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Sent: 14 May 2021 09:08
To: Michael Higgins
Subject: 21/0223/OUT - Land at Home Farm, Pinhoe, Exeter
Attachments: 14-05 Letter re. Home Farm .pdf

Hi Mike

Please find attached letter which relates to s106 requests to the above application.

Kind regards

Nicole

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Your Ref 21/0223/OUT
Our Ref NS/PCL/1867
Date 14th May 2021



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Michael Higgins
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Dear Michael,

PLANNING APPLICATION REF. 21/0223/OUT – LAND AT HOME FARM, PINHOE

I am writing in relation to the above application, specifically regarding the consultation responses that have been provided by Devon County Council (DCC) Children's Services and the NHS Devon Clinical Commissioning Group (CCG). Both of these responses seek s106 contributions from the development.

The Community Infrastructure Levy (CIL) Regulation 122 sets out the tests for planning obligations, which must only be sought where they are:

- a) necessary to make the development acceptable in planning terms;
- b) directly related to the development; and
- c) fairly and reasonably related in scale and kind to the development.

Having regards to the above tests, we have concerns that the contributions that have been sought may not comply with the above tests for the reasons set out in this letter.

DCC Children's Services

DCC has stated that they forecast that secondary schools within Exeter are at capacity and therefore they have requested a contribution towards secondary education for the pupils expected to be generated from the development (6 pupils).

No capacity/ forecast data information has been provided by DCC as part of their response. Without this information, we are therefore unable to consider whether this request would meet the CIL 122 tests set out above.

We therefore request the following information:

- Total existing and forecast capacity data of secondary schools in the Exeter area.
- Number of existing pupils on roll at secondary schools in the Exeter area.

NHS Devon CCG

The NHS Devon CCG comments has set out a s106 contribution request towards local healthcare.

We enclose an extract from the NHS document '*Technical Guide to Allocation Formulae and Pace of Change*' (May 2019). This document sets out that the CCG annual budget is based upon a national funding formula which is driven by a forecast of the population using GP registered patient list sizes and ONS population projections (see paragraph 3.1.2).

Therefore, population growth (which must be accommodated by new development through the planning process) will have been factored into the NHS funding process at the outset, i.e. the funding mechanism is proactive rather than reactive.

On the basis of the above, there is insufficient evidence to conclude compliance with CIL Reg 122. However, the applicant is willing to consider further information if the Council are able to disclose this.

Yours sincerely,



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For PCL Planning Ltd
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Technical Guide to Allocation Formulae and Pace of Change

For 2019/20 to 2023/24 revenue allocations

3 Population base

3.1 Calculating CCG estimated registrations

3.1.1 GP registered lists

The starting point for the weighted capitation formula is each CCG's population. The populations used are the registered lists of all member GP practices of the CCG as published by NHS Digital.

Previously a single monthly snapshot of GP registrations has been used as the baseline population. Based on a recommendation from ACRA, this has changed for 2019/20 allocations and a 12-month average of GP registrations has been used. This better reflects seasonal patterns in some areas, such as areas with high numbers of students or seasonal workers. The estimated baseline population for 2018/19 is based on an average of GP registrations, by quinary age-sex group, over the period November 2017 to October 2018.

GP registered lists are used irrespective of the patients' place of residence or where they use NHS services. This follows the guidance '*Who pays? Determining responsibility for payments for providers*' (NHS England 2013)¹¹.

3.1.2 Projected registered lists

The 12-month average GP registrations to October 2018, aggregated to CCG level, are projected forward to give estimated GP and CCG registered lists for each year from 2019/20 to 2023/24. In previous allocations rounds this has been done using the overall projected population changes for a CCG, keeping the age and gender distribution fixed for each CCG. For the 2019/20 to 2023/24 allocations they are projected forward using the ONS projections for resident populations in CCGs by quinary age-sex group. If population growth in an area is disproportionately in a younger or older population – which will affect relative levels of need – this is reflected in the changes in need-weighted populations over time. The percentage growth in CCGs' age-sex registrations is assumed to be the same as its projected percentage growth in its age-sex resident population.

The ONS projected populations are the 2016 based Sub-National Population Projections¹² (SNPPs) published at CCG age-sex level. These projections start with the 2011 Census populations, which are rolled forward to 2016 by adding the number of births and net migration and subtracting the number of deaths. Trends for the fertility rates, death rates and net migration are used by the ONS to project forward from 2016.

The sizes of CCGs' registered lists differ from the sizes of the ONS resident populations. This is for several reasons, the largest of which is cross-boundary flows: people who are registered with one CCG but reside in a different CCG. Other reasons include people who are entitled to register with a GP practice but are excluded from ONS populations because they have not yet been resident in the UK for 12 months, unregistered patients who are included in ONS populations, and

¹¹ [NHS England, *Who pays? Determining responsibility for payments to providers*, August 2013](#)

¹² [ONS 2016 based Subnational Population Projections \(SNPP\) for CCGs](#)

patients for whom there is a delay in removal from registered lists, for example following a move abroad.

3.1.3 Projected weighted populations

Weighted populations are calculated for 2018/19 based on the average registered population to October 2018 and for each year 2019/20 to 2023/24 using the projected CCG registered populations for each year.

Each CCG's share of England weighted population will change over the period from 2018/19 to 2023/24 to reflect the differences in age-sex population projections across the country over that time.

3.1.4 Unregistered populations

Using registered lists does not take account of people who are not registered with a GP practice. ACRA considered whether an adjustment should be made to the formula for unregistered populations, but the absence of reliable data on the size of the unregistered population by area and their healthcare needs, means for the present they could not.

A - Registrations by GP practice and CCG – 2018/19 (Excel file)

This gives the average number of registrations for the 12 months to October 2018 by GP practice and CCG, broken down by age-sex group.

B – Calculation of CCG estimated registrations 2019/20-2023/24 (Excel file)

This shows the projected registered populations from 2019/20 to 2023/24 by CCG and their population growth rates.