



**Haringey** Council

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## Planning Sub Committee

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MONDAY, 16TH MARCH, 2015 at 7.00 pm HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

**MEMBERS:** Councillors Ahmet (Chair), Akwasi-Ayisi, Basu, Beacham, Bevan, Carroll, Carter, Gunes, Mallett (Vice-Chair), Patterson and Rice

### **AGENDA**

#### **7. ST ANNS GENERAL HOSPITAL, ST ANNS ROAD N15 3TH (PAGES 1 - 48)**

Demolition within conservation area and construction of residential buildings, conversion of retained buildings and outline applications.

RECOMMENDATION: grant permission subject to conditions and a s106 Legal Agreement.

#### **Addendum report**

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Tuesday, 17 March 2015

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**Planning Sub Committee 16<sup>th</sup> March 2015**

**ADDENDUM REPORT FOR ITEM 7**

**UPDATE FOR CONSIDERATION AT PLANNING SUB-COMMITTEE Item No. 7**

<b>Reference No:</b> HGY/2014/1691	<b>Ward:</b> St Ann's
<b>Address:</b> St Anns General Hospital St Anns Road N15 3TH	
<b>Proposal:</b>	
Hybrid application comprising:	
<ul style="list-style-type: none"> <li>i) Full application for the demolition of buildings within the conservation area and the construction of 106 flats and 7 houses ranging in height from 2 to 5 storeys, conversion of retained buildings to provide 7 houses and 148 sq. m of retail (use class A1), car parking spaces, highway and public realm works, hard and soft landscaping, access and associated development: and:</li> <li>ii) Outline application (with all matters reserved except for principal means of access) for the construction of new buildings and conversion of retained buildings ranging in height from 2 to 5 storeys to provide up to 350 residential units, new healthcare buildings, upgrade of existing access point off Hermitage Road, open space and associated development; and</li> <li>iii) Outline application (with all matters reserved except for scale and layout) for construction of a new mental health inpatient building up to 3 storeys in height (use class C2) and associated development.</li> </ul>	
<b>Applicant:</b> Barnet Enfield And Haringey Mental Health NHS Trust	

**1.0 Additions to Agenda Report:**

1.1 The following bullet point is to be amended under section 2.6 of the officer's report:

1.1.1 From:

- £109,200.00 (for £39 million in estimated development value) *Employment and Training contribution;*

1.1.2 To:

- £268,800.00 (for £96 million in estimated development value of both residential and healthcare) *Employment and Training contribution;*

1.2 The following matter is to be added to St Ann's CAAC's comments under Appendix 1 comment 19 and 5.20 of the officer's report:

- 1.2.1 Concerns raised by the St Ann's CAAC specifically with the manner in which a request for local listing of the hospital were undertaken considering it to be flawed.

RESPONSE: This matter or process was outside the current planning process with the request not resulting in any additional buildings on site being listed. Therefore, this matter is not considered to hold material weight when considering the planning merits of the application.

- 1.3 The following condition to be attached to the recommended decision under part 12.0 of the officer report:

- 1.3.1 **CONDITION:** Notwithstanding the Provisions of Article 4 (1) and part 25 of Schedule 2 of the Town and Country Planning (General Permitted Development) Order 1995, no satellite antenna shall be erected or installed on the building hereby approved. The proposed development shall have a central dish or aerial system for receiving all broadcasts for the residential units created: details of such a scheme shall be submitted to and approved by the Local Planning Authority prior to the occupation of the property, and the approved scheme shall be implemented and permanently retained thereafter.

Reason: In order to prevent the proliferation of satellite dishes on the development.

- 1.4 That the wording "social rent" is amended to read affordable rent under sections 2.6, 6.11.5, 6.11.6, 6.23.2, and the Legal Agreement Heads of Terms section under the recommended decision. The reason being that the affordable housing offer only includes affordable rent.

- 1.5 Add under sections 4. and 5. of the officer's report further consultation comments received from the NHS England:

- 1.5.1 *The following is NHS England's position with regard to St Ann's hospital. As LBH is no doubt aware, we are jointly in the process of preparing a Strategic Plan on the development of primary care premises (and wider community services) across Haringey, with specific emphasis on the regeneration areas of East Haringey. Whilst we understand that there are housing developments planned for the South East part of the borough, we do not believe this is an area of priority in terms of the development of new primary care premises, given the Laurels Healthy Living Centre across the road from St Ann's hospital, which is a fit for purpose building and already houses 2 GP practices. Therefore, we would not be seeking to utilise any redevelopment of the St Ann's hospital site to locate primary care services.*

- 1.6 Add under sections 5. of the officer's report further objections that have been received since the agenda report has been published:

1.6.1 St Ann's CAAC: Further objections raised (attached to the addendum as Appendix 1). Matters being:

- Evidence that land is surplus to requirements. Policy EMP4 should not be negated;
- Underlying history of corruption;
- The inpatient building may never be delivered;
- 'Flogging' land to fund the hospital is not acceptable and there are other funding methods to use to fund the new inpatient building;
- The St Ann's site has the potential to employ thousands and to become a regional health hub;
- The proposal puts housing first as the primary objective;
- The Seven Sisters Neighbourhood Plans identifies St Ann's Hospital as a site for regeneration of both healthcare and residential with the map of the site being almost identical to what The Trust has submitted;
- Since the London Plan of 2001, health provision in London has worsened given the plans focus on density increases;
- Haringey's housing target is shameful and far higher than other Borough's;
- The CAAC's legitimacy;
- Under consideration of historical significance of buildings and site in that the Council is accused by the CAAC of ignoring the Local Listing process;
- English Heritage recently chose not to list nationally the buildings but comments indicated that "... the 1897 – 1901 buildings form a cohesive ensemble with some pleasing details, and have claim to local interest on these ground";
- EH and Victorian Society comments lead the CAAC to believe that the Council has cheated residents of their expectation that their local history is duly respected; and
- The long glazed Victorian walkway has not been given full regard for its historic significance.

