# Planning Statement

Hillingdon Hospital, UB8 3NN

Hybrid Planning Application

# Contents

# 1. Executive Summary

In September 2019, The Hillingdon Hospitals NHS Foundation Trust was announced as one of twenty one hospitals to receive a share of seed funding. This funding allows the Trust to develop a business case for the redevelopment of the hospital which includes the need to secure planning permission. The proposed scheme supports delivery of the overarching plan for the NHS set out in The NHS Long Term Plan (2019) and has been developed in the context of local plans set out by the North West London Integrated Care System and the Hillingdon Health and Care Partners.

The proposals would deliver a significant step forward from the existing outdated facilities, to a state of the art hospital, where staff can be proud and feel valued. The hospital will provide expanded clinical services in order to meet demand in appropriate fit for purpose and compliant facilities to ensure the best possible patient environment is provided. The upgrading of facilities is critical to staff recruitment and retention. It is essential that the local healthcare system meets the needs of an ageing population. However, capital is extremely scarce in the NHS. Promoting healthy and safe communities is a key theme of national and local planning policy and this is directly relevant to proposals at Hillingdon Hospital. They would deliver a local strategy for healthcare improvement, through the modernisation of the hospital for the benefit of the community. The new facilities would be state-of-the-art and well-designed and would be able to meet the needs of current and future communities.

At the heart of the proposals is a shared vision of providing improved access to better healthcare services for the local population in a new fit for purpose local hospital on the current Hillingdon Hospital site. The Trust's strategy targets improvements through collaboration, integration and greater efficiency. The Trust plan to provide the same range of services that are currently available at the hospital, but in a high quality, purpose-built facility. In designing the new facility, the Trust will work with the relevant partners and stakeholders across the health and social care system to improve the integration of care across the borough and beyond.

This hybrid planning application seeks planning permission for the redevelopment of the Hillingdon Hospital site. It comprises the new Hillingdon Hospital, new multi-storey car park and mobility hub, vehicle access, highways works, associated plant, central open space, and surface car park to facilitate the new hospital. The outline component relates to the development of up to 327 new homes, supporting commercial uses, new pedestrian focussed streets and outdoor amenity spaces. Together, these two components form the hybrid planning application and provide the masterplan for delivery of the new hospital and a vibrant new community.

The Hybrid Planning Application has been submitted following extensive consultation and engagement with the users of the hospital estate and the wider community, LBH Officers, GLA Officers, TfL and other key statutory consultees. The Proposed Development, as submitted, has evolved to take account of this process and also has had regard to the relevant national planning policy guidance, the Development Plan and other material considerations. This is evident through the Illustrative Masterplan and the design principles contained within the submitted Design and Access Statement.

This Planning Statement demonstrates that the proposed redevelopment of Hillingdon Hospital has been carefully considered in accordance with Hillingdon's Local Planning Policies and the London Plan (March 2021), and other material considerations including the NPPF (July 2021).

The Outline Business Case is complete and planning permission for the project forms a key part of the overall approval required to support the delivery of the future of healthcare in the London Borough of Hillingdon.

# 2. Introduction

2.1. This Planning Statement has been prepared by Savills on behalf of the Applicant, Hillingdon Hospitals NHS Foundation Trust ("the Trust") in support of a Hybrid Planning Application ("HPA") at the Hillingdon Hospital, UB8 3NN ("the Site").

2.2. This Statement describes the application proposals in detail and assesses the proposals against the relevant planning policy framework. It should be read in conjunction with the accompanying application drawings, parameter plans and a number of specialist technical documents and information which have been prepared and submitted as part of this planning application to address the full range of planning considerations.

**Description of Development**

2.3. The proposed description of development for which planning permission is being sought ("the Proposed Development") is as follows:

*Hybrid planning application for:*

- ***FULL*** *application seeking planning permission for demolition of existing buildings (excluding the Tudor Centre and the Old Creche) and redevelopment of the site to provide the new Hillingdon Hospital, multi-storey car park and mobility hub, vehicle access, highways works, associated plant, generators, substation, new internal roads, landscaping and public open space, utilities, servicing area, surface car park/ expansion space, and other works incidental to the proposed development*

- ***OUTLINE*** *planning application (all matters reserved, except for access) for the demolition of buildings and structures on the remaining site (excluding the Grade II Furze) for a mixed-use development comprising residential (Class C3) and supporting Commercial, Business and Service uses (Class E), new pedestrian and vehicular access; public realm, amenity space, car and cycling parking.*

**Structure of Hybrid Planning Application and Supporting Documents**

2.4. This hybrid planning application seeks planning permission for the redevelopment of the Hillingdon Hospital site. It comprises elements in detail (the 'Detailed Component') and in outline (the 'Outline Component'). The detailed component comprises the new Hillingdon Hospital, new multi-storey car park and mobility hub, vehicle access, highways works, associated plant, central open space, and surface car park to facilitate the new hospital.

2.5. The outline component (appearance, landscaping, layout and scale reserved) relates to the development of up to 327 new homes, supporting commercial uses, new pedestrian focussed streets and amenity spaces. Together these two components form the planning application and provide the masterplan for delivery of the new hospital and a vibrant new community.

2.6. The Detailed Component defined as "Phase 1" and is split into three sub phases (1A-C). Phases 1 A-B will occur on the western extent of the site where lower grade buildings and surface car parking can be cleared to deliver the hospital. The proposals of phases 1A-B comprise the new hospital, MSCP, landscaping and associated landscaping. Phase 1C permits the diversion of buses to enter through the site via Pield Heath Road and exit on Colham Green Road. This has been introduced at the request of the Council and TfL/GLA. Given the vital need to keep the hospital operational at all times, detailed phasing has been introduced to highlight the works that will need to take place in the interim to facilitate the opening of the hospital, and a future phase which can facilitate the bus diversion through the site as this requires alteration to works carried out in phase 1B. Phase 1B works will therefore be temporary until replaced by the final proposals in phase 1C.

2.7. The outline application will essentially form phase 2 to deliver a network of new connections, landscaping and new homes for the Borough. Due to the likely duration of the construction and the need to retain the existing hospital in situ to provide for the healthcare needs of the area, an outline application provides the necessary flexibility for the future. The Illustrative Masterplan and parameter plans provide the potential for three residential blocks (P01, P02 and P03), with a combined maximum 31, 503 square metres (GIA) of residential development with supporting ground floor town centre uses to contribute to a vibrant community adjacent to the new hospital.

2.8. As set out in this Planning Statement, it is concluded that the proposals comply with the Development Plan as a whole as well as other material considerations including national planning policy and guidance. The development of the site will represent sustainable growth and provide wider environmental, social and economic benefits through the optimisation of the site for a state of the art new hospital facility, new high quality public open space, enhanced provision of sustainable public transport, and the creation of a new community through provision of housing on the wider masterplan.

2.9. This Planning Statement explores the proposed development in more detail, describing the physical context of the Site itself; relevant planning history; and the pre-application consultation and engagement process; before examining the Proposed Development within the context of relevant planning policy and material considerations.

**Supporting Information**

2.10. The full suite of documents have been set out below.

| Document | Consultant |
|---|---|
| **Covering letter, forms, notices and application fee** | |
| Outline Planning Application Form and Certificate B | Savills |
| Full Planning Application Form and Certificate B | Savills |
| Covering Letter | Savills |
| Community Infrastructure Levy Form | Savills |

| | |
|---|---|
| Application Fee | The Trust (Applicant) |
| **Planning, Design and SCI** | |
| Red Line Site Location Plan @ 1:1250 and 1:2500 | IBI Architects |
| Existing and Proposed Plans (see Appendix C of the submitted Development Specification Statement for full list of submitted drawings) | IBI Architects |
| Parameter Plans | Prior and Partners |
| Planning Statement | Savills |
| Development Specification Statement | Savills |
| Design and Access Statement (including Landscape Strategy and Urban Greening Factor calculation). | IBI Architects and Prior and Partners |
| Statement of Community Involvement | Concilo Communications |
| Design Code | Prior and Partners |
| **Technical Reports** | |
| Accessibility Statement (incorporated into Design and Access Statement) | IBI |
| Affordable Housing Statement (incorporated into Planning Statement) | Savills |
| Air Quality Assessment (including Air Quality Neutral Assessment) | Aecom |
| Arboricultural Impact Assessment [AIA] | Landmark Trees |
| Archaeological Desk Based Assessment [ADBA] | Savills Heritage & Townscape |
| Biodiversity Net Gain Assessment | Aecom |
| Circular Economy Statement and Whole Life Cycle Carbon Assessment | Aecom |
| Ecological Impact Assessment | Aecom |
| Geotechnical and Geo-environmental Desk Study Report | Aecom |
| Daylight and Sunlight Report (including Overshadowing Assessment) | Point 2 |
| Outline Energy Statement and Sustainability Strategy | Aecom |
| Detailed Energy Statement and Sustainability Strategy | Aecom |
| Overheating Risk Assessment (for Detailed First Phase) | Aecom |
| Fire Strategy (Detailed Strategy) | Tenos |
| Fire Strategy (Outline Strategy) | Tenos |
| Flood Risk Assessment | Aecom |
| Drainage and SUDs Strategy (including Completed SuDS Proforma) | Aecom |
| Townscape Visual Impact Assessment and Tall Building Assessment | Savills Heritage & Townscape |
| Demolition and Construction Method Statement | Aecom |
| Lighting Strategy | Aecom |
| Wind Microclimate Impact Assessment | Aecom |
| Noise and Vibration Assessment | Aecom |
| Construction Logistics Plan | Mott Macdonald |
| Delivery and Servicing Plan | Mott Macdonald |
| Utilities Statement | Synergy |
| Economic Impact Assessment (including Social Value Assessment) (Appended to Planning Statement) | Savills Economics |
| Tall Building Assessment (incorporated within Planning Statement and various technical reports) | Savills Planning, Savills Heritage and Townscape |
| Transport Assessment | Mott Macdonald |
| Draft Hospital and Residential Travel Plan | Mott Macdonald |
| Water Cycle Strategy (incorporated into Drainage Strategy) | Aecom |
| Sustainable Site Waste Management Plan | Aecom |

| | |
|---|---|
| Car Parking Management Plan | Mott Macdonald |
| Equalities Impact Assessment | The Trust |
| Health Impact Assessment | Savills |
| Socio-economic report | Savills |
| Whole Life Carbon Assessment | Aecom |
| Circular Economy Statement | Aecom |

**Structure of this Statement**

2.11. This Statement is set out over the following sections:

- **Section 2** provides the introduction to the proposals
- **Section 3** provides the background to the proposed redevelopment of Hillingdon Hospital
- **Section 4** provides a summary of the site's context and the surrounding area
- **Section 5** provides a summary of the planning history relevant to the site and redevelopment proposals
- **Section 6** sets out the pre-application consultation and community engagement undertaken during the preparation of the scheme;
- **Section 7** provides a summary of the Proposed Development;
- **Section 8** sets out the relevant planning policy framework for the Site;
- **Section 9** demonstrates the conformity of the Proposed Development with Planning Policy;
- **Section 10** sets out the Draft Heads of Terms; and
- **Section 11** presents our conclusions in respect to the Proposed Development, to include a summary of the socio-economic and environmental benefits of the proposals.

# 3. Background

**Hillingdon Hospitals NHS Foundation Trust**

3.1. The Hillingdon Hospitals NHS Foundation Trust in North West London was established in 2011 and provides health services at two hospitals in the Borough of Hillingdon, Hillingdon Hospital and Mount Vernon Hospital. Hillingdon Hospital is the main site for the Trust, providing a range of services to the people of Hillingdon and surrounding areas, including Ealing, Harrow, Buckinghamshire and Hertfordshire. It has an accident and emergency and critical care unit and is the main admitting site for emergencies and complex planned care. In addition, inpatient maternity and neonatal services, as well as children's inpatient services are located on the site, as are the majority of outpatient services.

**Hillingdon Hospital Redevelopment**

3.2. The Hillingdon Hospital is largely life expired, with some elements being built in the 1940s as emergency wartime accommodation, which are still in use today. The six facets survey report conducted in 2021 identified that 80% of the hospital building will require major repair or replacement soon. The severity of these issues is clear through the Estates Returns Information Collection (ERIC) data returns, which show that Hillingdon Hospital now has the highest high-risk maintenance backlog of any general acute site in England, on a per area basis (ERIC data returns 2018/19). Works have been undertaken and more are planned to enable the Trust to continue providing services safely in the short term, however, it has been estimated that if the Trust were to undertake all the necessary repairs required to eradicate the high-risk backlog it would cost in excess of £124m and many of the repairs would not be long term solutions.

3.3. For patients, the layout of the current site makes it difficult to get around and the condition of buildings can make the experience of being in hospital more difficult. The Trust's most recent Care Quality Commission report (2018) highlighted issues of patient safety, dignity and patient experience, which have directly resulted from the outdated estate. The site layout and state of disrepair can also make it difficult for our staff to do their jobs as efficiently and effectively as they would like. These issues contribute to the Trust's financial deficit and hinder their mission to provide high quality, safe and compassionate care to improve the health and wellbeing of the people we serve.

3.4. In light of the above, in September 2019, The Hillingdon Hospitals NHS Foundation Trust was announced as one of twenty one hospitals to receive a share of seed funding. This funding allows the Trust to develop a business case for the redevelopment of the hospital which includes the need to secure planning permission.

3.5. The proposed scheme supports delivery of the overarching plan for the NHS set out in The NHS Long Term Plan (2019) and has been developed in the context of local plans set out by North West London Integrated Care System and the Hillingdon Health and Care Partners. Central to the clinical model underpinning the scheme is integration of the local provision of health and social care services, enabling care to be delivered closer to home, where clinically appropriate.

3.6. The Hillingdon Hospitals NHS Foundation Trust have 4 key aspects that need to be met as part of the proposed scheme to which this application relates:

- Provision of expanded clinical services - in order to meet demand in appropriate fit for purpose and compliant facilities to ensure the best possible patient environment is provided;
- Replacement of substandard accommodation – to assist with both retaining existing staff and attracting new medical students into the profession and provide a sustainable health service;
- Reprovision of/more efficient use of space, (patient pathways, stacking/adjacencies); and
- Provision of flexible future proofed accommodation adaptable to the changing requirements of the hospital.

3.7. Addressing these requirements is considered essential to support both the existing hospital services and those as part of the future modernisation programme of the campus. In preparation for the redevelopment of the hospital, the Trust developed a Clinical Services Strategy, in partnership with a range of organisations from within the Redevelopment Partnership Board. Across eleven speciality areas, the development of this Clinical Services Strategy identified the future needs of Trust's catchment population. The eleven clinically led working groups identified the trends in the needs of patients, how these needs could be best met in future, in order to improve patient care, experience and the efficiency of the hospital. The outputs of these eleven groups were brought together by the Clinical Services Strategy Steering group into a consistent strategy.

3.8. The Trust engaged in detailed pre-application discussions with the Council and the GLA over the course of 6 months on ensuring that the needs case for the new hospital was robust. The GLA advice note issued in March 2021 confirmed that the needs case assessment and modelling is in line with other similar hospitals within the New Hospital Programme, and that the proposal has undergone extensive scrutiny via NHS England & Improvement (NHSE/I), ensuring that integrated care and the NHS 10 year Plan are reflected. The GLA have confirmed that the replacement hospital is strongly supported in line with London Plan Policies S1 and S2 and Good Growth Objective GG1.

3.9. At the heart of the proposals is a shared vision of providing improved access to better healthcare services for the local population in a new fit for purpose local hospital on the Hillingdon Hospital site. The Trust's strategy targets improvements through collaboration, integration and greater efficiency. The Trust plan to provide the same range of services that are currently available at the hospital, but in a high quality, purpose-built facility. In designing the new facility, the Trust is working with the relevant partners and stakeholders across the health and social care system to improve the integration of care across the borough and beyond.

3.10. The key benefits of the new Hillingdon Hospital will be as follows:

- A more attractive environment for staff and patients, improving their experience
- Full compliance with the latest safety standards
- Better connectivity between departments making it easier for patients to move through the hospital

- Greater adoption of digital technologies to enhance patient care and safety
- Improved privacy with significantly more side rooms
- A more efficient building that is environmentally friendly
- Inclusion of areas to benefit the wider community, including for example, green public spaces
- Flexibility to adapt facilities in response to potential future pandemics
- Support the integration of care and wellbeing across North West London and support the wider local economy through the creation of local jobs.

**Development Options**

3.11. As part of the Strategic Outline Case for the new Hospital, various development options were assessed and scored by the Partnership board. A number of options were developed to consider whether a staged or a one phase approach is undertaken to deliver the redevelopment.

3.12. In terms of phasing of the development, an assessment of each option against the investment objectives and critical success factors was undertaken, in which the one phase option allowed the Trust to have the estate needed to realise its strategy sooner from a strategic fit and clearly enabled a single project to be managed to reduce risk to ongoing hospital operations regarding deliverability. Whilst a multi-phase option could allow for ongoing hospital operations, this approach would extend the period of disruption and would require significant investment in end of life buildings for a greater period of time than a single phase approach. Whilst this option could potentially allow the new facility to be located elsewhere on the campus, the cost and time implications of such an approach would make the scheme unviable.

3.13. The one phase option assumes that all the required services could be delivered within the initial phase(s) of the project (1A-B). The advantages to this are that full services will be on stream and available sooner with significantly lower build costs. This allows the new models of care to be implemented sooner, enabling the Trust to meet the increasing demands of the catchment at the earliest opportunity. The area available on the Hillingdon Hospital Site to build the new hospital is defined by the need for the existing hospital to remain operational.

# 4. Site and Surroundings

## Site Location

4.1. Hillingdon Hospital is located to the south of Pield Heath Road, bound by Royal Lane to the west, and Colham Green Road to the east. The site is located within the Brunel Ward.


*Site Location Plan (Left) and Aerial View (Right)*

## Site Description

4.2. The Hillingdon Hospital site is dominated by the tower and podium elements completed in 1967 with a mix of hospital buildings scattered across the site. Whist these elements retain some of the cohesion behind their original design intent, the wider temporary and single storey buildings are a result of the partial implementation of a replacement programme that has never been satisfactorily concluded.

4.3. Many of the acute beds are in single storey wards built in the 1960s, which are in very poor condition. The remainder of the site consists mainly of surface level car parking, interspersed with pockets of low grade landscaping.

4.4. The page below includes some photographs of the current buildings on the site and their condition.


*Photographs of the site*

4.5. The main hospital access and the A&E entrance are located along Pield Heath Road. This road is the main route for private vehicles, ambulances and buses. Royal Lane and Colham Green Road are both two-lane roads with one lane in each direction. Both roads have a limited street width adjacent to the Hospital site, in particular Colham Green Road, which only has pavement on the western side.

4.6. There are four public vehicular entrances to the site. There is an internal road running east-west on the south of the site connecting Royal Lane and Colham Green Road. The open space on the current site is dominated by surface car parking with little presence of pedestrian infrastructure for people to access the different entrances of the buildings. There is currently 1,087 parking spaces on site; with 698 of these for staff and 389 for public/visitors on the Hillingdon Hospital Site.

**Site Designations**

4.7. Hillingdon Hospital is located within the urban area of Hillingdon and is not subject to any designations such as Green Belt or site allocations. It is not located within a conservation area. The site is located within Flood Risk Zone 1 although identified at risk of fluvial flooding associated with an ordinary watercourse. On the east of the Site is a Grade II Listed Building, The Furze. The Furze Building was designated by Historic England as Grade II listed in 1974 (listing ref: 1080153). The proposals do not seek to make changes to the Furze Building as this forms a separate planning and listed building application currently under consideration (Applications ref. 4058/APP/2021/3650 and 4 058/APP/2021/3651).

4.8. Other designated and non-designated heritage assets are found in the immediate and wider setting of the site. These include Hillingdon Village Conservation Area to the north, Cowley Church Conservation Area, to the east, and the Grade II listed Prince of Wales Public House, located at Colham Green Road. A few locally listed buildings are also found along Pield Heath Road, including Pield Heath Convent Schools.

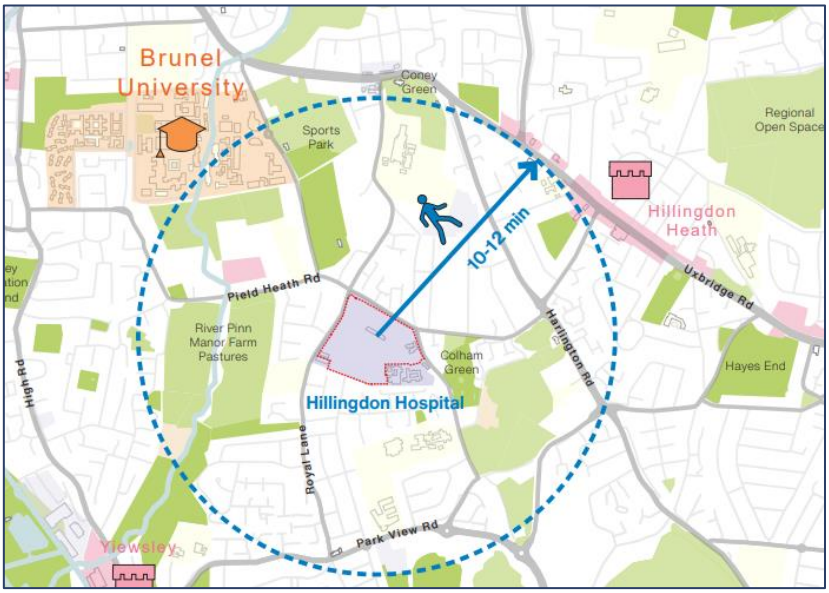
4.9. There are two Tree Preservation Order (TPO) areas on the site. One is located south of the site in the Woodlands area (TPO 625), while the second (TPO 411) is on the south east corner of the site below the Listed II Building The Furze. There are 192 trees on the site and adjoining land outside of the application boundary. These are judged as being mostly moderate and low-quality trees. However, there are 6 high quality trees which have been assessed as stand out specimens as identified in the supporting Arboricultural Statement prepared by Landmark Trees.

4.10. The site has a PTAL rating of 3, but due to the constrained and impermeable nature of the hospital estate, the PTAL level drops to 2 and then 0 within the centre of the site. The closest London Underground Station to Hillingdon Hospital is Uxbridge (Metropolitan and Piccadilly lines), approximately 3.7km to the north. There are also the National Rail and Crossrail services from West Drayton, approximately 2.7km to the southwest. At Uxbridge, the Metropolitan and Piccadilly lines can be accessed. From there, the U1, U3, U4, U5 or U7 buses serve the hospital with a journey time of approximately 12 minutes. The site is served by 6 bus routes operating along Pield Heath Road, with the nearest stops near the main entrance in Pield Heath Road.

## Surrounding Area

4.11. The hospital site is situated in a predominantly residential area. To the west of the site along Royal Lane there are mainly two storey detached and semi-detached residential properties, to the north west corner of the site lies a three storey flatted residential block rising to four storeys along Pield Health Road opposite the entrance to the Outpatient Department. The few commercial uses in the area can be found on the corner of Pield Heath Road and Colham Green Road, and a few east of this intersection.

4.12. Hillingdon Hospital is located 10-12 minutes' walk form Hillingdon Heath High Street and Brunel University. Hillingdon Hospital site is surrounded by green infrastructure as illustrated below, many of these green spaces within the 10-12 minutes walking radius of the site.




*Site Connectivity Plan (Taken from the Design and Access Statement)*

# 5. Planning History

5.1. The site has an extensive planning history, which is appended to this Planning Statement as **Appendix 1**. This is mainly as a result of a series of ad-hoc developments over several years.

5.2. Of relevance to the planning application are the following planning history records:

**Prior Approval for Demolition**

5.3. Application ref. 4058/APP/2022/671 has been submitted to the Council to gain prior approval for the demolition of the following buildings within the grounds of Hillingdon Hospital: Busy Bees, Alderbourne Unit, Elderly Day Hospital, Beaconsfield, Adult Audiology, Quebec Ward, Pinewood Ward, Osterley Ward, Churchill Ward, Middlesex Ward, Lister Ward, Pagett Ward Diabeticare Ward, Greenacres, Postgraduate Medical Centre, HV Plant Room, Annex Corridor and Partial Canteen.

5.4. An application for Prior Approval under Schedule 2, Part 11, Class B The Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended)) was approved on 7th April 2022. This is to ensure the demolition of these buildings relevant to phase 1 of the development can take place without delay.

**Old Creche**

5.5. Application ref. 76613/APP/2022/37 was submitted in January 2022 for the demolition of existing modular building (named the Old Creche) and erection of new two storey building for use as a nursery (Use Class E), with external play space, ramped access, external plant, car parking, cycle parking, refuse and buggy storage. The decision is due by 23rd March 2022. The application relates to the Old Creche building which is located on the south-eastern boundary of the wider hospital site

5.6. The existing Busy Bees Nursery is located in the south western part of the Hillingdon Hospital site. Itis necessary to relocate this building in order to facilitate the delivery of the redeveloped hospital on the western extent of the site. A number of key decant moves are required in the first phase to unlock and free up land for the construction of the new Hospital including the relocation of the existing Nursery. The decanting process is key to enable the existing hospital to remain operational throughout the full construction period of the new hospital. Alongside the demolition of other buildings, this application is therefore the first step to facilitating the delivery of the new hospital on the site.

