
P2001647 –Brighton 3Ts

Consultation Statement

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BRIGHTON 3Ts: CONSULTATION STATEMENT

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INTRODUCTION

Introduction

1.1 This Consultation Statement relates to a planning application which is submitted by BDP on behalf of the Brighton and Sussex University Hospitals' NHS Trust (BSUH) for the redevelopment of the Royal Sussex County Hospital (RSCH) on Eastern Road in Brighton and Hove.

1.2 This report sets out the consultation process which has been employed in support of the redevelopment of the southern half of the RSCH site for new Teaching, Trauma and Tertiary care services known as "3Ts."

1.3 The 3Ts programme is a critical expansion and modification of health services that will replace outdated buildings (the oldest dates back to 1828) with modern healthcare facilities appropriate for 21st Century care. It will also lead to a significant expansion of capacity in inpatient beds, outpatient facilities, chemotherapy and radiotherapy places that will be required to meet the needs of a growing, ageing population.

BSUH

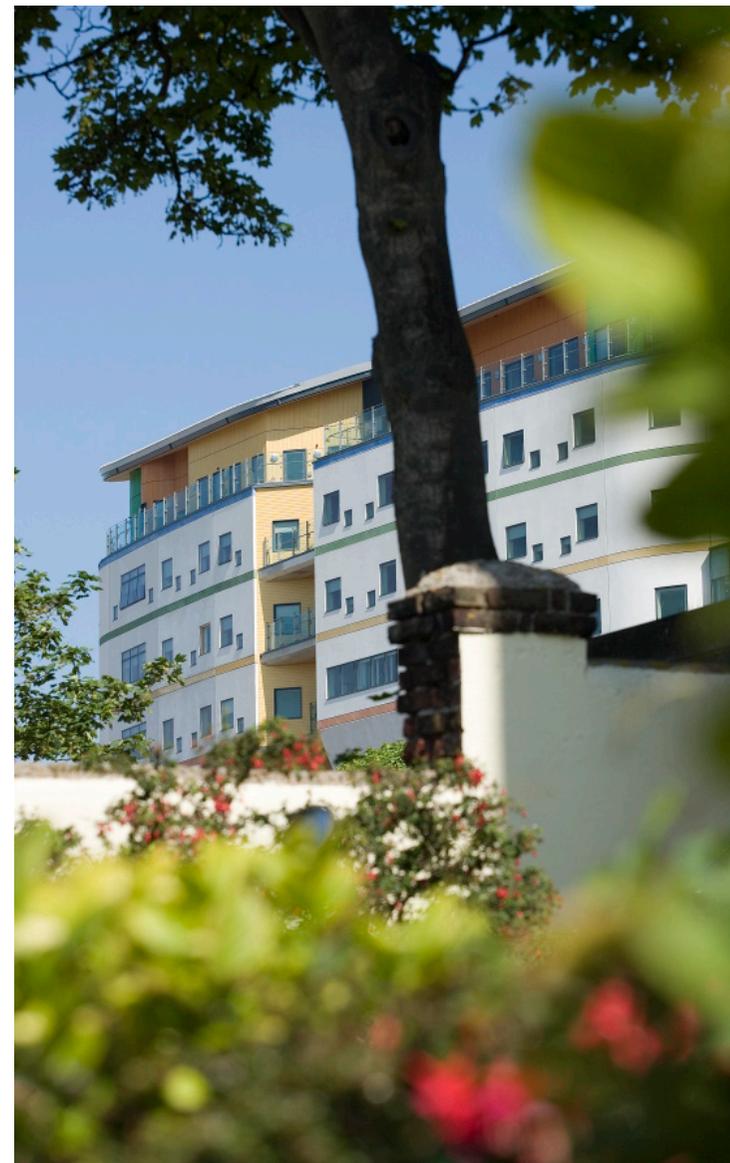
1.4 BSUH provides general acute services to the local populations of Brighton, Hove and Mid-Sussex; and

specialist and tertiary/regional services for patients across Sussex and the South East of England. This level of care is provided by two hospitals: The Princess Royal Hospital (PRH) in Haywards Heath and the RSCH in Brighton. These hospitals provide many of the same acute services for their local populations. In addition, PRH is the designated elective surgery centre for patients from both Brighton and Hove and Mid-Sussex; while the RSCH is the emergency and critical care centre for the same population.

