

ACTION FOR WHIPPS (“A4W”)

OBJECTIONS TO WALTHAM FOREST PLANNING APPLICATION REFERENCE 211245

- These objections are submitted on behalf of Action For Whipps (“A4W”). We are a group of residents in the catchment area of Whipps Cross Hospital (“WXH”). The catchment area includes not only Waltham Forest Borough but the western part of Redbridge Borough, and part of Epping Forest District. We have 45 members in our organising group, 1204 subscribers to our Mailchimp mailing list, and a letter to MP’s in the wider NE London area which we circulated expressing our concerns about the proposed redevelopment of WXH had 1941 signatories.
- We must first make it clear that we wish to see a new hospital built at Whipps Cross. We know very well that the existing buildings of WXH are difficult to maintain and most of them are not suited to the practice of medicine in the 21st century. But the new hospital which is presently proposed will not be adequate for the needs of the area even in the short term, let alone over the next 60 years.
- References in these objections by a page number alone are to the pages of the Design and Access Statement submitted in support of the application.

CHANGE OF USE (AND DEPARTURE FROM THE DEVELOPMENT PLAN)

- We **do not object** to the change of use of the area presently occupied by the 1903 buildings of WXH. We accept that these buildings should be preserved at least to the extent proposed, and that the best use for the area presently occupied by the 1903 ward blocks will be by building residential accommodation between what in the application documents are called the “bookends”. We would also be glad to see the former medical superintendent’s and medical officers’ accommodation (which are also proposed to be preserved – the Design and Access Statement calls them “gatehouses”) converted back to residential use. We welcome the proposal for a park (“Chapel Park”) between the former ward blocks to the SW of the hospital chapel.
- We **would not object** to a proposal to change the use of a further portion of the site (up to, say, one -sixth of the total area presently occupied by WXH) to residential **if (but only if)** it were proposed to use this portion for affordable accommodation reserved for key workers in the new hospital including student nurses, and if ownership of this accommodation were to be retained by the NHS body operating the hospital, or (if ownership were to be transferred) the accommodation were made subject to covenants requiring it to be occupied by key workers in connection with the hospital. However, nothing of this sort is proposed.
- The need for affordable accommodation for key workers at facilities in the London area (where market accommodation is out of reach for such personnel) is obvious. We have attended online “consultation” meetings held by Barts Health, where it has been asked why part of the site was not being reserved for such accommodation, and what was said in response amounted in effect

only to saying that the provision of accommodation by NHS bodies was out of fashion at present.

- We **object** to the proposed change of use of the site other than the area of the 1903 buildings and the proposed Chapel Park **for the following reasons:**

Bed numbers **First**, the new hospital as proposed is to have only 525 beds, 51 fewer than the 576 beds which there are in the existing WXH.

- Even before the Covid pandemic, the occupancy ratio of beds in the existing WXH has been 98%, well above the level recommended as desirable/safe, and in the short term this indicates that that there should be **more** beds, not fewer, in the new hospital.
- The East London Health and Care Partnership expects an increase of 13% in the population of its area in the next 10 years, and Waltham Forest Council in its Draft Local Plan has stated that the population of the Borough is 276,983 and it expects an increase to about 328,000 by 2035. These figures indicate an increase in the population of the catchment area, which would mean that still more beds may be needed in the medium term.
- According to the Greater London Authority (“GLA”)’s statistics and projections, the number of those aged 65 to 90+ in Waltham Forest in 2018 (the last year for which the GLA’s table provides actual figures) was 29346, the estimated figure for 2021 is 31097, and the projected figure for 2035 is 42974. The projected increase in this age-group from 2021 to 2035 is 38%, and the rate of increase for this age -group is substantially higher than for the population of the Borough as a whole. It is well -known that older people have more complex conditions and place much greater demands on the NHS.
- Barts Trust are planning for the new Whipps Cross to specialise in the care of frail and elderly people. The Whipps Cross Health and Care Services Strategy 2019 noted (Pgs 15 &16), that people with three or more long term conditions occupied 62% in -patient bed days, and stay in hospital 3.5 times longer than those who are healthier. All indicating the need for more, not fewer, beds.
- There was already, before the pandemic, a general shortage of hospital beds in London. In a King’s Fund report commissioned by the Mayor of London in 2016, taking 85% as a safe level of occupancy, the shortage of acute and general hospital beds was stated to be 1600.
- Locally in North East London, at a board meeting of the Barking Havering and Redbridge University Hospitals NHS Trust (“BHRUT”) held in public on 25th November 2020, the Chief Operations Officer of BHRUT(Shelagh Smith) said “We do have a shortfall of beds, everybody recognises that now, inasmuch as it’s 90 beds short, which is about 60 for care of the elderly and 30 for specialist medicine”. Thus, there can be no question of dealing with any shortage of beds within Barts Health by relying on beds from the neighbouring Trust.
- We are aware that Barts Health say that fewer beds will be needed because of initiatives which should mean that treatment in hospital

