

Royal National Orthopaedic Hospital
Existing Footprint

Map ID	Building	Footprint Aworth Survey	Footprint minus temp. consents	Comments and temporary planning consents
001	Green Cottage	60	60	Site has been disposed of since Aworth survey was undertaken
005		121	121	Site proposed for disposal by the Trust
006		233	233	Site proposed for disposal by the Trust
007		204	204	Site proposed for disposal by the Trust
008		101	101	Site proposed for disposal by the Trust
009		20	20	Site proposed for disposal by the Trust
010		102	102	Site proposed for disposal by the Trust
011		134	134	
012		63	63	
013		1,033	1,033	
014		60	60	
016		22	22	
017		134	134	
018		738	738	
019		442	442	
021		357	357	
022		34	34	
023		20	20	
024		716	716	
		196	196	
		51	51	
		374	374	East/576/95/FUL 26 Feb 96
		151	151	
		628	628	
030	Pathology	335	335	
031	Anaesthetics Department	104	104	
032	Medical Physics, Splint Store	129	129	
033		783	783	
034		949	949	
035		52	52	
036		355	355	
		34	34	
		460	460	
		321	321	
		546	546	
		332	332	
		348	331	East/248/99/FUL 17 May 99
043	Spinal Deformity unit	239	239	
044	Ward 7	494	494	
045	Ward 8	331	331	
		330	330	

ADDITIONAL INFORMATION 11(a)
SCHEDULE OF EXISTING FOOTPRINT

047	Copridor to OPD	145	145	
048	Slope link corridor	472	472	
049	Plaster theatre	574	574	
050	X ray department	171	171	
051	Theatre 3	322	322	
052	Theatres 1 & 2	798	798	
053				No built development
054	Mortuary	62	62	
055	Anaesthetics Department	91	91	
056				No built development
057				No built development
058	Patients Centre	1,229	1,229	
059	OPD	3,409	3,409	
060	Chapel	39	39	
062	Linen & supplies	517	517	
063	bed store	129	129	
064	Boasted water pumps	61	61	
065	Water storage tanks	43	43	
066	Sub station 3	74	74	
067	Medical gas tanks	47	47	
068	Spinal injuries unit	1,508	1,508	
069	Corridor to Spinal Unit	450	450	
070	Moor House Cottage	62	62	
071	MRI Scanning Unit	492		East/807/96/FUL 11 Feb 97
072	Engineers Stores	95	95	
074	Graham Hill Unit	287	287	
075	Water Treatment Palnt	26	26	
076	Central Boiler House	228	228	
077	Incinerator	885	885	
078	Estates department	843	843	
079	Yard			No built development
081	Zachery Mertin Ward	1,213	1,213	
082	Sub station 1	46	46	
083	Sir Henry Floyd 1-12	338	338	
084	Sir Henry Floyd 13-23	313	313	
086	Chiomley Court	391	391	
087	Water Tower	31	31	
088	West Gate Lodge	115	115	
089	Louis Fleishman	3,159	3,159	
090	Orthotics	2,155	2,155	
091	Transport	312	312	
092	Pavilion	93	93	
093	Social Club	382	382	
097	Oxygen store	32	32	
099	Grounds			No built development
100	Stores	19	19	
101	Mike Heaffey	1,281	1,281	

102	Theatre 4	101	101	LBH/F/43428/E/250991PA 30 Sep 91; East/377/95/CON 12 Jul 95; East/785/99/CON 22 Oct 99
103	Gas meter house	6	6	
104	Stores	24	24	
105	Gas reducing station	11	11	
106	Sub station 4	41	41	
		52	52	
		19	19	
		125	125	
		1,111	1,111	
		39	39	East/840/02/FUL 13 Sep 02
	Institute	801	801	
113	institute	145	145	
114	Institute	104	104	
115	institute	719	719	
		91	91	
		258	258	
118	BME	295	295	
119	BME	21	21	
120	Theatres 7 & 8	736	736	East/588/01/FUL 03 Aug 01
121	Stores	12	12	
122	External store	177	177	
	Greenhouse	89	89	
	Greenhouse	56	56	
125	CDRI	429	429	East/362/97/FUL 15 Aug 99
126	Wood Lane offices	315	315	East/361/97/FUL 11 Jul 97
127	Covered walkway to link buildings	315	315	East/902/02/FUL 13 Sep 02
	TOTAL	40,852	38,349	

Introduction

As part of the statutory consultation required for the planning application, the Greater London Authority (GLA) Biodiversity Team, the London office of English Nature (EN) and the London Wildlife Trust (LWT) were all comprehensively consulted with at the pre-planning application stage. The consultation covered both the scope of the ecological impact assessment (forming part of the ES) prior to the undertaking of any ecological assessment including the scope of ecological surveys and the requirements for mitigation. The GLA and LWT possess a high level of local expertise.

Due to the time constraints imposed on the submission of the outline planning application, there was insufficient time available to undertake a legally robust invertebrate survey which would satisfy the requirements of all statutory bodies. As such, it was decided and agreed with the GLA to complete this work after the submission of the outline planning application. This is explained within the main body of the ES (Volume 1).

A full invertebrate survey was finalised in October and submitted as additional information to the ES along with additional information on bats and reptiles.

A large amount of biological data was collected during the surveys, the level of which is appropriate to the site and the potential impacts of the Development. It is therefore concluded that this information is more than sufficient to robustly inform the ecological impact of the Development in accordance with best practice and the requirements of the statutory consultees.

The methodology used for assessing the relative significance of ecological effects is based on guidance provided by the Institute of Ecology and Environmental Management (IIEEM). Furthermore, the ES was subjected to a full legal review prior to its submission with the planning application. Therefore the assessment is robust, appropriate and accurate.

The impacts identified through the EIA and proposed mitigation are summarised below.

Potential Impacts

Demolition and Construction Phase

Effects on Sites Designated for Nature Conservation

No impact on international or national designated sites

Loss of the 0.1 hectare or 3% of the proposed extension to Pear Wood proposed Site of Metropolitan Importance (SMI).

Loss of 1.4ha or 12% of the proposed Site of Borough Importance (SBI).

Effects on Habitats

Loss of 3.3ha or 16% of the total semi-natural habitat on site.

Impacts identified and their severity (in the absence of mitigation) are set out below

- o Loss of semi-improved neutral grassland for construction of private housing - **minor adverse**
- o Potential habitat loss and damage of temporary site compounds and material storage – **up to moderate adverse**
- o Potential adverse effects during construction on:
 - o Breeding birds – reduction in woodland, trees and scrub and old buildings may result in one or two species no longer breeding on site – **minor adverse**

Bats – blocking of access points and the loss of roost, reduction in semi-natural habitats on site may reduce availability of bat insect food – **moderate adverse** (disturbance to roosts – **minor adverse**)

Wood Ants – unlikely to be significantly affected – **minor adverse** at most

Invertebrates - loss of semi-natural habitat could have a **moderate adverse** (woodland and scrub in north of site) and **minor adverse** (grassland) impacts on invertebrates. Potential impacts if certain features important to rare and uncommon species are adversely affected

Great crested newts, reptiles, badgers – no impact

Direct mortality of species

Breeding birds & bats – potential impact with the removal of mature trees and buildings. Birds could be affected during other vegetation clearance

Invertebrates – mortality may not be significant provided at least a proportion of existing population is protected and a sufficient habitat area provided once completed

Fragmentation and Isolation

Wood ant – new access route from Wood Lane is some distance from known wood ant nests, therefore effect of negligible significance

Spread of Non-native, Invasive plant species

- Japanese knotweed - may spread during construction activities into new areas of the site and may prove problematic in areas to be developed

Completed Development

Potential impacts through increases in human activity and inappropriate vegetation management

Tree planting (necessary to screen development) proposed as part of the Landscape Strategy could result in the loss of acid grassland species

Mitigation

The mitigation measures proposed at this stage are set out below:

Retention of Existing Habitats

- Design has ensured that much of the redevelopment area is already occupied by hospital buildings and loss of important semi-natural habitats would be minimised
 - Temporary work areas and storage materials would be located so as to avoid semi-natural habitats that are to be retained
 - Works would avoid unnecessary disturbance to topsoil
 - Dead wood, including standing dead wood, would be retained on-site to provide habitat for invertebrate fauna
 - Habitats for wood ants would be enhanced and maintained in optimal condition

Creation of New Habitats

Green roofs could potentially be established on selected buildings to provide grassland habitat

New grassland would be created around the hospital buildings and car parks

Where some buildings and hard standings are to be removed, no replacement buildings are proposed providing opportunity to create new habitats

- There are three main areas where habitat creation would be undertaken:
 - Area 1: between the Affordable Housing and key Worker Housing blocks
 - Area 2: north of the main driveway as far as the southern boundary of the proposed SBI and east to Brockley Hill
 - Area 3: between the sports field and proposed new housing in the West of the site

Provision of Artificial Habitats

New buildings to include features for nesting birds and roosting bats

Bat access points and features suitable for roosting bats would either be retained or replaced following works to Zachary Merton

- Bats would be accommodated by providing roosting spaces in the walls and roofs of new buildings

Avoiding Mortality of Protected Species and Southern Wood Ant

Clearance of bird breeding habitat would be undertaken outside the bird breeding season

Where bat roosts are confirmed or suspected, measures to protect bats during the felling of trees and the modification or demolition of buildings would be agreed with the appropriate government agency (e.g. limiting construction works to between 1st September and 1st May)

Demolition of other buildings would be the subject of a pre-demolition bat survey to confirm that bats are absent

Trees identified as low potential for bat roosts would be felled between September and November

In unlikely event that bats are found, work would cease and appropriate government agency consulted

Southern wood ant nests would be carefully protected during the construction phase

Measures to avoid mortality of protected species and southern wood ant would be incorporated in the EMP

Completed Development Habitat Management

The EMP will ensure opportunities for nature conservation are maximised and maintained within the proposed Development

Conclusions

Demolition and Construction

The majority of SMI and proposed SBI will not be affected, 97% and 88% unaffected respectively. The total area of semi-natural habitat present on-site now is 21ha and following development would be 19ha.

