

Finchley Memorial Hospital, Granville Road, Finchley

in the London Borough of Barnet

planning application no. F/03573/09

Strategic planning application stage 1 referral (new powers)

Town & Country Planning Act 1990 (as amended); Greater London Authority Acts 1999 and 2007; Town & Country Planning (Mayor of London) Order 2008

The proposal

Construction of a new part two, part three storey hospital (plus part lower ground floor), with ancillary facilities including a cafe and retail, an energy centre with associated parking and servicing areas, new vehicular access off Granville Road.

The applicant

The applicant is **NHS Barnet**, and the architect is **Murphy Philipps**.

Strategic issues

The land use principle to provide a new modern replacement **hospital** facility is fully supported and the layout would ensure that the development is acceptable on the **redundant playing field**. Additionally the proposal to reinstate the remaining historic **playing fields** use and create new **publicly accessible open space** is welcomed in strategic planning policy terms.

A number of other strategic issues make this outline application contrary to London Plan policies including: **climate change** mitigation and adaptation measures and **transport**.

Recommendation

That Barnet Council be advised that the application does not comply with the London Plan, for the reasons set out in paragraph 63 of this report; but that the possible remedies set out in paragraph 65 of this report could address these deficiencies. The application does not need to be referred back to the Mayor if Barnet Council resolve to refuse permission, but it must be referred back if Barnet Council resolves to grant permission.

Context

1 On 11 November 2009 the Mayor of London received documents from Barnet 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 22 December 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 Category 3F of the Schedule to the Order 2008: *"Development for a use, other than residential use, which includes the provision of more than 200 car parking spaces in connection with that use."*

3 Once Barnet 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; or allow the Council to determine it itself, unless otherwise advised. In this instance if Barnet Council resolves to refuse permission it need not refer the application back to the Mayor.

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 5.2-hectare site is located at the Bow Lane/Granville Road junction and is bounded by Bow Lane to the south and west, Granville Road to the North and High Road to the east. The site is located within an established residential area consisting of two storey Edwardian terraces and 1930s semi-detached dwellings.

6 The existing hospital buildings occupy approximately one third of the site in the northwest corner with a floor space area of 8,585 sq.m. The remaining two thirds of the site is comprised of the Bow Lane Playing Fields that were historically used by the neighbouring Our Lady of Lourdes Primary School, south of the site, for educational and recreational purposes. However, the playing fields have been inactive for the past fifteen years and are not publicly accessible. No part of the site is designated as Metropolitan Open Land or Green Belt.

7 The A1000 High Road and A598 Ballards Lane are both parts of the Strategic Road Network and meet, approximately 600 metres north of the site, to form the one-way system around Tally Ho corner, which is also a major bus interchange with a focus on North Finchley bus station. The nearest part of the Transport for London Road Network is the A406 North Circular Road, which is 750 metres to the south of Granville Road. There are several bus stops in the vicinity of the site and the nearest tube station is West Finchley that is located approximately 1km from the hospital. The public transport accessibility level of the site is 2, where 1a is very low and 6b is very high.

Details of the proposal

8 This is a full application that seeks to construct a new hospital within the centre of the site, and once the replacement hospital is operational, the existing hospital would be demolished.

9 The new building would provide a total of 10,412 sq.m. of floor space over four levels, including a lower ground. Above ground the massing would be predominantly two storeys with some three storeys elements. The building would provide 54 single bedrooms for inpatients in need of longer care, and would also act as a primary care facility offering health services to local people by daily appointment. The building would also contain some ancillary community uses including meeting and training areas, a gym, changing facilities, a cafe and a pharmacy.

10 Primary vehicular and pedestrian access would be via Granville Road with secondary pedestrian links via Bow Lane, while the existing vehicle access from Bow Lane would be terminated. A total of 216 car parking spaces and 81 cycle parking spaces are proposed.

11 The site of the demolished hospital would become a publically accessible open space and the redundant Bow Lane Playing Fields, occupying the site's southern area, would be developed as grass playing fields comprising two five a-side and one junior pitch, to be used by Our Lady of Lourdes Primary School.

