



NHS PROPERTY SERVICES LTD

Ashurst Hospital, Lyndhurst Road, Ashurst

New Forest National Park Local Plan 2016-2036

Local Plan Hearing Statement (September 2018)



Introduction

1. This Hearing Statement has been prepared by WYG on behalf of NHS Property Services (NHSPS). It relates to the Ashurst Hospital site and, in particular, the two matters of total housing need and supply during the Plan Period and housing site allocations.
2. The Ashurst Hospital site is capable of delivering c. 30 dwellings within the Plan Period, as well as part of the site being retained in healthcare use. Therefore, it could contribute to meeting the National Park Authority's (NPA) 5-year housing land supply, especially given the shortfall that is being planned for based on the objectively assessed housing need.
3. NHSPS submitted representations to this effect in connection with earlier Local Plan consultation stages, including in November 2016 and September 2017.

Site Description

4. The Ashurst Hospital site covers an area of c 2.8ha (see Figure 1 below and full site location plan at Appendix 1) and is located off Lyndhurst Road.



Figure 1: Site location plan showing hospital boundary in red, birthing centre (blue hatched area), the Victorian chapel and former workhouse buildings

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5. The site is previously developed land located in the south western part of Ashurst. Ashurst is one of the four 'defined villages' within the National Park and has a range of local services including schools, a railway station and local shops. The site benefits from a sustainable location with direct access to local services and amenities on the edge of the existing 'defined village' of Ashurst.
 6. The hospital site includes:
 - the modern birthing centre (towards west);
 - the former workhouse buildings (centrally on site);
 - former Education Centre and Mortuary (towards east)
 - chapel (towards north);
 - car parking (towards south); and
 - the grounds of the former workhouse.
 7. The site is bound by car parking and commercial premises to the north, with residential properties beyond. To the west is an SSSI designation and the railway line.
 8. The site lies adjacent to (but not within) the New Forest Special Protection Area and protected habitats to the east and south.

Background to Representations

NHSPS

9. In April 2013, the Primary Care Trust and Strategic Health Authority estate transferred to NHSPS, Community Health Partnerships and NHS community health and hospital trusts. All organisations are looking to make more effective use of the health estate and support strategies to reconfigure healthcare services improve the quality of care and ensure that the estate is managed sustainably and effectively.
10. The NHSPS Property Strategy team has been supporting Clinical Commissioning Groups and Sustainability and Transformation Plan groups to look at ways of better using the local health and public estate. This includes identifying opportunities to reconfigure the estate to better meet commissioning needs, as well as opportunities for delivering new homes (and other appropriate land uses) on surplus sites emerging from this process, in accordance with the stated objectives of Central Government.

Health Service Requirements

11. NHS West Hampshire Clinical Commissioning Group (WHCCG) has been developing a strategy for the future delivery of health services in this area and has undertaken a public consultation exercise on the

future of the Ashurst Hospital Site. Although the Snowden building (that incorporates the birthing services) is relatively modern, much of the other accommodation is not well utilised and is of a poor quality.

12. The Education centre and former Mortuary buildings are vacant and have now been declared surplus to operational requirements. Similarly, the former workhouse building is no longer fit for purpose. These buildings are no longer suitable for modern healthcare and an alternative solution is needed for the delivery of services from this site.
13. WHCCG is currently considering the range of services that will need to be delivered at the site and the estate that will be required to deliver those services. It is expected that the Snowden Building that contains the birthing centre will be retained and extended to accommodate the services that WHCCG will commission from the site in the future. The precise scale of any extension to the Snowden building will be the subject of more detailed analysis in due course.
14. In terms of the remainder of the site:
 - the education centre and mortuary are vacant and have now been declared surplus;
 - the chapel is vacant; and
 - the former workhouse building is no longer fit for purpose.
15. Therefore, NHSPS can confirm with confidence at this stage that about 75% of the site will be available for redevelopment within the early part of the plan period.
16. All of the above has been confirmed to the NPA in numerous written submissions during the various stages of the Local Plan consultation.

