Royal Brompton Hospital, Chelsea Farmers Market and 117-123 Sydney Street
in the Royal Borough of Kensington and Chelsea

planning application nos. PP/16/04357; PP/16/04366; PP/16/04269

Strategic planning application stage 1 referral


The proposal

(1) Demolition of 30 Britten Street and the Imatron building (adjacent Dovehouse Street) to facilitate the extension to the existing Sydney Street Hospital to provide a ground plus 5 storey consolidated healthcare building with 2 storeys of basement and a ground plus 2 basement level imaging centre, together with the associated access, landscape and other works.

(2) Demolition of existing buildings and erection of part 4, part 5 storey buildings with part 1, part 2 storeys of basement to provide a mixed use development comprising 59 residential units, and flexible retail uses (Class A1, A2, A3) and the creation of new publically accessible landscape spaces, associated car, cycle parking, landscaping and amenity and all necessary enabling works.

(3) Conversion and alterations to four Grade II listed buildings at 117-123 Sydney Street for use as 4 residential units at part ground, first and second floors with retail Class A1, A2, A3 at ground and lower ground level.

The applicant

The applicant is the Royal Brompton Hospital and Harefield NHS Trust, the architect is Paul Davi and Partners and the agent is DP9 Limited.

Strategic issues

**Housing:** Further information and discussion is required in relation to the proposed cross subsidy of the hospital works in place of affordable housing provision (paras 32-46)

**Climate change:** The carbon dioxide savings fall short of the target within Policy 5.2 of the London Plan. The applicant should consider the scope for additional measures aimed at achieving further carbon reductions before proceeding to any agreement with the borough for any likely carbon shortfall (paras 66-80).

**Transport:** TfL currently object on the grounds that part of the sites fall within the Crossrail safeguarding zone. Further discussions are required to resolve this objection (paras 83-105)

Recommendation

That the Royal Borough of Kensington and Chelsea be advised that while the scheme is broadly acceptable in strategic planning terms, the application does not fully comply with the London Plan, with the reasons and remedies set out in paragraph 109 of this report.
Context

1 On 14 July 2016 the Mayor of London received documents from the Royal Borough of Kensington and Chelsea (RBKC) 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 25 August 2016 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 principal application is referable under Category 1B of the Schedule to the Order 2008:
   - 1B: Development (other than development which only comprises the provision of houses, flats, or houses and flats) which comprises or includes the erection of a building or buildings — outside Central London and with a total floorspace of more than 15,000 square metres.

3 The two associated applications are not referable in their own right. However, they represent enabling development that will cross subsidise the extension to the hospital and should therefore be reported alongside the principal application.

4 Once the 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.

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

Site description

6 The sites of the three applications are located in close proximity as shown on the following diagram:
The nearest bus stops to all three sites are located on Sydney Street and Fulham Road and in total serve 5 bus routes. The nearest London Underground station is South Kensington station approximately 600m away and Sloane Square 1.1km distant. All three sites record a public transport accessibility level (PTAL) of 6a, on a scale of 1a to 6b, where 6b is the highest, which is considered excellent.

Royal Brompton Hospital

The Royal Brompton Hospital site specifically comprises the Sydney and Chelsea Wings, the Imatron Centre and the National Heart and Lung Institute. The Sydney Street campus forms the main hospital building. Built in the 1980s, it has provided most of the hospital’s principal functions since opening. This building also provides services for other medical institutions such as the Royal
Marsden Hospital. It is linked to the Wings fronting Dovehouse Street via bridge over the servicing ramp. The Sydney Street building is five storeys in height. The main entrance to the hospital is currently located facing Britten Street but accessed off Sydney Street.

9 The Sydney Wing houses several of the Hospital’s key services including Acute and Intensive care, Endoscopy, operating theatres and bed wards. The existing specialist respiratory inpatient facilities are outdated and present many clinical challenges to those delivering care to patients. The Britten Wing, Imatron and 30 Britten Street house an Imaging diagnostic facility with healthcare consultation rooms and some ancillary support rooms. The former Women’s Hospital now known as the ‘Chelsea Wing’ houses consultants’ offices and administrative staff facilities.

10 The Site is bounded to the north by Cale Street and the Royal Marsden Hospital beyond, to the east by Sydney Street and the Grade I listed St Luke’s Church, to the south by Britten Street leading to Chelsea Farmers Market and the Chelsea Gardener and to the west by Dovehouse Street. There are a number of Grade II listed terraced buildings located to the south of the Site across Britten Street (117-123 Sydney Street) at the corner of Britten and Sydney Street. A number of the buildings on the site sit within Chelsea Park and Carlyle Conservation Area including the Chelsea Wing and the Britten wing, as well as the Imatron building. The Sydney Wing and the main car park are outside of the conservation area.

**Chelsea Farmers Market**

11 The site is one of two sites that sit within the Trusts Chelsea medical campus that it is seeking to dispose of to release its value. Located to the south of the Royal Brompton Hospital site the Chelsea Farmers Market is no longer a market but a collection of temporary buildings housing shops and restaurants and a public car park adjacent to 151 Sydney Street. The site is not located within a conservation area and none of the buildings on the site are listed. The Carlyle, Thurloe and Chelsea Conservation areas surround the site.

12 The site is bounded to the north directly by Britten Street and the Royal Brompton Hospital beyond, to the east by Sydney Street, to the south by 151 Sydney Street (a retail and office building) and Dovehouse Green with the A3217 (King’s Road) beyond. To the west is the former Thamesbrook Rehabilitation Unit on Dovehouse Street. There are four Grade II listed terraced buildings located outside the north-eastern section of the Site (117-123 Sydney Street) at the corner of Britten and Sydney Street.

