

**MINUTES OF THE MEETING OF THE PLANNING PANEL
HELD ON WEDNESDAY, 7 JANUARY 2015**

COUNCILLORS

PRESENT Toby Simon, Lee Chamberlain, Dogan Delman, Christiana During, Jansev Jemal, Anne-Marie Pearce and George Savva MBE

ABSENT

OFFICERS: Andy Higham (Head of Development Management), Sharon Davidson (Planning Decisions Manager), David B Taylor (Head of Traffic and Transportation) and Robert Singleton (Planning Officer) Jane Creer (Secretary)

Also Attending: Applicant (Royal Free London NHS Foundation Trust) representatives:
Andrew Panniker – Director of Capital and Estates
Steve Davies – TTP Consulting
Paul Burley – Montagu Evans
Nic Allen – PM Devereux
Fiona Jackson – Hospital Director, Chase Farm Hospital
Prof Steve Powis – Medical Director, Royal Free London
Maggie Robinson – Head of Property
Gary Barnes – Asst Director, Projects, LB Enfield

Ward Councillor: Cllr Glynis Vince (Highlands Ward)
And approximately 100 members of the public / interested parties

**1
OPENING**

NOTED

1. Councillor Simon as Chair welcomed all attendees and introduced the Panel Members.
2. The purpose of the meeting was to receive a briefing on the proposals, to provide local residents and other interested parties the opportunity to ask questions about the application and for the applicants, officers and Panel Members to listen to the reactions and comments. These views, and all the written representations made, would be taken into account when the application was determined by the Planning Committee.
3. This was not a decision-making meeting. A decision on the application would be made by the full Planning Committee in February.

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OFFICERS' SUMMARY OF THE PLANNING ISSUES

NOTED

Andy Higham, (Enfield Council Head of Development Management) introduced officers present and highlighted the following points:

1. This Planning Panel meeting was an important part of the consultation process. Notes were being taken and would be appended to the report to the Planning Committee.
2. This was an outline planning application, seeking to establish the principles of the uses and development of the site. Matters of detailed design and layout were not for consideration at this stage. The application included details of the location within the site of the proposed new hospital, school and residential development. Indicative plans had been provided to demonstrate how the quantity of development proposed might be accommodated on the site. There would be further consultation in future on the detailed layout and form of development.
3. The Planning Committee could consider material planning issues. The key issues included:
 - The principle of the mix of uses proposed on the site and the identification of future expansion space for hospital facilities.
 - The principle of demolition of buildings on the site.
 - The quantity, scale and height of development proposed.
 - Traffic implications.
 - The principle of the points of vehicle and pedestrian access to the site.
 - The provision of affordable housing and mix of residential development proposed.
 - The phasing of development and timescale of delivery and construction.
 - The provision of temporary facilities for the new school within the Green Belt.
4. The Committee could not consider matters of detailed design, or services which the hospital would provide.
5. The consultation period would be extended by another week. If residents had further comments, these should be sent to the Council by Thursday 15 January to be included in the report to Planning Committee.

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PRESENTATION BY THE APPLICANT / AGENT

NOTED

Andrew Panniker (Director of Capital & Estates, The Royal Free London NHS Foundation Trust) introduced representatives of the applicant present and set out the proposals as follows:

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1. The application was submitted in November 2014 for outline planning permission with reserved matters. This meeting was part of the consultation process and they would be learning from comments made.
2. The Royal Free London acquired Barnet and Chase Farm Hospitals in July 2014. They had then started consultation with local stakeholders for delivery of a new Chase Farm Hospital. The clinical vision would be delivered and the timescale was on track.
3. Phasing of development would be key, and all services currently on site at Chase Farm Hospital would be maintained in operation.
4. The agreed Barnet, Enfield and Haringey (BEH) Clinical Strategy was being delivered.
5. There had been lack of investment at Chase Farm Hospital and a number of schemes developed and shelved over the years. Services were provided in random buildings across the site at the moment. It was the intention to deliver a new hospital fit for purpose in modern facilities and give an improved patient experience, in an efficient and economic way.
6. The new hospital build was being enabled by the residential development. Unless there was residential development they would be unable to generate the funds to allow the hospital to be built.
7. The application was for a building of 32,000m². The design needed 25,000m². This gave 7,000m² expansion space.
8. It had subsequently been realised that it would be more economical to include facilities originally envisaged to be located in Highlands Wing in the new building. Highlands Wing would stay on the land and would not be sold.
9. There would be a lot of land retention at the hospital site, around 70% spare capacity, which would allow for changes in policies or services that might occur in future years.
10. There had been engagement with local residents and tenants on the site and this would continue.
11. The timescale was set out. Subject to approval by Planning Committee in February, the site would be cleared to allow building of the hospital, and early 2015 would also see sale of parcels of land to allow the school to be built and land where the current housing was. By the end of 2015 / beginning of 2016 it would be possible to start the physical build of the new hospital, subject to a further application to define design, scale and massing. The full business case would be followed through with the Trust Board and Department of Health. The new hospital would open in Spring 2018.

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12. Professor Steve Powis (Medical Director, Royal Free Hospital) added the following points:

- Clinicians wanted to deliver the best clinical care in the world and they wanted to provide the best possible infrastructure and building to enable that.
- Chase Farm Hospital currently was not conducive to delivering that level of care. The widely dispersed site was not a good or efficient way to run a modern hospital. The buildings' inside layout could not deliver 21st Century care. The state of repair of the buildings was poor and a new build was required to deliver the best clinical care.
- The proposed hospital would have a huge positive impact on the level of care delivered and on the experience of people attending and working at the hospital.
- The services to be provided were those agreed in the BEH Clinical Strategy. The list of services included:
 - Inpatients
 - Outpatients
 - Elective surgery
 - PITU (planned investigation and treatment unit)
 - GP out of hours
 - OPAU (older persons assessment unit)
 - Theatres and recovery
 - HDU (high dependency unit) endoscopy, outpatients
 - Phlebotomy
 - Physiotherapy and MSK
 - Imaging
 - Day cases

13. Nic Allen (PM Devereux) set out the design proposals:

- Design was indicative at this stage.
- There had been pre-application discussions with planners since May 2014.
- A masterplan was proposed for integrated development with three components – modern healthcare facilities; 3 form entry primary school; and residential development including a significant proportion of family houses.
- The masterplan showed location of the healthcare facilities to the west of the site, the school to the east and housing through the middle.
- Access points from the Ridgeway and Hunters Way would be retained, with the Ridgeway access moved slightly.
- Existing bus routes would be retained and re-routed through the site, and would set down in front of the main hospital entrance.
- The main section of the new hospital would be north of the Highlands building and would allow patients, visitors and staff easy access from the multi-storey car park.
- As many as possible of the good trees on site would be preserved, and there would be a landscape strategy.
- All impacts of the development on the surrounding area had been considered, including views from the Green Belt into the site.

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14. Steve Davies (TTP Consulting – transport consultant) advised:
- A transport assessment report had been produced.
 - A trip generation assessment by all modes of transport was undertaken and the impacts modelled.
 - The existing hospital already generated traffic and post development the traffic would probably be less.
 - Examples of other primary schools and residential use survey database resources were used in the assessments, which were scoped with the Council and Transport for London.
 - The area was busy at peak times, but the proposals would make the situation no worse than it was now.
 - There would be travel plans for the hospital and the school to encourage sustainable methods of transport.
 - Car parking provision at the hospital would be reduced and restricted. There would be improved parking policies and enforcement.
 - There would be a new route into the hospital from the Ridgeway: one entrance that would be easy for people to find.
 - The residential development would have a large proportion of family houses, mainly two or three floors. The apartments would be up to five storeys. There would be a design code to control quality: the aim was an integrated site of the same quality.
15. Gary Barnes (representing LB Enfield's Education Department) provided information regarding the proposed new school:
- The Council had an agreed policy of local places for local pupils.
 - Need for school places had been identified in the Enfield Town area for two forms of entry by 2017 without taking account of this development. The residential development of this site would increase the demand by one further form of entry.
 - The timetable proposed was for temporary school provision from September 2015 and an aim to open the new school in September 2017, but it would be more likely to open in 2018.
 - Temporary buildings on Green Belt land were proposed to be used just while the new school was being built on the main site.
 - Access was proposed from Shooters Road, away from the main entrances to the hospital and housing. Two options would be set out for further consultation – one-way in, and out through two exits in the remainder of the site; or a prohibition order to restrict vehicles accessing Shooters Road.
 - A forceful school travel plan would be imposed, making it more attractive to walk than use vehicle transport.

