

Hearing Statement

In respect of

Chelmsford Draft Local Plan
Examination . Matter 8
(Infrastructure)

On behalf of

Mid-Essex Hospital Services NHS
Trust (MEHT)

RPS Ref: JCG23911

23rd November 2018

QUALITY MANAGEMENT

Prepared by:	Angela Schembri
Authorised by:	Angela Schembri
Date:	23rd November 2018
Project Number/Document Reference:	AS/JCG23911

COPYRIGHT © RPS

The material presented in this report is confidential. This report has been prepared for the exclusive use of Mid-Essex Hospital Services NHS Trust and shall not be distributed or made available to any other company or person without the knowledge and written consent of RPS.

CONTENTS

1	INTRODUCTION	1
2	QUESTION 75 - INFRASTRUCTURE DELIVERY PLAN	3
3	QUESTION 76(A) – STRATEGIC POLICY S11	5
4	QUESTION 78 - STRATEGIC POLICY S12.....	6
5	QUESTION 79 – STRATEGIC POLICY S7	7
6	QUESTION 80 – POLICIES CF1 AND CF2	8
7	QUESTION 83 – CHANGES TO INFRASTRUCTURE POLICIES	10

1 INTRODUCTION

- 1.1 This Hearing Statement has been prepared by RPS Consulting Services Limited (RPS) on behalf of the Mid-Essex Hospital Services NHS Trust (MEHT). It relates to the examination of the Chelmsford Draft Local Plan and in particular, Matter 8 (Infrastructure). The statement is prepared further to representations submitted by MEHT during consultation on the Chelmsford Pre-Submission Local Plan (representation number PS2096).
- 1.2 By way of context, MEHT provides local elective and emergency services to 380,000 people living in and around the districts of Chelmsford, Maldon and Braintree (including Witham). In November 2010, the Trust opened the PFI-funded hospital wing at Broomfield Hospital which enabled them to centralise the majority of its services onto this site.
- 1.3 MEHT is supportive of the need to plan for healthcare services and facilities to deliver Chelmsford City Council's (CCC) planned future housing growth. MEHT are keen to explore where the development of new housing can support delivery of new healthcare capacity within communities. MEHT are also keen to ensure future plans for growth incorporate appropriate measure to address the increasing demand on their facilities and services in particular at Broomfield Hospital.
- 1.4 MEHT consider that the new Chelmsford Local Plan needs to recognise the following particular matters that are specific to the strategic planning policy objective of providing healthcare facilities and services:
- The new Local Plan needs to recognise the shift in the development of healthcare provision and the strategic view of the NHS that more care, especially planned care, diagnostics and the management of long term healthcare issues should be delivered where patients live;
 - As part of MEHT's update of its Estates Strategy, there is a future vision of specialisation of services across Broomfield, Basildon and Southend Hospitals with an expectation of more planned care delivery of acute services alongside other providers in the community. MEHT will need to work with CCC to develop this strategy alongside implementation of the new Local Plan;
 - CCC's future growth plans need to incorporate appropriate measures to mitigate against the increasing demands on transport and accessibility to healthcare facilities and in particular, at Broomfield Hospital. As part of the Estates Strategy update, MEHT are reviewing transport and access requirements and are keen to develop better travel planning and public transport opportunities;
 - Whilst MEHT has commenced work to plan/map its redesign of pathways and clinical services, this work is not complete. There needs to be ongoing dialogue with CCC to ensure that facilities and services are delivered based on the most up-to-date information and in a timely fashion;
 - The new Local Plan needs to recognise in particular the vision for acute health services in the area and to plan for how to deliver it. Other requirements for other forms of healthcare provision including for mental health, community health and more secondary (acute)

healthcare in community settings also need to be planned for. There is too much emphasis in the new Local Plan and in the Infrastructure Delivery Plan (IDP) on the provision of primary care facilities/services; and

- Full dialogue with CCC, NHS England, the Mid Essex Clinical Commissioning Group, MEHT and other relevant healthcare providers and partners is needed to ensure that healthcare facilities/services can be delivered through the planning process and alongside CCC's growth plans.

1.5 The next sections of the statement respond specifically to the Inspector's matters, issues and questions for Matter 8 . Infrastructure.

