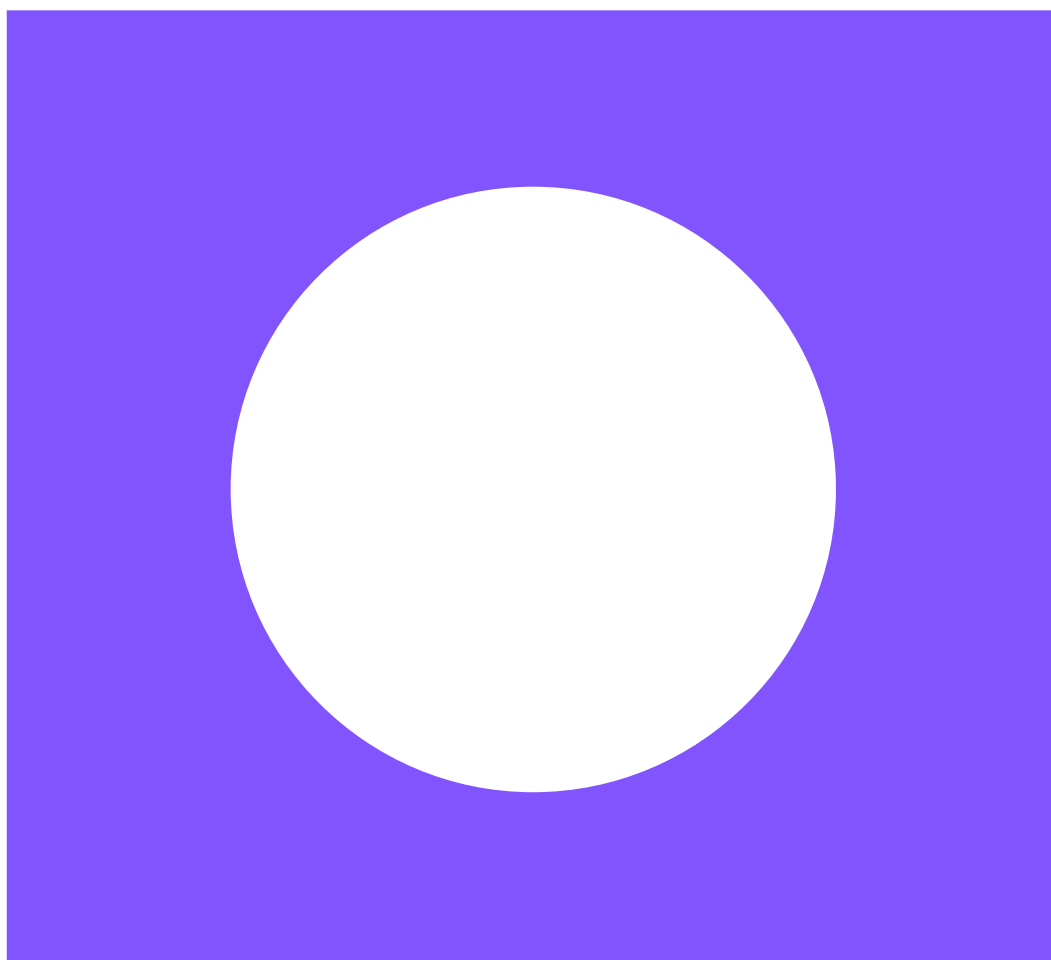




Planning Statement

Queen Victoria Hospital Community Diagnostics
Centre

January 2025

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Planning Statement

Queen Victoria Hospital Community Diagnostics
Centre

January 2025

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1 Introduction

The National Health Service (NHS) Queen Victoria Foundation Trust (the Trust) is proposing the development of a Community Diagnostic Centre (CDC) and associated works onsite at the existing Queen Victoria Hospital, Holtye Road, East Grinstead RH19 3DZ. The CDC is a single-storey brick-built building with a flat roof, associated car and cycle parking, landscaping and ancillary development.

1.1 Community Diagnostics Centre Programme

The national Community Diagnostic Centre (CDC) Programme is now in its third year and has approved 170 CDC sites across England. As of August 2024, 165 sites are operational in a variety of settings including shopping centres, university campuses and football stadiums. Of these, 135 are operating from their permanent CDC building and the rest from temporary capacity while the CDC build is completed.

They offer patients a wide range of diagnostic tests closer to home and greater choice on where and how they are undertaken, reducing the need for hospital visits and potentially expediting the start of treatment. To date, these centres have delivered over 9 million tests, checks and scans.

The focus for the NHS now is the full opening and development of these sites so that they, along with new investment in acute imaging and endoscopy services, can deliver up to 9 million tests each year by the end of 2024/25; and to meet the 6 primary aims of the CDC Programme, as illustrated in Figure 1.1 below.

Figure 1.1: CDC Programme Aim and Cross-Cutting Themes



Source: NHS, 2024

CDCs deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a coordinated set of diagnostic tests in the community and in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways.

CDCs provide a broad range of elective diagnostics away from acute facilities, reducing pressure on hospitals and giving patients quicker and more convenient access to tests. CDCs co-ordinate all the diagnostic tests a patient requires and, wherever possible, provide them under one roof in a single visit. A CDC must be located away from other acute hospital services on a separate site. CDCs will provide services for 12 hours a day, 7 days a week.

1.2 Purpose of This Statement

This Planning Statement has been prepared by Mott MacDonald, on behalf of the Trust, to support a planning application for the proposed development of a Community Diagnostic Centre at Queen Victoria Hospital. This statement outlines the development proposal and explains how it is acceptable in planning terms.

1.3 Contents of This Submission

A review of the Mid Sussex District Council Local List of Validation Requirements¹ was undertaken to determine the submission requirements for the planning application. A suite of supporting documentation has been prepared to provide the Local Planning Authority with sufficient information to determine the planning application. The full planning application for the development at Queen Victoria Hospital consists of the plans and documents in the table below.

Table 1.1: Contents of Planning Application

Document Title	Document Reference
Application Form	Submitted via Planning Portal
Cover Letter	100120806-MM-ZZ-EG-CO-PL-0002
Planning Statement	This document
Design and Access Statement	100120806-MM-A1-EG-RP-AR-0002
Site Location Plan	100120806-MMD-A1-EG-GA-AR-0305
Site Block Plan	100120806-MMD-A1-EG-GA-AR-0306
Existing Site Arrangement Plan	100120806-MMD-A1-EG-GA-AR-0303
Proposed Site Arrangement Plan	100120806-MMD-A1-EG-GA-AR-0304
Proposed Roof Plan	100120806-MMD-A1-EG-GA-AR-0002
Proposed Elevations	100120806-MMD-A1-EG-EL-AR-0100
Proposed Ground Floor Plan	100120806-MMD-A1-EG-GA-AR-0001
Proposed Sections	100120806-MMD-A1-EG-SE-AR-0200
Proposed Site Sections	100120806-MMD-A1-EG-SE-AR-0201
Landscape General Arrangement	100120806-MM-A1-EG-GA-LA-0001
Transport Statement	100120806_MM_ZZ_EG_DOC_TP_0001
Arboricultural Assessment	100120806-MM-ZZ-EG-RP-EN-0007
Air Quality Assessment	100120806-MM-ZZ-EG-RP-EN-0006
Noise Impact Assessment	100120806-MM-ZZ-EG-RP-AE-0002
Heritage Impact Assessment	100120806-MM-ZZ-EG-RP-EN-0005
Landscape and Visual Impact Assessment	00120806-MM-ZZ-EG-PA-EN-0004
Preliminary Ecological Appraisal Report	100120806-MM-ZZ-EG-DOC-EN-0002
Statutory BNG Metric	100120806-MM-ZZ-EG-CA-EN-0001
BNG Design Stage Report	100120806-MM-ZZ-EG-RP-EN-0003
Flood Risk Assessment	100120806-MM-ZZ-EG-RP-DF-0004

¹ Validation criteria for planning applications (Including Technical Details Consent)

Document Title	Document Reference
Energy and Sustainability Statement	100120806-MM-ZZ-EG-RP-BM-0002

2 Application Site

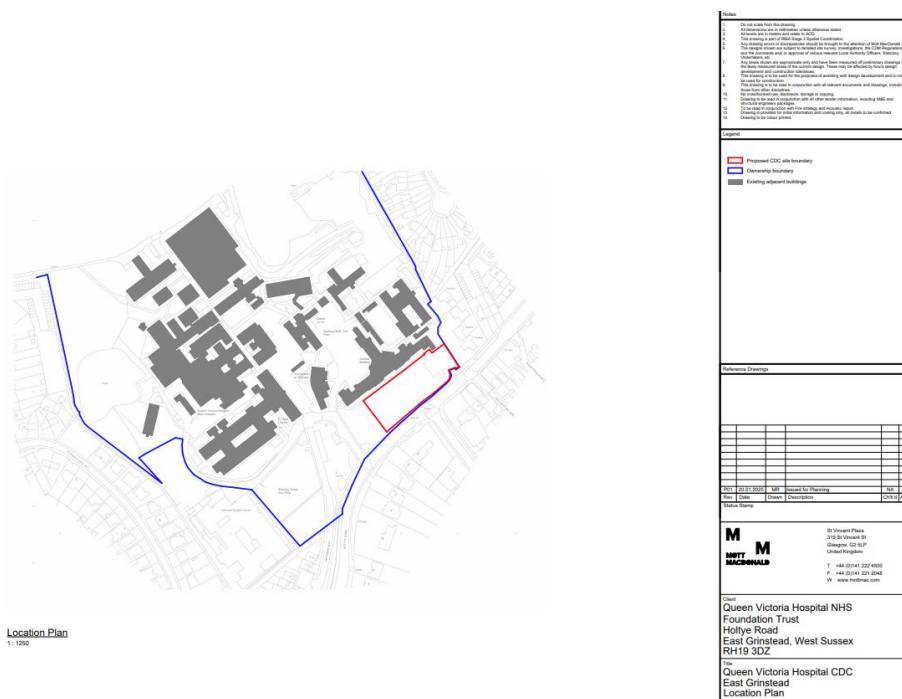
2.1 Site Location

The development site sits within the existing Queen Victoria Hospital complex. The Queen Victoria Hospital is in the town of East Grinstead. East Grinstead is a town in West Sussex, near the East Sussex, Surrey and Kent borders. East Grinstead is 27 miles south of London, 21 miles northeast of Brighton and 38 miles northeast of Chichester.