With habitat creation and provision of nesting sites on new buildings there would be no significant impact on breeding bird populations on-site in the long term. Habitat creation measures and provision of an appropriate number and type of potential roost sites for bats would mean that there would no significant reductions in the roosting and foraging opportunities for bats in the long term.

With the protection of existing wood nests and known foraging habitat, there would be no direct impacts on wood ant populations at the construction phase. Appropriate habitat creation and management of existing and new habitats would create potential for the wood ant population to increase in the longer term.

Direct mortality of protected species would be avoided by undertaking site clearance and demolition work in appropriate seasons and with careful checking for bats immediately prior to tree felling and demolition.

With the eradication or removal of Japanese knotweed before construction commences, the spread of this species would be avoided.

Overall the loss of habitats would be of **moderate adverse** significance for nature conservation in the short term and becoming **minor adverse** in the long term as replacement woodland and scrub habitat matures

Completed Development

The implementation of an appropriate Ecological Management Plan (EMP) for the retained and newly created habitats would ensure that nature conservation value of these habitats is at least maintained, if not enhanced in the long term. Appropriate management of the habitats on-site specifically for their nature conservation interest would be of **minor beneficial** significance for nature conservation.

The EMP is a key tool in ensuring the protection and enhancement of the site's ecological features both during the next stages of detailed design and once the development is completed. The planning application is in outline therefore this is the beginning of what will be a long, evolving process. The EMP will ensure that ecology is fully considered at every stage of design and its provision is secured through the Section 106 Agreement. Mitigation measures have been identified, and further measures will be added as the EMP is finalised in liaison with the GLA and English Nature and other interested parties.



5th December 2005

Chief Executive
Joyce Markham MBA MCIEH

Mr P Losse
Conversation Officer
English Nature
Devon House
12-15 Dartmouth Street
Queen Anne's Gate
London
SW1H 9BL

Dear Mr Losse

Royal National Orthopaedic Hospital, Brockley Hill, Stanmore

refer to your letter of 12th September 2005 (copy attached)

This application stands deferred from the Development Control Committee meeting of the 16th November and is to be reconsidered at a meeting on the 14th December.

At the meeting of the 16th November issues were raised by objectors and members of the Committee in respect of the nature conservation and ecology impact. My understanding of your letter of the 12th September is that you recognised that there would be habitat losses and areas of broadleaved woodlands and grassland lost, but that with the measures for mitigation identified in the EIA, and creation of new habitat on areas of existing open land and where buildings are to be demolished the proposals would be acceptable.

I would be grateful if you could confirm that this is the case, particularly because at the meeting of 16th November assertions were made by objectors that officers at English Nature thought that the proposal would be a 'disaster'. I am anxious that members of the Committee have a clear understanding of English Nature's view before coming to a decision.

Yours sincerely

Graham Jones
Director of Strategic Planning

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2003-2004
Tackling Homelessness

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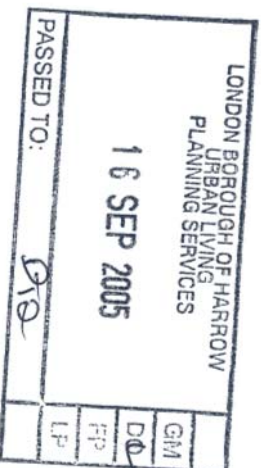
INVESTOR IN PEOPLE



ENGLISH
NATURE

Phil Greenwood
Strategic Planning
Harrow Council
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Our ref: BOS/2-10/15-1
Your ref: P/1704/05/COU
Date: 12 Sep. 05

Dear Mr Greenwood,

Royal National Orthopaedic Hospital, Brockley Hill, Stanmore

Thank you for your letter of 26 August regarding the above development. The development will have a direct impact on a Site of Borough Importance for Nature Conservation and a proposed extension to a Site of Metropolitan Importance for Nature Conservation. I am particularly concerned that relatively large areas of broadleaved woodland and grassland would be lost should planning permission be granted.

Please note that policy EP28 of Harrow's adopted UDP states that "the Council will conserve and enhance biodiversity by:-

A. resisting development that would have a direct or indirect adverse impact on sites of special scientific interest, statutory local nature reserves, other sites of importance for nature conservation, countryside conservation area and green corridors"

and

F. "Ensuring that any loss of habitat e.g. woodland, wetland etc., is compensated for by provision of at least an equivalent area of land of equivalent habitat quality under the terms of a planning obligation"

It is therefore essential that there is adequate mitigation (minimising negative effects of the development) and compensation (provision of replacement habitat) provided by attaching conditions to the permission or via a planning obligations.

I support the mitigation measures identified in the EIA, especially the proposed protection of the populations of southern wood ant *Formica rufa*. I am, however, concerned that proposals for the compensation of habitat lost do not go far enough. I recommend that the principle of **no net loss** of habitat of SINCC quality is adopted. Whilst the provision of green roofs is to be applauded, this cannot be included as compensation for habitat loss. I recommend that consideration is given to increasing



the biodiversity value of retained semi-improved habitat and newly created open ground resulting from the demolition of existing buildings. As the subsoil in some areas would seem suitable, creation of areas of heathland may be appropriate for example.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Paul Losse". The signature is written in a cursive style with a large initial "P".

Paul Losse
Conservation Officer
Paul.losse@english-nature.org.uk



ENGLISH
NATURE

English Nature

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BO5/2-10/15-

7 December 2005

Dear Mr. Jones,

Royal National Orthopaedic Hospital, Brockley Hill, Stanmore

Thank you for your letter of 5 December regarding the above site. I can confirm that the comments in my letter of 12 September still stand. I stated in the letter that there would be impacts on the Site of Metropolitan Importance for Nature conservation and that these should be adequately mitigated/compensated for in accordance with the Harrow UDP. I also stated that I supported a number of the proposed mitigation measures identified in the EIA but that compensation of habitat lost could go further.

At no time has any officer of English Nature, publicly or privately, stated that the proposal would be a 'disaster'. This is a clear mis-representation of English Nature's views by objectors who have no connection with English Nature.

Please do not hesitate to contact me if you wish to discuss this matter further.

Yours sincerely,

Paul Losse
Conservation Officer



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The replacement Hospital

The replacement hospital will have a net increase of 15 additional beds as compared to the existing hospital provision i.e.220 beds – 235 beds. The treatment of out patients is anticipated to increase by 1000 per year over the next 5 years. This amounts to approximately an additional 3-4 patients per day in the first year to an approximate figure of an additional 20 patients per day at the end of the five year period. The majority of the trips associated with out patient treatment are likely to be off-peak, when there is spare capacity on the surrounding road network. This increase will not have a significant traffic impact.

In line with the increase of patients the 'in-house' key worker accommodation will increase from 247 to 340 ' bed spaces' which will be incorporated within 2,3 and 4 bedroom flats. The additional staff will be based on site and should generate little additional traffic in the peak hours.

Parking provision will be formalised (which is not the case at present) for 780 spaces, which is equivalent to that currently provided on site.

Travel Plans will be submitted for the hospital and residential elements of the scheme at the detailed application stage for consideration and approval and will include the following objectives:-

- To reduce single car occupancy by promoting car sharing and reducing parking demand.
- To support provision of high quality health care services through effective transport management.
- To reduce site congestion caused by excess demand for car parking facilities and improve site safety.
- To actively promote the use of sustainable transport options for travel to and from the site and to create an environment for staff, visitors and residents to enable them to make informed decisions about their travel arrangements
- To reduce the adverse environmental and work related trips carried out by staff during the working day.
- For the Trust to play its part in reducing pollution and creating an environment which will support the development of good health.
- To ensure that the transport impacts are considered in all policies developed by the Trust and to ensure that policies are developed in such a way as to minimise any adverse impacts.
- To respect the needs of special/ vulnerable groups e.g. those with mobility problems, those working unsociable hours and those whose job descriptions require frequent journeys to other sites.

The residential element

Western zone

This end of the site will consist of 14 residential dwellings (4/5 bedroom units) which will be accessed via an existing access onto Wood Lane. The existing access road will be enhanced to include passing places to allow 2 way operation and will be dedicated to this element of the site.

Central zone

The 76 units for key workers consisting of 340 bed spaces will be accessed predominantly from an existing access in Wood Lane and partly from the existing main entrance in Brockley Hill. On road safety grounds the latter will be restricted to left turn out /left turn in movements. This measure is supported by the London Borough of Barnet who are jointly responsible for the A5 (Brockley Hill). As explained above the net increase from 247 to 340 bed provision is not considered significant in terms of traffic impact as the additional staff will be based on site and will not contribute significantly to peak period traffic generation.

