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Clerk: Ruth Davies

25 May 2020

Victoria Gibson

Royal Borough of Windsor and Maidenhead

Town Hall, St Ives Road

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**20/00969/FULL**

**The development of a community health hub (Use Class D1) with associated parking, access and landscaping. Land to The North Lynwood Crescent Sunningdale Ascot**

This is the third application for a community health hub since 2013.

* 13/03511 was **refused**. The reasons given were:
	+ The proposed building represented encroachment and inappropriate development in the Green Belt
	+ The Local Planning Authority was not persuaded that very special circumstances existed which would justify approval in the context of established policies for controlling development in the Green Belt.
	+ The site is identified as an important gap between Sunninghill and Sunningdale. The whole site is considered to be an important open gap and to develop the site with extra care units and associated parking and pathways would be harmful to its character and will reduce the open nature of the site
	+ The proposal did not comply with the Authority’s parking standard and if allowed would lead to indiscriminate parking on Rise Road/Kings Road, Park Crescent, and the surrounding road network.
	+ The proposed development will have an adverse impact on the protected trees on the site.
* 17/01188 was **withdrawn** in October 2019. A number of concerns had been raised with the applicant of which the key ones are understood to be:
	+ The single storey building created too great a footprint within the Green Belt
	+ The proposal led to the erosion of the gap between the villages of Sunninghill and Sunningdale.
	+ Insufficient detail was provided to justify the size of the building.
	+ Insufficient justification was provided for the need for a pharmacy at the site.
	+ A very special circumstances case was not submitted and therefore no justifications were provided to allow a new development in the Green Belt.
	+ Insufficient evidence was provided regarding the type of services that were to be provided in the health centre.
* 20/00969 is the current application.

We are pleased to see that this application contains a number of significant improvements over the previous plans. In particular we support the following aspects of the plan:

1. **Repositioning of the building to lie along the northern boundary**

The building has been positioned along the northern boundary of the site, allowing more of the existing site to be retained as an open green space in line with the objectives of the Green Belt. Although the Green Space within this site would be significantly smaller as a result of this development, the undeveloped section of this site would be sufficient in size to continue to act as a ‘*Gap between the Villages’*

1. **Reduction of the Size of the building footprint**

The reduction of the building footprint and the reduction in car parking area is welcome, especially the reduction of car parking spaces from 126 to 96. However, it is noted that the gross internal floor space is virtually unchanged and remains at 1867 sq. m (over 20,000 sq. ft).

1. **Landscaping and Addition of Trees**

Extensive new tree planting is proposed to improve habitats of endangered species, as well as new tree planting along the site’s boundaries, plus improved hedging. This is to be welcomed, although this application does propose removal of some Category A trees.

However, this application site sits in the Green Belt. The applicant accepts that the proposed community health hub does not form appropriate development in the Green Belt and does not conform with the Green Belt exceptions criteria listed within the NPPF. As such the applicant is reliant on proving that this development meets the criteria for ‘Very Special Circumstances’ as a means of gaining planning approval.

Whilst we support the proposal to build a new community hub and these plans are an improvement on the previous application, we still have a number of concerns. These are summarised as follows:

1. **Size of the community health hub**

One of the biggest issues with this development is the size and footprint of the building which was also noted with the previous application. The gross internal floor area of the community health hub is 1,867 sq. metres. Just to put this into context the retail area of the Waitrose branch in Sunningdale is 1,451 sq. metres making this community health hub 28% bigger than Waitrose.

1. **Provision of clinical space at the new community health hub**

The Ascot Plan outlines the goal of an integrated care service within the community through collaboration of GP practices at the two sites of Heatherwood hospital and Ben Lynwood. The Ascot Plan proposes that this would be ‘*a multi-disciplinary community response including general practitioners, district nursing, physiotherapists, mental health professionals, enhanced care practitioners, social care and the voluntary sector*’.

That then prompts the question: w*hat is the clinical space needed for the community health hub*?

