Strategic planning application stage 1 referral (new powers)

The proposal
Erection of a Polyclinic (Use Class D1) and landscaping; car parking; cycle parking; access and other associated works.

The applicant
The applicants are East London NHS Foundation Trust and City & Hackney Primary Care Trust, and the architect is Sonnemann Toon Architects Limited.

Strategic issues
The principle of the redevelopment of part of the hospital site for continued healthcare uses is acceptable. The proposed design of the scheme is generally acceptable but further consideration is required in relation to the inclusive access elements of the proposals.

Further information is required in relation to the energy strategy and sustainability information. A number of transport and energy matters require resolution through the use of planning conditions or through the section 106 agreement.

Recommendation
That Hackney Council be advised that while the application is generally acceptable in strategic planning terms the application does not comply with the London Plan, for the reasons set out in paragraph 57 of this report; but that the possible remedies set out in paragraph 58 of this report could address these deficiencies.

Context
1 On 9 October 2009 the Mayor of London received documents from Hackney Council notifying him of a planning application of potential strategic importance to develop the above site for the above uses. Under the provisions of The Town & Country Planning (Mayor of London) Order 2008 the Mayor has until 19 November 2009 to provide the Council with a statement setting out whether he considers that the application complies with the London Plan, and his reasons for taking that view. The Mayor may also provide other comments. This report sets out information for the Mayor’s use in deciding what decision to make.
2 The application is referable under paragraph 2 of the Schedule to the Order 2008: “If the local planning authority receive an application for planning permission for development, which they consider forms part of more substantial proposed development, on the same land or adjoining land, they must for the purposes of this Schedule treat that application as an application for planning permission for the more substantial development”.

3 Once Hackney Council has resolved to determine the application, it is required to refer it back to the Mayor for his decision as to whether to direct refusal; take it over for his own determination; or allow the Council to determine it itself.

4 The Mayor of London’s statement on this case will be made available on the GLA website www.london.gov.uk.

Site description

5 The 1.61-hectare site is located on the western side of Kingsland Road and is bounded to the north by Nuttall Street, Hoxton Street to the west and Stanway Street to the south. Vehicular access is via Nuttall Street, with an alternative pedestrian link to Hoxton Street to the west.

Figure 1: location of St Leonards Hospital (source: Design and Access Statement)

6 Existing development on site comprises a variety of healthcare and supporting administrative facilities totalling approximately 14,655 sq.m. of floorspace. The site is formed of three main buildings being, St Leonard’s Hospital; which is formed of five blocks (Blocks ‘A’, ‘B’,
The application site is located within both the Kingsland and the Hoxton Street conservation areas. Blocks ‘A’ and ‘B’ of the St Leonards Hospital buildings are Grade II listed buildings while adjacent to the north east corner of the site lies the Grade I listed Church of St Columbia. Also the buildings bordering to the south east of the site are locally listed. The surrounding landuses are mixed and comprise a care home, and residential and commercial uses. Hoxton Street market is located to the west of the site.

The site is immediately to the west of A10 Kingsland Road, which is part of the Transport for London road network. Four bus routes directly serve the site with stops in Kingsland Road; 67, 149, 242 and 243, with route 394 also serving Whiston Street. The site is currently estimated to have a public transport accessibility level of 3 where 1 represents the lowest accessibility level and 6 the highest. With the opening of Hoxton East London Line station in 2010 this is expected to increase to 5.

Details of the proposal

The proposals are for full planning permission to provide a new Polyclinic at the west of the site. The Polyclinic will provide a wide range of healthcare services (including diagnostics) without the need for an overnight stay. The proposed Polyclinic will include a Primary Care Resource centre, which will accommodate (including Podiatry), an Urgent Care Centre, a Disability Resource Centre, a Sexual Health Resource Centre, Community Dentistry and associated clinical administration and support services across 6,982 sq.m. of floor space.

Figure 2: The proposed masterplan (source: Design and Access Statement)
support of this application. This is to ensure that the design responds to the heritage considerations at the site and comes forward at the application stage for the MHU.

