



GIG
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Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Your Ref/ eich cyf
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RHONDDA CYNON TAFF CBC ENVIRONMENTAL SERVICES SARDIS HOUSE	
CPM NO	
DATE RECEIVED	24 MAR 2014
REFERRED TO	

Dear Sir / Madam

Rhondda Cynon Taff County Borough Council Community Infrastructure Levy (CIL) Submission of Draft Charging Schedule for Examination. Consultation on CIL Draft Charging Schedule – Statement of Modifications

I write with regard to the Draft Charging Schedule – Statement of Modifications, and in particular the proposal relating to D1 Primary Healthcare Developments.

The Draft Charging Schedule proposal for the level of CIL for Primary healthcare Developments results from the recommendations from the District Valuer. These recommendations follow evaluation of new public-private healthcare developments defined as private investors constructing new primary care centres for the NHS (3PD) and that this market has remained resilient in the current economic downturn.

Cwm Taf University Health Board feels that the District Valuer has not represented the whole financial funding process underpinning such healthcare projects. The sector may be comparatively resilient and new premises are built by the private sector, but they are publicly funded and via the Welsh Government / Health Board's payment of rent. Without such support the sector would be as weak as all those others which have correctly been left levy free.

Whilst the Health Board welcomes the proposed reduction in the CIL for Primary Healthcare Developments, I would re-affirm the comment that there has been a marked slowdown in the number of such schemes and a

significant reduction in the District Valuer recommended rental values for such developments. Given the fact that the District Valuer is directly involved in agreeing the development rents for these schemes, with the aim of setting a level of rent which yields only just sufficient profit for the developer to proceed, how can there be any 'super profit' on which to base the levy.

Notwithstanding the current Welsh Government funding crisis, the imposition of a CIL may result in schemes being cancelled, mitigating against health investment in areas of high deprivation and low economic status if overall rental values are not supported by the District Valuer.

If the purpose of a CIL is for the community to obtain some benefit from private sector profit which results from the grant of planning permission, then the provision of primary healthcare developments is a direct benefit to the community and as such need to be a beneficiary of CIL as the whole population will access GP facilities/services, unlike schools which are age specific. If Health should derive a benefit from CIL how much will be set aside from the council CIL to support health developments and what will be the mechanism to access such funding arrangements.

Your proposal is predicated on new public-private healthcare developments defined as private investors constructing new primary care centres for the NHS (3PD) schemes, and I would request clarification on how this levy will be evaluated against formal NHS Capital funded projects and GP self funded developments schemes which do not attract such profit benefits and external investment.

Yours faithfully



DIRECTOR PRIMARY COMMUNITY & MENTAL HEALTH