The proposed development site sits approximately 1 mile northeast of East Grinstead Railway Station. The Site is located to the north of Holtye Road (A264). The hospital sits in a predominately residential area which is made up of two-storey post-war detached housing. There are well maintained landscape buffers on either side of Holtye Road which provide some screening of the hospital for neighbouring residents. The existing Jubilee Building is set well away from the road. Directly to the north of the hospital is Stonequarry Wood which makes up a large proportion of the hospital's northern boundary.

The proposed development Site is to the south east of the existing hospital site, directly to the south of the Jubilee Building, on the an area of open green space. The planning application boundary is shown on the submitted Site Location Plan (100120806-MM-A1-EG-GA-AR-0303).

Figure 2.1: Site Location Plan



Source: Mott MacDonald, 2024

The main entrance to the hospital is Gate 1 which is to the west of the green space. Gate 1 provides access to the main car park at the hospital. The proposed entrance to the CDC is from Gate 2 which sits to the east of the front green.

2.2 Site Context

Queen Victoria Hospital was formed as the Cottage Hospital in 1863 with the Queen Victoria name added in the 1930s. In 1936 the hospital moved to the current site. During World War II, the hospital served as a specialist burns unit, a service still provided to this day. As a result, there is significant WWII heritage associated with the hospital. The hospital has renowned nationwide recognition in the burns and reconstructive surgery treatment. The hospital is managed by the Trust.

The main building at Queen Victoria Hospital is the Jubilee Building, a large two storey red brick building with an art deco spire constructed in 1936. It houses the hospital's minor injuries unit and sleep disorder facility, as well as offices for the Trust. The building is not listed, however is known to have local historic and cultural value.

A review of the Flood Map for Planning² found that the whole of the Site is in Flood Zone 1. Land within Flood Zone 1 has a low probability of flooding from rivers and the sea. The proposed Site area within the red line boundary is 2579m² or 0.26ha.

2.3 Site Selection

To determine the location of the new CDC at Queen Victoria Hospital, a site selection process was undertaken to find the most appropriate location for the development. A total of 8 possible locations for the CDC were explored at the Queen Victoria Hospital site. The CDC is a separate building from the main hospital building.

Figure 2.2: Options for Location of Community Diagnostics Centre



Source: Mott MacDonald, 2024

The options were assessed against 9 assessment criteria:

- Alignment with master planning for the wider QVH site.
- Long term sustainability (future proofing, long terms affordability, Net Zero Carbon).
- Access to the CDC and connection to imaging services.
- Parking.
- Topography and surroundings.

² Flood map for planning - GOV.UK

- Ground conditions, including utilities.
- Affordability.
- Deliverability (within the required timescale).
- Planning risk.

A summary of the options appraisal is presented in Table 2.1 below.

Table 2.1: Locations Options Assessment

	Option 1	Option 2	Option 3a	Option 3b	Option 4	Option 5	Option 6	Option 7	Option 8
Alignment with master planning.	Yellow	Red	Green	Green	Red	Green	Green	Green	Green
Long term sustainability (future proofing, long terms affordability, NCZ).	Red	Red	Green	Green	Red	Green	Green	Red	Red
Access to the CDC and connection to imaging services.	Yellow	Green	Green	Yellow	Green	Green	Yellow	Yellow	Green
Parking	Red	Yellow	Green	Yellow	Green	Green	Yellow	Yellow	Green
Topography and surroundings	Green	Green	Green	Green	Green	Green	Green	Green	Green
Ground conditions, including utilities.	Green	Green	Green	Green	Green	Green	Green	Green	Green
Affordability	Green	Red	Green	Green	Yellow	Yellow	Red	Red	Yellow
Deliverability within required timescales.	Green	Red	Green	Green	Red	Red	Red	Red	Red
Planning risk.	Green	Green	Red	Red	Yellow	Green	Green	Green	Green

A site option appraisal meeting attended by the Trust and Mott MacDonald was undertaken on 25th July 2024. At the meeting, the findings of the options assessment were discussed and a total of 3 options were short listed. The results of that meeting are presented in Table 2.2 below.

Table 2.2: Location Options Assessment Results

Option	Outcome
Option 1 – Tennis Court	Constrained Limited spatial capacity. Proximity to the Jubilee building would impact upon natural daylight. No drop off access. Difficult to navigate within the site.
Option 2 – Car Park	Discounted Whole area of car park being lost during construction. Does not fit with the future direction of the wider site masterplan.
Option 3a & Option 3b – Front Green	Short Listed Availability of the land. Clear wayfinding to the CDC for patients. Ability to facilitate access to the CDC and clear entrance point.
Option 4 – Jubilee Building & Extension	Discounted Requirement to refurbish and retrofit the existing building. To achieve the required standards for a CDC within the building would be costly.

Option	Outcome
	Option would require decanting of existing services which would cause operational difficulties.
Option 5 – Canadian Wing	Discounted Requirement to refurbish and retrofit the existing building. To achieve the required standards for a CDC within the building would be costly. Option would require decanting of existing services which would cause operational difficulties.
Option 6 – Existing Estates Building	Short Listed Easy and direct access via Gate 2 entrance with dedicated parking. Option would require the demolition of the building currently occupied by the Estates team and would impact physiotherapy services. Costs would be increased due to asbestos being present within roof tiles. Option requires extensive demolition and construction, therefore unlikely to meet timescales for CDC delivery as set nationally. Option would require additional funds for demolition and decant of services, making the project unaffordable. There is also currently no space within the site to decant services and therefore further funding would be required to create a new space for displaced services, elsewhere on the site.
Option 7 – Jubilee Building & Extension	Discounted Requirement to refurbish and retrofit the existing building. To achieve the required standards for a CDC within the building would be costly. Option would require decanting of existing services which would cause operational difficulties.
Option 8 – Jubilee Building	Discounted Requirement to refurbish and retrofit the existing building. To achieve the required standards for a CDC within the building would be costly. Option would require decanting of existing services which would cause operational difficulties.

Option 6, locating the CDC within the Existing Estates Building was discounted due to the lack of space to decant the Estates team alongside the condition of the building and the amount of demolition work required. It was also non-preferred as it was not easily locatable by patients.

2.4 Planning History

To provide an overview of the planning history of the Site, a review of Mid Sussex online planning register was undertaken. The table below outlines all of the relevant planning history within the last 5 years at Queen Victoria Hospital.

Table 2.3: Table of Relevant Planning History

Planning Reference	Application Description of Development	Decision
DM/22/1574	Construction of 2-part single / part 2 storey new operating theatre suites with plant room at first floor, and a plant room between the 2 theatre suites.	Approved, July 2022.
DM/24/0423	Removal of existing parking bays and construction of new hard landscaping. Installation of new UKPN sub-station, generator and bulk fuel tank. Erection of new acoustic fence enclosures.	Submitted February 2024, pending consideration (due to be withdrawn).

There is no committed development at the Site or on adjacent land which will have an impact on the proposed development.

3 Proposed Development

3.1 Community Diagnostics Centre Facilities

The CDC is intended to support the demand on the existing facilities on the site. It will provide five Generic Treatment rooms, a Lung Function Test Room, an Ultrasound room, a DEXA Scanner Room, an Ophthalmology Diagnostic Room and double Phlebotomy suite. These functions are supported by clinical support facilities and staff support spaces, there are also patient wait facilities.

The building will contain the following:

- Clinical facilities, including consultation, examination and treatment rooms.
- Diagnostic Facilities.
- Reception, office, waiting area and circulation spaces.
- Staff support facilities, including rest areas and office space.
- Facilities management facilities.
- An internal and external plant room located on the ground floor.

3.2 Design

The proposed development of East Grinstead Community Diagnostics Centre is that of a brick built single storey building which will be built using traditional construction methods. Architecturally the design of the CDC has been inspired by the existing architecture onsite, particularly the Jubilee Building, whilst incorporating contemporary design features to differentiate the CDC. The exterior design of the building, including open space areas and landscaping, has been developed to create a welcoming sense of arrival to the facility. The external areas have been designed to provide access to green space for staff, patients and visitors at the facility to support wellbeing. A suite of planning drawings has been prepared and submitted to show the full detail of the proposed development, a Design and Access Statement (100120806-MM-ZZ-EG-RP-AR-0002) has also been prepared to provide full detail of the development's design.



A Transport Statement (100120806_MM_ZZ_EG_DOC_TP_0001) has been produced and submitted as part of the planning application in line with relevant national, regional and local transport policies. The Transport Statement outlines the existing site connectivity and the access proposals for the proposed development.

The Main Gate (Gate 1) of the hospital is accessed via the A264 (Holtye Road) and provides access to the main visitor car park as well as staff car parking. Gate 2 is also accessed off Holtye Road and provides an access to a small area of car parking which includes blue badge and drop-off bays, this area of car parking is directly adjacent to the east of the proposed development. Gate 3 is accessed off Holtye Avenue and provides access to further staff car parking and for servicing vehicles.

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3.3.2 Active Travel

The site has connections with the existing walking network. Pedestrian access is provided to the CDC from Holtye Road and a footpath will run through the Site to bring visitors from the main car park across the Site to the main entrance of the CDC.

While cycling infrastructure in the vicinity of the CDC is limited, a shared-use pedestrian and cycle path runs the western boundary of the QVH site at Meridian Way to Elizabeth Crescent, providing connections to residential areas to the west of the Proposed Development.

