



Barts Health
NHS Trust

Matter M12. Green and Water Spaces, GWS1 Green Spaces, Q12.1 'is the designation of each green space included on the policies map justified'?

Tom Ellis – Director of Strategy, Newham University Hospital part of the Barts Health NHS Trust

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Introduction

This written statement is provided on behalf of Newham University Hospital (NUH), a core component of the healthcare system within North-east London. NUH is part of the Barts Health NHS Trust. NUH is one of the largest employers within the London Borough of Newham, employing approximately 2,600 FTE equivalent.

NUH was built in 1983 and expanded in phases. The hospital complex includes the main hospital buildings which contain acute, emergency and maternity care, the Gateway Surgical Centre which contains operating theatres, around 40 beds and a renal unit, and the Newham Centre for Mental Health (with services provided by the East London Foundation Trust).

NUH is a complex estate with multiple challenges. Operationally, the Emergency Department often runs at double its capacity - it was designed to see around 250 - 300 patients per day but regularly sees around 500 patients per day. Additionally, bed occupancy is often at around 96% which is above the target of 85% (as suggested by the British Medical Association), which has an impact on patient flow and experience.

The physical building also presents operational challenges, as it was built under Crown Immunity and therefore has a number of structural challenges. Key amongst these is a programme of fire safety remediation, which is currently being implemented across the site at a cost of over £100m. With all of these challenges in mind it is critical that NUH has the ability and flexibility to rapidly deploy interventions to the built environment if required.

Newham faces some of the most significant health inequalities in England, driven by high levels of deprivation and structural barriers to care. Around 75% of residents live in the most deprived 30% of areas nationally, and the borough is one of the most ethnically diverse in the UK, with nearly 70% of residents from global majority backgrounds. Life expectancy is lower than the London average, and there are stark gaps between the most and least deprived areas - up to 8.1 years for men and 6.6 years for women. Healthy life expectancy is also poor, at 59.5 years for men and 64.6 years for women, meaning many residents spend decades in ill health. Childhood obesity rates are among the highest in London (27.9% at age 11-12), and 25.7% of children live in poverty, well above the London average. These inequalities are compounded by social determinants such as housing, employment, and structural racism, which impact access to and quality of care. All of these facts are important to understanding why the hospital needs flexibility to grow and develop appropriately.

The Newham Local Plan 2018 previously designated the NUH estate as an employment hub for health and education. This policy designation has been removed within the new Local Plan without consulting NUH. Some small pockets of the site were covered by a previous green designation.

This written statement specifically addresses **Matter M12. Green and Water Spaces, GWS1 Green Spaces, Q12.1 'is the designation of each green space included on the policies map justified?'**. This written statement builds upon representations made by the North-East London Integrated Care System in relation to whether the designation of each green space is justified.

Summary of Position

As set out within the Regulation 19 Consultation, it is mission critical that the already constrained site of NUH isn't further burdened by the requirement to justify the loss of areas designated as green space that offer little biodiversity value. Indeed the application of this policy in such an unjustified manner may well stymie creativity within the NUH site to develop new and innovative developments on site, both large and small, that will provide additional capacity to meet Newham's growing population and also to make NUH more of a community asset.

There is a lack of consistency as to how this policy has been applied. The previous green space designation covered playing fields adjacent to the hospital site which the proposed policy does not. There is not a clear evidence base to support the GWS1 designation to justify why some green spaces have been included and some have not. It is not clear as to why a publicly inaccessible internal courtyard with plant within a hospital site has been designated and yet private gardens have not. Elsewhere in Newham, there are other examples of sites with limited value having been included within this designation such as The Chatsworth Active Games Enclosure. This area is largely concreted and tarmacked and contains 3x trees and a small scrub bush area. It is therefore considered that this policy is not justified through a robust evidence base.

As an NHS organisation NUH and Barts Health NHS Trust recognise the value of green space, but the value of some of the spaces identified within Policy GWS1 Green Spaces do not warrant protection. Rather than having an unjustified policy, as a local hospital we would like to see more emphasis within the local plan to improve the public realm within the London Borough of Newham, to provide more opportunities for the population to benefit from the value of trees in streets during hot weather and deliver good quality affordable homes. This would provide far more public value than a policy that prevents the hospital from reconfiguring its assets as operationally required. The Hospital must be able to flexibly grow and change to meet the complex health needs of our growing population.

We therefore seek to remove the GWS1 designation within the hospital site, as we do not consider it to be consistent with national policy or justified within the Evidence Base.

Response to Inspector's Questions

Matter M12. Green and Water Spaces, GWS1 Green Spaces, Q12.1 of 'is the designation of each green space included on the policies map justified?'

As outlined above, NUH do not consider the designation of each green space included on the policies map to be justified. NUH have reviewed the evidence base document '*Newham Green and Water Infrastructure Strategy V12.0*' and cannot find reference to the NUH site. NUH therefore do not believe that the merit of each green space included on the policies map has been assessed and the application of the policy is therefore not justified. Within Appendix I we have provided a pack of photographs demonstrating the limited value of the designated green spaces within the hospital site. Additionally, the maps included within the evidence base document '*Newham Green and Water Infrastructure Strategy V12.0*' are not legible, further emphasising that the evidence base document does not provide robust justification for the designation of Policy GWS1 within the hospital site.

The rhetoric from National Government has emphasised that planning reform is intended to remove unnecessary delays and barriers, making the delivery of infrastructure faster and more predictable. This is evidenced within the *'Guide to the Planning and Infrastructure Bill'*, *Factsheet: Critical Infrastructure Reforms*, and the *UK Infrastructure: A 10-year Strategy – HM Treasury*. Clearly the GWS1 designation directly contradicts the intention of national government to deliver infrastructure faster.