1.7 Save St Ann's Hospital Campaign Group (attached to the addendum as Appendix 2):

- The selling of two thirds of the land for residential is unacceptable and there is no justification;
- Further services should be provided on site and have not been explored;
- Concerned about the configuration of the Committee Members given 5 have expressed a desire for housing on the site;
- There is no comfort in the Trusts engagement with the public;
- Design, accessibility, density, height and massing are not acceptable;
- Allotments should be included;
- There is no mention of social housing;
- Traffic concerns during construction;
- Education concerns.

1.8 A petition with 840 signatures has been received supporting 'to retain, improve, and expand St Ann's medical services' (first page attached as Appendix 3).

1.9 Comments received from the Tottenham Labour Party (attached as Appendix 4) neither raising an objection or supporting the scheme. Matters raised being:

- The redevelopment of St Ann's should include a walk-in urgent care centre; a new GP practice; improved Mental Health Services; Housing on site should be social housing at social rents; adequate infrastructure be provided as part of the development including: schools; transport; GP's; That any development be by a co-operative rather than a private developer.

1.10 Comments received from Councillors Blake, Morton and Ozbek (attached as Appendix 5) neither raising an objection or supporting the scheme. Matters raised reflecting the comments of their constituents being:

- The Councillors support the Trust's aspirations to improve facilities on site;
- The scheme appears car dependant and entrance routes are too small; ~~The proposed southwest access route would be a route for crime and promote anti-social behaviour;~~
- Western houses proposed should be of the same scale as those on Warwick Gardens;
- More park space should be provided on site;
- More tree planting and landscape improvements required;
- More buildings on site should be retained with materials recycled;
- A design competition should be held to ensure a high quality design for the site;
- The proposal should aspire to more than the minimum CO2 reduction and sustainability levels and wooden windows should be used rather than uPVC;
- Mixed community;
- A developer should ensure delivery of the development once the land is sold to ensure the site is not left empty;
- NHS patient care should be the primary focus and the funds raised spent on improved NHS facilities on the site.

1.11 Additional comments received from David Lammy MP and Catherine Blake (attached as Appendix 6) raising further objections to the scheme. Matters raised being:

- Lack of appropriate housing mix;
- Provision of high quality healthcare on site is essential;

- Lack of affordable housing needs to be addressed as the development is on public land and should provide the required amount of affordable housing, 50%;
- Affordable housing should have social rent and not affordable rent as a product;
- The 70% Intermediate and 30% affordable rent is concerning and goes against policy which expects a reverse of these percentages;
- The proposal does not propose 'step down' housing for those recovering from mental health;
- There is no evidence that there has been a visionary. Health focussed approach to the design of the scheme and Members are requested to defer that application until such time as a proper assessment can be undertaken;
- More affordable housing needed;
- More creative housing options for mental health services users in recovery.

1.12 An additional 11 objections have been received since the publishing of the Committee Agenda. These objections raise no further issues as those already reported on within the officer's report.

## **Appendix 1: St Ann's CAAC Comments**



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## **Appendix 1: St Ann's CAAC Comments**

Planning Dept - Anthony Truvel  
Haringey Council  
13-3-15

St Ann's  
Conservation  
Area  
Advisory  
Committee

Dear Mr Truvel

Re: HG7/2014/1691 - addendum

I write as discussed on the 11<sup>th</sup> to ensure the summary of the CAAC's comments are better reflected, & to answer your contentious responses as shown on page 93 of the report to the planning committee 16 March, & to make some additional comments.

1<sup>st</sup> Response - evidence land surplus to requirement

The reasoning given at C.3.1, page 42 ~~is~~ absurd. It is wholly unacceptable to negate the requirement of saved UDP policy EMP4 for proof of activity to retain employment use on the spurious & weak grounds that a new development ~~is~~ <sup>is</sup> ~~being~~ <sup>will</sup> result from 2/3 of the land being sold.

I don't blame you as your response is indicative of the underlying history of corruption which places expectations on officers to act accordingly.

The reality is the new in-patient building, which holds only 50 patients, & may never be delivered, isn't dependent on capital receipts from a land sale. The pending landscape has seen much change over the last 10 years or so what with payments by results, tariff payments, PFI, treatment centres. Trusts can also raise money by bidding for <sup>expertise</sup> outside services (from their areas & core business). There is also the well known, tried & tested Moorfields model & a hybrid system increasingly favoured by major London hospitals details of which attached as Appendix A. There is, in addition to PFI, means to borrow internally from the NHS.

To claim the proposed in-patient building is dependent on land sale is absurd & indicative of the hidden underlying political nature of this application, which discounts due consideration of local people & the Borough for the interests of the few.

Lets be clear St Ann's hospital has the potential to employ thousands & to become a regional health hub. I know the Whittington & the N. Mid don't want a strong St Ann's because they see it as a threat. But its the political elite in Haveringey toeing the party line for more housing & their relationship with the Bridge Renewal Trust who aim to invest in St Ann's development that has enabled the Trust to put forward the application without evidence it has acted reasonably to

The underlying arrangements are revealed by the Trust's FOIA letter of 28 April 2014, attached as Appendix B.

In its responses to Q1 & Q2 the letter shows the Trust has no documentary evidence it formally requested the CCG to attend the community reference group. The reference group meetings were chaired by a Labour councillor who was quite content to maintain the focus & the structure of the meetings on the promotion of housing at St Ann's. This was a cause of friction & arguments at every single meeting, which weren't accurately reported. The minutes were usually taken by Geoffrey Ocu, formerly director of the NDC & now chief executive of the BRT (seconded at the time from the council to the Trust). Andrew Wright of the Trust threatened on one occasion that if we

didn't like the minutes it was tough as there was no legal requirement to take them they would be stopped. Obviously we now know he was bluffing, looking at the hefty statement of council involvement the Trust had no real intention to carry out its threat.

In relation to Qs 3 & 4, it is outrageous & disgusting that the Trust can evade its moral & ethical duty to provide more health provision by hiding behind its key partner the CCG. The Trust knows its position is protected by the council, which has a sub-intent in the BRT's long awaited opportunity to invest in the development of St Ann's.

