



# Report to the Secretary of State for Communities and Local Government

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Town and Country Planning Act 1990

**ENFIELD LONDON BOROUGH COUNCIL**

**Appeal**

by

**THE BARNET AND CHASE FARM HOSPITAL**

**NHS TRUST**

Inquiry held on 11-13 September 2007 and 22-25 January 2008  
*Site visit undertaken on 6 February 2008*

Chase Farm Hospital (Trust HQ site), The Ridgeway, Enfield, Middlesex, EN2 8JR

File Reference: APP/Q5300/A/07/2043798/NWF

# CONTENTS

<b>1. PROCEDURAL MATTERS .....</b>	<b>1</b>
THE ADJOURNMENT .....	2
THE NEED FOR EIA .....	3
THE MAYOR OF LONDON.....	4
<b>2. THE SITE AND THE SURROUNDINGS.....</b>	<b>5</b>
<i>The site</i> .....	5
<i>The hospital campus</i> .....	6
<i>The surroundings</i> .....	8
<i>Pedestrians and public transport</i> .....	9
<i>Roads and traffic</i> .....	9
<i>Getting to Barnet Hospital</i> .....	9
<b>3. THE PROPOSAL.....</b>	<b>11</b>
<i>General design concept, access and parking</i> .....	11
<i>The housing for key-workers</i> .....	12
<i>Junction improvements</i> .....	13
<i>Conditions and the undertaking</i> .....	13
<b>4. HIGHWAYS AND TRAFFIC.....</b>	<b>15</b>
<i>Background</i> .....	15
<i>The basis for the highway works</i> .....	15
<i>Clarifications</i> .....	16
<b>CASES FOR THOSE IN FAVOUR OF THE SCHEME.....</b>	<b>18</b>
<b>5. THE CASE FOR THE APPELLANTS.....</b>	<b>18</b>
PLANNING POLICY AND NHS SURPLUS LAND.....	18
THE NEED FOR KEY-WORKER HOUSING AND NHS SURPLUS LAND .....	21
<i>The need for key-worker housing</i> .....	21
<i>The policy requirement for key-worker housing</i> .....	22
THE PROVISION AT CHASE FARM AND NHS SURPLUS LAND .....	23
THE HEALTH CARE PROVISION IN ENFIELD AND NHS SURPLUS LAND.....	26
THE KEY-WORKER SCHEME AND NHS SURPLUS LAND .....	27
<b>CASES FOR THOSE OPPOSED TO THE APPLICATION.....</b>	<b>30</b>
<b>6. THE CASE FOR ENFIELD LONDON BOROUGH COUNCIL.....</b>	<b>30</b>
PLANNING POLICY AND NHS SURPLUS LAND.....	30
THE NEED FOR KEY-WORKER HOUSING AND NHS SURPLUS LAND .....	31
<i>The need for key-worker housing</i> .....	31
<i>The policy requirement for key-worker housing</i> .....	32
THE PROVISION AT CHASE FARM AND NHS SURPLUS LAND .....	33
THE HEALTH CARE PROVISION IN ENFIELD AND NHS SURPLUS LAND.....	35
THE KEY-WORKER SCHEME AND NHS SURPLUS LAND .....	36
<i>Density</i> .....	36
<i>Height and scale</i> .....	37
<i>Amenity</i> .....	37
<b>7. THE CASE FOR THE SAVE CHASE FARM GROUP.....</b>	<b>39</b>
PLANNING POLICY AND NHS SURPLUS LAND.....	39
THE NEED FOR KEY-WORKER HOUSING AND NHS SURPLUS LAND .....	39
THE PROVISION AT CHASE FARM AND NHS SURPLUS LAND .....	39

THE HEALTH CARE PROVISION IN ENFIELD AND NHS SURPLUS LAND.....	40
THE KEY-WORKER SCHEME AND NHS SURPLUS LAND.....	41
<b>8. THE CASES FOR OTHER ORGANISATIONS AND INDIVIDUALS.....</b>	<b>43</b>
THE FEDERATION OF ENFIELD RESIDENTS AND ALLIED ASSOCIATIONS & THE FEDERATION OF ENFIELD COMMUNITY ASSOCIATIONS.....	43
THE ENFIELD SOCIETY.....	43
<i>Planning policy</i> .....	43
<i>The need for key worker housing</i> .....	44
<i>The health care provision at Chase Farm and in Enfield</i> .....	44
<i>The key-worker scheme</i> .....	45
BUSH HILL PARK CONSERVATION AREA & CONSERVATION AREA ADVISORY GROUP .....	46
<i>Planning policy</i> .....	46
<i>The need for key worker housing</i> .....	46
<i>The health care provision at Chase Farm and in Enfield</i> .....	46
<i>The key-worker scheme</i> .....	46
CHALK LANE AREA RESIDENTS ASSOCIATION .....	46
OTHER REPRESENTATIONS MADE AT THE INQUIRY .....	47
<b>9. WRITTEN REPRESENTATIONS.....</b>	<b>48</b>
IN RESPECT OF THE APPEAL .....	48
IN RESPECT OF THE APPLICATION .....	48
<b>10. CONCLUSIONS .....</b>	<b>50</b>
PLANNING POLICY AND NHS SURPLUS LAND.....	50
<i>An acceptable land use</i> .....	50
<i>An appropriate use of a scarce resource</i> .....	51
THE NEED FOR KEY-WORKER HOUSING AND NHS SURPLUS LAND .....	53
<i>The need for key-worker housing</i> .....	53
<i>The policy requirement for key-worker housing</i> .....	54
THE PROVISION AT CHASE FARM AND NHS SURPLUS LAND .....	54
THE HEALTH CARE PROVISION IN ENFIELD AND NHS SURPLUS LAND.....	56
THE KEY-WORKER SCHEME AND NHS SURPLUS LAND .....	57
OVERALL CONCLUSION .....	58
THE REASONS FOR RECOVERY .....	59
CONDITIONS AND THE AGREEMENTS.....	59
<b>11. RECOMMENDATIONS.....</b>	<b>60</b>
<b>APPEARANCES.....</b>	<b>61</b>
<b>DOCUMENTS .....</b>	<b>63</b>
<b>INQUIRY DOCUMENTS.....</b>	<b>66</b>
<b>CORE DOCUMENTS.....</b>	<b>67</b>
<b>PLANS.....</b>	<b>68</b>
ANNEX 1: SUGGESTED CONDITIONS.....	69

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**File Ref: APP/Q5300/A/07/2043798/NWF**

**Chase Farm Hospital (Trust HQ site), The Ridgeway, Enfield, Middlesex, EN2 8JR**

- This appeal is made under section 78 of the Town and Country Planning Act 1990 against a refusal to grant planning permission.
- The application is by the Barnet and Chase Farm Hospital NHS Trust to the Enfield London Borough Council.
- The application (ref: TP/06/0789 and dated 26 April 2006) was refused by notice on 30 November 2006.
- The development proposed is submitted in outline, although the siting of the buildings and the access arrangements are not reserved for subsequent approval. It is described as:
  - 'residential development comprising 87 2-bed flats, 46 no. 3-bed houses, 31 4-bed houses (private sale) and 24 1-bed key-worker flats, 65 2-bed key-worker flats and 23 3-bed key-worker flats'.

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**Summary of Recommendation: ~ That the appeal be dismissed.**

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**1. Procedural Matters**

- 1.1 I held an inquiry on 11-13 September 2007 and 22-25 January 2008 at the Civic Centre, Silver Street, Enfield into an appeal made by the Barnet and Chase Farm Hospital NHS Trust under section 78 of the Town and Country Planning Act 1990. The appeal is against the refusal of Enfield London Borough Council to grant outline planning permission, though the siting of the buildings and the access arrangements are not reserved for subsequent approval<sup>1</sup>. The application relates to a site of 3.95ha at Chase Farm Hospital, and the development proposed now involves:
- The demolition of the existing buildings and the construction of 279 dwellings, 115 for key-workers and 164 for sale on the open market. Parking is to be provided and highway improvements are proposed to the junction of Hunters Way and Lavender Hill.
- 1.2 During the Inquiry, and in response to my suggestion over the adjournment<sup>2</sup>, the appellant agreed that the detailed layout for the market housing on the site to the west of Hunters Way could usefully be reserved by condition, albeit that the number of dwellings envisaged should remain as proposed. This approach was accepted by all parties. Hence, I treat the layout plan as only illustrating one possible scheme in relation to the market housing on the western part of the site. The layout of the housing for key-workers on the eastern part of the site remains to be considered now.
- 1.3 Appropriate conditions are suggested, largely to ensure that the proposal would be implemented as intended<sup>3</sup>. The scheme is also subject a section 106 Undertaking offering £312900 for education purposes setting out requirements relating to the letting and management of the key-worker housing<sup>4</sup>.
- 1.4 The appeal was recovered for determination by the Secretary of State by a direction made on 8 May 2007. The reason for the direction was that the appeal:
- raises policy issues relating to residential development involving more than 150 dwellings which might significantly affect the Government's objective to secure a better balance between housing demand and supply and to create high quality sustainable mixed communities.*

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<sup>1</sup> CD/1, CD/2 and CD/17

<sup>2</sup> Document 37

<sup>3</sup> See ID4

<sup>4</sup> ID19

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1.5 The reasons for refusal are set out below<sup>1</sup>:

1. The application site comprises part of a large area of land occupied by Chase Farm Hospital. In the absence of a comprehensive strategy in respect of future development and land requirements of the hospital there is insufficient certainty to establish the overall impact of future development of the hospital site as a whole on the area having regard to Policy (II) GD10 of the UDP and the principles set out in PPS1 – Delivering Sustainable Development.
2. The proposed key worker housing layout includes blocks of flats which would be of excessive height and scale having regard to the character of the area and their siting in relation to adjoining residential properties. The proposal would not have appropriate regard to its surroundings and detract from the amenities of adjoining occupiers contrary to Policies (I) GD1, (I) GD2 and (II) GD3 of the UDP.
3. An excessive density of development is proposed in the key worker housing layout having regard to the character and form of surrounding development and Policy (II) H7 of the UDP and Policy 4B.3 of the London Plan.

*The adjournment*

1.6 The Inquiry was adjourned after 3 days on Thursday 13 September 2007 because, as explained in the letter of 21 September 2007<sup>2</sup>:

- the submitted evidence could not be completed in the time allocated, and
- further information was considered necessary to adequately indicate the basis on which land at Chase Farm Hospital might be deemed 'surplus to requirements' and released for non-health-care purposes.

1.7 The justification for the latter was embedded in operative or statutory planning policy (as set out in the saved UDP policies and the London Plan). The policy framework requires land to be made available to meet the health-care needs of the community in consultation with the NHS. Clearly, although it is for the Secretary of State for Health to decide how best to meet the health-care needs of the community (albeit having regard to appropriate consultation), the extent and location of the land on which to accommodate the necessary buildings and services is well within the purview of the local planning authority and, for that matter, the Secretary of State for Communities and Local Government. Hence, if land at Chase Farm Hospital is deemed to be 'surplus to requirements', it is necessary for the relevant planning authority to know on what basis that decision has been made (including any related 'vision' envisaged by the providers of health-care) in order to ensure that an appropriate distribution of sufficient land can be made available to accommodate the provision of health-care services required.

1.8 At the time of the adjournment the options designed to meet the health care needs of the community were still subject to public consultation, then due to continue for another month into the middle of October<sup>3</sup>. The hope was that some preference for the various options would have begun to emerge at a reasonably strategic level. In the event the Boards of the Enfield, Barnet and Haringey Primary Care Trusts decided (on 11 December 2007 and on the recommendation of the Clinical Strategy Project Board) to adopt what has become known as Option 1<sup>4</sup>. Essentially that would involve a scaling down of the operations undertaken at Chase Farm Hospital and a concentration of elective surgery, paediatric and 24 hour emergency care at Barnet, albeit with paediatric and elderly persons assessment units at Chase Farm<sup>5</sup>.

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<sup>1</sup> CD17

<sup>2</sup> Document 37

<sup>3</sup> Document 25, for example

<sup>4</sup> ID27

<sup>5</sup> Documents 7 and 25.9,

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- 1.9 That decision is not accepted by many in the community and it remains subject to scrutiny (by the Independent Scrutiny Panel) and to a possible legal challenge<sup>1</sup>. However, for the purposes of this report, I intend to treat it as providing the main context in which to test whether the appeal site at Chase Farm Hospital could reasonably be regarded as 'surplus to requirements' and released for non-health-care purposes. I shall apply that test on 2 levels:
- Is the appeal site 'surplus to requirements' in relation to the role envisaged under Option 1 at Chase Farm by the Hospital NHS Trust?
  - Is the appeal site 'surplus to requirements' in relation to the provision of health care services in Enfield as envisaged under the emerging proposals to re-organise the NHS in London or as currently indicated by the Enfield PCT, ie with the provision of 3 polyclinics in the Borough.
- 1.10 In addition to the need to address the basis for the appeal site being deemed 'surplus to requirements', information was also requested over the adjournment relating to<sup>2</sup>:
- The basis for the estimation of the number and distribution (in terms of size and type) of key-worker dwellings now required at Chase Farm Hospital.
  - A history of the development and decay evident on the appeal site.
  - A cogent demonstration that the proposals would meet the requirements of policy 3A.8 of the London Plan, which insists that the 'maximum reasonable amount of affordable housing' is provided in connection with residential schemes.
  - An explanation of certain aspects relating to the traffic modelling.
  - The status of building No.36 (owned by Enfield PCT and used for occupational therapy), which 'encroaches' into the appeal site.
- 1.11 All those matters are now addressed in supplementary or additional proofs of evidence.
- 1.12 It was also suggested that it might not be necessary to seek detailed approval for the layout of the private market dwellings at this stage. I considered that the potential issues likely to emerge would be amenable either to detailed alterations or to the imposition of suitable conditions. The Inquiry has proceeded on that basis.

### ***The need for EIA***

- 1.13 The Secretary of State indicated in her Screening Direction (dated 21 May 2007) that the development does not warrant the submission of an Environmental Statement<sup>3</sup>. Although the proposal falls within the descriptions set out in Schedule 2 and exceeds the thresholds in column 2, it is considered unlikely to have any significant effect on the environment, given the guidance set out in Schedule 3 to the Regulations and the fact that the site is 'previously developed land'.

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<sup>1</sup> Documents 26, 26.5, ID21 and ID25

<sup>2</sup> Document 37

<sup>3</sup> On file

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## *The Mayor of London*

- 1.14 The application is not the subject of a direction from the Mayor of London under the powers contained in the Town and Country Planning (Mayor of London) Order 2000. The local planning authority confirm that the proposal does not constitute 'an application of potential strategic importance'<sup>1</sup>.

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<sup>1</sup> Questionnaire Q.22a and document 20

## 2. The Site and the Surroundings

### The site

- 2.1 The appeal site extends to some 3.95ha<sup>1</sup>. It is divided by Hunters Way, a private access road connecting Lavender Hill to the main service road around a campus of hospital and other health care buildings sprawling across land to the north. The western part of the appeal site is a largely flat rectangular plot of about 2.83ha. Apparently strewn across a roadside area (although actually laid out in 2 rigid rows) are 7 utilitarian blocks of 2-storey buildings set down amidst an area of unenclosed grass; that bleak setting is somehow emphasised by the trees along the road frontage<sup>2</sup>. The blocks were 'designed' in the late 1950s to accommodate 'bachelor units' for nurses and trainee doctors; then, most medical staff were required to do a residency as part of their training or terms of employment. A common arrangement is for both floors to consist of 6 'study bedrooms' grouped around a shared kitchen and bathroom. The 'study bedrooms' are dismal: the bathrooms old, stained and peeling; and, although some renewal has occurred in some of the kitchens, most appear to be caught in a time-warp of neglect that still exudes an ambience reminiscent of the 1950s.
- 2.2 Not all those blocks still provide accommodation. One has been transformed into an office; another is boarded up due to subsidence. But, that collection of structures presents a prospect of dilapidation and decay to those passing by on The Ridgeway (to the west) or Lavender Hill (to the south). The bleakness of the blocks themselves and their stark largely unadorned setting is accentuated by the occasional collapsed gutter and the cracked unpainted window, too often adorned by dirty rag-like curtains.
- 2.3 Newer housing occupies the part of this site closer to Hunters Way. Here rows and 'courtyards' of small terraced dwellings or 2-storey blocks of self-contained flats are laid out beside pedestrian paths. These buildings offer more modern accommodation, being erected during the latter half of the 1970s. They faithfully exhibit some the exigencies of the time; stairs are narrow and cramped, cheap wooden window frames are warped and unpainted and the separation between facing façades sometimes seems minimal. A tall tower-like building looms above the modest dwellings accommodating the necessary services.
- 2.4 The appeal site to the east of Hunters Way forms a narrower block of unkempt land sandwiched between bungalows and sheltered accommodation to the south (grouped around the head of Shooters Road and Albuhera Close, respectively) and the hospital buildings to the north<sup>3</sup>. This area extends to about 1.12ha. It lies about 1m below the level of Hunters Way and slopes by some 3-4m from west to east and by about 2-3m from north to south<sup>4</sup>. An enclave into the northern boundary (to the south of the hospital service road) is occupied by a substantial single storey building owned by the Enfield PCT and used as an occupational therapy unit<sup>5</sup>.
- 2.5 The land here is almost wholly unused<sup>6</sup>. A block of accommodation, empty and

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<sup>1</sup> CD17

<sup>2</sup> Documents 12 and 21.3

<sup>3</sup> Documents 12 and 20

<sup>4</sup> Plan D

<sup>5</sup> Document 8

<sup>6</sup> Document 12.6 and 12.7

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neglected, ends at an expanse of asphalt surrounded by brambles and encroaching vegetation; this was once a tennis court. Some dilapidated garages, an informal parking area and a gas cylinder store lie to the north. There are more dreary garages to the east and bits of land accommodating parked vans and storage containers. Burgeoning bush and bramble now demarcate a long forgotten outdoor swimming pool. A painted breeze-block structure, almost submerged amongst the undergrowth, once provided Spartan changing rooms. It is thought that those leisure facilities (the tennis courts and the swimming pool) were last used by staff some 30 to 40 years ago<sup>1</sup>. Yet, in spite of the general dilapidation and decay, there are some fine trees on this part of the site. There is also a line of tall leylandii specimens along part of the southern boundary that helps to partially screen the hospital buildings from the residential areas beyond<sup>2</sup>.

- 2.6 There are some 278 units of accommodation at Chase Farm Hospital. It is accepted (very fairly, I think) that there has been no major investment in that accommodation since it was erected in the late 1950s and 1970s<sup>3</sup>. The Trust has carried out basic maintenance to ensure that the units reach a minimum standard. As an example, current annual expenditure on maintenance is approximately £56000. However, in 2000, the Council served a Notice under the Housing Act 1985 indicating that the residences did not meet Fire Regulation requirements and that the kitchen facilities were inadequate for dwellings in multiple occupation. Efforts to undertake improvements resulted in annual maintenance costs (in 2002) of around £140000. Even so, it is accepted that the units do not meet modern standards<sup>4</sup>.
- 2.7 For the purposes of NHS accounting, the appeal site and the buildings on it incur a capital charge payable annually by the Trust to the Department of Health. The value of land is, essentially, the amount it would realise on the open market in a transaction between a willing buyer and seller: the buildings, as I understand it, are valued at the current cost of rebuilding them. For the purposes of this report the value of the land is £19.5m (higher valuations have existed), assessed on the basis that it is suitable for residential development although used for health care purposes. The value of the buildings is estimated as about £7m. The 'capital charge' payable to the Department of Health is currently levied at an annual rate of 3%. Hence, the appeal site incurs an annual charge to the Trust of some £795000<sup>5</sup>.

### The hospital campus

- 2.8 From afar, the most striking structures at Chase Farm Hospital are the metal chimneys for the main boiler (run on heavy oil) and the imposing clock tower at the centre of the old 19<sup>th</sup> century red brick hospital building. This Clock Tower building lies immediately to the north of the appeal site. It no longer offers adequate accommodation for much medical activity and instead is used largely for storage, administration and finance. The building is clearly in need of maintenance; a backlog amounting to some £20m is estimated<sup>6</sup>. The structure is surrounded with a cacophony of sheds and shacks and 'portacabins' in various states of dilapidation<sup>7</sup>, though the old Cape Town and Durban wards appear refurbished. Although the Clock Tower building contains only 3 storeys, it was built to contain wards with high ceilings; it is about 11m at the eaves and the ridge roof is some 13m high.

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<sup>1</sup> A general consensus at the Inquiry

<sup>2</sup> See photos in documents 12 and 21

<sup>3</sup> Document 10

<sup>4</sup> Documents 10, 10.1 and 10.5

<sup>5</sup> Documents 10 and 10.8

<sup>6</sup> Document 10

<sup>7</sup> See photo with document 28

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Similarly, although the old Cape Town and Durban wards are single storey buildings, they reach almost 7m at the eaves and almost 8.5m at the ridge<sup>1</sup>. Those 'medical blocks' and the Clock Tower buildings cover almost 2ha<sup>2</sup>.

- 2.9 Further north beyond the decaying grandeur of the old hospital buildings, are a collection of more modern structures. These are focussed on the Highlands Wing, the A&E Department and the Maternity Unit. There are also operating theatres, an intensive therapy unit and the X-ray department. Opposite the Highlands Wing stands a utilitarian multi-storey car park. This collection of relatively modern buildings covers about 3.2ha<sup>3</sup>.
- 2.10 Beyond the Maternity Unit is a private hospital building and, wrapping around the northern and eastern peripheries of the land occupied by the Chase Farm Hospital Trust, is a swathe of land owned by the PCT and used as a mental health hospital. This largely accommodates numerous and often modern low buildings (including secure units) providing care, therapy and treatment for a myriad of mental disorders. The land occupied by the private hospital and the PCT Mental Health Hospital amounts to almost 10ha<sup>4</sup>.
- 2.11 There is an area of open grassed land, on which stands a fine tree and one or two seats, between the 'modern hospital buildings' and the mental health hospital. The land slopes north eastwards commanding pleasant views above the low wards and treatment blocks to the rolling woods and farmland beyond. A new temporary structure stands in the south west corner and a car park encroaches from the north east. I estimate that the remaining area of 'open space' amounts to roughly 1ha.

