

St Pancras Hospital

Local Planning Authority: Camden

Local Planning Authority reference 2020/4825/P

Strategic planning application stage 2 referral

Town & Country Planning Act 1990 (as amended); Greater London Authority Acts 1999 and 2007; Town & Country Planning (Mayor of London) Order 2008.

The proposal

Redevelopment involving the demolition of seven existing buildings and construction of a part seven, part ten storey purpose-built eyecare, medical research and educational centre together with associated works including formation of patient drop off area to St Pancras way, new public realm and associated development.

The applicant

The applicants are **Moorfields Eye Hospital NHS Foundation Trust, University College London Institute of Ophthalmology** and **Moorfields Eye Charity** and the architect is **Penoyre & Prasad**.

Key dates

GLA pre-application meeting: 26 March 2020

GLA stage 1 report: 25 January 2021

LPA Planning Committee decision: 22 February 2022

Strategic issues summary

Land use principles: Further clarity was provided on the strategy for the relocation of existing social infrastructure on the site and the proposals would comply with London Plan Policy S1.

Heritage: The less than substantial harm caused to the nearby heritage assets would be decisively outweighed by the public benefits of the scheme.

Transport: Further information was provided on the proposals to aid patients' accessibility to the site and adequate conditions and obligations have been recommended.

Equality: The positive impacts, in terms of service improvement and partly increased accessibility of the new site, would outweigh the residual negative impacts caused by the relocation itself and by the construction impacts of the proposals.

Other issues on **urban design** and **climate change** have also been resolved.

The Council's decision

In this instance Camden Council has resolved to grant permission subject to planning conditions and conclusion of a Section 106 legal agreement.

Recommendation

That Camden Council be advised that the Mayor is content for the Council to determine the case itself, subject to any action that the Secretary of State may take, and does not therefore wish to direct refusal, or direct that he is to be the local planning authority.

Context

1. On 25 November 2020 the Mayor of London received documents from Camden Council notifying him of a planning application of potential strategic importance to develop the above site for the above uses. This was referred to the Mayor under the following categories of the Schedule to the Order 2008:
 - 1B.1(c) “Development (other than development which only comprises the provision of houses, flats, or houses and flats) which comprises or includes the erection of a building or buildings outside Central London and with a total floorspace of more than 15,000 square metres
 - 1C.1(c) “Development which comprises or includes the erection of a building of more than 30 metres high and is outside the City of London.”
 - 3E.1 (a) and (b) “Development which does not accord with one or more provisions of the development plan in force in the area in which the application site is situated; and comprises or includes the provision of more than 2,500 square metres of floorspace for a use falling within Class D1.”
2. On 25 January 2021, the Mayor considered planning report GLA/2020/6824/S1 (link to report [here](#))¹ and subsequently advised Camden advised that, whilst the proposal is supported in principle, the application did not currently comply with the London Plan and Publication London Plan, for the reasons set out in paragraph 73 of that report:
 - **Principle of development:** The redevelopment of this site within the locally designated Knowledge Quarter Innovation District to provide an eyecare, medical research and educational centre is strongly supported. Further clarity is required on the strategy for the relocation of existing social infrastructure currently provided on the site.
 - **Urban design and heritage:** The development layout is strongly supported and the height and massing is acceptable in strategic planning terms, noting associated strategic views and heritage considerations. Overall, the scheme is of a high design and architectural quality. GLA officers consider that less than substantial harm would be caused to the Kings Cross St Pancras Conservation Area, further information is required to establish if the full potential of public benefits to be secured before these can be weighed against this harm.
 - **Climate Change:** Further information in relation to measures to improve efficiency, capacity for future connection to a DHN, the proposed ASHP/GSHP systems and carbon offset payment.
 - **Transport:** The proposals broadly meet Publication London Plan policy aims, however further information on cycle storage design, aspects of servicing and proposals to aid patients’ accessibility to the site are required before the

¹ <https://planning.london.gov.uk/pr/s/planning-application/a0i4J000002U9HTQA0/20206824?tabset-c2f3b=2>

scheme can be considered to satisfactorily mitigate its highways and transport impacts.