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QUESTIONS BY PANEL MEMBERS

NOTED the following questions and observations from Members of the Panel.

1. Q. Why was the urgent care centre not included in the healthcare services listed?

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- A. It should have been included. The urgent care centre was an absolute commitment.
2. Q. Could the applicant consider possible 24 hour Accident and Emergency (A&E) provision?
A. The BEH Clinical Strategy was agreed and that was what the applicant was instructed on to implement. They were not in a position to open up that strategy. There was no Chase Farm A&E in that strategy so there was no intention to provide this in the application.
3. Q. Could assurance be given that there would be no disruption during the construction period to services provided by Chase Farm Hospital?
A. It was a key issue that during the building period all existing services would continue. Investment would be put into existing buildings. A decant and enabling plan would be put in place. The urgent care centre would move into one of the existing buildings on site. All services now provided at Chase Farm Hospital would continue to operate on the site.
4. Q. Highlands Wing was originally part of the proposals: could assurance be given that it would be part of the redevelopment?
A. Highlands Wing was originally proposed for use for Outpatients, but the cost of refurbishment was too close to the cost of new build to be considered economic. Highlands Wing would be retained as flexible space, to allow expansion, with a planning designation as healthcare use, and some form of restrictive covenant to ensure it was retained for healthcare. It would be used for expansion of Chase Farm Hospital if required.
5. Q. Has there been a transport assessment?
A. Yes, this has been submitted to the Local Planning Authority and is available on the Council website. If there is further work, it will be updated with the reserved matters application. (The Chair confirmed that all documents can be accessed on LB Enfield website <http://planningandbuildingcontrol.enfield.gov.uk/online-applications/> under the application reference 14/04574/OUT). It could also be accessed via the Royal Free London website. Paper copies were deposited at Enfield Civic Centre, Enfield Town Library, and Chase Farm Hospital. The consultation period would run until Thursday 15 January if people wanted to make comments. If they did not agree with information in the transport assessment they should make representation at this stage. It was a fundamental part of the outline application.
6. Q. A 3 form of entry school would impact on the area. Would there be drop off and pick up points or parents' parking within the school site?
A. A number of options were being considered, including a pick up and drop off point in the school grounds. Counter to that was a proposal that a prohibition order be obtained to restrict parents from going into the site by ensuring that only listed residents and cars would be able to access Shooters Road at restricted times. It was acknowledged that traffic management was an issue. There would be a need to consult local residents on all these proposals.

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7. Q. In view of traffic congestion at the moment in the Ridgeway and difficulties in exiting Ridge Crest, would it be possible to have a point of access from Hunters Way only?
- A. No, as Hunters Way would not have the necessary capacity. The main hospital access would move to the north to form a crossroads with Ridge Crest and there would be an area for turning cars so that they did not block the free flow of traffic. The traffic situation would be made no worse by the redevelopment.
8. Q. With reference to expansion space, what was the footprint of the Royal Free Hospital, for illustrative purposes?
- A. Royal Free Hospital was a multi-storey building with specialist facilities in an urban environment and very different. There was around 65,000m² floor space but it had a smaller footprint and was more concentrated.

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QUESTIONS BY WARD COUNCILLORS

NOTED the following question from Councillor Glynis Vince, Highlands Ward Councillor.

1. Q. On behalf of residents of Shooters Road, there were concerns about the proposals. The plans did not show the road properly. It was not a through road. Residents were concerned about parking and access. Mitigation measures around other schools in the past had not worked.
- A. Shooters Road was a dead end at the moment, but proposals were being worked up to open it up into the hospital site, and take vehicles out via the main site.