Qs 5, 6 & 7 are lies or mislead. For example, when the Trust at Q 5 claims, "There is no connection between the mental health trust & the Bridge Renewal Trust." The Trust is lying.

The NDC directors report to the NDC Board 7 Sept. 2005, paragraph 3.18, refers to the director being invited to sit on the St Ann's hospital strategic development board.

An FOIA reply of 6 March 2007 states the NDC is working with the BEHMT & the PCT, "... & using its local influence to shape future capital developments." Note, before the year's end the NDC was embroiled in the hugely controversial Wards Corner developments.

The director / trustee referenced to in Q 6 attended the 'workshops' & community reference group meetings & vociferously advocated in the guise of a veritable representative for more housing on St Ann's. And was subject to a separate complaint to the overview & scrutiny committee for permitting her to sit as a scrutiny panel member when the future of St Ann's was up for discussion on the agenda.

The joint NDC/Council Seven Sisters neighbourhood plan 2010-2025 refers to the development of St Ann's hospital. The indicative plan shows a striking similarity to the current proposed plan by the Trust in terms of how the site will be divided between health & residential uses, attached as Appendix C. Incidentally, the consultation on the Seven Sisters neighbourhood plan was a bit of a fraud because residents from St Ann's & Haringgay (which is partly included) wards weren't consulted. I raised this at a deputations to full council on 18 November 2013 where I gave a copy of the relevant report showing the wards' omission to the council leader who passed it to Cllr McManus.

1st time to the director on the NDC sitting on the Trust's board, reports passed on the morning. Issued by the BRT show the Trust's Andrew Wright as a BRT board member. To claim therefore that there is no connection between the Trust & the BRT is ridiculous. Incidentally, I include as Appendix D a copy of the BRT's financial statements which show the chair set up a private company that BRT paid over £45K for 'interim CEO-cover services', which I attach for the sake of public interest. Did the council create an unaccountable monster in our midst for the sake of using it to increase its influence over the public? In comparison to highly paid bankers it seems a very high sum to pay for a relatively small operation which in any case is meant to be a charity.

The provision of healthcare at St Ann's is not as misleadingly claimed at Qs 3 & 4 dependent on the CCG. In fact the Trust will see whatever it thinks

you want to hear to obtain your approval.

Your report at 6.3.4 refers to reducing health inequalities & the support for housing at 6.3.9, 10, 11. Since the London Plan began implementing the increase of density in 2001 health & social inequalities have worsened. In regards to St A units, we all know there is a perpetual housing need, but options to increase health services ought to have first been thoroughly explored. That it hasn't is because the council has spoilt the Trust in so many ways as we have seen. In addition, the council's corporate plan, one borough, one future 2013/14 - 2014/15, page 12, priority 8, bullet point 5 aims to facilitate the delivery of key regeneration projects across the borough, including Alby Pally, St A units, St Luke's & Hornsey Depot.

The council's plans influence the actions of its officers & places expectations on them to think & do certain things. ~~It is not possible for the Trust to~~ only improve services by flogging land so eschewing it from the requirements of sound UDP policy & MPA is clearly fallacious given the numerous alternatives to raise finance.

In order to support housing targets, the council has misrepresented the true condition of the state of the borough in all its plans & documents. No two planning documents contain the same information, unless it's wrong. The planning committee is incapable of properly & safely determining planning applications because it is ignorant of the true condition of the state of the borough, is, unfortunately, though a provocative & outrageous statement, true!

The council persistently under-represents the number of households in Haringey in its People magazine, which supposedly goes out to every household in the borough, despite being made aware of this error nearly 2 years ago.

The council has done bad things. It hid women's worsening life expectancy figures for 2 years. As demonstrated in various letters to the council, the press & deputation to full council on 15 July & 18 Nov. 2013 & to the cabinet on 25 June 2014.

As for the Mayor's crooked increase of Haringey's housing target it is shamefully unfair compared to the much lower targets for boroughs in the south-west corridor. I participated at the examination in public at the GLA building in Sept. last year & the chair of the planning committee, who also gave evidence, agreed to a meeting afterwards as she was stunned at the extent of misinformation in Haringey.

The modern history of misrepresentation goes back to the core strategy & housing DPD consultation 2008. The policy from the top of govt was more *... ..* the environment, well-being & so on, plays second fiddle. Anyone & anything casting doubt on higher densities is down played.

Policy EMP 4 must be applied to the application. The reasons why it isn't are based on a false reality. If EMP 4 is applied, as it should be, the application must be refused for no evidence of marketing activity to increase health services, & thus employment, on the site has been produced.

Given the Trust's failure, it could actually be deemed a criminal act, as well as ethically & morally a reprehensible one, because the potential for huge & genuine regeneration has been jeopardized. Note, I met with the Trust's chief exec. Marina Kane to discuss marketing ideas for St. Ann's when the workshops were being held but she cut the meeting short to meet a BRT representative who hadn't yet arrived!



2<sup>nd</sup> Response - C.A.A.C Legitimacy

The St Ann's C.A.A.C was duly formed in Dec. 2006. Our formation was explained in detail to the former ass. dir of planning, Marc Douglas, by way of a letter dated 22 Feb. 2013. This was acknowledged also by former con officer, Rosena Swinshaw & by former head of housing, Nick Powell, 7 March & 28 March respectively.

You are mistaken. It is not the exemplarily inclusive process of formation of the C.A.A.C which doesn't follow correct procedures, but the registration. And this is simply because the council seems to have lost its copy of our democratic constitution around 2009 & we haven't until recently been advised (by \*Richard Trossett) to supply another copy. \*design officer

3<sup>rd</sup> Response - under-consideration of historical significance of buildings & site

~~Our response was in response to your comment made in~~  
our letter of 5 Aug. 2014, in which we accuse the council of, "... ducking its responsibility to submit the historical merit of the site & the buildings to the local listing process."

And at Appendix A, page 2 it states: "... the council has been working, in some ways underhandedly, with the Trust since the Trust's inception in April 2001 to develop St Ann's hospital."

In English Heritage's recent decision not to list nationally the buildings at St Ann's it was nevertheless of the opinion that, "... the 1847-1901 buildings form a cohesive ensemble with some pleasing details, & have claim to local interest on these grounds..."

