Name of the document (DPD) to which this representation relates:		Ref: R024 (for official use only) Draft Revised Lambeth Local Plan Proposed Submission Version January 2020 (DRLLP PSV Jan 2020) and associated Proposed Changes to the Policies Map January 2020 (PCPM Jan 2020)			
Part B – Your	nal details (please see applicable p	parate sheet f	in Section 5 of the guidance note) or each part of the DRLLP PSV Jan 20 about.	020 or	
Name and Organ	etails* pointed, please complete only the Title, isation boxes below but complete the 's of the agent in 2.		2. Agent's details (if applicable)		
Title	Mr		Mr		
First name	Steve		Jonathan		
Last name	Kilday		Dunbavin		
Job title †			Director		
<i>Organisation</i> [†]	King's College Hospital Foundation	on Trust	ID Planning		
Address	c/o agent		9 York Place		
			Leeds		
Postcode			LS1 2HL		
Telephone			0113 2436116		
<i>Email</i> [†] † where relevant			jonathan@idplanning.co.uk	(

Part B – please use a separate sheet for each representation

3. To which part of the DRLLI relate? (identify specific referen		0 or associated	PCPM Ja	n 2020 does this	representation	
Paragraph no.		See list below at question 6	olicies Ma	20		
	Policy no.	P	Uncles IVI	ар	-	
4. Do you consider the part	of the DRLLP	PSV Jan 2020 o	r associa	ted PCPM Jan 20	20 that you identified	l in Q3 is:
(please tick) 4.1 Legally compliant	Yes	/	No			
4.2 Sound^	Yes	/	No]	
4.3 Complies with the Duty to co-operate	Yes	/	No			
^ The considerations in relation	to being 'sound	d' are explained ir	the notes	at the back of this	form. If	
you have ticked (No' to 1.2 place	ico continuo to	OF Otherwise al	aco ao to	06		
you have ticked 'No' to 4.2, plea	se continue to	Q5. Otherwise pre	use yo to	Q0.		
5. Do you consider the part of	of the DRLLP	PSV Jan 2020 o	r associat	ed PCPM Jan 202	20 that you identifie	ed in Q3 is
unsound because it is not:						
(please tick)						
5.1 Positively prepared						
5.2 Justified						
5.3 Effective						
5.4 Consistent with national	nolicy					
5.4 consistent with national						
(Please tick only one option. A separ	ate form should	be used if you wish	to raise mor	e than one concern.)		
6. Please give details of why that you identified in Q3 is n operate. Please be as precis	ot legally cor	-				
If you wish to support the legal compliance or soundness of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 or their compliance with the duty to co-operate, please also use this box to set out your comments and then go to Q9.						
See representation state	ment attacl	hed - the Trus	st suppo	orts the following	ng paragraphs / j	oolicies /

- documents: Paragraph 2.19, 2.81 and 2.112 Strategic Vision and Strategic Objective D10 Policy S2 Infrastructure Delivery Plan

7. Please set out what change(s) you consider necessary to make the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 legally compliant or sound, having regard to the test you have identified in Q5 above where this relates to soundness. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination.) You will need to say why this change will make the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of this part of policy or text. Please be as precise as possible.

(if required continue on the additional comments page attached)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support / justify your representation and your suggested change, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.

After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he/she identifies for examination.

8. If your representation is seeking a change to the DRLLP PSV Jan 2020 or associated PCPM Jan 2020, do you consider it necessary to participate at the oral part of the examination?



No I do not wish to participate at the oral examination

Yes I do wish to participate at the oral examination

Please note that while this will provide an initial indication of your wish to participate in hearing sessions(s), you may be asked at a later point to confirm your request to participate.

If you have selected 'No', your representation(s) will still be considered by the independent Planning Inspector by way of written representations.

9. If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:

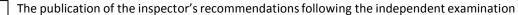
To ensure the Trust is represented in relation to the King's College Hospital site and its redevelopment proposals *(if required continue on the additional comments page attached)*

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination. You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

10. Please tick relevant boxes if you require notification of any of the following to your address stated in Part A:

/

That the DRLLP PSV Jan 2020 and associated PCPM Jan 2020 have been submitted for independent examination





The adoption of the Revised Lambeth Local Plan and Policies Map.

