Evidence to Sites & Housing Plan Inquiry – Respondent 36 – Highfield Residents Association

This paper provides additional background evidence to points made by Highfield Residents Association (HRA), and for discussion at the Inquiry of the City Council Housing and Sites DPD.

Main Matter 5 - MIQs 5.8, 5.9, 5.10, 5.11 and 5.12.

RS36/1/GEN/3 – Paragraph B1.4 – Discussion based on original statement
RS36/2/GEN/3 – Paragraph B1.26 – Discussion based on original statement and this evidence.
RS36/3/GEN/3 – Paragraph B1.20 –
RS36/4/GEN/2 – Paragraph B1.25 –

Summary
HRA represents one of the Headington communities in a suburb where, particularly in the last 12 years, there has been continuous large-scale incremental development on a concentrated cluster of employment sites. Whilst there is recognition of the economic benefits that inward investment provides Oxford there is real concern that the balance with community needs, and infrastructure to facilitate further growth, is missing.

As currently written the DPD is not sound because it does not correctly acknowledge:

- the impact of £750m institutional development (since 2000) on the stability of residential communities – as flagged up by the Core Strategy Inspector,
- the need to evaluate the scope for further sustainable development on these sites,
- the need for an assessment of the infrastructure requirements needed to facilitate the scale of future growth on these sites to 2026.

The DPD thus has shortcomings in relation to MIQs 5.8, 5.9, 5.10, 5.11 and 5.12.

Geography of Headington and Sites
A map of Headington (Appendix1 - reproduced from an earlier consultation exercise, but with more recent site policy references added) shows the location of the sites relative to residential streets, London Road - the main arterial feeder to Oxford, with shops clustered at the junction with Windmill Rd, and the range of schools located at strategic site. London Rd is a significant traffic generator through to Oxford, but the concentration of employment sites, and the growth of the hospitals and Universities is an extraordinary factor for Headington. The proximity and distribution of this number of sites relative to housing is a quirk of history, and not best practice in town planning terms. Consequently the degree of intense ongoing development needs to be balanced with maintaining sustainable and stable communities – not just economic growth at all costs.

Local Plan Review 2001-2016 – Grasping the issues
Back in 2001 it was recognised at the Local Plan development stage that the Hospitals & Oxford Brookes University (OBU) were a significant planning issue for Headington – especially for the relocation of the Radcliffe Infirmary facilities to the John Radcliffe site (SP23). Issues Paper 7 (Appendix 2 – cover page reference) was produced to tease out the issues and debate them with all stakeholders. It is useful reading as it contains logical considerations and suggested constraints on the future expansion of Hospitals and OBU in the life of the Local Plan. As written in 2001, para 5 of the introduction includes these notes:
The current Local Plan makes it clear that the growth and relocation of the Hospitals to the Headington area and any growth of Oxford Brookes University, needs to be consistent with other objectives of the Council. In particular:

• that they do not have an adverse impact on housing,
• that they can be accommodated without reducing the scope to provide for other necessary land uses for Oxford’s population, and
• that they can be achieved without putting additional adverse strain on the transport networks already operating in the Headington area.

These objectives still apply and are the principles on which this Issue Paper is based.

This consultation paper properly examined and posed questions on the scope for development, the pressures and constraints. It provided some reassurance that planning controls and the stability of existing residential communities were being considered at that time.

Development explosion
Since 2001 the growth of residential units has followed Oxford trends, but that for the hospitals and OBU has ‘washed over’ any predictions or considerations within Issues Paper 7. As well as the ‘Headington Strategy’ for the relocation of Radcliffe Infirmary facilities to the JR site (SP23) there has been, in total, an estimated £750m of institutional expansion on Headington sites – as listed in Appendix 3. The Universities have dominated recent developments with the controversial and bitterly contested NLTB at OBU, and now, landmark sponsored research facilities for Oxford University facing Old Rd residents. The Oxford United ground off London Road was sold and developed as a new private hospital and OBU expansion has spawned a highly profitable market for student accommodation (Dorset House). All the projects have been assessed incrementally with little understanding of the individual and accumulated effects on Headington and wider suburbs, communities and infrastructure needs.

Headington now and the legacy of accumulated development
The previous 12 years of employment expansion within the confines of Headington sites has had dramatic impact:

1. Severe traffic congestion throughout the region, rat-runs, parking abuses, reliance on buses on congested roads deliver poor transport services.
2. Demographic changes from stable family residential communities to transient rented HMOS, student accommodation and the recent growth of summer language schools. OBU’s own survey shows Gipsy Lane/Valentia Rd estate is 46% rented/student occupied.
3. There has been speculative residential infill development – often crammed into unsuitable sites.
4. Local natural spaces (Warneford Meadow, Boundary Brook, it’s Wildlife corridor, and Lye Valley SSSI) are under physical and ecological threat from encroachment, pollution and poor surface water management.
5. Water supply and sewage systems – particularly in the Marston area are reported to be seriously under capacity.
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Housing and demographic changes have prompted City Council to prepare a series of restraint policies: ‘The Balance of Dwellings DPD’ and ‘HMO Article 4 Planning’ as well as the introduction of HMO Licensing. These ‘after-the-event’ reactive responses have been too little and too late to prevent the damage to community cohesion. There has been no broader based constructive action to facilitate sustainable growth.