Ashurst Hospital – Deliverability

Site Availability

17. As noted above, the Education Centre and Mortuary buildings towards the east of the site have now been declared surplus and are vacant. The chapel and workhouse will also very shortly be available for redevelopment, although current intentions are to re-use the chapel given its heritage value.
18. This confirms that the majority of the site will be 'available' for alternative use and development within the Plan Period. The site, therefore, meets the requirements to be progressed as a formal allocation, as well as forming part of the NPA's deliverable 5-year housing land supply.

Site Suitability

19. The site comprises a previously developed brownfield site and grounds, in a sustainable location with direct access to local services, immediately adjoining the existing built area of Ashurst.
20. The NPA is unable to identify enough sites to meet its objectively assessed housing need. The unique status of National Park is acknowledged. However, national policy requires the NPA to make every effort to fulfil its statutory planning function, including supporting sustainable development, and making the best use of previously developed brownfield sites.

Site Achievability

21. NHSPS has undertaken a series of surveys to inform the future development of the site, as follows:

Technical Survey

Summary of Findings

Phase 1 Ground Condition Assessment

The results of this Ground Condition Assessment indicate that as a whole the site is considered to have 'Low' potential for ground contamination to be present.

Archaeology Assessment

There is considered to be a negligible potential for encountering significant archaeological deposits and remains of any period within the site.

Heritage Assessment

The conclusion of this assessment finds that the extant former workhouse buildings at the Ashurst Centre do not have sufficient heritage significance to warrant their automatic retention or preservation in the face of the proposed re-development of the site. As previously noted, NHSPS anticipates retention of the existing chapel building and conversion to another suitable alternative use.

Arboricultural Assessment

Full tree survey and constraints plan have been prepared. A revised Tree Preservation Order for the site has now also been agreed.

Topographic Survey

Full topographic survey completed for the site.

Ecology Assessment

The impact of any redevelopment on the adjoining protected habitats will need to be considered and discussed with Natural England. It is, however, important to note that the site is brownfield land and already has an existing impact on nearby protected habitats. A range of mitigation options are available including a combination of the below:

- Access and Visitor Management;
- Appropriate landscaping and boundary treatments;
- Future site management options; and
- Financial contributions towards the conservation and mitigation of the New Forest SAC/SPA/RAMSAR sites.

22. The above technical work has confirmed that there are no constraints that would prevent development of the site and, therefore, its formal allocation. The nature and scope of work undertaken goes beyond what is reasonably required to consider a site suitable for an allocation.

23. Two other relevant points that have been raised by the NPA are title and access issues:

Legal

We can confirm that any rights of re-entry are no longer valid. There are, therefore, no known title constraints that would prevent the site being considered as a formal site allocation.

Access

It is acknowledged that access to the site is over third-party owned land. However, there is an existing agreement in place, and it is the NHS's intention to continue to provide health services from the site. Therefore, access to the site will be provided for in the long term and is not a constraint that would prevent development.

Site Deliverability

24. The site consists of previously developed land, in a sustainable location on the edge an existing defined settlement. It is available in the short term and offers a realistic prospect that housing will be delivered on the site within five years.
25. In short, the site is available, suitable, and achievable for development within the next five years.

Matters 4 &10 – Objectively Assessed Need and the Housing Requirement/Housing Supply and Delivery

26. The submission Local Plan clearly states the objectively assessed housing need in the New Forest National Park is 63 dwellings per annum, equating to 1,260 dwellings over the Plan Period. It is stated that this figure is robust and the best available information on the 'policy off' housing needs arising within the National Park.
27. Policy SP19 sets out the planned level of new housing for the Plan Period and proposes a figure of 800 dwellings, some 460 below the figure referred to above. Notwithstanding the unique characteristics of the National Park, the shortfall in proposed housing provision is far too great, particularly when unallocated sites such as Ashurst Hospital could help address the shortfall.
28. Ashurst Hospital constitutes previously developed land in a sustainable location with direct access to local services. As confirmed above, the site is suitable, available and achievable for redevelopment within the Plan period.
29. The NPA's site selection process for identifying potential housing sites is not sound as it has excluded this site which has, in part, led to the substantial shortfall in planned for new housing.
30. The NPA's SHLAA (January 2018) confirms that the Ashurst Hospital site is brownfield and is well located to services and transport links. The primary reason given for the site not being allocated for new housing

is that the relevant parts had not been formally declared surplus to requirements at the time of submitting the Local Plan.

