Former London Chest Hospital, Bethnal Green

in the London Borough of Tower Hamlets

planning application no. PA/16/03342/A1

Strategic planning application stage 1 referral

The proposal
Demolition of all existing buildings (excluding Main Hospital Building and sanitation tower) and provision of 300 residential units and 470 sq.m. community use floorspace. The new residential units will be located within an enlarged and refurbished Main Hospital Building and within three new buildings rising to a maximum of 8 storeys.

The applicant
The applicant is Crest Nicholson and the architect is GRID Architects.

Strategic issues
Principle of development: the release of the majority of this site from its former healthcare use to enable the delivery of a significant number of residential units, including affordable housing and new social infrastructure facilities is accepted in principle. The Council should confirm that no alternative form of social infrastructure is needed as part of the sites redevelopment.

Heritage: the retention and restoration of the Grade II Listed Main Hospital Building including the sanitation tower and open cast iron balconies, the front lawn gardens and the mature trees, and railings around the perimeter of the site will deliver significant heritage benefits and is strongly supported. The loss of the Grade II Listed South Wing will cause some less than substantial harm. The applicant must make a significantly enhanced affordable housing offer in order to support the public benefits justification to outweigh this harm in line with London Plan policies 7.8 and Policy HC1 of the draft London Plan.

Affordable housing: the proposed 28% offer proposed is wholly unacceptable on this former public land site. The financial viability assessment is currently subject to robust interrogation by GLA officers to ensure that the maximum contribution is delivered in accordance with policies H5 and H6 of the draft London Plan and policies 3.11 and 3.12 of the London Plan.

Further revisions and discussion is sought with respect to the above-mentioned points, and others associated with residential quality, inclusive access, energy, arboriculture, and transport.

Recommendation
That Tower Hamlets be advised that the application does not comply with the London Plan and draft London Plan, for the reasons set out in paragraph 51 of this report; but that the possible remedies set out in this paragraph could address these deficiencies.
Context

1 On 16 December 2016 the Mayor of London received documents from Tower Hamlets Council notifying him of a planning application of potential strategic importance to develop the above site for the above uses. Following further discussions with key stakeholders, substantial revisions to the application were proposed and these were submitted to the Council on 17 November 2017 and received by GLA officers on 12 December 2017. Under the provisions of The Town & Country Planning (Mayor of London) Order 2008 the Mayor has until 22 January 2018 to provide the Council with a statement setting out whether he considers that the application complies with the London Plan and draft 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 categories 1A and 1B of the Schedule to the Order 2008:

- **1A** – “Development which comprises or includes the provision of more than 150 houses, flats, or houses and flats.”

- **1B(c)** – 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 of Central London and with a total floorspace of more than 15,000 square metres.”

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

4 The environmental information for the purposes of the Town and Country Planning (Environmental Impact Assessment) Regulations 2011 has been taken into account in the consideration of this case.

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 approximately 1.6 hectare application site comprises the former London Chest Hospital buildings and gardens in Bethnal Green and is situated to the south west of Victoria Park in the London Borough of Tower Hamlets. The site is triangular in shape and is bounded by Bonner Road to the south, Approach Road to west and St James’s Avenue to the east.

7 In April 2016, the main hospital building, sanitation tower, south wing, entrances gates, railings, dwarf walls and Victorian gas lamp were Grade II listed. The entire site is also within the Victoria Park Conservation Area. The main hospital building was built in 1855, its south wing in 1865 and the north wing in 1871. The site suffered extensive bomb damage during the Second World War (WWII), which destroyed the chapel, north wing and elements of the nurse’s accommodation, which comprises the red brick buildings which run parallel with St James’s Avenue. As the hospital’s services were expanded, a number of buildings have been added in a piecemeal and utilitarian fashion. In addition to the above there are a number of Grade II listed buildings in close proximity to the site, most notably St James the Less Church and Vicarage on St James’s Avenue, Raine’s Foundation Upper School and 2-24 & 27-45 Approach Road. The gate piers at Bonner Gate, Victoria Park to the north of the application site are also Grade II listed and the park itself is Grade II listed on the Historic England Register of Historic Parks and Gardens.
The site includes a significant number of trees, many of which have tree protection orders, including a Black Mulberry Tree. Furthermore, due to the site’s location within a conservation area, all trees that have a stem of greater than 75 millimetres at a height of 1.5 metres are protected and require permission from the Council to undertake tree works.

