



**Epping Forrest
District Council:
Local Plan Submission
Draft 2011-2033
Examination in Public**

**Statement of Case
Matters 1 & 4**

**Produced for
Princess Alexandra Hospital NHS
Trust**

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Statement of Case

Epping Forest District Council: District Local Plan 2011-2033: Examination in Public

Produced for Princess Alexandra Hospital NHS Trust

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Appendix

Appendix 1 St Margaret's Hospital Site Plan

1. Introduction

- 1.1 This Statement of Case (Statement) has been prepared by Lawson Planning Partnership Ltd (LPP), on behalf of the Princess Alexandra Hospital NHS Trust (PAH). The statement addresses Matter 1, Issues 1 and 2 concerning potential conflict between the draft Local Plan and Neighbourhood Plans (Epping Town Neighbourhood Plan in particular) and related consultation with the Local Planning Authority concerning St Margaret's hospital site. This Statement additionally covers Matter 4, Issue 6 concerning Transport and Infrastructure provision and impact.
- 1.2 PAH operates the Princess Alexandra Hospital (PAH), Hamstel Road, Harlow, CM20 1QX and also provides services at St Margaret's Hospital, The Plain, Epping, CM16 6TN.
- 1.3 This Statement should be read in conjunction with representations submitted to Epping Forrest District Council (EFDC) by LPP dated 26th January 2018 on the Local Plan Submission Document covering the following matters:
- a) General support for Policy SP5.3 and its requirement that a wellbeing hospital campus should be included in a development proposal concerning the East of Harlow development site (to be covered under a separate Statement under Matter 8, Issue 4);
 - b) Concern that the draft EFDC Local Plan Policy D2 (Essential Facilities) does not provide the required level of flexibility to allow redevelopment of the St Margaret's Hospital Site; following the removal of the draft housing allocation previously included in the Regulation 18 EFDC local plan consultation concerning the St Margaret's Hospital Site, which PAH would like to be reinstated; and
 - c) Support for in principle for draft EFDC local plan policy D1 (Delivery of Infrastructure) to provide contributions to health care facilities, including primary, acute and mental health care services.
- 1.4 This Statement addresses the Inspector's matters and questions relating to points a), b) & c) above, along with related matters raised in the Planning Inspector's Matters, Issues and Questions.

2. Background

- 2.1 PAH is continuing to develop its Business Case for the redevelopment or relocation of the acute and general hospital site at Harlow. The process undertaken to date has narrowed down PAH's healthcare strategy to three main options: 1) a redevelopment of the existing main hospital site at Harlow, 2) Partial redevelopment and partial refurbishment of the main Hospital and 3) the provision of a new Hospital within the East Harlow development area in accordance with draft policy SP5.3 (Garden Town Communities).
- 2.2 At its meeting planned for 7th March 2019, it is anticipated that the PAH Board will select one of the identified development options to take forward to the Outline Business Case (OBC) stage. In the meantime, the understanding of how these options would work, and the implications they may have upon strategic planning policy considerations in Epping Forrest District, has advanced significantly since previous representations to the draft Local Plan were made 12 months ago.
- 2.3 Also, as part of the Trust's Business Case process, existing services and buildings operated by PAH and its healthcare partners at St Margaret's Hospital are additionally being considered. Although the existing Community Hospital at St Margaret's and other services will be retained, it is likely that current underutilised land and buildings within the western part of the site covering an area of approximately 4 hectares (10 acres) will become surplus to healthcare requirements (see site plan at Appendix 1).

Consequently, PAH and its partners will be seeking the redevelopment of this surplus area for residential development to help cross fund the provision and re-provision of health facilities.

- 2.4 This Statement therefore, additionally provides an update of PAH's position explained in the context of the relevant Matters, Issues and Questions to be raised at the Examination in Public hearings concerning the draft EFDC local plan.

3. Matter 1: Legal Compliance: Issue 1

In preparing the Plan, has regard been had to national policies and advice; and to Neighbourhood Plans whether "made" or in preparation?