There is a total of 32 clinical and consultation rooms proposed for the community health hub.

If we look at the existing number of GPs at Kings Corner and Magnolia House (Very Special Circumstances (VSC) 2.13) there are a total of 18 GPs with a maximum of 11 GPs at any one time. Page 14 of the Ascot Plan (below) shows a similar, although slightly lower number of GPs at 8.7 FTE

|  |
| --- |
| **Number of GPs (2019) (Ascot Plan-February 2020)** |
| **Ward** | **Registered number of patients (2019)** | **Number of GPs - whole time equivalents (FTE)** | **Number of GPs - whole time equivalents (FTE)** |
| **Kings Corner** | 7,715 | 3.40 | 3.40 |
| **Magnolia House** | 9,175 | 5.30 | 5.30 |
| **Green Meadows** | 9,925 | 5.87 |   |
| **Ascot MC** | 5,164 | 3.97 |   |
| **Total** | **31,979** | **18.54** | **8.70** |

We then need to allow for any forecasted increase in the number of GPs up until say 2031. This is important as it is a key driver in considering the clinical space provision for the proposed community health hub.

It is useful to examine both the proposed population growth and then the proposed increase in GP provision resulting from that population increase.

The Ascot plan (section 4, page 6) predicts a total population of 27,830 for the four wards (Ascot, Ascot & Cheapside, Sunningdale and Sunninghill & South Ascot).

The projected registered patient population for 2031 (Ascot Plan, section 7, page 14) shows a higher registered patient list number of 35,398 for the same four wards. This is shown in more detail in the chart below. The total registered patient population for Kings Corner and Magnolia House is forecasted to be 18,696 patients in 2031.

|  |  |
| --- | --- |
| **GP Practice** | **Projected registered patient list (2031) (Ascot Plan page 14)** |
| Kings Corner | 8,540 |
| Magnolia House | 10,156 |
| Green Meadows | 10,986 |
| Ascot MC | 5,716 |
| **Total** | **35,398** |

If we take the higher figure of registered patients for 2031 (35,398), rather than the projected population number, to give us the worst case scenario for 2031 we can then use the NHS England model of 1 FTE GP for every 1,800 patients as used in the Ascot Plan (section 4, page 7) to ask the following question: *How many GPs are required at the combined Kings Corner and Magnolia House Surgeries at the new Community Health Hub for these 18,696 patients?*

The answer of 10.4 FTE GPs is shown in the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Practice** | **Projected registered patient list (2031) (Ascot Plan page 14)** | **Number of GPs based on NHS model of 1 FTE GP per 1,800 patients (Ascot Plan page 7)** | **Number of GPs required for Magnolia House and Kings Corner based on NHS model of 1 FTE GP per 1,800 patients (Ascot Plan page 7)** |
| Kings Corner | 8,540 | 4.7 | 4.7 |
| Magnolia House | 10,156 | 5.6 | 5.6 |
| Green Meadows | 10,986 | 6.1 |   |
| Ascot MC | 5,716 | 3.2 |   |
| **Total** | **35,398** | **19.7** | **10.4** |

In summary, today (2019) we have 8.7 FTE GPs covering these two surgeries (or 11 GPs at any one time). Using the Ascot Plan stated patient projections for 2031 we can see that the requirement (following NHS England guidelines) **is for little or no increase in the number of GPs over the 12 years from 2019 to 2031 covering both Kings Corner and Magnolia House surgeries**.

We were unable to see any reference in the planning application to indicate that there would be a greater provision of GPs above the number indicated in the NHS England model.

However, in the chart (VSC, section 5.25) there are 38 GPs indicated as the maximum staff at any one time shown for 2020 at the new community health hub. This includes existing Kings Corner and Magnolia House GPs (11) plus a further 27 Berkshire & Frimley Trust GPs and other social care providers. An additional 15 clinical staff are forecast to be recruited up until 2027.