3. The essentials of the case with regard to the proposal, the site, case history, strategic planning issues and relevant policies and guidance are as set out therein, unless otherwise stated in this report.
4. On 22 February 2022 Camden Council decided that it was minded to grant permission for the application subject to planning conditions and conclusion of a Section 106 agreement, and on 27 April 2022 it advised the Mayor of this decision. Under the provisions of Article 5 of the Town & Country Planning (Mayor of London) Order 2008 the Mayor may allow the draft decision to proceed unchanged; direct Camden Council under Article 6 to refuse the application; or, issue a direction to Camden Council under Article 7 that he is to act as the Local Planning Authority for the purposes of determining the application and any connected application. The Mayor has until 10 May 2022 to notify the Council of his decision and to issue any direction.
5. The decision on this case, and the reasons, will be made available on the City Hall website: www.london.gov.uk

Response to neighbourhood consultation

6. Camden Council publicised the application by sending notifications to local addresses, and issuing site and press notices. The relevant statutory bodies were also consulted. Copies of all responses to public consultation, and any other representations made on the case, have been made available to the GLA.
7. Following the neighbourhood consultation process Camden Council received a total of 2 individual responses (in objection). The reasons for objection are summarised below.

Neighbourhood objections

8. Transport: The transport assessment is too narrow in scope and should be expanded to assess wider impacts to travel patterns to avoid the need for extra navigation or extra taxi trips. Scheme should include more parking. Buses should remain a key part of the proposal. The green line should direct people from the stations to the new / specific bus stop.
9. 'Last half mile': Route is too long to encourage patients to walk to the site. Use of green line solution is supported, however, patients will still travel via the most convenient routes and this may not always be from Kings Cross station. There should also be a strategy that also deals with the other nearby stations as well as the business of the stations themselves. The use of tactile paving should be tested further.
10. Crime: Designing out crime statement fails to consider impacts to visually impaired (VI) women and should be expanded to include the wider area.
11. Design and landscaping: Too tall, massing would appear monolithic and cause overshadowing. It would destroy sky-lines and pedestrian views. The façade design is overly repetitive and this may impact people suffering from multiple

vision. The materiality and tones of the development also lack differentiation, challenging for VI patients. Strategy for signage should also be secured with patients in mind. The landscape design does not appear to have been informed by the green line proposals. There is also no temporary seating.

12. Archaeology: The development is a major opportunity to investigate history of the land. Considers the site likely to possess Roman or Saxon period materials, given former GLAAS advise for adjacent developments and age of the Old Church.
13. Acoustics and lighting: The central atrium approach is positive in terms of natural light and air penetrations, but can create acoustic issues that make orientation challenging. Similarly, lighting must be carefully specified for the patient experience.
14. Engagement: Encouraged to see recent study has included survey data with VI/blind users, but testing of any final solution will also be key to making sure that it is actually successful in achieving its stated aims.

Responses from statutory bodies and other organisations

Thames Water

15. No objection with regard to surface water network infrastructure capacity. As full details of the water and waste water infrastructure needs have not been provided at this stage, conditions are required for the agreement and phasing of any necessary infrastructure with Thames Water and informatives providing further guidance should also attached. These have been recommended by the Council.

National Rail

16. No response received.

Environment Agency

17. No response received.

London Fire Brigade

18. No detailed comments were offered on the proposal. Formal consultation would be required under the Building Regulations procedure.

National Grid

19. No response received.

Canal & Rivers Trust

20. Initially, the Trust required further clarification with regards to the impact on natural light conditions to the Regent's Canal to understand impact on permanent moorings and habitat corridor. It was also raised that proposals should promote connections to the canal through wayfinding from the site via a contribution towards Legible London signage (ideally highway level and tow path level). However, following the submission of further technical reporting, including an updated daylight assessment with details of implications for the light conditions along the canal, the Trust responded that they had no further comments although the prior request for signage was maintained and will be satisfied by the Council.

Natural England

21. No comments. The application and the assessment on the impacts on nearby assets should be determined in line with local policy requirements.

Historic England

22. The development will result in less than substantial harm to the Kings Cross St Pancras conservation area. Although HE recognises the development potential of the site and support retention of health uses, further efforts to minimise this impact should be explored. Once this has been minimised as far as possible, it would fall upon the LPA to determine a balancing exercise in accordance with the NPPF. Winter views analysis should also be provided.
23. Further to this response, additional evidence in the form of an updated heritage and visual impact assessment (including winter) views was provided and officers notified HE. Winter views provided confirm HE's position with regard to the less than substantial harm to the Kings Cross St Pancras Conservation Area. However, they do not consider there to be demonstrable harm to the gardens themselves (Grade II) or the setting of heritage assets within it (Grade II-I).

GLAAS

24. Although the site is not within an archaeological priority area, the historic workhouse use means that burials may have taken place within the application site and there might be possible remains of earlier structures. As such, a robust evaluation should be conditioned, and is required prior to commencement of works. The written scheme of investigation (WSI) shall include a programme and methodology for site evaluation, both for human remains as well as the potential for any surviving remains of earlier workhouse buildings.
25. In addition, the proposals would also result in the removal of buildings associated with the late 19th-Century and early 20th century workhouse development phases, which are of local significance. This should be mitigated via securing a programme of Level 3 historic building recording to be carried out on the surviving buildings, which predate the 1970s phase of development.
26. These two conditions have accordingly been recommended by the Council.

