

Date of Meeting	09 April 2015
Application Number	13/02543/OUT
Site Address	Matrons College Farm, Castle Lane, Whaddon, Salisbury, SP5 3EQ
Proposal	Erect 28 dwellings and Local Health Centre on land to north and north east of Matron's College Farm, change of use of land south east of Matron's College Farm from agricultural to allotments, develop new access adjacent to Oakridge Office Park
Applicant	Mr Tim Leech
Town/Parish Council	Alderbury
Ward	Alderbury and Whiteparish
Grid Ref	419581 126120
Type of application	Outline Planning
Case Officer	Warren Simmonds

Officer's Supplementary Note

The application was considered by Members at the Southern Area Committee meeting of 15th January 2015 when the application was put before Committee with an officer recommendation of refusal.

The Committee resolved to DEFER determination of the application until evidence of the viability of the community benefit to be afforded could be assured in the form of financial details for the construction and running of the proposed health centre.

Adoption of the Wiltshire Core Strategy

Since the proposal was last considered at SAC, the Wiltshire Core Strategy (WCS) has been full adopted, however the adoption of the WCS does not change the policy context for the application (the previous Committee report took full account of the emerging WCS policies) or the officer recommendation which remains as refusal. The previous Committee report is produced in full as appendix 1 to this supplementary note.

Forthcoming adoption of the Community Infrastructure Levy (CIL)

Wiltshire Council is proposing to introduce the Community Infrastructure Levy (CIL) in the near future. In the event of the Planning Committee resolving to grant planning permission, and in the further likely event of CIL being adopted before a S106 can be completed, a number of the matters proposed to be delivered by the S106 will, in fact, be covered by CIL. In these circumstances the Area Development Manager will exercise his delegated powers to ensure the CIL matters are then delivered via CIL and the S106 matters are delivered via the S106 agreement. This may mean changes to the Section 106 heads of terms set out below.

Additional information submitted in support of the application

The agent for the application has subsequently submitted the following additional information which seeks to provide the additional details requested by Members. The additional information is summarised below, and is produced in full at appendices 2 to 6 to this supplementary note:

- A covering letter from the agent (appendix 2) setting out a summary of the position in respect of the provision, funding and operation of the proposed Local Health Centre. The letter also sets out a potential alternative scenario to the provision of the Local Health Centre, whereby a financial contribution in the sum of £200,000 could be paid towards the 'community hub' proposal for Alderbury
- Draft Section 106 Heads of Terms for the proposed development (appendix 3) detailing the provision of
 - I. 40% on-site provision of affordable housing (representing 11 dwellings, of which 75% (8 units) would be rented units and 25% (3 units) would be shared equity units)
 - II. The provision on site of an equipped children's play space measuring at least 231 sqm, together with the provision of an area of casual open space on site extending to at least 385 sqm
 - III. The provision of 0.2ha of allotments
 - IV. A financial contribution towards providing 6 additional secondary school places in the district of approximately £120,000
 - V. A financial contribution of £24,213 towards improvements in leisure facilities
 - VI. A contribution of £92,400 made towards improvements to off-site Highways
 - VII. The provision of the on-site Local Health Centre facility, OR a contribution of £200,000 to Wiltshire Council for the provision of local health facilities within an alternative premises in Alderbury parish
 - VIII. Ecological mitigation and management
 - IX. A financial contribution (to be agreed) towards waste and recycling
- Information pamphlet 'Local Health Centre: Summary of proposal' (appendix 4) dated July 2014
- Discussion document 'Sarum City Locality Plan' (appendix 5)
- Letter to agent from James Roach, Director of Integration, Wiltshire Council & Wiltshire Clinical Commissioning Group (appendix 6)

Further officer comments on the principle of the proposed development

As previously set out with the Committee report (appendix 1), the application relates to a site located outside the 'Large Village' boundary for Alderbury, and so in the countryside. The Delivery Strategy set out in Policy CP2 of the WCS specifically states that outside the defined limits of development new development will not be permitted. Therefore, in pure policy terms, and as a matter of principle, the proposal remains unacceptable. It is considered the proposal conflicts with the sustainable development principles of the Settlement and Delivery Strategies of the WCS. It, therefore, comprises unsustainable development and, as such, is unacceptable in terms of the adopted Wiltshire Core Strategy and the NPPF.

Planning law requires that applications for planning permission must be determined in accordance with the development plan unless material considerations indicate otherwise.

Whilst the site of the proposed development is outside of the designated/defined limits of development for Alderbury, it is accepted that the proposal includes/would bring significant benefits for the local and wider community in the form of the proposed Local Health Centre (or a financial contribution towards an off-site 'community hub', a significant element of on-site affordable housing provision (totalling 11 units), equipped children's play space and casual open space provided on site, provision of allotment gardens, and financial contributions towards education, local leisure facilities, Highways improvements (relating to the application site) and ecological mitigation and management.

Should Members consider the benefits of the proposed development constitute material considerations which outweigh the planning policy context set out within the Committee report, sufficient to overturn the officer's recommendation, and consider the application should be approved, the following Conditions are recommended:

1. The development hereby permitted shall be begun either before the expiration of three years from the date of this permission, or before the expiration of two years from the date of approval of the last of the reserved matters to be approved, whichever is the later.

REASON: To comply with the provisions of Section 92 of the Town and Country Planning Act 1990 as amended by the Planning and Compulsory Purchase Act 2004.

2. No development shall commence on site until details of the following matters (in respect of which approval is expressly reserved) have been submitted to, and approved in writing by, the Local Planning Authority:

- (a) The scale of the development;
- (b) The layout of the development;
- (c) The external appearance of the development;
- (d) The landscaping of the site;

The development shall be carried out in accordance with the approved details.

REASON: The application was made for outline planning permission and is granted to comply with the provisions of Section 92 of the Town and Country Planning Act 1990 and Article 3(1) of the Town and Country Planning (General Development Procedure) Order 1995.

3. An application for the approval of all of the reserved matters shall be made to the Local Planning Authority before the expiration of three years from the date of this permission.

REASON: To comply with the provisions of Section 92 of the Town and Country Planning Act 1990.

4. No more than 8 market dwellings comprised in the proposed development hereby permitted shall be occupied before construction works to provide the Local Health Centre building are completed and the proposed allotments have been laid out and implemented to a specification to be agreed by the Local Planning Authority.

REASON: To secure the programming and phasing of, and an orderly pattern to the development.

5. No building on any part of the development hereby permitted shall exceed 2.5 storeys in height.

REASON: In the interests of amenity having regard to the characteristics of the site and surrounding development.

6. No development shall commence on site until details and samples of the materials to be used for the external walls and roofs have been submitted to and approved in writing by the Local Planning Authority. Development shall be carried out in accordance with the approved details.

REASON: In the interests of visual amenity and the character and appearance of the area.

7. No development shall commence on site until a scheme of hard and soft landscaping has been submitted to and approved in writing by the Local Planning Authority, the details of which shall include:

- (a) indications of all existing trees and hedgerows on the land;
- (b) details of any to be retained, together with measures for their protection in the course of development;
- (c) all species, planting sizes and planting densities, spread of all trees and hedgerows within or overhanging the site, in relation to the proposed buildings, roads, and other works;
- (d) finished levels and contours;
- (e) means of enclosure;
- (f) car park layouts;
- (g) other vehicle and pedestrian access and circulation areas;
- (h) hard surfacing materials;
- (i) minor artefacts and structures (e.g. furniture, play equipment, refuse and other storage units, signs, lighting etc);
- (j) proposed and existing functional services above and below ground (e.g. drainage, power, communications, cables, pipelines etc indicating lines, manholes, supports etc);

REASON: To ensure a satisfactory landscaped setting for the development and the protection of existing important landscape features.

8. All soft landscaping comprised in the approved details of landscaping shall be carried out in the first planting and seeding season following the first occupation of the building(s) or the completion of the development whichever is the sooner; All shrubs, trees and hedge planting shall be maintained free from weeds and shall be protected from damage by vermin and stock. Any trees or plants which, within a period of five years, die, are removed, or become seriously damaged or diseased shall be replaced in the next planting season with others of a similar size and species, unless otherwise agreed in writing by the local planning authority. All hard landscaping shall also be carried out in accordance with the approved details prior to the occupation of any part of the development or in accordance with a programme to be agreed in writing with the Local Planning Authority.

REASON: To ensure a satisfactory landscaped setting for the development and the protection of existing important landscape features.

9. No development shall commence on site until a scheme of phasing of landscaping has been approved in writing by the Local Planning Authority. The landscaping shall be carried out in the first planting and seeding season following occupation of the building(s) or the completion of the development, whichever is the sooner within that particular phase; any trees or plants which within a period of five years, die, are removed, or become seriously damaged or diseased, shall be replaced in the next planting season with others of a similar size and species, unless otherwise agreed in writing by the Local Planning Authority.

REASON: To ensure a satisfactory landscaped setting for the development.

10. No retained tree shall be cut down, uprooted or destroyed, nor shall any retained tree be topped or lopped other than in accordance with the approved plans and particulars, without the prior written approval of the Local Planning Authority. Any topping or lopping approved shall be carried out in accordance with British Standard 3998 (Tree Work).

If any retained tree is removed, uprooted or destroyed or dies, another tree shall be planted at the same place and that tree shall be of such size and species and shall be planted at such time, as may be specified in writing by the Local Planning Authority.

No equipment, machinery or materials shall be brought on to the site for the purpose of the development, until a scheme showing the exact position of protective fencing to enclose all retained trees beyond the outer edge of the overhang of their branches in accordance with British Standard 5837 (2005): Trees in Relation to Construction, has been submitted to and approved in writing by the Local Planning Authority, and; the protective fencing has been erected in accordance with the approved details. This fencing shall be maintained until all equipment, machinery and surplus materials have been removed from the site. Nothing shall be stored or placed in any area fenced in accordance with this condition and the ground levels within those areas shall

not be altered, nor shall any excavation be made, without the prior written consent of the Local Planning Authority.

In this condition —retained tree means an existing tree which is to be retained in accordance with the approved plans and particulars; and paragraphs (a) and (b) above shall have effect until the expiration of five years from the first occupation or the completion of the development, whichever is the later.

