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Co. Reg. No. 5677777

11th June 2019

Dear Louise,

**Epping Forest District Council Examination in Public 2019 – Harlow & Gilston
Garden Town Infrastructure Delivery Plan, Associated Policies & Documents
Written Comments submitted on behalf of Princess Alexandra Hospital NHS Trust**

On behalf of our client the Princess Alexandra Hospital NHS Trust (PAH), we write to set out our representations on the following documents which have been submitted to accompany the Epping Forest District Council (EFDC) examination in public (EIP):

- ED33: Harlow & Gilston Garden Town Advice Note
- ED34 and 34A: Harlow & Gilston Garden Town IDP (HGGT IDP)
- ED35 and 35A: Harlow & Gilston Garden Town Strategic Viability Assessment (HGGT SVA)

The above examination documents were first published on the EFDC EIP website on 24th April 2019 and separate written comments have been invited by the Inspector in relation to them.

In addition, modifications to Policy D1 (Infrastructure and Delivery) of the draft Local Plan were circulated by EFDC during the Matter 14 hearing session on 28th May 2019. The revised wording will influence how effective the above documents are in delivering the infrastructure necessary in the Garden Town. We have therefore commented on the content of this policy, in so far as it is relevant to the consideration of the above documents; the two being inter-related.

1.0 Background

- 1.1 Epping Forest District Council, in conjunction with Harlow District Council (HDC), aim to use the above listed documents to guide and plan the delivery of infrastructure in the Garden Town, in order to support sustainable and balanced growth. The documents have been drafted and coordinated by the Harlow & Gilston Town Project Team.
- 1.2 Population growth will create significant uplift in the rates of attendance at PAH's acute hospital departments in future years. Some of this population growth will arise as a direct consequence of

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additional housing planned for in the East Hertfordshire adopted local plan, and proposed in the EFDC and HDC emerging local plans.

- 1.3 Given its location in Harlow, a significant proportion of occupants to the new dwellings in the Garden Town will look to PAH to meet their acute care needs. The principle of this cause and effect is acknowledged in the EFDC draft plan; see paragraph 6.18 (Essential Facilities & Services).
- 1.4 As you are aware, PAH's preferred option is to relocate to a new site within the EFDC portion of the East Harlow allocation to address current operational deficiencies and become best placed to cater for future population rises.
- 1.5 A £330,000,000 funding gap presently exists which will need to be met in order to deliver a new hospital in East Harlow. PAH accepts that the necessity to redevelop its existing outmoded hospital is not solely attributable to development planned on the strategic sites (note – the preferred redevelopment and relocation option represent the greatest value for money solution). However, the floor space and associated cost of any new hospital provided could be reduced if PAH were not required to address the impact of population growth brought about through the strategic allocations.
- 1.6 Whilst there are a range of funding options available to meet the identified funding gap for a new hospital, central government expects that Section 106 funding should be sourced where it is possible to demonstrate a clear pathway of cause and effect upon hospital services.
- 1.7 Additional floor space will be required to provide additional acute bed spaces and associated clinical care functions in elective surgery, emergency and maternity departments as a consequence of the additional planned growth in the Garden Town. It is fair and reasonable to expect these impacts to be mitigated in part through developer contributions in the manner proposed in the EFDC local plan and HGGT IDP.

2.0 EFDC Draft Submission Local Plan – Policy D1

- 2.1 Proposed changes to Policy D1 (Delivery of Infrastructure) were circulated by EFDC as part of the Matter 14 infrastructure delivery hearing session on 28th May 2019. The revised policy wording aims link the HGGT IDP and the plan in the following manner: *"Applicants should refer to the latest supplementary guidance produced by the Council and Harlow and Gilston Garden Town partner authorities for further details."* (paragraph 6.16).
- 2.2 In addition to the above, Section H of Policy D1 states: *"Development proposals within the Garden Town Communities (as identified by Policy SP 5) will be expected to contribute collectively, equitably and proportionally towards delivering the identified infrastructure requirements related to each of the sites."*
- 2.3 The requirement for developers to contribute collectively, equitably and proportionally to the infrastructure burden in the HGGT is not a natural fit to the development management decision making process. A robust policy mechanism will need to be in place to ensure that normal principles: - [where applications are dealt with on a case by case basis only bound to mitigate their impacts under the tests of Section 122 (2) of the Community Infrastructure Levy Regulations 2010 (as amended)], are over-ridden.