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<sup>1</sup> ID8 and document 12

<sup>2</sup> Plan B

<sup>3</sup> Plan B

<sup>4</sup> Plan B

Table 1: Distribution of land at Chase Farm and the site to be sold for market housing

Land occupied by:	Ha	% of land remaining at Chase Farm	% of land remaining on campus	% of total campus
Previous sites sold for housing	1.1	9	5	4
Appeal site (to be sold for market housing)	2.8	23	13	11
Appeal site (key-worker housing)	1.2	10	5	5
Clock Tower and old wards	2.0			
Useful building stock	3.2			
The rest of Chase Farm Hospital	5.6			
Total remaining at Chase Farm Hospital	12.0	100		
PCT, Mental Health and Private Hospital	10.0			
Total remaining campus	22.0		100	
Total campus (including market housing)	24.8			100

Notes: Land remaining at Chase Farm is the land owned or occupied by the Hospital Trust after disposal of that part of the appeal site to be sold for market housing and excluding the sites previously sold for housing.  
 The land remaining on campus includes the above and the land occupied by the mental health trust and private hospital  
 The total campus includes the above and the market housing site.  
 Figures taken from Plan B and application details

## The surroundings

- 2.12 Open land, much of it Green Belt, extends to the north and east of the hospital campus. An ambulance station fronts The Ridgeway just beyond one of the sites recently sold for housing (now under construction). Otherwise, the surroundings are largely suburban. Sedate semi-detached dwellings stand opposite the hospital on The Ridgeway: Victorian villas stand opposite the appeal site in Lavender Hill. Immediately to the south of the site proposed for key-worker housing is an angular 1970s design of 3-storey blocks at the head of Albuhera Close. This provides sheltered housing for service personnel; more traditional post-War dwellings grouped round a grassed square stand at the entrance to the cul-de-sac. Just to the east and also abutting the southern boundary of the site intended for key-workers are neat dormer bungalows at the head of the cul-de-sac at Shooters Road<sup>1</sup>.
- 2.13 The 2 sites previously sold for housing lie to the north-west of the current campus with access from The Ridgeway and to the south east of the appeal site at the junction of Hunters Way and Lavender Hill. Schemes providing apartments in 3-storey blocks are currently underway or practically completed on both sites<sup>2</sup>.

<sup>1</sup> Documents 12 and 20

<sup>2</sup> Documents 20, 25.7 and 26.8

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## Pedestrians and public transport

2.14 Although the hospital and the appeal site lie towards the periphery of the built up area here, both are quite well served by public transport. The nearest rail station is at Gordon Hill, about 7 minutes walk to the south east along Lavender Hill via a 'lane' and Shooters Road; there is a frequent train service between Hertford North and Moorgate. Also, some 17 buses an hour connect the hospital to Enfield town centre and beyond. The main services extend to Pickets Lock (W8), Southgate (W9), Potters Bar and Chingford (313). There are numerous connections to other services in the town, including by rail from Enfield Town station. The appeal site thus achieves a relatively high PTAL rating of 3<sup>1</sup>.

## Roads and traffic

2.15 Hunters Way provides access to the appeal site. This connects the internal service road around the hospital campus (some of it one way) to Lavender Hill; during the morning peak hour it accommodates a 2-way flow of some 480 vehicles. Lavender Hill passes the southern boundary of the appeal site and connects the hospital to Enfield town centre. During the morning peak hour some 860 vehicles pass the appeal site. Queues form at the mini roundabout junction between the Holtwhites Hill and Lavender Hill, the worst observed queue involving about 11 vehicles<sup>2</sup>.

2.16 The main hospital entrance is on to The Ridgeway. This road is part of the A1005 to Potters Bar and the M25. It can be very busy accommodating a morning 2-way peak hour flow of some 2200 vehicles and, as I saw for myself, sometimes engendering long 'queues' of slow moving traffic. Queues occur at the mini roundabout junction between the A1005 and Lavender Hill, although the daily variability of the traffic can result in substantial variations in queue length. The worst queue observed by the appellants amounted to about 25 cars: the worst queue observed by the Council included some 70 vehicles. However, I agree with the appellants that it would be difficult to determine whether the latter was entirely due to the capacity of the mini-roundabout; there are several other junctions along The Ridgeway that could contribute to that apparent congestion<sup>3</sup>.

## Getting to Barnet Hospital

2.17 The Barnet and Chase Farm Hospital Trust currently intend to transfer some hospital functions and services (including most elective surgery and difficult maternity cases, for example) from Chase Farm to Barnet Hospital<sup>4</sup>. Some staff and patients are likely to have to travel between the 2 establishments. The journey is roughly 9-10km by car over the most direct route via Hadley Road and Barnet High Street; in the absence of major hold-ups, such a journey could be expected to take about 20-25 minutes. An alternative route would entail travelling out to the M25 via The Ridgeway and back towards Barnet along St Albans Road (A1081)<sup>5</sup>.

2.18 There is no direct public transport between the two hospital sites. The Trust provide a shuttle bus service. But, that seems to be infrequent and not obviously available to the general public. Staff at the Barnet A&E department advised me to go to the bus stand in the hospital car park and ask those waiting there. I was directed to a stop outside the hospital and to the 307 towards Enfield, changing to a 313 at Enfield Chase; the journey took about 1 hour and 15 minutes, partly because the

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<sup>1</sup> Documents 16, 17.2 and 17.3

<sup>2</sup> Documents 16 and 17.6

<sup>3</sup> Documents 16, 17.17 and 18

<sup>4</sup> Documents 8.2, 25.8 and 26.1

<sup>5</sup> Site visit

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313 runs at roughly 20 minute intervals<sup>1</sup>. It might have been a little quicker to go on to Enfield Town and catch the W8 from there back to Chase Farm<sup>2</sup>. The route suggested by TfL's journey planner is to catch the 263 at Barnet Hospital, then the 84 towards Potters Bar and then the 313 back past Chase Farm. It is suggested that that journey should take no more than about 45 minutes. But I think that that must exclude the initial wait at the bus stop and only apply to those journeys where the connections integrate properly.

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<sup>1</sup> Site visit

<sup>2</sup> Travel for London information

### 3. The Proposal

- 3.1 The application relates to a site of 3.95ha at Chase Farm Hospital, and the development proposed now involves<sup>1</sup>:
- The demolition of the existing buildings and the construction of dwellings comprising a mix of affordable and market housing, together with associated parking arrangements and highway improvements to the junction of Hunters Way and Lavender Hill.
  - The residential redevelopment would result in the erection of 279 dwellings consisting of:
    - 164 private dwellings for sale (constituting 87 2-bed flats, 46 3-bed houses and 31 4-bed houses) and
    - 115 key-worker flats (made up of 24 1-bed units, 65 2-bed units and 26 3-bed units).
  - The site is shown on Plan No.A124-500 P01 and the 'layout' of the buildings is now shown on Plan No.A124-501 Rev P13<sup>2</sup>. That plan encompasses modifications to Plan No.A124-501 Rev P08 (responding to concerns raised by the local planning authority) involving the omission of one block of key-worker flats and the re-siting of another to be positioned further from the dormer bungalows in Shooters Road. The access arrangements, involving improvements to the junction of Hunters Way and Lavender Hill, are set out on Plan No.3131/F001.
  - The application form also indicates that provision is to be made for 373 parking spaces<sup>3</sup>.

#### General design concept, access and parking

- 3.2 The appeal site is bisected by Hunters Way. The road is used to form a 'natural boundary' between the key-worker accommodation and the market housing as well as serving as a 'spine road' to the scheme. A hierarchy of roads (type 3, type 4 (minor access road) and type 5 (minor access way)) feed off the spine road to serve parking courts and private drives in each part of the development. The proposals are intended to reflect the principles embodied in the concept of 'Home Zones', with internal roads designed for traffic speeds of about 20mph. The intention is to incorporate detailed design features to give pedestrians and cyclists priority, so enhancing their safety and the quality of the residential environment. To that end, pedestrian and cycle routes are intended to be convenient, safe and easily identified connecting both parts of the development to local facilities, public transport, the hospital campus and adjacent neighbourhoods<sup>4</sup>.
- 3.3 Car parking spaces for the flats in both the private and key-worker housing areas are shown arranged in landscaped courts; off-street facilities are intended for the houses. Overall the provision of 373 spaces for 279 dwellings would result in about 1.34 spaces per dwelling. Some 83 surface spaces are shown on the key-worker site with provision for basement parking under 2 of the buildings fronting Hunters Way<sup>5</sup>.
- 3.4 The detailed layout for the market housing to the west of Hunters Way is now to be

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<sup>1</sup> CD17 and section 1

<sup>2</sup> Plans A

<sup>3</sup> CD17

<sup>4</sup> CD12 and document 12

<sup>5</sup> Document 12

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reserved by condition<sup>1</sup>, although the number of dwellings remains as specified (164). Hence, only the layout relating to the key-worker housing envisaged to the east of Hunters Way is considered in the context of this appeal.

### The housing for key-workers

- 3.5 The site to the east of Hunters Way is located to benefit from direct pedestrian links to and from the heart of the hospital complex (including the restaurant and other staff welfare facilities). It is also 'contained' by the hospital service road (to the north) and Hunters Way (to the west). The character and scale of the hospital buildings provide some scope to develop the site at a higher density with a more urban form than the suburban surroundings might otherwise suggest. The intention is that the taller buildings arranged on the northern boundary of the appeal site are to act as a visual buffer between the hospital and residential development to the south. In addition, as the ground slopes eastwards, the visual impact of taller structures on the eastern part of the site would be reduced<sup>2</sup>.
- 3.6 However, although the submitted plans show the footprint of the buildings and their arrangement on the site, no public or shared open space is indicated on the key-worker site, although incidental landscaping is illustrated<sup>3</sup>. The intention is that the main public space on the market housing site would be a 'shared facility', providing a social focal point for the development as a whole. Supplementary amenity space is provided for key-worker family accommodation in the form of small hard and soft landscaped areas adjoining the residential blocks<sup>4</sup>. Building heights are given as 'storeys', assumed to be about 2.7m to 2.9m for the purposes of this report. The initial designs indicated the blocks to be surmounted by pitched roofs<sup>5</sup>. Subsequently flat-roofed buildings were illustrated<sup>6</sup>.
- 3.7 The scheme incorporates 4-storey blocks fronting or facing towards Hunters Way on the eastern part of the key-worker site. Assuming those buildings would be modern flat roofed structures (as now indicated), they would reach heights of about 11m. The flank wall of a 4-storey block would be about 20m from the nearest blank flank wall of dwellings in Albuhera Close and it would be orientated to face (roughly) west and east rather than south towards the adjacent dwellings. Additional landscaping and planting is intended to supplement the boundary treatment here<sup>7</sup>.
- 3.8 A row of 4.5 storey buildings would be arranged beside the internal estate road along the northern boundary of the site; a typical flat roofed structure would be between 12-14m high. The main façades would face southwards towards the bungalows in Shooters Road; they would be positioned between 27m and 55m away from adjacent property boundary. Enhanced screening and the vegetation along the southern boundary would be provided to safeguard the visual amenity of those occupying the dwellings in Albuhera Close and Shooters Road<sup>8</sup>.
- 3.9 The current plans show a single 2.5 storey building sited at the eastern end of the key-worker zone. A similar building previously shown further to the south has been omitted and the current structure has been re-positioned to stand about 10m from the southern boundary of the appeal site. The flank elevation would face the rear

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<sup>1</sup> Section 1 and annex

<sup>2</sup> Cd12 and document 12

<sup>3</sup> Plans A

<sup>4</sup> Document 12

<sup>5</sup> Documents 21.4 and 21.10

<sup>6</sup> ID22

<sup>7</sup> Documents 12 and 20

<sup>8</sup> Documents 12 and 20

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elevations of the adjacent bungalows and the main façades would be orientated in an east-west direction<sup>1</sup>. Again, the opportunity for further screening along the boundary is intended to ameliorate any potential impact on the privacy and amenity of those nearby.

### Junction improvements

- 3.10 Four nearby junctions have been analysed. The junctions between The Ridgeway and the hospital main entrance, The Ridgeway and Lavender Hill and Lavender Hill and Holtwhites Hill would be operating close to, or at, capacity by 2010 and the predicted impact of the development would be marginal in terms of queues and delays<sup>2</sup>.
- 3.11 But, the junction between Hunters Way and Lavender Hill is estimated to be overloaded with significant queuing and delay on Lavender Hill (during the morning peak) and on Hunters Way (in the evening peak) irrespective of whether the proposed development is implemented. As most of the traffic generated by the scheme would use that junction, queues and delays would be exacerbated significantly. Accordingly, it is proposed to improve the junction by widening Lavender Hill to create a ghost island right turning lane for traffic turning into Hunters Way, together with a two-lane exit on to Hunters Way itself. Analysis shows that those improvements would allow the junction to operate well within its capacity at all times, thereby improving current conditions<sup>3</sup>. Details of the scheme are set out on Plan No.3131/F001<sup>4</sup>.
- 3.12 The land required for those improvements is all contained within the application site or the existing highway. Hence, the works can be secured by an appropriate condition. In addition, improvements are proposed at the main entrance to the hospital to provide a ghost-island right turn lane to be created. Again, those works can all be contained within the existing highway and secured by condition. Details of those works are shown on Plan No.LBE-TE/11041/01<sup>5</sup>.

### Conditions and the undertaking

- 3.13 Appropriate conditions are suggested, largely to ensure that the proposal would be implemented as intended<sup>6</sup>. The main elements to be subject to such control include:
- the details relating to the market housing and the reserved matters (essentially the design appearance and landscaping) relating to the key-worker units;
  - the landscaping of the site;
  - the works associated with the access arrangements and the position of bus stops;
  - car parking provision;
  - the phasing of the development and the preparation of a 'construction methodology' for the scheme;
  - the incorporation of 'sustainable features' into the design of the dwellings;
  - the preparation of a 'travel plan';
  - measures to safeguard any archaeological interest identified on the site.

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<sup>1</sup> Document 20

<sup>2</sup> Document 16

<sup>3</sup> Document 16

<sup>4</sup> Document 17.22 and plans A

<sup>5</sup> Document 17.25 and plans A

<sup>6</sup> ID4 and document 35

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3.14 The scheme is also tempered by a section 106 Undertaking<sup>1</sup>. This provides for a contribution of £312900 for education purposes. It also sets out requirements relating to the letting and management of the key-worker housing. The arrangements provide for a 'cascade' mechanism offering the units in order of priority to people employed and students in the NHS, other key-workers in the public sector (policemen, prison officers, bus drivers, teachers and the like), people nominated by the Council and, finally, anyone else. Those arrangements would apply at the end of any tenancy and, if no occupant eligible for an 'affordable unit' could be found within 1 month, the flat would be offered to anyone seeking rented accommodation. The safeguard would be that all the units would be occupied on the basis of assured short-hold tenancies, unless otherwise approved in writing by the Council. Hence, in the unlikely event that no key-worker or anyone in need of 'affordable housing' could be found to occupy an available flat, and an otherwise ineligible occupant became the tenant, the property would become available to be offered as 'affordable housing' again at the end of the short-hold tenancy, usually within no more than 6 months.

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<sup>1</sup> ID19

## 4. Highways and Traffic

### Background

- 4.1 None of the reasons for refusal relates to transport issues and, although a large number of third party objections were raised, no highway related issues were pursued at the Inquiry<sup>1</sup>. Hence, this section simply outlines the basis for the highway works to be undertaken in connection with the scheme together with the clarification of the one or two points that I raised at the adjournment<sup>2</sup>.
- 4.2 This section does not address the general concerns relating to the travel between Barnet and Chase Farm hospitals necessitated by the intended adoption of Option 1. Nor does it cover issues of residents' accessibility to particular health care services. Those matters emanate from the reconfiguration of the hospitals rather than from the redevelopment of the appeal site and, as such, are outside the scope of this report. In any case, an assessment of the travel implications due to the intended reconfiguration is one of the requirements inherent in the decision of the PCTs to pursue Option 1<sup>3</sup>.

### The basis for the highway works<sup>4</sup>

- 4.3 The nearby roads and bus routes are outlined in section 2. In summary, this site is well served by buses, having a PTAL rating of 3, and it is within comfortable cycling distance of Enfield town centre. Accidents in the vicinity of the hospital and the junctions at the main entrance, at the roundabout between The Ridgeway and Lavender Hill, and at the Hunters Way junction onto Lavender Hill are limited amounting to approximately one per annum; there have also been just 3 accidents in the last 5 years at the Lavender Hill and Holtwhites Hill roundabout. Clearly the local road network is not unsafe.
- 4.4 Comparators for estimating the traffic generated by the scheme are provided by:
- a survey of a 128 flats at Kirkland Drive;
  - the privately owned housing category from the TRICS;
  - the Nurses Home category from the TRICS
  - an assessment of the trip generation from the existing key-worker housing on the site. Of the original 310 units some 260 rooms were available for occupation, of which 186 were actually occupied.
- 4.5 The analysis demonstrates that the proposed development would have only small or marginal traffic impacts on the adjoining highway network in comparison to base traffic flows at 2010. The impact on the 4 nearby junctions is analysed, namely:
- The Ridgeway/Hospital Main Entrance
  - Hunters Way/Lavender Hill
  - The Ridgeway/Lavender Hill
  - Lavender Hill/Holtwhites Hill
- 4.6 In general the analysis shows that all of those junctions would be operating close to, or at, capacity by 2010 and that the impact of the development would be small or marginal in terms of queues and delays. However, the Hunters Way junction would be overloaded by the 2010 base flows and the modelling indicates that significant queuing and delay would result on Lavender Hill in the morning peak, and on

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<sup>1</sup> See sections 1 and 9

<sup>2</sup> Document 37

<sup>3</sup> ID27 and documents 25.4 and 26.12

<sup>4</sup> Set out in documents 16 and 17

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Hunters Way in the evening peak,. As most of the traffic generated by the proposal would use that junction, queues and delays are predicted to increase significantly.

- 4.7 The proposal includes an improved design for that junction by widening Lavender Hill to create a ghost island right turning lane into Hunters Way, together with a two-lane exit from Hunters Way itself. Analysis shows that those improvements would bring the junction well within capacity at all times, which would be an improvement on present day conditions. The land required for those improvements is all within the application site or the existing adopted highway; an appropriate condition is suggested.
- 4.8 In addition, minor works are proposed at the Hospital main entrance to provide a ghost-island right turn lane into the Hospital. Again, the necessary works would be within the existing highway; an appropriate condition is proposed.

#### Clarifications<sup>1</sup>

- 4.9 I asked for:
- *A description of how the parameters of the 'models' employed have been adapted to make the results accord more closely with the queue lengths observed at the relevant junctions, the implications of those adaptations and the closeness of the correlations actually achieved.*
- 4.10 The original modelling indicated that the southbound approach on The Ridgeway was over capacity during the morning peak hour with spare capacity on the northbound approach. That was the opposite of the queue length observations. Adjustments to the roundabout parameters were made so that the modelling reflected broadly the correct balance of relative capacities between the entry arms and showed that the junction was close to capacity under the observed flows. That is the limit of the analysis which it is possible to achieve using the ARCADY program. A similar process was followed in respect of the Lavender Hill and Holtwhites Hill roundabout, although the differences there were more minor and the corresponding adjustments to the parameters relatively limited.
- 4.11 If the development traffic was likely to significantly alter the balance of turning movements at the roundabout, then there could be concern that the adjusted geometry might not properly reflect the relative capacities between the various entry arms, the conflict between entry and circulating traffic flows being one of the significant components in the capacity calculation. However, such concerns do not apply in this case. A comparison between the traffic flows generated by the proposed development and the base network traffic flows, show that the impacts arising from the development would be very low, amounting to between 0.3% and 2.4% on individual arms. Hence, the revised geometry would model the changes in traffic flow with the same degree of accuracy as for the base date because the flows are so similar.
- 4.12 I asked for:
- *An explanation of the variations in queue formation observed between the surveys undertaken by Council officers and those undertaken on behalf of the appellants; consideration of whether the observed differences are explained by the daily variation in traffic flows and, if so, the implications of such variations for the road improvements proposed*
- 4.13 Traffic flows vary by some  $\pm 10\%$  from day to day and, when a junction is

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<sup>1</sup> Set out in document 18

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approaching its capacity, such variations can give rise to significantly different queue lengths. Hence, the differences in queue lengths observed would be due to daily differences in traffic flow. However, it is suggested that the only significant difference was the length of queue observed northbound on The Ridgeway at the roundabout between Lavender Hill and The Ridgeway during the morning peak hour. And, to understand why, another traffic survey was undertaken on 13 November 2007.

4.14 A similar pattern of flows was observed; roughly 5% lower flows through the junction in total but an evening peak hour flow some 6% higher than previously. Similar results emerged other than on The Ridgeway northbound. There was moderate queuing on Lavender Hill (0-20 vehicles during peak periods) but longer queues of up to 55 vehicles on The Ridgeway during the morning peak hour. No obvious reason for the difference was identified, other than the small variations in traffic flow. Indeed, it appeared that the difficulty in determining the cause of queuing was due to the influence of other turning movements; for example, traffic turning at the petrol filling station and at side roads. There can be considerable uncertainty on occasions about what has caused a queue to extend; turning manoeuvres can create a queue in one direction but provide a gap in another. Hence, it can be difficult to be precise about the extent of queuing created by the roundabout itself.

