# LONDON BOROUGH OF ENFIELD

# PLANNING COMMITTEE

Date: 26<sup>th</sup> January 2016

Ward: Highlands

Report of

Assistant Director, Planning & Environmental Protection

**Contact Officer:** 

Andy Higham Sharon Davidson Robert Singleton

Application Number: 15/05021/RM Category: Major Large Scale – All

Othe

LOCATION: CHASE FARM HOSPITAL, THE RIDGEWAY, ENFIELD, EN2 6JL

**PROPOSAL:** Submission of part reserved matters approved under 14/04574/OUT as varied by 15/04547/FUL (for the replacement hospital facilities) in respect of site layout, design, external appearance and landscaping submitted pursuant to conditions 14, 15, 16 and 17 of outline approval for the redevelopment of site to provide up to 32,000 sq.m of replacement hospital facilities, involving a part 5-storey hospital building, refurbishment of Highlands Wing, retention and extension of existing multi-storey car park, erection of a 3-storey detached energy building, hard and soft landscaping and associated works. (Outline application: Access)

#### **Applicant Name & Address:**

Royal Free London NHS Foundation Trust C/O Agent

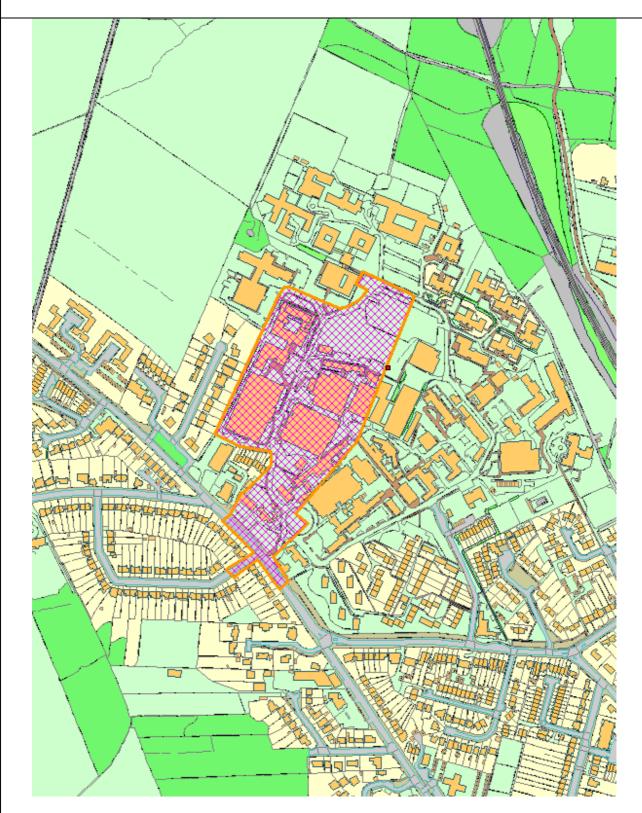
## Agent Name & Address:

Mr Paul Burley Montagu Evans Montagu Evans LLP 5 Bolton Street W1J 8BA United Kingdom

#### **RECOMMENDATION:**

That planning permission to be **GRANTED** in accordance with Regulation 3/4 of the Town and Country Planning General Regulations 1992 and subject to a Deed of Variation to the agreed s106.

Ref: 15/05021/RM LOCATION: Chase Farm Hospital, The Ridgeway, EN2 8JL,





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Scale 1:5000



# 1. Site and Surroundings

- 1.1 The subject site comprises Chase Farm Hospital complex, a 14.9 hectare plot of land with principal health care usage with ancillary staff / residential accommodation laying to the south of the site. The main hospital is located to the north and is contained within a series of 3-4 storey healthcare blocks, adhoc temporary structures, single storey buildings and a multi-storey car park. In this regard, area is mixed in terms of character, a legacy of historic hospital expansion that radiates out from the original (and heavily extended) Victorian core.
- 1.2 A number of adopted routes penetrate the site with principle access to both the hospital and Mental Health Trust facilities spread between Hunters Way to the south and The Ridgeway to the east. The site is bounded by The Ridgeway to the west and Lavender Hill to the south. Both are classified roads. To the north-west and south-east, predominately residential properties line a series of cul-de-sacs namely Spring Court Road and Albuhera Close / Shooters Road respectively. The retained Mental Health Trust land and secure unit lays to the north-east of the site.
- 1.3 Over-spill car parking facilities permeate the site and the hospital provides the terminus for a series of bus routes including the W8 and 313. Gordon Hill mainline train station lies to the east of the site and a number of surrounding residential roads are subject to Controlled Parking. Overall, the site has a Public Transport Accessibility Level (PTAL) of 2
- 1.4 The site is adjacent to designated Green Belt to the north and east of the site.
- 1.5 The site is not within a Conservation Area and does not form part of the curtilage of a Listed Building, albeit where the Victorian Clock Tower complex is considered to be a non-designated heritage asset.
- 1.6 A number of established and vintage trees pepper the site throughout and the area is known to have bat activity and established bat roosts.
- 1.7 The site is not within a flood zone, but is at risk of surface water flooding.

