



**PLANNING REF: 4185/19/OPA**

**DESCRIPTION: READVERTISEMENT (revised plans) Outline application for provision of up to 1,640 new dwellings; up to 1,200 sqm of commercial, retail and community floorspace (A1-A5, D1 and D2 uses); a new primary school; areas of public open space including a community park; new sport and playing facilities; new access points and vehicular, cycle and pedestrian links; strategic landscaping and attenuation basins; primary substation and other associated site infrastructure. All matters reserved except for access.**

**ADDRESS: Land at Woolwell, Part of the Land at Woolwell JLP Allocation (Policy PLY44)**

**20<sup>th</sup> November 2024**

#### **LETTER OF OBJECTION FROM THE SOUTH HAMS SOCIETY**

The South Hams Society interest

For the last 60 years, the South Hams Society has been stimulating public interest and care for the beauty, history and character of the South Hams. We encourage high standards of planning and architecture that respect the character of the area. We aim to secure the protection and improvement of the landscape, features of historic interest and public amenity and to promote the conservation of the South Hams as a living, working environment. We take the South Devon Area of Outstanding Natural Beauty very seriously and work hard to increase people's knowledge and appreciation of our precious environment. We support the right development - in the right places - and oppose inappropriate development.

The South Hams Society wish to comment on this application following the release of the latest Care Quality Commission report with respect to Derriford, carried out on the 12<sup>th</sup> / 13<sup>th</sup> March 2024 and published on the 8<sup>th</sup> November 2024.

The overview of the report states:

*'Date of on-site assessment 12 to 13 March 2024. Dates of desktop assessment between 14 March to 10 May 2024. **We carried out a responsive assessment of Urgent & Emergency Care (UEC) at Derriford Hospital in response to concerns shared with Care Quality Commission (CQC) regarding people accessing the Emergency Department (ED).** We also reviewed evidence submitted from staff at the trust. **We reviewed 4 key questions: Safe, Effective, Responsive and Well-led.** The overall rating for this service is requires improvement. We rated the key questions and the service overall as requires improvement as we identified breaches of regulations. **The trust was still failing to provide care and treatment in a safe way for service users**.'*

(Emphasis bolt text added)

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The previous assessment, **published on the 19<sup>th</sup> January 2022** stated:

### ***'What we found***

#### ***Overall trust***

*We carried out this unannounced inspection of urgent and emergency care and medical care services provided by University Hospitals Plymouth NHS Trust as part of our continual checks on the safety and quality of healthcare services, **because at our last inspection we rated the trust overall as requires improvement, and because we received information giving us concerns about the safety and quality of the services.***

*We also inspected the well-led key question for the trust overall.*

***Our overall rating of services stayed the same.***

*We rated them as **requires improvement** because:*

- *We rated caring as outstanding, effective as good, and **safe, responsive and well led as requires improvement.***
- ***We rated medical care as requires improvement.***
- ***We have not rated the urgent and emergency care core service because of the pressure the emergency department was under at the time of inspection. As such we were not able to see the totality of the service.***
- *In rating the trust, we took into account the current ratings of the seven services not inspected this time. Our inspection found significant concerns and challenges in urgent and emergency care and medical care, largely impacted by challenges within the wider health and social care system. Because of our concerns, we placed conditions on the trust's registration requiring them to take action with the health and social care system to improve patient safety and experience. We took this action because:*
  - *Services were not meeting the needs of patients. Patients did not always have timely access to services.*
  - ***There were continually patients being cared for in ambulances outside a crowded emergency department. Patients in the emergency department could not be moved promptly to medical and surgical wards because there was no capacity. Patients could not be discharged in a timely way.***

(Emphasis bolt text added)

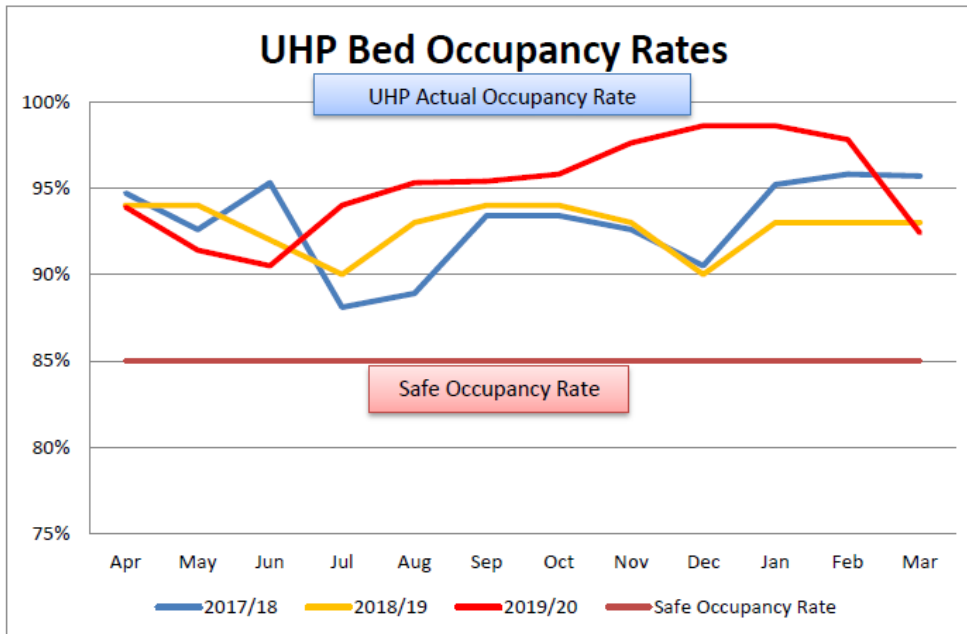
Even at the time of the 2022 inspection it was obvious that the emergency A&E service was not coping well.