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OPEN SESSION - QUESTIONS AND VIEWS FROM THE FLOOR

NOTED the following questions and observations from attendees, grouped under subject headings:

1. Timescale

Q. The timescale for consultation was a cause for concern. There were 127 documents associated with this application. Could more time and / or more public meetings be arranged?

Further concerns were also raised that the proposals were being pushed through very quickly.

A. A speedy timescale was being pursued as there was a need to recover the loss-making position of Chase Farm Hospital to give it a sustainable future. The longer the hospital was loss making the more difficult this would be.

2. Finance

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Q. Proposals were dependent on financial viability, but the relevant documentation had not been made publicly available. No decision should be made until firm figures had been seen.

A. It was advised that a detailed financial viability assessment had been submitted to the Local Planning Authority, who would review it against planning policies, and would publish a redacted version online with all other documents relating to the application. Some of the information was commercially sensitive as it related to the residential development, and making public the assumptions of what the capital receipt might be would affect the commercial bids. The residential development was the key enabler to allow the development of the new hospital. The commercially sensitive information should be protected to allow the NHS to obtain the best value for the tax payer.

Q. Would all the monies made from the land sale go to Chase Farm Hospital or Royal Free London or elsewhere, or would Royal Free London be subsidising the redevelopment?

A. There was a commitment that all money raised from disposal of land will be re-invested back into the new hospital. None would be going to the Royal Free or Barnet Hospitals. This money would not cover the cost of building the hospital. Funding would be coming from three sources: sales receipt; contribution from Department of Health and Treasury; and from Royal Free London as part of the acquisition process. The total cost of the new hospital at the moment was over £120M.

Q. Attendees had ongoing concerns about approval of planning permission without full knowledge of how it would be costed. If the sale of land did not cover the full cost of the new hospital, the fear was that it would not be finished or fully provided. The Council had no control over clinical decisions.

A. Planning officers confirmed that the cost and how the redevelopment would be funded was not critical to the planning assessment, and an application could not be refused because of uncertainty on funding.

3. Hospital Facilities

Q. The hospital clearly needed major redevelopment, and local people would welcome the improvements, but what were the particular targets?

A. There would be a wide range of benefits. Infection control would improve for example as there were less hospital acquired infections in modern facilities

Q. There had been no mention of psychiatric units: were any plans in place?

A. Mental health was not within the care remit of the Royal Free London, being the responsibility of Enfield, Barnet and Haringey Mental Health Trust, which was a different Trust, but there had been liaison about the proposals.

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Q. Hospital experience was a lot to do with staff. Nurses at Chase Farm Hospital were disaffected. Would the plans help maintain and improve nursing care when things were so chaotic?

A. The environment at the moment did not allow staff to deliver the healthcare they wanted. The current facilities were poor. At night isolated parts of the hospital were quite scary. This development would improve recruitment and retention of nursing staff.

Q. Royal Free London was thanked for the positive news and commitment to delivering redevelopment in a timely fashion. An explanation was requested of the 70% spare capacity, whether future expansion would be restricted to the main building, and what the lifespan of Highlands Wing would be once renovated?

A. The building internally was designed to be adaptable. For example, the number of theatres currently proposed was eight, but the design made provision for an additional two if needed, close to existing theatres and recovery. The design would enable the hospital to expand further if this should be needed in the future. There would be land around and immediately adjacent. Enfield CCG (Clinical Commissioning Group) had advised they required 800m² ringfenced to allow them to consider potentially putting a GP service on site. Highlands Wing added 4,600m² of space. It was not included as part of the new hospital immediately because it did not readily convert, but should be stripped to the core to start again. A minimum 50 year life was the aim for new buildings.

Q. How flexible could the new hospital really be?

A. This adaptable building would give flexibility for changes in 5, 10, 15 or 20 years' time. The pipework, walls, etc were all designed for flexibility. Extensions would be able to be added on and changes made to the internal layout. This would allow changes to occur to expand the clinical services. There would be large floor plates and a wide frame structure that allowed the interior to be changed. Ceilings would be high. There would be a high proportion of single bedded rooms.