13 The nearest bus stops to all three sites are located on Sydney Street and Fulham Road and in total serve 5 bus routes. The nearest London Underground station is South Kensington station approximately 600m away and Sloane Square 1.1km distant. All three sites record a public transport accessibility level (PTAL) of 6a, on a scale of 1a to 6b, where 6b is the highest, which is considered excellent.

**117-123 Sydney Street**

14 The site is the second of the two sites that sit within the Trusts Chelsea medical campus that it is seeking to dispose of to release its value. 117-123 Sydney Street is occupied by four Grade II listed terraced buildings at the corner of Britten and Sydney Street. The buildings are bounded to the north directly by Britten Street and the Royal Brompton Hospital beyond, to the east by Sydney Street, to the south by a number of retail units, Dovehouse Green and the A3217 (King’s Road) and to the west by the Thamesbrook Rehabilitation Unit leading to Dovehouse Street.
Details of the proposal

15 The main application seeks to develop the Trusts Sydney Street site to provide high quality inpatient facilities for patients with respiratory disease, including cystic fibrosis, and enhance its diagnostic imaging services for patients with suspected lung and heart disease. The development will also provide the opportunity to enhance outpatients and ambulatory care facilities and to improve access and flows around the site.

16 The delivery of an integrated hospital with an extension to Sydney Street is based on a cross-subsidy funding strategy, whereby the Trust intends to dispose of two sites in non-medical use within the property portfolio for development with the benefit of planning permission to finance the Hospital proposals.

Royal Brompton Hospital

17 The demolition of 30 Britten Street and the Imatron building to facilitate the extension to the existing Sydney Street hospital to provide a ground plus five storey consolidated healthcare building with 2 storeys of basement and a ground plus two basement level imaging centre, together with the formation of a new pedestrian entrance along Sydney Street, reconfigured vehicular access, associated landscaping and car parking, plant and all necessary enabling works.

18 The development will provide an extension to the Sydney Street Wing extension on the main car park site that will provide respiratory medicine inpatients accommodation and supporting facilities, re-providing existing facilities in Fulham Wing. Accommodate 92 specialist respiratory patient beds and accommodate clinical services such as Lung Function, the Minimal Dependency Unit, Weaning Unit, Sleep Studies, in addition to the Cystic Fibrosis and General Respiratory Wards.

19 The creation of a new Cardiovascular Magnetic Resonance Unit will accommodate three MRI scanners, replacing the Imatron and 30 Britten Street buildings. The Imaging Centre is entered by staff and patients via the single storey glazed link between the Sydney Wing extension and the Imaging Centre.

20 The hospital entrance on Sydney Street will be reconfigured for staff and visitors, to improve access and wayfinding and enhance the hospital environment. A glazed atrium will provide a covered and rationalised main entrance point for the Hospital. The atrium includes the main reception for the whole Hospital and key circulation. Car parking for the site will be relocated below ground.

Chelsea Farmers Market

21 Demolition of existing temporary buildings and the erection of part four, part five storey buildings with a part 1, part 2 storey of basement to provide a mixed use development comprising 59 residential units, and flexible retail uses (Class A1, A2, A3) and the creation of new publicly accessible landscaped spaces, associated car, cycle parking, landscaping and amenity and all necessary enabling works.

117-123 Sydney Street

22 Conversion and restoration of four Grade II listed buildings at 117-123 Sydney Street for use as 4 residential units at part ground, first and second floors with retail Class A1, A2, A3 at ground and lower ground level.
Case history

Planning permission was originally granted for the use of the Chelsea Farmers Market site as a Farmers Market and Garden Centre in 1986 for a limited period. This has been renewed on 5 separate occasions and two retrospective planning applications were submitted in April 2016 for the continued use for a further period of 5 years up until 2021. Whilst the hospital site has an extensive planning history none of the applications are of particular relevance to the current proposals.

GLA officers hosted a pre-application meeting with the applicant in June 2016. GLA officers welcomed the reduced scope of the overall masterplan and the retention of key heritage assets. In land use and urban design terms the proposed developments were broadly supported. Further information and discussion was required in regards to viability and cross subsidy.

Strategic planning issues and relevant policies and guidance

The relevant issues and corresponding policies are as follows:

- **Principle of development**
  - London Plan;
- **Housing**
  - London Plan; Housing SPG; Housing SPG, Neighbourhoods: Play and Informal Recreation SPG; Shaping Neighbourhoods: Character and Context SPG; Draft Housing SPG;
- **Urban design**
  - London Plan; Shaping Neighbourhoods: Character and Context, SPG; Housing SPG; London Housing Design Guide; Shaping Neighbourhoods: Play and Informal Recreation SPG;
- **Inclusive design**
  - London Plan; Shaping Neighbourhoods: Accessible London: Achieving an Inclusive Environment SPG
- **Climate change mitigation**
  - London Plan; Sustainable Design and Construction SPG; Mayor’s Climate Change Adaptation Strategy; Mayor’s Climate Change Mitigation and Energy Strategy; Mayor’s Water Strategy
- **Flood risk and drainage**
  - London Plan; Mayor’s Water Strategy;
- **Transport**
  - London Plan; the Mayor’s Transport Strategy; Mayoral Community Infrastructure Levy; Crossrail SPG

For the purposes of Section 38(6) of the Planning and Compulsory Purchase Act 2004, the development plans in force for the area are is the Royal Borough of Kensington and Chelsea Consolidated Local Plan 2015, Core Strategy Proposals Map 2010 and Unitary Development Plan Extant Policies 2002 and the London Plan 2016 (Consolidated with Alterations since 2011).

