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Dear Sir or Madam

BATH AND NORTH EAST SOMERSET LOCAL PLAN PARTIAL UPDATE(LPPU) – PRE-SUBMISSION VERSION (REGULATION 19) – AUGUST 2021

On behalf of The Royal United Hospitals Bath NHS Foundation Trust (the "Trust") we wish to make representations to the Publication draft version of the Bath and North East Somerset Local Plan Partial Update (LPPU), also called the Regulation 19 Pre-submission Draft Plan (August 2021).

The purpose of the Regulation 19 stage of consultation of the Local Plan is to address the following questions (as required by the National Planning Policy Framework, paragraph 35):

- Has the plan been prepared in accordance with all legal and procedural requirements?
- Does the plan meet the prescribed tests of soundness?

These representations specifically relate to the additional policy requirements added to **Policy SB18 – Royal United Hospital** within the Council's schedule of proposed changes which is challenged (i.e. considered unsound).

As a major stakeholder, healthcare provider and employer within the District and sub-region, the Trust has welcomed the opportunity to positively engage in the formulation and plan preparation process of the B&NES Local Plan update. To date, the Trust has worked proactively, engaging with the Council's Planning Policy Team in respect of moving forward with their estate planning both in updating their Estate Strategy but also the significant funding opportunities through the New Hospital Programme in delivering community and patient healthcare and strategic health infrastructure requirements.

In summary, while the Trust welcomes the changes made to the supporting text for Policy SB18 (i.e. paragraphs 210-220e) which incorporates the track changes proposed by the Trust within their previous representations, <u>they **object**</u> <u>to the six new additional policy requirements that have been added to Policy SB18</u> in the Regulation 19 Presubmission Draft Plan. This objection is on the basis that the additional policy requirements (no.4 -9) are unjustified, thereby failing one of the key tests of soundness (paragraph 35 of the NPPF), are an unnecessary duplication of policies that are already within the Plan (paragraph 16 (f), of the NPPF) and are also too prescriptive in detail.

Summary of Proposed Modifications

The proposed changes sought to Policy SB18 in providing a succinct, up-to-date and proportionate policy that supports the RUH's strategic priorities in delivering healthcare infrastructure investment and provision is set out below. The text underlined is the proposed additional text to be incorporated within the policy wording.





Policy SB18 for Royal United Hospital

1 The Council supports the improvement of this essential healthcare facility, including the principles and proposed building programme, and proposals for car parking, as set out in its Estate Strategy 2014.

<u>1a The Council will work proactively and support the Trust in the preparation of the Estate Strategy Update and New</u> <u>Hospitals Programme in delivering strategic healthcare infrastructure to meet existing and future clinical needs.</u>

2 Development proposals will be expected to respond to and to implement the Green Infrastructure Plan principles as highlighted above.

3 Proposals for non-healthcare uses on former RUH land should provide evidence that the land will not be required for healthcare provision or car parking during the Plan period. Within this context the council supports the provision (C3) flats of a range of sizes and types, for use <u>primarily</u> by key workers associated with the RUH.

* Delete the additional policy requirements Nos. 4-9 that are considered unjustified and some which unnecessarily duplicate policies already within the plan. This is considered in further detail below.

Overview and Context

Located in Weston, Bath, the Royal United Hospital is a major sub-regional healthcare facility serving over 500,000 people within B&NES, Wiltshire, Somerset and South Gloucestershire. As well as being the main provider of healthcare services the Trust is also the largest employer in Bath & North East Somerset with around 5,500 staff and over 400 volunteers (predicted to rise to 1,000).

As a major stakeholder, healthcare provider and employer within the District and sub-region, the Trust welcomes the opportunity to positively engage in the formulation and plan preparation process of the B&NES Local Plan update.

Since Policy SB18 was first drafted the Trust has delivered, implemented and built the key elements of their Estate Strategy (2014) including new Pathology, Pharmacy and Therapies buildings. The immediate Trust priorities are to deliver the new Cancer Centre which has planning permission. As part of the wider estate renewal programme the Trust has also identified opportunities to deliver new and refurbished staff accommodation on-site, essential to the recruitment and retention of staff.