# 2. Proposal

- 2.1 The subject application seeks to discharge the reserved matters pursuant to conditions 14, 15, 16 & 17 of the amended scheme granted under ref: 15/04547/FUL relating to matters of site layout, design, external appearance and landscaping for the hospital development only.
- 2.2 INTRODUCTION Members are advised that the application was originally submitted and publicised with an incorrect description which misquoted the condition numbers for discharge as well as all relevant planning decisions to which the reserved matters related as follows:

Submission of part reserved matters approved under 14/04574/OUT (for the replacement hospital facilities) in respect of appearance, landscape, layout and scale pursuant to condition 13 and details of siting, design and external appearance pursuant to condition 14, 15 and 16 of outline approval for the redevelopment of site to provide 36,764sqm of replacement hospital facilities, involving a part 5-storey hospital building, refurbishment of Highlands Wing,

- retention and extension of existing multi-storey car park, erection of a 3-storey detached energy building, hard and soft landscaping and associated works. (Outline application: Access)
- 2.3 This was an administrative error, however, given that the remainder of the description correctly states the subject of the conditions to be discharged namely:
  - a. Site layout (Condition 14),
  - b. Design (Condition 15),
  - c. External appearance (Condition 16); and,
  - d. Landscaping (Condition 17)
- 2.4 It is considered that this error has not prejudiced the consultation process and the report has been drafted in accordance with the amended description as agreed with the applicant via e-mail dated 05/01/16.
- 2.5 The original outline application under ref: 14/04574/OUT was considered at planning committee on 12th March 2015 when Members resolved to grant planning permission subject to conditions, the Stage II Referral of the application to The Mayor of London and no objections being raised and subject to the satisfactory completion of a section 106 agreement.
- 2.6 The s106 Agreement has been engrossed and the Mayor advised on 11<sup>th</sup> August 2015 that he was content to allow Enfield Council to determine the case subject to any action that the Secretary of State may take and accordingly planning permission was issued on 28<sup>th</sup> October 2015.
- 2.7 In the intervening period, the Royal Free NHS Foundation Trust and their consultants have sought to progress detailed design works for the new hospital facility in their preparation for the discharge of all relevant reserved matters associated with the hospital development phase. The wider social imperative to provide a modern state-of-the-art facility, as well as funding pressures, have driven this process to ensure a timely delivery of this much needed hospital.
- 2.8 However, in refining the detailed design, it soon became apparent that some aspects of the physical parameter plans were drawn too tightly and were too restrictive to enable the delivery of the high quality development promised as part of the original submission and one that would accord with the aspirations of the Trust and the wider community. The scheme, therefore, has evolved to such an extent that minor amendments to the original outline parameters were required to accommodate these changes and were subsequently the subject of a further s73 planning application for a minor material amendment to the scheme under ref: 15/04547/FUL. This application was considered at Planning Committee on 17<sup>th</sup> December 2015 and a resolution to grant planning consent subject to conditions and the agreement of a Deed of Variation to the s106. The Deed of Variation was agreed and consent was issued on 23<sup>rd</sup> December 2015.
- 2.9 This latest application seeks to discharge reserved matters for the hospital element of the scheme only and seeks to do so in accordance with the revised parameters agreed under ref: 15/04547/FUL. All reserved matters in relation to the housing and school sites are yet to be discharged and will be

- presented to a future Planning Committee in due course as and when the relevant land parcels are released.
- 2.10 For the avoidance of doubt, members are advised that the development parameters already agreed under the parent application ref: 14/04574/OUT and minor amendment under ref: 15/04547/FUL remain completely unchanged from this application.
- 2.11 Therefore, for the information of Members and in the interests of clarity, the following items which relate to the hospital development only are consistent with the previously approved scheme:
  - The quantum of development to include:
    - The demolition of approximately 36,833 sq.m (GIA) of existing healthcare floorspace.
    - o The demolition of 7,877 sq.m (GIA) of residential floorspace
    - The retention and refurbishment of the Highlands wing for continued hospital use.
    - The retention and extension of the existing multi-storey car park to the north of the site to provide parking for up to 900 cars servicing the hospital.
    - The construction of up to 32,000 sq.m (GIA) of healthcare floorspace with a total resultant area (including Highlands Wing) of 36,723 sq.m (GIA) of health care floor space with safeguarded future expansion space around the hospital parcel.
    - Provision of up to 800 sq.m of floor area reserved within the hospital site for primary healthcare uses.
    - The removal of a microwave clinical waste treatment plant and the provision of a centralised energy centre to provide future potential to create a localised heat network connecting each of the stated uses across the site.
  - The provision of infrastructure, landscaping and protected trees
  - The boundaries of the various development parcels
  - The relationship of the proposals to the Barnet Enfield Harringey Clinical Strategy
  - Sustainable Design and Construction credentials and provision of a Decentralised Energy Network
  - The principles of access to include:
    - The relocation and formation of a new vehicle and pedestrian access to the site adjacent to Ridge Crest.
    - o The provision of a new pedestrian crossing to Lavender Hill
    - The retention of access points to Hunters Way and Shooters Road.
    - Routing of interim and permanent school access via Hunters Way with one way egress via Shooters Road including provision of new connecting road and control measures.
- 2.12 All issues relating to access, parking provision and servicing have been agreed in principle at the resolution to grant consent under ref: 14/04574/OUT

and 15/04547/FUL. As a result, they do not form part of the discussion in relation to this current application.

# 3. Relevant Planning Decisions

- 3.1 Members will be aware that the site has an extensive planning history, but the most relevant decisions here as follows:
- 3.2 15/04547/FUL Minor material amendment to 14/04574/OUT to revise the approved plan numbers (condition 1) for the redevelopment of site for mixed use to provide up to 32,000sq m of replacement hospital facilities, construction of a 3-form entry primary school including temporary facilities pending completion of permanent school and construction of up to 500 residential units, provision of additional hospital access opposite Ridge Crest and provision of egress to the school site via Shooters Road, involving demolition of hospital buildings and associated residential blocks, partial demolition of Clock Tower complex, removal of microwave clinical waste treatment plant and fuel oil burner, retention of Highlands Wing, retention and extension of existing multi-storey car park, provision of associated car parking, cycle parking, plant, hard and soft landscaping, public realm improvements and associated works. (Outline application: Access) Approved subject to conditions and s106 (23/12/15).
- 3.3 14/04574/OUT Redevelopment of site for mixed use to provide up to 32,000sq m of replacement hospital facilities, construction of a 3-form entry primary school including temporary facilities pending completion of permanent school and construction of up to 500 residential units, provision of additional hospital access opposite Ridge Crest and provision of egress to the school site via Shooters Road, involving demolition of hospital buildings and associated residential blocks, partial demolition of Clock Tower complex, removal of microwave clinical waste treatment plant and fuel oil burner, retention of Highlands Wing, retention and extension of existing multi-storey car park, provision of associated car parking, cycle parking, plant, hard and soft landscaping, public realm improvements and associated works. (Outline application: Access) Approved subject to conditions and s106 (28/10/15).