11 The intention is to begin construction on the Polyclinic as soon as possible. As the site is currently a working hospital, the applicant is still finalising the decant strategy to ensure that the existing services can still be provided during the course of the construction for both the Polyclinic and the proposed MHU.

Case history

12 A pre-application meeting was held in July 2009 to discuss the proposed redevelopment of the site for both a polyclinic and a mental health unit. The principle of development was accepted but further information was requested in relation to the urban design, access and inclusion, climate change and transport issues. In addition, it was requested that the application for the MHU should be for full planning permission rather than outline to allow full consideration of the heritage issues.

Strategic planning issues and relevant policies and guidance

- Health & community facilities: London Plan
- Urban design: London Plan; PPS1
- Access and inclusive design: London Plan; PPS1; Accessible London: achieving an inclusive environment SPG; Planning and Access for Disabled People: a good practice guide (ODPM)
- Climate change: London Plan; PPS1, PPS3; PPG13; PPS2; the Mayor’s Energy Strategy; Sustainable Design and Construction SPG
- Transport: London Plan; the Mayor’s Transport Strategy; PPG1

13 For the purposes of Section 38(6) of the Planning and Compulsory Purchase Act 2004, the development plan in force for the area is the Hackney Unitary Development Plan (1995) and the London Plan (Consolidated with Alterations since 2004).

14 The Hackney Core Strategy (submission stage) is a relevant material consideration that can be afforded substantial weight, as it is due for examination in public in early 2010.

Healthcare, community facility and the principle of the development

15 London Plan policies 3A.20 ‘Health objectives’, 3A.21 ‘Locations for health care’ and 3A.22 ‘Medical excellence’, support the provision of healthcare facilities across London as identified by the Strategic Health Authority and primary care trusts. Policy 3A.18 ‘Protection and enhancement of social infrastructure and community facilities’ and 3A.20 ‘Health Objectives’ of the London Plan seek to identify and address the needs of London’s diverse population, providing social infrastructure and community facilities wherever possible and encouraging the improvement of health of the local population and the reduction of health inequalities.

16 The draft replacement London Plan (October 2009) also includes policies to support the provision of high quality healthcare facilities in areas of identified need, particularly in places with accessibility by public transport, cycling and walking (Policy 3.18 Healthcare facilities).

17 The applicant has provided information setting out the need for the Polyclinic and setting out that the proposal is anticipated to serve some 50,000 local residents by providing an improved model of healthcare. As such, the principle of re-providing and enhancing the healthcare facilities on a site that is already in healthcare use is compliant with both existing and emerging strategic planning policy.
Urban design

18  Good design is central to all objectives of the London Plan and is specifically promoted by the policies contained within Chapter 4B which address both general design principles and specific design issues. London Plan Policy 4B.1 (‘Design principles for a compact city’) sets out a series of overarching design principles for development in London. In addition to Chapter 4B, London Plan policies relating to density (3A.3 ‘Maximising the potential of sites’) and sustainable design and construction (4A.3 ‘Sustainable design and construction’) are also relevant. Design policies in the London Plan include specific design requirements relating to maximising the potential of sites, tall and large-scale buildings, built heritage, views, and open space.

19  This is a detailed planning application for the development of a new polyclinic building. The building forms part of a wider redevelopment of the St. Leonard’s Hospital site. The wider plans also include a new Mental Health Unit, which does not form part of this application, albeit outline details have been provided to provide a more complete understanding of how the site would operate in the future.

Figure 3: the proposed masterplan for the site (source: Design and Access Statement)

Heritage and heights

20  The application site is in a historically sensitive area, located within both the Kingsland and the Hoxton Street conservation areas. There are a number of statutorily and locally listed buildings within, and immediately adjacent, the site, including the grade I listed Church of St Columba, the grade II* listed Church of St Columba Vicarage and the grade II listed St Leonard’s Hospital Blocks A and B, as well as a number of locally listed buildings along Hoxton Street. The Church of St Columba, its vicarage and St Leonard’s Hospital run along the eastern side of the site along Kingsland Road. The listed buildings fall outside the area of this application.

