

**Section 75 Planning Obligations for  
Sustainable Travel in Centralised Healthcare  
Facilities: The Queen Elizabeth University  
Hospital, Glasgow**

**'Integrated Transport and Land Use Planning' TPS Bursary Paper**

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# 1 Introduction

## 1.1 Introduction

- 1.1.1 Planning obligations (generally known in Scotland as a Section 75 Agreement) are contracts entered into between a land owner and a planning authority, and typically seek financial contributions towards infrastructure or community assets such as schools, public realm works, roads, transport etc. in order to obtain planning permission for the site. As such, these Agreements are critical in ensuring appropriate development in our towns and cities, and planning obligations are frequently called upon to provide finance for sustainable transport infrastructure. This paper will look at the effect of Section 75 (S75) Agreements in influencing sustainable travel behaviour in the context of the recent trend towards centralised NHS health services, where various facilities are housed together on one campus. A case study of the new Queen Elizabeth Hospital (QEUH) in Glasgow, UK is provided.

## 1.2 Research Aim

- 1.2.1 This study will investigate how planning obligations and practice under the Scottish Planning System has influenced staff travel behaviour at the new Queen Elizabeth University Hospital in Glasgow, UK. In doing so, the paper will also comment on how planning obligations, termed Section 75 Agreements, have helped or hindered transport and planning professionals in implementing infrastructure and associated measures.

## 1.3 Research Objectives

- 1.3.1 The paper will look to answer the following questions:
- How has staff travel behaviour changed before and after occupying the QEUH, and were travel targets achieved?;
  - What were the key components in agreeing and delivering the Section 75 Agreement?;
  - Was the Agreement sufficient to meet the needs of the site?; and
  - Key considerations from the project.

## 1.4 Study Background

### The Queen Elizabeth University Hospital

- 1.4.1 The Queen Elizabeth University Hospital (QEUH) opened in April 2015 and forms one of the largest hospital campuses in Europe. The £842m development was built to accommodate a significant increase in staff numbers (4,230 to 10,100), in-patient beds (900 to 1900) and a projected annual patient level of 726,080 on the former Southern General Hospital site.
- 1.4.2 The 28-hectare development is located in the Govan area of Glasgow, south west of the city centre. The site is physically constrained in terms of access by the River Clyde 500m to the north and the M8 immediately to the south. Surrounding residential areas of Cardonald, Drumgoyne and Sheildhall featured in the 20% most deprived datazones in Scotland.<sup>1</sup>

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<sup>1</sup> Scottish Index of Multiple Deprivation (SIMD). 2016. Available at: <http://simd.scot/2016/#/simd2016/BTTTTFTT/9/-4.0000/55.9000/> [Last accessed 01/12/17]



Figure 1: Map of QEUH Campus

- 1.4.3 The QEUH development was the result of four hospital sites from around the city being consolidated on to one ‘superhospital’ campus; the Western Infirmary, the Victoria Infirmary, the Royal Sick Kids Hospital and the Southern General. The campus is also the site of other healthcare services such as the Institute of Neurosciences and the Ronald MacDonald House. The scale of the QEUH means it has a significant catchment area that requires staff and patients to travel across south west Scotland to access its various services.

#### Planning history of the hospital

- 1.4.4 Planning Permission in Principle was granted for the “New South Glasgow Hospital” (as it was termed at the time) in 2008. Due to existing congestion on the local road network and the significant traffic associated with such a large development, the NHS Trust was required by the Planning Authority (Glasgow City Council) to constrain traffic levels to what could be reasonably accommodated on the transport network. A 2010 Glasgow City Council (GCC) Planning Committee Report<sup>2</sup> indicates the Planning Authority felt this objective could be achieved “*by means of a robust Travel Plan, significant enhancement of the existing public transport provision including the incorporation of public transport hub and a dedicated route for Clyde Fastlink and by minimising the number of trips at peak commuting periods through site operating procedures/spreading staff shift changeover*”.
- 1.4.5 Environmental Impact Assessment (EIA) consent was granted for the development subject to meeting certain conditions, including a satisfactory Section 75 Agreement which incorporated mitigation measures identified during the EIA process. The S75 covered the following:
- A Travel Plan defined in terms of City Plan 2;
  - A financial contribution towards the cost of the measures designed to mitigate the impact of the development upon the strategic and local road network, including improvements to pedestrian and cycle routes;
  - Reservation of sufficient parts of the site for the route of Clyde Fastlink;

<sup>2</sup> GCC Planning Applications Committee. 22 June 2010 Matters Specified in Conditions Application 10/00945/DC

- A financial contribution to Clyde Fastlink;
- A financial contribution towards the control of on street parking;
- Enhanced bus services and other public transport improvements.

#### **Travel Plan 2014-15**

- 1.4.6 In response to the S75 Agreement, a Travel Plan was prepared in 2014 which outlined modal share targets for staff travel to the QEUH. The document stipulated that these targets now form part of the S75 Agreement and are necessary to mitigate the impact of the hospital on local transport resources.
- 1.4.7 The most notable target in the document was to reduce modal share of staff travelling by car (alone) from 65% to 45% (a 20% reduction) by the time of the hospital opening. The Travel Plan acknowledges this is a significant shift and would require resources and investment. A breakdown of how this could be achieved is suggested below;
- 7% increase in car sharing;
  - 3% increase in cycling;
  - 3% increase in walking;
  - 5% increase in bus use; and
  - 2% increase in train travel.

#### **Control of On Street Parking**

- 1.4.8 The S75 Agreement stipulates the developer must provide a financial contribution towards control of on street parking, and during this study's inception meeting with NHS Greater Glasgow & Clyde (NHSGG&C) this was flagged as a potential issue.
- 1.4.9 GCC has proposed on road parking controls for residential, main arterial and industrial streets immediately surrounding the hospital site, however this proposal has not yet been implemented due to various community concerns and, at the time of writing, has been under review by the Scottish Government and a secondary, independent reviewing body.
- 1.4.10 Whilst this paper does not look specifically at the control of on street parking it was felt the political discourse around the issue makes it an important topic to acknowledge, alongside its potential effect on other transport modes.