The following are also relevant material considerations:

Principle of development

Royal Brompton Hospital

28 The Royal Brompton Hospital is national and international leader in the treatment of heart and lung disease. It is the only specialist heart and lung unit in the country that treats both children and adults. The existing specialist respiratory inpatient facilities are outdated and present many clinical challenges to those delivering care to patients. The facilities are in need of modernisation and expansion for delivering specialist respiratory care that incorporates technological advances in patient care.

29 The proposed development will redevelop the Sydney Street site to provide high quality inpatient facilities for patients with respiratory disease, including cystic fibrosis, and enhance its diagnostic imaging services for patients with suspected lung and heart disease. The new developments will also provide the opportunity to enhance outpatients and ambulatory care facilities and to improve access and flows around the site. The investment in improved healthcare facilities is strongly supported in accordance with London Plan Policy 3.2 Improving health and addressing health inequalities and London Plan Policy 3.16 Protection and enhancement of social infrastructure.

Chelsea Farmers Market

30 The site is currently occupied by a collection of temporary buildings housing shops and restaurants and a public car park. The proposed development will provide 59 residential units and 1,455 sq.m (GIA) of retail floorspace. London Plan Policy 3.3 Increasing housing supply confirms the pressing need for more homes and the proposals to provide new homes is supported. Whilst the site is not located within an identified shopping centre, the principle of retail use is established by the current uses on site. The proposals will re-provide a similar amount of retail to that presently on site, which is supported in accordance with London Plan Policy 4.8 Supporting a successful and diverse retail sector and related facilities and services.

117–123 Sydney Street

31 The proposals will restore the Grade II listed buildings into viable use for retail and residential, which is supported in accordance with London Plan Policies 3.3 and 4.8, London Plan Policy 7.8 Heritage assets and archaeology and London Plan Policy 7.9 Heritage-led regeneration.

Housing

32 London Plan Policy 3.3 confirms the pressing need for more homes and seeks to increase supply setting an annual monitoring target for RBKC of 733 additional homes per year between 2015 and 2025.

Chelsea Farmers Market

33 The scheme proposes the delivery of 59 new homes and would provide the following mix of residential units:

<table>
<thead>
<tr>
<th>1 Bed</th>
<th>2 Bed</th>
<th>3 Bed</th>
<th>4 Bed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 (31%)</td>
<td>15 (25%)</td>
<td>22 (37%)</td>
<td>4 (7%)</td>
<td>59</td>
</tr>
</tbody>
</table>
London Plan Policy 3.8 requires new developments to offer a range of housing choices, in terms of sizes and types, taking account of the housing requirements of different groups and the challenging roles of different sectors, including the private rented sector. The proposed residential accommodation comprises a range of unit sizes from one bed to four bed flats with a high proportion (44%) of family units, which is welcomed. The Council should confirm that the proposed mix reflects its own housing requirements and its understanding of local demand.

The play space requirements based on the estimated child yield of the development have been calculated using the guidance contained in the Mayor’s Shaping Neighbourhoods: Play and Informal Recreation SPG. The estimated child yield is 9 children, which generates a play space requirement of 88.8 sq.m. Play space provision should be provided on-site and details, including the amount and location should be provided before the Mayor considers the application again to ensure compliance with London Plan Policy 3.6 Children and young people’s play and informal recreation facilities.

London Plan Policy 3.4 Optimising housing potential requires development to optimise housing output for different locations taking into account local context and character, design principles set out in London Plan Chapter 7 and public transport capacity. Based on the characteristics of the site, it can be regarded as having a ‘central’ setting within the CAZ and with a 6 PTAL rating the density matrix in the London Plan suggests an indicative range of 650–1100 habitable rooms per hectare. The residential density figure for the development, based on the net residential site area, is 420 habitable rooms per hectare. Whilst the density of the scheme is lower than the density matrix guideline, this is acceptable in the context of the height and massing of the development in the context of the surrounding townscape.

Affordable housing

London Plan Policy 3.12 Negotiating affordable housing... requires borough councils to seek the maximum reasonable amount of affordable housing when negotiating on individual private residential and mixed-use schemes. London Plan Policy 8.2 Planning obligations makes it clear that affordable housing is a particular priority when securing developer contributions.

As previously discussed the Trust is seeking to modernise and expand its Sydney Street site to allow it to deliver the highest standard of patient care and remain an international leader in the treatment of heart and lung disease. The delivery of the hospital works is based on a cross-subsidy funding strategy, whereby the Trust intends to dispose of the other two non-medical sites described above. In order to maximise capital receipts the Trust is seeking planning permission for the residential-led redevelopment of these two sites without a requirement to provide on-site affordable housing. The Trust is proposing that the developer contribution towards the provision of affordable housing is redirected towards the hospital works via a suitably worded section 106 planning obligation requiring the proceeds obtained from the sale of the sites be ring fenced and only used to facilitate the hospital works with any surplus value over and above the cost of the hospital works be provided as a contribution towards the provision of affordable housing elsewhere in the Borough.