However, the most significant opportunity for the RUH is the recent announcement that the Trust has been selected for potential funding under the Government's New Hospital Programme (NHP). The Trust has been awarded seed funding to kick-start the process to proceed to the next state of developing their hospital plans including masterplanning.

Policy support and recognition of this significant healthcare investment opportunity should therefore be acknowledged and supported within an updated SB18 Policy in positively preparing an up-to-date plan to reflect and align with the clinical healthcare infrastructure needs of the District.

The Estate Strategy (2014) is also being reviewed and updated and will be based on the future clinical and operational needs set out in the Clinical Strategy. The new Clinical and Estates Strategies will look to leverage new digital ways of working including virtual outpatients and digital working and strive to develop the Combe Park site to a fit for purpose Health and Wellbeing Campus that provides a positive staff, patient and visitor experience within the capacity of the existing estate. Increases in staff, patient numbers, forecast population growth and associated healthcare service demands requires the site wide parking strategy, including the potential for decked car parking, to be reviewed as part of the Estate Strategy update.



Engagement and Previous Representations

The Trust has worked proactively with the Council's Planning Policy Team and provided detailed representations that outlines the work streams being progressed in respect of the Clinical Strategy, the updated Estate Strategy and New Hospital Programme. We attach the following RUH representations as background supporting information:

- Bath and North East Somerset Local Plan Partial Update (April 2020)
- Bath and North East Somerset Local Plan Partial Update Options Consultation (January 2021)

To ensure the plan is up-to-date and reflects the strategic policies for healthcare and infrastructure provision the above representations provided a tracked changes document to the proposed amendments to existing SB18 Policy.

Broadly the Trust supports the inclusion of the tracked changes made within the supporting text to paragraphs 210-220e and specifically the recognition within para 220d which states "*The Trust has been awarded seed funding to proceed to the next stage of developing their hospital plans. If successful the funding would be available in the period 2025-30. The Council recognises this a significant healthcare investment opportunity and therefore fully supports the Trust in developing their masterplan and business case*".

The existing SB18 policy within the adopted Placemaking Plan currently has 3 main policy requirements. However within the new Regulation 19 Pre-submission Draft Plan (August 2021) this has increased considerably to 9 policy requirements. As such the Trust strongly objects and challenges the <u>additional six new policy requirements</u> that have been added to the Policy without prior discussion or agreement with the Trust.

The drafting of the additional policy requirements (no.4-9) is also ambiguous in respect that they appear to relate more to potential future development of the Manor House and its immediate surrounds (i.e. the staff accommodation) rather than site-wide new clinical and health infrastructure. They are also highly prescriptive with unnecessary duplication of other policies within the plan.

Furthermore some of the policy requirements are 'unjustified' and not based upon proportionate evidence therefore failing the test of soundness (para 35 of the NPPF).

Reg 19 Local Plan – SB18 Additional Policy Requirements

For the purposes of these representations we consider each of the six additional policy requirements added to Policy SB18 with the appropriate commentary.

Development proposals must:

4. Be informed by a detailed heritage assessment and heritage impact assessment (to include listed buildings, undesignated heritage assets, archaeology, and landscape), both in terms of the specific site and the wider area. The Grade II* Manor House and its setting will require an especially sensitive approach to ensure that its significance is taken into account and both enhanced and better revealed. A heritage-led and contextual approach is therefore required.

Both legislation, the NPPF and existing adopted Development Plan policies address heritage considerations in respect of proposed new development. Therefore adding in this policy requirement is considered unnecessary duplication.

Firstly Section 66 of the Planning (Listed Building and Conservation Areas) Act (1990) states that it is a statutory requirement to have "special regard" to the desirability of preserving a listed building or its setting when assessing the impact of a development proposal. The statutory duties are such that any application planning is required to have due attention to the proposal's impact on the surrounding Listed Buildings, their setting and the adjoining Bath Conservation Area.

Core Strategy Policy B4: The World Heritage Site and its Setting sets a strong presumption against development that will harm the world heritage site.



Core Strategy Policy CP6 – Environmental Quality stipulates that development proposals must be sensitive to the historic environment.

Placemaking Plan Policy HE1: Historic Environment provides an assessment framework for development impacting on heritage assets. Development proposals will be expected to enhance or better reveal its significance and/or setting and make a positive contribution to its character and appearance.