3.3.3 Public Transport Links

The Site has connections to the existing public transport network, making it easily accessible for both local visitors and visitors travelling from greater distances.

There is a bus stop directly outside of the hospital, on Holtye Road (Queen Victoria Hospital Stops). The northbound bus stop is located directly south of the proposed development and the southbound bus stop is located approximately 220m from the proposed development. The Queen Victoria bus stops are served by 3 bus routes (281 Lingfield Station to Crawley Bus Station, 400 Caterham to East Grinstead, 609 East Grinstead to Oxted School).

The closest railway station is East Grinstead station which is located approximately 1.6km from the proposed CDC. The station is served by Southern Rail and Thameslink services which provide trains to London Victoria and Bedford. The railway station is accessible by a 30-minute walk from the Site, a 9-minute cycle or by bus and taxi.

4 Pre-Application Advice

4.1 Pre-Application Advice from Mid-Sussex District Council

On behalf of the Trust, Mott MacDonald wrote to Mid Sussex Council on 4th November 2024 to request pre-application advice relating to the proposed CDC at Queen Victoria Hospital. A meeting was held with Mid Sussex Council on 3rd December to discuss the working proposals of the CDC and any relevant planning issues that could be addressed ahead of planning submission. The meeting was attended by a Planning Officer and Urban Designer, both from Mid Sussex Council.

The Planning Officer confirmed the list of policies that the planning application would be assessed against, these have all been included in Section 5 of this planning statement which sets out planning policy context.

Reference was made to the Site being a prominent open area within the streetscene which allows views from the highway towards the historic hospital building. The Planning Officer also noted that the status of the open space is compounded by its elevated position above the streetscene and the separation it provides, which contributes to the character of the area.

The pre-application advice received focussed on local planning policies for the proposal. The Council acknowledged that Policy DP25 of the Mid Sussex District Plan supports the provision or improvement of community facilities and local services that contribute to creating sustainable communities. Advice received also drew out Policy DP26, which relates to character and design and requires all development to be of high-quality design and to reflect the distinctive character of the area, to address the character and scale of surrounding buildings and to protect open spaces, trees and gardens that contribute to the character of the area. Advice received also noted that the ethos of this policy is echoed within policy EG3 of the East Grinstead Neighbourhood Plan. Policy SS6 also specifically relates to Queen Victoria Hospital and requires development to be of a design that conserves and complements the historic and architecturally significant elements of the hospital and protects the character of the cottage hospital, tower and World War Two additions.

The Urban Designer in principle supported the location of the proposed CDC. Locating the CDC in front of the main building, between the hospital and Holtye Road, where there is a large undeveloped green area was found to be suitable, providing all mature trees are protected. The advantages of locating the CDC on the proposed Site were concurred by the Urban Designer, who accepted that the proposal accords with the future masterplan or planned site renovations as well as the advantage of keeping the building close to the existing hospital, main road and separate to the hospital complex. Advice received was that the current Jubilee Building's setback from Holtye Road is too big in the urban context and as a result it fails to adequately define the street. Placing a new development closer to the Holtye Road, would create a better street enclosure.

The Urban Designer raised some concerns over the design and advice was provided relating to design improvements that could be made to better integrate the CDC into its surroundings. The following design improvements were suggested by the Urban Designer:

- Legibility and wayfinding – creating a more direct route from the main car park (Gate 1).
- Soft landscaping along Holtye Road to allow for privacy of the examination rooms from the street while allowing at least top parts of the windows to be visible from the street level.

- To place windows on all elevations, particularly on the western elevation, which will be highly visible.
- Window sizing – ensure proper proportions are achieved and create visual harmony to ensure a well-balanced proportion that enhances the overall aesthetic.
- Elevational treatment has the potential to look like pastiche, a more contemporary approach is advised.
- To complete the contemporary look, use light-coloured multi-brick (either red, or brick with pink and brown undertones) and very light-coloured mortar for a more contemporary and crisper look. The choice of the materials is important for the façade.

The pre-application advice received also recommended consultation of West Sussex County Council Highways Authority and West Sussex County Council Lead Local Flood Authority.

4.2 Evolution Following Pre-Application Advice

Following pre-application engagement with Mid Sussex District Council, the following changes have been made to the proposed development.

4.2.1 Access to the CDC Building

A new route from the main car park has been created, cutting diagonally across the existing lawn and linking with the western entrance. It is recognised that, in an ideally, the main entrance would face the main car park, aiding wayfinding and shortening the pedestrian route. However, this would create other problems, most notably in the creation of vehicular access for ambulances and enabling a truly accessible entrance for anyone in a wheelchair. For this reason, the main entrance still faces east. The existing path that runs in front of the Jubilee Building is going to be upgraded by the QVH Estates Team and made level, but those works are not part of this planning application.

4.2.2 External Materials

The overall height of the building has been lowered by approximately 700mm by replacing the parapet with a lower upstand. This upstand will still provide some screening of the photo-voltaic array mounted on the roof, as illustrated by the photomontage images from street level. From further away the required safety balustrade will be visible but this can be coloured to match other painted metal surfaces and should not be visually dominant. The removal of the parapet is driven by the desire to make the building less 'top heavy' and reduce the expanse of brick at high level. In addition, a feature has been added to the windows in the form of a false panel which projects upwards into the brick. The concrete banding at high level has also been refined, and significant lengths the lower string course has been removed. Any remaining banding is used in a more focussed way to frame collections of windows or doorways. The fenestration to all elevations has been re-visited, particularly to the west where windows and glazed doors have been added, looking out onto a new seating area and the public garden beyond. A window has also been added to the Baby Feed room.

4.2.3 Material Colour Palette

The building uses brick as the primary material, with highlights provided by different textures and colours. Two different bricks have been used, one smooth and one more textured, similar in colour. The colour has a reddish hue to pick up the main palette of the existing buildings, lighter in tone and uses a light-coloured mortar. The intention is to create a crisp, modern, brick architecture which responds to the existing architecture but does not try to copy it. All metal elements are colour matched including windows, doors, cladding panels and rainwater downpipes. A softer timber colour has been added in the form of a timber pergola to key parts of

the building: the front entrance and the rear staff area. The primary function of this pergola structure is to break up the massing of the building and create a link with the surrounding landscape, seating areas and pathways. Over time, plants will climb the pergola and add further interest.

4.2.4 External Works

The design has been developed to integrate the building into the landscape by adding pathways, external seating areas, screening to the western elevation and by the addition of the pergola feature. To the west, a decorative timber screen has been wrapped around the plant enclosure and this screen then links with the new pergola and low fence to define an external staff seating area. On the other side of this fence the existing benches have been relocated to create a small public garden.

In pre-application discussions with Mid Sussex District Council the LPA recommended that the railings placed on the roof level be finished in black, this has been discounted for the following reasons:

- When compared to the proposed silver finish a black finish would appear more dominant against the sky given that it will have no screening a finish in black would result in a highly visible railing that would detract from the overall aesthetic of the proposal.
- The use of a black finish would incur additional costs.

4.2.5 Visualisation

To assist with fully understanding the design in context, visualisations have been produced to depict the proposals as seen from outside the hospital site, on Holtye Road, and from within the site looking from the west and from the east. A site section has also been generated to illustrate the height of the building relative to the adjacent buildings, hedges and hard landscaping (roads and paths), these visualisations are included within the Design and Access Statement (100120806-MM-A1-EG-RP-AR-0002).

5 Planning Policy Context

5.1 Statutory Development Plan

Section 38(6) of the Planning and Compulsory Purchase Act 2004 (as amended) requires that planning applications be determined in accordance with the development plan unless other material considerations indicate otherwise. The Site falls wholly within the administrative boundary of Mid-Sussex District Council (the Local Planning Authority) (LPA). The East Grinstead Neighbourhood Plan is a material consideration for the planning application.

The statutory development plan documents which apply to the determination of the application proposals comprise of the following:

- Mid Sussex District Plan 2014-2031 (adopted March 2018)
- Mid Sussex District Plan – Policies Maps
- East Grinstead Neighbourhood Plan (made November 2016)

5.1.1 Mid-Sussex District Plan 2014-2031

The District Plan³ is the main planning document used by the Council when considering planning applications. It includes the strategy, proposed level of development and a number of planning policies. A review of the Adopted Policies Maps⁴ shows that the site is allocated as SS6 within the East Grinstead Neighbourhood Plan. The site is also within the Ashdown Forest 7km Zone of Influence.

The policies within the Local Plan that are relevant to the proposed development at Queen Victoria Hospital are listed below.

- **Policy DP1:** Sustainable Economic Development
- **Policy DP2:** Town Centre Development
- **Policy DP3:** Village and Neighbourhood Centre Development
- **Policy DP17:** Ashdown Forest Special Protection Area (SPA) and Special Area of Conservation (SAC)
- **Policy DP20:** Securing Infrastructure
- **Policy DP21:** Transport
- **Policy DP25:** Community Facilities and Local Services
- **Policy DP26:** Character and Design
- **Policy DP28:** Accessibility
- **Policy DP29:** Noise, Air and Light Pollution
- **Policy DP34:** Listed Buildings and Other Heritage Assets
- **Policy DP37:** Trees, Woodland and Hedgerows
- **Policy DP38:** Biodiversity
- **Policy DP39:** Sustainable Design and Construction
- **Policy DP41:** Flood Risk and Drainage

³ Mid Sussex District Plan - Mid Sussex District Council

⁴ Policies Maps - Mid Sussex District Council

The Mid Sussex District Plan provides in principle guidance for new community facilities (which includes healthcare infrastructure) and states in policy DP25 that the provision or improvement of community facilities and local services that contribute to creating sustainable communities will be supported.

