



Planning Department
Waverley Borough Council

Date: 14 December 2020

Our Ref: 0702.14

Your Ref: WA/2020/0965

By email only: kate.edwards@waverley.gov.uk

Dear Ms. Edwards

RE: PLANNING APPLICATION WA/2020/0965 - CVHT CARE HOME AND KEY HEALTH CARE WORKER PROPOSAL

In response to your email of 26 November 2020.

I previously agreed to your suggested extensions of time.

Can you clarify two points for me please from the Joint Planning Committee 27/11/2019 and whether the Council still hold with those views as below?

1. From that report *"The 60 private nursing beds would also be of benefit to the community due to the additional provision proposed against the background of an ageing local population and relatively low levels of provision at present"* and with regard to all of the proposed beds *"The case for development at this large scale is considered to be substantiated and it is reasonable to concur that the community beds can be secured via a legal agreement"*.

In the conclusion it says:

"The amount of development sought has been justified, via an independent assessment, as the minimum that is financially necessary to deliver the 20 community beds – the key community benefit. The 60 private nursing beds will also be of benefit to the community. The health workers accommodation is subsidised and as such is considered to provide affordable accommodation that would be a benefit to the community – meets the NPPF definition of affordable accommodation".

Does the Council still agree with these statements obviously with a different number of care beds and accommodation block units which were altered from 26 spaces to 14 individual self-contained units responding to criticism about the type of accommodation.

2. From that report *"There are no other known sites in the village today that could satisfactorily accommodate this amount of development"*.

Does the Council still hold with that statement which we agree with?

The crux of the matter is of course the planning balance as set out in the previous committee report

"The benefits by way of 20 community beds, 60 private nursing beds and affordable health worker accommodation are not sufficient to outweigh the (visual) harm and adverse (landscape) impacts. It is therefore recommended that permission is refused".

I genuinely think the balance has tipped the other way given our increase in green areas and the removal of the long internal roadway. But I will answer that comment made later below that you “...continue to have some concerns regarding the urbanising effect and landscape impact...”.

On the overall planning balance, I can of course see why it is important to respond to your point that the Council and public need explanation on why “*A significant and robustly secured delivery of public benefit would therefore be very important in the planning balance*” following the Integrated Care Partnership (ICP) change of view. Noting of course that in the previous Committee Report it was said “*The case for development at this large scale is considered to be substantiated and it is reasonable to concur that the community beds can be secured via a legal agreement*”.

I would suggest that neither the Council nor any other party can have any belief that what we propose cannot be secured through a legal agreement in relation to the community beds or the accommodation block’s affordable healthcare accommodation status. I think it is wrong to say otherwise (I am not saying you are) because we have been seeking engagement on the planning agreement for many months before the change of view of the ICP (made up of the local NHS and SCC) to ensure that the benefits would have “*robustly secured delivery*” in an planning agreement only for the Council to unilaterally determine no to engage further with us in mid-2019 for no reason I can understand.

I, like the Council view expressed in the Committee Report, have no reason to believe that what we are suggesting below in response to the ICP change of view within 6 weeks from the end of August 2020 to the end of September 2020 cannot be placed in a legal agreement attached to the planning permission. I do not see how this can be disputed because such clauses on affordable beds in care homes and affordable health care/key worker accommodation are now fairly common clauses in such agreements across the country. This was reinforced in the Committee update sheet where it says an agreement could be secured for:

- Securing the 20 community beds in perpetuity
- Health Workers accommodation secured (definition and catchment to be agreed) and affordable rent level set.

There will be further details to work out and definitions to be set but no one can say these would be insurmountable.

It is worth pointing out the Joint Statement above dated 18th August 2020 says on the accommodation block the following:

“Accommodation Block

Guildford and Waverley ICP would like to endorse the accommodation block providing affordable accommodation for both staff employed at the Knowle Lane site but also giving opportunity to staff across health and social care. Both health and social care have significant staffing issues and cost of living in our community is a contributing factor.

