

## Planning Statement | Acute Healthcare Matters

Local Authority Planning Reference:	R25/0565
Site Address:	Land South East Of, Rugby Road, Clifton Upon Dunsmore
Proposed Development:	For: Outline application with some matters reserved for the demolition of all buildings and the residential development of up to 160 dwellings, and creation of associated vehicular access off Rugby Road, pedestrian/cycle access points, parking, landscaping, drainage features, open space, children’s play area and associated infrastructure (all matters reserved except for vehicular access off Rugby Road).
Date of Statement:	25/09/2025

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### Acute Healthcare Contribution Summary

#### Summary

University Hospitals Coventry and Warwickshire NHS Trust (the “Trust”) has assessed the detrimental impact (the “Impact”) caused by the Proposed Development on local acute healthcare infrastructure and is requesting that the developer mitigates the harmful impact by way of a section 106 contribution (the “Contribution”) towards the local healthcare infrastructure.

The Trust does not object to the Proposed Development subject to the detrimental impact of the Proposed Development being mitigated as detailed in this planning statement (the “Statement”). Without the Contribution, the Proposed Development is not in accordance with ‘sustainable development’ as defined in the Local Development Plan and in the NPPF.

If planning permission is granted by the local authority, the Trust would expect a contribution, within the section 106 Agreement, to secure contributions to mitigate the harmful impact caused by the Proposed Development on the local healthcare infrastructure capacity to provide healthcare provisions to the occupants of the Proposed Development and the existing local community that it serves.

Healthcare Modality	Volume of activity generated	Contribution Required towards	Contribution Required (£) <sup>2</sup>
Accident and Emergency Attendances	115	Cost of additional capac	£18,886
Unplanned Admissions (including maternity)	52	Cost of additional capac	£103,934
Planned Admissions	6	Cost of additional capac	£28,210
Planned Daycases	42	Cost of additional capac	£34,830
	480		
Outpatient attendances		Cost of additional capac	£64,104
GP referred diagnostic examinations	102	Cost of additional capac	£9,814
<b>TOTAL</b>			<b>£259,778</b>

See Appendix A

At 2025/26 prices – will require uplift in line with the CPI depending on timing of development.

**The Trust's current capacity is already maximised and will not be able to absorb the increased demand for acute healthcare caused by the new residents of the Proposed Development.**

Therefore, without the Contribution, the Proposed Development is contrary to Rugby Borough Council's (the "Council") own Development Plan Policies and it would not be in accordance with the current Government planning policies stated in the updated December 2024 NPPF. The Trust considers this to be a conservative request which is directly related to the Proposed Development. It is necessary to ensure the delivery of the required healthcare infrastructure so that it meets the additional demand associated with the Proposed Development which is increased by population new to Rugby.

## 1. Introduction

This statement sets out the evidence of the detrimental impact created by the development on the Trust's infrastructure capacity and it demonstrates how the requested contribution is in the compliance with the CIL 122 test.

- Appendix A
  - Demonstrates how the additional healthcare needed by the residents of the Proposed Development causes a harmful impact on the Trust's infrastructure capacity. It also contains a detailed calculation of how the detrimental impact can be mitigated.
- Appendix B
  - Outlines the Trust's statutory responsibilities to provide acute healthcare and the current acute healthcare planning context
- Appendix C
  - Provides the policy support for the Contribution to mitigate the impact.
- Appendix D
  - Demonstrates how this request meets the tests set out in Regulation 122 (2) of the Community Infrastructure Levy ("CIL") Regulations 2010.

## 2. Additional requirements

## 2.1. Emergency attendances at A&E

- 2.1.1. The Trust anticipates that the Proposed Development of **160** homes would result in **115** additional attendances at A&E per annum.
- 2.1.2. Emergency attendances at A&E include people presenting from all age groups of the population.
- 2.1.3. A contribution is required towards increasing A&E infrastructure capacity caused by the Impact from the Proposed Development as the current infrastructure cannot consume the additional activity created by the Proposed Development.