Victorian Society

27. A letter of objection was received. The relative completeness of the site, with former workhouse and ancillary buildings are a key feature of the site and development combined with future redevelopment of the wider site will destroy the legibility of this. The proposed building is also considerably greater than remaining Victorian buildings and further efforts to break up massing should be made. In addition, the predominant use of glass would appear incongruous to the primarily brick hospital buildings.

Camley Street neighbourhood forum

28. No response received.

Royal Society for Blind Children (RSBC), The Guide Dogs for the Blind Association UK; London Vision; Visually Impaired in Camden; Thomas Pocklington Trust; SeeAbility

29. Clinical provision and strategic importance: This new centre will bring major advancement for the treatment and research into childhood sight loss and attract the finest talent in the field. Centre would offer the very best environment for patients and staff. Proposed development will allow Moorfields to continue its world-leading clinical outcomes and attract, inspire and retain the most talented clinicians, researchers and educators.
30. Engagement: Impressed with the engagement that the team has had with those who would directly benefit from the centre, with young people who also work with RSBC contributing their thoughts on the proposals.
31. Design: Proposal would create high quality public realm for patients and staff, with active uses at ground floor such as café, retail and education.
32. Other benefits: Scheme will also signify a major investment for the local economy, provide local training and employment opportunities as well as being a highly sustainable building.

Royal National Institute for the Blind (RNIB)

33. No response received.

West Euston Partnership (WEP)

34. Centre will provide a high-quality facility that will benefit local residents through employment and training opportunities, the expansion of the knowledge quarter as well as creation of new public spaces and routes.

The Regents Network

35. A letter of objection was received. Design: Development is very large, bulky, unappealing and overly dominant. Object to allocation of the hospital site and the recently adopted SPD that supports high density redevelopment. Massing would harm the setting of the Regents Canal conservation area and the St Pancras heritage site.
36. Local amenity and visual impact: Overdevelopment and loss of openness and community. Development would also lead the way for other, taller developments of the remaining site.

Kings Cross / St Pancras Conservation Area Advisory Committee

37. No response received.

Regent's Canal Conservation Area Advisory Committee

38. No response received.

Camden Town Conservation Area Advisory Committee

39. No response received.

Response to public consultation - conclusion

40. Having considered the local responses to public consultation, Camden Council has sought to secure various planning obligations, conditions and informatives in response to the issues raised. GLA officers have had regard to the above statutory and non-statutory responses to the public consultation process, where these raise material planning issues of strategic importance.

Update

41. Since consultation stage GLA officers have engaged in joint discussions with the applicant, the Council and TfL officers with a view to addressing the above matters. Furthermore, as part of the Council's draft decision on the case, various planning conditions and obligations have been secured. An update against the issues raised at consultation stage is set out below.

Relevant policies and guidance

42. Since consultation stage the following is now a material consideration:

- The London Plan 2021, which was published on 2 March 2021 and became part of the statutory development plan.
- Public London Charter LPG;
- Be Seen Energy Monitoring LPG;
- Circular Economy LPG.

Land use principles

43. At Stage 1, GLA officers strongly supported the redevelopment of this site within the locally designated Knowledge Quarter Innovation District to provide an eyecare, medical research and educational centre as part of a wider public service transformation plan. However, to ensure that there would be no loss of provision or access to services as a result of the relocation, the applicant was required to provide a schedule of all services currently provided within the proposal site and to set out clearly how and where these services will be reprovided, demonstrating that users of existing local services would not be adversely affected.

44. A full audit of the plans for the relocation of the services has since been provided. This sets out the proposed locations of all of the existing services, including those that are provisional and subject to emerging and confidential plans. GLA officers therefore consider that the proposals would comply with London Plan Policy S1.

Urban design

45. At Stage 1, the development layout was strongly supported, the height and massing were considered broadly acceptable in strategic planning terms, and the scheme was overall considered of high design and architectural quality. However, further refinement was encouraged.