A financial viability appraisal (FVA) submitted in support of the applications has assessed the residual value of the combined sites by subtracting the costs associated with delivering the schemes from their gross development value. It has then calculated the difference between the residual value and the hospital works. In summary the FVA concludes that the schemes cannot support any affordable housing either through on-site delivery or as a payment in lieu, as the costs of the hospital redevelopment works substantially exceed the residual value of the sites. The FVA has modelled indicative schemes with varying levels of on-site affordable housing. The table below shows the residual value of the schemes as a percentage of the construction costs for the hospital works.
<table>
<thead>
<tr>
<th>Affordable housing provision</th>
<th>Residual value as % of cost of hospital works</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% on site affordable</td>
<td>25%</td>
</tr>
<tr>
<td>20% on site affordable</td>
<td>56%</td>
</tr>
<tr>
<td>10% on site affordable</td>
<td>66%</td>
</tr>
<tr>
<td>5% on site affordable</td>
<td>71%</td>
</tr>
<tr>
<td>0% on site affordable</td>
<td>76%</td>
</tr>
</tbody>
</table>

40 As shown in the table above, the costs of the hospital works exceed the land value of the sites with or without the provision of on-site affordable housing. With no on-site affordable housing there would still be a significant funding gap and the Trust must set out clearly how they intend to bridge the gap. In doing so the Trust must demonstrate that all alternative means of funding the hospital works have been exhausted including NHS funding, charitable donations, sale of other assets and finance. Commentary should also be provided on the impact that providing on-site affordable housing will have on the Trust’s ability to bridge the funding gap.

41 The FVA is currently being independently assessed by consultants on behalf of the Council. The assessment should seek to confirm the maximum reasonable amount of affordable housing that could be delivered by the non-medical sites independent of any requirement to cross subsidise hospital works. The appraisal assumptions within the submitted FVA will need to be rigorously interrogated including the cost of the hospital works, which should be independently assessed by a cost consultant. The independent assessment should be shared with GLA officers for further discussion prior to second stage referral to the Mayor.

42 As discussed in the Transport section the Chelsea Farmers Marker site is subject to a Crossrail safeguarding and as result TfL objects to the proposals as they currently stand. Officers have been in discussion with the Trust aimed at resolving this issue in order to unlock the value of the sites and expedite the hospital works. The discussions have centred on a section 106 obligation that restricts the development until the safeguarding is no longer necessary, which would require an extended period of consent for the non-medical sites. In the event that a private tender sale is not possible as a result of continuing safeguarding, then the Trust expects to be able to reach agreement with TfL regarding the terms of a commitment to purchase at an agreed level once the Hybrid Bill is passed by Parliament. In this scenario, the Trust would secure bridge financing to fund the hospital works which would then be repaid once TfL exercise their right to purchase the residential sites and funds are transferred. Given that commencement of the residential development could be delayed in this scenario further discussion is required to agree a suitable form of review mechanism.

43 Whilst the London Plan is clear that affordable housing is a strategic priority when negotiating planning obligations, importance should also be given to social infrastructure. The provision of additional specialist respiratory facilities is a significant public benefit and in these exceptional circumstances consideration can be given to affording it priority over the provision of affordable housing. However, the above comments should be addressed to properly weigh the benefits of on-site affordable housing against those of the hospital works. GLA officers will continue to work with Council and the Trust to deliver the hospital works and maximise the public benefits of the development proposals.
Residential quality

44  London Plan Policy 3.5 promotes quality in new housing provision and sets out minimum space standards at Table 3.3. As of 1 October 2015 the Government’s technical housing standards came into effect, and these have been adopted through a minor alteration to the London Plan and set out in detail within the Mayor’s Housing SPG.

45  The layout of the development allows for a high proportion of dual aspect units and ground floor units with private entrances. The cores are not accessible by more than eight units per floor. Internally, all units meet or surpass the overall minimum unit floor area and the minimum internal room space standards. In terms of external amenity space the development exceeds the minimum standards of the SPG. The amenity space proposed within the development is in the form of private terraces, balconies and roof terraces and a communal courtyard garden. A daylight assessment should be carried out and provided to demonstrate that the proposed units are adequately lit.

117–123 Sydney Street

46  The restoration of the Grade II listed terraced buildings to provide four residential units would result in a net gain of three new residential units at the site, which is supported. The proposals represent minor development that raise no strategic housing issues.

Urban design

47  Good design is central to all objectives of the London Plan and is specifically promoted by the policies contained within chapter seven which address both general design principles and specific design issues.

Royal Brompton Hospital

48  The hospital site consists of an ad-hoc collection of historic and modern buildings including permanent and more temporary structures. The current entrance situation is ill defined and not ideally situated with both vehicular traffic and pedestrians entering the site via the main car park, off Sydney Street, onto which the Hospitals main entrance faces. This carpark also accommodates ambulance drop off and ambulance parking, delivery and servicing as well as a mobile scanning unit. The current arrangement results in a range of traffic and movement issues and creates a poor pedestrian environment. The existing clinical accommodation is disparate and outdated, presenting a number of challenges to the delivery of high quality care.

49  The proposed extension building to the Sydney Wing, where the main car park is currently located, would create a civic building with a well-defined entrance opposite St Luke’s Gardens. The extension houses 92 beds with day spaces, nurse bases, associated support spaces and plant. This building re-provides an enhanced acute respiratory in patient service. A double level car park and service yard below the extension would rationalise the movement of service vehicles, ambulances, staff parking and patient vehicles. The new entrance and glazed atrium would connect and rationalise the operation of the existing buildings, which will undergo some internal reconfiguration. A single storey pavilion building with two basement levels will provide a consolidated imaging centre connected via a glazed walkway.
The five storey extension building is similar in height to the existing Sydney Wing building, which would also be increased by the addition of screened plant. The height and massing strikes a balance between providing an appropriate relationship with the surrounding townscape and providing sufficient clinical accommodation to achieve the best model of care. The extension will create a civic building that defines the junction of Britten Street and Sydney Street. The proposals include a single-storey pavilion building within the Chelsea Park and Carlyle conservation area, which would be modest in height compared to its neighbours.

