

MILTON NEIGHBOURHOOD PLAN

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The Planning Inspectorate

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Your Ref:- APP/Z1775/W/22/3302931

Planning Inspectorate

The Enquiry Timetable is too short for those Parties with an interest in the Appellant's proposed scheme to convert St James' Hospital for 151 Apartments and 58 Houses to submit full and final comments.

The "Non-Determination" process seems inequitable too when the Planning Committee of 12 January 2022 could not decide the application and accordingly deferred to give the Appellant more time. The Appellant lists drawings and plans not passed to the LPA. These still appear to be absent. However, for us, that is hard to tell because the LPA did not inform many of us, including this Planning Forum, that there had been an Appeal, and did not publish the Appellant's Statement of Case and final modifications before 12th September 2022.

We have not seen for instance, any evidence of how the Locksway Road/Milton Junction is supposed to operate at peak times in conjunction with the Milton Road/Goldsmith Avenue/Eastney Road Junction less than one hundred metres away. We do see as a daily occurrence on the other hand, congestion at this site and I enclose photographs from Autumn 2017 to illustrate the point. We have also become aware that Natural England requires further survey work for Milton Common, we are advised, will not be completed before the end of November.

The Appellant has acknowledged this is a complex decision with significant local interest around concerns on the adverse impacts from the intensity of development proposed. However, unless and until all the facts are established with agreed means to resolve them the application as presented ought to be dismissed.

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The Milton Neighbourhood Planning Forum's concerns have been expressed in our comments to the LPA of 17 March 2020, 18 March 2021, and 21 March 2022. Since then, our Neighbourhood Plan has passed a Referendum in mid-August 2022

[http://miltonplan.org.uk/](http://miltonplan.org.uk) We have consistently raised concerns on open space loss, heritage harm, design, congestion, and air pollution. The retention and enhancement of existing open spaces is the single biggest issue residents were concerned with from the outset, hence the initiation of the “Keep Milton Green” Campaign Group. Traffic congestion and pollution was, and is still, a prime concern too.

There are three inter-related issues that, in our view, impact adversely on the Hospital and the local environment and dis applies “the tilted balance.” We also hold the opinion that the “landowner” could have managed the disposal of the Hospital differently to allow more coherent planning. We will deal with that after explaining more fully our concerns on the adverse impacts.

Open Space Loss

The Preservation and enhancement of open space is a key policy in the Local Plan too. PCS13 recommends refusal for development applications resulting in a net loss because of the City's inability to provide additional green spaces. Portsmouth is very densely populated City with a ratio of around 5200/ha and the protection of green infrastructure is essential for improving the quality of life and for its biodiversity contributions. The 2019 background papers to the emerging Portsmouth Plan on green infrastructure and open space, identify Portsmouth has a deficit of amenity open space of 66% using “Fields-In-Trust” standards and 77% using their own. The NPPF at Para 99 explains that open space should not be built unless it can be replaced by an equivalent or better provision either in quality or quantity.

At Examination, the Examiner designated ten Local Green Spaces for the Plan area, including two on St James', to protect against further loss.

An area in the Hospital, known locally as “Matrons Garden” (beyond the scope of the Hospital's principal development Policy MT4), is being traded for access to open space essential to the “setting” of the Hospital. “Matron's Garden” is a tranquil, enclosed green space with mature trees, attracting songbirds and at least one pair of woodpeckers and is protected by PCS13. In this proposal its whole character is destroyed with the building of three large detached three-storey houses and ten visitor parking spaces.

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The alleged justification for its loss seems to be that the public will gain access to “new” open space where they did not have before. Such a significant departure from the Local Plan ought to have a much greater justification as otherwise, what is the point of the requirement to preserve and maintain the integrity and appearance of the Hospital and its setting under MT4? This “newly accessible” open space also includes the prominent vehicular roundabout at the Hospital's main frontage as if that is the sort of open space the public would want to share.

The 7,000m² net loss is calculated by adding the product of the areas of blocks of houses including private gardens with garages or car-spaces in current open spaces and ignoring new housing on existing built areas as being “neutral.” From that total, the building footprint of Langstone and Turner Office blocks is then deducted.

Houses 1-3 (3 x Cartwright 5b) in Matron's Garden:- 1670m²

Houses 4-15 (3 x Harrison 4/5b and 8 x Earlsleigh 3b) in Langstone Way at West:- 2625m²

Houses 16-27 (8 x Claybury 3b and 4 x Brathwaite 3b) north of Fernhurst Wing:- 2400m²

Houses 28-45 in Langstone Way at North:- NEUTRAL

Houses 46-49 in Longfield Road:- NEUTRAL

Houses 50-58 (9 x Harrison 4/5b):- 2380m²

Loss from housing:- 9075m²

Gain from demolition areas of Turner (737m²) and Langstone Block (933m²) = 1670m²

NET LOSS 7405m²

There is a distinct qualitative and quantitative loss of green space from building over “Matron's Garden.” The Garden adds to the “arboretum feel of the site” the 3 November 2020 Design Review (DR) recognised “*with a collection of significant mature trees which add greatly to the character of the site and the setting for a new residential community*”. Five mature trees and part of a group would need to be felled. Please note we have excluded open-space loss associated with Hospital “Conversion” parking.