- 2.4 Policy D1 H will not carry sufficient weight to overcome this dichotomy and the need for further adopted guidance is acknowledged in paragraph 3.2 of the HGGT IDP as follows: *“The Garden Town authorities have identified that further guidance in the form of Planning Obligations Supplementary Planning Document/s (SPD) may also be required in order to ensure that contributions to, and delivery of, strategic infrastructure such as the Eastern River Stort Crossing and the Sustainable Transport Corridor network is secured in a co-ordinated and consistent manner.”*
- 2.5 We note that the HGGT IDP did not form part of the Regulation 19 consultation process. This could reduce its weight in the eyes of the decision maker. It is also noted that developers are already raising concerns regarding the proposed apportionment principles in the HGGT IDP and that no consensus has been reached on these matters.
- 2.6 PAH remains concerned that any delay experienced to the delivery of the sustainable transport corridor, which should extend to a relocated hospital site, could inhibit its capability to maximise accessibility to its catchment population.
- 2.7 Furthermore, the capacity of the HGGT IDP to deliver the *“transformational growth”* required generally to mitigate the impacts of strategic allocations in the Garden Town is dependent upon the existence of a robust policy mechanism which will ensure a collective responsibility upon developers can be enforced.
- 2.8 In order to make it clear that the HGGT IDP forms part of the “IDP” referred to in Policy D1, we suggest that paragraph 6.5 is amended as follows:
- “The Council has compiled an Infrastructure Delivery Plan (IDP) ~~that sets out the infrastructure required to support growth over the Plan period. The IDP identifies: which covers the majority of allocated sites in Epping Forest District. The remaining allocated sites form part of the Harlow & Gilston Garden Town; the Council has contributed to the Harlow and Gilston Garden Town Infrastructure Delivery Plan (and associated documents) in relation to these. Together these documents form “the IDP” as referred elsewhere in this Chapter. The IDP sets out the growth over the Plan period and identifies...~~*
- 2.9 PAH also requests that EFDC reconsiders its approach and provides reassurance it will formally adopt the HGGT IDP as an SPD, alongside any additional transport corridor delivery plan, following adoption of the local plan in the future. This will allow these documents to carry maximum weight and ensure the necessary collective responsibilities can be enforced upon developers when planning applications are made in future years.

3.0 Harlow and Gilston Garden Town Infrastructure Delivery Plan

- 3.1 PAH welcomes that the HGGT IDP (paragraph 3.5.4) defines the Hospital Trust as an *“Other Item of Key Infrastructure”*. Paragraph 4.2, Table 2, also identifies *“secondary healthcare”* as an infrastructure type considered for funding.
- 3.2 Paragraph 5.2.3 of the HGGT IDP (Table 9) summarises the health interventions that are required to mitigate the impacts of planned development in the Garden Town. Robust evidence of these impacts, and the relative costs of the interventions required, have been supplied by the NHS Estates Planning Service to inform the drafting of this HGGT IDP.

3.3 Infrastructure entries relevant to PAH in the HGGT IDP have been summarised below:

Item HE1 – A £330m financial gap is identified to fund the hospital relocation / a new hospital. It is noted that *“costs are likely to be met through a variety of sources”*, but that *“the remaining funding gap is not considered to be for the Garden Town to meet”* (Table 23, 5.4). It is noted that a *“contribution to acute care forms part of HE3”* (Appendix A1).

Item HE3 – This item represents an amalgamation of Healthcare costs for the Garden Town, therefore also includes costs covering *“primary healthcare, mental healthcare, community healthcare and acute care”* (Appendix A1). A funding gap of £44,993,300 is identified for healthcare overall and Table 9 explains that developments in the Garden Town are expected to meet this funding gap.

- 3.4 PAH considers there is an obvious pathway of impact between development planned for in the Garden Town and emergency, elective and maternity care services provided by PAH. Given PAH’s location in Harlow, it is not conceivable that significant numbers of inhabitants living in new dwellings in the Garden Town will go anywhere else for their acute care needs.
- 3.5 The current hospital is not equipped to cater for the additional 10,697 dwellings planned in the Garden Town over the plan period, or the additional 6,950 dwellings planned for in Gilston beyond. The most cost-effective solution to remedy this, and more general operational inefficiencies, is a move to a new site in East Harlow.
- 3.6 Any new hospital built by PAH will be for the current population (which is likely to rise at ONS predicted rates over the plan period) and the new population living in new dwellings on strategic sites in the Garden Town. It therefore, does not expect developers to fully fund the £330,000,000 funding gap identified for the new hospital.
- 3.7 Acute care departments will need to be larger however as a consequence of having to cater for the additional growth planned in the Garden Town over and above background levels. A proportional cost can therefore be derived as a consequence of strategic growth, and PAH believes it is fair and reasonable to ask developers to fund it given the funding gap which presently exists. This approach is reflected in the HGGT IDP, which complies with the CIL tests set out in the NPPF.
- 3.8 Whilst PAH welcomes the fact that contributions to *“acute care”* are identified in the HGGT IDP, no definition of this term is provided in the document. It would assist the effectiveness of the plan if a definition were included for *“acute care”* which specifically referred to emergency, elective and maternity services. This will provide clarity and ensure the HGGT IDP is robust if challenged at a later date.
- 3.9 PAH considers there may be some initial confusion for readers as to the fact that apportioned costs for providing acute care floorspace in a new hospital (HE1) comprise part of the cumulative healthcare costs (HE3).
- 3.10 Table 9 notes that the *‘Costs Apportioned’* for item HE1 are £0. This could give the impression that there are no costs apportioned to HE1. This is not the case as they have in fact been apportioned as part of HE3, but to avoid double counting they have not been included in HE1.