Eastern zone

The 87 units comprising market and affordable housing will include an acceptable parking provision of 1.5 spaces per dwelling. Access will be split between the Brockley Hill access and the proposed main Hospital entrance from Wood Lane.

The nationally recognized travel/trip generation (TRAVL) database has been interrogated to verify the residential traffic data put forward by the applicant. This database gives indicative traffic flow levels for comparable residential sites in other outer London Boroughs thereby enabling a traffic generation prediction to be made.

The predicted figures are confirmed to be acceptable and are representative of what can be expected in residential traffic generation terms (101 units in total (87 +14))

<u>Weekday AM peak</u>		<u>Weekday PM peak</u>	
<u>Arrivals</u>	<u>Departures</u>	<u>Arrivals</u>	<u>Departures</u>
15	37	34	19

These movements will be split between the Western zone entrance, which is specifically dedicated for use by the 14 residential units, with the remainder distributed between the Brockley Hill access and the proposed main Hospital entrance on Wood Lane.

Summary of transport impact

Existing use of the site generates significant traffic. The redevelopment of the hospital and the proposed housing will increase traffic generation from the site, although the increase is relatively small. The site has good access to the strategic road network with the M1/A41 corridor a short distance to the north. The additional traffic on roads adjacent to the site (Brockley Hill and Wood Lane) is estimated by the developer to be up to 3.6% in the peak hours. The additional traffic will disperse in different directions such that additional flows on roads remote from the site will be lower.

The Greater London Authority has advised that the relatively low flows estimated in the transport assessment from this development are predicted to be accommodated by the Strategic Highway network. The strategic network includes the A5 (Stonegrove), A410 (London Road-Uxbridge Road), A409 Brookshill/Common Road.

The main impact will be in the vicinity of the site where the existing Brockley Hill/Wood Lane junction is currently operating at or over capacity during peak periods. It is therefore proposed to introduce a full size roundabout at this junction with a localized increase in lane width in Wood Lane on the approach to the junction. This will adequately cater for existing traffic and

the additional traffic from this development. Funding is also secured for traffic calming and other traffic management works in Wood Lane to reduce traffic speeds and improve road safety.

In order to improve the sustainability of the site a £300,000 contribution has been secured to provide a new or extended public transport bus service to RNOH and the BAE Systems site off Warren Lane. A similar contribution has been secured from BAE Systems. Both sites will therefore be improved in transport sustainability terms. Enhancement to bus stops in Brockley Hill to facilitate disabled use would also be provided from this funding source. TfL consider that extension of the H12 service, that currently terminates at Stanmore station, to be most appropriate in current circumstances. Whilst developer contributions will pump prime a new service, its long-term sustainability is dependent on demand and usage making continuation of the service viable.

Parking provision complies with national and local standards and is considered satisfactory for both the hospital and residential element of the development.

Members have been circulated with a report that was commissioned by the council to take an overview of past and future developments in the Stanmore area and how the latter may affect the local road network. A copy has also been placed in the members' library.

The report concludes that the Royal National Orthopaedic Hospital and Stonegrove in the London Borough of Barnet have a significant impact upon roads in Stanmore town centre and the Canons Corner roundabout (London Road/Brockley Hill/Spur Road/Stonegrove). The latter junction is proposed to be improved in association with the Stonegrove development although the potential for improvement is small because of land constraints. Whilst traffic generation from RNOH impacts on both the Canons Corner and town centre junctions, the great majority of this is existing hospital traffic, and the additional traffic generated by the proposed development alone would form a very small proportion of total traffic.

The report also queries the developer's assumption on trip rates and hence traffic generation for the RNOH development. These are based on databases of comparable sites, in terms of public transport accessibility. As this site is untypically remote from local facilities, it is suggested that trip rates should be increased to reflect fewer walking and cycling trips to the site. However, bearing in mind the relatively small levels of additional trips, even if the trip generation rates were increased considerably they would still be at an acceptable level in terms of the proposed access arrangements and wider road network.

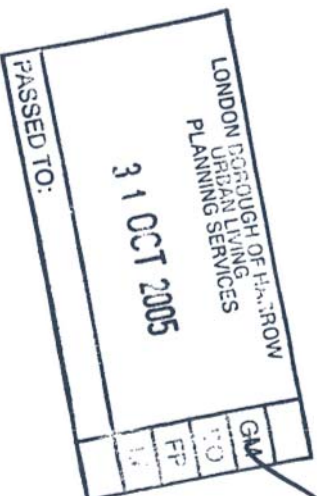
GREATER LONDON AUTHORITY
Policy & Partnerships Directorate

APPENDIX 12
CORRESPONDENCE WITH GLA
AND APPLICANTS RESPONSE

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The Queen's Walk
London SE1 2AA
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Minicom: 020 7983 4458
Web: www.london.gov.uk

Our ref: PDU/0960a/MAS04
Your ref: P/1704/05/COU
Date: 24 October 2005

Mr G. Jones
Harrow Council
Planning Services
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HARROW HA1 2UY



Dear Mr Jones,

Town & Country Planning Act 1990 (as amended); Greater London Authority Act 1999; Town & Country Planning (Mayor of London) Order 2000 Royal National Orthopaedic Hospital, Stanmore

I refer to your letter of 15 July 2005, consulting the Mayor of London on the above planning application. On 18 October 2005, the Mayor considered a report on this proposal, reference PDU/0960a/01. A copy of the report is attached, in full.

Having considered the report, the Mayor has concluded that whilst the proposal is acceptable in strategic planning terms, the following matters need to be addressed:

For the residential element of the development, 50% affordable housing should be secured or a financial appraisal produced to justify a lower provision. The detailed housing applications will need to meet London Plan policies and draft Supplementary Planning Guidance on mix of units; density; integral provision of children's play space; provision of 100% Lifetime Homes and 10% wheelchair housing (see paragraphs 27 –30 of the attached report).

- Various transport matters including the provision of a Travel Plan; issues relating to taxis and buses; car parking; the integration of cycle routes into the site; an increase in cycle parking; and footway and streetscape improvements (see paragraphs 37 – 44 of the attached report).
- Various biodiversity mitigation measures (see paragraphs 45 –47 of the attached report).
- The production of an access statement.
- The need to provide 10% renewable energy.

Martin Scholar

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18 October 2005

Royal National Orthopaedic Hospital, Stanmore

in the London Borough of Harrow

planning application no. P/1704/05/COU

Strategic planning application stage 1 referral

Town & Country Planning Act 1990 (as amended); Greater London Authority Act 1999; Town & Country Planning (Mayor of London) Order 2000

The proposal

Redevelopment of existing buildings to provide a hospital and educational facility; associated staff accommodation; private and affordable housing; associated works (outline application)

The applicant

The applicant is the Royal National Orthopaedic Hospital NHS Trust and the architects are HOK International and Devereux.

Strategic issues

The redevelopment of the Royal National Orthopaedic Hospital is supported by the London Plan's **health** policies. The **design** is welcomed and is an appropriate response to the site's location in the **green belt**. Tests for allowing redevelopment of a major developed site in the green belt are met. Affordable **housing** needs to be provided at 50% or a financial appraisal produced to justify a lower proportion. In relation to **transport**, taxi facilities, improvements to bus stops and cycle parking need to be provided, as well as limiting car parking. Various mitigation measures are proposed in relation to **biodiversity** impacts. An **access** statement needs to be produced. The application is acceptable in relation to **sustainability** subject to appropriate safeguards for the provision of renewable energy.

Recommendation

That Harrow Council be advised that the proposal is acceptable in strategic planning terms. The involvement of the GLA is requested at various reserved matters stages and in future applications.

Context

- 1 On 15 July 2005, Harrow Council consulted the Mayor of London on a proposal to develop the above site for the above uses. Under the provisions of the Town & Country Planning (Mayor of London) Order 2000 the Mayor has the same opportunity as other statutory consultees to comment on the proposal. This report sets out information for the Mayor's use in deciding what comments to make.
- 2 The application is referable under the following Categories of the Schedule of the Order 2000: 1B "Development...which comprises or includes the erection of a building or buildings"

...outside Central London and with a total floorspace of more than 15,000 sq.m.” and 3D “Development on land allocated as Green Belt and ... which would involve the construction of a building with a floorspace of more than 1,000 sq.m.”

3 If Harrow Council subsequently decides that it is minded to grant planning permission, it must first allow the Mayor an opportunity to decide whether to direct the Council to refuse permission.

4 The environmental information for the purposes of the Town and Country Planning (Environmental Impact Assessment) (England and Wales) Regulations 1999 has been taken into account in the consideration of this case.

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

Site description

6 The Royal National Orthopaedic Hospital (RNOH) is located to the north of Stanmore in a semi-rural location. The RNOH consists of over 100 buildings, predominately comprising hospital facilities, of different types and ages. These are spread throughout the site interspersed with areas of semi-natural woodland and trees.

Details of the proposal

7 Planning permission is sought for redevelopment of the RNOH to provide a modern hospital and education facility; associated staff accommodation; private and affordable housing together with associated landscaping, parking and other highways works. An existing helipad would be relocated to the north of the main new hospital buildings.

8 The application also proposes landscape and green belt enhancements and highways improvements. This is to be funded by the provision of housing.