The Parish Council therefore request that more clarity and accurate information is provided in this regard as the number of GPs that are forecast for 2031 using NHS England statistics of 1 FTE GP for every 1,800 patients would not appear to justify the need for a total of 32 consultation rooms.

However, it is noted that on page 23 of the East Berkshire CCG report is written: ‘*in order for the CCHG to deliver new primary care facilities within the Ascot area , the proposals must be deemed as ‘transformational’ in order to gain the required support and funding from NHS England’.*

Hence, it could be argued that the planning application might be over-specified to emphasise the scope of what will be provided at the community health hub.

As it is understood that the majority of GPs are working either part time or on a locum basis there must be some sharing of consulting rooms which would help to reduce the size of the building. Yet, there was no reference in the application to any such GP sharing of consulting rooms.

Also, the planned opening hours of the community health hub are longer than for the current two surgeries as shown in the chart below. What does not seem to have been taken into account is that increasing the opening hours alone provides a greater patient throughput, enough to increase capacity by 10% -17% on its own.

|  |  |  |  |
| --- | --- | --- | --- |
| **OPENING HOURS** | **Proposed Hub hours** | **Magnolia House hours** | **Kings Corner hours** |
| Monday | 8.00am – 8.00pm | 8.00am – 6.30pm | 8.00am – 6.30pm |
| Tuesday | 8.00am – 8.00pm | 8.00am – 7.30pm | 8.00am – 6.30pm |
| Wednesday | 8.00am – 8.00pm | 8.00am – 6.30pm | 8.00am – 6.30pm |
| Thursday | 8.00am – 8.00pm | 8.00am – 6.30pm | 8.00am – 6.30pm |
| Friday | 8.00am – 8.00pm | 8.00am – 6.30pm | 8.00am – 6.30pm |
| Saturday | 8.30am – 12.30pm | 8.30am – 1.00pm | Not open |
| **Total** | **64 hours** | **57.5 hours** | **52.5 hours** |

The Ascot Plan also states that *“the practices’ emerging model of services looks to reduce the space requirement through innovation, technology and greater flexibility in the multi-functional design of the clinical rooms. The innovations will include online consultations reducing the requirement of patients to travel, group consultations providing peer and professional support and extending service beyond the traditional hours of provision into the evening and weekend”.* Such statements would demonstrate that a reduction in the number of clinical rooms is indicated.

The Parish Council are not questioning the need for a community health hub or even to a certain extent its location on the Green Belt. What we are seeking clarification on is the size of the building and the need for 32 consulting rooms when the evidence to support that size is not readily available. This is very relevant as the true requirement for clinical space is **critical** to deciding the size of this development. To over-ride the NPPF Green Belt policies in meeting “very special circumstances” the applicant is required to show that the proposals “**meet a clear need, no more and no less”.** On the basis of the data presented to date the proposed number of clinical rooms would appear to be higher than needed.

1. **Dedicated Training Rooms**

It is noted that on the first floor there are rooms dedicated to training refenced as ‘The Training Hub’.

Looking the Ascot Plan, this Training Hub is:

*“the development of the training facilities across Ascot and is essential to attracting new members of the team, both clinical and non-clinical, through working with the local Community Education provider Network and the Primary Care Networks. We would look to increase the retention post training of medical, nursing and non-clinical trainees through the wider offers of care, career opportunities and continual professional development with East Berkshire and the ICS”*

We have not found a detailed description of the type and nature of training that would take place here to justify the creation of dedicated training and seminar rooms.

The Parish Council would have thought it unusual in a building that is supposed to be designed to be flexible and multi-purpose to have dedicated training rooms. Again, professional input would be appreciated as we had envisaged development based on shadowing, working under supervision and self-development rather than a permanent classroom based medical training facility.

1. **Requirement for substantial administration area at community health hub**

Assuming for the moment that the case for 32 clinical rooms is proven, one other issue with the development is the disproportionate space for administration.