#### 4. Consultations

## 4.1 Statutory and non-statutory consultees

# **Greater London Authority:**

4.1.1 At the time of writing no response had been received from the Mayor of London. Any response will be reported as a late item, however, Members are advised that under the previous application ref: 15/04547/FUL no objection was raised to alterations to the hospital parameters plan to accommodate the reconfigured hospital now occasioned for consideration. Any response will be reported as a late item.

# **Transport for London:**

4.1.2 TfL raise no objection to the scheme and make the following observations:

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- The overall layout of the hospital is deemed appropriate as it encourages permeability for pedestrian and cycle movements.
- TfL welcomes the sheltered aspect of visitor cycle parking in accordance with the London Cycle Design Standards. Moreover, cycle parking is spread well around the site with an appropriate level clustered by the main entrance.

## **Environment Agency:**

4.1.3 The Environment Agency advise that they raise no objection to the development.

# Metropolitan Police:

- 4.1.4 The Metropolitan Police have requested that the application:
  - Adopt the principles and practices of 'Secured by Design'; and,
  - Complies with the physical security requirements within the current Secured by Design Guides for Hospitals.

# **Economic Development:**

4.1.5 No objection and no further comments beyond those made under ref: 14/04574/OUT.

## **Environmental Health:**

4.1.6 No objection and no further comments beyond those made under ref: 14/04574/OUT.

## Traffic and Transportation:

4.1.7 No objection and no further comments beyond those made under ref: 14/04574/OUT.

# 4.2 Public response

4.2.1 A total of 1125 surrounding properties were consulted about the application, a press notice released (as featured in the Enfield Independent on 25/11/15) and site notices were posted on and around the site.

The original consultation letters to residents were sent out on 26/11/15 and the letters were accompanied by a leaflet, provided by the Royal Free London NHS Foundation Trust, to inform residents of a series of three drop-in events organised by the Trust as part of their ongoing consultation programme. Unfortunately, this letter was incorrectly dated and issued after the drop-in events that the Trust had scheduled had taken place. While the events were organised entirely by the Trust as part of their ongoing community engagement programme, and hence not part of the formal consultation process of the Council, a further three drop-in events were arranged by the Trust to address the understandable concerns of residents about process and a re-consultation letter was issued on 02/12/15 for the benefit of all residents. The consultation period expired 25/01/16 (any comments received following circulation of this report will be reported as a late item).

A total of 3 written responses have been received objecting to the proposal on the following grounds:

- Inadequate parking provision
- Increased traffic generation / congestion across the site, but with particular reference to Shooters Road, Comreddy Close, Hunters Way and Ridge Crest
- Impeded access to Ridge Crest
- Inadequate parking controls
- Lack of options for alternative accesses and access mechanisms to the site.
- Inadequate drop-off / pick-up provision
- Inadequate public transport provision
- Disruption during construction
- Insufficient access to site
- Lack of supporting infrastructure (including water and sewerage)
- Loss of privacy
- Lack of open space
- Increase in pollution
- Increased danger of flooding
- Impact on local ecology
- Noise nuisance
- Overdevelopment
- Out of character
- Impact to residential amenity
- 4.2.2 Whilst the continued concerns of residents are noted in relation to the wider scheme, as explained above the principle of development and access arrangements have been established under ref: 14/04574/OUT and 15/04547/FUL and as the subject application does not seek to amend or alter elements of the scheme referred to in representations, the comments received can be attributed limited weight.

# Rt. Hon Theresa Villiers MP:

4.2.4 Registered her support for the scheme stating that the plans for new hospital buildings will result in improved facilities and important benefits for patients. The provision of 500 homes and a new school with assist in providing housing and starter homes in the area and keeping up with additional demand for school places.

# 5. Relevant Policy

5.3.1 The London Plan including Revised Early Minor Amendments (REMA)

Policy 2.6 – Outer London: vision and strategy

Policy 2.7 – Outer London: economy

Policy 2.8 – Outer London: transport

Policy 2.14 – Areas for regeneration

Policy 3.1 – Ensuring equal life chances for all

Policy 3.2 – Improving health and addressing health inequalities

Policy 3.3 – Increasing housing supply

Policy 3.4 – Optimising housing potential

Policy 3.5 – Quality and design of housing developments

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Policy 3.6 – Children and young people's play and informal recreation facilities
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Policy 3.7 - Large residential developments

Policy 3.8 – Housing choice

Policy 3.9 - Mixed and balanced communities

Policy 3.10 – Definition of affordable housing

Policy 3.11 – Affordable housing targets

Policy 3.12 – Negotiating affordable housing on individual private residential and mixed use schemes