REASON: To enable the Local Planning Authority to ensure the retention of trees on the site in the interests of visual amenity.

11. No development shall commence on site until a landscape management plan, including long-term design objectives, management responsibilities and maintenance schedules for all landscape areas (other than small, privately owned, domestic gardens) has been submitted to and approved in writing by the Local Planning Authority. The landscape management plan shall be carried out as approved in accordance with the approved details.

REASON: To ensure the proper management of the landscaped areas in the interests of visual amenity.

12. No development shall commence on site until provision has been for open space, amenity areas and play areas in accordance with details to be approved in writing by the local planning authority (prior to the commencement of development).

REASON: To ensure a satisfactory provision of recreational and other open space throughout the development in the interests of the amenity of future residents

13. Notwithstanding the provisions of the Town and Country Planning (General Permitted Development) Order 1995 (or any Order revoking and re-enacting or amending that Order with or without modification), no vehicular access shall be made direct from the site to Castle Lane.

REASON: In the interests of highway safety.

14. No development shall commence on site until details of the estate roads, footways, footpaths, verges, junctions, street lighting, sewers, drains, retaining walls, service routes, surface water outfall, vehicle overhang margins, embankments, visibility splays, accesses, carriageway gradients, drive gradients, car parking and street furniture, including the timetable for provision of such works, have been submitted to and approved by the Local Planning Authority. The development shall not be first occupied until the estate roads, footways, footpaths, verges, junctions, street lighting, sewers, drains, retaining walls, service routes, surface water outfall, vehicle overhang margins, embankments, visibility splays, accesses, carriageway gradients, drive gradients, car parking and street furniture have all been constructed and laid out in accordance with the approved details, unless an alternative timetable is agreed in the approved details.

REASON: To ensure that the roads are laid out and constructed in a satisfactory manner.

15. Notwithstanding the provisions of the Town and Country Planning (General Permitted Development) Order 1995 (or any Order revoking or re-enacting or amending that Order with or without modification), the area of the site and the proposed building referred to as the Local Health Centre shall be used solely for purposes within Class D1 of the Schedule to the Town and Country Planning (Use Classes) Order 1987 (as amended by the Town and Country Planning (Use Classes) (Amendment)(England) Order 2005 (or in any provisions equivalent to that class in any statutory instrument revoking or re-enacting that Order with or without modification).

REASON: To prevent a change of use of the proposed Local Health Centre to an alternative use that would not provide a service to the local community

16. No development shall commence on site until a scheme for the discharge of surface water from the site (including surface water from access/driveways), incorporating sustainable drainage details, has been submitted to and approved in writing by the Local Planning Authority. The development shall not be first brought into use/first occupied until surface water drainage has been constructed in accordance with the approved scheme.

REASON: To ensure that the development can be adequately drained.

17. No development shall commence within the area indicated (proposed development site) until:

* A written programme of archaeological investigation, which should include on-site work and off-site work such as the analysis, publishing and archiving of the results, has been submitted to and approved by the Local Planning Authority; and

* The approved programme of archaeological work has been carried out in accordance with the approved details.

REASON: To enable the recording of any matters of archaeological interest.

18. No construction or demolition work shall take place on Sundays or Public Holidays or outside the hours of 07:30 to 18:00 on weekdays and 08:00 to 13:00 on Saturdays. No burning of waste shall take place on the site during the construction phase of the development.

REASON: In the interests of neighbouring amenities

19. No development shall commence on site until an investigation of the history and current condition of the site to determine the likelihood of the existence of contamination arising from previous uses has been undertaken and until:

- (a) The Local Planning Authority has been provided with written confirmation that, in the opinion of the developer, the site is likely to be free from contamination which may pose a risk to people, controlled waters or the environment. Details of how this conclusion was reached shall be included.
- (b) If, during development, any evidence of historic contamination or likely contamination is found, the developer shall cease work immediately and contact the Local Planning Authority to identify what additional site investigation may be necessary.
- (c) In the event of unexpected contamination being identified, all development on the site shall cease until such time as an investigation has been carried out and a written report submitted to and approved by the Local Planning Authority, any remedial works recommended in that report have been undertaken and written confirmation has been provided to the Local Planning Authority that such works have been carried out. Construction shall not recommence until the written agreement of the Local Planning Authority has been given following its receipt of verification that the approved remediation measures have been carried out.

REASON: To ensure that land contamination can be dealt with adequately prior to the use of the site hereby approved by the Local Planning Authority.

20. The development hereby approved be implemented in accordance with section 5 of the Ecological Impact Assessment (Species Ecological Consultancy, July 2013) and the Dormouse Mitigation Strategy (Species Ecological Consultancy, *new date inserted* 2014). All documents submitted for reserved matters applications should demonstrate how the above reports will be implemented in so far as it is relevant to the document in question.

Reason: To ensure adequate mitigation in respect of protected species and nature conservation interests.

21. Before works commence a scheme of Ecological Works for the Construction Period will be submitted for planning authority approval providing details of how the works will be undertaken to provide compensatory habitat and avoid impacts to protected and sensitive species. The works will be undertaken in accordance with the approved scheme.

Reason: To ensure adequate mitigation in respect of protected species and nature conservation interests.

22. Before works commence, details of a Landscape and Environment Management Plan shall be submitted to the planning authority and approved in writing. The plan will identify:

- ecological habitat features which will be retained and managed with the primary aim of enhancing biodiversity for the lifetime of the development
- locations of key species of interest for which the site will be managed
- other landscape features which will be maintained for amenity purposes
- a programme of management works required to maintain the habitat, species and landscape features, identifying annual works and less frequent works

- an estimate of the numbers of hours required for annual works (which will be organised to keep costs roughly similar from year to year), one off works will require additional time
- monitoring requirements and procedures for reviewing the LEMP including reviews by specialist ecological professionals

Development shall be carried out in accordance with the Landscape and Environmental Management Plan thereby agreed.

Reason: To ensure adequate mitigation in respect of protected species and nature conservation interests.

Appendix 1

Report To Southern Area Planning Committee

Report No. 1

Date of Meeting	15 January 2015
Application Number	13/02543/OUT
Site Address	Matrons College Farm, Castle Lane, Whaddon, Salisbury, SP5 3EQ
Proposal	Erect 28 dwellings and Local Health Centre on land to north and north east of Matron's College Farm, change of use of land south east of Matron's College Farm from agricultural to allotments, develop new access adjacent to Oakridge Office Park
Applicant	Mr Tim Leech
Town/Parish Council	Alderbury
Ward	Alderbury and Whiteparish
Grid Ref	419581 126120
Type of application	Outline Planning
Case Officer	Warren Simmonds

Reason for the application being considered by Committee

The proposal has wider strategic implications due to the scale and location of site, which is outside of the Alderbury Settlement boundary.

Purpose of Report

To consider the recommendation of the Area Development Manager (South) to **REFUSE** the application.

1. Report Summary

The main issues in the consideration of this application are as follows:

1. Principle of proposal;
2. Suitability of the proposed access and other highways considerations;
3. Impact upon residential amenity and the character and appearance of the area;
4. Ecological and environmental impacts;
5. Impact on infrastructure made necessary by the development - recreational open space, education, and waste & recycling facilities.

The application has generated a total of 37 representations from the interested parties, as follows:

- Twenty four representations in support of the proposed development
- Thirteen representations objecting on grounds including -
 - I. Highway safety and traffic generation
 - II. Benefit of health centre too vague/not deliverable
 - III. Urban incursion into countryside
 - IV. Development outside of housing policy boundary

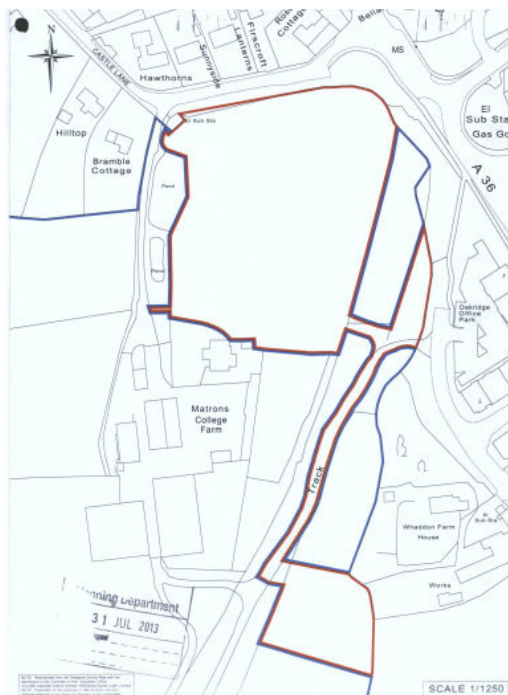
- V. Adverse impact on the character of the area
- VI. Noise pollution and light pollution

Alderbury Parish Council does not support the proposal.

2. Site Description

The 1.43 ha application site consists primarily of an undeveloped field that is located on the south eastern edge of Whaddon, close to Alderbury, and also includes an additional area of agricultural land further to the south (linked to the main site via a track) on which it is proposed to provide allotment gardens.

In policy terms the site lies within the countryside, outside the settlement boundary of Alderbury.



3. Planning History

13/00451/FUL Demolition of existing out buildings and erection of 3 new dwellings with associated garages and parking at Whaddon Farm **REFUSED, Appeal Dismissed**

4. The Proposal

The application is for outline planning consent with all matters reserved except for access. It proposes the erection of 28 dwellings and a local health centre, and the change of use of land from agricultural to allotments. The access to and from the proposed development is adjacent to the adjoining Oakridge Office Park to the immediate east of the site.



In support of the application the agent makes the following comments in his Planning Statement:

In accordance with Section 38(6) of the Planning and Compulsory Purchase Act 2004, determination of this planning application should be made in accordance with the development plan ‘unless material considerations indicate otherwise’.

It is recognised that the application site is outside of the Housing Policy Boundary (HPB) as defined on the 2003 Salisbury District Local Plan. However, given the statutory requirements identified above this document identifies the full range of ‘material considerations’ that must be taken into account in determining the application.