The former hospital buildings are now vacant following the transfer of cardiac services in April 2015 to Barts Heart Centre at St Bartholomew’s. A small number of other services moved to The Royal London Hospital. The surrounding area is typically residential in character, with a mix of Victorian terraces along Bonner Road with larger scale post-war housing blocks along St James’s Avenue. Overall, the scale of the built context ranges from an average of three to six storeys in height.

With regards to access, the site has three vehicle and pedestrian entrances, one from each of the roads which bound it, in addition to three dedicated pedestrian entrances off of Bonner Road. Overall, the site records a good Public Transport Accessibility Level (PTAL) of five, where one is the lowest and 6b the highest.

Details of the proposal

The proposals seek the redevelopment of the site to provide 300 residential units and 470 sq.m. of D1 floorspace through a series of demolition, refurbishment and new build. The main hospital building will be retained, refurbished and adapted for residential use. The North Wing, South Wing (also Grade II Listed), former nurses accommodation block and all other buildings on site are proposed to be demolished. Three new buildings rising up to eight storeys will be constructed to the rear of the main hospital building. In addition, the proposals include significant landscaping works, including the removal of a number of trees, some of which are subject to Tree Protection Orders.

Case history

The applicant engaged in pre-application discussions with GLA officers in October 2016. The discussions concluded that given the former medical use of the site, the applicant was required to justify the loss of the existing facilities in the context of the strategic and local policy requirements before the principle of the residential redevelopment of the site could be fully supported. Furthermore, the proposals raised some potential strategic heritage issues with regards to the proposed demolition of the South Wing which is recognised as having significant historic value with regards to its contribution to the composition of the surviving hospital building. Recommendations were provided that could help address those concerns and the applicant was advised to engage in follow-up pre-application to discuss heritage matters further. Further information and clarification with regards to social infrastructure need, affordable housing, housing, urban design, inclusive design, sustainable development and transport was also required.

Following initial pre-application discussions, the applicant engaged extensively with GLA and Council officers and Historic England with regards to the proposed design and minimising any heritage impact of the proposed demolition of the South Wing and amendments were made to satisfactorily address the strategic heritage concerns initially raised (see paragraphs 22 to 24 below for detailed assessment). A full planning application and listed building consent was subsequently submitted to Tower Hamlets Council in November 2016 and the Mayor was formerly consulted shortly after. Following submission, a number of amendments were proposed to address initial matters raised by statutory consultees and interested third parties. These amendments comprised mainly of alterations to the massing and siting of the new build elements and the refurbishment and the proposed adaptation works to the roof and rear.
elevation of the Grade II Listed Main Hospital Building. As a result of the revised massing the total number of residential units has reduced from 341 to 300. At the request of the applicant, GLA officers agreed with the Council to postpone issuing a stage one report until the amendments were formally submitted for consideration. This report comprises the assessment of the formally submitted revised proposals.

**Strategic planning issues and relevant policies and guidance**

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 Tower Hamlet’s Core Strategy (2010); Tower Hamlet’s Managing Development Document (2013); and the 2016 London Plan (Consolidated with Alterations since 2011).

15 The following are relevant material considerations:

- The National Planning Policy Framework;
- National Planning Practice Guidance;
- Draft London Plan [consultation draft December 2017];
- Principle of development London Plan; Social Infrastructure SPG;
- Historic environment London Plan; World Heritage Sites SPG;
- Housing & affordable housing London Plan; Housing SPG; Housing Strategy; Affordable Housing & Viability SPG; Shaping Neighbourhoods: Play and Informal Recreation SPG; Shaping Neighbourhoods: Character and Context SPG
- Urban design London Plan; Shaping Neighbourhoods: Character and Context, draft SPG; Housing SPG; London Housing Design Guide; Shaping Neighbourhoods: Play and Informal Recreation SPG
- Inclusive access London Plan; Accessible London: achieving an inclusive environment SPG
- Sustainable development 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
- Transport London Plan; the Mayor’s Transport Strategy

**Principle of development**

**Social infrastructure**

16 As set out above, the site’s most recent use was as the London Chest Hospital by the Barts Health Trust NHS. In April 2015, the hospital closed and the cardiac services relocated to Barts Heart Centre at St Bartholomew’s and other services moved to The Royal London Hospital. In light of the site’s previous medical use London Plan Policy 3.16 and Policies S1 and S2 of the draft London Plan regarding social infrastructure are relevant.