## 2.2. Unplanned admissions

- 2.2.1. The Trust anticipates that the Proposed Development of **160** homes would create **52** additional unplanned admissions to hospital per annum.
- 2.2.2. Unplanned or emergency admissions occur when a person requires admission to a hospital bed which has not been arranged in advance. It usually occurs when a patient has attended A&E or been brought in via ambulance and cannot be diagnosed and treated within A&E and therefore needs to be admitted to an inpatient ward. However, it also includes a cohort of patients who are admitted directly via referral from primary care, and maternity patients. Generally, these patients currently stay in hospital for an average of 5 days.
- 2.2.3. The net inward population migration related to the Proposed Development will result in more unplanned admissions than otherwise would have been the case, and as the hospital is already running at full capacity, additional capacity will be required to meet this additional demand.
- 2.2.4. The type of additional capacity required is varied but, may include:
  - ❖ Increased use of hospital equipment such as scanners, laboratory equipment, beds and theatres;
  - ❖ Upgrading, expanding or developing new infrastructure.
- 2.2.5. A contribution is therefore required towards additional emergency admissions infrastructure capacity.

## 2.3. Planned Admissions and Day Cases

- 2.3.1. The Trust anticipates that the Proposed Development of **160** homes would result in an additional **6** Planned Admissions to hospital and **42** day cases.
- 2.3.2. Planned admissions and day cases occur when a person requires admission to a hospital bed on a pre-arranged basis, usually for a surgical procedure carried out in an operating theatre.
- 2.3.3. The net inward population migration related to the proposed development will

result in more activity than otherwise would have been the case, and as the hospital is already running at full capacity, additional capacity will be required to meet this additional demand.

2.3.4. The type of additional capacity required is varied

- ❖ Increased use of hospital equipment such as scanners, laboratory equipment, beds and theatres;
- ❖ Upgrading, expanding or developing new infrastructure.

A contribution is therefore required towards additional planned admissions and day cases infrastructure capacity.

## 2.4. Outpatient attendances

2.4.1. The Trust anticipates that the Proposed Development of **160** homes would create a demand for **480** additional outpatient attendances.

2.4.2. Outpatient attendances occur when a referral is made to a hospital specialist, usually from a GP, or when a patient needs to be followed up following treatment received at the hospital. Outpatient attendances can require diagnostic tests and sometimes a minor surgical procedure can be carried out during the consultation.

2.4.3. The net inward population migration related to the Proposed Development will result in more activity than otherwise would have been the case, and as the hospital is already running at full capacity, additional capacity will be required to meet this additional demand.

2.4.4. It is therefore anticipated additional capacity will be needed and will be provided by:

- Additional clinics
- Additional equipment – scanners, monitors and surgical equipment
- Additional outpatient clinic infrastructure

2.4.5. A contribution is required towards increasing new outpatient infrastructure capacity to mitigate the detrimental impact that the Proposed Development will create.

## 2.5. GP referred diagnostic attendances

2.5.1. The Trust anticipates that the Proposed Development of **160** homes will increase a demand for **102** additional diagnostic requests referred by GPs.

2.5.2. GPs are able to refer patients to hospital for a diagnostic procedure prior to referring them to a specialist outpatient clinic. This is to support the GP in whether the suspected condition warrants making a referral to hospital or should be managed within primary care. The types of diagnostics referred are usually imaging such as ultrasound, X-rays, CT scans and MRI scans.

2.5.3. The net inward population migration related to the proposed development will result in more activity than otherwise would have been the case, and as the hospital is already running at full capacity, additional capacity will be required to meet this additional demand.

2.5.4. It is therefore anticipated additional capacity will be needed and will be provided by:

- Additional diagnostic equipment and infrastructure

2.5.5. A contribution is required towards increasing the necessary diagnostic infrastructure capacity caused by demand from the occupants of Proposed Development.

