

Planning Committee

Patrick Sherratt

Writing this report in May I look forward to a warm and pleasant summer. I would also thank the many members who sent good wishes after my major surgery earlier this year.

The Planning Committee will continue to make comment on local planning issues with the objective to improve both the visual and socio-economic profile of Dover.

Road and Transport infrastructure

With the lorry park scheme at Westenhangar/Stanford being scuppered I anticipate a future highways consultation. Highways England have prepared a "post Brexit" scheme for the M20 that is currently (May 2018) the subject of Select Transport Committee debate. If the Select Committee approve the proposed scheme I expect to hear from Highways England in order for the Society to make appropriate comments.

In my last report I indicated the timescale for the Third Thames Crossing scheme. This indicated Statutory Consultation in 2018 but to date nothing received.

Dover Western Docks Revival (DWDR)

The new cargo handling areas are well under construction. We made comment to DHB that the quayside piling should be faced. Sadly, this was not done on the Marina Curve but the Eastern Breakwater (New Pier) has been faced. Capt. Weston has sought a lifting bridge from the New Pier to the Marina Curve, however, this suggestion has not been taken forward by DHB. Do visit the marina at Eastbourne where a series of such bridges ensure circular walks. The "Cut" between the

Marina and Wellington Dock is at an advanced stage of construction. Through Alan Sencicle we expressed concern at tidal conditions and these were taken on board by DHB and the construction seems to have solved this problem.

Dover Leisure Centre

Construction continues with the main building in process of building. Still on time for opening 2019.

DTIZ (St James Development)

The cinema and some retail units now open. Two prospective tenants have withdrawn. At the time of writing this report parking is free, however when parking charges apply it is understood that employees of the units will not be permitted to use the car park. We are concerned that this will cause difficulty in respect to "on-street" parking and have asked DDC to do a parking survey of the Castle Ward area when all units are operational.

Castle Street/Biggin Street

As the role of the town centre evolves more change of use planning applications are being received for Castle Street and Biggin Street, both within Dover Conservation Areas. The Society supports upper floors of unused buildings changing from commercial to residential use. We strive to seek quality development and recently a planning application for nine flats was made in Biggin Street. Seven of these fell below the guidelines of having 40sq m. The Case Officer ignored these guidelines and in fact indicated to the applicant permission would be granted 10 days before closure of public comments.

The application also involved alteration to the shop front for access to the flats. We objected as the application failed to deliver DDC Conversion to Flats guidelines or shopfront conversions in conservation areas. With further objections the application was decided by the DDC Planning Committee. This resulted in reduction to seven flats although five were still below the 40sq m. It then transpired that the Conversion to Flats Guidelines dated May 2006 had not been adopted by DDC, yet another legal failure. I am pressing for these to be adopted as soon as possible although DDC are reluctant to do so until the next District Local Plan that in reality may not come into force until 2020/2021. In the meantime substandard properties continue to secure planning permission. Of interest the application in question was then advertised for sale on the internet with a potential profit to the applicant of more than £150k in what is known as “flipping” where the applicant has no intention of delivering but seek planning consent to increase the sale price. This often leads to buildings remaining empty.

Conservation Areas

The proposed alterations to the Waterloo Crescent Conservation Area to include Granville Gardens, garden to the seaward side of the Gateway flats and Esplanade and beach in front of Waterloo Mansions were supported by the Society. The Principal Heritage Officer must be congratulated on making a sound case for the extension of the area but the DDC cabinet decided not to accept the recommendation to extend the area. At least one DDC councillor who is a member of cabinet has on more than one occasion said Conservation Areas and Listed buildings should be done away and would have been influential in the decision making.

Conservation Appraisals. Derek is forming a group to process our first attempt. This will be in respect to the Dour Street Conservation Area.

Section 215 of Town and Country Planning Act 1990

Following my visit to Hastings Borough Council, who are the most active council in UK for serving 215 notices, we were able in 2010 to persuade DDC to use this legislation to improve the external appearance of buildings. By 2014 we had over 100 Town Centre/Folkestone Rd properties on the list. DDC then decided to stop 215 action in Dover, as councillors had sought similar action across the District. I have fought to re-commence 215 action in Dover and I am pleased that Dover now has a dedicated officer working through our original list plus some additions. I am awaiting a meeting with the enforcement team to ensure properties on our original list are having 215 notices served.

Farthingloe and Western Heights

A public consultation exhibition was held at the Barn at Farthingloe on the 15th/16th May. Some minor alterations to the original application were made and we await full details when a full planning application is made.

Failure to develop brownfield sites in Dover

At a meeting with the new Leader of DDC and the CEO of DDC I raised the issue of delay in the delivery on brownfield sites that have planning permission. The Westmount site is awaiting planning application from the developer. This should include the much-needed car parking facilities at Dover Priory. On the Connaught Barracks site, the Homes and Community Agency is about to appoint a developer to deliver the “Officers” area that recently received planning agreement.