Mid Sussex also state within the Infrastructure Delivery Plan that there is a good cohort of local GP practices within the district, however these and other existing healthcare infrastructure have issues at present with meeting existing capacity and cannot always accommodate increased and future demand as a result of recently implemented housing developments in Mid Sussex. The delivery of the CDC at the existing Queen Victoria Hospital site, which is the existing and lawful use of the Site would represent a continuation of the established use on site and would make a positive contribution to meeting future growth and need in Mid Sussex for new healthcare facilities in East Grinstead.

The proposed CDC development would make a significant contribution to improving healthcare capacity and delivery in Mid Sussex, the proposal would also contribute to future growth in the area in a proactive manner, to meet present and future need in East Grinstead. Furthermore, the proposal aligns with the recently announced reforms to place care in the community. Therefore, it is considered that the delivery of a healthcare facility is acceptable in principle.

5.1.2 Mid-Sussex District Plan Update

The Mid Sussex District Plan was adopted in March 2018. The District Council is in the process of reviewing and updating the Plan where necessary. The new District Plan 2021-2039⁵ will replace the current adopted District Plan. The draft District Plan (Regulation 18) has been amended following consideration of the representations made during consultation in November and December 2022, the outcomes of cross-party Members Working Group meetings, and further engagement with Town and Parish Councils.

The Council approved the Submission Draft District Plan (Regulation 19) document on 13th December. The Submission District Plan 2021-2039 was published for Regulation 19 consultation between the January and the February 2024. The District Plan 2021 – 2039 was submitted for Examination on 8th July 2024. The outcome of the examination has not yet been heard and as such, the updated District Plan has not yet been adopted. It is important that emerging planning policy is given due consideration as it represents the direction of travel for local planning policy which is based on national policy updates and up-to-date evidence bases.

A review of the Draft Policies Maps has found that there is no proposed site allocation for the Site within the emerging Local Plan. Policy DP25 in the District Local Plan (2014-2031) is proposed to be replaced by Policy DPI6 in the Submission Draft (Regulation 19) District Local Plan (2021-2039). Policy DPI6 (Community and Cultural Facilities and Local Services) maintains reference to healthcare facilities. The Policy states that the provision and/or improvement of community and cultural facilities and local services that contribute to creating sustainable communities will be supported where the proposal meets the requirement of other relevant development policies and where all of the following criteria apply:

1. The need for the community or cultural facility or local service is clearly demonstrated.
2. The facility is well located for the community it would serve.
3. The development will not have an adverse effect on the vitality and viability of existing facilities in the locality or relevant assets of community value.
4. The proposal is supported by a robust proportionate business plan and governance arrangement, including any funding arrangement, to ensure the facility is financially sustainable in the longer term. This information will be prepared by the applicant.

⁵ District Plan Review - Mid Sussex District Council

5. Appropriate consideration had been given to the shared use, re-use and/or redevelopment of existing buildings in the host community to expand or diversify the level of service.

The need for the new proposed CDC has been clearly demonstrated by the NHS and the facility is located at an existing hospital site within a separate building for clear wayfinding and accessibility for existing hospital users. Being a separate new building, the proposed CDC will not have an adverse effect on the existing Queen Victoria Hospital site. Appropriate consideration has been given to the re-use and redevelopment of the existing hospital buildings, the re-use and redevelopment has not been found a viable option. Details of this site selection process are included in Section 2.3 of this planning statement. As such, the proposed development meets the criteria of emerging policy DPI6 as well as existing Policy DP25.

5.1.3 East Grinstead Neighbourhood Plan (2016)

Neighbourhood planning gives communities direct power to develop a shared vision for their neighbourhood and shape the development and growth of their local area. They are able to choose where they want new homes, shops and offices to be built, have their say on what those new buildings should look like and what infrastructure should be provided, and grant planning permission for the new buildings they want to see go ahead. Neighbourhood planning provides a powerful set of tools for local people to plan for the types of development to meet their community's needs and where the ambition of the neighbourhood is aligned with the strategic needs and priorities of the wider local area.

The application site falls within the neighbourhood plan area for East Grinstead⁶ which sets out local neighbourhood planning priorities and policies for the East Grinstead area within Mid Sussex and forms a material planning consideration in the decision-making process. The policies listed below are considered relevant to the proposed development.

- **Policy EG3:** Promoting Good Design
- **Policy EG4:** Heritage Assets
- **Policy EG10:** Employment Provision
- **Policy EG11:** Mitigating Highway Impacts
- **Policy EG12:** Car Parking
- **Policy EG13:** Embracing Modern Technology
- **Policy EG14:** Protection of Open Space
- **Policy SS6:** Queen Victoria Hospital

Policy EG3 promotes good design in East Grinstead, the design of the CDC has been sensitively developed in line with the existing context. Policy EG4 protects both designated and non-designated heritage assets, the proposed development has been designed to minimise its impact on the Jubilee Building and views of the building from the street.

Policy SS6 (Queen Victoria Hospital) supports the continued use of the land for healthcare uses. The proposed site is within this policy allocation; therefore, the proposed development is in line with this policy. SS6 also requires that development is below 4-storeys to promote the character of the Cottage Hospital and tower. The proposed CDC is a single storey building that utilises brickwork as the main external material to complement the Jubilee building. The Policy also advocates for sensitive design that conserves and complements the historic and architecturally significant elements of the hospital; the scale of the new building and materials selected have been carefully designed to accord with this policy.

⁶ [East Grinstead Neighbourhood Plan](#)

5.2 Material Considerations

5.2.1 Mid-Sussex Infrastructure Delivery Plan (2021-2039)

The Mid Sussex Infrastructure Delivery Plan⁷ (IDP) outlines the necessary infrastructure projects and services required to support sustainable development within Mid Sussex. The IDP is an essential part in the preparation of the Development Plan Document. It sets out the key infrastructure that will be required to support the objectives, spatial strategy and the delivery of the District Plan over the Plan period to 2039, the IDP identifies where and when the infrastructure is required, who is responsible for delivering it, the cost of provision (if known) and how these costs are expected to be funded.

In relation to the delivery of new healthcare facilities the IDP states 'Mid Sussex benefits from a good cohort of GP practices that cover the whole area but have been under pressure due to large volumes of housing growth to date, with more planned. A number of GP surgeries across the district are unable to accept new patients unless assigned to the practice by NHS Sussex. Premises are not always ideally placed to accommodate increased patient demand as a result of new housing development, although the Council has aimed at facilitating housing allocations adjacent to existing settlements. Premises in densely populated areas of the district are up to 25 years old and are constrained in delivery by size as they are land locked or have restrictions on extending. A small number of practices are finding new funding pressures and may struggle to keep branch surgeries open'.

Therefore based on the findings of the Mid Sussex IDP the delivery of a new Community Diagnostic Centre at the Queen Victoria Hospital site would help meet the future needs of the population of Mid Sussex which as previously stated is projected to grow in large volumes due to anticipated new housing developments in Mid Sussex. The delivery of a new CDC would also help to deliver new modern facilities for healthcare testing in Mid Sussex which cannot be delivered on other constrained sites. Therefore, the proposed development accords with the aims and objectives of the Mid Sussex IDP.

5.2.2 National Planning Policy Framework

The National Planning Policy Framework (NPPF)⁸ was first published on 27 March 2012 and has subsequently been amended numerous times, most recently on 12 December 2024. It sets out the overarching policy for planning and planning related decision-making in England. Planning law requires that applications for planning permission are determined in accordance with the development plan unless material considerations indicate otherwise. The NPPF must be taken into account in preparing the development plan and is a material consideration in planning decisions.

The key chapters of relevance to this planning application are as follows:

- **Chapter 2:** Achieving Sustainable Development
- **Chapter 4:** Decision Making
- **Chapter 8:** Promoting Healthy and Safe Communities
- **Chapter 9:** Promoting Sustainable Transport
- **Chapter 12:** Achieving Well Designed Places
- **Chapter 15:** Conserving and Enhancing the Natural Environment
- **Chapter 16:** Conserving and Enhancing the Historic Environment

⁷ <https://www.midsussex.gov.uk/media/8672/draft-infrastructure-delivery-plan-oct22.pdf>

⁸ [National Planning Policy Framework - 8. Promoting healthy and safe communities - Guidance - GOV.UK](#)

Paragraph 101 of the current iteration of the National Planning Policy Framework (adopted December 2024) states: To ensure faster delivery of other public service infrastructure such as health, blue light, library, adult education, university and criminal justice facilities, 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.

The NPPF makes clear its intention to support infrastructure that supports and promotes health among local communities, including healthcare facilities such as the delivery of the proposed CDC at Queen Victoria Hospital.

5.2.3 Planning Practice Guidance

The Planning Practice Guidance⁹ adds further context to the National Planning Policy Framework (NPPF) and it is intended that the two documents should be read together. The NPPG replaces over 7,000 pages of planning guidance that was previously published in separate documents.

5.2.4 National Design Guide

The National Design Guide¹⁰ sets out the characteristics of well-designed places and demonstrates what good design means in practice. The guidance sets out ten characteristics that well-designed places have which work together to create its physical character. Those which apply to the proposed redevelopment for the proposed CDC include:

- **Context** - enhances the surroundings.
- **Identify** - attractive and distinctive.
- **Built Form** - a coherent pattern of development.
- **Movement** - accessible and easy to move around.
- **Nature** - enhanced and optimised.
- **Lifespan** - made to last.

5.2.5 Environment Act (2021)

The Environment Act 2021¹¹ ('the Act') sets out government targets for an increase in biodiversity at development sites. Under Schedule 14, Part 1, Paragraph 2, the Act sets out that at least a 10% biodiversity net gain (BNG) increase will be required on all major development sites from 12 February 2024.

5.3 Other Relevant Guidance

5.3.1 Proposed NHS Reforms

On 12 September 2024 the UK government pledged the 'Biggest reimagining of our NHS since its birth' in a speech following the publication of a full and independent investigation into the state of the NHS undertaken by Lord Darzi¹² with an emphasis on placing care in the community.