EH's comments, taken with those of the highly esteemed Victorian Society & our humble views lead us to conclude the council has cheated residents out of their expectation their local history is duly respected. The combined voices of EH, the Victorian Soc. & the C.A.A.C should suffice to cause a rethink of St Ann's historic value. There is no regard for the long, glazed, Victorian walkway, which wouldn't surprise anyone after reading Tescott in Appendix C. Namely, "the con area will be enhanced

Evening Standard  
6 Feb. 2015

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# Debt-hit hospital to create private wing instead of using space for NHS beds

Ross Lydall Health Editor

BOSSSES at the Royal London hospital plan to create a private patient wing to raise revenue, rather than using the space to open more NHS beds.

They are assessing whether developing the unoccupied 15th floor of the

£650 million hospital for private patients could generate income to help reduce soaring debts at its parent trust, Barts Health.

The Royal London has been redeveloped as part of a £1.1 billion private finance initiative project.

Campaigners say the proposals are the

latest example of the "crippling" impact of PFI repayments on Barts, which is Britain's largest trust and has the biggest deficit in the NHS at £93 million.

Confirmation of the plans came as the Barts board expressed regret at a shortage of high-dependency beds at the Royal London, in Whitechapel.

Patients have complained about planned surgery being postponed due to the lack of recuperation beds.

Dr Ron Singer, chairman of Newham Save Our NHS, told the Standard: "The complicated situation at Barts Health, particularly the new PFI building

wing through the whole of the NHS.

"Trusts are in danger of losing their dignity by having to scabble around for money to keep basic NHS services running. Taxpayers' money that is going into the Royal London hospital is being wasted in the sense that the building is not being used to capacity."

Along with the Royal London, new cardiac and cancer centres at St Bartholomew's hospital, in Smithfield, are being developed under the £1.1 billion PFI deal that will cost the trust a total of £7.1 billion – with annual repayments rising to £274 million by 2048.

The Health and Social Care Act allows NHS trusts to generate up to 49 per cent of income from private patients. Chelsea and Westminster makes about £13 million a year, the Royal Brompton £33.6 million and UCLH £10.3 million.

Barts Health chief Peter Morris confirmed the trust was "exploring the possibilities around private practice".

There are also plans to convert the 14th floor at the Royal London – which has also been an "empty shell" since the new hospital opened in 2012 – into a centre for income-generating trials.

Mr Morris said: "We are keen to drive revenues through that space but in a way that is consistent with an academic health institution and teaching hospital, and... can convert back into NHS use if our successors require." @RossLydall

Barnet, Enfield and Haringey 

Mental Health NHS Trust

Mr Mario Petrou  
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St Ann's Hospital  
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N15 3TH

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www.beh-mht.nhs.uk

28 April 2014

Dear Mr Petrou

**Your application under the Freedom of Information Act for information regarding St Ann's Hospital Redevelopment**

I am writing in respect of your recent enquiry for information held by Barnet, Enfield and Haringey Mental Health Trust under the provisions of the Freedom of Information Act 2000 received on 31 March 2014.

We have now processed your request. Please find below our response:

1. *Can you please send me a copy of any letters, emails etc. from the Trust to the Clinical Commissioning Group inviting them to attend a meeting of the St Ann's Community Reference Group?*

The Trust has discussed the request of the Community Reference Group (CRG) that Haringey (CCG) attend a meeting of the CRG on a number of occasions. As a result, Dr Jeanelle de Gruchy, Director of Public Health, Haringey CCG and Council, attended the CRG meeting on 12 June 2013 for an open discussion. In addition, members of the CRG have attended Haringey CCG Governing Body public meetings to raise issues relating to the proposed redevelopment of St Ann's Hospital. In particular, there was a formal discussion where the CCG Governing Body confirmed support for the proposed redevelopment of St Ann's Hospital on 28 November 2013, at which members of the Community Reference Group were present and contributed to the discussions with the CCG Governing Body.

2. *Have any discussions taken place, whether formal or informal, between the Trust and the CCG about the CCGs participation or attendance of a meeting of the St Ann's Community Reference Group and can you provide me with the information?*

Please see the above response.

3. *Has the Trust Board made any decision to explore options to increase health service providers at St Ann's Hospital and can the Trust provide me with evidence please?*

This is an issue for Haringey CCG to address. The Mental Health Trust and the other NHS providers on the St Ann's Hospital site are committed to retain the current range of services on



the site in future, in improved facilities. Any decision to provide additional health services on the St Ann's Hospital site is an issue for local NHS commissioners.

4. *Given the needs of local people has the Trust acted responsibly by its decisions not to explore the option to increase the number of health providers at St Ann's Hospital further?*

This is an issue for Haringey CCG to address, as the commissioner of NHS services for the people of Haringey.

5. *What is the connection between the Trust and the Bridge Renewal Trust and what role does the Trust envisage the BRT playing in the St Ann's proposed development?*

There is no connection between the Mental Health Trust and the Bridge Renewal Trust (BRT) relating to the redevelopment of St Ann's Hospital, other than that the BRT Chief Executive, Geoffrey Ocen, provides advice to the Mental Health Trust on local issues and engaging the local community

6. *Does the Trust deem it appropriate and fair for a Director/Trustee of the BRT to attend the reference group workshops and meetings and presenting as an ordinary resident, influence and justify the Trust's plan for housing at St Ann's Hospital?*

Yes, the Trust does feel this is appropriate, as the Trust has commissioned advice from the BRT as outlined in point 5 above.

7. *How does the Trust define its relationship with the BRT?*

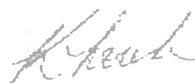
See response to question 5, above.

I hope that this has answered your request satisfactorily. Should you have any questions, please contact me via my contact details shown at the top of this letter.

The Trust provides a complaints procedure for the Freedom of Information Act and if you are not satisfied with the response, you should write to the Chief Executive at the address shown at the top of this letter.