Case history

12 GLA officers chaired a pre-planning application (ref: 2488) meeting on 14 August 2009.

Strategic planning issues and relevant policies and guidance

13 The relevant issues and corresponding policies are as follows:

- Land use principle *London Plan*
- Open Space and playing fields *London Plan; PPG17*
- Urban design *London Plan; PPS1*
- 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; PPS22; the Mayor's Energy Strategy; Sustainable Design and Construction SPG*
- Transport *London Plan; the Mayor's Transport Strategy; PPG1*

14 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 2006 Barnet Unitary Development Plan and the London Plan (Consolidated with Alterations since 2004).

15 The draft replacement London Plan, which was released for consultation on 12 October 2009, is also a material consideration.

Land use principle

16 London Plan policies 3A.20 'Health objectives', 3A.21 'Locations for health care' and 3A.22 'Medical excellence' support the provision of healthcare within the boroughs as identified by the Strategic Health Authority and Primary Care Trusts (PCTs). 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 through ensuring that Development Plan Documents include policies for the improvement of health of the local population and the reduction of health inequalities.

17 The principle of re-providing and enhancing the healthcare facilities on site is therefore consistent with local and strategic healthcare planning policy and is acceptable. The consultation draft London Plan contains emerging policy 3.2 'Addressing health inequalities', which further supports the redevelopment of this site.

Open space and playing fields

18 Before the merit of the application, with regard to national and strategic policies, is considered it is important to recognise that the development, once completed, would only result in a small loss of playing fields that is currently redundant and inaccessible to the public. Currently the area of inaccessible playing field on site totals 37,100 sq.m. The new proposal, following demolition of the existing hospital and returning this part of the site to publicly accessible open space, would total 33,200 sq.m, along with the existing playing field to be reinstated. This would result in a 9% loss of redundant inaccessible green space that must be considered against the significant gain in community facilities in both the fully accessible outdoor areas and the modern health facilities.

19 As the site is not designated Green Belt or MOL, national government guidance in 'Planning Policy Guidance 2: Green Belts' (PPG2) is not relevant. However, as the site constitutes open space and former playing fields 'Planning Policy Guidance 17: Planning for Open space, Sport and Recreation' (PPG17) is relevant. PPG17 states that existing open space should not be built on unless an assessment has been undertaken which has clearly shown the open space to be surplus to requirements. For open space, 'surplus to requirements' audits should include consideration of all the functions that open space can perform and that in the absence of a robust and up-to-date assessment by a local authority, an applicant may seek to demonstrate through an independent assessment that the land is surplus to requirements. The applicant has positively responded to national requirements by providing an 'Open Space Audit' as part of the application.

20 The audit states that Barnet Council are currently finalising a borough wide open spaces audit which is yet to be published, therefore in its absence a more localised audit of the open spaces within a two-kilometre radius of the Finchley Memorial Hospital site has been undertaken. The report states that the Council's latest Annual Monitoring report (2007/08) found that 36% of the borough is undeveloped being either designated Green Belt or MOL. The audit identified 47 sites within the study area that provided opportunities for active recreation ranging from parks and woodlands to recreation ground and indoor sports clubs, of which 23 were identified as providing some sort of sports provision and sixteen as providing outdoor playing pitches. The audit confirms the Council applies a non-statutory local standard of 0.54 hectares of playing pitch provision per 1000 population, and based on the sixteen sites identified this equates to approximately 0.59 hectares per 1000 population. Therefore the loss of only 9% green space onsite and the re-provision of new outdoor playing pitches within the study area would positively exceed the Council's standards, conforming to PPG17 requirements.

21 London Plan strategic policy 3D.8 aims to 'promote and improve access to London's network of open spaces... including those associated with health, sport and recreation'. The existing open space is fully secured by a perimeter fence preventing any public access, which also has rendered the playing fields redundant for fifteen years. As the application proposes to fully open up the space for public access and proposes playing pitches for use by a local primary school, the application is fully compliant with policy 3D.8. The consultation draft London Plan also contains policy 7.18, which supports the 'proactive creation, enhancement and management of open space', and therefore the application would be in full accordance with this emerging policy.