Having regard to the development plan and material considerations, it is clear that this proposal should be viewed favourably. In particular, the application:

- *Represents sustainable development, and is thus consistent with the NPPF;*
- *Is widely supported by the local community, as evidenced by two separate consultation exercises;*
- *Other than in terms of the HPB, is in accordance with all other policies of the development plan, including its overall strategic objectives;*
- *Complies with all other policies and strategies of relevance, including emerging Core Strategy policies;*
- *Is necessary in order to meet the requirement for new homes in the area;*
- *Would give rise to no significant adverse effects in terms of ecology, landscape, or other environmental issues;*
- *Would bring forward a range of important benefits to the local area, most notably a major new health centre, as sought by the Alderbury and Whaddon Parish Plan.*

This document concludes that the above factors are of such magnitude as to outweigh the site’s position outside of the HPB, particularly in the light of paragraphs 214-215 of the NPPF which consider the weight that decision-makers should attach to older planning policies from March 2013 onwards.

The application is supported by various reports including a “Local Health Centre: Summary of Proposal” which states the following:

The proposed centre would comprise the following key elements:

- *a clinical room from which a GP service would be provided to the general public and users of a Day Room.*
- *a second clinical room to provide associated health care services with a focus on reducing morbidity and managing patients better within the community and thus away from secondary care. Services would include (but not be limited to) podiatry, physiotherapy, back care, diabetic support, medication support, and dietetics*
- *a large Day Room with well designed chairs for mobility aids and appropriate seating. This would be used by up to around 20 users at any one time.*
- *1 carer per 3 patients to enable to enable “gold standard” care.*
- *Kitchenette, accessible toilet and shower, and office space*
- *a mini bus with a hoist would provide transport.*

The Summary further states:

The day centre is the solution that the Government needs to help solve the problem of increasing elderly care and morbidity within a caring social environment.

There are central NHS directives alerting us to the financial implications of long stay patients and urging us to get them discharged. Every week, we receive data relating to the costs of its long-stay patients in Salisbury District Hospital, from which it is clear that there is a compelling need for patients to be discharged whenever possible. However, frequently we are unable to arrange this due to lack of local facilities and available care.

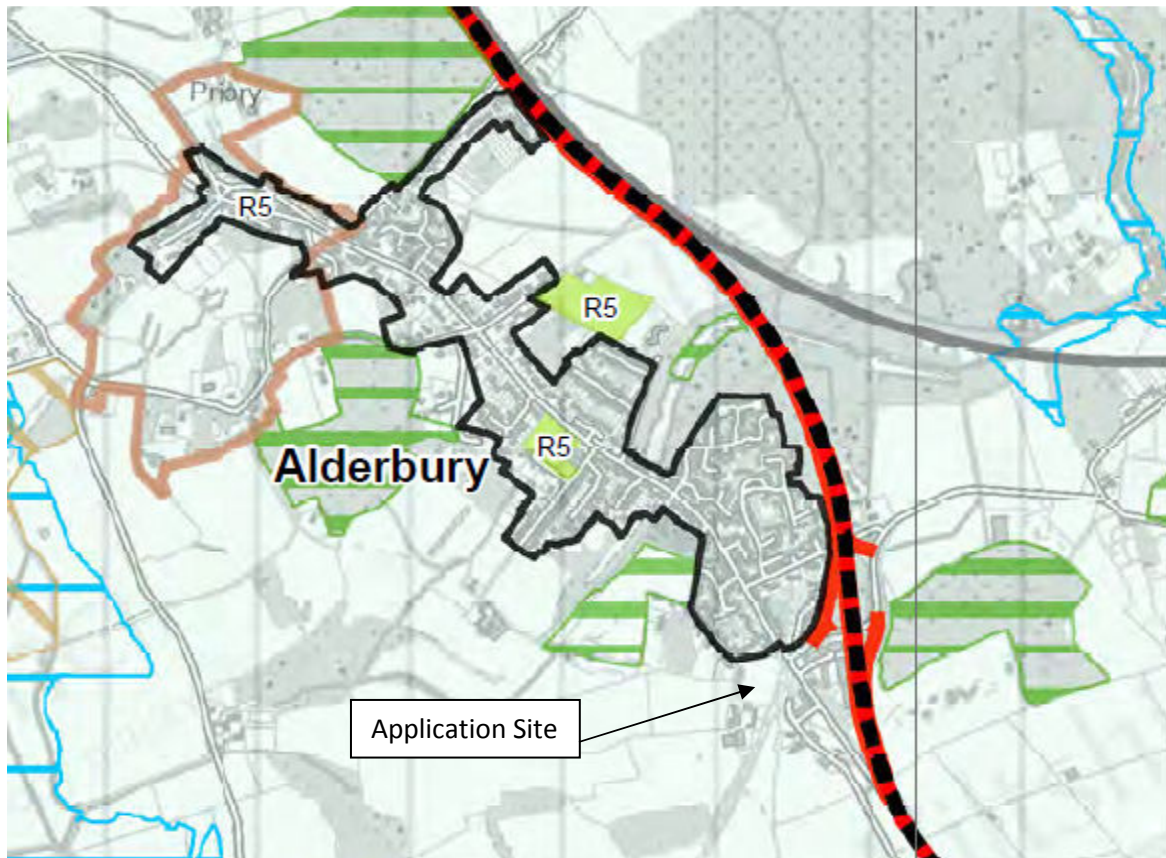
As reported continuously through the media, costs to the NHS are escalating beyond control and hence the Government are now promoting new systems and practices to reduce costs.

Under current payment figures, the centre would cost £60 per shift per carer. If the centre is run at full capacity, with meals and all other social care, costs would be in the region of £30 per patient per day. This is a much more realistic figure than patients being admitted to a high tech hospital for social care.

And:

The location of the proposed facility is ideal in terms of being adjacent to Alderbury with an immediate population of over 2,000, filling a large ‘gap’ in provision of existing GP services between Salisbury, Downton and Whiteparish.

With a position almost directly from the A36 the site also provides excellent accessibility from the surrounding area by road, but also immediate access to bus services.



Extract from eWCS map

5. Planning Policy

South Wiltshire Core Strategy

Core Policy 1 (Settlement Strategy)
Core Policy 2 (Strategic Allocations)
Core Policy 6 (Housing Needs for Salisbury)

Salisbury District Local Plan (saved policies)

G1, G2, C2, H23 & C6

Wiltshire Core Strategy

CP1 (Settlement Strategy)
CP2 (Delivery Strategy)
CP34 (Additional Employment Land)
CP43 (Providing Affordable Homes)
CP45 (Meeting Wiltshire's Housing Needs)
CP50 (Biodiversity and Geodiversity)

CP57 (Ensuring high Quality Design and Place Shaping)
CP58 (Ensuring the Conservation of the Historic Environment)
CP64 (Demand Management)

The Inspector's report for the emerging Wiltshire Core Strategy has now been published and it concludes that the Strategy is 'sound'. It follows that the Strategy must now be given very significant weight in the decision making process prior to its final consideration and assumed adoption by Wiltshire Council in the new year.

Following its adoption some of the existing development plan policies referred to above will be replaced by the WCS policies whereas others will be 'saved'. In the meantime all of the existing policies remain in force and so continue to be the starting point for the consideration of the application.

NPPF & NPPG – In particular paragraphs 11, 12, 13, 14, 17 & 55

6. Summary of consultation responses

Alderbury Parish Council – Objection in second response.

Initial response dated 11/09/13:

Support –

- *Provision of the health centre is a key part of the development which must be supplied for the community. This is a key reason why the PC have supported the application.*
- *The Pc would like to see more than 60 spaces provided for parking to avoid any overspill onto the pavements and neighbouring areas to allow for visitors and often third or fourth cars for households.*
- *The width of the highway should be large enough to support the traffic entering and leaving the development, together with pavements supplied to ensure pedestrians have a clear route to the bus stop and village services.*
- *As the development will be at the southern entrance to the village from the A36, clear signage must be provided to direct traffic and keep the amount of additional vehicles travelling through the village to a minimum.*
- *The drainage issues raised by a local resident must be resolved with oversight from the EA to prevent further flooding of Alderbury Farm Cottage and Witherington Road.*
- *A proposal to create a cycle and pedestrian route primarily along the route of the old railway line which runs alongside the proposed development site, should also be taken into consideration and supported by the landowner.*
- *There is a requirement in the village for properties for older residents who want to downsize but stay local. The PC would like to see some of this type of housing incorporated into the final housing design.*
- *The proposed new allotments are provided as part of the development as there is already a waiting list in the village.*

Second response dated 09/04/14:

The amended plan and additional information were considered by Alderbury Parish Council at their meeting on Tuesday 1st April. As a result of the discussion the Council resolved to 'withdraw' the initial support given to this application.

The 'provision of a local health centre' was the key reason why the Parish Council initially supported the application, however additional information supplied since the original decision has shown that in fact a satellite health centre is not viable in Alderbury from a funding perspective. As a result of this, the definition of the services that could be provided within the local health centre for the community has changed and is not what was originally proposed. This has increased the Council's concern about the realistic delivery of the 'health facility' as part of this development and whether the revised facility will provide as strong a benefit to the local community in Alderbury. Therefore the Council has withdrawn its initial support.

WC Housing officer – Requirement for 40% on-site affordable housing provision

Scottish & Southern Energy – No response received

WC Rights of Way officer – No response received

Highways Agency – No objection

WC Public protection – No objection, subject to Conditions

WC Highways – No Highway objection in principle, access is acceptable but internal arrangement of site is not acceptable

WC Ecologist – No objection, subject to Conditions

WC Drainage – No response received

WC Urban Designer – Various comments

WC Education – Financial contributions by way of S.106 agreement will be required

WC Archaeology – No objection, subject to Condition(s)

WC Open space/adoptions – Requirement for contributions in respect of open space provision

Wessex Water – No objection, standard letter of advice

WC Landscape officer – No response received

WC Tree officer – Arboricultural assessment is required

Natural England – No objection

WC Spatial planning team – Proposal is contrary to local plan policies in respect of residential development outside of housing policy boundaries. Recommend refusal.

WC Conservation officer – A variety of comments

Environment Agency – No objection, subject to Conditions

7. Publicity

The application was advertised by site/press notices and neighbour consultation letters.

