

**MM Consultation 2021**

Planning Policy  
Epping Forest District Council  
323 High Street  
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Tel [REDACTED]

Co. Reg. No. 5677777

22<sup>nd</sup> September 2021

Dear Sir/Madam,

**Epping Forest District Local Plan Submission Version (2017) – Main Modifications  
Consultation 2021 – Representations submitted on behalf of Princess Alexandra  
NHS Hospital Trust**

On behalf of our client the Princess Alexandra Hospital NHS Trust (PAH), we write to set out our representations on the Epping Forest District Local Plan Submission Version (2017) Main Modifications, for your consideration.

**Background**

1. PAH is progressing a Business Case for the delivery of its preferred development option comprising a new and modern state of the art acute Hospital, in the form of a Health and Well-Being Campus on land located north of the adjacent planned M11 Motorway Junction 7a and South of Pincey Brook.
2. The Hospital development will involve a substantial investment in local health care facilities. It is a vital and significant component of local health and community infrastructure required to serve the existing and new Garden Town communities and wider catchment population area.
3. The PAH development and relocation strategy is embodied in the emerging Local Plan Submission Version 2017 (LPSV) for Epping Forest District and the adopted Harlow Local Plan. This strategy is also reflected in the Harlow and Gilston Garden Town Vision and Design Guide, which have been endorsed by the planning authorities as material planning considerations.
4. A Planning Performance Agreement (PPA) has been set up between PAH, Epping Forest District Council (EFDC), Harlow District Council (HDC) and Essex County Council (ECC) to progress the planning elements of the Hospital at the pre-planning application stage in advance of a related planning application(s) on the identified site, currently programmed to be submitted to EFDC as Local Planning Authority in 2022/23.
5. Consequently, with the above background position in mind, there is a need to establish a planning policy basis to help enable the hospital development and investment to be delivered. Having reviewed

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the Local Plan proposed Main Modifications (MMs) and Additional Modifications (AMs) associated with the LPSV, it is considered that in broad terms the related planning policies do provide a suitable policy framework to enable the hospital masterplanning and subsequent planning application(s) to be taken forward for the East Harlow area. This is on the basis that the preferred development option favours the East Harlow location, and our related representations refer to and support this position.

6. However, there are a small number of matters relating to policies and text included in the MMs and AMs relevant to the delivery of the new hospital and associated healthcare infrastructure which PAH requests revisions to. These are to fine tune the planning policy basis and to reflect PAH's current position in relation to the East of Harlow Strategic Site Allocation in particular, and to ensure the Local Plan MMs meet the relevant soundness tests set out in the NPPF.
7. There are also further MMs relating to the delivery of infrastructure, including recognition of acute healthcare as essential infrastructure which may be eligible for developer contributions. PAH supports this approach to infrastructure funding and for completeness has suggested the related EFDC Infrastructure Delivery Plan (IDP) is updated to reflect the more up to date information provided to the HGGT group as part of the current related wider IDP update.

## Summary of Representations

8. In summary, the requested changes and associated objections include:
  - **Strategic Masterplan approval process MM16** (part) & AM16– Amendment/Footnote to Table 2.1 & AM16 wording to Policy SP5 Garden Town Communities to recognise that PAH's planning application(s) for the identified site East of Harlow may be progressed and positively determined in advance of a Strategic Masterplan being approved by the LPA for the wider strategic site allocation within or as an exception to Policy.
  - **Alternative Uses if PAH does not relocate to the Epping Forest District part of East of Harlow Strategic Site Allocation area MM21** – Alternative wording requested and suggested to acknowledge that the location of the new Hospital Site has been established for planning purposes and therefore, the strategic masterplan process will not determine the location of the new Hospital. Also, to clarify that in any event, PAH will not relocate to the Harlow part of the East of Harlow Strategic Site Allocation. Finally, it is requested that Maps 2.1 & 2.4 are amended to acknowledge the broad location of PAH relocation site east of Harlow.
  - **Policy T1(G) Provision of Electric Charging Points MM41** – Request deletion of the proposed policy revision requiring all parking spaces within all developments to provide direct access to vehicle charging points. If applied to a new hospital development, which will require a substantial number of parking spaces, this policy would be too onerous, unreasonable and unviable and a more flexible and pragmatic approach is needed to provide for hospital development or non-residential schemes.
  - **Policy T2 Safeguarding of Routes and Facilities MM43** - Support for the new wording within the Policy to make specific reference to the requirement to safeguard land to deliver strategic transport improvements identified within the Plan.