## 2 Literature Review

### 2.1 Scottish Planning Policy

- 2.1.1 Planning obligations (generally known in Scotland as a Section 75 Agreement) are contracts entered in to between a land owner and a planning authority. This can occur at any stage of the planning process but is most commonly associated in connection with applications for planning permission. The Agreement typically seeks financial contributions towards infrastructure and/or community assets such as schools, public realm works, roads, transport etc.
- 2.1.2 The main planning law in Scotland is the Planning etc. (Scotland) Act 2006 (the 2006 Act) which amended the Town and Country Planning (Scotland) Act 1997. With it, the new 2006 Act replaced existing section 75 legislation with a revised edition, adding new sections 75A to 75G to deal with planning obligations.
- 2.1.3 Planning Advice Note (PAN) 75 stipulates that planning agreements can be used to overcome obstacles to grant planning permissions. By securing developer contributions proposals can be made acceptable in land use and transport terms e.g. by providing public transport infrastructure for the community to access the new development<sup>3</sup>. The document also discusses parking policies (both car and bicycle) which should be handled sensitively and adapted to the local environmental to support policies in the local development plan.
- 2.1.4 The subsequent planning conditions can represent physical infrastructure to be undertaken as part of the overall development e.g. footpaths on site, or parking bays for disabled people, or can be used for funding less direct assets such as improvements to the surrounding public road network. Softer measures can be incorporated through a requirement for a Travel Plan for end users to encourage modal shift and behaviour change.
- 2.1.5 The aim of Scottish Ministers is “*to create an accessible Scotland which has a safe, reliable and sustainable transport system. Integration of land use planning with transport is key to delivering this, taking account of environmental aims, economics, education etc.*” This is supported by Scottish Planning Policy that states there is a strong relationship between transport, land use and sustainable economic growth and that the planning system should ensure effective and early integration in order to reduce the need to travel where possible, and provide sustainable transport solutions where not. This integration extends to different professionals within and outwith planning who should work together to provide complimentary and coordinated proposals and strategies.<sup>4</sup>

### 2.2 Recent Reviews

- 2.2.1 An independent review of the Scottish Planning System<sup>5</sup> in 2016 aimed to explore ‘game changing’ ideas for radical reform of the system. The review outlined six key outcomes, two of which are pertinent to this paper.
- 2.2.2 Firstly, an “*an infrastructure first approach to planning and development*”. The review suggests there is a disconnect between established investment programmes and the sub-regional infrastructure gaps that are emerging in development plans across the country. Whilst there is wide support for finding finance solutions that overcome some the difficulties arising from relying on S75 Agreements, local authorities have expressed concern about financial risk in exploring these due to growing pressure on resources. Developers also face ongoing financial challenges following the recent economic recession. The paper concludes that Section 75 planning obligations should be retained in the immediate future but their use should be minimised and the process streamlined.

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<sup>3</sup> Planning Advice Note (PAN 75) Planning for Transport. Scottish Executive Development Department. 2005

<sup>4</sup> Scottish Planning Policy. Scottish Government. 2010

<sup>5</sup> Empowering Planning to Deliver Great Places. C Beveridge, P Biberbach & J Hamilton. May 2016

- 2.2.3 The second outcome was “*collaboration rather than conflict – inclusion and empowerment*”. The review suggests that the planning system in Scotland is not yet effective in engaging with communities. Although consultation requirements have increased with the 2006 Act, the practise has not yet reached its full potential and there should be a continuing commitment to early engagement in planning. Planning authorities and developers should promote innovate measures which empower communities to get actively involved in planning their own places. This should not be limited to the ‘usual suspects’ and instead reach the wider community, particularly young people.
- 2.2.4 A second review in 2011<sup>6</sup> looked to gain a better understanding of the range of development charge models being used in countries that employ a similar planning system to the UK.
- 2.2.5 Several models were assessed and the paper found the “negotiated model” – typically the system in Scotland of a pre requisite legal agreement – was criticised for being prone to delay and uncertainty. It was stated that this ad hoc approach to larger urban expansions was frustrating and historically driven by financing from bank lending which is now mostly withdrawn after the 2008 crash. However, the model is still appropriate for smaller, single use developments where there are relatively simple principles to negotiate and reasonably related financial contributions are sought.

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<sup>6</sup> The Potential of Development Charges in the Scottish Planning System. Scottish Government Social Research. 2011



## 3 Methodology

### 3.1 Research Methods

- 3.1.1 Section 1.4 outlines the planning history of the site and the Section 75 Agreement. Given the capacity of this study and ongoing, unresolved community issues regarding certain components, this paper will focus on two of the S75 measures only; improved pedestrian and cycling infrastructure and enhanced bus services.
- 3.1.2 Data collection for this study was achieved through semi-structured interviews with key actors in the delivery of the QEUH Section 75 Agreement, and staff travel survey results were provided as a secondary data source by NHSGG&C.
- 3.1.3 The QEUH was selected for this study for a variety of reasons. It is a high profile development and given the recent trend towards centralised healthcare facilities it represents potentially significant implications for transport and land use planning. The chosen location for the hospital also presents many physical constraints for delivering infrastructure and influencing behaviour, with staff, patients and visitors needing to travel often significant distances to access services.

### 3.2 Research Design

- 3.2.1 In order to give structure and ‘themes’ to the research an interview guide was created in relation to the key elements and patterns detected in the literature review in Section 2. By using these themes, a series of questions and prompts have been drafted and listed alongside the respondents’ answers in Appendix A. The themes will also be applied as a framework and analytical tool to organise the respondents’ answers and allow the researcher to look at interactions between themes and reasons for their prevalence.
- 3.2.2 The six themes are as follows:
- Pre-Section 75 Agreement consultation;
  - Community consultation;
  - Financial contributions;
  - Timescales for delivery;
  - Wider transport planning objectives;
  - Control of on street parking; and
  - The Scottish Planning System .

#### Sampling

- 3.2.3 For this part of the research non-probability, purposive sampling was used – meaning participants were selected due to their expertise and relevance to the area of interest. All parties were contacted directly and as many interested individuals as possible were interviewed given the limited time scale of the study.
- 3.2.4 The interviews were with representatives of the following organisations:
- Glasgow City Council (GCC);
  - Strathclyde Partnership for Transport (SPT);
  - NHS Greater Glasgow & Clyde (NHSGG&C); and
  - Royal Town Planning Institute (RTPI) Scotland.