Previously the CCG has highlighted concerns to Waverley council about affordable housing in relation to the Dunsfold development. We are delighted that the CVHT has had the foresight to include an affordable accommodation block and are confident that this will be made full use and support local delivery of care”.

There is no reason to believe that the ICP’s views are any different on this and as we argued in the past (in the Planning Statement) that this is expressly supported in the development plan and local evidence documents. There can be no question that this is a significant and substantial material consideration in support of the proposal. Affordable housing is a corporate and development plan priority, and it is still incredulous to me why more weight was not given to that in the previous Committee Report. Supporting the NHS and healthcare workers has, as we all know, become even more important this year as if it were not important enough already (speaking as someone with several family members in the NHS frontline of this current crisis).

In many ways the ICP changing its view in late September 2020 has freed up the CVHT to avoid the bureaucracy and complications that follow on from the plethora of rules that flow from trying to have a close relationship with the ICP noting of course that they were never to be signatories to the legal agreement. I agree that what it means is that the CVHT and the local community can have greater control over the community beds particularly in terms of geography when the ICP could never definitively say that a person from in or around Cranleigh would have had priority over those from further afield.

What we were offering in this application, before the change of view by the ICP, was that *“The sixteen Community Beds would be made available exclusively to the NHS and SCC (through their ICP) to allocate to appropriate patients”*. That remains the case now but widening out those who can apply for the important affordable healthcare structure with the only change being the point on *“exclusively”*.

I have also provided some explanation on the *“free at the point of entry”* points made by many. These beds will remain free at the point of entry to the public purse albeit, just as before, the reduced care home rate.

16 Community Beds

- A. Our proposal will continue to have 16 beds that will be occupied at the local authority rates. These rates can be seen here and are set yearly <https://www.surreycc.gov.uk/people-and-community/emergency-planning-and-community-safety/coronavirus/council-services/care-support> Fees for 2020/2021 *“Placements Guide prices have been raised to £750 per week for Nursing placements, £700 per week for Residential Dementia placements and £650 per week for Residential placements. All packages below the new guide prices were automatically uplifted by 2%, capped at the new guide price. There was no uplift available for those packages above the new guide price”*. This is very simple to control under a 106 planning agreement and would be set in perpetuity with the rate changing as it does annually.
- B. These community beds, as they become vacant/available – will be offered to the ICP (made up of the County Council and Local NHS). The ICP will have an agreed period to determine if they wish to take up the offer and opportunity of a bed at the set rate. This will be a formal process in writing, common in other legal agreements. There is no reason to believe this cannot be robust in a 106 agreement.
- C. At the same time as the agreed period runs on the offer of the bed to the ICP it will be advertised online as being available and local health and elderly care organisations (including GPs and charities) will also be contacted on the availability of a bed at the local authority rate. Members of the public or their families can apply directly when they see the bed advertised. CVHT would set up a volunteer board and administration (not necessarily CHVT members) to oversee decisions on this which could involve nominees from the Parish Council, GP surgeries, local health care groups and charities subject to discussion. This would be very simple to set out in a 106-planning agreement. Standard rules would apply on the suitability of the person for care home occupation in terms of care needs and health but also a need for this type of affordable accommodation. All types of occupation will be considered – residential, nursing including dementia care – with a joint decision made on suitability with the care home operators and placement body.
- D. Any potential resident (outside of ICP nominations) must complete the Surrey County Council **How much will I have to pay?** <https://adultsocialcareportal.surreycc.gov.uk/web/portal/pages/ofa> and declare this in the placement or allocation process as is normal in any care home occupation for most people. I explain about fees below. The same rules will apply as applied by Surrey County Council based on the ability of an individual to pay top up fees.
- E. Priority will be given in any competition for beds between individuals and their families to those who live in and around Cranleigh. A distance could be set in any 106-planning agreement or it could be set by Parish boundaries. Local people benefiting from this important modern state of the art healthcare infrastructure is important to CVHT and the community.
- F. Should, after agreed period of time, no placement come forward from the ICP or any other procedure then the bed will be used by the care home operator in their normal operation. That use can be fully self-funded occupation or someone who is topping up fees. As any bed in the care home becomes available, be that a community bed or another bed, if the number of