4.15 I requested:

- *Consideration of how the greater use of ambulances to transport patients between hospitals (if such a scenario remains a realistic possibility) might affect traffic*

4.16 It is suggested that there would be little impact on traffic. A survey undertaken in 1999 indicated that, between 0600-2200 hours, some 9910 traffic movements occurred in and out of Chase Farm Hospital (at both entrances), of which just 81 movements were by ambulances (0.8%). Although now some 8 years old, the survey suggest that movements by ambulances form only a very small part of the total traffic activity. A new clinical strategy is unlikely to alter that picture significantly.

## CASES FOR THOSE IN FAVOUR OF THE SCHEME

### 5. The Case for the Appellants

#### *Planning policy and NHS surplus land*

- 5.1 The Development Plan includes the Enfield UDP adopted 1994 with interim amendments in 1997 and 1999 and the London Plan adopted 2004. All the policies in the UDP referred to by the reasons for refusal are 'saved'. Clearly, the London Plan is the more up-to-date document<sup>1</sup>.
- 5.2 The first reason for refusal<sup>2</sup> relates to policy (II)GD10 of the UDP. This requires the Council:
- To take appropriate measures, when considering proposals for development, to ensure that the development is satisfactorily integrated into the physical, social and economic framework of the locality.
- 5.3 'Proposals for development' include schemes such as the current residential scheme. This is a proposal for housing development: it is not a proposal to reorganise the whole of Chase Farm Hospital. At least in principle, no-one is claiming that it could not be 'satisfactorily integrated into the physical, social and economic framework of the locality'. The key-worker housing is immediately adjacent to the hospital: it is well served by public transport: and, it would be a compatible land use to the adjacent residential area. The policy is not intended to relate to potential land uses or to encompass other land in the locality not yet subject to a development proposal. It is intended to focus on development schemes. The text indicates that where 'satisfactory integration' might require specific improvements or facilities, planning obligations might be sought. But that does not provide a vehicle to prevent development because there is disagreement about the way Chase Farm Hospital should evolve to meet the needs of a modern NHS. The efficacy of the plans for the hospital is properly tested elsewhere. Only if the physical components involved in implementing those plans have land use implications should policy (II)GD10 apply<sup>3</sup>.
- 5.4 That is clear from the sorts of tests envisaged by the policy. For example, the housing sought on the appeal site would fulfil important planning objectives to increase the housing supply in London and to provide affordable housing (thereby complying with policies 3A.1, 3A.2, 3A.4, 3A.6 and 3A.7 of the London Plan). It would seek to do so by making good use of previously developed land in a relatively accessible location (so meeting the sustainable criteria set out in policy 2A.1). No doubt similar considerations warranted planning permission for the 2 residential schemes providing some 38 dwellings now under construction on land formerly part of the hospital<sup>4</sup>. In addition, the appeal scheme seeks to modernise the housing for key-workers at the hospital and would not hinder the implementation of any mooted clinical strategy. This would accord with the London Plan since UDP policies are required to 'promote the objectives of the NHS Plan, Local Delivery Plans and Modernisation Programmes and the organisation and delivery of health care in the borough' (policy 3A.17). The provision of key-worker housing beside the hospital would reduce 'travel to work' distances and comply with all the policies fostering the integration of development and transport. Making good use of an underused site

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<sup>1</sup> Documents 14 and 20

<sup>2</sup> Section 1

<sup>3</sup> Document 14

<sup>4</sup> Document 14.3

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would comply with a key design principle for achieving a 'compact city' (in accordance with policies 4B.1 and 4B.3). And, the provision of 0.35ha of open space at the centre of the 'market housing scheme' would accord with the 'open space' policies of the Development Plan<sup>1</sup>.

- 5.5 However, instead of policy (II)GD10 providing the framework to instigate such an assessment, it seems to have spawned a general objection based on prematurity. This cannot be supported. First, as indicated in the 'general principles', a warranted refusal based on prematurity is likely to be very rare unless it relates to the preparation or review of a DPD. Second, even where the preparation or review of a DPD is involved, preventing development on prematurity grounds would not be justified unless the proposal would be so substantial, or its cumulative effect so significant, that granting permission could prejudice decisions about scale, location or phasing that ought properly to be addressed in the DPD. It is explained that a scheme likely to have an impact on only a small area would rarely be in that category.
- 5.6 Neither of those tests are met by the refusal of the appeal scheme. There is no emerging document or DPD to prejudice. And, even if there was, the proposal has not been treated by the local planning authority as being sufficiently large or strategically significant to be prejudicial<sup>2</sup>. No evidence is adduced to show that permission for the scheme now would jeopardise some future decision or planned event. On the contrary, the refusal seeks some almost indefinite embargo on the residential redevelopment of a residential site set in a residential area. If the disposal of the site for market housing must await the preparation of a 'strategic service development plan', a 'strategic outline case' (covering the whole health economy), an 'estate strategy', an 'outline business case' and finally a 'full business case', then the estimated delay is likely to be in excess of 5-6 years<sup>3</sup>.
- 5.7 Nor can a case of prematurity be made out in the context of the London Plan. The relevant policies do not require local planning authorities to unilaterally choose and safeguard land for health care purposes, particularly where such land has not been identified as an additional preferred area or location or where it is not even in use for the provision of existing services, such as the eastern part of the appeal site. What the London Plan actually requires is set out in policies 3A.17 and 3A.18. Those policies require that:
- UDP policies should promote the objectives of the NHS Plan, Local Delivery Plans and Modernisation Programmes and the organisation and delivery of health care in the borough. This should be in partnership with the strategic health authorities, primary care trusts and Local Strategic Partnerships and with voluntary and community organisations involved in delivering health services.
  - UDP policies should support the provision of additional healthcare within the borough as identified by the strategic health authorities and primary care trusts. The preferred locations for hospitals, primary healthcare centres, GP practices and dentists should be identified in appropriate locations accessible by public transport and with particular reference to policies 3A.17, 3A.5 and 3D.1.
- 5.8 It is recognised that a shortage of affordable housing for key-workers on low and moderate incomes is, even now, creating a serious skills shortage. Hence, the

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<sup>1</sup> Document 14

<sup>2</sup> Document 14.2

<sup>3</sup> As argued in documents 23 and 24

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inability to meet a need for affordable housing at Chase Farm must affect the delivery of health care within the Borough. It is also recognised that NHS investment and reform will necessitate changes and, sometimes, require the redevelopment or disposal of some existing health care facilities.

5.9 A proper reading of policies 3A.17 and 3A.18 leads to the following guidelines:

- it is for the SHA and the PCTs to identify the preferred areas for 'additional' health care (just as the Enfield PCT has identified 3 broad areas for polyclinics);
- local planning authorities should not identify additional areas for health care facilities unilaterally or at variance to the health authority;
- the preferred additional areas should be identified in the UDP and both safeguarded and policed by the local planning authority;
- the local planning authority should not safeguard existing sites which are not 'preferred' by the SHA or PCTs;
- UDP policies should promote the delivery of NHS plans and the provision of additional health care identified in the policies and programmes of the SHA and PCTs.

5.10 Those guidelines can be tested by applying them to the appeal site. The consequences of a proper approach is as follows:

- the appeal site is unused and underused land;
- in accordance with the policy of the 'health authority', as set out in the Estatecode 2003<sup>1</sup>, only land and property that is required to ... fulfil the function of the health care provider should be retained. And, changing patterns of care are recognised to mean that some sites must become surplus to requirements. Hence, a capital charge is imposed to encourage the occupying body to dispose of unwanted land<sup>2</sup>.
- the appeal site is a drain on the Trust's resources because it attracts a capital charge;
- disposal (and productive use) of the appeal site is thus encouraged by 'health authority' policies;
- in promoting the objectives of the bodies charged with the organisation and delivery of health care in the borough, UDP policies (and the local planning authority) should facilitate the disposal and productive use of the appeal site.

5.11 Conversely, the consequence of unilaterally safeguarding the appeal site would be:

- the appeal site remains as an unused and underused plot of land, at least in the short term, detracting from the street scene and the efficient functioning of the hospital;
- the appeal site remains as a drain on the Trust's resources, attracting a capital charge;
- disposal (and productive use) of the appeal site would be prevented;
- the capital value of the appeal site (the best open market new use value realisable by the Secretary of State for Health, on whose behalf the land is held in trust) would not be realised;
- that realisable asset (unidentified as a preferred location by the health authorities) would not be 'notionally' available to help to acquire an alternative site in a preferred location for health care within the Borough;

5.12 The consequence is the converse of what appears to have been the aim behind the refusal. Instead of safeguarding land to provide for the health care needs of the

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<sup>1</sup> ID5

<sup>2</sup> Document 10

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Borough, land would be hoarded in the wrong place and resources that might have been used to buy land in an area identified as a preferred location for additional health care facilities would be unavailable. Of course, this example is notional. But all NHS schemes require funding from some source. The example demonstrates that the stance adopted by the local planning authority would simply interfere with one of them.

### *The need for key-worker housing and NHS surplus land*

5.13 The appeal proposals allow for:

- the removal and replacement of substandard key-worker accommodation;
- an appropriate number and distribution of key-worker units;
- the location of those key-worker units within walking distance of both the hospital and public transport facilities;
- new market housing;
- appropriate highway improvements and parking places;
- a campus style design for the key-worker accommodation.

### *The need for key-worker housing*

5.14 The amount of key-worker accommodation needed has been assessed<sup>1</sup>. This is based on the current uptake of the existing stock increased by an amount to reflect the improved accommodation likely to be on offer. In addition, the effects of 'first year' doctors not having to 'live in' and the introduction of charges for housing doctors must be taken into account. An increased requirement for family housing has been identified. Also, the new accommodation is expected to aid the recruitment of staff at all levels. Estimates derived from such factors cannot be exact. A survey of current staff would not be useful as most would already have accommodation. By definition, the future work-force does not yet exist. Nevertheless, on the basis that family and single accommodation should be sufficient to cater for current (2004) occupants, with an allowance of a about 4% for natural voids in the latter, it was estimated that some 40 family flats and about 268 single units would be required for the combined hospital trust. The current scheme is part of a plan to provide 27 units at Barnet and 115 units, including almost all the family flats, at Chase Farm. It is estimated that the former would provide accommodation for 72, and the latter for 206, key-workers; there would be provision for some 278 key-workers in total<sup>2</sup>.

5.15 The section 106 Undertaking would secure availability for key-workers through the designated RSL operating a short period of notice to 'qualifying' occupants and only offering 6 month assured short-hold tenancies to any 'open market' occupants<sup>3</sup>. In the unlikely event that 'qualifying occupants' cannot be found for an available unit within the prescribed period of one month, the accommodation could be offered on the open market. However, at the end of 6 months the unit would return to be available for key-workers. In this way a constant and fast moving supply for key-workers should be secured able to cater for the shorter tenure periods experienced by hospital staff. The Chase Farm scheme would operate in tandem with a similar arrangement already agreed at Barnet Hospital<sup>4</sup>.

5.16 The principal of providing housing for key-workers would accord with the

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<sup>1</sup> Documents 10, 10.1 and 10.5

<sup>2</sup> See the amendment to document 10 at document 36

<sup>3</sup> ID19 and section 3

<sup>4</sup> Document 10

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Development Plan and Government policy<sup>1</sup>. It is suggested that preventing that provision would require objections of great weight. The submitted scheme demonstrates that the key-worker housing required can be accommodated on only part of the appeal site leaving some 2.83ha as surplus to those requirements. That land can thus be used for other purposes. In the absence of any identified purpose directly related to health care<sup>2</sup>, its use for market housing to finance the provision for key-worker accommodation would constitute a most appropriate use.

### The policy requirement for key-worker housing

5.17 The proposal, agreed with Enfield London Borough Council was that 41% of the 279 dwellings proposed should be 'affordable housing'<sup>3</sup>. That would accord with UDP policy. The London Plan, in policy 3A.8, seeks:

- 'the maximum reasonable amount of affordable housing ... having regard to ... the need to encourage rather than restrain residential development and the individual circumstances of the site'.

5.18 The evidence adduced demonstrates that the scheme would satisfy all reasonable requirements that could be derived from policy 3A.8. The Development Control Toolkit Model has been re-run with up to date inputs as of January 2008<sup>4</sup>. The model has been used to test the consequences of providing a residential scheme offering 50%, 41% and 0% of dwellings as 'affordable housing'<sup>5</sup>. In accordance with the model, the appropriate test is that the value generated by the scheme should exceed the value of the site in its current use. The logic is that, if the converse were the case, then sites would not come forward for development<sup>6</sup>.

5.19 Here the value of the site in its current use is assessed by the District Valuer<sup>7</sup>. This would be the case for any scheme involving the disposal of land by an NHS Trust and is intended to ensure that appropriate efforts are made to obtain best value for assets held in the public sector; it would also apply to the disposal of the site for health care purposes to another body. In 2005 the whole of the appeal site was valued. The estimate used in the model as a value of the land excluding buildings is £19.522m<sup>8</sup>. The output from the model, derived by using default values apart from the 'exceptional costs for re-routing services, gives a residual value of £15.7m (with 41% of the units offered as 'affordable housing'), £10.2m (with 50% affordable units) and £30.9m without any affordable homes. It follows that the current proposal might not be viable, as assessed by the model. Or, rather, that the application of the DCTM demonstrates that the scheme offers more than the maximum reasonable amount of affordable housing that could be expected, having regard to the need to encourage residential development and the individual circumstances of the site. In fact the analysis indicates that a scheme offering only 29% of affordable units would meet the requirements of policy 3A.8. Even if the value of the 2 previous residential schemes permitted at Chase Farm (providing some 38 dwellings) were to be added to the residual land value of the appeal scheme it would amount to only £19.8m (at 41%) and £14.2m (at 50%)<sup>9</sup>. Clearly,

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<sup>1</sup> Document 14

<sup>2</sup> Document 10.7

<sup>3</sup> Document 14.2

<sup>4</sup> Documents 9 and 9.1

<sup>5</sup> Documents 9.2 and 9.3

<sup>6</sup> Document 9

<sup>7</sup> Document 10.8

<sup>8</sup> The value of the site is given as £21.6m in 2005 and £25m in 2006, but that includes a value for the buildings, see document 10.8.

<sup>9</sup> Document 9

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a scheme offering 41% of affordable dwellings would still be justified. However, no cases where previously developed sites have been retrospectively added to later development have been identified and none have been suggested by other parties<sup>1</sup>.

- 5.20 Even if the DCTM approach were to be ignored, there are special circumstances to justify the current proposal. Any surplus arising after the provision of the new key-worker housing would go to the Secretary of State for Health. Although there is no guarantee, it is hoped that subsequently some part of that surplus would be made available towards the costs (of about £32.5m) incurred in implementing Option 1. Given the current need for new accommodation, the guaranteed pool of short-hold tenure available to key-workers on a rolling basis and the absence of any alternative proposals to provide key-worker accommodation by any objector, there is a special case for directing any available surplus to the Secretary of State for Health. That would contribute to health care funding. There is precedent for this approach by the Mayor at Oldchurch Hospital in Havering<sup>2</sup>.
- 5.21 Similarly, although no greater amount of affordable housing can be justified than is currently proposed, there is no reason why the Trust (and the Secretary of State for Health) should not volunteer more if the need identified so warrants. That is the case here. The application of the DCTM would only justify 29% of the housing as key-worker accommodation. The fact that the proposal would provide more is a matter for the discretion of the Trust and the Secretary of State for Health. In effect, the Secretary of State for Health would be foregoing part of the existing capital value of £19.522m (generating an annual return of 3%) to meet a need to accommodate some 206 key-workers at Chase Farm<sup>3</sup>.

### *The provision at Chase Farm and NHS surplus land*

- 5.22 The Boards of Enfield, Barnet and Haringey PCTs adopted Option 1 of the Clinical Strategy following consultation on 11 December 2007<sup>4</sup>. The 2.83ha of land identified to accommodate market housing on the appeal site is surplus to that Option. This has been confirmed by NHS London and equivalent previous bodies<sup>5</sup>
- 5.23 Option 1 would involve some scaling down of clinical services at Chase Farm and the concentration of facilities for acute and complex cases at Barnet and North Middlesex<sup>6</sup>. This is in line with Lord Darzi's recommendations<sup>7</sup> envisaging a concentration of high quality medical provision in fewer 'super' hospitals (or networks of specialisms) where a sufficient throughput of patients can provide the basis for providing adequate experience to be obtained, training to be given and the best equipment to be funded. Elsewhere, simpler treatments are to be offered supported by better equipped and more comprehensive primary care centres. The reconfiguration of secondary care envisaged under Option 1 is expected to involve works on the 3 hospital sites amounting to some £134m<sup>8</sup>. In addition, there would be a strengthening of services available in a community setting, building on changes already begun. The intention is to provide urgent care centres, extending GPs' practice hours, expanding intermediate care, and creating new primary care centres for diagnostic and outpatient services. Major emergency services would be

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<sup>1</sup> But see document 29

<sup>2</sup> Document 9.6

<sup>3</sup> As calculated in document 10

<sup>4</sup> ID27

<sup>5</sup> Document 10.6 and ID17

<sup>6</sup> Documents 7 and 8

<sup>7</sup> Document 25.5

<sup>8</sup> ID27

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concentrated at Barnet and North Middlesex hospitals where there would also be urgent care centres for non-life threatening conditions and day surgery. Inpatient services for women and children and obstetrician-led maternity services would also be based at Barnet and North Middlesex Hospitals. At Chase Farm there would be<sup>1</sup>:

- Planned Care, including planned inpatient surgery for treatment other than major surgery;
- A Local Accident and Emergency service (incorporating an urgent care centre) led by a senior clinician;
- Consultant led paediatric and older people's assessment units;
- Intermediate care beds to be used for admission avoidance and to allow some patients to move closer to home once over their acute inpatient phase;
- A Midwife-led Birth Unit, subject to further review following publication of 'Healthcare for London'.

5.24 The decision by the PCT Boards on 12 December 2007 now means that the steps intended to lead to the implementation of Option 1 are underway. These include:

- The establishment of appropriate implementation management arrangements;
- An independent, clinically-led review to determine which types and what volumes of inpatient elective surgery should be accommodated on the Chase Farm site. Key stakeholders including representatives of patients and the public will be involved in this process and decisions will be made on the basis that elective surgery wherever taking place must be safe, deliverable and sustainable;
- Transfer of Women's and Children's inpatient services from Chase Farm Hospital will take place once the PCTs are satisfied that there is adequate capacity at Barnet Hospital and North Middlesex University Hospital;
- Changes to A&E services when the PCTs are satisfied that there is capacity at Barnet Hospital and North Middlesex University Hospital and also that community and primary care services would be able to accommodate changes in patient flows;
- The establishment of a Transport Working Group to make recommendations for change to help address transport issues;
- That work continues on the Equality Impact Assessment Implementation Plan and it becomes an integral part of the implementation process

5.25 Hence, although work still needs to be done before Option 1 is implemented, it is unlikely that the outcome would greatly alter the fundamental nature of the proposal. Details have to be finalised and some components of the operation finely honed, but the nature and volume of clinical services at Chase Farm would be scaled down. The estate required to deliver the remaining clinical services would consequently also be reduced and the 'foot print' of the hospital buildings would necessarily occupy a smaller percentage of the site currently owned and operated by the Trust<sup>2</sup>.

5.26 That would be the case even though the full implementation of Option 1 would increase some services provided at Chase Farm<sup>3</sup>. There would be an increase in elective in-patient surgical cases resulting from the planned transfer of such in-patients from Barnet and the North Middlesex hospitals. The additional bed capacity required has been included in the 'bed modelling' and all can be accommodated within the Highlands Wing. Similarly, one consideration of the independent review

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<sup>1</sup> Documents 7.2, 8.2 and 8.3

<sup>2</sup> Document 8

<sup>3</sup> Document 8

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(indicated as the second of the required 6 steps above<sup>1</sup>) into the nature and volume of elective surgery appropriate at Chase Farm would be whether limits should be placed on the types of patient that may safely be accommodated at the hospital under the new configuration. Any constraint identified would reduce, rather than increase, the need for beds.

- 5.27 The basic 'medical' estate estimated as required to accommodate the new configuration would consist of the collection of 'useful buildings' now occupying some 3.2ha and amounting to just ¼ of the Trust's current land holding at Chase Farm<sup>2</sup>. Of course, the various extraneous wards, stores, the restaurant and support buildings occupying about 5.6ha of the site would also remain. Some additional building would be required. But that would simply provide those appropriate links between existing buildings necessary to allow easy and comfortable movement of patients and staff between departments and services. Any land required would be likely to be in the immediate vicinity of the retained 'medical estate'. Clearly, the reconfiguration of medical services envisaged under Option 1 would not impinge on any part of the appeal site.
- 5.28 Even if a radically different proposal were to emerge as a result of opposition, a legal challenge or some subsequent review, it is difficult to conceive of a possibility that could not be accommodated at Chase Farm without the need to use the appeal site. A possible polyclinic could be co-located with the existing buildings without the need to provide much in the way of any additional physical structure; the concept can involve the rationalisation and co-ordination of services rather than the duplication of facilities in additional buildings<sup>3</sup>. However, there is the potential to accommodate substantial additional medical buildings at Chase Farm if the need were ever to arise. The implementation of Option 1 would entail moving services from the old Clock Tower Buildings to the current maternity building. The Clock Tower Buildings, which are no longer adequate and require a back-log of some £20m in maintenance, would be demolished. Previous, albeit fairly embryonic plans<sup>4</sup>, demonstrate that the Clock Tower site could accommodate a new hospital building providing some 24000m<sup>2</sup> of wards and theatres. In addition, a previous proposal to provide new hospital buildings on the 'spare' open land between the existing A&E Department and the restaurant involved a structure accommodating about 20000m<sup>2</sup> of additional hospital floorspace. By way of comparison<sup>5</sup>, the new Barnet acute hospital is 40000m<sup>2</sup>. It is thus clear that it would be possible to accommodate a whole new 'state-of-the-art' acute hospital at Chase Farm, in addition to the existing buildings, without impinging on the appeal site. That part of the site not required for key-worker housing would be surplus even in the context of such unlikely requirements.
- 5.29 In reality Option 1 accords with Lord Darzi's recommendations<sup>6</sup> for health care in London and with Professor Sir George Alberti's independent investigation<sup>7</sup> into the scenarios offered at Chase Farm. The latter specifically supported the reconfiguration of the 3 'acute' hospitals into 2 and the provision of a 'Local A&E' and urgent treatment centre, together with assessment units for children and older patients at Chase Farm. Even if the decision to pursue Option 1 is referred to the

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<sup>1</sup> Set out in document 8.3

<sup>2</sup> Document 8 and plan B

<sup>3</sup> Document 25.5, pages 92 and 93

<sup>4</sup> CD13, though the plans were the subject of a resolution to grant planning permission, document 7.

