



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

**Statement of Case
Matter 3**

**Produced for
Princess Alexandra Hospital NHS
Trust**

March 2019

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Statement of Case

Harlow District Council: District Local Plan 2011-2033: Examination in Public

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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 3 concerning the adequacy of assessment of transport effects and infrastructure provision within the context of Policy SIR1, (excluding issues concerning the East Harlow Access Route, which are covered in our Matter 4 statement).
- 1.2 PAH operates the Princess Alexandra Hospital 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 Harlow District Council (HDC) by LPP dated 4th July 2018 on the Local Plan Submission Document covering the following matters:
- a) A request for a policy equivalent to saved policy CP4 in the adopted Harlow Local Plan to provide support for a long-term strategic approach to the provision of healthcare infrastructure on the existing site, in the event that a relocation does not occur;
 - b) Request that policy SIR1 makes provision for funding for a redeveloped/relocated hospital to mitigate the impacts of the Harlow & Gilston Garden Town Strategic Growth Agenda.
- 1.4 This Statement addresses the Inspector's matters and questions relating to points a) and above.

2. Background

- 2.1 Since representations were submitted in early 2018, PAH has undertaken substantial additional work to inform its Strategic Outline Case (SOC) and subsequent Outline Business Case (OBC) concerning identification of preferred development, and location options, for improved acute and general hospital services covering the Harlow area.
- 2.2 PAH has essentially identified two shortlisted development options: i) to redevelop or part redevelop/part refurbish the existing hospital campus located off Hamstel Road and ii) relocate to a green field site within East Harlow (in line with emerging Local Plan Policy SP5.3 of the Epping Forest Local Plan). All other development options and scenarios have been discounted at this stage.
- 2.3 Following an options evaluation process in line with Treasury Green Book guidance, the PAH Board will determine the preferred way forward at its meeting to be held on 7th March 2019 for the provision of new and improved core-hospital services. The Planning Inspector will be appraised of this decision as soon as practicable after this date.
- 2.4 In the meantime, given that the East Harlow site remains the only hospital relocation option, this Statement considers this scenario along with implications for Local Plan policy in the event the relocation did not occur and the hospital remains on the existing site.
- 2.5 Subject to Board approval, the preferred development option will be taken forward to OBC and Full Business Case (FBC) stages with a view to implementation within a 5-year period.
- 2.6 This Statement therefore provides an update of PAH's position explained in the context of the relevant Matters and Questions to be raised at the Examination in Public hearings concerning the draft HDC local plan.

3. Matter 3: Strategic Infrastructure Requirements

3.7 Have the overall infrastructure requirements for the overall Garden Town, including the transport effects, been adequately assessed? What transport improvements would be required and how would these be delivered. How does the development relate to the new M11 Junction 7a?

- 3.1 A decision was made in mid-2018 to focus on the East Harlow development area as the preferred location for a hospital *relocation*. A potential hospital site was subsequently then identified within the allocation located north of the J7a slip road and south of Pincey Brook (see Appendix 1).
- 3.2 The identified site lies within the Epping Forest District Council portion of the East Harlow allocation; however, PAH acknowledges the cumulative status of this site as part of a joint allocation with HDC and therefore has not approached the issue in isolation.
- 3.3 PAH has placed significant resource into investigating the feasibility, including transport and masterplanning aspects, of a potential relocation to East Harlow.
- 3.4 A key component of this work has been revisiting the strategic and local transport modelling which had already been undertaken by Essex County Council (ECC) and their retained consultants, Jacobs, to base the emerging EFDC and HDC local plans.
- 3.5 Previous ECC modelling work used VISUM and VISSIM software to assess the impacts of overall development in the Garden Town and assess the specific localised effects in the vicinity of the East Harlow allocation, notably upon Gilden Way and the new M11 Junction. At the time, the modelling did not assess the potential transport effects of a hospital relocation.
- 3.6 The additional modelling work undertaken by PAH in conjunction with ECC and Jacobs suggests that a hospital relocation to the East Harlow allocation would not have a significant detrimental impact upon the performance of the wider network. It would also not have a detrimental impact upon the function of the M11 mainline or Junction 7a.
- 3.7 The initial work is limited by the fact it relates only to the specific relocation scenario devised. PAH recognises that additional work will be necessary to further develop the models in the event that a relocation is preferred, to ensure this reflects the evolved proposal at that time.
- 3.8 In the event that the hospital proceeds with a relocation, a detailed operational solution will be developed for PAH. This will allow specific parameters, such as trip generation and parking levels, to be fully determined. In addition, detailed work will be undertaken to support a high-level transport assessment to refine the baseline data and inform the modal split assumptions applied. This more detailed work will be undertaken as the SOC and OBC is developed further and at the subsequent planning application stage.
- 3.9 Whilst the above caveats apply, ECC generally supports the outcomes of the modelling exercise to date and is supportive of the plans for future work.