### **3. Conclusion**

- 3.1 The Proposed Development will cause harm to the health infrastructure by way of an increase in the demand individually and cumulatively during the lifetime of the Proposed Development. The increase in demand has been estimated by taking into account the levels of demand from the existing population closest to the Proposed Development.
- 3.2 The mitigation of the harm caused by the Proposed Development has been carefully considered and is fairly and reasonably related to the impact created. The contribution received will be pooled with other section 106 existing and future contributions as this Proposed Development on its own cannot fully cover the costs of the infrastructure necessary to mitigate the harmful impact.
- 3.3 If the said impact is mitigated as requested, the Proposed Development will assist with ensuring faster delivery of health service infrastructure in accordance with paragraph 101 of the 2024 NPPF.
- 3.4 Without the Contribution, the ability of the Trust to meet the health needs of the population will be adversely affected, having a deleterious effect on the health outcomes of both the future occupants of this Proposed Development and the existing population of the local community. The Proposed Development would be therefore unsustainable and contrary to the Council's and Government planning policies.

## Appendix A: Calculation of Impact

Application Ref: R25/0565

Coventry Please Select  
ONS Mid 2017 Population Estin 360149

Development Dwellings 160 Development Pop 376.00

Pay 60%  
All Other Cost  
Total Cost  
Marginal Rate on Emergency Admissions 20%  
Capped Contract 0%  
Agency Cap Uplift 55%

Activity Type	Activity 2018/19	% Activity rate per annum per head of population	Activity rate per annum per head of population	Avg Tariff	12 mths Activity for 160 Dwellings	Delivery Cost for 160 Dwellings	Marginal Rate for New Activity	Marginal Impact	Premium Cost of Delivery	Cost Pressure (Claim)
A&E Attendances	109,947	31%	11:36	£ 145.60	115	£ 16,713	20%	£ 13,371	£ 5,515.38	£ 18,885.99
Non Elective Admissions	50,084	14%	5:36	£ 1,759.04	52	£ 91,977	20%	£ 73,582	£ 30,352	£ 103,934.09
Elective Admissions	6,056	2%	1:36	£ 3,354.74	6	£ 21,210	0%	£ 21,210	£ 6,999	£ 28,209.92
DC Admissions	40,452	11%	1:9	£ 620.10	42	£ 26,188	0%	£ 26,188	£ 8,642	£ 34,830.39
Outpatient appointments	459,738	128%	23:18	£ 100.42	480	£ 48,199	0%	£ 48,199	£ 15,906	£ 64,104.03
Diagnostic Imaging	97,289	27%	5:18	£ 72.65	102	£ 7,379	0%	£ 7,379	£ 2,435	£ 9,813.95
<b>Total</b>						<b>£ 211,667</b>	<b>£ 0</b>	<b>£ 189,928</b>	<b>£ 69,850</b>	<b>£ 259,778</b>

1,988  
4,462  
825  
134  
97

2.35

**Cost Per Dwelling** £ 1623.61

for template

Healthcare Modality	Volume of activity	Contribution Required towards	Contribution Required (£) <sup>2</sup>
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### Record of clinical activity

All activity undertaken by the Trust is traceable to a patient through the patient's address, NHS number and registered GP. These are recorded each time a patient is treated. This data is anonymised, validated and submitted by every acute trust monthly to a national NHS data warehouse so that it is available nationally and publicly. Note this activity count does not represent discrete patients, but the amount of activity undertaken. It is this activity which is used as a basis for the impact calculation.

### Assumptions and explanation

The Trust's calculation ascertains the additional impact the new development will impose on the Trust's capacity. The Trust has been advised by specialist planners in devising the following method to establish the incoming population which is new to its operational area:

1. The total number of proposed dwellings is used as the basis for the calculation
2. The tenure of the Proposed Development (based on the proposed affordable housing contribution and breakdown of affordable housing tenures) is modelled to generate a figure for total development population based on official subnational population and household projections (based on total number of dwellings). The detail of projections used for this step is available on request.
4. The split of future residents (firstly by persons by age and sex and then by household tenure) likely to move to the new development from within and beyond the operational boundaries of the Trust is estimated.
5. Any relevant adjustments are made to estimate sources of population from inside or outside the Trust's operational area. This step addresses any plan-led assumptions for migration and adjusts for the proportion of full-time student households
6. The calculation uses the council's average published household size.

