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Further Written Statement 3 August 2017.docx



By Email only to Programme Officer (louise@poservices.co.uk)

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Dear Mr Smith

**Examination of Sutton Local Plan 2016-2031
Further Written Statement
St Helier Hospital, Wrythe Lane, Rosehill
Issue 14 – Site Allocations**

On behalf of Epsom and St Helier University Hospitals NHS Trust, I have set out below a further statement submitted in relation to London Borough of Sutton's draft Local Plan, Sutton 2031.

Our comments below relate to Chapter 4, Site Allocations and Allocation S55 (St Helier Hospital, Wrythe Lane).

We submitted a representation in respect of the submission version of the plan in February 2017. Our comments related to Site Allocation S55 which sets out redevelopment objectives for St Helier Hospital for the period up to 2031. This states that '*The Council will continue to safeguard the site for health uses*'.

As set out in our representation the plan covers a long period up until 2031 and it is possible that some of the buildings on this site may become surplus to requirements over this time and become vacant. In the event of this and if there are no other viable health uses for the relevant building(s), other uses such as residential should not be precluded. The policy wording should make reference to the consideration of residential and other uses should any parts of the site become surplus to requirements over the plan period. This will ensure that the plan remains flexible and able to adapt to changing circumstances and that it is therefore justified and effective over the plan period, in accordance with the NPPF.

In its responses to regulation 19 Consultation, the Council has provided the following comments on our representation:

'The council considers that the need for flexibility could be said of any hospital. Unfortunately, the health authorities have no strategic plans for hospitals and when they do, these plans seem to change with considerable frequency.'

'The council considers the most prudent approach is to allocate the site for health and, if circumstances arise where a change of use is required, this is considered at the time and not on some vague forecasting of the future, which experience has taught us, is always likely to change.'

We disagree with this and remain of the view that it is appropriate for the Local Plan to address this point now. If parts of the site become available over the plan period residential and other uses, as appropriate, should be considered. This will ensure that the plan is effective and flexible to adapt to changing

circumstances. Otherwise a situation could arise where there is no clarity about the situation and the Trust may be unable to respond to changing circumstances.

The above change is important to ensure that the plan is in accordance with the NPPF.

For the record, it is also worth highlighting that contrary to the Council's comments the NHS does take a strategic view of healthcare. The SW Sustainability and Transformational Partnership (STP) is in place to do exactly that. As part of this plans for future healthcare delivery are being prepared throughout the Country by all STPs, and through these there will inevitably be changes. These changes will mean that some healthcare sites will have to implement changes to deliver the planned outcomes.

Please do let us know if you have any queries or would like to discuss the above.

Yours sincerely

A handwritten signature in cursive script that reads "Cmason".

Catherine Mason
Associate Director