If you are dissatisfied with the outcome of the complaints procedure, you can appeal to the Information Commissioner, who will consider whether the Trust has complied with its obligations under the Act, and can require the Trust to remedy any problems. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's website at: [www.ico.org.uk](http://www.ico.org.uk). Complaints to the Information Commissioner should be sent to: First Contact Team, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



**Katia Louka**  
**Corporate Services Manager**



The Bridge NDC & LB Haringey  
Seven Sisters Neighbourhood Plan 2010-2025

ST. ANN'S

Redevelop St. Ann's with a mix of health services, family housing, and public open space, and create a new neighbourhood with strong links to its surroundings and to its natural and built heritage.

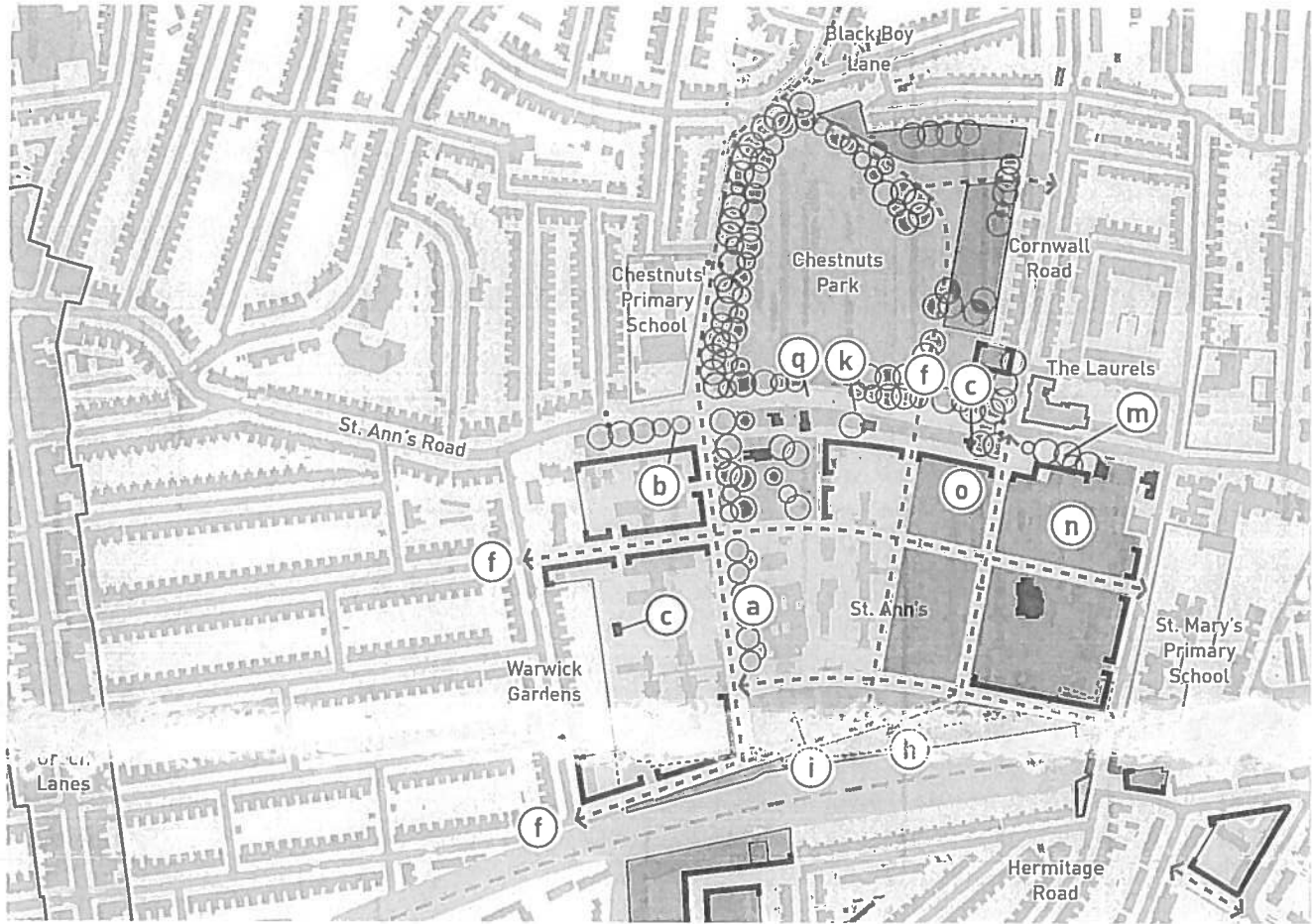
Key Stakeholders

- Barnet Enfield & Haringey Mental Health Trust
- Haringey Teaching Primary Care Trust
- Moorfields Eye Hospital
- London Ambulance Service
- North Middlesex University Hospital
- Homes for Haringey
- Registered Social Landlords
- Friends of Chestnuts Park
- The Gardens RA
- Network Rail

	THEME A Connected Places, Connected People	THEME B Greenest District in Haringey	THEME C Community Focus, Neighbourhood Life	THEME D Open Neighbourhoods, Working Neighbourhoods
SHORT-TERM		a Retain and enhance a functional wildlife corridor between the existing rail sides and Chestnuts Park providing a range of habitats [see 'Key Constraints',3];	b Retain and manage existing mature tree planting;  c Retain and find new uses for existing locally listed-buildings, (including the water tower) decommissioned from operational use;	d [Haringey Council] Consult on, produce, and adopt a development brief to guide future planning applications for the site;  e [Mental Health Trust] Consult on, produce, and implement a 'Strategic Outline Case' for changes at St. Ann's;
MID-TERM	f Create a network of new pedestrian and cycle links through the site (see 'Key Constraints',3).These should be continuous between new access points on Hermitage Road, St. Ann's Road, and Warwick Gardens	h Locate any new public open space or garden spaces contiguous with the rail sides (see 'Key Constraints',3);  i Incorporate a Sustainable Urban Drainage System (SUDS) as part of any redevelopment of the site;	k Enhance the St. Ann's Conservation Area by removing the boundary wall (see 'Key Constraints',2);  l Provide new housing suitable for families as the predominant part of the mix of unit types;	n Cluster retained and new health-related uses in the vicinity of The Laurels (see 'Key Constraints',1);  o Create an attractive and distinctive point of arrival for those accessing health facilities;
	g Ensure new development provides continuous, active frontage to all public streets and spaces to allow natural surveillance;	j Explore options to install a Combined Heat & Power (CHP) system as part of any redevelopment of the site;	m Provide new hard-landscaped public open space at junction of St. Ann's Road and Cornwall Road;	p Integrate and co-locate all servicing elements of health-related uses to have minimal impact on public domain;
LONG-TERM	q Implement traffic-calming measures along Chestnuts Park on St. Ann's Road, Black Boy Lane, and Hermitage Road;			







