

For office use only
Consultee ID:
Agent ID:
Date Received::

1064		

Dartford Local Plan Pre- Submission (Publication) September 2021 Town and Country Planning (Local Planning) England Regulations 2012 – Regulation 19

Representation Form

Representations on the Dartford Local Plan should be submitted by **5pm on Wednesday 27**th **October 2021. Late representations will not be accepted.**

Representations should be made using this form and submitted to Dartford Borough Council by email to localplan@dartford.gov.uk or sent to: Planning Policy Team, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR.

Additional copies of the form can be obtained from the Council's website at: https://www.dartford.gov.uk/by-category/environment-and-planning2/new-planning-bolicy/new-local-plan. Photocopies of blank forms can also be made.

Advice on how to make representations is provided in the guidance notes which accompany this form. You are strongly advised to read the guidance notes before completing this form. *Please note that if you responded to the previous version of the Pre-Submission Local Plan February 2021, your previous representation will not be automatically carried forward and you will need to respond again.*

This form comprises 3 parts:

- Part 1: Your details
- Part 2: Your representation(s). Please fill out a separate sheet for each representation you wish to make. However, only fill in Part A once and send all representations in together.
- Part 3: Declaration

If you have any queries about this consultation, please contact the Planning Policy Team by emailing localplan@dartford.gov.uk or by phoning 01322 343213.

You only need to fill this section out once.

Part 1: Your details

You only need to fill this section out once

	1. Personal details	2. Agent details (if applicable)
Title		
Name	Alison Burchell	
Organisation / group	Kent and Medway Clinical	
	Commissioning Group	
Address 1		
Address 2		
Address 3		
Postcode		
Telephone number		
Email address		
If you are replying on does it represent?	behalf of a group, how many people	

Part 2: Representation

(2) Sound

(3) Complies with the

duty to co-operate

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No

No

Please use a separate sheet for each representation

Name or Organ	isation:	Kent and Medway Clinical Commissioning Group (KMCCG)						
1. To which part of the Local Plan does this representation relate (please specify paragraph or policy number)?								
Paragraph		Policy	✓	Policies Map				
2. Do you consider the Local Plan is:								
Please mark with	n a cross in	the boxes as appropr	riate					
(1) Legally com	pliant	Yes		No				

3. Please give details of why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible. If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

Yes

Yes

The council has engaged with Kent and Medway CCG (KMCCG) through the Local Plan process. The Local Plan recognises the main health infrastructure needs and includes policies to support provision of new healthcare facilities to serve the needs of the population.

For primary medical care services (general practice) the KMCCG GP Estates Strategy identifies two key premises development opportunities; plans for a new medical centre being developed at Steele Avenue, Greenhithe and a space for general practice within the Health & Well-being centre in Ebbsfleet Central (Strategic Outline Case being developed). The local plan supports these priorities - Ref: Infrastructure Planning Strategy (S2); Policy S4 – Table 2; Policy E1: Ebsfleet and Swanscombe Strategy; Policy E4: Ebbsfleet Central Allocation; (Section 6) Implementation and monitoring - table 10 Infrastructure aims and potential main projects.

There will be significant population growth over the coming years within Dartford and the CCG are under-taking a review of the wider infrastructure needed to meet increased demand across acute,

community and mental health se of that work over the coming me	ervices. The CCG looks forward to working with the council as part onths. (Continue on a separate sheet / expand box if necessary)
legally compliant and sour matters you have identified duty to co-operate is incapa why each modification will r	cation(s) you consider necessary to make the Local Plan nd, in respect of any legal compliance or soundness at 3 above. (Please note that non-compliance with the ble of modification at examination). You will need to say nake the Local Plan legally compliant or sound. It will be t forward your suggested revised wording of any policy
Please note: In your representat	(Continue on a separate sheet / expand box if necessary) ion you should provide succinctly all the evidence and supporting
should not assume that you will hafter this stage, further submiss matters and issues he or she ide	
-	seeking a modification to the plan, do you consider it he examination hearing session(s)?
No, I do not wish to participate in hearing session(s) ✓	Yes, I wish to participate in hearing sessions(s)
	provide an initial indication of your wish to participate in hearing a later point to confirm your request to participate.
6. If you wish to participate in this to be necessary.	n the hearing session(s), please outline why you consider
	ermine the most appropriate procedure to adopt to hear those who th to participate in hearing session(s). You may be asked to confirm

your wish to participate when the Inspector has identified the matters and issues for examination.

Part 3: Declaration

Data Protection

The personal information you provide on this form will be processed in accordance with the Data Protection Act 2018 and the Privacy and Electronic Communications (EC Directive) Regulations 2003. The information you provide will only be used for the purposes of the preparation of the Local Plan as required by the Planning and Compulsory Purchase Act 2004, and may be used by the Council to contact you, if necessary, regarding your submission. Under Regulation 22, we have a duty to send all representations to the appointed Planning Inspector. Your name, organisation name (if relevant), comments and town/parish of residence will be made available for public inspection when displaying and reporting the outcome of the statutory consultation stage and cannot be treated as confidential. You will not be asked for any unnecessary information and we will not publish any personal data beyond what is stated in this declaration.

Please sign and date this form. Forms signed electronically will be accepted.

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Ву	completing	and	signing	this	form,	L	agree	to	my	name,	organisation,	town/parish	of
res	idence and	repre	<u>sentatior</u>	ıs be	ing ma	ıd	<u>le avail</u>	<u>abl</u>	e for	public	inspection.		

residence and representations being made available for public inspection.							
Signature:	Alison Burchell	Date:	27.10.21				
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