The application of GWS1 across the hospital site will cause unnecessary delays and barriers, making it slower, less predictable and more expensive to reconfigure the site at pace as and when required. Given the financially constrained environment within which NUH is currently operating, it is critical that the redevelopment and reconfiguration of the site is not further burdened by the costs associated with justifying the loss of green space of little to no value. NUH want to ensure that any development, be it in terms of reconfiguring a small section of the site to accommodate more scanners or providing better facilities for staff, can occur with the least amount of resistance and the best value for money to the public purse.

The National Planning Policy Framework (2024) is also clear that infrastructure including health infrastructure such as hospitals should be prioritised. Paragraph 16 c) states that plans should be shaped by early, proportionate and effective engagement between plan-makers and infrastructure providers.

Paragraph 20 of the NPPF states that strategic policies should set out an overall strategy and make sufficient provision for community facilities such as health. The complexity of the NUH site has been known for some time and has been well publicised within the national press. The application of Policy GWS1 does not ensure that sufficient provision for health facilities at NUH is made within the Local Plan. The application of the policy does not take account of the fact that site is already significantly constrained by the existing Metropolitan Open Land designation, and the additional designation strangles the opportunity for the site to develop as and when funding for specific issues and services is made available.

Of particular relevance, paragraph 22 of the NPPF states that *strategic policies should look ahead over a minimum 15 year period to anticipate and respond to long term requirements and opportunities such as those arising from major improvements to infrastructure*. As stated above the issues relating to the hospital site have been known for some time. It should therefore be no surprise to LBN that major improvements to the infrastructure within the NUH site will need to be made during the lifetime of the plan.

The hospital is and will be providing services for a significantly larger population than it was designed for. The GLA Housing Led Population estimate 2025 for Newham is 378,000 people. Over the next 10 years the Newham population is forecast to increase by 57,000 to 435,200 residents in 2035. NUH also serves a significant proportion of the London Borough of Barking and Dagenham which is also expected to see an increase in population of about 50,000-60,000 people by 2035 (GLA housing-led projections). NUH is therefore likely to be providing acute services to an additional population of 100,000 by 2035. It is unrealistic to think that the hospital can provide services for such population increases within its current envelope without some form of reconfiguration which may require the loss of a small amount of green space. The LBN Local Plan should be actively supporting the NUH team to deliver improved services to the population of Newham and beyond.

Through NUH's review of the NPPF we are not convinced that the application of policy GWS1 is consistent with national policy. This is due to the way the policy has been applied across the hospital site, as it does not support the provision of healthcare infrastructure within the London Borough of Newham through allowing the site to evolve in response to funding, operational and population health requirements. Additionally, it is unclear as to why Policy GWS1 is seeking to go beyond what is required of development through Biodiversity Net Gain, which is already challenging from the perspective of infrastructure provision.

It is important to note that the NHS supports the greening of its estate, through the Greener NHS Team and Green Plan. The Inspector can be reassured that the NHS has a swathe of green initiatives as well as the Greener NHS programme and corporately the NHS is endeavouring to achieve as sustainable a development as it can. Moreover, NUH are indeed seeking to green as much of the estate as possible and have participated in Newham Climate Partnership initiatives such as the Sugi Forest project, which recently saw over 1,200 trees planted on the NUH site. They do however object to a disproportionate policy that will inhibit the Trust's ability to reconfigure the site at pace as projects often require.

In partnership with London Metropolitan University through the Knowledge Transfer Partnership (KTP), Barts NHS Trust and Barts Charity have funded an Associate to focus on improving the hospital environment with a project focussed upon healthy placemaking. The KTP focuses on co-designing a masterplan to guide future capital expenditures on spatial development for all the outside spaces within the Hospitals grounds. The hope is that the project could lead to improvements in staff recruitment and retention and to establish NUH as a community asset – with its current green and brown spaces re-developed to provide meaningful, useful and enhanced spaces for its staff and local community. It is likely that an output of this work will involve a series of projects that can be deployed as and when funding becomes available. It is therefore critical that Policy GWS1 does not constrain this work which is likely to improve staff retention, patient experience and local resident amenities.

Conclusion

NUH team appreciate the value of green infrastructure within the urban environment, and the KTP project shows the commitment of the Hospital to significantly enhancing the utility of its current green spaces, to the benefit of its staff, patients and local residents. However, currently the green contribution that the hospital site makes is limited, and population healthcare needs and site requirements must be put first. There is only one site for the hospital within the area, and this is the site that has to be utilised to provide an appropriate acute health service.

To conclude, NUH do not believe that the application of Policy GWS1 within the hospital site is sound against the four tests. We do not believe that this policy has been positively prepared as it may actively inhibit NUH from providing the services required to meet the population of Newham's health needs, by constraining the site to such an extent that it cannot be redeveloped or even evolve. We do not consider the application of Policy GWS1 to be justified within the evidence base, as the value of the green spaces within the hospital site have not been considered, analysed or evidenced. We do not consider the application of Policy GWS1 to be consistent with national policy as it prevents NUH from delivering infrastructure at pace. We therefore request that the inspector considers removing the Policy GWS1 designation from the hospital site as it is not justified.

Appendix I: Photograph pack of areas designated by GWS1

Photograph 1 – Island planting outside the entrance to the A&E Department



Photograph 2 – Picture of island planting from car park access road



Photograph 3 – Small areas of planting within west car park



Photograph 4 – Grass verge on hospital approach



Photograph 5 – Grass verge, facing Glen Road



Photograph 6 – Planting strip adjacent to hoarding on Glen Road



Photograph 7 – Aerial view of Newham University Hospital site and wider surroundings