The report had six key findings:

⁹ [Planning practice guidance - GOV.UK](#)

¹⁰ [National design guide - GOV.UK](#)

¹¹ [Environment Act 2021](#)

¹² [Independent investigation of the NHS in England - GOV.UK](#)

- **Deterioration:** The health of the nation has deteriorated over the past 15 years, with a substantial increase in the number of people living with multiple long-term conditions.
- **Spending:** Too great a share of the NHS budget is being spent in hospitals, too little in the community, and productivity is too low.
- **Waiting times:** Waiting lists have swelled and waiting times have surged, with A&E queues more than doubling from an average of just under 40 people on a typical evening in April 2009 to over 100 in April 2024. 1 in 10 patients are now waiting for 12 hours or more.
- **Cancer care:** The UK has appreciably higher cancer mortality rates than other countries, with no progress whatsoever made in diagnosing cancer at stage one and two between 2013 and 2021.
- **Lasting damage:** The Health and Social Care Act of 2012 did lasting damage to the management capacity and capability of the NHS. It took 10 years to return to a sensible structure, and the effects continue to be felt to this day.
- **Productivity:** Too many resources have been being poured into hospitals where productivity had substantially fallen, while too little has been spent in the community

5.3.2 Prime Minister's Remarks on the NHS

On 6th January 2025 the Prime Minister delivered a speech in which he outlined the critical role that a network of community diagnostic centres are expected to play nationwide in reducing wait times for the NHS, with a goal to cut the list of patients waiting more than 18 weeks for NHS treatment in England by nearly half a million over the next year with the aim for centres to deliver 440,000 extra tests nationwide¹³ *'Another game-changer – community diagnostic centres. We will open them, more of them – and they will be seven days a week, twelve hours a day. So that if you need a scan or an X-ray, you get it done much more quickly – and at your convenience. That alone - will deliver 440,000 extra tests and scans every year'*.

¹³ Prime Minister's remarks on the NHS: 6 January 2025 - GOV.UK

6 Material Considerations

6.1 Principle of Development

6.1.1 Local Need for the Development

Both nationally and locally there is a need to increase diagnostic capacity to support the elective recovery programme and the cancer standards. Expanding CDCs will significantly contribute to this through the transformation of pathways where large numbers of patients do not need to visit an acute hospital site for their care.

The ambition of the Sussex CDC programme is to have multiple CDCs to support the delivery of care in Sussex. It is envisaged that the CDCs across Sussex will deliver additional digitally connected diagnostic capacity, providing patients with a coordinated set of diagnostic tests, in as few visits as possible, enabling accurate and fast diagnoses. The programme objectives are to:

- Supports areas with high level of health inequalities and high cancer incidence.
- Increase diagnostic capacity and accessibility.
- De-pressurise acute sites and acute NHS services.
- Provide COVID-secure environments for diagnostic services separate from acute service provision.
- Develop sites that will offer the full range of diagnostic imaging and physiological tests, to build a 'one stop' model approach.
- Provide primary care/registered professionals with greater direct access to high value diagnostics (CT, MRI) driven by automated clinical decision support.

Primary care/registered professionals will have greater direct access to high value diagnostics (CT, MRI) driven by automated clinical decision support. Building on the innovative clinical pathway redesign work undertaken at QVH, the CDC will have a focus on prevention; supporting primary and community care services who will be targeting interventions at those groups most at risk. They will align with current system programmes including breathlessness, cardiovascular, skin and eye. In addition, they will provide a single-entry point for cancer referrals with non-site-specific symptoms, ensuring patients receive the most appropriate tests in a single visit.

6.1.2 Location of the Development

The healthcare use of the Queen Victoria Hospital site is well established. The hospital was built in 1936 and has served both the local community and provided specialist services to the wider South East region ever since. The hospital is a key part of East Grinstead's infrastructure and a cornerstone of the built environment in the town.

The proposed site has been selected for various reasons, most significantly, the proposed site's adjacency to the existing hospital is of paramount importance to the accessibility of patients and continuity of service for the hospital. The location of the CDC next to the existing hospital will allow for seamless wayfinding for hospital users and ease of access for existing staff. The CDC's proximity to the existing hospital also provides benefits from a Highways perspective as existing access points and car parking can be utilised. In terms of active travel and public transport access, these modes of transport are well established for the existing hospital and users are expected to maintain this.

The CDC's separation from the main hospital building is as important as its adjacency. NHS advice for the development of CDCs states that *a CDC must be located away from other acute*

hospital services on a separate site. It is therefore intrinsic to the purpose and ambition of the Community Diagnostics Programme that the CDC be built as a separate site, away from existing hospital buildings, this will allow the CDC to fulfil its purpose as being a separate entity that relieves pressure on the main hospital and brings diagnostics appointments out of existing hospitals.

The location of the proposed development at Queen Victoria Hospital was selected after a site selection process was undertaken by the Trust to establish the most appropriate and feasible option to be taken forward, details of this process are outlined in Section 2.3 of this planning statement.

6.2 Heritage

Chapter 16 of the NPPF sets out national planning expectations for conserving and enhancing the natural environment. Paragraph 207 requires applicants to describe the significance of heritage assets affected, including any contribution to their setting. Paragraph 216 states that the effect of an application on the significance of a non-designated heritage asset should be taken into account in determining an application and encourages a balanced decision to be taken, having regard to the scale of any harm or loss and the significance of the heritage asset.

Local Plan Policy DP34 relates to heritage assets, the Policy states that development that makes significant and positive contribution to the street scene will be permitted in preference to their demolition and redevelopment. The Council will seek to conserve heritage assets in a manner appropriate to their significance, so that they can be enjoyed for their contribution to the character and quality of life of the District.

Neighbourhood Plan Policy SS6 requires design to conserve and complement the historic and architecturally significant elements of the hospital and protect the character of the cottage hospital, tower and WWII additions.

The Jubilee Building is not a listed building; however, it does have historical and cultural significance in the local context. There are no designated heritage assets within the site boundary. There are also no scheduled monuments, listed buildings or registered parks and gardens within a 500m buffer of the red line boundary. No evidence of archaeological activity has been found within the site or study area to date and the archaeological potential of the Site is considered to be very low.

A Heritage Statement (100120806-MM-ZZ-EG-RP-EN-0005) has been produced in line with policy DPB2 of the draft Mid Sussex District Plan (2021-2039) and paragraph 218 of the NPPF. The report sets out the impacts of the proposed development on the historic environment that will be caused by the construction of the CDC.

The Heritage Statement finds that there will be no harm to the significance of the Estcots and East Court Conservation Area conservation area and the proposed scheme will not have a physical impact on the Jubilee Building. However, it will impact upon the setting of the Jubilee Building which will affect the contribution that setting makes to the significance of the asset. The scheme is therefore found to be in conflict with Policy SS6 of the East Grinstead Neighbourhood Plan, which requires development to conserve and complement the historic and architecturally significant elements of the hospital. Overall, the scheme is considered to be compliant with the NPPF and the Mid Sussex District Plan, policies DP34, DP35 in the current District Plan as well as DPB2 in the draft version. This is because the less that substantial harm caused to the significance of the Jubilee Building is considered to be outweighed by the public benefit of a new diagnostics centre.

The Heritage Statement should be read for a full assessment of the impact of the proposed development on the historical significance of the hospital. The report concludes that the proposed

scheme is considered to amount to less than substantial harm to the significance of the Jubilee Building. In line with paragraphs 215 and 216 of the NPPF, this harm should be weighed against the community benefits provided by the additional diagnostic capacity within the East Grinstead area and the improved, more integrated service provision that the CDC will provide.

6.3 Design

A detailed overview of the proposed design of the CDC and the evolution of design proposal is provided within the Design and Access Statement (100120806-MM-A1-EG-RP-AR-0002).

6.3.1 Scale, Bulk and Massing

Policy DP26 (Character and Design) of the Mid Sussex District Plan requires development to demonstrate that it creates a sense of place while addressing the character and scale of the surrounding buildings and landscape. Policy SS6 (Queen Victoria Hospital) of the East Grinstead Neighbourhood Plan states that new buildings at the hospital should be up to four storeys to protect the cottage hospital and the Jubilee Building's tower. The proposed CDC is a single storey building which sits in front of the Jubilee Building. The slope of the green allows the CDC to sit lower than the Jubilee Building. The main mass of the building is a simple building which allows for a rational internal floorplan for the facilities within the CDC. The scale of the proposed development has been designed to harmonise with the existing hospital and not overshadow the existing architecture on site. The overall height of the building has been minimised as much as possible to maintain views of the Jubilee Building from the road. The scale of the proposed CDC is intended to secure the building's role as separate from the main hospital and as architecturally subservient to the Jubilee Building.

6.3.2 Materials and External Appearance

Policy SS6 (Queen Victoria Hospital) of the East Grinstead Neighbourhood Plan requires the design of proposals to conserve and complement the historic and architecturally significant elements of the hospital and to protect the cottage hospital, tower and WWII additions. The external appearance of the CDC has been carefully considered to tie in with the architecture of the existing hospital. Policy EG3 of the Neighbourhood Plan requires that design is in keeping with materials in the surrounding area. To respond to comments received during pre-application discussions and ensure that the external design of the CDC is appropriate of its setting, the following architectural decisions have been made (the details of this are set out in full within the Design and Access Statement: 100120806-MM-A1-EG-RP-AR-0002):

- Pergolas made from soft timber have been added to the front and back of the building to create visual symmetry and break up the massing of the building. The canopy and fencing have been incorporated to help create a sense of arrival to the building, as well as concealing external plant areas.
- A modern interpretation of a traditional brick façade has been designed. The facade is composed of mixed-coloured brick, with hues of buff, brown, and red with a light mortar colour. The bricks and mortar have been selected to complement the existing architecture onsite, whilst promoting a more contemporary look to the development.
- Fenestration has been designed to add visual interest to the extent of wall which will be seen above the hedgerow. Tall windows with false panels projecting into the brick have been included to enhance window proportions and break up areas of brick wall.
- Concrete banding at high level has been refined to give a more contemporary look, whilst complementing the rest of the Site.
- Metal finishes for windows, doors, cladding and rainwater downpipes have been coordinated to present a cohesive and unified look to the building.