It is important to estimate only the impact of those people who are new to the Trust's operational area. The calculation avoids counting the impact from residents who are moving from an address within the Trust's operational area and whose demands are therefore already anticipated in the Trust's infrastructure plans.

Each activity undertaken by the Trust has a nationally determined price associated with it set out in the public domain under the NHS Payment Scheme. These prices are based on the average cost of activity across the NHS.

## Appendix B – Background and Context

This appendix has been compiled to provide background and context to the detrimental impact that the new residents of the Proposed Development will have on the Trust's services.

### 1. NHS Trust's licenced undertakings

**1.1.** Under the terms of its licence, the Trust provides acute health care services to a catchment population, which includes the Proposed Development. The Trust has a **statutory** responsibility under the NHS Constitution, and the terms of its licence, to provide services to everyone who presents for treatment.

### 2. General Healthcare Capacity Planning Context

#### 2.1. National and local healthcare planning

The demand for services at UHCW is growing significantly. The population is growing in absolute terms but also demographically due to an ageing population – people are living longer with more complex health conditions. Sustainable healthcare capacity is, therefore, critically important to maintain.

The Trust's base capacity is frequently overfilled, so infrastructure expansion is often needed, some examples of which are as follows:

- Additional ward and bed capacity
- Additional emergency assessment and treatment capacity
- Additional radiology capacity (e.g. MRI, CT scanners, X ray)
- Additional diagnostic capacity (e.g. pathology, endoscopy)
- Additional operating theatre capacity
- Additional outpatient facilities capacity
- Additional maternity capacity

**2.2.** Safe hospital care is provided when the hospital is operating at or below 92% of full bed capacity. This is the standard set by NHS England for English acute hospitals.

However, the Trust's hospitals are on average operating well above 92% capacity and increasingly experiencing surges where demand exceeds 100%. This happens when the requirement for emergency admissions exceeds the number of patient discharges it is safe to make. At these times, the Trust's infrastructure and equipment is over-used and additional infrastructure and related staff are brought in, adding premium costs.

**2.3.** The residents of the Proposed Development will cause detrimental further pressure to hospital infrastructure as shown in the impact calculation. This is the reason a developer contribution is required.

### **3. Allocative formula for NHS resource distribution to commissioners**

- 3.1.** The NHS funding allocation formula works in accordance with a “Weighted Population Index” that measures age and deprivation within a geographically defined target population. Successive governments since the seventies have supported its purpose which is to allocate “fair shares” of the annual NHS funding settlement to NHS commissioners (Integrated Care Boards (ICBs)), who are charged to purchase healthcare for their local population.
- 3.2.** The “growth” referred to in NHS allocations is the change in local population size from the previous baseline year to the new baseline year for which the ICB is receiving its allocation. This population change can be negative or positive, reflecting whether the population has shrunk overall, or grown. There is no forecast of future population change associated with new housing development within the allocation model.

### **4. NHS Trusts’ funding model**

- 4.1.** NHS Trusts contract with their commissioners in ICBs, each year, to provide NHS care for local residents. The contracts are activity based and must use the previous year’s activity as the baseline.
- 4.2.** If their funding allocation includes it, ICBs add to the year’s contract baseline to account for inflation, pay growth and other factors specified by national health policy.
- 4.3.** There is no forecast of *future* population change within the NHS contract (as in migration as a consequence of new housing development is not included in ONS figures). This is why ICBs do not forecast population growth due to in-migration in their contracts with Trusts, nor pay NHS Trusts for the cost of caring for new population.