17 London Plan Policy 3.16 seeks to protect and enhance social infrastructure provision, including health facilities and resists proposals which would result in the loss of social infrastructure in areas of defined need for that type of facility without realistic proposals for re-provision. Policy S1 of the draft London Plan requires Boroughs to assess, identify and meet social infrastructure need through the local plan-making process and resists the loss of social infrastructure in an area of defined need unless there are realistic proposals for re-provision that
continue to serve the needs of the neighbourhood, or the loss is part of a wider public service transformation plan. It goes further to reflect the tests set out in London Plan Policy 3.16 and requires that redundant social infrastructure should be considered for full or partial use as other forms of social infrastructure before alternative developments are considered. Policy S2 of the draft London Plan builds upon Policy S1 and specifically relates to health and social care facilities; requiring boroughs to identify and address local health and social care needs within their Development Plans in consultation with Clinical Commissioning Groups and other NHS and community organisations, through regular assessment. The policy provides support for the provision of high-quality new and enhanced facilities to meet an identified need. The supporting text recognises that regeneration proposals provide an opportunity to reconsider the optimal use of sites and that hospital reconfigurations are examples of where more intensive and better use of a site can lead to improved facilities or the release of surplus land to meet other priorities.

During pre-application discussions, the Council advised GLA officers that it had consulted the primary care trusts with regards to the release of the site and no interest in its use for further health uses was received. Furthermore, the Tower Hamlets Clinical Commissioning Group has advised that the healthcare need for this part of the borough will be provided by new primary care facilities at the nearby Suttons Wharf development to the south east of the site, where there will also be capacity to accommodate growth and that there is no anticipated need for the London Chest Hospital site to provide further healthcare facilities. Whilst the release of the site from healthcare use is supported, in accordance with London Plan Policy 3.16 and Policy S1 of the draft London Plan, Tower Hamlets Council should confirm that no alternative form of sequentially preferential social infrastructure is needed as part of the redevelopment of the site.

Notwithstanding the proposed loss of the former hospital use, the application includes an element of social infrastructure use through the provision of 471 sq.m. of D1 floorspace which is envisaged will be secured as a creche/nursery use; although it is noted that the proposed D1 use class does not preclude this space being used for healthcare uses in the future. Therefore, in light of the relocation and re-provision of healthcare services that previously existed on the application site prior to its closure to other nearby NHS facilities, that the Council’s Clinical Commissioning Group is content that existing and future healthcare need for this area will be met by new facilities in the vicinity, and subject to the Council confirming that no other form of local social infrastructure is needed as part of the sites redevelopment, the release of the majority of this site from its former healthcare use to enable the delivery of 300 new homes, including affordable housing, which will contribute towards meeting London’s strategic housing need, and an element of new social infrastructure uses, is accepted and satisfactorily addresses the requirements of London Plan Policy 3.16 and policies S1 and S2 of the draft London Plan.

**Heritage and urban design**

As set out above in paragraphs 12 and 13, the design of the scheme has been revised since its submission to respond to initial consultation responses from key stakeholders and other interested parties. In summary, the key design revisions comprise further refinements to the rear elevation of the Main Hospital Building to address the demolition of the South Wing; the removal of the previously proposed double height roof to the hospital and the replication and restoration of the existing single storey roof profile; increased separation distances between new buildings; a greater stepping of the building line along St James’s Avenue; and the removal of sunken residential courtyards. In addition, the corridor lengths have been decreased through the provision of additional cores and the number of dual aspect units have been marginally increased. Overall, GLA officers consider the design revisions to represent significant improvements upon the original scheme and satisfactorily address those design concerns raised at pre-application stage.
Heritage impact