The proposed development is in line with the policy requirements for design within both the East Grinstead Neighbourhood Plan (2016) and the Mid Sussex District Plan (2014-2031).

6.4 Transport

Policy DP21 (Transport) states that development will be required to support the objectives of the West Sussex Transport Plan 2011- 2026. To meet these objectives, decisions on development proposals will take account of whether the scheme is located sustainably to minimise the need for travel, appropriate opportunities to facilitate and promote the increased use of walking, cycling and public transport, schemes should avoid severe additional traffic congestion and provide adequate car parking for the proposed development.

Guidance on managing impacts from transport associated with new developments is provided within section 9 of the NPPF. Paragraph 109 advises that transport impacts should be considered early on for new developments. Paragraph 116 goes on to state 'Development should only be prevented or refused on highways grounds if there would be an unacceptable impact on highway safety, or the residual cumulative impacts on the road network, following mitigation, would be severe, taking into account all reasonable future scenarios'.

The Transport Statement (100120806_MM_ZZ_EG_DOC_TP_0001) provides a detailed policy analysis of both national and local transport policy context and an analysis of the proposed development against these policies.

6.4.1 Pedestrian and Vehicular Access

A new pedestrian access is proposed from Holtze Road to the CDC, this access will be located just to the west of Gate 2. The new pedestrian access will mean that pedestrians or visitors who use public transport are not required to use the vehicular access at Gate 2 and walk through the car park. The existing pedestrian route alongside the Jubilee Building adjacent to the Proposed Development will be retained, providing access between the CDC and the wider QVH site, including the main parking areas.

No new vehicle accesses are proposed for the Proposed Development, with vehicles trips associated with the CDC anticipated to use the Main Entrance (for patient and staff parking), Gate 2 (predominately for disabled parking access and drop-off) and Gate 3 (for staff parking and servicing / deliveries).

6.4.2 Car Parking

The proposed car parking area will be located to the immediate east of the proposed CDC primary entrance.

A survey was undertaken in September 2024, which received 38 responses with the results of the modal share summarised below.

Table 6.1: Existing Modal Share

Mode	Approximate mode share
Private vehicle - parked on site	66%
Private vehicle - parked off site	13%
Private vehicle - passenger	8%
Walk	8%
Taxi	0%
Public Transport	5%

Source: Mott MacDonald, 2024

The proposed CDC is anticipated to have 13 appointments per hour, resulting in 26 two-way patient trips per hour. In terms of staff numbers, it is anticipated that there will be 15 clinical and 6 clerical members of staff on site. The modal shift for staff is outlined in the table below.

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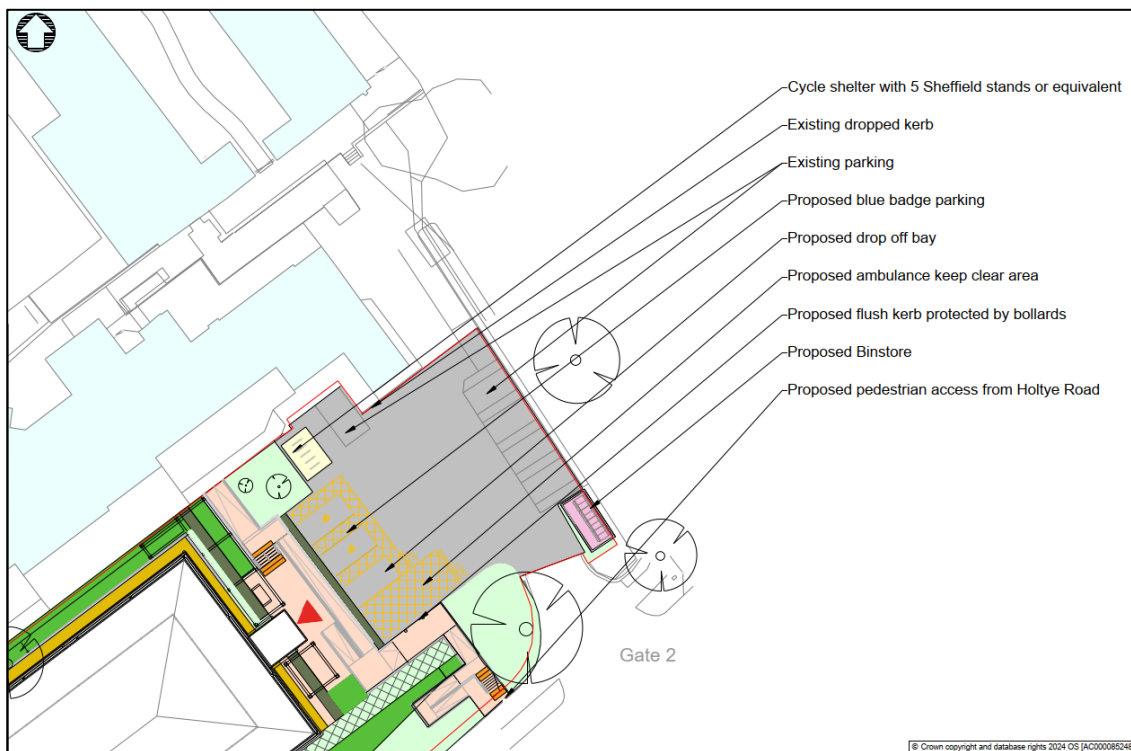
Table 6.2: Proposed Modal Share for Staff

Method of travel to work	Mode share
Underground, metro, light rail, tram	0.0%
Train	2.5%
Bus, minibus or coach	0.2%
Taxi	0.3%
Motorcycle, scooter or moped	0.4%
Driving a car or van	79.8%
Passenger in a car or van	7.1%
Bicycle	0.3%
On foot	6.9%

Source: Mott MacDonald, 2024

As outlined within section 4.3.3 of the accompanying Transport Statement ‘It is not proposed to provide additional dedicated car parking for the CDC. However, it is proposed that the car parking area accessed from Gate 2 will be reconfigured from the existing 21 spaces to 12 spaces to better meet the requirements of the CDC. While it is not proposed to alter the existing parking bays alongside the north-eastern boundary, the central parking bays will be removed and the parking on the western side of the car park will be reconfigured to provide a dedicated area for ambulance pick-up / drop-off, one drop-off bay, two blue badge bays and one standard bay. Figure 6.1 below shows the revised car park layout.

Figure 6.1: Proposed Gate 2 Parking Layout



Source: Mott MacDonald, 2025

6.4.3 Cycle Parking

West Sussex County Council Guidance on Parking at New Developments (2020) states that cycle parking requirements for the non-residential institutions should be determined through a site-specific assessment based on travel plan and needs.

A total of 10 cycle parking spaces will be provided for the Proposed Development. This provision will in the form of five Sheffield stands within the existing car park to the north-east of the Proposed Development.

An outline Staff Travel Plan has also been provided within the Transport Statement (100120806_MM_ZZ_EG_DOC_TP_0001). The purpose of the travel plan is to encourage a modal shift for staff members from using private vehicles towards more sustainable transport methods, this will help to reduce the number of vehicle trips to and from the CDC.

The conclusion of the Transport Statement is that the proposed development is consistent with relevant national, West Sussex and Mid Sussex transport policies and are not forecast to have a significant adverse impact on the local highway and transport network.

6.4.4 Servicing

As outlined within the accompanying transport statement servicing for the Proposed Development will be managed and undertaken through existing servicing facilities at the application site. Servicing vehicles will utilise the existing service yard accessed from Gate 3 on Holtye Avenue, in the north-east corner of the application site. A dedicated waste storage area for the CDC is proposed adjacent to the Gate 2 car park, with waste then transferred to the main waste collection area accessed via Gate 3 by a tug vehicle. The level of additional deliveries associated with the Proposed Development is anticipated to be limited and will be timed to minimise any additional peak hour vehicle movements.

6.4.5 Summary of Transport Considerations

Based on the expected number of staff and patient / visitor trips, the Proposed Development is forecast to generate up to 37 vehicle movements per hour. This includes 17 staff vehicle movements and 20 visitor vehicle movements. Some of these will be trips associated with services and staff that are already provided / working at the QVH site (i.e. not new trips on the network). In the traditional highway peak hours, it is anticipated that staff activity will be limited with activity more focused on patient movements (10 vehicle movements in and 10 vehicle movements out). This low level of activity is not expected to result in any material impacts on the surrounding road network, with traffic dispersed across a number of routes beyond the site.

6.5 Ecology and Biodiversity

6.5.1 Preliminary Ecological Appraisal

A Preliminary Ecological Appraisal Report (100120806-MM-ZZ-EG-DOC-EN-000002) has been prepared and submitted as part of the planning application. The purpose of the Preliminary Ecological Appraisal is to report on the current habitats present at the site. A desk study of existing information and reports was undertaken, and a UK habitat classification survey, conducted on 30 July 2024, to look for habitat suitability and evidence of protected and notable species. Baseline condition assessments of the habitats present was undertaken to inform subsequent Biodiversity Net Gain (BNG) calculations. A second visit was made to the Site on 18 September 2024, to undertake a bat endoscope survey of features identified from the initial field survey.

No impact to statutory or non-statutory designated sites is anticipated, owing to the small nature of the proposed works, their distance from the Site and lack of pathways. A parcel of deciduous and ancient woodland exists within the Queen Victoria Hospital grounds but lies approximately 0.2km from the proposed development and again, no impacts to the woodland are anticipated owing to the distance and lack of functionally linked habitat.

The Preliminary Ecological Appraisal Report outlines required mitigation for ecological receptors during the construction and operation of the proposed development. Table 6.1 in the report provides a summary of required mitigation to limit the ecological impact of the development. In accordance with Policy DPN1, the proposal seeks to protect existing biodiversity and wider ecological networks as well as taking appropriate measures to avoid and reduce disturbance to sensitive habitats and species.