Neighbourhood Plans (NPs)

- 3.1 Question 2 asks if there is any conflict between the Local Plan and any NPs. PAH is aware that Epping Town Council is currently preparing a NP for the Epping Town area. For St Margaret's Hospital the NP acknowledges that the western side of the site is likely to be redeveloped for housing and the site is shown to be outside of the Green Belt Boundary. However, the number of new homes which the NP says could be provided at the site (50 units) is much lower than that estimated by PAH (approximately 200 units) and the range of other uses is not fully compatible with PAH's plans for the site as a whole.
- 3.2 Whilst these matters hopefully can be reconciled as part of the NP preparation process, it is noted that part of the site is shown to be located within the Green Belt boundary, which may be an editing error carried over from the adopted Local Plan. This shows the southern part of the previously developed site comprising car parking and part buildings to be located in the Green Belt. This previously developed area serves no real Green Belt purpose and is at odds with National Planning Policy Framework (NPPF) Paragraph 139 b) - land not to be included which is unnecessary to keep permanently open and f) – boundaries to be defined clearly, using physical features that are readily recognisable and likely to be permanent.
- 3.3 As explained, the part of the site in question is used for surface car parking, contains a building(s) and is likely to be redeveloped for healthcare and residential purposes in the future. Although the NPPF allows for such a redevelopment as an exception to Green Belt policy, it would be preferable to avoid the need for an exception test of this nature in the first place.
- 3.4 Consequently, it is requested that the relevant southern part of the site in question is removed from the Green Belt boundary to enable a planned comprehensive mixed healthcare and residential development to go ahead at the appropriate time. In this way, the apparent conflict between the Local Plan and NP could also be overcome in this regard.

4. Matter 1: Legal Compliance: Issue 2

Is the plan legally compliant in respect of how it accords with the Local Development Scheme (LDS) and the Statement of Community Involvement (SCI); and has the consultation carried out during its preparation been adequate?

- 4.1 Point 3 (h) asks whether the inclusion and exclusion of specific sites only at Regulation 19 stage denied some interested parties an opportunity for meaningful engagement. Point 3 (i) asks what action the Council took to inform interested parties about significant changes to the plan.

St Margaret's Hospital, Epping

- 4.2 At the Regulation 18 stage of the Local Plan process, the Council identified part of St Margaret's Hospital as a housing allocation. However, this was removed from the Submission Draft on grounds that there was insufficient certainty over deliverability to warrant its retention as an allocation. This intended action was communicated to PAH at a meeting in 2017. At this time there was insufficient clarity over the extent of retained health care and surplus land, which remained the case until after the Submission Version consultation in January 2018.
- 4.3 However, over the last 12 months PAH has made further progress on considering the rationalisation of buildings at St Margaret's and has concluded that approximately 4 hectares (10 acres) of land is likely to be released for residential development, which could deliver approximately 200 new homes. Although other NHS Trusts and NHS Property Company additionally have an interest in this land, it has been provisionally agreed that any receipt received from surplus land would be reinvested in local healthcare provision to be coordinated by PAH.
- 4.4 In addition, following discussions with EFDC planning officers, PAH was informed that the principle of redeveloping St Margaret's for a mixed healthcare and housing as envisaged is likely to be acceptable in principle.
- 4.5 The future of St Margaret's was also raised in PAH's representations on the Local Plan Submission version and a request was made to Policy D2B(i) concerning Essential Facilities and Services. At present the Policy does not allow for the redevelopment of part or all of an existing health care facility, where alternative provision is to be provided. This would apply to the rationalisation of health care buildings at St Margaret's Hospital, which is likely to occur during the plan period as explained. Any residual surplus area could provide an opportunity to be redeveloped for housing to help cross fund the re-provision of services and make optimum use of surplus previously developed land, in compliance with Government healthcare and planning policies.
- 4.6 Consequently, this part of the Policy as currently worded would not be 'Sound' as it is not 'Justified' in so far as it does not represent the most appropriate strategy, when considered against reasonable alternatives in the context of paragraph 182 of the NPPF. It is therefore, requested that Policy D2B(i) is amended to read as follows (proposed changes shown in italics):
- 'Development proposals which would be detrimental to or result in the loss of essential facilities and services that meet community needs and support well-being will only be permitted where it can be clearly demonstrated that:
- (i) The service or facility is no longer needed or *will be re-provided elsewhere within the catchment area;*
- 4.7 As explained, in its representations, it is considered that this amendment would address PAH's soundness objection.
- 4.8 Therefore, in addition to the request for a small but important revision to the defined Green Belt boundary and reinstatement of the housing allocation as identified on the plan forming Appendix 1, it is requested that the above revision to Policy DB2B(i) is included in the Plan.