Signature ID Planning

Date 12/03/20

Part B – please use a separate sheet for each representation

3. To which part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 does this representation relate? (<i>identify specific reference if possible</i>)						
Paragraph no. Policy no. Policies Map						
4. Do you consider the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 is:						
(please tick) 4.1 Legally compliant Yes / No						
4.2 Sound^ Yes No /						
4.3 Complies with the Yes Duty to co-operate /						
^ The considerations in relation to being 'sound' are explained in the notes at the back of this form. If						
you have ticked 'No' to 4.2, please continue to Q5. Otherwise please go to Q6.						
5. Do you consider the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 is unsound because it is not:						
(please tick) 5.1 Positively prepared /						
5.2 Justified						
5.3 Effective /						
5.4 Consistent with national policy						
(Please tick only one option. A separate form should be used if you wish to raise more than one concern.)						
6. Please give details of why you consider the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible						

If you wish to support the legal compliance or soundness of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 or their compliance with the duty to co-operate, please also use this box to set out your comments and then go to Q9.

See representation statement attached - the soundness issues raised in relation to Policies ED1, ED4 and PN1 are inter-related and therefore the representation should be read as a whole.

7. Please set out what change(s) you consider necessary to make the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 legally compliant or sound, having regard to the test you have identified in Q5 above where this relates to soundness. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination.) You will need to say why this change will make the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified in Q3 legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of this part of policy or text. Please be as precise as possible.

See representation statement attached	
(if r	required continue on the additional comments page attached)

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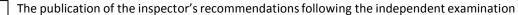
To ensure the Trust is represented in relation to the King's College Hospital site and its redevelopment proposals *(if required continue on the additional comments page attached)*

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10. Please tick relevant boxes if you require notification of any of the following to your address stated in Part A:

/

That the DRLLP PSV Jan 2020 and associated PCPM Jan 2020 have been submitted for independent examination





The adoption of the Revised Lambeth Local Plan and Policies Map.

Signature ID Planning

Dated: March 2020



Representations to the Draft Revised Lambeth Local Plan Proposed Submission Version January 2020

With Specific Reference to King's College Hospital, Denmark Hill

On behalf of

King's College Hospital Foundation Trust

Prepared by

I D Planning 9 York Place Leeds LS1 2DS

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1.0 Introduction

- 1.1 Following instructions from King's College Hospital Foundation Trust [The Trust], ID Planning were commissioned to make representations to the Proposed Submission Version of the Draft Revised Lambeth Local Plan.
- 1.2 These representations are made in the specific context of King's College Hospital's property and land assets at Denmark Hill, which is one of London's largest teaching hospitals.
- 1.3 The Denmark Hill site has a number of old buildings requiring demolition, renovation or reconfiguration to ensure the hospital can continue to meet future health needs. To be able to deliver improved health facilities on the site, a mix of uses will be required to provide capital receipts to fund improvements to the hospital.
- 1.4 The representations to the Proposed Submission Version of the Draft Revised Lambeth Local Plan are therefore made in the context of the King's College Hospital site and the future plans for improvements to the hospital.

2.0 Representations to the Proposed Submission Version of the Lambeth Local Plan

2.1 This section of the representation statement provides comment on the Proposed Submission Version of the Lambeth Local Plan.

SECTION 2: EVIDENCE BASE AND ISSUES

Paragraph 2.19 – Spatial Portrait (Economy) Support

2.2 We support the recognition at paragraph 2.19 that King's College Hospital is a major employer, along with St. Thomas' Hospital and account for approximately half of the borough's jobs in health and social work.

Paragraph 2.81 – Summary of Spatial Planning Issues (Achieving Economic Prosperity) Support

2.3 We support the acknowledgement at paragraph 2.81 Kings College London and two of London's largest teaching hospitals form part of the unique mix of economic assets in the borough.

Paragraph 2.112 – Summary of Spatial Planning Issues (Providing Essential Infrastructure) Support

- 2.4 This paragraph acknowledges the configuration of health and social care facilities is undergoing considerable change across London to meet the current and future needs of the growing population, the challenges of high population turnover and the requirements of modern service delivery. This includes additional GP provision and the reconfiguration of the King's College Hospital, Guy's and St Thomas' and South London and Maudsley NHS Trust estates to ensure future requirements are met.
- 2.5 We support the recognition that King's College Hospital needs to be reconfigured to meet future health needs.