9 The application has been submitted as about 60% of the Trust’s estate is over 60 years old and many of the buildings are therefore no longer suitable for the delivery of high quality health care which is expected of a national centre of excellence. There are also operational problems arising from the layout of the estate which can require patients and staff to travel between buildings and is not ideal for patient care and results in inefficient use of staff time.

10 In developing an appropriate clinical service model for the RNOH, the Trust had to take in to account the changing needs of care including:

- The need to increase the number of bed spaces for patients with increased levels of usage.
The need to improve facilities to treat more of its own patients and to contribute to the reduction of NHS national waiting times.
The need to accommodate the estimated increase in the treatment of patients
The need for provision of state of the art operating theatres and other clinical facilities.
- The need to accommodate a new four-part hospital configuration to best serve 21st century treatment broken into multi-disciplinary assessment; a short stay treatment centre; specialised neuromusculoskeletal medicine and surgical centre and independent living.

11 Support for the redevelopment has been secured from the Strategic Health Authority, Primary Care Trusts and the British Orthopaedic Hospital. Approval from the Department of Health for the scheme to proceed was given in July 2004. Outline planning approval is required to enable the Trust to advertise in the Official Journal of the European Union (OJEU) for expressions of interest to design, construct and operate the new hospital. A preferred PFI partner will then be selected and it is anticipated that construction will commence in 2008. The housing will be developed separately.

12 The application is in outline, with all matters other than means of access reserved for subsequent determination. The application has also been submitted with 'parameter plans' which are intended to be fixed to set the framework for the consideration of further details. The 'parameter plans' relate to the following:

Maximum footprint of built development

Maximum floorspace areas.

- The amount and mix of land uses across the site.

Means of access and principal highway works

- Maximum parking levels.

Maximum building heights.

- Limits of developable areas.

- Extent of buildings to be retained.

13 The site has been divided into three zones – the western, central and eastern development zones.

14 The western development zone incorporates a number of buildings which would be demolished with the exception of the Zachery Merton building. The zone would be used residentially providing fourteen 4 or 5- bed houses for private sale. The Zachery Merton building will be converted into accommodation for the parents of children at the hospital.

15 The central development zone incorporates the majority of existing hospital buildings, which would be largely demolished and rebuilt. In addition to the main hospital, several additional buildings would be constructed in this zone, including an education centre and new staff accommodation. The 247 bed spaces for staff would be replaced, together with the provision of an additional 93 bed spaces. Three buildings would be retained – the Spiral Injuries Unit which would be converted to offices for the Trust; the 'Aspire' building and the 'Mike Heaffey' building.

16 Demolition of existing buildings, including the partial demolition of a locally listed building (Eastgate House), would take place in the eastern development zone. Residential accommodation would be included in this zone to include 87 Flats of between 1 and 5 bedrooms.

Case history

17 An application for the demolition of the 'Zachery Merton' building and the erection of 2-storey detached building to provide an 'independent sector treatment centre' was seen by the

Mayor in May and July 2004. The Mayor concluded that he was happy for Harrow Council to determine the case itself having had concerns relating to design, access and sustainability resolved

Strategic planning issues and relevant policies and guidance

18 The relevant issues and corresponding policies are as follows:

- Health
London Plan
 - Green Belt
London Plan; PPG2
 - Housing
London Plan; draft Housing Provision SPG
 - Urban design
London Plan; PPS1
 - Transport
London Plan; the Mayor's Transport Strategy; PPG13
 - Biodiversity
London Plan; the Biodiversity Strategy; PPG9
 - Access/equal opportunities
London Plan; PPS1; SPG "Accessible London: achieving an inclusive environment"; ODPM Planning and Access SPG
- Sustainable development
London Plan; PPS1, PPG3; PPG13; PPS22; the Mayor's Energy Strategy; draft Sustainable Design and Construction SPG

19 For the purposes of Section 38(6) of the Planning and Compulsory Purchase Act 2004, the development plan in force for the area is the 2004 Harrow Unitary Development Plan and the 2004 London Plan.

Health

20 The London Plan promotes the continued role of London as a national and international centre of medical excellence and specialised facilities. It also aims to support London's healthcare services and promote the health of Londoners. The proposal would meet these objectives.

Green Belt

21 The application site is in the Green Belt. The London Plan states at paragraph 3.247 that: *"the inclusion of land within the Green Belt performs a valuable role in preventing urban sprawl and promoting an urban renaissance. The Green Belt also protects the openness of the land in order to prevent towns merging, safeguards the countryside and preserves historic settlements. The use of Green Belt land should provide Londoners with access to the countryside, opportunities for outdoor recreation; protection and enhancement of attractive landscapes; the improvement of damaged and derelict land; protection and promotion of biodiversity and retention of agricultural land."*

22 Policy 3D.8 of the London Plan states that: *"There is a general presumption against inappropriate development in the Green Belt and such development should not be approved except in very special circumstances"*.

23 Within the adopted Harrow UDP, the RNOH is identified as a 'Major Developed Site' in the Green Belt. Planning Policy Guidance Note 2 (Green Belts) states that the limited infilling or redevelopment of major existing developed sites identified in UDPs which meet the criteria specified in Annex C is not 'inappropriate'.

24 In considering applications for Major Developed Sites (MDS) in the Green Belt, PPG 2 (Annex C) states that: *"Whether they are redundant or in continuing use, the complete or partial redevelopment of major developed sites may offer the opportunity for environmental*

improvement without adding to their impact on the openness of the Green Belt and the purposes of including land within it ... Redevelopment should:

have no greater impact than the existing development on the openness of the Green Belt and the purposes of including land in it and where possible have less; contribute to the achievement of the objectives for the use of land in Green Belts; not exceed the height of the existing buildings; and not occupy a larger area of the site than the existing buildings (unless this would achieve a reduction in height which would benefit visual amenity)."

25 In relation to the above tests, the application would secure significant benefits by removing the existing dispersed buildings and concentrating built development in three zones with areas of open space creating visual and physical links between the zones.

26 In terms of Green Belt objectives, the development will provide access to the countryside; enhance landscapes and secure nature conservation interest. None of the proposed buildings exceeds the height of existing structures. The proposed footprint would be 37,654 sq.m. in comparison to an existing footprint of 38,349 sq.m.

Housing

27 The proposal is projected to provide 101 additional residential units as well as a further 93 bed spaces for hospital staff. As the application is in outline, the precise mix between private and affordable accommodation has yet to be determined. However, the applicant has advised that in gross floorspace terms, the development as a whole would meet or exceed Harrow Council's affordable housing target of 30% with an aspiration to meet the London Plan target of 50% if it is commercially viable. The proposed residential floorspace is 20,450 sq.m.

28 Given that the proposed redevelopment of the hospital is not dependent upon the housing development, 50% affordable housing should be secured or a financial appraisal produced to justify a lower provision. Within the 50% affordable housing, 70% should be provided as social housing and 30% intermediate provision.

29 As the application is in outline only at this stage, no details have been provided on the mix of units or density. It will need to comply with the guidance provided in the Housing Provision draft SPC. The applicant will need to address the integral provision of children's play space; provision of 100% lifetime homes and 10% wheelchair housing.

30 The GLA should be involved in the detailed housing applications

Urban design

31 The proposed site lay-out is a vast improvement on the current fragmented nature of the complex. The consolidation of hospital functions in only a few buildings is important for the clinical adjacencies but will also provide a sense of openness that is an important element of the appreciation of the landscape. The placement and massing of the new buildings stems from a good understanding of view lines through, towards and from outside the site. It will also provide good orientation within the site for visitors, although the car access from the southwest could be clearer.

32 The design of the buildings is still in outline phase but the concept is appropriate. The new hospital and staff buildings will, if the detailing follows up from the ambitions at outline stage, be distinct and legible. However, care must be taken that no blank elevations face public or semi-public open space.

33 The loss of part of Eastgate House is acceptable. The refurbishment of the central and western part of this locally listed building, and the efforts to improve its setting, are welcomed.

34 The central car park area is quite large and therefore great effort must be taken to prevent a dominant presence of cars in the middle and most visible part of the site.

35 The general lay-out of the new private housing seems appropriate at this outline stage but the blank end elevations must be revised as they are often facing a public road and would therefore have a detrimental effect on the appreciation of the open space in this part of the site.

36 The GLA should be involved in the reserved matters application for design and external appearance.

Transport

37 The site has a PTAL of 1 (where 6 is the highest and 1 is the lowest). The site is adjacent to the A5 (Brockley Hill). Whilst this is not on the Strategic Road Network (SRN) at this point, the A5 is designated as such approximately 1 km to the south. The site is also in close proximity to the A41 which is a Transport for London Road Network (TLRN) road, and the M1.

38 The relatively low flows estimated in the Transport Assessment from this development are predicted to be accommodated by the strategic highway network. The main access to the development is only some 500m from the junction of the A5 and A41 (TLRN) which is currently operating effectively and no discernable impact on its performance is expected. The TA proposes a roundabout at this junction with modelling indicating that this would eliminate capacity problems. It is not expected that the proposal would have a significant transport impact on either the SRN or the TLRN. Any effects on the local highway network would need to be assessed by the local planning authority.

39 This development has a car parking provision of 492 designated car parking spaces and 149 temporary spaces; however, informal parking on roads within the site can increase the total number of parked cars to 780. Measures should be taken to ensure that informal parking within the site is limited and that the temporary spaces are conditioned to be removed after they are no longer necessary. A car parking management plan is recommended to be included in the Travel Plan. The car parking provision for the private and affordable housing is yet to be determined, this should be in line with the London Plan.