Indicative Plan, to be further developed through consultation with stakeholders and general public

**Key Constraints**

1. The type and extent of changes to the health services provided on the site are not yet known, and will be subject to the ongoing consultation and decision-making process with the health service providers and general public. Separate consultations are currently being conducted by Barnet Enfield & Haringey Mental Health Trust and by Haringey Teaching Primary Care Trust.
2. The proposed removal of the existing boundary wall to St. Ann's would require planning permission as it lies within St. Ann's Conservation Area [\*CA17].
3. The creation of new street connections along the rail sides could encroach on areas designated as Ecologically Valuable Site of Local Importance [\*OS6]. In such case, an Ecological Impact Assessment, as well as details of proposed mitigation measures, would be required to accompany any planning application.

\* Haringey Unitary Development Plan Policy designation

**See related Plan Proposals**

- 02 Chestnuts Park
- 18 Street Initiatives
- 19 Railway Underbridges
- 20 Allotment Scheme
- 21 Youth/Community Space
- 23 Seven Sisters Energy Action Zone
- 24 Signposting & Local Landmarks



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**THE BRIDGE RENEWAL TRUST**


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**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
 For the year ended 31 March 2013
 

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**14. OPERATING LEASE COMMITMENTS**

At 31 March 2013 the company had annual commitments under non-cancellable operating leases as follows:

	2013	2012
	£	£
<b>Expiry date:</b>		
Within 1 year	<u>90,000</u>	<u>90,000</u>

**15. SHARE CAPITAL**

The Bridge Renewal Trust is a company limited by guarantee and has no share capital. Each member is liable to contribute a sum not exceeding £1 in the event of the charity being wound up.

**16. TAXATION**

Under the provision of IA 1988 sections 505 and 506, the charitable company is not liable to tax on its charitable grants, donations or other income earned in the course of its charitable activities, so long as the income is applied for the purposes of the company's charitable aims.

**17. RELATED PARTY TRANSACTIONS**

Rachel Hughes, a Trustee and Chair of the Bridge Renewal Trust, is the owner of Equality in Practice. During the year, Equality in Practice provided interim CEO cover services to The Bridge Renewal Trust. Total payments made to Equality in Practice during the year amounted to £45,150



## **Appendix 2: Save St Ann's Hospital Campaign Group**



Planning  
 Haveringey Council  
 15-3-15



Re: HG/2014/1691 - St Ann's Hospital  
 We very strongly object to the application to develop St Ann's Hospital, because there is not a shred of evidence the Trust has made even the smallest of efforts to maintain, let alone increase, services, & thereby benefits to the community, it inherited in April 2001 at its formation.

A Labour government beget the Trust, without involvement of the general public, that was then instantaneously waylaid & forced into a shotgun marriage to the aim to develop St Ann's Hospital by a Labour Council. The PCT & the NAC were also married to this aim.

The Trust resisted our suggestion, made years ago, that it approach the Royal Free, because of the transport link, & the Whittington. When it did approach the Royal Free about siting a renal unit at St Ann's, the health centre at T28, Hale was preferred. Leading us to believe the Trust lacks sincerity & is resigned to managing decline. The selling of two-thirds of the site (approx.) for a 50-bed in-patient building is a poor trade-off. Once the land is gone, it's gone forever.

There were several ways for the Trust to raise money, the Mossfields model or an NHS loan to name two. The Trust hasn't even tried to raise money by fundraising. It's made no effort whatsoever, to retain the site for employment

therefore saved UDP policy EMP 4 must be applied & the application refused.

The shared aim to develop S&A units & the role of the NDC, adopted by the NDC's successor body the Budget Renewal Trust (BRT), to profit from the aim to develop, has deterred due consideration to acknowledge the potential of S&A units as a veritable gold mine for employment. The aim has also deterred the council's regeneration team to put forward suggestions other than that involving development.

We are concerned of the eleven committee members, five, Chris Baro, Bevan, Beacham, Mattet & Rice, have all expressed a view for housing on the site, which leaves us to conclude the committee is loaded in favour of development.

evaluated after exploring the employment option but there is no evidence this is the case.

The workshops & the community reference groups set-up by the Trust, assisted by the BRT & the council, were skewed in favour of development & rebutted suggestions options to explore the employment potential be considered. This led to disagreements. We wrote to the Trust's chair, Mr Fosc, but he was dismissive.

We had no faith in the Trust's engagement efforts being sincere. And we have strong doubts about the planning hearing. This application should be refused & the Trust can either appeal to the planning inspectorate or explore the options for employment meaningfully prior to future reapplication for development to the council.

There are some general observations about the current application we should make: 2 of 4



- the design of the buildings is dull, uninspiring, bland, unimaginative, dispiriting;
- the buildings should feature much higher <sup>use of</sup> biological & sustainable materials & make use of solar & wind power to a high degree;
- we have not seen mention of social housing;
- "allotments";
- the proposed density should be capped by agreement to a maximum 45 units per hectare;
- we object to the loss of so many trees, shrubs, gardens, & open space, & the loss of the existing small allotment;
- the London Plan annual monitoring report 9, 2011-12 shows on pages 114 & 115 that for all completed schemes in London in 2011, Havering scored 2nd lowest, at 21%, for the number of wheelchair accessible homes. The proposal should include more than 10% of the units as wheelchair accessible;
- the proposed buildings are too tall, way too tall;
- we support the access to Warwick gardens as it would benefit the employment potential. However, we agree with the access being designed with safety in mind;

We have issues & concerns about some of the plans relied upon by the Trust to justify the committee's support, as if it needed it, for this application.

