcodes DA9-9, DA2-6 and DA10-0). By comparison patient growth across the whole of Dartford, Gravesham & Swanley has been 5.1% for the same period.
	Clinical capacity will accommodate an estimated 150,000 appointments a year, 92,500 for the existing population and 57,500 for future growth with an additional 9,500 registered patients capable of being accommodated.
	Current facilities provided by the existing three surgeries that will be replaced are not fit for purpose for the provision of modern healthcare services and unable to expand to meet demands of future growth.
	Proposed scheme supports integrated model of care Core20Plus 5 an approach designed to support Integrated

Greenhithe Medical Centre – CIL Allocation

APPENDIX C

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	Care Systems to drive targeted action in healthcare inequalities improvement.
	Provide an educational and learning environment for clinical and non-clinical staff. Improve recruitment and retention of staff.
	Increased range of services available through the primary care networks, including access to care co-ordinators, first contact physiotherapists, social prescribing link workers and clinical pharmacists.
	Access to new communal and meeting spaces enabling the hosting of a range of Expert Patient Groups and the development of a Health Champion Programme.
	Increased use of new technologies that will save time and reduce workload on staff leading to improved patient outcomes and experience through faster response times.
	On-line patient survey carried out in February 2022 resulted in 1,173 responses with overwhelming support for the project.
6. Potential for the CIL funding to lever in additional funding from other sources.	Approval of Full Business Case for the project by Kent & Medway Integrated Car Board and NHS England is subject to the commitment of CIL funding for the project.
	Delivery could be the first step in the provision of additional primary care capacity across the wider area Ebbsfleet area.
	Project is recognised as a key priority of ICB and Health & Care Partnership strategies.
7. Contribution to the Council's Corporate Plan objectives and other identified Council priorities.	Existing community facilities would be replaced and the services enhanced at a location close to residential areas and with good public transport links.
	Enhanced community facility that would serve both existing and new residents enabling them to live in a healthy and sustainable community.
	Re-use of previously developed land which maximises good connections to public transport.
	Bringing a previously derelict site into active use and thereby reducing opportunities for potential anti-social behaviour.
	Providing facilities that could be used by other providers of health and wellbeing that help social interaction

