

Subject: Ashurst hospital

Date: 6 March 2019 at 08:10:32 GMT

To: "bankssolutionsuk@gmail.com" <bankssolutionsuk@gmail.com>

Dear Mr Banks

I [REDACTED] am responding to the consultation to allocate the Ashurst hospital site for development:

Using the list of questions in document ID/22

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

I believe that the proposed C2 allocation is appropriate for the previously developed part of the hospital site provided that there is protection for the chapel, the birthing centre and sufficient land reserved for any future expansion of the NHS uses.

2) What contribution would the allocation make to the provision of housing within the National Park. Are needs for C2 use and extra care use included in the Objectively Assessed Need for housing identified in the 2017 study and how would such a provision contribute towards meeting the housing requirement?

From personal experience I am aware of elderly residents in the village who can no longer manage in their existing homes and would welcome the opportunity to downsize in the village. The provision of warden assisted accommodation for local residents at the hospital site would have the direct impact of freeing up family housing locally and so would contribute to the housing supply in the National Park. Even local residents moving into a nursing home are likely to be coming from warden type accommodation or their own homes.

Other permitted uses under class C2 for example residential training centre uses would not contribute to the provision of housing as far as I can see.

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

I don't believe that the policy should allow for C3 use because of the potential adverse impacts on the protected habitats of the New Forest and the difficulty of mitigating against those. C3 residents are more likely to have cats/dogs that would be a danger to the nearby wildlife, there would a risk of fly-tipping of garden waste, general noise/light pollution and recreation pressures on the nearby forest.

Resisting those pressures will be much harder in a C3 development- the enforcement of covenants on individual householders is unlikely to be of interest to the original developer once the properties had been sold and it is not realistic to covenant against some of the activities that could impact on the Forest. Even for rented property, if a householder chose to ignore a requirement not to keep pets then the only sanction available to a landlord would be to secure possession via the courts and it would not be certain that a court would grant a possession order simply because someone owns a cat.

With regards to the Lyndhurst Park Hotel, I believe that the distinction is appropriate and justified. The former Lyndhurst Park Hotel is immediately adjacent to established high density housing off Gosport Lane and to the main A35. There is open forest on just one side of the hotel and that forest is heavily grazed and intensively used by visitors/dog walkers. A lot of traffic movements are generated by the public car parks, the Council offices and by the

Beaulieu road junction itself. I think that all of these factors combine to make the Lyndhurst Park Hotel location far less sensitive to the impact of a C3 residential use.

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

I believe that the potential adverse impacts are primarily those related to the protected habitats of the forest and potentially highways safety.

These impacts can be mitigated by careful design, use of high quality materials and a retention/reinforcement of the green buffer between the development and the open forest. A managed C2 development is also not going to produce the risks with garden waste, cat predation etc.

In terms of highways- it is already difficult to turn right onto the A35 and therefore any development would need to involve the improvement of the road junction (although any use of traffic lights would create substantial traffic issues on an already busy road)

5) Are the policy requirements appropriate and justified

I believe that they are however, the hospital site doesn't currently feel like it is part of the village of Ashurst because it is not particularly visible and there is no reason for residents to go on site.

The policy requirements don't recognise that and I think there is a risk that any C2 development would also feel unconnected with the village which would be a missed opportunity

If the NPA were prepared to include a requirement that the chapel is brought back into use in a way that would create some community value it would perhaps help secure the future of a heritage asset whilst creating a link between local residents and the hospital site (for example a community facility, day nursery potentially even a retail type use)

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?

I believe that the site should be allocated for development in accordance with the draft wording allocation produced by the NPA subject to my comments about the chapel. The hospital site is underused and something of an eyesore locally- its partial redevelopment would improve that part of the village. I believe that allocation is better than inclusion within the settlement boundary as the policy can address site specific issues.

One minor point to finish with- the plans in the documentation I have seen identify an area to the east of the hospital as 'Cricket Pitch'- I gather that this was historically used as a cricket pitch for the village but has not been used for many years and certainly wouldn't be recognised as a cricket pitch now. I only mention as it may give the impression of a nearby community facility when it isn't.

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