2 QUESTION 75 - INFRASTRUCTURE DELIVERY PLAN

Q.75 The Plan sets out a range of infrastructure requirements which have been identified through the Council's Infrastructure Delivery Plan Update' (IDP) (EB018B). Is the approach set out in the IDP for identifying necessary infrastructure justified and consistent with national policy?

2.1 Section 9 of the IDP Update addresses health and social wellbeing. It describes the additional demand that the population growth will place on the different healthcare sectors traditionally considered.

2.2 It would appear that the approach to identifying the necessary health infrastructure has been based on a review of strategies developed by Essex County Council, the Clinical Commissioning Groups (CCGs) who are responsible for planning local health care and NHS England for GP services in addition to a review of the Sustainability and Transformation Plans (STPs). These are considered to be the main information sources but ultimately, regular discussions with NHS England, the CCGs, MEHT, Essex County Council (particularly in relation to their Growth and Infrastructure Framework) and other healthcare providers will determine the most up-to-date requirements for health infrastructure. It is noted that the NPPG (Health and Wellbeing . paragraph 003 . reference ID 53-003-20140306) further advises that the Director of Public Health for the Local Authority and the Health and Wellbeing Board should be consulted on need requirements.

2.3 It seems that the list of healthcare infrastructure requirements set out in the IDP Update has been based on draft STPs published in October 2016 (paragraph 9.8). The latest consultation on the Mid and South Essex STP took place between 30th November 2017 and 9th March 2018 and following this 16-week consultation, CCGs in Mid and South Essex agreed proposals for hospital changes on 6th July 2018 and gave the go-ahead for plans to secure the future of health and care services. Approvals were given to implement proposals which include making improvements in Accident and Emergency at all three hospitals in Southend, Basildon and Chelmsford (Broomfield Hospital) with the development of new assessment and treatment centres alongside each Accident and Emergency facility. The full list of improvements can be found here - <http://v1.nhsmidandsouthessex.co.uk/ccgs-in-mid-and-south-essex-agree-proposals-for-hospital-changes/>

2.4 Table 9.1 on page 91 in the IDP Update lists the mitigation that may be sought from current development sites identified in the Local Plan. Paragraph 9.35 recognises that the list may be subject to change and it is MEHT's case that the list of mitigation is out-of-date in light of the July 2018 announcement and overly focussed on the provision of primary care. In some cases, the mitigation identified is not specific enough based on the development planned for the sites.

2.5 Specifically in relation to making improvements to transport accessibility at Broomfield Hospital, MEHT supports the principle of delivering a new Broomfield Hospital link road via the development planned on land north of Broomfield (paragraphs 3.18 to 3.21 of the IDP Update). A Statement of Common Ground (SOCG 23) has been signed with CCC and Essex County Council to confirm this. However, it is MEHT's opinion that there remains significant transport and access issues associated with the main hospital site access beyond what this localised road infrastructure improvement will deliver. This is the subject of ongoing discussions with CCC which need to continue alongside

implementation of highways improvements on Hospital Approach secured as part of the residential development by Countryside on land east of North Court Road and north of Hospital Approach. These improvements have been designed to increase the capacity of Hospital Approach and improve the flow of traffic.

- 2.6 Paragraph 34 of the NPPF states that plans should set out the contributions expected from development. This should include setting out the levels and types of affordable housing provision required, along with other infrastructure (such as that needed for education, health, transport, flood and water management, green and digital infrastructure). CCC need to work more closely with NHS England, CCGs, MEHT and other healthcare providers to better identify the healthcare facilities and services required to support the growing Chelmsford community based on the latest healthcare planning strategies and plans to secure the future of health and care services and the highways works required to improve access to Broomfield Hospital including how these can be secured either as onsite provision and/or financial contributions generated from planned growth.

3 QUESTION 76(A) – STRATEGIC POLICY S11

Q.76(a) The Plan sets out in Strategic Policy S11 the approach to be taken for the provision of necessary infrastructure and lists some specific infrastructure requirements in relation to transport and highways, flood risk management, community facilities, green and natural infrastructure and utilities.

(a) Are these requirements based on robust evidence, are they all necessary to support development during the Plan period and are they viable and deliverable within the timescales of relevant site developments?