21  In considering the impacts of this development it is important to assess if this proposal would preserve or enhance the setting of the Conservation Area and listed buildings, as set out in PPG 15. New buildings that stand alongside historic buildings need very careful consideration. The applicant has provided a detailed historical assessment with the submitted application.
22 The proposed polyclinic building is between three and four-storeys and is located on the southern end of the site. The height is comparable with existing buildings in the surrounding conservation areas. The building would not be visible from either of the conservation areas along Kingsland Avenue or Hoxton Street. To the south of the site, adjacent the site boundary, is a large typical 1970’s housing estate with an eleven-storey residential tower. Given the context of the surrounding area, and that this building would not be visible in the wider area the proposal would continue to preserve the character of this area.

23 Within the site the applicant is proposing to demolish buildings C, D and E of the hospital along with the Louis Freedman building. None of these buildings are listed, albeit they are located in a conservation area. Buildings C and D were built towards the end of the 1800’s, they are moderate additions to the listed hospital buildings and have undergone various alterations over the years. Building E is a recent prefabricated extension, whilst the Louis Freedman building is a single storey modern extension of modest quality.

24 The proposed application would introduce a building with a higher quality contemporary design with good quality building materials. The location of the building would help create a more legible and active route through the site linking Hoxton Street with Nuttall Street, the building helps create a joint working relationship with the Lawson clinic allowing easy movement of patients, subject to permission for the Mental Health Unit in the future the proposed building arrangement would create a public space in the centre of the hospital site. The proposed building design would enhance the internal character of this hospital site, beyond the existing site layout.

Figure 4: the proposed Polyclinic elevations (source: Design and Access Statement)
Central space

25 The proposed arrangement of the hospital buildings would result in a new central open space. At pre-application meetings the location and layout of this space was questioned. The applicant has since justified its location, demonstrating that the site is arranged to ensure that the buildings respect their wider setting within a conservation area, are sufficiently sized to provide the required health services, and ensure ease of movement between the Lawson Clinic and the Polyclinic. This justification is acceptable.

26 The applicant has also now provided additional information demonstrating that the design of the central space would be provided as a more useable space for both members of the public and hospital visitors. The space includes a reduced level of car parking, has level access, sufficient way finding infrastructure and landscaping proposals, which are acceptable. In addition, the location of the entrance to the polyclinic is easily recognisable and visible from Nuttall Street.

Mental Health Unit and future plans

27 The applicant proposes to submit an application for the construction of a new Mental Health Unit (MHU) in the future, resulting in the demolition of a listed building. Such a proposal must be accompanied by PPG 15 detailed justification. In addition, given the proximity of the proposed MHU building to the Grade I listed St. Columbia Church the applicant must provide sufficient information demonstrating how the building would respect, preserve or enhance the setting of the church as well as the Grade II listed hospital building.

Access and inclusion

28 London Plan policy 4B.5 ‘Creating an inclusive environment’ sets out that development should meet the highest standards of accessibility and inclusion (not just the minimum). The draft replacement London Plan policy 7.2 ‘An inclusive environment’ also requires the highest standards of accessible and inclusive design in all new development. This together with the Mayor’s Supplementary Planning Guidance ‘Accessible London: achieving an inclusive environment,’ underpins the principles of inclusive design and the aim to achieve an accessible and inclusive environment consistently across London.

29 At the pre-application stage it was noted that a detailed access statement should be submitted with the planning application to explain the design rationale behind the application and to demonstrate how the principles of inclusive design, including the specific needs of disabled people have been integrated into the proposed development and how inclusion will be maintained and managed. Although reference has been made to a number of the relevant standards relating to accessibility within the Access statement, it has not been clearly demonstrated how these various standards will actually be achieved and this should be given further detailed consideration.

30 The main pedestrian and vehicular entrance for the development is off Nuttall Street, but this does not address the difficulty posed by the narrow footway beside the church, which will be one of the main desire lines from Kingsland Road to the new entrance. Although some consideration has been given to a wayfinding strategy, it is disappointing that it has not been possible for a more radical solution to emerge which enables the hospital to retain a main entrance onto Kingsland Road, close to public transport routes, and a familiar route into the site, avoiding the difficulty of using the narrow and currently inaccessible Nuttall Street.

