

Introduction

These Representations have been prepared on behalf of **South West London and St George's Mental Health NHS Trust** (henceforth 'the Trust').

About The Trust

The Trust is one of the UK's leading mental health organisations. Its primary catchment encompasses 1.1 million Londoners across the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. In addition, the Trust hosts some highly-specialised services that are also used by people from right across the UK.

The Trust provides long-term forensic care as well as non-forensic in-patient and outpatient services. It also delivers a significant amount of care in community settings, including in people's homes.

The Trust employs more than 2,000 staff and, through its education and training programmes, is instrumental in training future generations of healthcare professionals.

The Trust's Estate

The Trust's mental health services in south west London are being transformed to provide better care closer to people's homes. The Trust is aiming to support more people within their community and to reduce the need and length of hospital admissions. When people are admitted, however, the quality of the care environment can have a significant bearing on their recovery.

Most of the existing mental health inpatient facilities were not designed with today's needs in mind. Many buildings are expensive to maintain and do not provide a supportive environment for patients and carers. The oldest building is over 150 years' old. The Trust's experience of newer buildings (for example the Wandsworth Recovery Centre) has been very positive and they represent a demonstrably safer care environment.

The Trust is bringing forward modern mental health inpatient facilities that are fit for purpose, give people the best chance to recover in the best environment, support staff to deliver high quality care, and are sustainable for the NHS in the long term.

Since the grant of outline planning permission in 2012 for the redevelopment of the Springfield University Hospital site, the Trust has been working to bring forward its Estate Modernisation Programme. The programme will be entirely self-funded through selling surplus land no longer needed for services. This investment will deliver:

- two new campuses (at Springfield and in Tolworth) with best in class in-patient facilities – delivering the best care for patients;
- a 32 acre public park – providing excellent outdoor space for the community;
- extensive community healthcare – treating people closer to their families and their homes;
- brand new homes – providing houses for local families, with permission granted for 839 homes at Springfield;

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- land for a new school – investing in local children's future; and
- over £5 million for new transport facilities – boosting transport links for local residents and patients.

This change is being brought forward in agreement with local authority partners and following extensive consultation with the communities that the Trust serves, the aim of which was to achieve full support for the programme of service reconfiguration and transformation of the care environment.

As noted above, the project aims to be entirely self-funded. It will include the disposal and / or development of surplus land at Springfield University Hospital and at the Richmond Royal and Barnes Hospital sites.

Representations

Draft Policy H15 – Specialist Older Persons' Housing

The Trust welcomes the Mayor's general support of older persons' housing.

The Trust objects to **Part C** of proposed **Policy H15**, however. This notes that:

"Sheltered accommodation and extra care accommodation is considered as being in Use Class C3. Residential nursing care accommodation (including end of life / hospice care and dementia care home accommodation) is considered as being in Use Class C2."

The Trust considers that there is not necessarily such a clear distinction between Class C2 and Class C3 accommodation. It may be the case, for example, that 'extra care' accommodation could have levels of care that would mean it ought to be considered as Class C2, particularly where there is a significant amount of community-based care being delivered to residents.

This is certainly the case where specialist extra care accommodation is provided as intermediate or step-down accommodation to hospital accommodation, including in the mental healthcare field.

This policy should incorporate a greater degree of flexibility so that the decision on which use class should be applied is informed by the amount and model(s) of care.

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 which says that:

"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 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, including significant oversight by parties such as CCGs, NHS England and NHS Improvement who take a 'forward view' on the needs of the population. NHS 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.

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.

This has meant that much-needed 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 the 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;
- 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;
- 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. 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 is not the competent authority. It is our view 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 S2 – Health and Social Care Facilities

The Trust supports this policy and in particular its recognition that development proposals that support the provision of high-quality new and enhanced facilities to meet identified need and new models of care should be supported.

The Trust also supports paragraph 5.2.9 of the supporting text which states that:

*“Development and regeneration proposals for an area provide an opportunity to **re-think how land and buildings are used** and whether there is a more optimal configuration or use of that land. Hospital reconfigurations are an example where more intensive and better use of a site can lead to a combination of improved facilities and the creation and release of surplus land for other priorities. The London Estates Board aims to improve the way surplus and underused NHS assets are identified and released, and provide a single forum for estate discussions in London, ensuring early involvement of London Government partners. Membership includes NHS partners, local Government, the GLA and national partners (central Government, NHS England, One Public Estate and the national NHS property companies).”*

However, the Trust wishes to highlight that it is often the case that ‘surplus’ or ‘underused’ land must be used to fund necessary healthcare estate renewal programmes. As such, it is often the case that other policy demands such as affordable housing need to be balanced with the necessity of ensuring that essential services for Londoners have a sustainable future.

Draft Policy H5 – Delivering Affordable Housing

The Trust supports the Mayor's aims to boost the supply of housing and to deliver more affordable homes for Londoners. This draft policy notes that affordable housing should be provided on site in order to deliver communities which are inclusive and mixed by tenure and household income, providing choice to a range of Londoners.

As with our comments on other draft policies, we consider it important to highlight that affordable housing should not be sought at the cost of investment in important services, including healthcare, that are necessary to the successful functioning of London.

Where affordable housing is provided on surplus NHS land it should be aimed at, in the first instance (for example by way of a nominations agreement), providing accommodation for healthcare staff and other NHS workers in line with the aims of the 2017 Naylor Review.

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, carers and visitors but also for clinicians 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 Springfield University Hospital and Tolworth Hospital, and may also have to visit patients in the community while also returning to 'base' at one of the Trust's sites from time to time. It is often simply not feasible or an effective use of time for healthcare professionals to travel by means of transport other than a private car.

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 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, for example 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.