40 Taxis are the only form of Public Transport at present which are 100% wheelchair accessible and yet TfL notes that no reference is made of provision for taxis. It is essential that facilities for Taxis for patients (including out patients) and visitors are provided. This is particularly so where a hospital tends to be more isolated as it is in this case. The lack of perception in the taxi role needs to be readdressed as they provide easy door to door access with vehicles suitably adapted for passengers with mobility problems. The detailed layout of the hospital should include a Taxi rank (for 4 spaces at 20 metres in length) situated on the near side (to assist disabled people), as close to the entrance to the main hospital buildings as possible. TfL notes that the nearest main taxi rank is at Edgware Underground Station however there is a strong taxi base in both Barnet and Harrow boroughs and therefore the ability to serve users of this hospital either through fare paying or taxicard users exists.

41 TFL would expect the proposed northbound and southbound bus stops on Brockley Hill to be made accessible for disabled people. TFL suggests that the current Bus Bays are replaced by Bus Stop Clearways and special kerbs installed. The cost of these improvements should be provided via a Section 106 contribution. The two nearest bus stops to the site should be improved. It is estimated that the costs of improving each bus stop is approximately £5000 per stop (£10,000 in total).

42 The transport assessment states that a number of existing cycle routes are close by. These, such as the London Road route and the segregated Edgware Way routes should be integrated into the site, secured by means of a Section 106 contribution. No mention is made of the number of cycle parking spaces/lockers/racks to be provided. Cycle parking should be provided in line with standards outlined in the London Cycle Network (LCN) Design Manual. For this type of use, the LCN requires that 177 cycle parking spaces should be provided for the residential element of the scheme. For the hospital element, cycle parking should be provided at a ratio of one space per 5 staff plus one space per 10 staff for visitors. It is unclear in the planning application the exact number of staff in the proposed development. TFL wish to have this clarified. Cycle parking should be secure, well lit, preferably overlooked or covered by CCTV and covered. Consideration should also be given to the provision of changing rooms and showers for cyclists to use.

43 TFL requests that a Travel Plan is produced which seeks to improve modal share for more sustainable forms of transport, particularly for walking and cycling. The Travel Plan could require the provision of cycling routes and maps, interest free loans for staff to purchase bicycles, taxi information and public transport timetables. The Travel Plan should also require a section on managing car parking to discourage informal car parking outside of designated parking areas.

44 A provision of high quality footways and streetscape enhancements are encouraged by TFL, with a high standard of footway throughout the site linking key destinations within the hospital. TFL suggests that improvement to the footways are undertaken since this would be an important factor in encouraging greater levels of walking. The footways around the site should be well illuminated and over-looked where possible to provide a feeling of security for those walking after dark.

Biodiversity

45 The application affects land identified and recommended for designation as a Site of Importance for Nature Conservation. The application site includes several small areas recommended as an extension to the Site of Metropolitan Importance (Pear Wood SMI) immediately to the south, as well as other, larger areas within a Site of Borough Importance integral to the hospital itself.

46 The applicant's Environmental Statement states that the overall design of the hospital redevelopment has attempted to minimise the direct land-take of important habitats. Nevertheless, the application as proposed would still impact on several important SINIC habitats and their constituent species. The most significant habitat loss (1.1 ha) concerns an area of broadleaved woodland and scrub lost to the new hospital buildings and emergency helipad. There are opportunities for extensive habitat creation to compensate these losses however, where a proportion of the total demolished building footprint would not be redeveloped but instead returned to open space uses.

47 The Environmental Statement deals adequately with protected and priority species issues. To compensate for habitat losses, various habitat creation projects are recommended including:

- A proposal to construct vegetated (green) roofs on a significant proportion of the stepped, flat roof of the new main hospital building. It is recommended that a proportion of crushed building waste retained from demolition is used.
- New open space created from former building footprints in the east and far west. It is recommended that this is more ambitious in its intended biodiversity conservation function. For example, the exposed sub-soils here may be suitable for some creation of Lowland Heathland, a UK/London Biodiversity Action Plan priority habitat that would be of major importance once established.
- Artificial habitat enhancements in buildings for bats. It is recommended that where the design of hospital and staff building roofs would allow it, purpose-built roosting chambers could be incorporated in loft spaces and eaves.

The proposed underpass to improve connectivity between colonies of southern wood ants (a UK/London Biodiversity Action Plan priority species) in Pear Wood and the grounds of the RNOH, is further justified by the potential impact of increased traffic on Wood Lane resulting from the hospital redevelopment. It is recommended that the tunnel could be designed as a general-purpose wildlife underpass with features to benefit wood ants. These might include adequate drainage provision and the capacity to accumulate a soil/mulch floor.

Access/equal opportunities

48 The production of an access statement should be secured by way of a condition or within the Section 106 agreement. This needs to relate to the entire development including areas of parking and external circulation.

Sustainable development

49 The applicant has produced a sustainability statement. It demonstrates a number of sustainability initiatives including 100% use of sustainable timber sources and consideration of materials with low environmental impact; incorporation of water efficient sanitary systems to promote low water consumption; reduction, reuse and recycling of waste during the construction and operational phases of the development; the use of green roofs and the inclusion of measures to reduce run-off and minimise pollution. All these initiatives are welcomed.

50 The applicant has also produced an energy assessment statement. It states that the main building will include passive measures using natural ventilation and natural daylight in association together with structural design.

51 In relation to the Mayor's 10% renewable energy target, the applicant has investigated various technologies. It advises that wind energy is not suitable, for reasons of location and noise, and solar heating for domestic hot water would be problematic for technical and financial reasons. Photovoltaics and/or biomass heating and CHP plant may be possible.

52 The applicant's preferred option is the use of geothermal systems. It will use the stable ground temperature in association with boreholes and also the existing balancing pond. The geothermal water systems can be piped to heat pumps located throughout the complex which could provide heating and cooling. The system is to be investigated further via trial boreholes to

establish the ground water temperature and the suitability of the underground structure to retain or reject heat.

53 The need to provide 10% renewable energy by one or a combination of the above options needs to be safeguarded by condition or in the Section 106 agreement.

Local planning authority's position

54 It is understood that Harrow Council will determine the application in November. The application is likely to be recommended for approval.

Legal considerations

55 Under the arrangements set out in article 3 of the Town and Country Planning (Mayor of London) Order 2000 the Mayor has an opportunity to make representations to Harrow Council at this stage. If the Council subsequently resolves to grant planning permission, it must allow the Mayor an opportunity to decide whether to direct it to refuse planning permission. 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 comments unless specifically stated.

Financial considerations

56 There are no financial considerations at this stage.

Conclusion

57 The redevelopment of the Royal National Orthopaedic Hospital is welcomed in terms of providing a world class centre for orthopaedic care and surgery in London.

58 The design is welcomed and is an appropriate response to the site's location in the green belt. Tests for allowing redevelopment of a major developed site in the green belt are met.

59 Affordable housing should be provided at 50% or a financial appraisal produced to justify a lower provision. As the application progresses, information should be provided on housing mix, density, lifetime homes and wheelchair homes to ensure that the development is compliant with London Plan policy.

60 An access statement needs to be produced and the use of 10% renewable energy needs to be safeguarded either by way of a condition or in the Section 106 agreement. Various mitigation measures are proposed in relation to biodiversity impacts.

61 Car parking needs to be controlled by condition. The residential element of the scheme needs to comply with the car parking standards in the London Plan. A taxi rank should be provided. Cycle parking in line with the LCN Design Manual should be provided. Two bus stops in the vicinity of the site should be improved for disabled people, at a cost of £5000 per stop and secured as a Section 106 contribution. A Travel plan should be secured by condition.

62 Given the strategic importance of the application, Harrow Council should consult the Mayor on reserved matters applications for design and external appearance and housing applications.

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Given the strategic importance of the application, Harrow Council should consult the Mayor on reserved matters applications for design and external appearance as well as future housing applications.

The application represents EIA development for the purposes of the Town and Country Planning (Environmental Impact Assessment) (England and Wales) Regulations 1999. The Mayor has taken the environmental information made available to date into consideration in formulating his comments.

If Harrow Council decides in due course that it is minded to approve the application, it should allow the Mayor fourteen days to decide whether or not to direct the Council to refuse planning permission (under article 4(1)(b)(i) of the Town & Country Planning (Mayor of London) Order 2000). You should therefore send me a copy of any officer's report on this case to your planning committee (or its equivalent), together with a statement of the permission your authority proposes to grant and of any conditions the authority proposes to impose, and a copy of any representations made in respect of the application (article 4(1)(a) of the Order).