Therefore, the Trust is requesting a payment to create infrastructure capacity to treat the demand from patients generated by the additional population new to the area created by the Proposed Development<sup>1</sup>.

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<sup>1</sup> The Trust is not seeking ‘gap funding’ as defined in the case of (R & Another on the Application of University Hospitals of Leicester NHS Trust and Harborough District Council CO/2298/2022). In this case the Court (in paragraph 138-139) Judge Holgate confirmed that “*If for example, a development would itself cause direct harm to the public facility, so that the three tests in Reg.122(2) of the CIL Regulations 2010 are satisfied, the local planning authority would be entitled to require the developer to mitigate the harm under a Section 106 obligation, irrespective of whether the authority responsible for that specifically is able to raise taxes or has borrowing powers.*” (our emphasis).

## **Appendix C - The Current Development Plan and the Updated NPPF Policies in support of the request to mitigate the detrimental impact created by this Proposed Development**

Planning applications must be determined in accordance with the development plan unless material considerations indicate otherwise<sup>2</sup>. The creation of healthy communities is an essential component of sustainability as articulated in the Government's National Planning Policy Framework<sup>3</sup> (the "NPPF") and as set out below. The NPPF is material consideration.

Development plans must be in conformity with the NPPF and less weight should be given to policies that are not consistent with the NPPF. It follows that, local planning policies along with development management decisions must also be formulated with a view to securing sustainable healthy communities.

### ***Local Plan 2011-31***

#### **Policy HS2: Health Impact Assessments**

*Where required, Health Impact Assessments should be prepared in accordance with the advice and best practice for such assessments as published by the Department of Health and other agencies, such as the Coventry and Rugby Clinical Commissioning Group, Public Health Warwickshire, University Hospitals Coventry and Warwickshire NHS Trust.*

*Where it is demonstrated that a development proposal would have a significant adverse impact on wellbeing, the Borough Council may require appropriate mitigation measures through planning conditions, financial or other contributions secured through planning obligations and/or the Council's CIL charging schedule.*

#### **Paragraph 11.20**

*Planning obligations should only be used where it is not possible to address the unacceptable impacts of development through a planning condition. Planning obligations should only be sought where they meet the tests set out in the NPPF: to ensure that the obligation is necessary to make the development acceptable in planning terms, is directly related to the development, and is fairly and reasonably related in scale and kind to the development, as well as being CIL compliant. Examples of obligations that could be appropriate as mitigation include education, affordable housing, transport, biodiversity, health, and community facilities.*

#### **Definition of Infrastructure**

*[...] Health: hospitals, health centres/GP surgeries, dental practices, pharmacies and hospices.*

#### **Planning Positively for Infrastructure**

*It is crucial that the Local Plan and the IDP are written positively so as to enable the level of growth and infrastructure required in the Borough to meet the objectives, principles and policies of the Framework. One of the core planning principles set out in paragraph 17 of the*

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<sup>2</sup> Section 70 (2) of the Town and Country Planning Act 1990 and Section 38(6) of the Planning and Compulsory Purchase Act 2004

*Framework 2012 is that planning should drive and support sustainable economic development, and this includes the delivery of infrastructure.*

## **Acute Health Care**

*These hospitals are now operating at full capacity and additional healthcare infrastructure will be needed to cope with the impact created by future housing development.*

*UHCW has considered the anticipated housing growth for Rugby Borough and looked at the overall impact of the proposed increase in households to develop a strategy that will serve the future healthcare needs of the growing population. The identified infrastructure will be required to meet the needs of the future populations of the new developments allocated through the Local Plan. The acute infrastructure request contained in the Infrastructure Delivery Schedule reflects the additional demands on healthcare that cannot be accommodated within existing infrastructure arising from the growth in housing in the Borough.*

## **NPPF Policies**

The following NPPF (December 2024) paragraphs are relevant to the Trust's request to make sure that adequate health infrastructure capacity is available, and that the Proposed Development sustainable:

### *NPPF Section 1*

#### *Paragraph 2*

*Planning law requires that applications for planning permission be determined in accordance with the development plan<sup>2</sup>, unless material considerations indicate otherwise<sup>3</sup>. The National Planning Policy Framework must be taken into account in preparing the development plan, and is a material consideration in planning decisions. Planning policies and decisions must also reflect relevant international obligations and **statutory requirements (our emphasis)***

### *Section 2 Achieving Sustainable Development*

#### *Paragraph 7:*

*"The purpose of the planning system is to contribute to the achievement of sustainable development, including the provision of homes, commercial development, and supporting infrastructure in a sustainable manner..... **as meeting the needs of the present without compromising the ability of future generations to meet their own needs.**" (our emphasis).*

#### *Paragraph 8:*

*"Achieving sustainable development means that the planning system has three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways (so that opportunities can be taken to secure net gains across each of the different objectives):...*

*2) a social objective – to support strong, vibrant and **healthy communities**, by*

*ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, **with accessible services** and open spaces that reflect current and future needs and support communities' **health, social and cultural well-being**; and..." (our emphasis)*

### *NPPF Section 3 | Plan-making*

#### *Paragraph 27a*

*"a **consistent approach** is taken to planning the delivery of major infrastructure, such as major transport services/projects, utilities, waste, minerals, environmental improvement and resilience; and **strategic health**, education and other social infrastructure (such as **hospitals, neighbourhood health facilities**, universities, schools, major sports facilities and criminal justice accommodation)" (our emphasis)*

### *NPPF Section 8 | Promoting Healthy and Safe Communities*

#### *Paragraph 98*

*"To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:*

*a) plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;*

*b) take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;*

*c) guard against the **unnecessary loss of valued facilities and services**, particularly **where this would reduce the community's ability to meet its day-to-day needs**; (our emphasis)*

*d) ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and*

*e) ensure an integrated approach to considering the location of housing, economic uses and community facilities and services."*

#### *Paragraph 101:*

*"To ensure faster delivery of **other public service infrastructure** such as further education colleges, **hospitals** and criminal justice accommodation, local planning authorities should also work proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted. **Significant weight should be placed on the importance of new, expanded or upgraded public service***

***infrastructure when considering proposals for development.” (our emphasis)***

## **Health and Social Care Act 2022 (Statutory Requirements) and Policies**

Local authorities are members of Integrated Care Partnerships as created under the Health and Social Care Act (2022) amended from Local Government and Public Involvement in Health Act 2007. The act sets out a duty of cooperation for local authorities in relation to developing, agreeing, supporting and delivering the shared and agreed health and care priorities as defined in the jointly developed and agreed Integrated Care Strategy.

*Health and Social Care Act (2022)*

*Paragraph 26, "116ZA*

*Integrated care partnerships*

*(1)An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board’s area must establish a joint committee for the board’s area (an “integrated care partnership”).*

*(2)The integrated care partnership for an area is to consist of—*  
*(a)one member appointed by the integrated care board,*  
*(b)one member appointed by each of the responsible local authorities, and*  
*(c)any members appointed by the integrated care partnership.*

*Paragraph 26, 116ZB Integrated care strategies*

*(1)An integrated care partnership must prepare a strategy (an “integrated care strategy”) setting out how the assessed needs in relation to its area are to be met by the exercise of functions of*

*(a)the integrated care board for its area,*

*(b)NHS England, or*

*(c)the responsible local authorities whose areas coincide with or fall wholly or partly within its area.*

*(7)An integrated care partnership must*

*(a)publish each integrated care strategy, and*

*(b)give a copy of each integrated care strategy to—*  
*(i)each responsible local authority whose area coincides with or falls wholly or partly within its area, and*  
*(ii)each partner integrated care board of those responsible local authorities.*

*116B Duty to have regard to assessments and strategies*

*(1) A responsible local authority and each of its partner integrated care boards must, in exercising any functions, have regard to the following so far as relevant—*