46. The applicant was advised to: explore options to further activate Granary Street ground floor frontage or soften its appearance; provide free drinking water fountains in visible locations in the new public realm; provide further clarity on the level of public access through the internal passageway and how the public spaces will function at night.
47. In addition, it was required that the following should be appropriately secured: key details to ensure that an exemplary quality of architecture is delivered; ongoing management and maintenance of the public realm landscaping and facilities (including water fountains where provided).
48. Accordingly, windows have been added on Granary Street at ground floor level where possible and a laser cut artwork has also been proposed to animate the façade (which details would be secured via condition).
49. In addition, the Council has secured in the final draft S106 the submission of details in respect of free drinking water fountains, as well as free public accessibility 24/7 for the external public realm routes and free public accessibility between 6am and 11pm for the route through the atrium, in line with London Plan Policy D8. Whilst 24/7 access is generally preferable, it is noted that Designing Out Crime officers recommended that the permeability of the route through the atrium is managed to avoid out of hours access and, given also the long opening hours, this is considered acceptable in this instance.
50. As requested, the Council has recommended a suitable condition to secure key design details and material samples, as well as secured in the final draft S106 the submission, prior to implementation, of a Public Realm Plan to ensure suitable management and maintenance of the public realm.

Tall buildings

51. London Plan Policy D9(B3) states that tall buildings should only be developed in locations identified as potentially suitable in development plans. Paragraph 7.35 of the Camden Local Plan defines tall buildings as those “which are substantially taller than their neighbours or which significantly change the skyline”. In addition, Camden Local Plan Policy D1 states that “all of Camden is considered sensitive to tall buildings”.
52. The proposed building ranges from 7 to 10 storeys plus roof top plant (69m AOD) and sits within a context of varying building heights and architectural styles, which have been taken into account throughout the design process and in the final proposal.
53. There are domestic areas to the west/south-west of the site that are characterised by Edwardian, Victorian and post-war buildings between 3 and 6 storeys in height. However, the area north and east of the site is also characterised by new taller development, which ranges up to 12 storeys in height.
54. The Council has consequently considered that the proposal would not meet the local definition of tall buildings. GLA officers agree with that assessment and consider that the proposals would not constitute a tall building for the purposes of London Plan Policy D9. Nevertheless, the scale, massing, layout and architecture of

the proposed building were considered in the Stage 1 report and updated where relevant in this report, and the design of the building is acceptable and in compliance with London Plan design policies.

Fire safety

55. At Stage 1, it was noted that a fire statement was submitted with the application in accordance with Policy D12 of the then Publication London Plan and it was required that the measures contained within the statement are robustly secured.
56. Since Stage 1, the applicant has confirmed that the proposals would provide one evacuation lift per core in line with London Plan Policy D5(B5), which is welcomed.
57. Whilst the principles of the submitted fire statement are supported, the Council recommended a condition to ensure that a final fire statement is submitted prior to above ground works to provide more detailed information and to account for the design changes that occurred during the application process. The proposals would therefore be in accordance with London Plan Policies D12 and D5(B5).

Inclusive design

58. At Stage 1, it was welcomed that the applicant sought to achieve the highest standards of inclusive design and to give particular consideration to the specific access requirements of visitors to the site with visual impairments.
59. New buildings would comply with modern standards for disabled access and other disabilities such as sensory needs. Consideration has been given to users such as: ambulant users with mobility impairments, whether permanent or temporary; wheelchair users; users with visual impairments; users with hearing impairments; older users who, in addition to one or more of the above, may also experience reduced strength and dexterity; small children and other users who may struggle to walk longer distances; users who may be neuro-divergent and neurodegenerative. This would therefore have a very positive impact on disabled people.
60. The proposals would include sufficient toilet provision in the hospital buildings, including Changing Places toilets. Whilst there are certain areas where there are male and female separated toilets (on the ground floor for public use and in the private patients' department where there may be more 'cultural sensitivities'), the proposed building would generally include gender-neutral toilets across the different floors, which would have a positive impact on people falling under the protected characteristic of gender reassignment.
61. Although many detailed features that would affect accessibility will need to be addressed in the subsequent design stages, GLA officers are satisfied that, subject to the recommended conditions, the proposal would represent an inclusive and highly accessible development.

Digital connectivity

62. The applicant stated that Moorfields Eye Hospital and University College London will be using a single shared network within the building and will have access to two

fibre optic connections into the building for resilience (rather than for the individual users). It is therefore considered that the proposals would comply with Policy SI6.

Heritage

63. At Stage 1, less than substantial harm to the King's Cross St Pancras and Regent's Canal Conservation Areas was identified and it was considered that the public benefits arising from the scheme might outweigh such harm, subject to further clarification needed in relation to the relocation of existing social infrastructure.
64. As acknowledged at Stage 1, the proposed new facility, being a joint initiative between Moorfields Eye Hospital, UCL Institute of Ophthalmology and Moorfields Eye Charity, would bring together world-leading eye care, research and education and would represent a £200m investment. In addition, the scheme would also provide further benefits, such as to the local economy and labour market, improved local walking routes and contributions towards strategic infrastructure.
65. Having considered the provided further clarification in relation to the relocation of existing social infrastructure, as discussed in the land use principles, GLA officers are satisfied that the less than substantial harm caused to the nearby heritage assets would be decisively outweighed by the public benefits of the scheme as set out within this report.
66. As such, the balancing exercise under paragraph 202 of the NPPF is favourable to the proposals and, despite the policy conflict with London Plan Policy HC1, the proposals would be acceptable.