Paragraph 16 of the NPPF specifically states "plans...should avoid unnecessary duplication".

Furthermore the RUH has supported all major planning applications on site with the appropriate Heritage Statement given the existing legislation and planning policy framework. As such any proposals associated with the Manor House would be accompanied with the necessary heritage assessment to comply with the existing policy framework.

The RUH campus extends to 52 acres and therefore there are areas of the site, and smaller scale scheme or extensions that would not necessarily require a detailed heritage assessment. As such inclusion of the policy is not proportionate and its inclusion is ambiguous i.e. whether it applies to all schemes including minor schemes, or just relates to the Manor House etc.

For the above reasons, and given the existing legislative and policy framework this policy requirement should not be included within Policy SB18.

(5) Deliver biodiversity net gain of at least 10% in accordance with Policy NE3a. Opportunities to deliver 10% biodiversity net gain within the site curtilage, including the former kitchen garden to the north of the Manor House, should be fully explored and tested before any off-site measures are proposed.

This policy requirement repeats draft *Policy NE3a Biodiversity Net Gain* which is therefore unnecessary duplication – (NPPF, paragraph 16 (f)). Furthermore the wording is ambiguous as to whether this relates solely to the potential staff accommodation scheme identified within the surrounds of the Manor House or site-wide specific.

It is acknowledged the draft Environment Bill, first introduced into Parliament on 15 October 2019, once legislated proposes a 10% mandatory requirement for biodiversity net gain. The Government has also indicated there may be various exemptions for specific development types, including some brownfield sites if they don't contain protected or priority habitats or 'face genuine viability difficulties' and also minor development schemes.

Nothwithstanding the comments on unnecessary duplication, the proposed policy wording above should have regard to these potential exemptions to ensure the plan is prepared positively in a way that is both aspirational but also deliverable (NPPF, para 16, b).

6. Provide a minimum of one nest or roost site per residential unit, in the form of integrated bird and bat boxes within new buildings, and/or as standalone features within the public realm, such as bat walls and swift towers. Additional features such as log piles, insect hotels, bee bricks, hedgehog connectivity measures and green and brown roofs / walls are also required.

This specific policy requirement is far too descriptive and its drafting is directed to a potential residential/student accommodation scheme. Matters of ecology are covered with the legislative requirements (i.e. protected species such as bats) and through existing adopted planning policies i.e. Placemaking Plan Policy NE3: Sites, Species and Habitats seeks to avoid and minimise harm to biodiversity but also requires, based on an assessment of potential harm, the necessary compensatory measures to be secured.

The justification for the specific enhancement measures proposed above does not appear to be based upon a specific assessment of the site nor based upon proportionate evidence. As such, and assessed against the tests of soundness (NPPF, paragraph 35, b) inclusion of this policy requirement is unjustified.

It is important to highlight that as part of the commitment to sustainability, the Trust has prepared a Sustainable Development Management Plan (SDMP) to provide a framework and strategy for the next five years and beyond. There



are ten distinct areas of focus that the plan aims to improve including 'Green Space and Biodiversity' and to protect and enhance the natural systems, realising the benefits this brings to the health and wellbeing. This includes preparing a Biodiversity Management Plan and includes engaging with clinicians to establish how the benefits of green space and biodiversity can support care pathways.

Therefore the Trust is fully committed to improving green space and biodiversity within the site however any proposed enhancement measures should be fully assessed and based upon the recommendations of the appropriate evidence base or ecology appraisal.

7. Set out a sustainable transport masterplan for the whole of the RUH site.

As part of the NHP and updated Estate Strategy work an overarching Transport and Travel Strategy for the Hospital is being prepared to set an overall framework. This work is being informed by other workstreams including the Clinical Strategy and assessing demand analysis and capacity. The scope of work includes updating the previous 2015 car Parking Strategy, Travel plan and Transport Assessment. By containing all these elements in one overarching Transport and Travel Strategy, they are linked together e.g. the Travel Plan measures can be inextricably linked to the car parking demand measures. This work is being progressed and will need to align with other RHS strategies.