community beds has fallen below 16, due to a lack of placements in the past, then that new free bed will become a community bed that is offered as such until the number of community beds reaches 16. This is very simple to set out in a 106-planning agreement. It is worthy of note here that the community beds will not be placed in any designated wing nor receive care of a different standard from any other occupant.

Fees

- A. These community beds will operate under the same rules that apply for funding as apply now (or any system that replaces this under the long-awaited reforms) using the current Surrey County Council and national rules. Those who can afford to pay will pay top up fees. That would always have been the case, but this still means they are free at the point of entry to the public purse but of course subject to the normal top up rules that apply to anyone under the current system in any care home.
- B. Income generated by non-community bed occupation of the community beds will pass to CVHT and will be used to give grants to local individuals and health care services (as will accommodation block income) in Cranleigh and the surrounding villages by a simple application process to CVHT or an independent volunteer body it will set up. This could range from grants towards new buildings, equipment or services involving healthcare groups (public, private or charitable) to individuals in need of a house adaptation or emergency funds. These grants will be limited to Cranleigh and the surrounding villages and will focus on identifying and addressing gaps in provision for older and younger people in the local area that can evidence a clear level of need. The wording of this can be agreed.

Accommodation Block

- A. The 14 apartments will be occupied by healthcare workers (and only occupied by them) including workers at the care home. This will be enabled by CVHT accepting nominations by the District Council and the ICP. A similar process on availability of apartments will be followed as for the community beds so that when an apartment becomes or is to become available this will be notified to the District Council and the ICP and any other body suggested by the Council. This can all be set out in a 106-planning agreement including the definition of who can occupy which can be any employee of the NHS, the County Council or any local healthcare service provider (private, public or charitable). Priority will be given to those who work in Cranleigh and the surrounding villages.
- B. The other matters will continue as were said in the past with the rent being set at 80% of market rent recognised in the Local Plan and national policy as affordable housing. Again, very simple to secure in a 106-planning agreement.
- C. Funds raised by the ongoing operation of the accommodation will be used by CVHT to give grants to local individuals and health care services (as will the community beds on occasions) in Cranleigh and the surrounding villages by a simple application to CVHT or an independent volunteer body it will set up as explained above.

Benefits and Their Delivery

There can be no doubt that these things can be delivered and can be controlled by standard wording in a 106-planning agreement.

There is clear public benefit which are significant material considerations in the determination of this application:

- a. The community beds (and the other beds) will be additional vital healthcare infrastructure (Of a type the national planning advice says is critical) that will be available to local people in an area where there is a proven identified need for care homes which are going through a process of rationalisation both locally and nationally with older homes closing and new homes that are modern taking their place to address increases in the dependency of occupants. There is a continuing movement to care at home models which has been going on for ten years or more but there is still a need for care homes and as the ICP agreed in the statement attached from the end of August 2020 as below:

“Although there are a high number of nursing home beds in some parts of Waverley, there are a number of wards where there is low or no nursing home provision. This is true of the Cranleigh area where there is low provision of nursing home beds, but high population numbers for people over 65 and this is predicted to increase. The majority of people who receive state-funded long-term social care are aged 65 or over and the growth of the older population will pose a significant challenge in meeting the needs and demands on social care in the future” My underlining.

This proposal is going to help meet this need and challenges.

The Committee Report referenced above also agreed this.