Climate change

Energy

67. At Stage 1, GLA officers concluded that the energy strategy broadly complied with Policies 5.2 of the London Plan and SI2 of the Intend to Publish London Plan, however, further information was needed to ensure full compliance.
68. This has since been provided to the satisfaction of the energy team. The Council has recommended conditions to secure final details of the rooftop PVs and has also secured via S106 the submission, prior to commencement, of an Energy Efficiency and Renewable Energy Plan to ensure that the applicant continues to explore opportunities to deliver further carbon saving during the detailed design stage.
69. It is noted that the proposed development would currently achieve an overall sitewide reduction in regulated CO2 emissions of 27% beyond Building Regulations Part L 2013, which fails to meet the overall expectation of a 35% reduction required by London Plan Policy SI2.
70. However, as stated in the Committee report, the main reason that prevents further savings is the very high energy demand generated by a facility of this nature, which would include a vast array of specialist equipment and the requirement to maintain an internal environment that provides sufficient comfort for patients and stability for the research lab areas.

71. GLA officers are satisfied that the applicants have gone to great lengths to explore all avenues to increase these savings and consider that the provided reduction in carbon emissions would be acceptable in this instance.
72. As Policy SI2 requires that any shortfall to the net zero-carbon target should be provided through a cash in lieu contribution to the borough's carbon offset fund, a financial contribution of £2,899,305 (in line with the London Plan's recommended price of 95£/tonne) has been accordingly secured in the final draft S106. The 'Be Seen' energy monitoring requirements were also secured in the final draft S106.
73. In addition, the applicant has submitted a Whole Life-cycle Carbon Assessment, as required by Policy SI2, and the submission of a post-construction monitoring report has been also been secured by condition.
74. The development therefore generally meets the requirements of Policies SI2, SI3 and SI4 of the London Plan.

Circular economy

75. At Stage 1, it was noted that the applicant had submitted a circular economy statement, as required by the then Publication London Plan Policy SI7, however, further information was required in relation to a pre-demolition audit and the destination of waste streams, together with a commitment to a timetable and the production of a post completion report should be secured.
76. Further information has since been provided to the satisfaction of GLA officers and the Council has also recommended a condition to secure the submission of a post-completion monitoring report. The proposal is therefore considered to comply with London Plan Policy SI7.

Transport

77. At Stage 1, further information was requested on proposals to aid patients' accessibility to the site and to develop mitigations to address the challenges of a variety of visual impairments, prior to determination. Costed highway and wayfinding-focussed improvements measures have been identified, optioned and completed to TfL's satisfaction. Over £603,000 has been secured by s106 for these accessibility measures to and from the hospital.
78. Furthermore, a £200,000 contribution towards a new footbridge across Regent's Canal has been secured, to be paid to the Council prior to implementation.
79. All the above would help the scheme deliver against Healthy Streets criteria. Improved permeability through the public realm of this part of the hospital site will be delivered and has been confirmed as available to the public 24/7.
80. Officers are satisfied that there are no significant road safety issues with the new main entrance proposals and a car parking and patient drop off management plan has been secured by condition accordingly. The applicant also confirmed that the eye hospital would not require/attract 'blue light' ambulances, nonetheless they evidenced, that they could be accommodated in the drop off arrangement outside the entrance.

81. The proposed development is car-free, except for three on-site Blue Badge parking spaces for staff. Further spaces on-street suitable for Blue Badge parking were identified and a condition for a parking occupancy survey post-Covid has been secured in support of this.
82. Cycle parking is adequate in quantity, further details have been provided with regards to the types of spaces provided and the applicant re-worked the layout to achieve a better design. Conditions were recommended by the Council to secure the approval of details and the cycle parking's provision.
83. There is not anticipated to be any significant increase in public transport use that would require mitigation to its capacity, however the abovementioned contributions will make accessing the site easier and more convenient.
84. A Travel Plan for the new hospital has been secured, as well as a Construction Management Plan that would be prepared in consultation with TfL prior to submission. In addition, a Delivery and Servicing Plan has been conditioned with the intention that it will be a 'live' document.
85. Overall, with the additional and revised information provided together with the recommended conditions and obligations, the application would broadly comply with the London Plan transport policies.