### 3.3 Data Analysis

- 3.3.1 All interviewees were given the option of a face to face interview or to submit a written response. The face to face interviews were conducted in private with the interviewer taking detailed notes, which were typed in to a response sheet as soon as possible and the interviewee invited to comment on the draft before they were finalised. Interviewees that opted for a written response



were invited to complete and forward an interview form at their convenience and send to the interviewer via email.

- 3.3.2 An 'interpretivism' approach was taken to the data analysis, where data was reduced and organised in order to uncover meaningful patterns and themes.
- 3.3.3 Staff travel survey data from 2007 to 2016 was provided by NHSGG&C. Due to data protection issues the full dataset was not available and the results in Section 4 have been derived from the surveys' executive summaries only and reproduced in this report as secondary, supporting information.

## 4 Staff Travel Behaviour

### 4.1 Summary of Staff Travel Surveys

4.1.1 The information in table 1 below illustrates staff travel behaviour before and after occupying the QEUH site. The final column pertains to the staff travel targets outlined in the 2014-15 Travel Plan.

Table 1: Main Mode of Transport – QEUH Staff Summary

Mode	Before Move		After Move		Change 2007 to 2016	Target 2014-15 Travel Plan
	2007 <sup>7</sup>	2013 <sup>8</sup>	2015 <sup>9</sup>	2016 <sup>10</sup>		
Car (lone driver)	65%	66%	59%	55%	-10%	-20%
Walk	4%	12%	14%	2%	-2%	+3%
Cycle	2%	6%	12%	7%	+5%	+3%
Bus	12%	17%	25%	20%	+8%	+5%
Train	2%	5%	4%	2%	0%	+2%
Car Share	13% <sup>11</sup>	12%	20%	7%	-5%	+7%

4.1.2 The data shows whilst single occupancy car use has reduced by 10% between 2007 and 2016 it has not reached the target of a 20% decrease (or 45% modal shared) as stated in the 2014-2015 Travel Plan.

4.1.3 Other modes including cycling (+3%) and bus (+5%) have met or exceeded the Travel Plan targets. However, the modal share of train remains unchanged and walking (-2%) and car share (-5%) have decreased in modal share.

### 4.2 Reasons for Travel Behaviour

4.2.1 The 2016 Staff Travel Survey offers the most recent insight in to travel behaviour across NHS Greater Glasgow and Clyde. Whilst the figures in table 1 above pertain to QEUH staff only, the following information is from all NHS staff across the Greater Glasgow & Clyde board.

- 62% of staff live 10 miles or less from their place of work however 63% still commute via single occupancy car journeys.
- 9% of respondents indicated that all or part of their journey involved active travel.
- Staff report barriers to active travel as “travel distance to work” (49%), “lack of time” (20%) and “need a car to perform their job” (26%). 50% indicated they would not consider walking and cycling.
- 23% of respondents used public transport.

<sup>7</sup> New South Glasgow Hospital Campus Travel Plan 2014/15. 2007 Staff Mode Share at Southern General Site.

<sup>8</sup> New South Glasgow Hospital Campus Travel Plan 2014/15. 2013 Staff Travel Mode Share

<sup>9</sup> Queen Elizabeth University Hospital Campus Staff Travel Survey. September 2015

<sup>10</sup> NHSGGC Staff Travel Survey. QEUH Campus staff only. June 2016

<sup>11</sup> This figure comprises those that indicated ‘car (as driver with passengers)’ and ‘car (as passengers)’

- For those that don't use public transport, staff reported key barriers including; "lack of direct public transport route" (18%), "journey time" (12%), "too expensive" (15%). 33% of respondents indicated no improvements or development would encourage them to use public transport.

## 5 Findings

- 5.1.1 The following section presents the findings from the study's semi structured interviews. These have been organised in to the key themes outline in section 3.2.

### 5.2 Interviews

#### Pre-Application Consultation

- 5.2.1 As anticipated, statutory body Glasgow City Council fed in to the pre-application stage of the S75 Agreement via their Planning Department by inputting their policy stance of a range of local issues to ensure their requirements were met by the Agreement.
- 5.2.2 Whilst there was no formal NHS travel planning department at this time, NHS staff with responsibility for community engagement, strategic planning and community health partnerships were involved in all planning stages of the S75 Agreement, including pre-application consultation.
- 5.2.3 Whilst there was no requirement for the developer to engage with non-statutory consultees, SPT were involved with discussions between NHSGG&C and GCC regarding the proposals and a working group was established. SPT was asked for their views on the proposed S75 Agreement and provided input, but it is unclear to what degree this was reflected.

#### Community Consultation

- 5.2.4 External community groups were not consulted before signing of the Section 75 Agreement, however GCC engaged with local cycling advocacy groups such as GoBike at a later planning stage (once S75 funding had been allocated) to generate ideas, options and priorities for the enhanced walking and cycling infrastructure.
- 5.2.5 SPT liaised extensively with bus operators throughout the development process and with the general public via the Community Planning<sup>12</sup> process, where local transport to the QEUH is a significant and indeed ongoing issue.

#### Financial Contributions

- 5.2.6 Financial contributions were formally agreed by all agencies at the time as sufficient, and any changes and amendments were agreed corporately.
- 5.2.7 However, it was felt by transport practitioners that the financial contribution for walking and cycling infrastructure was not sufficient given the aspirations for the site. Funding was allocated as one pot of money with no assessment given to the site's needs. GCC were also required to use these funds to manage inconsistencies between different types of infrastructure. For example, the developer had provided shared use path provision inside the hospital grounds which had to be balanced with a call for on-road segregated cycle lanes on the surrounding streets.
- 5.2.8 Financial contributions were also allocated in 'silos' for different initiatives, with no opportunities to spread or share funds between the different modes.
- 5.2.9 GCC attempted to match fund some of their walking and cycling infrastructure allocation with Sustrans Community Links – the Scottish Government fund for active travel infrastructure – but were unsuccessful. Due to the limited S75 allocation, their funding proposal could not provide a solution suitable to overcome some of the perceived barriers at the site and meet Community

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<sup>12</sup> SPT Community Planning: <http://www.spt.co.uk/corporate/about/strategy/community-planning/>

Links funding criteria. As such GCC were not able to access further funding and plans had to be revised.