Aerial photos showing the Hospital and the relevant areas are enclosed together with images of where the new blocks cover existing open areas including the airing courts.

In effect therefore, the Appellant is seeking a departure from the Local Plan and the NPPF to construct new houses on “protected” green space without compensatory benefits in terms of quality or quantity.

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Impacts Of New Housing On The Hospital And Its Setting

The Appellant's has proposed a good residential conversion of the Grade II Listed Hospital. The possibility that the Chapel may be used for community purposes is extremely welcome. The reversion to more traditional house designs is less damaging to the character too, except where they interfere with the Hospital's setting. However, the scheme is still too intensive, and we believe the harm is "substantial" to the hospital's setting.

We share the comments of the (DR) Report where it says the new development should showcase the character of the building in its setting. That is a principal objective for our Policy STJ1. To achieve that though, the scale of development in such proximity to the Grade II Listed building, would have to be reduced. The DR panel also agrees with us, that setting, and symmetry are integral to the history, character, and identity of the "place," including the airing courts and interstitial spaces.

Historic England acknowledge there must be a degree of change, as do we. Although, the southern frontage is improved and ought to be the primary setting intended by MT4 for retention, so too should the eastern airing court because of its relationship with the Chapel. The siting of nine three-storey Harrison blocks approximately 8m tall towards the northern corner of the eastern airing court interferes with the setting and character of the Hospital. These nine blocks also interfere with views to and from the Edwardian Curtilage Listed Villas known as "Falcon House" and "Baytrees." These blocks in our view, cause "substantial harm" and should be removed from the proposal. The Examiner's Report (enclosed) makes reference to the open space in the context of the setting of the Hospital and Chapel at para 4.13.3 on page 16 where she says of the Hearing, "*it was generally accepted that the western strip of the site (land north of the Chapel) proposed for LGS designation has a heritage importance as open space in relation to the setting of the Listed Chapel and Hospital building*". It follows therefore that land west of Chapel must have a heritage importance too and does so under MT4.

The DR commented on the western airing court that the new housing "*erodes the open setting of the original building in its landscape which is important to retain the shared sense of space*" which again accords with MT4. Losing all four Harrison blocks on the western side (Nos 4-7 and the Claybury blocks (Nos 16-23) would release more open space and retain the western airing court character.

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The DR also commented on the unfortunate demise of “Lancashire House” at the rear, and we had always thought it had value for a community energy hub serving the Hospital as the service pipes will have remained. In these times of carbon neutrality and high energy costs the benefits are obvious. The NPPF at Para 157 is also supportive.

Parking in the airing courts, and so close to Hospital wings, will be a nuisance to future residents as well as harming its setting. To comply with MT4, they ought to be kept away from the Hospital structure and really be directed towards the northern boundary. The parking provision is excessive for the local highway network anyway and reducing the quantum of new build housing improves the setting as well as reducing adverse highway impacts.

Highway Impacts and Air Pollution

Too little attention to current congestion levels has been a constant problem and again, Policy MT4 is especially clear that local roads must be able to accommodate the additional traffic.

The Transport Evidence Paper produced by Systra for the emerging Portsmouth Plan states that existing traffic volumes exceed capacity at the road junctions at Milton Road and Velder Avenue.

The images of Milton Road enclosed were taken on a typical peak congestion event:- an early Autumn Sunday. It could have been any weekday peak period; any Bank Holiday; or any dry Summer weekend. The image of the half mile or so queue to the Moorings Way junction was taken on the same day. There are added pressures at that location with Portsmouth FC home fixtures.

Kingston Prison is nearing completion and will yield 267 residential units with a vehicular exit onto Milton Road approximately three quarters of a mile from the Locksway Road junction which means the local road junctions will be even more congested.

It is inconceivable that a signalised junction at the end of Locksway Road, less than a hundred meters from the Milton Road junction with Goldsmith Avenue, could work. Similarly, the advancing of a stop line in Moorings way is hardly a solution if buses cannot swing round from the Eastern Road. Moorings Way is too narrow for vehicles to pass near the junction and additional queuing cannot be accommodated. The LHA's Officer confirmed the same at a Public Meeting to address residents' concerns with the LPAs proposed Site Allocations of 2014 for the Hospital and the University.

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DfT statistics show that in 2019 there were 129,100 vehicles registered in Portsmouth up from 108,900 in 2009. Portsmouth is only 40km² which means there were 3,225 vehicles reg'd/km² in 2019. According to the ONS Census, the population for Portsmouth was 205,100 in 2011 and 208,100 in 2021. The rise in vehicle numbers is disproportionate to the population growth in the order of 19.5% and 1.5% respectively. The road capacity, meanwhile, has been unable to expand because of the space limitations on an Island City and the consequence has been that we have become the joint fourth most congested City in the UK and every concession the Highway Authority makes on “optimising traffic flow” is at the expense of walking and cycling. The other consequence is that more of us have been exposed to higher levels of air pollution.

