

Chiltern District Council and South Bucks District Councils' Further Written Statement.

This supplementary submission responds to a number of matters raised in representations submitted on behalf of (1) Buckinghamshire Healthcare NHS Trust; (2) Chalfont St Peter Parish Council; and (3) Berkeley Homes. The same subheadings as the Hearing Programme have been provided to aid the reader in each case.

(1) Response to the Statement of Position submitted by Buckinghamshire Healthcare NHS Trust (the Trust)

General matters - Is the draft charging schedule supported by appropriate available evidence on infrastructure planning and economic viability and is there sufficient and suitable evidence of an aggregate funding gap to demonstrate the need for a CIL charge?

The Hearing Statement submitted by the trust refers to the Councils' Infrastructure Delivery Plan (IDP) [ED010] and the lack of inclusion of projects for facilities to address acute healthcare needs. This matter is not matter of viability for the Draft Charging Schedule it is more of a matter of additional items for the IDP which in turn would widen the infrastructure funding gap, which in turn further adds to the justification of introducing the Levy.

It is useful to highlight the stakeholder consultation which has informed the IDP. There has been a long process of seeking information to assist with the production of the IDP and this has involved contact and meetings which included the Trust, the Bucks Clinical Commissioning Group and other healthcare providers. There have been six meetings including Trust representatives and letters / emails about the baseline study for the IDP (the Settlement Infrastructure Capacity Study)¹, the emerging Local Plan growth scenarios, the IDP and implications for health and trust infrastructure.

The key issue emerging from this work was the high proportion of frail elderly people in the plan area and their complex healthcare needs and the role of primary healthcare in helping to address these needs and reduce burdens on the acute healthcare facilities.

The Chalfont and Gerrards Cross Hospital is referred to in Appendix 1 of the IDP [ED011] because according to the Bucks CCG there may be an opportunity to address the healthcare needs in that locality in conjunction with the Local Plan site allocations in Chalfont St Peter. Prior to the June 2019 version of the IDP no public domain information was available from the trust on these matters and so the opportunity is just referenced in the IDP in general terms. Additionally, no information was provided about the Trust's Community Health needs associated with the Local Plan consultations.

The Trust's Hearing Statement on the CIL charging schedule includes new information about the future health needs of the plan area and refers to improvements to Amersham Hospital. This is the first time that Trust has provided information about their future Local Plan related needs within the public domain. Although there has been contact with the Trust including

¹ https://www.chiltern.gov.uk/media/7749/Chiltern-and-South-Bucks-Infrastructure-Capacity-Study-Report-of-Settlement-Findings-Baseline-Assessment-January-2016-/pdf/Issues_and_Options_infrastructure_report_v050116.pdf?m=635877780906830000
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meetings and correspondence about the infrastructure needs, the Trust's Estates Strategy and information about the Capital Programme was not provided to assist with the preparation of the IDP to date.

Notwithstanding the above it is clearly understood that the Trust considers that CIL would be an opportunity to secure additional resources for facility improvements. The meetings for the IDP did not include discussions on what the stakeholders views were about CIL charging levels and the details of its implementation. The focus was on trying to elicit information about future health needs. The Draft Charging schedule does not prevent the Trust or other public healthcare providers from applying for CIL funds for capital projects once CIL is in place or from requesting financial contributions under section 106 when commenting on relevant planning applications.

The IDP is intended to be a living document with infrastructure needs and delivery needs to be monitored. The information provided by the Trust in their representation and in the Hearing statement will be added to an updated version of the IDP. This will help highlight the acute infrastructure issues arising in the Local Plan area. The information provided in the Hearing Statement about the plans for Amersham Hospital, for example, can be added to the updated IDP, as can the information in the representation letter dated 23.08.2019 in relation to the Trust's Capital Programme and its community healthcare role.

Therefore Appendix 1 - FWS1 to this Further Written Submission sets out the information which is proposed to be included in the next update to the IDP. It is hoped that trust will be able to confirm their agreement to this text for the IDP at or before the Examination Hearing.

Issue 2 - Residential Levy Rates

a) Is the threshold of 400 dwellings/10 ha for a zero-rate appropriate? Should the areas to which this applies be clarified and, if so, how? Are school sites within such areas exempted?

Issue 3 - Other uses

a) Are the rates for other uses such as non-residential institutions (D1), assembly and leisure uses (D2) appropriate and justified by the viability evidence?

b) Should a rate of £35/sq. m be applied to all other development types, including schools and hospitals?

The Trust requests a zero CIL rate for all forms of NHS Healthcare and state education. At present the community and education facilities that are proposed as part of developments on large sites would be CIL zero rated. This recognises the complex delivery and funding of infrastructure in large sites which are more effectively secured through Section 106, not least where there are multiple developers/ sales outlets.

Outside the large sites the healthcare requirements are unlikely to always match where housing or other CIL liable development occurs. CIL can therefore capture funding over a series of planning consents to create the potential for infrastructure funding for publicly funded

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healthcare. The Councils are concerned not to provide a blanket zero rating on healthcare and education because some of these may include commercial operations within the buildings and could also be owned by GP's rather than a public body... Requiring all such uses to pay a nominal charge will aid the certainty of the charge for the developers and the simplicity of the collection of the Levy, which in turn can fund public buildings. This simplicity is in line with the Planning Practice Guidance "*A charging authority that plans to set differential rates should seek to avoid undue complexity*". Paragraph: 022 Reference ID: 25-022-20190901.

The Councils consider that the nominal charge would not make the difference between D1 and D2 uses being viable and unviable. The nominal charge represents a very small proportion of the likely development costs. As an indication of this, Appendix 1 to the Councils' Hearing Statement set out the viability of the charge in regards to the nominal levy and the estimated cost of hospital provision. It shows that £35 per square metre represents a small percentage of overall costs for uses such as hospitals.

