**Community Asset Nomination**

**Localism Act 2011**
**The Assets of Community Value (England) Regulations 2012**

**Report by: Economy Practice Manager**

**Date: 24th July 2018**

**DECISION ON COMMUNITY ASSET NOMINATION**

**ASSET: Honiton Hospital**

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| **Location** | Honiton |
| **Date of Nomination** | 4th June 2018 |
| **Nominating Party** | Honiton Town Council |
| **8 Week date** | 30th July 2018 |

**Recommendation**

That the nomination is **REFUSED** as a Community Asset and placed on the register as such.

**Validity of Nomination**

1. The nomination has been submitted by Honiton Town Council.

2. The assets of Community Value (England) Regulations 2012 (the regulations) enable a nomination to be submitted by a Town or Parish council.

**Nomination**

3. Honiton Town Council has submitted the following comments in support of their nomination:

4. A Hospital is clearly an asset to any community. Honiton is a growing town, with currently around 12,000 residents. Whilst the population is ageing, Honiton also boasts 2 primary schools and a community college, all of which have seen increases in students as the town continues to build more housing to attract more families to the town. The community have a right to have local access to health services and it is vital that Honiton has a hospital within its ever growing boundaries. Over 60 outpatient clinics now offer appointments in Honiton saving many people the long slog into Exeter and battle with parking. The Minor Injuries Unit is assessing and treating greater numbers of patients giving local residents an alternative to the casualty departments at the District Hospitals. Honiton is fortunate to have x-ray facilities, a busy physiotherapy service and a renal dialysis unit. Devon Doctors, Out of Hours service for East Devon also work from the hospital site.

The hospital currently offers support to expecting parents as well as post-natal support for parents within its maternity unit and community midwives. The hospital also is a base for the growing integrated community health and care team that offer services to out-patients and those who find it difficult to travel to hospital. A community mental health team are based at the hospital, this will include our impending admiral nurse who will offer support to families dealing with dementia. Should the site be put on the open market in the future, we feel that with the help of the many other organizations within the town that rely on the continued use of the hospital that a consortium including the town council could take over the management of the site.

**Response to consultation**

5. The following Councillors responded to the consultation:

6. Cllr Twiss: Honiton Hospital is a huge asset to the wider community of Honiton and demand from future housing growth and east access from both Cranbrook, Axminster and Seaton will only increase demand further. The site is easily accessible and with access to the RD & E getting increasingly difficult due to roads capacity into the City more services will need to be provided in Honiton.

I fully support the nomination as a community asset.

7. Cllr Allen: Honiton Hospital is of immense value to Honiton and the surrounding Rural areas including both AONBs.

It has an essential range of services such as MIU, X-ray, dialysis unit, maternity Unit (temporarily closed) and a range of Clinics. Diagnosis of more serious cases leads to rapid transfer via A303 to RD&E while reducing non-vital workload there.

This reduces traffic to RD&E which rarely has A&E wait times less than 4 hours
While reducing the carbon footprint of NHS patients

It is the top priority for Honiton residents in the latest surveys for the Neighbourhood Plan, and mass protests have occurred when services were reduced. It remains a key part of the healthcare strategy for the area with total support from the GPs on this key campus developed with significant local financial contributions when redeveloped over decades.

8. Cllr Barrow: I fully support this nomination, for Honiton hospital being a community asset.

9. The following comments have been received from NHS Property Services:

    1. The relevant test for determining whether it can be listed as an ACV is therefore set out at subsections 88(1) and 88(6) of the Act.

2. Inappropriate Application of the ACV listing criteria

*2.1.* Section 88(1) of the Localism Act (2011) defines land of community value as that which *"furthers the social wellbeing or social interests of the local community".*

2.2. Section 88(6) defines social interests as including each of the following:

- Cultural interests;
- Recreational interests; and
- Sporting interests

2.3. The examples given are primarily leisure activities and therefore only similar activities are capable as being considered within the definition of social interests. For this reason the property's use for the delivery of health services does not further the 'social interests' of the local community as defined within the Localism Act (2011).