31. However, NHSPS have confirmed on numerous occasions that parts of the site have already been declared surplus, and that the other parts would also be, in sufficient time for the site to contribute to housing numbers within the Plan Period.
32. The submission Local Plan states that:

“Brownfield land may (our emphasis) become available at the Ashurst Hospital site during the Plan Period, but this is dependent on a future decision from the NHS.”
33. NHSPS is confirming by way of this statement that the land will be available during the Plan Period.
34. Paragraph 7.20 of the submission Local Plan acknowledges that the Ashurst Hospital site may become available during the Plan Period and that proposals for redevelopment will be considered at that point in time.
35. In essence, the site would come forward as a ‘windfall’ site but at Policy SP4 the Local Plan indicates that ‘windfall’ sites will be within Defined Villages, which Ashurst Hospital is not. Outside of the Defined Villages development proposals will only be permitted subject to compliance with policies relating to the likes of rural exception sites, employment sites and re-use of existing buildings. Such an approach to the Ashurst Hospital site does not provide for an appropriate level of flexibility in terms of housing land supply.
36. The Ashurst Hospital site adjoins the remainder of the settlement and is previously developed land. The majority of the site is surplus to NHS requirements and there is no reason why the site cannot be included within the Defined Village boundary, should it not be allocated.
37. The proximity of the protected habitats to the south is acknowledged. However, the site is previously developed land which already forms part of the southern built-up extent of Ashurst. The site already includes buildings of substantial scale and is immediately accessible to wider Ashurst.
38. In addition to amending the Defined Village boundary should the site not be allocated, paragraph 7.20 of the submission Local Plan should also be amended to confirm that any future residential development of the site will be treated as a ‘windfall’ site under the provisions of current Policy SP19 rather than being treated as a ‘rural exception site’.

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39. NHSPS proposes that paragraph 7.20 is replaced with the following text:

"Health commissioners have confirmed that brownfield land will become available at Ashurst Hospital during the Plan Period, with a small part of the site being retained in healthcare use. The site adjoins the Defined Village boundary of Ashurst and is well located in terms of existing services and facilities. The site is, therefore, considered to have development potential to provide a range of alternative uses including residential (c. 30 homes) or care or extra care accommodation.

The proximity of the protected habitats to the south mean that a detailed assessment of potential impacts on them will need due consideration through the planning application process. However, the site is previously developed land on the edge of Ashurst and includes buildings of substantial scale. Therefore, the proximity of the protected habitats should not preclude an appropriately designed residential development on the surplus land.

Any future development proposals for the surplus land will need to ensure that they will not prejudice the operations of the retained healthcare facilities.

For clarity in future decision making, and given the site-specific circumstances, any planning application relating to residential development of the surplus land at Ashurst Hospital will be treated as a 'windfall' development, as per criterion c) of Policy SP19."

40. The Local Plan cannot be considered to be 'positively prepared' when the NPA is showing a shortfall of 460 dwellings over the plan period against their objectively assessed housing need and where suitable sites are available, deliverable and could be either allocated for new housing or included within the Defined Village boundary.
41. It also does not provide an appropriate level of flexibility in terms of housing land supply, which must be provided for given the proposed shortfall currently being planned for.