Q. Will the visual appearance of Highlands Wing and the car park be enhanced?

A. Neither would change dramatically in appearance, but would stay principally as they were. The entrance to the hospital would be slightly to one side and the views would be of the new hospital.

Q. Would any facilities to be added to what was provided at Chase Farm Hospital?

A. That was a healthcare related issue. The NHS Trust had a duty separate from planning to provide services at the site.

Q. The proposal was a vast improvement on the last version put before Committee in 2006. The positive aspirational promises had been heard tonight and that all monies from the land sale would be ringfenced to the new hospital, but any money would legally go to Royal Free London NHS Trust and it was then up that Trust how it was spent. The assurances

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given were welcome, but a more robust and legally binding agreement should be shown.

A. It had been made clear in a number of public arenas, in the press and by the Trust Chief Executive and Chairman that all proceeds from land sales would go into the new hospital at Chase Farm. The monies would go to Royal Free London NHS Trust, but Chase Farm Hospital was now part of that Trust. The money would be invested straight back into the new hospital building. All the receipt money would be needed; without it there would not be enough money to cover the build.

Q. The application was incredibly 'woolly'. The proposals stated 'up to 32,000m²' of replacement hospital facilities, but attendees would like that clarified in a legally binding manner. The proposal would provide hospital facilities broadly comparable with current ones, but that was not good enough. There was a lot of history to this hospital and past disappointments should not be repeated.

A. 'Up to 32,000m²' was the planning way of defining the application. A maximum had to be specified in the application to the Local Planning Authority. No decrease in the amount of services was implied. Royal Free London had an obligation around healthcare services to be provided. The minimum floorspace required to deliver the BEH Clinical Strategy was 25,000m².

Q. The A&E facility at Chase Farm Hospital had gone. The news media showed problems and queues at hospitals across the country. Could this proposal help this situation?

A. The healthcare issues and pressures around accident and emergency provision were multi-factored. However, a more efficient hospital helped to relieve pressure on accident and emergency services by improving the flow through of patients and treatment as outpatients whenever possible.

4. Access, Parking and Traffic

Q. There were concerns that having main access for hospital users and residents from the Ridgeway was not ideal. Residents feared traffic gridlock, especially when there were closures of the M25.

A. The access from the Ridgeway would improve. It was accepted the road was busy. The proposal was to create a reservoir in the middle of the road to allow traffic to turn into the hospital without blocking the road. The Hunters Way access was likely to be used by more residents. The implications for junctions had been modelled on computer software. The improvements proposed would create a nil detriment situation. The traffic would not be noticeably worse.

Q. A reduction in parking spaces at Chase Farm Hospital was concerning. It was difficult to use public transport with someone who was ill. Would there be thought given to patients coming by car?

A. The proposals would only reduce parking slightly, to encourage people not to use cars. But there would be patient drop off areas, and wardens would not ticket without due consideration.

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Q. Travel plans to encourage walking to the hospital and to the school, and the statement that traffic flow would be improved on the Ridgeway seemed at odds. Would there be crossing points or measures to slow the traffic?

A. Pedestrians would have to walk across the hospital junction as they did now, but there was likely to be traffic calming such as a raised table. There was an existing footway.

Q. Ridge Crest residents relied on the current road set up to be able to exit onto the Ridgeway. If the entrance was moved and a crossroads formed, they would not be able to get out of Ridge Crest. The traffic assessment seemed to have been done over a very short period, and parking assessment done in one day, and the results were misleading. Trying to pull out of Ridge Crest at 8:00am was very difficult. The reduced number of parking spaces at Chase Farm Hospital would also cause displacement of more cars parking in Ridge Crest and from an earlier hour of the morning.

A. This busy junction was acknowledged. The proposals would generally improve the flow of traffic. It was accepted that vehicles exiting Ridge Crest may have to wait a little longer to get out. They could however leave by Hadley Road. It was noted that the Ridgeway was a strategic road. The initial junction proposal had been for a roundabout, but that did not work as well as a priority junction would.

The Chair advised that the Council's Traffic and Transportation officers would be looking at the calculations and making an independent assessment of the validity of the assumptions.