2.4. A review of definitions for social wellbeing confirms that the construct relates to the interaction and relationships with others within a community. This view is reinforced by the plain English guide to the Act (2011: Page 8) which specifies buildings or amenities which play a vital role in community life and cites examples such as community centres, libraries, swimming pools, village shops, markets or pubs. Furthermore, Parliament and the House of Lords gave extensive consideration to the Bill and referred to the type of facilities that would be caught by the legislation on a number of occasions, and as NHS owned facilities and healthcare facilities were not mentioned, it is reasonable to conclude that Parliament did not intend such facilities to fall within the description of 'land of community value'

2.5. Contrary to these definitions, the Hospital site comprises an operational facility that is required for delivering healthcare services (within Use Class C2). This use cannot reasonably be construed to be one which furthers 'social wellbeing' or 'social interests' in the context of the 2011 Act. Therefore, Honiton Hospital does not meet the criteria for land or sites that can be nominated for listing as an ACV. Consequently, the entire hospital site should be removed from the list.

3. Recent Comparable Decisions

3.1. We draw your attention to a recent decision by Derbyshire District Council to place Newholme Hospital on the unsuccessful list of nominations. The Decision particularly states that;

*"Taking all of the above into account it is my opinion that Newholme Hospital does not play a role in promoting cultural, recreational or sporting interests and as such does not meet the test that it furthers the social interests of the community. Whilst the list of activities is not exhaustive I agree with the principle that since the activities listed are primarily leisure ones it follows that only similar activities would fall within the definition of "social interests".*

*There is no statutory definition of "social wellbeing". However, the Plain English Guide to the Act cites buildings or amenities that play a vital role on community life and lists as examples community centres, libraries, swimming pools, village shops, markets or pubs. The list does not include health care facilities.*

*Therefore I am of the opinion that there is no evidence that Newholme Hospital has an actual current use, that is not an ancillary use that furthers the social wellbeing or social interests of the community."*

3.2. We also draw your attention to a decision by Uttlesford District Council to review the listing of Saffron Walden Community Hospital as an ACV. That property was listed as an ACV by the Council, but the listing was subsequently removed, upon review. In the decision to remove the property from the Council's list of ACVs, it states:

*"With regard to "social welfare" I am persuaded by the submission of the owner's representative that this relates to interaction and relationships within the local community. This view is re-inforced by the quote from the plain English guide to the Act referred to in paragraph 5.5 above. The Land provides a health care facility. There is no evidence that the Land plays "a vital role in community life" nor is it similar to any of the categories of use referred to in that passage. In short there is no evidence of any social interaction taking place on the Land which could be construed as furthering the social wellbeing of the local community."*

3.3. The examples above rightly concluded that a site used for the delivery of healthcare services does not further the social wellbeing or social interests of the local community.

3.4. Similarly the Hospital Site cannot be considered to further the social wellbeing or social interests of the local community, in accordance with the Localism Act 2011.

4. Conclusion

4.1. In conclusion, the Site does not satisfy the statutory requirements of sub-section 88(1) and 88(6) of the Act. The Site is therefore not an asset which is capable of being listed as an ACV. Comparable decisions on (Newholme Hospital and Saffron Walden Community Hospital) have been provided that reinforce this this position.

4.2. We therefore request that the application to list the property as an asset of community value be refused and the property be placed on the 'unsuccessful list of nominations'.

**Site Interests**

9. The land is Freehold and the Title Deed has been held by NHS Property Services Limited since 12 June 2001.

10. There has been 17 planning applications since 1978 on the site for various extensions to increase services, for example physio and renal departments.

**Assessment**

11. The Localism Act requires that the Council makes a determination as to whether the site meets the definition of an asset of community value as set out in Section 88 of the Act.

*Whether the current use furthers the social wellbeing or social interests of the local Community*

12. The facility is clearly a valuable resource to many and does serve the wider community with healthcare, but it does not serve the social wellbeing of the community and its primary use is for healthcare purposes.

*Whether it is realistic to think that there is a time in the next five years when there could be non-ancillary use of the building or other land that would further (whether or not in the same way as before) the social wellbeing or social interests of the local community.*

13. The main use of the property is the 'care element' which may be considered as furthering the social wellbeing or social interest of the community, however, this does not come within the scope of the Localism Act. A plain English guide to the Localism Act, states:

> "Every town, village or neighbourhood is home to buildings or amenities that play a vital role in local life. They might include community centres, libraries, swimming pools, village shops, markets or pubs. Local life would not be the same without them, and if they are closed or sold into private use, it can be a real loss to the community."

In this case the nominated asset does not fall into the category of a Community Asset under s88 of the Localism Act and therefore should not be listed.

**Decision**

14. I confirm that the nominated asset should not be listed as an Asset of Community Value and will be added to the Council's list of unsuccessful nominated Assets of Community Value.

Alison Hayward
Senior Manager
Regeneration & Economic Development

Date: 30th July 2018