The proposals involve the demolition of 30 Britten Street and the Imatron building. A number of the buildings on the site sit within Chelsea Park and Carlyle Conservation Area including the Chelsea Wing and the Britten wing, as well as the Imatron building. The Imatron building is a post-war pre-fabricated building, which detracts from the appearance of the conservation area and its demolition and replacement with a high quality building, the imaging centre, will preserve and enhance the character and appearance of the conservation area. 30 Britten Street lies outside of the conservation area and is a Victorian building of good quality but no special architectural or historic interest and its demolition does not raise any strategic concerns.

There are two listed buildings adjacent to the proposed Sydney Wing extension, the Grade I listed St Luke’s Church and the Grade II listed 117-123 Sydney Street, which is the subject of one of the associated applications. Whilst the extension building will be significantly taller that these listed buildings, it would be no taller than the existing Sydney Wing and would redefine the weak urban form created by the surface level car park by replacing it with a civic building of high quality architecture and materials. The proposals would also provide a new entrance that forms a better relationship with the church.

The proposed Sydney Wing extension would be clad predominately in a light coloured brick with Portland stone dressings at the ground floor and opaque glass panels on the higher levels. The extension to the hospital requires the addition of further rooftop plant: the scheme, therefore, includes a lightweight, perforated metal screen, which is set back from the facade in order to conceal both existing and additional plant and ensure a more coherent appearance to the roofline. The single storey imaging centre would be set back from Dovehouse Street behind the existing red brick wall. Rectangular in plan, with a flat, planted green roof, it would be clad in red brick with reconstituted stone dressing. High quality materials and detailing should be secured by a suitably worded condition.

The landscape strategy seeks to improve permeability, wayfinding and access in and around the site. It also seeks to create defensible space and visual amenity for patients inside the buildings, whilst creating a contextual landscape that responds to the wider townscape. The implementation and maintenance of a detailed landscape plan should be secured by a suitably worded condition.

Overall the proposals will greatly improve the layout and function of the hospital site and provide a significant amount of new clinical accommodation. The proposals retain the historic buildings which make a positive contribution to the conservation area, the Chelsea Wing and the Britton Wing. As a whole the development responds sensitively to its historic context and would not cause harm to the setting of nearby listed buildings or the character and appearance of conservation areas including the Chelsea Park / Carlyle Conservation Area and the Chelsea Conservation Area. Accordingly the proposals comply with London Plan Policies 7.1 Lifetime neighbourhoods, 7.4 Local Character, 7.5 Public realm, 7.6 Architecture, 7.8 Heritage assets and archaeology, 7.9 Heritage led regeneration.
56 The site contains an eclectic mix of low rise “shed-like” buildings that currently occupy the majority of the site in retail use. There is a public car park which has been partly raised above ground level and another car park opening onto Britten Street. There is a series of iron railings, between brick piers on the Sydney Street boundary and a disused male and female toilet block. The site has a number of large trees to the southern car park that will require removal to accommodate development. The proposals involve the demolition of the existing buildings on site, in order to provide high quality mixed use scheme, which is supported.

57 The site is not located within a conservation area and does not contain any listed buildings. However, it is surrounded on all sides by conservation areas with the Royal Hospital Conservation Area to the south, the Cheyne Conservation area to the south-west, Chelsea Park / Carlyle Conservation Area to the west and the Chelsea Conservation Area to the east. Consideration should also be given to the setting of the Grade II listed 117–123 Sydney Street and the Grade I listed St Luke’s Church.

58 The proposals comprise the development of four buildings connected by a combined lower ground floor and basement. A four plus set back five storey curved block would provide a defined street frontage to Britten Street where currently one of the car parks is located. A three storey plus mansard apartment block replaces an existing single storey structure on Sydney Street, providing a contemporary take on the traditional terrace to respond to the listed terrace of 117–123 Sydney Street and the terraced buildings on the opposite side of the street. A five plus setback six storey block perpendicular to Sydney Street sits between a new garden square and retail square responding to the scale of the historic 151 Sydney Street and modern buildings on the opposite side of the street. The placement of the building between the two squares creates a fine grained rhythm to the street pattern. A retail pavilion defines the other side of the retail square. The proposed building are predominantly brick with stone cladding.

59 The proposals represent a high quality development that responds sensitively to its historic context with appropriate scale, design and materials. The development will have a number of positive effects upon the character of the area, defining strong building lines, widening footways and creating new and enhanced urban spaces. The development relates well to nearby heritage assets and generally enhance their setting. Accordingly the proposals comply with London Plan Policies 7.1 Lifetime neighbourhoods, 7.4 Local Character, 7.5 Public realm, 7.6 Architecture, 7.8 Heritage assets and archaeology, 7.9 Heritage led regeneration.

60 London Plan Policy 3.5 promotes quality in new housing provision and sets out minimum space standards at Table 3.3. As of 1 October 2015 the Government’s technical housing standards came into effect, and these have been adopted through a minor alteration to the London Plan and set out in detail within the Mayor’s Housing SPG.

61 The layout of the development allows for a high proportion of dual aspect units and ground floor units with private entrances. The cores are not accessible by more than eight units per floor. Internally, all units meet or surpass the overall minimum unit floor area and the minimum internal room space standards. In terms of external amenity space the development exceeds the minimum standards of the SPG. The amenity space proposed within the development is in the form of private terraces, balconies and roof terraces and a communal courtyard garden.
Inclusive design

London Plan Policy 7.2 seeks to ensure that new development achieves the highest standards of accessible and inclusive design.

