

New Forest National Park Local Plan 2016 – 2036
Examination Statement - New Forest National Park Authority

Proposed Ashurst Hospital site allocation policy and supporting text

This statement sets out the Authority's position in response to the Inspectors' questions. Where relevant, it also confirms Natural England's position, expanded on in Annex 1.

1) Are the specific types of uses proposed for the site appropriate & justified?

- 1.1 Land at Ashurst Hospital has been proposed for redevelopment by NHS Property Services in their representations on the Regulation 19 Submission draft Local Plan (January 2018) and in their written Examination hearing statement. In these submissions, NHS Property Services have promoted the site for residential use (circa 30 dwellings or care/extra care accommodation), alongside retained healthcare use on the western part of the site, to contribute towards meeting the identified housing need in the New Forest National Park.
- 1.2 In their written Examination statement, NHS Property Services confirmed that circa 75% of the Ashurst Hospital site (comprising the Education centre, former Mortuary and workhouse buildings) would be available for redevelopment within the early part of the Local Plan-period. Their written Examination statement also stated, "...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..." (paragraph 13)
- 1.3 The NHS's written Examination hearing statement proposed: (i) retained and/or extended healthcare provision in the western part of the site (Snowden Building); and (ii) about 30 residential dwellings or care/extra care accommodation (or an appropriate mix of both) on the remainder of the site. Following a meeting with the NHS Property Services and Natural England in December 2018, the Authority's proposed allocation policy has been prepared in line with these principles. The Snowden Building and land to the south of it is proposed to be retained in healthcare use and this is illustrated by the blue shading. The proposed policy allocates the remainder of the previously developed part of the site for care/extra care use, which is consistent with the range of uses proposed by the NHS Property Services in their Local Plan representations.
- 1.4 The restriction on the form of residential development to care/extra use is explored in more detail under Q3. In summary, the form of development proposed has been informed by a site-specific Habitat Regulations Assessment (HRA, January 2019) and is supported by Natural England (Annex 1). The HRA concludes that adverse impacts on site integrity cannot be ruled out for general C3 residential development on the Ashurst Hospital site.
- 1.5 Finally, criterion (a) of the proposed site allocation policy states the site must be redeveloped in a comprehensive manner and detailed proposals will need to ensure the retained healthcare uses on the site can operate efficiently. This wording in criterion (a) is consistent with that proposed by NHS Property Services in their submitted Examination written statement.

- 2) **What contribution would the allocation make to the provision of housing within the National Park? Are needs for Class C2 use and extra care use included in the OAN for housing identified in the 2017 study and how would such provision contribute towards meeting the housing requirement?**
- 2.1 Taking the first part of the question, the form of residential development proposed for the Ashurst Hospital site - Use Class C2 or extra care use – would contribute towards the provision of housing in the National Park. Extra care housing is the term used for specialist housing for older people which provides care in a style that can respond flexibly to increasing healthcare needs. The Land Availability & Monitoring System in Hampshire counts extra care units - where they comprise self-contained residential units - in the schedules of housing completions. For C2 use, the Government's National Planning Policy Guidance (NPPG) section on 'Housing and economic land availability assessment' confirms, "...*local planning authorities will need to count housing for older people, including residential institutions in Use Class C2, against their housing requirement.* ..." (paragraph: 043, reference ID: 3-043-20180913, revision date: 13.09.2018)
- 2.2 The fact that C2 completions contribute towards meeting housing requirements is reiterated in the Government's Notes & Definitions for the [Housing Flows Reconciliation returns](#) which states, "...*all student accommodation and housing for older people can be included in the assessment of supply in local plans, regardless of whether it is communal or on or off campus.*" The Housing Flows Reconciliation notes also state, "...*authorities are now asked to provide data on the number of bedrooms within communal accommodation, as you will be credited for this in the proposed Housing Delivery Test. The credit will be calculated by applying nationally set ratios to the bedroom data, and the resultant figures will be added to each authority's net addition statistic.*" This final point is explored in more detail in paragraphs 2.8 – 2.9 of the Authority's statement.
- 2.3 Given this recent Government guidance in both the NPPG and the Housing Flows Reconciliation returns, the proposed allocation at the Ashurst Hospital site for C2 or extra care use would contribute towards meeting the housing requirement within the National Park. Based on the quantum of development proposed in the draft policy, this additional site allocation would comprise circa 2.5% of the identified housing need in the National Park between 2016 – 2036.
- 2.4 The second part of the question relates to whether needs for C2 use and extra care are included in the Objectively Assessed Need for housing identified in the 2017 study. CD105 identifies that over the 2016 - 2036 period there is a ('policy off') need for 63 additional dwellings per annum in the Park. The figures used in CD105 were derived from a range of ONS and CLG data, including the 2014-based subnational household projections (SNHP). These projections separate out the communal population from the household population¹ and housing need is only shown for those people living in households. Therefore, the need for (self-contained) extra care units is reflected in the OAN study, but CD105 did not specifically assess the need for communal C2 use in the Park.

