Introduction

These Representations have been prepared on behalf of **Barts Health NHS Trust** (henceforth 'the Trust').

About The Trust

The Trust operates from four major hospital sites (The Royal London, St Bartholomew's, Whipps Cross, Newham and Mile End) and a number of community locations. Around 2.5 million people living in east London look to the Trust's services to provide them with the healthcare that they need.

The Royal London in Whitechapel is a major teaching hospital providing local and specialist services in state-of-the-art facilities. Whipps Cross in Leytonstone is a large general hospital with a range of local services. Newham in Plaistow is a busy district hospital with innovative facilities such as its orthopaedic centre. Mile End hospital is a shared facility in Mile End for a range of inpatient, rehabilitation, mental health and community services. St Bartholomew's in the City is London's oldest hospital and a regional and national centre of excellence for cardiac and cancer care.

As well as district general hospital facilities for three London boroughs (Tower Hamlets, Waltham Forest and Newham) and the City, the Trust has the largest cardiovascular centre in the UK, the second largest cancer centre in London, an internationally-renowned trauma team, and is the home of the London Air Ambulance. The Royal London also houses one of the largest children's hospitals in the UK, a major dental hospital, and leading stroke and renal units.

The Trust is part of UCLPartners, Europe's largest and strongest academic health science partnership. The objective of UCLPartners is to translate cutting edge research and innovation into measurable health gain for patients and populations through partnership across settings and sectors, and through excellence in education.

In summary, as well as providing world-leading services and participating cutting edge research – both of which are of significant benefit to London's population, the Trust provides a huge volume of day-to-day emergency, inpatient and outpatient services for over a quarter of the capital's population.

As the Mayor will be aware the Trust serves parts of London which have been – and will continue to be – locations of significant housing growth over the plan period; if the new housing targets in the emerging London Plan become operative, Newham (38,500 new homes over the plan period), Tower Hamlets (35,110) and Waltham Forest (17,940) will together (91,550 new homes across three boroughs) be expected to deliver one seventh of London's new homes. The total number of homes that the Mayor wishes to be delivered across the 32 boroughs of London, the City and the Mayor's two development corporations (ie across 35 administrative areas) is 649,350.

The Trust's Estate

As is the case with other similar large organisations the Trust's estate includes a wide variety of buildings of varying ages and conditions. They range from the Royal London in Whitechapel which opened in 2012 and is one of Europe's largest purpose-built hospitals to Whipps Cross which was built by the West Ham Board of Guardians more than 100 years ago and which has been added to at various points over the subsequent years.

Following developments such as that at Whitechapel, parts of the Trust's Estate (both land and buildings) are no longer in clinical use.

Through its estate, the Trust wants to continue to provide the best possible care that it can in the best possible facilities. It also wants to facilitate improvements and innovation in healthcare knowledge and research, building on work such as that in relation to genomics. To achieve these significant public benefits the Trust needs to be able to optimise the use and development of its estate.

Representations

Draft Policy S1 – Developing London's social infrastructure

The Trust supports the general aims of **Part D** of this draft policy which says that:

> *"Development proposals that seek to make best use of land, including the public-sector estate, should be encouraged and supported. This includes the co-location of different forms of social infrastructure and the rationalisation or sharing of facilities."*

The Trust also supports **Part F2** of the draft policy (with the suggested underline amendment):

> *"Development proposals that would result in a loss of social infrastructure in an area of defined need should be refused unless…the loss is part of a wider public service transformation plan which requires investment in modern, fit for purpose infrastructure and facilities, estate rationalisation or utilising existing assets in order to meet future population needs or to sustain and improve services."*

Part F is followed by Part G which reads as follows:

> *"Redundant social infrastructure should be considered for full or partial use as other forms of social infrastructure before alternative developments are considered."*

Paragraphs 5.1.6 and 5.1.7 of the supporting text read as follows:

> *"5.1.6 It is recognised that there will be cases where social infrastructure providers are undertaking an agreed programme of social infrastructure re-provision or **service reconfiguration**, such as has been seen within healthcare. Where social infrastructure premises are deemed redundant as part of this process, such losses may be acceptable in line with parts D and F of Policy S1 Developing London's social infrastructure and Policy S2 Health and social care facilities and any related information or guidance in order to achieve the overall aims of the programme and to continue to meet the needs of Londoners.*
>
> *"5.1.7 In all cases, where housing is considered to be an appropriate alternative use, opportunities for **affordable housing provision** should be maximised."*

Our Comments

Organisations such as the Trust are well-regulated outside of the planning regime and there is significant oversight by parties such as CCGs, NHS England and NHS Improvement who take a 'forward view' on the needs of the population. Trusts also undertake significant amounts of consultation with stakeholders in relation to any service changes that they propose. Such oversight and consultation ensures that, in relation to healthcare premises, service reconfiguration is undertaken on a sound basis that does not prejudice service delivery for the foreseeable future.