- (a) any assessment of relevant needs prepared under section 116 in relation to the responsible local authority's area,*
- (b) any integrated care strategy prepared under section 116ZB in relation to an area that coincides with or includes the whole or part of the responsible local authority's area, and*
- (c) any joint local health and wellbeing strategy prepared under section 116A by the responsible local authority and its partner integrated care boards.*

The purpose of the is to bring ICP **health, local government and wider partners together** to build a healthier future for local people with the shared vision of '*working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer.*' The **priorities shared** by the ICP partners, including District Councils, are:

- To improve outcomes in population health and healthcare
- Tackle inequalities
- Enhance productivity and value for money
- Support broader social and economic development

In addition, the has the priority: *safe, thriving and **healthy** homes, communities and places* to which all local partners have committed.

## APPENDIX D - CIL compliance

Planning Obligations – Compliance Statement for **Land South East Of, Rugby Road, Clifton Upon Dunsmore.**

Paragraph 204 of the Framework and Regulation 122 of the Community Infrastructure Levy Regulations 2011 (as amended) set tests in respect of planning obligations. Obligations should only be sought where they meet the following tests:

- 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.

The table below shows details of the contributions requested by University Hospitals Coventry NHS Trust.

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Emergency attendances at A&amp;E</b></p> <p><b>£118.04</b> per new household for increased A&amp;E capacity at or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local Urgent and Emergency acute health services, has a duty to provide comprehensive and efficient Urgent and Emergency care services for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the Urgent and Emergency care provision within the vicinity of the development and to increase capacity to accommodate such demand.</p> <p>The calculation is based on the number of expected inhabitants of development based on the published average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on A&amp;E services at the or other such facility that will serve the development.</p>	<p>The Urgent &amp; Emergency care request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per Urgent and Emergency care attendance</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>unplanned admissions</b></p> <p><b>£649.59</b> per new household for increasing Urgent and Emergency admissions capacity at or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local health care services, has a duty to provide comprehensive and efficient Emergency admissions service for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the Urgent and Emergency care admissions provision within the vicinity of the development.</p> <p>The calculation is based on the number of expected inhabitants of development based on the published average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on emergency admissions services.</p>	<p>The emergency admissions request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per Urgent and Emergency care admission.</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Planned Admissions and Day cases</b></p> <p><b>£394.00</b> per new household for increasing elective admissions capacity at or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local health care services, has a duty to provide comprehensive and efficient elective admissions service for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the elective admissions provision within the vicinity of the development.</p> <p>The calculation is based on the number of expected inhabitants of development based on the published average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on elective care services.</p>	<p>The elective admission request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per elective care admission</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Outpatient attendances</b></p> <p><b>£400.65</b> per new household for increasing new outpatient appointment capacity at or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local acute health services, has a duty to provide comprehensive and efficient new outpatient care.</p> <p>The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon new outpatient care.</p> <p>The calculation is based on the number of expected inhabitants of development based on the published average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on outpatient services at</p>	<p>The new outpatient attendances request for contributions is based on the number of expected inhabitants of the development, the average demand for new outpatient care from residents local to the development's post code and the average cost per new outpatient appointment at</p> <p>The request is therefore in line with the scale of the development and the certain impact additional residents will have on new outpatient services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Diagnostic Referrals</b></p> <p><b>£61.34</b> per new household for increasing diagnostic capacity at or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local acute health services, has a duty to provide comprehensive and efficient diagnostics for those referred by local GPs.</p> <p>The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate the impact of the development upon diagnostic care.</p> <p>The calculation is based on the number of expected inhabitants of development based on the published average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on services at</p>	<p>The diagnostic attendances request for contributions is based on the number of expected inhabitants of the development, the average demand for diagnostic care from residents local to the development's post code and the average cost per diagnostic appointment at</p> <p>The request is therefore in line with the scale of the development and the certain impact additional residents will have on diagnostic services.</p>