may require shorter stays, and more forms of treatment may be carried out in the community rather than in hospital. However, long experience has shown that many such ambitions in the Health Service do not materialise, and those which do materialise do not have the expected effect on the total requirement for hospital beds because at the same time more advanced and more difficult forms of treatment come into use.

- In particular, the initiatives Barts Health speaks of will be dependent on ongoing additional funding for non-hospital services in the area (not only NHS services, but adult social care) and this extra funding would have to continue year by year in bad times as well as good
- The initiatives are also dependent on there being adequate GP services in the area. We will speak about this in paragraph 19 of these objections; and it is notorious that it is difficult to recruit GP's to practices in London.
- While quite major surgery may be carried out as "day cases" on those who are younger and fit and who have strong family support at home, the increasing elderly population are likely to be less fit and may have no-one (or only another frail person) at home, and so may need longer to recover.
- In 2016 the report of a programme "Transforming Services Together" established in 2014 by Barts Health and the then CCG's for Waltham Forest, Tower Hamlets and Newham, estimated that even with transformed and vastly improved health services outside hospitals, by 2025/26 Barts Health would need an additional 240 beds above those then existing at that time (and this estimate appears to have assumed 100% bed occupancy).
- The shortage of space in the new hospital will mean that the immediate need to treat acute conditions crowds out every other activity. For instance, we understand that what is currently planned allows only about a third of the space currently available the necessary training (and refresher courses) for hospital staff in resuscitation and in moving and handling patients.
- In particular, the much-valued work in palliative and end-of-life care which is currently carried out in the Margaret Centre (which provides not only end-of-life inpatient care but respite care, and support for those who are normally cared for in the community but who may need to come into hospital occasionally) requires dedicated space including not only beds for patients but also space for therapies and for members of the families of those who are dying in the unit.

Footprint of the proposed new hospital

- **Secondly**, the new hospital (whatever number of beds it may have) must be on a much larger footprint than is proposed. In accordance with current practice, surgical wards may be "stacked" above the operating theatres and recovery suites, so that patients may be taken to theatre and from theatre by going up and down in lifts rather than being wheeled along long corridors. However, it is generally accepted that medical patients, and those convalescing after

surgery, will benefit from being in low-rise ward buildings with views out over green spaces and easy access to gardens reserved for hospital patients, visitors and staff.

- Barts Health offer as a slogan “a hospital in a garden and a garden in a hospital”. But what is proposed is not a hospital in a garden: outside the massive proposed hospital building there will be only: the Chapel Park (roughly a quarter of the area of the proposed hospital building); a garden and the “Forest Park” on the far side of the 1903 chapel (and so out of sight from inside the hospital building); and a few narrow strips of greenery.
- And what is proposed certainly does not include a garden in a hospital. There is proposed to be an atrium (like a multi-storey glasshouse) and a few cut-away balconies with plants (possibly even bushes or low-rise trees). These would be better than no greenery (if they did not get squeezed out by financial considerations at a later stage) but they are not real gardens, any more than window boxes, or balconies with plants in pots, are gardens.
- The Design and Access Statement speaks of a “pinwheel” design, with a drawing showing four rectangular blocks, long and quite narrow, radiating out from a central atrium. However, the drawings illustrating what is actually proposed show four massive, solid, more or less square blocks with narrow chasms between them. The chasms would in effect be like the light wells in early 20th century office buildings. Any access to natural daylight is better than none, but the extent of daylight available to those looking out into these chasms will be limited, and large areas within the solid square blocks will have no windows to the outside.
- Also, the space devoted to palliative and end-of-life care has a particular need for access to gardens, with the possibility of privacy in the outside space.

The Connaught Day Hospital

- ***Thirdly***, it would also be desirable for separate premises to be provided for the Connaught Day Hospital.