5.7. The decision is still outstanding at the time of writing this Planning Statement.

**The Furze**

5.8. The Furze (Grade II Listed) is one of the two buildings that will be retained on the Hillingdon Hospital Site as part of the wider redevelopment. The Furze Building is located on the eastern boundary of the site, to the west of Colham Green Road. The Trust have submitted a planning and listed building consent application (ref. 4058/APP/2021/3650 and 4058/APP/2021/3651) to seek a number of internal and external changes to bring the building up to appropriate standards for continued use by the Trust.

5.9. The applications submitted in July 2021 seek consent for an "*external air conditioning plant to be enclosed within a timber plant enclosure, replacement of external ramp, repair and restoration of all windows throughout and installation of secondary glazing and replacement of damaged windows and doors, repointing of existing brickwork to be repointing where damaged and repainting to match existing, replacement of existing round rooflight like for like. Internal reconfiguration comprising the installation of demountable partition walls, removal of partition walls, replacement of non-original doors with fire doors.*"

5.10. The application was originally submitted in July 2021 but the Trust have responded to feedback issued in November 2021 from the design and conservation officer to reduce the level of intervention required to the principal rooms of the listed building. The Trust have submitted revised drawings to respond accordingly to the concerns the decision is outstanding at the time of writing this Planning Statement.

**Tudor Centre**

5.11. A planning application is currently being prepared for a rear extension to the existing Tudor Centre to allow the Education and Training function of the hospital to have a permanent home on the Hillingdon Hospital Site. The Trust have engaged in pre-application discussions and the formal application will be submitted to the LBH in May 2022 for consideration.

**Temporary Car Park**

5.12. A temporary planning application is due to be submitted in tandem with the hybrid planning application for the redevelopment of the site to alleviate the parking pressure during the period of construction of the hospital. The proposed temporary staff car park is part of the enabling works to facilitate construction of the new hospital. It will be required for up to 5 years, and upon completion of the new hospital it is proposed that the site of the temporary staff car park will be remediated and returned to its existing use, a field for grazing horses.

5.13. The proposed temporary staff car park will be located 700m from the entrance to the hospital. On site spaces will continue to be provided for patients and visitors. The temporary car park will provide approximately. 400 spaces (tbc) for staff. Entry to the site will be controlled by a barrier with pass card access, so only authorised staff will be able to use the car park. This application will be submitted by Nexus Planning in due course.

**Modular Wards**

5.14. LBH granted consent for two modular buildings in the centre of the Hillingdon Hospital Site known as "Modular Ward North and Modular Ward South". These wards were urgently required as part of the decanting strategy for the redevelopment of the Hospital. The Trust require the additional floorspace to assist the decant process and provide clinical and medical support space.

5.15. Application (ref: 4058/APP/2020/1003) was submitted by Nexus Planning for additional ward accommodation to replace non-compliant ward accommodation within the 1960's tower block, and elsewhere on the Hillingdon Hospital site. This was granted on the 7th May 2020. A previous planning application (ref. 4058/APP/2019/3286) for a 28 bed decant ward and winter overspill ward building was approved on the 4th March 2020.

**Oher relevant planning history**

5.16. In 2014, planning permission (ref: 4058/APP/2013/99) was granted for the Acute Medical Unit Building. The officers report for this application acknowledged that the existing hospital site suffered from a long history of ad-hoc and piecemeal re-development that resulted in the existing site having poor way-finding; excess expanse and a visual dominance of surface car parking on site; a frequent lack of attractive landscaping associated with individual hospital buildings and a deficit of green open space on the site.

5.17. The 2014 permission was secured through a S106 agreement which stated that no planning application that involves *"additional internal floorspace of greater than 250sqm being created" shall be submitted prior to "the Council's written approval of an over-arching masterplan demonstrating how the Hospital as a whole will be redeveloped in a phased, coherent, sustainable strategic and comprehensive manner (the Strategic Masterplan)".*

5.18. The S106 stated that the strategic masterplan should include the following supporting documents; flood risk and drainage strategy, energy strategy, improvements to way finding, improved accessibility, highways and a site car parking review, landscaping strategy, and heritage strategy. This hybrid planning application addresses this requirement for a strategic masterplan for the site.

# 6. Consultation and Engagement

6.1. This section provides a summary of the extensive pre-application consultation and engagement undertaken by the applicant, prior to the submission of this planning application. Further details about the resident and wider community engagement process is provided within the submitted Statement of Community Involvement ("SCI") prepared by Concilio Communications and should be referred to for full details, with a summary only provided below.

**Planning Guidance and Policy Context**

6.2. The importance of pre-application consultation and engagement and frontloading is emphasised in the National Planning Policy Framework ("NPPF") (July 2021) and in the accompanying Planning Practice Guidance ("PPG"). The NPPF highlights that there is significant potential to improve the efficiency and effectiveness of the planning application system for all parties through early engagement. NPPF 39 states:

> *"Good quality pre-application discussion enables better coordination between public and private resources and improved outcomes for the community."*

6.3. The NPPF urges local planning authorities to encourage developers to engage with them prior to the submission of a planning application. It also encourages engagement with local communities.

6.4. The PPG also encourages pre-application consultation and engagement. It states that the approach to pre-application engagement needs to be tailored to the nature of the proposed development and the issues to be raised. Having regard to this clear guidance, the applicant has undertaken extensive pre-application consultation with existing residents; the local community; LBH Planning, Design and Technical Officers; the Greater London Authority (GLA); and, other key statutory and local stakeholders to include LBH Councillors and Transport for London (TfL).

**Local Residents, Community & Key Stakeholders**

6.5. The engagement strategy has been carried out by the Trust's Communications Team with assistance from Public Communications Consultant, Concilio. The approach has been designed to ensure that the local and wider community, including local residents, staff members working at the hospital, business owners and elected representatives, have been kept informed and have had an opportunity to engage and share their views, comments, ideas and opinions throughout the design process.

6.6. The Hillingdon Hospital NHS Foundation Trust's engagement activities have been conducted over four phases and have included:

- Early engagement event with medical stakeholders
- 21 meetings with elected representatives

- 7 webinars for the general public, staff and site neighbours
- Over 20 meetings with healthcare groups
- 15 meetings with staff, governors and NEDs
- Over 20,000 leaflets distributed to residents in Hillingdon and neighbouring Southall and Ealing promoting the events; and neighbouring Barnet promoting the events;
- A project website kept live for the duration of the engagement, providing key information and updates in relation to the proposals for the site.

6.7. Throughout the phases of engagement, the communication team regularly met with the broader project team to feedback the comments of the community, enabling these to be incorporated into the design evolution of the proposed development.

6.8. The full details of the resident and public engagement process is set out in the submitted Statement of Community Involvement prepared by Concilio Communications. This includes information on the extent of engagement that has taken place; the feedback received from consultees, stakeholders, residents and members of the public; and, how the comments have been addressed to include a summary of responses where they have informed the Proposed Development and been integrated where it has been feasible to do so. The Trust is committed to keeping residents and members of the public up to date on the status of the Proposed Development.

**Consultation with the Local Planning Authority, GLA and TfL**

6.9. The scheme has been developed in light of extensive pre-application discussions held with officers at LBH from April 2020 to December 2021, with technical discussions continuing up until submission of the application. The project team engaged directly with Officers at LBH in relation to the emerging proposals, with discussions held with Planning, Design, Arboriculture, Highways, Energy, Flood Risk and Drainage officers.

6.10. The applicant has aimed where possible to ensure the relevant planning, design and technical materials were submitted for officer review to allow for constructive discussions.

6.11. The key pre-application meetings took place on the following dates:

- LBH Pre Application 1 – April 2020
- LBH Pre Application 2 – November 2020
- LBH Pre Application 3 – December 2020
- GLA Pre-application 1 – February 2021
- LBH Pre Application 4 – April 2021
- LBH Pre Application 5 – June 2021
- TfL Pre-application 1 – August 2021
- LBH Pre Application 6 – November 2021
- GLA Pre-application 2 – February 2022

- TfL Pre-application 2 – March 2022
- Technical Meetings on matters relating to design, flood risk and drainage, landscaping and trees, energy, transport, parameter plans and design code have been caried out over the course of April 2020 – March 2022.

6.12. Throughout the extensive pre-application engagement with the LBH the proposed development has evolved and adapted to take on-board feedback. The design and materials for the hospital have evolved, green spaces have been greatly increased, car parking rationalised, housing reduced and public transport proposals revised. Officers at LBH have therefore been a significant part of the design and technical process to inform the masterplan for the site and the design and spacing of the buildings across it. The submitted application is therefore considered to reflect the comments received from LBH and the input from TfL and the GLA.

**Environmental Impact Assessment (EIA)**

6.13. A formal EIA screening request was submitted by Savills on the 26th January 2021 to the London Borough of Hillingdon.

6.14. The screening request outlined that the proposed development does not qualify as a Schedule 1 development and is not located wholly, or partly, within a 'sensitive area' as defined in Regulation 2(1). However, it does fall within the description of 'Infrastructure Projects (b) Urban Development Projects' within Schedule 2 of the Regulations, as the proposal includes more than 1ha of urban development which is not dwellinghouse development, over 150 dwellinghouses and the overall area of the development exceeds 5ha.

6.15. The submitted screening request outlined that the characteristics and location of the development are unlikely to give rise to significant environmental effects, alone, or in accumulation with other developments. The proposed development will primarily consist of the same uses in both nature and scale as the current baseline conditions. Therefore, the potential environmental impacts from the development are considered to be of similar nature to those already present and experienced by the surrounding environment and would not result in a new or different effects that would warrant the need for EIA.

6.16. A formal response was issued by the Council on the 1st March 2021 which confirmed that the development falls within the thresholds of Schedule 2 of the Town and Country Planning (Environmental Impact Assessment) Regulations 2017 and using the selection criteria outlined in Schedule 3 of the Regulations the London Borough of Hillingdon does not consider that the proposals require EIA.

6.17. The design of the scheme has evolved following the issue of the response on the 1st March 2021, however the Council advised via email dated 11th March 2022 that they will assess the final scheme when submitted for planning but note there is a large amount of capacity within the project before the Council consider likely significant environmental effects would materialise.

# 7. Proposed Development

7.1. This section of the Planning Statement describes the Proposed Development and its key design elements and principles. This planning application seeks a hybrid of part detailed, part outline planning permission for the redevelopment of the Site. Further details of the Proposed Development are included within the Design and Access Statement, Application Drawings and Parameter Plans which should be read in conjunction with this Section. Please also review the supporting Development Specification in coordination with this Statement.

7.2. The Description of Development for the proposal is:

***Hybrid planning application for:***

- ***FULL*** *application seeking planning permission for demolition of existing buildings (excluding the Tudor Centre and Old Creche) and redevelopment of the site to provide the new Hillingdon Hospital, multi-storey car park and mobility hub, vehicle access, highways works, associated plant, generators, substation, new internal roads, landscaping and public open space, utilities, servicing area, surface car park/ hospital expansion space, and other works incidental to the proposed development*

- ***OUTLINE*** *planning application (all matters reserved, except for access) for the demolition of buildings and structures on the remaining site (excluding the Grade II Furze) for a mixed-use development comprising residential (Class C3) and supporting Commercial, Business and Service uses (Class E), new pedestrian and vehicular access; public realm, amenity space, car and cycling parking.*

**Planning Application Strategy**

*Phasing Strategy*

7.3. As outlined previously in this statement, the phasing strategy is dictated by the need to keep the existing hospital operational at all times during development. Phase 1 comprises the works required to build and develop the hospital and the elements required to make the hospital acceptable.

7.4. Following feedback during the course of the application, the proposals have been revised to facilitate the diversion of buses internally through the site following the clearance of the wider site. As there is the critical need to keep the wider hospital operational, an interim solution is therefore required to facilitate the opening of the hospital until such a time that the existing hospital is demolished.

7.5. The phases can be summarised as follows:

- **Phase 1 – Detailed**

    - **Phase 1A** – The proposals required to permit the opening of the new hospital including the MSCP, access, landscaping, generators, servicing, oxygen tanks and road junction improvements. The proposals which form phase 1A will remain fixed and will not require any alteration to facilitate the subsequent phases of work.

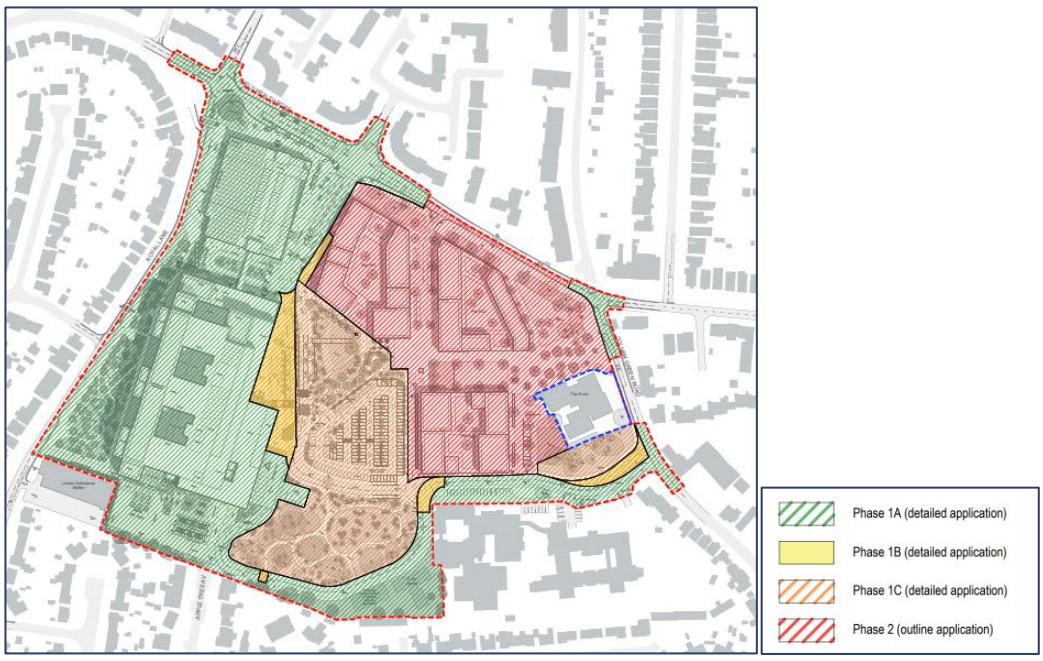
    - **Phase 1B** – The interim proposals which will be delivered alongside Phase 1A and allow the hospital to function but will eventually be modified or replaced by the final part (Phase 1C) of the detailed application. These comprise the loop road located directly in the front of the hospital building and minor highway works.

    - **Phase 1C** – The proposals that can only be developed upon demolition of the existing hospital comprising the central public open space, surface car park, woodland, new road/ junction and internal bus stops and roads. Phase 1C will entirely replace Phase 1B and complete the extent of the detailed application.

- **Phase 2 – Outline**

    - The wider masterplan for residential uses which will comprise three residential blocks (P01, P02, and P03) and associated landscaping, access, servicing, and car parking.

7.6. The phasing strategy has been detailed on plan ref. THHR_01-IBI-XX-XX-DR-A-100007 as set out below which has been submitted to support the planning application.




*Site Plan to illustrate phasing requirements*

*Application Timelines*

7.7. Given the various phases of development pursuant to the hybrid planning application, the proposals seek planning permission for various lengths of time across the phases 1A-C, and Phase 2. The expected and indicative timeframes for construction of the relevant phases (in line with the submitted Demolition and Construction Management Plan) have been set out below:

- Expected indicative period of demolition of phase 1A-B Area – Commence September 2022 – Complete December 2023 (prior approval has been granted for the relevant demolition).
- Expected indicative construction period of phase 1A-B (delivery of the hospital and MSCP) — Commence February 2025 – Complete August 2028.
- Expected indicative construction period of phase 1C – bus diversion, central open space, woodlands. – Commence January 2029 – Complete May 2030.
- Expected indicative timeframe for commencement of phase 2 – Commence May 2030.

7.8. The proposals therefore require planning permission for phases 1-B for a period of 3 years, and phases 1C and 2 which will deliver the final components of the detailed proposals and wider masterplan within a period of 8-10 years. A phasing plan and associated S106 obligations will be required to secure the permission for this period of time.

**Phase 1 (Detailed)**

***Phase 1A – Hospital Proposals (Not subject to change)***

*Uses and Amount of Development*

7.9. The existing Hillingdon Hospital comprises 57,539 sqm (GIA) and the new hospital comprises 79,604 sqm (GIA).

| | Breakdown | Total Sqm |
|---|---|---|
| Existing GIA | Hillingdon Hospital | 57,539 |
| Proposed GIA | Hospital | 79,604 |
| | MSCP | 23,034 |
| **Total** | | **102,638** |

*New Hospital Building*

7.10. The new hospital will comprise 79,604 sqm over ground plus seven storeys (with basement) on the western extent of the hospital site.

7.11. The massing has been concentrated as far into the site as the constraints of a single phase rebuild will allow. 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 variety of complimentary materials used on the façade. The mass of the building is further articulated with a series of roof terraces and lightwells. At seventh floor, a clear height of 5m is provided to accommodate the plant room, Air Source Heat Pumps and ventilation towers are currently shown at level 8, which have been set back from the parapet to alleviate their visual impact.

7.12. The new hospital will be constructed from a palette of high quality materials including brick, architectural concrete, glazing and metal. The west wing of the building, facing Royal Lane, has a unified brick facing. A series of brick clad pre-cast panels form a regular expressed facade grid providing visual interest, depth and animation. The full height windows will provide extensive views out and maximise natural daylight penetration. The east wing of the new hospital, which in future will face the main green park, includes a two storey brick facing podium, on top of which rests a four storey element covered with an architectural concrete façade.

*West Elevation*


*East Elevation*

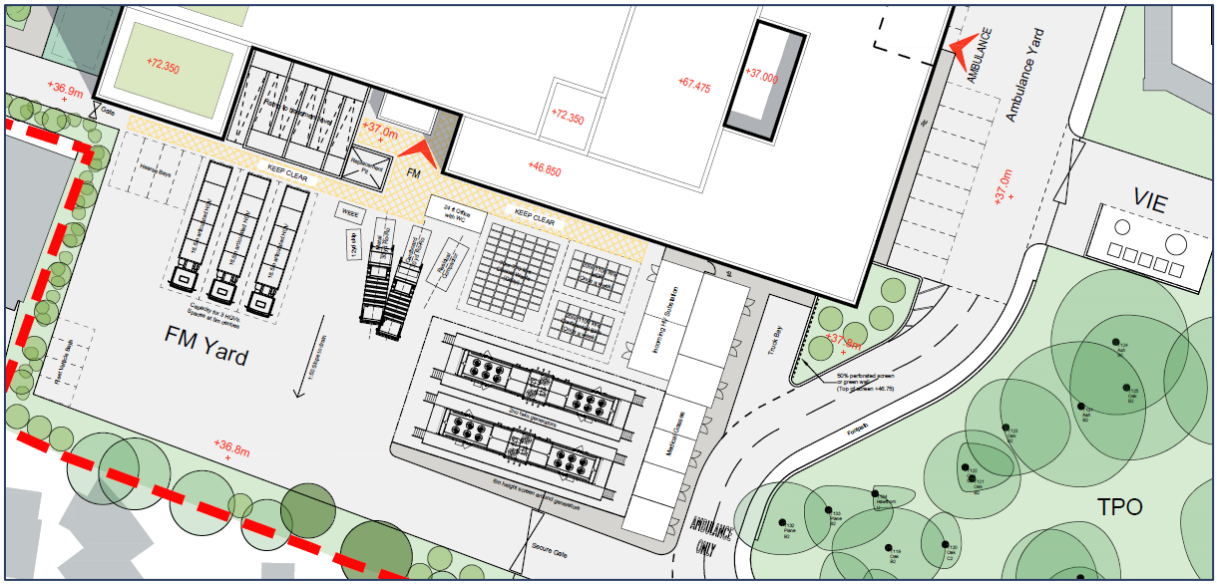
7.13. In terms of the internal configuration of the hospital, the Design and Access Statement includes a detailed summary of the internal layout of the hospital and services at every floor. The basement floor is primarily a support floor with staff access, electrical plant rooms, supporting soft FM and logistics, the pharmacy, and catering departments. The ground floor is dominated by emergency services which occupies over three quarters of the floor plate. The remainder of the floor comprises a double volume main entrance area with supporting facilities, patient transfer services and security.

7.14. The main entrance to the building was moved to the north corner through the design process, this creates a more obvious and visible entry point to the hospital with good co-location to the multi-storey car park and the site entrance from Pield Heath Road. The support services and café/retail opportunities have been placed around the main entrance. The entrance to the emergency department is located to the south in a two storey height volume protruded towards the central green spaces.

*Servicing*

7.15. The new hospital will have a dedicated service yard south of the hospital building and adjacent to the London Ambulance Station depot. Service vehicles accessing the service yard will enter the site via the Colham Green Road access.

7.16. The servicing yard comprises HGV, hearse, fleet vehicles bays, clear turning area to facilitate HGV's entering, turning and leaving the servicing yard, twin generator compound and a waste compound.




*Proposed Servicing Yard*

*Access – Car*

7.17. In Phase 1A-B, most staff and patient/visitor car-based trips will arrive and depart via the Pield Heath Road Main Entrance junction. The Main Entrance will also provide a route for emergency ambulances, with an 'Ambulance Only' link within the site to access the ambulance yard. The Main Entrance junction will be amended to provide two lanes and the western Pield Heath Road arm will be widened to facilitate two-way traffic between the eastbound on-carriageway bus stop and the proposed westbound bus lane and bus stops.

7.18. A proportion of staff and patient/visitor car-based trips will arrive and depart via the Royal Lane MSCP Access junction. This secondary access has been provided to reduce congestion on the Pield Heath Road corridor and improve the operation of the Main Entrance junction on Pield Heath Road.

7.19. The junction will be a priority controlled T-junction with a zebra crossing on the MSCP access arm and is located approximately 30m to the south of the Pield Heath Road/Royal Lane min roundabout. Traffic can use this access to enter or exit the MSCP car park only which provides a convenient access for traffic travelling to/from the west. Delivery and servicing trips and patient/visitor car-based trips will arrive and depart via an upgraded Colham Green Road Entrance. The Colham Green Road Entrance will also provide a route for emergency ambulances to access the ambulance yard.

7.20. The hospital access from Colham Green Road will be widened to facilitate HGV access to the existing hospital service yard (centrally located in the site) and access to the new hospital service yard.

*MSCP*

7.21. The proposals include a multi-storey carpark (MSCP) on the north-western edge of the site, overlooking the junction of Royal Lane and Pield Heath Road. The proposals seek to construct a five storey MSCP that is connected to the main hospital building via a link bridge.

7.22. The façades of the MSCP are articulated through the alternation of opaque and perforated vertical slots. The opaque slots are made of red brick matching those used in the new hospital façades whereas the perforated slots present terracotta extrusions and architectural metal mesh. In the north, east and west façades the openings present a perforated metal cladding which allow the car park to be naturally ventilated and also provide shade from the sun.

7.23. After consultation with Enterprise Car Club, it has been decided that four car club bays will be provided in the multi-storey car park, which can be increased depending on future demand.

7.24. The table below sets out he proposed number of parking spaces at each level of the MSCP:

| Level | No. parking spaces |
|---|---|
| Ground Floor | 98 (2 accessible) |
| First Floor | 152 (10 accessible) |
| Second Floor | 157 (10 accessible) |
| Third Floor | 157 (10 accessible) |
| Fourth Floor | 157 (10 accessible) |
| Roof | 60 (3 accessible) |
| Total | 781 |

*Mobility Hub*

7.25. The 'mobility hub' will offer a range of connected transport modes supplemented with enhanced facilities and information features to both attract and benefit hospital visitors and patients. The hub will be located in the ground floor of the building that accommodates the MSCP, integrated with retail, operational space with ease of access to the adjacent spaces and footways.

7.26. The mobility hub will be in a prominent frontage location in close proximity to the Pield Heath Road bus stops, in order to minimise the short walk from bus to the main entrance of the building. The mobility hub will offer the following components; enhanced public realm and public transport access; live timetables and departure boards; off-bus ticketing; mobility hub branding; cycle hire (e-scooter); cycle parking and repair workshop; car club spaces; priority car share spaces; EV charging spaces; accessible bays; car parking; and retail.

*Cycling*

7.27. The proposals will provide 336 long-stay cycle parking spaces; and 56 short-stay cycle parking spaces. The secure long-stay cycle parking will be provided in the form of two-tier cycle storage racks. These will be located on the ground floor of the MSCP, accessible from the northern side of the building. The access will be secured and accessible with either a key code or swipe card. Alongside parking, for those using the internal cycle storage areas dedicated lockers will be provided. Within the long-stay cycle parking area there will also be a small cycle workshop area with tools and equipment for cycle maintenance.

7.28. 15 short-stay cycle parking will be provided in the form of 28 Sheffield Stands. It is proposed that 20 of the Sheffield Stands will be located at the western end of the Main Entrance Plaza. The remaining eight Sheffield Stands will be located east of the MSCP. Three of these Sheffield Stands will provide electric bike and e-scooter charging points.