The application has generated a total of 37 representations from the public, as follows:

- Twenty four representations in support of the proposed development on grounds including well designed scheme, welcomed health facility and welcomed additional housing.
- Thirteen representations objecting on grounds including highway safety and traffic generation, benefit of health centre too vague/not deliverable, urban incursion into countryside, development outside of housing policy boundary, adverse impact on the character of the area, noise pollution and light pollution.

The application has also received support from John Glen MP. In a letter to Whiteparish Surgery he states the following:

“Many thanks for your letter about the prospect of building a daycentre for dementia sufferers. I absolutely appreciate the importance of this type of provision and applaud your aims. Alzheimers and age-related diseases have been a major interest of mine since I was elected.

I have long argued that this is a time bomb. This part of Wiltshire has a significantly larger older population than the national average and our particularly challenging demographics need to be recognised and resourced sooner rather than later.”.

The letter continues by querying how the centre would be facilitated – through land purchase, gift, etc..

8. Planning Considerations

Principle

Policy principles -

Planning law requires that applications for planning permission must be determined in accordance with the development plan unless material considerations indicate otherwise. According to the NPPF proposed development that accords with an up-to-date local plan should be approved, and proposed development that conflicts should be refused unless other material considerations indicate otherwise.

South Wiltshire benefits from an up-to-date development plan through the South Wiltshire Core Strategy (SWCS) and the emerging Wiltshire Core Strategy (eWCS).

The SWCS being the adopted local plan must be given full weight in the decision-taking process; and the eWCS must be given very significant weight having regard to the stage it has reached in the plan-making process, with its examining Inspector's report now published.

Local Plan 'Settlement Strategies' and 'Delivery Strategies' –

Both the SWCS and the eWCS set out objectives for the delivery of new development via 'Settlement Strategies' and 'Delivery Strategies'. Strategic objective 1 of the SWCS seeks to ensure that South Wiltshire is a place where the role and function of settlements is understood and the location of development addresses the causes and effects of climate change. Strategic objective 3 of the eWCS seeks to provide everyone with access to a decent affordable home.

To achieve its objective the SWCS focuses growth at established settlements where there are existing facilities, and so where local housing, service and employment needs can be met in a sustainable manner. The settlements are set out in a hierarchy based on their size and function, and so their ability to absorb different scales of growth (the Settlement Strategy).

The hierarchy of settlements starts with Salisbury (where the largest proportion of growth is concentrated), then Amesbury and the garrison towns (the largest focus for strategic growth outside Salisbury) and then the Local Service Centres (where growth must have regard to local constraints). The SWCS states that these first three tiers of the hierarchy are the primary focus for growth in the overall Settlement Strategy. Next in the hierarchy are Secondary Villages (where growth proportionate to their size, character and environment will be supported), and then Small Villages (where infill and exceptions development will only be supported). The final 'tier' is Other Settlements and the Countryside which are unsustainable locations where new development is unlikely to be accepted.

The eWCS provides a similar hierarchy of settlements in Policy CP1, although covering the entire county. At the top are the Principal Settlements (the primary focus for development), then the Market Towns (with potential for significant development to help sustain and enhance services and facilities and promote better levels of self-containment), the Local Service Centres (modest levels of development to safeguard their role), Large Villages (growth proportionate to their size, character and environment), and Small Villages (infill and exceptions development only). Below the Small Villages are 'other' settlements and the countryside which are unsustainable locations where new development is unlikely.

In line with the hierarchy of settlements, Policy CP2 of the eWCS sets out a Delivery Strategy. This defines the quantity of new development 'needed' in the county during the life of the core strategy, and how it will be distributed in terms of the Settlement Strategy. The Delivery Strategy states that 42,000 homes will be delivered across the county during the life of the WCS, with 10,420 of these in the South Wiltshire HMA. The specific distribution is set out in the Community Area Strategies elsewhere within the core strategy. Policy CP2 states that "... sites for development in line with the Area Strategies will be identified through subsequent Site Allocations DPDs and by supporting communities to identify sites through neighbourhood planning". More particularly it states that within the defined limits of development of the Principal Settlements, Market Towns, Local Service Centres and

Large Villages there is a presumption in favour of sustainable development, but outside the defined limits of development, new development will not be permitted, and that the limits of development will only be altered through the identification of sites through subsequent site allocations and neighbourhood plans.

The eWCS examining Inspector's report –

The examining Inspector's report has recently been published. In assessing Policies CP1 and CP2 the report concludes that the Settlement Strategy, as proposed to be modified, is justified by the evidence base and will be effective in realising the objectives and Vision of the core strategy as a whole. More particularly in relation to the Delivery Strategy the report states

The overall indicated quantities of development provide a flexible and positive basis for provision to meet predominantly the needs of the area. These are appropriately expressed as minimums. The policy is underpinned by an aspiration to deliver sustainable patterns of development based upon the settlement hierarchy and through the appropriate use of, where suitable, previously developed land. Furthermore, the policy enables strategic development for certain sites to occur which will be subject to individual masterplanning and community engagement; Overall, the general approach embodied in CP2, as proposed to be changed, is consistent with national policy, is justified and consequently sound. [Paragraph 40].

The report continues

Within defined settlement limits the CS maintains a presumption in favour of sustainable development. Outside of such limits, including Small Villages, development will be limited to that which meets certain criteria. The exceptions policies of the CS may also be applied. CP2 therefore relies heavily on the existence of settlement boundaries to manage growth. Whilst the principle of such an approach may be justified in terms of providing plan led clarity to what development may go where, the efficacy of the plan is partially undermined by the absence of particularly robust evidence in support of the identified limits for each settlement. Whilst a combination of commitments, windfalls and strategic allocations may ensure a supply of development land to meet needs in the shorter term, the effectiveness of CP2 in combination with CP1 is dependent upon a timely review of settlement limits [paragraph 41].

In considering actual delivery on the ground, the Inspector concludes that the Council's housing land supply, and so the core strategy, does demonstrate an adequate five year supply of housing land (the 'shorter term' delivery referred to above). The Inspector also accepts that the slight shortfall in housing arising from the increased requirement can be addressed over the remaining plan period, in particular having regard to the Council's planned early review of settlement boundaries and the core strategy. It follows that Policies CP1 and CP2 are currently 'working' as intended, and in the longer term will continue to work as intended following the Council's reviews.

Policy conclusion -

The eWCS's Settlement Strategy and Delivery Strategy have been found sound by the examining Inspector, subject to a review of settlement boundaries and an early review of the Core Strategy itself being undertaken. The Strategies show how all of Wiltshire's housing needs during the life of the core strategy can be delivered in a sustainable manner, primarily via allocations, re-development of suitable previously developed land and the review of settlement boundaries through DPD's and/or neighbourhood plans.

Housing delivery in the county is now happening in accordance with the Strategies, and so in pure policy terms there is no need for 'other' sites which do not accord being considered. At this time under-delivery is not a sound reason for overruling policy. In the context of an up-to-date and delivering core strategy, sites which do not accord with the Settlement and Delivery Strategies must be considered unsustainable and so contrary to the core strategy and the NPPF.

The current application –

The application relates to a site located outside the 'Large Village' boundary for Alderbury, and so in the countryside. The Delivery Strategy set out in Policy CP2 of the eWCS specifically states that outside the defined limits of development new development will not be permitted. So, in pure policy terms, and as a matter of principle, the proposal is unacceptable. The proposal conflicts with the sustainable development principles of the Settlement and Delivery Strategies of the SWCS and eWCS. It, therefore, comprises unsustainable development and, as such, is unacceptable in terms of the Core Strategy and the NPPF.

The explanatory notes accompanying Policy CP1 of the eWCS state that at Large Villages development will predominantly take the form of small housing and employment sites within the settlement boundaries. Small housing sites are defined as sites involving less than 10 dwellings. Notwithstanding that this site lies outside of the defined boundary for Alderbury, its scale (namely 28 dwellings) is significantly above what the Strategy envisages. Development at a scale significantly above that envisaged would not be sustainable having regard to the limited range of employment, services and facilities these villages offer and the scale of change anticipated by the Area Strategy.

The NPPF states that planning applications should be determined in accordance with the development plan unless material considerations indicate otherwise. In this case there are no material considerations which outweigh the policy presumption against unacceptable unsustainable development. This is considered further below.

The core strategy includes exception policies under which development may be acceptable outside of the settlement strategy – for example, sites which would deliver a high percentage of affordable units. None of the exceptions policies apply in this case.

Other material considerations

As set out earlier in the report, planning legislation states that planning applications must be determined in accordance with the Development Plan, unless material considerations indicate otherwise.

In this case the proposal includes a 'local health centre' and allotments, and the potential benefits from these for the well-being of those occupying the development together with those in the wider community are material considerations to be considered in the balance.

In relation to the local health centre the application is accompanied by health centre reports and updates already referred to and which also state that the facility

- *is the solution that the Government needs to help solve the problem of increasing elderly care and morbidity within a caring social environment;*
- *is ideally located in terms of being adjacent to Alderbury with an immediate population of over 2,000, filling a large 'gap' in provision of existing GP services between Salisbury, Downton and Whiteparish;*
- *would significantly reduce hospital admissions, improve the day-to-day life for many patients within our community and those of their carers, stop illnesses and chronic conditions developing any further, and keep the costs of care both in primary and secondary care to a minimum;*
- *is consistent with healthcare and planning policies and strategies both locally and nationally.*

It is recognised that these are benefits which would improve health-care provision in general. However, it is not accepted that they are sufficiently material to justify 'other' otherwise unacceptable development (specifically the 28 houses also forming part of the overall proposal) contrary to the Core Strategy's Settlement and Delivery Strategies referred to above.

A key purpose of the health centre would to provide general healthcare via a day centre, and this aspect is not unanimously supported by the local community. Local support is a material consideration which can also be given weight, but not where there is also objection. It is considered that the presumption against unsustainable development outside of the defined settlements, and the resulting conflict with the Strategies of the Core Strategy is overriding in this respect.

Other material considerations include the allotments (for which the PC states there is demand), affordable housing, and other infrastructure. However, none of these are considered to outweigh the policy presumption against unacceptable development outside of the settlement strategy. As the Delivery Strategy points out, the need for housing and all related infrastructure can be delivered through the reviews of the Core Strategy and/or neighbourhood plans in any event.