The Air Quality Assessment reports on 2018 assumptions and incorrectly says the impacts on air pollution will be negligible. The 2019 AQ Report says recordings of pollution levels in AQMA9 show “an upward trend”. The Appellant's AQ Assessment is historic and pre-dates the introduction of a Clean Air Zone in the southwestern area of the City.

Portsmouth has never achieved compliance with AQ limits on NO² since they were introduced in 2010. The 2020 AQ Report was the last assessment pre-pandemic and reported monitored readings for 2019. The new monitor at 23 Velder Avenue in AQMA9 showed NO² levels for January, March, and November to be 40.02ug/m³; 45.71ug/m³ and 46.3ug/m³, respectively.

The UK annual limit is 40ug/m³. Applying World Health Organisation limits and using the Central Office For Public Interest simple pollution checker and Imperial College London research study-

<https://www.addresspollution.org/> shows for 23 Velder Avenue in AQMA9, the annual average of pollutant PM2.5 is 13.96mcg/m³. The World Health Organization limit is 5mcg/m³ and the research shows 19.9% of strokes were attributed to exposure (for a year or more) of PM2.5 concentrations exceeding 10mcg/m³. PM2.5 can also cause asthma, jeopardize lung functions, and promote cancer. The reading for PM10 at this address is 22.65mcg/m³. The limit is 15mcg/m³. Exposure (for a year or more) to 20mcg/m³ leads to increased risk of total, cardiovascular and diabetes mortality. PM10 can cause wheezing, bronchitis, and reduce lung development.

The reading at Velder for NO² is 28.30mcg/m³ whereas PCC say it is mid-30mcg/m³ annual average after deducting 16%. The limit is 10mcg/m³. Exposure (for a year or more) to 30mcg leads to a 5.5% increased risk of disease related mortality.

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The 2019 Public Health profile for Portsmouth shows mortality rates rising for cardiovascular disease and life expectancy at birth for both males and females is lower than the regional norm

<https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E06000044.html?area-name=Portsmouth>

AQ impacts on AQMA9 must be calculated by reference to the increased congestion from the Prison development as well as the cumulative ones from both phases of the Hospital redevelopment and we do not have that. The NPPF at Para 186 says decisions should consider the presence of AQMAs and Clean Air Zones and the cumulative impacts from individual sites in local areas.

From the latest information we can see, this development proposes parking for 365 vehicles and the Phase 1 scheme for 173. Adopting the precautionary principle requires that, if there is a strong suspicion that a certain activity may have environmentally harmful consequences, it is better to control that activity now rather than to wait for incontrovertible scientific evidence.

Government Disposals with Historic Assets and Viability

This application for excessive intensification on a site with a parkland landscape together with the absence of “Affordable” Housing provision predicated on their “non-viability” is unnecessary. It ought really to have been avoided with a different disposal strategy by NHS Property Services.

The maximisation of receipts is not to be the overriding objective in the disposal of Gov't sites with Historic buildings of National importance. It should be preservation compliant with National and Local Planning Policy:-

<https://historicengland.org.uk/images-books/publications/disposal-heritage-assets/guidance-disposals-final-jun-10/>

NHS Property Services could also have followed more closely with best practice under:-

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/599778/Guide_for_the_Disposal_of_Surplus_Land.pdf

The NHS had planned to withdraw from St James' in the early 1990's but has released all three remaining plots (including Forest Lodge applied for in 2019 and opened this year) within a tight timeframe when they could easily have master-planned their exit to produce a more acceptable scheme. In that event, the "cross-subsidisation" of funding for the hospital conversion could have been spread across all three disposal plots and greater levels of affordable housing could have been provided. The artificial construct rewarding a landowner with an inflated value to release brownfield land (the Existing-Use Value “Plus” deemed in

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Planning Guidance to be 20%) is also inappropriate because they were going to release the site anyway hence MT3 and 4. They have already been rewarded with savings from more efficient modern buildings and from their previous disposals on the site releasing 349 dwellings and circa 600 car spaces since the late 1990's.

Summary

Taking account of all the above circumstances, the Appellant's claim the "Tilted Balance" should be in favour of his scheme is wrong. The absence of a clear 5-year housing land supply and an "old" 2012 Local Plan is not a reason to invoke the "Tilted Balance" because, in the round the habitat constraints imposed on Langstone Harbour; the paucity of open spaces and PCS13's recommendations to REFUSE; the highway and setting requirements of MT4; together with the air pollution uncertainties; the scheme as proposed, is not Sustainable Development.

We therefore contend that the Appeal should be dismissed in accordance with the NPPF Para 11 d)i and ii.

Rod Bailey
Chair Milton Neighbourhood Planning Forum
14 September 2022

Enc

Four aerial views of St James with proposed housing overlaid.

Three images of traffic congestion

- Locksway Junction from the north
- Goldsmith Ave traffic lights looking north
- Moorings Way looking toward Moorings Way junction.

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