Policy 3.13 – Affordable housing thresholds

Policy 3.14 – Existing housing

Policy 3.15 – Coordination of housing development and investment

Policy 3.16 – Protection and enhancement of social infrastructure

Policy 3.17 – Health and social care facilities

Policy 3.18 - Education facilities

Policy 4.1 – Developing London's economy

Policy 4.5 – London's visitor infrastructure

Policy 4.12 – Improving opportunities for all

Policy 5.1 – Climate change mitigation

Policy 5.2 – Minimising carbon dioxide emissions

Policy 5.3 – Sustainable design and construction

Policy 5.5 – Decentralised energy networks

Policy 5.6 – Decentralised energy in development proposals

Policy 5.7 – Renewable energy

Policy 5.9 - Overheating and cooling

Policy 5.10 – Urban greening

Policy 5.11 – Green roofs and development site environs

Policy 5.12 – Flood risk management

Policy 5.13 - Sustainable drainage

Policy 5.15 – Water use and supplies

Policy 5.18 - Construction, excavation and demolition waste

Policy 5.21 – Contaminated land

Policy 6.9 – Cycling

Policy 6.10 – Walking

Policy 6.12 - Road network capacity

Policy 6.13 - Parking

Policy 7.1 – Building London's neighbourhoods and communities

Policy 7.2 – An inclusive environment

Policy 7.3 – Designing out crime

Policy 7.4 – Local character

Policy 7.5 – Public realm

Policy 7.6 - Architecture

Policy 7.7 – Location and design of tall and large buildings

Policy 7.8 – Heritage assets and archaeology

Policy 7.9 – Heritage-led regeneration

Policy 7.14 – Improving air quality

Policy 7.15 – Reducing noise and enhancing soundscapes

Policy 7.16 - Green Belt

Policy 7.18 – Protecting local open space and addressing local deficiency

Policy 7.19 - Biodiversity and access to nature

Policy 7.21 – Trees and woodlands

Housing Supplementary Planning Guidance

## 5.3.2 Local Plan – Core Strategy

Strategic Objective 1: Enabling and focusing change Strategic Objective 2: Environmental sustainability

Strategic Objective 3: Community cohesion

Strategic Objective 4: New homes

Strategic Objective 5: Education, health and wellbeing Strategic Objective 6: Maximising economic potential

Strategic Objective 7: Employment and skills

Strategic Objective 8: Transportation and accessibility

Strategic Objective 9: Natural environment Strategic Objective 10: Built environment Core Policy 1: Strategic growth areas

Core policy 2: Housing supply and locations for new homes

Core policy 3: Affordable housing Core Policy 4: Housing quality Core Policy 5: Housing types Core Policy 6: Housing need Core Policy 8: Education

Core Policy 9: Supporting community cohesion

Core Policy 20: Sustainable Energy use and energy infrastructure

Core Policy 21: Delivering sustainable water supply, drainage and sewerage infrastructure

Core Policy 24: The road network Core Policy 25: Pedestrians and cyclists

Core Policy 26: Public transport

Core Policy 28: Managing flood risk through development

Core Policy 29: Flood management infrastructure

Core Policy 30: Maintaining and improving the quality of the built and open environment

Core Policy 31: Built and landscape heritage

Core Policy 32: Pollution

Core Policy 33: Green Belt and countryside

Core Policy 34: Parks, playing fields and other open spaces

Core Policy 36: Biodiversity

**Biodiversity Action Plan** 

S106 SPD

## 5.3.3 Development Management Document

DMD1: Affordable housing on sites capable of providing 10 units or more

DMD3: Providing a mix of different sized homes

DMD4: Loss of existing residential units

DMD6: Residential character

DMD8: General standards for new residential development

DMD9: Amenity space DMD10: Distancing

DMD15: Specialist housing need

DMD16: Provision of new community facilities

DMD17: Protection of community facilities

DMD18: Early years provision

DMD37: Achieving high quality and design-led development

DMD38: Design process

DMD42: Design of civic / public buildings and institutions

DMD43: Tall buildings

DMD44: Conserving and enhancing heritage assets

DMD45: Parking standards and layout

DMD47: New road, access and servicing

DMD48: Transport assessments

DMD49: Sustainable design and construction statements

DMD50: Environmental assessments method

DMD51: Energy efficiency standards

DMD52: Decentralised energy networks DMD53: Low and zero carbon technology

DMD55: Use of roofspace / vertical surfaces

DMD57: Responsible sourcing of materials, waste minimisation and green procurement

DMD58: Water efficiency

DMD59: Avoiding and reducing flood risk

DMD60: Assessing flood risk

DMD61: Managing surface water

DMD62: Flood control and mitigation measures

DMD63: Protection and improvement of watercourses and flood defences

DMD64: Pollution control and assessment

DMD65: Air quality

DMD66: Land contamination and instability

DMD67: Hazardous installations

DMD68: Noise

DMD69: Light pollution DMD70: Water quality

DMD71: Protection and enhancement of open space

DMD72: Open space provision

DMD73: Child play space

DMD76: Wildlife corridors

DMD77: Green chains

DMD78: Nature conservation

DMD79: Ecological enhancements

DMD80: Trees on development sites

DMD81: Landscaping

DMD82: Protecting the Green Belt

DMD83: Development adjacent to the Green Belt

#### 5.4 Other Material Considerations

**NPPF** 

**NPPG** 

London Plan Housing SPG

Affordable Housing SPG

**Enfield Market Housing Assessment** 

Providing for Children and Young People's Play and Informal Recreation SPG and revised draft

Accessible London: achieving an inclusive environment SPG

Planning and Access for Disabled People: a good practice guide (ODPM)

London Plan Sustainable Design and Construction SPG

Mayor's Climate Change Adaption Strategy

Mayor's Climate Change Mitigation and Energy Strategy

Mayors Water Strategy

Mayor's Ambient Noise Strategy

Mayor's Air Quality Strategy

Mayor's Transport Strategy

Land for Transport Functions SPG
London Plan; Mayoral Community Infrastructure Levy
Circular 06/05 Biodiversity and Geological Conservation – Statutory
Obligations and Their Impact within the Planning System

# 6. Analysis

- 6.1 Site Layout
- 6.1.1 Condition 14 of approval under ref: 15/04547/FUL states:
- 6.1.2 The development shall not commence on any individual hospital development phase identified pursuant to condition 2 until detailed drawings showing the siting of buildings on the site (having due regard to the approved Design Code pursuant to condition 4) have been submitted to and approved in writing by the Local Planning Authority. The buildings shall be sited in accordance with the approved details before the development is occupied.