Highways/access considerations

The application is for outline planning consent will all matters reserved, save for access. The Highways Agency raises no objection to the proposal. The Wiltshire

Council Highways officer raises no objection to the proposed access to the site, subject to further details of the access showing junction radii, sight lines, drainage and the specification of surface materials. The Highways officer commented that the indicative internal road layout is unacceptable (inadequate space to turn delivery and refuse vehicles). Such issues would be addressed at the reserved matters stage.

Impact upon residential amenities and the character and appearance of the area

The application is outline, with all matters reserved save for access. The final design and layout of the development would be considered in detail and on its merits at a later (reserved matters) stage in the event of planning permission being granted.

However, by reason of the location of the site, the existing screening and the topographical and general relationship of the land to the closest neighbouring dwellings and uses, it is considered the proposal should not necessarily result in adverse impacts on local amenity or adversely affect the existing character of the surrounding or wider landscape if appropriately.

Ecological and environmental impacts

Whilst the application is outline, with all matters reserved save for access, Natural England and the District Ecologist have each provided consultation responses raising no objection in principle, subject to appropriate mitigation Conditions.

Archaeological and other Heritage considerations

The Assistant County Archaeologist has assessed the proposal and raises no objection subject to Conditions.

Similarly, the conservation officer has raised a variety of comments but does not object to the proposed development in principle.

Provision towards recreational open space, education, and waste & recycling facilities

The applicant has indicated he is content to enter into a legal agreement with the Council to make relevant financial contributions in respect of recreational open space, education contributions and contributions towards waste and recycling facilities in accordance with the requirements of local plan policies.

9. S106 contributions

The applicant has indicated he is content to enter into a legal agreement with the Council to make relevant financial contributions in respect of recreational open space, education contributions and contributions towards waste and recycling facilities in accordance with the requirements of local plan policies.

10. Recommendation

That the application be REFUSED for the following reasons:

1. The application site is located in the countryside and so outside of any settlement defined in the South Wiltshire Core Strategy and the emerging Wiltshire Core Strategy (including the 'large village' settlement of Alderbury).

The 'Settlement Strategy' and 'Delivery Strategy' set out at Core Policies 1 and 2 of the existing and emerging Core Strategies state that in the interests of sustainability new development will be focused at the defined settlements only, in forms and at scales appropriate to the size and character of the settlements, or on other suitable allocated land or previously developed land, and not in other settlements or the countryside. These policies define sustainable development in the Wiltshire context, and so it follows that this proposal, by reason of its location in the countryside and so not within a sustainable settlement, is unacceptable as a matter of principle, failing to accord with the settlement and delivery strategies of the core strategies and so comprising unsustainable development.

There are no material considerations which outweigh this fundamental policy position, including the proposals to provide a local health centre, allotments and affordable housing. The Core Strategies are relevant and up-to-date, and demonstrate an adequate supply of land for new housing in the housing market area in any event.

2. The application does not make provision for essential infrastructure made necessary by the proposed development – namely, affordable housing, recreation facilities (on- and off- site), and education facilities, and waste and recycling facilities. This is contrary to Policies CP3 of the South Wiltshire Core Strategy, saved policies G9 & R2 (within the South Wiltshire Core Strategy), and Core Policy 43 of the Wiltshire Core Strategy.

INFORMATIVE

It is acknowledged that the applicant is willing to enter into a S.106 legal agreement with the Council to make provision in respect of the essential infrastructure requirements detailed above in reason for refusal 2, however this reason is necessary to ensure the matters are adequately considered in the event of an appeal.

Appendix 2

16 March 2015

Mr Warren Simmonds
Senior Planning Officer
Development Management
Economic Development and Planning
Wiltshire Council, The Council House
Bourne Hill, Salisbury
SP1 3UZ



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Dear Warren

Application 13/02543/OUT: Erect 28 dwellings and Local Health Centre on land to north and north east of Matron's College Farm, change of use of land south east of Matron's College Farm from agricultural to allotments, develop new access adjacent to Oakridge Office Park

As you know this application was considered at Committee in January. As the minutes show, there was particular debate on the proposed Local Health Centre (LHC) with members being concerned that the benefit attributed to it must be achieved. Overall, the committee was supportive in principle, resolving not to refuse the application as recommended, but rather to seek further assurance that the LHC would deliverable, subject to which permission could in principle be granted.

Summary of position

Having worked further with Wiltshire Council (WC), the landowner and others, we write with an update on the LHC and in particular the mechanisms to secure delivery. In brief, the following planning controls are proposed:

- By means of a S.106 agreement, the applicant undertakes to provide the necessary land;
- The applicant will also provide the LHC building to an agreed specification;
- Planning conditions will stipulate that the LHC building must be completed by a specified (early) stage in the construction of the site as a whole.
- Further planning conditions will prevent subsequent changes of use.

The provision of the land and the building **at the applicant's expense** as part of the wider Matron's College development avoids the need for significant capital outlay by the NHS, Wiltshire Council or any medical practice. Hence, based on the business model identified by Whiteparish Surgery which would bring forward significant ongoing cost savings, there is no impediment to placing the LHC onto an operational footing.

These points are now set out in more detail.

Offices and associates throughout the Americas, Europe, Asia Pacific, Africa and the Middle East.

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Section 106 agreement

Further to our recent correspondence, a revised S.106 Heads of Terms document (appended) contains the following landowner commitments:

1. *Provide a site for the LHC to a nominated Clinical Managing Body*

Through this S.106 provision, the landowner undertakes to **provide the land** for the LHC. As shown in application drawings, the LHC is adjacent to the site entrance, opposite Oakridge Business Park. The site was chosen in order to maximise its accessibility, not only by vehicles but also on foot/cycle and by bus - being adjacent to a footpath linking to bus stops a short distance to the north. The lease will be on a peppercorn rent over a long period (e.g. 99 years). This arrangement is commonplace in the healthcare sector, providing long-term continuity and security.

2. *Procure a building for the LHC, to the specification of the nominated Body.*

Through this S.106 provision, the landowners undertake to **provide the LHC building to an agreed specification**. The current application already includes the LHC as a detached building with an internal floorspace of 140m². Subject to outline approval, a detailed design of the LHC will be formulated in partnership with Whiteparish Surgery, Wiltshire Council, the CCG and NHS England.

Subject to Reserved Matters approval, development would commence with the LHC being constructed as part of a **single build programme**, in parallel with the adjoining development. On completion of the LHC, the building will be **handed over to a Clinical Managing Body** to place it onto an operational footing, in accordance with Whiteparish Surgery's strategy.

As discussed previously, we consider this would fulfil the relevant tests for planning obligations as set out in Paragraph 204 of the National Planning Policy Framework, namely that it is:

- necessary to make the development acceptable in planning terms
- directly related to the development; and
- fairly and reasonably related in scale and kind to the development.

Combined with the proposed planning conditions, this provides certainty of delivering the LHC.

Planning conditions

Following our correspondence and discussions, you are aware that we have put forward a number of planning conditions relating to the LHC, in the interest of assuring that it is provided in a timely manner and permanently remains a healthcare facility of community benefit.

- **Phasing and completion of the LHC building.** We propose a planning condition to stipulate that no more than 8 dwellings are occupied before completion of the LHC building. This ensures that the LHC building is brought forward and not unduly delayed.
- **Removal of Permitted Development rights.** We propose that Permitted Development rights are removed from the LHC, preventing any change from the proposed use (*Class D1-Non-residential Institutions*) without further planning approval by WC. This would, for



example, prevent the building from being converted to a business, residential, retail or some other use.

- **Restriction to clinical uses only.** We further propose that WC attaches a condition restricting the LHC to a clinical use. This would prevent the conversion of the building to an alternative D1 use (such as crèche or art gallery), without further planning approval by WC. Again, this would be in the interest of serving the identified clinical need in the area.

These conditions will ensure the LHC is completed in a timely way, early in the construction of the site as a whole, with the building remains a medically-led facility in perpetuity, unless an entirely new, explicit planning permission granted by Wiltshire Council.

Operation of the LHC

Whiteparish Surgery previously set out its proposed vision for the LHC in a document dated July 2014 (attached). As explained in that document, the LHC comprises a medically-supervised day care facility, along with a GP consulting service available to the public. More specifically, the proposed business model is for the LHC to provide:

- a day 'hub' centre from **08:00 to - 20:00 7 days a week**
- transport to and from the "hub" for patients
- at least one hot meal per day and other meals and refreshments
- bathing and washing facilities
- laundry facilities
- early intervention of medical needs
- compliance with daily medication
- community nurse care
- treatment room care
- location for community nursing team
- morning GP and nurse led surgery for local surgeries, Monday to Friday
- entertainment and social activity
- Occupational activities and exercise
- Physiotherapy facilities
- rest facilities/quiet rooms
- a referral centre for patients being discharged from hospital working with the "Hospital to Home" team.
- a facility for the hospital "step up step down" project

The building is proposed to include the following, which are within the parameters applied for in this Outline application (albeit detailed design will be specified at the Reserved Matters stage):

- A main activity room.
- Quiet room
- Two consulting rooms
- Kitchen
- Shower/bath room
- Laundry room
- General office
- Store room or large cupboards for equipment



- Garden area with activity garden

These facilities will be used for:

- Day care respite for elderly and vulnerable patients.
- Up to 5 GP surgeries per week.
- Monday to Friday – early intervention by GP and/or a Nurse Practitioner of presenting clinical problems
- Community Nurses, Physiotherapists, Occupational Therapists, Speech Therapists and other clinics as booked
- Shower and domestic facilities for the participants

The proposed facility will fulfil a unmet local clinical need, contributing to quality of life through improved access to services. The proposals would also reduce hospital admissions, improve patients' day-to-day lives, stop illnesses and chronic conditions developing any further. Critically, as set out in Whiteparish Surgery's vision document the centre would offer substantial savings to the public purse by reducing the costs of primary and secondary care.

On this basis, the Clinical Commissioning Group (CCG) **supports the facility in principle** and indeed provision is made in the *Sarum City Locality's* emerging plans to deliver the LHC and move it forward. An extract of this draft plan, and correspondence with the CCG, are attached to this letter. Further support has been provided by the **Alzheimer's Society and Age UK**, both of which organisations envisage partnering with us in the provision of services. As you are aware, John Glen MP has also underlined the need for this facility, placing it into the context of a national demographic "time bomb" that the Government and NHS must respond to urgently.