<sup>5</sup> Document 38 and plan E

<sup>6</sup> Document 25.5

<sup>7</sup> Document 25.4

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Independent Reconfiguration Panel<sup>1</sup>, it is unlikely that the outcome would involve a medical use of the appeal site. This is because Option E (which involved little change at Chase Farm except for the substantial investment necessary to make the services offered there safe<sup>2</sup>) did not require the appeal site, although it did entail a need for suitable, modern key-worker accommodation.

### *The health care provision in Enfield and NHS surplus land*

- 5.30 The reorganization of health care in London envisaged by Lord Darzi involves, amongst other things<sup>3</sup>:
- the concentration of high quality medical provision in fewer 'super' hospitals, and
  - the provision of better equipped and more comprehensive primary care centres (referred to as polyclinics) closer to peoples' homes.
- 5.31 Those proposals are now subject to consultation and are to be considered by the 31 PCTs in London by this summer<sup>4</sup>.
- 5.32 The current proposals emerging in Barnet, Enfield and Haringey reflect those envisaged by Lord Darzi for London as a whole<sup>5</sup>:
- high quality medical provision is to be concentrated in the new hospital buildings built or under construction) at Barnet and North Middlesex hospitals with more limited care and less technical medical intervention offered at Chase Farm, and;
  - the Enfield PCT has identified 3 areas where polyclinics should be provided, namely, east of the A10, at Southgate or Arnos Grove and in Enfield town centre.
- 5.33 The complementary nature of the local proposals and those out for consultation over the whole of London is confirmed by the fact that the Strategic Health Authority allowed the consultation relating to Chase Farm to continue although many others were withdrawn to await the outcome of the London-wide exercise<sup>6</sup>. Moreover, as the new hospital at Barnet is built and building is beginning at North Middlesex, the consequent need to reconfigure services at Chase Farm forms the last piece of the jigsaw<sup>7</sup>.
- 5.34 In that context, it is very hard to see what benefit there would be in waiting for the completion of the London-wide consultation or, for that matter, the provision of every primary care facility required. The extraordinary trail of bureaucratic reports and studies advanced as necessary is both flawed and unrealistic<sup>8</sup>. By conflating procedures set out in the 1994 Capital Investment Manual with the Strategic Management Guidance and the Estatecode an almost never ending sequence of reports and assessments is advanced. But a 'service strategy', an 'estate strategy', a 'strategic outline case' an 'outline business case' and a 'full business case' are not required for the disposal of land by the NHS. The relevant document is the Estatecode<sup>9</sup>. That requires, amongst other things, planning permission to be

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<sup>1</sup> See section 7

<sup>2</sup> Document 25.8

<sup>3</sup> Document 25.5

<sup>4</sup> Document 25

<sup>5</sup> Document 8

<sup>6</sup> Mr Harrison in cross-examination

<sup>7</sup> Document 38

<sup>8</sup> Set out in documents 23 and 24

<sup>9</sup> ID5

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obtained before a 'business case' is written to justify the sale of land at the value indicated by the District Valuer. In this case, there is both a 'development control plan'<sup>1</sup> and an 'outline business case'<sup>2</sup>. There has also been consultation with the PCTs and the SHA<sup>3</sup>; this planning application has been submitted and this Inquiry has been held. It is not obvious that those exercises should be repeated or that a new 'master plan' should be prepared. Such procedures would be unlikely to be finalised in the foreseeable future.

- 5.35 As indicated above, the appeal site is not required to accommodate the reconfiguration envisaged at Chase farm. Nor is it in one of the 'preferred areas' identified by the Enfield PCT for a 'polyclinic'<sup>4</sup>. On the contrary, it is peripheral to Enfield and located fairly close to the edge of the Green Belt. The SHA has indicated that it supports the sale of part of this site as surplus to its requirements for London<sup>5</sup>. And letters from Enfield PCT, together with most other NHS Trusts that might conceivably entertain an interest in the site, confirm that they have no plans for this land and consider it to be surplus<sup>6</sup>.
- 5.36 The application to replace Arnold House on part of a Green Belt site is not relevant<sup>7</sup>. Such a residential care home would not be any more suitable an occupant of the appeal site than the market housing proposed and, in any case, would not constitute a health care use. Moreover, the Cheshire Home would have to pay full market value for the site and could, therefore, compete with a housing developer to buy this land or any other land at the same price. The use would not represent a need that would warrant safeguarding the appeal site. Indeed, for the site to accommodate such a proposal the land would have to be deemed to be surplus to the requirements of the hospital and other relevant Trusts just as it is now.

#### *The key-worker scheme and NHS surplus land*

- 5.37 The policies invoked as objections to the layout of the key-worker site pre-date a raft of Government advice to pursue more intensive residential schemes on suitable land<sup>8</sup>. It is not suggested that the eastern part of the appeal site is unsuitable to accommodate such a scheme. Rather the relevant policies aim to encourage the satisfactory integration of new development in its surroundings. Policies (I)GD2 and (II)GD3 seek an improvement in the quality of life and visual amenity and that test applies to the eventual design. It is hard to see how the proposed buildings could fail to improve both the quality of life and the visual amenity of all concerned in comparison with the existing housing on site.
- 5.38 Policy (I)GD1 seeks a satisfactory integration of the scheme into the local community. This is not a proscriptive policy. It does not require the existing scale of development to be replicated. And, if it did, it would conflict with the advice offered in PPS3. The character of the surroundings is created by a mix of residential styles, intensities and heights. The dominant feature is the Hospital itself, with its long ridgelines and tall stacks. Victorian villas along Lavender Hill are similar in height to modern 3-storey homes<sup>9</sup>. Development control policies, and standard

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<sup>1</sup> CD13

<sup>2</sup> Documents 10.1 and 10.5

<sup>3</sup> Document 10.7

<sup>4</sup> ID27 and section 7

<sup>5</sup> Document 10.6 and ID17

<sup>6</sup> Document 10.7

<sup>7</sup> Document 26.11

<sup>8</sup> This includes PPG3, *By Design*, the Barker Report, PPS3 and the recent Green Paper on Housing.

<sup>9</sup> Section 2

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minimum distances between facing buildings and flank walls, do not prohibit a new building facing an existing one; nor do they prevent adjoining buildings being of different heights. The recent planning permissions for market housing at Chase Farm have both involved 3-storey blocks with high pitched roofs<sup>1</sup>. No objection is lodged to the blocks of 4-storey market housing to the west of Hunters Way. It is thus odd that criticism is directed to blocks of a similar height across the street and to those of 4.5-storeys. The difference is just half storey. That is the scope of the argument between the Council and Appellant.

- 5.39 The test to be applied is not whether a particular building would be visible or whether it would replicate adjoining development. Rather, the key to integration is how well the proposals would fit into the area as a whole. The claim is that the buildings proposed would integrate into this area of mixed character. They would be seen as an important part of the hospital, not as a buffer but as a well planned transition from the residential surroundings to the large and functional hospital buildings on this part of the campus<sup>2</sup>.
- 5.40 No indication is given of what height of building would be acceptable here. The mere fact that they might be higher than others in the vicinity does not demonstrate that they would significantly exceed what might be acceptable. It is for the local planning authority to demonstrate material harm. It is not obvious that such harm would arise from the proposed siting of 4.5-storey buildings as opposed to 4-storey structures. In fact, there would be little difference in height from the 3-storey schemes previously permitted.
- 5.41 As for the density proposed, the previously permitted schemes involved development at 247 and 256hr/ha; they were presumably deemed to accord with policy (II)HG7<sup>3</sup>. The appeal proposal would be built at a density of 240hr/ha, yet it is refused under the same policy<sup>4</sup>. There is no basis for calculating different densities for arbitrary subdivisions of the appeal site. Neither the London Plan nor, formerly, PPG3 offers support for such a stance. The latter did indicate, and the London Plan still suggests, that a 'net site density' could be useful and include only those areas to be developed for, and directly associated with, housing. That would include access roads within the site, private garden space, car parking areas, incidental open space, landscaping and, where provided, children's play areas. The concept therefore excludes major distributor roads, primary schools, open spaces serving a wider area and significant landscape buffer strips. This is the most commonly used approach in allocating housing land in development plans and is appropriate for development on infill sites where the boundaries of the site are clearly defined and where only residential uses are proposed<sup>5</sup>.
- 5.42 The logic of artificially restricting areas within an individual application would end with the footprint of individual buildings. The Council's approach is clearly flawed. It rests on the proposition that a public highway should be excluded from the density calculation so that a site bisected by such a highway could be treated as 2 separate entities. On that basis, if the density of the affordable housing were to be deemed to be too high, then the density of the market housing would be too low. That is an irrational. In any case, it would not apply here because Hunters Way is a private access road and both parties have included it in the density calculations.

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<sup>1</sup> Document 14.3

<sup>2</sup> Document 12

<sup>3</sup> Document 14

<sup>4</sup> Document 14.2

<sup>5</sup> Document 14

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5.43 The density proposed for the site as a whole accords with the guidance in the London Plan<sup>1</sup>. There it is suggested that for schemes involving terrace houses and flats with a PTAL rating of 2-3 and in a suburban area a density of 200-250hr/ha would be appropriate. The scheme clearly complies with that guidance. It is therefore demonstrated that an acceptable development can be devised which would provide the housing for the key-workers required on the eastern part of the site leaving the western 2.83ha to be developed for market housing.

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<sup>1</sup> Document 14

## CASES FOR THOSE OPPOSED TO THE APPLICATION

### 6. The Case for Enfield London Borough Council

#### *Planning policy and NHS surplus land*

- 6.1 Policies set out in the London Plan require UDPs (and by implication local planning authorities) to promote the plans and programmes of health authorities in partnership arrangement (policy 3A.17). Health authorities are to identify what provision for additional health care is required (policy 3A.18). But, preferred locations for such facilities are to be identified by reference to typical land use planning criteria, such as accessibility by public transport and other specified policies in the Plan; one such specified policy is policy 3A.17, thereby indicating a requirement for a 'partnership' approach. Moreover, although the format may be more archaic, it is accepted that the term 'social framework' used in saved policy (II)GD10 of the UDP could encompass the provision of health care facilities<sup>1</sup>; the policy would thus seek to ensure that proposals involving health care facilities were satisfactorily integrated in the locality. Hence, although it may well be up to health authorities to identify the sort of health care facilities required, local planning authorities have a legitimate role to play in identifying and safeguarding preferred locations.
- 6.2 The claim is that allowing the appeal would contravene all those policies:
- It would not 'identify a preferred location' for health care (in accordance with policy 3A.18) but squander a substantial part of a site that is now, and is intended to remain, a 'preferred location' for an important health care facility. This is because the site is part of Chase Farm, which now functions as a district general hospital and is intended to continue to provide health care facilities in all envisaged options for change. It is also a relatively accessible site by public transport, with a PTAL rating of 3.
  - It would not promote the organisation and delivery of health care within the Borough (policy 3A.17), since the impact of the proposal would be to reduce the land available to provide health care facilities.
  - It would not enable proposals involving health care facilities to be satisfactorily integrated in the locality (policy (II) GD10), since it would remove health care uses from the appeal site.
- 6.3 It will be shown later that there is a need to identify sites within the Borough for additional or new health care facilities both to rectify inadequacies in the current provision and to accommodate the proposals required to implement the mooted reorganisation. No specific site to accommodate any such facility has been identified. In the absence of that information there can be no certainty that suitable sites exist. The failure to properly identify suitable sites can result in pressure to relax long established planning policy; and, it can result in damage to the delivery of health care within the Borough. For example<sup>2</sup>:
- An application to use a site in the Green Belt to 'replace' a Cheshire Home close to Chase Farm Hospital has been submitted on the basis that no suitable site could otherwise be identified. This has been refused partly because the search for suitable sites was deemed to be inadequate and partly because additional care of the type proposed was not considered to constitute a compelling need. The appeal site was referred to as a possible alternative site

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<sup>1</sup> Charlotte Cook in cross-examination

<sup>2</sup> Documents 25 and 26

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by consultees. The applicants referred to a care home being permitted in a Green Belt elsewhere on the grounds that the absence of suitable sites constituted 'very special circumstances'. This refusal is now to be tested at an appeal<sup>1</sup>.

- Difficulties in finding sites appear to have stymied the delivery of a programme to substantially upgrade primary care facilities in the Borough. The Local Improvement Finance Trust (LIFT) initiative originally envisaged 10 capital projects within 10 years across Enfield, Barnet and Haringey in 2003. By 2004 the first phase included 7 schemes to establish 'health centres'. Currently 3 centres have opened<sup>2</sup>.

6.4 In those circumstances the local planning authority must legitimately adopt a precautionary approach to safeguarding existing preferred locations (such as the appeal site) for health care purposes. In the absence of anything to clearly identify the spatial consequences of still emerging clinical plans, it is not certain that the loss of the site could be accommodated without jeopardising important planning policies or programmes to improve health care facilities in the Borough.

### *The need for key-worker housing and NHS surplus land*

#### *The need for key-worker housing*

6.5 The estimate of the amount of affordable housing required at Chase Farm is unsound. It largely depends on the amount of occupied family and single accommodation that happened to exist at 2004, with an allowance of about 4% for natural voids in the latter<sup>3</sup>. But that accommodation is acknowledged to have been significantly sub-standard. Indeed, the Council served a Notice under the Housing Act 1985 to that effect in 2000<sup>4</sup>. Moreover, the accommodation policy then operative excluded contracted staff, who may now be eligible for key-worker housing<sup>5</sup>. In those circumstances it is highly unlikely that the number of residents occupying the accommodation then on offer would provide a realistic indication of the likely demand for new, properly equipped and suitable apartments. No attempt has been made to tailor the requirement for affordable housing to the staff working, or likely to work, at Chase Farm or Barnett and whose wage levels would make them eligible for key-worker housing. Nor, from that potential pool of eligible residents, how many would be likely to take advantage of the availability of such accommodation. And, although the new apartments are claimed to aid recruitment and retention of staff at all levels<sup>6</sup>, there is no assessment of how many dwellings would be required for that purpose or whether they should be at Chase Farm or Barnett.

6.6 What actually appears to have happened is that, in the context of a previous project in 2002, English Partnerships suggested that the staff accommodation then on the appeal site could be replaced and upgraded on a smaller area of land to the east of Hunters Way, thereby allowing the land to the west to be released for private housing<sup>7</sup>. Hence, it has been enough to assess the requirement for key-worker accommodation in terms of replacing what was already there rather than what might be needed at the reconfigured hospitals or necessary for the recruitment and retention of staff.

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<sup>1</sup> Document 26.11

<sup>2</sup> ID13 and documents 26 and 32

<sup>3</sup> Documents 10, 10.1 and 10.5

<sup>4</sup> Document 10

<sup>5</sup> Document 10

<sup>6</sup> Documents 10.1 and 10.5

<sup>7</sup> This is implied by the series of reports to board meetings at documents 10.2-5

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6.7 Of course, the current state of the buildings (albeit caused by the lack of even basic maintenance) appears to demand immediate action<sup>1</sup>. But the history of neglect and delay actually indicates the opposite. If the need to provide key-worker housing was really pressing, then it is hard to see why so little effort and expenditure has been devoted to maintaining and improving it (even to a modest standard) over the last 60 years or so<sup>2</sup>. And, if the need for new accommodation to aid recruitment is really so acute, why has such a need not materialised until now? The apparent urgency seems misplaced. It pre-empts the outcome of the configuration review panel and any land-take implications due to intended improvements in primary care. The claim is that the only real urgency driving the Trust is due to the growing deficit rather than the need to up-grade key-worker housing.

#### The policy requirement for key-worker housing

6.8 The output from re-running the DCTM indicates that the scheme can achieve residual values of £15.7m with 41% of the units offered as 'affordable housing', £10.2m with 50% affordable units and £30.9m with the entire scheme providing market housing<sup>3</sup>. However, the analysis undertaken when the scheme was submitted in the spring of 2006 indicated a residual value of £7.8m with 41% of the units designated as 'affordable'. Clearly, with 41% of the units provided as 'affordable homes' the scheme would realise a capital receipt of roughly £5.5m more than if 50% of the units were to be key-worker accommodation. But, in either case, the scheme would realise significantly more than had been originally anticipated in 2006; an excess of £7.9m and £2.4m, respectively. Because the Trust had been prepared to develop the site while achieving a residual value of only £7.8m, there is a sense in which the additional return now generated could be regarded as 'profit'. After all, if the Trust was prepared to pursue a proposal providing 41% of the units as key-worker housing on the basis of achieving a residual value of £7.8m, then there would appear to be few grounds for complaint if providing 50% of the units for key-workers produced a value of £10.2m, a substantially higher figure. And, in both cases, there would be an ongoing saving to the Trust of avoiding the capital charge on the land to be sold for market housing. The claim that additional housing for key-workers would not be needed, is undermined by the flawed assessment of what that need might be.

6.9 In fact the suggestion is that such 'profits' would be justified because the Secretary of State for Health would receive them and plough them back into some aspect of the Health Service including, through a sort of 'gentlemen's agreement', support for provision at Chase Farm<sup>4</sup>. The suggestion cannot be sustained. First, the money would not be ring-fenced to provide health care facilities or to replace land lost by the sale of 2.83ha at the appeal site. Moreover, whatever the 'gentlemen's agreement' to spend the proceeds 'roughly back in the area'<sup>5</sup> might entail, it does not appear to be sufficiently binding to prevent the chief executive of the North Middlesex Hospital suggesting that it has already been 'earmarked' for her project<sup>6</sup>. Second, there is no detailed and closely linked project associated with the appeal proposal into which the realised 'surplus' would be invested. In the proffered comparison at Oldfield Hospital, Romford, the relaxation permitted in the level and tenure of affordable housing there was set against a specific requirement for funds

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<sup>1</sup> Section 2

<sup>2</sup> Document 10.1

<sup>3</sup> Document 9

<sup>4</sup> Document 38

<sup>5</sup> Richard Harrison in cross-examination

<sup>6</sup> Based on the press cutting at ID26

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to bridge an identified gap in purchasing a site for a new hospital<sup>1</sup>. Hence, the additional funds retained by relaxing planning policy could be directly linked to achieving a community benefit in the provision of a new hospital. No such link can be identified at Chase Farm. The 'surplus' of funds achieved is just that. Its link to some potential benefit is too uncertain to warrant much consideration.

- 6.10 The appellants accept<sup>2</sup> that difficulties would arise were a private developer to justify the provision of only 41% of affordable units rather than 50%, not on the grounds that the latter would prevent implementation, but that it would generate £5m of additional profit. That would hardly comply with policy 3A.8. Unless the Trust can show that the money is needed for specific additions to health care facilities<sup>3</sup> then this argument should not succeed. Put crudely, to claim that more money for a debt ridden health service would be sufficient to override other planning policies is far from compelling.

### *The provision at Chase Farm and NHS surplus land*

- 6.11 The disposal of land from the Trust's estate should follow the procedures laid down in the Estatecode<sup>4</sup>. There should be a clear Business Case. Ideally that should take the form of a substantive Business Case and a Development Control Plan to accord with an Estate Strategy. There is a lack of an Estate Strategy here. Moreover there does not appear to be anything that might constitute an Estate Master Plan or a Strategic Development Plan; project priorities are not clear and there is no timed Strategic Investment Programme<sup>5</sup>. Instead the disposal of the market housing land and the project to provide key-worker housing at both Barnet and Chase Farm is supported by an Outline Business Case dated 2002 and a Revised Outline Business Case dated 2005<sup>6</sup>; the latter includes indicative timings for the redevelopments involved. There is a collection of schematic plans with some cursory commentary entitled 'Development Control Plan'<sup>7</sup>. But that includes the housing proposals as part of a substantial building programme at Chase Farm which is no longer contemplated and would be at variance with the reconfiguration now envisaged under Option 1.
- 6.12 The apparent failure to comply with procedure is important because land can only be sold once. The evidence adduced demonstrates that there are difficulties in finding health care sites in the Borough<sup>8</sup>. Hence, should the reconfiguration of health care facilities subsequently entail a need for a site of 2.83ha, it would be very difficult to find a site of such a size.
- 6.13 The decision to implement the clinical strategy on the 11 December 2007 is going to be referred to the Secretary of State who, the evidence suggests, would automatically refer it to the Independent Reconfiguration Panel<sup>9</sup>. The Panel has the power to confirm that decision or to alter or reverse it, and even to require the process to start again<sup>10</sup>. The version of the clinical strategy adopted actually

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<sup>1</sup> Document 9.6

<sup>2</sup> Charlotte Cook in cross-examination

<sup>3</sup> There is no board minute to contradict that assertion. Document 9.7 demonstrates that the sale of land at Chase Farm is not included in the clinical strategy funding projections.