- 3.1 Strategic Policy 11 (Infrastructure Requirements) states that new development must be supported by the provision of infrastructure, services and facilities that are identified as necessary to serve its needs including community facilities and specifically essential primary, acute and community healthcare provision and health and wellbeing facilities and measures. These requirements are essential to support development during the Plan period and especially where deficiencies have already been identified eg. ratio of GPs to patients in Chelmsford is higher than the national average.
- 3.2 For the reasons set out in Section 2 of this statement, MEHT believe that the new health infrastructure identified in the Council's IDP Update (June 2018) to support the Local Plan growth is not based on up-to-date or full evidence from all healthcare sectors and this should be updated through discussions with the relevant healthcare providers.
- 3.3 It is considered that the requirements would be viable. In terms of delivery, and as recognised in both CCC's adopted Planning Obligations SPD (February 2014) and draft Planning Obligations SPD (June 2018), the timing for delivery of new healthcare infrastructure needs to be considered on a case-by-case basis with specific requirements set out within any Section 106 agreement and linked to a particular phase of development but in full consultation with the relevant healthcare provider.
- 3.4 Strategic Policy 11 also identifies the requirement for new transport and highways infrastructure including the new access road to Broomfield Hospital which is supported in principle by MEHT.
- 3.5 Whilst it is recognised that the new transport and highways infrastructure in Strategic Policy 11 is not limited to those listed, MEHT believe that Improvements to B1008 Blasford Hill and Hospital Approach should be an improvement listed in the policy. Access to the Hospital does already have its issues and with higher volumes of traffic expected with the planned growth, access will continue to be an issue. Access to the hospital is very important for the delivery of healthcare and in particular, ambulance access to the Accident and Emergency department. MEHT are concerned that routes to the Hospital are single carriageways which make ambulance access difficult.

4 QUESTION 78 - STRATEGIC POLICY S12

- Q.78 Does Strategic Policy S12 clearly set out how infrastructure will be secured and mitigation provided during the Plan period and is this justified, effective and compliant with national policy? Has the viability of providing necessary infrastructure been adequately assessed?**
- 4.1 In MEHT's opinion, Strategic Policy S12 alongside CCC's Planning Obligations SPD and the site-specific policies and allocations sets out clearly how health infrastructure will be secured and how health mitigation will be provided during the Plan period. Typically this will be through either specific onsite provision by developers or landowners where a development generates the need for a facility on the application site (MEHT believe that this needs to be made clearer in Part 11 of the emerging CCC Planning Obligations SPD) and/or through planning conditions or Section 106 contributions. In all circumstances, provision and delivery of the health facility and/or service including the timing/trigger for payment or provision of works needs to be discussed and agreed with the relevant healthcare provider in advance of finalising proposals as part of any planning application.
- 4.2 MEHT recognise that CCC's Regulation 123 List states that Community Infrastructure Levy (CIL) will be used to fund health and wellbeing infrastructure. This is wholly endorsed in line with legislation and local policy albeit that MEHT would welcome closer liaison with CCC as to how these funds are administered and spent.

5 QUESTION 79 – STRATEGIC POLICY S7

Q.79 Is Strategic Policy S7 in seeking to protect and enhance community facilities justified and compliant with national policy? Is it clear how the policy will be used by a decision-maker when considering development proposals? Is it necessary when Policies CF1 and CF2 provide criteria for delivering and protecting community facilities? Are the policies consistent with each other?

5.1 It is considered that Strategic Policy S7 duplicates the requirements of Policies CF1, CF2 and Strategic Policy 12. Strategic Policy S7 could be deleted although it is recognised that paragraph 20 of the NPPF states that strategic policies should set out an overall strategy for the pattern, scale and quality of development, and make sufficient provision (c) community facilities (such as health, education and cultural infrastructure).

6 QUESTION 80 – POLICIES CF1 AND CF2

Q.80 Are the criteria set out in Policies CF1 and CF2 justified and consistent with national policy?