Yours sincerely,



Giles Dolphin
Head of Planning Decisions

cc Robert Blackman, London Assembly Constituency Member
 Tony Arbour, Chair of London Assembly Planning and Spatial Development Committee
 Andrew Melville, Col
 Sam Richards, TfL
 Anne Crane, LDA
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**Royal National
Orthopaedic
Hospital, Stanmore**

Response to the Mayor's Consultation

November 2005

Final Draft

46790

Version	Date	Amended by	Principal Changes
Final	4 November 2005	EG/HS	Final draft issued

Royal National Orthopaedic Hospital, Stanmore

Response to the Mayor's Consultation

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1 Introduction

Background

- 1.1 Following a decision to progress options for the redevelopment of the Royal National Orthopaedic Hospital (RNOH) in Stanmore, Drivers Jonas was instructed to provide advice to the Trust on the planning and development implications of the proposals identified in the Outline Business Case.
- 2 In July 2005, an outline planning application (OPA) for the RNOH site was submitted to the London Borough of Harrow (LBH). The OPA provides for a new hospital together with staff accommodation, affordable and market housing, landscaping and highways works, and was supported by an Environmental Statement. The application proposals are outlined below at Section 2 of this report.
- 1.3 Outline planning consent is required to enable the Trust to proceed to the next stage in the procurement of the hospital, which is to advertise in the Official Journal of the European Union (OJEU) for expressions of interest to design, construct and operate the new hospital. This was due to happen in October 2005, but due to delays in the determination of the application and negotiation of the Section 106 Agreement, it has been put back to the first quarter of 2006.
- 1.4 A preferred PFI Partner will be selected by a competitive tendering process and they will be responsible for obtaining planning consent for the detailed design of the new hospital. It is anticipated that the Trust should be in a position to award the contract to the preferred bidder at the end of 2007, to enable construction of the hospital to commence in early 2008.
- 1.5 PFI is now the standard way to finance the building of new hospitals. However, there are a number of elements of the wider Masterplan for the RNOH, which are not included in the PFI Contract. The costs of these additional elements, which are necessary for the hospital development to proceed, will need to be borne by the Trust and its NHS Partner organisations, partly through the capital receipts from the private housing proposed as part of the Masterplan.
- Purpose of this Report**
- 1.6 Extensive consultation has been undertaken both at pre-application stage and during the consideration of the application with LBH and other statutory and non-statutory consultees. The consultation has included meetings and discussions with the Greater London Authority (GLA).
- 1.7 LBH formally consulted the Mayor of London (the Mayor) on the OPA on 15 July 2005 under the provisions of the Town and Country Planning (Mayor of London) Order 2000. The Mayor considered a report on the development proposals on 18 October 2005. The Mayor subsequently wrote to LBH on 24 October 2005 confirming that the application proposals are acceptable in strategic planning terms.
- 1.8 Notwithstanding this in principle support, the Mayor has asked that the GLA be involved in addressing some outstanding detailed matters. The relevant extracts from the Mayor's letter are replicated below:
 - *For the residential element of the development, 50% affordable housing should be secured or a financial appraisal produced to justify a lower provision. The detailed housing applications will need to meet London Plan policies and draft Supplementary*



Planning Guidance on mix of units; density; integral provision of children's play space; provision of 100% Lifetime Homes and 10% wheelchair housing'. Section 3 of this report addresses housing matters:

- *Various transport matters including the provision of a Travel Plan; issues relating to taxis and buses; car parking; the integration of cycle routes into the sites; an increase in cycle parking; and footway and streetscape improvements'. Transport related matters are dealt with in Section 4 of this report;*
- *'Various biodiversity mitigation measures'; the production of an access statement' and 'the need to provide 10% renewable energy'. These other matters are dealt with in Section 5 of this report.*

1.9 The Trust and its advisors met with LBH and the GLA on 26 October 2005 to discuss the issues raised by the Mayor. It was agreed at that meeting that a report be provided to the Mayor to confirm the Trust's response to these issues for consideration prior to the proposal being taken back to the Mayor following determination at the LBH Committee meeting on 9 November 2005.

2. The Proposed Development

- 2.1 Outline planning permission is being sought for the redevelopment of the Royal National Orthopaedic Hospital (the RNOH) at Stanmore to provide a modern hospital and educational facility, associated staff accommodation and additional affordable and private housing, together with associated landscaping, parking and other highways works.
- 2.2 The whole of the RNOH is identified as a Major Developed Site (MDS) in the green belt. It is also the subject of a number of other planning policy designations relating to locally listed buildings, ecology, nature conservation and landscaping.
- 2.3 The Trust's approach towards the redevelopment of the RNOH Site has been guided by the following two key objectives:
- (a) The need to meet the current and future clinical and operational requirements of the hospital; and
 - (b) The need to address key national, London-wide and local planning policy requirements, in particular those that deal with the green belt.
- 2.4 In the context of the first of these objectives, in the order of 60% of the Trust's estate at the RNOH at Stanmore is over 60 years old and many of the buildings are therefore no longer suitable for the delivery of the high quality health care that is expected from a national centre of excellence.
- 2.5 There are operational problems arising from the layout of the estate, which can require patients and staff to travel backwards and forwards between buildings across the Site. This is not ideal for patient care, particularly for orthopaedic patients, and results in inefficient use of staff time.
- 2.6 The hospital redevelopment will allow the RNOH to deliver the required orthopaedic care more effectively and efficiently with greater capacity for treating more patients in an environment that fits the hospital's international reputation.
- 2.7 The 18 October report to the Mayor, referred to at Section 1 above, recognises the need for improvement and welcomes the benefits that the application proposals will bring in terms of providing a world class centre for orthopaedic care and surgery in London. The benefits to Harrow residents and, as a national centre of excellence, to the wider community, are also acknowledged in the report to the 9 November LBH Committee.
- 2.8 In terms of the second of the above objectives, a key issue in the redevelopment of the RNOH is its location within the green belt. In this respect, the overall aim has been to ensure that the openness of the Site and surrounding area is not adversely affected, but on the contrary is enhanced.
- 2.9 The 18 October report to the Mayor concludes that the proposed design is considered to be an appropriate response to the site's location in the green belt and confirms that the tests for allowing redevelopment of a MDS in the green belt are met. The Council has also accepted that the proposals are acceptable in green belt policy terms. The report to the 9 November LBH Committee also comments that the proposals provide the opportunity for an exemplar development that will add significantly to the built and natural environment.

- 2.10 Overall, the OPA would deliver an exceptional development both in terms of the delivery of a new improved RNOH, better equipped to perform its role as a national centre of excellence, and in securing major landscape and visual enhancements in this green belt setting.
- 2.11 As noted above in Section 1, the private market housing that is proposed is required to assist in funding certain essential elements of the Masterplan that are not covered by the PFI contract. The next section of this report outlines these costs and explains the rationale behind the proposed provision of affordable housing.
- 2.12 The remainder of the report addresses the other detailed matters arising from the application proposals that have been raised by the Mayor.



3. Housing

3.1 As noted above in Section 1, whilst the Mayor is supportive of the application proposals in principle, he has requested that some further detailed information be provided, in particular in relation to the proposed mix of private and affordable housing.

Mix of Private and Affordable Housing

3.2 The Mayor has indicated that for the residential element of the development, 50% affordable housing should be secured or a financial appraisal produced to justify a lower provision.

3.3 In view of the level of information available at this stage, and the nature of the procurement of the various elements of the Masterplan, it has been agreed by LBH and the GLA that it is not appropriate or possible in this case to run a financial appraisal using the GLA's Toolkit model. It has therefore been agreed that a percentage of affordable housing would be negotiated using the available information on the costs excluded from the PFI (to be borne by the Trust and its NHS Partner organisations) and the likely receipts from the proposed residential development, based on financial appraisals undertaken by Drivers Jonas.

Costs excluded from the PFI Contract

3.4 As indicated in Section 1, the hospital proposed as part of the Masterplan will be provided through the PFI process. However, certain essential elements associated with the hospital and wider Masterplan are not covered by this funding mechanism. As a result, there are significant costs, which need to be funded by the Trust and its NHS Partner organisations.

3.5 The key costs are set out below:

	£	Comments
New hospital equipment	6,000,000	
Helipad	500,000	
Biomedical Engineering (BME) & Stanmore Implants Worldwide (SIW)	3,500,000	
Open Space including the Disability Park	2,500,000	
Institute of Orthopaedics	2,000,000	Total cost estimated at £6,500,000 of which the Trust is expected to contribute approx 30%
Education Centre	5,000,000	
New Graham Hill Unit	1,500,000	
Total	£21,000,000	

3.6 The above elements are necessary for the Masterplan vision to be delivered comprehensively and to enable the ultimate operation of the new hospital.

3.7 *Estimated receipts from the proposed housing*
The scale of the costs that fall outside of the PFI funding mechanism are such that the Trust is required to maximise the capital receipts from the residential element of the application proposals to assist in meeting the costs of the wider Masterplan, whilst also meeting the affordable housing and other policy objectives of the Council and the GLA.

Drivers Jonas has undertaken development appraisals for the East and West parts of the site to establish the likely scale of these capital receipts. The appraisals have tested a number of scenarios and are calculated on a floorspace basis.

3.9 As a starting point, Drivers Jonas assessed the likely receipts from a scheme where 50% of the floorspace was affordable, based on the GLA's strategic target. The initial appraisals were undertaken in June 2005, based on prevailing market conditions at that time and allowing for a full range of small and family affordable accommodation.

The results are shown on the following table and demonstrate that there would be a significant shortfall (of up to £9.5 million) when the likely receipts are compared with the key costs to be met by the Trust. The level of shortfall in funding, if the GLA's strategic target were met, is such that the ability of the Trust to deliver the comprehensive Masterplan vision would be seriously undermined.