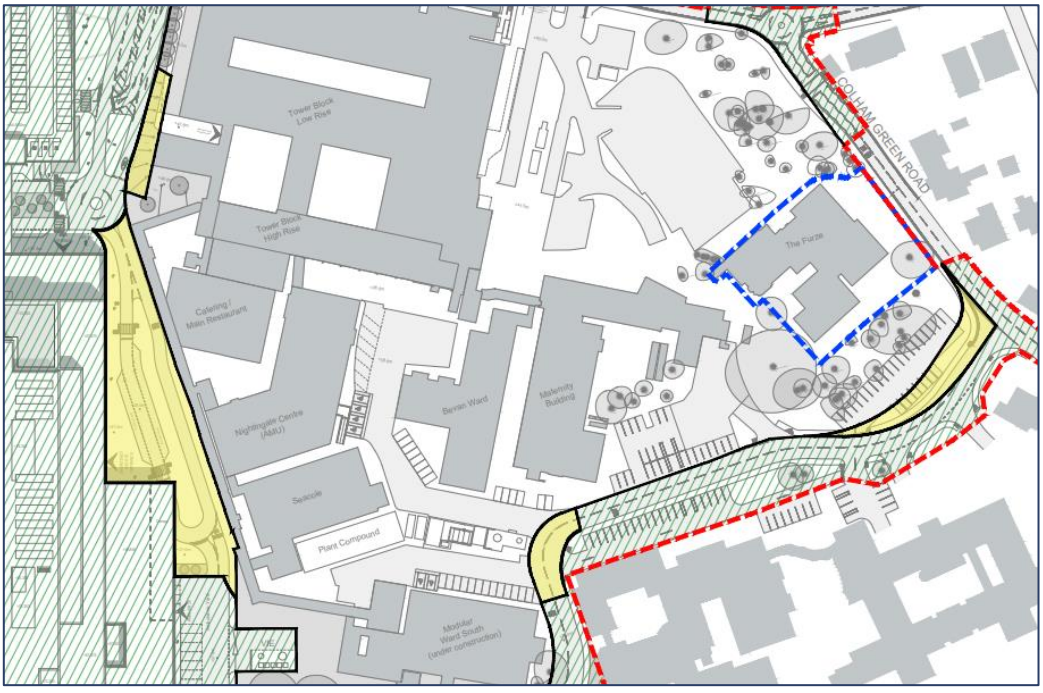
7.29. The current Brunel University cycle scheme will also be maintained. The cycle docking station will be located east of the MSCP in a prominent location in proximity of the Main Entrance junction with Pield Heath Road.

***Phase 1B – Interim***

7.30. As set out above, phase 1B comprises the interim elements of the proposals which will be delivered alongside phase 1A. As the hospital requires appropriate access and transport solutions to function, an interim solution is required until the remainder of the masterplan is able to be delivered following demolition of the old hospital. The interim proposals are highlighted in yellow below.

7.31. The main entrance will provide a route for emergency ambulances, with an 'Ambulance Only' link within the site to access the ambulance yard. The main entrance junction will be amended to provide two lanes on entry to an exit from the hospital site whilst the western Pield Heath Road arm will be widened to facilitate two-way traffic between the eastbound on-carriageway bus stop and the proposed westbound bus lane and bus stops.

7.32. The Colham Green Road Entrance will also provide a route for emergency ambulances to access the ambulance yard. The hospital access from Colham Green Road will be widened to facilitate HGV access to the existing hospital service yard (centrally located in the site) and access to the new hospital service yard. The yellow bend in the road will be amended in phase 1C to facilitate direct ambulance access to the ambulance yard (as detailed below).




*Phasing Plan illustrating proposals subject to phase 1B*

*Phase 1C*

7.33. Phase 1C comprises the works which can only be developed following the clearance of the wider existing hospital. Phase 1C will divert buses from Pield Heath Road and Colham Green Road into the site, where they will stop at new bus stops located between the main hospital entrance and the A&E entrance. There will be two two-lane carriageways to the east of the A&E drop off loop, which will consist of a 3.8m wide bus lane and a 3.2m wide traffic lane. This arrangement has been provided so that the buses can stop without blocking traffic accessing the surface car park or ambulances accessing the Ambulance Yard.

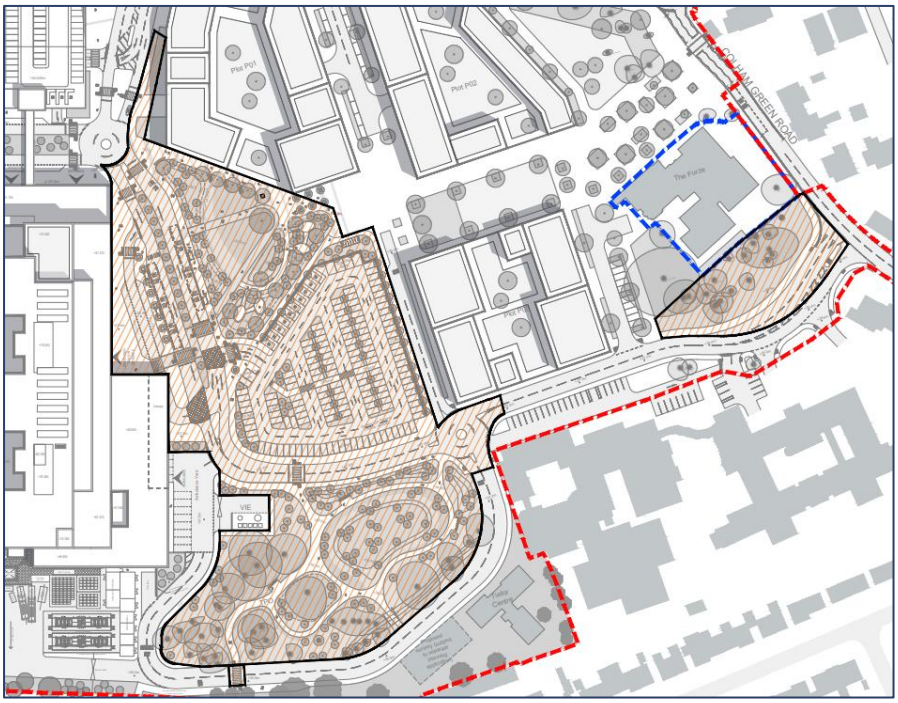
7.34. A number of pedestrian priority crossings along the key desire lines will be provided so that pedestrians are still given priority when entering or leaving the hospital. A new bus and ambulance gate will be provided to the south of the drop off loop access so that only TfL buses and ambulances can continue through the site, out onto Colham Green Rd and either south towards Hayes or north and back onto Pield Heath Rd, or vice versa. The main route for A&E ambulances will be via Colham Green Rd and the bus and ambulance gate will ensure this route is free of general traffic, such that there is no delay to buses or ambulances.

7.35. The Colham Green Road site access junction will be upgraded further in Phase 2, owing to land that will become available once parking near the Colham Green Road access is vacated and cleared. The proposed arrangement will see the Colham Green Road approach within the site widened to two-lanes to facilitate improved HGV movement, particularly to enable HGVs to make the left turn out of the side with minimal centreline overrun on Colham Green Road.

7.36. At the south-western corner of Plot P03, a mini-roundabout will be formed in place of the Phase 1 corner where the southern service route will be the southern arm, a new restricted access will be the western arm (one-way westbound into the ambulance yard and bus stops) and the vehicular route from the central pedestrian area will be the northern arm.

7.37. The bus stops on Pield Heath Road between Royal Lane and the main hospital access junction will still be in use. However, the bus stop on Pield Heath Road between the main hospital access junction and Colham Green Road will no longer be in use.

7.38. Phase 1C also delivers a surface car park which can accommodate 161 car parking spaces, and up to 14,000sqm of expansion space if ever required by the hospital. The Trust have submitted a robust needs case during the course of the pre-application process which has been agreed with the Council but as requested, additional space within the site is offered to be safeguarded for any future expansion needs.



*Phasing Plan illustrating Phase 1C*

7.39. Phase 1C also delivers a large area of central public open space (POS) for enjoyment of hospital patients, staff, visitors and also the wider community. The POS comprises walkways to allow easy access for visitors through the site and facilitates an east -west connection. This area comprises 2,062sqm. The woodland area to the south of the hospital comprises 6,042sqm of green public open space which can also be utilised by patients, visitors and local residents.

**Phase 2 (Outline)**

7.40. The submitted Parameter Plans, establish the key parameters and principles of the Outline Area of the Proposed Development. They establish the maximum parameters, which have been assessed as part of this application to guide future masterplanning and the detailed design of future phases / zones. They provide a level of design certainty about the quantum and quality that will be achieved. This is to ensure that whilst providing sufficient flexibility to respond to future changes and constraints, future development will be delivered in a consistent manner that can come forward comprehensively.

*Design Rationale and Layout*

7.41. The submitted Design Code, sets out a series of design principles within which the detailed design of the Outline Area must come forward, these are as follows:

- Scale and Massing: The massing will be as such to accommodate an appropriate increase in new homes. Alongside this, the buildings themselves by virtue of their articulation and scale will demonstrate a coherent relationship with the surrounding buildings, sky line and urban grain. In this respect, impacts on surrounding uses and views was a key consideration informing the design' evolution.

- Connectivity: The proposals will establish character, legibility and cohesion to ensure that the Hospital is integrated into its context.

- Green Infrastructure, Public Realm and Open Space: The proposed scheme will create a sequence of diverse open spaces catered to different users, which enhance the accessibility to the Hospital and neighbouring areas while creating a contiguous public realm throughout.

- New Residential Community: The provision of homes which are of the highest quality of design has been fundamental to the evolution of the Masterplan.

Land Use Quantum

7.42. Based on the Illustrative Masterplan, this has the potential to comprise three blocks (P01, P02 and P03), with a combined maximum GIA of 40,046 square metres. Table 5 below indicates how this maximum GIA is distributed by zone and block.

| Block | Maximum GIA (Total) | Maximum Residential GIA (maximum) | Private Amenity Space (minimum) | Storeys | Parking GIA | Retail GIA |
|---|---|---|---|---|---|---|
| P01 | 17,296 | 13,819 sqm | 2,600 sqm | Up to 8 storeys | 13,063 sqm | 414 sqm |
| P02 | 10,409 | 7,816 sqm | 1,920 sqm | Up to 6 storeys | 7,816 sqm | 138 sqm |
| P03 | 12,340 | 9,868 sqm | 1,920 sqm | Up to 7 storeys | 9,868 sqm | 184 sqm |
| Total | 40,046 sqm (GIA) | 31,503 sqm (GIA) | 6,440 sqm (GEA) | | 7,807 sqm (GIA) | 736 sqm (GIA) |

**Note: All figures are in GIA format and reflective of floorspace within each dwelling unit to represent those areas usually occupied by people i.e. habitable spaces. Therefore, plant rooms, car / cycle parking areas, ancillary stores, cores, stairwells, corridors and circulation routes, and spaces for on-site energy generation are excluded from these calculations. All floor area figures within the table are maximums, with the final total provision to not exceed these unless an amendment to this proposal is regularised in future.*

7.43. As noted in the table above, the residential GIA floorspace of the outline component of the application is based on the Illustrative Masterplan. This will allow the final residential GIA for each block based on the final unit mix in terms of size and tenure to be established as part of future RMAs. This ensures flexibility within the defined extents of development as set by Parameter Plan 1.

*Residential Floorspace*

7.44. The total outline residential quantum would comprise a maximum of 31,503 square metres gross internal area ("GIA") of residential unit floorspace. As above, whilst the intention with this application is to fix the 31,503 square metres of residential unit floorspace for the Outline Area as a maximum, the final dwelling mix for each residential block will only crystallise with future submissions of RMA's. In this instant therefore, the dwelling mix for the Outline Area is indicative and has been devised with the current LBH housing demand, as well as the overarching policy objective of optimising housing delivery.

7.45. The unit mix for the Outline Area comprises a Maximum Parameter approach for the 327 residential units that could be delivered.

| (Indicative) Block | Indicative Floorspace (GIA)* | Indicative number of units |
|---|---|---|
| P01 | 13,819 sqm (GIA) | 113 |
| P02 | 7,816 sqm (GIA) | 91 |
| P03 | 9,868 sqm (GIA) | 85 |

Height and Massing

7.46. Parameter Plan (Maximum Building Heights) illustrates the maximum building heights proposed across the Outline Area. The illustrative proposals for the Outline Area comprise three blocks (P01, P02 and P03) which vary in height between 3-8 storeys. The tallest 8 storey element is positioned in the centre of the site, where massing would be at the furthest point away from the existing residential properties. Parameter plan (Maximum Building Heights) defines the maximum buildings heights as Above Ordinance Datum (AOD) for each Plot across the Outline Area.

7.47. The maximum height parameters include an upper tolerance of + 1m to allow for roof plant for example which may exceed the ridge of the roof but are incidental elements when considered against the maximum height parameter. Development below or above the maximum height parameters will therefore be permitted where the proposals comprise an incidental feature, as stated above, and/or through detailed design development where the overall height maintains compliance within the stated level of tolerance and AOD having regard to the other Parameter Plans.

Open Space and Landscaping

7.48. The wider masterplan includes open space and public realm in the form of public realm, children's play areas and communal podium gardens. This is in addition to private balconies. Amenity space across the Illustrative Masterplan (for the detailed and outline) can be categorised into three key types; public; communal (private), and private as set out in more detail below.

7.49. The public open space which is located in the centre of the site and woodland area to the south is not located within the outline (phase 2 boundary), but is located in the red line boundary of the application. This area will be publicly accessible for the enjoyment of the residents of the wider masterplan and to ensure mixed and balanced communities are created.

7.50. Parameter Plan (Proposed Open Space) establishes the extent and distribution of, open space, public realm and amenity space in the context of the proposed plots. The Illustrative Masterplan shows how this could be delivered across the masterplan.

| Typology | Proposed Indicative Provision (sqm) |
|---|---|
| Public Open Space (comprising central open space and woodland area) | 8,104 (not indicative as forms the detailed element) |
| Private Balconies, Terraces and Gardens | 1,310 |
| Communal (Private) Amenity Space | 7,000 |
| Children's Play Space | 2,438 |

7.51. The structure, form and final size of each of these areas of play space will be determined through the detailed design development of the Outline Area as part of future RMAs.

Transport and Access

7.52. Parameter Plan (Proposed Access and Circulation) defines the means of access into the Site as well as a framework of movement routes into and through the estate. The submitted Transport Assessment provide more information on the principles and rationale that inform these routes and will guide future development through forthcoming RMAs.

7.53. A new priority junction will provide access to Plots P01 and P02, both residential blocks. The internal access road will be a cul-de-sac, with onward access to the pedestrianised spine for service vehicles and emergency vehicles only.

*Car Parking*

7.54. A total of 302 car parking spaces are proposed, including disabled bays for "Blue Badge" holders. 40 spaces are to be provided on-street along the site perimeter. The provision of car parking within the Outline Component will be provided on the basis of a ratio of 0.89 spaces per residential unit. In accordance with the overarching car parking management plan for the Site, the exact number and location of these parking spaces will be determined through the detailed design development of the future RMAs on a phase by phase / block by block basis.

*Cycle Parking*

7.55. Cycle parking is proposed in accordance with London Plan (March 2021) standards. The number of cycle parking spaces will be subject to the final unit mix on a phase by phase / block by block basis and in accordance with the indicative unit range mix (%). It will therefore be determined and confirmed through future RMAs, to include provision for the community spaces.

# 8. Planning Policy Context

8.1. The proposals for the Site have taken account of relevant national and local planning policy and guidance. This section of the Planning Statement sets out a brief summary of the relevant planning policy documents, whilst the following section demonstrates compliance with the policies contained within.

**Development Plan**

8.2. Section 38 (6) of the Planning and Compulsory Purchase Act 2004 (as amended) requires that development proposals be determined in accordance with the Development Plan unless material considerations indicate otherwise.

8.3. The adopted Development Plan for LBH, in so far as is relevant to the proposals, consists of:

- The London Plan ("LP") (March 2021)
- The Hillingdon Local Plan: Part 1 - Strategic Policies ("LPP1") (November 2012)
- The Hillingdon Local Plan: Part 2 - Development Management Policies ("LPP2") (January 2020)
- The Hillingdon Local Plan: Part 2 - Site Allocations and Designations ("LPP2") (January 2020)

8.4. Other material considerations include:

- National Planning Policy Framework (NPPF) (July 2021)
- National Planning Practice Guidance (PPG)
- LBH's SPD "Hillingdon Design and Accessibility Statement" (HDAS) (April 2006)
- LBH's SPD "Planning Obligations" (July 2014)

**National Planning Policy**

National Planning Policy Framework (July 2021)

8.5. The NPPF was most recently updated in July 2021. The NPPF sets out the Government's planning policies for England and how these should be applied.

8.6. At the heart of the NPPF is a presumption in favour of sustainable development (paragraph 11). In order to achieve sustainable development, the planning system is said to have three overarching objectives which are interdependent and need to be pursued in mutually supportive ways, these are:

a) *an economic objective;*

b) *a social objective; and*

c) *an environmental objective.*

8.7. Section 5 relates to the delivery of a sufficient supply of homes and states that housing applications should be considered in the context of the presumption in favour of sustainable development. In order to "*significantly boost the supply of housing*", Local Planning Authorities should identify and update annually a supply of specific deliverable sites sufficient to provide five years' worth of housing against their housing target.

**Regional Policy**

London Plan (March 2021)

8.8. The London Plan, published March 2021, provides the spatial development strategy for London which deals with matters of strategic importance to Greater London. The London Plan is based upon three principle purposes for the Greater London area:

- Promoting economic development and wealth creation;
- Promoting social development; and
- Promoting the improvement of the environment.

GLA Supplementary Planning Guidance

8.9. The Mayor of London has also produced a number of Supplementary Planning Guidance ('SPG') documents that have been considered in preparing the development proposals, where relevant. These are listed below.

- The control of dust and emissions during construction and demolition (July 2014)
- Draft Circular Economy Statements (October 2020)
- Draft Whole-life Carbon Assessments (October 2020)
- Draft 'Be Seen' Energy Monitoring Guidance (October 2020)
- Pre-Consultation Draft London Plan guidance on Fire Safety and Urban Greening Factor.

8.10. The Mayor of London CIL2 ('MCIL2') Charging Schedule (2019) is also applicable to the Proposed Development

**Local Planning Policy**

Hillingdon Local Plan (2012 and 2020)

8.11. The Local Plan is the foundation for how development will be controlled in Hillingdon up to 2026. The two sections of the Local Plan forms LBH LPA's future development strategy for the borough. Together they set out a framework and detailed policies to guide planning decisions and it is the starting point for considering whether planning applications should be approved.

8.12. The Local Plan Part 1 sets out the overall level and broad locations of growth for the plan period. It comprises a spatial vision and strategy, strategic objectives, core policies and a monitoring and implementation framework with clear objectives for achieving delivery. It was adopted in 2012 and the enclosed policies are supported by more detailed policies and allocations set out in the LPP2.

8.13. The Local Plan Part 2 comprises Development Management Policies, Site Allocations and Designations and the Policies Map. The Local Plan Part 2 Development Management Policies and Site Allocations and Designations were adopted as part of the borough's development plan at Full Council on 16 January 2020.

LBH Supplementary Planning Documents

8.14. LBH has also adopted Supplementary Planning Documents ('SPDs') which have been taken into consideration in the development proposals. These are listed below:

- LBH's SPD "Hillingdon Design and Accessibility Statement" (HDAS) (April 2006)
- LBH's SPD "Planning Obligations" (July 2014).

# 9. Conformity of the Proposed Development with Planning Policy

9.1. This section demonstrates the conformity of the Proposed Development with the relevant planning policy and designations as contained within the Development Plan for the Site and having regard to other material planning considerations. The following planning matters represent the key considerations in the determination of the HPA and are addressed in turn within this section:

1. ***Principle of Development***
2. ***Design Approach – Hospital***
    i. ***Height and Massing***
    ii. ***Materiality***
    iii. ***Layout***
    iv. ***Landscaping***
3. ***Design Approach – Wider Masterplan***
    i. ***Indicative Height and Massing***
    ii. ***Indicative Layout***
4. ***Heritage, Townscape and Visual Impact***
5. ***Neighbouring Residential Amenity***
6. ***Transport***
7. ***Wider Masterplan - Housing***
    i. ***Unit Mix, Tenure, Density, Quality of Accommodation***
8. ***Environmental Matters***
    i. ***Flood Risk and Drainage***
    ii. ***Energy and Sustainability***
    iii. ***Waste***
    iv. ***Trees***
    v. ***Ecology and Biodiversity***
    vi. ***Air Quality***
    vii. ***Noise***
    viii. ***Fire Strategy***

## 1. Principle of Development – Hospital

*Planning Policy*

9.2. London Plan Policy S2 Health and social care facilities states that Boroughs should work with Clinical Commissioning Groups (CCGs) and other NHS and community organisations to:

*1) identify and address local health and social care needs within Development Plans, taking account of NHS Forward Planning documents and related commissioning and estate strategies, Joint Strategic Needs Assessments and Health and Wellbeing Strategies*

*2) understand the impact and implications of service transformation plans and new models of care on current and future health infrastructure provision to maximise health and care outcomes*

*3) undertake a needs assessment to inform Development Plans, including an audit of existing health and social care facilities. Needs should be assessed locally and sub-regionally, addressing borough and CCG cross- boundary issues*

*4) identify sites in Development Plans for future provision, particularly in areas with significant growth and/or under provision and to address needs across borough boundaries*

*5) identify opportunities to make better use of existing and proposed new infrastructure through integration, co-location or reconfiguration of services, and facilitate the release of surplus buildings and land for other uses.*

9.3. The Policy states that development proposals that support the provision of high-quality new and enhanced health and social care facilities to meet identified need and new models of care should be supported, and that new facilities should be easily accessible by public transport, cycling and walking.

9.4. The supporting text to London Plan Policy S2 states "*development and regeneration proposals for an area provide an opportunity to re-think how land and buildings are used and whether there is a more optimal configuration or use of that land. Hospital reconfigurations are an example where more intensive and better use of a site can lead to a combination of improved facilities and the creation and release of surplus land for other priorities. The London Estates Board aims to improve the way surplus and underused NHS assets are identified and released, and provide a single forum for estate discussions in London, ensuring early involvement of London Government partners. Membership includes NHS partners, local Government, the GLA and national partners (central Government, NHS England, One Public Estate and the national NHS property companies*)."

9.5. LPP1 CI1 supports the retention and enhancement of existing community facilities; the location of health and other facilities in accessible locations; and providing facilities and services that are accessible and inclusive to all potential users regardless of age, ability, gender or socio-economic status.

9.6. LPP2 Policy DMCI 1 identifies that policies involving the loss of a community facility, which includes hospitals, will be permitted where replacement facilities for that specific use provides a level of accessibility and standard of provision at least equal to that of the existing facility. The development of the site should also secure an overriding public benefit. Similarly, Local Plan: Part 2 (2020) Policy DMCI 2: New Community Infrastructure supports the provision of new community facilities which are located within the community they are intended to service, the buildings are designed to be inclusive and maximise the shared use of the facility.

*Assessment*

9.7. The existing hospital site is brownfield land which is not currently allocated for redevelopment in the Local Plan. Therefore, taking the above policies into account, there is strong in principle support for the provision of replacement hospital, provided that it can be demonstrated that the new hospital will continue to provide the required level of health provision to the local community, make optimal use of the site, and that it will be accessible by sustainable transport modes.

9.8. In terms of the proposals providing the required level of health provision, the proposed scheme supports delivery of the overarching plan for the NHS as set out in The NHS Long Term plan (2019) and has been developed in the context of local plans set out by the NWL Health and Care Partnership and the Hillingdon Health and Care Partners. Central to the clinical model underpinning the scheme is integration of the local provision of health and social care services, enabling care to be delivered closer to home, where clinically appropriate. This will be achieved by working with partners to deliver alternatives to hospital care and facilitate timely discharge from hospital with ongoing support.

9.9. Detailed demand and capacity modelling using these proposed models of care and future demographic projections allowed the sizing of a new hospital which would be needed to fulfil the Clinical Services Strategy. This demand and capacity modelling has been developed with 5, 10 and 20 year time horizons. The 10 year time horizon is the focal point for sizing the new Hillingdon Hospital. Whilst the hospital will last for more than 10 years (the buildings have a 60 year ‘useful life’ for accounting purposes), 10 years is the timeframe usually used for sizing hospitals, and is what is being used on other schemes in the 40 Hospitals Programme.

9.10. It is important to note that the range of services already available at Hillingdon Hospital will not be reduced. The way in which they are delivered will be modernised, with more integrated working with local health and social care system partners. The Trust has therefore developed a Strategic Outline Case for the redevelopment of the hospital site to meet modern care standards and the future capacity requirements. The brief from the Trust is to construct a new hospital to meet the needs of the clinical strategy, whilst allowing the existing hospital to remain in use. The existing poor hospital estate needs urgent attention so the new proposed hospital will be built while the existing hospital remains in operation.

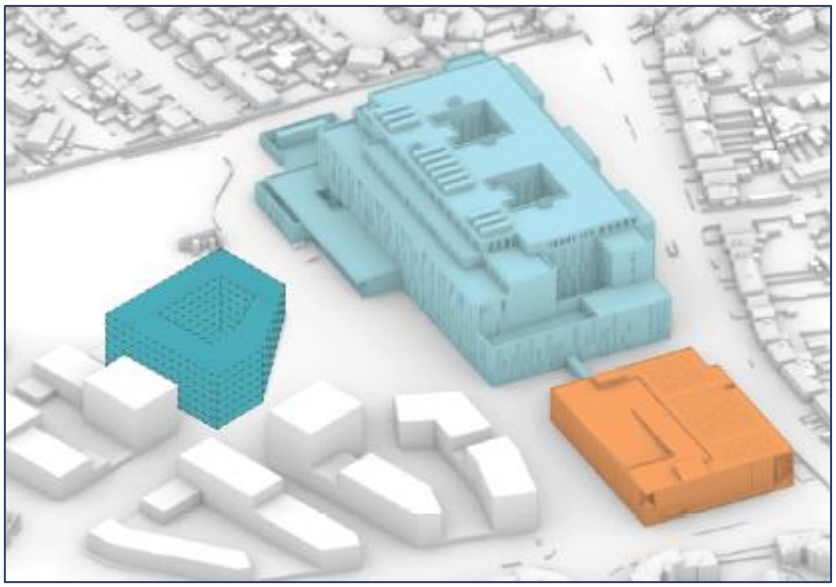
9.11. It should also be noted that the existing size of the hospital does not reflect the same efficiencies that a new hospital can provide. As it exists today, Hillingdon Hospital has buildings that are at the end of their life, do not meet current healthcare needs and are inefficient in terms of layout and co-location with related services. The size of the new hospital (79,604sqm (GIA)) will be larger than the current hospital's size of 57,539 sqm GIA (including the recent modular wards) , even when this existing floorspace is arranged and designed in a more efficient way.