- **Infrastructure Delivery Plan (IDP) MM106** – Updating required to EFDC IDP to align identified PAH infrastructure costs with those provided to the HGGT as part of the associated IDP 2021 update i.e., deletion of reference to £25 - £50m transport costs and replacement with £26.475m overall infrastructure costs. Also, further recognition of PAH as essential infrastructure is requested, which may be a recipient of S106 developer contributions.
- **Broad identification of PAH relocation site MM107** – Amendment to paragraph 6.26 to provide more certainty and clarity by acknowledging the broad location of the PAH East of Harlow relocation site to land north of M11 Motorway J7a and south of Pincey Brook as shown on the HGGT Vision/Design Guide and Harlow Local Plan Key Diagrams.

9. The above concerns and objections currently render the Local Plan MMs unsound when considered against the related tests set out in paragraph 35 of the NPPF as explained below.

- a. Not **Positively prepared** - The proposed MM's as currently worded would not provide a suitable strategy to allow PAH's preferred development programme to be realised without requiring a departure from key policies, which in turn would not allow for the District, wider Garden Town, and PAH catchment area respectively to meet its objectively assessed needs and deliver sustainable development.
- b. Not **Justified** – The overly restrictive approach created by the proposed MMs would not provide sufficient flexibility to enable the PAH development programme and strategy to be realised and therefore, would not represent an appropriate strategy taking account of the reasonable alternatives available based on the evidence provided.
- c. Not **Effective** – The limitations imposed by the proposed MMs would not allow for PAH's development strategy to be delivered within the proposed new hospital programme without the need to depart from Local Plan policy. The Hospital strategy has cross (local authority) boundary implications, which has essentially been agreed with the key local planning and transport authorities by effective joint working and therefore, should be recognised in the Local Plan as suggested in PAH's representations.
- d. Not **Consistent with National Policy** – The proposed MMs & AMs (requiring an approved strategic masterplan to be in place before planning applications are determined) if applied to the PAH's development strategy could potentially delay and frustrate the delivery of a new hospital within the East of Harlow strategic site allocation and prevent the delivery of sustainable development. This approach would run counter to paragraph 96 of the NPPF, which encourages faster delivery of public service infrastructure including hospitals by local authorities working proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are made. Whilst it is acknowledged that the LPA has been working proactively and positively with PAH, it is considered that this approach and level of policy compliance should be reflected in the Local Plan MM's where feasible.

10. Notwithstanding the above representations, it is considered that the identified soundness objections could be resolved through the inclusion of the proposed minor but important policy and text changes to the MMs and AMs as set out in our detailed representations below.

11. Additionally, there are a number of supporting representations offered to other specific MMs, which hopefully the Council will also find to be useful as part of the Local Plan review process.

## Detailed Representations

### Chapter 2 Strategic Context and Policies

#### MM16 Supporting Text to Policy SP3 Place Shaping (Page 33-36)

12. PAH supports the **insertion of new paragraphs after paragraph 2.88** to recognise the role of health and wellbeing principles in place shaping and refer to the carrying out of Health Impact Assessments (HIAs) for large development proposals, to ensure that development will help to encourage opportunities for healthy living and ensure access to appropriate healthcare services continues to be provided for the new development and community as a whole.
13. However, PAH objects to part of MM16 and also considers that AM16 & AM110 represent Main Modifications on which representations may be made.
14. **Figure 2.1** as proposed illustrates the requirement for an endorsed Strategic Masterplan prior to the determination of any planning applications for development proposals in relation to the new Garden Communities.
15. PAH notes the Council's related proposed amendments to Policy SP5 Garden Town Communities (**AM16**) to amend Part D of the Policy, as follows:  
  
'D. Development proposals in relation to sites SP54.1-54.3 will be required to be in general conformity with a Strategic Masterplan which has been ~~endorsed~~ approved by the Council prior to the determination of any planning applications.'
16. PAH also notes the Council's proposed amendments to the Glossary definition of 'Strategic Masterplan' (**AM110**), as follows:  
  