Royal Brompton Hospital

The design of the proposals seek to minimise long travel distances within the facility and will deliver a wide range accessibility improvements to the hospital. A drop off point is located close to one side of the entrance. Five car parking spaces for Blue Badge holders have been identified in close proximity to the Sydney Wing. The provision of blue badge parking should be secured through condition to ensure compliance with London Plan Policy 7.2.

Chelsea Farmers Market

Level/step free and unobstructed access to each block, either with direct access from the street or from a circulation core located off the street or communal gardens at Ground and Lower Ground levels. Blue badge parking is provided at basement level accessed via car lift and with lift access to upper storeys. Six units (representing 10% of accommodation across the site) are designed to be ‘wheelchair adaptable’ to Part m2 (3) standards. These are located in Britten Block (4 no.) and Sister Block (2 no.) that have the most suitable configurations for adaptation being single storey. These are across a range of unit types, being 1, 2 and 3 bed apartments. The provision of wheelchair units and blue badge parking should be secured through condition or legal agreement to ensure compliance with London Plan Policy 7.2.

Climate change mitigation

Energy efficiency

With regards to the Royal Brompton Hospital and Chelsea Farmers Market a range of passive design features and demand reduction measures are proposed to reduce the carbon emissions of the proposed development. Both air permeability and heat loss parameters will be improved beyond the minimum backstop values required by building regulations. Other features include low energy lighting, low specific fan power air handling units for the hospital extension and high performance MEP services throughout all uses.

The demand for cooling will be minimised through reduced g-value for both residential and hospital elements and Mechanical Ventilation Heat Recovery (MVHR) where possible. All residential units will be supplied with high efficiency comfort cooling via chillers and fan coil units. The retail areas will utilise VRF units for both heating and cooling, due to their shell and core nature and their limited area. The hospital areas will include high efficiency chillers and DX units.

An Overheating Analysis using thermal dynamic modelling has been undertaken to assess the overheating risk within the conditioned areas of the residential building; its results demonstrate that the sample apartments tested do not overheat when natural ventilation is provided and blinds are closed. However, due to safety reasons (ground floor apartments) this may not always be feasible. In more extreme weather, therefore, some apartments may overheat but allowance for mechanical cooling has been made to all apartments to mitigate this issue.
The mixed-use residential development is estimated to achieve a reduction of 23 tonnes per annum (8%) in regulated CO\textsubscript{2} emissions compared to a 2013 Building Regulations compliant development. However, based on the information provided, the site-wide development and the hospital extension do not appear to achieve any carbon savings from energy efficiency alone compared to a 2013 Building Regulations compliant development.

Although a number of constraints due to the building’s nature have been outlined and these are acknowledged, the applicant is still encouraged to investigate and model additional energy efficiency measures and commit to the development exceeding 2013 Building Regulations compliance through energy efficiency alone.

With regards to the four Grade II listed residential units and associated retail units, the applicant has improved upon the existing fabric wherever possible and has introduced upgraded services within apartments and retail units. The modelling results demonstrate that a 45% reduction in CO\textsubscript{2} emissions against the existing development is achievable for the residential units and circa 57% improvement is expected for the retail elements. In addition, the new refurbished elements are expected to be compliant with the Part L 2013 requirements. Due to the planning restrictions on listed buildings and the limited or unfeasible upgrades on the majority of the fabric elements, the above performance is considered acceptable and all improvements are welcomed.

District heating

The applicant has carried out an investigation and there are no existing or planned district heating networks within the vicinity of the proposed development. The applicant should, however, provide a commitment to ensuring that both developments (i.e. mixed-use residential development and Royal Brompton Hospital development) are designed to allow future connection to a district heating network should one become available.

The applicant is proposing a centralised Low Temperature Heat Water (LTHW) system for each site. The applicant has stated that the retail pavilions will be served by separate VRF air source heat pumps as they are located outside of the boundary area to which LTHW and CHW pipework from the energy centre could connect. The applicant should confirm that all apartments and non-domestic building uses will be connected to the site heat network. A drawing showing the route of the heat network linking all buildings on the site should be provided. If such a connection is not feasible, the applicant should provide robust justification as to why.

In addition, the applicant should investigate the option of providing an area wide heat network where both the mixed-use residential development and the Royal Brompton Hospital development will be interlinked. The applicant is proposing that two energy centres are installed to supply the site. Information on the area, location and layout of the residential development energy centre has been provided. Similar information is required for the Royal Brompton Hospital development energy centre. The applicant should further investigate how the number of energy centres can be minimised.

Combined heat and power

The applicant is proposing to install a 100 kWth gas fired CHP unit for the residential units and another CHP for the Royal Brompton Hospital development as the lead heat source for each of the site’s heat networks. The residential CHP is sized to provide the domestic hot water load, as well as a proportion of the space heating leading to a 60% contribution for the residential elements. A reduction in regulated CO\textsubscript{2} emissions of 279 tonnes per annum (33%) will be achieved through this second part of the energy hierarchy for the site-wide development.
Further information on the Royal Brompton Hospital development CHP should be provided including the size of the engine proposed (kWe/kWth) and the proportion of heat met by the CHP. The plant efficiencies used when modelling carbon savings should be based on the gross fuel input for gas rather than the net values often provided by manufacturers.

As already mentioned above, the applicant should investigate the option of a linked system between the two sites with the option of a larger single CHP unit supplying both the residential and hospital elements. Larger CHP engines are known to deliver greater carbon savings and offer an optimum performance compared to smaller units.