	50% Affordable Housing (£) June 2005	25% Affordable Housing (£) October 2005
East Zone	5,500,000 – 6,500,000	7,000,000 – 8,000,000
West Zone	6,000,000 – 7,000,000	6,000,000 – 6,500,000
Total	11,500,000 – 13,500,000	13,000,000 – 14,500,000

In view of the outcome of the initial appraisals and in discussion with LBH, Drivers Jonas therefore tested other scenarios. The more recent appraisals take into account LBH's guidance that the Council's objective is to maximise the provision of 3, 4 and 5 bed affordable accommodation and of habitable rooms. They also have regard to the Council's target to secure a minimum of 30% affordable housing (subject to financial viability) and are based on updated market information.

The updated market information and other assumptions used for the purposes of the most recent appraisals are outlined in **Appendix 1**.

The updated appraisal work was completed in October 2005. The above table shows that the value of the private housing on the West Zone has actually reduced slightly since the June 2005 appraisals were undertaken. Whilst the assumptions about the number and type of units on that part of the site have not changed, market conditions have, the result being that the returns from the private units are anticipated to be less than previously envisaged. It is worth noting that it is very likely that if the 50% scenario were tested again in current conditions, the returns from the East Zone would also be less and, therefore, the resultant shortfall greater than the upper limit of £9.5 million previously calculated.

The mix of housing that has recently been agreed with LBH is based on the updated October 2005 appraisals and secures 25% of the new residential floorspace as affordable, equating to 37% of habitable rooms and 32% of units (see further comments below).

The 25% is additional to the provision of improved replacement staff accommodation in the Central Zone of the RNOH site, which has not been included in the affordable housing calculations.

Even at this level, there remains a shortfall in funding of between £6.5 million and £8.0 million. The Trust aims to meet this shortfall from its block capital allocation, which would amount to £5 million in the period 2006 to 2011 (based on the current allocation of circa. £1,000,000 per annum). However, it is hoped that the Trust's allocation will increase once the it achieves Foundation Status. Although the precise timing and additional value of this allocation can not be confirmed at this stage, the Trust is confident that, allowing for the envisaged phasing of the Masterplan proposals, it will be able to meet necessary funding requirements arising from a scheme providing 25% of the housing floorspace as affordable.

Position agreed with LBH

3.17 Having tested various scenarios, a mix of affordable and private housing has been agreed with LBH, which meets the Council's affordable housing requirements in terms of maximising the provision of habitable rooms and family accommodation, whilst also enabling the Trust to fund the elements of the Masterplan that are not covered by the PFI contract and thus deliver the comprehensive Masterplan.

The agreed mix achieves the following affordable housing percentages, which will be secured through the Section 106 Agreement:

- Based on gross floor area: 25.65%;
- Based on of habitable rooms: 37.29%; and
- Based on unit numbers: 32.39%.

3.19 A further breakdown of these percentages and how they have been calculated is contained at **Appendix 2**. In summary, it has been assumed that the new build in the East Zone will accommodate 87 units within a maximum footprint of 2,250 square metres and maximum floorspace of 9,000 square metres. The total number of affordable units within the new build development will be 23, all comprising 3 (7 units), 4 (8 units) and 5 beds (8 units).

In reaching this agreement with LBH, the Council has accepted that the additional staff accommodation provided in the Central Zone could be treated as affordable (key worker) housing. As noted above, none of the replacement staff accommodation is included within the affordable housing calculation. The additional staff accommodation secures 23 units.

The agreed split of socially rented and intermediate housing (at 65:35 based on habitable rooms) is considered to be acceptable by the Council and broadly reflects the GLA target of 70:30.

LBH recognises that the development of these units will depend heavily on the availability of Social Housing Grant and has, therefore, accepted that an appropriate cascade mechanism be inserted within the Section 106 Agreement to allow alternative tenures should grant not be available at the time the scheme is developed. The relevant clause within the Agreement is currently being finalised and will be provided to the Mayor at the earliest opportunity.

Detailed housing applications

The Mayor has requested that the detailed planning applications for the housing element of the scheme meet the policies contained in the London Plan and draft Supplementary Planning Guidance in terms of mix of units, density, integral provision of children's play space, provision of 100% lifetime homes and 10% wheelchair housing.

- 3.24 The above matters will be finalised at the detailed design stage. However, it has been agreed with LBH that they can be dealt with through conditions attached to the outline planning consent or in the Section 106 Agreement, as appropriate.

Mix of Units

- 3.25 In terms of mix of units, as noted above, the affordable housing percentage has been agreed on the basis that the units will be provided as 3, 4 and 5 bed. The unit mix for the private market housing will be agreed between LBH and the chosen developer(s) at the detailed design stage.

Density

- 3.26 Density levels will not be confirmed until a detailed design has been formulated. However, the outline consent and the Section 106 Agreement will be tied to the approved Parameter Plans, which have been agreed with LBH, having regard to the characteristics of the site and its green belt status. The Parameter Plans set out maximum footprint, floorspace and heights for the residential elements of the scheme.

Other Matters

- The Trust recognises the requirements for 100% lifetime homes and 10% wheelchair housing and it has been agreed with LBH that these matters will be addressed by way of condition.
- 3.28 The chosen developer(s) and the Council will negotiate the provision of children's play-space, as necessary, at the detailed design stage.

4. Transport

- 4.1 Section 1 of this report identified the various detailed transport matters the Mayor refers to in his letter of 24 October 2005. These have been raised by Transport for London (TfL).

Travel Plan

- 4.2 A set of Travel Plan Principles is proposed to be included in a schedule attached to the Section 106 Agreement. The Agreement will include a clause that requires that a Travel Plan consistent with the Travel Plan Principles be submitted to the Council for its approval prior to the occupation of the hospital.

- 4.3 The Travel Plan Principles include reference to a car parking management plan and facilities for cyclists (see below).

Bus and taxi facilities

- 4.4 The draft Section 106 Agreement includes a financial obligation towards the improvement of bus services, which will address the issues raised by the Mayor in his letter and in the GLA report of 18 October.

- 4.5 The 18 October report also refers to the importance of providing facilities for taxis for patients and visitors. The Trust's highways consultants have confirmed that sufficient taxi spaces can be provided within the site. LBH is satisfied that this is a matter that can be dealt with at the detailed design stage.

Car parking

- 4.6 The 18 October GLA report suggests that the proposed development makes provision for 492 designated car parking spaces and 149 temporary spaces, with informal parking on roads within the site increasing the total number of parked cars to 780.

- 4.7 However, these calculations actually apply to the current position on the site. The application proposals seek to formalise the parking situation and include provision for 780 permanent, allocated car parking spaces. As such there would be no net increase in parking associated with the hospital.

- 4.8 Private parking for the residential dwellings would be restricted to a maximum of 1.5 spaces per unit, which accords with the GLA and LBH policy guidance.

- 4.9 Maximum parking levels are set out in the Parameter Plans, which are in turn secured through the Section 106 Agreement. Additionally, provision is to be made in the Travel Plan Principles for a car park management plan.

Facilities for cyclists

- 4.10 Facilities for cyclists are proposed as part of the RNOH development and will include the provision of cycle racks, lockers, changing facilities, showers and drying space for wet clothes. At the hospital detailed design stage, an appropriate level and location will be agreed with LBH and TfL. The Travel Plan Principles includes measures to meet these requirements.

Footway and streetscape improvements

- 4.11 The Section 106 Agreement will require the layout, construction and maintenance of publicly accessible areas of open space, as agreed in



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writing by the Council, including the provision of a network of publicly accessible footpaths.

- 4.12 The Trust would welcome the opportunity to discuss footway and streetscape with TfL at the detailed design stage.

5. Other Issues

- 5.1 Aside from housing and transportation issues, addressed earlier in this report, the Mayor has identified other matters regarding which further clarification is required. These are considered below:

Biodiversity mitigation measures

- 5.2 The OPA is accompanied by a comprehensive Environmental Statement (ES). The ES sets out a number of mitigation measures related to ecology and biodiversity, which are also referred to in the 18 October GLA report to the Mayor. The ecological surveys undertaken as part of the ES have been agreed with the GLA.

- 5.3 At the meeting with LBH and the GLA on 26 October, it was agreed that biodiversity mitigation measures can be adequately dealt with at the detailed design stage in compliance with the Ecological Management Plan submitted with the application, or an amended plan as agreed with LBH. Compliance with the Management Plan will be secured through the Section 106 Agreement.

Access statement

- 5.4 An access statement will be prepared and agreed with LBH. This will be secured by way of a condition attached to the outline planning consent.

10% renewable energy requirements

- 5.5 The requirement to provide 10% renewable energy is accepted as a London-wide target on new developments.

- 5.6 It has been agreed with LBH that a clause will be included within the Section 106 Agreement to ensure that this target is met. The report to the 9 November LBH Committee refers to the Renewable Energy Statement submitted with the OPA, and states that the Council will require that the 10% renewable energy target is met by one or a combination of the alternative renewable energy options set out in that Statement.