Reason: To ensure a site layout which complies with adopted policies and has appropriate regard to adjoining sites and the amenities of the occupiers of adjoining properties and to accord with s92(2) of the Town and Country Planning Act 1990.



Illustration 1: Site Layout

- 6.1.3 As part of the submission, it is clear that the road network, parking provision and decant strategy for the redevelopment of the site remain unchanged from the previously approved scheme outline scheme as per ref: 15/04547/FUL. Principal access to the hospital site remains via the Ridgeway with a clear line of sight to the main hospital entrance and the civic heart of the development with a large expanse of public realm appropriate drop-off and pick up facilities along with improved public transport terminus and bus stand. Circulation around the hospital has been refined and provides clear and appropriate circulation and access for staff and visitors as well as ample space of servicing and emergency vehicles.
- 6.1.4 The decision to incorporate the main servicing area partially within the proposed building envelope is welcomed and will ensure that such utilitarian functions are largely screened from the public realm and more importantly will serve to enhance the overall appearance of the development.
- 6.1.5 Consistent with the scheme approved, the reorientation and redesign of the hospital building with associated realignment of elements of the residential parcels has served to ensure that the development will minimise its impact to

both residential amenity and indeed views across the site from the more sensitive vantage of the Green Belt, while the extension to the multi-storey car park sees the built form moved further away from any sensitive existing residential uses.

- 6.1.6 In consultation with Transport for London and the Council's Traffic and Transportation team, no objections have been raised to the scheme and the arrangement of cycle storage, the bus terminus, access and servicing to the site, as well as the refined layout of the extended multi-storey parking is such that accessibility to the site is further enhanced and the agreed provision of 900 car parking spaces for visitors and staff (including disabled parking) can be delivered in accordance with the details of the approved 14/04574/OUT and 15/04547/FUL.
- 6.1.7 As a result it is recommended that condition 14 be discharged.
- 6.2 <u>Design</u>
- 6.2.1 Condition 15 of approval under ref: 15/04547/FUL states:
- 6.2.2 The development shall not commence on any individual hospital development phase identified pursuant to condition 2 until detailed drawings showing the design of buildings (having due regard to the approved Design Code pursuant to condition 4), including existing and proposed levels, have been submitted to and approved in writing by the Local Planning Authority. The buildings shall be constructed in accordance with the approved details before the development is occupied.

Reason: To ensure a design which complies with adopted policies and has appropriate regard to adjoining sites and the amenities of the occupiers of adjoining properties and to accord with s92(2) of the Town and Country Planning Act 1990.

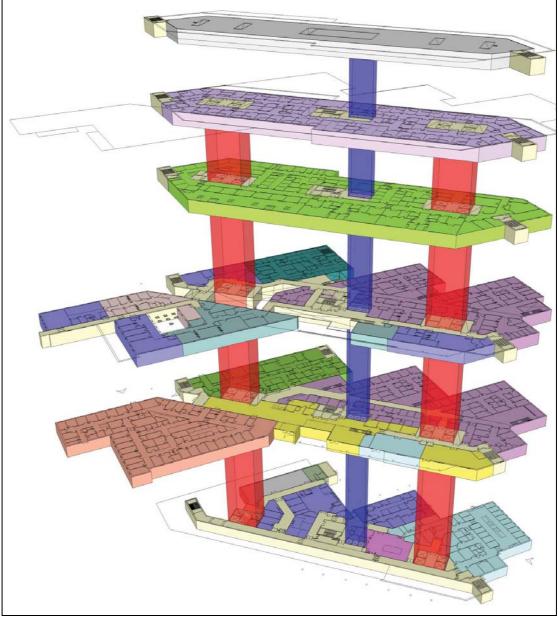


Illustration 2: Hospital Design / Refined Internal Layout

- 6.2.3 As part of the submission revised diagrammatic floorplates have been provided. The design ethos adopted by the Trust has always been based on:
  - enhanced patient experience through better privacy and dignity.
  - increased efficiency and productivity of clinical services serving to reduce waiting times and repeat visits.
  - improved quality of the estate securing fit-for-purpose accommodation for clinical services.
  - significant investment in the hospital to increase the sustainability of service delivery on site, offering greater reassurance of the Trust's continued commitment to healthcare provision on the site.
- 6.2.4 As was apparent in the previous scheme, in refining and evolving the design of the hospital development from the original incarnation of the scheme, the reconfigured hospital has been driven by a desire to simplify patient movement and to create a functional and efficient space that groups, and

locates, clinical services to ensure ease of access, identified expansion potential and indeed to respond far better to the topographical and access constraints of the site.

- 6.2.5 Due to the site layout and connectivity between the proposed residential development, public transport and the existing multi storey car park, the new hospital has been designed with two main entry points. The entrances have been designed to be easily identifiable, legible in their interface with surrounding uses to assist in wayfinding and orientated to respond to the desire lines of pedestrian movement to create an attractive public realm and allow the hospital to engage positively with the surrounding area. The interior is designed to ensure these two entry points combine into a separate controlled central entrance concourse.
- 6.2.6 The Trust have sought to maximise long range views out of the site and draw in the clear environmental and scenic benefits of the surrounding Green Belt. This has produced the distinctive longer linear ward design and ultimately will provide a more positive patient experience, engaging with the surroundings with outward aspect, rather than a more insular inward looking aspect, as was apparent in the former courtyard design presented under ref: 14/04574/OUT.
- 6.2.7 In addition to external context a large number of clinical and operational factors have served to dictate the size and form of the new hospital. Some are due to regulations, guidance, best practice and others due to site and specific local issues. The principal considerations which have contributed to the design of the new hospital are:
  - Maximise clinical adjacencies between departments whilst maintaining patient privacy and dignity with separation of separation of sexes where possible
  - Minimise travel distances with a compact building footprint
  - Simplify patient way-finding with central concourse and single visitor/patient core
  - Maximise views and natural light to aid way-finding and patient well being
  - Design the hospital for future flexibility and expansion
  - Meet all the stringent NHS guidance documents such as Health Technical Memorandum (HTM) and Health Building Notes (HBN) which cover subjects such as:
    - Acoustic properties of each room
    - o Room sizes, bed spacing and in some cases room layout
    - o Privacy and dignity
  - Infection control
  - Finishes appropriate to their use and needs
  - Full DDA compliance
  - Separation of flows between patient, staff, visitors and facilities maintenance (FM)
  - A need to avoid the existing hospital facilities during construction especially the existing imaging facility which requires dead zone around it for it to function accurately.
  - The requirement for 100% single bedrooms which has a significant effect on the building layout and elevational treatment
  - Infection prevention
  - Hospital fire strategy precaution and evacuation:

- Hospital expansion opportunities to ensure the hospital can change and grow with future change and growth in need.
- 6.2.8 The scale of the development to include the extended multi-storey car park, main hospital building and energy centre are well within approved parameter plans and hence the realised hospital development will ensure that the development as a whole will respect relevant Green Belt constraints while ensuring that the critical mass of the development is located to the centre of the site, instilling continuity with the indicative masterplan.

Alignment with BEH Clinical Strategy

- 6.2.9 London Plan Policy 3.17 and CP7 of the Core Strategy seeks to support the provision of high quality health appropriate for a growing and changing population with a flexibility of form that can adapt to meet identified healthcare needs including the provision of urgent care centres. The Council is committed to work with the Enfield PCT, NHS London, and other public and private sector health agencies in delivering appropriate proposals for new health and social care facilities.
- 6.2.10 Under application ref: 14/04574/OUT the principle of a new and enhanced hospital facility to the site was established. Issues relating to hospital service continuity, the reduction in healthcare floor space and alignment with the stated and established needs of the wider community as part of the BEH Clinical Strategy were considered in detail at that time and deemed to be compliant with the provisions of Policies 3.16 and 3.17 of the London Plan and Policy CP7 of the Local Plan.
- 6.2.11 This was reiterated as part of deliberations under ref: 15/04547/FUL and a Deed of variation to the s106 again secured a minimum healthcare provision to be delivered to the site. Under the Heads of Terms 'Hospital' was defined as:

"the replacement facility of not less than 25,000 sq.m gross internal area (GIA) for use as a hospital providing as a minimum the services outlined in the approved Healthcare Strategy or any replacement thereof."

This minimum provision was discussed by Members at the time and the resolution to grant consent was based on the acceptability of this minimum figure to exclude the retained Highlands Wing. It was accepted by Planning Committee that the 25,000 sq.m would accommodate the requirements of BEH Clinical Strategy and the stated programmed services. Whilst it is acknowledged that the approved outline schemes sought a higher GIA figure than stated in the Strategy (namely a threshold up to 32,000 sq.m) this was to allow for a flexibility of form better designed to react to, and reflect, the clinical demands made for the site rather than as an absolute statement of the size of the development once finally refined.

6.2.12 The subject scheme seeks to provide 24,066 sq.m of replacement floor area, increasing to 28,789 sq.m once the retained and refurbished Highlands Wing is included. While the inclusion of Highlands Wing does exceed the 25,000 sq.m threshold, it is clear that the 'replacement facility' – namely the new build element – does fall marginally below this threshold. In discussions with the applicant further justification for this shortfall was requested. Accordingly a further supporting statement was submitted for consideration.

- 6.2.13 The document asserts that the reduced floor area results from a refinement of the design of the hospital that provides a far more efficient layout than previously considered, while remaining consistent with the quantum and list of services required by the BEH Clinical Strategy. Thus the numerical assessment of the floor area of the scheme clearly belies its ability to accommodate identified services where a more rational built form, including the removal of inefficient over-large circulation areas evident in the previous scheme and replacement with a more efficient linear configuration. While the requirements of the s106 are of course noted, it must be acknowledged that the BEH Clinical Strategy and associated Healthcare Management Plan identified a floor area need of approximately 25,000 sq.m commensurate with the outline nature of the application and subject to the refinement of the scheme which is what is now taking place.
- 6.2.14 The fact that the enhanced hospital provision on the site complies with the documents set out above must weigh in the favour of the scheme, consistent with the provisions and objectives of Policies 3.16 and 3.17 of the London Plan and Policy CP7 of the Core Strategy. The Trust have conceded that the changes tabled will require a further Deed of Variation to the existing s106 to ensure that a revised minimum figure is inserted to ensure that the realised development continues to accord with the strategic objectives of the Council, its residents and the BEH Clinical Strategy. As a result, it is considered that the difference in floorspace is marginal and from the evidence provided would not prejudice the hospital's ability to deliver the services required by the BEH Clinical Strategy consistent with the approach and deliberation of Members under the previous applications.
- 6.2.15 The tabled changes now formally incorporate the ground floor of the Highlands Wing and refurbished operational space (an area technically excluded from deliberations under the parent consent) which adds a further 2,738 sq.m to the operational total. This results in 26,804 sq.m in floorspace overall, with a further expansion potential 3,262 sq.m to the remainder of the Highlands Wing once this area comes online. Again this must be afforded weight in deliberations, particularly where the wording of the s106 seeks to secure "replacement floorspace" and can be held to refer to all floorspace considered to be operational as part of the new hospital project which would therefore include Highlands Wing.
- 6.2.16 Moreover, the Trust remain committed to safeguard the long term future of the hospital to create a flexible and responsive hospital capable of adaption and expansion to accommodate the changing needs of a growing population and hence as part of the subject application a consequential reconfiguration of expansion areas has been provided. While this would not form part of the application for approval, Members are advised that through the refinement of the main hospital building the quantum of expansion space available to the hospital has increased by some margin. Identified as Phase 2 and Phase 3 expansion areas, there is an absolute potential increase in floor area of around 17,334 sq.m. The Phase 2 areas would comprise vertical expansion space over the low rise elements to the north and south of the main hospital building yielding approximately a further 9,334 sq.m of extension space (positioned and aligned through considered design to allow expansion of specific services to those areas) whilst the Phase 3 area to include a new site directly adjacent to the energy centre and a refined area to the green to the south of Highlands Wing have been identified to accommodate up to a further