¹ The CLG definition of a 'household' is based on the 2011 Census, with the definition in relation to forms of supported housing being, "...*units in an establishment where 50% or more have their own kitchens should be defined as households (irrespective of whether there are other communal facilities)*"

- 2.5 The NPPG recognises the need to provide housing for older people as part of achieving a good mix of housing. The New Forest Strategic Housing Market Assessment (SHMA, GL Hearn, 2014) therefore assessed the potential need for older persons accommodation in the New Forest. Analysis of 2011 Census data was provided to look at the household composition of older persons, their current tenure and occupancy ratings. The analysis also looked at projected changes to the number of people with a range of health issues, with the final analysis looking at the need for specialist housing.
- 2.6 When compared with both the South East region and England, the SHMA found that the New Forest has a significantly higher proportion of older persons. In 2011 it was estimated that 39.6% of the population of New Forest was aged 55 or over, compared with 29.2% in the South East region and 28% for the whole of England. The SHMA highlighted that the New Forest is expected to see a notable increase in the older person population with the total number of people aged 55 and over expected to increase by 20% over just 10-years. The SHMA identified the need for both sheltered and extra accommodation within the National Park and confirmed, *“...the assessment of overall housing need set out in Section 4 was based on the ‘household population.’ Extra care and sheltered accommodation are included within these figures. Provision of residential care, which falls within the C2 Use Class, are separate to this.”* – paragraph 8.26.
- 2.7 The Submission draft Local Plan (January 2018) also proposes a specific policy on specialist housing for older people (Use Class C2) – draft Policy SP20. This states a planning obligation will be secured on new C2 consents to ensure the occupancy of new specialist housing for older people is tied to local people and their dependents. This provides confidence that any future C2 provision at the Ashurst Hospital site would contribute towards addressing local housing needs in the National Park, in accordance with the Authority’s socio-economic duty.
- 2.8 The final part of the question focuses on how C2 or extra care provision would contribute towards meeting the housing requirement. As outlined above, the NPPG confirms that C2 completions should count against the identified housing requirement. The NPPG section on ‘Housing and economic land availability assessment’ also states that, *“For residential institutions (C2 Use), to establish the amount of accommodation released in the housing market, authorities should base calculations on the average number of adults living in households, using the published census data...”* (paragraph 043, Reference ID 3-043-20180913). Further detail on this is provided in the [Housing Flows Reconciliation form](#) which confirms local planning authorities will be credited for the number of bedrooms provided within communal accommodation in the Housing Delivery Test. *“The credit will be calculated by applying nationally set ratios to the bedroom data, and the resultant figures will be added to each authority’s net addition statistic.”*
- 2.9 Paragraph 11 of the Government’s [Housing Delivery Test Measurement Rule Book](#) (July 2018) states, *“The ratio applied to other communal accommodation will be based on the national average number of adults in all households, with a ratio of 1.8. This has been calculated by dividing the total number of adults living in all households by the total number of households in England. Source data is from the Census 2011 and is published by the Office for National Statistics.”*

Using this methodology, a 30-bed C2 care home would, for example, be the equivalent of 17 new dwellings ($30 \div 1.8$). This reflects the assumption that a bed space in a care home may not necessarily result in the freeing up of a dwelling and may not always represent a new dwelling within housing land supply. Extra care units where households are self-contained would be included in the housing completions data on a 1:1 basis.