9.12. The proposals therefore seek to make optimal use of the land through the comprehensive redevelopment of the Hillingdon Hospital Site to deliver a hospital that has been designed to improve the experience of patients and staff. Paragraph 5.2.9 of the London Plan (supporting text to Policy S2) states that '*hospital reconfigurations are an example where more intensive and better use of a site can lead to a combination of improved facilities and the creation and release of surplus land for other priorities'*.

9.13. The Trust engaged in detailed pre-application discussions with the Council and the GLA over the course of 6 months on ensuring that the needs case for the new hospital was robust. The GLA advice note issued in March 2021 confirmed that the needs case assessment and modelling is in line with other similar hospitals within the New Hospital Programme, and that the proposal has undergone extensive scrutiny via NHS England & Improvement (NHSE/I), ensuring that integrated care and the NHS 10 year Plan are reflected. The GLA have confirmed that the replacement hospital is strongly supported in line with London Plan Policies S1 and S2 and Good Growth Objective GG1.

9.14. LBH confirmed via email dated 8th March 2021 that "*Adult Social Care (ASC) have reviewed the information provided about the Hillingdon Health and Care Partners (HHCP) transformation work, which underpins the hospital capacity assumptions and, through direct involvement in this transformation and the associated governance structure, can confirm, the detail set out represents an honest and realistic representation of that work. Given this, ASC supports the modelling set out in the THH needs case. ASC raised the point about de-risking the proposals through allowing space, should it be required, for future repurposing and can see that this is now included."*

9.15. To respond to feedback from the Council, the masterplan includes an area of land adjacent to the existing hospital which can be used as a surface car park for 161 spaces and is reserved for future hospital expansion space. Subject to the success of the ongoing Travel Plan, parking spaces in the surface car park can also be withdrawn in the future. Should hospital capacity issues arise, which the Trust do not consider will be necessary, this plot can be developed so that it will contain a combination of additional clinical functionality and structured car parking below. An illustrative plan of the area reserved for the hospital expansion has been set out below.



*Illustrative plan of potential expansion space*

9.16. Overall, in summary of the needs case, there is undoubtedly a need for a new hospital in Hillingdon, given that the life of the Hillingdon Hospital estate has largely expired. The optimisation of the existing hospital site to construct a seven (plus basement and ground) storey hospital on the western extent of the site will clear the rest of the site for other land uses and green space. Following completion of the decant process into the new hospital, the existing accommodation can be demolished to construct new residential blocks to contribute to the Borough's housing needs. In principle therefore, the redevelopment and optimisation of a brownfield site for a new hospital and wider mixed use development is in accordance with the aims of the NPPF, the adopted and emerging London Plan and the adopted Local Plan.

**Principle of Development – Residential (Wider Masterplan)**

9.17. Paragraph 124 of the NPPF states that planning policies and decisions should support development that makes efficient use of land, taking into account: a) the identified need for different types of housing and other forms of development, and the availability of land suitable for accommodating it; b) local market conditions and viability; c) the availability and capacity of infrastructure and services – both existing and proposed – as well as their potential for further improvement and the scope to promote sustainable travel modes that limit future car use; d) the desirability of maintaining an area's prevailing character and setting (including residential gardens), or of promoting regeneration and change; and e) the importance of securing well-designed, attractive and healthy places.

9.18. Good Growth Objective GG2 of the London Plan which promotes the optimisation of land, particularly through the redevelopment of brownfield sites, as a key part of the strategy for delivering additional homes in London. With respect to sites occupied by hospitals, Policy S2 encourages boroughs to co-locate health facilities with other uses, including housing, as a way of using land more efficiently.

9.19. London Plan Policy H1 in seeking to increase the supply of housing in London, sets borough housing targets, and in Table 4.1 puts the minimum ten-year target of 10,830 homes for the London Borough of Hillingdon. The proposed redevelopment of the application site would include new housing, which would contribute to this target and therefore would be supported in principle.

*Assessment*

9.20. The proposals seek to optimise the site to provide residential properties in line with the density as set by the London Borough of Hillingdon. The supporting text to Policy S2 of the Publication London Plan (2020) states that the co-location of health facilities with other uses, such as other forms of social infrastructure or housing, is encouraged to use land more efficiently and to enable a more integrated service delivery. The provision of residential housing on the brownfield site is therefore strongly supported by national, regional and local planning policy.

**Principle of Development – Complimentary Town Centre Uses**

*Planning Policy*

9.21. Local Plan Part 2 Policy DMTC1 states that the Council will expect proposals for 'main town centre uses' to demonstrate that there are no available or suitable sites in a town centre where an edge of centre or out of centre location is proposed, using a sequential approach; and consider the effect of the proposal, either individually or cumulatively on the vitality and viability of existing town centres. Local Plan Part 2 Policy DMTC1 states that proposals for ‘main town centre uses’ in out of centre locations will only be permitted where there is no harm to residential amenity.

9.22. Local Plan Part 2 Policy DMTC1 states that development proposals in out of centre and edge of centre locations, which exceed 200 sqm of gross retail floorspace, or 1,000 sqm of combined main town centres uses, will require an impact assessment

*Assessment*

9.23. In response to Policy DMTC1, whilst the application site is an ‘out-of-centre’ location as defined by the NPPF, the proposed commercial floorspace is physically and functionally linked to the residential use proposed as part of the forthcoming application. It is intended to provide a commercial function to help meet the day-to-day needs generated by the new residential community at the proposed application site which will reduce the requirement to travel thereby promoting more sustainable travel patterns and healthy lifestyles.

9.24. Given its role and function, the commercial floorspace proposed is 'locationally specific'. That is, in order to meet the needs of the immediate population, the floorspace can only be provided at the application site. By providing the floorspace in one of the defined centres in the wider area it would meet the same consumer need or operator demand. It follows that the proposed quantum of commercial floorspace is entirely appropriate to the proposed application site and that this represents the most sequentially preferable location for this.

9.25. It is also not considered that these units would cause any harm to residential amenity, and will instead improve the amenity of the space by providing an active frontage at ground level fronting the high quality public realm and open space.

**Design Approach – Hospital**

*Planning Policy*

9.26. In advocating the role of planning and development in the creation of high quality, beautiful and sustainable buildings as well as places, NPPF 126 is clear that "*good design is a key aspect of sustainable development, creates better places in which to live and work and helps make development acceptable to communities*." NPPF 130 goes on to state that *"planning policies and decisions should ensure that developments:*

*a) will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development;*
*b) are visually attractive as a result of good architecture, layout and appropriate and effective landscaping;*
*c) are sympathetic to local character and history, including the surrounding built environment and landscape setting, while not preventing or discouraging appropriate innovation or change (such as increased densities);*
*d) establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit;*
*e) optimise the potential of the site to accommodate and sustain an appropriate amount and mix of development (including green and other public space) and support local facilities and transport networks; and*
*f) create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience."*

9.27. LP Policies D1-3 and D8 apply to the design and layout of development whilst LP Policy D9 relates specifically to height and massing in the form of tall buildings. These policies are discussed in further detail throughout this section. In terms of overarching design considerations, LP Policy D1 outlines the importance at a local level of understanding the form and character of different areas in order to understand its capacity for growth. LP Policy D2 sets out the considerations that should inform the density of development in ensuring that it is sustainable and that there is adequate infrastructure in place or that it can be planned in accordingly.

9.28. At a local level, LPP2 Policies DMHB11 and DMHB12 provide a set of design principles which seek to ensure that new development is designed to the highest standards, integrated into the surrounding area and accessible. LPP2 Policy DMHB10 relates specifically to high buildings and structures and is consistent with LP Policy D9 in establishing a criteria which must be satisfied to ensure such proposals respond well to the local context.

*Assessment*

9.29. As set out in Section 3 of this Statement, it has been an iterative process underpinned by extensive discussions with LBH LPA Officers and the GLA, as well as existing residents, the local community and key stakeholders. Careful consideration has been given to the comprehensive siting, scale and massing of the Proposed Development in relation to the existing built form and in relation to the impact from key views.

***Height and Massing (inclusive of Tall Buildings Assessment)***

*Planning Policy*

9.30. LP Policy D9 identifies a specific set of impacts and considerations that should inform the placement, height and massing of tall buildings. It is clear that what constitutes a "tall" building will vary depending on the locality but in any event would not be less than 6 storeys (or 18 metres) in height. The provision for such should be informed by a plan-led and design-led approach, be of the highest standard of architecture and materials; and, contribute to improved legibility and permeability. It is expected that tall buildings will be designed to ensure they do not have an unacceptably harmful impact on the surrounding context in terms of visual, functional, environmental impacts, including wind, overshadowing, glare, strategic and local views as well as heritage assets. These should then be considered cumulatively to demonstrate they are appropriate and acceptable overall.

9.31. At a local level, LPP2 Policy DMHB10 provides a set of criteria that "*high buildings and structures*" will be expected to satisfy. This aligns with LP Policy D9 in needing to be appropriately located; in an area of high public transport accessibility; be of a height, form, massing and footprint proportionate to its location and sensitive to adjacent buildings; not have adverse impact on the microclimate of the site and surrounding area; and, be of high architectural quality.

*Assessment*

9.32. The massing has been concentrated as far into the site as the constraints of a single phase rebuild will allow. 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 variety of complimentary materials used on the façade. The mass of the building is further articulated with a series of roof terraces and lightwells. At seventh floor, a clear height of 5m is provided to accommodate the plant room, Air Source Heat Pumps and ventilation towers are currently shown at level 8 which have been set back from the parapet to alleviate their impact.

9.33. The principle of a taller building on the site has already been established (by the existing 11 storey tower) and this is therefore a significant material consideration in the proposed application. The proposed building height is a product of the facilities that it needs to accommodate. As illustrated in the section drawing below, the new hospital will sit lower than the existing tower building.

9.34. The requirements of Tall Building Policy DMHB 10 are addressed in turn below:

> *Any proposal for a high building or structure will be required to respond to the local context and satisfy the criteria listed below. It should:*
>
> *i) be located in Uxbridge or Hayes town centres or an area identified by the Borough as appropriate for such buildings.*

9.35. The application is in conflict with part i of the policy above as the hospital is located outside of a town centre. As set out above, the principle of a tall building on the site (located outside of a town centre) has already been established and is a significant material consideration in the application.

> *ii) be located in an area of high public transport accessibility and be fully accessible for all users.*

9.36. The existing site has a PTAL rating which varies from 0-3. There are three bus stops on Pield Heath Road with links to Uxbridge, Heathrow Central and Hayes Town. The application seeks to significantly improve the accessibility and connectivity to all users and visitors to the site. This aligns with the overall transport vision for the site and is reflected in the on-site proposed design measures, aiming to create a sustainable and accessible site by a variety of modes of travel, with better connections and pathways through the site and to the wider area. The proposals improve the PTAL of the site to a rating of 3 in most areas.

> *iii) be of a height, form, massing and footprint proportionate to its location and sensitive to adjacent buildings and the wider townscape context. Consideration should be given to its integration with the local street network, its relationship with public and private open spaces and its impact on local views.*

9.37. The height, form and massing of the building is dictated by the clinical requirements for the hospital. IBI have developed a solution which proposes the tallest elements of the building towards the centre of the site in line with the current hospital buildings on the site. The hospital has been designed and developed through analysis of the clinical functions and needs, and also the need to be sensitive to residential properties adjacent to the site.

9.38. Although the new hospital building will have a taller scale than the surrounding context, this is considered to be an acceptable townscape relationship given the civic importance of the hospital. In mitigation, there will be a large distance between the taller elements of the scheme and the neighbouring properties. This part of the scheme will also be softened by a high quality landscaped barrier along Royal Lane.

*iv) achieve high architectural quality and include design innovation. Consideration should be given to its silhouette, so that it provides a positive contribution to the skyline, its design at street level, facing materials and finishes, lighting and night time impact.*

9.39. The new hospital building will make a positive contribution to the streetscape of the local area, as the existing extent of the western portion of the site makes no townscape contribution to the surrounding context. It lacks definition and is occupied by a series of low buildings and extensive surface level car parking. The design of façade articulation and the choice of materials seek to break down the scale of the hospital building as seen from the west, introducing both a vertical rhythm to break down the length of the facades.

*v) where residential uses are proposed, include high quality and useable private and communal amenity space and ensure an innovative approach to the provision of open space*

9.40. The overall proposals will include high quality and useable private and communal amenity spaces. A central open space is proposed for the enjoyment of the hospital users, and wider community. A landscaping buffer is proposed to the boundary with Royal Lane and the proposals seek to make this a very high quality public realm which can be enjoyed by neighbouring residents.

*vi) not adversely impact on the microclimate (i.e. wind conditions and natural light) of the site and that of the surrounding areas, with particular focus on maintaining useable and suitable comfort levels in public spaces.*

9.41. A microclimate report prepared by Aecom has been prepared to support the planning application. The report assesses both the detailed and outline elements of the masterplan. The assessment runsthrough the various scenarios that would be applicable on the development site including baseline, new hospital (phases 1A-C), new hospital with the wider site cleared, and the final masterplan. The results demonstrate that the study did not find any indication of distress regions with a 20 m/s threshold for any scenario at 1.5 m above ground or 1.5 m above the designated pedestrian terraces of the new hospital building. In addition, the study did not find any indication of distress regions with a 15 m/s threshold for any scenario at 1.5 m above ground or 1.5m above the pedestrian terraces, except for the scenario following the clearance of the wider site with the new hospital present, and only when the mitigating effect of trees beyond the boundary of the development site are omitted. The results identify a small area of distress in the south-eastern corner of the hospital building. The plans have integrated a perforated screen to mitigate against this issue. We would note that this is not an area that is used for public realm and largely comprises access to the hospital building.

9.42. The results show that the distress is small enough in size and benign enough in intensity that the inclusion of surrounding off-site trees, (giving possibly more accurate estimate of wind microclimate conditions), completely removes this distress. It is expected that the inclusion of even more of the surrounding off-site trees in simulations would have further beneficial mitigating effects. The proposals are therefore considered to be compliant with part vi of the policy. Please refer to the Microclimate report prepared by Aecom for further details.

*vii) be well managed, provide positive social and economic benefits and contribute to socially balanced and inclusive communities.*

9.43. A socio-economic report prepared by Savills has been submitted to outline the vast number of socio-economic benefits which arise from the scheme. Of note, the project will deliver healthcare improvements for the Borough and provide state-of-the-art facilities to meet the needs of current and future communities. This would help to secure the sustainable future of the healthcare in the Borough, which is undoubtedly a significant community benefit. A summary of the key benefits has been set out in the conclusions section of this Statement.

*viii) comply with aviation and navigation requirements and not adversely impact upon telecommunication, television and radio transmission networks*

9.44. The London Heathrow Airport Aviation Authority have been consulted as part of the pre-application engagement and confirmed via email that based on the height information provided that the ground level across the site will be 37m AMSL, there will be no impact to the Obstacle Limitation Surface (OLS) known as the Conical Surface or Instrument Flight Procedures (IFP's) associated to Heathrow Airport

*ix) demonstrate consideration of public safety requirements as part of the overall design, including the provision of evacuation routes.*

9.45. A Fire Statement prepared by Tenos has been submitted to support the application to address the public safety requirements and provision of evacuation routes and address part ix of the policy. The Design and Access Statement also includes a summary of the Secure by Design principles.

9.46. Turning to the London Plan, Tall Building Policy D9 states that based on local context, Development Plans should define what is considered a tall building for specific localities, the height of which will vary between and within different parts of London but should not be less than 6 storeys or 18 metres measured from ground to the floor level of the uppermost storey.

9.47. The table below sets out key policies and provides a response to each.

| Policy | Response |
|---|---|
| **Visual Impacts** | |
| *the views of buildings from different distances:*<br><br>*i long-range views – these require attention to be paid to the design of the top of the building. It should make a positive contribution to the existing and emerging skyline and not adversely affect local or strategic views*<br><br>*ii mid-range views from the surrounding neighbourhood – particular attention should be paid to the form and proportions of the building. It should make a positive contribution to the local townscape in terms of legibility, proportions and materiality*<br><br>*iii immediate views from the surrounding streets – attention should be paid to the base of the building. It should have a direct relationship with the street, maintaining the pedestrian scale, character and vitality of the street. Where the edges of the site are adjacent to buildings of significantly lower height or parks and other open spaces there should be an appropriate transition in scale between the tall building and its surrounding context to protect amenity or privacy* | The application is supported by a Heritage and Townscape Visual Impact Assessment prepared by Savills Townscape with verified views from Miller Hare.<br><br>The supporting HTVIA outlines that **"**c*onsidering the visual impact assessment, , the proposed development appears as a positive contribution and distinct improvement to the current condition in some close range views, through clear activation of the street, high quality architecture and creating a sense of enclosure along Royal Lane, where the existing situation is currently a surface car park with no active frontages (see views 6,7,9,10,11,21 of the HTVIA).*<br><br>*It is accepted that in some close range views, where the proposed development will be experienced by residents living on adjoining streets, the changes to their outlook will be great, though these changes will also bring benefits such as improved active frontages, permeability and high quality public realm. In medium range views (3,4,8,15 and 18), the proposed development's visibility is more limited, due to the street composition and urban grain of the surrounding area. Elements of the proposed development, often the taller elements, appear amongst the existing urban fabric, creating a high quality backdrop that works successfully with the existing context and offers a distinct improvement from what is currently there. In the longer distance views (1 and 2) the proposed development is seen as a considered composition, re-aligned to better express the urban blocks around it.*<br><br>*The Design and Access Statement (DAS) and the illustrative masterplans, as well as design codes will ensure that the elevations that will be seen from further distances, will be articulated in high quality materials."* |

| | |
|---|---|
| *b) whether part of a group or stand-alone, tall buildings should reinforce the spatial hierarchy of the local and wider context and aid legibility and wayfinding* | The hospital will introduce a contrasting scale to its surroundings, especially along Royal Lane. However, the massing will be well set back from the street and vegetation and landscaping will be added to the boundary in order to mitigate against this, resulting in a comfortable separation distance from the houses across Royal Lane. |
| *c) architectural quality and materials should be of an exemplary standard to ensure that the appearance and architectural integrity of the building is maintained through its lifespan* | The proposed materials have been chosen to soften the appearance of the building and to be contextual to the surrounding residential buildings in terms of material types. |
| *d) proposals should take account of, and avoid harm to, the significance of London's heritage assets and their settings. Proposals resulting in harm will require clear and convincing justification, demonstrating that alternatives have been explored and that there are clear public benefits that outweigh that harm. The buildings should positively contribute to the character of the area* | Although the site does not fall within any heritage designations, such as a conservation area, it contains within its boundary, a Grade II Listed building known as the Furze. The Furze Building was formerly in use as a nurses home, but now provides ancillary clinical functions and office space for various departments of the hospital.<br><br>The proposals seek to create areas of open public/green space that will expose new views of the listed building and improve its immediate setting, in contrast to the existing surface car-park setting.<br><br>The masterplan seeks to ensure that the proximity of new blocks will remain respectful of the setting of the listed building.<br><br>The proposed development will enhance the public realm directly adjacent to the Furze, creating new opportunities for people to appreciate the architectural value and the heritage significance of this building.<br><br>Please refer to the submitted Heritage and Townscape Visual Impact Assessment. |
| *e) buildings in the setting of a World Heritage Site must preserve, and not harm, the Outstanding Universal Value of the World Heritage Site, and the ability to appreciate it* | Not applicable to the development. |

| | |
|---|---|
| *f) buildings near the River Thames, particularly in the Thames Policy Area, should protect and enhance the open quality of the river and the riverside public realm, including views, and not contribute to a canyon effect along the river* | Not applicable to the development. |
| *g) buildings should not cause adverse reflected glare* | The main causes of solar glare from buildings are large expanses of glass or areas of glass which are sloped or curved. Neither of these conditions occur in the proposed buildings. As such, it is envisaged that unacceptable solar glare will not be created by the Proposed Development.<br><br>Furthermore, it is not the intention for the glazing to have a reflective appearance externally and therefore the detailed specification of the glass will be carefully selected to ensure reflection, and consequently glare, is minimised as far as possible. |
| *h) buildings should be designed to minimise light pollution from internal and external lighting* | An external lighting report prepared by Aecom has been submitted to support the planning application which proposes sensitive light proposals for the site. |
| **Functional impact** | |
| *a) the internal and external design, including construction detailing, the building's materials and its emergency exit routes must ensure the safety of all occupants* | The internal and external design has been scrutinised by the Trust clinical working groups to ensure that the scheme will be appropriately designed to ensure the safety of all occupants.<br><br>In respect of fire safety, a fire statement prepared by Tenos has been submitted to support the planning application. |
| *b) buildings should be serviced, maintained and managed in a manner that will preserve their safety and quality, and not cause disturbance or inconvenience to surrounding public realm.*<br><br>*Servicing, maintenance and building management arrangements should be considered at the start of the design process.* | A Delivery and Servicing Management plan for both the hospital proposals and wider outline residential masterplan has been prepared by Mott MacDonald has been submitted to support the planning application. |

| | |
|---|---|
| c*) entrances, access routes, and ground floor uses should be designed and placed to allow for peak time use and to ensure there is no unacceptable overcrowding or isolation in the surrounding areas* | IBI have developed a strategy for the building entrances and exits to be located logically in respect of their function and relationship to internal planning. |
| *d) it must be demonstrated that the capacity of the area and its transport network is capable of accommodating the quantum of development in terms of access to facilities, services, walking and cycling networks, and public transport for people living or working in the building* | The transport assessment prepared by Mott Macdonald demonstrates that the transport network is capable of accommodating the quantum of development. This is discussed in further detail below. |
| *e) jobs, services, facilities and economic activity that will be provided by the development and the regeneration potential this might provide should inform the design so it maximises the benefits these could bring to the area, and maximises the role of the development as a catalyst for further change in the area* | The proposals seek to make optimal use of the land through the comprehensive redevelopment of the Hillingdon Hospital Site to deliver a hospital that has been designed to improve the experience of patients and staff.<br><br>The redevelopment and optimisation of the hospital on the western extent of the site allows a wider masterplan to come forward through the provision of increased high quality green open space, and a new community through the provision of 327 new dwellings with supporting retail uses.<br><br>A socio-economic report prepared by Savills sets out the anticipated number of jobs that the proposed development is expected to generate for the local population. The report confirms that the construction of the development will support 547 on and off site jobs for 4.7 years. The construction of the Proposed Development would therefore help support construction firms operating in the region and provide jobs in the industry. The Proposed Development would lead to the creation of new direct and indirect jobs, through supply chain benefits and new expenditure introduced to the local economy. |

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|---|---|
| *f) buildings, including their construction, should not interfere with aviation, navigation or telecommunication, and should avoid a significant detrimental effect on solar energy generation on adjoining buildings.* | The London Heathrow Airport Aviation Authority have been consulted as part of the pre-application engagement and confirmed via email that based on the height information provided that the ground level across the site will be 37m AMSL, there will be no impact to the Obstacle Limitation Surface (OLS) known as the Conical Surface or Instrument Flight Procedures (IFP's) associated to Heathrow Airport. |
| **Environmental Impacts** | |
| *a) wind, daylight, sunlight penetration and temperature conditions around the building(s) and neighbourhood must be carefully considered and not compromise comfort and the enjoyment of open spaces, including water spaces, around the building* | A microclimate report prepared by Aecom has been submitted to support the application.<br><br>Please see assessment at paragraphs 9.41 and 9.42 above. |
| *b) air movement affected by the building(s) should support the effective dispersion of pollutants, but not adversely affect street-level conditions* | An Air Quality Assessment prepared by Aecom has been submitted to support the application. Further details on the assessment have been set out later in this Planning Statement. |
| *c) noise created by air movements around the building(s), servicing machinery, or building uses, should not detract from the comfort and enjoyment of open spaces around the building.* | A Noise and Vibration Assessment prepared by Aecom has been submitted to support the application. Further details on the assessment have been set out later in this Planning Statement. |
| **Cumulative impacts** | |
| *a) the cumulative visual, functional and environmental impacts of proposed, consented and planned tall buildings in an area must be considered when assessing tall building proposals and when developing plans for an area. Mitigation measures should be identified and designed into the building as integral features from the outset to avoid retro-fitting.* | At the time of writing this Planning Statement, we are not aware of any other current plans for additional tall buildings in the area. |
| **Public Access** | |

| | |
|---|---|
| *D - Free to enter publicly-accessible areas should be incorporated into tall buildings where appropriate, particularly more prominent tall buildings where they should normally be located at the top of the building to afford wider views across London.* | The NHS hospital and public open spaces will be accessible to the public given its function and landscaped areas will also be for the use of the general public.<br><br>The wider masterplan will also comprise public open spaces. |

***Materiality***

9.48. The new hospital will be constructed from a palette of high quality materials including brick; architectural concrete, glazing and metal. The west wing of the building, facing Royal Lane, has a unified brick facing. A series of brick clad pre-cast panels form a regular expressed facade grid providing visual interest, depth and animation. The full height windows will provide extensive views out and maximise natural daylight penetration. The east wing of the new hospital, which in future will face the main green park, includes a two storey brick facing podium on top of which rests a four storey element covered with a light beige architectural concrete façade.