Renewable energy technology

The applicant has investigated the feasibility of a range of renewable energy technologies and is proposing to install photovoltaic (PV) panels and air source heat pump (ASHP) systems. The applicant is proposing 100sq.m. PV technology for the Britten Street Block roof of the mixed-use residential development and 190sq.m. for the Sydney Street hospital extension. A roof layout for both installations has been provided.

The applicant is proposing variable refrigerant flow (VRF) systems in the form of ASHPs for the retail areas of the mixed-use residential development and the Imaging Centre of the Royal Brompton Hospital development. In order to demonstrate compliance with the energy hierarchy the use of CHP should be optimised before considering the use of renewables for heating. Further information should be provided on how the ASHPs proposed will not impact on the optimisation of the CHP system and on ensuring that the development is designed to connect to district heating in the future. The applicant should also provide information on the control strategy for ensuring that any air conditioning system installed on site is only used when needed.

Overall carbon savings

A reduction of 226 tonnes of CO₂ per year in regulated emissions compared to a 2013 Building Regulations compliant development is expected, equivalent to an overall saving of 26%. The carbon dioxide savings fall short of the target within Policy 5.2 of the London Plan. The applicant should consider the scope for additional measures aimed at achieving further carbon reductions before proceeding to any agreement with the borough for any likely carbon shortfall.

Flood risk and sustainable drainage

The sites are located within Flood Zone 1. However, the Environment Agency website indicates that there are areas of high and medium surface water flood risk in and around the Royal Brompton Hospital site. These are fairly isolated and may indicate some slightly lower topographic areas. The applicant is advised to ensure that appropriate mitigation measures are in place to protect against the possibility of localised surface water flooding in the event of heavy rainfall. However, in principle the proposals are considered acceptable in terms of London Plan Policy 5.12.

Drainage Strategies have been submitted in support of the Royal Brompton Hospital and Chelsea Farmers Market applications. These indicate that surface water flows will be restricted by at least 50% through the use of basement level attenuation tanks. The proposals are considered acceptable in terms of London Plan Policy 5.13.
Transport for London

Crossrail

83 London Plan policy 6.2 (Providing Public Transport Capacity and Safeguarding Land for Transport) advises that development proposals which do not provide adequate safeguarding for schemes outlined in Table 1 (which includes Crossrail 2) should be refused. Paragraph 41 of the National Planning Policy Framework (NPPF) is clear that boroughs should identify and protect where there is robust evidence, sites and routes which could be critical in developing infrastructure to widen transport choice and Crossrail 2’s inclusion in table 1 should be taken as evidence that this is the case.

84 The proposals for the Chelsea Farmers Market site are therefore contrary to London Plan Policy in that the footprint of the proposed buildings falls within a worksite boundary and the designs for the permanent works for a station and vent shaft at Kings Road. Although discussions are currently underway between GLA officers, TfL, the applicant and RBKC officers to seek to resolve the safeguarding restricting the development on the Farmers Market site, TfL objects to the applicant as it currently stands. To resolve the objection discussions have centred on a section 106 obligation that restricts development until the safeguarding is no longer necessary, along with an extended period of consent.

85 The Hospital site also includes the Chelsea Farmers Market land within the red line boundary. A revised site location plan excluding the Chelsea Farmers Market land from the red line boundary would overcome this objection to the Hospital development subject to the imposition of a condition requiring noise and vibration mitigation measures to minimise the impact of Crossrail 2 during construction in particular of the proposed Kings Road station and subsequently during operation. However until such amended plans have been submitted TfL objects to this planning application.

86 As the Sydney Street site is outside the Area of Surface Interest/worksite for the proposed station TfL has no safeguarding objections to the grant of permission for the development put forward in the current application subject also to the imposition of a condition requiring noise and vibration mitigation measures.

Trip generation and public transport impact

87 The approach to trip generation and modal split is acceptable and in line with London Plan Policy 6.3. The demand associated with each of the developments and cumulatively has been assessed and this can be accommodated on the local public transport and highway network.

Site access and drop off/pick up

Royal Brompton Hospital

88 The proposed development includes the provision of a main pedestrian access on Sydney Street. There is also a drop off/pick up area proposed directly adjacent to the new entrance which can accommodate up to five cars and which could be used by taxis and pre booked Private Hire Vehicles as well as private cars. The facility will require the suspension and relocation of on street car parking bays, four of which are Blue Badge spaces; it is proposed these are to be relocated elsewhere along Sydney Street and nearby streets.
The proposed development includes the provision of a main pedestrian access on Sydney Street. There is also a drop off/pick up area proposed directly adjacent to the new entrance which can accommodate up to five cars and which could be used by taxis and pre booked Private Hire Vehicles as well as private cars. The facility will require the suspension and relocation of on street car parking bays, four of which are Blue Badge spaces; it is proposed these are to be relocated elsewhere along Sydney Street and nearby streets. Cycle parking is located to the north west of the site adjacent to the current motorcycle parking area. The access arrangements do not raise any strategic issues and the Council should confirm that they are acceptable as the relevant highway authority.

Chelsea Farmers Market

Vehicular access to the site would be provided on Britten Street via a single car lift to a basement car park. The location of the proposed car lift will require the suspension and relocation of existing on street car parking bays. Cycle parking will also be accessed via the car lift it would be TfL’s preference that a dedicated cycle lift was provided within the development. The access arrangements do not raise any strategic issues and the Council should confirm that they are acceptable as the relevant highway authority.