- 5.2.10 SPT also expressed concern at the provision of funding and timelines for delivery of public transport enhancements. Their aim was to improve accessibility of the QEUH by bus through negotiations with bus operators to encourage them to reroute existing services on a commercial basis to ensure those services' long term sustainability. Typically bus companies will only implement or amend services when there is sufficient demand which means having to coordinate with each phase of the hospital opening. However, at the time of the QEUH opening, SPT had help achieve significant increase in bus service levels without the need for subsidy or call on the S75 funds.

### **Timescales**

- 5.2.11 All transport facility opened on time, with some facilities ahead of time. All proposals and initiatives were planned with implementation schedules which included timescales.
- 5.2.12 Delivery agents at GCC and SPT highlighted the difficulty of ensuring all infrastructure measures were delivered on time for the hospital 'ribbon cutting' opening, despite it being a phased construction project.
- 5.2.13 The site presented a particularly complex S75 Agreement where different components influenced each other and so had to be coordinated together. For example, Traffic Regulation Orders (TROs) were required for both managing parking and implementing cycling infrastructure. The delay in implementing on street parking has meant other initiatives are impacted.
- 5.2.14 For bus services the biggest constraint was the large catchment area for the hospital which covers significant areas of the Greater Glasgow conurbation. Whilst many communities requested a direct bus service this was not always financially feasible and required passengers to interchange elsewhere.

### **Wider Transport Planning Objectives**

- 5.2.15 The S75 was seen as successful in helping partners achieve their city and region wide targets and objectives for transport planning.
- 5.2.16 Whilst the additional cycling infrastructure is beneficial to the city, the most significant benefit to active travel was found by the NHS advocating and raising the profile of walking and cycling to their large staff base. Hard infrastructure measures were accompanied by various behaviour change initiatives as outlined in the 2014-15 Travel Plan.
- 5.2.17 SPT's objective was to improve accessibility of QEUH by bus and ensure long term sustainability of the services. Many of the services provided to the QEUH were existing and/or rerouted services, and to this end the QEUH project will have consolidated pre-existing bus patronage and improved accessibility to the site from the baseline level measured at the time of the former Southern General hospital site (and associated catchments).

### **On Street Parking**

- 5.2.18 The delay in controlling on street parking surrounding the site has had an obvious effect on staff travel behaviour. NHSGG&C notes "*where staff and others have access to parking in the community it will be utilised*".
- 5.2.19 GCC highlighted this has also affected local improvement works – e.g. bus stops are not properly marked and double yellow lines missing from street corners. The true impact of this on local streets is difficult to gauge as the area has been busy with parked construction vehicles for several years. The forthcoming Scottish Government Pavement Parking Bill may exacerbate this issue.

- 5.2.20 As SPT does not have access to bus patronage information (due to its commercially sensitive nature) it is difficult to quantify this effect on bus, however as previously noted the greater availability of free and cheap car parking means people are less likely to consider sustainable modes. The prohibition on hospital car parking charges will also have had an effect, alongside temporary private car parks.

### **Scottish Planning System**

- 5.2.21 National legislation and the current Scottish Planning Review shows there is a strong relationship between land use planning and transport. Transport plays a critical part in facilitating the delivery of development and to ensure sustainable, economic and inclusive growth – the ultimate goal of the Scottish Government. There are number of proposals relating to the integration of planning and transport from the Planning Review that are currently being progressed to the forthcoming Planning Bill
- 5.2.22 There is a wide variety of approaches throughout the 32 local authorities in Scotland on how planning agreements are entered into, with examples of good and bad practice. For example, there can be, at times, little clarity in committee reports on the amount of contributions due and their associated payment dates. This means that once the planning committee are minded to grant planning permission, subject to the entering into of a legal agreement, there can be extensive negotiations and disagreements on its terms, which leads to delay. Furthermore, there is no consistent method for calculating developer contributions between local authorities. The process is complicated, and should be set out in policy, such as a Local Development Plan.
- 5.2.23 Across the industry, practitioners sometimes express frustration with the complexity and time it can take to sign S75 Agreements. This has been recognised in the Planning Review, with one proposal under review looking to simplify the process and make it more efficient. However, practitioners are at least familiar with the process for now.
- 5.2.24 Strong political leadership is required at a national and a local level to ensure policy commitments follow through to delivery, particularly when the developments are of controversial nature or meet local resistance.
- 5.2.25 A key issue is to ensure that decisions about land use fully consider sustainable transport. The emergence of ‘super hospitals’ is problematic from a transport perspective for various reasons.
- 5.2.26 The extensive catchment area for the QEUH also means people must travel extensive distances. Whilst in theory having all healthcare resources on one site should mean an overall less distance for patients to travel, it generally creates a situation where those that rely most on health services are penalised most in terms of travel time, convenience and affordability.
- 5.2.27 There are additional considerations when considering the knock on effect on transport budgets from centralised hospital sites which are not fully considered in decisions about healthcare facility locations and other major services. This includes hidden impacts where funding from one budget is diverted to ensure access to hospitals and other rationalised facilities such as combined GP surgeries are maintained. The savings the NHS achieves through rationalising its estate and location services are welcomed, but these should not be passed on as costs to other sectors, primarily transport.
- 5.2.28 An alternative approach may be needed when developments are being planned and consented, such as an infrastructure levy or more effective local tax regime that captures the benefits that public investment in transport brings to businesses and employers, including the NHS.

## 6 Discussion

### 6.1 Key Considerations

- 6.1.1 This section summarises the findings of the study in relation to the research objectives set out in Section 1.3.

#### **How has staff travel behaviour changed before and after occupying the QEUH, and were travel targets achieved**

- 6.1.2 Data provided by the NHS GG&C shows there has been a 10% reduction in single occupancy car journeys to QEUH. Whilst this is still a notable achievement, it has not met targets outlined in the 2014-15 Travel Plan and subsequently the S75 Agreement. This may be caveated by the fact that not all measures have been fully implemented, such as control of on-street parking. However, the developer was only required to give a financial contribution to this aim.
- 6.1.3 Other sustainable transport modes including cycling and bus have met or exceeded the Travel Plan targets. However, walking and car share have decreased in modal share.