In summary, it can be confirmed that - subject to planning permission - the **LHC will be delivered**. The S.106 agreement guarantees this, and planning conditions will ensure it is completed in a timely manner and can be used only for medical uses. Likewise the nature of the services being offered provides an inherent business case, which means there is no impediment to the facility being placed on an operational footing.

Alternative scenario

Since Planning Committee, the local Unitary Division Member (Cllr Britton) has made us aware of an emerging 'community hub' proposal for Alderbury. We understand a working party has been formed to consider how an extension to the existing Village Hall could provide space for leisure, meeting rooms, and the Police. A further possibility is to use this location for healthcare services. As set out in the preceding sections of this letter, we propose a standalone LHC at Matron's College Farm and our focus is to achieve this. However, we agree with Cllr Britton that a 'hub' project could potentially include healthcare services, and such a provision (whether in addition to the proposed LHC or as an alternative) should be given serious consideration, provided that it met the above mentioned needs and facilities.

Therefore, in order to maximise potential choice and flexibility in local healthcare services, the revised Heads of Terms document appended to this letter includes an alternative scenario whereby a financial contribution is made by the applicant for healthcare services at an alternative facility such as this Village Hall 'hub'. The contribution would be in the sum of £200,000, which is the estimated cost of providing the LHC building as a standalone facility, paid upon completion of the development. The decision whether to follow this alternative scenario would be at the discretion of



WC, being taken only if an appropriate opportunity arises and if it is considered that the overall benefit to the community is greater than a standalone LHC at Matron's College Farm. Should this scenario be pursued, the land at Matron's College Farm currently intended for the LHC would be made available to WC by way of a long lease for the purpose of providing community facilities or public open space. As an aside, we should note that a sum of £24,213 has been requested from WC in respect of S.106 contributions for leisure facilities. This is included in our Heads of Terms document and we would endorse these monies contributing towards the 'hub' project should WC consider it appropriate.

In summary, recognising the significant deliverable benefit proposed, as well as 40% affordable housing, allotments and other contributions, we therefore urge Wiltshire Council to grant outline permission, enabling detailed design to move forward. In the absence of any environmental harm, and with an accessible Large Village location, the application represents truly sustainable development where the material considerations in favour strongly outweigh the departure from 2003 Local Plan policy.

We trust that this is a comprehensive update but should there be any queries please do not hesitate to get in touch.

Yours sincerely

Dr Rachel Clapton
Managing Partner, Whiteparish Surgery

Jon Gateley, Savills
For and on behalf of the applicant

Encl.

Appendix 1 – Whiteparish Surgery strategy plan, July 2014
Appendix 2 – Excerpt from draft City Locality Plan
Appendix 3 – Letter from James Roach, Integration Director, CCG / Wiltshire Council
Appendix 4 – Revised draft Heads of Terms

Appendix 3

Subject to Contract

LAND AT MATRON'S COLLEGE FARM, WHADDON

Heads of Terms relating to the proposed Section 106 Planning Agreement regarding planning application number 13/02543/OUT Date of issue 16 March 2015

1. Introduction

These Heads of Terms are intended to agree the required planning obligations pursuant to Section 106 of the Town and Country Planning Act 1990 relating to the proposed residential development of land at Matron's College Farm, Castle Lane, Whaddon

The land extends to approx 1.6 ha (3.95 acres) and is registered under Land Registry reference WT128046, being part of Matron's College Farm. A plan of the site is attached at **Appendix 1**.

The land(as defined below) is the subject of a planning application for residential development comprising 28 dwellings (ref number 13/02543/OUT)

2. Landowner

Matron's College Partnership Alderbury Farm Witherington Road Alderbury Salisbury

3. Landowners' Advisors

Landowners' Solicitor:	Agent :
Trethowans LLP, The Director General's House, 15 Rockstone Place, Southampton SO15 2EP Attn: Paul Longman Tel: 023 8082 0461 Email: paul.longman@trethowans.com	Savills, Wessex House, Wimborne, Dorset. BH21 1PB Attn Paul Spong Tel: 01202 856892 Email: pspong@savills.com

4. Planning Authority and Advisors

Wiltshire Council Development Services PO Box 2281 Salisbury Wiltshire SP2 2HX	Wiltshire Council Legal Services County Hall Trowbridge Wiltshire Attn : Janet Lee Tel :
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5. The Land

The land within the planning application comprises four sub parcels, as set out within the plan at **Appendix 2**

The sub parcels are as follows

- The Development Site – (edged yellow)
- The Access – (edged grey)
- The Local Health Centre (edged blue)
- The Allotments (edged green)

6. Affordable Housing

An on site affordable housing contribution of 11 dwellings shall be provided, being 40% of the total unit numbers. The tenure split for this contribution will be based upon 75% rented units (8 units) and 25% shared equity (3 units).

The affordable housing units will be completed and transferred to the nominated RSL before occupation of the 15th market dwelling

7. Open Space

An Equipped Children's Play Space measuring at least 231 sq. m is to be provided on the site and is to be laid out before occupation of the 15th market dwelling.

An area of Casual Open Space is to be provided within the site, extending to at least 385 sq.m ha. This area is to be laid out prior to occupation of the 15th market unit.

8. Youth & Adult Play Facilities

The 0.2ha area of allotments that are provided as part of this proposed development will contribute towards the above.

This area, as edged green will be let to the Council or their nominated party on a rolling tenancy subject to a 5 yearly review and renew timetable. The tenancy will only be ended by the tenant following the service of a notice to terminate the agreement in the event the allotments are no longer required for use by the Council.

All costs associated with delineating, landscaping and servicing the allotments will be met by the Council

9. Education

A financial contribution will be made towards providing 6 additional secondary school places in the district. The contribution of [£19,000] shall be made towards each place, totalling [£120,000]. This exact figure will be agreed with the council and paid to the council upon the occupation of the 15th market unit.

10. Leisure Facilities

A financial contribution of £24,213 shall be made towards improvements in the above, including Artificial pitches, halls, pools and indoor bowls.

This contribution shall be made upon the occupation of the 15th market dwelling.

11 Off Site Highways

A contribution of £92,400, being £3,300 per dwelling, shall be made towards improvements to off site highways.

This contribution shall be made upon the occupation of the 15th market dwelling.

12. Local Health Centre (LHC)

The area edged blue on **Appendix 2** will be retained by the Landowner. Upon grant of reserved matters approval on the Development Site, at the sole discretion of the Local Planning Authority one of the two following scenarios will take place.

either:

(a) The area edged blue will be made available by way of a long lease to a Clinical Managing Body for the purpose of providing a LHC. In addition to providing the land, the Landowner will procure the building of the LHC to the specification of the Clinical Managing Body (specification TBA). The build programme will commence following the grant of reserved matters approval on the Development site.

or:

(b) The landowner will provide a contribution of £200,000 to Wiltshire Council for the provision of local health services within an alternative premises in Alderbury Parish, should an appropriate opportunity arise. This contribution will be paid upon completion of the development. In this instance the area edged blue will be made available to Wiltshire Council by way of a long lease for the purpose of providing community facilities or public open space.

13. Ecological mitigation and management

The areas of land hatched in green in the plan at **Appendix 3** will be set aside as a Nature Conservation Area and managed according to an Ecological Management Plan (EMP) that will aim to maximise the wildlife value of these areas. A sum of

[£XXX] shall be made available to implement the works set out in the Ecological Management Plan.

14. Waste and Recycling

Contribution TBC



DRAFT

Matron's College Farm, Alderbury

Local Health Centre: Summary of proposal

July 2014



 **Whiteparish Surgery**
Dr Christopher Gotham & Partners



Introduction

In 2012 Whiteparish Surgery was approached by the Leech family inviting us to be involved in promoting a local health facility as part of a mixed-use development on their land at Matron's College Farm. Locally the desire for improved access to healthcare facilities has been recognised for many years, and as one of the largest local practices serving Alderbury and Whaddon parish we are only too aware of the problems of providing a responsive and high-quality clinical service to a rural area with an ageing population. We have therefore worked closely with the Leech family and its advisors over the past year to develop proposals for a viable and much-needed Local Health Centre at Matron's College Farm.

As a practice, we have experienced a huge increase in the need for care of older people and those diagnosed also with early onset dementia. A lack of available care within our community, and the strain being placed on family members (often themselves of advancing years) is causing a disastrous situation and one that needs action now. Many carers at the moment are having to care 24 hours a day 7 days a week with no respite available. As well as giving rise to increased ill health this also causes breakdowns in loving relationships, as well as hospital admissions that are expensive and unnecessary.

Our proposed facility therefore comprises **a medically-supervised day care facility**, along with a **GP consulting service available to the wider public**. This will fulfil a currently unmet clinical need in the area whilst also contributing towards the quality of life of the local community as a whole through improved access to GP services. Our proposals would significantly reduce hospital admissions, improve the day-to-day life of many patients within our community and those of their carers, stop illnesses and chronic conditions developing any further, and keep the costs of care both in primary and secondary care to a minimum.

We are passionate about this proposal and committed to turning it into a reality, and we wholeheartedly commend it to you.

Dr Rachel Clapton, Partner, Whiteparish Surgery



Key facts and figures

267
number of people providing unpaid care in Alderbury
(source: 2011 Census)

+ 30 %
predicted increase in people with dementia in Wiltshire by 2020
(source: Wiltshire Council)

6,512
number of people living with dementia in Wiltshire
(source: Wiltshire Council)

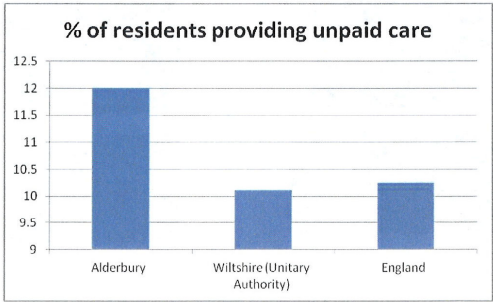
150
Number of 'vulnerable patients' under Whiteparish Surgery

568
number of people over 60 in Alderbury Parish
(source: 2011 Census)

215
number of people over 75 in Alderbury Parish
(source: 2011 Census)

335
People in Alderbury Parish with limited day-to-day activities
(source: 2011 Census)

310
number of people in Alderbury with health not 'good' or 'very good'
(source: 2011 Census)





Model of Local Health Centre

The centre proposed centre would comprise the following key elements:

- **a clinical room** from which a GP service would be provided to the general public and users of a Day Room.
- **a second clinical room** to provide associated health care services with a focus on reducing morbidity and managing patients better within the community and thus away from secondary care. Services would include (but not be limited to) podiatry, physiotherapy, back care, diabetic support, medication support, and dietetics
- **a large Day Room** with well designed chairs for mobility aids and appropriate seating. This would be used by up to around 20 users at any one time.
- **1 carer per 3 patients** to enable to enable “gold standard” care.
- **Kitchenette, accessible toilet and shower, and office space**
- a **mini bus** with a hoist would provide transport.