Car and cycle parking

Royal Brompton Hospital

The application scheme includes 33 car parking spaces at basement level; 18 for staff and 15 for visitors; it needs to be clarified whether visitor parking is intended for out patients or visitors of patients in the hospital. Given the limited provision and the excellent public transport, it is recommended that these spaces are limited to only patients with evidenced medical or mobility needs in accordance with a management plan. Justification should also be submitted for the staff car parking and limits on its use be imposed accordingly, again through an appropriate management plan.

There are no Blue Badge car parking spaces proposed due to the limited space in the basement. As per the existing arrangement, the hospital security team will park vehicles with provision being made for adapted vehicles in the proposed ambulance lay over area. Whilst the space constraints are understood, it is recommended that the applicant considers whether Blue Badge spaces and access suitable for disabled people can be provided in the car park. This would limit use of the ambulance lay over area to Blue Badge holders’ vehicles which will not fit into the basement.

14 ambulance spaces are proposed in the layover area of which one is dedicated to emergency ambulance drop off and another to non-emergency patient transfers. It should be clarified if any of these spaces are to be used by the Royal Marsden Hospital next door as well as the Royal Brompton Hospital and a management plan is recommended.
16 long stay cycle spaces for the staff and three short stay spaces are proposed in the basement; this is in addition to the existing 90 cycle spaces on site. This provision is acceptable in the circumstances and based on the additional number of staff expected on site is in accordance with London Plan (2015) policy 6.13. The location of the spaces will need to be clearly shown on plans and management arrangements conditioned to ensure safe and easy access for cyclists to and from the basement and the existing cycle parking.

A hospital travel demand management plan should be submitted and secured by condition which should seek to spread the demand for travel across the day so far as is possible and make the maximum use of the cycle and vehicle parking, lay over and drop off/pick up space which can be provided on this constrained site.

**Chelsea Farmers Market**

The residential element of the redevelopment includes 30 car parking spaces, six of which will be allocated as Blue Badge parking spaces. The applicant is encouraged to reduce car parking given the excellent PTAL the site achieves. Nonetheless the London Plan compliant provision of Blue Badge parking spaces is welcomed. 40% of the car parking spaces are to be equipped with active electric vehicle charging points (EVCP) which is in accordance with London Plan (2015) Policy 6.13.

102 long stay cycle parking spaces for residents are proposed which also meets London Plan standards. However all these spaces would be in the basement with access only via the car lift. It is recommended that a dedicated cycle lift also be provided. Two short stay cycle spaces for the residents’ visitors will be provided in the form of Sheffield stands in the public realm area by the retail pavilion. This provision is in accordance with London Plan (2015) Policy 6.13.

16 long stay spaces are proposed for staff of the retail units and 24 short stay spaces for visitors are proposed in the public realm area. Whilst the long stay provision is accepted it needs to be clarified whether these are to be in a secure cycle store. The short stay provision assumes that the retail unit is to be an A1 (food-retail) use only whereas the TA describes a flexible use including A1 (non food retail), A2 and A3 uses for which a higher level of cycle parking would be required. Cycle parking should therefore be increased accordingly to cater for the additional demand as in London Plan standards or alternatively the use of the unit limited to just A1 (food) retail.

**117-123 Sydney Street**

4 cycle spaces are to be provided for the residential units however an additional cycle space for visitors should be provided. There is no cycle provision for the proposed retail units to be in accordance with London Plan (2015) both long stay and short stay provision should be made.

**Walking and cycling**

Given that the hospital will be visited by many people unfamiliar with the area and including those with mobility difficulties, an audit should be undertaken of signing and routes between the site and bus stops and stations. If any deficiencies are identified these should be addressed via condition or Section 106 obligation as appropriate. TfL can confirm that the bus stops already meet accessible bus stop guidance.

**Delivery and Servicing**
Servicing for the residential units is proposed on street whilst that for the Hospital is to take place in a dedicated service yard on the lower ground floor. In line with London Plan policy 6.13 the management of this activity should be secured by condition within a detailed Delivery and Servicing Plan (DSP).

Construction logistics

A Construction Traffic Management Plan (CTMP) has been submitted for the Hospital and residential elements of the scheme. These are generally of good quality and do not affect the TLRN. They should be secured by condition or Section 106 agreement, as appropriate.

Travel plan

A hospital travel plan and residential travel plan have been submitted which satisfies the requirements of London Plan policy 6.3. Any subsequent detailed travel plan(s) shall be required to be secured, funded and monitored through a Section 106 agreement.

Planning obligations

In accordance with London Plan Policy 8.3, the Mayoral Community Infrastructure Levy (CIL) came into effect on 1st April 2012. All new developments that create 100 square metres or more of additional floor space are liable to pay the Mayoral CIL. The levy for Royal Borough of Kensington and Chelsea is £50 per square metre of additional floor space.

Local planning authority’s position

The Council is currently assessing the application and a date has not been set for the application to be presented to planning committee.

Legal considerations

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

There are no financial considerations at this stage.
Conclusion

London Plan policies on housing, design, inclusive access, flood risk, sustainable drainage, climate change and transport are relevant to this application. The application broadly complies with the London Plan however, further information and/or confirmation, as detailed below is required to comply fully.

- **Housing:** Further information and discussion is required in relation to the proposed cross subsidy of the hospital works in place of affordable housing provision;

- **Climate change:** The carbon dioxide savings fall short of the target within Policy 5.2 of the London Plan. The applicant should consider the scope for additional measures aimed at achieving further carbon reductions before proceeding to any agreement with the borough for any likely carbon shortfall.

- **Transport:** TfL currently object on the grounds that part of the sites fall within the Crossrail safeguarding zone. Further discussions are required to resolve this objection.

for further information, contact GLA Planning Unit (Development & Projects Team):

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