<sup>4</sup> ID5

<sup>5</sup> Documents 23 and 24

<sup>6</sup> Documents 10.1 and 10.5, respectively

<sup>7</sup> CD13

<sup>8</sup> Document 26.11, ID13 and documents 26 and 32

<sup>9</sup> ID21 and ID25

<sup>10</sup> Richard Harrison in cross-examination

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anticipates more activities at Chase Farm as part of Option 1<sup>1</sup>. And the decision of the PCTs envisages the implementation of improvements to community and primary care services before the reductions in services, including the more limited A&E provision, are made at Chase Farm<sup>2</sup>.

- 6.14 It may be right that Option 1, even with the proposed additions, such as consultant led paediatric and older people's assessment units, might be accommodated at Chase Farm eventually without the need for any 'medical' building on the appeal site<sup>3</sup>. But, if the Independent Reconfiguration Panel require a rethink of the clinical strategy, then the land needed for any additional provision would have to be reconsidered as well. Hence, although implementation of Option 1 could continue, it is accepted that it would not be wise to make any irrevocable changes until the outcome of the request for referral to the Independent Reconfiguration Panel is known<sup>4</sup>. The claim is that it would be artificial to draw a distinction between irrevocable changes to clinical practice and irrevocable changes to the amount of land available at a health care site. And it is accepted that, although the clinical strategy might well be supported, that could not be guaranteed<sup>5</sup>. In those circumstances any distinction between irrevocable clinical changes and the irrevocable sale of land would be illogical.
- 6.15 Clearly, it is now impossible to be precise about what primary or hospital care service requirements might emerge from the Independent Reconfiguration Panel scrutiny. Hence, there can be no guarantee that some 2.83ha of the appeal site is now 'surplus to requirements'. In those circumstances, an irrevocable decision to sell almost ¼ of the Trust's estate at Chase Farm must be premature<sup>6</sup>.
- 6.16 In contrast, the only sense in which the land appears to ever have been treated as 'surplus to requirements' relates to the failed proposal emanating from the involvement of English Partnerships some 6 years ago. In 2002 English Partnerships seems to have identified the layout of the staff accommodation on the appeal site as being arranged at a relatively low density, so that redevelopment at a higher density on a smaller area of land to the east of Hunters Way would release part of the appeal site for private housing<sup>7</sup>. There is no evidence that the land was ever considered for other health care uses. And, the clinical strategy, on which the decisions were taken on the 11 December 2007, appears to have been developed on the assumption that the land for market housing would not be available because, since 2002, the Trust had assumed that it would be released for housing. Indeed, the minutes of the Board dated 11 September 2003 record that the agreement to 'note that the project represented a significant element of the Trust's financial recovery strategy'<sup>8</sup>
- 6.17 Of course, refusing permission now could result in some delay to the provision of modern key-worker housing at Chase Farm. But, in reality that is unlikely to extend to the 5 years suggested as stemming from a full adherence to proper NHS planning procedures. On the contrary, a further application could be submitted at any time once it was known:

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<sup>1</sup> Document 8

<sup>2</sup> ID27

<sup>3</sup> ID21 includes such units as does document 26.4

<sup>4</sup> Richard Harrison in cross-examination, albeit qualified to apply to 'clinical' decisions

<sup>5</sup> Richard Harrison in cross-examination

<sup>6</sup> Section 2 table 1

<sup>7</sup> Documents 10.1-10.5

<sup>8</sup> Document 10.3

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- what would be entailed in a finalised medium term clinical strategy, for both hospital and primary care; and,
  - that the chosen clinical strategy would be capable of meeting the needs of the community without utilising the appeal site; and,
  - that there would be no prospect of interest in the appeal site from other health care users.
- 6.18 The timescale in which to complete those tasks is in the hands of the Trust and the PCTs. It may be fairly short once the outcome of the Independent Reconfiguration Panel is known and some further work undertaken on the adjustments required to Option 1. Given the delay inherent in the further review even for the pursuit of Option 1, a refusal on the grounds of prematurity now would be justified when compared to the irreversible reduction in land available for health care purposes that would result from the grant of permission.

### *The health care provision in Enfield and NHS surplus land*

- 6.19 There are current shortages in the health care provision within Enfield; the Borough lacks 28 GPs<sup>1</sup>. Moreover, the decision of the 11 December 2007 included important caveats, one of which insisted that changes in the A&E service at Chase Farm should not take place until the PCTs were satisfied that 'community and primary care services would be able to accommodate changes in patient flows'<sup>2</sup>. The Enfield PCT has identified the need for 3 'polyclinics' as part of the primary care facilities required and, although 3 broad locations have been named as 'east of the A10', 'Southgate or Arnos Grove' and in 'Enfield town centre', no site has been identified<sup>3</sup>.
- 6.20 There is currently no adopted or unchallenged plan for the provision of health care in the Borough. Hence, there is no reliable analysis of the land needed to fulfil what might be required. For these reasons it is suggested that there never has been a wide enough consideration of whether the appeal site is surplus to health care requirements. It follows that there can be no reliable judgement now that it would not be needed in the short to medium term to meet the health care needs of Enfield in some form. And, even if such a judgement had been made, it would be reasonable to suspend it until the outcome of the independent review was known. In those circumstances, decreasing the land in health care ownership by about ¼ at an established health care site should not be countenanced. That is particularly important because the appeal site would offer a suitable location to accommodate a wide range of health care uses; it has an appropriate access from Hunters Way and is on the edge of the hospital site as a whole<sup>4</sup>.
- 6.21 The collected correspondence indicating an absence of interest in the appeal site from other health care providers does not demonstrate that it should be regarded as 'surplus to requirements' for health care purposes<sup>5</sup>. Acquiring the site would involve those bodies in accommodating a capital charge on an 'asset' of some £19.5m when, save perhaps for the hospitals 'benefiting' from PFI schemes, the plans for the provision of health care in the area are far from clear<sup>6</sup>. The time to test whether another health care organisation would seek to use the land is when the clinical strategy is finalised and the 'land-take' implications of implementation are realised. The health care organisations would not then be confronted with the question 'Do

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<sup>1</sup> Documents 25, 26 and 32

<sup>2</sup> Documents 8 and 8.2 and ID27

<sup>3</sup> ID27

<sup>4</sup> See above and section 2, table 1

<sup>5</sup> Document 10.7

<sup>6</sup> Documents 10 and 10.8

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you want this land now for £19.5m', but instead would have to consider, 'Is the Appeal site a competitive site in comparison to buying land in town centres or competing with housing developers for other sites that emerge?'

### *The key-worker scheme and NHS surplus land*

6.22 It is appropriate to consider the proposal for the key-worker housing separately from that for the market housing because the function of the development, the appearance and style of the buildings and the ownership of the land would be significantly different; and, the scheme would occupy a discrete part of the appeal site to the east of Hunters Way<sup>1</sup>. Insisting that the development should be described and treated as a single entity simply because it is enclosed by the 'red line' on the application plan ignores the way the development would actually function or appear<sup>2</sup>.

### *Density*

6.23 The density of the key-worker part of the site is 102.6d/h or almost 310hr/h. That would exceed the normally accepted range of 150–200hr/h or the enhanced range of up to 240hr/h acceptable close to major shopping centres where there is good public transport; the density of the surroundings is about 39d/h. In the London Plan the appropriate density for the appeal site is suggested as 50–80d/h. And, although no upper limit is indicated in Government policy, development should have regard to the characteristics of the area and be well-integrated with its surroundings.

6.24 The characteristics of the surrounding are:

- Two storey housing with only a few three storey blocks of flats;
- An open and green appearance;
- A low skyline enhanced by trees;
- Predominantly frontage development;
- Large tracts of open space between the backs of buildings;
- Some frontage open space and landscaping.

6.25 In contrast the key-worker site would present:

- Blocks of flats, mostly 4 storeys high;
- A closed appearance with little green space;
- A high skyline above tree level;
- No significant areas of open space;
- An urban, rather than a suburban feel.

6.26 The housing proposed for key-workers would clearly be substantially more intensive than its surroundings. The site coverage would be nearly 20% as opposed to about 15%; the plot ratio (the floor area as a proportion of site area) would be 81% compared to 28%; and, the open space per dwelling would amount to just 55m<sup>2</sup> rather than about 186m<sup>2</sup>. Moreover, the open space would not be distributed in a beneficial way, being scattered across the site in small parcels adjacent to the buildings or roadways. There would be no large communal area (except across the road in the market housing) and nothing to provide a focal point within the development. The buildings would be higher than most nearby, averaging over 4-storeys rather than the 2-storeys common in the vicinity<sup>3</sup>.

6.27 As a result, the key-worker scheme would stand out from the surroundings and be obtrusive. Views would be dominated by buildings, roadways and parking areas and

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<sup>1</sup> Document 20

<sup>2</sup> Document 14

<sup>3</sup> Documents 20, 21.2, 21.5 and 21.7

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the excessive density would impart a cramped and car dominated appearance to the layout.

### Height and scale

- 6.28 The surroundings consist predominantly of 2-storey, detached, semi-detached and terraced houses, although there are also some 2-storey flats and maisonettes and some exceptions, as at the sheltered housing development in Albuhera Close. The suburban scene is enhanced by mature trees and verdant gardens. The impression is of an area developed on a low scale with substantial areas of open space to provide separation between buildings and visual amenity for residents and visitors<sup>1</sup>.
- 6.29 In contrast, the flats for key-workers would rise to 4 or 4.5-storeys and the physical dominance of such buildings would be accentuated by the rise in the land between the appeal site and the nearest residential properties. Hence, the skyline of the flats would be significantly above that of the nearby dwellings and even that of existing trees. The visual impact would be all the more evident due to the need to remove several trees to accommodate the scheme. Each of the 7 blocks would occupy a footprint several times larger than an individual house and the buildings would be positioned close together, sometimes as little as 3m apart. Being arranged towards the perimeter of the site, they would present a more or less continuous wall of development along the site boundaries; and, the buildings, the access roads and parking areas would occupy most of the site, leaving comparatively little space for planting and landscaping. The overall impression would be of a large-scale development with closely-packed buildings, substantial massing and relatively little open space. The proposal would thus intrude into the street scene, rising above surrounding development and disrupting the suburban skyline and, due to its excessive scale and limited open space, it would appear out of character with the surrounding area<sup>2</sup>.
- 6.30 It is accepted that there is no requirement to simply mimic the scale and density of surrounding buildings<sup>3</sup>. But the contrast created here would be damaging. Even allowing for the bulk and scale of the hospital buildings, the key-worker housing proposed would not represent a transition in built form from the surrounding suburbs to the hospital, but an intrusion of hospital-scale buildings towards the modest dwellings nearby<sup>4</sup>.

### Amenity

- 6.31 The properties likely to be affected by the proposed development are those that share a common boundary along the south side of the appeal site. These are the modernistic blocks in the sheltered housing scheme at the end of Albuhera Close, and the bungalows around the cul-de-sac at the end of Shooters Road<sup>5</sup>.
- 6.32 There are windows in 2 of the sheltered housing blocks facing the appeal site across the access balcony. Although those are windows into kitchens and bathrooms, the former is likely to be a frequently-used room; the balcony would also be used for access. The proposed development would place the end of a 4-storey block about 20m away and create a wall of 4.5 storey development some 50m away. Those buildings would be dominant and they would significantly effect the existing outlook

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<sup>1</sup> Section 2 and document 20

<sup>2</sup> Documents 20, 21.4 and 21.7

<sup>3</sup> Document 21.6

<sup>4</sup> Document 21.10

<sup>5</sup> Document 20

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across open land and towards 2-storey housing<sup>1</sup>.

- 6.33 The rear elevations of the bungalows at the end of Shooters Road face the appeal site at an angle and contain windows for the kitchen and living room and, often, a sun lounge. The scheme would result in the side elevation of a 2.5 storey block on the rising ground just 10m from the garden of No.19 Shooters Road and about 20m from the rear elevation there. In spite of the intervening vegetation, the new building would present a bulky and obtrusive presence close to the adjacent modest garden and radically alter the sylvan scene currently enjoyed. The bungalows at Nos.17 and 18 Shooters Road would face 4 and 4.5 storey blocks, positioned on higher ground, some 40m and 50m away from the rear elevations and about 35m from the rear gardens. At that distance, the new buildings would have a dominating effect upon the outlook currently enjoyed<sup>2</sup>.

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<sup>1</sup> Document 20

<sup>2</sup> Documents 20 and 21.10

## 7. The case for the Save Chase Farm Group

### *Planning policy and NHS surplus land*

- 7.1 The planning application was turned down because it was premature and because the density, height and scale of the key-worker scheme would be out of character with the surroundings and impinge on the amenities of nearby residential properties<sup>1</sup>. Importantly, the policies in the UDP and the London Plan can serve to safeguard land in health care use<sup>2</sup>.
- 7.2 The experience in Enfield is not only that health care provision has been reduced but also that land used for that purpose has been whittled away in a piecemeal fashion. For example, Highlands Hospital was closed on the understanding that suitable facilities would be provided at Chase Farm. In the event, just the Highlands Wing was provided at Chase Farm, albeit now part of the existing 'useful' building stock, while the site of the old hospital is now used for housing<sup>3</sup>. And, land on the edge of the estate at Chase Farm has, similarly, been sold for open market housing; 2 sites, one beside Hunters Way and one on The Ridgeway, now accommodate some 38 dwellings, mainly apartments<sup>4</sup>. The appeal proposal thus represents a third tranche of land to be axed from the NHS. The land to be disposed of is substantial, amounting to nearly ¼ of the estate that would remain under the control of the Trust at Chase Farm<sup>5</sup>. The Development Plan should prevent this unacceptable erosion of essential health care services and land. This misplaced determination on the part of the local NHS to dispose of its assets in a hasty and piecemeal fashion is getting in the way of a clear vision of Enfield's health care needs.

### *The need for key-worker housing and NHS surplus land*

- 7.3 If it is now really necessary to develop housing for key-workers here, and the inertia that has existed for the last half century or so would suggest that that may not be so, then it is important that the scheme should comply with planning policies. It is clear that the scheme does not meet the targets set in the London Plan and that it does not comply with policies 3A.7 and 3A.8. This is because, an affordable housing quota of 50% could be met and still leave the Trust with a surplus over the 'residual value' that would have accrued when the scheme was first submitted<sup>6</sup>. If the Trust were prepared to pursue the scheme when the 'residual value' was £7.8m, then it is hard to see why achieving a value of £15.7m could be regarded as 'achieving the maximum reasonable amount of affordable housing' here<sup>7</sup>.

### *The provision at Chase Farm and NHS surplus land*

- 7.4 This appeal was adjourned in September 2007 partly because the consultation on the reconfiguration of health care services was still in progress and it was hoped that greater clarity would be achieved awaiting the outcome of that exercise<sup>8</sup>. However, the decision to refer the decision of the PCTs to the Secretary of State for Health has resulted in even less clarity about the future configuration of services in Enfield than

<sup>1</sup> CD17

<sup>2</sup> Document 25.3

<sup>3</sup> Document 26 and plan B

<sup>4</sup> Document 25.7 and 26.8

<sup>5</sup> Section 2, table 1

<sup>6</sup> Document 9

<sup>7</sup> As required by policy 3A.8 of the London Plan

<sup>8</sup> Document 37

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previously<sup>1</sup>. It is suggested that no irrevocable decision should be made now by the Trust or the PCTs pending the referral and intervention by the Independent Reconfiguration Panel specially set up as an independent expert on changes to the Health Service in 2003 to provide advice to the Secretary of State for Health on disputed proposals for change<sup>2</sup>. Obviously, the sale of land is an irrevocable act.

- 7.5 To add to the uncertainty, the decision by the PCTs was accompanied by caveats promising further study, investment and an upgrade in local health services before the reconfiguration envisaged under Option 1 is undertaken at Chase Farm<sup>3</sup>. Some of those caveats might alter the reconfiguration required at Chase Farm. For example, an independent, clinically-led review is to determine which types and what volumes of inpatient elective surgery should be accommodated there. Given that key stakeholders, including representatives of patients and the public, are to be involved in that process, it may be premature to see every possibility resulting in a reduction. Certainly, detailed implementation plans have not yet been produced.

### *The health care provision in Enfield and NHS surplus land*

- 7.6 In addition, the promises for further study and investment entailed in the decision of 11<sup>th</sup> December 2007 included upgrades in local health services throughout the Borough<sup>4</sup>. For example, changes to A&E services at Chase Farm are only to be implemented when the PCTs are satisfied not only that there is capacity at Barnet and North Middlesex hospitals, but also that community and primary care services would be able to accommodate changes in patient flows.
- 7.7 There are serious deficiencies in community and primary care services in Enfield. The PCT indicates that 66% of GP premises are not adequate<sup>5</sup>. It also identifies a need for 3 'polyclinics' as part of the primary care provision, including one in 'Enfield town centre'<sup>6</sup>.
- 7.8 No site for any of the polyclinics has been identified and there is no obvious site for such a facility in Enfield town centre. The suggested possibility of providing some sort of 'virtual' polyclinic among the existing buildings at Chase Farm does not appear to be commensurate with the descriptions set out in Lord Darzi's report<sup>7</sup>. The lack of identified sites to accommodate the health care provision required in the Borough might not matter quite so much if there was not already a clear history of the PCT failing to deliver programmes for improvement due to the inability to identify appropriate sites in the past. For example:
- Attempts to transform GP's surgeries into 'health centres' with the Local Improvement Finance Trust scheme seems to have been abandoned partly because available land could not be found. The scheme originally envisaged 10 capital projects within 10 years across Enfield, Barnet and Haringey in 2003. By 2004 the first phase included 7 schemes to establish 'health centres'. Currently, some 5 years after its inauguration, 3 centres, not always quite as envisaged, have opened. The recommendation to re-establish the

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<sup>1</sup> ID21 and ID25, the Joint Borough Health Scrutiny Panel decided to refer the decision of the 3 PCTs, made on 11 December 2007, to the Secretary of State for Health on 21 January 2008.

<sup>2</sup> Document 26

<sup>3</sup> ID.27

<sup>4</sup> ID.27

<sup>5</sup> Minutes of the Barnet, Enfield, and Haringey Joint Health Scrutiny Committee 14 September 2007. The Deputy Chief Executive and Director of Turnaround and Primary Care, EPCT responded 'However 66% of GP practises were still unsuitable'.

<sup>6</sup> ID27

<sup>7</sup> Document 25.5

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LIFT (Local Improvement Finance Trust) programme was made by Professor Alberti in assessing the implementation of options at Chase Farm<sup>1</sup>.

- When the mental health provision offered from the Oaks and Elms wards at the old Highland Hospital was closed, it took 8 years to eventually relocate the facility at Chase Farm because nowhere suitable could be identified<sup>2</sup>.
- The attempt to locate a site for an NHS drug and alcohol treatment centre examined 97 sites. As none could be found that were suitable, the NHS asked the Council for help<sup>3</sup>.
- There is also an application to use a site in the Green Belt to 'replace' a Cheshire Home because it is claimed that no suitable site could otherwise be identified<sup>4</sup>.

7.9 The above demonstrates that there is a very clear need for land to accommodate premises and facilities required for health care purposes in the Borough. Such land is in short supply and it would be inappropriate to sell off a large tract of land already used for health care purposes at this stage. Moreover, the uncertainty relating to the local reconfiguration of facilities is exacerbated by the current London-wide consultation on Lord Darzi's vision of greater provision of health care services within the community. As yet there has been no resolution of where to provide the primary and secondary care facilities necessary for the implementation of that vision.

7.10 In the light of the London-wide consultation and the referral of the clinical strategy embodied in Option 1 to the Independent Reconfiguration Panel, the sale of the land within the appeal site appears as a desperate attempt to reduce debts and improve the cash flow of the Trust. The claim that such a sale is needed to reinvest in health care is not convincing. There is no guarantee that the proceeds would be ring-fenced for improving health care facilities locally. Indeed, all that could be alluded to was a sort of 'gentlemen's agreement' that the Trust might expect some help with the investment necessary to undertake the reconfiguration of services intended as a *quid pro quo* for the receipts generated by the sale<sup>5</sup>. Entire hospitals have been sold in Enfield on the basis of similar 'agreements', resulting in a very modest return on the health care of Enfield residents<sup>6</sup>.

7.11 Worse still, the successful reconfiguration of services, either as proposed under Option 1 in conjunction with the specified caveats, or as reviewed by the Independent Reconfiguration Panel, or as emerging from the on-going London-wide consultation, must be largely dependent on the financial and managerial capacity of the local NHS managers. There must be some doubt that they would all be 'up to the job'. Since the start of the Inquiry the Chief Executive of the Enfield PCT has left her position and the PCT is currently being managed by an Acting Interim Chief Executive from the Haringey PCT<sup>7</sup>. Prior to that change in leadership an audit of the PCT's financial position raised serious questions about the financial and managerial competence of the PCT<sup>8</sup>.

### ***The key-worker scheme and NHS surplus land***

7.12 The proposed key worker housing layout includes blocks of flats which would be of

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<sup>1</sup> Documents 25.4 and 32

<sup>2</sup> Document 26

<sup>3</sup> Document 26

<sup>4</sup> Document 26.11

<sup>5</sup> Documents 8 and 10 and in cross examination

<sup>6</sup> Document 26

<sup>7</sup> Document 26

<sup>8</sup> Document 26.3, see also documents 26.4 and 26.6

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excessive height and scale having regard to the character of the area and their siting in relation to adjoining residential properties. The proposal would not have appropriate regard to its surroundings and detract from the amenities of adjoining occupiers contrary to the policies that apply. An excessive density would pertain in the key worker housing, resulting in a poor scheme, which should be rejected<sup>1</sup>. The creation of a scheme involving lower buildings and a more spacious layout might usefully extend on to the site to be sold for market housing.