Spatial Vision Support

2.6 The spatial vision sets out how the borough will grow over the plan period and acknowledges that this growth will be supported by planned additional school places, primary health care, hospital and social care facilities. We support the inclusion of planned improvements to hospital facilities in the spatial vision.

Strategic Objectives (Providing Essential Infrastructure) Support

2.7 Strategic Objective D10 (Providing Essential Infrastructure) relates to health facilities and supports the reconfiguration and expansion of primary health care, hospital and social care facilities. We support the inclusion of the reconfiguration and expansion of hospitals as a strategic objective.

Policy ED1 - Offices (B1a) Object

- 2.8 Part (c) of Policy ED1 sets out the criteria that must be met where loss of office floorspace is proposed. This includes demonstrating that the floorspace has been vacant and marketed for a period of at least 2 years, that it is not feasible/viable to refurbish / modernise the floorspace and that it would not be feasible to adapt the floorspace for smaller businesses. Otherwise it would be necessary to replace the floorspace that will be lost in the vicinity. There are no other exceptions to this policy.
- 2.9 Throughout the Local Plan the Council are supporting the reconfiguration of hospital sites including King's College Hospital. There are medical related office uses on this site which may need to be redeveloped for alternative use to assist in providing the Trust with the necessary capital receipts to fund improvements to the hospital. In the event that these offices need to be redeveloped for an alternative use this criteria based policy would prevent the redevelopment of any office related floorspace for alternative use.
- 2.10 The policy should either be amended to acknowledge that loss of office floorspace that would result in the delivery of improved healthcare facilities would be a material consideration that would outweigh the conflict with the policy. Alternatively, it is proposed that specific reference is made to the redevelopment proposals at the King's College Hospital as part of Policy PN1 (Waterloo and South Bank) which supports the development of a masterplan for the site and a mix of uses. If no changes are made it is maintained this policy is unsound because it would result in the plan not being positively prepared and this policy not being effective.

Policy ED4 – Non-designated industrial sites Object

- 2.11 This policy also seeks to prevent the loss of non-designated industrial sites (relating to use classes B1b, B1c, B2 and B8). The policy states that proposals for change of use, mixed-use or residential development will be assessed under London Plan policies E2 and E7 sections D and E. It is stated that where marketing is required by the policy, this should be for at least a year and the site should be vacant during this period.
- 2.12 As it is possible that the medical related office floorspace at King's College Hospital (Denmark Hill) would fall under use classes B1b or B1c, this policy would apply if those parts of the site were to be redeveloped for an alternative use to generate a capital receipt for improvements to the hospital. As set out in

our objection to Policy ED1, there are no exceptions to this policy that would support an alternative approach for cases such as King's College Hospital where the loss of employment floorspace could not meet the criteria in this policy, but the propsoals would directly contribute to the improvement of hospital facilities, which is supported throughout the Local Plan.

2.13 As set out in relation to Policy ED1, it is proposed that an exception to this policy is set out which would support redevelopment of employment floorspace at the King's College Hospital site and specific reference is made to the King's College Hospital site as part of the Policy PN1 (Waterloo and Southbank) which supports the development of a masterplan for the site and a mix of uses. If no changes are made it is maintained this policy is unsound because it would result in the plan not being positively prepared and this policy not being effective.

Policy S2 - New or Improved Social Infrastructure Support

2.14 Part a of Policy S2 states:-

"Proposals for new or improved premises for higher, further and adult education, childcare, worship, health care (including hospitals), sports, recreation, affordable meeting space and other community uses will be supported where:

- (i) The site or buildings are appropriate for their intended use and accessible to the community; and
- (ii) The location, nature and scale of the proposal, including hours of operation, do not unacceptably harm the amenities of the area through noise, disturbance, traffic generation, congestion, local parking or negative impacts on road safety; and
- (iii) Buildings and facilities are designed to be flexible, adaptable, promote social inclusion and sited to maximise shared community use of premises, where practical."
- 2.15 We consider this policy would support development proposals at King's College Hospital and allow the provision of new and improved facilities.