*West Elevation*


*East Elevation*

***Layout***

*Policy*

9.49. In developing the objectives of LP Policies D1 and D2, LP Policy D3 provides more detail on what is expected from a design-led approach to development. It provides a set of urban design principles that should guide development proposals and relate to form and layout; experience; and quality and character. This includes enhancing the local context through new built form that *"…positively responds to local distinctiveness…*"; encourages and facilitates active travel; is safe, secure and inclusive; provides active frontages and *"…environments that are comfortable and inviting for people to use…"*; and is of high quality with opportunities for urban greening maximised.

9.50. At a local level, Policy DMHB11 states that *"…new buildings will be required to be designed to the highest standards and, incorporate principles of good design…"* and sets out a number of design-led principles consistent with those identified under LP Policy D3. These expect development proposals to harmonise with the local context taking account of building plot sizes, street patterns, building lines and setbacks as well as the streetscape and architectural composition. Development is also required *"…to ensure that the design safeguards the satisfactory re-development of any adjoining sites which have development potential*"

*Assessment*

9.51. The hospital design and layout has gone through a number of iterations to respond to comments raised by both the Council and also the clinical working groups. As outlined previously, the new hospital mass is placed as far into the site as possible in a single phased solution. The proposals present a high quality landscaping buffer on Royal Lane with a direct pedestrian/cycle link through to the central campus of the site, which comprises a large central green open space for enjoyment by the community. The MSCP and mobility hub in the north of the site will act as a key gateway into the site. The proposals seek to create a high quality public realm with benches and areas to dwell and enjoy the landscaping. The servicing yard has been located to the south of the hospital to create ease of access with the key internal services, and FM routes. The masterplan has included a landscaping buffer and high boundary wall to mitigate against any visual or amenity impact to residents to the south of the site.

**Landscaping**

*Planning Policy*

9.52. In promoting the creation of healthy and safe communities, NPPF 92 encourages planning policies and decisions to support developments that provide *"…opportunities for meetings between people who might not otherwise come into contact with each other…*" and the creation of a strong neighbourhood centre is noted as a way of achieving this. It goes on to explain the importance of high quality public space in encouraging active and continual use of public areas (NPPF 92 b).

9.53. NPPF paragraph 98 highlights how access to a network of high quality open spaces and opportunities for sport and physical activity positively contributes to the health and well-being of communities, and can deliver wider benefits for nature as well as towards addressing climate change. NPPF 130 b) identifies the role of effective landscaping in ensuring that developments are visually attractive.

9.54. LP Policy D8 relates to public realm and highlights the role of this in creating an environment that is easy to understand, facilitates movement, incorporates green infrastructure, and is supportive of the built form in contributing to the sense of place.

9.55. As part of this, LP Policy G1 is clear that "*green infrastructure should be planned, designed and managed in an integrated way to achieve multiple benefits*". There is an expectation that development proposals where possible should create areas of publicly accessible open space, particularly in areas of deficiency, as a vital component of London's Infrastructure (LP Policy G4). This goes hand in hand with LP Policy G5 and the requirement for major development proposals to *"…contribute to the greening of London by including urban greening as a fundamental element of site and building design, and by incorporating measures such as high-quality landscaping (including trees), green roofs, green walls and nature-based sustainable drainage*". It goes on to outline that for predominantly residential development the amount of urban greening should be considered against the Mayor's recommended target of 0.4 to ensure an appropriate provision.

9.56. At a local level, LPP2 Policy DMHB12 relates specifically to streets and public realm, expecting new development to be well integrated with the surrounding area and accessible. The design of public realm should take *"…account of the established townscape character and quality of the surrounding area*" and "*include landscaping treatment that is suitable for the location, serves a purpose, contributes to local green infrastructure, the appearance of the area and ease of movement through the space*". Where developments are located close to transport interchanges and community facilities, it outlines that public realm improvements will be sought to ensure easy access.

9.57. LPP2 Policy DMHB14 expects all development to retain or enhance existing landscaping and as part of the strategy for the site, should provide appropriate hard and soft landscaping and amenity particularly in areas deficient in green infrastructure. As part of this, LPP2 Policy DMEI1 requires all major development to incorporate living roofs and/or walls into the development

***Assessment***

9.58. IBI Landscaping have prepared a landscaping strategy, which forms part of the submitted Design and Access Statement. The landscaping strategy focuses on four key areas – landscaping surrounding the MSCP and Pield Heath Road/Royal Lane frontage, linear wetland attenuation park, landscaping to the south of the MSCP, emergency walk in entrance, landscaping to the FM boundary, internal courtyards, external terrace works. The landscaping strategy is set out within the design and access statement and addresses the key landscaping areas.

9.59. The landscape strategy seeks to provide a high quality public realm for hospital users, patients and local residents. The green The green open space of the Woodlands is expected to be used by hospital users more given its close proximity to the entrance of the hospital, as well as being flanked on the west by the Woodlands Centre. The landscaping strategy within the Design and Access Statement sets out an indicative planning palette.

9.60. A continuous green buffer along Pield Heath road has been proposed which will provide a high quality landscaped environment with planting of high quality trees and public realm. This area will define the main access to the hospital and MSCP so therefore assists with wayfinding and visibility for pedestrians and vehicles. The Central Green Space will be the heart of the hospital campus and will open to all users of the hospital, patients, visitors and also local residents.

9.61. The landscaping strategy sets out the series of green spaces distributed along the East-West Connection offer a variety of environments to cater for different users. From green spaces for enjoyment of natural elements, to Civic multifunctional areas, to community driven spaces.

9.62. To the south of the site, to enhance the visual impacts of the FM Yard Boundary, the proposal seek to add semi mature native trees to the southern boundary to screen views. The proposals also seek to install a raised planter with ornamental mixed planting and green wall to the south-east corner of the building.

*Urban Greening Factor (UGF)*

9.63. Policy G5 Urban Greening of the Publication London Plan (2020) states that major development proposals should contribute to the greening of London by including urban greening as a fundamental element of site and building design, and by incorporating measures such as high-quality landscaping (including trees), green roofs, green walls and nature-based sustainable drainage. The London Plan sets out a target for 0.3 for commercial developments and 0.4 for residential developments.

9.64. Given the detailed hospital element of the site comprises the largest area of the site covering 71%, the target of 0.3 should be used for the site wide UGF target. The overall score of the development is 0.32 which exceeds the London Plan target, the outline boundary is 0.39 falls slightly short of the 0.4 target for residential, however this is considered to be acceptable in the context of the split of the site boundaries and green open space on the site given to the details proposals.

| | Site Area (sqm) | Contribution | UGF Score |
|---|---|---|---|
| The Furze | 2,436 (not included in UGF figures) | N/A | N/A |
| Detailed Boundary | 74,236 | 74,236 | 0.30 |
| Outline Boundary | 27,438 | 10,788 | 0.39 |
| Total Area | 104,110 | 32,763 | 0.32 |

## 2. Design Approach – Wider Masterplan

*Height / Massing / Layout*

9.65. The layout of blocks for the masterplan has been carefully considered and will ensure that meaningful open spaces are created for future patients, residents and visitors. The massing rises as it reaches the centre of the site, with the smaller scale blocks on the boundary adjacent to residential properties. The boundary of the wider masterplan is also alleviated by landscaping, which surrounds each main block of development. The masterplan has maintained sufficient separation distances between the boundary of the site and the residential properties through the careful design and placing of the proposed blocks on the site.

9.66. The residential blocks are now situated away from the main hospital building and will now front the MSCP, and internal areas of green open space. This layout seeks to frame the wider masterplan so all users of the site can enjoy the high quality landscaped areas that run through the site.

9.67. The layout of blocks for the masterplan has been carefully considered and will ensure that meaningful open spaces are created for future patients, residents and visitors. The supporting retail uses will contain active frontages to the corners of these residential blocks to form shops/coffee shops and activate these spaces within the masterplan.

9.68. Prior and Partners have revised the height of the blocks within the masterplan to ensure the heights of the buildings are sympathetic to the Grade II listed building on the site (The Furze), and neighbouring residential properties. As illustrated in the section drawings in the design document, plots P01, P02 and P03 all rise in height towards the main centre of the site, which will be known as the 'campus side'. This is also where the massing of the hospital will be at its highest point.

### 3. Heritage, Townscape and Visual Impact

*Planning Policy*

9.69. NPPF Paragraph 194 states "In determining applications, local planning authorities should require an applicant to describe the significance of any heritage assets affected, including any contribution made by their setting. The level of detail should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance. As a minimum the relevant historic environment record should have been consulted and the heritage assets assessed using appropriate expertise where necessary".

9.70. NPPF paragraph 199 states that "When considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation (and the more important the asset, the greater the weight should be). This is irrespective of whether any potential harm amounts to substantial harm, total loss or less than substantial harm to its significance."

9.71. At a local level, LPP2 Policy DMHB 1 states the Council will expect development proposals to avoid harm to the historic environment. Development that has an effect on heritage assets will only be supported where: i) it sustains and enhances the significance of the heritage asset and puts them into viable uses consistent with their conservation; ii) it will not lead to a loss of significance or harm to an asset, unless it can be demonstrated that it will provide public benefit that would outweigh the harm or loss, in accordance with the NPPF; iii) it makes a positive contribution to the local character and distinctiveness of the area; buildings and structures within the curtilage of a heritage asset, or in close proximity to it, do not compromise its setting; and vii) opportunities are taken to conserve or enhance the setting, so that the significance of the asset can be appreciated more readily.

*Assessment*

9.72. Although the site does not fall within any heritage designations, such as a conservation area, it contains within its boundary, a Grade II Listed building (known as the Furze). Other designated and non-designated heritage assets are found in the immediate and wider setting of the site. These include Hillingdon Village Conservation Area to the north, Cowley Church Conservation Area, to the east, and the Grade II listed Prince of Wales Public House, located at Colham Green Road. A few locally listed buildings are also found along Pield Heath Road, including Pield Heath Convent Schools.

9.73. In compliance with London Borough of Hillingdon on matters of heritage (Policies DMHB1, DMHB2, DMHB3), it was found that in all cases, the effects of the proposed development would cause no harm to the heritage significance of any statutorily designated (listed buildings and conservation areas) and non-designated heritage assets (locally listed buildings). The high quality contemporary design of the proposed development, which is respectful to its surroundings in terms of massing, scale and choice of materials, were found to enhance the setting of the site and enhance the setting of The Furze.

9.74. A total of 21 townscape views (As agreed with LBH) were considered and assessed in detail, comparing the ‘existing’ baseline condition with the ‘proposed’ conditions after the scheme is completed. The majority of the assessments of the visual effects concluded that the introduction of the proposed development would have a positive effect on the existing townscape, through the introduction of high architectural quality buildings (detailed application) and a well-considered masterplan, with improved public realm, increased permeability and improved legibility.

9.75. Whilst it is accepted that in some instances the change experienced as a result of the proposed development will be large, through the introduction of high architectural quality buildings (detailed application) and a well-considered masterplan, with improved public realm, increased permeability and improved legibility; the proposed development is considered to improve the existing townscape of this part of Hillingdon.

9.76. In close range views the public realm improvements, including within the site, on Royal Lane and on Pield Heath Road, and the architectural detailing will be appreciated. The proposed buildings will also create a good sense of enclosure and active frontages along the streets on which they face. In medium range views the proposed development will appear as a positive contribution to the wider townscape through its high quality architecture and proposed materials (in the outline parts of the application, this will be shown through the design codes set out in DAS as well as the masterplan).

9.77. Given the heritage, townscape and visual effects assessed, it is considered that the proposed development complies with Policy D9 of the London Plan and Policy DHMB10 of Hillingdon's Local Plan (as set out above). The visual impact assessment demonstrates that the proposed development will improve the conditions on the site from the existing situation, though it is accepted that in some instances the change experienced by residents living on streets directly facing the site will be great. The design quality assessment concludes that the buildings of the proposed development, the public realm and landscaping exhibit high quality design through their form, proportion, materials and detailing.

9.78. In the cases of the outline elements, the architectural quality of the detailed elements, as well as the illustrative material, should provide reassurance of the high quality and aspirations for the scheme as a whole. Considering the existing context of the site, the visual impact of the proposed development as shown, the high quality of architecture and public realm proposed for the site, the location of massing and height are considered appropriate and in line with a new hospital building in London.

9.79. The proposed development, where visible, will create a high quality marker in this area of Hillingdon. Whilst the proposed development will result in a notable change in the streetscape of the local area, this needs to be weighed in the balance of the suite of benefits to be delivered by the scheme which are listed in the HTVIA at page 18, and in section 11 of this planning statement, any harm is considered to be considerably outweighed by the benefits of the delivery of a state of the art new hospital which will be a landmark in the local area.

9.80. It is therefore concluded that the proposals have been designed in compliance with policy and guidance in relation to heritage assets, townscape and visual impacts in compliance with Policies DMHB1, DMHB2, DMHB3.

### 4. Neighbouring Residential Amenity

*Daylight, Sunlight and Overshadowing*

9.81. NPPF 125 c) promotes the importance of making efficient use of land, and in this context, expects local planning authorities to *"…take a flexible approach in applying policies or guidance relating to daylight and sunlight, where they would otherwise inhibit making efficient use of a site (as long as the resulting scheme would provide acceptable living standards)".*

9.82. LP Policy D6 states that "*the design of development should provide sufficient daylight and sunlight to new and surrounding housing that is appropriate for its context, whilst avoiding overheating, minimising overshadowing and maximising the usability of outside amenity space*".

9.83. The Mayor's Housing SPG explains that Building Research Establishment (BRE) good practice guidelines and methodology can be used to assess the levels of daylight and sunlight being achieved. However, it is clear that these *"…should be applied sensitively to higher density development in London, particularly in central and urban settings, recognising the London Plan's strategic approach to optimise housing output and the need to accommodate additional housing supply in locations with good accessibility suitable for higher density development*" (paragraph 2.3.47). As such "*quantitative standards on daylight and sunlight should not be applied rigidly, without carefully considering the location and context and standards experienced in broadly comparable housing typologies in London*" (paragraph 2.3.47). In this respect "*decision makers should recognise that fully optimising housing potential on large sites may necessitate standards which depart from those presently experienced but which still achieve satisfactory levels of residential amenity and avoid unacceptable harm*" (paragraph 1.3.46). This guidance has been carried forward within the Draft Good Quality Homes for All Londoners Guidance (October 2020) at pages 62-63 which reinforces the importance of this approach in decision-making.

9.84. At a local level, LPP2 Policy DMHB11 similarly states that "*development proposals should not adversely impact on the amenity, daylight and sunlight of adjacent properties and open space*".

9.85. A Daylight, Sunlight and Overshadowing Assessment has been undertaken by Point 2 and submitted to support the planning application. The Assessment outlines that the existing Hillingdon Hospital site is very low rise, this means surrounding properties receive uncharacteristically high levels of daylight in the current condition, well in excess of the guidelines for new properties in suburban locations. Subsequently, any reasonable increase in massing will inevitably be perceived to cause a reduction that exceeds the BRE's default recommendations against standard % loss of VSC.

9.86. It is therefore paramount that the retained daylight levels are properly taken into account, as per the recommendations within the NPPF and SPG10. The daylight and sunlight analysis confirms that whilst there will be changes to the existing levels of daylight received by the surrounding properties that may be considered noticeable, the properties will primarily be left with good levels of daylight that correspond with, or in the majority of cases are significantly better than, a typical suburban landscape.

9.87. As outlined above, the current site is low rise with only sparce massing on the periphery, as a result it is inevitable when developing this site that a few residential properties will experience some changes to existing levels of daylight; these noticeable reductions tend to occur to properties located along Royal Lane. Despite this, Point 2 Surveyors consider the alterations to be satisfactory as they are small. A minority of the surrounding windows (95 of 863) experience what may be considered technically noticeable alterations of skylight, that said these reductions tend to be modest as the alterations generally leave these few impacted windows with VSCs of between 0.6 to 0.8 times their former value. Any other alterations are unnoticeable. Further consideration of the receptors which experience noticeable alteration finds that the windows serving these rooms are left with high levels of retained daylight at 18% to 27% VSC, with 3 at circa 17% and only 1 at 13%. Thus, even the windows which experience noticeable alterations still maintain notably higher retained levels of VSC when compared to some of the existing levels of daylight already found within the locale.

9.88. It is therefore regarded to be wholly in accordance with NPPF 125 c), LP Policy D6, the Mayor's Housing SPG, Draft Good Quality Homes for All Londoners Guidance (October 2020) and LPP2 Policy DMHB11.

## 5. Transport

*Planning Policy*

9.89. In promoting sustainable transport, NPPF 105 outlines the expectation for the planning system to actively manage patterns of growth. "*Significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes*". In this respect, NPPF 108 recommends that use of maximum parking standards where necessary to assist in managing the local road network and optimising the density of development in city and town centre locations as well as those well served by public transport. As such, development proposals are expected to prioritise pedestrian and cycle movements and facilitate access to high quality public transport (NPPF 112).

9.90. NPPF 111 is clear that "*development should only be prevented or refused on highways grounds if there would be an unacceptable impact on highway safety, or the residual cumulative impacts on the road network would be severe*".

9.91. LP Policy T1 sets out the strategic approach to transport for London and in line with encouraging the efficient use of land, expects development to respond appropriately to existing and future public transport connectivity and accessibility and mitigate against any adverse impacts on the transport network. LP Policy T2 requires development proposals to *"…deliver patterns of land use with facilitate residents making shorter, regular trips by walking or cycling*" and reference is made to the application of the Mayor's Healthy Streets approach in achieving this. As such, development proposals should reduce the dominance of vehicles and be permeable by foot and cycle in connection with the wider public transport network.

9.92. LP Policy T4 reinforces the importance of assessing and mitigating transport impacts through development proposals and requires transport assessments / statement to be submitted as part of planning applications to ensure the impacts on the capacity of the transport network is fully assessed. Where necessary to address adverse transport impacts, mitigation should be identified either through on-site provision in the form of public transport, walking and cycling facilities and highways improvements or through financial contributions. It is clear that "*development proposals should not increase road danger*".

9.93. In line with the above, the London Plan establishes minimum cycle parking standards under LP Policy T5, which should be applied to development proposals to encourage such sustainable modes of travel and remove barriers to access. In turn, LP Policy T6 establishes maximum car parking standards and is clear that "*car-free development should be the starting point for all development proposals in places that are (or are planned to be) well-connected by public transport…".* This is with the exception of adequately providing for disabled person parking. LP Policies T6.1 to T6.5 then set out the relevant parking standards that should be applied to development proposals on a use class basis, to include appropriate provision for disabled persons and infrastructure to support electric vehicle charging.

9.94. At a local level, development proposals are *"…required to meet the transport needs of the development and address its transport impacts in a sustainable manner*" as set out under LPP2 Policy DMT1. In line with national and regional policy, in order for development proposals to be considered acceptable they should promote opportunities for travel by sustainable modes and ensure no significant adverse transport or associate environmental impacts on the transport network, as is reiterated under LPP2 Policy DMT2. A Transport Assessment or Statement and Travel Plan should be provided to demonstrate how the requirements of LPP2 Policies DMT1 and DMT2 have been addressed through the proposed development and identify mitigation where required.

9.95. LPP2 Policy DMT4 identifies forms of mitigation that LBH LPA may seek from development proposals that give rise to potential transport impacts and these relate to improving local public transport facilities and services. LPP Policy DMT5 establishes local cycle parking standards and expects *"development proposals located next to or along the Blue Ribbon Network will be required to enhance and facilitate inclusive, safe and secure pedestrian and cycle access to the network*". LPP Policy DMT6 establishes local car parking standards and outlines that provision should contain *"…conveniently located reserved spaces for wheelchair users and those with restricted mobility*".

9.96. In respect of deliveries and servicing specifically, LP Policy T7 states that development proposals should make adequate provision for servicing, storage and deliveries off-street, with on-street loading bays only used where this is not possible. This is in the interest of ensuring a safe, clean and efficient process with Construction Logistics Plans and Delivery and Servicing Plans expected to be prepared to demonstrate how this will be achieved in accordance with TfL guidance. LPP2 Policy DMT1 similarly reiterates the need for such to be adequately addressed through development proposals.

*Assessment*

*Pedestrian and cycle network*

9.97. The proposed development has been designed to provide all site users with a high-quality environment within which walking and travel by active modes will be central to its success as a modern and high-quality healthcare campus. A full list of pedestrian improvements in Phase 1A-C is provided below:

- New signalised crossing on Pield Heath Road west of Royal Lane
- New zebra crossing on Royal Lane south of Pield Heath Road
- Addition of tactile paving on eastern arm of Pield Heath Road/Royal Lane mini roundabout
- Widened footway on northern side of Pield Heath Road
- Area of public realm south of Pield Heath Road
- Upgraded single phase crossings at Main Entrance junction (all arms)
- Priority crossings at all crossings along the boulevard within the hospital areas of the site
- Southern/eastern footway on Pield Heath Road and Colham Green Road (south-east of mini roundabout) extended along Colham Green Road southern arm to new controlled crossing
- New controlled crossing on southern arm of Colham Green Road/Pield Heath Road mini roundabout
- Tactile paving at all crossing points in the site

9.98. The green corridor is a central spine through the site from Colham Green Road to a central triangle of public open space which is east of the new hospital building. The green corridor is a further area of public realm and is a pedestrian and cycle route from Colham Green Road through the site to the new hospital. This will be a low speed area for cycles, with calming measures integrated through the design of the public realm to prevent high speed cycling and provide an environment which is suitable for all users, including vulnerable hospital users.

*Blue Light Access*

9.99. The Phase 1A-C proposals comprise upgrading the current provision for ambulances at the hospital, enabling smoother transfers and easier flow. The proposed Phase 1 plan enables the existing A&E entrance to be maintained until the complete transition to the new hospital. Once the new hospital is complete, emergency ambulances will be able to access the site via two entrance points, one from Pield Heath Road via the Main Entrance, and one from Colham Green Road via the southern service route.

9.100. When accessing from Pield Heath Road, the new internal road layout restricts private vehicle access beyond the drop-off locations. An ambulance gate ('Authorised Vehicles Only') will provide a route for ambulances to enter the ambulance yard. Once the new hospital site is completed, the current A&E entrance will be closed off, and the internal layout in the eastern area of the site will be revised as Phase 1C is built out. The internal link from Colham Green Road will be updated to include a mini-roundabout junction. This will allow a new 'Ambulance Only' link to be formed running west from the new mini-roundabout into the ambulance yard, for emergency ambulances only. It should be noted that ambulances will still be able to access the ambulance yard using the southern service route, as per Phase 1, if ever needed though this is unlikely. Ambulances accessing the site from Pield Heath Road will be able to utilise the same access point as Phase 1A-B.

*Trip Generation*

9.101. The current trips generated by the site have been forecast using a Clinical Travel Demand Model (CTDM) which has been validated against surveys undertaken in 2018 and 2021. This CTDM has been used to forecast the redevelopment trip generation for two scenarios, based on changes in staff, patient and visitor numbers, and the anticipated mode share changes. These trips have been distributed onto the local network using ANPR survey data. The local network assessment shows that the forecast trip generation and distribution have a negligible impact on the highway network, and in most places improves the operation of the junctions assessed.

9.102. The Local Network Assessment shows that the proposals either improve congestion on the local network or have a negligible impact on specific junctions. The design and mitigation solutions at the main hospital access junction (Junction 3) significantly improve the operation of the junction and the currently congested corridor of Pield Heath Road. The Pield Heath Road/Kingston Lane and Pield Heath Road/Colham Green Road junctions are both at capacity in the future baseline scenarios, however the operation of these junctions is slightly improved due to the proposed development.

9.103. The Pield Heath Road/Royal Lane junction is over capacity in all existing and proposed scenarios. However, this is likely to be due to the modelling software limitations set out above and the results should be interpreted with caution. The results of the VISSIM assessment should be used to strengthen the local network assessment set out above. This will provide greater clarity on the operation of the local network, particularly at the Pield Heath Road/Royal Lane junction. The VISSIM modelling is currently being audited by TfL and an addendum statement will be submitted (if required) during the course of the application.

*Car Parking – Decant and Enabling*

9.104. The existing highways network supporting the hospital does not efficiently accommodate the high level of car and public transport traffic causing stress on the public roads surrounding the site. The existing site is inefficient with multiple entrances, and staff and patients driving through the site to find car parking spaces in six different car parks. The site currently comprises large areas of surface parking which take up a large proportion of the site.

9.105. The Car Parking Management Plan (CPMP) prepared by Mott Macdonald has been prepared to set out the arrangements for parking at the Hillingdon Hospital site through the lifespan of the proposed redevelopment. The CPMP provides a summary of the arrangements for parking during the decant and construction phase, upon occupation of the new hospital in Phase 1 and up to completion of the wider masterplan in Phase 2.