5. Matter 4: Transport & Infrastructure: Issue 6

Is the distribution of development justified in respect of its effect upon transport and other infrastructure in the District? Will the Plan be effective in securing the infrastructure necessary to support proposed growth?

- 5.1 Point 1 concerns the transport impacts of the plan. It is queried whether all necessary mitigation has been identified and whether there is confidence it can be delivered in time to support growth. Remaining uncertainties or shortcomings are to be identified.

Princess Alexandra Hospital, Harlow

- 5.2 It has been widely accepted that the current PAH site in Harlow does not offer an acceptable quality of care for its catchment, and the scale of strategic growth associated with the Garden Town in Harlow will exacerbate this position, potentially requiring new models of care to be introduced to cope with the increased demand.
- 5.3 PAH has been working closely with Essex County Council (ECC) Highway Authority and their advisors, Jacobs, to develop an understanding of the transport impacts of locating a hospital within the East Harlow development area.
- 5.4 The Trust has funded additional, updated VISUM and VISSIM model runs which, not only update the current strategic position in relation to growth in the East Harlow area, but also compare network behaviour in the case of a potential hospital relocation.
- 5.5 Initial results indicate that the provision of a relocated hospital to the East Harlow allocation will not significantly alter the wider networks performance or provide a 'tipping point' which exacerbates existing network sensitivities beyond acceptable levels.
- 5.6 Transport studies to date are indicating that hospital provision will depend upon delivery of the planned Junction 7A and associated improvements to Gilden Way. The hospital and the East Harlow development may be expected to fund additional improvements to this network, such as altered junction arrangements and signal optimisation projects. This can be secured via Section 106 agreements in the normal way.
- 5.7 A specific location for a new hospital has been identified north of J7a in the East Harlow development area. The plans indicate the site can be connected via a subway underneath this slip-road to the planned sustainable transport corridor route in the south.
- 5.8 In transport terms, a relocation of the hospital to the East Harlow allocation may provide improved access to the catchment population, maintaining existing staff, patient and emergency response journey times due to the improved connectivity with the main route network and proximity to the settlement of Harlow.
- 5.9 In a relocated hospital scenario, the Trust would be subject to Travel planning measures, which could affect a significant change above existing levels; no travel planning is currently operating at present.
- 5.10 Surveys of current staff travel patterns have allowed for detailed plans to be developed which would achieve a 50:50 modal split in favour of sustainable means of transport for staff. Studies also show a 40:60 split will be readily achieved for patients/visitors to support the local plan and ECC's 'intermediate' scenario modelling position.

- 5.11 A range of travel planning measures are available to the Trust in order to achieve the sustainability targets required under policy. For example, provision of a staff shuttle bus and/or bus subsidy, car-sharing initiatives and improved facilities for those cycling to work, coupled with adjustments to car park charging and hours of work, could deliver a significant shift towards more sustainable travel patterns among staff.
- 5.12 As mentioned above, regardless of whether PAH moves to a new site or not, in response to predicted demand from population growth, PAH is developing optimised models of care which are likely to rely on provision of some of its services in the catchment communities. These services may need to be provided with, or separate to, existing G.P. provision and there will be costs associated with this change.
- 5.13 PAH is working in partnership with the Harlow & Gilston Garden Town Team and West Essex CCG to identify the costs of this operational mitigation. The group are also seeking to define the costs associated with mitigating demand upon acute services which will be a result of population growth in the Harlow area.
- 5.14 We understand this workstream is anticipated to feed into the Epping Forest Infrastructure Delivery Plan from which Section 106 costs can be calculated as being applicable to developments in the catchment area. However, at this stage PAH remains unclear of the precise policy mechanism for this. PAH seeks assurance that the required monies can be secured as part of the development management process.
- 5.15 PAH therefore considers that the distribution of development is only justified provided that satisfactory funding can be provided to mitigate the impacts upon healthcare provision, notably acute provision.
- 5.16 PAH considers however that it has demonstrated it can adequately justify its effects upon transport and other infrastructure provision in the District, in the event that it should resolve to relocate to the East Harlow development area.