1.5 BSUH provides a number of regional/tertiary care services: neurosciences, paediatrics, cardiac, cancer, renal, infectious diseases, HIV care, and from April 2012 major trauma.

1.6 BSUH is also a University Teaching Hospital and works in close partnership with Brighton & Sussex Medical School and the Kent, Surrey & Sussex Deanery.

1.7 BSUH also work in close partnership with local General Practitioners (GPs), Primary Care Trusts (PCTs) and the emerging Clinical Commissioning Consortia (CCC) to ensure that local health services are provided and improved in ways that best meet the needs of patients and their families.



The Royal Alexandra Childrens' Hospital: an exemplar of good design

1.8 The hospitals' specialised services see patients from across Sussex and beyond. In 2100/11 734,000 patients were seen by BSUH, including:

- 14,000 planned inpatients
- 34,000 planned day cases
- 53,000 emergency inpatients
- 495,000 outpatients
- 138,000 people Accident and Emergency cases

1.9 The main buildings on the southern half of the RSCH site were built nearly 200 years ago and BSUH views the redevelopment as an important opportunity to replace outdated facilities with state-of-the-art modern ones.

1.10 The 3Ts development also provides an opportunity to produce substantial cost and efficiency savings through consolidation and rationalisation of services, while at the same time offering a much improved standard of care to a regional population. Overall, BSUH strongly believe this will be an exemplar development which fulfils the aspiration to be:

“One of the UK's leading University

Teaching Hospitals, providing excellent secondary services to the local populations and as a Critical Care Centre providing excellent tertiary / specialist services to the wider region.” (BSUH)

THE NEED FOR REDEVELOPMENT

1.11 BSUH has identified five key reasons for the development of 3Ts:

- Replace ageing buildings – The Barry Building, which was completed in 1828, came into service 20 years before Florence Nightingale started nursing. Accommodation is cramped and outdated and there is an urgent need to improve these facilities. This is required to ensure the best care possible for patients in a dignified setting and a pleasant, clinically efficient environment for staff;
- The transfer of neurosciences from Hurstwood Park and its expansion to meet future demands and the needs of the proposed Major Trauma Centre (MTC);
- the development of a Level One MTC for Sussex and the wider region including a helipad for use primarily by the Kent, Surrey and

Sussex Air Ambulance. The MTC, the first of its kind in Sussex, will be for patients with severe and multiple injuries. It will ensure patients with complex trauma receive treatment locally instead of being referred to London hospitals;

- The development and expansion of cancer services by rebuilding the Sussex Cancer Centre with twice the number of beds, additional radiotherapy bunkers and chemotherapy day case spaces; and
- The enhancement and expansion of teaching and training facilities for students and staff, in partnership with the Brighton & Sussex Medical School and the Kent, Surrey & Sussex Deanery.

1.12 Collectively, this programme is known as “3Ts” (Teaching, Trauma & Tertiary Care). The Trust Statement which accompanies this planning application provides further information in relation to these aspects of the proposal including background information on BSUH and the RSCH.

BENEFITS OF THE PROPOSAL

1.13 It is anticipated that the 3Ts proposal will result in a number of clinical benefits to hospital-users but

also quality of life and socio-economic benefits to the wider public. These are summarised below:

Hospital-user and clinical benefits

- RSCH will become the designated MTC in the regional trauma network, serving a population of 1.45 million people;
- increase in bed numbers will allow more patients to be treated every year;
- new helipad will allow rapid trauma patient transfer to the hospital providing better treatment of serious trauma in young adults and higher survival rates;
- new inpatient accommodation will provide a high proportion of single bedrooms with en-suite facilities resulting in a significant reduction of inpatients in multi-occupancy bays;
- co-location of clinical specialties will facilitate multi-disciplinary team working, improving efficiency in the delivery of clinical services and patient care;
- the increase in the number of single rooms will provide greater flexibility to achieve gender segregation;
- new buildings designed to

accommodate the latest specialist acute diagnostic and treatment equipment.

- health and clinical benefits will result from new, modern care facilities e.g. higher levels of cleanliness on wards and increased patient privacy;
- improved patient care environment through aesthetic improvements e.g. healing gardens and sea views from wards;
- improved access to the hospital through increased provision of cycle and car parking spaces and better bus services;
- the new buildings are organised and integrated with the existing estate which will drastically improve wayfinding around the entire RSCH campus;
- provision of accommodation for patients' families;
- significant improvement in staff support areas such as changing rooms, staff rest rooms and clinical support spaces;
- more accessible heritage and sanctuary space;
- segregation of visitor, patient and logistics routes and traffic

throughout the new facilities to provide a significant improvement in privacy and dignity for patients;

- external spaces – gardens and terraces have been included in the new development with dedicated areas for patients and separate spaces for the public to enjoy;
- new high quality dedicated clinical education and training facilities; and
- enhanced public spaces and facilities support relatives and visitors with ease of access to patient and visitor receptions and support services, dining and café.

