

From: Emily Holder <emily.holder@savills.com>
Sent: 19 March 2025 12:58
To: Emma Baumber2 <Emma.Baumber@hinckley-bosworth.gov.uk>
Cc: Jessica Graham <JGraham@savills.com>; tom.nightingale@dwh.co.uk
Subject: RE: App: 24/01061/OUT- Barlestone Road, Newbold Verdon

Hi Emma,

DWH's consultant has reviewed the ICB Comments and responses are provided in red below.

24/01061/OUT- Land north of Barlestone Road. 240 dwellings.

"Costs have doubled from £2,516 per sqm to a flat £5,000 per sqm with no explanation. Our project costs have not been £2,516 since 2023 as these are reviewed on an annual basis. In 2024 costs increased to £4,000 and then again in 2025 to £5,000. This increase is in line with inflated project costs we have seen and is comparable to other Midlands ICBs.

There's still no evidence to demonstrate the jump in costs in the space of circa 18 months. Did costs really rise 25% in a year (2024 to 2025)? 100% in two years (2023 to 2025)?

In terms of the size of the car park, EFM has advised that you would usually require 1-1.5 car parking spaces per 1,000 Patients. In July 2024, the Surgery had 11,648 Patients on roll, which would mean a car park of around 20 spaces (to allow for the practice to expand into its existing car park) would be reasonable. The area of land (0.15ha) we showed on the revised Illustrative Masterplan with the MUGA could accommodate around 50 car parking spaces so we consider it is more than sufficient to meet identified and future car parking needs. The ICB have stated that the size requirement/expansion area that needs to be funded commensurate to the development's impact is 46.464sqm. The proposed car park onsite far exceeds this, and therefore whilst we support the principle of supplying the car park (given this is the only site in proximity to the existing health centre which could offer on-site proposals), to also include a financial contribution is excessive and not CIL Reg 122 (2) compliant".

The ICB feel that the contribution request is to support the practice developing in order to accommodate the new patients arising from this development, in-addition to land for a car park is compliant for the following reasons:

a) necessary to make the development acceptable in planning terms.

To meet the healthcare needs to the new residents, the practice will need to increase its clinical space. To do so, the practice must develop on their current land which will reduce the number of car parking spaces available to current and future residents (including staff). The land offer accommodates people travelling to the surgery, but does not support the practice in physically being able to increase its capacity to accommodate seeing those patients. The contribution request has been made in addition to the offer from the develop for land as this is essential to meet the needs of the new patients the practice will be required to serve.

This doesn't answer the question. If the land can accommodate 50 car parking spaces, this is sufficient to accommodate a Patient roll of a minimum of 33,333 Patients:

(1,000 / 1.5) = 666.6 Patients per car park space

50 x 666.6 = 33,333 Patients

There are 11,648 Patients on roll, plus 576 from this development, making circa 12k Patients. So the car park is almost three times the size it needs to be, and more than large enough to also accommodate the staff. It therefore doesn't matter if the Surgery expands on to its existing car park because the land being provided is already significantly over-providing.

(b) directly related to the development; and

The practice is the closest practice to the development therefore is it reasonable to assume they will be the most impacted by the new patient growth. Other smaller practices are 1.5 and 2.5 miles away from the development.

We're not debating this.

(c) fairly and reasonably related in scale and kind to the development."

The calculation is a contribution towards project costs & fees and is commensurate to this development and the population growth it is expected to bring. Our calculation is based on an average household of 2.4 and it is reasonable to presume that more than 2.4 people will occupy these new build properties.

The proposal would be to use the healthcare contribution along with other secured contributions to develop the required additional space to meet the needs of other housing developments in the area.

The contribution has not been calculated based on the needs of a size of car parking it has been calculated to take account for the population growth and associated project costs, therefore, the statement of 'The ICB have stated that the size requirement/expansion area that needs to be funded commensurate to the development's impact is 46.464sqm.' is incorrect. The assumption made by EFM that 1-1.5 space for every 1000 is needed, does not account for additional staff, however the proposed size to accommodate up to 50 spaces is agreed to be ample.

This is exactly the issue - the contribution has not taken in to account the significant land contribution made in relation to the development. Any other development not adjacent to this Surgery would only be asked for the financial contribution. Therefore, this is excessive.

If the developer feels that the healthcare contribution is excessive in-addition to the land, if the developer wishes to undertake an exercise to provide evidence of the land value and making of a car park, the ICB would welcome this approach to negotiate a more suitable healthcare contribution.

One additional point not raised in my original review: The Legal Tests for planning obligations in S106 agreements in relation to Acute services (although the same arguments carry over in to standard healthcare contributions) were the subject of two High Court decisions in 2023 - of which one was in Leicestershire (Harborough District). The contributions were found not to fulfil the tests of CIL Reg 122. HCR Law state:

"These two cases cast significant doubt on whether an NHS contribution could satisfy the legal tests for the grant of planning permission.

An NHS Trust would need to provide sufficient information to satisfy a council of a 'funding gap' which both Leicester NHS Trust and Worcestershire NHS Trust failed to do in the opinion of the courts. However, even if a funding gap could be provided, it appears still arguable that such a gap arose from a failure of the national mechanism of NHS funding as opposed to a localised impact

directly related to the development.”

This High Court, and PINS, do not support planning obligations for NHS Services.

Kind regards,

Emily

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