31 The detailed design of the car park and the pedestrian routes through the car park should ensure legible and safe pedestrian routes clear of vehicular movements with direct accessible routes to the main entrances. The needs of users of the mental health unit and any older or disabled
people with cognitive impairments is particularly important given the nature of the uses on the site. The suggestion of a shared surface will need to ensure the safety of visually impaired pedestrians (for example by the creation of a delineated ‘safe route’ through the space) and ensure that taxi drop off areas are designed to ensure safe and easy deployment of ramps for wheelchair users (i.e. located beside a raised kerb). It was previously suggested that an access audit of the surrounding streets showing existing and proposed pedestrian links and step free routes to and within the site be undertaken to demonstrate that any barriers to disabled people have been removed however, this has not been undertaken.

32 At the pre-application stage it was noted that due to the proposals being in the early design phase, an access consultant should be appointed to the design team to ensure that best practice standards are incorporated from the outset. Although an access consultant has been appointed, it is not clear that a consultative access forum has been established to ensure that local access needs and the expertise of disabled users are incorporated into the design from the outset. Given the importance of this development to the local community, and to disabled and older people in particular given the inclusion of the Disability Resource Centre, the Wheelchair Service, and the community use element, the applicant should provide further detail on how the design is progressing through the input of the access consultant.

33 The number and location of blue badge bays needs to be carefully considered given the likely high use of the building by disabled and older people.

34 There are several matters that require further consideration to ensure full compliance with London Plan policy relating to creating inclusive environments.

**Climate change**

35 The submitted energy strategy includes a site-wide approach to deal with both the polyclinic which is the subject of this application and the proposed mental health unit which is expected to come forward as a separate application at a later date.

**BE LEAN**

**Baseline carbon dioxide emissions (policy 4A.4 of London Plan)**

36 The baseline emissions have been estimated by using building regulations compliance software for the regulated emissions and benchmarks for the non-regulated element of the emissions. The estimated baseline emissions are circa 490 tonnes of carbon dioxide per annum.

**Energy efficiency standards (Policy 4A.3 of the London Plan).**

37 The proposals include qualitative and quantitative descriptions of energy efficiency measures that would be adopted. The measures described include improved insulation values, lighting controls and improved air-tightness standards, together with passive solar design features to maximise the benefit from winter sun while preventing overheating in summer. The combined effect of the energy efficiency measures is estimated to reduce carbon emissions by circa 29% beyond the baseline emissions.

**BE CLEAN**

**District heating (policies 4A.5 and 4A.6 of the London Plan)**

38 Following discussions with the London Development Agency, the applicant has concluded that there are no existing heat networks to which his scheme could feasibly connect. However, the
proposals will allow for the heating requirements of the Polyclinic to be supplied using an external heat network should this become available in the future.

39 Additionally, the applicant has concluded that while the installation of combined heat and power (CHP) plant to supply only the Polyclinic is not viable, a circa 150 Kwe CHP unit could supply both the Polyclinic and the adjacent Mental Health Unit, which would be built a few years after the Polyclinic is finalised.

40 The applicant has therefore developed two different energy supply strategies according to whether CHP is installed in the future or not:

- Option 1: Combined heat and power plant is installed by the time the mental health unit is built to supply both the Polyclinic and the mental health unit with heat and hot water.
- Option 2: Assuming that no combined heat and power is installed in the future an energy supply strategy option considering the Polyclinic only has been developed.

41 In order to complete the information provided, the applicant should provide further information on the quantum of space required to accommodate an energy centre which includes the proposed CHP plant and related equipment (e.g. top-up boilers, thermal store if required, infrastructure for connection to an external heat network etc). It should be noted that the policy preference would be for the CHP to be provided as part of a site wide approach. As such the applicant should commit to the use of this technology and if this is not technically feasible until a later date, the provision of CHP should be secured as part of a section 106 agreement which links the two applications.