Despite such oversight the NHS expends significant sums of money – money that is much-needed for clinical services – in trying to persuade planning decision-makers that they are not best-placed to make decisions about the provision of healthcare facilities. For example not all buildings in NHS ownership can be reconfigured or adapted in a manner that meets modern requirements. It is essential that such assets can be disposed of at best value to facilitate the delivery of new healthcare facilities that meet prevailing standards and commissioners' requirements.

The flexibility that Part F2 would afford providers such as the Trust is welcomed and strongly supported; the ability to optimise the use of buildings and land is often an essential pre-requisite to the enhancement of services and the provision of new facilities, for example through the generation of a receipt and / or the more efficient use of land.

Similar provisions already exist in the current London Plan at paragraph 3.87A. It is our experience, however, that some local planning authorities are very reluctant to proceed on the basis of such provisions. We have encountered the following issues when trying to negotiate schemes with local planning authorities:

- they want to rely solely on much more restrictive local plan policies which generally require a marketing exercise to be undertaken to demonstrate that there is no need for any type of social infrastructure before they will entertain an alternative (ie a non-social infrastructure) land use;

- in circumstances where such marketing yields responses, the authority will take a position that the use(s) for which marketing has demonstrated a demand should be preferred over the sale of the site for investment in an agreed programme of service reconfiguration – in effect creating a barrier to the replacement of unsatisfactory facilities with new fit-for-purpose buildings;

- they sometimes struggle to understand or to accept that new ways of working and different models of care can mean that there is often a requirement for much smaller amounts of purpose-built floorspace when compared with existing (often Victorian or early twentieth century) buildings. Instead, they seek to maintain the *status quo* or to achieve net gains. In this context, the use of the term 're-provision' in a policy can be misleading and unhelpful;

- they may make the provision of a certain amount of affordable housing a pre-requisite for the 'loss' of social infrastructure, an added cost that can render unviable an agreed programme of social infrastructure re-provision or service reconfiguration;

- they will place little reliance on the decisions of their health scrutiny committees' endorsements of service reconfiguration and even attach little weight to business plans and other similar documents even when they are approved by healthcare regulators and / or HM Treasury; and

- where new facilities of a strategic nature are proposed (for example providing a service that covers more than one borough) and the borough that hosts all or part of an existing facility is not the local planning authority where the new facility is proposed, the resistance to the 'loss' of the existing facility can be even greater.

The Trust is aware that these issues have been encountered by other trusts across London and the common consequence is that necessary investment in facilities of benefit to Londoners is delayed. In some cases, other funding streams that are needed to pay for new facilities (in addition to the receipt from the land) can be lost because of the passage of time or simply because deals can fall through as a result of delay.

Our concerns with this proposed policy – all of which can very easily be addressed – are that:

- in relation to **Part D**, and unless it is specifically said so, local planning authorities are likely to require social infrastructure on land that is freed up by rationalisation or sharing of facilities. This will prove to be a disincentive to making the best use of the public estate and could have the

unintended consequence of dissuading public organisations from considering rationalisation / sharing which then enables the release of land to be used for other priorities such as housing;

- in the absence of conjunctive words between the limbs of this policy, local planning authorities may apply **Part G** in addition to **Part F**. It should be made clear that **Part F2** operates on its own even where there might be a need for community facilities, albeit provided that the absolute 'loss' of a community facility or land in community use is justified on the basis of an agreed programme of investment; and should take precedence against competing or conflicting policies.

