

14 May 2019

**Our Reference**

Royal Victoria Hospital Site, Shelley Road

Mr M. Axford  
Planning Policy Team  
Bournemouth Borough Council  
Town Hall Annexe  
St Stephen's Road Bournemouth  
BH2 6EA

**Boscombe and Pokesdown Neighbourhood Development Plan Examination - Representation by AECOM on behalf of the Dorset Healthcare University NHS Foundation Trust**

Dear Mr Axford,

I am writing on behalf of the Dorset Healthcare University NHS Foundation Trust in connection with the on-going examination of the Boscombe and Pokesdown Neighbourhood Development Plan. AECOM is acting for Homes England on the Royal Victoria Hospital Site, Shelley Road, to provide Technical Due Diligence services in respect of potential public sector land acquisition. The comments provided in this representation relate to site allocation draft policy BAP10, SA4 included in the Regulation 16 draft of the Boscombe and Pokesdown Neighbourhood Development Plan that should be considered in respect of future development on the site. We would ask that this representation is forwarded to the appointed Independent Examiner at the earliest opportunity for their consideration.

Homes England replaced the Homes and Communities Agency (HCA) in January 2018. It is an executive non-departmental public body, sponsored by the Ministry of Housing, Communities and Local Government. Homes England brings together land, funding, expertise, and planning and compulsory purchase powers, with a clear remit to facilitate delivery of sufficient new homes, where they are most needed, to deliver a sustained improvement in affordability.

Homes England owns public land, which is sold to house builders and others through forms of legal agreement that typically retain controls over the form of development and the pace at which it is constructed. Through its Affordable Homes Programme, Homes England also funds new rented homes and opportunities for lower cost home ownership.

## **1. BAP1 The scale and density of development**

Draft Policy BAP1 is not positively worded, as drafted it is also unclear and could be made less ambiguous; for example, it is not clear how or why the retention of buildings would avoid exacerbating pressure on existing services. The set of criteria listed in the bullet points could have the effect of preventing and discouraging appropriate innovation and change; directly conflicting with paragraph 127 of the National Planning Policy Framework (NPPF) (2019).

It is not clear what draft Policy BAP1 would add to the existing planning policies, over and above what is required by existing national and local planning policy.

## **2. BAP2 Good design for the 21<sup>st</sup> Century**

Draft Policy BAP2 requires all development to incorporate high standards of design; this is an appropriate policy objective. However, the first criterion requires development proposals to “retain, preserve or enhance ‘Proposed Locally Listed Buildings’”.

The NHS Hospital, 11 Shelley Rd (which is within SA4), is identified on the Policies Map as a ‘Proposed Locally Listed Building’. This building is not, currently, a designated heritage asset. It is not included within the LPAs

current Local List and there is no indication from the LPA as to whether or when they intend on revisiting their Local List and, ultimately, whether this building would indeed be included.

This criterion is overly prescriptive, disproportionate and unjustified. It would be more appropriate for the draft policy to support the preservation and enhancement of non-designated heritage assets.

### 3. BAP6 The number and type of new homes

Draft Policy BAP6 contains a housing target for the construction of 123 – 183 dwellings per annum. The method for calculating this, based on advice from Bournemouth Borough Council, is to take overall borough wide targets and to apply a proportionate quota – 12.5% - to the Neighbourhood Development Plan Area. This is not considered sound. Two thirds of the Neighbourhood Development Plan Area is situated in an area of urban intensification where a greater level of development is to be expected. Applying a geographic calculation to achieve a housing target is too simplistic.

Whilst providing a mix of dwelling sizes across the Neighbourhood Development Plan Area is an appropriate policy objective, the mix required should be based on evidence. It appears that the mix suggested by draft Policy BAP6 for developments of 10 or more units is based on Table 49 of the SHMA – the columns relevant to market housing (1-bed: 9.8%, 2-bed: 42.6%, 3-bed 36.1% and 4-bed+ 11.4%) which have been translated into the following mix: 1-bed: 10%, 2-bed: 40% and 3-bed+ 50%. However, Table 52 of the SHMA sets out an appropriate mix of affordable and market homes and the percentage split of market homes is different to that included within draft Policy BAP6 (1-bed: same, 2-bed: SHMA says 45%, draft BAP6 says 40%, 3-bed+: SHMA says 45%, draft BAP6 says: 50%).