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<sup>1</sup> From the reasons for refusal, section 1

## 8. The cases for other organisations and individuals

### *The Federation of Enfield Residents and Allied Associations & the Federation of Enfield Community Associations*

- 8.1 Granting planning permission for 279 dwellings at Chase Farm would severely prejudice the quality of life for existing residents in the Borough<sup>1</sup>.
- 8.2 The provision of health care within the Borough is poor. There is a ratio of 2363 patients for every GP. This is some 30% below the NHS recommended ratio of one GP for every 1800 patients, against which Enfield would require a further 28 GPs. In Barnet, where secondary health care is to be concentrated under Option 1, the ratio is 1:1788. If Enfield patients were to enjoy a similar provision, then a further 38 GPs would be required. As yet there is no clear timeline for the provision of the health facilities stated to be required and neither the Hospital Trust nor the PCT appear able to provide one.
- 8.3 Some years ago when the PCT tried to find land in the Palmers Green for a LIFT Health Centre. None could be identified. To date, only one centre (at Forest Road) has opened in Enfield, although the initial programme identified a requirement for 5. Hence, it may well be that the appeal site would be needed to build new facilities, or to replace those currently under threat or to provide accommodation for more GPs.
- 8.4 Other facilities are also under pressure. The 2 primary schools in Highlands ward, in which Chase Farm Hospital stands, are both over-subscribed, refusing entry to 68 and 30 pupils at Grange Park and Merryhills, respectively. It is acknowledged that an education contribution is to be offered in connection with the scheme. The heavy rainfall during the summer has resulted in manhole covers lifting in the lower lying areas of the Borough. And, the public transport system offers crowded, intermittent bus services (particularly on the east to west routes) and packed commuter trains. The roads are also congested.

### *The Enfield Society*

#### *Planning policy*

- 8.5 Evidence indicates that other NHS organisations are not interested in acquiring the appeal site<sup>2</sup>. But, even if that is right, non-NHS care institutions might be interested. No evidence is adduced. In that respect the Arnold House Cheshire Home at 66 The Ridgeway, only a few hundred yards from Chase Farm, having gained approval for residential redevelopment of its site, has appealed against refusal of permission for the home to be rebuilt on Green Belt land nearby<sup>3</sup>. There is to be a public inquiry. In arguing that 'very special circumstances' should justify such development an essential need to maintain existing relationships with local service providers (such as Enfield hospitals) was claimed, so precluding relocation elsewhere. In addition, the inability to find a suitable site outside the Green Belt was asserted to warrant otherwise inappropriate development within it. The search for a suitable site was conducted by Gluttons in 2006 over a very large area specifying a site between 0.75 and 1.5ha within or around Enfield that was reasonably flat, free of constraints (such as contamination and flooding) and likely to be available within 2 years. The Chase Farm and Barnet Hospitals Trust and the Enfield and Barnet Primary Care Trusts were contacted, but gave a negative

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<sup>1</sup> Document 32

<sup>2</sup> Document 10.7

<sup>3</sup> Document 29

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response. This demonstrates first, that suitable sites for the provision of health care or similar services are likely to be difficult to find: and second, that the failure to identify suitable sites can, all too easily, result in pressure to undermine other long established planning policies.

### The need for key worker housing

8.6 The need for key-worker housing is accepted. But it is difficult to see why that need is now so urgent when no such accommodation was provided in connection with the 2 residential schemes previously permitted and currently completed or under construction. There was then merely a vague intention 'to bring forward a further outline application within the near future' that would 'include both key-worker and an element of affordable housing'. That would justify treating the piecemeal residential development of sites for around the hospital as a whole, with a commensurate requirement to provide affordable housing. The reason advanced to avoid such a requirement at the time ignored any need for key-worker housing. Instead different intention was mooted 'to reinvest capital receipts from the sale of the land to undertake planned capital projects to improve care facilities of the Hospital and in the local borough. Provision of an element of affordable housing in this small scale would significantly reduce the capital receipt' so reducing 'their reinvestment ability'<sup>1</sup>.

### The health care provision at Chase Farm and in Enfield

8.7 Although Option 1 has been chosen, albeit contested, the concern is that it is just another example of selling off local NHS resources to the detriment of health care provision in the locality. This has been the net effect of the muddled management pursued over the last quarter of a century. During that time the Enfield War Memorial Hospital, the Highlands General Hospital, the South Lodge Infectious Diseases Hospital and St. Michael's Geriatric Hospital have all been closed or significantly reduced. Always it has been claimed that a better service would result<sup>2</sup>. That is, self-evidently false.

8.8 If the local health service is to break out of this cycle of closure and failure a new approach is needed. A coherent plan is required. That is still not available for, although Option 1 has been adopted, it is challenged and, in any case, its implementation is subject to several caveats, the outcome of which is unknown<sup>3</sup>. Perhaps the inadequacy of the Trust's approach to such planning is demonstrated by the pursuit of this scheme in the middle of the consultation exercise. A comparison between the current vestigial 'Development Control Plan' and the work that went into producing earlier, now abandoned site development strategies, also demonstrates the point. The 1999 Site Development Strategy, produced in conjunction with a planning application for the redevelopment of the Chase Farm site, runs to 76 pages, with a further 37 as appendices; it includes sections on planning policy, site layout, transportation (incorporating a travel survey) and environmental quality and it outlines the future use of every building on the site. In contrast, there are just 6 plans, with minimal accompanying text, in the current Development Control Plan<sup>4</sup>.

8.9 The deficiencies of the Development Control Plan<sup>5</sup> are compounded by the evidence submitted, which is sometimes misleading. Hence the statement in the Review

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<sup>1</sup> Document 28

<sup>2</sup> Document 28

<sup>3</sup> ID27 and ID25

<sup>4</sup> Document 28

<sup>5</sup> CD13

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undertaken by the Kings Fund that the status quo 'is not an option', is not made in support Option 1 but as a criticism of the ongoing under-performance of the local NHS Trusts. Nor does the noted inconsistency of purporting to seek care provision closer to people's homes while concentrating services in fewer, larger and less local hospitals, suggest support for either option subjected to consultation here<sup>1</sup>.

- 8.10 The review indicates that primary care services should be in place before the A&E facility at Chase Farm is downgraded<sup>2</sup>. Previous measures to improve primary care services included practice-based commissioning. This produced greater efficiency and better outcomes and a pilot example in Enfield during the 1990s (the New River Total Care Project) demonstrated that new services could be introduced while making savings<sup>3</sup>. But, having been abandoned subsequently, GP commissioning would now need time to achieve benefits. The review by Professor Alberti also advocates an improvement in primary care services before the facilities at Chase Farm are reduced; the travel required between Chase Farm and Barnet is raised as a weakness in the options proffered<sup>4</sup>. The availability of improved primary health care facilities is a crucial part of Lord Darzi's London-wide proposal<sup>5</sup>. If most care is to be provided in polyclinics linked to GPs, with hospitals and elective centres seeing just 11% of patients<sup>6</sup>, then a network of suitable clinics must be in place. Sites for such facilities must be found. That requires, as Lord Darzi recommends, that the NHS must work with its partners, including the London boroughs. But, currently the local health service is at odds with the Borough of Enfield over the way forward<sup>7</sup>.
- 8.11 For all those reasons, it would be illogical to restrict future possibilities by disposing of a substantial part of the estate at Chase Farm without being certain that the sale is part of a coherent and sustainable plan.

#### The key-worker scheme

- 8.12 Back in the 1960s, when the nurses' homes on the appeal site were being constructed, the Enfield Preservation Society donated trees for planting around the perimeter<sup>8</sup>. Much of that accommodation was well built to a sound and straightforward design. It is only its subsequent long standing neglect that has reduced to its current unsightly state<sup>9</sup>.
- 8.13 It is suggested that the scale of the development proposed ought to allow for an innovative and outstanding design, capable of enhancing the surroundings. Redevelopment should not proceed in a piecemeal fashion. The possibility that the whole frontage could be filled with housing of the dismal design and quality exhibited by the 2 permitted schemes is discouraging. Although this is an outline application, the current building under way and the indications available, suggest that the proposal would result in a mediocre development, at best. That is another reason why granting planning permission at this stage would be premature and wrong.

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<sup>1</sup> Document 29 and quotes in document 25

<sup>2</sup> As does document 25.4

<sup>3</sup> ID2

<sup>4</sup> Document 25.4

<sup>5</sup> Document 25.5

<sup>6</sup> Document 25.8

<sup>7</sup> Document 26.10 and ID25

<sup>8</sup> There are some nostalgic pictures in the estate offices

<sup>9</sup> Document 10.1

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## ***Bush Hill Park Conservation Area & Conservation Area Advisory Group***

### ***Planning policy***

8.14 The UDP predates the London Plan by a decade, so that although both policy documents are generally compatible regarding the delivery of community services and health care, there is more detail in the latter. There is an obligation, expressed through a raft of policies, for the local authority to assist with the delivery of community services and health care through the planning process. However, that requires co-operation from the provider<sup>1</sup>.

### ***The need for key worker housing***

8.15 It is claimed that the proposal is to provide better accommodation for key-workers, to recruit and retain key staff and to invest the balance in improvements to medical provision at Chase Farm. It is argued that, with 41% of the dwellings providing affordable homes, the residual value of the land would be below its 'valuation', so no further provision could reasonably be sought. Indeed, such a 'loss' would only be justified because there is a need to provide that amount of affordable housing. However, that ignores the dwellings already under construction or built<sup>2</sup>. Such piecemeal disposal around the periphery of the hospital site is indicative of the absence of a properly thought out plan.

8.16 Moreover, the distribution of provision between Barnet and Chase Farm has little to do with the need for key-worker accommodation. It appears that, because land is more valuable in Barnet than at Chase Farm, the latter is required to accommodate most of the affordable units. If, as claimed, the number of single units across both sites should be as currently occupied, (estimated as 257), then the number required at Chase Farm should be closer to 200 rather than the 115 proposed<sup>3</sup>.

### ***The health care provision at Chase Farm and in Enfield***

8.17 Central to this issue is the absence of a comprehensive health care policy for the Borough. Indeed, the Hospital Trust initially sought approval to dispose of this land in the middle of consulting residents on the 2 options proffered. Requests to expand the options have been resisted. Neither option was the preferred solution of the Council or local people. It would appear that the scheme is really finance driven<sup>4</sup>.

### ***The key-worker scheme***

8.18 Design is secondary here, since the scheme for key-worker accommodation is an outline application and some of the objections to the current scheme could be overcome through re-design and negotiation, or even a future planning application. Nevertheless, the massing, height, disposition and density of the current scheme are considered unacceptable; the development would be out of scale with its surroundings and detract from the amenities of adjoining occupiers, contrary to planning policy<sup>5</sup>.

## ***Chalk Lane Area Residents Association***

8.19 The land for disposal at Chase Farm should not be regarded as 'surplus to requirements'. Not only have the future health care needs been inadequately assessed, but also the present plans for future provision are far from assured. The

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<sup>1</sup> Document 30

<sup>2</sup> Document 30

<sup>3</sup> Document 30

<sup>4</sup> Document 31

<sup>5</sup> Document 30

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current adoption of Option 1 involves the concentration of facilities on what is quite a small site at Barnet where parking is a problem. Moreover, although the consultation exercise resulted in most people who chose an option selecting Option 1, only a third of all participants actually did so<sup>1</sup>.

- 8.20 Appropriate options at Chase Farm may have been ill-considered because of its run-down appearance and the enormous back-log of maintenance, resulting from the chronic deficits accrued by the Hospital Trust.

*Other representations made at the Inquiry*

- 8.21 Mrs Beard<sup>2</sup> lives at Broxbourne where there is no hospital nearby. If Chase Farm were to be down graded she would probably travel to Stevenage rather than Welwyn. However, Barnet would be difficult to get to and the plans to concentrate medical care there do not appear to have given sufficient attention to difficulty of travelling between the 2 establishments. There would be a far greater use of ambulances to cater for the estimated daily need for some 80 trips from the limited A&E facility at Chase Farm to Barnet. Patients might also need to be transferred from the assessment facilities at Chase Farm for surgery elsewhere and then returned; there are indications that some 220 trips could be involved.
- 8.22 It is inappropriate and premature to dispose of land at Chase Farm in the absence of a 'master plan' for the whole site and before the outcome of the public consultation exercise is finally settled. All appear to be agreed improvements in primary care services are required before the facilities at Chase Farm are reduced. The difficulty of finding sites for such facilities suggests that the appeal site should not be disposed of until suitable land can be secured.
- 8.23 Mrs Henthorn is a retired nurse. The current state of the accommodation on the site is a disgrace. It appears that almost no maintenance has been undertaken. Paint is now peeling and window frames are rotten in accommodation that ought to be structurally sound.
- 8.24 Tony Kingsnorth<sup>3</sup> submits a transcript of answers by Lord Darzi to the Parliamentary Health Committee. He suggests that the replies indicate that the emerging reconfiguration envisaged for London is expected to take place on NHS land. A central focus of the reconfiguration is also that it should provide health care services that are local. In that context, it would be inappropriate to dispose of land at Chase Farm when nothing has been finalised, either locally or across London as a whole.

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<sup>1</sup> Document 33

<sup>2</sup> Document 38 (nos.115, 116 and 124)

<sup>3</sup> Document 34

## 9. Written Representations

### *In respect of the appeal*

- 9.1 About 160 letters were submitted to the Inspectorate in relation to the appeal, including notification that some 20 or so letters were returned because they were submitted after the deadline of 15 June 2007. All those letters objected to the proposal<sup>1</sup>.
- 9.2 Typical concerns included:
- support for the reasons for refusal;
  - that disposal of land now would be inappropriate and premature in the absence of a 'master plan' and when consultation on the options remained incomplete;
  - that the scheme would be contrary to the advice in PPS1 and unsustainable as the Hospital is the centre of a large catchment and the distance travelled between Barnet and Chase Farm would increase CO2 emissions and add to travel on the M25;
  - that the development would represent a further piecemeal proposal;
  - that there would be a reduction in key-worker homes at Chase Farm from some 286 to 115, or by about 60%;
  - that new homes for sale would add to private housing;
  - that traffic would increase by some 1170 trips a day mainly due to the private housing, whereas now all the housing is provided for people working on site;
  - that the scheme includes 373 car parking spaces;
  - that accidents might increase;
  - that the ambulances journey times quoted would not be replicated in practice;
  - that the provision of affordable housing only amounts to 41% of the units in spite of the previous piecemeal residential development on hospital land without the provision of any affordable housing

### *In respect of the application*

- 9.3 The application was notified to 480 adjoining and nearby properties. Some 46 individual letters were received objecting to the scheme raising concerns that included<sup>2</sup>:
- The loss of an important and under used hospital facility that should be treated as a potential asset;
  - The disrepair of the buildings on the site;
  - The impact of increasing housing density on overstretched facilities and infrastructure;
  - That a better use of the site would be to provide additional low cost parking for hospital staff;
  - The lack of a long term medical strategy and the downgrading of hospital services, including A&E;
  - The reduction in the number of key-worker homes and their replacement with private housing;
  - The difficulty of accessing Hardy Way;
  - The parking of hospital staff in surrounding streets because parking provision is inadequate and the need to restrict the surrounding streets to residents parking;

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<sup>1</sup> Document 38

<sup>2</sup> CD17

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- Increased traffic generation and congestion especially at peak hours;
  - The need for highway improvements to include works at the main hospital entrance;
  - The delay to buses resulting from traffic congestion;
  - The increase in noise and the change to the outlook of residents, including the loss of mature trees;
  - The impact on daylight, sunlight and privacy to dwellings in Shooters Road resulting from siting of key-worker blocks close to boundary;
  - The excessive height and density of the blocks and the over development of the site with four storey buildings out of character with the surroundings;
  - The impact on the water supply and other services, including schools that are already over subscribed;
  - The precedent for further piecemeal development of the hospital site.
- 9.4 In addition, 164 proforma letters were received from Enfield residents and 22 from elsewhere that raised objections relating to:
- The lack of an overall plan or strategy for the hospital site;
  - The reduction in the number of key-worker homes; and,
  - The increased traffic likely to be generated and highway safety issues.
- 9.5 A further 16 proforma letters raised objections focusing only on the increased traffic and reduced highway safety. And, some 49 unaddressed responses were received objecting to the proposal in similar terms to the objections listed above.
- 9.6 Representations were made by the Save Chase Farm Group, by Enfield Preservation Society, by FERRA and by the Lymington Court Residents Association.
- 9.7 Consultation responses from the Environment Agency indicate that the flood risk assessment is satisfactory. There is support for the scheme from Enfield PCT. And, the London Fire & Emergency Planning Authority were satisfied with the proposal.

## 10. Conclusions

- 10.1 The appeal site and its surroundings are described in section 2 and the main features of the proposal, including the proffered section 106 Undertaking and conditions, are outlined in section 3. The numbers in square brackets below are references to previous paragraphs in this report.
- 10.2 I find that the main focus here is the basis on which land at Chase Farm Hospital might be deemed 'surplus to requirements' and released for non-health-care purposes, bearing in mind that the sale of the 'market housing site' would contribute to the provision of accommodation for key-workers, including those employed by the Hospital Trust. I approach the issues raised by addressing the following questions:
- Would the proposal accord with the Development Plan both,
    - as an acceptable land use, and
    - as an appropriate use of a scarce resource (namely, 'health care land')?
  - Would the project appropriately provide for key-worker accommodation that would:
    - meet a properly identified requirement at the hospital, and
    - accord with the relevant provisions of the London Plan?
  - Would the 'market housing site' be 'surplus to requirements' in relation to the role envisaged for Chase Farm Hospital under Option 1?
  - Would the 'market housing site' be 'surplus to requirements' in relation to the provision of health care services in Enfield as envisaged under the emerging London-wide proposals and by the Enfield PCT?
  - Would the layout and details envisaged for the key-worker accommodation be likely to result in an acceptable scheme?
- 10.3 Finally, I address the reason given for the recovery of the appeal by relating some of the answers to the questions outlined above to considering how the scheme might contribute to:
- achieving a better balance between housing demand and supply, and
  - the creation of high quality sustainable mixed communities.
- 10.4 The list of conditions discussed at the Inquiry is set out in an annex attached to this report. The appropriate form of one or two conditions is considered at the end of this section. The proposal is subject to a section 106 Undertaking.

### *Planning policy and NHS surplus land*

- 10.5 The Development Plan consists of the Enfield UDP and the London Plan. The Plans were adopted in 1994 and 2004, respectively; hence, the London Plan is the more up-to-date document. The policies referred to in the reasons for refusal are all 'saved'. [5.1]

### *An acceptable land use*

- 10.6 The proposal involves the re-use and redevelopment of unused and under-used land for both 'market' and 'affordable' housing. That is, in itself, an important local and national planning objective. The scheme would fulfil others. It would increase the housing supply in London, provide modern accommodation for key-workers and involve the use of previously developed land. It would do more, for the site is relatively accessible by public transport and the location of key-worker housing beside the hospital would reduce 'travel to work', so integrating the distribution of housing and the work place. And, at least in principle, the intention to build at higher densities would represent a 'good use' of land and contribute to the creation

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of a 'compact city'; no insurmountable traffic problem has been identified. The position of the site at the edge of the hospital campus and adjacent to the suburban surroundings would make its use for housing and key-worker accommodation particularly apt. Indeed, permission for 2 previous residential schemes on 'hospital' land nearby demonstrates the point. [sections 2, 3 and 4, 5.2-5.4, 5.16]

10.7 The scheme would also entail the modernisation of the existing very poor accommodation for key-workers and complement the implementation of the currently adopted clinical strategy. In those respects it would accord with policy 3A.17 of the London Plan as long as it promoted the aims of an 'NHS Plan' or a 'Local Delivery Plan' or a 'Modernisation Programme' and the organisation and delivery of health care in the Borough. The appellants' claim that, at least as currently envisaged under Option 1, the proposal would fulfil all those requirements. If they are right, it would follow that, subject to the details of the scheme being acceptable, the proposal would accord with relevant planning policies unless the implementation of Option 1 were to involve such uncertainty that permission for the appeal proposal now would actually risk jeopardising the organisation and delivery of health care in the Borough. I apply that test below in relation to the Development Plan, the need for key-worker housing, the implementation of Option 1 and the health care provision in the Borough. [section 2, 5.2-5.4]

#### An appropriate use of a scarce resource

10.8 The appellants suggest that policies 3A.17 and 3A.18 of the London Plan indicate that it is for the Secretary of State for Health and the PCTs to identify preferred areas for additional health care facilities; sites not identified as such in an appropriate land use Plan should not be safeguarded by local planning authorities. Hence, as the appeal site is not specifically identified as a preferred area for additional health care facilities, the refusal of planning permission should be regarded as an inappropriate attempt to safeguard unwanted land in the wrong place, thereby undermining the realisation of an asset capable of contributing to the acquisition of an alternative site in a 'preferred' location. The land use policy to promote the aims of an 'NHS Plan' would thus warrant permission for the proposal and appropriately reflect NHS policy only to retain land required by the provider of health care services. The latter aim is fostered by the levy of a capital charge on land and buildings amounting to about £0.8m annually in relation to the appeal site. [5,7-5.12]

10.9 I take a slightly different view. First, a proper reading of the policies in the London Plan (and a possible reading of policy (II)GD10 in the UDP) indicates that a partnership between health authorities and local planning authorities should be adopted in promoting the plans and programmes of the former. The word is actually used in the text of policy 3A.17, referred to in policy 3A.18. And, although health authorities are to itemise the health care provision required, the preferred locations for such facilities are to be identified by reference to typical land use planning criteria. Of course, the acceptability of a proposal in relation to those criteria would almost always be a matter for the local planning authority, hence the need for a partnership approach. So, although it may well be up to health authorities to identify the sort of health care facilities required, local planning authorities have a legitimate role to play in identifying and safeguarding the preferred locations to accommodate them. [5,7-5.11, 6.1, 6.3, 7.1]