6. Summary

- 6.1 The Mayor's letter to LBH dated 24 October 2005 confirms that the RNOH application proposals are considered to be acceptable in strategic planning terms, but identifies various detailed matters where further information has been requested. This report responds to those matters.
- 6.2 The report clarifies the majority of the points identified by the Mayor by reference to conditions that are proposed to be attached to the planning permission and the draft content of the Section 106 Agreement. Other matters are to be finalised at the detailed design stage, following further discussions with LBH and the GLA.
- 6.3 The key matter raised by the Mayor relates to the proposed mix of private and affordable housing, taking into consideration the strategic target of 50% set out within the London Plan.
- 6.4 The application proposals secure the provision of 25% of the proposed new housing floorspace for affordable housing in the form of 3, 4 and 5 bed dwellings. This equates to 37% of habitable rooms and 32% of units. The proposed mix has been agreed with LBH, based on extensive negotiations since the submission of the planning application. LBH has confirmed that the level of affordable housing and mix of affordable unit sizes proposed meets its policy requirements.
- 6.5 This report has shown that, whilst the proposed hospital is to be procured through the PFI process, many of the costs involved in securing the comprehensive Masterplan envisaged by the application fall outside of the PFI contract. The Trust needs to maximise the capital receipts from the residential elements of the scheme to assist in meeting these costs.
- 6.6 At this stage there is insufficient information available to undertake a detailed financial appraisal of the proposals using the GLA's Toolkit. However, the initial appraisals carried out by Drivers Jonas demonstrate that the shortfall in funding that arises if the GLA's 50% strategic target is met would seriously undermine the Trust's ability to deliver the proposed Masterplan. Whilst there would still be a shortfall based on the mix agreed with LBH, this is of a level that the Trust is satisfied could be met by future funding.
- 6.7 It is against this background that the Trust's case for the proposed level of affordable housing is presented. It is also important to note that there are wider benefits to be achieved as a result of the application proposals in terms of the provision of significantly improved replacement staff accommodation for the RNOH. These replacement units have not been included in the affordable housing calculations.

Appraisal Assumptions

Fundamentally, the anticipated disposal receipts depend largely on the sites' planning potential, and the confidence with which prospective developers approach the purchase. Market conditions and the structure of the disposal at the time of sale will also influence the outcome.

The following assumptions have been made based on our knowledge of both market and planning issues, in particular the percentage of affordable housing required on-site. Scheme assumptions are based upon the Masterplan for the RNOH site, prepared by HOK architects on 18 May 2005 (refs. 200/00 and 300/00). We have also taken into account negotiations held between the Council and Drivers Jonas regarding affordable housing percentages and total floorspace in September / October 2005.

General

Planning consent will be achieved for a minimum of 17,311 sq m (203,647 sq. ft.) of residential development (gross).

It is assumed that the affordable housing will comprise 25% of the entire site, which equates to approximately 4,440 sq. m. (47,800 sq ft) of the residential development (located on both the central site and East site).

The West site to comprise private (for sale) housing only. East site to comprise a mix of private and affordable.

Surface car parking

30 month construction period.

14 buildings only can be developed on the West site.

Clean title and vacant possession.

No daylighting, sunlighting or 'rights of light' issues that would significantly constrain development on the site.

Costs

Professional fees at 10%.

Stamp duty 4%.

Finance at 5.75%.

Build costs at £1,345 per sq. m. (£130 per sq. ft.) for private residential houses.

Build costs at £1,292 per sq. m. (£120 per sq. ft.) for the private residential flats.

Build costs at £1,184 per sq. m. (£110 per sq. ft.) for the affordable housing.

Section 106 costs based on traffic improvement works, a new roundabout for the whole site, a green belt management plan and contributions for public transport. The total cost is anticipated to be £1.35 million.

Demolition estimated at £200,000 for the West Site and £200,000 for the East Site.

Landscaping and servicing costs estimated at £500,000 for the West Site and £250,000 for the East Site in isolation. Wider landscaping works is included in the central site redevelopment with a top up included from the S. 106 costs applied to the East Site.

Sales agent fees at 1%.

Sales legal fees at 0.5%.

Revenue

The average sales values for affordable housing units based on current amounts paid in this part of London were assessed at £2,368 per sq. m. (£220 per sq. ft.). This assumes a mix of both social rented and shared ownership units.

The average sales values for large private houses in Stanmore were assessed at between £4,520 per sq. m. (£420 per sq. ft.) to £4,844 per sq. m. (£450 per sq. ft.). However, the masterplan restricts the amount of private units on the west site to 14 only. Because of the size of the units we have applied a discounted figure of £4,198 per sq. m. (£390 per sq. ft.).

The average sales values for flats were assessed at £4,521 per sq. m. (£420 per sq. ft.). We have slightly discounted the values in our appraisals due to the surrounding affordable housing.

Potential Capital Receipts

East Site

On the basis of the assumptions and on current market values we would expect that should the Trust decide to sell the above site for residential development it may expect to receive receipts between **£7,000,000** and **£8,000,000**.

West Site

On the basis of the assumptions and on current market values we would expect should the Trust decide to dispose of the above site for residential development it may expect to receive receipts between **£6,000,000** and **£6,500,000**.

It should be noted that the indications of potential disposal receipts set out in this report are indications based on broad planning assumptions and take no account of possible abnormal development costs, such as contamination, topography treatment, additional landscaping, archaeological remains etc. Further detailed investigations of the site would be required to determine the extent of such costs and their effects on residual land values.



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**CORRESPONDENCE WITH
RNOH RELATING TO 3 AREAS
EXCLUDED FROM THE APPLICATION**

email and post

Dear Graham

Re: **RNOH Stanmore Development – Outstanding Information**

Further to the extraordinary planning committee meeting on 16th November 2005, there was a query from Mrs Lis on the three areas excluded from the application.

Please find attached an existing site plan indicating the boundary of the application together with areas excluded from the application.

The three areas excluded from the site (A,B and C) are shaded for ease of reference. Site A and B are not owned by the Trust and, therefore, not part of Land Registry (title no. NGL706562) which means we have not included any developments in this part of the site. These sites are owned by the Secretary of State for Health. Site C is excluded from our Outline Planning Application as it is due to be sold off this financial year and the footprint has been excluded from our calculations.

Should you have any queries regarding this item, please do not hesitate to contact me.

Yours sincerely

Eric Fehily
RNOH Project Director

cc Catherine Buckley

Emma Glenn

Helen Sanders



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Future Of Major Developed Sites In The Green Belt

C1 Green Belts contain some major developed sites such as factories, collieries, power stations, water and sewage treatment works, military establishments, civil airfields, hospitals, and research and education establishments. These substantial sites may be in continuing use or be redundant. They often pre-date the town and country planning system and the Green Belt designation.

C2 These sites remain subject to development control policies for Green Belts, and the Green Belt notation should be carried across them. If a major developed site is specifically identified for the purposes of this Annex in an adopted local plan or UDP, infilling or redevelopment which meets the criteria in paragraph C3 or C4 is not inappropriate development. In this context, infilling means the filling of small gaps between built development.

Infilling

C3 Limited infilling at major developed sites in continuing use may help to secure jobs and prosperity without further prejudicing the Green Belt. Where this is so, local planning authorities may in their development plans identify the site, defining the boundary of the present extent of development and setting out a policy for limited infilling for the continuing use within this boundary. Such infilling should:

- (a) have no greater impact on the purposes of including land in the Green Belt (paragraph 1.5) than the existing development;
- (b) not exceed the height of the existing buildings; and
- (c) not lead to a major increase in the developed proportion of the site.

Redevelopment

C4 Whether they are redundant or in continuing use, the complete or partial redevelopment of major developed sites may offer the opportunity for environmental improvement without adding to their impact on the openness of the Green Belt and the purposes of including land within it. Where this is the case, local planning authorities may in their development plans identify the site, setting out a policy for its future redevelopment. They should consider preparing a site brief. Redevelopment should :

- (a) have no greater impact than the existing development on the openness of the Green Belt and the purposes of including land in it, and where possible have less;
- (b) contribute to the achievement of the objectives for the use of land in Green Belts (paragraph 1.6 - see also paragraph 3.13);
- (c) not exceed the height of the existing buildings; and
- (d) not occupy a larger area of the site than the existing buildings (unless this would achieve a reduction in height which would benefit visual amenity).

C5 The relevant area for the purposes of (d) is the aggregate ground floor area of the existing buildings (the "footprint"), **excluding** temporary buildings, open spaces with direct external access between wings of a building, and areas of hardstanding.

C6 The character and dispersal of proposed redevelopment will need to be considered as well as its footprint. For example many houses may together have a much smaller footprint than a few large buildings, but may be unacceptable because their dispersal over a large part of the site and enclosed gardens may have an adverse impact on the character of the Green Belt compared with the current development. The location of the new buildings should be decided having regard to the openness of the Green Belt and the purposes of including land in it; the objectives for the use of land in Green Belts, the main features of the landscape, and the need to integrate the new development with its surroundings. For instance it may be more appropriate to site new development closer to existing buildings.

C7 The site should be considered as a whole, whether or not all the buildings are to be redeveloped. The test of area in paragraph C5 relates to the redevelopment of the entire site; any proposals for **partial** redevelopment should be put forward in the context of comprehensive, long-term plans for the site as a whole.

C8 Proposals should be considered in the light of all material considerations, including for example visual amenity (see paragraph 3.15 of this PPG) and the traffic and travel implications of redevelopment (see PPG13).

C9 Where buildings are demolished rather than being left in a semi-derelict state pending decisions about their redevelopment, it will be necessary to keep suitable records for the purposes of paragraph C5. These should be agreed between the local planning authority and the landowner.

C10 In granting any planning permission local authorities may wish to consider whether to impose conditions to ensure that buildings which are not to be retained permanently are demolished as new buildings are erected, thus keeping the total developed area under control.