'A masterplan is the process by which organisations undertake analysis and prepare strategies, and the proposals that are needed to plan for major change in a defined physical area. It acts as a context from which development projects come forward for parts of the area. Is a plan that takes a comprehensive approach to the planning and delivery of Strategic Masterplan Areas and associated infrastructure. The Masterplan should be produced and undertaken jointly by the landowners/promoters of the relevant sites and endorsed by the Council prior to the determination of any planning applications. Planning applications and any other consenting mechanisms for sites located within the Strategic Masterplan Area must be in general conformity with the Strategic Masterplan which has been formally endorsed by the Council.'
17. Policy SP5 along with its supporting text as proposed, requires development proposals in relation to the new Garden Communities to be in general conformity with a Strategic Masterplan which has been approved by the Council prior to the determination of any planning applications, without recognising PAH's exceptional circumstances.

18. Whilst PAH acknowledges the principle of requiring an endorsed strategic masterplan for the new Garden Communities respectively to holistically guide development, the new Hospital represents an exception to this policy requirement for two principal reasons. First, there seems to have been little progress on the preparation of a strategic masterplan for the East of Harlow site. We understand that this is not currently being progressed by either the consortium of landowners or the planning authorities. Consequently, the preparation and approval of a strategic masterplan here is some way off being completed and is therefore, significantly behind PAH's current programme for the delivery of a new Hospital. PAH's related planning application(s) would therefore, need to be treated as a departure to the Local Plan policy if the MM and AM was taken forward. The delivery of a new Hospital represents important strategic infrastructure of a substantial scale in its own right, which is needed to meet the acute healthcare needs of the existing and new Garden Town communities and wider catchment population area, which is supported by the related planning and transport authorities. The development of a new Hospital East of Harlow would provide a cornerstone and gateway development and opportunity for the subsequent strategic masterplan to embrace. Therefore, it would be prudent to acknowledge this position in the Local Plan as suggested.
19. This position is acknowledged in paragraph 1.3 of Supporting Document K (SoCG Addendum East of Harlow September 2020 between EFDC, Harlow DC, Miller Homes, and PAH), all parties agree that the distribution of land uses across the whole Site, including the northern extent, is to be determined via the Strategic Masterplanning process pursuant to LPSV policy SP3. Notwithstanding the Strategic Masterplanning process, it is agreed that the Hospital is likely to be delivered North of the M11 Junction 7a East-West link road and the site location of the Hospital may be determined in advance of the Strategic Masterplan process being completed. Subsequent work progressed through the related PAH Planning Performance Agreement (PPA) process also acknowledges this position.
20. It is therefore, considered that MM16 provides insufficient flexibility to enable the early delivery of the new Hospital without having to depart from Local Plan policy at an early stage, when the situation was apparent prior to the adoption of the Local Plan. This approach is neither justified, nor effective and is not consistent with recent updates to National policy which seeks to ensure faster delivery of public service infrastructure including hospitals. (para. 96, NPPF 2021). As set out at paragraph 9, the above concerns and objections currently render the Local plan MMs unsound when considered against the related tests set out in paragraph 35 of the NPPF.
21. PAH therefore requests a footnote be added after Figure 2.1/ the insertion of a separate paragraph to Policy SP5 saying:

'In the case of the potential relocation of PAH to the identified East of Harlow site, the Council is content for the related planning application(s) to be progressed and determined in advance of a related Strategic Masterplan being formally approved, although the PAH scheme will need to explain how wider strategic masterplanning considerations have been taken into account.'

It is considered that this amendment would address the soundness objection.

### MM17 Policy SP3 Place Shaping (Page 34)

22. PAH supports the **insertion of a new Part after Part I** as proposed, to recognise health and wellbeing principles in place shaping, and the requirement for relevant development proposals to assess the extent of potential health impacts through a Health Impact Assessment (HIA) and the expectation that new development will contribute towards the provision of built facilities and other improvements to healthcare services, where appropriate.