Again, as part of the commitment to sustainability, the Trust has prepared a Sustainable Development Management Plan (SDMP) to provide a framework and strategy for the next five years and beyond. One of the ten areas of focus includes 'Travel and Logistics' with the Trust committed to improving the approach to travel in a way that is innovative and prioritises sustainable modes of transport that is accessible to all.

To successfully implement a Sustainable Transport Masterplan the Trust however is completely reliant upon the Council and other stakeholders including public transport operators to deliver an appropriate solution outside of the RUH site. The RUH alone will not solve the city's sustainable transport challenges.

Therefore whilst the Trust fully supports the principles of a sustainable transport masterplan this body of work should form part of the new Local Plan preparation in specifically supporting the Updated Estate Strategy and masterplanning, in order not to preclude smaller short term capital projects coming forward in the interim period.

8. Examine the pedestrian and cycle routes between the site and key local facilities, and make appropriate enhancements to ensure that the walking and cycling are the natural choices for local trips. Specific opportunities for investigation and delivery should include, but not be limited to, the following:

- a. Pedestrian improvements at the Weston Lane/Crown Road/High Street junction;
- b. Pedestrian crossing facilities at the Weston Lane/Combe Park junction;
- c. Cycle linkages with recently delivered LCWIP improvements through Weston Village; and

d. Active travel linkages between the site and the Riverside Path to the south.

The above policy is firstly highly prescriptive in respect of the specific measures being proposed and 'unjustified' in the absence of the appropriate evidence base or relevant transport impact assessment. As such it fails one of the key tests of soundness (NPPF, para 35 e).

Placemaking Plan Policy ST7: Transport Requirements for Managing Development set out the relevant criteria in assessing the impacts of new development including ensuring highway safety is not prejudiced but also that there is safe and convenient access to and within the site for pedestrians, cyclists and those with a mobility impairment is provided or enhanced.

As outlined above the Trust are fully committed to delivering and enhancing sustainable transport. The Travel Plan and other initiatives seeks to influence, encourage, incentivise and facilitate staff, visitors and patients to travel by sustainable modes working with other stakeholders including the Council, public transport operators, staff reps etc.



However, the RUH, as an NHS provider is non-profit making and responsible for delivering acute treatment and care to the district thereby improving the health and wellbeing of the community.

The above off-site works appear more like a shopping list of highway improvements and should be funded through other sources such as the Council's highways capital programme.

The Trust is happy to provide B&NES with supporting data on staff and patient attendances, survey for travel modes etc, however it is wholly unreasonable to require the Trust to deliver off site highway infrastructure works, outside of their land interests, given the community function and role they provide to the District.

(9) Provide parking for bicycles and cars in line with the parking standards in the Transport and Developments SPD, for both residential and clinical uses. Improved integrated parking solutions and car park management across the site should be investigated to maximise efficient use of land. Contributions to a Residents Parking Zone (RPZ) may be required as part of parking solutions for the site.

The first part of the policy is repetition of existing Development Plan policies and standards with cross reference to the Council's Transport and Developments SPD and therefore unnecessary duplication.

As outlined above, and as part of the Estate Strategy work, the Trust are progressing work on an overarching Transport and Travel Strategy for the Hospital. This includes assessing the potential for parking solutions such as a multi storey or decked car park to maximise the efficient use of land.

The proposal that the Trust should themselves contribute directly to a Resident's Parking Zone is completely unjustified and not fairly or reasonably related to the operation of the hospital. It is not based upon any reasonable alternatives or on proportionate evidence.

Again, the NHS is not a profit making organisation and is responsible for delivering strategic healthcare infrastructure to meet existing and future clinical needs of the community. As such the policy requirement is not justified and therefore fails the test of soundness (paragraph 35, c).

Conclusion

We trust that these representations will be given due consideration by Officers.

Whilst the Trust welcomes the main changes made to the supporting text they would request Officer's review the additional SB18 policy requirements that have been added in this late stage of the process.

The existing adopted policy framework is such that any future developments will be assessed in respect of their impact and the appropriate mitigation having regard to a proportionate evidence base.

Further discussions between the Trust and B&NES in respect of the policy formulation in the preparation of the new Local Plan with the Trust's Updated Estate Strategy and masterplan will be greatly welcomed.

If you require clarification on any matters set out in the above representation, then please do not hesitate to contact me.

Yours faithfully,

C.S. Francis

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