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From: planningcomments@staffs Moorlands.gov.uk
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To: Planning Comments (SMDC)
Subject: Comment Received from Public Access

Categories: [REDACTED]

Application Reference No. : SMD/2026/0250 Site Address: John Munroe Independent Hospital Reacliffe Road
Rudyard Staffordshire ST13 8RU Leek Comments by: Sandra Chadwick

From:

The Maples
Camrose Hill
Rudyard
Leek
Staffordshire
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Phone: [REDACTED]

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Submission: Objection

Comments: John Munroe hospital is directly adjacent to the side and rear of our property and I strongly oppose the change of use to C2a as it will have a detrimental impact on the quality of our lives.

The C2a application is a major significant change and if secure detained mental health hospital (does not specify if low, medium or high risk patients) accommodation is approved future change of use within the same class is permitted. The implications of this is not insignificant as it could be used for prison, young offenders, custody centre, secure LA accommodation, detained asylum seekers etc

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C2a is a distinct class to reflect the different planning, security and community considerations that apply compared to C2 residential and may be classed as nationally significant requiring Secretary of State sign off. Yet this application is being treated as minor change with minimal notification and consultation, lack of notification to local residents and schools in the immediate vicinity and carried out at a time of peak holidays with no planning notice on the property / surrounding area.

Secure detained accommodation will require high level anti climb perimeter fencing, CCTV, dusk to Dawn lighting and vandal resistant lighting on 6m columns. This will have a direct impact on our property and lives - our bedroom is at the back of the house so bright high level lighting, noise from traffic on the driveway during the night and early morning will impact on our quality of lives and mental health. In addition, the security fencing and lighting will be extremely prominent, out of place in the neighbourhood and contrary to the conservation designation which has been put in place to protect the natural beauty of the area and against harmful development which is what I consider this to be.

We have four grandchildren aged 2 to 6 who we have at our house three to four days per week. I am extremely concerned at them witnessing screaming, violence and bad language as per the experience we were subject to when the hospital operated at C2 level (so not securely detained patients potentially with history of violence, crime and /

or sexual assault) I am also extremely concerned at safeguarding my grandchildren (and us, other residents and schools in the area) should patients need evacuating or if they escape which was known to occur during the previous providers time. There are also well documented examples of escape, mainly from human error, from other secure C2a premises across the country, so the security and safeguarding risks are very real.

There will be increased traffic from the increased level of staffing required for C2a service provision compared to C2, security vehicles etc yet no traffic, environmental, noise or light impact assessments have been undertaken. The heritage statement also fails to reference how it fits within the conservation designation.

The application, (Avara Healthcare) according to companies house is an active dormant company established in 2023 with no accounts submitted, the director (Mr Amjid) only being in place for one year, Mideast properties having 75% shares and voting rights and the company as far as I can find has no track record of delivering any C2a mental health hospital services.

The application is vague, ambiguous and in some cases factually incorrect

- says no work carried out yet but extensive building / development has been taking place for 2 years with no planning building regs permission / sign off and evidence of denied planning permission being ignored.

The application fails to state why the status from C2 to C2a is required, it does not provide any details of who and where the patients are from (are they local, criminal history, violent etc), the number of detained patients versus number of voluntary patients, how many patients there will be, who will provide the service or how the service will be provided.

It fails to state how it will make the building and land suitable for C2a requirements and how this will impact on the area and neighbours.

It fails to reference any risk assessment and safeguarding for the local residents and schools or how risk of escape, evacuation would be managed

Risk and safeguarding is a real threat to my grandchildren, children in the local education facilities and tourists and visitors participating in land and water activities at the lake. The threat is real not perceived as when the property was operating previously patients escaped and went into local properties, schools and to the lake. The rural nature of the area and local woodlands lends itself to any patients escaping hiding. Patients will escape due to human error no matter how secure the property is.

It is well documented that rural areas have issues with recruitment and retention of staff. This was one of the major factors which resulted in CQC closing the hospital previously. This significantly increases the risk of escape or absconding as there are more likely to be locum staff providing ad hoc shift cover with lack of knowledge of the patients and area compared with regular staff.

The impact of a C2a facility is not within the community interest and is contrary to the ethos of the conservation area designation. It is likely to have a negative impact with tourists choosing not to visit, walkers and ramblers not using footpaths (2 are adjacent to the property) and parents choosing alternative schools for their children due to concerns of safety and safeguarding. It is also likely to have a negative impact on property prices and tourist businesses locally.

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