Public benefits

- lower rates of mortality and morbidity as a result of better critical care facilities which will benefit the regional economy;
- reduced risk of mortality, especially in young adults, from serious trauma injury;
- new employment opportunities during construction and residually through job creation;
- better training / education facilities for trainee medical staff will produce economic and social benefits;

- section 106 contributions which could potentially provide a range of public benefits;
- generation of secondary spending in the local economy e.g. local shops;
- community access to new facilities within the hospital building e.g. meeting spaces, cafe etc;
- opportunities for access to community and religious space in the multi-faith area;
- access to open space within the new hospital e.g. Stage 2 roof garden;
- environmental improvements to Eastern Road and the surrounding area e.g. improved public realm on Eastern Road with new street planting;
- capacity improvements at local junctions to ease traffic congestion;
- access to café spill out space at ground floor level;
- sustainability improvements including retro-fitting energy infrastructure to existing buildings on the northern half of the RSCH campus to reduce carbon emissions; and

- new tree planting and provision of opportunities for biodiversity and ecology.

SITE AND PLANNING HISTORY

1.14 The site has been in use as a hospital since 1828 when it was built as part of a specialist group of “sea bathing infirmaries.” Its original construction was a three storey building designed by Charles Barry. This original design has been substantially altered and extended, including significant additions in the form of the Adelaide and Victoria wings in 1839 and 1841 respectively. The Jubilee and Latilla Buildings were subsequently built in a manner sympathetic to the Barry Building in the latter half of the nineteenth century. The RACH is the most modern building on the RSCH site.

1.15 Numerous temporary structures have also been erected, and subsequently retained on site as the service requirements of the hospital outpaced the development of specialised buildings in which they could be housed.

1.16 The Historic Buildings Appraisal (HBA) provides further detailed information about the development

history of the site and an assessment of the heritage assets contained on the site. The Design and Access Statement (DAS) contains a summary history of all buildings on the site.

1.17 There have been a number of planning applications on the RSCH site. The Planning Statement provides further information on the most relevant of these applications.

THE PROPOSED SCHEME

1.18 BSUH is seeking to redevelop the site to provide an increase in hospital and ancillary floor space. The description of the proposed development is:

“Demolition of existing hospital buildings and erection of a new hospital (C2) with ancillary restaurant and café facilities; associated car parking; drop-off space; energy centre; and helipad. The development includes:

- *a two level underground car park;*
- *cycle parking spaces;*
- *addition of a helicopter landing pad, and associated trauma lift, to the existing Thomas Kemp Tower building;*
- *external amenity spaces;*
- *public realm with associated landscaping fronting Eastern Road;*
- *site-wide infrastructure including energy centre and flues;*
- *service yard;*
- *relocation of Bristol Gate Piers;*
- *reinstatement of the interior of the chapel;*

- *engineering works including siting of Ground Anchors; and*
- *associated highway works”*

1.19 This application is accompanied by two listed building applications which seek consent for:

- Demolition of Grade II listed Chapel (located within the Barry Building); and
- Demolition of Grade II listed Bristol Gate Piers.

1.20 An explanation as to the mitigation in relation to the demolition of these Listed structures is contained within the Planning Statement, Design and Access Statement and Heritage Statement which accompany this application.

1.21 There are a number of other applications associated with the 3Ts proposals. These include;

- Decant and temporary applications;
 - i. Six storey temporary modular building to be located on the southern half of the RSCH site (ref: BH2011/01558)
 - ii. Two storey temporary modular

building to be located in the northern courtyard of the RSCH site (ref: BH2011/00921)

- Highways Works e.g. Bristol Gate and Arundel Road;
- Change of use application at St. Mary’s Hall Senior School from D1 school use to B1 office space (ref: BH2010/01833); and
- A Consolidation Centre to facilitate the construction process (location to be determined).

1.22 A separate application is also to be submitted for the Rosaz House site (ref: BH2011/02181). This is submitted by Macmillan Cancer Support, and does not form part of the 3Ts proposals or BSUH’s care model. It is however included in the EIA cumulative assessments.