#### **What were the key components in agreeing and delivering the Section 75 Agreement?**

- 6.1.4 Agreeing and delivering this Section 75 Agreement followed normal protocol with the pedestrian and cycling infrastructure and enhanced bus services delivered on time and budget for the hospital opening.
- 6.1.5 There were a few innovative points of interest. Firstly, SPT (a non-statutory consultee) was involved in the pre-application consultation stages of agreeing the S75 Agreement and in doing so established a working group with bus operators. SPT also indicated they were able to achieve a significant increase in bus service level without the need for subsidy or to call on the S75 funds.

#### **Was the Section 75 Agreement sufficient to meet the needs of the site?**

- 6.1.6 It is difficult to give a comprehensive answer to this question given the limited nature of this study. Bus services and pedestrian and cycling infrastructure was successfully delivered and staff travel survey data suggests the Agreement was sufficient in meeting modal share targets for cycling. However, transport practitioners have indicated the timescales and financial contributions of the agreement made it difficult to meet aspirations for the site.
- 6.1.7 The local community was engaged at various stages throughout the planning and implementation process, however the issues of on street parking remains pertinent issue for community groups which has had knock effects on delivering other modes of access to the hospital site. Whilst community engagement is not a requirement of pre-application consultation, it remains to be seen whether early engagement here would have given warning to some of the difficulties to follow, or allowed GCC to suggest different S75 Agreement measures to help mitigate some of the public's concern. However, political leadership is still essential to ensure that national and local policy measures are championed throughout the process and implemented on the ground.

#### **Key considerations from the project**

- 6.1.8 The delay in controlling on street parking – a small subsection of the full S75 Agreement - highlights the problem of working in modal 'silos' when one measure can significantly impact on another. The delay has meant other works such as Traffic Regulation Orders for pedestrian and cycling infrastructure has also been impacted.
- 6.1.9 The integration of transport and land use in the Scottish planning system planning is evident, however S75 process is seen in the industry as sometimes laborious and frustrating. There is



no consistent method for calculating developer contributions between local authorities and a wide variety of approaches in how planning agreements are entered in to.

- 6.1.10 The QEUH was chosen for this study given the recent trend for centralised health care facilities. These developments can have significant consequences for transport planning and consideration over how to move people to and from these sites must be central to future decision making, including appropriate financing.

## **6.2 Limitations of Study**

- 6.2.1 The study only had capacity to consider two of the six S75 Agreement measures and so can only provide a flavour of some of the issues, challenges and successes associated with this significant development site. Future research could take a wider look at all components of the Agreement to understand the relationship between each mode and the developer's contribution.
- 6.2.2 Secondly, data protection issues meant this study was unable to work with NHS staff directly to question and understand their reaction to the measures implemented and how it has influenced their long term travel behaviour. This would be best placed as an internal assessment by NHS travel planning staff.

## **6.3 Summary**

- 6.3.1 This study gave a snapshot view of how two components of a Section 75 Agreement have affected staff travel behaviour at the QEUH, and how the Scottish Planning system helped or hindered in this process. The recent trend for centralised health services can have significant implications for transport planning, and a 'carrot and stick' approach is needed to ensure the investment reaches its full potential in achieving modal shift. Community consultation remains key to ensuring transport solutions are provided that suit all users, however political leadership is necessary to ensure local and national policy is translated into action on the ground.

## **Appendix A Interview Response Sheets**

## A.1 Glasgow City Council

### The Impact of Section 75 Planning Obligations in achieving Transport Targets and Objectives: The Queen Elizabeth University Hospital, Glasgow.

#### Interview Questions – September 2017

S75 Measure: A financial contribution towards improvements to pedestrian and cycle routes.

Representative - Glasgow City Council (GCC) Land & Environmental Services.

<p><b>1. Before planning permission was sought for the QEUH, was GCC involved in pre-application consultation with the developer to influence the section 75 Agreement? If so, how do you think this shaped the outcome?</b></p>
<p>Yes – through GCC Planning team.</p> <p>Glasgow City Council, along with other bodies such as SPT, input their policy stance at a pre-consultation and consultation stages. These comments are Policy requirements are then reflected in the Section 75 Agreement.</p> <p>Responsibility for delivering the Agreement for this project was split between different personnel and departments, in a ‘corporate governance’ style management.</p>
<p><b>2. If yes, to your knowledge, did any of this consultation involve other stakeholders e.g. community councils, active travel groups etc.?</b></p>
<p>Not before the signing of the Section 75 Agreement. Although members of the public could comment during the Planning Process.</p> <p>Community groups, such as GoBike, were invited to comment at a later planning stage. GCC consulted with various active travel groups after being allocated S75 funding to generate ideas, options and priorities for the site.</p>
<p><b>3. Was the financial contribution for walking and cycling routes sufficient to support the level of requirements for this development, and was it made available in an appropriate timescale? If not, how was the infrastructure resourced and what issues/opportunities did you find?</b></p>
<p>No, not given the aspirations for the site.</p> <p>The financial contribution was given as one pot of money with no assessment of the site’s needs. GCC then had to decide how best to allocate the funds, i.e. for one or various routes. GCC also had to contend with ensuring consistency between “shared use” infrastructure inside the hospital grounds and a call for segregated cycle lanes outside the campus.</p> <p>The financial contributions were also put in ‘silos’ for different measures with no possibility to spread or share funds – between the different components of the S75 Agreement.</p> <p>It was unclear how geographically far from the site the financial contribution should cover.</p> <p>There was also pressures regarding the timescales of funding. All infrastructure measures were to be delivered and opened at the same time as the hospital “ribbon cutting”. Better governance of the S75 Agreement could improve this coordination.</p> <p>GCC also tried to match fund some of their allocation for walking and cycling with Sustrans Community Links but were unsuccessful. Community Links could not accommodate the difficult and constrained nature of the site and so the opportunity for further funding was not realised.</p>