- reconfiguration should not be characterised as 're-provision', at least not in the same form; there should not be an expectation that reconfiguration and modernisation will result in the same amount or type of floorspace;

- in today's changing health service, the delivery of some services are tendered, in the event that the current NHS provider loses the contract, it is not unknown for the service to be moved to the premises of the new provider. The Trust would seek to rationalise its estate and reinvest the receipts in such circumstances;

- whilst the expectation that opportunities for affordable housing are maximised is a very important consideration generally, this should not be at the expense of investment in facilities that are necessary for the health and wellbeing of everyone in the community. Rather it should be clear that ensuring that London is properly catered for with sustainable healthcare facilities is also a very high priority and that this may need to be balanced against the general affordable housing targets. The delivery of housing is not always appropriate on hospital land taking into account the infrastructure, road, schools etc that also form part of the wider mix. Almost needless to say, without essential healthcare facilities, London cannot sustainably accommodate the significant quantum of additional housing that the Mayor is seeking; and

- based on our experience, local planning authorities are reluctant to accept evidence that originates from outside of the planning regime, even if the planning regime in not the competent authority. The Mayor should prepare brief but clear guidance, in conjunction with stakeholders, as to the nature of information that will be needed to enable reconfiguration proposals to be assessed as according with draft **Policy S1**.

Draft Policy H17 – Purpose-built Student Accommodation

The Trust supports the general aims of the policy to ensure that sufficient purpose-built student accommodation can be delivered to meet London's needs.

The Trust, however, objects to the explanation of how this policy is intended to be operated (paragraph 4.7.13).

The Trust operates major teaching hospitals and this role in part relies on the availability of suitable accommodation for students and national, international postgraduates or visiting academics. Some Trusts are offering skills or training academies in their own name and it is something Barts is actively pursuing. It is not always the case, therefore, that such accommodation will or need be linked to a higher education institution.

We request that greater flexibility be included in the operation of this policy so that other public institutions / organisations can deliver student accommodation on their own account.

Draft Policy E8 – Sector Growth Opportunities and Clusters

The Trust supports the general aims of the policy and in particular the recognition that Whitechapel is an appropriate location for life sciences development.

However, the Trust objects to the description of 'life sciences' as set out on page 254. In particular the Trust objects to the description of facilities being provided *"…around Whitechapel, associated with Queen Mary University of London…"*.

Opportunities for life sciences development also exist because of the world-leading research work undertaken at the Royal London Hospital. Life sciences development on the Trust's landholdings is in no way dependent on an association with Queen Mary University of London ('QMUL'), albeit the Trust continues to work with QMUL in this regard.

To achieve its ambitions for life sciences, it is possible that the Trust will seek additional partners / organisations to locate at Whitechapel. In this respect, defining life sciences as being associated with QMUL could be unhelpful and possibly unachievable

We suggest the following alternative wording: *"…around Whitechapel, near to the existing Royal London Hospital and Queen Mary University of London medical and life sciences facilities…"*.

Similarly, we request that the description of 'MedCity' be amended to explicitly recognise the health sector's role in this concept.

In short it is the Trust's view that planning policy should not dictate the types of users that might occupy space because it can create uncertainty in relation to land uses and may be a disincentive for investors to support schemes. Furthermore, the failure to secure particular users or occupiers could render policy obsolete and policy ought to incorporate a reasonable degree of flexibility to avoid such situations.

Draft Policy G4 – Local Green and Open Space

The Trust supports the general aims of the policy, not least because of the health benefits that can be achieved by ensuring that everyone has access to good quality open space.

Point D of the proposed policy says that the loss of green and open space should be resisted in areas of deficiency. Whilst the Trust generally supports this policy, it objects to the lack of flexibility in the wording; there may be circumstances where development potential could be optimised by the development on open space but where that open space is re-provided, resulting in no harm to open space provision in the area that the open space serves.

We therefore request that part D be amended to request that the net loss of green and open spaces should be resisted in areas of deficiency.

Policy T6 – Car Parking

Part I of this draft policy says that:

> *"Where sites are redeveloped, existing parking provision should be reduced to reflect the current approach and not be re-provided at previous levels where this exceeds the standards set out in this policy."*

It can be the case that parking related to healthcare facilities can be reconfigured to release land for development consistent with part D of draft **Policy S1** (*Developing London's Infrastructure*) which says that:

> *"Development proposals that seek to make best use of land, including the public-sector estate, should be encouraged and supported. This includes the co-location of different forms of social infrastructure and the rationalisation or sharing of facilities."*

Vehicle parking can be an essential facility for healthcare facilities, not only for patients and their carers but also for clinicians, community nurses and other staff who may have to work anti-social hours or who may need to be able to travel efficiently between multiple sites as part of their duties. This is especially the case in London where many of the larger Trusts operate from multiple sites, sometimes in different boroughs. For example staff may need to travel between two or more of Barts (City of London), the Royal London (LB Tower Hamlets), Whipps Cross (LB Waltham Forest) and Newham University (LB Newham) hospitals.