SUPPORTING DOCUMENTS

1.23 The planning application is accompanied by a suite of supporting documents including:

- Planning Applications Forms and Certificates;
- Design and Access Statement;
- Environmental Statement incorporating Site Waste Management Plan, Construction Environmental Management Plan and Arboricultural Assessment;
- Planning Statement;
- Transport Assessment and Travel Plan;
- Trust Statement;
- Helipad Report;
- Consultation Statement;
- Heritage Statement;
- Historic Buildings Appraisal;
- Conservation Area Appraisal;
- Tall Buildings Statement;
- Sustainability Statement incorporating BHCCC Sustainability checklist and BREEAM pre-

assessment;

- Energy Statement; and
- Health Impact Assessment.

1.24 A full set of drawings is also included as part of this application. The accompanying drawing schedule provides further information.

THE DESIGN TEAM

1.25 These documents have been produced by a multi-disciplinary team, led by BDP (Planning, Architecture, Sustainability, Mechanical and Electrical Engineering, Lighting and Landscape Architecture) that includes BSUH (Client), Laing O'Rourke (Project Management), Cyril Sweet (Cost Consultant), WSP (Environmental Impact Assessment, Structural Engineering, and Transport), Ben Cave Associates (Health Impact Assessment), Purcell Miller Tritton (Heritage) and Arbtech (Arboriculture).

STRUCTURE AND PURPOSE OF THE STATEMENT

1.26 Developments which have impacts upon their wider catchment area must involve the local community, inform them, and respond to their concerns and queries. This report presents the steps taken to promote public involvement and details the consultation activities that have been undertaken by the design team prior to submission of the planning application.

1.27 This report is divided into seven sections to address the different groups consulted as part of the application. Section 2 provides a general overview of the guidance promoting consultation; Section 3 presents a general summary of the consultation process; Section 4 deals with statutory and non-statutory stakeholders who have been consulted as part of the design process; Section 5 details the strategy for local resident and community consultation; Section 6 provides an overview of the internal consultation carried out with clinicians and hospital-user groups; and Section 7 is a conclusion to the report.



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GENERAL GUIDANCE



General Guidance

INTRODUCTION

2.1 It is recognised that developments that have ramifications beyond their immediate surroundings should include pre-application consultation with interested parties, to listen to their views, and address their concerns wherever possible.

2.2 The consultation process is an important stage for applicants to engage with the local community and interested stakeholders, inform them, and respond to their concerns and queries. This report presents the steps taken to promote public involvement in the 3Ts project and details the consultation activities that have been undertaken by the design team prior to the submission of the application.

PLANNING POLICY STATEMENT 1 (PPS1)

2.3 Planning Policy Statement 1 (PPS1) states that one of the driving principles of sustainable development is the involvement of communities in developing their vision for local areas. PPS1 states that local communities should:

“be given the opportunity to participate fully in the process for drawing

up specific plans or policies and to be consulted on proposals for development.” (PPS1, pg.16, para 13 (vi))

2.4 Community involvement ensures an inclusive approach to development and reflects best practice in planning and design. Certain social groups sometimes experience barriers to involvement in decision making on development proposals. Comprehensive community involvement, as envisaged by PPS1, ensures that this inclusiveness is actively addressed.

2.5 Community involvement as part of planning best practice also allows interested parties to have an input into development proposals at their inception, and actively inform the final scheme. This results in higher quality developments which accurately reflect communities’ needs and which are positively embraced when complete.

BRIGHTON & HOVE CITY COUNCIL STATEMENT OF COMMUNITY INVOLVEMENT

2.6 This statement has been prepared in line with BHCC’s adopted Statement of Community Involvement (2006) which highlights that pre-

application consultation will be required for major applications (paras 18.29 – 18.33). It sets guidance for the level of consultation expected of such major schemes:

“Developers of larger sites at this [pre-application] stage will be expected to engage with local communities - residents’ and community associations and relevant interest groups and perhaps statutory consultees or service providers.” (SCI, pg.33, para 18.29)

2.7 The SCI lists potential consultation methods, which have been referenced in the 3Ts consultation and engagement process (table 2.1). These have been compared to the methods used as part of the 3Ts consultation process.

BREEAM

2.8 BREEAM Healthcare also requires that consultation is considered as part of the design process. The credit of principal importance for public consultation is MAN6.