Matter 10 – Housing Site Allocations

42. NHSPS does not object to the one allocated housing site at Ashurst but strongly contends that the Ashurst Hospital site should also be allocated for residential development for about 30 dwellings, with an element of retained healthcare in the western part of the site.
43. As already noted, the site constitutes previously developed brownfield land in a sustainable location with direct access to local services. It is located immediately adjacent to the existing built up area of Ashurst.

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44. The site is suitable, available and achievable for redevelopment within the Plan period, and that the significant body of technical work undertaken to date demonstrates that the site is deliverable.
 45. The NPA does not appear to dispute this either, with references in both the submission Local Plan (para 7.20) and the SHLAA 2018 confirming that the site is suitable for redevelopment once its availability during the Plan Period has been confirmed.
 46. NHSPS has undertaken a significant amount of technical survey work, much of which is summarised earlier in this statement. This technical work not only confirms that the site is suitable for residential development but it is also being used to inform a pre-application submission to the NPA.
 47. A proposed site layout is currently being prepared based on the constraints and opportunities that the technical work has identified and it is expected that the pre-application submission will be submitted to the NPA for consideration before the Local Plan hearings commence.
 48. Thereafter, it is the intention of NHSPS to move forward with a planning application for the residential redevelopment of the surplus area of the hospital site, along with an extension to the retained healthcare element.
 49. Without a site allocation for the Ashurst Hospital site, the plan cannot be considered 'positively prepared', or consistent with national policy. This is on the basis that the NPA is showing a shortfall of 460 dwellings over the Plan Period and is choosing not to allocate a deliverable site that is previously developed land with development potential for much needed housing.
 50. In order to address this deficiency, the Ashurst Hospital site should be expressly allocated as follows:

Land at Ashurst Hospital is allocated for the following uses:

- *Retained and/or extended healthcare provision in the western part of the site (Snowden Building)*
- *About 30 residential dwellings or care/extra care accommodation (or an appropriate mix of both)*

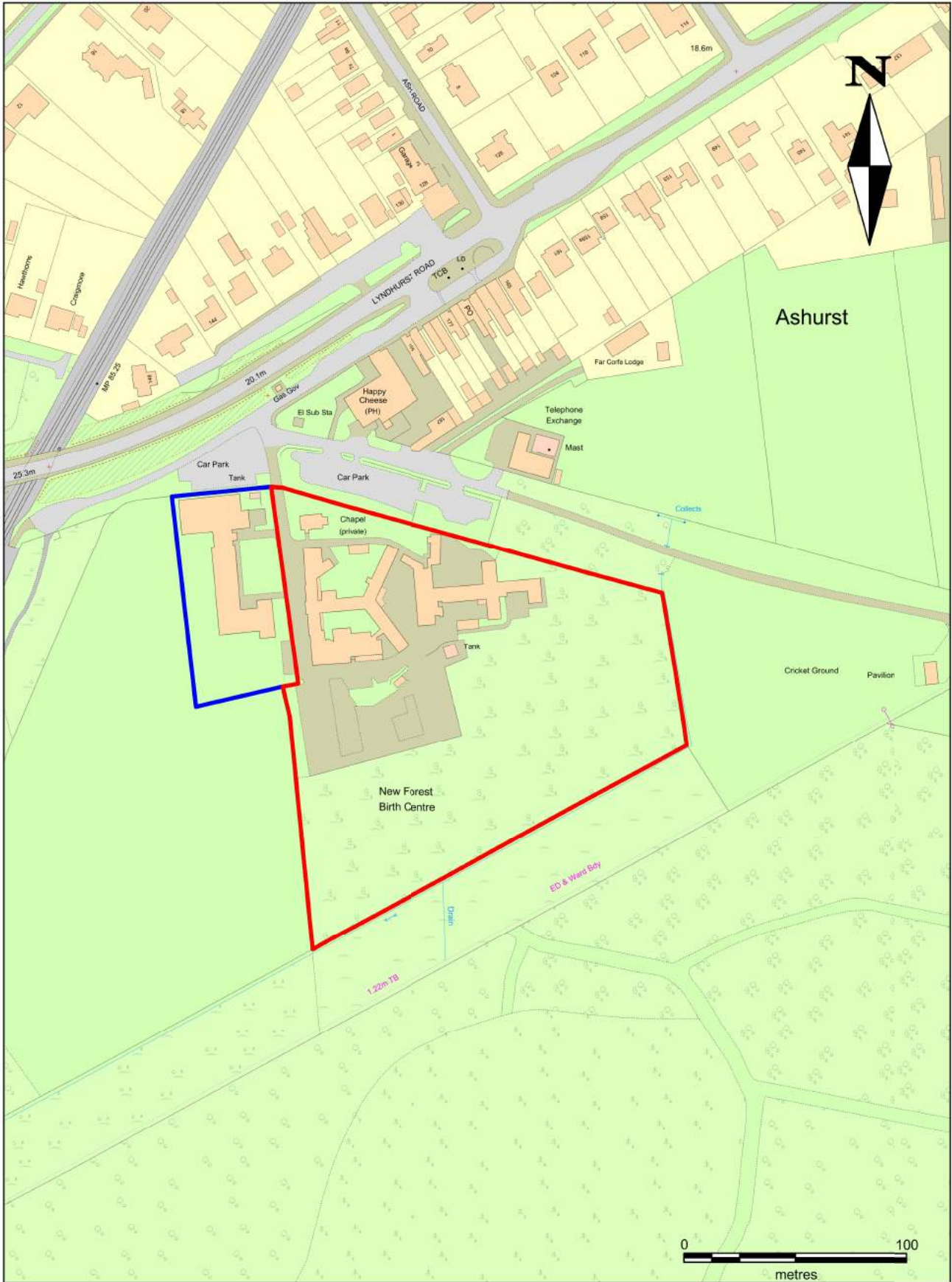
Detailed proposals for the site will need to, inter alia, ensure that both the operations of the retained healthcare facility are not prejudiced and the potential impacts on protected species are appropriately addressed.