### MM18 Supporting Text to Policy SP4 Development & Delivery of Garden Communities in the Harlow and Gilston Garden Town (Page 37-38)

23. PAH supports the **insertion of the new paragraph after paragraph 2.117** as proposed to ensure a cohesive approach to the Garden Town, prevent the establishment of unsustainable travel behaviour and to provide viable alternatives to private car use. The new Hospital east of Harlow may potentially be delivered in advance of the Sustainable Transport Corridors, although alternative sustainable travel measures will be put in place in the interim period.
24. PAH supports the **insertion of the new paragraph following paragraph 2.118** as proposed to reflect the Inspector's Interim findings. The new paragraph refers to HGGT IDP (2019) and notes District-level updates will be cognisant of the Garden Town and vice versa.
25. In June 2021, HGGT sought significant new or revised information on infrastructure requirements identified for the Garden Town area since the previous IDP was produced in 2019, to inform a partial update of the HGGT IDP. Health and care services and the way they are organised both from a commissioner and provider perspective will change over the lifespan of the local plan. Further detail is provided in PAH's representations to MM106, which requests that the Epping Forest District IDP 2020 (Supporting Document I.) is updated as set out below.

### MM19 Policy SP4 Development and Delivery of Garden Communities in the Harlow and Gilston Garden Town (Page 40-41)

26. PAH supports the principle of amendment to **Policy SP4 Part C(iv)** as proposed for clarity that governance and stewardship arrangements are in place prior to the determination rather than the submission of outline planning applications. However, PAH objects to the MM as it should be recognised that the level of detail required should be proportional to an outline planning application. It is therefore, requested that Policy SP4C(iv) is amended to read as follows (proposed changes shown in italics):

'(iv) Agreeing appropriate and sustainable long-term governance and stewardship arrangements for community assets including heritage assets, green space, the public realm areas and community and other relevant facilities prior to the ~~submission~~ determination of outline planning applications. Such arrangements will be funded by the development and include community representation to ensure residents have a stake in long term development, stewardship and management of their community. *The level of detail required should be proportional to an outline planning application and specific to each particular development proposal;*'

27. PAH supports the insertion of the **new point after Policy SP4 Part C(xviii)** to further clarify the Council's position that key transport infrastructure and sustainable transport (providing viable alternatives to the private car) are provided as prerequisites of development being occupied, along with measures to ensure its upkeep/ maintenance. However, it is noted that the policy will need to be applied pragmatically to recognise the opportunities and constraints associated with particular land uses, including the unique travel patterns associated with an acute hospital.

#### MM21 Policy SP5 Garden Town Communities (Page 42-44)

28. PAH supports the inclusion of the **New Map after Map 2.1 and new section after SP5 Part E** as proposed to include Sustainable Transport Corridor routes within the Plan. However, PAH objects to the variation of this Map from the HGGT Vision & Design Guide Key Diagram.
29. PAH therefore, requests the **New Map** is updated to reflect the key diagram in the HGGT Vision and Design Guide documents, which indicate the intended hospital site at East Harlow as 'Land only to be developed for potential hospital relocation'. The broad location of the Hospital is north of the east-west M11 Junction 7a link road and south of Pincey Brook.
30. This position is further supported by the SoCG 2020 Addendum (Supporting Document K (ED122A-B)) in which the parties agree the Hospital is likely to be delivered North of the M11 Junction 7a East-West link road and the location of the hospital may be determined in advance of the Strategic Masterplan Process being completed. The matter has also been addressed as part of the related PPA process between PAH and the authorities.
31. PAH objects to the text of the proposed **New Section after Part H**. As currently worded, it suggests that through the preparation of the Strategic Masterplan it may be concluded that the proposed hospital forming part of the community and healthcare facilities could be located in the part of East of Harlow Garden Community in Harlow District. However, concerning the Hospital, no such proposal has recently been considered and no agreement is in place with the landowners in this respect and this does not reflect the position in Supporting Document K (SoCG Addendum East of Harlow September 2020 between EFDC, Harlow DC, Miller Homes, and PAH). As explained above, the broad location of the new hospital site, which lies within the Epping Forest District part of the strategic site allocation, has been established and reflected in the HGGT Key Diagram and agreed in planning terms with the local planning and transport authorities. There is no planning or development option to locate the new Hospital within the Harlow District part of the East of Harlow strategic site allocation and therefore for the soundness reasons set out, the policy criterion should be amended as suggested. PAH does however, acknowledge that a fall back policy addition is needed to determine suitable land uses in the event that the Hospital does not relocate from its current location in central Harlow.
32. PAH therefore requests that Policy SP5 new section after Part H is to read as follows (proposed changes shown in italics):