Day centre service

40 patients per day
(2 sessions)

Session 1 8.30-1:30
Session 2 2.00-7:30

Services to public

GP appointments
weekday mornings

Access to nurse
practitioner



A much-needed facility

The proposed Local Health Centre would become an essential hub from where all district nurses and other members of the community support team would visit and address the needs of the patients at the centre. There would be increased efficiency in both time and resources as the district team would have a captured population to attend, rather than having to visit individual homes. To support the development of and to increase the number of trained carers in the community, we also propose to have the day centre as a training hub for carers with a recognised qualification at the end of their study.

In the rural community and in particular locally in Wiltshire, it is vital that the current lack of available social care and support is given priority in any future planning of services to the elderly and vulnerable. This must be in a manageable and cost effective way. One of our main goals therefore is to unify the community care into one place with all additional medical/clinical support available.

The day centre carers would be trained in managing timed medication to patients to ensure that compliance was adhered to. This is a huge problem with the elderly patients who either forget or do not see the need to take their prescribed medication at the appropriate time.

There is a clear need for unplanned crisis care in the community. We regularly identify the need for immediate placement or set up of care, for example the death or illness of the main carer. At the moment most of these patients end up in Accident and Emergency and are admitted to Salisbury District Hospital. Examples of this happen very frequently.

Through the proposed Local Health Centre we would provide spare capacity for these vulnerable adults centre, thus giving relatives and the social team time to arrange appropriate cover.

For the last year, the Government has funded a **Community Care Co-ordinator**. These trained personnel are tasked with identifying the vulnerable patients and families in the community and their whole purpose is to avoid unwanted admissions. They struggle daily with the lack of community care and facilities to which they can refer these patients, the day centre therefore has their support.

The Government has also funded more **Community Matrons**, again to prevent unnecessary admissions and again these clinicians desperately need a resource as outlined in our plan. For our surgery we have 150 vulnerable patients now identified as requested by recent GMS Government requirement. Each of these patients requires a "care plan" and this is the same for every surgery in the country. This is a massive amount of essential work and again our day centre is a solution which many other local practices would share to enable us to roll out this expected level of care. Without the day centre, most local practices will struggle to find resources.



Personal experience: "Ian"

Locally, each practice with an average list of 7,000 patients has approximately 20 patients in the elderly care ward at Salisbury District Hospital not needing care for active clinical problems, but for *social reasons only*.

Our most recent experience of the example above was a patient – "Ian" who was in hospital for 52 days at a cost of £56,000. The reason we could not get him home was purely that there was no care available in his community.

His needs would have been ideally met with a day centre such as that proposed where he could have attended on a daily basis for washing/bathing, care and meals and have the opportunity to be socially interactive with staff and patients.

Support for proposal

John Glen MP

Community Matron

Clinical Commissioning
Group



A viable financial model

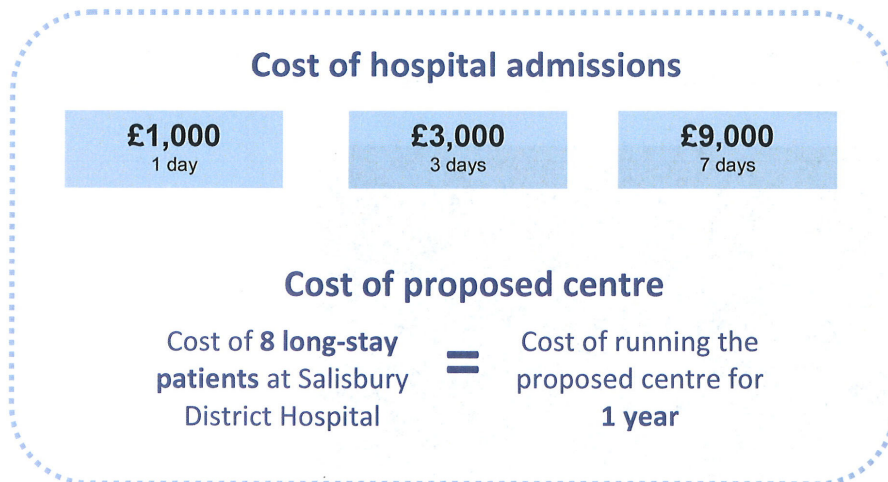
The day centre is the solution that the Government needs to help solve the problem of increasing elderly care and morbidity within a caring social environment.

There are central NHS directives alerting us to the financial implications of long stay patients and urging us to get them discharged. Every week, we receive data relating to the costs of its long-stay patients in Salisbury District Hospital, from which it is clear that there is a compelling need for patients to be discharged whenever possible. However, frequently we are unable to arrange this due to lack of local facilities and available care.

As reported continuously through the media, costs to the NHS are escalating beyond control and hence the Government are now promoting new systems and practices to reduce costs.

Under current payment figures, the centre would cost £60 per shift per carer. If the centre is run at full capacity, with meals and all other social care, costs would be in the region of £30 per patient per day. This is a much more realistic figure than patients being admitted to a high tech hospital for social care.

The diagram below summarises the savings that are made possible.

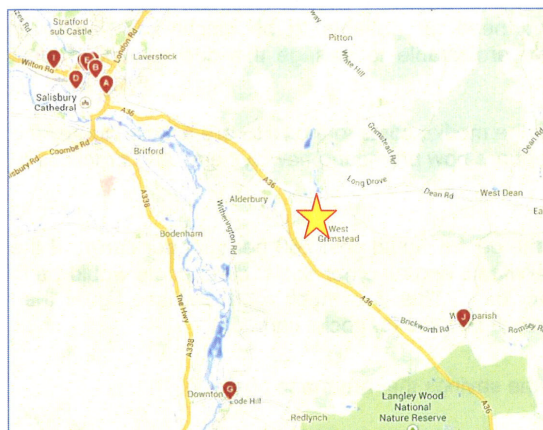




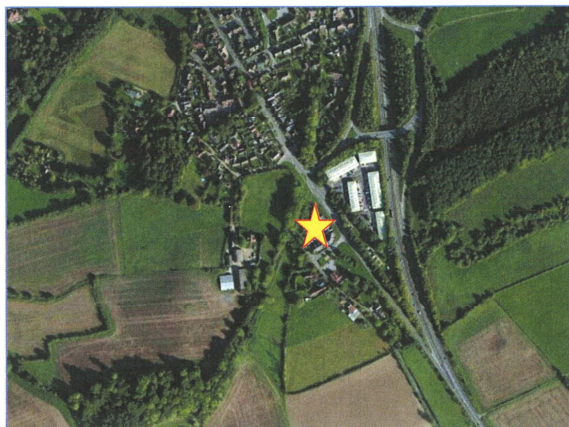
An ideal location

The location of the proposed facility is ideal in terms of being adjacent to Alderbury with an immediate population of over 2,000, filling a large 'gap' in provision of existing GP services between Salisbury, Downton and Whiteparish.

Location of proposed site (yellow star) and existing GP services (red pin)



With a position almost directly from the A36 the site also provides excellent accessibility from the surrounding area by road, but also immediate access to bus services.



Matron's College Farm, Alderbury - Local Health Centre proposal



Wiltshire Health and Wellbeing Board Strategy 2014-15¹

"Ensuring serious illness is diagnosed early and people are supported to live a long, healthy life"	✓
"Ensure community based transport is available"	✓
"Improve early and timely diagnosis of dementia"	✓
"Improve support after dementia is diagnosed"	✓
"Develop seamless health and social care services"	✓
"Supporting people to live independently"	✓
"Ensure those who use care services have a good quality of life"	✓
"Make help available so people can live at home rather than in a care home"	✓
"Seamless working between NHS, social care and mental health services to reduce delayed transfers from hospital to home or care homes"	✓
"Ensure those caring for others have a good quality of life"	✓

¹ <http://www.wiltshire.gov.uk/joint-health-wellbeing-strategy-final.pdf>



Delivering on other key strategies

South Wiltshire Core Strategy Strategic Objective 4

"To help people feel safer in their communities and to provide a good access to a range of services and leisure opportunities. Strategic growth has been matched by the provision of new educational and healthcare facilities."

"A positive contribution will have been made to help treat areas of social exclusion, especially access to essential services in the rural areas."

"Strategic growth has been matched by the provision of new educational and healthcare facilities "

Spatial Strategy for the Southern Wiltshire Community Area

"there is an issue with regard to access to healthcare. Those without access to a private motor vehicle find it difficult to reach doctors, dentists and the hospital."

Para 5.5: Delivering healthy, safe and enriching places to live, work and visit. Actions required:

"Providing access to a range of shopping, healthcare, cultural, sport, leisure and recreational services and facilities through growth based on the settlement strategy which also understands important functional relationships."

NHS Wiltshire CCG Five Year Strategic Plan 2014-2019

The delivery of our vision and the achievement of better outcomes for the people of Wiltshire will require further progressive and strong integration between local NHS organisations, our close partners in Wiltshire Council, the voluntary sector and the wider community.

Alderbury Parish Plan

- Improved access to health services
- Secure GP services

SARUM
“CITY”
LOCALITY PLAN



PURPOSE OF THE DOCUMENT

This document outlines how the Sarum City Locality plans to translate the CCG strategy into Local Implementation.