This is again inconsistent with the statement *“the practices’ emerging model of services* *looks to reduce the space requirement through innovation, technology and greater flexibility in the multi-functional design of the clinical rooms”.*

The proposed administration space is very substantial (130 m2) with provision for 29 seats presumably for 29 staff. The wording on the floor layout makes it obvious that this administration space is not just for Magnolia House and Kings Corner practices – but also for Green Meadows and Ascot MC and Radnor House practices. This means that staff from these other practices in Ascot are travelling to this site to use this administration space. This surely cannot be in keeping with Green Belt requirement to show that the proposals meet a clear need, **no more and no less?**

1. **Car Parking and Impact on Surrounding Streets**
	1. **Number of car parking spaces**

This application includes 96 car parking spaces (64 for patients including 5 disabled spaces) and 32 for Staff (include GPs, nurses, and administration). This is based on the parking standards set out in RBWM’s Parking Strategy (2004) i.e. a maximum of 3 parking spaces per consultation room in Doctor’s Surgeries in areas of poor accessibility.

According to the Transport Statement produced by Stantec…

*“the maximum level of staff to be working out of the proposed surgery at any one time will typically be around 75 FTE and on occasion this could increase to 90….”,* and

*“It is proposed that the new building will accommodate 331 m2 administrative space at first floor level. It is anticipated that 26 administration staff from Kings Road and Magnolia House surgeries will be relocated within the new office space. The FTE of the relocated admin staff is 23”,* and

*“The 331sq.m of admin/office space proposed on the first floor of the new surgery is expected to be predominately an ancillary use to the primary ground floor facilities as such parking has not been considered in addition to those associated with clinical uses.”*

These statements would appear to be incompatible with a staff allocation of only 32 parking spaces. Are we expected to believe these 32 parking spaces will accommodate: -

* 11 FTEs (GPs and Specialists)
* 8 FTEs (Nurses)
* 18 FTEs (BHFT (Integrated Cluster Sessions))
* 15 FTEs (Additional Recruitment)
* 23FTEs (Administrators)

Total = 75FTEs (with a peak of 90 FTEs)

Even with walking, cycling, public transport, restricted car park access and car-sharing, this throws serious doubt on the ability of this community health hub to function in the spaces that have been allocated. It is hoped therefore that adherence to the proposed Green Travel Plan will lead to efficient usage of the available car park spaces.

* 1. **Car parking overflow from the community health hub**

Where will all the staff park when the staff car parking area is full? One option is to overflow into the parking spaces for patients. Alternatively, drivers will seek to park in the surrounding streets.

The Transport Statement proposes a number of road improvements to ease access. These are:

* Widening footway along Rise Road
* New Pedestrian Crossing
* Speed cushions along Rise road
* Relocation of 30mph sign.

No mention is made of the impact of potential parking problems on Rise Road, Park Crescent, Lynwood Crescent and other adjoining roads. These roads already struggle to accommodate residents’ vehicles.

Some mitigation steps need to be considered to prevent these streets turning into car parking overspill areas.

Although we see the merit of the 30-mph limit and the zebra crossing, we would question the need for traffic "cushions" (assumed to be "speed bumps") along Rise Road.

* 1. **Car Parking Overflow from BEN Lynwood Care Home**

The Parish Council could see little reference to car parking on the site only being applicable to visitors to the community health hub. The overspill of parking from the current Ben Lynwood site on to the Green Belt in exactly the same location as the proposed new community health hub car park area has been well documented. This relates to planning applications 11/03236 and 13/01098 where temporary parking for construction traffic (that was allowed on the Green Belt) has not been adhered to.

Instead, the Green Belt in this location has become a permanent car park for employees of Ben Lynwood. This has been subject to planning enforcement notices being issued. If this application is approved the Parish Council would strongly request that strict parking guidelines are enforced through the planning process. It is crucial that the Green Belt does not become a car park for Ben Lynwood employees and must function as a car park exclusively for the community health hub patients and staff.