Policy PN1 – Waterloo and South Bank Object in Part

2.16 Policy PN1 sets out the area policy for the Waterloo and South Bank area. This policy states that the vision for Waterloo and South Bank will be achieved by:-

"m) supporting the development of a MedTech health cluster by supporting the strategies of St Thomas' Hospital, Guy's and St Thomas' Charity and King's College London at Royal Street in accordance with an agreed high-level masterplan for the estates to achieve new health facilities; replacement housing, open space and community facilities; capacity for Combined Heat and Power; new commercial development including workspace for small and medium enterprises; and related supporting facilities such as accommodation

for staff. Creation of a new primary care centre in the wider Waterloo area will be supported."

- 2.17 Part (m) of Policy PN1 specifically supports the MedTech health cluster and the strategies of the associated colleges and hospitals. We support this policy but consider a separate part of Policy PN1 should support the reconfiguration and improvement of facilities at King's College Hospital's Denmark Hill site. As identified in the introduction to this statement significant redevelopment of the Denmark Hill site is proposed to provide new and improved facilities. As part of the long term strategy capital receipts will be required from development of part of the site for a mix of uses to fund the redevelopment and improvement of parts of the Denmark Hill site.
- 2.18 This policy should therefore include support for the redevelopment and reconfiguration of the King's College Hospital site through the preparation of an agreed masterplan for the redevelopment of the site. Given the masterplan will need to support a mix of use to generate capital investment for the site and there are health related employment uses on the site, the loss of these uses and redevelopment for alternative uses should be supported as part of the wider strategy to secure improved facilities for residents of the borough.
- 2.19 If no changes are made it is maintained this policy is unsound because it would result in the plan not being positively prepared and this policy not being effective.

EVIDENCE BASE

Infrastructure Delivery Plan (January 2020)

- 2.20 Paragraph 3.3 of the Infrastructure Delivery Plan identifies the regional or subregional projects which are anticipated to be delivered during the period 2019/20 to 2034/35. This includes King's College Hospital, Denmark Hill where it is stated a new masterplan is being produced for KCH which will set out how the hospital can be reconfigured to meet future needs at the sub-regional and regional level. We support the inclusion of the King's College Hospital Site in the Infrastructure Delivery Plan.
- 2.21 In the Infrastructure Schedule Progress Update the 'Kings College Hospital Trust Denmark Hill Masterplan' is listed and it is stated that a new masterplan will be developed for Kings College Hospital.
- 2.22 We support the inclusion of the Denmark Hill Masterplan within the Infrastructure Delivery Plan. Changes to the Local Plan are sought to include reference to the Denmark Hill masterplan as whilst the Plan supports the reconfiguration of the hospital there is no reference to the masterplan and it is maintained the Local Plan policies and Infrastructure Delivery Plan should be aligned.

3.0 Required Changes to the Proposed Submission Version of the Draft Revised Lambeth Local Plan

- 3.1 This representation statement seeks a change to Policies ED1 and ED4 in relation to the loss of employment floorspace that may result at King's College Hospital as part of the future reconfiguration of this site. The loss of any employment floorspace would not meet the criteria set out in Policies ED1 or ED4 and therefore an exception to this policy should be set out which would allow the loss of employment floorspace where it would support the improvement of hospital facilities, given this a strategic objective of the plan.
- 3.2 A change is also sought to Policy PN1 (Waterloo and South Bank) which should include specific reference to the King's College Hospital, Denmark Hill site. Parts of the site are in need of demolition, reconfiguration and redevelopment to ensure that future needs can be met and for improved facilities to be provided. The estate strategy includes the development of parts of the site for a mix of uses to provide a capital receipt that will enable the provision of new and improved facilities. The proposals for the site and development of a masterplan form part of the Council's Infrastructure Delivery Plan but are not specifically referenced in the Local Plan. The following wording is proposed: -

"o) supporting the development strategy of King's College Hospital (Denmark Hill) site to enable the improvement of facilities to meet future needs. A masterplan will be prepared for the site and agreed with the Council. The masterplan will support a mix of uses which is necessary to provide a capital receipt to fund improvements to the hospital."

3.3 Subject to the above changes being made, we would then consider the Plan to be sound. If no changes are made it is maintained these policies would be unsound because it would result in the plan not being positively prepared and the policies not being effective.