The Society have also read the NHS submission contained within this application and it is clear that there were issues in the lead-up to the COVID pandemic.

## Appendix C – Bed Occupancy

The table below details UHP’s actual average occupancy of the general bed base for the three years shown. This should be compared with an optimal occupancy rate of 85%.

Bed occupancy of general bed base by day	2017/18	2018/19	2019/20
Core bed occupancy (excluding surge capacity)	93%	93%	95%



This high occupancy rate creates significant impact on available bed capacity in the hospital on a day-to-day basis, creating delays in getting patients transferred from the Emergency Department once it is determined they require admission.

What should alarm us all is that the table above demonstrates that the hospital has been operating above a safe operational capacity level since at least 2017/18, prior to the pandemic, and has again been confirmed by the Independent Care Quality Commission as operating above capacity.

Regarding Safety, the CQC state in November 2024.

‘Safe

*Requires improvement*

*Updated 29 October 2024*

*We reviewed the learning culture, safe systems, involving people to manage risks, safe environments, safe and effective staffing and infection prevention and control (IPC), quality statements for the safe key question. **Treatment and care was not always provided in a safe way. Patients did not have timely access to assessment or treatment. There were long waits for patients in ambulances and within the department. Patient risks were not always monitored safely or effectively following triage. The service could not move patients promptly to medical and surgical wards. Patients experienced delayed discharges. However, staff were doing their best to mitigate risk at a time of very high occupancy in the department.***

(Emphasis bolt text added)

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## The Planning Consideration.

A key consideration should be the impact of the proposed development on the health and well-being of residents throughout not only the area encompassed by the JLP but also further afield. As Paragraph 4.8 of the JLP points out:

*Derriford Hospital provides health care for patients across Devon and Cornwall and is the designated Major Trauma Centre for the peninsula – one of two Major Trauma Centres (with Frenchay in Bristol) in the west country.*

And, in responding to this application, the University Hospitals Plymouth NHS Trust made it clear that Derriford:

*'is currently operating at full capacity in the provision of acute and planned healthcare. The proposed development will create a potentially long-term impact on UHP's ability to provide its services in a safe, accessible and sustainable manner to current and new residents'.*

Consequently the Trust sought a contributions of £738,826 and £162,181 from the two sites respectively to help mitigate the gap in the funding created by each potential patient from this development. **This equates to a contribution of only £450.50p per dwelling.**

However, as *'acute care patients would nevertheless continue to be treated'* in the words of the Officer Report (14.3.5), regardless of whether or not that funding was provided, the LPA has chosen to decline that request.

As a result the Trust will have to find the money from its own resources, and that will inevitably need to come at the expense of other services the Trust provides, in all probability meaning that residents not requiring acute care will have to wait longer for planned treatment.

This would be in clear conflict with Policy DEV1 that states:

*'Development proposals will be required to safeguard the health and the amenity of local communities'.*

For this reason 11.2.7 of the Officer Report should also be noted:

*'The initial modelling also confirmed that congested areas to the south (of the proposed development), with the addition of wider committed development only (i.e. excluding the Woolwell Developments) causes junctions along the A386, A38 and Novorossiysk Road to operate over capacity during the 1 hour peaks (0800 – 0900 and 1700 – 1800) with committed improvement schemes in place'.*

It was therefore highlighted that the addition of development generated traffic from Woolwell only further increases congestion and associated queuing at these junctions during these 1-hour peaks, with these presenting unrealistic future scenarios.

Such scenarios could clearly include delays to ambulances attempting to access Derriford, and would again conflict with Policy DEV1.