1. **Environmental concerns**
	1. **Loss of significant TPO trees**

A significant number of high category TPO trees that are in full public view are planned to be felled for the community health hub and car park. These are listed in the chart below.

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| --- |
| **Trees scheduled for felling** |
| **Tree number** | **Tree type** | **Tree category** | **Tree height (metres) Comments** | **Comments** |
| Group 11 | Oak, Sweet chestnut, Holly, Hornbeam | B2 | 11 | Number of trees in group not specified |
| 12 | Copper beech | B2 | 15 |  |
| 13 | Deodor cedar | B2 | 15 |  |
| 14 | Oak | B1 | 19 |  |
| Group 15 | Holly | C2 | 8 |  |
| 16 | Beech | A2 | 23 | Remove for hub. Could be saved if hub moved further south |
| 17 | Beech | A2 | 23 | Remove for hub. Could be saved if hub moved further south |
| 23 | Silver birch, Scots pine, Goat willow, English oak | B2 | 17 | Number of trees in group not specified |
| Group 28 | English oak | C2 | 9 | Close to road. Poor quality. Number of trees in group not specified |
| 29 | English oak | C1 | 10 |  |
| Group 49 | Scots pine | B2 | 18 | Number in group unknown |

It is very evident that trees 16 and 17, two 23-metre-high category A1 beech trees are fine specimens. The planning application describes them as being in ‘good condition’. They are both A1 category. We are unsure how an A1 category tree can be described as just ‘good.’

Tree 12 is a category B2, 15-metre-high copper beech; tree 13 is a 15-metre-high, category B2 Deodor cedar and tree 14 is a category B1, 19-metre-high oak. Group 49 comprises of an 18-metre-high B2 category Scots pine.

Examination of the plan for the proposed felling shows that trees in group 11 and group 15 as well as individual trees 12, 13, 14, 16 and 17 are all in a similar location to the north of the site. This is shown on the extract of the map below:



The Parish Council appreciates that there were alternative proposals put forward for the location of the community health hub and car park and that the chosen location was the option that was most favoured. It is very unfortunate that some readjustment of the building and car park footprint could not be implemented to safeguard these very significant TPO trees all situated in this one cluster.

Could this be looked at again in more detail in order to minimise the loss?

1. **Light pollution affecting nearby residents**

In the *Landscape visual impact assessment for proposed Lynwood Medical Hub* ALVA states:

*“Currently there is no lighting along the section of Rise Road opposite the site, although there is street lighting along Park Crescent”*

*“The new carpark will require lighting and it is likely that the new building will be well lit, for obvious reasons.”*

*“Topography, hedges and trees will screen views of surgery and parked cars though any lighting will have an impact”*

*“New carpark and hedge row trees in the foreground can screen the new building though there are likely to be an impact from lighting.”*

*“The surgery will be screened by foreground dwellings and vegetation.* ***There will be some impact from lighting.*** *Trees in autumn colour will be removed.”*

We are concerned there has been no formal assessment of the level of light pollution that will affect the residents of Park Crescent, Rise Road and Lynwood Crescent. Without this information it is not possible for the residents affected to be able to judge how intrusive the light pollution will be on their properties.

night and early winter mornings.

1. **Flooding in Lynwood Crescent**

We note that there have been detailed studies of flooding risk from the site. The NJP Consulting engineers risk assessment report of flooding is ‘low’, and the proposed use of permeable paving as stated in the geotechnical report will reduce surface water run-off. However, the Parish Council note that a number of Lynwood Crescent residents have previously reported flooding of their garden from ground surface water run-off from the site.

We would like to bring this to the attention of RBWM and seek assurance that this issue is addressed as the published reports suggest if this development goes ahead.

1. **Very Special Circumstances**

According to NPPF Green belt policy 144 “‘*Very special circumstances’ will not exist unless the potential harm to the Green Belt by reason of inappropriateness, and any other harm resulting from the proposal, is clearly outweighed by other considerations*”.