9.106. The CPMP provides details of design considerations that have already been made and should be revisited and / or followed through further design development and during construction and operation. This is particularly important in relation to the design for accessible spaces and EV charging and is also important in relation to the safe movement of pedestrians and interaction of traffic within the MSCP and surface car park.

9.107. The proposals seek to provide the following total of EV charging overall:

- Active = 18% of all car parking spaces
- Passive = 10% of all car parking spaces

9.108. We note there is no specifically policy target for hospital developments in the local or London Plan.

9.109. As part of the decant phase, approximately 600 parking spaces on the site will be lost to enable the construction footprint to be cleared. A summary of parking provision available through the decant and construction phase is set out in detail in the supporting CPMP.

9.110. The reduced parking levels on-site will be supported by the ongoing travel planning measures that the Trust has been successfully promoting. The Trust is also in discussions with specialist providers to develop pilot schemes for a car club and car share scheme on-site. These are intended to be rolled out incrementally based on ongoing success and will be used to bring down single occupancy car use (via lift share) and reduce the need for staff to bring a private car to work for business travel (car club).

9.111. A temporary car park is intended to be used during the decant and construction phase only, up to completion of Phase 1 at which point the MSCP on-site will be operational. Once the MSCP is operational it is intended that the temporary car park will be removed and the Moorcroft Lane site reinstated and made good to its current (pre-use) condition.

*Phase 1A-B – Car Parking*

9.112. Upon completion of the new hospital, there will be up to 942 parking spaces for patients, visitors and staff at the hospital. Hospital parking will be provided in a new multi storey car park with capacity for 781 vehicles. Parking maintained in the eastern area of the site will be used to accommodate the balance up to a maximum of 161 hospital parking spaces. Use of the maintained parking in the eastern site area will require some areas of parking in the eastern area of the site to be closed off or restricted to avoid unintended use above a maximum of 161 spaces.

9.113. On completion of Phase 1 and the decant of the hospital to the new building, the Phase 1C construction activity will take place and the locations and numbers of the parking spaces in the eastern area of the site are expected to fluctuate based on the locations of Phase 1C-2 construction activity and hoarding lines/construction access points. With the MSCP available and operational, the proposed decant parking site on Moorcroft Lane will be vacated and the site made good to its current condition.

*Phase 1C – Car Parking*

9.114. Upon the completion of the Phase 1C construction, the new surface car park will have been formed east of the hospital boulevard and west of Plot P03. This surface car park has capacity to provide up to 161 parking spaces. The MSCP will be retained as per Phase 1A-B with 781 parking spaces. Upon completion of Phase 2, the hospital will have parking for staff, patients and visitors on-site totalling up to 942 spaces in the MSCP and surface car park.

*Future Car Parking Aspiration*

9.115. As the Travel Plan is implemented and travel demand, including parking demand, is monitored the objective will be to manage down parking demand over time. The goal of the Trust is to limit parking levels as much as possible and encourage sustainable modes of transport. The Trust are therefore willing to agree to an obligation which requires the submission of monitoring report to confirm how the MSCP is being utilised to inform the final number of car parking spaces in the surface car park.

9.116. In addition, the MSCP flexibility can then be used to reallocate parking from staff to patients/visitors, car club; and car share. The idea of the flexible car park also sits well with the surface car park that will be delivered in Phase 1C. The surface car park will be fully allocated to patients and visitors (except for a small rapid charge hub open to any hospital user). As set out above, the parking spaces in the surface car park can also be withdrawn in the future subject to the success of the ongoing Travel Plan.

*Cycle Parking*

9.117. The proposals include a range of on-site measures and facilities which enable, promote and prioritise cycling.

- Secure internal long stay cycle parking;
- Conveniently located short stay cycle parking;

- Dedicated 6.0m pedestrian and cycle route along the northern and eastern frontage;
- A low-speed environment within the site
- Maintained Brunel University cycle hire scheme

9.118. In phase 2, the infrastructure along Pield Heath Road, running parallel to the hospital sites northern boundary, will be upgraded to include a 6m pedestrian and cycle movement corridor. The shared provision runs along the southern side of Pield Heath Road from the hospital Main Entrance junction to the Colham Green Road mini roundabout. It then follows the road towards the south, continuing along the western side of Colham Green Road and ending at the gateway to the central pedestrian route through the site. As this element forms part of the outline application the detail of how the route is designed will be detailed in a reserved matters application. Given that there are no onward segregated routes to the east or west of the site it is recommended that this route is shared-space and is designed as a low speed route on the site.

9.119. Long-stay residential cycle parking will be provided in secure areas in each residential block. Short-stay cycle parking will be spread across the masterplan in convenient locations close to key entrances. As the residential element of the scheme has been submitted as an outline application full details of proposed cycle parking will be provided as part of a future reserved matters application.

*Refuse and Servicing*

9.120. The application is supported by a Delivery and Servicing Management Plan (DSP) prepared by Mott Macdonald. The DSP seeks to achieve the following objectives; to minimise the impacts of delivery and servicing movements at Hillingdon Hospital, set out how goods and services will be delivered, and waste removed, in a safe, efficient and environmentally friendly way; control delivery and servicing movements to minimise risks of conflict with general hospital traffic, patients, visitors and staff and ensure that the volume of trips for delivery and servicing is minimised, so that the impact of freight activity on the local highways. The DSP also seeks to make Hillingdon Hospital a greener and more pleasant environment for all users.

9.121. The hospital service yard will be relocated to a position immediately south of the new hospital building, with secure restricted access measures. In Phase 1 of the redevelopment, the update to the internal structure of the site includes a direct access road from Colham Green Road to the Service Yard. In Phase 2 of the redevelopment, the update to the internal structure includes a roundabout junction which routes delivery and servicing movements to the south from the mini roundabout, and also provides access to a new dedicated ambulance only route to the ambulance yard on the western arm

9.122. Refuse vehicles will collect refuse from the waste compound, which will be situated within the service yard. This will be accessed from Colham Green Road via the southern service route. Refuse vehicles (and compactor vehicles) will drive into the service yard before reversing to the waste compound area and can turn in one movement within the yard.

9.123. The redevelopment will significantly improve and simplify the access strategy for the site. Primary servicing access will be gained via the Colham Green Road access, which is proposed to be upgraded to an industrial standard road as part of the redevelopment in Phase 1. Further changes will also take place in Phase 2, including the introduction of a mini-roundabout that will enable a dedicated ambulance only route to the ambulance yard and further widening on approach to Colham Green Road to provide dedicated left and right turn lanes.

*Construction and Traffic*

9.124. The application is supported by an Outline Construction Logistics Plan (CLP) prepared by Mott Macdonald. The objectives of this Outline CLP are to improve efficiency in construction of the proposed development; enhance and improve safety for all road users in the local area; implement sustainable construction by encouraging sustainable transport for both construction deliveries and workforce trips; reduce congestion by minimising construction trips, especially in peak periods; and lower emissions related to the construction of the proposed development.

## 6. Wider Masterplan - Housing

***Unit Mix***

*Planning Policy*

9.125. NPPF 62 explains that in the context of determining the minimum number of homes and delivery a sufficient supply of the homes, "the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies".

9.126. LP Policy H10 states that "schemes should generally consist of a range of unit sizes" and Policy H10 provides a set of criteria which applicants and decision-makers should have regard to when determining an appropriate mix of unit sizes. This includes considering the following; the local needs and demands evidence base such as a Strategic Housing Market Assessment; the need to achieve a mixed and inclusive neighbourhood; the nature and location of the site; the need to optimise the housing potential of the site; and, the need for family housing as well as the role of smaller one and two bedroom units in freeing up existing family housing. In this context, LP Policy H10 is clear "…a higher proportion of one and two bed units [are] generally more appropriate in locations which are closer to a town centre or station with higher public transport access and connectivity".

9.127. LPP2 Policy DMH 2 states that LBH LPA will require the provision of a mix of housing units of different sizes in schemes of residential development to reflect the latest information on housing need. Hillingdon's Strategic Housing Market Assessment ("SHMA") (2018) identifies a need for larger affordable units, particularly two bedroom (45%) and three bedroom (38%) properties. In terms of private marked housing needs, the SHMA similarly identifies a need for larger units, particularly three bedroom (61%), four bedroom (18%) and two bedroom (17%) properties.

*Assessment*

9.128. The pre-application advice stated regarding housing mix, the Council would seek a balanced mix of 1, 2, and 3 or more bedrooms with an emphasis on providing family sized units (3 bedroom and larger). The most recent and up to date housing needs assessment indicates that the greatest needs within the borough are for family sized accommodation.

9.129. The proposed unit mix that underpins the Illustrative Masterplan is indicative on the basis of a maximum residential floorspace. As set out in table below, it represents a cumulative indicative unit mix which combines a maximum unit mix for the Outline Area based on a maximum residential floorspace.

| Average Unit Size | Market Unit Mix | Affordable Housing Unit Mix |
|---|---|---|
| 1 Bed | 30-40% | 20-30% |
| 2 Bed | 35-45% | 25-35% |
| 3 Bed Flat | 10-20% | 20-30% |
| 3 Bed House | 5-15% | 15-25% |

9.130. The proposed unit mix provides a high number of 3 bedroom units at 45% in line with the greatest need of the SHMA (2016) which is considered to be a great benefit of the scheme, however the market housing mix falls slightly short of policy requirement at 25% but as outlined below, the weighted combined mix proposes 35% so this is considered to be acceptable in the context of the overall provision. The Council confirmed via email 22nd May 2021 that the proposed housing mix was considered to be acceptable.

***Tenure***

*Planning Policy*

9.131. The NPPF focuses on the delivery of affordable housing through major developments. The national guidelines draw attention to key factors for delivery. For large developments such as the proposed development, the need to deliver levels and types of affordable housing in line with local plans is noted. 6.27. London Plan Policy H4 sets a strategic target of 50% of all new homes delivered across London to be genuinely affordable and advises specific measures to achieve this aim which for major developments

9.132. Policy H6 of the London Plan and the Mayor's Affordable Housing and Viability SPG set out a 'threshold approach', whereby schemes meeting or exceeding a specific percentage of affordable housing by habitable room, without public subsidy, and other criteria such as tenure mix are eligible for the Fast Track Route. Such applications are not required to submit viability information to the GLA and are also exempted from a late stage review mechanism. In instances involving public land (as is the case here) a minimum of 50% affordable housing by habitable room (without public subsidy) and other criteria such as tenure mix must be met to qualify for the Fast Track Route.

9.133. At a local level, LLP1 Policy H2 expects housing provision "…to include a range of housing to meet the needs of all types of households…" and states that "…the Council will seek to maximise the delivery of affordable housing from all sites…". In accordance with Policy H2, LPP2 Policy DMH7 outlines that "subject to viability and if appropriate in all circumstances, a minimum of 35% of all new homes on sites of 10 or more units should be delivered as affordable housing, with the tenure split 70% Social/Affordable Rent and 30% Intermediate."

*Assessment*

9.134. The Illustrative Masterplan comprises a maximum (GIA) residential floorspace of 31,503 sqm which equates to 327 units and 1,166 habitable rooms based on the indicative mix. The proposals seek to provide a policy compliant level of affordable housing in line with London Plan Policy H6 which requires 50% by habitable room.

9.135. Of the total floorspace, 15,751 square metres is affordable housing floorspace equating to 163 units and 634 habitable rooms (54%). This level of provision meets and exceeds the 50% strategic target of LP Policy H4 and H6 as well as the 35% minimum affordable housing requirement of LPP2 Policy DMH7.

9.136. The tenure mix is indicative and will be fixed at the point of a future Reserved Matters Application to ensure an effective distribution of tenures and units across the estate as a whole, which will contribute to the creation of mixed and inclusive community. It is envisaged that the proposed affordable housing will meet the policy requirement of the tenure split 70% Social/Affordable Rent and 30% Intermediate.

***Housing Density***

*Planning Policy*

9.137. Policy DMHB 17 of the Hillingdon Local Plan: Part 2 - Development Management Policies PDECPRC Page 7 of 28 (January 2020) states that all new residential development should take account of the Residential Density Matrix contained in the supporting Table 5.3. and that all developments will be expected to meet habitable rooms standards. Utilising the PTAL rating of 3, Policy DMHB 17 of the Hillingdon Local Plan: Part 2 - Development Management Policies (January 2020) seeks for new developments to achieve the appropriate density which is compatible with the local context. Supporting Table 5.3 recommends that for a PTAL of 3 that a density of 80-100 dwellings/ha is appropriate.

*Assessment*

9.138. The proposed illustrative masterplan proposes 327 dwellings which comprise 93 dwellings per hectare and 192 habitable rooms per hectare in line with the requirements of planning policy.

***Quality of Accommodation***

*Planning Policy*

9.139. In promoting the role of the planning and development process in creating high quality places, NPPF 130 is clear that planning policies and decisions should ensure that developments "will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development" and are developments "…which promote health and well-being, with a high standard of amenity for existing and future users...". This refers out to footnote 49 which expects local planning policies to make use of the nationally described space standards to inform internal living arrangements.

9.140. LP Policy D6 states that "housing development should be of high quality design and provide adequately sized rooms (see Table 3.1) with comfortable and functional layouts which are fit for purpose and meet the needs of Londoners without differentiating between tenures". It then goes on to specify the key considerations that should inform proposals to ensure such quality can be achieved. This includes maximising dual aspect units, providing adequate daylight and sunlight and protecting the privacy of residents. Policy D6 also set outs minimum requirements for private internal spaces drawn from the nationally described space standards. The Mayor's Housing SPG (March 2016) and draft GLA Good Quality Homes for All Londoners Guidance (October 2020) provide a further framework to guide the quality of new residential units.

9.141. At a local level and consistent with national and regional policy, LPP2 Policy DMHB16 sets out that "all housing development should have an adequate provision of internal space in order to provide an appropriate living environment" and states that this should meet or exceed the most up to date space standards. Supporting LPP2 paragraph 5.40 confirms "single aspect dwellings should be avoided".

*Assessment*

| Average Unit Size | GIA (Sqm) |
|---|---|
| 1 bed | 53 |
| 2 bed | 72 |
| 3 bed flat | 91 |
| 3 bed house | 116 |

9.142. The submitted Design Code prepared by Prior and Partners outlines that the intention is that the proposals will achieve the highest access standards possible and not just meet the minimum as set out by Building Regulation Standards. The development seeks to meet the meet local, regional and national access and inclusive design policies and ensure that appropriate access standards are met at the outset and as part of mainstream, inclusive design wherever possible. The design code outlines that the distance between habitable rooms must not be less than 21m.

*Private Amenity Space*

9.143. London Housing SPG (2016) states that "a minimum of 5 sqm of private outdoor space is required for all 2 person dwellings with an extra 1 sqm for each additional occupant. The minimum width and depth for all balconies and private external spaces is 1500mm".

9.144. Policy DMHB 18 states that all new residential development and conversions will be required to provide good quality and useable private outdoor amenity space. Amenity space should be provided in accordance with the Council's standards as set out below. Balconies should have a depth of not less than 1.5 metres and a width of not less than 2 metres.

*Assessment*

| Unit type | Policy requirement (sqm) | Unit Numbers | Private amenity space requirement (sqm) |
|---|---|---|---|
| 1 bed | 20 | 95 | 1900 |
| 2 bed | 25 | 118 | 2950 |
| 3 bed – flat | 30 | 114 | 3,420 |
| **Total** | | 327 | 8,270 |

9.145. As part of the Outline Planning Application it is required to provide a balcony per each dwelling unit. Balconies should have a depth of not less than 1.5 meters and a minimum of 4 square meters. This would contribute to at least 16% of the Private Outdoor Amenity Space requirements as per Policy DMHB 18.

9.146. The remaining requirement of space will be met by providing Outdoor Amenity Space in both building rooftops and/or courtyard space (at podium level). A minimum fifty five percent (55%) of the total surface area of each plot should be designated to Private Outdoor Amenity Space.

9.147. The current masterplan indicates 8,310 sqm of amenity space will be delivered solely for the residential uses which exceeds the policy requirement.

9.148. In addition, a total of 8,104 square metres of mixed use open space will also be provided across two areas (central open space and woodland area) as illustrated on the open space provision plan, which will be shared with the hospital. This is considered to be an acceptable solution, particularly given the close proximity to the vast green open spaces surrounding the residential blocks, and the site is also located adjacent to the Colham Green Recreation Ground. The Stockley Country Park is also located less than 20 minutes' walk away.

*Children's Play Space*

*Planning Policy*

9.149. In accordance with London Plan Policy S4, development proposals that include housing should provide play space for children based on the short and long-term needs of the expected child population generated by the scheme. Formal play provision should normally be made on-site using a benchmark of 10 sqm. per child of play space provided on-site as a minimum. The play space calculations should be made using the GLA Population Yield Calculator and be reflective of the latest updates

9.150. Policy DMHB 19 'Play Space' of the Local Plan: Part 2 - Development Management Policies (2020) states that new major residential developments which result in a significant net increase in child yield an occupancy of ten or more children will be required to provide children and young people's play facilities on-site. Where a satisfactory level of provision for children and young people's play facilities cannot be achieved on-site, the Council will seek a financial contribution towards the improvement of existing children and young people's play facilities within the local area.

9.151. Policy DMCI 5 'Children's Play Areas' of the Local Plan: Part 2 - Development Management Policies (2020) states that for all major development proposals, the Council will apply Hillingdon's child yields and the London Plan SPG; 'Providing for Children and Young Peoples Play and Informal Recreation', which specifies that 10sqm of play space should be provided for each child and an accessibility standard of 400 metres to equipped playgrounds. In areas of deficiency, there will be a requirement for new provision to be made to meet the benchmark standards for accessibility to play provision. London Plan Policy S4 requires development proposals to make provisions for play and informal recreation based on the expected child population generated by a development.

*Assessment*

9.152. Using the GLA's population child yield calculator, it has been identified that the masterplan will need to provide enough play space for 244 children which equates to 2,390sqm of children's play space.

9.153. The design codes refer to 4 open spaces in the parameter plans in which the children play space is provided:

- OS2 – 1423sqm (adequate to accommodate formal play space)
- OS4 – 1000 sqm (adequate to accommodate formal play space)
- OS3 – 1,410 sqm (adequate to accommodate informal play space)

9.154. The outline masterplan provides adequate space to accommodate a total of 2,438 sq.m of formal children's play space, thus meeting the requirements of the policy.

*Accessibility*

9.155. In keeping with the above, and achieving "well designed places", NPPF 130 (f) expects new development to "create places that are safe, inclusive and accessible". Again, this references out to footnote 49 where it states the need for planning policies to "…make use of the Government's optional technical standards for accessible and adaptable housing, where this would address an identified need for such properties".

9.156. LP Policy D7 states that at least 10% of dwellings must be designed to meet Building Regulation requirement M4(3) as 'wheelchair user dwellings'. All other dwellings must meet Building Regulation Requirement M4(2) as 'accessible and adaptable dwellings'. The above requirement is also reflected in LPP2 Policy DMHB16, which outlines that within all major developments, at least 10% of new housing should be accessible or easily adaptable for wheelchair users

*Assessment*

9.157. The submitted Design Code prepared by Prior and Partners outlines that the development will ensure that appropriate access standards are met at the outset and as part of mainstream, inclusive design wherever possible. The code outlines that development will be required to design inclusively, which means designing beyond the minimum requirements of the Building Regulations Part M to ensure that all people, regardless of age, sex or ability can use and enjoy the built environment. The development should use the Guidance for Lifetime Neighbourhoods, Lifetime Homes standards and Accessible Hillingdon Supplementary Planning Document as a key reference for the project, ensuring that physical barriers to access for all people, including older and disabled people and children are avoided, providing a welcoming and comfortable environment that serves its users rather than hindering them.

## 7. Environmental Matters

***Flood Risk and Drainage***

*Planning Policy*

9.158. NPPF Chapter 14 sets out the important role of the planning system in recognising and responding to a changing climate. This includes taking into account the long-term implications of flood risk and supporting *"…appropriate measures to ensure the future resilience of communities and infrastructure to climate change impacts…"* (NPPF 153).

9.159. On this basis, NPPF 159 is clear that *"inappropriate development in areas at risk of flooding should be avoided by directing development away from areas at highest risk (whether existing or future). Where development is necessary in such areas, the development should be made safe for its lifetime without increasing flood risk elsewhere*". NPPF 167 reiterates that in decision-making, local planning authorities should ensure that flood risk is not increased elsewhere. In seeking to secure this, major developments are expected to incorporate sustainable drainage systems and NPPF 169 sets out the criteria that such systems should comply with. This includes providing multifunctional benefits where possible.

9.160. LP Policy SI 12 reinforces national policy guidance and seeks to ensure that development proposals comply with the flood risk assessment and management requirements set out under this policy. It goes on to state that "*development proposals should ensure that flood risk is minimised and mitigated, and that residual risk is addressed…*". LP Policy SI 13 seeks to ensure that sustainable drainage systems are incorporated into development proposals and should aim to achieve greenfield run-off rates with water run-off managed as close to its source as possible. It goes on to establish the drainage hierarchy which such systems should be designed with regard to. In line with NPPF 169, LP Policy SI 13 expects drainage systems to promote multiple benefits to include *"increased water use efficiency, improved water quality, and enhanced biodiversity, urban greening, amenity and recreation*".

9.161. Consistent with national and regional policy, at a local level, LPP2 Policy DMEI9 expects development to be directed towards areas of lower flood risk (ie. Flood Zone 1), and be designed to ensure it is resilient to all sources of flooding. The policy states that "proposals that fail to make appropriate provision for flood risk mitigation, or which would increase the risk or consequences of flooding, will be refused". LPP2 Policy DMEI 10 sets out how all new build developments will be *"….required to include a drainage assessment demonstrating that appropriate sustainable drainage systems (SuDS)…*" and refers back to the drainage hierarchy contained within the former London Plan but as carried forward under LP Policy SI 13.

9.162. In line with this, it goes on to state that developments should be *"…designed to reduce surface water run-off rates to no higher than the pre-development greenfield run-off rate in a 1:100 year storm scenario, plus an appropriate allowance for climate change for the worst storm duration*". The incorporation of rain gardens is promoted and it is expected that SuDS will be designed with appropriate methods to avoid pollution of the water environment.

*Assessment – Flood Risk – Phases 1-C*

9.163. A Flood Risk Assessment has been prepared by Aecom to support the planning application. The assessment outlines that there are three Ordinary Watercourses are shown to flow in close proximity to the Proposed Development. The site is at risk of fluvial flooding from the unnamed Ordinary Watercourse A which flows along the south eastern boundary of the site. The other two ordinary watercourse are assessed as low risk for the site.

9.164. In phase 1 A-C (detailed application), to minimise the fluvial flood risk in the 1 in 100 year plus 21% climate change (CC) event, on-site mitigation measures are required. As a precautionary measure, a 300 mm heighted flood bund will be constructed at the south-eastern corner of the proposed hospital, adjacent to the access road for approximately 30 m to minimise the risk of fluvial flooding associated from the unnamed Ordinary Watercourse A. In addition, the oxygen tanks will be raised on a 150 mm platform to ensure these remain dry during a 1 in 100 year plus 21% CC flood event without displacing flood extents outside the site boundary.

9.165. An alternative access route will be provided from the north from Pield Heath Road to ensure vehicular access including emergency vehicles can access the hospital during a flood event. A second access route is shown to ensure safe access to the residential areas. Flood depths within the 1 in 100 year plus 21% CC event show localised areas of flood depths up to 0.35 m along the southern access road. The southern access route does flood in the lower return periods including the 1 in 5 year. The FRA outlines that although flood depths in this return period remain shallow at maximum depths of 0.10 m, therefore road signage advising users the road is liable to flooding has been recommended.

9.166. The FRA outlines that if these mitigation measures are implemented, the fluvial flood risk posed to the new hospital facility is considered low and no further mitigation is required, however the fluvial flood risk posed to the access road is considered medium and the report outlines that additional mitigation measures where feasible, including offsite measures, should be explored to minimise the fluvial flood risk especially in the lower return periods.

9.167. To provide opportunities for betterment, Aecom have explored options for the alterations to the culvert inlet to alleviate flood risk to the southern access road. These works can only come forward as part of Phase 1C, as the culvert alterations would need to be delivered with the pond north of the Tudor Centre, which can only be built following the clearance of the wider hospital. The FRA includes a high level representation of the benefit that could be achieved with the culvert alterations and pond provision through testing of options. The detailed design of the preferred option would form part of a planning condition and a follow on scope of work, which will be secured by the planning permission.

9.168. Furthermore, and to explore opportunities to review whether betterment can reasonably be achieved, Aecom have considered additional potential off-site mitigation measures. We would reiterate that the phase 1 proposals present a scheme which does not increase flood risk on the site, and will be safe for the lifetime of the development but provides opportunities for betterment. These optionshave been explored at the request of the Council and to provide betterment where possible in line with local policy.

9.169. A possible off-site solution has been modelled at a nearby local green space at Colham Green Road and the details are contained within the submitted FRA. However, the FRA outlines that given flows already surcharge at an existing culvert at Colham Green and flood the existing recreational green space, there is limited space to attenuate additional flood volumes. The hydraulic modelling study suggests the flooding problem within the locality of the Proposed Development Site is due to catchment wide characteristics and challenges. Flood flows during the 1 in 100 year + 21% CC event are identified as 2.5m3/s which are difficult to manage in isolation within the Proposed Development Site locality. This has been demonstrated in full through various mitigation options at Colham Green Road. The report outlines that it is likely that a catchment wide scheme would prove more effective at managing the risk of flood holistically.