<p><b>4. Were there time constraints in delivering the walking and cycling infrastructure? If so, how did this impact on the project?</b></p>
<p>As above.</p> <p>This site presented a particularly complex Section 75 Agreement where the different components influenced each other and so must be coordinated together. For example, TROs are required for both managing parking and implementing cycling infrastructure.</p>
<p><b>5. How did this intervention help with meeting GCC's targets and objectives for walking and cycling across the city?</b></p>
<p>The additional facilities are useful, but the greatest benefit is found by the hospital significantly raising the profile of cycling and walking with their staff.</p> <p>The QEUH has run a programme behaviour change initiatives, including a walking tour of the Clyde Tunnel to change perceptions of the condition and safety of using it as a walking route.</p>
<p><b>6. How has the delay in controlling on street parking around the hospital site impacted on walking and cycling?</b></p>
<p>This delay has had a knock on effect on improvement works in the local area. For example, bus stops are not properly demarked and double yellow lines are missing from street corners.</p> <p>The true impact is difficult to gauge as the area has always been busy with parked construction vehicles for several years in the lead up to the site opening.</p> <p>The forthcoming Scottish Government Pavement Parking Bill may exacerbate issues.</p>
<p><b>7. Are there any other ways in which the planning system has positively or negatively affected the delivery and success of this intervention?</b></p>
<p>The project has raised the profile of walking and cycling in Glasgow.</p> <p>Strong political leadership is required at both local and national level to ensure policy commitments follow through to delivery of a scheme of this nature particularly when it has controversial issues.</p>

## A.2 Strathclyde Partnership for Transport

### The Impact of Section 75 Planning Obligations in achieving Transport Targets and Objectives: The Queen Elizabeth University Hospital, Glasgow.

#### Interview Questions – September 2017

S75 Measure: Enhanced bus services and other public transport improvements.

Representative – Strathclyde Partnership for Transport (SPT)

<p><b>1. Before planning permission was sought for the QEUH, was SPT involved in pre-application consultation with the developer to influence the section 75 Agreement? If so, how do you think this shaped the outcome?</b></p>
<p>SPT is not a statutory consultee and as such there was no requirement on the developer to consult directly with SPT. There were, however, discussions between the NHSGGC, Glasgow City Council and SPT around the proposals and a Working Group was established.</p> <p>The Section 75 Agreement is a matter for the Council as Planning Authority to determine in agreement with the developer but SPT was asked for views and provided input. This undoubtedly would have had some influence but we always had concerns that the available funding set aside for public transport was inadequate given the huge catchment area and relatively poor accessibility of the site from a public transport perspective.</p>
<p><b>2. If yes, to your knowledge, did any of this consultation involve other stakeholders e.g. community councils, public transport groups etc.?</b></p>
<p>It was for NHSGGC as developer to undertake the necessary consultations with wider stakeholders including local community groups. SPT liaised extensively with bus operators including a briefing session for them. Also through the Community Planning process, where the issue of transport access to QEUH was a significant and indeed ongoing issue.</p>
<p><b>3. Was a financial contribution made available for enhanced bus services and if so was it made available in an appropriate timescale? If not, how have the services been resourced and what issues/opportunities did you find?</b></p>
<p>£2.25M was set aside for bus services as per the Section 75 Agreement. The timescales for spend were set out in the Agreement. However, the aim was to achieve as much through discussion with bus companies to encourage them to introduce or re-route services on a commercial basis to ensure sustainability. Irrespective of the timescales, bus companies will only change routes or introduce new services when there is demand i.e as each phase of the hospital completed.</p> <p>In 2014 SPT's Chair wrote to the Chief Executive of NHSGGC highlighting concerns about the provision, funding and timelines for the delivery of transport enhancements required for the SGUH. Subsequently, a response was received from the Chief Executive of NHSGGC which sought to clarify matters, albeit confirming that no further funding beyond that in the Section 75 agreement was available.</p> <p>SPT worked closely with bus operators and achieved significant increases in bus service levels, much without the need for subsidy or call on the Section 75 funds, from about 13 per hour to over seventy. As travel demand for the Hospital has settled, the number of services has reduced back to around fifty per hour.</p>

**4. Were there time constraints in delivering the bus services? If so, how did this impact on the project?**

The aim was to ensure that bus services were in place from day one of the QEUH 'opening' albeit this was a phased project. The biggest constraint relates to the wide catchment area for the Hospital which covers the north west and south of the city but for many services is across Greater Glasgow and beyond. While many communities requested direct bus services this was not financially feasible. Many public transport journeys require interchange. Having said that, people often overestimate the likely demand for bus services especially for communities from further afield and the majority of patient journeys to the QEUH are likely to be by car.

**5. How did this intervention help with meeting SPT's targets and objectives for bus patronage across the city?**

National policy is to reduce the overall need to travel while increasing the proportion of journeys by active and sustainable modes. More meaningful than patronage targets are efforts to improve accessibility of the QEUH by public transport and the long term sustainability of such services. This was the aim of SPT's discussions with bus operators. Many of the services provided to the QEUH were re-routed existing services and Fastlink. To an extent this will have consolidated pre-existing bus patronage. From an accessibility perspective the changes will have improved people's accessibility from the baseline number of services to the old SGH and the associated catchments.

Bus patronage in the west of Scotland has declined over the past decade. There are many reasons for this including land use decisions, increased car ownership, affordability issues, employment and rationalisation of bus services as the commercial sector struggled during the financial downturn and with company mergers. SPT is in the process of initiating the Strathclyde Bus Alliance and one of the objectives will be to recover some market share for bus services but hopefully on the basis of attracting people out of their cars.

**6. How has the delay in controlling on street parking around the hospital site impacted on bus patronage levels?**

Should be noted that SPT does not have access to patronage information from bus operators as this is deemed commercially sensitive.

As such it is hard to quantify without detailed analysis but the greater the availability of free / cheap car parking the less likely people will be to transfer to sustainable modes.

Worth noting that the Section 75 Agreement includes obligations on the developer to ensure agreed traffic volumes around the site are not exceeded but this will be challenging given public and political pressure to provide on-site or adjacent parking. The prohibition on hospital car parking charges will also have had an effect albeit there is a time restriction on use. The continuation of private temporary car park arrangements will also potentially depress demand for bus travel.

The promotion of active travel and travel planning for staff as well as initiatives such as Fastlink, real time information, development of the transport Hub, modernised Subway and Bus Interchange at Govan etc. will have counter-balanced this pressure to some extent.