Equality considerations

86. The Public Sector Equality Duty, set out at Section 149 of the Equality Act 2010, requires public bodies, when exercising any of their functions, to have 'due regard' to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
87. In this case, GLA officers have worked extensively with the applicant and the Council to understand, resolve and mitigate the equalities impacts associated with the proposals. This is because, in this case, the following key equalities considerations arise from the proposals:
- a) a specialist hospital serving people with protected characteristics is being entirely relocated, and;
 - b) the site on which the new hospital is being built currently accommodates existing hospital services, including mental health services, which are being relocated in accordance with the Camden & Islington Trust's service transformation plan. However, some outpatient and inpatient services will remain on the site near to the construction site and could therefore be adversely affected by the construction.
88. The equalities impacts and mitigation measures are therefore set out in detail below.

89. The new facilities will be used by people of all characteristics, nonetheless, the proposals would have significant impacts on disabled people (particularly visually impaired people), older people and people sharing multiple protected characteristics.

Positive impacts

90. As discussed in the land use principles at Stage 1 and in this Stage 2 report, the proposal would result in a major enhancement in the quality of eye care services provided, given that the City Road facility presents considerable limitations and is becoming increasingly costly to maintain. This would therefore have a significant positive impact across all protected characteristics.

91. In addition, as discussed in the inclusive design section, the proposed new building would be able to offer higher standards of inclusivity and would therefore have positive impacts on people sharing the protected characteristics of disability, gender reassignment, pregnancy and maternity.

92. It is furthermore noted that King's Cross and St Pancras International stations are very important transport hubs and this will improve accessibility for a section of the population. As the Moorfields Eye Centre is a national centre for eye health, it will serve patients from across London and the wider country, many of whom would have an easier and shorter journey to the new hospital (including those using King's Cross/St Pancras as the arrival point in London).

93. Moreover, whilst Old Street tube station (from which the existing City Road facility is accessed) is not step-free, King's Cross and St Pancras International stations are, which will therefore have a positive impact on disabled people, small children and older people and people with buggies and/or small children.

Negative impacts (Transport)

94. Despite these positive impacts in terms of equalities considerations, it is acknowledged that the proposals could also have a number of negative impacts.

95. First, relocating services from a site that patients are very familiar with may present challenges for some people, including navigating new public or private transport routes and accessing the new hospital site. This would particularly impact young children, older people and disabled people and it could also impact people sharing the protected characteristics of pregnancy and maternity, race and sex, who may find travelling to the new site more difficult and expensive.

96. It should furthermore be noted that the walk from the nearest station is longer than from Old Street station to the current site. The new site is in fact 8 mins from Mornington Crescent (without step free access) and 16 minutes from Kings Cross and St Pancras, while the existing site is 4 min away from Old Street. This increased distance could therefore potentially have a negative impact on disabled people, women, people with small children, and people of particular religions (who may be more likely to have a higher number of dependent children).

97. In addition, patients taking a bus from/to King's Cross Station would have to get on/off at the nearest bus stop on Crowndale Road, which involves 2 or 3 signalised

pedestrian crossings to reach the new Moorfields' site, which may increase journey times, inconvenience staff and patients, deter them from taking this route and potentially increase the risk of a collision/accident. In addition, patients may potentially find it hard to locate and reach the bus stop at Kings Cross and St Pancras stations to travel to the new Moorfields' site.

98. This could particularly affect disabled people, but also older people, people with small children, women (who are more likely to be single parents and carers), people from Black Asian and Minority Ethnic backgrounds and people of particular religions, who may now be more likely to travel by taxi to the site (which could have a negative financial impact) or to rely on other people to travel to the site (which could have a negative impact on carers).
99. In order to facilitate navigation for visually impaired people, the applicant has proposed to introduce a green line on the footway. This measure currently exists between the City Road site and Old Street Station and a similar design is proposed for this location. The new proposed green line would lead from King's Cross Station through the site and would ideally go through St Pancras International Station. The final draft S106 requires the applicant to use all reasonable endeavours to obtain the requisite consents and approvals to deliver it over land that falls outside the applicant's control and is not public highway. An appropriate financial contribution has been secured by the Council to deliver this, as well as a new pedestrian crossing and the provision of additional bench seating along the route for people to rest.
100. In addition to this, in order to mitigate the negative impact arising from patients having to navigate up to 3 crossings from the existing bus stops, the possibility of introducing new bus stops closer to the new facility has been carefully explored and considered by the applicant, Council, TfL and GLA officers, however, it has unfortunately not been found feasible to deliver this due to the constraints of the local street network and cycle infrastructure.
101. It has therefore been concluded that financial contributions (Bus route enhancement contribution of £130,000 and Legible London wayfinding solutions of £137,000) would be secured to mitigate this impact to improve the routes from nearby bus stops (but also nearby train stations), particularly for people affected by sight loss. They would entail, for example, improving/creating crossings where appropriate (e.g. verifying working rotating button at all pedestrian crossings signals in the vicinity), adding further tactile signals/paving where needed, adding lighting if needed and removing street clutter.
102. In addition, they would also entail providing traditional and innovative technological solutions to aid wayfinding and providing information on accessing the site in different accessible formats (e.g. large print, braille, audio, easy read, BSL video, 3d models, etc.).
103. It is noted that the applicant is required to submit a Legible London and Wayfinding Solutions Strategy prior to the construction of the 7th storey, which will therefore inform the programme of works to be delivered by the Council through the financial contributions. This Strategy shall be prepared in consultation with Transport for London, the Royal National Institute of the Blind, the National Federation of the Blind UK, Guide Dogs, Greater London Fund for the Blind, Sense,