(2) Response to the Statement of Position submitted by Chalfont St Peter Parish Council

Issue 2 – Residential Levy Rates

The Councils have provided their views on this matter in their original position statement; there is nothing in the submitted hearing statement that alters the Councils' position.

c) *Is the threshold of 400 dwellings/10ha for a zero-rate appropriate? Should the area to which this applies be clarified and if so, how? Are school sites within such areas exempted?*

The Parish Council seeks clarification on whether the 10-hectare threshold is net or gross. The Councils confirm this is a gross figure and that the potential strategic sites in Chalfont St Peter would be CIL zero rated.

The Councils have provided their views on this matter in their original position statement; there is nothing in the submitted hearing statement that alters the Councils' position.

Issue 3 – Other uses

b) *Should a rate of £35/sq m be applied to other development types, including schools and hospitals?*

Appendix 1 of the Councils' Hearing Statement demonstrates that a nominal charge of £35 per square metre would not exceed 1.5% of development costs for most non-residential uses and would be very unlikely to tip a development from viability into non-viability. The nominal rate is therefore considered to assist in striking a balance between the desirability of funding infrastructure and the potential effects on development viability.

(3) Response to the Statement of Position submitted by Berkeley Homes

Issue 2 - Residential Levy Rates

c) *Is the threshold of 400 dwellings/10 ha for a zero-rate appropriate? Should the areas to which this applies be clarified and, if so, how? Are school sites within such areas exempted?*

Berkeley Homes seek clarification on the application of zero CIL levies on large sites. As a separate process to CIL, the Councils have submitted their publication Local Plan for examination. The Local Plan and CIL process have utilised the same viability evidence to test the infrastructure funding gap and large site viability.

Large sites are defined as those which contain 400 homes or more, 10 hectares of land (gross) or more or 40,000 square metres (gross) of levy chargeable development or more. This definition does need to be clarified within the Charging Schedule. The charging schedule relies upon the Infrastructure Delivery Plan to inform the viability assessment. The Councils consider that the above thresholds make for a simple approach to whether or not a site is CIL liable, this in line with the Planning Practice Guidance.

The Council considers that the use of Section 106 on large sites is preferable as this will underpin the collaboration, deliverability and viability required under the policies in the publication Local Plan.

Berkeley Homes are concerned about the situation where multiple planning applications come forward on a large site, specifically where individual applications are less than the thresholds and could therefore be liable for CIL.

Further, Berkeley Homes agents (Lichfields) make reference to a large site in the publication Local Plan which could see multiple applications coming forward over the plan period. This is the Beaconsfield proposed Local Plan allocation. This particular site is unique in that it already has an extant planning consent within the potential Local Plan allocation and as so is currently the only proposed allocation which does not require a single planning application.

The Councils have considered this further and concur that it is right to address this potential issue in the draft charging schedules.

The Councils consider that a plan of the Local Plan sites which meet the thresholds for zero rating should be added and referred to within charging schedule. This will provide the certainty requested and simplify the CIL liability.

The Councils also consider that it should retain the thresholds should further sites come forward from windfall, for example, the redevelopment of an employment site or from an alternative large site being recommended by the Local Plan Inspectors.

APPENDIX I - FWS1 – Proposed text concerning community and acute healthcare needs for the updated Chiltern and South Bucks Local Plan IDP

The following text is proposed to be added to the IDP main report to replace the last
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sentence of paragraph 32.

The Buckinghamshire NHS Healthcare Trust has provided information on the potential implications of the growth in the new Local Plan for its acute and community healthcare facilities as well as the pressures on existing services. The community healthcare facilities are wide ranging and particularly help to support the frail ageing population and include pain management, palliative and end of life care and integrated home care – services. Key issues for the trust include the projected increase in population, the increase in the complexity of healthcare needs with a frail ageing population and an increased paediatric need in the South Bucks area. The work of the trust and the Bucks Clinical Commissioning Group in focussing on service improvements is influenced by the high-level Buckinghamshire Health and Wellbeing Strategy (2017)² and the Buckinghamshire Joint Strategic Needs Assessment³. The trust Capital Programme includes a number of high-level projects for the trust's facilities including:

- *£4m for on-going maintenance of the existing trusts Estate, mostly relating to Stoke Mandeville, but approximately £200 k at Amersham Hospital;*
- *£3.9m for A&E Phase 3 – a physical extension to the unit to increase the A&E capacity by 24% (at Stoke Mandeville Hospital);*
- *£3.2m on operating theatres to improve / update infrastructure, mostly at Stoke Mandeville; and*
- *£470,000 for a new MRI scanner to increase service capacity by 10% and provide better and quicker imagery for diagnosis.*

Some of these projects would be located in hospitals outside Chiltern and South Bucks Districts, but they will provide facilities which are used by local residents from Chiltern and South Bucks. The trust also plans to expand Amersham Hospital (in Chiltern District) to meet the future needs of the population.

The following information about improvements to Amersham Hospital is proposed to be added to IDP Appendix 1 (Chiltern and South Bucks IDP – Infrastructure Requirements – from all sources):

² Accessed at: <https://www.bucksccl.gov.uk/media/4509402/jhws2017april.pdf>

³ Accessed at: <http://www.healthandwellbeingbucks.org/what-is-the-jsna>

Infrastructure Type	Requirement	Estimated Cost	Funding Source	Likely timescale for delivery and other comments	Related Local Plan policy and priority for delivery (Critical/Necessary/Desirable/Aspirational)	District
Health acute	Expansion of Amersham Hospital to provide integrated services for physical and mental health including voluntary services	TBC	TBC	TBC	Necessary	Both