A genuine healthcare campus

- ***Fouthly***, land should also be kept under NHS ownership to allow the development of a genuine campus for medical research and medical education. The Design and Access Statement speaks of an “integrated healthcare campus” but what is proposed includes only the possibility of one quite small building for this purpose at the NE edge of the existing WXH site. It is not desirable that medical research should be concentrated only in central London, where land is enormously expensive, and it is not desirable that the research effort of the Barts Health Trust should continue always to be only at Barts and the Royal London, both of which have confined sites. The opportunity of a campus for medical research in the area is in accordance with the aims of Waltham Forest Council. If the present application for change of use is granted, this opportunity will be lost for ever.

Land for additional buildings for the new hospital, and for its eventual replacement

- ***Fifthly***, a substantial quantity of land must also be kept zoned for hospital use to allow for new buildings as needed and for the replacement in due course of the hospital to be built in the 2020's (which, with the accelerating pace of change, may well need to be replaced by the 2070's).
 - The Design and Access Statement suggests that land will be retained for the possible expansion of the new hospital. But under what is proposed all there will be is the possibility of building on top of the new hospital's service yard and on top of the second multi -storey car park (or possibly what is meant is that the second multi -storey car park would have to be demolished to build something new on its site).
 - Over the period between the 2020's and the 2070's new buildings will be required for hospital facilities which at the moment cannot even be imagined, and it is likely that some of these will need to be free - standing rather than built on top of existing structures. At present, as is emphasised in the Design and Access Statement, Barts Health has land in its ownership and which is not used (or is only used for sprawling car parking) on which it can build. Under what is proposed, this possibility will not exist in the future.
 - Under what is proposed, when the new hospital to be built in the 2020's comes to be replaced, there will be nowhere to put the replacement, except by decanting the 2020's hospital, demolishing it, and building on the site. (The only alternative might be to take Epping Forest land to build the replacement, with a loss of Metropolitan Open Space for nearby residents, and with the enormous cost to the NHS of buying land further North to exchange with the Conservators of the Forest for the site of the replacement hospital.)

Space needed for multi-storey car parks

- ***Sixthly***, more land may be needed for multi -storey car parks than is included in the current proposals. This is likely in any event (as is explained in our comments on the proposed access arrangements, in paragraph 16 of these objections) but will be particularly so if the height of the presently -proposed first multi -storey car park has to be reduced in response to the proper concerns of those living in the immediately neighbouring streets.

OUTLINE PERMISSION FOR THE PROPOSED NEW HOSPITAL BUILDING AND FOR THE PROPOSED RESIDENTIAL DEVELOPMENT

- We also **object** to the applications for outline permission for the proposed new hospital and for the proposed residential (and commercial, etc) development (other than in the area of the 1903 buildings) for the reasons set out above.
- However, we **support** the commitment that the new hospital will be zero -carbon, and we **request** that a zero-carbon requirement be applied to all the buildings to be built on the WXH site (including the new residential accommodation to be built behind the "bookends" in place of the 1903 ward blocks).

PROPOSED ACCESS ARRANGEMENTS

- We have the following comments/objections on the proposed access and transport arrangements:
 - Access by public transport to the WXH site is not easy: the site is not close to any railway station (either Overground or Underground) and those who cannot manage a brisk walk of about 20 minutes must complete their journey either by bicycle or by bus. We welcome that under the proposals the existing bridge over Hospital Road would be removed so that double-decker buses could pass through the site. We echo the concern of Redbridge councillors that bus route 66 should not terminate at Leytonstone Tube but should continue to the WXH site (possibly proceeding from the Green Man by way of Whipps Cross Road, passing through the WXH site, and terminating at the Whipps Cross bus station). We also submit that it will be necessary for there to be dedicated shuttle buses running between Wood St Overground station and the new hospital and between Leytonstone Tube (or Snaresbrook Tube) and the new hospital. (A dedicated shuttle bus from Wood St station would facilitate journeys by public transport from North Chingford and Highams Park in particular.)
 - Even with route 66 extended and with dedicated shuttle buses, it is likely that many staff at the new hospital will demand to be able to park cars at their place of work. If Barts Health wishes to keep the services of staff who could move to other hospitals, it may be difficult to resist these demands, including for example from Consultants who expect to be able to combine working at Whipps Cross with commitments at other hospitals such as Holly House or Spire East London, and who would be able to move to another NHS hospital which would let them drive to work, and from those working shifts which would leave them dependent on Night Bus routes.
 - Also, we understand that Barts Health's initiatives will require many more clinicians than at present to move between sites (or out to patients in the community) during the working day, and thus more parking space will be required for those who will have to use vehicles in the course of their work.
 - As a result of these demands from NHS staff, if only limited parking space is provided, too little may be left for the needs of patients and those visiting patients in the new hospital.
 - Even with route 66 extended and with dedicated shuttle buses, there will be a need for short -term parking for those dropping off or picking up patients who are elderly, or visually impaired or have other disabilities, or frail, or who may be confused (including those with learning disabilities). Not all those who are dropping off such patients will have blue badges. There will also be visitors who are elderly (etc), and people accompanying visitors who are confused, who will need to be able to park while they are visiting patients in the new hospital.
 - With the intended increase in day surgery and investigations such as endoscopy, there will be large numbers of people discharged from the

hospital on the same day as they have had a general anaesthetic or sedation. They will be under advice that they must be accompanied home and must not (even when accompanied) go home by public transport. There will be a need for short-term parking for those picking up these people from the hospital.