22 In summary, there would be a 9% loss of redundant playing field on the site, however the proposal would create a 100% increase in public access to the remaining space. Furthermore, this remaining space which would be actively managed for enjoyment by the local community, including a primary school that currently has no access to playing fields. The principle is therefore supported.

Urban design

23 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 sets out a series of overarching design principles for development in London. In addition to Chapter 4B, London Plan policies relating to MOL (3D.10) and sustainable design and construction (4A.3) are also relevant for this proposal. Design policies contained within chapter 7 of the draft replacement London Plan are also relevant.

Layout

24 The existing Finchley Memorial Hospital buildings sit at the junction of Granville Road and Bow Lane. The applicant proposes the demolition of these buildings and the construction of a new consolidated hospital building at the centre of the site, located between the existing residential units along Granville Place and residential units along Bow Lane. The central site location of the new hospital building has been fully considered with the applicant having assessed six different location layout options. The rationale of chosen location has been determined by the need to continue using the existing hospital building during the construction, the need to locate the main vehicle access point to the site as close as possible to the High Road and the aspiration to provide a range of publicly accessible open spaces across the site. This rationale is acceptable and the location and layout of the hospital is therefore supported.

Main arrival point

25 The site layout arrangement would result in all visitor movements to the hospital passing a car park and this was a concern raised by GLA officers at pre-application stage. However, the applicant has adequately justified this arrangement by demonstrating that there would be clear line of sight from the site entrance of Granville Road towards the main building entrance to make it readily identifiable and legible. The introduction of separate vehicular, cycle and pedestrian routes to the front entrance is also positive to ensure safe and easy way finding.

Massing and scale

26 The surrounding area is predominately suburban residential development, with units along Bow Lane and Granville Road primarily two-storeys, and then rising up to three-storeys along Granville Place and High Road. The proposed hospital building is set at a maximum height of three-storeys, which is consistent with the surrounding area and is acceptable.

Design

27 The main accommodation blocks are rendered as simple volumes, which are appropriately articulated through the provision of recessed roof terraces, horizontal staggering of facades and projecting solar shading devices. The simplistic design of the hospital building would be appropriate to its use and would have a human scale to respect the residential context surrounding the site.

Permeability

28 Currently the large area of open space playing fields is privately owned with no public access. The proposal will result in various new pedestrian footpaths throughout the site providing public access, which is supported. Furthermore an area of playing fields is to be provided to the neighbouring school on the southern boundary that currently has very limited play area. The applicant has acceptably clarified nature and ownership of all areas on the site to make it clear

exactly what parts will be fully publicly accessible and what parts will be for hospital and school uses.

Inclusive design

29 The aim of London Plan Policy 4B.5 is to ensure that proposals achieve the highest standards of accessibility and inclusion (not just the minimum), and this and all developments should seek to better minimum access requirements. Policy 7.2 of the draft replacement London Plan reinforces the principles of inclusive access. The design and access statement explains the design thinking behind the application and demonstrates how the principles of inclusive design, including the specific access needs of people with disabilities, have been integrated into the proposed development and how inclusion will be maintained and managed.

30 It is important that pedestrian routes on the site would be segregated from vehicular and cycle movements, and the drawings illustrate this. Furthermore, all entrances would be level accessed with the provision of ramps minimised. It is also the intention of NHS Barnet and the design team to employ a consultant to specialise on wayfinding and interior design to exceed inclusive design statutory requirements.

31 The access statement demonstrates that the design of the building and all external areas have been designed meet Building Regulations Part M and would be Disability Discrimination Act 2005 compliant, therefore creating spaces that can be used comfortably, safely and easily in accordance with strategic policies.

Climate change

32 The London Plan climate change policies as set out in chapter 4A collectively require developments to make the fullest contribution to the mitigation of and adaptation to climate change and to minimise carbon dioxide emissions.

Mitigation

33 London Plan policies 4A.3-11 focus on mitigation of climate change and require a reduction in a development's carbon dioxide emissions through the use of passive design, energy efficiency and renewable energy measures. The London Plan requires developments to make the fullest contribution to tackling climate change by minimising carbon dioxide emissions, adopting sustainable design and construction measures and prioritising decentralised energy, including renewables.