In the Planning Statement, the applicant makes many arguments in favour of this development being a benefit to the local area and residents and argues this outweighs the harm to the Green Belt.

This application includes a supporting document covering a review of alternative sites or potential opportunities for alternative locations for a community health centre. This report includes 17 locations which met the criteria - but all were discounted or dismissed without any evidence of any real dialogue with the owners of any of these properties. We would have liked to see some evidence that a serious attempt had been made to find an alternative.

While the provision of a community health hub would be an argument to support Very Special Circumstances, there are many aspects of this application that do not outweigh the harm of this development, namely

1. Development of an overly large building
2. Creation of an administration centre catering for four GP practices
3. Removal of a significant number of trees, especially the category A trees
4. Potential for car parking problems and overspill into the surrounding streets
5. Reduction of Green Belt and the Gap between Villages.
6. **COVID-19**

Whilst the true extent of the COVID-19 situation was not known at the time of the planning submission it is apparent that this will have a long-term effect on the provision of community health care. For RBWM to consider a planning application for a new community health hub without any reference to COVID-19 would be difficult to justify. Therefore, the Parish Council would encourage East Berkshire CCG to submit an addendum to this planning application that might reflect the NHS England view on community health care provision post COVID-19. For example, COVID-19 is likely to result in increased telephone triage consultations with patients rather than face to face consultation. Also, architecturally, is there a need for separate entry and exit points to the building?

1. **Duration of the Lease**

A previous application (17/01188/FULL) indicated that the leasehold would only extend to 15 years which was clearly unacceptable with possible change of use implications. This application is more encouraging but increased clarity and certainty are required as the application only states that ‘*the CCG are working with Ben Lynwood on the details of the lease arrangements which is currently intended to be a 40 year lease of the building with a break after 25 years’.*

Any approval of this application must surely only be granted when an acceptable lease term can be legally enforced. The multiple sites that the applicant has already discounted under Very Special Circumstances demonstrates the difficulty of finding an alternative site today let alone in 25 or 40 years time. To justify Very Special Circumstances a guaranteed lease period in excess of 40 years must surely be a pre-requisite for planning approval.

1. **Land to the South of the community health hub**

The repositioning of the building on the site closer to the Ben Lynwood care home than in previous applications has helped to minimise any infill on the Green Belt. However, it is crucial that this gap and open space remains with no pressure for any future infilling, building development or car parking. The Parish Council would request that provision is made to safeguard, preserve, and maintain this valuable area of Green Belt for the foreseeable future.

1. **Conclusion**

The Parish Council agree and are supportive of the need for provision of a modern, up to date community health hub. The current location proposed is probably the best proposal that has been put forward so far for its position on this site. The gap between villages is maintained and the probability of building creep between Ben Lynwood and the community health hub has also been lessened. The Parish Council find it hard to support the removal of so many specimen TPO trees to the north of the site and would request that some building adjustment might be considered to save them.

What is harder to justify is that so much of this the community health hub is a large administrative centre which contravenes all Green Belt policies. The proposed size of the building and especially the number of clinical and consulting rooms does not seem to be supported by the provision of health care personnel relative to the proposed increase in population. As we have stated the gross internal area of the Community Hub is 28% bigger than the retail space at Waitrose , Sunningdale.

The planning enforcement notices that have resulted in the site currently being used as permanent overspill parking for Ben Lynwood must be managed if this application is approved. Parking must be for the community health hub only.

An addendum considering the NHS England provisional long-term approach to managing community health care post COVID -19 also needs to be included.

The lease arrangements must be finalised to guarantee in excess of 40 years of occupancy and the area to the south must remain as natural space within the Green Belt.

The Parish Council therefore broadly support this proposal but it is evident that answers to the above questions need to be provided.

**Sunningdale Parish Council**
**May 25th, 2020**