6.5.2 Trees

An Arboricultural Report (100120806-MM-ZZ-EG-PA-EN-0001) has been prepared and submitted as part of the planning application. A total of 32 trees were surveyed as part of this study, 19 of which were categorised as Category B (trees of moderate quality) and 13 as Category C (trees of low quality). One TPO tree (GR/01/TPO/99) is located to the northeast of the Scheme. This tree is outside of the boundary of the site and will not be impacted.

To facilitate the construction of this Scheme, 10 trees have been identified as being in direct conflict with the Scheme and will therefore require removal to facilitate construction. The removal of two hedges (H1 and H2) and the partial removal of another hedge (H3) will also be required. Trees 8, 9, 14, 15 and 21 have been identified as at risk due to infringement into their root protection areas. These trees are recommended for further arboricultural mitigation measures including arboricultural site supervision and root pruning.

The full scope of the arboricultural survey and proposed mitigation methods is provided within the Arboricultural Report.

6.5.3 Biodiversity Net Gain

The Environment Act 2021¹⁴ sets out government targets for an increase in biodiversity at development sites. Under Schedule 14, Part 1, Paragraph 2, the Act sets out that at least a 10% biodiversity net gain (BNG) increase will be required on all major development sites from 12 February 2024.

Within the Mid Sussex Local Plan, Policy DP38 ensures biodiversity is both protected and enhanced. Policy DP38 ensures development takes opportunities to improve, enhance, manage and restore biodiversity and green infrastructure, so that there is a net gain in biodiversity. Existing biodiversity should also be protected, so that there is no net loss of biodiversity. In addition to this paragraph 187 of the NPPF states 'Planning policies and decisions should contribute to and enhance the natural and local environment by: a) protecting and enhancing valued landscapes, sites of biodiversity or geological value and soils (in a manner commensurate with their statutory status or identified quality in the development plan)...d) minimising impacts on and providing net gains for biodiversity, including by establishing coherent ecological networks that are more resilient to current and future pressures and incorporating features which support priority or threatened species such as swifts, bats and hedgehogs'.

A Biodiversity Net Gain Design Stage Report (100120806-MM-ZZ-EG-RP-EN-0003) has been prepared and submitted as part of the planning application. The Baseline Statutory Biodiversity Metric (100120806-MM-ZZ-EG-CA-EN-0001) has also been completed to establish the baseline habitats on-site.

It has been calculated that to achieve a target of 10% BNG, 2.53 Biodiversity Units (BU) in Area-based habitats and 0.06 BU in Hedgerow habitats will be required. While natural habitats will form part of the landscaping around the newly built CDC (comprising areas of grassland and individually planted trees), the on-site habitats (retained and created) will not contribute to BNG as they cannot be secured for a minimum of 30-years due to the operational constraints of the Site. As BNG cannot be secured on-site, units will be provided by a habitat bank.

The required BU to achieve a 10% BNG are to be reserved with a habitat bank as a next step for the proposals. Following this, a biodiversity gain plan will be produced, and the finalisation of BU purchase will be undertaken.

6.6 Flood Risk and Drainage

Mid Sussex provide policy guidance relating to flood risk and drainage within policy DP41 and state: 'Proposals for development will need to follow a sequential risk-based approach, ensure development is safe across its lifetime and not increase the risk of flooding elsewhere. The District Council's Strategic Flood Risk Assessment (SFRA) should be used to identify areas at present and future flood risk from a range of sources including fluvial (rivers and streams), surface water (pluvial), groundwater, infrastructure and reservoirs. SuDS should be sensitively designed and located to promote improved biodiversity, an enhanced landscape and good quality spaces that improve public amenities in the area, where possible. The preferred hierarchy of managing surface water drainage from any development is:

1. Infiltration Measures
2. Attenuation and discharge to watercourses; and if these cannot be met,
3. Discharge to surface water only sewers.

¹⁴ [Environment Act 2021](#)

The NPPF provides further guidance on flood risk within paragraphs 161 which seeks to ensure planning proposals take account all possible impacts as a result of climate change, including flooding. Paragraph 170 advises that 'Inappropriate development in areas at risk of flooding should be avoided by directing development away from areas at highest risk'. Paragraphs 173 to 176 provide guidance on the sequential test which seeks to steer new developments to areas at the lowest risk of flooding.

- A Flood Risk Assessment (FRA) (100120806-MM-ZZ-EG-RP-DF-0004) Existing system sewer and diversion – oversized diversion proposed with passive flood exceedance route built in to the level strategy for the proposed development.
- Surface water management – robust drainage system with flow restriction set to a 50% reduction in the runoff from the existing car park area draining to proposed system. An attenuation volume

Consultation with Southern Water took place during December 2024 which confirmed that there is adequate foul water and surface water capacity for the proposed development. This correspondence has been included within Appendix B of the FRA.

Based on the conclusion of the FRA, it can be concluded that in accordance with the NPPF Chapter 14: Meeting the Challenge of Climate Change, Flooding and Coastal Change, the development site is suitable for the proposed development which has a 'More Vulnerable' development classification (Annex 3 of NPPF).

6.7 Air Quality

Paragraph 199 of the NPPF states that planning decisions should contribute towards compliance with relevant limit values or national objectives for pollutants, taking into account Air Quality Management Areas, Clean Air Zones and cumulative impacts from individual sites in local areas. Opportunities to improve air quality or mitigate impacts should be identified.

In accordance with Local Plan Policy DP29 (Noise, Air and Light Pollution), development will only be permitted by Mid Sussex District Council where:

- Development does not cause unacceptable levels of air pollution.
- Development on land adjacent to an existing use which generates air pollution or odour would not cause any adverse effects on the proposed development or can be mitigated to reduce exposure to poor air quality to recognised and acceptable levels.
- Development proposals (where appropriate) are consistent with Air Quality Management Plans.

An Air Quality Assessment (100120806-MM-ZZ-EG-RP-EN-0006) has been prepared and submitted as part of the planning application. The report provides an assessment of the key effects associated with the construction and operation of the proposed CDC. Mitigation is proposed to limit the impact of construction dust effects which includes monitoring, preparing and maintaining the site to minimise dust and locating dust causing activities away from receptors, operating vehicle and machinery to minimise emissions, employing suitable construction methods, waste management and trackout procedures. Overall, the report concludes that the change in local air quality caused by the proposed Development is predicted to be 'not significant', as such the proposed development accords with Mid Sussex District plan policy DP29 and paragraph 199 of the NPPF.

6.8 Energy and Sustainability

Mid Sussex District Council state within the District Plan in policy DP39 'All development proposals must seek to improve the sustainability of development and should where appropriate

and feasible according to the type and size of development and location, incorporate the following measures.

- Minimise energy use through the design and layout of the scheme including through the use of natural lighting and ventilation.
- Explore opportunities for efficient energy supply through the use of communal heating networks where viable and feasible.
- Use renewable sources of energy.
- Maximise efficient use of resources, including minimising waste and maximising recycling/ re-use of materials through both construction and occupation.
- Limit water use to 110 litres/person/day in accordance with Policy DP42: Water Infrastructure and the Water Environment.
- Demonstrate how the risks associated with future climate change have been planned for as part of the layout of the scheme and design of its buildings to ensure its longer term resilience.

Paragraph 161 of the NPPF states 'The planning system should support the transition to net zero by 2050 and take full account of all climate impacts including overheating, water scarcity, storm and flood risks and coastal change. It should help to: shape places in ways that contribute to radical reductions in greenhouse gas emissions, minimise vulnerability and improve resilience; encourage the reuse of existing resources, including the conversion of existing buildings; and support renewable and low carbon energy and associated infrastructure'.

In support of this planning application, Mott MacDonald have prepared an accompanying Energy and Sustainability Statement (100120806-MM-ZZ-EG-RP-BM-0002). The statement summarises that the project aims to achieve a sustainable building rating through certification from Building Research Establishment Environmental Assessment Method (BREEAM). The building design aims to achieve "Excellent" rating (70% is the threshold) against BREEAM UK New Construction V6.1. The rating is also set as per the NHS Net Zero Building Standard (NZBS). Following design updates the projected score stands at 74.13%. A number of credits have also been identified as possible, which could be investigated in further detail to potentially increase the score where needed. The proposed statement demonstrates the intent of the proposal to provide suitable sustainability measures, which have been considered in the early stages of the design of the proposed CDC, the aforementioned report therefore demonstrates the conformity with District plan policy DP39 and paragraph 161 of the NPPF.

6.9 Noise

Policy DP29 of the Local Plan seeks to maintain the high-quality environment in Mid Sussex and the tranquil environment which residents experience. Where development is likely to generate significant levels of noise, appropriate noise attenuation measures should be incorporated. The Noise Policy Statement for England and NPPF both set out the national requirements for development to minimise noise pollution. Paragraph 187 of the NPPF states that planning policies and decisions should contribute to and enhance the natural and local environment by preventing new and existing development from contributing to, being put at unacceptable risk from, or being adversely affected by unacceptable levels of noise pollution.

A Noise Impact Assessment (100120806-MM-ZZ-ZZ-RP-AE-0002) has been prepared and submitted as part of the planning application. The Assessment sets out the Acoustic Criteria for the development and potential noise sources associated with the proposed new CDC. The report identifies the following noise sources:

- Noise from mechanical plant associated with the building services.
- Noise from additional road traffic generated by the proposed CDC.

Mechanical plant will be designed to achieve rating levels that meet the planning requirements. These requirements are considered achievable using commonly used and well understood noise mitigation methods. These mitigation methods include selection of quiet versions of plant, duct attenuators, plant enclosures, acoustic louvres and reverberation control. Noise produced by road traffic generated by the proposed CDC is shown to be negligible on the surrounding road network due to the very low number of vehicle movements generated by the proposed CDC compared to the existing number of vehicle movements on Holtze Road. The proposed CDC development is commensurate with the existing hospital use at the Site and will be open between the hours of 07:00 and 19:00. The conclusion of the Noise Impact Assessment is therefore that the proposed development does not conflict with national or local planning policy.