8,000 sq.m as illustrated below (highlighted in purple for Phase 2 and cyan for Phase 3):



**Illustration 3: Future Expansion Space** 

- 6.2.17 In addition, a further reserved area of 800 sq.m has been identified for future primary healthcare facilities in the form of a GP provision. This is consistent with the requirements of the parent application and subsequent requirements agreed as part of the s106 the type and function of which will be determined by an assessment of need at the point of delivery.
- 6.2.18 It is clear that the detailed and refined scheme will be capable of delivering the objectives of the BEH Clinical Strategy resulting in a rational and efficient fit-for-purpose modern healthcare facility sufficient to accommodate the healthcare needs of existing residents, but perhaps more importantly with a flexibility in form that maximises and will allow future expansion potential to accommodate the needs of a growing population.
- 6.2.19 On this basis, it is considered that the condition relating to design be discharged subject to a Deed of Variation of the s106 to accommodate the change minimum floor area.

# 6.3 External Appearance

- 6.3.1 Condition 16 of approval under ref: 15/04547/FUL states:
- 6.3.2 The development shall not commence on any individual hospital development phase identified pursuant to condition 2 until details of the external

appearance of the development, including the materials to be used for external surfaces of buildings and other hard surfaced areas (having due regard to the approved Design Code pursuant to condition 4) have been submitted to and approved in writing by the Local Planning Authority. The development shall be constructed in accordance with the approved details before it is occupied.

Reason: To ensure an appearance which complies with adopted policies and has appropriate regard to adjoining sites and the amenities of the occupiers of adjoining properties and to accord with s92(2) of the Town and Country Planning Act 1990.

6.3.3 Detailed elevations and photorealistic visualisations have been provided for consideration, during pre-application stage and in the build up to submission. Detailed discussions relating to the finish and external design of the hospital took place, acknowledging the importance of ensuring a visually appealing civic building with a high quality finish and a continuity in the design ethos to ensure synergy between the hospital, the surrounding public realm to create a civic heart to the wider masterplan area.



Visualisation 1: Southern Entrance Plaza



Visualisation 2: Northern Entrance Plaza



**Visualisation 3: Eastern Corner** 



Visualisation 4: North-East Elevation

- 6.3.4 It is clear that the refinement of the hospital building has served to create a more visually interesting built form than its predecessor with a strong diagonal emphasis that positively addresses the large expanse of public realm that demarcates the main entrance and creates the civic heart of the development.
- 6.3.5 The principal entrance positively addresses the main access route to the site via the Ridgeway to create a legible space, but also a clear destination for

visitors and residents alike, actively engaging with the wider surround with an internal configuration that is outward looking as opposed to the more insular version previously table under ref: 14/04574/OUT. Through considered design and the appropriate use of materials the scale and mass of the development is broken up creating a much more relatable human scale to both entrance plazas and responding to the topographical difference across the site. The building profile and silhouette is staggered and setbacks are used to provide both articulation and layering of the façade which is also addressed through the materials used further breaking up the elevations, but also ensuring continuity in the palette of materials used to provide a cohesive aesthetic overall and one that allows the development to be read as a unified whole.

- 6.3.6 It is acknowledged that in extending the multi-storey car park, design options are far more limited with a building envelope already defined. However, efforts have been made to reflect the materials palette across the extension with the installation of a living wall to the north and east elevations which will serve to soften the built form and ultimately increase the landscaping and biodiversity credentials of the site.
- 6.3.7 The energy centre has also been designed with this in mind, again replicating elements of the materials palette to ensure that the development can be read as a whole, whilst recognising the limitation in the design of a utilitarian building which by location would be sited to the less sensitive northern extremity of the site.
- 6.3.8 On this basis it is recommended that the condition be discharged.
- 6.4 Landscaping
- 6.4.1 Condition 17 of approval under ref: 15/04547/FUL states:
- 6.4.2 The development shall not commence on any individual hospital development phase identified pursuant to condition 2 until details of a landscaping strategy have been submitted and approved in writing by the Local Planning Authority.
  - Reason: To provide a satisfactory appearance and ensure that the development does not prejudice highway safety and to accord with s92(2) of the Town and Country Planning Act 1990.
- 6.4.3 Details of an outline landscaping strategy have been provided to satisfy the requirements of this condition. Members are advised that a full and detailed landscaping strategy is required by virtue of condition 18 of the same consent whilst this submission seeks only to discharge the pre-commencement trigger for a landscaping scheme and enable works on site to commence to accord with s92(2) of the Town and Country Planning Act 1990. The submitted scheme will provide the basis upon which the detailed works will be set and hence it is imperative that the principles established accord with the Council's wider aspirations for the design of the public realm, biodiversity enhancement, sustainable drainage and tree protection and planting throughout the site. For clarity condition 18 states:
- 6.4.4 Within 6 months of commencement of works to the hospital development and having due regard to the approved Design Code pursuant to condition 4 full details of both hard surfacing and soft landscape proposals have been

submitted to and approved by the Local Planning Authority. The details shall include:

- a. Detailed design, layout, surfacing materials of recreation / playspace provision (as applicable)
- b. Detailed design, layout, surfacing materials, landscaping strategy, street furniture and maintenance of areas of public realm including but not limited to the main hospital entrance to The Ridgeway and the Hospital entrance plaza
- c. Planting plans
- d. Written specifications (including cultivation and other operations associated with plant and grass establishment)
- e. Schedules of plants and trees, to include native and wildlife friendly species and large canopy trees in appropriate locations (noting species, planting sizes and proposed numbers / densities)
- f. Full details of tree pits including depths, substrates and irrigation systems
- g. Specification of all proposed tree planting has been approved in writing by the Local Planning Authority. This specification will include details of the quantity, size, species, position and the proposed time of planting of all trees to be planted, together with an indication of how they integrate with the proposal in the long term with regard to their mature size and anticipated routine maintenance
- h. Above surface sustainable drainage systems
- i. The location of underground services in relation to new planting
- j. Implementation timetables.
- k. Biodiversity enhancements, to include bird and bat boxes built into or on and around the new buildings
- I. Specifications for fencing demonstrating how hedgehogs and other wildlife will be able to travel across the site (e.g. gaps in appropriate places at the bottom of the fences)
- m. Surfacing materials to be used within the development including footpaths, access roads and parking areas and road markings have been submitted to and approved in writing by the Local Planning Authority.

The surfacing and landscaping shall be carried out in accordance with the approved detail before the development is occupied or use commences.

All tree, shrub and hedge planting included within that specification shall be carried out in accordance with that specification and in accordance with BS 3936 (parts 1 & 4); BS 4043 and BS 4428.

A landscape management plan, including long term design objectives, management responsibilities and maintenance schedules for all landscape areas in the hospital part of the development shall be submitted to and approved by the Local Planning Authority prior to the occupation of the hospital part of the development or any phase of the hospital part of the development, whichever is the sooner, for its permitted use. The landscape management plan shall be carried out as approved.

Reason: In order to ensure the satisfactory maintenance and management of these areas to assure a high quality public realm is provided in the long term. To provide for the maintenance of retained and any new planting in the interests of preserving or enhancing visual amenity. To ensure the provision of amenity, and biodiversity enhancements, to be afforded by appropriate landscape design, and to increase resilience to the adverse impacts of

climate change the in line with Core Strategy policies CP36 and Policies 5.1 - 5.3 in the London Plan.

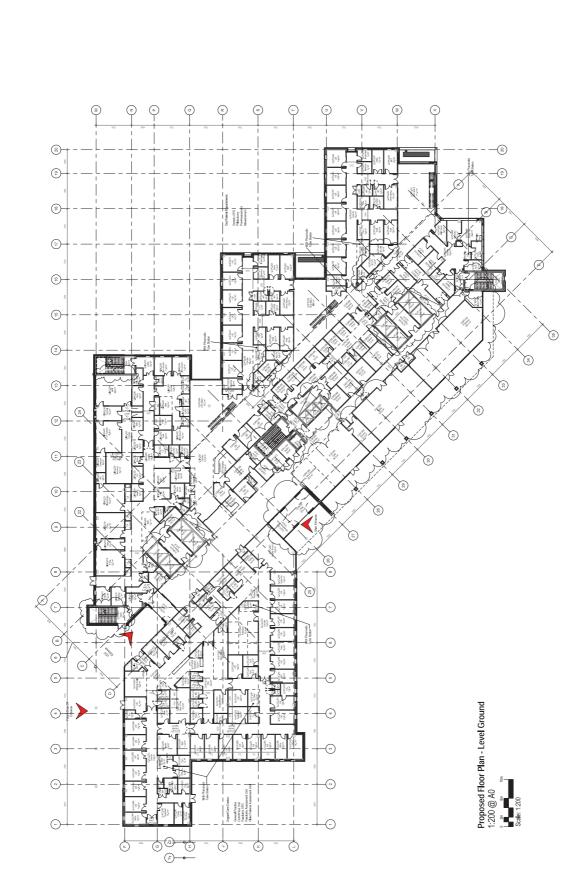
- 6.4.5 The outline landscaping strategy has been designed to accord with the principles underpinning the parent application namely:
  - The promotion of urban greening
  - Increased access to open space
  - Conserve and enhance biodiversity
  - Improve sustainable travel connections
  - Promote healthy living
  - Assist in improving the quality of life and rehabilitation of patients
- 6.4.6 As part of these overarching aspirations, the Trust have identified the Urban Green's key spaces to achieve the stated objectives and create a high quality and multi-functional public realm. In consultation with the Council's Tree Officer, although planting schedules have been omitted at this stage, the Officer is satisfied that the overarching strategy adopted, coupled with the fallback requirements of condition 18, are such that the development will deliver viable and high quality amenity provision while ensuring protected trees are safeguarded and biodiversity enhanced overall.
- 6.4.7 As originally submitted concern was raised by the SUDS Officer that the wider drainage strategy for the site relied too heavily on underground attenuation measures rather than the Policy preference for surface based SUDS systems. Through negotiation a revised set of principles to govern above ground measures was secured to the satisfaction of the Officer and hence it can be held that the overall landscape design will serve to increase resilience to the adverse impacts of climate change the in line with Core Strategy policies CP36 and Policies 5.1 5.3 in the London Plan.
- 6.4.8 On the basis of the above it is recommended that condition 17 is discharged pending submission of a detailed landscaping design as per the requirements of condition 18.

## 7. Conclusion

7.1 Chase Farm is a strategically important site for the Borough and its surround. It is considered that each of the reserved matters submitted pursuant to conditions 14, 15, 16 and 17 are to the satisfaction of the Local Planning Authority and can be discharged subject to the completion of a Deed of Variation to reflect the final floor area of the hospital.

#### 8. Recommendation

8.1 That planning permission be granted in accordance with Regulation 3/4 of the Town and Country Planning General Regulations 1992 subject to a Deed of Variation to the agreed s106.



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