Part I of the policy as proposed could operate as a disincentive to the optimisation of public land if trusts will lose what they consider to be an essential part of their operational estate.

We strongly encourage the Mayor to incorporate some flexibility so that applicants may demonstrate the need for parking on case-by-case basis.

Policy T6.5 – Parking for People with Disabilities

The Trust supports the provision of adequate car parking for people with disabilities regardless of whether general use car parking is provided or not. The draft policy expresses a requirement for parking for people with disabilities to be provided and says that the quantum should be calculated as a percentage of the total general use car parking provision. We do not see how such a policy could be reasonably operated in circumstances (as encouraged by other draft London Plan policy) whereby a proposed development is otherwise car free.

The new London Plan should clarify the approach to the provision of car parking for people with disabilities in the event that no general use car parking is to be provided.

Policy T8 – Aviation

The Royal London Hospital is home to the Helicopter Emergency Medical Service – commonly known as HEMS or London's Air Ambulance.

This is a very important service for the most seriously injured or critically-ill members of the community as is commonly used to transport people in need of urgent care to London's major trauma centres. Since its introduction it has also played a key role in responding to larger scale public emergencies.

It can reach any point within the M25 in about 15 minutes and it is staffed by an expert team of trained medical professionals. It needs to be able to operate 24 hours a day.

As London's population continues to grow so does the demand for medical services.

Whilst the proposed policy seeks to discourage helicopters over-flying London, this should be clarified to specifically exclude helicopters operated by or on behalf of London's emergency services.

Policy T9 – Funding Transport Infrastructure Through Planning

Part C of this draft policy says that:

> *"Planning obligations (Section 106 agreements), including financial contributions, will be sought to mitigate impacts from development, which may be cumulative. Such obligations and contributions may include the provision of new and improved public transport services, capacity and infrastructure, the expansion of the London-wide cycle networks and supporting infrastructure, and making streets pleasant environments for walking and socialising, in line with the Healthy Streets Approach."*

We make the following observations:

- some if not all of these matters should be addressed by CIL, the aim of which is to mitigate the impacts of development on infrastructure. Where CIL is in operation, seeking contributions in relation to the above is likely to amount to 'double dipping';

- whilst it is acknowledged that effects can be cumulative, it should be made clear that individual developments will only be required to make contributions that are proportionate to each individual development's impacts (or share of a cumulative impact) and the Mayor should have a policy on pooled contributions to deal with cumulative impact mitigation; and

- individual developments should not be liable to provide section 106 contributions for schemes that are not needed solely to mitigate the impacts of an individual development, eg London-wide cycle networks, Crossrail line 2 and so on. These should be funded through CIL / Crossrail Levy or other similar means.

Policy HC1 – Heritage Assets

Part C of draft **Policy HC1** (*Heritage conservation and growth*; page 268) says that:

> *"Development proposals affecting heritage assets, and their settings, should conserve their significance, by being sympathetic to the assets' significance and appreciation within their surroundings. The cumulative impacts of incremental change from development on heritage assets and their settings, should also be actively managed. Development proposals should seek to avoid harm and identify enhancement opportunities by integrating heritage considerations early on in the design process."*

There are a number of issues with this proposed policy. First of all it is a 'one size fits all' test and does not distinguish between designated heritage assets (such as statutorily-listed buildings and conservation areas) and non-designated heritage assets (such as locally-listed buildings or buildings of townscape merit) despite there being separate and distinct tests in the 2012 NPPF for these two categories of assets.

Second, it requires the avoidance of harm whereas national policy recognises that harm can be acceptable in the wider balance; this is unduly restrictive and not consistent with national policy.

Third, it gives no indication of how different degrees of harm should be weighed in the overall balance, nor does it recognise the need for special regard to be paid to the effect of development on listed buildings in accordance with the Planning (Listed Buildings and Conservation Areas) Act 1990.

This policy should be drafted so that it reflects, and can be operated in accordance with, national policy and the aforementioned statutory instrument.

Town Centre Classifications

Whitechapel is identified as a district centre in the draft London Plan. The draft London Plan should recognise that Whitechapel is an area of significant change and civic importance; as well as being home to one of Europe's largest hospitals it will soon see the opening of the London Borough of Tower Hamlets' Civic Centre. The opening of Crossrail line 1 is also likely to be transformational.

As such the draft London Plan should highlight the potential for Whitechapel to rise up the hierarchy of centres during the lifetime of the Plan.