Be lean

34 The applicant has not yet modelled the baseline using building regulations compliant software. The initial strategy is therefore based on benchmarks. The initial estimated baseline carbon dioxide emissions are 655 tonnes per annum, however, this would need to be updated according to the modelling that is being undertaken.

35 The proposals include an energy efficient ventilation strategy with heat recovery, efficient lighting strategies and external solar shading. However, in addition to these measures the applicant should investigate improving building envelope performance beyond building regulations 2006 requirement or otherwise show this is not feasible. The applicant must also provide, with the use of the modelling, information regarding the carbon dioxide reductions achieved through energy efficiency measures alone, without CHP or renewables.

Be clean

36 Although implied by the energy centre and gas-fired CHP proposed, the applicant needs to confirm that a unique heat distribution network would supply all heat and hot water requirements on site.

37 The applicant should also investigate whether opportunities exist to extend a heat network to adjacent sites, particularly in regards to the adjacent hotel and leisure complex across High Road, north of the site.

38 The initial proposals include CHP capacity of 100-kilowatt electrical output. The size of the CHP should be supported by heat profiles to show that this is an appropriate size of unit. The applicant's choice of photovoltaic panels, instead of a biomass boiler, to partner the CHP is supported.

Be green

39 The proposals include 160 sq.m. of photovoltaic panels, which would further reduce carbon dioxide emissions by a further 2% and it is acknowledged that with CHP the scope to reduce carbon dioxide emissions are limited. However, the roof plan provided indicates that a greater area of photovoltaic panels could be provided and the applicant is requested to either maximise this provision or adequately justify why only 160 sq.m. is proposed.

Adaptation

40 London Plan policy 4A.9 outlines five principles for ensuring effective adaptation to climate change in new developments. These are to minimize overheating and contribution to heat island effects, minimize solar gain in summer, contributing to flood risk reductions, including applying sustainable drainage principles, minimizing water use and protecting and enhancing green infrastructure. Policies 4A.10 – 4A.16 cover strategic issues relating to overheating, living roofs and walls and water efficiency. Further guidance is given in the Mayor's Supplementary Planning Guidance (SPG) 'Sustainable Design and Construction', which sets out the Mayor's essential and preferred standards for sustainable design and construction. Policies contained within chapter 5 of the draft London Plan are also relevant.

41 In terms of passive design, the building is of a shallow design that will maximize natural lighting and ventilation, which is complimented further the internal courtyards. Solar shading devices would be incorporated to the south and western elevation to minimise the risk of overheating in summer months. The flat roofs of the proposed buildings may be suitable for appropriate forms of living roofs, in addition to the energy centre roof, in line with London Plan Policy 4A.11, and the feasibility of incorporating more living roofs, should be considered. Photovoltaic panels and living roofs are not mutually exclusive. Furthermore the building should incorporate rainwater-harvesting technology, in compliance with strategic policies 4A.14 and 4A.16. The applicant has demonstrated that it is not feasible to provide sustainable urban drainage due to the lack of permeability of boulder clay across the site. However, the flood risk assessment indicates that a detailed drainage design strategy will be produced to mitigate surface water and this should be conditioned by the Council.

42 The applicant has provided a sustainability statement that broadly demonstrates that all the Mayor's essential standards would be achieved, as set out in the SPG. Additionally, there is a commitment that the building would achieve a BREEAM pre-assessment rating of 'excellent'. The proposal is supported in terms of the principles of climate change adaptation, subject to the provision of more living roofs and rainwater harvesting technology.

Transport

43 TfL provided Barnet Council with initial comments on this planning application on 4 November 2009. This raised several issues regarding this proposal and requested further information and work on the highway impact, the pedestrian environment, car parking levels and the travel plan. TfL requested a contribution of £20,000 towards upgrading bus stops to be secured through the section 106 agreement and a construction logistics plan, delivery and servicing plan, car park management plan and suitable taxi bays in line with TfL guidance to be secured through planning conditions. Progress has been made in resolving some of these issues but further work is still required.

Car Parking

44 The proposal is for 216 parking spaces, 104 more spaces than currently on site, there are no standards against which this can be assessed as hospitals present a special case. The figure of 216 spaces has been calculated by the transport consultant to provide for current demand plus the additional demand from the expansion of the hospital, all on site. The aim of providing all the car parking on site is to relieve local residents of current on-street parking problems caused by parking related to the hospital. Barnet has confirmed that there is currently no intention to provide a Controlled Parking Zone (CPZ) on the residential streets around the site.