2.10 In conclusion, in response to question 2 the Authority's statement confirms:

- The form of residential development proposed for the Ashurst Hospital site (C2 care or extra care use) would contribute towards the provision of housing in the National Park. Extra care units are typically included in housing completions data. The NPPG confirms that housing completions for older people, including residential institutions in Use Class C2, also count towards Local Plan housing requirements.
- CD105 assessed housing needs for people living in households and therefore extra care needs are reflected in the identified housing requirement. The New Forest SHMA (GL Hearn, 2014) also looked at the potential need for older persons accommodation in the New Forest. The SHMA highlighted the need for both sheltered and extra care accommodation within the National Park and confirmed that such accommodation is included within the housing need figures.
- The precise contribution residential development at Ashurst Hospital would make towards meeting the Local Plan housing requirement will depend on the final form of development. Extra care units (where households are typically self-contained) are factored into the identified housing need figure in CD105, would be counted as dwelling completions and be included in housing completions data on a 1:1 basis. C2 completions would be adjusted using the nationally set ratio. The NPPG confirms C2 development will be accounted for in the Housing Delivery Test and would make a (pro-rata) contribution to the Local Plan housing requirement. The Submission draft Local Plan also includes policy provision (draft Policy SP20) to ensure new C2 development contributes towards meeting local housing needs arising from within the National Park, rather than catering for external demand.

3) Should the policy allow for Class C3 residential use? Is the distinction between this site and the former Lyndhurst Park Hotel in terms of C3 use appropriate and justified?

- 3.1 The wording of the proposed Ashurst Hospital allocation policy - including the form of residential use - has been informed by the [Habitats Regulations Assessment Addendum](#) (LUC, January 2019). This HRA work has resulted in proposed restrictions to both the form of residential development (C2 Use or extra care) and its confinement to the previously developed part of the site.
- 3.2 The Inspectors' letter dated 29.11.18 asked the Authority to provide details if it was of the view that the situation with the former Lyndhurst Park Hotel (draft policy SP23) and Ashurst Hospital sites is significantly different in terms of urban

edge effects (paragraph 11). In response to this request, paragraphs 3.33 - 3.43 of the HRA Addendum document (LUC, January 2019) specifically compare the proposed Ashurst Hospital site allocation and that for the former Lyndhurst Park Hotel site. The following factors led to the HRA conclusion that the two sites required different approaches:

- The area of the New Forest SAC and SPA located immediately adjacent to the Lyndhurst Park Hotel comprises short grazed lawns interspersed with several busy roads, public car parks, a cricket pitch and pavilion, a graveyard and the popular visitor site of Bolton's Bench. These factors result in a lower potential for the part of the SPA within 400m of the Lyndhurst Park Hotel to support qualifying SPA birds. These features also act as a barrier to or reduce the potential severity of some types of urban edge effects at this location.
- Susceptibility of the New Forest SAC and SPA to urban edge effects from the Lyndhurst Park Hotel site is therefore reduced, albeit remains an important HRA issue and one reflected in the proposed policy (SP23).
- In contrast, Ashurst Hospital is immediately adjacent to relatively undisturbed sections of the SAC and SPA, with an absence of intervening features that could act as barriers to urban edge effects. The adjacent areas of the SAC and SPA support a mix of broadleaved and rotational plantation woodland and is likely to be capable of supporting SPA birds in the future when woodland management results in periods of optimal habitat.
- As a result, the potential susceptibility of New Forest SAC and SPA to urban edge effects associated with the Ashurst Hospital site is higher than for the Lyndhurst Park Hotel site.

3.3 The HRA concludes that given the proximity and nature of the New Forest SAC and SPA, the Ashurst Hospital site is considered to be significantly different to the Lyndhurst Park Hotel site in terms of a greater susceptibility of adjacent areas of the New Forest SAC and SPA to urban edge effects and a greater potential severity of such effects. This therefore requires a different Local Plan policy approach and Natural England, "...*supports the conclusion that that the Ashurst Hospital site is likely to be more susceptible to urban edge effects that the Lyndhurst Park Hotel site.*" (**Annex 1**).



The Lyndhurst Park Hotel site lies adjacent to the village centre, the busy A35, the popular visitor site of Bolton's Bench, access roads, sports facilities and several well-used public car parks.



The Ashurst Hospital site lies adjacent to relatively undisturbed areas of the SAC and SPA. There are no physical barriers between the site and the adjacent protected habitats.