The County Council is also ‘under fire’ from the institutions for the poor use of S106 monies intended to alleviate traffic and parking issues. There is no strategic plan for traffic management – projects have been limited to upgrading, reconfiguring existing highways. The County Council ‘plans’ for EART are at the early concept phase and they have confirmed the prospects for delivery of a rapid transit system are low – repeating the demise of the guided bus scheme of some years ago..

Core Strategy, ‘Headington Forward’ and the new wave of development

In his assessment of the Core Strategy the Inspector recognised the problems in Headington and noted in para. 4.7:

‘I accept that the city is geographically a small area, but, nonetheless, there are clearly distinct communities, with their own characteristics, to be found within the built-up area. The Revised Submission Document now provides a better spatial portrait of these communities within the city and a greater sense of what changes are likely to happen in each area. The plan, perhaps a little surprisingly, under-plays the role and impact of the two Universities in the city, generally and in particular, on certain residential areas. One area under particular pressure is Headington, where an expanding University and health related developments threaten to upset the balance of the community. Whilst some form of action-orientated, area-based plan for this community, drawing together all issues, might be welcome, I fully recognise that the Council are committed to a full programme of plan production over the next few years, which will include looking at land allocations in this area. The absence of such a plan for this community does not go to the soundness of this Core Strategy, though the particular pressure on, and needs of, this community is something that the Council may wish to consider in some form over the next few years.’

The DPD ignores the Inspector’s advice – despite a lifetime to 2026 there is no protection to the residential dimension of Headington. Since the Inspector’s findings there have been significant recent changes which raise the urgency for action on his advice. There is a new commercial outlook from the Hospitals that are committing to revenue generation options, and a new wave of development on the back of research investment from drug companies:

6. Oxford University has become an additional major player in attracting/relocating the first two research facilities into Headington on the Old Rd site. At the time of writing a masterplan for the ORC & Park Hospital site will be awaiting planning consent. Increased parking (contrary to policy) and massive infill buildings are proposed, with a doubling in current staff levels (not including the net transfer of 150 London staff arising from current projects under construction).

7. the Hospitals and Oxford University have become collaborative partners and,

8. the hospitals have declared they need to seek maximum commercial gain from their land and facilities. The JR has submitted plans for retail units and there is large tracts of undeveloped land at the Churchill site (SP61) suitable for development as prescribed in sites policy for housing, hotel, research, educational, and hospital uses.

9. The JR site has significant constraint on vehicular access which has not been adequately resolved. This has become an issue for the Churchill cluster of sites which will be exacerbated by potential growth on the large areas of undeveloped land.
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In 2008, in desperation, residents representatives asked Area Committee (now defunct) to set up a forum with both Councils, and Institutions, to debate the crisis as seen in Headington, and, with a Councillor’s assistance Headington Forward (HF) was formed – based on an MOU drawn up by residents and agreed with some institutions. After 6 meetings, a review concluded in 2011 that, whilst it is a useful discussion forum, HF lacked a formal work-plan, and was weakened by a refusal from Officers to integrate any results arising into City policy.

A Strategy for Headington?
We conclude that, as written, the DPD continues the reactive approach to planning - continuing the uncertainty of further accumulated development. Without a coherent strategy to manage the planning issues arising from the aspirations of institutions, and the needs of other stakeholders there is a real potential for the DPD, as written, to stifle growth, and further damage community stability in Headington. We ask the Inquiry to consider the DPD unsound because:

1. The DPD does not recognise and set out to mitigate the impact of Headington development on community cohesion, as observed by the Core Strategy Inspector.
2. The DPD does not recognise the need and a timetable for an assessment of the infrastructure (particularly realisable strategic transport initiatives) to facilitate the growth indicated from Headington sites uses to 2026.
3. The DPD lacks a coherent strategic plan for the anticipated growth from the mix of uses in the cluster of Headington sites.