10.10 Second, it is not self-evident that the appeal site is not part of a preferred location for the provision of health care services. The appeal proposal merely indicates that the Hospital Trust seek to dispose of it for housing and the submitted letters purport

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to explain that other NHS bodies do not require it now. (Some aspects of those decisions will be examined later.) But, the site would actually meet many of the land use planning criteria relevant to the identification of a 'preferred location' for a health care facility. It is part of Chase Farm campus. Chase Farm itself now functions as a district general hospital and it is intended to continue to provide hospital facilities in all envisaged options for change. The campus accommodates other health care provisions, both in private and mental hospitals. It is clear that this location must remain as an important 'preferred location' to accommodate health care facilities. Moreover, it is relatively accessible by public transport. [Section 2, 5.7-5.11, 6.2]

- 10.11 Third, the site earmarked for disposal would be of a substantial size. It would amount to almost  $\frac{1}{4}$  of the land that would be retained in the Trust's ownership at Chase Farm though, with the sites that have already been sold, it would be equivalent to about  $\frac{1}{3}$  of the land remaining at the hospital. In relation to the whole of the campus, it would be equivalent to about 13% rising, with the addition of the sites previously sold, to about 18%. The extent of the land alone would constitute a useful resource. But, the location of such a large site close to what is to remain as a substantial health care facility in an accessible location would warrant a careful approach to its disposal. That would justify, to my mind, scrutiny by the local planning authority to ensure that such a resource was not to be squandered and that the land to be sold was properly 'surplus to requirements'. [Section 2, table 1, 5.7-5.11, 6.2, 7.2]
- 10.12 It seems to me that there are very good reasons for adopting such an approach in Enfield. It will be shown later that there is a need to identify sites within the Borough for health care facilities to rectify inadequacies in the current provision and to implement the mooted reorganisation. No specific site to accommodate any such facility has been identified by any health authority. That might not matter much if past experience or current information were to indicate that the identification of suitable sites would not cause problems. But, the evidence adduced offers cogent reasons to the contrary. [6.3, 7.2]
- 10.13 First, it has proved difficult to find locations to accommodate some health care projects. That is illustrated by the need to trawl through some 97 sites for an NHS drug and alcohol treatment centre without success before calling for help from the Council. Second, the failure to properly identify suitable sites has resulted in damage to the delivery of health care within the Borough. That is illustrated by the stalled programme to substantially upgrade primary care facilities through the Local Improvement Finance Trust (LIFT) initiative; there remains an acknowledged deficiency in most GP surgeries within Enfield. And the closure of the Oaks and Elms wards at the old Highland Hospital took 8 years to eventually relocate at (ironically) Chase Farm because no other suitable site could be found. [6.3, 7.2, 7.8, 7.9, 8.3]
- 10.14 Third, the absence of suitably identified sites for health care purposes can, all too easily, result in pressure to relax long established and important planning policies. That is illustrated by the application to 'replace' a Cheshire Home on Green Belt land, citing the absence of suitable sites as constituting 'very special circumstances' for permitting such development elsewhere. The repetition of similar schemes could be very damaging, in my opinion. [5.36, 6.3, 7.8, 7.9, 8.5]
- 10.15 For those reasons, I consider that the scrutiny exercised by the Council to ensure that the site for disposal is not squandered and is properly 'surplus to requirements' is legitimate and properly founded on an appropriate interpretation of Development Plan policies. This is reflected in the first reason for refusal. It is the absence of a

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clear strategy in respect of future health care development, and the consequent land requirements, that results in there being insufficient certainty to establish the overall impact of future development on the hospital site.

10.16 I think that it is wrong to interpret that concern as if it was an objection based on ordinary 'prematurity' grounds. There is no emerging DPD that has yet reached a stage where prejudice might transpire. And, even if there was, the development of a 2.83ha site would probably not be substantial enough to be significant. But, in my view, the concern here is not really about 'prematurity' but about 'uncertainty'. It is the absence of anything to clearly identify the spatial consequences of still emerging (and still uncertain) clinical plans that means that it must also be uncertain that the loss of the site could be accommodated without jeopardising important planning policies or programmes to improve health care facilities in the Borough. It follows that denoting the site for disposal as 'surplus to requirements' must also be uncertain. In those circumstances I think that the local planning authority can legitimately adopt a precautionary approach to safeguarding currently preferred locations (such as the appeal site) for health care purposes. [5.5, 5.6, 6.1-6.4]

### ***The need for key-worker housing and NHS surplus land***

#### ***The need for key-worker housing***

10.17 If an identified need for key-worker housing could be accommodated in an acceptable scheme on the site to the east of Hunters Way, then the site for disposal (to the west of Hunters Way) might accurately be described as 'surplus to requirements', at least as far as the need to provide accommodation for key-workers is concerned. If either predicate is false, then the accuracy of the conclusion cannot be guaranteed. The acceptability of the key-worker housing scheme is considered later. Here I consider the way in which the need for key-worker housing has been identified.

10.18 The need for key-worker accommodation is estimated in the Outline Business Plan largely by counting the number of occupied family and single units in 2004 and making an allowance of about 4% for natural voids in the latter. I simply do not see the connection between that exercise and a reasonable forecast of the accommodation likely to be required for key-workers at the newly reconfigured hospitals; or the 'legitimate' demand engendered by modern accommodation; or the effective requirement to facilitate staff recruitment and retention. To describe the hospital accommodation occupied in 2004 as significantly sub-standard is something of an understatement. Moreover, the accommodation policy then operative excluded contracted staff, who may now be eligible for key-worker housing. In those circumstances there is no cogent reason why such estimates would provide a realistic indication of the likely demand for the new key-worker accommodation. [Section 2, 5.14, 6.5]

10.19 Of course, there are all sorts of imponderables. 'First year' doctors no longer have to 'live in' and there are now new charges for accommodating doctors. Nor is it yet clear precisely what medical services would be provided at Chase Farm. The actual form of the tenure proposed (assured short-hold tenancies) might also have some effect. I agree that such estimates cannot be exact. But I doubt that insurmountable difficulties should prevent some reasonable forecast of the staff working, or likely to work, at the hospitals. Estimates could be made of those whose wage levels would make them eligible for key-worker housing and, from that potential pool of eligible residents, how many would be likely to take up the availability of such accommodation. There is nothing. And oddly, although the current clinical strategy envisages the scaling down of medical services at Chase

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Farm and additional provision elsewhere, roughly 75% of accommodated key-workers are to be located on the appeal site and only 25% are to be provided for at Barnet. Such a distribution would appear to necessitate unsustainable travel patterns over some 9km or so of often busy roads and fail to integrate 'home and work'. [5.14, 5.15, 6.5]

10.20 The inadequacy of the method employed to identify the need for key-worker housing here means that there must be uncertainty as to whether the site for disposal is 'surplus to requirements'. Indeed, the history of the project implies a different impetus. The origins of the suggestion to concentrate new key-worker housing on the eastern part of the site appears to lie in a previous project with English Partnerships in 2002 designed to release the site to the west of Hunters Way for private housing. Nevertheless, whether or not that is the case, there are two main consequences derived from the inadequacy associated with the current estimates of housing need. If the estimates at Chase Farm are too low, then there might be a requirement for additional land for key-worker accommodation, including some of the land earmarked for disposal to the west of Hunters Way. If the estimates at Chase Farm are too high, then it would not only be necessary to fill more of the units with other eligible occupants, but also there would be a greater risk that the scheme would accommodate more otherwise ineligible residents. But, of course, the uncertainty surrounding the estimates makes it impossible to tell. A risk remains that the land for disposal is not 'surplus to requirements'. [5.14, 5.15, 6.5-6.7, 8.6]

#### **The policy requirement for key-worker housing**

10.21 The evidence indicates that a reasonable return on the proposal would result in a residual land value of £15.7m with 41% of the units offered as 'affordable housing'. The estimated value of the land derived from the District Valuer's valuation is about £19.5m. It follows that, if the Trust were a commercial operator (the main 'default' situation that the DCTM is designed to reflect), then the maximum reasonable amount of affordable housing would have already been exceeded, since the calculated residual land value is less than the valuation of the land. [5.17-5.21, 6.8-6.10]

10.22 Of course, the Trust is not a commercial operator and the annual capital charge levied on the land (at just 3% of the asset value) does not reflect commercial rates. Indeed, the Trust had been prepared to develop the site while achieving a residual value of only £7.8m, so the additional return now generated would be something of a bonus. I do not accept that such a 'bonus' would be justified by securing investment in local health care services. First, there is, at most, only a sort of 'gentlemen's agreement', to do so; second, the money would not be ring-fenced; third, other health authorities have their own designs on the proceeds. Nevertheless, the willingness of the Trust to undertake development for less than commercial returns is a 'freedom' bestowed by the relevant financial arrangements and a matter for them. It should not be used to squeeze more affordable housing than would otherwise be justified by the guidance that normally applies. In my view, therefore, the provision of affordable housing offered here would meet the requirements set out in the London Plan. [5.17-5.21, 6.8-6.10, 7.3]

#### **The provision at Chase Farm and NHS surplus land**

10.23 Option 1 was adopted by the PCTs on 11 December 2007. The inherent clinical strategy involves a scaling down of services at Chase Farm and the concentration of facilities for acute and complex cases at Barnet and North Middlesex. I agree that that such a strategy would be broadly in line with Lord Darzi's recommendations for London and with Professor Sir George Alberti's independent investigation into the

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scenarios offered at Chase Farm. And, indeed, the decision of the SHA to allow the consultation on the options for the Barnet, Chase Farm and North Middlesex hospitals to continue tends to support that view. Does it follow that the land for disposal at Chase Farm is 'surplus to requirements'? [5.22, 5.23, 5.29]

- 10.24 The caveats and provisos under which Option 1 is to be pursued impose requirements to await the results of further reviews and to devise measures to implement the reconfiguration of services proposed. It follows that the 'implementation' cannot be imminent. [5.24, 6.13, 7.5]
- 10.25 Under Option 1 some services would increase at Chase Farm, facilities for reconfigured services would be needed and new building would be required to create appropriate links between existing buildings. However, I agree that the land used for those purposes would be limited and likely to be in the immediate vicinity of the retained 'medical estate'. The additional bed capacity required for the expected increase in elective surgery has been included in the 'bed modelling' and has been found capable of being accommodated within the existing Highlands Wing. I have no reason to doubt that assessment. I also accept that all likely outcomes from the independent review to be instigated into the level of elective surgery appropriate at Chase Farm could be expected to reduce, rather than increase, the need for beds. It follows that the basic medical estate required at Chase farm under Option 1 would involve fewer buildings and less space than the current conglomeration of structures. No evidence is adduced to show that the appeal site would be needed to accommodate any medical building in the configuration proposed. [5.22-5.27, 6.13, 6.14]
- 10.26 However, the evidence is that the pursuit of Option 1 is to be referred to the Secretary of State for Health and, thereby, to the Independent Reconfiguration Panel. The power exists to confirm, alter or reverse the decision of the PCTs or to require the consultation process to start again. And, the decision to adopt Option 1 included important caveats requiring the implementation of wide ranging improvements to community and primary care services before services are scaled down at Chase Farm. Considerable uncertainty thus remains. The implications for the appeal site involving the provision for secondary care (the hospital services) are considered here: those relating to the provision of primary and community services are addressed later. [5.28, 6.13, 6.14, 7.4, 7.5]
- 10.27 The possibility exists that the Independent Reconfiguration Panel may require a rethink of the clinical strategy, in which case reconsideration of the land needed to accommodate it would also be necessary. I accept that such a requirement would not be the most likely outcome as, in my view, the current strategy would be broadly in line with recommendations emerging for London as a whole. But, given the strength of public objection, the dearth in provision and the deprivation in parts of the Borough, I think that such an outcome would not be remote enough to rule out. The Trust suggest that even a radically different option could be accommodated at Chase Farm without the need to use the appeal site. If a polyclinic was required it is suggested that it could be located beside existing structures, appropriately rationalising services rather than duplicating buildings. I have some doubts about that possibility because it seems to me that the activities and the infrastructure sketched out in Lord Darzi's report are different and not always complementary. Moreover, I think that the 'vision' outlined there implies a substantially separate physical infrastructure even where co-location is contemplated. [5.28, 5.29, 5.34, 6.13, 6.14, 7.4, 7.5]
- 10.28 The Trust also suggest that if a new hospital were to be deemed necessary redevelopment of the Clock Tower buildings could accommodate some 24000m<sup>2</sup> and

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resuscitating a previous proposal for a new building beside the A&E Department would provide a further 20000m<sup>2</sup>. The scope for new hospital buildings would thus accommodate facilities on a scale of the new hospital buildings at Barnet. I think that it would be a pity to obliterate one of the last vestiges of the 'parkland' setting that once graced Chase Farm and I suspect that a campus composed almost wholly of roads, buildings, yards and car parks would fail to reflect the intended principles of 'good design'. However, I have no doubt that redevelopment of the Clock Tower building would provide considerable scope to accommodate almost any reconfiguration of medical services that could be envisaged at Chase Farm. Nevertheless, doubts remain about how and when such a scheme might be achieved. The only document submitted that addresses the prospect of such redevelopment is the 'Development Control Plan', which does no more than sketch in the departmental moves necessary in the context of previous proposals now largely abandoned. In those circumstances, I am inclined to agree with the Council that it would be unwise to make an irrevocable decision to dispose of land in advance of any decision by the Independent Reconfiguration Panel. And, in that sense, I consider that pursuing the sale of land amounting to almost ¼ of what would remain at Chase Farm would be premature. [5.27-5.29, 6.13, 6.14, 7.4, 7.5, 8.8]

10.29 How long would such a delay need to be? Some delay is inherent in undertaking the reviews required to implement Option 1. However, I think that a further application could be submitted once the land requirements of a clear medium term clinical strategy, for both hospital and primary care, emerged. The PCTs are due to consider their response to the London-wide consultation in the summer. By then the decision of the Independent Reconfiguration Panel might be known. I do not see why the necessary information might not begin to be considered during the autumn. I do not accept that the procedures laid down in the NHS Estatecode would require quite the cacophony of hierarchical studies suggested by the Council. [5.6, 5.29, 6.17, 6.19]

### *The health care provision in Enfield and NHS surplus land*

10.30 The Borough lacks 28 GPs and 66% of GP premises are not adequate. Also, the decision to adopt Option 1 involves a commitment that 'community and primary care services would be able to accommodate [the] changes in patient flows'. It has been decided that 3 'polyclinics' would be needed and, although broad locations have been chosen (including one in 'Enfield town centre'), no site has been identified. That might not matter if the PCT had successfully identified sites for such health care facilities in the past or if the potential availability of suitable land was self evident. Neither is the case. On the contrary, there is a clear history of the PCT failing to deliver such programmes due to the inability to identify appropriate sites, as is illustrated above. Hence, the mere fact that the appeal site is not in one of the 'preferred areas' identified for a 'polyclinic' serves as a far from compelling demonstration that it would not be needed in the future. Indeed, the relocation of the Oaks and Elms wards ended up at Chase Farm in the past. Nor does it demonstrate that the appeal site would fail to perform well as a 'preferred location'. It may be located towards the Green Belt, but it is part of a hospital campus that will continue to provide hospital facilities that also happen to be relatively accessible by public transport. The site would actually meet many of the relevant land use planning criteria for the location of health care facilities. [5.30-5-32, 6.2, 6.3, 6.19, 6.20, 7.2, 7.6-7.9, 8.2, 8.7, 8.10]

10.31 I am not convinced that the correspondence from other health care providers necessarily demonstrates that the land for disposal should be regarded as 'surplus to requirements'. First, as the Council point out, acquisition would involve a capital

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charge on an 'asset' of some £19.5m when plans for the provision of health care in the area are far from clear. It is not unreasonable that other health providers should be reluctant to incur such costs in such circumstances. Second, the performance of the Enfield PCT has been consistently poor; it has struggled with a succession of Chief Executives and in the context of an audit of the PCT's financial position, suffered serious criticism in relation to its financial and managerial competence. No evidence is adduced to indicate that their expressed lack of interest in any part of the appeal site is grounded in a reasonably coherent plan to deliver the health care provision they assert to be required in Enfield. [5.35, 6.21, 7.10, 7.11]

10.32 In those circumstances, and given the impending London-wide consultation as well as the intervention of the Independent Reconfiguration Panel, the sale of the land for market housing would appear premature. It would result in the disposal of a substantial plot of NHS land in advance of any clear assessment of where land could be found to accommodate the facilities agreed to be needed within the Borough. Proceeding with the disposal now runs the risk of simply 'raising cash' rather than trying to accommodate the health care facilities required. Indeed, there is some evidence from the Board meeting of 11 September 2003 that the housing scheme was intended to form a significant element of the Hospital Trust's financial recovery strategy. [5.35, 6.16, 6.21, 7.10, 7.11, 8.6]

### *The key-worker scheme and NHS surplus land*

10.33 It seems to me that it would be legitimate to consider the proposal for the key-worker housing on its own. Cogent reasons are advanced. The function of the development, the appearance and style of the buildings and the ownership of the land would all be significantly different from the market housing scheme. And, the proposal would occupy a discrete part of the appeal site to the east of Hunters Way. [5.42, 6.22]

10.34 Clearly, the density of the key-worker accommodation would exceed that of the surroundings (by a factor of over 3) and the indicative density suggested as appropriate for suburban areas like this one in the London Plan (by a factor of up to 2). That would not matter if the innovative nature of the layout and indicative design indicated that the scheme would create a 'sense of place' contributing to the townscape without impinging on neighbouring residents, as planning policy and Government advice require. But there are defects here. [5.37, 5.38, 5.41-5.43, 6.23-6.27]

10.35 First, the flats for key-workers would be some 4 or 4.5-storeys high and stand on land rising from the nearest residential properties. It is not just that the blocks would be seen above the nearby dwellings (rendered all the more conspicuous initially by the removal of several trees), but rather that the structures would be positioned close together along the perimeter of the site, creating a substantial wall of buildings along the site boundaries. Second, I agree with the Council that the scheme would be dominated by the serried ranks of buildings, the access roads and the expanse of parking areas with relatively little space for planting and landscaping. Given that some of the accommodation is intended for families, it is odd that the only significant area of open space is shown across Hunters Way (which, although private, serves as an important access to the hospital) and amongst the dwellings intended for sale. I think that the combination of those effects would result in an intrusive development out of character with the surroundings. Indeed, I think that the effect would be to bring buildings of a hospital-scale close enough to visually dominate the modest dwellings nearby. [5.37-5.40, 6.28-6.30, 8.13, 8.18]

10.36 The proximity and scale of the scheme would also affect the amenities of those living

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nearby. I am not convinced that prospect or privacy at the sheltered housing in Albuhera Close would be seriously affected. Only kitchens and bathrooms on to walkways would face the largely blank flank elevations of the blocks on the appeal site. Although the prospect would alter, those walkways are semi-public areas so that, given the orientation and the intervening distance, privacy should not be seriously impaired. However, I think that the scheme would detract from the amenity that residents of the small bungalows at the end of Shooters Road might reasonably expect to enjoy. The largely blank side elevation a 2.5 storey block would be positioned just 10m the garden of No.19 Shooters Road on rising ground. I think that the proximity of such a bleak and bulky structure would cast a looming and obtrusive presence across the modest garden there and radically alter the sylvan scene currently enjoyed. The bungalows at Nos.17 and 18 Shooters Road would face 4 and 4.5 storey blocks, positioned on higher ground, some 35m from the rear boundaries. I agree with the Council that at that distance, the new buildings would have a dominating effect upon the outlook currently enjoyed. [5.37-5.39, 6.31-6.33]

10.37 It seems to me that those defects indicate that the scheme would be damaging and too dense a form of development. Whether or not that is the result of seeking to cram too much key-worker housing on to the site east of Hunters Way, it is clear that one way to overcome such defects would be by providing some of units for key-workers on the land identified for disposal to the west of that road. It follows that, as yet, that site cannot be deemed to be 'surplus to requirements'. It might be needed to accommodate the key-worker dwellings estimated to be required.

### *Overall conclusion*

10.38 The scheme would replace the existing very poor accommodation with modern affordable housing for key-workers and, in that sense, complement the currently adopted clinical strategy. In that respect it would accord with policy 3A.17 of the London Plan. However, the organisation and delivery of health care in the Borough are in a state of flux. The clinical strategy adopted for Chase Farm is subject to challenge and review; it is also subject to important caveats involving significant additions and improvements to primary care facilities. No site to accommodate the primary care facilities required has been identified and there is a history of such provision being stymied by the failure to identify suitable sites. In those circumstances, the Development Plan would support the safeguarding of sites that, due to their use, accessibility and location could accommodate the health care facilities required. The appeal site is just such a site and, in my view, releasing such a substantial area of land in the context of the uncertainty that currently exists would be premature. It would undermine the legitimate role of local planning authority (as set out in the London Plan) in supporting the provision of adequate health care in the Borough.

10.39 In addition, the inadequate assessment of the amount of accommodation required for key-workers and the defects identified in the scheme outlined, indicate that, even if sites were identified for primary care facilities and the clinical strategy was not in doubt, it would still be impossible to declare the site surplus to requirements. Additional dwellings might be required to be sited on the land earmarked for disposal. And, using part of the market housing site for key-worker housing might enable a less obtrusive and 'intensive' scheme to be accommodated. In my judgement the current proposal would be unacceptable.

