

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 respond to this consultation.

I am responding on behalf of the 4 GP Practices within the Fleet Primary Care Network (Fleet PCN). These include Richmond Surgery (of which I am a Partner), Fleet Medical Centre, Branksomewood Healthcare Centre and Crondall New Surgery.

This reply is supported by the Fleet PCN Board, the local group which reviews healthcare provision, in particular Primary Care provision, for the population served by these 4 Practices.

We note the gap in funding of just under £58million to deliver some of the infrastructure requirements across Hart. We also note that Section 106 has historically raised some funds from bigger projects across the area, but it has been extremely difficult to access. Indeed, we would like to understand how we might be able to access these funds going forward.

Rather than linking health provision to individual developments and areas, we are sure that the residents of Fleet would expect healthcare provision to be at 'Place' to cope with the increasing size of the population, rather than just linked to these very large projects as with Section 106 contributions. Thus, we support the need to introduce the Community Infrastructure Levy as this should enable funds to be raised to be put towards infrastructure where it is needed rather than just aligned to these bigger projects.

However, there is little mention of Health in your Plan and what is there is not supported nor costed. As such we feel the gap of £57, 908911.70 is a significant underestimate and further discussions are needed between Hart DC and your Health Partners, namely Frimley Clinical Commissioning Group (Frimley CCG) and local primary care and community representatives. Fleet PCN would welcome contributing to these discussions.

The Hart delivery Plan update makes reference to a new 1050 sqm surgery at Watery Lane, but this proposal does not have the support of Frimley CCG nor NHS England. The Viability Study by Three Dragons makes reference to 3 projects, but there are no details as to what these might be and have no potential costs against them. It is a concern that the details have not been shared with your Health Partners, consultation has not occurred nor costs considered.

The current plan for Health Care facilities in Fleet and Crondall is to make improvements to existing premises in order to increase capacity to meet the demands of the increasing population rather than to build extra surgeries, which is prohibitively expensive and difficult to staff. Additionally, the provision of space for wider community healthcare teams is a particular need in order to work in a coherent and collaborative way to provide health and social care needs to the most vulnerable in our area. The opportunity to see how the CIL could support this alternative provision would be welcome.

Finally, I note some of the suggested CIL charges for different items are outlined within the Draft Charging Schedule. The additional workload and provision of healthcare needed for residential care and nursing home care should be noted and consideration given to higher charges for some of these schemes so that some additional resource could be passed onto the local Healthcare system.

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

Date: ___5th Dec 2021_____