**Table 52: Recommended Affordable Housing Mix**

|                      | 1-bed  | 2-bed  | 3-bed  | 4+ bed |
|----------------------|--------|--------|--------|--------|
| <b>Market</b>        | 10%    | 45%    | 35%    | 10%    |
| <b>Affordable</b>    | 35-40% | 30-35% | 20-25% | 5-10%  |
| <b>All dwellings</b> | 20%    | 40%    | 30%    | 10%    |

Draft Policy BAP6 is also poorly written and ambiguous. It directly conflicts with paragraph 16 of the NPPF (2019) and, therefore, also fails to meet Condition A of the Basic Conditions as set out in paragraph 8(2) of Schedule 4B to the Town and Country Planning Act 1990 and applied to neighbourhood plans by section 38A of the Planning and Compulsory Purchase Act 2004.

It should be made clear that the housing figures stated in Policy BAP6 relates to the delivery of market housing only and that affordable housing will be delivered in addition to these figures – in accordance with the Core Strategy requirements. It should be made clear whether the housing mix stated apply to all development proposals for one or more units of housing rather than only developments which involve the conversion and extension of existing buildings as it currently reads. But also, that the mix included relates to the market housing aspect of the proposal and not the affordable housing element (if there is any). Finally, it would be preferable if the draft Policy was amended to allow for evidence-based variation/flexibility of the suggested mix to allow for site specific characteristics and constraints and to ensure development can comply with paragraphs 122 and 123 of the NPPF (2019).

### 4. BAP7 The quality of new homes

Draft Policy BAP7 seeks to implement the Nationally Prescribed Space Standards as published by MHCLG in March 2015. Bournemouth Borough Council have not adopted the Nationally Prescribed Space Standards.

It is unreasonable to apply space standards to the conversion of existing buildings, as the internal configuration may prohibit the minimum space standard being achieved for the size of unit being planned.

## 5. BAP10 Site allocations

Draft Policy BAP10 seeks to deliver homes within the Neighbourhood Development Plan Area whilst protecting the character and appearance of the area. It includes four site allocations, including SA4: Royal Victoria Hospital.

Site SA4 is a large site, comprising of previously developed land, located close to bus routes and transport corridors. It is ideally placed to deliver a significant enhancement to the Neighbourhood Development Plan Area through its redevelopment.

We welcome the inclusion of the Royal Victoria Hospital (Shelley Road Clinic Site) as a residential allocation with the Neighbourhood Development Plan. However, we do have some comments on the wording of the policy as drafted, particularly where it places unnecessary restrictions upon the development which may be achieved on the site.

The NPPF (2019) places great emphasis upon making effective use of land. Paragraph 122 states that both policies and decisions should support development that makes efficient use of land with considerations including meeting identified needs, local market conditions and viability, infrastructure capacity, character and the importance of securing well designed places. Paragraph 123 goes on to state that where there is an existing or anticipated shortage of land for meeting identified housing needs, it is especially important that planning policies and decisions avoid homes being built at low densities and that the optimal use of each site's potential is made.

Draft Policy SA4 sets out that should the site become available, it has been identified as a suitable location for mixed-use development comprising Use Class D2 (Assembly and leisure) uses, as defined within The Town and Country Planning (Use Classes) Order 1987 (as amended). It explicitly states healthcare facilities (which fall within Use Class D1 not Use Class D2), community facilities, a creative hub and a sports/recreation facility. The draft Policy goes on to state that the following development will be allowed:

- Retention and/or conversion of the main hospital building for a mix of residential and community purposes
- New development of the remaining area of the site to deliver up to 20 dwellings if needed
- Enhancing biodiversity by provision of bat and bird boxes and linking the adjacent public open space/former graveyard to the rest of the site
- Reinforcing the permeability of the site by improvements to existing footpath links through the site
- Preserve and enhance the heritage assets of the site including the main hospital building and the Grade II listed water tower

The Planning Practice Guidance (PPG) (paragraph: 005 Reference ID: 41-005-20140306) sets out that *“if the policies and proposals are to be implemented as the community intended a neighbourhood plan needs to be deliverable.”* With respect to sites for housing, Annex 2 of the NPPF (2019) defines deliverable as sites which are suitable, available and achievable within the first five years of the Plan period.