3.10 The above work has achieved a good understanding of the cumulative transport improvements which might be required to mitigate the effects of hospital development in the Garden Town. Please refer to LPP's Matter 4 Statement for further detail of this.

3.8 Are the infrastructure requirements listed in Policy SIR1 necessary and justified? How would they be delivered? Would there be any adverse impacts?

1. North-South Sustainable Transport Corridor

2. East-West Sustainable Transport Corridor

3. Second River Crossing at River Way

4. Access Route for Strategic Housing Site East of Harlow – covered in Matter 4

5. Cemetery Extension

6. New Allotment Provision

3.11 The necessity to redevelop/relocate PAH is, in part a function of the increased catchment population which will arise from housing development in the Garden Town.

3.12 As it would not be practical, or sustainable, to expand a hospital at a rate commensurate with the accelerated population growth projections for Harlow, PAH will need to develop new models of operation and care, working in partnership with primary care providers, to address this demand.

3.13 These new models of care will need to operate in new ways, for example, investing in digital technology or new premises. Contributions will be necessary to mitigate the costs arising from this.

3.14 Whilst it is acknowledged that contributions are less commonly sought for secondary care, such as acute services and maternity, the Garden Town will create an unusual situation where growth will be focused around Harlow in locations which will exclusively place a concentrated demand upon PAH. A clear pathway of impact is therefore, evident and contributions justifiable to mitigate these impacts.

3.15 PAH is refining its baseline calculations and future strategic care model to facilitate an evidence base for claiming developer contributions. This work is being undertaken in conjunction with the West Essex CCG and North & East Hertfordshire CCG and NHS Improvement. The outcome of this work will input into the Harlow and Gilston Garden Town Infrastructure Delivery Plan (HGGT IDP).

3.16 PAH understands the HGGT IDP is intended to cover sites within HDC's jurisdiction. The wording of policy SIR1 is somewhat unclear in regard to this policy interaction with the HHGT IDP. The HHGT IDP's role is not mentioned within this policy and it is not clear whether HGGT IDP requirements would supersede the list noted above.

3.17 PAH supports the accompanying wording to policy SIR1 whereby it acknowledges that PAH will need to evolve its future services to respond to the large scale, localised growth around Harlow.

3.18 PAH considers it is unclear why some infrastructure items have been included in SIR1 and others not so. The wording suggests the list reflects all infrastructure items with a "land use implication". It could be interpreted that most infrastructure items have a land-use implication, for example, a new primary school or extension to a doctor's surgery have land use implications.

3.19 Notwithstanding the terminology adopted, the list contains a mix of levels, types and scale of infrastructure. PAH feels that on this basis, healthcare contributions should be listed. Failure to do so could disadvantage the acquisition of funding for these infrastructure items at a later date.

- 3.20 It is also noted that, whilst several items of highways infrastructure are defined on the list in policy SIR1, there is little provision within the policies for this to change within a five-year period. Should, for example, further modelling work suggest a different transport strategy should be adopted, there would be no mechanism for this to be claimed.