45 Car use to access the current site is high, at approximately 70% for both visitors and staff. TfL notes that this figure is high for a public service and it should be actively reduced through parking restraint and behavioural change. In particular for staff where greater restraint and the introduction of innovative methods such as car-pooling and bicycles for staff should be secured. TfL acknowledges that hospitals present a very specific type of development and require car parking to be assessed on a case-by-case basis, it is appreciated that for many patients the only option is to travel by car. There will also be specialists who work certain shifts at various locations through the day and require specialist equipment.

46 TfL requests further information on the locations, level of car parking and accessibility of the GP surgeries that are being relocated to the site. PCTs do not normally provide patient parking for GP surgeries and the transport assessment should assess how the relocation of GP services would impact on the travel choices of patients. TfL has concerns regarding the principle of relocating GP services to a consolidated centre that is not in a more highly accessible location such as a town centre. TfL has also received representations that the figures used to calculate the car parking spaces required, based on the current and future facility, might have been underestimated. Until further work on this has been done, it is not possible for TfL to take a final view on car parking.

47 The development must manage to strike a balance between the clear need for adequate parking onsite and wider aims to avoid unnecessary car journeys, to promote public transport, to improve health, air quality and sustainability; alongside local residents requirements. Further work is required in order for this application to be in general compliance with London Plan Policy 3C.2 'Matching development to transport capacity' and London Plan: consultation draft replacement (October 2009) Policy 6.3 'Assessing transport capacity'.

Highways and trip generation

48 TfL requests an assessment of the Granville Road/ High Road junction operation and suggests using LINSIG but would accept a manual calculation. This should include testing the option to introduce a pedestrian phase as suggested in the transport assessment. This could be on pedestrian demand, therefore, reducing impact on traffic flow. The relative impact at this junction could be significant and should be assessed in the transport assessment, particularly as the transport assessment material identifies that right turn traffic is increasing. TfL cannot provide a detailed view on the proposals within the transport assessment TA without further junction assessment work.

49 TfL has received representations citing potential issues regarding the staff, visitor and patient numbers used in the transport assessment to assess highway impact and calculate car-parking provision. The initial transport assessment did not contain sufficient information for TfL to comment on the accuracy of the visitor numbers provided. TfL requests that the applicant clarifies the current and future numbers provided in the transport assessment in order to address these concerns and conduct further impact assessment and address parking provision accordingly.

Buses

50 It is unlikely that the development will generate sufficient trips to require additional bus capacity to be provided through s106 contributions. The applicant has agreed to a contribution of £20,000 towards bus stop accessibility improvements, this is a particularly important feature when considering the use of the site. This ensures general conformity with London Plan Policy 3C.19 'Improving conditions for buses' and London Plan: consultation draft replacement (October 2009) Policy 6.7 'Buses, bus transits, trams'.

Pedestrians

51 The applicant has agreed to pay £20,000 towards local pedestrian crossing and footway improvements. This is welcome as is the applicant's commitment to providing a segregated path through the site. However, it remains unacceptable that secondary paths through site will not be lit; good quality, frequent lighting should be provided on all pedestrian routes. This will need to be addressed and funded before the proposals can be considered acceptable.

52 TfL also requires clarification on whether a 'walk with traffic' pedestrian crossing is adequate for all users and does not disadvantage those with disabilities, a particularly important point given the nature of the development. These issues must be resolved to ensure the application is in general conformity with London Plan Policy 3C.20 'Improving conditions for walking' and London Plan: consultation draft replacement (October 2009) Policy 6.10 'Walking'.

Cycling

53 The applicant is providing 54 cycle parking spaces for staff and 27 for visitors; this is in line with TfL standards. However, to provide for the mode shift towards cycling, space should be safeguarded for further cycle parking spaces to be provided in the future. Showering and changing facilities would also be provided for staff. The site is also located in close proximity to two London Cycle Network routes. Therefore this application is in general conformity with London Plan Policy 3C.21 'Improving conditions for cycling' and London Plan: consultation draft replacement (October 2009) Policy 6.9 'Cycling'.