The PPG (paragraph: 020 Reference ID: 3-020-20140306) explains that *“a site is considered available for development, when, on the best information available (confirmed by the call for sites and information from land owners and legal searches where appropriate), there is confidence that there are no legal or ownership problems, such as unresolved multiple ownerships, ransom strips tenancies or operational requirements of landowners. This will often mean that the land is controlled by a developer or landowner who has expressed an intention to develop, or the landowner has expressed an intention to sell... where potential problems have been identified, then an assessment will need to be made as to how and when they can realistically be overcome. Consideration should also be given to the delivery record of the developers or landowners putting forward sites, and whether the planning background of a site shows a history of unimplemented permissions.”*

The draft Policy states, “should the site become available it has been identified as suitable for mixed-use development”. It should be recognised that the landowner has not been involved with the development of this policy, and the community uses (Use Class D2) alluded may not be deliverable. Furthermore, their inclusion does not appear to be evidence based, with respect to demand or viability. Therefore, as worded, the policy may preclude the site from being redeveloped, contrary to the NPPF (2019) paragraph 122 and 123.

As highlighted the draft Policy refers to mixed-use development and the first set of bullet points include a range of services/facilities that would fall within Use Class D1 (non-residential institutions – healthcare facilities) and D2 (Assembly and Leisure – community facilities, sport/recreation facilities (and presumably the creative hub

although it is not clear how this would be realised)). Residential development (Use Class C3) has been omitted from the first set of bullet points but included within the second set of bullet points. To avoid ambiguity, it is suggested that residential development (Use Class C3) is included within the first set of bullet points; then the first set of bullet points would clearly relate to acceptable development uses on the site and the second set would set out design considerations.

In terms of the second set of bullet points, please see the comments below:

- The first bullet is overly prescriptive. It is not yet known whether the main hospital building is suitable for conversion and whether doing so is financially viable. It would be preferable if this criterion were revised to read: "The retention and conversion of the main hospital building for residential and community purposes is supported where it is demonstrated to be suitable for doing so and financially viable".
- The second bullet sets out a maximum number of dwellings that could be delivered across the remainder of the site – if they are needed. Firstly, setting a maximum number of units is not planning positively to meet identified needs in the spirit of the NPPF and is not considered to be appropriate for inclusion within the site allocation policy. Secondly, it is not clear what is meant by "if needed". The recently published Housing Need for Bournemouth clearly identifies a significant need for housing in Bournemouth (double what the Core Strategy is planning for). This also demonstrates the inappropriateness of including a maximum number of units for the site. It would be preferable if this criterion were revised to read: "The erection of new dwellings across the remainder of the site will be supported where the quantum proposed meets identified needs and responds positively to the local context of the site."
- The third and fourth bullet points are considered to represent appropriate design considerations/requirements but, when read with the sentence leading to the set of bullet points, do not make sense. Biodiversity measures and pedestrian links are not development that can be allowed but rather represent design considerations/requirement. Linking with the point previously made about the structure of the policy generally, it would be preferable if the second set of bullets was set out as design requirements for emerging development proposals to comply with for example: Development on the site shall, where possible, seek to retain and convert the existing hospital building, include measures to improve biodiversity (i.e. bird and bat boxes) and improve pedestrian links to, from and within the site.
- The fifth bullet point should be clarified. The Water Tower, Grade II listed, is outside of the site. It would be appropriate for any development within the site to consider, and where possible, enhance the setting of this designated heritage asset but it would be unreasonable to expect a developer to preserve or enhance the asset itself. With respect to the hospital building, as previously highlighted, it is not yet known whether it is suitable for conversion and whether converting it is viable. It is not a designated heritage asset, it is not included within the LPAs Local List and there is no indication from the LPA as to whether or when they intend on revisiting their Local List and ultimately whether this building would indeed be included. This bullet point, as drafted, is overly prescriptive.

## 6. Summary

In summary, the allocation of the Royal Victoria Hospital Site, Shelley Road for residential development is supported. The need for non-residential uses (Use Class C3) is not currently supported by evidence. In the absence of such evidence, this should be an aspiration of the draft policy rather than a stipulation.

More generally, the draft Policies should be amended so that they are clear and unambiguous and retain an appropriate level of flexibility to comply with the Basic Conditions.

Thank you again for taking the time to consider this representation.

Yours sincerely,



Emily Pugh  
Senior Planner  
AECOM Limited