21 The proposals involve part demolition and alteration of a Grade II Listed building and development in its setting and within the setting of nearby heritage assets; namely St James the Less Church and Vicarage on St James’s Avenue, the gate piers at Bonner Gate, Victoria Park to the north of the application site and the park itself which are all Grade II listed. London Plan Policy 7.8 and Policy HC1 of the draft London Plan on heritage assets states that development affecting heritage assets and their settings should conserve their significance by being sympathetic to their form, scale, materials and architectural detail. The Planning (Listed Buildings and Conservation Areas) Act 1990 sets out the tests for dealing with heritage assets in planning decisions; in relation to listed buildings, all planning decisions should “have special regard to the desirability of preserving the building or its setting or any features of special architectural or historic interest which it possesses.” The NPPF states that when considering the impact of the proposal on the significance of a designated heritage asset, great weight should be given to the asset’s conservation; significance can be harm or loss through alteration or destruction of the heritage asset or development within its setting. It goes further to state that “where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal...”.

22 The design of the proposal has emerged through a heritage based approach which has identified the varying significance of buildings on site and progressed through continued engagement with Historic England, GLA and Council officers. The retention and restoration of the original hospital frontage wing by FW Ordish of 1855 (including its later octagonal sanitation tower of 1892 and open cast iron balconies on the south east corner of 1900), its triangular front gardens and the mature trees, and railings around the perimeter of the site is strongly supported. The revised proposals to replicate and repair the original single storey roof construction of the Main Hospital Building, as opposed to the construction of a double height roof, is also supported given the significant damage sustained to the original roof during WWII and unsympathetic alterations since then, and will deliver additional heritage benefits. The demolition of the unlisted twentieth century buildings which include the former nurses homes of 1905, extended in the inter-war period and partially rebuilt after war damage, and the north wing which dates from 1982, raises no strategic issues.

23 The proposed demolition of the South Wing which is Grade II Listed has been consulted upon in detail with GLA officers and in conjunction with Historic England and the Council. While it is acknowledged that the South Wing may have lost some of its significance as a contribution to the historic asset as a whole given the destruction of its sister [north] wing during the WWII and its alteration over the years by the NHS, it is still considered an important and valuable part of the surviving nineteenth century hospital composition and the harm as a result of its proposed loss has therefore been subject to detailed and balanced consideration. The applicant has considered a variety of options to retain the South Wing through the development of the proposed design and evidenced this within the submission documents; however, GLA officers accept that its retention would have an impact upon the overall layout of the proposed development through the reduction in developable area, which as currently proposed is supported (see paragraph 25 below), and would impact on the potential quantum of housing, and affordable housing, and increase in open space that could be delivered. On this basis, GLA officers advised during pre-application discussions, that if a clear memory of the South Wing was to be maintained, its loss may be justified by demonstrating that the harm caused by its removal would be outweighed by the public benefits of the scheme and the substantial heritage benefits of the extensive restoration of the Main Hospital Building.
24 The revised scheme proposes to retain a bay elevation of the South Wing and reconstruct the end elevation in a style that replicates the existing Main Hospital Building and adds a matching projection on the site of the North Wing to create a symmetrical composition at the rear. This is considered a significant improvement on the original proposals and will create an appropriate memory of the South Wing (and indeed the North Wing), both of which would enhance the retained Main Hospital Building. While the loss of the substantial part of the South Wing is regrettable, given the partial retention described above, the harm caused is considered less than substantial. Furthermore, the proposed design-led solution will enable the housing density of this sensitive brownfield site to be optimised in a form and scale that is sympathetic to, and will preserve the historic interest of, the Main Hospital Building and wider site, and deliver extensive restoration works to enhance the retained heritage assets. In addition, the redevelopment of the site will deliver a substantial increase in open space across the site, provide public access to the front lawns, in which the historic and architectural value of the extensively restored hospital building can be appreciated, and deliver new community facilities. Therefore, GLA officers are of the view that the characteristics of this scheme outlined above could help form the foundation of an appropriate public benefits case; however, further to comments in the housing section below, any such public benefits case must be supported by a significantly enhanced contribution to affordable housing.