Consequently Paragraph 4.180 of the JLP accepts:

*'there are current constraints in relation to the transport infrastructure in the area and its ability to accommodate significant development. As such, the plan sets out the measures required to address these issues. In particular, the Woolwell to the George Junction transport scheme should be implemented prior to the occupation of development. Additionally, it will be important to deliver the*

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*main access to the scheme as a first phase of development so that there is adequate access for construction traffic and to protect the amenity of the existing community’.*

Yet rather than ensure this is the case, Officers have chosen to adopt a ‘Vision and Validate’ approach (11.2.10):

*‘The ‘Vision and Validate’ approach is simply to decide what we want to see - accessible, affordable, safe, climate-friendly, connected and socially just transport options – and design to achieve them’.*

Cynics might describe this approach as wishing it so must make it so. However the Report then goes on to explain (11.2.12):

*‘This approach differs from the first analysis as that focused on a single fixed hour peak thereby taking no account of the potential for drivers to adjust the time of their trip. The purpose was to identify the potential for peak spreading, which is a concept used to describe the broadening of traffic flow profiles in peak periods which occurs in congested networks as traffic demand increases’.*

Noticeably this makes no claim that congestion will actually be reduced, even if drivers are able to adjust the times of their journeys, and instead would appear to suggest congestion will occur over a longer period as traffic demand increases.

As a result the Officer Report then goes on to claim that (11.2.14):

*‘Based on a combination of the trip banking exercise, residual capacity assessment and allowing for the adjustment to anticipated trip generation due to the on-site travel plan, the TA concludes that up to circa 416 dwellings (i.e. 379 + 38) could form an initial phase of development that can be accommodated prior to the construction of the WtTG scheme, with an immaterial impact on baseline traffic flows at the junction’.*

and (11.2.15):

*‘This demonstrates that there is potential for new dwellings to be built and occupied at the site in advance of the WtTG scheme being completed, even in the unlikely event that it was to slip a number of years’.*

Not only does it seem oxymoronic to suggest that by doing nothing to reduce congestion over longer periods you can accommodate additional trip generation without increasing the probability of coming in to conflict with Policy DEV1, and of course wishing it so will not make it so, but that you can also simply choose to disregard Paragraph 4.180 of the JLP.

One also wonders just how many Travel Plans have actually delivered their promised outcomes?

Finally Paragraph 10.1.9 of the Officer Report states that Policy DEV1:

*‘allows for the relaxation of planning obligations where robust viability evidence has been submitted and assessed’.*

In fact DEV1 actually states:

*‘In determining whether or not to grant planning permission, the LPAs will have regard to the overall economic, social and environmental benefits of the development and whether, on balance, some relaxation of planning obligations is justified’.*

'Some relaxation' I would suggest is not the same as '*the relaxation*' of all obligations, even if '*the overall economic, social and environmental benefits of the development*' can be said to outweigh any other considerations.

Separately the NPPF states:

Section 8. Promoting healthy and safe communities

Paragraph 97

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

*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;*

Paragraph 100.

***'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'.***

Finally the Society observe that Barwood Land will not actually develop the site themselves, instead they will sell the consent on to one or more housebuilders, presuming of course someone wants to actually develop the site as proposed. From Barwood's website:

*'Barwood Land, by contrast, seeks to maximise planning consent to increase the value of the land, then selling it on the open market in an efficient and time sensitive manner.*

*The consented land is sold in order to achieve the highest bid; it is our experience that identifies and secures the best deal. Barwood Land promotes the land and adds to its value, rather than pitching a non-competitive valuation as is done by many house builders. Like our landowners, our commercial return is realised from the sale of the land and we therefore work diligently and in partnership with our landowners in order to maximise net sale proceeds'.*

<https://www.barwoodland.co.uk/projects/woolwell-plymouth/>

The LPA would therefore be approving a development for which there is no evidence that an actual developer exists.

Referring to JLP Policy PLY44

**1. *Delivery in accordance with a strategic masterplan and design code that should be prepared for the site and consulted upon in advance of the consideration of any planning application. This masterplan will:***

*i. Identify the design philosophy and phasing of the development.*

*ii. Include a detailed transport and access strategy which establishes key road, walking and cycling routes and public transport, maximizing the permeability of the site by all forms of sustainable transport, both within the development and to connecting routes in the vicinity.*

*iii. Set out a landscape strategy that responds to the sites location and relationship with Dartmoor National Park.*

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This application follows the planning path for '*Land off (West of) Belle Hill, Kingsbridge, Devon*'.

What came to fruition once the site was sold was a development that differed considerably from that originally put forward by the promoter, and a development widely seen as an eyesore in the landscape.

Such are the concerns surrounding capacity of Derriford Hospital, currently certified as unsafe, the local planning authority should refuse any further major developments that will lead to further population increases placing additional demands on the Hospital as guided by paragraph 100 of the NPPF.

Quite simply, the community concerns surrounding Derrifords' emergency service provision have been assessed by the CQC and confirmed as inadequate and unsafe.

For and on behalf of the South Hams Society,

Richard Howell  
Chairman.