

Planning Policy Committee – 24th November 2022

Standing Order 30 Questions from Councillor Lockwood

1. Given the current position of Tandridge Council in the Government's Live Tables on Planning Statistics, which puts this council into the equal 5th worst position in the country's 353 district and boroughs and a mere 0.7 percentage point away from the cut-off of 10% that the Government considers to be unacceptable performance of overturned appeals, and a inspection of the of the 56 Tandridge appeals determined in the last 12 months show that a staggering 39.2% have been overturned by the planning inspectorate, what steps are being undertaken by the council to prevent it being placed into special measures and what financial considerations are being made for the costs of resourcing an increasing number of appeals and the expected proportionate number of awards of costs against the council for unreasonableness to reflect the inability of this council to determine major applications within the prescribed timeframes?

Response from the Interim Chief Planning Officer

Nationally, about one-third (33%) of planning appeals are allowed, so overturning the Local Planning Authority's decision.

The last published Planning Inspectorate (PINS) "Quarterly and Annual Volume Statistics" for April 2021 to March 2022 do not reflect the statistics Cllr Lockwood has presented.

These show for Tandridge that:

- *for Section 78 appeals, 63 of the 218 shire districts in England had more appeals overturned than Tandridge*
- *Tandridge had 31% of Section 78 appeals overturned, slightly less than the national average*
- *for householder appeals, 64 of the 218 shire districts in England had more appeals overturned than Tandridge*
- *Tandridge had 34% of householder appeals overturned, slightly higher than the national average.*

Furthermore, Cllr Lockwood's suggested cut-off of 10% of what the Government considers to be unacceptable performance on overturned appeals cannot be correct, or a criterion for placing local authorities in special measures if, nationally, an average of 33% of appeals are overturned year on year.

Every applicant for planning permission has a statutory right of appeal. What the Council does to minimise the risks of being found unreasonable in refusing planning applications that then go on to appeal is:

- *provide a pre-application advice service to provide early guidance on whether planning permission is likely to be granted and what key planning considerations need to be addressed in any application that might come forward*

- *seek extensions of time agreements with applicants when applications cannot be determined within statutory timeframes*
- *ensure all reports and decision notices are peer reviewed for robustness (including those of the Chief Planning Officer)*
- *seek legal advice on matters of planning procedure and law, including employing barristers to advise and to represent the Council at more complicated planning hearings and appeals (e.g. Oxted Crematorium and Farleigh Crematorium appeals).*

Nobody, councillor or officer, can be sanguine about the possibility of cost awards against the Council if it is found to have acted unreasonably in determining a particular planning application. The key consideration here is that councillors and officers have to ensure that they can substantiate the reasons for refusal on solid planning grounds.

In the last 15 months, there have been two cost award claims made against the Council resulting from planning appeals. One was withdrawn. The inspector determining the other appeal, which was allowed, nevertheless found that the Council had adequately justified its reason for refusal and had not acted unreasonably and declined the cost claim.

Could I add that the Council is looking to introduce Planning Performance Agreements (PPA's) for major applications which will provide, from the outset, agreed extended timeframes for determination of these types of more complicated applications and an agreed series of steps for a decision to be made without fettering the Council's discretion as to how an application is determined. PPA's will assist in managing the expectations of the applicant and the Council as to timeframe and procedure. It is intended to make a recommendation on PPA's at the January 2023 meeting of this Committee.

- 2 The Leader of this Council has historically recognised that Lingfield Surgery is one of the most oversubscribed GP surgeries in this district, with a ratio of 1 full time equivalent GP to 2,643 patients, when she herself identified this surgery as being the most overcrowded in terms of floorspace per patient at the Local Plan hearings in 2019. How can she therefore, justify supporting the proposed recommendation to authorise the allocation of CIL funding through delegated authority for the surgeries listed which, whilst I acknowledge that medical practices need to be supported with funding to cope with increasing patient numbers, are very clearly able to provide a significantly better service for their patients, where the Oxted Health Centre and the Caterham Valley Surgery have GP patient ratios of 1:2,194 and 1:1,684 respectively, and that both these surgeries have suitable parking for their disabled patients which is grossly inadequate at Lingfield?**

Response from Councillor Sayer

First of all, I would like to agree that I am well aware that Lingfield Surgery is very oversubscribed and I have, on every possible opportunity, flagged up that wholly unsatisfactory position to whoever might listen, including to the Local Plan Inspector.

I am not a member of the CIL Working Group. However, I understand that the bids relating to Oxted, Smallfield and Caterham Valley were presented and discussed during the 14th November presentation given on behalf of the NHS Surrey Heartlands Integrated Care Board as projects that needed CIL funding to improve services for Tandridge residents.

I further understand that yourself Councillor Lockwood, as the Lingfield Ward Councillor, in conjunction with other Councillors on the CIL Working Group, raised concerns about Lingfield Surgery, agreeing that the Care Board would take discussions further with the appropriate bodies with the intention of putting in a CIL Bid for improvements. I would, of course, be more than happy to support these improvements to Lingfield Surgery.

Caroline Upton who gave the presentation to the CIL Working Group on behalf of the NHS Surrey Heartlands Integrated Care, has since explained the position with funding for Lingfield. She said:

“The Lead GP at Lingfield left, there are now new partners at the practice, the Practice received improvements last year for a clinical room and pod room. Lingfield received NHS funding in 22/23 and it is therefore earmarked for CIL funding in 23/24”.