9.170. The Trust are willing to assist with the funding of this possible off-site solution at Colham Green Road or a wider scheme (which is recommended to be the preferable option) through a S106 contribution towards feasibility and, or construction. The feasibility and potential costs are still being reviewed and will be discussed with the LPA during the course of the application.

*Assessment – Flood Risk – Phase 2*

9.171. As set out above, the risk of fluvial flooding associated with Ordinary Watercourse, is predominately evident along the southern perimeter of the site. The FRA outlines that given this is in close proximity to the residential area of Plot P03, the Finished Floor Levels (FFLs) must be raised by 300 mm above the 1 in 100 year plus 21% CC event to 38.213 m AOD. To minimise the fluvial flood risk to Plot P03, a 500 mm wall is also proposed along the entire southern boundary which will also form the exterior walls of undercroft parking situated on the ground floor. The FRA advises that the wall should be dry-proofed and designed to prevent the ingress of fluvial water. To ensure the mitigation measures stipulated above are effective in minimising fluvial flood risk to the Proposed Development, the 1 in 5 year, 1 in 20 year and 1 in 100 year plus 21% CC have been simulated. The final proposals will be secured by detailed design submitted at reserved matters stage. The proposals are therefore compliant with local and regional planning policies.

*Assessment – Phase 1 - Sustainable Drainage*

9.172. A Drainage Strategy has been prepared by Aecom and is submitted as part of this planning application. The document discusses three options related to surface water drainage:

1) Infiltrate to groundwater - Infiltration drainage techniques are not feasible for this site due to the limited potential for permeability of the site due to the presence of London Clays.

2) Discharge into the existing watercourses / ditches - It is proposed that south-east part the proposed development would discharge into the existing watercourse running across the southern end of the site with appropriate measures to control the discharge. The existing watercourse however, can only provide shallow discharge points which limits its use for the wider site.

3) Discharge into public / private sewers - The current site is served by a public sewer network operated by Thames Water. This includes a surface water sewer which runs along Royal Lane. It is proposed that the rest of the development is discharged to the public sewer.

9.172.1. In summary of these options, option 1 is unlikely to be a viable option. Therefore, Option 2 and Option 3 have been considered as the preferred method of surface water runoff discharge from the site and have formed the basis of developing this drainage strategy.

9.173. The document sets out the following key points related to drainage:

- Surface water runoff from the Site will be discharged into the onsite watercourse and public sewer at a restricted Greenfield Runoff Rate.
- The use of SuDS has been maximised within the available site area. This has been in the form of green roofs, swales, wetlands and raingardens. This ensures that surface water runoff is managed closest to the source providing attenuation along with improving the amenities, biodiversity and water quality of the runoff.
- Sufficient attenuation storage will be provided within the development site to attenuate surface water runoff generated from all storms considered.
- Surface water runoff will be restricted to no higher than pre-development greenfield runoff rates in a 1 in 100 year storm plus 40% climate change and appropriate attenuation features will be provided.
- There are no off-site impacts as a result of the proposed development in relation to surface water.

9.174. The proposed surface water drainage network will discharge into both the Thames Water Surface water sewer running along Royal Lane and the existing water course running across the southern end of the site.

9.175. It is proposed to provide two discharge points for the foul outfall for the development site. Both discharge points will be on Royal Lane into the Thames Water foul sewer. The first discharge point will be at the existing Thames Water Manhole (MH Ref 6802) on the Bradshaw Way/ Royal Lane Junction. The second discharge point will be further south on Royal Lane near the Ambulance Station of the hospital. (MH Ref 6803)

9.176. In summary, the proposed development meets the requirements of the London Plan, London Borough of Hillingdon Local Plan Part 2: Development Management Policies DMEI 10

*Assessment – Phase 2 Drainage*

9.177. A high level outline design for the Phase 2 works, part of the outline planning application, has been carried out. This provides a high level overview of the likely impacts of surface water drainage in regards to proposed discharge rates and likely attenuation storage required to achieve the proposed discharge rate. Further detailed drainage design will be submitted with the reserved matters application following the final design of the masterplan.

9.178. The indicative drainage strategy outlines that in order to discharge at greenfield rates, attenuation storage should be provided across the site. The required storage volume required for the catchment area at the different return periods has been set out within the repot. The maximum required storage volume for the site is 3,650 m3. This maximum storage volume has been calculated based on the critical storm for the 1 in 100 year return period at its respective greenfield runoff rate with an allowance of 40% for climate change.

9.179. The strategy outlines that attenuation storage can be provided in the form of SuDS features namely through ponds, swales, green/blue roofs etc. An indicative drainage strategy plan for the Phase 2 site has been prepared identifying potential locations for storage as well as the potential location for the discharge point into the existing watercourse. The strategy outlines that additional storage required could also be provided through underground storage solution in storage crates.

9.180. The proposals demonstrate that greenfield run off rates can be achieved and will therefore be compliant with the requirements of the London Plan, London Borough of Hillingdon Local Plan Part 2: Development Management Policies DMEI 10.

**Energy and Sustainability**

*Planning Policy*

9.181. Achieving sustainable development sits at the heart of national planning policy guidance and the environmental considerations, to include moving to a low carbon economy, form one of three objectives that are to be pursued through the planning system as a result. NPPF 153 encourages local planning authorities to adopt proactive strategies to mitigate and adapt to climate change. New developments are therefore expected to be planned and designed in order help to reduce greenhouse gas emissions and through a positive strategy for energy utilise renewable and low carbon energy and heating measures (NPPF 154 and 155).

9.182. In line with the above, LP Policy GG6 “seeks to improve energy efficiency and support the move towards a low carbon circular economy, contributing towards London becoming a zero carbon city by 2050”. LP Policy SI 2 states that “major development should be net zero-carbon” and in achieving this should reduce greenhouse gas emissions in both operation and demand in line with the energy hierarchy set out the policy. This comprises four individual but interrelated strands which include “be lean”, “be clean”, “be green” and “be seen”. Planning applications for major development proposals are required to include a detailed energy strategy to demonstrate how the zero-carbon target will be met in accordance with these.

9.183. LP Policy SI 2 goes on to state “*a minimum on-site reduction of at least 35 per cent beyond Building Regulations is required for major development…*” and residential development should achieve 10 per cent through energy efficiency measures. Where zero-carbon cannot be achieved on-site, any shortfall should be provided in the form of a financial contribution to the borough’s offset fund or through an alternative off-site proposal. Development proposals referable to the Mayor, such as this, are also expected to be accompanied by a Whole Life-Cycle Carbon Assessment to demonstrate the anticipated whole lifecycle carbon emissions calculated from development over its lifetime and identify actions taken to reduce these.

9.184. LP Policy SI 4 outlines how development proposals should minimise and manage heat risk. It explains that energy strategies submitted in support of major development proposals demonstrate should demonstrate how the development will reduce the potential for internal overheating and reliance on air conditioning systems. The policy goes on to then establish a cooling hierarchy with which such strategies should comply.

9.185. LPP2 Policy DMEI2 states “all developments are required to make the fullest contribution to minimising carbon dioxide emissions in accordance with London Plan targets” and similarly requires all major development proposals to be accompanied by an energy assessment. Consistent with LP Policy SI 2, the local policy expects these reductions to be achieved on-site but where the targets cannot be met, an off-site contribution will be sought for any shortfall.

9.186. LPP2 Policy DMEI 3 sets out a requirement for all major developments to be designed to enable connection to a Decentralised Energy Network (DEN). For developments within 500 metres of an existing DEN, it will be expected to connect to the network unless it can be demonstrated that it is not feasible or reasonable. Where a development is located within 500 metres of a planned future DEN which is likely to be operational within 3 years of the grant of planning permission, it will be expected to provide a means for connection unless again it can be demonstrated that it is not feasible or reasonable.

9.187. In accordance with the above regional and local planning policy requirements, an Energy Statement and Sustainability Strategy has been submitted as part of this HPA to cover both the Detailed and Outline Phases of the Development.

*Assessment – Phases 1A-C*

9.188. The application is supported by an Energy Strategy prepared by Aecom. The proposed energy strategy for the Hospital Redevelopment comprises:

- Energy efficient fabric and buildings services design;
- A GSHP system to provide base load heating and cooling;
- An ASHP system to meet remaining heating, cooling and hot water demands;
- An ambient loop system to act as a thermal store and maximise system efficiency;
- A PV array on the roof of the buildings

9.189. The energy strategy sets out the assessment against the GLA energy hierarchy. The approach taken to energy efficiency is to aim for a consistent incremental improvement across the majority of energy efficiency parameters, avoiding reliance on exceptionally demanding specifications for particular fabric or services elements, and retaining flexibility and scope for optimisation during further detailed design. Consideration was also given to achieving a balance between reducing energy demands and the avoidance of overheating. Based on the proposed fabric and energy efficiency measures, the regulated carbon emissions were calculated to be 2,697.2 tCO2/year. This represents an increase from the baseline of 16%.

9.190. A review of the London Heat Map indicates that there are no existing district heat networks near to the site. Further investigation found there are two potential networks close to the site. However, the network between Bishopshalt school and Hillingdon hospital was confirmed to have never been built by The London Borough of Hillingdon. The design of the proposed Hospital Redevelopment plant will allow for connection to a district heat network in future if one is developed and plant space for plate heat exchangers has been considered and included in the design. On-site CHP was dismissed as an option on this Site due to concerns over the impact on local air quality and the less-favourable carbon emissions calculated when using SAP 10.0 carbon factors. As no connection to a district heating network or on-site CHP system is proposed, no carbon savings are reported from the 'Be Clean' stage of the energy hierarchy.

9.191. A feasibility assessment of low and zero carbon technology options for the site found ASHP, GSHP and PV panels to be suitable for the Site. Other technologies were ruled out due to site constraints, air quality and access issues or incompatibility with the preferred options. Water source heat pumps were dismissed as there are no significant bodies of water nearby to the site. Both GSHPs and ASHPs are required to meet the entire Hospital Redevelopment load. A combination of ground and air source heat pumps are proposed to provide heating and cooling to the building.

9.192. The hot water demand will be met by water to water heat pumps which will increase the hot water temperature provided by the ASHP and GSHP system. Calculations at this stage suggest that the proposed heat pump systems could save approximately 1,061.4 tCO2/year, which is 45.7% of regulated baseline emissions. An area of roof suitable for approximately 969 m2 of PV panels was identified on the proposed building. It was calculated that a PV array on this roof area could supply approximately 163,464 kW h of electricity to the office areas per year, with a carbon saving of 38.1 tCO2/year, which is 1.6% of baseline regulated emissions.

9.193. The regulated carbon emissions after the 'Be Green' stage of the energy hierarchy were calculated to be 1,597.7 tCO2/year. The above emissions represent a saving against the baseline of 47% from the 'Be Green' stage of the energy hierarchy.

9.194. It is proposed to install comprehensive monitoring and metering systems within the building to measure the actual energy and carbon performance. These operational demands will be reported to the Mayor for at least five years via an online portal. An energy metering strategy will be developed in accordance with the GLA 'Be Seen' guidance.

9.195. In order to meet the GLA carbon reduction target of 100% of baseline regulated emissions for non-residential developments, the energy strategy outlines that it is necessary to offset the residual regulated carbon emissions through a cash-in-lieu contribution to the LBH carbon offsetting fund. Over a 30-year period it is estimated that the cumulative shortfall for non-domestic areas (all areas of the Hospital Redevelopment) would be 47,930 tCO2. This would result in an estimated payment of approximately £4,553,381 at the GLA carbon offset price of £95/tonne.

9.196. The Trust have been liaising with the Council regarding a potential agreement for offset projects within the Trust ownership in lieu of the payment of a substantial financial contribution to the Council given the substantial figure.

9.197. The Trust in conjunction with Aecom are considering a number of potential offset projects at the Mount Vernon site, subject to further feasibility testing. If these opportunities are confirmed, Aecom have confirmed that they be able to contribute circa £3m of the offset cost to projects at Mount Vernon over a number of years, with the remainder paid to the local authority offset fund via S106. If any projects are pursued at the Mount Vernon site, Aecom would propose that the projects aim to have financial equivalence to the carbon offset rather than carbon equivalence.

9.198. It is acknowledged that the London Plan policy requirement seeks a 35% saving on site which has been aspired to, but has not been possible to achieve. The overall energy consumption reduction excluding auxiliary energy is in excess of 35%. As reduction in auxiliary energy is not possible to achieve for the building type, and other energy uses in the building have been significantly reduced, the proposed building meets planning policy as far as possible within the constraints applied in the building performance requirements and modelling limitations.

*Assessment – Phase 2*

9.199. The supporting Energy Strategy for the outline residential masterplan provides an assessment and principles that can be installed to comply with the GLA energy hierarchy. The overall 35% on-site saving target is shown to be achievable for the Masterplan Development. The domestic element shows a 65% saving and the non-domestic 35%, in line with London Plan Policy. Detailed analysis will be undertaken during design at the RMA stage. The analysis for the Masterplan Development indicates that the London Plan Policy savings may be achieved at the RMA stage.

9.200. In addition, a Whole Life-Cycle Carbon Assessment has been undertaken and a Circular Economy Statement has been prepared both by Aecom, and both submitted to demonstrate the embodied carbon usage of each stage of the Proposed Development over its lifetime.

*Whole Life Carbon*

9.201. The Whole Life Carbon Assessment outlines that for the Hospital Redevelopment, the operational carbon is responsible for 75% of the WLC, while 25% is attributed to the embodied carbon of the building materials, facilitating works and external works. The largest share of embodied carbon (i.e. excluding operational carbon B6-B7) emissions, approximately 45% of the whole, is attributed to the product stage (life cycle stages A1-A3). Transport and construction stages (A4 – A5) contribute around 22% of total embodied carbon. The embodied carbon from recurring building elements (B1-B5) contributes approximately 30% of the total embodied carbon. The superstructure is responsible for approximately 59% of the embodied carbon, while the Services (MEP) have the second highest impact accounting for 19% of the overall embodied carbon emissions.

9.202. For the Masterplan Development, the operational carbon is responsible for 51% of the WLC, while 49% is attributed to the embodied carbon of the building materials, facilitating works and external works. The largest share of embodied carbon (i.e. excluding operational carbon B6-B7) emissions, approximately 51% of the whole, is attributed to the product stage (life cycle stages A1-A3). Transport and construction stages (A4 – A5) contribute around 19% of total embodied carbon. The embodied carbon from recurring building elements (B1-B5) contributes approximately 23% of the total embodied carbon. The superstructure is responsible for approximately 50% of the embodied carbon, while the Finishes and FF&E have the second highest impact accounting for 29%.

9.203. It has been demonstrated that a large amount of the embodied carbon from the Proposed Development can be attributed to the large quantities of reinforced concrete. Since no or low percentage (maximum 30%) of GGBS cement replacement is proposed for all the buildings of the Proposed Development, the report recommends that GGBS cement replacement use is optimised. Furthermore, it has been demonstrated that a large proportion of the embodied carbon can be attributed to windows and external doors. Opting for timber framed windows instead of aluminium would reduce the whole life carbon of the Proposed Development.

9.204. It is agreed that a further post-construction WLC Assessment will be submitted for review and this will be secured via legal agreement. The proposals are therefore compliant with Policy SI 2 of the London Plan.

*Circular Economy*

9.205. The Circular Economy Statement covers a wide range of interventions in developing a design approach that prioritises Circular Economy principles and will help to reduce the material impact and waste generated by the built environment through the lifecycle of the Proposed Development. The key principles as follows:

- Land Use - The Proposed Development will deliver high efficiencies of land use, maximising the available spatial opportunities on Site and helping to optimise the use of London's limited available land.

- Lean Design: The principles of lean design have been adopted to minimise material intensity of the Proposed Development. This is to be achieved by rationalising the structural frame to reduce structural material required and using Modern Methods of Construction.
- Sustainable Procurement: A Sustainable Procurement Plan will be implemented for the Proposed Development, setting out the standards and requirements for responsible sourcing of construction products by suppliers and traders. The Proposed Development will target a minimum of 20% recycled or reused content by value for selected products in line with London Plan, Policy SI 7.
- Pre-Fabrication Methods: Construction waste arising from the Proposed Development will be minimised through adoption of pre-fabrication methods where possible. For example, bathroom pods, prefabricated risers and horizontal distributions are proposed to be used.
- Waste Minimisation and Management: The scheme will seek to design out demolition and construction waste to meet London Plan Policy SI 7 targets through the implementation of the submitted SWMP. The Proposed Development will provide adequate storage provision and separation of municipal and healthcare waste streams to allow maximisation of recycling opportunities.

9.206. The submitted Circular Economy Strategy has been developed to meet the relevant planning policy SI 7 'Reducing waste and supporting the circular economy' of the London Plan (Greater London Authority, 2020), meeting the requirements and complying with the relevant policies.

**Waste**

*Planning Policy*

9.207. Policy DMHB 11 states that development proposals should make sufficient provision for well-designed internal and external storage space for general, recycling and organic waste, with suitable access for collection. External bins should be located and screened to avoid nuisance and adverse visual impacts to occupiers and neighbours.

9.208. A sustainable waste management plan prepared by Aecom has been submitted to support the planning application. The waste management plan outlines the proposals for both the construction and operation of the hospital and also an outline waste plan for the residential masterplan.

*Assessment - Construction*

9.209. This SWMP includes an Outline CRMP which demonstrates how the Site has taken into account sustainable methods for managing construction, demolition and excavation (CD&E) material during the CD&E phases of the Site.

9.210. The CRMP details the likely waste management measures and procedures to be implemented on Site during the CD&E phases in accordance with the Waste Hierarchy. The CRMP also sets out measures to minimise waste generation and to effectively manage waste on the Site.

*Assessment - Operation*

9.211. Waste will move internally within the Proposed Development, starting within individual wards and ending with the external waste yard. Staff will dispose of waste close to the point of generation into small corridor bins within their individual department. Cleaning staff will collect the waste from these bins and transfer them to the department disposal rooms.

9.212. When the bins located inside the disposal room are full, cleaning staff will transport them to the dedicated FM lifts, which are located adjacent to the main corridor on each floor, and replace them with an empty bin. Full waste bins will be transported via the FM lifts to the basement level, where they will be taken to the southern end of the main corridor and transported via the FM lifts to the ground level service yard. A ramp is also available should the FM lifts be out of order. All waste will be transferred to the external waste yard where it will be collected.

9.213. Waste will be collected directly from the external service yard by the waste contractor's vehicles, from where they will be taken off site for management at a suitably permitted facility. Full containers that are taken off site will be replaced by empty containers.

9.214. An existing incinerator is located approximately 200m north of The Hillingdon Hospital Redevelopment site. The incinerator is currently out of operation. Refurbishment of the incinerator is underway to extend the life of the clinical waste incinerator at the Hillingdon Hospital site. Recommissioning the plant started in July 2021. It is likely that the works will be completed around June 2022. The incinerator will continue to support the existing hospital for the duration of its remaining operation (approximately 7-10 years). The incinerator repair/refurbishment does not form part of this planning application. The incinerator will be decommissioned when the decant of the existing hospital buildings is complete.

9.215. For the Outline elements of the Application, the detailed locations of bin stores have not been determined at this stage, but will be located such that they comply with the relevant requirements. No more than 30m horizontal distance from each individual property; Requires waste collection operatives to move bins no more than 10m from the presentation point to the collection vehicle; and Separate provision will be made for residential and commercial bin storage.

***Trees***

*Planning Policy*

9.216. NPPF 131 outlines the important contribution of trees to the character and quality of urban environments. In this respect, it states that "*planning policies and decisions should ensure that new streets are tree-lined, that opportunities are taken to incorporate trees elsewhere in developments,… and that existing trees are retained wherever possible*".

9.217. LP Policy G7 promotes the protection, maintenance and planting of new trees in appropriate locations in order to increase the extent of London that benefits from tree coverage. As such, development proposals are expected, wherever possible, to retain existing trees of value. Where the removal of trees is necessary, the policy is clear that there should be adequate replacement based on the existing value alongside the planting of additional new trees.

9.218. LPP2 Policy DMHB14 aligns with the above, and sets out how "*all developments will be expected to retain or enhance existing landscaping, trees, biodiversity or other natural features of merit"*. Planning applications for proposals that affect existing trees are required to provide an accurate tree survey which outlines the provision on the site and where trees are proposed for removal, proposals are expected to provide replacement provision.

*Assessment*

9.219. In accordance with LPP2 Policy DMHB14, an Arboricultural Impact Assessment prepared by Landmark Trees, including an accurate tree survey has been submitted to support the application. It provides details on the location, height, spread and species of all trees and related arboricultural features relevant to the Site.

9.220. The report identifies that there are 192 trees within and around the site boundary in close proximity to the proposed development. The assessment outlines that these trees are mostly moderate and low quality trees, but with 6 stand out high quality specimens. The report has assessed the impact of the proposed development and concludes there would be a moderate impact on the resource as a relatively small number will be pruned or removed during construction of the new hospital. The trees removed have more collective value than individual so the loss would be mitigated by a high quality planting scheme of new trees on the site.

9.221. The proposals seek to replace the number of trees on the detailed element of the site with 464 trees of a mix of species to mitigate against the loss of trees but also provide a substantial benefit of the scheme.

9.222. On balance it is therefore considered that the proposed tree retention, removal and replacement strategy for the Site as part of the wider Illustrative Landscaping Strategy is policy compliant having regard to NPPF 131, LP Policy G7 and LPP2 DMHB14.

***Ecology and Biodiversity***

*Planning Policy*

9.223. At a national level, the importance of improving biodiversity through the planning system and development is recognised as part of the wider environmental objective of achieving sustainable development. NPPF 8 is clear that opportunities should be taken to secure net gains. In this respect, planning policies and decisions are expected to contribute to and enhance the natural and local environment, this includes protecting and enhancing valued landscapes and site of biodiversity as well as "*minimising impacts on and providing net gains for biodiversity, including by establishing coherent ecological networks that are more resilient to current and future pressures*" (NPPF 174). NPPF 180 sets out guiding principles that should be applied to the determination of planning applications. These reinforce the primary objective, to conserve and enhance biodiversity and be integrated through design where there are opportunities to "…*secure measurable net gains for biodiversity or enhance public access to nature where this is appropriate*".

9.224. LP Policy G6 relates specifically to biodiversity and access to nature, seeking to protect and where possible enhance sites and habitats of biodiversity value. For development proposals, the impacts on biodiversity should be managed with the aim of securing net biodiversity gain. It states that *"proposals which reduce deficiencies in access to nature should be considered positively"*.

9.225. At a local level, LPP2 Policy DMHB14 expects landscape scheme for development proposals to *"…support and enhance biodiversity and amenity particularly in areas deficient in green infrastructure"*. On this basis, LPP2 Policy DMEI7 is clear that "*the design and layout of new development should retain and enhance any existing features of biodiversity or geological value within the site*". Where there is unavoidable loss, replacement features of equivalent biodiversity value should be provided on-site.

*Assessment*

9.226. An Ecological Impact Assessment prepared by Aecom has been submitted to support the application. The assessment identifies a number of biodiversity features on the site including bats and peregrine falcon for which adverse significant effects are predicted during construction due to the Proposed Development. The report provides suggested mitigation measures which if installed would lead to no adverse significant effects to biodiversity receptors as a result of the Proposed Development. The report concludes that subject to the implementation of mitigation measures, the residual effects on biodiversity will be 'Negligible' or 'Not Significant

9.227. 16 buildings within the Site were assessed as providing suitability for roosting bats at different levels. Only one building (Alderbourne Rehabilitation Centre, to the west of the Site, B19) was confirmed to support a day roost for a single common pipistrelle. All buildings within the Site will be demolished, with the exception of the Furze (B10) that will be refurbished under a different planning application. Bat roost boxes will be installed within the Proposed Development to mitigate the loss of a confirmed roost, but also the loss of roosting opportunities for the local bat population

9.228. The assessment outlines minor beneficial effects are considered likely for birds and commuting/foraging bats due to the increase of green spaces and waterbodies on-site and variety of habitats proposed within the landscape strategy. The report outlines that habitat creation that will mitigate the loss of habitats will include:

- A wetland attenuation park to the west of the new hospital building (southwest of the Site), including depressions with grasses for damp conditions, rain gardens, new tree planting and footpaths;
- A central green space at the centre of the Site, including water attenuation basins with grasses for damp conditions, rain gardens plants, tree planting, amenity grassland and an area of bulbs and wildflowers;
- Green space to the north-east of the existing southern woodland, extending the southern green area. It will include a fluvial flood mitigation basin with grasses for damp conditions, plants for rain gardens, a mixed planting and trees;
- Creation of a green area to the north-east of the Site (corner Pield Heath Rd with Colham Green Rd).
- Landscaped areas within the residential courtyards;
- A green wall near the ambulance yard (southeast of the new hospital); and
- Green roofs on the hospital and most of the residential buildings.

9.229. The proposals are therefore considered to be compliant with LPP2 Policy DMHB14 and Policy DMEI7.

*Biodiversity*

9.230. A Biodiversity Net Gain Assessment has been submitted to assess the impact of the proposed scheme on biodiversity. The proposals lead to a significant net gain in habitat units at 80.26%, however a loss in hedgerow and river units at -11 and 9% respectively. The submitted assessment sets out a number of recommendations that can be incorporated into the detailed landscaping design and wider masterplan in the future to ensure biodiversity net gain overall at 10%.

