

Cardiff Replacement Local Development Plan

Hearing Statement - Session 2 ID08b

Velindre University NHS Trust and Cardiff and Vale University Health Board - Representor ID 78, Representations 01 & 02

Policy H2.2



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1. Introduction

This document is prepared by The Urbanists on behalf of Velindre University NHS Trust and Cardiff and Vale University Health Board.

This Pre-Hearing Statement updates information that was provided in the original representation and responds to some of the questions included within the agenda for Hearing Session 2, in respect of the proposed allocation of Whitchurch Hospital, Park Road, Whitchurch, Cardiff, CF14 7XB and Velindre Cancer Centre, Velindre Road, Cardiff, CF14 2TL, as a Housing Led Regeneration Area under policy H.2, site reference H2.2.

2. Background Update

2.1 Deposit Plan representation summary

The representation to the Deposit Plan supported the principle of the use of the two parcels of land as Housing-led regeneration areas, but it advocated that: the two sites were split as separate allocations due to the different development issues associated with each site and the likely development programme; that they were allocated as two non-strategic sites; and that the area included in Whitchurch Hospital allocated area be amended to remove areas which could not be developed.

2.2 Area Update and clarification

The Deposit plan representations referred to the H2.2 allocation in total comprising: the former Whitchurch Hospital, playing fields, and gardens; and the Velindre Cancer Centre.

The following sets out the breakdown of these areas in terms of approximate potential available development area:

Whitchurch Hospital site:

European Protected Species Licence for enhanced, and new habitat, plus existing retained habitat approximately 7 ha, of which the south west parcel comprises 3.6 ha.

Remaining area comprising: the hospital complex, park and gardens surrounding the former ward wings, existing playing fields and bowls club, chapel and adjoining Locality building, plus existing car parks 13.1 ha

Velindre Cancer Centre = 3.9 ha

The remainder up to the 26 ha comprises additional areas outside of the above (such as Parc Hafod)

The EPSL plan is included in the earlier LDP Deposit Plan Representation Figure 4, for reference (2369-URB-XX-XX-RP-PL-002)

3. Hearing Session 2 Agenda

This section responds to the relevant points of the proposed agenda.

Question 2.1 Do the figures attributed to the allocations and assumed windfalls take account of plan requirements such as, open space, play areas, allotments, food growing space, SuDs, 3:1 tree replacement, energy efficiency, securing good quality and sustainable design?

The estimated units for allocation H2.2 Whitchurch Hospital/Velindre Cancer Centre cannot yet be fully confirmed.

The proposed number for the Whitchurch site will be based on a masterplan approach / layout design process for the site taking into account: the preservation and enhancement of the heritage resource (listed buildings and listed park and gardens); protecting and enhancing green infrastructure (including protected trees and ecological habitat); providing sustainable drainage solutions; bringing a net biodiversity benefit; impact on open space; community and commercial facilities; community impacts; scale and massing; and viability. It is considered at the current stage of work that potentially the site could accommodate around 270 units subject to the above.

The potential number of units which could be accommodated on the Velindre Cancer Centre site is, again, subject to a masterplanning/layout design process and determination of constraints and requirements including: sustainable drainage; net biodiversity benefit; transportation and access; scale and massing; and viability. An average density of 30 - 40 units per hectare should achieve 140 units, making up the 410 unit total allocation, although excluding other uses on the site.

We advocated in our representations to the Deposit Plan that these were reasonable unit numbers but that *each site* would need to be subject to a masterplanning process in line with the proposed policy SP3 'Ensuring a masterplanning approach', rather than one masterplan for both sites together. We also advocated that the policy justification text should acknowledge the need for flexibility in terms of densities where target unit figures cannot be achieved due to site constraints which are not yet fully understood or assessed.

2.2. Do the figures attributed to the allocations and assumed windfalls take account of viability, particularly on brownfield sites which may be contaminated and plan requirements such as affordable housing, public transport, infrastructure, education in addition to those above?

The number of residential units which can be accommodated within the Whitchurch site will be principally driven by: the need to preserve or enhance the heritage assets; the financial reality of needing to deliver saleable residential units; balanced with the costs of any community/mixed-use; and abnormal costs of selective demolition, land preparation, and restoration/conversion of retained historic elements.

We advocated in our Deposit representations that the policy justification text was clarified to allow greater flexibility on plan requirements for affordable housing, education etc. for cases where viability is critical. The policy could therefore cross-reference proposed policy SP6 'Securing Planning Obligations', and H3 'Affordable Housing', which would in turn bring in the viability consideration.

The financial viability of the development and reuse of the Whitchurch site will be assessed by the developer once appointed for the site.

Similarly the viability of the redevelopment of the existing Velindre Cancer Centre will be examined in due course as part of the site masterplanning process.

The two land parcels of the former Whitchurch Hospital and the existing Velindre Cancer Centre sites are subject to different timescales in terms of when each is likely to start to deliver residential units.

Our Deposit Plan representations anticipated that development of the Whitchurch site would not begin until early 2027. This anticipated timescale should now be adjusted to take into account the site marketing process, estates management, and the anticipated site enabling works. It is currently estimated that development works are unlikely to commence until 2029, subject to statutory permissions. Delivery of residential units is then anticipated to be up to six years.

Our Deposit Plan representations advised that residential development of the former Velindre Cancer Centre site was not anticipated until 2032, and could then be delivered over a three year period. This remains an estimation which will be informed once the scope and timescale of demolition and site works is understood.

The two sites will also be in different land ownerships: It is anticipated that ownership of the Whitchurch Hospital site will be transferred to a developer and no longer be within VUNHST ownership in 2026. The ownership of the existing Velindre site will be transferred to C&VUHB by the end of 2029 following decommission, demolition, and remediation.

The Health Board will then determine how much of the site will be retained for healthcare use, subject to its Estate Strategy, a masterplanning process, and securing statutory consents (planning, SAB etc.). This will also require the preparation and submission to Welsh Government of outline and full business cases for agreement.

The surplus /remainder of the site will then be available to the market to take forward for residential use. The extent of the healthcare requirement is not yet known, but it would contribute to the proposed principle that it is a residential /mixed-use site, however it is fundamental that the final allocation does not prevent a future healthcare use on part of the site.

2.7 Does the size of the allocations and the challenge of redeveloping complicated brownfield sites limit the number of developers able to contribute to meeting the housing targets? Should consideration be given to allocating a range of smaller sites to provide flexibility in sources of delivery?

The former Whitchurch Hospital site and the current Velindre Hospital site are proposed in the Deposit plan to be allocated under one allocation H2 'Housing Led Regeneration Area', 2.2 Whitchurch Hospital / Velindre.

The complications and timescale of developing the Whitchurch site will require a highly specialised developer with the resources and commitment to deliver the scheme in the long term. The site needs a comprehensive, consistent, and robust approach and the scale of the challenge inevitably limits the number of developers who could develop the site.

4. Conclusion

This hearing statement has provided further information to update the representations that were made to the Deposit Plan in terms of: site area clarifications; development considerations; and development timescales.

Each of the two sites is subject to very different development challenges, issues and timescales. The Deposit Whitchurch Hospital site allocation includes areas which are not anticipated to be able to be developed, and so including them in the allocation is incorrect.

Either site will be subject to its own masterplanning process which will have appropriate regard to the development of the other site. It is considered that greater flexibility to progress the development of each site could be achieved by two smaller allocations.