The following changes to the DPD are suggested as starting points for discussion:

a) Para 1.4 – Amendment or additional para as qualifier to CS30 – ‘subject to assessment of community impacts and infrastructure needs for the cluster of Headington sites’.

b) Para B1.25, – Delete ‘although much of the hospital developments have already taken place’, replace with ‘An assessment of the scope for further development on the main Headington sites is required before further major projects can be approved. City Council will work with stakeholders to ensure further development is sustainable.’

c) Para B1.26 – Amend to reflect the reality of cumulative traffic generation and what measures are able to address specific problems, and the likelihood of EART coming to fruition. Add ‘However, developers will be required to provide long-term masterplans so that City and County can make assessments of traffic, travel and transport options to facilitate further expansion. Realistic plans for travel solutions should be in place before major schemes can be approved.’

HE 23/7/12
This paper reviews the current adopted Local Plan policies that relate to the Oxford hospitals and Oxford Brookes University. It addresses how the future growth of the university and hospitals might be accommodated. The Council welcomes comments on any of the matters set out in this paper.

ISSUES

The Hospitals

- Importance of Oxford hospitals for Oxford
- Headington strategy

Oxford Brookes University

- Importance of Oxford Brookes University for Oxford
- Future Growth of the University
- Student accommodation

General

- Transport Implications for Headington of both institutions
- Key-worker Housing
Appendix 3- Major capital projects developed and under construction on Headington Sites

Notes: year is an estimate of completion. There have been many additional smaller value projects not listed. Sites highlighted yellow are amalgamated into the new Oxford University Hospitals NHS Trust (OUHNHST). The total FTE staff for each OUHNHST unit is given in italics. An assessment of patient/outpatient/visitors is pending an FOIA request.

<table>
<thead>
<tr>
<th>Year (est)</th>
<th>Project/use</th>
<th>Type</th>
<th>Cap cost as published</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>West Wing/Childrens Hospital</td>
<td>new build</td>
<td>£135m</td>
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<tr>
<td>2009</td>
<td>Cardiac Centre</td>
<td>extension/new build</td>
<td>£29m</td>
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<td>2002</td>
<td>Trauma unit</td>
<td>extension/new build</td>
<td>£8.5m</td>
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<tr>
<td>2009</td>
<td>Biomedical research centre</td>
<td>new build</td>
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</tr>
<tr>
<td>2012</td>
<td>Hospital entrance/retal</td>
<td>new build (new app)</td>
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2012 - Development strategy imminent – covering commercial development of all sites within Oxford University Hospitals Trust sites

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<th>Year (est)</th>
<th>Project/use</th>
<th>Type</th>
<th>Cap cost as published</th>
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<tr>
<td>2005</td>
<td>NOC Hospital</td>
<td>replacement/extension</td>
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<td>2007</td>
<td>Botnar 1</td>
<td>new build</td>
<td>£4</td>
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<tr>
<td>2009</td>
<td>Theatres</td>
<td>extension</td>
<td></td>
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<tr>
<td>2011</td>
<td>Botnar 2</td>
<td>new build</td>
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2012 – Development strategy imminent – covering commercial development of all sites within Oxford University Hospitals Trust sites

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<th>Type</th>
<th>Cap cost as published</th>
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<tr>
<td>20010</td>
<td>Cancer Hospital</td>
<td>new build</td>
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<tr>
<td>Ns</td>
<td>Community Hospital (Warneford Hospital)</td>
<td>new build pending application</td>
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2012 – Development strategy imminent at time of writing. To cover commercial development of all sites within amalgamated Oxford University Hospitals Trust sites

<table>
<thead>
<tr>
<th>Year (est)</th>
<th>Project/use</th>
<th>Type</th>
<th>Cap cost as published</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>Wellcome Genetics Research</td>
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<tr>
<td>2002</td>
<td>Richard Doll bldg</td>
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<td>£15.5m</td>
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<tr>
<td>2010</td>
<td>Cancer Research Centre</td>
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<tr>
<td>2011</td>
<td>Kennedy/NDM</td>
<td>new build</td>
<td>£57m</td>
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2012 Development outline masterplan for combined ORC site imminent at time of writing. This is independent of the OUHNHS Trust strategy.
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<table>
<thead>
<tr>
<th>Project Code</th>
<th>Description</th>
<th>Year</th>
<th>Type</th>
<th>Cost</th>
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<tbody>
<tr>
<td>SP61</td>
<td>Warneford Hospital Highfield Unit</td>
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<td>SP41</td>
<td>Oxford Brookes University Technology workshop</td>
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<td>new build</td>
<td></td>
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<tr>
<td></td>
<td>NLTB new build/replacement 2013</td>
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<td>£110m</td>
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<tr>
<td>(Unlisted)</td>
<td>Manor Ground (200)</td>
<td>2003</td>
<td>new build</td>
<td>£50m</td>
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<tr>
<td>(Unlisted)</td>
<td>Dorset House Student blocks (316 beds)</td>
<td>2012</td>
<td>new build</td>
<td></td>
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