Layout and massing

25 The overall massing has been informed by a design-led approach which has sought to balance the requirement to minimise heritage impact and optimise housing delivery. GLA officers consider that an appropriate balance has been successfully achieved. The general layout of the new buildings will reinstate the sequence of former hospital buildings as an integral part of the wider street pattern and the provision of additional residential entrances in the revised proposals are supported and will enhance street-based activity as well as improving access to the new residential buildings. The building footprints create clear distinction between public and private realm, while the proposed landscaping, opening up of the south facing lawn for public access and sensitive repairs to the listed buildings collectively will enhance the appearance of the listed buildings and make a positive contribution to the wider Victoria Park Conservation Area. The increase in separation distances between the new buildings will increase visual permeability through the site and enhance overall legibility and improve views of the listed Hospital Building and Sanitation Tower from St James Avenue. The further decrease in built footprint will result in a total increase of 1,626 sq.m. of green open space across the site which is also supported. As a result, GLA officers, having paid special attention to the desirability of preserving or enhancing the character or appearance of the conservation area, consider that the proposed layout and massing of the new build elements will make a positive contribution to the wider Victoria Park Conservation Area.

26 The height and massing of the new build elements, which is predominantly five to six storeys in height, is consistent with the scale of the original hospital buildings and surrounding development, and will provide an appropriate level of enclosure to the surrounding street network. The increase in height to eight storeys at the northern corner of the site and close to the entrance to the canal and Victoria Park is supported in townscape terms and is not considered to harm the setting of the listed gate piers and the park. The scale of the new build elements which front St James’s Avenue are similar in scale to the existing buildings both on and within the vicinity of the site, and while the proposed increase in scale of this frontage would alter the context of the listed Church and Vicarage buildings in some close range views, this change is not considered to cause harm to their setting or affect the viewers ability to appreciate the listed assets and is further justified by the wider public and heritage benefits of the proposals referred to in paragraph 24 above.
In accordance with Policy D11 of the draft London Plan, the Council should secure an informative prescribing the submission of a fire statement, produced by a third party suitable qualified assessor, in consultation with the London Fire Brigade.

Housing

The provision of 300 residential units on this site in a mixture of studio, one, two, three and four bedroom units is supported and would assist Tower Hamlets Council in meeting its draft London Plan 10 year housing completion target of 3,511 units a year as set out in Table 4.1 of the draft London Plan. The current mix of is set out in the table below.

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Affordable housing and viability

London Plan Policy 3.12 seeks the maximum reasonable amount of affordable housing and the Mayor’s Affordable Housing and Viability SPG establishes a minimum pan-London threshold level of 35% affordable housing (before subsidy) as part of the Mayor’s strategic target of 50% affordable housing to be delivered through the planning system. The Mayor’s SPG also sets out a clear expectation that residential proposals on public land should deliver at least 50% affordable housing. This approach is carried forward by policies H5 and H6 of the draft London Plan. Tower Hamlets Council Core Strategy requires 35-50% of new homes to be affordable subject to viability and sets a target tenure split of 70% social rented and 30% intermediate.

The applicant proposes 70 affordable housing units, comprising 48 affordable rent and 22 intermediate units, which is equivalent to 28% affordable housing by habitable room. This is wholly unacceptable given the former public ownership of the site. The applicant has stated that a blend of London Living Rent and Tower Hamlets target rents will be adopted for the affordable rent products, although further confirmation has been requested. In the absence of this information, GLA officers are not able to appropriately assess the affordable housing offer in accordance with the Mayor’s preferred affordable housing tenures, and the affordability criteria set out in Policy H7 of the draft London Plan, the Mayor’s Affordable Housing and Viability SPG, and the London Plan AMR.

A financial viability appraisal (FVA) has been submitted to the Council and GLA officers in support of the proposals for review. The FVA has modelled a 35% and 20% affordable housing scenario, based on a 70% affordable rent and 30% intermediate tenure split and concludes that both scenarios produce a residual value below the benchmark land value. Notwithstanding the conclusions of the FVA, in recognition of London Plan and draft London Plan affordable housing requirements, the applicant is committed to the proposed offer. GLA officers are currently robustly interrogating the FVA and will continue to work in partnership with the applicant, the Council and its independent assessors to ensure that the maximum contribution is secured in accordance with policies H5 and H6 of the draft London Plan and Policies 3.11 and 3.12 of the London Plan. A review of tenures, and affordability of the units,
will be undertaken as part of this process to ensure that the housing will be genuinely affordable and the applicant should prioritise the tenures set out in draft London Plan Policy H7.