**Air Quality**

*Planning Policy*

9.231. In seeking to conserve and enhance the natural environment, NPPF 186 expects planning policies and decision to sustain and contribute towards compliance with relevant limit values and national objectives. This includes taking into account Air Quality Management Areas and goes on to state that "*opportunities to improve air quality or mitigate impacts should be identified, such as through traffic and travel management, and green infrastructure provision and enhancement.*"

9.232. LP Policy SI 1 is clear that development proposals should not lead to "*a) further deterioration of existing poor air quality; b) create any new areas that exceed air quality limits, or delay the date at which compliance will be achieved in areas that are currently in exceedance of legal limits; and c) create unacceptable risk of high levels of exposure to poor air quality*". As such, development proposals will be expected to be at least Air Quality Neutral. . Air Quality Assessments are required to be submitted as part of planning applications for major development proposals to demonstrate compliance with this policy.

9.233. At a local level, LPP2 Policy DMEI14 expects development proposals to "*…demonstrate appropriate reductions in emissions to sustain compliance with and contribute towards meeting EU limit values and national air quality objectives for pollutants*". Therefore, as a minimum, development proposal should be at least "air quality neutral"; incorporate sufficient mitigation to ensure no unacceptable risk to sensitive receptors and actively contribute towards the improvement within Air Quality Management Areas.

*Assessment*

9.234. The Site is located within an Air Quality Management Area but not a designated Air Quality Focus Area and in accordance with LP Policy SI 1, an Air Quality Assessment has been undertaken and submitted as part of the application.

9.235. The Air Quality Assessment (AQA) identifies in terms of the potential for construction dust impacts that with the proposed mitigation in place, the overall residual effect will be "not significant". In taking into consideration anticipated volumes of demolition and construction traffic, the maximum duration of the demolition and construction phases and the implementation of a Construction Environmental Management Plan (CEMP), emissions will be likely to be "not significant". Specific mitigations are identified at Section 6 of the AQA and, this has informed the submitted Demolition and Construction Method Statement and the Outline Constructions Logistics Plan.

9.236. The AQA confirms that the Proposed Development is predicted to have a negligible impact on local air quality and the site is considered suitable for its intended use. As such, no mitigation measures are required, in terms of air quality, during the operational phase of the Proposed Development.

9.237. In terms of the proposed generators, short-term impacts of the emergency generators have also been assessed. While the modelling has shown the potential for the generators to result in an exceedance of the short-term NO2 AQS objective at eight existing receptors and at the facade of the hospital building itself, this is based on a worst-case assumption that the generators will operate for 8,760 hours per year, which is unrealistic given that, except for emergency use, the generators will only operate for up to 14 hours per year for testing purposes.

9.238. The Proposed Development does not contain an energy centre or boilers. For the provision of heating and hot water, the Proposed Development will use ground and air source heat pumps and reverse cycle heat pumps which do not have emissions to air. The Proposed Development does include four diesel-fired emergency generators; however, these are only for emergency use to provide power to life critical systems in the event of a power cut or other emergency. The generators will be tested once a month for one hour and once a year for up to three hours. The air quality neutral guidance explicitly excludes the assessment of emissions from plant installed for emergency and life safety power supply and, as such, these have not been considered further. The Proposed Development can, therefore, be considered air quality neutral for building-related emissions.

9.239. The total number of trips generated by the Proposed Development, 9,072 trips per annum as provided by the projects transport consultants based on Scenario 2 traffic generation numbers, is less than the benchmark value (331,500 trips per year). The Proposed Development can, therefore, be considered air quality neutral for transport-related emissions.

9.240. Overall, the assessment demonstrates that the Proposed Development will not have any significant impact in regards to air quality. Various transport mitigations as set out above can address performance against “air quality neutral” which are evident within the HPA and more specifically within the submitted TA and submitted Travel Plan. The Proposals are therefore considered to satisfy the requirements of NPPF 186, LP Policy SI 1 and LPP2 Policy DMEI14.

**Noise**

*Planning Policy*

9.241. NPPF 185 expects planning policies and decisions to ensure that new development is appropriate for its location taking into account the likely effects, to include cumulative effects on living conditions. As such, new development should “*mitigate and reduce to a minimum potential adverse impacts resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and the quality of life*”.

9.242. LP Policy D13 establishes the "Agent of Change" principles which places the responsibility for mitigating the impact of noise and other nuisances on new development. This in the interest of ensuring existing *"…noise and other nuisance- generating uses remain viable and can continue or grow without unreasonable restrictions being placed on them*". As such, development proposals are expected to be designed to mitigate and minimise existing and potential nuisances.

9.243. LP Policy D14 is consistent with national planning policy guidance and establishes a criteria which should be followed in order to "*reduce, manage and mitigate noise to improve health and quality of life*". This includes "*mitigating and minimising the existing and potential adverse impacts of noise on, from, within, as a result of, or in the vicinity of new development without placing unreasonable restrictions on existing noise-generating uses*" and "*improving and enhancing the acoustic environment…*". Good acoustic design principles are expected to be incorporated into noise-sensitive development to mitigate the potential for adverse effects where they cannot be separated from noise sources without undue impact on other sustainable development objectives.

9.244. At a local level, LPP1 Policy EM8 states that "*the Council will seek to ensure that noise sensitive development and noise generating development are only permitted if noise impacts can be adequately controlled and mitigated*". It is then considered under LPP2 Policies DMT1 and DMT2 in relation to managing transport impacts where it is outlined that new developments should ensure they do not result in adverse effects or deteriorate noise or local amenity as a result of the associated traffic movements.

*Assessment*

9.245. A Noise Assessment has been undertaken by Aecom and submitted as part of this application which determines the existing environmental noise climate at the Site; identifies any potential impacts on future residents of the Proposed Development and outlines any potential impacts on neighbouring sensitive receptors as a result of the Proposed Development. Where potential impacts have been identified, appropriate mitigation is proposed.

9.246. An assessment of potential noise and vibration effects due to temporary works undertaken during the construction phase and permanent changes to the noise environment due to the operational proposed development have been carried out.

9.247. The report outlines that noise and vibration generated by construction activities associated with the proposed development are likely to exceed the nearby sensitive receptors throughout the construction programme. The report outlines that through an effective communication strategy, noise monitoring to determine compliance with noise limits and adoption of best practical means to reduce construction noise as far as reasonably practicable, it is considered that all reasonable steps have been undertaken to reduce noise emissions and, therefore, exceedances of the relevant parameters will be minimised. Changes in road traffic noise due to construction traffic associated with the proposed development have been identified as negligible and not significant.

9.248. Changes in road traffic noise due to operational traffic associated with the proposed development have been identified as likely to be significant, but the change in noise levels is below that generally accepted to be perceptible to the average human ear. Consequently, no additional mitigation measures are recommended. Building services plant will be required to achieve noise levels set to 10dB below the measured background noise level with temporary limits during emergencies set at 10dB above the measured background noise level. Building services plant will be designed to achieve the specified noise limits at nearby sensitive receptors.

**Fire Strategy**

*Planning Policy*

9.249. LP Policy D12 states that "in the interests of fire safety and to ensure the safety of all building users, all development proposals must achieve the highest standards of fire safety". It goes on to provide a set of criteria that must be satisfied in order to ensure this and outlines that a Fire Statement must be submitted as part of planning applications for major development proposals to demonstrate compliance and provide details on how the development proposals will function in accordance with a further set of requirements.

9.250. In line with the above, from 1 August 2021, the Government introduced further guidance on fire safety and high rise buildings which must be considered as part of the planning process, this is known as "Planning Gateway One". Where development comprises a "relevant building", as defined by the guidance, a Fire Statement must be submitted as part of any relevant planning application setting out the fire safety considerations specific to the development proposals and the Health and Safety Executive should be established as a statutory consultee on the application.

*Assessment*

9.251. In accordance with the LP Policy D12, a Fire Statement prepared by Tenos has been submitted to support the planning application. The statement has been structured to follow the set requirements of Policy D12. It describes the measures necessary to meet with Policy D12 and, in respect of means of escape via evacuation lifts, Policy D5 of the London Plan. It has been prepared and reviewed by a Chartered Engineer and Member of the Institution of Fire Engineers in accordance with paragraph 3.12.9 of the London Plan.

9.252. An Outline Fire Strategy has also been submitted in respect of the Outline Area. It identifies the principles that should be applied to any future Reserved Matters Application to ensure all buildings achieve the highest standards of fire safety in compliance with the criteria set out under the London Plan Policy.

**Archaeology**

*Planning Policy*

9.253. In conserving and enhancing the historic environment, and where sites subject to development proposals include or has the potential to include heritage assets with archaeological interest, NPPF 194 is clear that the proposal should be accompanied by a desk based assessment, and where necessary field evaluation. In decision-making, local planning authorities are expected to identify and assess the particular significance of any heritage asset that may be affected by a proposal and *"avoid or minimise any conflict between the heritage asset's conservation and any aspect of the proposal*" (NPPF 195).

9.254. In line with the above, LP Policy HC1 expects "development proposals to identify assets of archaeological significance and use this information to avoid harm or minimise it through design and appropriate mitigation. Where applicable, development should make provision for the protection of significant archaeological assets and landscapes".

9.255. At a local level, LPP2 Policy DMHB7 highlights the role of the Greater London Archaeological Advisory Service in advising LBH LPA on below ground heritage assets and states that they will work together to *"…ensure that sites of archaeological interest within or, where appropriate, outside, designated areas are not disturbed*". Where this cannot be avoided the policy is clear that measures must be taken to mitigate the impacts of the proposals through archaeological fieldwork in advance of development works. Any archaeological finds are then expected to be recorded, archived and reported accordingly.

*Assessment*

9.256. In accordance with national, regional and local planning policy, an Archaeological Desk-Based Assessment has therefore been prepared and submitted as part of the HPA.

9.257. This confirms that Site contains a single listed building, The Furze, but no further designated heritage assets (scheduled monuments, registered parks & gardens, world heritage sites) or non-designated heritage assets are recorded within the site boundary, and the Site does not reside in a conservation area. The Site does not lie within an Archaeological Priority Area (APA) and it has been assessed that the below ground heritage assets (archaeological remains) that may be affected by the proposed development comprise: Post-medieval/Modern remains associated with lake, formal gardens, and kitchen garden/walled garden associated with The Furze. The area of the Site containing these features has seen significant development works over the past 60 years and any surviving remains would be of low local significance only. The Site has undergone several phases of development and redevelopment since the mid-19th century, and these activities will have had a significant impact on the survival of below ground archaeological deposits within the Site.

9.258. On the basis of the above, the assessment concludes that the below ground potential of the Site is well understood and it is unlikely that the Site will yield any remains of significance. Therefore it is not considered that any further archaeological fieldwork is required on the Site and as such there is nothing to preclude the Proposed Development in accordance with NPPF 194 & 195, LP Policy HC1 and LPP2 Policy DMHB7.

# 10. Draft Heads of Terms

10.1. In assisting in the delivery of new homes the NPPF and PPG recognise that conditions or planning obligations may be required to make development acceptable and mitigate what might otherwise be unacceptable impacts on the surrounding area. However, NPPF 55 states that "*planning obligations should only be used where it is not possible to address unacceptable impacts through a planning condition*." As such, planning obligations must only be sought where they meet all of the following tests as set out at NPPF 57:

I. *necessary to make the development acceptable in planning terms;*

II. *directly related to the development; and*

III. *fairly and reasonably related in scale and kind to the development.*

10.2. This is in accordance with Regulation 122(2) of the CIL Regulations 2010 (as amended), which puts into law the need for planning obligations to be directly related to development.

10.3. The above tests should inform negotiations with LBH LPA on the scale and form of any planning obligations required in association with the Proposed Development. LPP2 Policy DMCI7 outlines the type of planning obligations commonly sought in association with new development and is clear that this is derived on a scheme by scheme basis. This is supplemented by LBH's "Planning Obligations" SPD (July 2014). Together, and as identified through the pre-application consultation process with LBH LPA, these indicate that the S106 Heads of Terms ("HoTs") are likely to include the following, subject to further consultation with LBH LPA Officers during determination:

- Transport interventions to encourage public transport accessibility
- Pedestrian and Cycle improvements contribution
- Carbon off-set contribution (to be provided as a financial contribution or towards carbon offsetting projects within the Trust's ownership in the Borough)
- Air Quality contribution
- On-site Affordable Housing (50% based on habitable room) with appropriate Tenure Split and Affordable Housing Review Mechanism for future residential phases
- Highway Works: S278/S38 for required Highways Works
- Delivery and Servicing Plan
- Employment Strategy and Construction Training
- Residential Travel Plan plus £20,000 bond
- Commercial Travel Plan plus £20,000 bond
- Car Club provision

- Santander (or equivalent) Bike Scheme Contribution
- Parking permits restriction for future occupiers for the masterplan
- Offsite flood risk and drainage solutions
- Improvements to nearby parks and recreation areas
- Construction Training
- Project Management & Monitoring Fee.

10.4. The draft HoTs above do not assign the financial contributions associated with the obligations as these will be subject to detailed discussions with LBH LPA having regard to the scale and relative impact of the Proposed Development and Regulation 122 of the CIL Regulations 2010 (as amended). This in the interest of ensuring these are necessary and reasonable in accordance with NPPF 57.

**Community Infrastructure Levy**

10.5. LPP2 Policy DMCI7 states that "planning permission will only be granted for development that clearly demonstrates there will be sufficient infrastructure of all types to support it. Infrastructure requirements will be predominantly addressed through the Council's Community Infrastructure Levy (CIL)".

10.6. LBH LPA adopted its CIL Charging Schedule on 10 July 2014. The CIL Charging Schedule outlines that there will be no CIL charge for uses outside of residential, hotels, office and large retail development (over 1,000sqm). The proposed hospital use on the site will not be liable for CIL. The CIL schedule identifies a rate of £95 (indexed linked) per square metre for residential development.

10.7. In addition, LBH LPA is a collecting authority for the Mayor of London's CIL which establishes a rate of £60 (indexed linked) per square metre on the basis of the Mayoral CIL2 charging schedule which came into force on 1 April 2019. The charging schedule states that development used wholly or mainly for the provision of any medical or health services except the use of premises attached to the residence of the consultant or practitioner will not be liable for CIL.

10.8. In line with the above, an additional information request form has been completed and submitted as part of this application. It confirms the CIL chargeable floorspace of the proposed development, including the amount of existing floorspace to be demolished as part of the proposal, which will be offset from the CIL liability.

# 11. Public Benefits & Conclusion

11.1. The National Planning Policy Guidance (NPPG) defines public benefits as that which may follow from development and can be anything that delivers economic, social or environmental progress as described in paragraph 8 of the NPPF. Public benefits should flow from the proposed development and they should be of a nature or scale to be of benefit to the public at large, and should not be a private benefit. Benefits do not always have to be visible or accessible to the public in order to be a genuine public benefit. Public benefits should be weighed positively in the favour of the proposed development.

11.2. This section sets out the public benefits that will be brought forward by the proposed development.

**Social**

11.3. The proposed development will deliver social benefits in line with the NPPF as follows:

**New Hospital Facility**

11.4. The proposals seek to make optimal use of the land through the comprehensive redevelopment of the Hillingdon Hospital Site to deliver a hospital that has been designed to improve the experience of patients and staff. The Trust have outlined that at the heart of the proposals is a shared vision of providing improved access to better healthcare services for the population in a new fit for purpose local hospital on the Hillingdon Hospital site. The provision of a new state of the art Hospital that is in need by the local Borough is therefore a significant public benefits as follows:

- A more attractive environment for staff and patients, improving their experience
- Better connectivity between departments making it easier for patients to move through the hospital
- Greater adoption of digital technologies to enhance patient care and safety
- Improved privacy with a significantly increased number of side rooms
- Flexibility to adapt facilities in response to potential future pandemics
- Support of the integration of care and wellbeing across North West London and supports the wider local economy through the creation of local jobs.

**Housing**

11.5. The proposals will provide 327 new residential units with a range of unit sizes including policy compliant affordable housing at 50% based on habitable room providing much needed affordable housing in the Borough and London. The outline residential blocks will also be supported by ground floor retail and leisure uses.

**Public Realm**

11.6. The proposed development will provide a network of high quality landscaped spaces for enjoyment of patients, visitors and the wider local community. The proposals seek to implement a high quality landscaping scheme including a large central open space in the centre of the site, and improved woodland area to the south of the site. These large central public open spaces will become focal points. The landscaping strategy has been submitted within the Design and Access Statement and indicates the locations of benches and areas for enjoyment for local residents.

**Sustainable Transport**

11.7. The proposals at Hillingdon Hospital have been developed to enable a transition to a more sustainable future, with a range of sustainable mobility solutions that will enable a reduction in car reliance and single occupancy private car trips to and from the site. A Mobility Hub has been proposed at the entry to the site from Pield Heath Road to enable, support, and promote the required shift towards sustainable modes. The hub will be supplemented with enhanced facilities and information features to both attract and benefit the traveller.

11.8. The PTAL across the site improves from 0 to 2, or 2 to 3 which demonstrates how the site layout, which is open and has direct pedestrian routes with pedestrian priority crossings, will significantly improve public transport accessibility at the site. The proposals comprise corridor widening scheme to enable two-way flow of traffic between stopped buses, and buses diverted into the site with on-site bus stops in Phase 1C.

11.9. The proposals also provide a network of high quality pedestrian routes and public realm areas, including new signalised crossing, zebra crossings, tactile paving, widened footways, and priority crossings. In terms of cycling, high quality facilities including secure long stay cycle parking, short stay parking, 6m pedestrian and cycle route, low speed environment within the site and cycle hire scheme will be delivered.

**Economic**

11.10. The proposed development will deliver economic benefits in line with the NPPF including

- The creation of 547 net additional construction jobs for London residents per year for 4.7 years;
- The creation of 848 net additional on and off-site jobs in comparison to existing uses at the site.
- This includes jobs generated by proposed land uses as well as retail and restaurant jobs supported by new resident expenditure;

11.11. These economic benefits are explained in the Socio-economic Report which is being submitted with this planning application.

**Environmental**

11.12. The proposed development will deliver a series of environmental benefits in line with the NPPF.

**Landscaping and ecology**

11.13. The assessment outlines beneficial effects for birds and commuting/foraging bats due to the increase of green spaces and waterbodies on-site and variety of habitats proposed within the landscape strategy. The proposals lead to a significant biodiversity net gain in habitat units at 80.26%.

11.14. The proposal also comprise the increase (141%) in the number of the trees on the site to 464 (from 192).

**Heritage**

11.15. The high quality contemporary design of the proposed development, which is respectful to its surroundings in terms of massing, scale and choice of materials enhance the setting of the site and enhance the setting of The Furze. The proposals will allow the Grade II Listed Building to be better appreciated by the public.

**Conclusion**

11.16. The existing hospital is out-dated, poorly configured and in urgent need of significant repair. Whilst some repairs are possible and necessary in order for the building to remain open to the public, in order for the hospital to be sustained for the future, a new building is required that overcomes the inherent problems of condition, flexibility, space and clinical adjacencies. The proposed redevelopment of the site offers a rare and valuable opportunity to create a new state of the art hospital and masterplan for the whole site.

11.17. The principle of redevelopment through consolidation, optimisation and providing a larger new fit for purpose hospital with new landscaping, public open space and housing delivery is strongly supported by national and regional planning policy.

11.18. The new hospital will be larger, it will be more efficient and more flexible than the existing hospital. The size and capacity of the building has been rigorously tested and agreed as appropriate with both the GLA and LBH in pre-application engagement based on extensive and collaborative work between the Trust, North West London Integrated Care System and NHS England & Improvement, ensuring that integrated care and the NHS 10 year plan are fully reflected. A surface level car park is also reserved in the masterplan for any future expansion needs by the Trust should this ever prove necessary.

11.19. The plans for the new Hillingdon Hospital and masterplan have undergone extensive and long term engagement with all stakeholders, residents, LBH, GLA and TfL and the proposals contained in this planning application have evolved and adapted to take on board the feedback received.

11.20. The proposals align with the NPPF, London Plan and Hillingdon Local Plan aspirations for the delivery of high quality healthcare, sustainable development, site optimisation, environmental improvement and an increase in housing delivery. This planning statement considers and assesses the proposed development against all relevant policy and material considerations and alongside the full suite of technical reports and plans demonstrates that the impact of the development will be overwhelmingly positive and that it will deliver significant public benefits.

# Appendix 1 - Planning History Summary

| Planning reference | Description of development | Decision and date |
|---|---|---|
| 76613/APP/2022/37 | Demolition of existing modular building and erection of new two storey building for use as a nursery (Use Class E), with external play space, ramped access, external plant, car parking, cycle parking, refuse and buggy storage. | Ongoing |
| 75013/APP/2021/4513 | Application for 14 no. new car park spaces, including 5 no. parking spaces to be added to the existing car park, 7 no. parking spaces added to the entrance road and 2 no. parking spaces to be accessed directly off Colham Green Road. | Ongoing |
| 4058/APP/2021/3691 | Section 73 application to vary Condition 2 of application reference 4058/APP/2020/1003 (Construction of a new 90-bed three-storey ward building (Ward Building South); an additional two storeys to be constructed on the site of the ground-floor 28-bed Decant Ward Building (Ward Building North) and the provision of 117 replacement car parking spaces, involving the demolition of the existing Paediatric building and relocation of the existing waste compound and its associated parking) to amend the elevations of Ward Building South. | Ongoing |
| 4058/APP/2021/3650 / 4058/APP/2021/3651 | External air conditioning plant to be enclosed within a timber plant enclosure, replacement of external ramp, repair and restoration of all windows throughout and installation of secondary glazing and replacement of damaged windows and doors, repointing of existing brickwork to be repointing where damaged and repainting to match existing, replacement of existing round rooflight like for like. Internal reconfiguration comprising the installation of demountable partition walls, removal of partition walls, replacement of non-original doors with fire doors. | Ongoing |
| 4058/APP/2021/2563 | Variation of Condition 2 of planning permission ref: 4058/APP/2020/2213 dated 12/10/2020 (Installation of a permanent containerised low voltage diesel driven standby generator, together with associated fuel tank and boundary fencing, together with installation of a small steel enclosure adjacent the existing Generator No1) to allow for the omission of a section of hedge to be replaced by a hit and miss timber fence along Pield Heath Road (S73 minor material amendment application) | Approved – 20/09/2021 |
| 4058/APP/2021/421 | Installation of a single storey building for retail use (Use Class E(a)) | Approved – 29/03/2021 |
| 4058/APP/2020/2213 | Installation of a permanent containerised low voltage diesel driven standby generator, together with associated fuel tank and boundary fencing, together with installation of a small steel enclosure adjacent the existing Generator No1. | Approved – 12/10/2021 |
| 4058/APP/2020/2923 | Installation of generator, tank and enclosure, involving demolition of existing generator building | Approved – 09/11/2020 |

| | | |
|---|---|---|
| 4058/APP/2020/1003 | Construction of a new 90-bed three-storey ward building (Ward Building South); an additional two storeys to be constructed on the site of the ground-floor 28-bed Decant Ward Building (Ward Building North) and the provision of 117 replacement car parking spaces, involving the demolition of the existing Paediatric building and relocation of the existing waste compound and its associated parking. | Approved – 07/05/2020 |
| 4058/APP/2019/3286 | Erection of a temporary single storey prefabricated system building, together with a link to the AMU building, with a total floor area of 888 sqm, to provide for a 28 bed space decant and winter overspill ward, including 4 parking spaces; demolition of Building 17 and the creation of 30 replacement staff car parking spaces; reconfiguration of the parking area to the east of the Womens' Services Building resulting in a net provision of 11 replacement visitor parking spaces (amended scheme). | Approved – 04/03/2020 |
| 4058/APP/2019/737 | Formation of four ambulance/hospital vehicle parking spaces, installation of a ramp and installation of new doors serving the patient waiting area | Approved – 04/03/2019 |
| 4058/APP/2018/4114 | Formation of three parking spaces and a turning head for three ambulances or hospital vehicles *(refused due to the impact on trees and inadequate mitigation measures)*. | Refused – 17/01/2019 |
| 4058/APP/2018/4018 | Section 73 (Minor Material Amendment) to planning permission ref: 4058/APP/2018/1055 dated 31-05-2018 for a single storey extension to the Accident and Emergency Department, namely alterations to the design and footprint of the extension to include a new ramp | Approved – 15/03/19 |
| 4058/APP/2018/1055 | Single storey extension to the Accident and Emergency Department to create an Urgent Care Centre | Approved – 20/03/2018 |
| 4058/APP/2015/4041 | Formation of 48 additional parking spaces on land adjoining the main car park at Hillingdon Hospital and associated highway, access and landscaping works | Approved – 28/09/15 |
| 4058/APP/2013/99 | Demolition of part of the existing kitchen and staff restaurant and erection of a new 2 storey Acute Medical Unit at Hillingdon Hospital (located to the rear, i.e. to the south, of the existing 11 storey tower ward block).<br>*(S106 agreement with strategic masterplan clause)* | Approved – 17/01/13 |
| 4058/APP/2006/2380 | Variation of condition 2 (to allow reserved matters to be submitted before the expiry of five years from the date of the permission) of planning permission ref: 4058/APP/2005/1 dated 28/04/2005 'phased redevelopment of existing hospital comprising the erection of three linked blocks (85,000 sq. metres floorspace), reconfiguration of on-site car parking and access arrangements and landscaping (involving demolition of some existing buildings)(Outline Application). | Approved – 15/08/06 |
| 4058/APP/2005/1 | Phased redevelopment of existing hospital comprising the erection of three linked blocks (85,000 sqm of floorpsace), reconfiguration of on-site car parking and access arrangements and landscaping (involving demolition of some existing buildings) – Outline application. | Approved – 04/01/05 |