In the statement of community involvement - June 2014, Nexus planning, on page 11, the 3rd & final sentence states:

'The scheme has evolved over a three year period in response to comments & the application, reflects the feedback received.'

This is incorrect. The scheme evolved at least 15 years ago, as shown above. The joint council/NDC neighbourhood plan, drafted 2007/8 is virtually the same layout. The feedback consists mainly of the chair of the community reference groups, a Labour councillor steering & controlling the debate, the minute taker, BRT's chief

development aims, & the choices for housing led by a director/trustee of BRT in the guise of a resident group representative.

The construction logistics plan, June 2014, shows at 2.3.2, page 8 that traffic movement (cement mixers, heavy aggregates, skip lorries) are to be managed using a strict booking system to avoid congestion. Does congestion mean that within the site or to avoid it on local roads during peak times? Also, there is no mention of a community liaison initiative. There are 3 primary schools in the vicinity & a number of faith centres, we do not want a funeral cortege to be stuck behind a cement mixer, for example, or lorries accessing the site when children are playing during breaks or even to be on West Green Road when pupils from

using the shops during break times.

And in respect to 2.3.1 where will the dedicated weather protected storage units be located, & what is the procedure for unloading?

The table on page 9 shows 10,350 trips per phase, totals 4 phases & 21,400 trips. <sup>Does</sup> This number include managers, groundworkers, builders, roofers, glaziers, carpenters, plumbers, electricians, decorators, gardeners, roadlayers, cleaners?

The Peter Buetl PBA June 2014 shows the proposal rating for sustainable homes as water 4 out of 6, health & well-being 7 out of 12, surface water runoff 3 from 4, ecology 6 of 9, energy 18 from 31, water 4 from 6, minerals 16 of 24, management 9 out of 9. Health, energy & ecology are very low

We have concerns about the SOC 2006. The options considered were too few & narrow. The Council / NDC plan 2010-2025 as the 2nd consultation didn't involve St Ann's & Haringey ward residents, the first con was very flawed. The Health Infrastructure Plan contains numerous flaws.

## **Appendix 3: First Page of Petition**



We the undersigned want **St. Ann's Hospital** to retain, improve and expand its medical services.

Name	Address	Signature
Paul	111 Park Road	[Signature]
Constance	69 Basilwood Rd NS	[Signature]
Margaret Parker	539 Sausage Rd NS	[Signature]
Adwayo Ipe	36 Hemitt Rd NP	[Signature]
Michelle Lacey	57 Penderton Rd NY	[Signature]
MICHELLE LACEY	60 HEWITT RD, NP OBL	[Signature]
Liz Smyth	76 Lorraine Rd NS OHP	[Signature]
Rose Craigie	31 Penrhos Rd	[Signature]
M. Threlwell	38 DANVERS RD	[Signature]
J. Pove	66 Hazelwood Tins W.10	[Signature]
BA. ZWIERZIKOWSKI	76 Palace Gates Rd NZ2	[Signature]
Sara Mokone	21 ETHELWAY ROAD N15	[Signature]
VESTA KAUSAITE	32 KENLEY, GLOUCESTER RD.	[Signature]
AGNE SARAUSKAITE	32 KENLEY, GLOUCESTER RD	[Signature]
M. Hathway	25 Park Avenue North	[Signature]
J HATHWAY	16 The Burglars, Beham N19	[Signature]
R LETTS	188 Park Ave Sth	[Signature]
S. Jackson	53 A Onslow Gardens	[Signature]
Ann Johnston	53 Cobham Road NZ2 6RS	[Signature]
Jim Barr	21 WINDLE AVE NZ10 3UP	[Signature]



## **Appendix 4: Tottenham Labour Party Comments**





**Skapoullis Jon**

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**Subject:** FW: Comment Received from Public Access

Application Reference No. : HGY/2014/1691  
Site Address: St Anns General Hospital St Anns Road London N15 3TH  
Comments by: Tottenham Labour Party  
From:

Phone:

Email:

Submission: Neither

Comments: On behalf of the Tottenham Labour Party, please see our comments on the planning application for St Ann's Hospital.

The redevelopment proposals for St Ann's should include:

- a. A walk-in urgent care centre
  - b. A new GP practice on the site
  - c. Improved Mental Health Services
- 2) That the housing on the site should be social housing at social rents.
- 3) That adequate infrastructure be provided as part of the development, including:
- a. Schools
  - b. Transport
  - c. GPs
- 4) That any development be by a co-operative rather than a private developer.

Seema Chandwani

Secretary of the Tottenham Constituency Labour Party (CLP) On behalf of the Tottenham Constituency Labour Party (CLP)



**Appendix 5: Comments from Councillors  
Blake, Morton and Ozbek**



**Skapoullis Jon**

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**From:** DM & BC Support Team  
**Subject:** FW: Comment Received from Public Access

Application Reference No. : HGY/2014/1691  
Site Address: St Anns General Hospital St Anns Road London N15 3TH  
Comments by: Cllrs Blake, Morton and Ozbek  
From:

Phone:  
Email:  
Submission: Neither

Comments: We support Barnet, Enfield and Haringey Mental Health Trust's proposal to improve patient facilities and patient care at the St Ann's Hospital Site; however, in recent months local residents have raised a number of views with us about the plans. We would like to make the committee aware of these issues and to ask you to take them fully into account when making a decision.

**Access routes and security**

Residents have raised concerns about the proposed access route into Warwick Gardens and possible results on anti-social behaviour. The ASBAT team is currently working on Stanhope Gardens to deal with on-going anti-social behaviour. Residents are concerned that the proposed access way could be used as a route for crime as was the experience when the route from Doncaster Gardens was open through to the Sainsbury's shopping centre.

Residents feel the existing entrance to St Ann's appears too small to be an entrance route for the proposed development.

Residents have told us they feel the design is car dependent, and there is potential for the bus route and nearby cycle routes to be improved. We hope the committee will consider public transport requirements.