'The East of Harlow strategic site allocation (SP 4.3) forms part of a wider Garden Community, the southern part of which has been allocated in the Harlow Local Development Plan (under Policy HGT 1). The Garden Community will be subject to the preparation of a single Strategic Masterplan. Through the preparation of the Strategic Masterplan, the extent of development across the masterplan area

and the position of a build-to line will need to be agreed in order to appropriately safeguard the settlement edge of Sheering. ~~If it is concluded through the preparation of the Strategic Masterplan that the proposed secondary school and/or community and health facilities are to be delivered within that part of the Garden Community in Harlow District, consideration will be given to the appropriate alternative mix and balance of land uses and the associated infrastructure that should be delivered within the strategic site allocation SP4.3.~~ *If it is concluded that the proposed secondary school and/or community and health facilities identified in this policy are not to be delivered within the Epping Forest District part of the Garden Town community, consideration will be given to the appropriate mix and balance of those land uses and the associated infrastructure that should be delivered within the strategic site allocation SP4.3.* In determining the appropriate mix and balance of land uses, the Council will have regard to relevant policies within this Plan, in particular: Parts A. to F. of this policy; policies SP2 and SP3; the identified need for the types of development proposed within the wider Garden Community; and relevant environmental, heritage, transport, infrastructure and other planning opportunities and constraints.’

33. Proposed amended **Map 2.1 Garden Communities around Harlow** incorrectly identifies the Garden Communities as ‘Residential site allocations’ in the Legend, rather than ‘Strategic site allocations’ where a mix of uses is expected. PAH therefore requests the Legend be corrected.
34. Proposed amended **Map 2.4 East of Harlow Strategic Masterplan Area** incorrectly identifies the site as ‘Residential site allocation’ in the Legend, rather than ‘Strategic site allocation’ where a range of uses is expected. PAH therefore, requests the Legend be corrected. PAH also requests that the potential hospital relocation site is shown with an indicative ‘H’ to be consistent with the Garden Town and Harlow Local Plans.
35. It is considered that the above amendments would address the soundness objections.

## Chapter 3 Housing, Economic and Transport Policies

### MM40 Supporting text to Policy T1 Sustainable Transport Choices (Page 72-73)

36. PAH considers the **amendment to Paragraph 3.90** as proposed to provide clarification and to recognise the importance of accommodating and encouraging an uptake in electric vehicles is unsound. PAH agrees with the principle, but the proposed amendment does not take account of practicalities concerning specific non-residential developments such as an acute hospital with large scale parking provision. It would not be practicable or viable to provide all spaces with direct access to charging points.
37. PAH therefore, requests that the proposed final sentence of paragraph 3.90 be omitted, to read as follows (proposed changes shown in italics):

‘3.90 [...] In order to ~~follow~~ *encourage and facilitate* at the *earliest possible opportunity* the commitment by government and car manufacturers to cease sales of petrol, and diesel *and hybrid* cars by 2035~~40~~ to support improvements in *carbon emissions* and air quality, the Council will require *development proposals to make* the provision of electric vehicle charging points. *This will apply to in*

all new development which includes ~~the provision of additional~~ vehicle parking spaces, ~~and that such provision ensures that a~~ All such spaces must have direct access to the charging points to be provided."

38. This matter was previously raised by LPP in a letter dated 10<sup>th</sup> June 2019 submitted to the EIP Programme Officer (copy attached) and the main considerations remain valid. It is considered that this amendment would address the soundness objection.

#### MM41 Policy T1 Sustainable Transport Choices (Page 74-75)

39. PAH also considers the **amendment to Part G of the Policy** as proposed, is too onerous and inflexible concerning an acute hospital development in particular. As currently proposed the amendment does not take account of practicalities concerning developments such as an acute hospital with large scale parking provision. It would not be practicable or viable to provide 100% direct access to electric charging points. Furthermore, the new hospital represents a trip destination, rather than a trip origin use and it is likely that most electric car owners would charge their vehicle at home or via on-street charging point parking bays. Requiring direct access to an electric vehicle charging point for all car parking spaces within the proposed hospital is not necessary or justified, and is contrary to National policy which suggests a proportional approach and does not require that every parking space should have access to an electric charging point.

40. PAH therefore requests that Part G of the Policy, be amended to read as follows (proposed changes shown in italics):

'G. In order to ~~accommodate the use of low emission vehicles to~~ support improvements in air quality within the District ~~the provision of~~ electric vehicle charging points will be required within all new developments which make provision for car parking for vehicles."