- It is important that “blue light” emergency access to the hospital (including not only ambulances but also those using their own cars to bring people to A&E or to maternity in an emergency) should be separated from roads where it is intended that pedestrians have priority. In what is presently proposed “Whipps Cross Avenue” (along the line of the present Hospital Road) is intended to be both blue-light access to A&E from the South and a street where pedestrians will have priority and so may feel free to wander about.

GENERAL COMMENTS ON THE APPLICATION AND THE STATEMENT IN SUPPORT

- We also have some general comments on the application and on the Design and Access Statement.
- First, the sheer bulk of the documents submitted, in support of what is supposed to be mostly an outline application, is calculated to make it difficult for members of the public to comment effectively. (It will be particularly difficult for those without internet access at home, in circumstances where there are still restrictions relating to the pandemic which make it difficult to use public access computers at libraries, etc.)
- Secondly, parts at least of the Statement clearly show that they are a “desktop” job, prepared by persons without knowledge of the area. Errors such as “Leyton station” for Leytonstone station, “Leyton Primary School” for Leytonstone School, and “Barclay s Primary School” do not matter in themselves, but show that the writer lacks local knowledge (and it is particularly striking that the photo of “St John the Baptist Church” is not a photo of St John’s Leytonstone but of some other church and presumably is the result of careless googling). But the lack of local experience matters, for example, when after a desktop exercise the writer says that local GP practices in the immediate area of WXH have capacity for more than 2500 extra patients. We do not believe that anyone living in the area with experience of trying to see their GP (or, under Covid, trying to get to speak with their GP) would say that the system has spare capacity.
- Thirdly, the Statement speaks of the virtual meetings held by way of engagement/consultation. But these meetings did not involve any real listening to members of the public who attended. A good half of each meeting was taken up by presentations by Barts Health and their consultants, speaking at length about matters which most of those attending already knew. None of the meetings had an independent person in the chair. All of them were entirely controlled by Barts Health as organiser and online “host”. Thus, Barts Health decided which organisations or individuals might be allowed to speak, and of course there was no possibility, as at an actual public meeting, of responding to the presentations with heckling or slow hand-clapping, or of applauding (or otherwise) those members of the audience who were allowed to speak. In particular, with regard to listening to members of the public, the Statement

says, in response to the comments made in the “chat” (the only part of the online meetings where members of the public were free to say things) about the height and massing of the new buildings proposed, “The design of the scheme is in accordance with the National Design Guide”. This response amounts to saying “We do not have to pay any attention to the fact that you are all opposed to what we intend to do”.

- Finally, we are concerned at the way in which Waltham Forest Council, in “Waltham Forest News”, in circular emails, and in responses received from members of the Council’s Cabinet, has given enthusiastic support to these specific proposals. Of course, it is legitimate for a planning authority to give support to general aims such as a new hospital building, and it is also proper for officers in the planning department to enter into discussions with those preparing an application. However, in this case the support given beforehand by the Council’s Cabinet and the leadership of the controlling Labour group on the Council to this specific application goes far beyond that.
- The Labour councillors on the Planning Committee are scrupulously refraining from themselves commenting on this application, and we expect that they will attempt conscientiously to do their duty when this application comes to the Committee. But realistically they may not be able to form an independent view of the merits or otherwise of these proposals. It is as if the Home Secretary had, in a quasi-judicial capacity, to form a view as to whether a particular prisoner should be released on parole, at the same time as the Prime Minister and every member of the Cabinet other than the Home Secretary were loudly campaigning for this prisoner to be kept locked up “and throw away the key”. In such a case, an impartial judge might conclude that the Home Secretary’s colleagues had not left the Home Secretary space to form a detached and independent view.
- We trust, in particular, that the Mayor of London and the Secretary of State will attend not only to the views of Waltham Forest’s Planning Committee but also to the views of the other local authorities covering the catchment area of WXH.