**Development design and scale**

We note the points that have been made by the Trust and by residents on the proposed height of the development near to Warwick Gardens. Residents feel it is important that the scale of the development at this point is no higher than the existing houses of the Gardens estate. The consistency of the architecture found within the Gardens should be respected with the proposed adjoining buildings.

Residents have told us that they feel there is a need for more park space on the development site and that they feel the scale of development too large despite reductions in the size of the initial scheme and that the development at the Laurels shouldn't taken an appropriate benchmark. Residents who have contacted us also feel that the landscape, trees and planting should be supported and maintained. We note the proposals will involve removal of mature trees.

On the subject of architectural quality, residents tell us they feel the design concept should relate to the existing buildings and that some of the positive contribution buildings on the site should be retained or their materials be recycled and used in new buildings on the site. Residents have also suggested that a design competition should be organised to ensure high quality design of the site.

**Sustainability**

Residents have asked on the subject of sustainability and whether the project could aspire to more than the minimal requirements and be carbon neutral. For example, wooden windows would minimise CO2 emissions and cause less damage to the environment than the UPVC windows which are proposed.

#### Mixed community

We feel it is important that any development leads to a mixed community that is cohesive and diverse and all residents can enjoy living within it and around it.

#### Developer and any development process

Residents are concerned about the possibility that land could sit unused in the event of an economic downturn after sale of the land. We would ask that upon sale of land the developer be required to complete the project within a fixed timescale.

Residents ask that noise pollution should be reduced as much as possible during demolition and construction.

There appear to be three energy units on the site. The sound breakout from these units not clear from the application, but the units should be designed and managed so that it does not cause a problem for local residents.

If the application is approved and a developer is engaged, we believe that there should be a residents board or forum to meet regularly with the developer to ensure that residents' views and interests are taken fully into account by the developer and by the NHS Trust.

Likewise, the planning department should maintain a close eye on this development to ensure that any developer keeps to the terms of the committee's decision.

#### NHS patient care at the St Ann's Hospital site & BEHMHT use of resources raised

The NHS Trust have made the resources that this development would release for patient care and improved patient facilities on the St Ann's Hospital site a strong part of their argument in this application.

We believe that funds raised for the Barnet, Enfield and Haringey Mental Health Trust from this development should be used for patient care and we would expect that the Trust will hold true to its commitment for improved NHS facilities on the St Ann's site.

Yours sincerely,

Cllr Barbara Blake, Cllr Peter Morton, Cllr Ali Ozbek

**Appendix 6: Additional Comments from David  
Lammy MP and Catherine West**





**Cordell Paul**

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**From:** DM & BC Support Team  
**Subject:** FW: Comment Received from Public Access

Application Reference No. : HGY/2014/1691  
Site Address: St Anns General Hospital St Anns Road London N15 3TH  
Comments by: David Lammy MP & Catherine West  
From:

28  
Middle Lane  
LONDON  
LONDON  
  
N8 8PL

Submission: Objection

Comments: LONDON N22 8LE

Letter of Objection in relation to the St Anns Mental Health Facility on the grounds of lack of appropriate housing mix REF HGY/2014/1691 5th March 2015 Dear Councillor Ahmet, We would be very grateful if the following objection to the above application could be taken into account in the decision making of the Council. A copy of the text below has been submitted on the Council's online system for objecting to planning applications.

The provision of modern, high quality healthcare facilities for local people suffering from poor mental health is crucial. For too long, poor facilities and inadequate buildings at St Anns have held back urgently needed improvements to mental health services for local people. The re-provision of acute care facilities in a peaceful and attractive setting adjacent to The Chestnuts open space is to be welcomed. Of equal importance is the provision of allied health care and specialist care eg Eating Disorder experts, delivered by public service providers such as the Whittington Integrated Care Organisation. However, since the plans were first drawn up, there has been a dramatic change in the London housing market and the lack of genuine affordable housing in the application needs to be reviewed.

General needs housing

Figures out this week show that median earnings in Haringey Borough are £574.60 per week. Median private rents are £288.50, half of average earnings (Annual Survey of Hours and Earnings; Valuation Office Agency). Local people are being priced out of Haringey. We desperately need more genuinely-affordable housing, which is why we support Policy SP2 of the Haringey Local Plan which states that sites capable of delivering ten or more units, will be required to meet a borough wide affordable housing target of 50%, based on habitable rooms.

As this application is on public land, it is particularly incumbent on the local authority to ensure the development makes a significant contribution towards affordable housing and toward the goals of the borough's Local Plan. We are extremely concerned, therefore, that this application appears to offer as little as 14% affordable housing.

We would urge the committee to reject such a low affordable housing offer, and to thoroughly interrogate any viability appraisals.

Definition of affordable housing.

By affordable housing we mean 'target rent' housing ; homes for social rent which allow low and medium income households pay rent without recourse to large housing benefit claims. We do not support the current London Mayor's Affordable Rent product, which is calculated at up to 80 percent of market rent. That is not affordable for low and medium earners.

We understand that the affordable housing in this application seems to be split 70% intermediate, 30% social and affordable rent. We are concerned that this is the opposite of the affordable housing split in the Local Plan, which supports 70% social and affordable rent, 30% intermediate.

We would urge you to insist on a split closer to the Local Plan and to ensure that the homes for social and affordable rent are limited to target rent in perpetuity.  
Housing for people with mental health problems.

This is a hybrid planning application-both health and housing need to be taken into account.

The current proposal does not take adequate account of the possibility to provide 'step down'

housing for people with mental health problems who are in recovery.

There are some excellent examples of new developments, assembled with sympathetic Registered Providers in other Health Authority areas eg. Metropolitan Housing Association's 'Horseshoe' development in Cambridge. There is no evidence in this proposal that a visionary, health focussed approach has been sufficiently uppermost in the applicant's designs.

Therefore we would be very grateful if the committee would consider deferring the application whilst a proper assessment could be made of how to provide

I) more general needs affordable housing and

II) more creative housing options for mental health services users in recovery.

Thank you for considering these objections in your deliberations, David Lammy MP and Catherine West PPC, Hornsey and Wood Green