- 3.4 The HRA Addendum recommends that if land at Ashurst Hospital is to be included as a Local Plan site allocation, residential development should be, *"...restricted by an explicit requirement in the allocation policy to types of residential development from which the severity of urban edge effects is likely to be less and where there is potential to prevent adverse effects on integrity by the provision and effective implementation of mitigation measures. Such development may include some types of C2 residential development such as assisted care living."* – paragraph 3.43.

3.5 This clear HRA recommendation has resulted in the proposed policy wording for the Ashurst Hospital site and the restriction on the form of residential use to C2 care or extra care use – a position supported by Natural England (Annex 1). This proposed approach adopts similar principles to those contained within the [Dorset Heathlands Planning Framework 2015 – 2030](#). This Framework confirms that in most cases it will not be possible for planning authorities in Dorset undertaking an appropriate assessment of a proposed general C3 residential development to be certain adverse effects could be avoided or alleviated. Developments within the C2 class will be considered on a case by case basis. The HRA work for the Ashurst Hospital site has adopted a similar approach of assessing the site-specific factors at the sites in Lyndhurst and Ashurst and has concluded that different approaches are justified.

4) What are the potential adverse impacts of development on the site and how would these be mitigated?

4.1 Land at Ashurst Hospital presents a number of specific challenges and these form part of the justification as to why the Authority has proposed bringing the site forward through a Local Plan allocation, rather than an amendment to the Defined Village boundary. Set out below are the main potential adverse impacts identified relating to the natural and built environment of the National Park and its landscape; alongside commentary on how the draft policy addresses them.

(i) Potential Impacts on adjacent internationally protected habitats

4.2 As outlined in the Authority's statement in response to Question 3, the potential impacts on the proposed allocation on the integrity of the immediately proximity of the New Forest Special Area of Conservation (SAC), Special Protection Area (SPA) and Ramsar site have been assessed through the Habitats Regulations Assessment Addendum (LUC, January 2018). The HRA recommendations regarding the form of residential development on the site are set out in the Authority's response to Question 3 so are not repeated here.

4.3 As well as the form of residential development, the HRA Addendum and liaison with Natural England has also influenced the proposed policy wording regarding the extent of built development on the site (criterion b). The policy confines built development to the previously developed land to ensure the existing open green area remains to the south of the site and adjacent to the New Forest's protected habitats. This requirement is supported by Natural England (Annex 1).

4.4 The HRA Addendum has also considered potential impacts on functionally linked land and/or species and habitats located beyond the boundaries of the European sites that may be important in supporting the qualifying features or habitats and species. This is in accordance with the 'Holohan v An Bord Pleanala' legal case, which concluded that Article 6(3) of Council Directive 92/43/EEC means that an 'appropriate assessment' must identify and examine the implications for habitat types and species found outside the boundaries of that site, where the implications are liable to affect the conservation objectives of the site.

- 4.5 The Ashurst Hospital site has the potential to be of importance in supporting qualifying bird populations which may make use of offsite habitat for foraging, roosting and loafing (paragraph 3.3, HRA Addendum). This is reflected in Natural England's position set out in **Annex 1**, which highlights their concern to ensure the allocation of the Ashurst Hospital site does not lead to the loss of supporting SPA habitats that lie within the grounds of the site. The southern and eastern part of the site supports a mosaic of tall grassland, scrub and scattered trees with a mature broadleaved tree line enclosing the site periphery.
- 4.6 Table 3.1 of the HRA Addendum highlights that the site has the potential to support the adjacent New Forest SPA and the protected Dartford Warbler, Nightjar and Woodlark populations. Paragraph 3.10 of the HRA Addendum concludes, "*...the greenfield part of the Ashurst Hospital site allocation is likely to contribute to maintaining the foraging resource and habitat connectivity upon which populations of nightjar, woodlark and Dartford warbler of the New Forest SPA depend. As a result, it is recommended that any policy allocation for the Ashurst Hospital Site includes a commitment to retain and protect the greenfield part of this site to ensure adverse effects on integrity associated with the loss of offsite functionally linked habitat are avoided.*" Criterion (b) of the proposed policy is consistent with this HRA recommendation. This is supported by proposed criterion (h) which states that proposals should seek to enhance the role of the green buffer areas in supporting species of principal importance for biodiversity.
- 4.7 **Annex 1** confirms Natural England's advice that the proposed restrictions on new development to the previously developed areas of the site (criterion b); the ongoing management of the retained habitats (criterion h); and the limitation to C2 or extra care use, "*...are fully justified restrictions that are necessary to ensure an adverse effect on integrity of the European sites is avoided.*"
- (ii) *Impacts of redevelopment on the built heritage of the site*
- 4.8 The Ashurst Hospital site contains several buildings considered to be non-designated heritage assets. In accordance with paragraphs 17, 126 and 135 of the NPPF (2012) the draft policy recognises the non-designated heritage assets on the site. The NPPF states that heritage assets are irreplaceable resources and requires Plan-making decisions to conserve heritage assets in a manner appropriate to their significance.
- 4.9 The Victorian Chapel at the entrance to the site dates from the late 1800s and retains much of its original architectural detailing. During the public consultation held in Summer 2017 there was local community support for the retention of the chapel and this was also the position of the Parish Council. This support is reiterated in the consultation response submitted by Ashurst & Colbury Parish Council in February 2019 which supports the retention of the chapel. Similarly, Historic England's response (March 2019) welcomes, in principle, the inclusion of criterion (c) in the draft policy which covers the built heritage of the site. The Local Plan representations received from NHS Property Services state the intention to retain and re-use the chapel due to its acknowledged heritage value. This accords with the public feedback received from the local community and the Parish Council and therefore criterion (c) requires the retention of the Victorian Chapel as part of the redevelopment of the previously developed part of the site.