This is a dynamic document that will be reviewed and refined by the locality on a regular basis to ensure that it remains current, focused on the priorities that will deliver the greatest impact for the population of Salisbury and Southern Wiltshire, and continues to reflect the CCG strategy and local priorities.

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1. CONTEXT

1.1 STRATEGIC CONTEXT

As described in NHS England's recent "*Call To Action*" campaign, across England there are a range of pressures which deliver unprecedented challenges to maintaining high quality and sustainable health and care services to all: an ageing society, increasing expectations, the rise of long-term conditions, increasing costs of providing care, limited productivity gains and constrained public resources.

In addition to the ageing population, lifestyle choices amongst the rest of the community are impacting demand. Around 80% of deaths in England are from major diseases, such as cancer, many of which are attributable to lifestyle risk factors such as excess alcohol, smoking, lack of physical activity and poor diet.

Forecasts indicate that 46% of men and 40% of women will be obese by 2035. This is projected to result in 550,000 additional cases of diabetes and 400,000 additional cases of stroke and heart disease nationally.

Over 15 million people in England have a Long Term Condition (LTC), around 25% of the population. People with one or more long-term conditions are the most important source of demand for NHS services. The 30% who have one or more of these conditions account for £7 out of every £10 spent on health and care in England. Patients with a single long-term condition cost about £3,000 per year whilst those with three or more conditions cost nearly £8,000 per year.

The number of patients with long term conditions is projected to grow by 50% in a decade.

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1.2 CCG VISION AND CONTEXT (SOURCE: 5-YEAR PLAN)

Wiltshire is a large, predominantly rural and generally prosperous County with a population of 479,992¹. Almost half of the population resides in towns and villages with less than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the County is classified as rural and this has implications for the planning and provision of health and social care services, particularly with a shift towards more provision of services in the community.

The CCG's current population is forecast to grow by an additional 3.3% (15,603) by 2018, and by 5.3% (25,423) to 505,416 by 2021. This excludes some additional 10,000 people moving to the area as a result of military restructuring and developments in the County. By 2021 there will be proportionately more children & young people (+5,533) and less working age adults (-632).

People aged over 65 make up 20% of the County's population and will make up 22.5% of the County's population within the next 7 years. The number of older people is rising much faster than the overall population of the County (+20,253 by 2021).

The CCG's vision is that Health and Social Care services in Wiltshire should support and sustain independent healthy living. The design of the future system is based on three key principles:

1. People encouraged and supported to take responsibility for, and to maintain/enhance their well-being
2. Equitable access to a high quality and affordable system, which delivers the best outcome for the greatest numbers
3. Care should be delivered in the most appropriate setting, wherever possible at, or as close to home:
 - Where acute care is one-off or infrequent, there should be formal and rapid discharge
 - Where care is on-going (e.g. chronic conditions) the default setting of care should be primary care

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¹ 2013 data

4. LOCAL PRIORITIES

Using the available information, together with local knowledge from both Primary Care and the Community Teams, the City Locality has identified a number of opportunities that are likely to improve care for the local population. These broadly fall into three areas:

- Opportunities to improve care for patients within the current system design
- Opportunities to improve care but where a current service gap exists
- New models of care

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4.1 LOCAL PRIORITIES – SUMMARY

WE FEEL THAT, IF TACKLED, THE FOLLOWING WOULD MAKE THE GREATEST DIFFERENCE FOR THE CITY LOCALITY		
Opportunities to improve care within current system:	Opportunities to improve care - current service gap:	New Models of Care:
A Improved access to social care	F Greater understanding of and access to independent/ voluntary sector care services	K "Integrated In-Reach to Discharge Team"
B Making health and social care roles more attractive – ease recruitment difficulties	G Ensuring the wellbeing of unpaid carers	L Integrated "hubs" - Southern Wiltshire - Salisbury City
C Improving the hospital discharge process	H Instigating a mutually agreed frailty scoring system to better identify 'at risk' patients	M Pharmacy support in Primary care
D Instigating closer locality links between GPs and the CCG's Medicines Management team	I Shared records	
E Enhanced "joint-working" within the Integrated Team	J Advice Commissioning	

L. Integrated “hub” – Southern Wiltshire

Current position

The City locality has eight practices. Six of these are located in the centre of Salisbury. However, two are located in the very rural south part of the county. For patients registered with the two rural practices, accessing services is more difficult, due to proximity.

As noted in the sections above, it is quite difficult to access care in the City locality.

The City locality is therefore very keen to establish a day centre, or community “hub” within its most rural part so that diagnostic, rehabilitation and support services can be brought closer to patients/customers, and provided in an integrated, cohorted, manner.

It is thought that this would be a benefit to the locality because:

- **Improved accessibility** – If a local hub were established, patients/ customers would be able to access diagnostic, rehabilitation, and support services more easily; closer to home. Indeed, to enhance accessibility further, the locality would like to establish a transport system to support the hub. Increased ‘contact time’ is likely to increase the quality of life of patients/customers (particularly those with chronic conditions and multiple ailments), and improve their overall wellbeing. In turn, where patients/customers are more “well”, their demand for health care is less; and the burden on the commissioning system is reduced.
- **Reduced cost by “cohorting”** - By providing diagnostics, rehabilitation and support services to groups of people in the locality (rather than on a 1:1 basis), the cost of provision is lower. The “hub” provides an excellent space for the provision of cohorted services.
- **Greater involvement of the independent/ voluntary sector** – The City locality is becoming increasingly aware of the additional benefit utilising services offered by the independent/ voluntary sector can bring. By having a local “hub” in the south of the county, the locality would be introducing an opportunity for independent/ voluntary organisations to bring their services to the place where patients/customers are going in any event for other types of care. The services offered by the independent/ voluntary sector are hugely beneficial for supporting the population, and improving quality of life. In many instances they are freely provided and will support and lessen the burden on the commissioned services. But this can only take effect where the voluntary services are accessed! The hub provides this opportunity.
- **Circumventing social isolation** – By bringing diagnostic, rehabilitation, and support services closer to patients/ customers, attendance will be greater. As such, the City locality believes that such a hub could circumvent social isolation issues for a range of residents.
- **Integration** – A local hub would provide the physical space for all members of the Downton, Harcourt, and Whiteparish Integrated Team to co-locate for meetings;

discussions; training; research; development; etc. This would make joint care planning much easier, which, in turn, would benefit the wellbeing of patients/customers.

- Easing the burden on the care system** – The City locality has experienced a huge increase in the need for care of older people and those diagnosed with early onset dementia. The demand on the system is increasing, and with a consistently aging population, this has only one direction of travel. The City locality believes that a local hub would provide the opportunity for care to be provided in a cohorted manner. This could be formal Wiltshire Council funded care, or, equally, care provided by the independent/voluntary sector. The City locality envisages the local hub as providing a kind of “backup” care system. For example, where a person is typically cared for by friends/family (i.e. an unpaid carer), and that typical carer is unable to provide their usual support on a given occasion (say, because they are sick), the hub could provide temporary carer support to plug the gap. This may, in certain circumstances, prevent unnecessary deterioration, and prevent avoidable hospital admission. It would also seek to reduce the pressure on the commissioned social care system (notably in deficit in the area), so that the demand on care packages, emergency care packages, and intermediate care beds would be reduced.
- Developing the local workforce** - In addition to the above, the City locality envisages the local hub supporting the development of trained carers in the area. The local hub could act as a local carer training centre.
- Preventing deterioration/ reducing the cost burden on the health and social system** – As noted above, a local hub could house independent/ voluntary organisations, who would provide care and support to local residents. This would be help that would be otherwise unavailable or difficult to access. In many instances the help provided by independent/ voluntary organisations may prevent deterioration in patient health, lessening the burden on (and cost to) the commissioned health and social care system. For example, a voluntary service housed in the hub could provide a day-care or temporary stay service to a patient/customer for a period of time if their primary unpaid carer (such as a spouse) became ill and was temporarily unable to support in the usual way. In the absence of this provision within the hub, the patient/customer might otherwise have required an intermediate care bed (or even admission). The City locality believes that, on balance, not only is the care option provided through the hub likely to be cheaper (even if the care is formally commissioned, rather than provided by the voluntary sector), this arrangement t is also likely to be preferred by the local population as it keeps people in the community setting, where they are inspired and motivated to rehabilitate.

Facilities

A clinical room	A second clinical room	A large day room
1 carer per 3 patients		
Kitchenette	Accesible toilet and shower	Office space
Mini bus with hoist		

Appendix 6

Wiltshire Clinical Commissioning Group
Integration Department
Southgate House
Pans Lane
Devizes
Wiltshire
SN10 5EQ

Tel: 01380 733886
www.wiltshireccg.nhs.uk

Ref: JR/RPC001

4 November 2014

Mr Jon Gately MRTPI AIEMA
Associate Planning
Savills
Wessex House
Priors Walk
East Borough
Wimborne BH21 1PB

Dear Mr Gately

Re: **Alderbury Community Hub**

We have recently met with Dr Rachel Clapton and Patricia Gates of the Whiteparish Surgery, Common Road, Salisbury who have shared with us the vision of the Community Hub for the Alderbury area of Wiltshire.

The stated aim of the Community Hub is to provide;

- Specialist outreach clinics across a range of specialities for the frail elderly
- Focused GP clinics supporting the highest risk frail elderly patients
- Day hospital services for patients with mild and moderate dementia
- Focused therapy and activities of daily living
- Day activities and drop in centre approach for the elderly in the area, this is particularly important given the number of patients who are socially isolated.

This is fully in line with aims of the Better Care Plan in terms of providing care closer to home, enhancing the long term independence of our frail elderly and delivery integrated service provision in the community. There is also a well-recognised need for such services in the Salisbury area given the high volume of frail elderly, the increase in dementia diagnosis and the stated ambition of moving more specialist care in community settings. It is on this basis I provide "in principle" support subject to the development of a robust business case where activity assumptions, cost savings and an understanding of the ongoing revenue commitment can be established and agreed by all parties.

The ambition of the programme is clear, it is well supported by the community and they have already received confirmation that the actual build will be funded by local benefactors; this demonstrates the stage it is at and the commitment of those involved.

Please contact me if you require further information.

Yours sincerely,


James Roach
Director of Integration
Wiltshire Council & Wiltshire Clinical Commissioning Group