Sightsavers, SeeAbility, Macular Society, Blind Veterans UK. It shall also include measures to ensure that, once approved, it is monitored and reviewed so that it can be amended and updated as necessary (with any amendments or updates being approved by the Council in writing).

104. Whilst the option of a shuttle bus has also been carefully considered, this has been discounted not only due to the technical difficulties of identifying convenient shuttle stops at a busy interchange, but also because the service would be paid and could therefore have a negative impact on people with protected characteristics. The developer's financial contribution towards the enhancement of the pedestrian routes from public transport stops/stations has therefore been considered a better mitigation solution.

105. Lastly, it is acknowledged that the proposal would not comprise any Blue Badge parking spaces for patients (as those provided would be reserved for staff), which could disadvantage disabled people. Nevertheless, there would be a range of locations for Blue Badge holders to park surrounding the site, including Granary Street, which would mitigate this negative impact.

Negative impacts (Construction)

106. Whilst some services will be relocated to their new premises prior to the commencement of this development, there are some services for which this was not possible.

107. Ash House is a mental health in-patient ward located within the application site and its services would be relocated first to a temporary location (to enable the construction of the proposals to commence) and, subsequently, to their final destination (expected in October 2023), thereby facing a double decant.

108. The Huntley Centre is also a mental health in-patient ward, however, this is located within the wider hospital site. It is therefore proposed that it would keep operating from the existing premises during the construction works of the proposed development until the Centre can be moved to its final destination (expected in October 2023).

109. The South Wing currently comprises neurological intermediate care beds (for physical care) and is also located within the wider hospital site. These services would keep operating from the existing premises until they can be moved to their final destination (expected in January 2026).

110. The Camley Centre (located within the application site) and the West Wing (located within the wider hospital site) comprise mental health services and would be decanted into the South Wing on a temporary basis to allow service continuity. They would then be permanently relocated in their new facilities on the wider hospital site.

111. Taking this into account, GLA officers acknowledge that the double decant for patients in Ash House and the disturbance caused by the construction works to the patients in the Huntley Centre and in the South Wing could therefore have the potential to negatively impact on people sharing the protected characteristic of disability. In fact, excessive noise and vibration levels over a prolonged period of

time during construction works could negatively impact patients' mental health further. In addition, the construction works could potentially lead to accidents and/or risk of self-harm from gaining access to the building site.

112. Whilst GLA and Council officers explored the possibility of alternative solutions with the applicant, it was regrettably found that this was the only feasible option and officers have therefore worked on securing mitigations to these negative impacts.

113. The final draft S106 therefore comprises two key obligations. First, the applicant is required to submit a draft "St Pancras Hospital Services Protection Strategy" for approval by the Council prior to implementation. The strategy would set out: the detailed process by which noise and vibration arising from the construction of the Development will be prevented and/or satisfactorily minimised and mitigated to ensure the ongoing operation and provision of St Pancras Hospital's healthcare services; how the Owner will ensure that its works as part of the Construction Phase of the Development operate at all times in a safe, satisfactory manner in the interests of patient safety; and the measures to ensure that any such decant of Ash House, the Huntley Centre and/or the South Wing will be adequately protected from the impacts of construction of the Development including addressing any additional equalities impact assessment requirements that may arise.

114. Secondly, the applicant is required to set up the "St Pancras Hospital Patient Safety Group", which would include the following members: the St Pancras Hospital Transformation Programme Director, the St Pancras Hospital Director of Nursing, the St Pancras Hospital Medical Director, the St Pancras Hospital Transformation Director of Operational and Service Redesign, the St Pancras Hospital Associate Director of Estates and Facilities. The St Pancras Hospital Services Protection Strategy is required to be drafted in consultation with and to the satisfaction of the St Pancras Hospital Patient Safety Group and to be monitored and reviewed throughout the construction phase, so that it can be amended and updated as necessary (with any amendments or updates being approved by the Council in writing).