Cooling (Policies 4A.6 of the London Plan)

42 In order to reduce the cooling requirements of the Polyclinic, the applicant is proposing to use solar shading in the south, eastern and western facades. Despite these measures, there will be still a requirement to provide active cooling in certain parts of the clinic and information has been provided on how this will be achieved.

BE GREEN

Renewable energy technologies (policy 4A.7)

43 The applicant has undertaken a renewable technology appraisal and identified some possible options in line with the London Plan energy hierarchy. However, the final solution is dependent on whether a CHP plant is installed as part of the proposals. If a CHP plant is to be installed (and this would be the policy preference if technically feasible), the GLA would welcome a strategy that considers circa 300 sq.m. of PV panels. The installation of any other renewable heat generating technology is seen as to undermine the viability of installing CHP once the Mental health unit is finalised.

44 Under this option the full realisation of carbon savings would not occur until the mental health unit is completed, but this option would reduce carbon emissions for the Polyclinic by a further 10% (3% due to the CHP and 7% due to the photovoltaic installation).

45 If the energy proposal is developed independently of the Mental health unit, it is proposed to use a ground source heat pump (GSHP) that would be able to supply all of the heating and cooling requirements of the Polyclinic and to then export some heat to the Mental health unit once this is built.
46 Additionally, 280 sq.m. of PV panels and 40 sq.m of solar thermal collectors could be installed to supplement the renewable generation on-site. This option would save carbon emissions by a further 20%. This option will provide all the necessary infrastructure allowing some of the heating and cooling generated by the GSHP system to be exported to the Mental health unit in the future.

47 As there is some certainty that the mental health unit will be coming forward in the near future as a separate application, the energy proposals should be finalised in greater detail and the applicant should commit to implementing a site-wide approach which includes the use of CHP. In addition, it is recommended that a set of planning conditions are applied to any planning permission to ensure full delivery of the proposed energy strategy in line with strategic planning policy (and draft replacement London Plan policies 5.2 ‘Minimising carbon dioxide emissions’, 5.5 ‘Decentralised energy networks’, 5.6 ‘Decentralised energy in development proposals’ and 5.7 ‘Renewable energy’. The application should also demonstrate how it meets the requirements of the ‘Sustainable design and construction’ SPG, paying regard to the use of green roofs, dealing with waste, managing resources etc to ensure compliance with London Plan policy 4A.3 (and draft replacement London Plan policy 5.3 ‘sustainable design and construction’).

Transport

48 In order to encourage more sustainable travel and to minimise congestion on the Transport for London (TfL) road network, TfL welcomes the reduction in car parking from 143 to 47 spaces. The commitment to develop a car parking management plan is also welcomed and this should be secured through the section 106 agreement. This could be further supported by a ‘car free’ agreement to prevent access to on street permits and a planning condition to restrict on site parking to designated areas only. In order to comply with draft replacement London Plan policy 6.13 ‘parking’, 1 in 5 of the proposed parking spaces should provide an electrical charging point in order to encourage the uptake of electrical vehicles.

49 The development will provide 92 cycle spaces. Although this accords with the London Plan minimum, the transport assessment predicts a high proportion of cycle trips and therefore demand for spaces may exceed capacity. In order to ensure that there is sufficient on site provision in accordance with London Plan policy 3.22 ‘Improving conditions for cycling’ and draft revised London Plan Policy 6.9 ‘Cycling’, this should be reassessed and increased where necessary. TfL encourages the use of CCTV as an additional security measure where cycle parking will be located under building overhangs.

50 With the opening of the East London Line there is likely to be capacity on this part of the bus network to accommodate this development. In order to ensure accessibility to the bus network and to comply with London Plan policy 3C.20 ‘Improving conditions for buses’ and draft revised London Plan policy 6.7 ‘Buses, bus transits, trams’ TfL requests a contribution of £10,000 to bring the nearest bus stop on Whiston Road up to the standard set out in the TfL Accessible Bus Stop Guidance.