32 From an initial review, GLA officers dispute the applicant’s assessment of benchmark land value and consider this has been overstated and that the FVA does not therefore accurately reflect the viability for this site. The Council is currently undertaking its own independent review of the FVA which will be shared with GLA officers for further consideration once available. The Council must publish the financial viability assessment including any review, in accordance with Policy H6 of the draft London Plan and the Mayor’s SPG and to ensure transparency of information.

33 In accordance with Policy H6 of the draft London Plan and the Mayor’s Affordable Housing and Viability SPG, an early stage review will be required and, if after further interrogation the maximum level of affordable provision remains below the 50% Fast Track Route threshold for public land, a late stage review will also be required. In accordance with draft London Plan Policy H5, the applicant must engage with Registered Providers in order to maximise affordable housing delivery and fully utilise possible grant funding options. Further engagement with GLA planning and housing officers is therefore required.

Residential quality

34 The proposed amendments to the residential design are supported and generally improve on the overall residential quality of the originally submitted scheme. The provision of an extra core in the new buildings will result in generally no more than eight units sharing a core at each level and reduce the overall corridor lengths, responding positively to GLA pre-application advice. The increased separation distances and the removal of the sunken courtyards will improve daylight penetration to the lower level units and officers acknowledge the increase in dual aspect units proposed. As noted in the updated material, a significant number of units will not be dual aspect due to the depth of the returning wall but will nevertheless benefit from an improved outlook. The applicant should however, look to maximise the proportion of dual aspect units further. The high proportion of single aspect units in the converted hospital building is accepted due to the constraints of the historic building fabric that would be harmed should this be substantially altered.

35 It is noted that all of the proposed units with the exception of a small number within the retained Main Hospital Building will meet or exceed the London Plan and draft London Plan minimum space standards. The applicant should provide further detail on those units which do not comply and provide clear justification on the structural constraints posed by the historic fabric of the listed building to meeting these standards for further consideration. All of the units will achieve 2.5 metre floor to ceiling heights which is supported in accordance with part 8 of Policy D4 of the draft London Plan and the Housing SPG.

Children’s play space

36 The scheme includes 877 sq.m. of play space to meet the minimum onsite requirements of the Play and Informal Recreation SPG. This will be delivered across an equipped play area adjacent to the proposed community use suitable for children under five years old and a non-equipped informal recreational space within the southern courtyard, which is intended to meet the recreational requirements for all age groups. Notwithstanding this, further detail should be provided on the features that will be incorporated in these spaces, particularly within the southern courtyard space and how they will provide safe, stimulating, inclusive and accessible space for all children that will reside in the development. Officers note Victoria Park offers further recreational amenity for older children within the development which is within close proximity to the site, and subject to the provision of further details on the onsite provision, are
satisfied that the proposals will meet the requirements of London Plan Policy 3.6, Policy S4 of the draft London Plan and the Play and Informal Recreation SPG.

**Inclusive access**

37 The approach to inclusive design has been developed in consultation with an access consultant and has been considered throughout the design process to ensure the best possible level of access is achieved for both the non-residential and residential uses. A summary of the proposed measures has been set out in the submitted inclusive access statement. The applicant has committed to designing 10% of the residential units to Building Regulation standard M4(3) standards, with the remaining 90% designed to Building Regulation standard M4 (2). All of the wheelchair user dwelling will be provided within the new build elements and this is accepted in light of the heritage constraints of sympathetically converting the Main Hospital Building. The removal of the sunken courtyards in the revised scheme will improve step-free connectivity across the site and is strongly supported in inclusive design terms.

38 A total of eight disabled persons parking bays are proposed. Policy T6.1 of the draft London Plan requires at least one disabled persons bay per dwelling for 3% of dwellings available, which equates to 9 spaces in this instance. The applicant should therefore provide an additional disabled persons bay to meet the minimum requirements. A car parking design and management plan should be secured which demonstrates how the remaining bays to a total of one bay per 10% can be provided when required. At least 20% of the spaces should have active charging facilities, with passive provision for the remainder. Subject to the provision of an additional disabled parking bay, the application generally accords with London Plan Policy 7.2 and Policy D3 of the draft London Plan.