**7. Are there any other ways in which the planning system has positively or negatively affected in the delivery and success of this intervention?**

A key question will be whether the conditions in the planning consent are adhered to including not exceeding local car volumes, support for active travel and travel planning. While not a planning matter per se there will also be the need to ensure the sustainability of bus services. Time will tell if the services which have been put in place will be successful but early indications are that patronage on Fastlink has been good. The sustainability of services in the long term is also a function of public demand, available investment, the relative attractiveness of private car and the political will to act to promote sustainable travel.

SPT is not a statutory consultee in the planning system and it could be argued that this undermines the role of public transport and active travel in planning decisions. This can be and is overcome to a degree through relationship building and discussion at an early stage in development proposal, including at the site selection stage. That said, being a consultee brings with it onerous obligations that would need to be effectively resourced.

Another key issue is to ensure that decisions about land use take fully into account transport implications and do so in a manner that promotes sustainable travel options. In many respects the emergence of super hospitals is highly problematic from a transport perspective. While most people are likely to access the hospital by car this creates pressure on the adjacent roads network. With limited land availability for car parking there is also pressure on parking in local streets.

Another challenge is the one facing public transport in general, in particularly bus services. The extensive catchment area of the QEUH means people travelling extended distances. In theory the scale of the QEUH, with almost all medical needs catered for on-site, means less overall need to travel.

Ironically, this generates a situation where those who most rely on health services are also those most heavily penalised in terms of travel times, affordability and inconvenience.

The cost of funding supported bus services falls on the modest transport budget. There is a failure to adequately reflect the fact that decisions made about healthcare locations and other major services, such as colleges have significant impacts in terms of transport investment. This includes the hidden impacts (and costs) where funding from one budget has to be diverted to ensure access to the hospitals and indeed other rationalised healthcare facilities such as combined GP surgeries, health centres etc. The savings which the NHS achieves through rationalising its estate and co locating services are to be welcomed but these savings should not be passed on as costs to other sectors, principally transport

While developer funding has been set aside for public transport as part of the QEUH development this does not reflect the costs associated with serving such a huge facility. The total section 75 was somewhere in the region of £5m across Fastlink, supported bus facilities, active travel and travel planning. While the cost of the transport hub at the hospital was part of the hospital construction costs, the amount of funding for transport for a hospital of this scale has been inadequate. Compare the £5m with the cost of the hospital itself of around £700m.

This suggests an alternative approach is needed when developments are being planned and consented. It is perhaps time to consider an infrastructure levy or more effective local business tax regime that captures the benefits that public investment in transport brings to businesses and employers, including the NHS.



## A.3 NHS Greater Glasgow & Clyde

### The Impact of Section 75 Planning Obligations in achieving Transport Targets and Objectives: The Queen Elizabeth University Hospital, Glasgow.

Interview Questions – October 2017

Representative - NHS Greater Glasgow & Clyde

<p><b>1. Before planning permission was sought for the QEUH, were NHS Travel Planning staff involved in a pre-application consultation to influence the Section 75 (S75) Agreement? If so, how do you think this shaped the outcome?</b></p>
<p>There was no Travel Planning Department per se at that time.</p> <p>However, staff with responsibility for the function/s in Community Engagement, strategic planning functions and Community Health Partnerships (and predecessor functions) were closely involved in all planning stages.</p> <p>This provided consultation and input from service users, providers, communities and statutory/ non statutory groups to inform proposals and targets.</p>
<p><b>2. To your knowledge, did this consultation involve any other NHS stakeholder groups, e.g. staff cycling groups, disability groups, Unions etc.?</b></p>
<p>Yes.</p>
<p><b>3. Were the financial contributions and resources allocated towards implementing the S75 measures sufficient to support what was required for this development, and was it made available in an appropriate timescale? If not, how was the infrastructure resourced and what issues/opportunities did you find?</b></p>
<p>Financial contributions were formally agreed by all agencies as sufficient.</p> <p>Any changes/ amendments/ rescheduling were also agreed corporately.</p>
<p><b>4. Were there time constraints to deliver certain aspects of the S75 Agreements? If so, how did this impact on the project?</b></p>
<p>All proposals and initiatives were planned with implementation schedules which included timescales.</p> <p>Uncertain as to what represents a constraint in this context, but the facility opened on time - some elements ahead of time, which could have been seen as a constraint for certain projects / services designed to be completed after that.</p>
<p><b>5. How did the S75 Agreement and its associated measures help with meeting targets and objectives for travel planning across NHS Greater Glasgow &amp; Clyde?</b></p>
<p>They put in place</p> <ul style="list-style-type: none"> <li>⇒ alternative methods of transport.</li> <li>⇒ additional / new public transport opportunities.</li> <li>⇒ value for money public transport ticket opportunities for staff.</li> <li>⇒ promotion of bike to work scheme and cycle facilities on site.</li> <li>⇒ Car share initiatives.</li> <li>⇒ Designated parking areas for different user categories.</li> <li>⇒ managed car parking service.</li> </ul>

- ⇒ electronic monitoring systems for vehicle activity and movement.
- ⇒ staff engagement in travel initiative.
- ⇒ public/ patient engagement in travel initiatives.

**6. How has the delay in controlling on-street parking around the QEUH impacted on staff travel behaviours?**

It is evidentially obvious that where staff and others have access to parking in the community it is likely to be taken.

**7. Are there any other ways in which the planning system has positively or negatively affected staff travel behaviour at the QEUH?**

The system itself has no measurable impact that can be provided from this process.

## A.4 RTPI Scotland

### The Impact of Section 75 Planning Obligations in achieving Transport Targets and Objectives: The Queen Elizabeth University Hospital, Glasgow.

#### Interview Questions – October 2017

Stefano Smith FRTPI – Director of Planning at Peter Brett Associates, RTPI Scotland Convenor 2017

**1. Before planning permission is sought for a development, which local governing and professional bodies should be consulted to influence the Section 75 (S75) Agreement? How does their involvement typically help shape the outcome?**

A Section 75 Agreement exists between the landowner and the Planning Authority. A planning obligation can be entered into at any stage of the planning process, and most commonly arises in connection with applications for planning permission and can include financial contributions towards schools, roads, transport, public realm and affordable housing.

