

Hart Community Infrastructure Levy (CIL)  
Consultation on a Preliminary Draft Charging Schedule  
5<sup>th</sup> November 2021 to 17<sup>th</sup> December 2021



### Response Form

Hart District Council is preparing a Community Infrastructure Levy. Comments are invited on a Preliminary Draft Charging Schedule and the supporting evidence. All the consultation documents are available at <https://www.hart.gov.uk/community-infrastructure-levy>

Please return comments by email to [planningpolicy@hart.gov.uk](mailto:planningpolicy@hart.gov.uk) or by post to Hart District Council, Civic Offices, Harlington Way, Fleet, GU51 4AE

**Deadline: 5pm on Friday 17<sup>th</sup> December 2021**

### Part A – Personal Details

Please provide your details as anonymous comments cannot be accepted. By responding to this consultation you are providing consent for your personal data to be collected by Hart District Council in line with terms set out in the [CIL Privacy Notice](#). Please also read the [Confidentiality Statement](#). Consultation responses will be published, but only the name, and where relevant, the organisation name, will be published with the comments. No personal contact details will be published.

	Personal details (if applicable)*	Agent's Details (if applicable)*
First Name	██████████	
Last Name	██████████	
Organisation (where relevant)	NHS Frimley Clinical Commissioning Group	
Address	██████████ ██████████	
Postcode	██████████	
Email	██████████	

\*If an agent is appointed, please complete only the Name and Organisation boxes to the personal details but complete the full contact details of the agent. All correspondence will be sent to the agent.

## Part B – Representations

The Council is consulting on:

- Preliminary Draft Charging Schedule (setting out the proposed CIL rates)

You may also comment on the supporting evidence base:

- CIL Viability Assessment September 2021
- Hart Infrastructure Delivery Plan Update October 2021
- Infrastructure Funding Gap Assessment October 2021

### Your Comments

Thank you for the opportunity to comment on the proposed introduction of a Community Infrastructure Levy in Hart which we support. We believe that this new approach to securing investment from developments will better address the needs of local communities by looking at the sum total impact of the Hart Local Plan rather than linking impact to specific developments.

Information was recently provided by NHS Frimley Clinical Commissioning Group (formally North East Hampshire and Farnham Clinical Commissioning Group) in response to the Infrastructure Delivery Plan Update but is not yet part of the published document. We hope this information can be included in future iterations of the document. In particular we would like to emphasise our continued objection and lack of support for the provision of lane at Watery Lane on which to build a new health facility. This is not supported by the NHS and is not felt to be necessary. Our local strategy is to invest in and expand local healthcare facilities rather than creating additional buildings. For example, Richmond Surgery have recently submitted a planning application to significantly extend their facilities to better meet the needs of their registered population. Their building is over 50% undersized for their current population and this position will worsen as new housing developments in Church Crookham are completed.

In reading the CIL consultation documents very little mention is made of health and the impact that housing developments have on healthcare provision. For example, the document states: In Hart district, CIL will replace planning obligations as the means of funding off-site infrastructure on sites below the threshold of 400 homes or more or on sites of 10 hectares. This includes infrastructure such as additional school places, transport improvements or improved leisure facilities, which are required in connection with new development and consequent population or economic growth. Under S216(a) of the Planning Act medical facilities are included in the definition of Infrastructure yet the promised CIL policy does not include them.

The consultation states that the infrastructure funding gap to meet growth identified in the Local Plan (Strategy and Sites) is estimated to be £57,908,911.70. This calculation doesn't include the capital investment required to provide suitable and additional health facilities and is therefore understated.

National estimates suggest that for each 1,000 new patients registered an additional consulting room is required. Each additional consulting room can cost between £1,500-£2,500 per sqm to build or convert.

It is not clear from this consultation how the impact on healthcare infrastructure can be addressed through the introduction of CIL. We believe that the local community would value further investment into healthcare infrastructure to ensure that GP practices can continue to register new patients as the local population grows. Without this contribution to healthcare infrastructure, it will become increasingly challenging for GP practices to respond to requests to register new patients.

In addition, it is not clear how the impact on healthcare infrastructure can be applied for through S106 funding. We would welcome further information and discussions on the process that health can follow to access further S106 funding.

*Please continue on a separate sheet if necessary or append your response*

Date: \_\_\_\_\_ 1<sup>st</sup> December 2021 \_\_\_\_\_