**Sustainable development**

**Energy strategy**

39 In accordance with the principles of London Plan Policy 5.2 and Policy SI2 of the draft London Plan, the applicant has submitted an energy statement, setting out how the development proposes to reduce carbon dioxide emissions. In summary, the proposed strategy comprises: energy efficiency measures (comprising a range of passive design features and demand reduction); a communal heat network powered by a combined heat and power (CHP) unit that is designed for future connection to a district heat network; and, renewable technologies (photovoltaic panels). The current scheme would meet the minimum onsite carbon reduction targets set within London Plan Policy 5.2 and Policy SI2 of the draft London Plan for the domestic and non-domestic uses. Detailed comments have been issued directly to the applicant and the Council raising issues regarding overheating risk, efficiency modelling, the site heat network, combined heat and power and renewable technologies which must be addressed. Following the resolution of the outstanding energy issues, any shortfall in carbon savings below the zero-carbon target for the domestic element should be offset through financial contributions to the Council’s carbon offset funds.

**Arboriculture**

40 London Plan Policy 7.21 and Policy G7 of the draft London Plan requires development proposals to retain existing trees of value and should it be necessary to remove existing trees, they should be adequately replaced. The application site and surrounding area is well tree’d in character and the proposals will result in some tree loss; however, the proposals have sought to limit this to trees well within the application site and to those of a domestic scale. A total of 62 trees will be retained, which equates to 77% of the total tree stock and includes 91% of
Category A trees. It is acknowledged that there are 39 trees subject to a Tree Protection Order (TPO), and 11 of these trees are proposed to be removed to accommodate the new buildings and landscape proposals. To mitigate the proposed loss, a total of 22 standard to semi-mature trees and over 20 smaller ornamental trees are proposed to be planted across the site. In accordance with Policy G7 of the draft London Plan, the applicant must demonstrate that the substitute trees will adequately replace the existing value of trees to be removed. This should be based on a recognised tree valuation method such as CAVAT or i-Tree Eco and must be provided before the proposed mitigation can be appropriately assessed.

The Mulberry Tree which currently exists on site is proposed to be relocated to the publicly accessible front lawn where the principal facade of the retained Main Hospital Building and Sanitation Tower can be best appreciated and will provide an appropriate synergy between both the historic architecture and landscape of the site. A full relocation strategy detailing the transplant methodology has been submitted and this should be appropriately assessed by the Council’s Arboricultural officers.

Overall, subject to the receipt of further clarification on the proposed tree replacement strategy and satisfactory assessment, the proposed tree loss could be acceptable and balances the need to protect London’s green infrastructure and heritage with optimising the development potential of the site to deliver a significant quantum of new homes to help meet London’s housing need.

**Transport**

**Car and cycle parking**

The trip generation methodology is appropriate and reflects Transport for London (TfL) guidance. The proposals are car free with the exception of disabled persons parking which accords with the Policy T6.1 of the draft London Plan. The applicant should provide an additional 52 cycle parking spaces in order to meet the minimum cycle parking standards in table 10.2 the draft London Plan and Table 10.2, which equates to 526 spaces, including 5% provision for larger cycles in accord with London Cycle Design Standards.

**Cycle hire docking station**

The proposed development will generate a need for additional Cycle Hire facilities. To ensure that demand for additional cycle hire docking capacity within the development is met and in accordance with London Plan Policy 6.9 and Policy T5 of the draft London Plan, the applicant should provide a Cycle Hire Docking station on site and the details of design, location and number of docking points should be secured by planning condition. The docking station should be installed at the site prior to the first occupation of any of the residential units and retained thereafter in accordance with the agreed details. TfL will work with the applicant to identify a suitable location for its provision noting the heritage constraints of the site.

**Bus driver’s facility**

Bonner Road includes a bus stand, which has historically relied upon toilet facilities within the former hospital and with the hospital now closed these facilities are no longer available. The provision of drivers’ toilets and mess facilities has a significant impact on the ability of the bus operators to recruit and retain staff, especially female employees as well enabling a reliable bus service. The re-provision of toilet facilities for bus drivers on the application site was requested at pre-application stage to replace these facilities and the applicant’s commitment to providing this is therefore strongly supported in accordance with
London Plan Policy 6.2, Policy T3 of the draft London Plan and the Land for Industry and Transport SPG. This provision should be secured by planning obligation and TfL will work with the applicant to agree the specification and maintenance of the facilities.