- 6.1 The principles underpinning Policies CF1 and CF2 are supported by paragraphs 28, 92 and 121 in the NPPF.
- 6.2 In terms of Policy CF1, the criteria are justified and consistent with national policy except for criteria (ii) which requires new or extended community facilities to provide on-site vehicle parking at an appropriate standard commensurate to the scale of development. It is clear from paragraphs 102(b) and 103 of the NPPF that the Government supports new developments that promote walking, cycling and use of public transport. These sections in the NPPF also state that significant development should be focussed in locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes. Consequently, Policy CF1 should not automatically require on-site car parking to be provided if the new community facility is proposed in a highly accessible location which can be reached by alternative modes of transport to the private car.
- 6.3 In terms of Policy CF2(A), the focus to protect community facilities is fully supported by national policy in the NPPF. However, the criteria for when premises providing community facilities/services can be redeveloped or changed in terms of their use are not consistent with paragraphs 92 and 121 of the NPPF and are too onerous. There are no tests in the NPPF that require applicants to firstly demonstrate that premises or the site can be used for alternative community facilities or that the community facilities or services being lost need to be supplied elsewhere to an equivalent or better standard. Instead, paragraph 92 of the NPPF simply states that planning policies should guard against the unnecessary (emphasis) loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs. Consequently, this should be a policy test in Policy CF2(A) when considering a change in the use of premises or redevelopment of a site.
- 6.4 Furthermore, paragraph 121 of the NPPF states that Local Planning Authorities should take a positive approach to applications for alternative uses of land which is currently developed but not allocated for a specific purpose in plans, where this would help to meet identified development needs. This should be the second policy test in Policy CF2(A). Policy CF2(A) needs to recognise that not all existing community facilities are assets. It is recognised that paragraph 8.133 offers some flexibility by stating that in instances where no alternative provision will be provided, permission will only be granted where an assessment, which may include details of marketing, has been undertaken to clearly show that the facility is inappropriate for alternative community uses or is surplus to requirements. This requirement should feature in Policy CF2(A).
- 6.5 Paragraph 121 of the NPPF further states that in particular, Local Planning Authorities should support proposals to make more effective use of sites that provide community services such as schools and hospitals, provided this maintains or improves the quality of service provision and access to open space. In light of the planned update to MEHT's Estate Strategy and the improvements identified in the recent Mid and South Essex STP, it is considered that the new Local Plan should include a new

policy in Chapter 8 which specifically refers to Health Establishments . much like Policy CF3 which specifically refers to Education Establishments.

7 QUESTION 83 – CHANGES TO INFRASTRUCTURE POLICIES

- 7.1 In light of the points raised in this statement, the following changes are proposed to the relevant infrastructure policies:

Strategic Policy S7 (Protecting and Enhancing Community Assets)

- 7.2 This policy should be deleted.

Strategic Policy S11 (Infrastructure Requirements)

- 7.3 A new bullet point should be added under the section Transport and Highways as follows:

- Improvements to B1008 Blasford Hill and Hospital Approach at Broomfield Hospital

Policy CF1 (Delivering Community Facilities)

- 7.4 Policy CF1(ii) should be reworded to state (new additions are underlined):

“vehicle access and on-site vehicle parking would be provided to an appropriate standard and level commensurate to the scale of the development and its location in terms of accessibility by other sustainable transport modes.”

Policy CF2(A) (Protecting Community Facilities)

- 7.5 Policy CF2(A) should be entirely reworded both protect community facilities but also in recognition that not all existing community facilities are assets.

“A) The change of use of premises or redevelopment of sites that provide valued community facilities or services will only be permitted where this is necessary and where:

i. Evidence can be provided that the premises or site are surplus to requirements; and

ii. Evidence can be provided to demonstrate that this would not reduce the community’s ability to meet its day-to-day needs; and

iii. Where the alternative use of the premises or the site will help to meet identified development needs.”

New Policy – Health Establishments

- 7.6 A new policy should be inserted into the new Local Plan to reflect the requirements of paragraph 121 of the NPPF insofar as it relates to healthcare and hospital sites. This should read as follows:

“The change of use or redevelopment of healthcare establishments will only be permitted if they are surplus to healthcare requirements.

The extension or expansion of existing healthcare facilities, or proposals to make more effective use of healthcare sites will be supported subject to their accordance with criteria of other relevant policies within the Local Plan and provided the quality of healthcare service provision is maintained or improved.”

Infrastructure Delivery Plan

- 7.7 In addition, the list of healthcare infrastructure requirements set out in the IDP Update needs to be updated in dialogue with the relevant healthcare providers to better reflect what is needed as a result of the planned growth in Chelmsford.