4.10 The former workhouse building is similarly considered to be a non-designated heritage asset. This conclusion is based on the fact that the building dates from the 1830s; the degree to which the historic buildings have survived (to a large extent); the historic Y-plan form (which clearly remains legible in places); its association with a prominent workhouse architect (Sampson Kempthorne) and its importance to the social history of the New Forest. Historic England's consultation response (March 2019), confirms their view that the former workhouse building may be regarded as of special interest. The Authority recognises that amendments have been made to the original workhouse building and notes the position of NHS Property Services on the merits of the building. However, a number of the more recent addition to the workhouse building – such as the cladding – are fully reversible and the extent to which the original building remains underneath the cladding is currently unclear. This is also the case for the modern windows, these could be replaced with something more appropriate.

4.11 In accordance with paragraph 135 of the NPPF (2012), the proposed site allocation policy seeks to balance the fact that none of the buildings on site are listed (or in a Conservation Area) with the fact that at present it has not been demonstrated that character of the main workhouse building could not be restored and its heritage value better revealed. It has not been confirmed that the building is beyond repair, for example, by way of structural survey. Criterion (c) of the policy therefore requires a detailed heritage assessment and structural survey to justify the loss of the former workhouse buildings. This is consistent with the approach taken in draft Policy SP24 (Land at the former Lyndhurst Park Hotel), which is likewise a non-designated heritage asset in the National Park. Historic England have welcomed the inclusion of criterion (c) in the draft policy.

(iii) Impacts on the landscape character and the adjacent Open Forest

4.12 The Ashurst Hospital site is located in a sensitive location between the village of Ashurst to the north and the Open Forest landscape to the south. The site is located in the 'Eastern Forest Heath' Landscape Character Area (LCA 27) as set out in the Landscape Character Assessment (2015). The Assessment places the Ashurst Hospital site in a different character area from the main part of the village of Ashurst (which lies within the 'Hythe and Ashurst Forest Farmlands' character area), in acknowledgement of the closer relationship between the Hospital site and the adjacent Open Forest. The Assessment describes the strong rural and sparsely settled character of the area.

4.13 The Landscape Character Assessment confirms the mosaic of Inclosure woodland, pasture, wetlands and heathlands are the key landscape feature of the area. The landscape strategy for LCA27 is to manage the Inclosure woodlands to achieve a gradual conversion of conifers to native broadleaves; the restoration of further areas of heathland through the clear-felling of conifer plantations; and the protection of the sparse settlement pattern and remote rural character. The proposed site allocation policy accords with these guidelines, with criterion (b) stating that built development will be confined to the previously developed land to ensure the existing green area remains to the south and the surrounding Open Forest landscape. The potential restoration of adjacent areas of conifer plantation also supports the HRA Addendum conclusion that the SAC and SPA areas close to the site are capable of supporting SPA species.