Taxis

54 The issue of taxi provision for the hospital is yet to be resolved and this must be agreed before the application is deemed compliant with London Plan Policy 3C.22 'Parking strategy' and London Plan: consultation draft replacement (October 2009) Policy 6.13 'Parking'. There must be appropriate provision for both Taxis and Private Hire Vehicles on-site.

Travel Plans

55 The framework travel plan submitted is of a good standard and the applicant has shown sufficient dedication towards supporting sustainable travel at the site amongst staff, patients and visitors. The travel plan includes a target to reduce car trips by staff by 13% by 2012. Therefore the application is in general conformity with London Plan Policy 3C.2 'Matching development to transport capacity' and London Plan: consultation draft replacement (October 2009) Policy 6.3 'Assessing transport capacity with regard to Travel Plan provision'.

Construction, delivery and servicing

56 A construction management plan has been submitted with the application. A delivery and servicing plan should also be secured by condition which should seek to rationalise servicing with the aim to reduce the total number of trips made and to avoid critical times on the road network. The delivery and servicing plan should identify efficiency and sustainability measures to be undertaken once developments are operational. This would ensure general conformity with London Plan Policy 3C.25 'Freight Policy' and London Plan: consultation draft replacement (October 2009) Policy 6.14 'Freight'.

57 Should this application be granted planning permission, the developer and their representatives are reminded that this does not discharge the requirements under the Traffic Management Act 2004. Formal notifications and approval may be needed for both the permanent highway scheme and any temporary highway works required during the construction phase of the development.

58 Further, Network Planning's initial comments do not prejudice Network Assurance's subsequent decision on the formal notification.

59 To conclude, further work is required on the transport aspect of this application specifically car parking, highways and trip generation, the pedestrian environment, and taxis before it can be deemed acceptable in transport terms and in accordance with relevant policies in the London Plan, in particular policy 3C.2 'Matching development to transport capacity' and London Plan: consultation draft replacement (October 2009) Policy 6.3 'Assessing transport capacity'.

Local planning authority's position

60 The local planning authority position is unknown at the time of writing this report.

Legal considerations

61 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. 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

62 There are no financial considerations at this stage.

Conclusion

63 London Plan policies on health and community provision, open space, urban design, inclusive design, climate change mitigation and adaptation and transport are relevant to this application. The application complies with most of these policies but not with others, for the following reasons:

- **Land use principle:** The re-provision and enhancement the healthcare facilities on this site is consistent with local and strategic healthcare planning policy and is acceptable.
- **Open space and playing fields:** There would be a 9% loss of redundant playing field on the site, however the proposal would create a 100% increase in public access to the new open space and create new playing fields for community use. The open space audit provided, in accordance with PPG17, also concludes that there is a surplus of playing fields in this area of Barnet to further support the proposal.
- **Urban design:** The layout, massing and appearance of the new hospital would be appropriate to its use and be consistent with the context of the surrounding area.
- **Inclusive access:** The access statement demonstrates that the design of the building and all external areas have been designed meet Building Regulations Part M and would be Disability Discrimination Act 2005 compliant in accordance with strategic policy.
- **Climate change mitigation and adaptation:** In mitigation terms the application requires further technical detail as outlined in paragraphs 34-39. With regard to adaptation the application fails to maximise living roofs provision and rainwater harvesting technology.
- **Transport:** The application must be addressed in terms of car parking, highways and trip generation, the pedestrian environment, and taxis before it can be deemed acceptable. In particular policy 3C.2 'Matching development to transport capacity' and London Plan: consultation draft replacement (October 2009) Policy 6.3 'Assessing transport capacity'.

64 Whilst the application is broadly acceptable in strategic planning terms, on balance, the application does not comply with the London Plan.

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

- **Climate change mitigation and adaptation:** The applicant should maximise the area of green roofs and include rainwater-harvesting technology. Further technical detail, as outlined in paragraphs 34-39, is also required. A detailed drainage design strategy should be conditioned by the Council.
- **Transport:** The applicant should address all the transport issues raised in paragraphs 43-59 above.

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