Q. Residents of Shooters Road and Comreddy Close had concerns about the negative impacts of the proposed access. Traffic would be chaotic on this narrow road. The proposal did not make sense, and it did not appear that the applicant understood what it was like there now?

A. Shooters Road currently had a one hour CPZ in the middle of the day to stop commuter parking from Gordon Hill Station. Any changes to the CPZ would be consulted on with the residents. The residents would not be restricted from their road, and they would be able to apply for permits for visitors. Widening would be required for an access road. An informal crossing point in Shooters Road for school users was envisaged.

Q. Could an indication be given of which roads and blocks would be fixed by the outline application?

A. The outline application covered access points, so these would be fixed. It would be expected when a residential developer came forward they might seek amendment to the indicative road layout.

5. School

Q. Who would operate the school: would it be a faith school, free school, or Local Authority run?

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A. It was proposed that a Local Authority run school would be provided by expansion of one of the borough's high performing schools.

6. Housing

Q. The need for affordable housing was raised. The need to get value out of the receipt was acknowledged, but the tenures were questioned.

A. In this case, all the money from the housing development would be used to fund the new hospital, so there was no profit. However, the Trust recognised that as a public body it had social responsibility, and wanted to provide affordable housing, and was proposing 14% affordable housing provision across the site.

Q. In respect of the housing, it would be the developer who bought the land who would make the firm plans and these were likely to be very different to the indicative plans shown. There were concerns that a real developer would ask for more housing on the site.

A. It was confirmed that plans in the outline application were indicative. The actual development could be different in appearance, but this outline application would fix the upper limit on numbers and height of dwellings. The planning statement showed the mix of dwellings of two to four-bed houses and also flats, with larger blocks towards the centre of the site. This would not become an executive-style type development, but would be typical family dwellings. Market demand had been considered. The outline application was for up to 500 dwellings. If a developer wanted to build more, that would have impacts and they would have to make a further planning application for a change in the number of dwellings, and may need to make a S106 contribution.

Plans showed an indicative layout to show how the amount of development could be fitted in, but the layout was not fixed. The number of dwellings could go down if the developer considered that family homes with bigger gardens would sell better.

Q. A close neighbouring resident wished to object that if the hospital entrance was moved they would lose the clock tower from view, and that there would be a detrimental impact from proposed 16m high four bed houses.

A. Housing proposals were worked up through a series of meetings with Council officers, with a view to protecting existing residents' amenities and appropriate separation distances between dwellings, etc. Residential dwellings were usually around 3m per storey high. Upper limits were specified in the outline application, but this did not mean that all development would be built up to those limits. An uppermost height of 16m applied generally for the principle of development, together with an upper ceiling of 500 residences. A developer could apply for a variation, but there was a need to protect people's amenity and the application set appropriate upper limits in areas of the site. Representatives would be happy to talk to residents individually after the meeting.

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Q. Along with the housing, were any commercial or shop units proposed? There were no local shopping facilities at the moment and traffic would be worse if residents had to drive elsewhere.

A. The main hospital would include an ancillary convenience store, such as Sainsburys Local or M&S Simply Food. The hospital would also be a community facility. As well as the convenience store, it would have a café and a pharmacy accessible to residents as well as to hospital patients and visitors.

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CLOSE OF MEETING

NOTED the closing points, including:

1. The Chair thanked everyone for attending and contributing to the meeting. He felt it had been constructive and respectful and would be of great assistance in evaluating the application.
2. Notes taken at this meeting would be appended to the Planning Officers' report to be considered by the Planning Committee when the application was presented for decision. It was intended to present this application to Planning Committee on Tuesday 24 February 2015.
3. There was a deputation procedure whereby involved parties could request to address the Planning Committee meeting (details on the Council website or via the Planning Committee Secretary 020 8379 4093 / 4091 jane.creer@enfield.gov.uk or metin.halil@enfield.gov.uk and residents could also ask ward councillors to speak on their behalf.
4. Full details of the application were available to view and download from the Council's website www.enfield.gov.uk (Application Ref: 14/04574/OUT).
5. The consultation period had been extended as advised and would now end on Thursday 15 January 2015.