- 4.14 Secondly, the existing Ashurst Hospital site is characterised by a number of mature trees, including pine, oak and silver birch. As with all the potential Local Plan site allocations, the Authority undertook a review of the trees on the Ashurst Hospital site prior to the publication of the Submission draft Local Plan in January 2018. A detailed Tree Preservation Order (TPO) was confirmed for the site (TPO/0045/17 - Land at Ashurst Hospital, Lyndhurst Road, Ashurst) in December 2017. The Tree Preservation Order covers 16 individual trees on the site, as well as 8 groups of trees (including the important site boundaries).
- 4.15 The trees are an important feature of the site and contribute to the transition between the village of Ashurst and the adjacent protected habitats and Open Forest. It is therefore proposed to include reference to the protected trees within criterion (d); and the need to strengthen the planting to the south of the site in criterion (h) of the policy. This will assist in mitigation the potential impacts of the redevelopment of the site on the landscape character of the National Park.

5) Are the policy requirements appropriate and justified?

- 5.1 The Authority's responses to Questions 1 – 4 set out the justification for the proposed policy requirements relating to:
- the specific types of uses proposed on the site (criterion a and f);
 - mitigating impacts on the adjacent protected habitats (criterion b and h);
 - safeguarding the built heritage on the site (criterion c);
 - mitigating impacts on landscape character (criterion d and h).
- 5.2 The policy requirements also include coverage of affordable housing provision; dwelling sizes and sewage connection. Taking the first of these, criterion (e) states proposals for residential use that would trigger affordable housing provision will be required to provide on-site affordable housing as close to the target of 50% affordable housing as is viable. It should be noted that a C2 care development would not typically trigger an affordable housing requirement. The wording of criterion (e) has been informed by the Whole Plan-Viability Assessment (CD107) which provide a high-level viability assessment of the potential redevelopment of the Ashurst Hospital site for 30 residential units (the quantum of development proposed by the NHS Property Services and the draft site allocation policy). The assessment concluded that the redevelopment of the site for flatted development would not be viable with 50% affordable housing (CS11 in CD107). The site was also modelled for extra care development, and Case Study 11A and figure 3.5 of CD107 illustrate that an extra care scheme on the Ashurst Hospital site would not be viable with 50% affordable housing.
- 5.3 Based on the evidence in CD107, the redevelopment of the site is unlikely to viably sustain affordable housing provision at the level required on the proposed greenfield site allocations. As a result, should the redevelopment of the site include residential use where affordable housing would be required, criterion (e) requires on-site provision as close to the target of 50% affordable housing as is viable. Viability will be demonstrated through an open book approach and this is consistent with the proposed Local Plan approach at the Lyndhurst Park Hotel site, where viability is similarly impacted by the development costs of a scheme on previously developed land with potential demolition costs.

- 5.4 Proposed criterion (g) requires all of the dwellings on site to be limited to a maximum total internal floor area of 100 square metres. This requirement is consistent with the approach taken on all of the other proposed Local Plan housing site allocations (with the exception of draft Policy SP25 – land adjacent to the former Fawley Power Station site – where there are other factors to be considered). The proposed floorspace limit has also been factored into the viability assessment set out in CD107 and is considered justified.
- 5.5 Proposed criterion (i) requires development to provide a connection to the nearest point of adequate capacity in the sewerage network, as advised by the service provider. This criterion is included in several proposed Local Plan site allocations on the basis of either representations received from the service provider, or the conclusions of the HRA process. In the case of the Ashurst Hospital site, paragraphs 3.90 – 3.93 of the HRA Addendum (2019) conclude that adverse effects on the integrity of the New Forest SAC, SPA and Ramsar site and on the Solent designations due to adverse water quality effects of sewer overflows from the draft Ashurst Hospital site allocation cannot be ruled out. The HRA therefore recommends, “...*that if the allocation policy is included within the Local Plan it includes a requirement similar to that in allocation policy SP22 for the Wharton’s Lane, Ashurst site requiring development proposals to provide a connection to the nearest point of adequate capacity in the sewerage network, as advised by the service provider...*” – paragraph 3.93. This recommendation has resulted in the inclusion of proposed criterion (i) of the draft allocation.
- 6) In overall terms should the site be allocated for development? What are the benefits? Alternatively should it be included within the settlement boundary for Ashurst?**
- 6.1 The Authority has previously recognised the potential for land at Ashurst Hospital to come forward through a Local Plan allocation. In Summer 2017 we undertook a public consultation on potential alternative housing sites and this included the Ashurst Hospital site. The Submission draft Local Plan (January 2018) recognised that brownfield land may become available at Ashurst Hospital during the Plan period, but that this was dependent on a future decision from the NHS (paragraph 7.20). It was therefore considered to be premature at the time to allocate the Hospital site. The Submission draft Local Plan also highlighted that the proximity of the New Forest Special Protection Area (SPA) to the Ashurst Hospital site would limit the type of any future residential use of the site.
- 6.2 In the intervening 14 months since the Regulation 19 Submission draft Local Plan was published, a number of matters have become clearer. The Authority has therefore responded positively to the points raised in both the Inspectors’ letter dated 29 November 2018 and the discussions at the Examination hearing sessions in November 2018 in proposing to bring forward redevelopment of previously developed land at Ashurst Hospital through a site allocation policy.
- 6.3 From the Authority’s perspective the Ashurst Hospital site was always under consideration as a Local Plan allocation, rather than an amendment to the Defined Village settlement boundary of Ashurst, as:

- This is consistent with the approach taken to the other proposed allocations adjacent to the Defined Village boundaries of Ashurst, Lyndhurst and Sway.
- Ashurst Hospital presents several challenges best addressed through a site-specific policy allocation. This includes the proximity of protected habitats and the non-designated built heritage assets on the site. A similar approach has been adopted for the former Lyndhurst Park Hotel (draft policy SP23) and the alternative approach of amending the Defined Village boundary would provide less certainty and clarity for interested parties.
- The inclusion of land at Ashurst Hospital as an additional Local Plan allocation would contribute towards meeting the identified housing need within the National Park. The site had previously been identified by the Authority as having potential and the redevelopment of the site through a Local Plan allocation attracted some support during the consultation in 2017.

6.4 The benefits of allocating the site include the certainty provided to interested parties (including the local community); and the clarity for potential future developers. The site allocation policy ensures the important site-specific issues – such as impacts on the built and natural environment – are clearly highlighted and the required approach for addressing them is set out. Land at Ashurst Hospital has been assessed through the Strategic Flood Risk Assessment (CD82), the Whole-Plan Viability Assessment (CD107), and an up to date site-specific Habitats Regulation Assessment. In addition, the site has also been subject to two periods of public consultation in Summer 2017 and early 2019. Consequently, there is an evidence base available to support the allocation and this was the preferred route proposed by the currently site owner in their Local Plan representations. In the Authority's view the alternative option of amending the settlement boundary would result in these important matters being deferred to the planning application stage, providing less clarity for interested parties.

Annex 1 – Natural England Position (March 2019)

Date: 04 March 2019
Your ref: Submission to local plan Inquiry



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Dear David

**New Forest National Park Local Plan 2016 – 2036
Examination Statement – New Forest National Park Authority**

Proposed Ashurst Hospital site allocation policy and supporting text

Thank you for consulting Natural England on the aforementioned local plan submission.

Natural England is a non-departmental public body. Our statutory purpose is to ensure that the natural environment is conserved, enhanced, and managed for the benefit of present and future generations, thereby contributing to sustainable development.

I can confirm that Natural England supports the Ashurst Hospital allocation policy and text submission to the local plan inquiry prepared by your authority and concurs with the findings of the Habitats Regulations Assessment Addendum (HRA), January 2019 completed on behalf of your authority by Land Use Consultants (LUC). The HRA concludes that adverse impacts on site integrity cannot be ruled out for general C3 residential development on the Ashurst Hospital site. Natural England also supports the conclusion that the Ashurst Hospital Site is likely to be more susceptible to urban edge effects than the Lyndhurst Park Hotel site.

Our particular concerns are to ensure allocation of the Ashurst Hospital site does not lead to either 1) the loss of supporting SPA habitats that lie within the old grounds of the Hospital Site, or 2) result in urban edge effects that may, alone or in combination, have an adverse impact on the integrity of the European Sites. It is our advice that the restriction of new development to the previous developed areas, the appropriate ongoing management of the site's retained habitats and the limitation to C2 residential or extra care use are fully justified restrictions that are necessary to ensure an adverse effect on integrity of the European Sites is avoided.

Should you require further information, or clarification please do not hesitate to contact me.

Yours sincerely

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