10.40 If, however, the Secretary of State should disagree with my conclusions and recommendation and consider that the provision of modern affordable housing for

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key-workers would outweigh the concerns about prematurity and the defects of the scheme, appropriate conditions are set out in the annex and outlined below. I would also suggest that the 2.5 storey block towards the eastern part of the key-worker site and shown close to the southern boundary be omitted. That would avoid some of the detrimental effects of the scheme on nearby residents.

### *The reasons for recovery*

- 10.41 The reason for the recovery of the appeal sought to ascertain how the scheme might affect the Government's aims for:
- achieving a better balance between housing demand and supply, and
  - the creation of high quality sustainable mixed communities.
- 10.42 The scheme would add to London's supply of houses and contribute to the provision of affordable homes in a way that would accord with the Development Plan. However, because I think that the amount of key-worker housing required is far from robust, I consider that the scheme would not help to achieve a better balance between housing demand and supply. On the contrary, there may well be a mismatch between demand and provision because acute medical services are to be concentrated at Barnet while most of the key-worker housing is to be provided at Chase Farm. The consequences are still subject to study. But, on the face of it, that would risk the creation of unsustainable travel patterns between the 2 hospitals.
- 10.43 Nor do I consider that the scheme would help to create a high quality mixed community. There would be a clear division between the private housing and the key-worker scheme with, as originally envisaged, most of the open space being centred in the former and the latter appearing as an intensive and rather cramped development dominated by large block, roads and car parking spaces. The difference in the physical form would emphasise the different functions of the separate parts of the development. Of course, the key-worker accommodation would be better than the existing provision. But that would be a very low test to pass.

### *Conditions and the Agreements*

- 10.44 The conditions are agreed and set out in the annex. The conditions discussed at the Inquiry are listed in ID4 and document 35; their main effects are set out in section 3. The conditions 'reserve' the details relating to the market housing and address the design appearance and landscaping relating to the key-worker units, highway matters, parking arrangements and environmental controls. They are imposed in the interests of achieving 'good design', an attractive development and highway safety, while avoiding environmental damage and harm to the living conditions of those nearby. There is also a requirement to prepare a Travel Plan and incorporate 'sustainable design' into the proposed dwellings. The latter incorporates a reference to the Code for Sustainable Homes and, since the proposal has been in preparation for some time before that Code came into existence, a requirement to achieve 'level 3' is considered to be reasonable. The condition safeguarding archaeological interests follows from the consultation on the application.
- 10.45 Copies of the signed section 106 Undertaking is at ID19. I indicate (in section 3) the way in which all the main clauses would operate to secure occupation of the affordable homes by key-workers. Of course, the appellants have sufficient control and interest in the site for the terms of the Undertaking to be put into effect.

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**11. Recommendation**

11.1 I recommend that the appeal be dismissed.

A handwritten signature in black ink, appearing to read "Dr. Cullinford". The signature is written in a cursive style and is contained within a light gray rectangular box.

## APPEARANCES

### *THOSE IN FAVOUR OF THE SCHEME*

#### **FOR THE APPELLANTS ~ BARNET & CHASE FARM HOSPITALS NHS TRUST**

Robert Fookes	of Counsel	Instructed by: Peter Seaborn Eversheds LLP, Holland Court, The Close, Norwich, NR1 4DX
He called:		
Richard Harrison	MS FRICS	Consultant General and Gastrointestinal Surgeon, Medical Director, Barnet & Chase Farm Hospitals NHS Trust
Dr Anthony Lee	BSc MSc PhD	Director, Development and Residential Consulting Division, Atisreal Limited, 90 Chancery lane, London, WC2A 1EU
Kevin Howell	BEng BSc	Director of Hospitals Development, North Middlesex University Hospital NHS Trust and previously PFI Director, Barnet & Chase Farm Hospitals NHS Trust
Neil Hoad	BSc MRICS	Principal, AHP Architects and Surveyors, 6 Cobden Close, Wimpole Close, Bromley, Kent, BR2 9JF
Charlotte Cook	BA MPhil	Associate Planning Consultant, Scott Wilson Limited
Graham Bellamy	BSc CEng MICE	Partner, Bellamy Roberts, Transport and Highway Consultants, Clover House, Western Lane, Odiham, Hampshire, RG29 1TU
(written evidence only)		

### *THOSE OPPOSING THE SCHEME*

#### **FOR THE LOCAL PLANNING AUTHORITY:**

Peter Harrison	QC	Instructed by: Keith Trowell, Head of Legal Services, Enfield London Borough Council
He called		
Peter Roach	DipTP MRTPI	Consultant Planner, Enfield London Borough Council
Robin Strong	DipHE	Senior Partner, Planning and Building Associates

#### **FOR THE SAVE CHASE FARM GROUP:**

Kate Wilkinson	Secretary	Councillor for Chase Ward, Enfield London Borough Council
Richard Reeve	Chairman	15 Hillside, Clay Hill, Enfield, EN2 0HP

#### **FOR THEMSELVES AND FOR OTHER ORGANISATIONS:**

Dr Christopher Jephcott	The Enfield Society	39 Eversley Crescent, N21 1EZ
MA MB Bchir.D		
Dennis Stacey	Bush Hill Park Conservation Area	90 Wellington Road, Enfield, EN1 2PN

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Mrs Ann Bishop-Laggett	The Federation of Enfield Residents and Allied Associations	27 Kenmare Gardens, Palmers Green, N13 5DR
Alan and Ivy Beard		31 Littlebrook Gardens, Cheshunt, EN8 8QQ
Mrs Elizabeth Henthorn		985 Great Cambridge Road, Enfield, EN1 4BZ
Alicia Dear		13 Manor Road, Enfield, EN2 0AN
Tony Kingsnorth	Bush Hill Park Residents Association	PO Box 391, Enfield, EN1 2ZE
Peter Gibbs	Chalk Lane Area Residents Association	3 Lichfield Close, Barnet, EN4 9TR

## DOCUMENTS

- Document 1 Lists of persons present at the Inquiry.
- Document 2 List of persons present at the PIM
- Document 3 Letter of Notification and circulation lists ~ on the file
- Document 4 Appellant's Statement of Case
- Document 5 Summary proof ~ Richard Harrison
- Document 6 Revised summary proof ~ Richard Harrison
- Document 7 Proof and appendices ~ Richard Harrison
  - 1 Clinical Strategy Plan
  - 2 Consultation Document; Your Health, Your Future, Safer, Closer, Better; Enfield, Barnet and Haringey PCTs
- Document 8 Supplementary proof and appendices ~ Richard Harrison
  - 1 Extract; Report on Public Consultation on Clinical Strategy Clinical Strategy; Tanaka Business School, Imperial College London
  - 2 Recommendation of Option 1 by Project Board; Press Release, 27 November 2007
  - 3 Decision to implement Option 1 by Enfield, Barnet and Haringey PCTs; Press Release, 12 December 2007
- Document 9 Proof and appendices ~ Dr Anthony Lee
  - 1 DCTM Guidance Notes
  - 2 Results; 41% affordable housing
  - 3 Results; 50% affordable housing
  - 4 The Trust's initial affordable housing statement
  - 5 Extract; Clinical Strategy Pre-consultation business case; Enfield, Barnet and Haringey PCTs
  - 6 Oldchurch Hospital; GLA report and decision notice, August 2004
- Document 10 Proof and appendices ~ Kevin Howell
  - 1 Staff Residences; Final Outline Business case, November 2002
  - 2 Report to Board and extracts of minutes, January 2003
  - 3 Report to Board and extracts of minutes, September 2003
  - 4 Report to Board and extracts of minutes, November 2003
  - 5 Report to Board and extracts of minutes, including outline business case, February 2005
  - 6 Letter from Strategic Health Authority, 10 September 2007
  - 7 Letters indicating no use for the market housing site from Chief Executives of Enfield PCT, Barnet PCT, Haringey Mental Health NHS Trust, North Middlesex University Hospital NHS Trust and Royal Free Hampstead NHS Trust
  - 8 Valuation; District Valuer, November 2005 and August 2006
- Document 11 Summary proof ~ Neil Hoad
- Document 12 Proof and appendices ~ Neil Hoad
  - A Site plan
  - B Cross section and boundary treatment
  - Photos
    - 1 Site location
    - 2 Existing staff accommodation
    - 3 Existing staff accommodation

	4	Main hospital
	5	Hunters Way and Lavender Hill junction
	6	Southern boundary ~ key-worker site
	7	Southern boundary ~ key-worker site
	8	Surrounding 2 and 3 storey buildings
	9	Lavender Hill
	10	Surrounding 2 and 3 storey buildings; Albuhera Close
	11	Existing staff accommodation at Hunters Way and Lavender Hill junction
Document	13	Summary proof ~ Charlotte Cook
Document	14	Proof and appendices ~ Charlotte Cook
	1	Description of site and surroundings
	2	Decision notice and planning officer's report
	3	Decision notices and planning officer's reports for residential development on hospital land at The Ridgeway and at Hunters Way
	4	Relevant policies; the London Plan and the Enfield UDP
	5	Policies referred to in the reasons for refusal
	6	Suggested conditions
Document	15	Summary proof ~ Graham Bellamy
Document	16	Proof ~ Graham Bellamy
Document	17	Appendices ~ Graham Bellamy
		Part 1
	1	Site location
	2	Layout
	3	Buses
	4	PTAL spreadsheet
	5	Traffic accidents
	6	Traffic flows; 2006
	7	ATC traffic data (Enfield LBC)
	8	Growth factors
	9	Traffic flows; 2010
	10	Trip survey; Kirkland Drive flats
	11	TRICS; private homes
	12	TRICS; nursing homes
	13	Trip rate table
	14	Traffic distribution
	15	Development traffic flows
	16	Total flows with development; 2010
		Part 2
	17	Queue length comparison tables
	18	PICADY; hospital main entrance
	19	PICADY; Hunters Way and Lavender Hill junction
	20	ARCADY; The Ridgeway and Lavender Hill mini-roundabout
	21	ARCADY; Lavender Hill and Holtwhites Hill mini-roundabout
	22	Ghost island design at Hunters Way and Lavender Hill junction
	23	PICADY; Hunters Way and Lavender Hill junction with proposed ghost island
	24	Condition proposed for Hunters Way and Lavender Hill junction
	25	Other junction improvements; Enfield LBC
	26	Condition proposed for other junction improvements

Document	18	Supplementary proof ~ Graham Bellamy
Document	19	Summary proof ~ Peter Roach
Document	20	Proof ~ Peter Roach
Document	21	Appendices ~ Peter Roach
	1	Examples of professional work
	2	Density calculations
	3	Aerial photo
	4	Plan of storey heights
	5	Background density calculation
	6	Relevant policies from the UDP and London Plan
	7	Comparisons between appeal site and surroundings
	8	Definition of net site density
	9	London Plan, table 4B.1
	10	Photos A-G
Document	22	Summary proof ~ Robin Strong
Document	23	Proof ~ Robin Strong
	A	Curriculum vitae
	B	Work undertaken
	C	List of documents considered
	D	The appeal site in relation to Chase Farm
	E	The NHS Estatecode; extracts
	F	Kings Fund report
Document	24	Supplementary proof ~Robin Strong
	A	List of additional documents considered
Document	25	Proof ~ Kate Wilkinson
	1	Local Development Scheme
	2	Local Development Framework
	3	Planning Officer's report
	4	Report to NHS London on Clinical Strategy, Prof Sir George Alberti
	5	A Framework for Action, Lord Darzi
	6	Correspondence from Joint Borough Health Scrutiny Panel to NHS London about consultation process underway in Enfield, July 2007
	7	Appeal site and sites already granted permission for residential development
	8	Clinical Strategy; pre-consultation Business Case
	9	Description of options 1 and 2
	10	Consultation on merger between Chase farm Hospitals and Wellhouse NHS Trust; October 1998 – January 1999
	11	Barnet and Chase Farm Hospitals NHS Trust Board Report; 13 May 2004
Document	26	Supplementary proof ~ Kate Wilkinson
	1	Recommendations to Enfield PCT; 11 December 2007, and the adoption of Option 1
	2	Joint Scrutiny Committee report, 17 October 2007
	3	Audit Commission; letter to Enfield PCT, October 2007
	4	Press release, 3 December 2007
	5	Extract; Health Scrutiny Panel, 27 November 2007
	6	Press release, Joint Borough Health Scrutiny Panel, 21 November 2007
	7	Consultation on merger of Chase Farm and Wellhouse NHS Trust 1999: Trust Board papers, May 2004, February 2005,

		May 2007
	8	Planning history
	9	Response to consultation from Save Chase Farm Group
	10	Comments on; Your Health, Your Future; paper for Joint Scrutiny Committee
	11	Relocation of Arnold House
	12	Transport reports
	13	Response to London Travel Watch, October 2007
Document	27	Statement ~ Richard Reeve
Document	28	Statement and dismal photo ~ Dr Jephcott
Document	29	Supplementary statement ~ Dr Jephcott
Document	30	Statement ~ Dennis Stacey
Document	31	Supplementary statement ~ Dennis Stacey
Document	32	Statement ~ Ann Bishop-Laggett
Document	33	Outline of statement ~ Peter Gibbs
Document	34	Outline of statement and transcript ~ Tony Kingsnorth
Document	35	Suggested additional condition
Document	36	Explanation of predicted occupants of key-worker housing
Document	37	Adjournment letter 21 September 2007
Document	38	Schedule of objections
Document	39	Closing submissions for appellants
Document	40	Closing submissions for the Council
Document	41	Closing submissions for the Save Chase Farm Group

## INQUIRY DOCUMENTS

Number	Title
ID/1	Assessment of traffic impact reconfiguration of hospital services
ID/2	New River Total Care Project, 1996/97
ID/3	Draft section 106
ID/4	Statement of Common Ground
ID/5	NHS Estatecode
ID/6	Letter from SHA indicating necessary steps complied with
ID/7	Photos with indications of proposed buildings
ID/8	Storey height plan
ID/9	Density plans
ID/10	Areas for clinical development
ID/11	Implications of Darzi report
ID/12	A Report, land sale and accommodation project B Report and outline of business case, February 2005 and minutes
ID/13	The LIFT programme
ID/14	Board meeting May 2007
ID/15	Letter from Kate Wilkinson to SHA, June 2007
ID/16	Expiration of UDP policy (II) H7
ID/17	Support for Trust's proposals from NHS London, January 2008
ID/18	Confirmation that DV has been kept informed January 2008
ID/19	Signed section 106 Undertaking
ID/20	Minutes of Enfield PCT meeting, 11 December 2007
ID/21	Note of Joint Scrutiny Committee decision to refer decision to pursue Option 1 to the Secretary of State
ID/22	Photo montages with blocks with flat roofs and photo positions

ID/23	Housing statement, October 2005
ID/24	House price comparisons
ID/25	Reference of decision to pursue Option 1 to the Secretary of State and press cutting
ID/26	Press cutting, the use of proceeds of sale for North Middlesex Hospital
ID/27	Press release; decision to pursue Option 1 and list of caveats

### CORE DOCUMENTS

Number	Title
CD/1	Appeal form and site plan
CD/2	Planning application and documents
CD/3	Drawings
CD/4	Residential development supporting statement
CD/5	CD containing walkthrough proposal
CD/6	Archaeology impact assessment
CD/7	Ecology survey
CD/8	Geotechnical surveys
CD/9	Transport statement
CD/10	Affordable housing statement
CD/11	Drawings
CD/12	Design concept statement
CD/13	Development control plan
CD/14	Flood Risk Assessment
CD/15	Transport Assessment
CD/16	Correspondence
CD/17	Decision notice; Planning Officer's report; committee minute

## **PLANS**

- Plans A Plans brochure
  - 1. Site plan
  - 2. Amended layout plan
  - 3. Junction at Hunters Way
  - 4. Junction at Hospital main entrance
- Plan B Chase Farm Hospital and site areas
- Plan C Topography of appeal site
- Plan D Topography of appeal site at A3
- Plan E Barnet hospital

## ANNEX 1: SUGGESTED CONDITIONS

- 1) The development to which this permission relates must be begun not later than the expiration of three years beginning with the date of the decision notice.
- 2) Notwithstanding the details shown on the submitted plans, including Plan No.A124-501 Rev P13, the development shown on that part of the site to the west of Hunters Way shall not commence until detailed drawings showing its layout have been submitted to and approved in writing by the Local Planning Authority. That part of the development shall be constructed in accordance with the approved details.
- 3) The development shown on that part of the site to the west of Hunters Way shall not commence until detailed drawings showing the levels and construction of any internal access roads, junctions, parking, turning, and servicing areas and street lighting have been submitted to and approved in writing by the Local Planning Authority. That part of the development shall be carried out in accordance with the approved details unless otherwise agreed in writing by the Local Planning Authority.
- 4) The development shall not commence until detailed drawings of the design of the proposed buildings have been submitted to and approved in writing by the Local Planning Authority. The development shall be constructed in accordance with the approved details.
- 5) The development shall not commence until details of the external finishing materials to be used have been submitted to and approved in writing by the Local Planning Authority. The development shall be constructed in accordance with the approved details
- 6) The development shall not commence until the Local Planning Authority has approved in writing a full scheme of works of improvement to the junction of Lavender Hill and Hunters Way, as indicated on Bellamy Roberts drawing No. 3131/F/001. The development shall not be occupied until the approved works have been completed and have been certified in writing as complete on behalf of the Local Planning Authority.
- 7) The development shall not commence until details of the bus stop on the western side of Hunters Way has been approved in writing by the Local Planning Authority; and the buildings shall not be occupied until the bus stop has been constructed in accordance with the approved details.
- 8) Prior to the commencement of the works, details of the phasing of construction shall be submitted to and approve in writing by the Local Planning Authority. The construction of the development shall be carried out in accordance with the approved phasing plan, unless otherwise agreed in writing by the Local Planning Authority.
- 9) The development shall not commence until details of the construction of the buildings have been submitted to and approved in writing by the Local Planning Authority. The details shall incorporate a sustainable design to achieve at least code level 3 in respect of the Code for Sustainable Homes and shall be subject to an appropriate design and construction assessment. The development shall be implemented in accordance with the approved details, unless otherwise agreed in writing by the Local Planning Authority.
- 10) The site shall be enclosed in accordance with details to be submitted and approved in writing by the Local Planning Authority. The means of enclosure shall be erected in accordance with the approved details prior to the occupation of the development.
- 11) The development shall not commence until details of parking and turning facilities have been submitted to and approved in writing by the Local Planning Authority. The facilities shall be constructed in accordance with the approved details before the development is occupied and shall be maintained for this purpose.

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- 12) The development shall not commence until details of trees, shrubs and grass to be planted on the site have been submitted to and approved in writing by the Local Planning Authority. The planting scheme shall be carried out in accordance with the approved details in the first planting season after completion or occupation of the development (whichever is the sooner). Any planting which dies, becomes severely damaged or diseased within five years of planting shall be replaced with new planting in accordance with the approved details.
  - 13) The existing mature planting along the southern boundary of the key-worker housing portion of the site adjoining Shooters Road shall be retained as part of the landscaping scheme for the development, as required by Condition 9. The extension of this planting screen at the rear of Nos.19 and 20 Shooters Road shall be implemented prior to the occupation of the key worker accommodation, in accordance with details to be submitted and approved by the Local Planning Authority.
  - 14) The development shall not be occupied until such time as a Travel Plan incorporating the components set out in the Department for Transport's 'Making Residential Travel Plans Work: - Guidelines for New Development' (September 2005) have been submitted to and approved in writing by the Local Planning Authority. The approved Travel Plan shall be implemented as long as the development is occupied, unless the Local Planning Authority give written consent to any variation.
  - 15) Development shall not commence until a construction methodology has been submitted to and approved in writing by the Local Planning Authority. The development shall be undertaken in accordance with the approved construction methodology, unless otherwise agreed in writing by the Local Planning Authority. The construction methodology shall contain:
    - i) a photographic condition survey of the roads and footways leading to the site;
    - ii) details of construction access and vehicle routing to the site;
    - iii) arrangements for vehicle servicing and turning areas;
    - iv) arrangements for the parking of contractors vehicles;
    - v) arrangements for wheel cleaning;
    - vi) arrangements for the storage of materials;
    - vii) hours of work.
  - 16) Development shall not commence until a Written Scheme of Investigation (WSI) for archaeological investigation has been submitted to and approved in writing by the Local Planning Authority. The recommended investigations contained within the WSI shall be carried out as approved, and any mitigation measures required shall be designed and implemented as agreed with the Local Planning Authority.
  - 17) The development shall not be occupied until refuse storage facilities have been provided, in accordance with details which shall be submitted to and approved in writing by the Local Planning Authority.
  - 18) The parking areas forming part of the development shall only be used for the parking of private motor vehicles and shall not be used for any other purpose.
  - 19) Details of surface water source control measures shall be submitted to and approved in writing by the Local Planning Authority prior to the commencement of development. The measures shall be implemented in accordance with the approved details prior to the first occupation of the development.
  - 20) The development shall not be occupied until a landscape management plan, including long term design objectives, management responsibilities and maintenance schedules for all landscape areas, other than small, privately owned, domestic gardens, has been submitted to and approved in writing by the Local Planning Authority. Such landscaped

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areas shall be maintained by the landowner for a period of ten years from the first occupation of the development. The landscape management plan shall be carried out as approved and thereafter adhered to.

- 21) The development shall not commence until the Local Planning Authority has approved in writing a full scheme of works of improvement to the junction of The Ridgeway and the access/egress to Chase Farm Hospital, as indicated on LBE drawing No.LBE-TE/11041/01. The development shall not be occupied until the approved works have been completed and have been certified in writing as complete on behalf of the Local Planning Authority.
- 22) The development hereby permitted shall exclude the 2.5 storey block of key worker housing at the eastern end of the site close to the southern boundary and the area concerned shall be landscaped as amenity open space for key worker housing in accordance with details to be submitted in connection with conditions 12 and 20 above.