There will always be a need for care homes and that will not go away and certainly did not go away between that attached statement at the end of August and the end of September 2020. I can also point out this wording from the ICP as below:

Where we are now

Using the life phases as the framework adopted within the Surrey health and wellbeing strategy, we have identified the current health and wellbeing of our population:

Age Well	<p>As of 2017 18.7% of the population in Surrey was aged 65+ (18% nationally) where the range per locality is between 23% and 16.3%.</p> <p>It is estimated that there are approximately 22,000 people with frailty in Surrey currently, expected to increase by almost 30% by 2030.</p> <p>Approximately 1 in 25 people aged over 65 in Surrey lived in care homes in 2015, which is expected to increase by 60% by 2030.</p>	<p>Over the next 10 years, the number of people aged 65+ living in Surrey is expected to rise by over 18%. As this population group grows in size, Surrey can also expect an increase in the number of people with complex conditions such as dementia, chronic kidney disease and other conditions related to ageing. A further impact of Surrey’s ageing population is that by 2023 the number of carers aged 85+ will have increased by 31%, with only a total 8% increase expected in the number of carers across all ages.</p> <p>Dementia is a particular issue in Surrey. Compared to the peer group average in 2016/2017, the ratio of hospital inpatients with dementia was 11% higher in Surrey. Furthermore, the level of hospital emergency admissions for patients aged 65+ with dementia is also 12% higher in Surrey. The higher life expectancy in Surrey is likely to be a contributing factor. With a high predicted growth in the over 65 population, this challenge is only likely to grow, meaning a greater focus on prevention and early support.</p>
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5 Year Strategic Delivery Plan 2019 – 2024 - A Partnership approach to transforming local health and care services - Surrey Heartlands Health and Care Partnership

<https://mycouncil.surreycc.gov.uk/documents/s65200/Item%204%20-%20Surrey%20Heartlands%20ICS%205%20Year%20Strategic%20Delivery%20Plan.pdf>

- b. The community beds offer guaranteed beds at local authority rates significantly increasing the capacity of such beds in the local area helping to reduce hospital bed blocking and giving vulnerable older people increased choices closer to where they will live.
- c. The ICP will have beds that are guaranteed for their and other use as opposed to being reserved or used purely by self-funders.
- d. For older people (and their families) in need of such accommodation they will have increased access to local accommodation that meets their needs at an affordable price based on their means.
- e. The accommodation block will provide affordable housing reserved for key workers in an area where such accommodation is specifically identified in the Local Plan as there being a need and identified as a corporate and Local Plan priority.

Conclusions

I note that Officers say they have continuing concerns regarding the urbanising effect and landscape impact.

In the previous Committee Report it said the following:

“The key potential benefit from the scheme is the delivery of the 20 community bed spaces that are proposed in replacement of the 14 bed-spaces lost when the previous village hospital was closed some years ago. Evidence has been presented that confirms a need in the Cranleigh area and wider borough”.

It is quite odd that the key worker accommodation was not seen as a much more significant benefit in the Summary of the report.

At the end of the Summary, it says:

“The benefits by way of 20 community beds, 60 private nursing beds and affordable health worker accommodation are not sufficient to outweigh the (visual) harm and adverse (landscape) impacts. It is therefore recommended that permission is refused”.

I think that is fundamentally flawed and even more so with the changes now made to the layout and scale. These benefits above (which I consider improved from what they were in the past) are clearly linked to important local and national policy matters regarding care for the elderly, healthcare, meeting identified need and affordable accommodation (let alone the employment and commercial activity we will be providing). As such these clearly and significantly outweigh any visual harm or urbanizing effect given the significant improvements that have been made (particularly in placing a large buffer zone along the southern boundary and reducing the scale of the building/hard standing).

It is incomprehensible to me that any group, the community at large or planning officers would not see the benefits of this development on a piece of land that sits in a sustainable location between extensive built development on either side where this Council has given permission on several occasions in the past.

If any clarification is sought, I will seek to provide this.

Yours sincerely



JOHN SNEDDON
For and On Behalf Of
TETLOW KING PLANNING

Encs: Joint Statement ICP and CVHT - 18th August 2020