Whilst the onus for action lies with the developer it is the Planning Officer's responsibility to engage with relevant departments to determine what planning obligations (e.g. transport, public realm, education services etc.) may be needed.

The Planning Officer should engage early to find out what are the key issues regarding the site, establish the planning authority's policy position (e.g. the Development Plan, emerging plans and relevant guidance, such as Supplementary Guidance) and define the S75 Agreement Heads of Terms.

The key document for establishing the policy tests for Planning Obligations is the Circular 3/2012: Planning Obligations and Good Neighbour Agreements. There will always be disagreements between planning authorities and developers over the extent of planning gain payable due to the differing objectives of the public and the private sector. The Scottish Government has made it clear that payments through planning obligations should only be sought where they meet all of the policy tests set out in their [2012 Circular](#) i.e. that the obligations:

- are necessary to make the proposed development acceptable in planning terms;
- serve a planning purpose and, where it is possible to identify infrastructure provision requirements in advance, should relate to development plans;
- relate to the proposed development either as a direct consequence of the development or arising from the cumulative impact of development in the area;
- fairly and reasonably relate in scale and kind to the proposed development; and
- are reasonable in all other respects.

External statutory consultees such as SEPA, SNH, Transport Scotland can also contribute during this pre-Agreement process.

There are clearly issues with nailing down the detail of planning obligations. As outlined above, traditionally a planning officer will need to liaise with several internal and external consultees to establish if there is a need to enter into a planning obligation in line with planning policy. There is a wide variety of approaches throughout the 32 local authorities in Scotland on how planning agreements are entered into, with examples of good and bad practice. For example, there can be, at times, little clarity in committee reports on the amount of contributions due and their associated payment dates. This means that once the planning committee are minded to grant planning permission, subject to the entering into of a legal agreement, there can be extensive negotiations and disagreements on its terms, which leads to delay.

**2. To what extent should community stakeholder groups also be involved in this consultation, e.g. community councils, active travel groups, disability groups etc.?**

Consulting with community groups is not a requirement of formulating a S75 Agreement.

Community groups have the opportunity to respond at the planning application stage, for example if they believe a proposal is not DDA compliant. Is it then up to the Planning Officer to interpret and decide how to act on those responses.

This process allows S75 Agreement to be set in line with established policy, and without pressure from multiple stakeholder groups.

**3. How is the developer's financial contribution towards transport infrastructure under a S75 Agreement calculated, and how do we ensure the fund is sufficient to support the level of requirement for each development?**

There is no consistent method for calculating developer contributions between local authorities. The process is complicated, and should be set out in policy, such as a Local Development Plan. This methodology will likely be supported by Supplementary Guidance, however should reflect the five 'tests' outlined in Circular 3/2012.

There has been a recent case in Edinburgh where a developer successfully appealed against their Section 75 Agreement (section 75A), claiming it did not adequately demonstrate the relationship between Agreement and the development. City of Edinburgh Council had recently published new supplementary guidance.

Attached is a link to the appeal decision which has successfully challenged CEC's SG Developer Contributions. This has potential implications for the application of the City of Edinburgh Council's new Developer Contributions Supplementary Guidance, particularly with respect transport contribution zones in relation to cumulative impacts:

<https://www.dpea.scotland.gov.uk/Document.aspx?id=472188>

**4. How are fair timescales set for delivering measures under the S75 Agreement, and how do you think these timescales impact on their quality and success?**

Setting timescales for delivery is central to how the Agreement is structured.

'Trigger points' can be built in to the Agreement for various milestones in the development. For example, when the 500<sup>th</sup> new residential unit is occupied the developer must contribute towards a new school to serve that community.

However, this adds to the complexity of the project and the developer may seek to intentionally delay or navigate around the trigger points to avoid this obligation.

**5. How can S75 Agreements help meet wider Local Authority and Scottish Government transport targets and objectives, for example increasing bus patronage, trips by bike etc.?**

S75 Agreements should be able to help planning authorities meet aspirations in their Local Development Plans. To do this, Planning Authorities should set out the hierarchy of their development policy, their justification for a S75 Agreement, how the Agreement relates to the development, and ensure the Agreement is structured to meet the relevant policy tests as set out in the Circular.

The challenge is coordinating all parties involved.

In the Planning etc. (Scotland) Act 2006, Section 75a has created a formal process where the person/party against whom a planning obligation is enforceable may apply to have the obligation modified or discharged. A developer has the opportunity to apply to the relevant planning authority to modify or discharge a planning obligation if it is felt that it is no longer in line with the policy tests noted above. When considering an application to modify or discharge a planning obligation, a planning authority has three options:

- To refuse to modify the obligation;
- To discharge the obligation; or
- To modify the obligation in the way specified in the application.

There is no ability for the planning authority to revise the modification wording sought in the application - so, if possible, there should be engagement with the planning authority prior to the formal application being made. Importantly, where an application is refused or deemed to be refused, the applicant has the ability to appeal the decision to the Scottish Ministers.

Planning Authorities must take care to ensure that each of the policy tests have been met when entering into a planning obligation with a developer and check that it is in line with their own policies and supplemental guidance on developer contributions. There is no time limit on when a developer can make an application to modify or discharge a planning obligation, so a planning obligation could be challenged immediately after it has been agreed between the parties and the planning permission has been issued.

Where the Planning Authority and developer are unable to reach an agreement, the developer may put forward a 'unilateral obligation', stipulating their own proposed planning obligations to be assessed by an independent reporter.

**6. Are there any other ways in which you think the Scottish planning system positively or negatively affects the delivery of transport infrastructure and travel behaviour?**

There is a strong relationship between land use planning and transport planning. This is reflected in national legislation and the current Scottish Planning Review. Transport plays a critical part in facilitating the delivery of development and to ensure sustainable, economic and inclusive growth – the ultimate goal of the Scottish Government.

There are number of proposals relating to the integration of planning and transport from the Planning Review that are currently being progressed to the Planning Bill.

Practitioners sometimes express frustration with the complexity and time it can take to sign S75 Agreements. This has been recognised in the planning review, with one proposal under review looking to simplify the process and make it more efficient. However, practitioners are at least familiar with the process for now.