2.9 MAN6 requires early and continuous consultation with stakeholders to inform the design process and increase local ownership. It requires consultation with the

local community, stakeholders and representatives from similar projects during preparation of the brief, and the production of a consultation plan. There are a range of specific topics that must be covered in the discussions, including for example; functionality and local impact, transport impact and heritage designations. Feedback must be provided to consultees and the design team must demonstrate how their responses have informed the proposals.



Figure 2.1: Brighton and Hove SCI (2006)

2.10 In addition to the policy and guidance highlighted above, BSUH considers it good practice to involve the local community through the consultation process so they have an opportunity to provide feedback and influence the scheme. To this end, BSUH has appointed a dedicated member of staff (3Ts Head of Communications) who is responsible for managing and co-ordinating the consultation process.

Type of event	Used in 3Ts	How it was implemented
Public meetings	✓	Hospital Liaison Group (HLG)
Public exhibition	✓	Multiple Public Exhibitions
Surgeries	✓	Clinical Planning, Patient Public Design Panel (PPDP)
Development briefs	N/A	
Workshops	✓	Clinical and Staff / User Panels
'Enquiry by design' and/or 'Planning for real'	✓	Clinical and Staff / User Panels
Citizen panels	✓	HLG, PPDP
Consultation panel	✓	PPDP, Clinical Planning
Parish councils	N/A	
Resident /interest / community groups	✓	HLG, Public consultation and exhibitions
Media	✓	Argus, Leader, City News, Kemptown Rag, Mid-Sussex Times, local newsletters to Manor Farm and Britol Estates, Press Releases
Website	✓	BSUH / 3Ts Website, HLG website, Facebook
Local architectural or design panel	✓	CABE and CAG
Planning Aid	N/A	

Table 2.1: consultation methods used in 3Ts cross referenced against BHCC SCI



Figure 2.2: BREEAM logo



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CONSULTATION PROCESS



Consultation Process

3.1 This section outlines the methods of community involvement used as part of the pre-application process.

3.2 The consultation process has included the following methods of engaging with stakeholders and the local community:

- one-on-one stakeholder meetings with special interest groups e.g. Friends of the Earth, Kemp Town Society etc;
- discussion forums with special interest groups e.g. CAG, BHCC members etc;
- establishment of the Hospital Liaison Group (HLG) to facilitate consultation with local residents;
- dedicated member of staff (3Ts Head of Communications) to publicise the redevelopment and respond to queries from the public;
- consultation with hard to reach groups e.g. Black and Ethnic Minority Groups;
- public exhibitions with questionnaires for feedback;
- road shows of public exhibitions to maximise geographical coverage across Sussex;
- newsletters and information leaflets to local residents and published on BSUH's website;
- dedicated 3Ts page on the BSUH website including comment form for interested parties to contact 3Ts Head of Communications;
- freepost address for correspondence with BSUH;
- leafleting to RSCH staff;
- media communications and advertising e.g. newspaper articles and press releases;
- internal design workshops with staff and patients e.g. Patient Public Design Panel;
- clinical design workshops with clinicians, staff and patients

CONSULTATION PROGRAMME

3.3 Consultation began in December 2007 with a number of awareness raising events to publicise the redevelopment. From this time, consultation has continued throughout the pre-application process.

3.4 During the planning application determination process, and after a planning decision is made, consultation will continue to take place. This will provide the opportunity to continue addressing issues as they arise, particularly in relation to the construction process.

3.5 Post-application consultation will be done through the Hospital Liaison Group (HLG) which will continue in its role of engaging with local residents to discuss any issues that may arise. In addition, BSUH will employ a member of staff to act as a single point of contact for local residents should they wish to raise any issues during the construction process.

GROUPS AND STAKEHOLDERS CONSULTED

3.6 Throughout the pre-application period a number of different groups have been consulted. The section below provides an overview of the types of groups consulted. A full list is contained within Appendix A.1.

A – CLINICAL PLANNING

3.7 Regular consultation has been taking place with clinicians to inform the development of the clinical brief during the clinical space planning (at a departmental and 1:500 level), and at a detailed level (at a 1:200 scale).

3.8 This consultation underpins the internal arrangement and detailed design of the proposed hospital. This has primarily involved clinicians and BSUH design managers, who oversee the process of engaging with representative patients to ensure their meaningful involvement in the design and planning process. This process has been collaboratively managed between BSUH and the design team.