51 TfL welcomes the provision of new pedestrian routes through the site as they will encourage walking in accordance London plan policy 3C.21 ‘Improving conditions for walking’ The pedestrian assessment should provide detail on the footways surrounding all of the pedestrian and cycle access points to the site so that deficiencies can be identified and mitigated. TfL also requires confirmation that all crossings within the vicinity of the site are fully assessable and for any necessary upgrades to be secured as part of the section 106 process. The commitment to widen Nuttall Street is welcomed; where possible the footway should have a minimum width of two metres. A wayfinding strategy for the surrounding area should be developed in accordance with TfL, using the principles of the ‘Legible London’ initiative.
52 TfL welcomes the submission of a draft travel plan and expects that this will be secured, enforced, and monitored through the section 106 agreement. TfL expects the development to be accompanied by a delivery and servicing plan in accordance with the London Freight plan and policy 3C.25 “Freight strategy” and revised draft London plan policy 6.14 “Freight”. TfL welcomes the commitment to develop a Construction Logistics Plan in order to mitigate the impact of the construction period on the TLRN.

53 Provided that the above comments are taken into account, particularly mitigation measures to be secured through section 106 agreement, the development will comply with the London Plan.

Local planning authority’s position

54 Hackney Council generally supports the proposals for the redevelopment of the site.

Legal considerations

55 Under the arrangements set out in Article 4 of the Town and Country Planning (Mayor of London) Order 2008 the Mayor is required to provide the local planning authority with a statement setting out whether he considers that the application complies with the London Plan, and his reasons for taking that view. Unless notified otherwise by the Mayor, the Council must consult the Mayor again under Article 5 of the Order if it subsequently resolves to make a draft decision on the application, in order that the Mayor may decide whether to allow the draft decision to proceed unchanged, or direct the Council under Article 6 of the Order to refuse the application, or issue a direction under Article 7 of the Order that he is to act as the local planning authority for the purpose of determining the application and any connected application. There is no obligation at this present stage for the Mayor to indicate his intentions regarding a possible direction, and no such decision should be inferred from the Mayor’s statement and comments.

Financial considerations

56 There are no financial considerations at this stage.

Conclusion

57 London Plan policies relating to health and community facilities, urban design, access and inclusion, climate change mitigation and adaptation and transport are relevant to this application. Whilst the application is broadly acceptable in strategic planning terms, there are some areas where the application does not yet fully comply with the London Plan:

- **Health and community facilities**: the proposal complies with London Plan policies 3A.18 (and draft replacement London Plan policy 3.18) relating to the provision of health facilities.

- **Urban design**: the proposal broadly complies with London Plan policy 4B.1 relating to design (draft replacement London Plan policy 7.1) although some further improvements could be made.

- **Access and inclusion**: there are some outstanding issues which require resolution to ensure compliance with London Plan policies 4B.5 (and draft replacement London Plan policy 7.2 relating to inclusive design).

- **Climate change mitigation and adaptation**: the energy strategy is broadly acceptable, but should be further developed to ensure compliance with London Plan policies 4A.5 and
4A.7 relating to climate change mitigation (and draft replacement London Plan policies 5.6 and 5.7). The application should also demonstrate how it meets the essential and preferred standards at required by the ‘Sustainable design and construction’ SPG to ensure compliance with London Plan policy 4A.3 (and draft replacement London Plan policy 5.3).


The following changes might, however, remedy the above-mentioned deficiencies, and could possibly lead to the application becoming compliant with the London Plan:

- **Access and inclusion:** further information should be provided on how the proposals will meet the highest standards of inclusion, further consideration should be given to the access by the narrow footway beside the church and the applicant should ensure ongoing use of a specialist access consultant for the detailed design stage.

- **Climate change mitigation and adaptation:** further information is required in relation to the proposed energy strategy and the energy strategy will need to be secured through the section 106 agreement and/or appropriate planning conditions.

- **Transport:** a number of planning conditions and section 106 contributions are required.

---

for further information, contact Planning Decisions Unit:

**Colin Wilson, Senior Manager - Planning Decisions**
020 7983 4783  email colin.wilson@london.gov.uk

**Justin Carr, Strategic Planning Manager (Development Decisions)**
020 7983 4895  email justin.carr@london.gov.uk

**Shelley Gould, Case Officer**
020 7983 4803  email shelley.gould@london.gov.uk