115. It is important to note that the Patient Safety Group took the view in May 2021 that inpatient safety and experience at St Pancras Hospital could be maintained whilst major work is going on as long as the correct controls and processes are in place. It is therefore considered that, subject to the abovementioned obligations, the proposed impacts on the patients of Ash House, the Huntley Centre and the South Wing would on balance be acceptable.

Conclusion

116. Considering the positive impacts caused by the development, together with the mitigation measures secured to limit the extent of the negative impacts on people sharing a protected characteristic and/or multiple protected characteristics, GLA officers are of the view that the proposed positive impacts and benefits of the scheme as a whole would outweigh the residual negative impacts.

Section 106 agreement

117. The Section 106 agreement will include the following provisions:

Services re-provision and protection

- St Pancras Hospital Patient Safety Group and St Pancras Hospital Services Protection Strategy

Highway / Transport

- Bus Route Enhancement contribution £130,000 (including digital wayfinding)
- Legible London Wayfinding Solutions contribution £137,000 (including digital wayfinding)
- Pedestrian, Cycling and Environmental Improvements contribution £206,000 (including last half mile 'Green line' plan)
- Highways contribution £157,463
- Construction Management Plan (including implementation support fee £28,575 and bond of £30,000)
- Regent's Canal footbridge contribution £200,000
- Car free development
- Drop off, colonnade and parking management plan
- Delivery and Servicing Management Plan
- Approval in principle report to ensure preservation of the stability of the public highway adjacent to the site
- Stopping up plan and implementation fee £25,000
- Travel Plan and monitoring contribution £9,762

Environmental

- Energy Efficiency and Renewable Energy Plan and Sustainability Plan
- Carbon Offset Contribution £2,899,305

Employment and training

- Employment and Training Plan
- Employment contributions support £428,997
- Construction apprentice support contribution £147,900
- Construction apprentice default contribution £609,000

Social / community

- Community Outreach Plan
- Community Safety Plan
- Public Art Plan
- Public Realm Plan
- Keep clear agreement (to maintain continuous public access to all areas of external public realm)

Other

- Detailed basement construction plan

Legal considerations

118. Under the arrangements set out in Article 5 of the Town and Country Planning (Mayor of London) Order 2008 the Mayor has the power under Article 6 to direct the local planning authority to refuse permission for a planning application referred to him under Article 4 of the Order. The Mayor also has the power under Article 7 to direct that he will become the local planning authority for the purposes of determining the application. The Mayor may also leave the decision to the local authority. In directing refusal the Mayor must have regard to the matters set out in Article 6(2) of the Order, including the principal purposes of the Greater London Authority, the effect on health and sustainable development, national policies and international obligations, regional planning guidance, and the use of the River Thames. The Mayor may direct refusal if he considers that to grant permission would be contrary to good strategic planning in Greater London. If he decides to direct refusal, the Mayor must set out his reasons, and the local planning authority must issue these with the refusal notice. If the Mayor decides to direct that he is to be the local planning authority, he must have regard to the matters set out in Article 7(3) and set out his reasons in the direction.

Financial considerations

119. Should the Mayor direct refusal, he would be the principal party at any subsequent appeal hearing or public inquiry. Government guidance emphasises that parties usually pay their own expenses arising from an appeal.

120. Following an inquiry caused by a direction to refuse, costs may be awarded against the Mayor if he has either directed refusal unreasonably; handled a referral from a planning authority unreasonably; or, behaved unreasonably during the appeal. A major factor in deciding whether the Mayor has acted unreasonably will be the extent to which he has taken account of established planning policy.

121. Should the Mayor take over the application he would be responsible for holding a representation hearing and negotiating any planning obligation. He would also be responsible for determining any reserved matters applications (unless he directs the Council to do so) and determining any approval of details (unless the Council agrees to do so).

Conclusion

122. The strategic issues raised at consultation stage with respect to the land use principles, urban design, heritage, climate change and transport have been acceptably addressed and, having regard to the details of the application, the matters set out in the committee report and the Council's draft decision, the application is acceptable in strategic planning terms, and there are no sound planning reasons for the Mayor to intervene in this case. It is therefore recommended that Camden Council is advised to determine the case itself, subject to any action that the Secretary of State may take.

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We are committed to being anti-racist, planning for a diverse and inclusive London and engaging all communities in shaping their city.