Overall Conclusion

51. Our overall conclusions in respect of the Ashurst Hospital Site and the submission Local Plan are as follows:
- The hospital site is clearly suitable for residential redevelopment of the surplus land
 - The land is both deliverable and will be available in the Plan Period
 - The site constitutes previously developed land in a sustainable location with direct access to local services, being immediately adjacent to the existing built up area of Ashurst
 - The NPA accepts that the site is suitable for development
 - The technical work undertaken to date demonstrates that residential development of the surplus parts of the site is firstly appropriate and secondly that it can be delivered within the Plan Period. This is reinforced by the imminent pre-application submission, which will be made prior to the Local Plan hearings commencing, to be then followed by a formal planning application.
 - The plan cannot be considered 'positively prepared' if the NPA is showing a shortfall of 460 dwellings over the Plan Period and is not allocating the Ashurst Hospital site for new housing
 - The plan does not provide for an appropriate level of flexibility in terms of housing land supply
 - The Defined Village boundary for Ashurst should include the Ashurst Hospital site
52. Therefore, the following modifications are necessary in order for the policies of the Plan to fully meet the tests of soundness:
1. Policy SP19 should be amended to provide for a greater number of new dwellings within the Plan Period, including the c. 30 dwellings that could be provided at Ashurst Hospital
 2. Land at Ashurst Hospital should be expressly allocated for a mixed use of retained/enhanced healthcare provision in the western part of the site and residential development of about 30 dwellings, or care/extra care use, on the surplus land.
53. Should the site not be allocated for such development then:
1. The Defined Village boundary for Ashurst should be amended include the Ashurst Hospital site
 2. Paragraph 7.20 of the submission Local Plan should be amended, as per the text included earlier in this statement, with a view to confirming that any future residential development of the site will be treated as a 'windfall' site under the provisions of current Policy SP19.

APPENDIX 1 – SITE LOCATION PLAN

Site Location Plan -
Ashurst Hospital Site



Scale: 1:1250 at A4