41. It is considered that this amendment would address the soundness objection.

#### MM43 Policy T2 Safeguarding of Routes and Facilities

42. PAH supports the **new wording before Part A** as proposed to make specific reference to the requirement to safeguard land to deliver the transport improvements which are of strategic importance to the delivery of the Plan.

## Chapter 4 – Development Management Policies

#### MM56 Policy DM9 High Quality Design

43. PAH supports the **insertion of a new part after Part I** as proposed, to recognise health and wellbeing principles in place shaping.

#### MM78 Policy P1 Epping

44. PAH supports the **amendment to criterion D(ii)** as proposed, to clarify the infrastructure requirements for Policy P1.

45. PAH supports the **amendment to criterion K(ii)** as proposed, to address concerns raised by ECC.

#### MM80 Policy P2 Loughton

46. PAH supports the **amendment to criterion E(ii)** as proposed, to clarify the infrastructure requirements for Policy P1.

#### MM84 Policy P4 Ongar

47. PAH supports **new part after (i)** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

#### MM85 Policy P5 Buckhurst

48. PAH supports the **new part after C** as proposed, to clarify the infrastructure requirements for Policy P5.

#### MM87 Policy P6 North Weald Bassett

49. PAH supports the **new part after F and amendment** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

#### MM89 Policy P7 Chigwell

50. PAH supports the **new parts after (iii)** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

#### MM90 Policy P8 Theydon Bois

51. PAH supports the **new parts after (iii)** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

#### MM92 Policy P9 Roydon

52. PAH supports the **remainder of part C to become new Part after Part C and specified elements amended** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

#### MM94 Policy P10 Nazeing

53. PAH supports the **new part after (i)** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

#### MM96 Policy P11 Thornwood

54. PAH supports the **new parts after (i)** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

### MM98 Policy P12 Coopersale, Fyfield, High Ongar, Lower Sheering, Moreton, Sheering and Stapleford Abbotts

55. PAH supports the **new points before (i)** as proposed, to clarify the infrastructure requirements for Policy P12.

### MM100 Policy P13 Rural Sites in the East of the District

56. PAH supports the **remainder of F to become new part after F and specified amendments** as proposed, related to IDP update and exercise to ensure greater consistency across Plan in how infrastructure items are referred to.

### MM102 Policy P14 Rural Sites in the West of the District

57. PAH supports the **remaining Part D to create new Part D** as proposed, to clarify the infrastructure requirements for Policy P14.

## Chapter 6 Infrastructure & Delivery

### MM106 Policy D1 Delivery of Infrastructure (Page 183-184) & Supporting Document I. IDP: Part B Infrastructure Delivery Schedule 2020 Update (ED117/EB118)

58. PAH supports the **amendment to Part A of the Policy** as proposed to provide further clarification in relation to the Council's approach to the consideration of viability matters at the development management stage.
59. PAH also supports **new parts following A** as proposed to provide further clarification in relation to the Council's approach to the consideration of viability matters at the development management stage.
60. As set out in our representation to MM18, in June 2021 HGGT sought significant new or revised information on infrastructure requirements identified for the HGGT area since the previous IDP was produced in 2019 to inform a partial update of the HGGT IDP. Health and care services and the way they are organised both from a commissioner and provider perspective will change over the lifespan of the Plan.
61. Para 3.23 of Supporting Document I (EFDC IDP Update 2020) states: 'Secondary healthcare facilities such as hospitals are provided by hospital trusts, which in turn receive funding from the Department of Health and Social Care. Planning obligations towards secondary healthcare are not regularly sought. However, land may be required for the relocation of the Princess Alexandra Hospital, and there may be a requirement to seek contributions from larger developments. Further work on this matter is currently being undertaken by the Princess Alexandra Hospital NHS Trust.'
62. The EFDC IDP 2020 identifies the need for developer contributions to healthcare to serve new development, covering primary healthcare, mental healthcare, community healthcare and acute care (DW12). However, the notes on the District Wide Infrastructure Delivery Schedule at 4.1 of the IDP

state that the contribution is to be used to support delivery of GP floorspace set out elsewhere in this IDP.