6.10 Landscape

Policy DP37 of the Mid Sussex District Plan outlines the Council position on the maintenance and management of landscaping features in Mid Sussex such as Trees, Woodland and Hedgerows. The Policy states that 'the District Council will support the protection and enhancement of trees, woodland and hedgerows, and encourage new planting. In particular, ancient woodland and aged or veteran trees will be protected. Development that will damage or lead to the loss of trees, woodland or hedgerows that contribute, either individually or as part of a group, to the visual amenity value or character of an area, and/ or that have landscape, historic or wildlife importance, will not normally be permitted. Proposals for new trees, woodland and hedgerows should be of suitable species, usually native, and where required for visual, noise or light screening purposes, trees, woodland and hedgerows should be of a size and species that will achieve this purpose'.

Policy DP26 relates to character and design and requires all development to be of high-quality design and to reflect the distinctive character of the area, to address the character and scale of surrounding buildings and to protect open spaces, trees and gardens that contribute to the character of the area. The ethos of this policy is also echoed within policy EG3 of the East Grinstead Neighbourhood Plan. Policy SS6 (Queen Victoria Hospital) also requires development at the hospital to provide appropriate landscaping with native species.

In addition to this, paragraph 135 of the NPPF states within section b that 'Planning policies and decisions should ensure that developments are visually attractive as a result of good architecture, layout and appropriate and effective landscaping'.

6.10.1 Landscape and Visual Impact

To accompany this planning application a Landscape and Visual Impact Assessment (LVIA), also prepared by Mott MacDonald, (100120806-MM-ZZ-EG-PA-EN-0004) and submitted as part of this submission. The LVIA identifies, predicts and evaluates the potential landscape and visual effects likely to result from the proposed development, both during construction and in years 1 and 15 of operation.

The LVIA concludes that, during construction, effects to the landscape will be temporary and isolated. The loss of landscape will be localised and has been limited as far as possible, to a total of 10 trees, a section of mature hedgerow and amenity grass. Four viewpoints were identified in close proximity to the site. Although the existing boundary planting to the south of the site is expected to be retained, the residential receptors will be predominately impacted during construction, albeit temporarily, due to the likely views of construction plant, cranes and site hoarding which will all be in close proximity. Significant effects are expected during construction for Viewpoint 1 and Viewpoint 3.

During operation, the impact of the development's effects to the landscape will be reduced through mitigation planting which also aims to increase biodiversity on the site. The Landscape Plan (100120806-MM-A1-EG-GA-LA-0001) will help to offset impacts created by the new hospital

building. By year 15 of operation, the planting will have matured significantly and is expected to screen parts of the development. During operation, the effects on the four viewpoints are likely to improve due to planting being more established and helping to filter and screen views to a greater extent. The new hospital building will be in keeping with the existing hospital and is expected to be representative of the current baseline view, provided that the boundary hedgerow and planting is retained and managed accordingly.

The most significant impacts of the proposed development on the surrounding landscape are expected to be during the construction phase, particularly from Viewpoints 1 and 3. However, these impacts are temporary and once operational, the development will have a limited impact on the surrounding landscape if the proposed and existing planting and hedgerows are maintained.

Therefore based on the information outlined above, the LVIA demonstrates that the development of the proposed CDC (and associated development) at the application site will not result in any significant permanent impacts arising from the additional built form on the development site, with the most significant impacts being as a result of the construction phase, which will therefore be temporary and not result in any significant permanent impacts upon the Jubilee building, the wider Queen Victoria Hospital site and the setting of Estcots and East Court Conservation Area, which is located 460m south of the site boundary. Based on this the proposal therefore accords with policies DP26 and DP387 of the Mid Sussex District Plan and paragraph 135 of the NPPF in relation to landscape visual impacts.

6.10.2 Landscape Design

The proposed landscape design is shown on the Landscape General Arrangement Plan (100120806-MM-A1-EG-GA-LA-0001). The landscape design has been developed to help integrate the CDC into its surroundings and maintain an area of open space for patients and staff to use. Several trees will be lost as a result of the construction of the CDC, these are shown on the landscape plan, however there is a new line of trees proposed around the south western corner of the CDC and perimeter planting is also proposed. The Design and Access Statement (100120806-MM-A1-EG-RP-AR-0002) provides additional detail on the proposed landscaping for the scheme, including some indicative planting schemes which suggest potential species to be included.

The existing landscape buffer along Holtye Road, to the southern boundary of the Site is to be retained and protected during construction. The northern and north eastern perimeters of the building are proposed to be bordered by shrub planting of low-mid height. Shade tolerant species have been selected to ensure consistent growth in locations between the proposed CDC and Jubilee building. Along the western elevation of the building, low-mid height medicinal planting is proposed which surrounds two areas of seating. The seating will consist of galvanised steel and timber tables and benches. The tables and benches will sit on top of concrete flag paving.

Clipped yew hedges are proposed along the western and eastern elevations, the latter which frames the main entrance to the new CDC. A line of seven trees is proposed to be planted along the south western corner of the building, to the south of the seating area. The landscape design shows the proposed species as Juniper chinensis (Spartan).

6.10.3 Tree Replacement

In order to mitigate the loss of existing trees, tree replacement planting is proposed. In accordance with Policy DP37, trees have been retained where possible and the proposed development has taken opportunities to plant new trees as close to the felled trees as possible. Policy SS6 (Queen Victoria Hospital) of the Neighbourhood Plan requires appropriate landscaping with native species. In accordance with this policy, tree planting has been selected which integrates the proposed CDC building with its setting and native species have been chosen.

To replace the 10 trees and hedgerow being removed to accommodate the CDC Building, it is proposed to plant 7 new Juniper trees and approximately 50m of new Yew hedging. The Juniper trees have been positioned to the south western corner of the CDC building to reflect the historic style of planting that was once located within this area. Similarly, the Yew hedging will be formed of linear, formal hedges that will remain clipped to shape. The Juniper trees will be large pots sizes when planted and will help screen the western façade of the CDC in views from the main hospital entrance. The Yew hedging will create a boundary around the medicinal garden and soften the entrance approach to the CDC building. The Juniper trees will initially be around 2m in height and the Yew hedging will be around 300mm in height but will reach an optimum height of 1.5m with 10 years of planting.

6.10.4 Memorial Garden

The existing memorial gardens will be untouched by the development. The memorial tree in the north eastern corner of the development is to be retained, as shown on the Landscape Plan (100120806-MM-A1-EG-GA-LA-0001).

6.10.5 Integration with the Jubilee Building

The area immediately between the new CDC Building and the Jubilee Building will contain a mixture of shade-loving shrubs and perennials. The intention for this area, is to create a corridor of planting that enhances the existing planting along this route and ties the two buildings together. The planting also acts as a buffer between the footpath immediately adjacent to the Jubilee Building and the windows of the new CDC Building, to help reduce overlooking into these rooms.

6.10.6 Medicinal Garden

The medicinal garden will be located along the western side of the new CDC building and is planned to be used by both staff and visitors to the hospital. The garden is intended to be an extension of the wider grassed garden to the west and provide an enhanced area of outdoor space to mitigate the loss of existing grassed open space in this area. The medicinal garden will also add to, and complement, the existing external outdoor spaces, including the memorial garden.

In accordance with the NPPF, landscape design has been proposed which is both appropriate and effective for the proposed development. The seating area will provide an accessible green space for staff and patients and the remaining garden will be uplifted to provide an enhanced green space which is easily accessible for all to use, in line with Policy DP37. Where possible, trees and hedgerows have been retained and will be protected during construction in line with the Arboricultural Method Statement, outlined in the Arboricultural Report (100120806-MM-ZZ-EG-PA-EN-0001). In accordance with Policy DP37, the felling of trees is only proposed where there is no appropriate alternative. The loss of any trees has been mitigated through new proposed planting which is shown on the Landscape General Arrangement Plan (100120806-MM-A1-EG-GA-LA-0001).

7 Conclusion

This Planning Statement has been prepared by Mott MacDonald Limited, on behalf of the Trust, in support of the full planning application submitted to Mid Sussex District Council for the proposed development of East Grinstead Community Diagnostics Centre.

The Trust has brought forward the proposed development as part of the wider NHS Community Diagnostic Centre Programme. The proposed CDC will offer patients a range of diagnostic tests and provide greater choice, closer to home. The development of CDCs will reduce the need for hospital visits, relieving pressure on existing hospitals, speeding up the diagnostics process and potentially speeding up the start of treatment. The proposed development will make a positive contribution to meeting future growth and need in Mid Sussex for new healthcare facilities in East Grinstead, in line with the ambitions of the Mid Sussex Infrastructure Delivery Plan.

The NPPF makes clear its intention to support infrastructure that supports and promotes health among local communities, including healthcare facilities such as the delivery of the proposed CDC at Queen Victoria Hospital. Local Plan Policy DP25 supports the delivery of infrastructure that contributes to provision or improvement of community facilities and local services that contribute to creating sustainable communities will be supported. Within the East Grinstead Neighbourhood Plan, Policy SS6 supports development at Queen Victoria Hospital and provides policy requirements for development at the Site. The design has carefully considered Policy SS6 and Policy EG3 which promote good design. The CDC has been designed carefully, recognising the Site's sensitive location in front of the Jubilee Building, which is a locally significant building.

The Planning Statement should be read alongside the Design and Access Statement which sets out the design evolution and demonstrates how the design has been influenced by advice received from Mid Sussex District Council.

This document has set out how the proposed development complies with national, local and neighbourhood planning policy. Based on the assessment of material considerations against relevant policy, the development accords with policy requirements and appropriate mitigation has been incorporated.