3.9 In addition to the space planning consultation being undertaken by the architects, relevant user and health and social care community groups have been included in the consultation on the proposals for the planning application.

3.10 This process has been principally managed by BSUH (section 6 provides further information in relation to this aspect of the consultation process, including a full list of organisations and stakeholders engaged with).

3.11 The following health and social care groups fall within this category:

- carers;
- cancer;
- elderly care;
- faith and religious groups;
- disability groups - this has involved specific consultation with the Federation of Disabled People about wayfinding in hospital buildings;
- Patient and Public Design Panel; and
- other local community health groups.

3.12 As part of the consultation process BSUH has kept a log of all patient comments, noting areas where they have been able to respond. Where this has not been possible, reasons for this have been provided.

B – MEMBERS

3.13 BSUH considers it extremely important that Brighton and Hove politicians are fully engaged throughout the pre-application consultation process (section 4 provides further information in relation to this aspect of the consultation process). The following political groups have been engaged through the pre-application consultation process:

Brighton and Hove MPs

- Brighton Kemptown
- Brighton Pavilion
- Hove

Local Councillors

- Party Leaders (and all Councillors)
- Local Ward Councillors (East Brighton Ward – 3 Labour Councillors)
- Planning Committee Members

3.14 Members have been presented to on the initial design, and the full decant and applications arrangement. One-to-one meetings have also been held between BSUH and Members on specific issues, such as transport, parking, decant, heritage, and so forth.

C - STATUTORY CONSULTEES

3.15 There is a standard list of bodies, required by law, to be consulted on all major planning applications (where relevant issues to each body exist). These are primarily national agencies, and include, for example, English Heritage.

3.16 As they have an important role to play in informing planning application decisions, it was considered essential to involve these consultees at an early stage to inform them of the project, and to address any concerns before submitting the planning application (section 3 provides further information in relation to this aspect of the consultation process).

3.17 Engagement with these bodies involved both issues of the design, as well as specific issues associated with the Environmental Impact Assessment (EIA). The EIA has influenced the design as likely environmental effects are identified in consultation with statutory bodies, designs amended, or mitigation proposed where required.

D - KEY STAKEHOLDERS

3.18 Stakeholder groups may have an interest in a single issue, a range of issues, or have a geographical remit, and lobby for due consideration of issues relevant to their interests in development proposals. These groups offer invaluable local knowledge on important policy matters and can assist in enhancing the development proposals (section 4 provides further information in relation to this aspect of the consultation process). The following key stakeholder groups fall within this category:

- environmental
- heritage
- transport and movement
- businesses
- other Government and Public Agencies

3.19 These bodies were engaged either directly, or as part of specific workshop consultation days.

E - LOCAL COMMUNITY GROUPS

3.20 Contacting local community groups is an effective way of communicating with representatives of the wider public. These groups can assist in disseminating information to group members and the wider public via their community linkages. Involving these groups in the development process has been an effective way of securing an inclusive engagement approach, and ensuring wider issues are addressed on the development proposal (section 5 provides further information in relation to this aspect of the consultation process). The following local community groups fall within this category:

- community and voluntary
- religious
- ethnic
- young people
- schools / education
- gay / lesbian / transgender / bisexual
- safety and emergency

F - LOCAL RESIDENTS

3.21 Engaging with the local residents who may be affected by the development has been a key informant of the design process. Local residents commonly have a desire to understand a wide range of issues relevant to the proposal (as their interest in the development is based on proximity and impact), how they will be affected, and to be involved in decisions to alleviate any potentially adverse impacts and enhance benefits (section 5 provides further information in relation to this aspect of the consultation process, including the Hospital Liaison Group).

3.22 The HLG has run consistently throughout the pre-application process, and is proposed to continue through the determination period, and during construction.

G - GENERAL PUBLIC

3.23 Members of the wider public in Brighton and Hove, and further afield in Sussex, have been interested about the 3Ts development proposals. BSUH has ensured they are kept well informed, with an opportunity to share their views in advance of the planning application being submitted (section 5 provides further information in relation to this aspect of the consultation process).

3.24 Consultation with the general public has been provided through exhibition surveys, a dedicated engagement team at BSUH to lead engagement and web site response facility.

H – MEDIA

3.25 The media has been kept informed of the proposals throughout the pre-application consultation process. This has included a number of newspaper and magazine articles in local publications. Appendix A.7 provides further information in relation to this aspect of the consultation process.



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