

Christine Whyte

From: Raut Caroline (06N) NHS Herts Valleys CCG
<Caroline.Raut@hertsvalleysccg.nhs.uk> on behalf of Planning.Enquiries (06N) NHS
Herts Valleys CCG <Planning.Enquiries@hertsvalleysccg.nhs.uk>
Sent: 14 September 2015 16:42
To: Local Plan
Subject: SADM
Attachments: SADM-Response-form 140915.doc

Please find attached Herts Valleys CCG response to the SADM Policies Plan.

Kind regards

Caroline

Caroline Raut

Herts Valleys Clinical Commissioning Group
Direct line: 01442 898870

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Herts Valleys Clinical Commissioning Group
Hemel One
Boundary Way
Hemel Hempstead
HP2 7YU





Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Dr	
First name	Jayne	
Last name	Taylor	
Job title (where relevant)	Chief Locality Officer, Hertsmere Locality	
Organisation (where relevant)	Herts Valleys Clinical Commissioning Group	
Address	Hemel One Boundary Way Hemel Hempstead	
Post Code	HP2 7YU	
Telephone number	01442 898888	
Email address	Jayne.taylor@hertsvalleysccg.nhs.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.



Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.

Part B	Name or organisation: <input style="width: 90%;" type="text" value="Herts Valleys Clinical Commissioning Group (HVCCG)"/>	For office use only Ref No: support: object: change:
IMPORTANT: Please use a separate Part B form for each representation		

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph	5.22	Policy	SADM	Policies Map		Other part of Plan (specify)	
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4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant	Yes	x	No		no comment to make	
4(b) Compliant with the Duty to Co-operate	Yes	x	No		no comment to make	
4(c) Sound	Yes	x	No		no comment to make	

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared		Please tick which box(es) apply
5(b) Justified		
5(c) Effective		
5(d) Consistent with national policy		

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

Throughout the SADM there is reference to the need to promote safe and healthy communities which is welcome. Within the Health & Wellbeing Strategy 2014-2017 the need to ensure health is considered at all stages of development is also recognised.

Healthcare capacity in an area needs to be considered when planning future residential developments, in particular care homes and the impact this can have on existing healthcare services. We fully support the *Local Plan Core Strategy Objective 9* and *Local Plan Core Strategy Spatial Vision* which identifies the need to provide a planning framework for providing health as well as other community facilities.

The west Hertfordshire strategic review *Your Care Your Future* is currently taking place and the emerging view is that more care will be provided closer to people's own homes. This will mean moving some services from acute hospital settings to community which will require additional facilities.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

- legally compliant or
- sound (having regard to the criteria you ticked at 5 above relating to soundness).

You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

Please note that we are not requesting changes but wished to stress the current pressures on health services.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination

Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

N/A

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: Jayne Taylor **Date:** 14.09.15

Part C (Only needed once)

Name (Print): Jayne Taylor

- If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.
- If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.
- If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.
- If you no longer wish to receive communications from the Council on SADM please tick this box.