63. As a Trust, there is no routine eligibility for capital allocations from either DHSC or local commissioners to provide new capital capacity to meet additional healthcare demands. Therefore, S106 contributions are needed to mitigate the additional impacts of the Garden Town development on acute services provision and are an important component of PAH's overall funding and delivery capabilities. Therefore, PAH requests that the potential funding sources identified for the potential redevelopment of Princess Alexandra Hospital on land East of Harlow (EHA12) are updated to include Developer Contributions.
64. PAH requests that the EFDC IDP 2020 is updated throughout to recognise both the changing model of care and that DHSC funding alone is not sufficient to meet acute healthcare infrastructure needs directly and proportionally related to the development identified in the Plan, required to make development acceptable in planning terms, and to deliver sustainable development.
65. Further detail is set out in PAH's Note of 5th August 2021 (see attached copy), along with the joint response prepared with the Hertfordshire & West Essex Integrated Care System (HWE ICS), Essex and North Hertfordshire Clinical Commissioning Group (ENHCCG), West Essex Clinical Commissioning Group (WECCG) and all providers that are commissioned to deliver healthcare services across the geographical area of HWE ICS dated 10th August 2021 to the HGGT IDP partial update, attached for information.
66. PAH's Note also sets out updated estimated transport infrastructure costs associated with Hospital relocation to East Harlow. PAH requests that the EFDC IDP 2020 (EHA6) is updated to reflect the updated costs for Hospital relocation transport mitigation measures.

### MM107 Supporting Text to Policy D2 Essential Facilities and Services

67. PAH appreciates the attempt to **update Paragraph 6.26** concerning PAH's redevelopment strategy, but objects to the current suggested wording on the grounds that it does not reflect the most up to date position and alternative wording is therefore, suggested. Through the OBC and related PPA processes, preapplication discussions have continued during 2020/21 between PAH, Epping & Harlow Local Authorities and the potential site for the new hospital has been identified north of the M11 J7a East-West link road and south of Pincey Brook, consistent with HGGT Key Diagram.
68. PAH therefore requests the wording of Paragraph 6.26 to read as follows (proposed changes shown in italics):

*'6.26 The Princess Alexandra Hospital NHS Trust is currently considering options to meet its future service requirements through a ~~Strategic Outline Business Case~~ development strategy and associated business case process. As part of this work the potential to relocate the Princess Alexandra Hospital ('PAH') from its current site within Harlow is being considered. Two potential sites for relocation are currently being considered, the first being at Gilston to the north of Harlow (within the East Hertfordshire District Council administrative boundary), and the second being land to the East of Harlow within the Epping Forest District administrative boundary (see Policy SP5). This work concerns the potential to relocate the Princess Alexandra Hospital (PAH) from its current site within Harlow to*

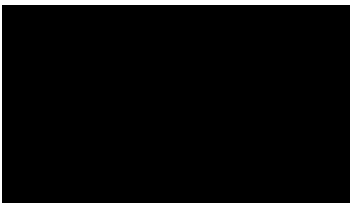
~~land within the East of Harlow Garden Community (see policy SP45).~~ *This work concerns the potential to relocate the Princess Alexandra Hospital (PAH) from its current site within Harlow to land north of M11 Motorway J7a and south of Pincey Brook within the Epping Forest part of the East of Harlow Garden Community (See policy SP4).*

69. PAH also notes the Council's proposed amendments to the supporting text to SP4 Development and Delivery of Garden Communities in the Harlow and Gilston Garden Town (**AM13**). PAH proposes additional text be inserted for clarity and to reflect the agreed current position with the planning and transport authorities, which would be consistent with the evidence presented at the EIP in 2019. PAH therefore, suggests the wording of Paragraph 2.112 is updated to read as follows (proposed changes show in italics):

*'Included within this, is provision for the potential relocation of the Princess Alexandra Hospital from its current site in Harlow. In order to facilitate the future relocation of the hospital, a potential new site has been identified within the Garden Town – on land within the Epping Forest District part of the East of Harlow Garden Community north of M11 Junction 7a, south of Pincey Brook. The proposed relocation of the Hospital represents PAH's preferred development option, although a fall-back option comprises the refurbishment/redevelopment of the existing Hospital site.'*

We trust you will find the above representations to be useful and that they will be taken into account by the LPA, and the Inspector prior to publication of their Report.

Yours faithfully



**Lawson Planning Partnership Ltd**

Enc.

c.c. PAH