- 3.11 For clarity, PAH therefore requests that an additional footnote is added to the “Costs Apportioned” entry of Table 9 for HE1 to read as follows: “£0²⁶” and a footnote is added to read: “²⁶ For apportioned costs for acute care see item HE3’”
- 3.12 Once again, the principle that funding is required to provide additional floorspace in a new hospital could be missed if the Healthcare row of Table 23 (paragraph 5.4) is read in isolation. Table 23 currently states as follows: “Relocation of Princess Alexandra Hospital (HE1) – costs likely to be met through a variety of sources; remaining funding gap is not considered to be for the Garden Town to meet”.
- 3.13 For clarity we request that the above text is revised along the following lines: “Relocation of Princess Alexandra Hospital (HE1) – costs likely to be met through a variety of sources, including Section 106 contributions comprising part of HE3; the remaining funding gap is not considered to be for the Garden Town to meet”.
- 3.14 Table 9 explains that Healthcare contributions will be apportioned over seven Garden Town sites. Tables 16 to 22 explain the percentages of the total Healthcare funding gap each site will be anticipated to bear (please note a paragraph 5.3.2 appears to have been missed).
- 3.15 Current pooling restrictions would prevent contributions being collected for “acute care” via seven separate Section 106 agreements. We acknowledge that there is every indication central government intends to lift the pooling restrictions on strategic sites, but to date the draft legislation has not been made statute.
- 3.16 We therefore suggest that it would not be an appropriate strategy for the IDP to assume that the pooling restrictions will be lifted. If they should remain in force, this would mean the IDP approach to apportionment becomes obsolete; in such an instance the full amount of contributions could not be collected from seven sites and the IDP would cease to guide an alternative approach.
- 3.17 The possibility of identifying specific projects, or mechanisms where single Section 106 agreements are entered into jointly for multiple applications, should be considered as appropriate strategies to achieve the necessary contributions should the pooling restrictions not be lifted. The HGGT IDP should make reference to this in order to guard against this possibility.
- 3.18 PAH notes that item TR27 (Appendix A1) notes “PAH Relocation Related Highways” costs estimated to be in the region of £25,000 to £50,000. PAH is content with the principle of mitigating its impact upon the surrounding transport network, in so far as a residual cumulative impact upon the road network has been demonstrated and therefore a proportional contribution is warranted not exceeding the amount specified in the IDP.
- 3.19 PAH will continue to work closely with Essex County Council Highway Authority to establish the necessity and nature of any mitigation required, and any specific mitigation measures, which have not yet been fully defined.

4.0 Harlow and Gilston Garden Town Strategic Viability Assessment

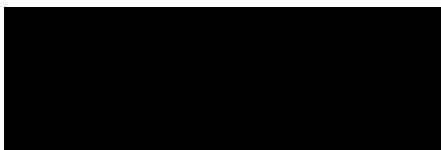
- 4.1 We note that the HGGT SVA identifies actual estimates of infrastructure requirements to be “*substantially greater than those suggested in the Harman Guidance*”. We also note that the document explains that delivery of several large sites with full policy compliance will be extremely challenging.
- 4.2 With the above in mind, it is essential that local plan policies link to the Infrastructure Development Plan as tightly as possible, and that these documents are drafted and endorsed by Council’s to be as effective as possible at ensuring infrastructure is delivered in the Garden Town.

5.0 Conclusions

- 5.1 PAH supports the Harlow & Gilston Garden Town IDP in principle. PAH considers the HGGT IDP to perform an essential role in guiding the delivery of infrastructure items, such as the sustainable transport corridors, which will provide enhanced access to a new hospital site.
- 5.2 PAH requests minor amendments to the wording of Policy D1 (Delivery of Infrastructure) and the HGGT IDP as set out in paragraphs 2.7, 3.11 and 3.13 of this letter. The amendments will enhance the clarity of these documents and ensure the plan is effective in delivering sustainable and balanced growth in the Garden Town.
- 5.3 PAH requests that EFDC considers adopting the HGGT IDP as an SPD once the local plan is adopted, in order to ensure its role is clear, and to ensure it carries the necessary weight to help guarantee a collective responsibility from developers at the planning application stage.
- 5.4 PAH also requests that the HGGT IDP is revised to provide an appropriate strategy to collecting developer contributions to healthcare in the event the pooling restrictions are not lifted on strategic sites in the Garden Town.

We trust you will find the above representations to be useful and that they will be taken into account prior to preparing a draft Harlow Town Centre Area Action Plan for consultation in the future.

Yours sincerely,

A large black rectangular box used to redact the signature of Kathryn Oelman.

Kathryn Oelman
Lawson Planning Partnership Ltd