The main Connaught Barracks site has still to have a planning application submitted but it will almost certainly be for a high-density development. This is very sad as I was reliably informed that a developer was prepared to deliver high quality executive houses on this prime site with direct views of the castle and the English Channel. Dover desperately needs high quality build to attract future development growth as over the years poor planning has seen all six Dover wards drift into the top 20% of deprived wards within England/Wales and as such many developers are put off from committing to projects in Dover.

Bus Rapid Transport (BRT)

This has been talked about for several years and was to be funded by Section 106 contributions from the sale of properties in the Whitfield Urban Development Plan. Development at Whitfield is not moving as fast as anticipated and DDC recently secured a £16.4million grant for delivery of the BRT.

The BRT will operate from Whitfield across the A2 (new bridge) and pass through Guston and Connaught Barracks to the town and Dover Priory Station. If the Farthingloe development takes place the BRT will be extended to Farthingloe. No timescale has been given for this project and we await further details.

Dover Hospital (Polyclinic). The Lost Opportunity

I reported in the last newsletter the former Buckland Hospital site was sold at auction for £1.4million by KCC who had purchased from East Kent Health Authority for £375k, resulting in effect our local health service losing £1million. The results of my Freedom of Information request reveal that the Health Authority did not have an independent valuation but accepted the

auction price guide. I think it is perhaps appropriate to do a resume of the development of the existing hospital as under.

Initially Dover was "entitled" to a Community Hospital under guidelines set out by Central Government in 2000. One of our former members, Lorraine Sencicle, took this up for funding with KCC. Lorraine secured the funding despite fierce opposition by KCC that, I am informed, included the Co-ordination Manager (a Dover area resident).

This gave the green light for the Community Hospital that would have included "intermediate care" beds that was very much part of the "NHS Plan 2000" being a ten-year government plan for the NHS.

DDC and in particular it's former Leader (Cllr Watkins) saw this as an opportunity for town centre regeneration by having the hospital built on the Maison Dieu car park/health centre and college site. This would have also given direct bus links from across the District as well as being only 10 mins from Dover Priory rail station.

Sadly in 2009/2010, led by the prospective MP, a group opposed this on the grounds of flooding. At the time I raised the point that Ashford Borough Council offices are next to the river Stour and on a designated flood plain but building design avoids flood risk to the offices, indeed much of Holland is a flood risk but correct building design avoids such problems.

The group considered a major hospital (with facilities similar to William Harvey at Ashford) should be built and required a larger site that could only be provided in Whitfield. In reality there was never going

to be a fourth major hospital in East Kent, indeed as currently being considered is the closure of K&C at Canterbury or QEQM at Margate as the local health authority consider only two “major” hospitals are required in East Kent.

The local health authority preferred the existing Buckland site and plans were produced, however, no “intermediate care” being included. I fought on behalf of The Dover Society for “intermediate beds” at planning stage as the facilities being proposed in effect downgrading the Community Hospital, that Loraine had so successfully secured, to a “Polyclinic”.

I spent many hours at meetings and the local Clinical Commissioning Group (CCG) supported our request for intermediate beds. By this time national media was highlighting the bed blocking at major hospitals and the need for intermediate care facilities. Sadly, again KCC favoured using existing private sector care homes and home visits. It is interesting to see the number of ex KCC/NHS Managers who have set up or moved to the private sector to milk the cash cow.

With the submitted planning application for the hospital on the Buckland site it became evident that there would be surplus land. I again through the CCG had support from Dr Crocker, their Chairman, for the surplus land to be retained for the hospital at a future date to be extended to include intermediate care facilities. Sadly, Dr Cocker stood down from the CCG and thereafter the CCG were no longer interested in intermediate care facilities for Buckland Hospital, possibly as their Chair was now a GP from Shepway. They promoted the need to use private sector care homes. At a CCG meeting I challenged if care homes had sufficiently trained staff with medical qualifications.

This was recognized but CCG considered “crash course training” would resolve the issue.

With the land now sold for private development (188 dwellings) it is sad to say the Community Hospital with intermediate care facilities that Dover could have had, initially in a town centre location, and latterly on the surplus land, has been lost and many managers in KCC and Local Health must accept the responsibility for the loss.

Our wonderful NHS is at bursting point and from my own business experience is still too heavy with middle managers and duplication across different business sectors that are seen as “protected empires”. A classic example is I attended a Health and Wellbeing meeting at DDC when on the agenda was intermediate care facilities. All heads of departments at KCC Health/Social Services and our local health authority were present (I looked up their salaries after the meeting and it exceeded £2.5million without the addition of pension costs) and after a lengthy debate they concluded there was a need to seek the definition of what intermediate care was and form a working group. The chair asked who would like to be on the working group to which all replied they wanted to be included. I rest my case re overstaffed and over paid KCC/NHS managers. More money needs to be put from “admin” to the hard working “front line”.

Having had this as an item for my report over several years and the fact it has now reached its ultimate conclusion with Dover losing a facility that it would have had if the Community Hospital had been delivered I shall no longer include this issue within any future planning reports.