Construction

46 The development’s construction should not encroach or impact on Bonner Road bus stops or stands. TfL should be consulted on the detail of the construction logistics plan, which should be secured by condition. TfL has provided detailed advice to the applicant on the need to co-ordinate works, road safety, risk assessments, HGV routing, need to minimise impact during peak times, use of members of the Fleet Operator Recognition Scheme (FORS), reduced supply chain disruption and improved occupational road safety.

Community Infrastructure Levy

47 In accordance with London Plan Policy 8.3 and Policy T9 of the draft London Plan, a contribution towards the Mayor’s Community Infrastructure Levy (CIL) must be secured.

Local planning authority’s position

48 Tower Hamlets planning officers are currently assessing the application including carrying out an independent assessment of the financial viability of the proposals. GLA officers understand that the Council is working with the applicant to resolve its concerns with regards to heritage impact and the proposed height, scale and massing of the new build elements, amongst other planning issues. At the time of writing, a committee date has not been scheduled.

Legal considerations

49 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

50 There are no financial considerations at this stage.

Conclusion

51 London Plan and draft London Plan policies on social infrastructure, heritage, housing and affordable housing, urban design, inclusive access, sustainable development and transport are relevant to this application. The scheme does not comply with the London Plan and draft London Plan for the reasons set out below. The resolution of these issues could, nevertheless, lead to the application becoming compliant with the London Plan and draft London Plan and must therefore be addressed:
• **Principle of development:** in light of the relocation and reprovision of the healthcare services that previously existed onsite and following advice that the Council is satisfied that existing and future healthcare need for this area will be met by new facilities, the release of the majority of this site from its former healthcare use to enable the delivery of a significant number of residential units, including affordable housing and new social infrastructure facilities is accepted in principle. The Council should confirm that no alternative form of social infrastructure is needed as part of the sites redevelopment.

• **Heritage:** the retention and restoration of the Grade II Listed Main Hospital Building including the sanitation tower and open cast iron balconies, the front lawn gardens and the mature trees, and railings around the perimeter of the site will deliver significant heritage benefits and is strongly supported. The loss of the Grade II Listed South Wing will cause some less than substantial harm. The applicant must make a significantly enhanced affordable housing offer in order to support the public benefits justification to outweigh this harm in line with London Plan policies 7.8 and Policy HC1 of the draft London Plan.

• **Affordable housing:** the proposed 28% offer proposed is wholly unacceptable. The financial viability assessment is currently subject to robust interrogation by GLA officers to ensure that the maximum contribution is delivered in accordance with policies H5 and H6 of the draft London Plan and policies 3.11 and 3.12 of the London Plan. A review of tenures, and affordability of the units, will be undertaken as part of the viability review to ensure that the housing will be genuinely affordable and the applicant should prioritise the tenures set out in draft London Plan Policy H7.

• **Residential quality:** the revised proposals represent significant improvements to the residential design compared to the original proposals. The applicant should explore options to maximise the proportion of dual aspects further and provide further detail on those units within the Main Hospital Building which do not comply with the Mayor’s minimum space standards and provide clear justification on the structural constraints to meeting these standards for further consideration.

• **Inclusive access:** the applicant should provide an additional disabled persons bay to meet the minimum requirements of Policy T6.1 of the draft London Plan. A car parking design and management plan should be secured.

• **Energy:** the proposals meet the minimum onsite carbon reduction targets set within London Plan Policy 5.2 and Policy SI2 of the draft London Plan. GLA officers require further information to verify the savings claimed including further detail on overheating risk, efficiency modelling, the site heat network, combined heat and power and renewable technologies. Once all opportunities for securing further feasible on-site savings have been exhausted, a carbon offset contribution should be secured to mitigate any residual shortfall.

• **Arboriculture:** in accordance with Policy G7 of the draft London Plan, the applicant must demonstrate that the substitute trees will adequately replace the existing value of the trees to be removed. The relocation strategy for the Mulberry Tree should be appropriately assessed by the Council’s Arboricultural officers.

• **Transport:** the commitment to provide bus driver facilities is strongly supported. A cycle hire docking station and additional cycle parking should be provided to accord with Policy T5 of the draft London Plan and construction logistics and delivery and servicing plans should be secured by condition.
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